

Positive Psychology Theory

While positive psychology has seen tremendous growth over the past decade, the central theories in the field are continuing to evolve. Articles in this section will introduce important theoretical concepts that drive new research in the field.



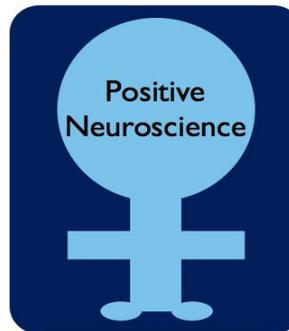
What is well-being? And why is authentic happiness theory wrong? In his new book, *Flourish: A Visionary New Understanding of Happiness and Well-Being.*, Dr. Seligman shares a new theory of well-being. [Click here](#) to read an excerpt from the book and learn about the new goal of positive psychology: to increase not just human happiness, but human flourishing.

Positive Psychology Initiatives

Positive psychology theory and research has been applied across many domains, from education to health to neuroscience. In this section, you will find articles about some of the larger positive psychology initiatives from the University of Pennsylvania Positive Psychology Center. These articles are not meant to be comprehensive reviews of the work in these domains – instead, they offer an introductory overview for those who may not be familiar with these projects. For those curious to learn more about these initiatives, we have provided suggestions for learning more where possible.



Is health more than just the absence of illness? [Click here](#) to read about recent efforts in “positive health” to identify the subjective, biological, and functional *assets* that actually increase health.



What are the neural mechanisms of human flourishing? [Click here](#) to read about a network of researchers studying neuroscience topics ranging from the biological bases of altruism to the effects of positive interventions on the brain.



Without compromising either, can schools teach both the skills of well-being and the skills of achievement? [Click here](#) to read about the possibilities of positive education.



Should psychotherapy aim to both alleviate depression *and* increase well-being? [Click here](#) to learn about a new positive psychotherapy program.



Can the army become as psychologically fit as it is physically fit? [Click here to learn about the Comprehensive Soldier Fitness program that is teaching resilience skills to the U.S. Army community.](#)

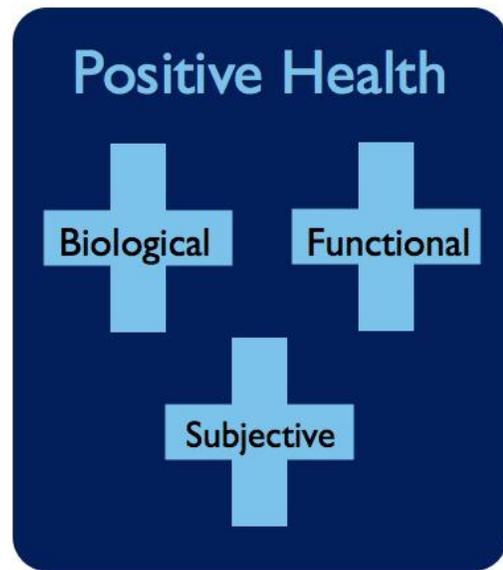
What is positive health?

“The definition of positive health is empirical, and we are investigating the extent to which these three classes of assets actually improve the following *health and illness targets*:

Does positive health extend lifespan?
Does positive health lower morbidity?
Is health care expenditure lower for people with positive health?
Is there better mental health and less mental illness?
Do people in positive health not only live longer but have more years in good health?
Do people in positive health have a better prognosis when illness finally strikes?

So the definition of positive health is the group of subjective, biological, and functional assets that actually increase health and illness targets.”

- Martin E.P. Seligman, from *Flourish: A Visionary New Understanding of Happiness and Well-Being*



The Positive Health Initiative

The positive health initiative is supported by a \$2.8 million grant from the Robert Wood Johnson Foundation.

Re-analysis of Existing Longitudinal Studies

The definition of positive health will thus emerge empirically, and we have started by reanalyzing six large long term studies of predictors of illness—studies that originally focused on risk factors, not on health assets. Under the leadership of Chris Peterson, the leading scholar of strengths, and Laura Kubzansky, a young Harvard professor who reanalyzes cardiovascular disease risk for its psychological underpinnings, we are asking if these studies, reanalyzed for assets, predict the health targets above. While the existing data sets concentrate on the negative, these six contain more than a few snippets of the positive, which until now have been largely ignored. So, for example, some of the tests ask about levels of happiness, exemplary blood pressure, and marital satisfaction. We will see what configuration of positive subjective, biological, and functional measures emerge as health assets.

Global Assessment Tool: A National Treasure

The [Global Assessment Tool of the U.S. Army](#) will, we expect, become the mother of all future longitudinal studies. Roughly 1.1 million soldiers are taking the Global Assessment Tool, measuring all the positive dimensions and health assets together with the usual risk factors over their entire careers. We expect to join their performance records and their lifetime medical records to the GAT.

We are under way, as I write, in reanalyzing the six promising data sets and marrying our Robert Wood Johnson efforts to the U.S. Army's Comprehensive Soldier Fitness initiative. Stay tuned.

Cardiovascular Disease (CVD)

In the mid-1980s, 120 men from San Francisco had their first heart attacks, and they served as the untreated control group in the massive Multiple Risk Factor Intervention Trial (acronymic MR FIT) study.

This study disappointed many psychologists and cardiologists by ultimately finding no effect on CVD by training to change these men's personalities from type A (aggressive, time urgent, and hostile) to type B (easygoing). The 120 untreated controls, however, were of great interest to Gregory Buchanan, then a graduate student at Penn, and to me because so much was known about their first heart attacks: extent of damage to the heart, blood pressure, cholesterol, body mass, and lifestyle—all the traditional risk factors for cardiovascular disease. In addition, the men were all interviewed about their lives: family, job, and hobbies. We took every single "because" statement from each of their videotaped interviews and coded it for optimism and pessimism.

