

# A balanced psychology and a full life

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Psychology since World War II has been largely devoted to repairing weakness and understanding suffering. Towards that end, we have made considerable gains. We have a classification of mental illness that allows international collaboration, and through this collaboration we have developed effective psychotherapeutic or pharmacological treatments for 14 major mental disorders. However, while building a strong science and practice of treating mental illness, we largely forgot about everyday well-being. Is the absence of mental illness and suffering sufficient to let individuals and communities flourish? Were all disabling conditions to disappear, what would make life worth living? Those committed to a science of positive psychology can draw on the effective research methods developed to understand and treat mental illness. Results from a new randomized, placebo-controlled study demonstrate that people are happier and less depressed three months after completing exercises targeting positive emotion. The ultimate goal of positive psychology is to make people happier by understanding and building positive emotion, gratification and meaning. Towards this end, we must supplement what we know about treating illness and repairing damage with knowledge about nurturing well-being in individuals and communities.

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## 1. A BALANCED PSYCHOLOGY

American psychology before World War II had three objectives: the first was to cure mental illness, the second was to make relatively untroubled people happier, and the third was to study genius and high talent. All but the first fell by the wayside after the war. Researchers turned to the study of mental disorders because that was where the funding was. The biggest grants were coming from the newly founded National Institute of Mental Health, whose purpose was to support research on mental illness, not mental health. At the same time, practitioners suddenly became able to earn a good living treating mental illness as a result of the Veterans Administration Act of 1946. Psychopathology became a primary focus of psychology in America because it made sense at that time. Many very distressed people were left in the wake of World War II, and the high incidence of mental disorders had become a pressing and immediate problem.

A wealth of excellent research resulted from this chain of events. In 1946, there were no effective treatments for any of the psychological disorders, whereas now we can cure two and treat another 12 via psychotherapy and/or pharmacology (Seligman 1993). Furthermore, the intensive study of psychopathology has given rise to methods of classifying the mental disorders (*International classification of diseases*, 9th edition, and *Diagnostic and statistical manual of mental disorders*, 4th edition), and these methods have allowed clinical psychologists to produce diagnoses with acceptable accuracy, and to reliably measure symptoms that were once

quite difficult to pinpoint. After 50 years and 30 billion dollars of research, psychologists and psychiatrists can boast that we are now able to make troubled people less miserable, and that is surely a significant scientific accomplishment.

The downside of this accomplishment is that a 50-year focus on disease and pathology has taken its toll on society and on science. In our efforts to fix the worst problems that people face, we have forgotten about the rest of our mission as psychologists. Approximately 30% of people in the USA suffer from a severe mental disorder at one time or another (Kessler *et al.* 1994) and we have done an excellent job of helping that 30%. It is time now to turn to the other 70%. Although these people may not be experiencing severe pathology, there is good evidence to indicate that the absence of maladies does not constitute happiness (Diener & Lucas 2000). Even if we were asymptotically successful at removing depression, anxiety and anger, that would not result in happiness. For we believe 'happiness' is a condition over and above the absence of unhappiness.

That said, we know very little about how to improve the lives of the people whose days are largely free of overt mental dysfunction but are bereft of pleasure, engagement and meaning. We do not know much about what makes a person optimistic, kind, giving, content, engaged, purposive or brilliant. To address this, the first author proposed, during his term as President of the American Psychological Association in 1998, that psychology be just as concerned with what is right with people as it is with what is wrong. As a supplement to the vast research on the disorders and their treatment, we suggest that there should be an equally thorough study of strengths and virtues, and that we should work towards developing interventions that can help people become lastingly happier.

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## 2. WHAT IS HAPPINESS?

Towards this goal, our first order of business is to determine what it is we were trying to increase. What is happiness? More words have been written about this great philosophical question than perhaps any other. Science can no more presume to answer this question than other classic philosophical questions, such as 'what is the meaning of life'? But science can illuminate components of happiness and investigate empirically what builds those components. With that said, a review of the literature led us to identify three constituents of happiness: (i) pleasure (or positive emotion); (ii) engagement; and (iii) meaning. We define these three routes to happiness in the paragraphs that follow.

The first route to greater happiness is hedonic, increasing positive emotion. When people refer in casual conversation to being happy, they are often referring to this route. Within limits, we can increase our positive emotion about the past (e.g. by cultivating gratitude and forgiveness), our positive emotion about the present (e.g. by savouring and mindfulness) and our positive emotion about the future (e.g. by building hope and optimism). However, unlike the other two routes to happiness, the route relying on positive emotions has clear limits. Positive affectivity is heritable, and we speculate that, for important evolutionary reasons, our emotions fluctuate within a genetically determined range. It is possible (and worthwhile) to increase the amount of positive emotion in our lives, but we can boost our hedonics only so high. Further, when people fluctuate within a relatively 'down' range of positive emotion, but live in a society like the USA that promotes an upbeat disposition, they can feel discouraged and even defective. Fortunately, positive emotion is not the sole determinant of happiness, and our most liberating goal is to offer a broader conception of happiness than mere hedonics (Seligman 2002).