Within eight and a half years, half the men had died of a second heart attack, and we opened the sealed envelope. Could we predict who would have a second heart attack? None of the usual risk factors predicted death: not blood pressure, not cholesterol, not even how extensive the damage from the first heart attack. Only optimism, eight and a half years earlier, predicted a second heart attack: of the sixteen most pessimistic men, fifteen died. Of the sixteen most optimistic men, only five died.

All studies of optimism and CVD converge on the conclusion that optimism is strongly related to protection from cardiovascular disease. This holds even correcting for all the traditional risk factors such as obesity, smoking, excessive alcohol use, high cholesterol, and hypertension. It even holds correcting for depression, correcting for perceived stress, and correcting for momentary positive emotions. It holds over different ways of measuring optimism. Most importantly, the effect is bipolar, with high optimism protecting people compared to the average level of optimism and pessimism, and pessimism hurting people compared to the average.

Cardiovascular Health Assets

Is there a set of subjective, biological, and functional assets that will boost your resistance to cardiovascular disease beyond average? Is there a set of subjective, biological, and functional assets that will improve your prognosis beyond average if you should have a heart attack? This vital question is largely ignored in CVD research, which focuses on the toxic weaknesses that decrease resistance or undermine prognosis once a first heart attack occurs. The beneficial effect of optimism as a health asset on CVD is a good start, and the aim of our Cardiovascular Health Committee is to broaden our knowledge of health assets. The committee, at work as I write, is headed by Dr. Darwin Labarthe, director of cardiovascular epidemiology at the U.S. Centers for Disease Control (CDC).

Exercise as a Health Asset

Just as optimism is a subjective health asset for cardiovascular disease, it is clear that exercise is a functional health asset: people who exercise a moderate amount have increased health and low mortality, while couch potatoes have poor health and high mortality. The beneficial effects of exercise on health and illness are finally well accepted even within the most reductionist part of the medical community, a guild very resistant to any treatment that is not a pill or a cut. The surgeon general's 2008 report enshrines the need for adults to do the equivalent of walking 10,000 steps per day. (The real danger point is fewer than 5,000 steps a day, and if this describes you, I want to emphasize that the findings that you are at undue risk for death are—there is no other word for it—compelling.) To take the equivalent of 10,000 steps a day can be done by swimming, running, dancing, weight lifting; even yoga and a host of other ways of moving vigorously.

Fitness Versus Fatness

The United States has a great deal of obesity, enough so that many call it an epidemic, and huge resources are expended by the government and by private foundations, Robert Wood Johnson included, to curtail this epidemic. Obesity is undeniably a cause of diabetes, and on that ground alone, measures to make Americans less fat are warranted. Steve Blair believes, however, that the real epidemic, the worst

killer, is the epidemic of inactivity, and his argument is not lightweight. Here is the argument:

Poor physical fitness correlates strongly with all-cause mortality, and particularly with cardiovascular disease. Lack of exercise and obesity go hand in hand. Fat people don't move around much, whereas thin people are usually on the go. So which of these two—obesity or inactivity—is the real killer?

There is a huge literature that shows that fat people die of cardiovascular disease more than thin people, and this literature is careful, adjusting for smoking, alcohol, blood pressure, cholesterol, and the like. Very little of it, unfortunately, adjusts for exercise. But Steve's many studies do. These data show the risk for death in normal-weight versus obese people who are fit or unfit. In the unfit groups, normal and obese people both have a high risk for death, and it does not seem to matter if you are fat or thin. In the fit groups, both fat and thin people have a much lower risk of death than their counterparts in the unfit groups, with fat, but fit people at only slightly more risk than thin fit people. But what I now emphasize is that *fat people who are fit have a low risk of death*.

Steve concludes that a major part of the obesity epidemic is really a couch potato epidemic. Fatness contributes to mortality, but so does lack of exercise. There are not enough data to say which contributes more, but they are compelling enough to require that all future studies of obesity and death adjust carefully for exercise.

Measurement of Well-Being

The primary goal of the Psychological Well-Being Measurement Committee is to devise measures of psychological well-being that can be used in health and medicine. Although measures of psychological problems are used in medicine, for example symptom inventories that measure depression, the goal of the Psychological Well-Being Measurement Committee is to broaden the psychological measures to include positive psychological well-being factors such as life satisfaction, positive feelings, social support, and purpose in life. We will include psychological variables in our measures that have been shown in existing research to be associated with physical and mental health. We envision creating several measures of psychological well-being, both brief and longer, that could be used by medical practitioners for screening, as well as measures that would be more detailed and could be used in research settings and when more depth is needed, for example in health-counseling settings. A secondary goal of the committee is to create a core of measures that can be used in national samples for policy purposes. The committee is chaired by Ed Diener and includes: John Helliwell, Richard Lucas, Chris Peterson, and ex-officio members Darwin Labarthe, Martin E.P. Seligman, and Kathleen Hall Jamieson.

Current Work

Our committee currently has several projects underway as preparatory work to creating the psychological well-being measures, involving reviews of the literature and existing measures. The reviews we are currently carrying out are:

1. Social Relationships -- What is the evidence linking social support and other social variables to health and longevity?
2. Purpose and Meaning -- What is the evidence linking purpose and meaning in life to health and longevity?
3. Mastery, Achievement, Accomplishment, and Engagement -- What is the evidence linking mastery-related variables to health and longevity?
4. Measures -- What measures exist to assess the above concepts, as well as Subjective Well-Being? How good are the psychometric properties of these measures. Are there good items which will help us to develop our own item-set?

In each of the above areas there is evidence linking facets of these factors with health and longevity. The committee will also determine whether there are other major variables of psychological well-being that we

should include.

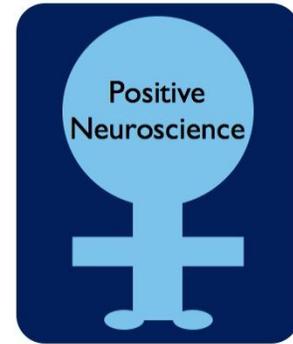
Adolescent Positive Health

Among social and behavioral scientists who study adolescence - roughly defined as the second decade of life - it is widely agreed that positive health during adolescence entails more than the mere absence of illness or behavioral problems. Although as parents, educators, and health practitioners we certainly hope that young people emerge from adolescence completing high school and being free from illness, disability, substance abuse problems, criminal activity, or premature parenthood, we want and expect more than this minimum. We want our teenagers to be healthy and vibrant, not merely free of disease; optimistic and exuberant, not simply "non-depressed"; intimately connected to others, not just part of the crowd; intellectually curious and determined to succeed in academic and extracurricular pursuits, not simply content to do just what it takes to avoid failing; and passionately engaged in activities that excite them, not just "occupied." What does it mean to "flourish" during adolescence? Our intent is to define it, understand it, measure it, and see how well it predicts future psychological and physical well-being. The committee is chaired by Laurence Steinberg and includes: Katherine Bevens, Chris Forrest, Margaret Kern, and Elizabeth Steinberg.

What is positive neuroscience?

"Research has shown that positive emotions and interventions can bolster health, achievement, and resilience, and can buffer against depression and anxiety. And while considerable research in neuroscience has focused on disease, dysfunction, and the harmful effects of stress and trauma, very little is known about the neural mechanisms of human flourishing. Creating this network of positive neuroscience researchers will change that."

- Professor Martin E.P. Seligman, in announcing the recipients of the Templeton Positive Neuroscience Awards



The Positive Neuroscience Project

The Positive Neuroscience Project was established in 2008 by Professor Martin E.P. Seligman, Director of the Penn Positive Psychology Center, with a \$5.8 million grant from the John Templeton Foundation. In 2009, the project announced the Templeton Positive Neuroscience Awards competition to bring the tools of neuroscience to bear on advances in Positive Psychology.

Project Leadership

Dr. Seligman is the principal investigator for the Positive Neuroscience Project, and the steering committee includes: Turhan Canli (Stony Brook University), Helen S. Mayberg (Emory University), Joshua Greene (Harvard University), Adrian Raine (University of Pennsylvania), Steven Maier (University of Colorado at Boulder), Julian Thayer (The Ohio State University), and Barnaby Marsh (John Templeton Foundation). Amy Walker serves as the project's program officer, and a complete list of distinguished senior advisors can be found on the [project website](#).

Research Award Winners

In 2010, the Positive Neuroscience Project announced the winners of the Templeton Positive Neuroscience Awards, recognizing the highest standards of scientific excellence and identifying future leaders in the new field of positive neuroscience. The winning projects will help us understand how the brain enables human flourishing. They explore a range of topics, from the biological bases of altruism to the effects of positive interventions on the brain. Below is a list of winners of these awards; full project abstracts and researcher bios can be found by clicking each project title.

Adam Anderson from the University of Toronto: [The Neurogenetics of Positivity and Resilience](#)

Elena Antonova from King's College London: [Neural Effects of Mindful Attention on Sensory Information Processing](#)

Alon Chen and Elad Schneidman from Weizmann Institute of Science: [The Beneficial Effects of Social Interactions in a Group: From Behavioral Genetics to Computational Models](#)

Britta Hölzel and Mohammed Milad from Harvard Medical School: [Could Meditation Modulate the Neurobiology of Learning Not to Fear?](#)

Psyche Loui from Harvard Medical School: [The Role of Hyperconnectivity in Creative](#)

Perception and Cognition

Abigail Marsh from Georgetown University: Identifying Neural Correlates of Altruism

Kateri McRae and Iris Mauss from the University of Denver: Using Positive Reappraisal to Counter Negative Emotion: Its Neural Mechanisms and Role in Resilience

Jason Mitchell and Jamil Zaki from Harvard University: Vicarious Neural Response to Others as a Basis for Altruistic Behavior

India Morrison from the University of Gothenburg: Gene-Brain Correlates of Affective Touch

Stephanie D. Preston from the University of Michigan and Tony W. Buchanan from St. Louis University: When Feeling and Doing Diverge: Neural and Physiological Correlates of the Empathy-Altruism Divide

James K. Rilling from Emory University and Richmond R. Thompson from Bowdoin College: Biological Bases of Individual Variation in Paternal Nurturance

Laurie Santos from Yale University: The Evolutionary Origins of Altruistic Rewards: A Comparative Behavioral Approach

William Cunningham from Ohio State University and Alexander Todorov from Princeton University: The Neural Basis of Selfish and Selfless Social Goals

Tor Wager and Sona Dimidjian from the University of Colorado: Brain Pathways Underlying Compassionate Action

Thalia Wheatley from Dartmouth College: Neural Correlates of Dynamic Cross-Modal Social Intelligence

Learn More About Positive Neuroscience

Visit the Positive Neuroscience Project website at posneuroscience.org to read researcher bios and detailed project descriptions.

What is positive education?