A second route to happiness involves the pursuit of 'gratification'. The key characteristic of a gratification is that it engages us fully. It absorbs us. Individuals may find gratification in participating in a great conversation, fixing a bike, reading a good book, teaching a child, playing the guitar or accomplishing a difficult task at work. We can take shortcuts to pleasures (e.g. eating ice cream, masturbating, having a massage or using drugs), but no shortcuts exist to gratification. We must involve ourselves fully, and the pursuit of gratifications requires us to draw on character strengths such as creativity, social intelligence, sense of humour, perseverance, and an appreciation of beauty and excellence.

Although gratifications are activities that may be enjoyable, they are not necessarily accompanied by positive emotions. We may say afterwards that the concert was 'fun', but what we mean is that during it, we were one with music, undistracted by thought or emotion. Indeed, the pursuit of a gratification may be, at times, unpleasant. Consider, for example, the gratification that comes from training for an endurance event such as a marathon. At any given point during the gruelling event, a runner may be discouraged or exhausted or even in physical pain; however, they may describe the overall experience as intensely gratifying.

Finding flow in gratifications need not involve anything larger than the self. Although the pursuit of gratifications involves deploying our strengths, a third route to happiness comes from using these strengths to belong to and in the service of something larger than ourselves; something such

as knowledge, goodness, family, community, politics, justice or a higher spiritual power. The third route gives life meaning. It satisfies a longing for purpose in life and is the antidote to a 'fidgeting until we die' syndrome.

Peterson *et al.* (2005) develop reliable measures for all three routes to happiness and demonstrate that people differ in their tendency to rely on one rather than another. We call a tendency to pursue happiness by boosting positive emotion, 'the pleasant life'; the tendency to pursue happiness via the gratifications, 'the good life'; and the tendency to pursue happiness via using our strengths towards something larger than ourselves, 'the meaningful life'. A person who uses all three routes to happiness leads the 'full life', and recent empirical evidence suggests that those who lead the full life have much the greater life satisfaction (Peterson *et al.* 2005).

## 3. INTERVENTIONS TO NURTURE HAPPINESS?

We have designed and tested interventions to nurture each of the three routes to happiness (pleasure, gratification and meaning). Positive emotions are increased and the pleasant life is promoted by exercises that increase gratitude, that increase savouring, that build optimism and that challenge discouraging beliefs about the past. Interventions that increase the good life identify participants' signature strengths and use them more often and in creative new ways. Meaningful life interventions aim toward participants' identifying and connecting with something larger than themselves by using their signature strengths. Some of these interventions can be found at [www.authentic happiness.org](http://www.authentic happiness.org).

We are in the process of testing the efficacy of these interventions by randomly assigning individuals to interventions or to a placebo control, and measuring their level of happiness and depression before the intervention, immediately after it, 1 week later, one month later, and three months later. Early results demonstrate that (i) it is possible to boost individuals' levels of happiness, and (ii) these effects do not fade immediately after the intervention (as is the case with the placebo). The 'good things in life' exercise provides an example of an efficacious intervention. Designed to increase positive emotion about the past, this exercise requires individuals to record, every day for a week, three good things that happened to them each day and why those good things occurred. After completing this exercise, individuals were happier and less depressed at the three-month follow-up (Seligman & Steen 2005). Note that these research designs are exactly parallel to the random-assignment, placebo-controlled experiments that are the bulwark of the medication and psychotherapy outcome literature, except that the intervention is targeted to increase happiness rather than just to decrease suffering.

Our research places us among a growing number of positive psychologists who are committed to understanding and cultivating those factors that nurture human flourishing, and we are encouraged that the field of positive psychology seems to be thriving as well. Researchers who were studying positive strengths, emotions and institutions long before the term 'positive psychology' was coined are receiving increased recognition and support for their work, while young researchers worldwide can apply for research and intellectual support via positive psychology research awards and conferences.

One reason for optimism that the field of positive psychology may make substantial gains in the next several years is that it does not start from square one. Rather, it draws on the proven methodologies that advanced the understanding and treatment of the mental illnesses. When it is no longer necessary to make distinctions between 'positive psychology' and 'psychology as usual', the field as a whole will be more representative of the human experience. Our goal is an integrated, balanced field that integrates research on positive states and traits with research on suffering and pathology. We are committed to a psychology that concerns itself with repairing weakness as well as nurturing strengths, a psychology that concerns itself with remedying deficits as well as promoting excellence, and a psychology that concerns itself with reducing that which diminishes life as well as building that which makes life worth living. We are committed to a balanced psychology.

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