“Positive education is defined as education for both traditional skills and for happiness. The high prevalence worldwide of depression among young people, the small rise in life satisfaction, and the synergy between learning and positive emotion all argue that the skills for happiness should be taught in school. There is substantial evidence from well controlled studies that skills that increase resilience, positive emotion, engagement and meaning can be taught to schoolchildren.”
From *Positive education: Positive psychology and classroom interventions* by Martin E.P. Seligman, Randal M. Ernst, Jane Gillham, Karen Reivich, and Mark Linkins



Teaching Well-Being in Schools

The following is an excerpt from *Flourish: A Visionary New Understanding of Happiness and Well-Being*

First, a quiz:

Question one: in one or two words, what do you most want for your children?

If you are like the thousands of parents I've polled you responded, "Happiness," "Confidence," "Contentment," "Fulfillment," "Balance," "Good stuff," "Kindness," "Health," "Satisfaction," "Love," "Being civilized," "Meaning," and the like. In short, *well-being* is your topmost priority for your children.

Question two: in one or two words, what do schools teach?

If you are like other parents, you responded, "Achievement," "Thinking skills," "Success," "Conformity," "Literacy," "Math," "Work," "Test taking," "Discipline," and the like. In short, what schools teach is how to succeed in the workplace.

Notice that there is almost no overlap between the two lists.

The schooling of children has, for more than a century, paved the boulevard toward adult work. I am all for success, literacy, perseverance, and discipline, but I want you to imagine that schools could, without compromising either, teach both the skills of well-being and the skills of achievement. I want you to imagine positive education.

Should well-being be taught in schools?

The prevalence of depression among young people is shockingly high worldwide. By some estimates, depression is about ten times more common now than it was fifty years ago. This is not an artifact of greater awareness of depression as a mental illness, since much of the data arises from door to door surveys which ask tens of thousands of people "did you ever try to kill yourself?" "did you ever cry every day for two weeks?" and the like without ever mentioning depression. Depression now ravages teenagers: fifty years ago, the average age of first onset was about thirty. Now the first onset is below age fifteen.

There is much more depression, affecting those much younger, and average national happiness—which has been measured competently for a half century—has not remotely kept up with how much better the objective world has become. Happiness has gone up only spottily, if at all. The average Dane, Italian, and Mexican is somewhat more satisfied with life than fifty years ago, but the average American, Japanese,

and Australian is no more satisfied with life than fifty years ago, and the average Brit and German is less satisfied. The average Russian is much unhappier.

Two good reasons that well-being should be taught in schools are the current flood of depression and the nominal increase in happiness over the last two generations. A third good reason is that greater well-being enhances learning, the traditional goal of education. Positive mood produces broader attention, more creative thinking, and more holistic thinking. This, in contrast to negative mood, which produces narrowed attention, more critical thinking, and more analytic thinking. When you're in a bad mood, you're better at "what's wrong here?" When you're in a good mood, you're better at "what's right here?" Even worse: when you are in a bad mood, you fall back defensively on what you already know, and you follow orders well. Both positive and negative ways of thinking are important in the right situation, but all too often schools emphasize critical thinking and following orders rather than creative thinking and learning new stuff. The result is that children rank the appeal of going to school just slightly above going to the dentist. In the modern world, I believe we have finally arrived at an era in which more creative thinking, less rote following of orders—and yes, even more enjoyment—will succeed better.

I conclude that, were it possible, well-being should be taught in school because it would be an antidote to the runaway incidence of depression, a way to increase life satisfaction, and an aid to better learning and more creative thinking.

Can well-being be taught in schools?

My research team, led by Karen Reivich and Jane Gillham, has devoted much of the last twenty years to finding out, using rigorous methods, whether well-being can be taught to school children. We believe that well-being programs, like any medical intervention, *must be evidence based*, so we have tested two different programs for schools: the Penn Resiliency Program (PRP), and the Strath Haven Positive Psychology Curriculum. Here are our findings.

The Penn Resiliency Program

First, let me tell you about the Penn Resiliency Program: its major goal is to increase students' ability to handle day-to-day problems that are common during adolescence. PRP promotes optimism by teaching students to think more realistically and flexibly about the problems they encounter. PRP also teaches assertiveness, creative brainstorming, decision making, relaxation, and several other coping skills. PRP is the most widely researched depression-prevention program in the world. During the past two decades, twenty-one studies have evaluated PRP in comparison to control groups. Many of these studies used randomized controlled designs. Together these studies include more than three thousand children and adolescents between the ages of eight and twenty-two. Here are the basic findings:

- Penn Resiliency Program reduces and prevents symptoms of depression.
- Penn Resiliency Program reduces hopelessness. The meta-analysis also found that PRP significantly reduced hopelessness, increased optimism, and increased well-being.
- Penn Resiliency Program prevents clinical levels of depression and anxiety.
- Penn Resiliency Program reduces and prevents anxiety.
- Penn Resiliency Program reduces conduct problems.
- PRP works equally well for children of different racial/ethnic backgrounds.

- Penn Resiliency Program improves health-related behaviors, with young adults who complete the program having fewer symptoms of physical illness, fewer illness doctor visits, better diet and more exercise.
- Training and supervision of group leaders is critical.
- The fidelity of curriculum delivery is critical.

The Strath Haven Positive Psychology Curriculum

So the Penn Resiliency Program reliably prevents depression, anxiety, and conduct problems in young people. Resilience, however, is only one aspect of positive psychology; the emotional aspect. We designed a more comprehensive curriculum that builds character strengths, relationships, and meaning, as well as raises positive emotion and reduces negative emotion. With a \$2.8 million grant from the U.S. Department of Education, we carried out a large randomized, controlled evaluation of this high school positive psychology curriculum. At Strath Haven High School, outside of Philadelphia, we randomly assigned 347 ninth-grade students (fourteen- to fifteen-year-olds) to language arts classes. Half the classes incorporated the positive psychology curriculum; the other half did not. Students, their parents, and teachers completed standard questionnaires before the program, after the program, and over two years of follow-up. We tested students' strengths (for instance, love of learning, kindness), social skills, behavioral problems, and how much they enjoyed school. In addition, we looked at their grades.

The major goals of this global program are (1) to help students identify their signature character strengths and (2) to increase their using these strengths in their daily lives. In addition to these goals, the intervention strives to promote resilience, positive emotion, meaning and purpose, and positive social relationships. The curriculum consists of more than twenty eighty-minute sessions delivered over the ninth-grade year. These involve discussing character strengths and the other positive psychology concepts and skills, a weekly in-class activity, real-world homework in which students apply these skills in their own lives, and journal reflections.

Here are two examples of the exercises we use in the curriculum:

Three-Good-Things Exercise

We instruct the students to write down daily three good things that happened each day for a week. The three things can be small in importance ("I answered a really hard question right in language arts today") or big ("The guy I've liked for months asked me out!!!"). Next to each positive event, they write about one of the following: "Why did this good thing happen?" "What does this mean to you?" "How can you have more of this good thing in the future?"

Using Signature Strengths in New Ways

Honesty. Loyalty. Perseverance. Creativity. Kindness. Wisdom. Courage. Fairness. These and sixteen other character strengths are valued in every culture in the world. We believe that you can get more satisfaction out of life if you identify which of these character strengths you have in abundance and then use them as much as possible in school, in hobbies, and with friends and family.

Students take the Values in Action Signature Strengths test (www.authentic happiness.org) and use their highest strength in a new way at school in the next week. Several sessions in the curriculum focus on identifying character strengths in themselves, their friends, and the literary figures they read about, and using those strengths to overcome challenges.

Here are the basic findings of the positive psychology program U.S. Department of Education program at Strath Haven:

Engagement in learning, enjoyment of school, and achievement

The positive psychology program improved the strengths of curiosity, love of learning, and creativity, by the reports of teachers who did not know whether the students were in the positive psychology group or the control group. (That's what is called a "blind" study because the raters do not know the status of the students they are rating.) The program also increased students' enjoyment and engagement in school. This was particularly strong for regular (nonhonors) classes, in which positive psychology increased students' language arts grades and writing skills through eleventh grade. In the honors classes, grade inflation prevails and almost all students get As, so there is too little room for improvement. Importantly, increasing well-being did not undermine the traditional goals of classroom learning; rather it enhanced them.

Social skills and conduct problems

The positive psychology program improved social skills (empathy, cooperation, assertiveness, self-control), according to both mothers' and "blind" teachers' reports. The program reduced bad conduct, according to mothers' reports.

The Geelong Grammar School Project

Is it possible that an *entire school* can be imbued with positive psychology?

In January 2008, Karen and I and fifteen of our Penn trainers (mostly MAPP graduates) flew to Australia to teach one hundred members of the [Geelong Grammar](#) faculty. In a nine-day course, we first taught the teachers to use the skills in their own lives—personally and professionally—and then we gave examples and detailed curricula of how to teach them to children. The principles and skills were taught in plenary sessions, and reinforced through exercises and applications in groups of thirty, as well as in pairs and small groups.

Following the training, several of us were in residence for the entire year, and about a dozen visiting scholars came, each for a week or more, to instruct faculty in their positive psychology specialties. Here's what we devised, which essentially divides into "Teaching it," "Embedding it," and "Living it."

Teaching It: Stand-alone courses and course units are now taught in several grades to teach the elements of positive psychology: resilience, gratitude, strengths, meaning, flow, positive relationships, and positive emotion.

Embedding It: Geelong Grammar teachers embed positive education into academic courses, on the sports field, in pastoral counseling, in music, and in the chapel. For example: English teachers use signature strengths and resiliency to discuss novels; Religion teachers ask students about the relationship between ethics and pleasure; Music teachers use resilience skills to build optimism from performances that did not go well. Athletic coaches teach the skill of "letting go of grudges" against teammates who perform poorly. Chapel is another locus of positive education. Scriptural passages on courage, forgiveness, persistence, and nearly every other strength are referenced during the daily services, reinforcing current classroom discussions.

Living It: Like all Geelong Grammar six-year-olds, Kevin starts his day in a semicircle with his uniformed first-grade classmates. Facing his teacher, Kevin's hand shoots up when the class is asked, "Children, what went well last night?" Eager to answer, several first graders share brief anecdotes such as "We had my favorite last night: spaghetti" and "I played checkers with my older brother, and I won." Kevin says,

“My sister and I cleaned the patio after dinner, and Mum hugged us after we finished.” The teacher follows up with Kevin. “Why is it important to share what went well?” He doesn’t hesitate: “It makes me feel good.” “Anything more, Kevin?” “Oh, yes, my mum asks me what went well when I get home every day, and it makes her happy when I tell her. And when Mum’s happy, everybody’s happy.”

Positive education at Geelong Grammar School is a work in progress and is not a controlled experiment. Melbourne Grammar School up the road did not volunteer to be a control group. So I cannot do better than relate before-and-after stories. But the change is palpable, and it transcends statistics. The school is not frowny anymore. I was back again for a month in 2009, and I have never been in a school with such high morale. I hated to leave and return to my own frowny university. Not one of the two hundred faculty members left Geelong Grammar at the end of the school year. Admissions, applications, and donations are way up.

A New Prosperity

Prosperity-as-usual has been equated with wealth. Based on this formulation, it is commonly said in the rich nations that this may be the last generation to do better than its parents. That may be true of money, but is it more money that every parent wants his children to have? I don’t believe so. I believe that what every parent wants for their children is more well-being than they themselves had. By this measure, there is every hope that our children will do better than their parents.

The time has come for a new prosperity, one that takes flourishing seriously as the goal of education and of parenting. Learning to value and to attain flourishing must start early—in the formative years of schooling—and it is this new prosperity, kindled by positive education, that the world can now choose.

Learn More About Positive Education

The information in this article has been excerpted from the resources below. For more detailed information about positive education, please consult each of these sources.

[Flourish: A Visionary New Understanding of Happiness and Well-Being](#)

Read chapters 4 (“Teaching Well-Being: The Magic of MAPP”) and 5 (“Positive Education: Teaching Well-Being to Young People”) and 6 (“GRIT, Character, and Achievement: A New Theory of Intelligence”).

Research on Resilience/Positive Education

Seligman, M.E.P., Ernst, R.M., Gillham, J., Reivich, K., & Linkins, M. (2009). [Positive education: Positive psychology and classroom interventions](#). *Oxford Review of Education* (35) 3, 293-311.

What Is Positive Psychotherapy?

Dr. Tayyab Rashid created positive psychotherapy (PPT) for depressed patients seeking treatment at Counseling and Psychological Services at the University of Pennsylvania. As with other psychotherapies, positive psychotherapy is a set of techniques that are most effectively delivered with basic therapeutic essentials such as warmth, accurate empathy, basic trust and genuineness, and rapport. We believe that these essentials allow for tailoring the techniques to the individual needs of depressed clients. We first conduct a careful assessment of the client's depressive symptoms and the well-being scores from www.authentic happiness.org. We then discuss how depressive symptoms are potentially explained by lack of well-being: lack of positive emotion, engagement, and meaning in life.



An Overview of the 14 Sessions of PPT

The details can be found in my book *Positive Psychotherapy: A Treatment Manual* co-authored with Dr. Rashid. (Rashid and Seligman, in press):

Session 1: The absence or lack of positive resources (positive emotions, character strengths, and meaning) can cause and maintain depression and how these can create an empty life.

Homework: The client writes a one-page (roughly three hundred words) “positive introduction,” in which she tells a concrete story showing her at her best and illustrating how she used her highest character strengths.

Session 2: The client identifies his character strengths from the positive introduction and discusses situations in which these character strengths have helped him previously.

Homework: the client completes the VIA questionnaire online to identify his character strengths.

Session 3: We focus on specific situations in which character strengths may facilitate cultivation of pleasure, engagement, and meaning.

Homework (starting now and continuing through the entire course of therapy): The client starts a “blessings journal,” in which she writes, every night, three good things (big or small) that happened that day.

Session 4: We discuss the roles of good and bad memories in maintaining depression. Holding onto anger and bitterness maintains depression and undermines well-being.

Homework: The client writes about feelings of anger and bitterness and how they feed into depression.

Session 5: We introduce forgiveness as a powerful tool that can transform feelings of anger and bitterness into neutrality, or even, for some, into positive emotions.

Homework: the client writes a forgiveness letter describing a transgression and related emotions and pledges to forgive the transgressor (only if appropriate) but does not deliver the letter.

Session 6: Gratitude is discussed as enduring thankfulness.

Homework: The client writes a gratitude letter to someone she never properly thanked and is urged to deliver it in person.

Session 7: We review the importance of cultivating positive emotions through writing in the blessings journal and the use of character strengths.

Session 8: We discuss the fact that “satisficers” (“This is good enough”) have better well-being than “maximizers” (“I must find the perfect wife, dishwasher, or vacation spot.”) Satisficing is encouraged over maximizing.

Homework: The client reviews ways to increase satisficing and devises a personal satisficing plan.

Session 9: We discuss optimism and hope, using explanatory style: the optimistic style is to see bad events as temporary, changeable, and local.

Homework: The client thinks of three doors that closed on her. What doors opened?

Session 10: The client is invited to recognize character strengths of significant other(s).

Homework: We coach the client to respond actively and constructively to positive events reported by others, and the client arranges a date that celebrates his character strengths and those of his significant other.

Session 11: We discuss how to recognize the character strengths of family members and where the client’s own character strengths originated.

Homework: The client asks family members to take the VIA questionnaire online and then draws a tree that includes the character strengths of all members of the family.

Session 12: Savoring is introduced as a technique to increase the intensity and duration of positive emotion.

Homework: The client plans pleasurable activities and carries them out as planned. The client is provided with a list of specific savoring techniques.

Session 13: The client has the power to give one of the greatest gifts of all—the gift of time.

Homework: The client is to give the gift of time by doing something that requires a fair amount of time and calls on her character strengths.

Session 14: We discuss that the full life integrates pleasure, engagement, and meaning.

In our one test of positive psychotherapy with severe depression, the patients were randomly assigned to either individual positive psychotherapy following the table above or to treatment as usual. A matched but nonrandomized group of equally depressed patients underwent treatment as usual plus antidepressant medication. (I don’t think randomly assigning patients to medication is ethical, so we matched on demographics and intensity of depression.) Positive psychotherapy relieved depressive symptoms on all outcome measures better than treatment as usual and better than drugs. We found that 55 percent of patients in positive psychotherapy, 20 percent in treatment as usual, and only 8 percent in treatment as usual plus drugs achieved remission.

Positive psychotherapy is only at its very beginning stages of practice and application, and these results are preliminary and much in need of replication. It will be important to tailor the order and duration of the exercises to clients’ reactions. Even though they are new as a package, however, the individual exercises themselves have been well validated.

Note: The text above is excerpted from *Flourish: A Visionary New Understanding of Happiness and Well-Being*

Learn More About Positive Psychotherapy

The information in this article has been excerpted from the resources below. For more detailed information about positive psychotherapy, please consult each of these sources.

Flourish: A Visionary New Understanding of Happiness and Well-Being

Read chapters 2 (“Creating Your Happiness: Positive Psychology Exercises That Work”) and 3 (“The Dirty Little Secret of Drugs and Therapy”)

Positive Psychotherapy: A Treatment Manual

Due to be published later this year by Oxford University Press, *Positive Psychotherapy: A Treatment Manual* will offer a detailed explanation of the fourteen sessions of the positive psychotherapy program described above.

Positive Psychotherapy Article in *American Psychologist*

Seligman, M.E.P., Rashid, T., & Parks, A.C. (2006). Positive psychotherapy. *American Psychologist* (61), 8, 772-788. [Click here to read.](#)

Positive Psychology Progress: Empirical Validation of Interventions

Seligman, M.E.P., Steen, T.A., Park, N., & Peterson, C. (2005). [Positive psychology progress: Empirical validation of interventions.](#) *American Psychologist* (60), 5, 410-421.

What is Comprehensive Soldier Fitness?

The stress and strain on the U.S. Army's community due to nearly a decade of protracted war is well documented in the press and in scientific literature. In response, the Army's Comprehensive Soldier Fitness (CSF) program is a preventive program that seeks to enhance psychological resilience among all members of the Army community, which includes soldiers, family members, and Department of the Army civilians. CSF is not a medical treatment program. Rather, CSF helps those community members who are psychologically healthy face life's adversities—including combat and prolonged separation from loved ones—by providing evidence-based training.

George W. Casey, Jr., General and U.S. Army Chief of Staff
From "Comprehensive Soldier Fitness: A Vision for Psychological Resilience in the U.S. Army" in *American Psychologist* (full reference below)



Components of Comprehensive Soldier Fitness

"I want to create an army that is just as psychologically fit as it is physically fit," General Casey began. "You are all here to advise me how to go about this cultural transformation."

"The key to psychological fitness is resilience," General Casey continued, "and from here on, resilience will be taught and measured throughout the United States Army. Dr. Seligman here is the world's expert on resilience, and he's going to tell us how we are going to do it."

When I had been invited, I'd expected to be told about PTSD and how the army was treating its veterans. Now, surprised by the turn the meeting had taken, I said a few heartfelt words about what an honor it was to be around a table with this group. Recovering, I repeated what I had told Jill: that focusing on the pathologies of depression, anxiety, suicide, and PTSD was the tail wagging the dog. What the army could do was to move the entire distribution of the reaction to adversity in the direction of resilience and growth. This would not only help prevent PTSD but also increase the number of soldiers who bounce back readily from adversity. Most importantly it would increase the number of our soldiers who would grow psychologically from the crucible of combat.

Resilience, at least among young civilians, can be taught. This was the main thrust of positive education, and we had found that depression, anxiety, and conduct problems could be reduced among children and adolescents through resilience training.

"That's just what we have started to do," explained the chief of staff. "Dr. Seligman, Comprehensive Soldier Fitness began two months ago. It is under General Cornum's command. The American soldier has rotated between combat and home for more than eight years. The army has incurred a cumulative level of stress that degrades our soldiers' performance and—in many cases—ruins their home-front relationships. I don't know when this era of persistent conflict is going to end, but I am positive that for the foreseeable future American servicemen and women will be in harm's way. It is my responsibility to ensure that our soldiers, their families, and army civilians are prepared both physically and psychologically to continue to serve and support those in combat for years to come. General Cornum, I want you and Marty ["Marty!"] to put your heads together, put flesh on the skeleton of Comprehensive Soldier Fitness, and report back to me in sixty days."

The next week, Rhonda was at my office at Penn. “Sixty days,” she informed me, “is not a lot of time for progress on the three parts of Comprehensive Soldier Fitness that I intend to create. The three components I want your help in creating are a test of psychological fitness, self-improvement courses to go with the test, and a pilot study of resilience training.”

Note: The above is an excerpt from Flourish: A Visionary New Understanding of Happiness and Well-Being

The Global Assessment Tool (GAT)

“The GAT is a self-report questionnaire designed to measure the psychosocial well-being of soldiers of all ranks and experience in four domains identified as important in the CSF program: emotional fitness, social fitness, family fitness, and spiritual fitness. The GAT is an integral part of the CSF program and will be used as a means of directing soldiers into different training programs—basic or advanced— as well as a way of evaluating the success of these programs (Lester, McBride, Bliese, & Adler, 2011). The GAT will also provide a way to gauge the psychosocial fitness of the Army as a whole.” (Peterson, Park, & Castro, 2011, p. 13)

Peterson, Park and Castro point out that the GAT is notable for several reasons:

“First, it is an inventory, a systematic and comprehensive measure that allows the psychosocial fitness of soldiers to be described in multidimensional terms.”

“Second, the GAT introduces a common vocabulary for describing what is right about soldiers”

“Third, when a soldier completes the GAT, immediate feedback about his or her profile of strengths is provided.”

“Fourth, because all soldiers will take the GAT, stigma surrounding “mental health” assessment and services may be reduced.”

“Finally, the GAT will be used to refer soldiers to programs tailored to their profile of greater and lesser strengths.”

For more information on the GAT, see “Assessment for the U.S. Army Comprehensive Soldier Fitness Program: Global Assessment Tool” in the references below

Online Courses

The army gives college credit for courses on military history, economics, and the like. The second thrust of Comprehensive Soldier Fitness is an online course in each of the four fitnesses, as well as a course in post-traumatic growth for all soldiers. General Cornum invited a leading positive psychologist to head up the development of each course: Barbara Fredrickson for emotional fitness, John Cacioppo for social fitness, John and Julie Gottman for family fitness, Ken Pargament and Pat Sweeney for spiritual fitness, and Rick Tedeschi and Rich McNally for post-traumatic growth. When a soldier takes the Global Assessment Tool, he or she will get back the score and a profile along with recommendations for what courses to take.

Emotional Fitness Module: Barbara Fredrickson and Sara Algoe take soldiers on a tour of what our emotions do for us and how to use our emotions to better advantage.

Family Fitness Module: The Gottmans’ module teaches soldiers marriage and relationship skills that they validated in civilian life.

Social Fitness Module: The Social Resilience Module emphasizes empathy: being able to identify the

emotions that another soldier is feeling. Another core topic of the social fitness module is the important new findings on the contagion of emotion.

Spiritual Fitness Module: It focuses on the soldier's "spiritual core," consisting of self-awareness, sense of agency, self-regulation, self-motivation, and social awareness.

These four modules are elective: soldiers will be able to take basic and increasingly advanced versions as they choose. But one module is deemed so essential that it will be required of all soldiers. It is about post-traumatic stress disorder and post-traumatic growth.

Post-traumatic Growth Module: The module begins with the ancient wisdom that personal transformation is characterized by renewed appreciation of being alive, enhanced personal strength, acting on new possibilities, improved relationships, and spiritual deepening, all of which often follow tragedy. Data support this: in just one example, 61.1 percent of imprisoned airmen tortured for years by the North Vietnamese said that they had benefited psychologically from their ordeal. What's more, the more severe their treatment, the greater the post-traumatic growth. This is not remotely to suggest that we celebrate trauma itself; rather we should make the most of the fact that trauma often sets the stage for growth, and we must teach our soldiers about the conditions under which such growth is most likely to happen.

Note: The descriptions of the online courses above are excerpted from Flourish: A Visionary New Understanding of Happiness and Well-Being

Resilience Training

"The U.S. Army Master Resilience Trainer (MRT) course is a 10-day program of study that teaches resilience skills to noncommissioned officers (NCOs). Since the NCOs will teach their soldiers these skills, this course also teaches the fundamentals of how to teach these skills to others. The course serves as one of the foundational pillars of the Comprehensive Soldier Fitness program. The course includes three components: preparation, sustainment, and enhancement. The preparation component was developed at the University of Pennsylvania's Positive Psychology Center and is presented in the first eight days of the course. This component teaches resilience fundamentals and is based on the Penn Resilience Program (PRP) curriculum as well as on other empirically validated interventions from positive psychology (Seligman, Ernst, Gillham, Reivich, & Linkins, 2009; Seligman, Rashid, & Parks, 2006; Seligman, Steen, Park, & Peterson, 2005). The sustainment component was developed by researchers at the Walter Reed Army Institute of Research and focuses on deployment cycle training. The enhancement component was developed by sports psychologists at the United States Military Academy at West Point and teaches personal and professional skills that maximize individual performance. The MRT course is intended to serve primarily as a foundation for training resilience skills (preparation) but also to introduce other resilience concepts that soldiers will encounter at other points in their deployment and life cycles throughout their careers (sustainment and enhancement)." (Reivich, Seligman, & McBride, 2011, p. 25)

For more information on resilience training, see "Master resilience training in the U.S. Army" in the references below

Learn More About Comprehensive Soldier Fitness

The information in this article has been excerpted from the resources below. For more detailed information about CSF, please consult each of these sources.

Comprehensive Soldier Fitness Website

The Army maintains a website on CSF at <http://csf.army.mil/index.html>

Flourish: A Visionary New Understanding of Happiness and Well-Being

Read chapters 6 (“Army Strong: Comprehensive Soldier Fitness”) and 7 (“Turning Trauma into Growth”)

Special Issue of *American Psychologist*

In January 2011, *American Psychologist* devoted a special issue to the Comprehensive Soldier Fitness program. Below are selected references for articles from that issue mentioned above.

Casey, Jr., G.W. (2011). Comprehensive Soldier Fitness: A Vision for Psychological Resilience in the U.S. Army. *American Psychologist* (66), 1, 1-3.

Peterson, C., Park, N., & Castro, C.A. (2011). Assessment for the U.S. Army comprehensive soldier fitness program: Global assessment tool. *American Psychologist* (66), 1, 10-18.

Reivich, K.J., Seligman, M.E.P., & McBride, S. (2011). Master resilience training in the U.S. Army. *American Psychologist* (66), 1, 25-34.

Harvard Business Review – April 2011

Dr. Seligman wrote about resilience training in the April 2011 edition of *Harvard Business Review*. [Click here to read the article and listen to an interview with Dr. Seligman.](#)

***The New York Times* – August 2009**

[Click here to read the front-page article](#) about the Comprehensive Soldier Fitness program from the August 17, 2009 edition of *The New York Times*.

Biography of Brigadier General Rhonda Cornum

Brigadier General Rhonda Cornum, Ph.D., M.D., is the director of the Comprehensive Soldier Fitness program. [Click here to read her biography.](#)