POSITIVE PSYCHOLOGY I

Presented by

CONTINUING PSYCHOLOGY EDUCATION INC.

6 CONTINUING EDUCATION CONTACT HOURS

"Positive psychology, that's a good way to spend your time."
Snyder & Lopez (2002, p. 766)

Course Objective
The purpose of this course is to provide an understanding of the concept of positive psychology. Major topics include: positive emotions, character strengths, applications of positive psychology, the mental health continuum, positive psychology related to children and adolescents, aging healthfully, wisdom and life longings, and subjective well-being.

Accreditation
This program is approved for 6 continuing education contact hours by the National Association of Social Workers for social workers, counselors, and therapists (NASW Provider ID # 886398989).

Mission Statement
Continuing Psychology Education Inc. provides the highest quality continuing education designed to fulfill the professional needs and interests of mental health professionals. Resources are offered to improve professional competency, maintain knowledge of the latest advancements, and meet continuing education requirements mandated by the profession.

Learning Objectives
Upon completion, the participant will be able to:
1. Understand the beneficial effects of having positive emotions upon daily living.
2. Recognize and utilize character strengths in oneself and others.
3. Comprehend different ways that positive psychology principles may be applied.
4. Conceptualize the distinction between flourishing and languishing.
5. Discuss the concepts of hope, optimism, benefit finding, and quality of life relative to children and adolescents.
6. Convey the value of cognitively and physically remaining engaged in life upon aging well.
7. Acknowledge the manifestations of wisdom and life longings over the life span.
8. Identify essential components of subjective well-being.

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Positive psychology is the study of what makes life worthwhile and is concerned with strength and weakness, building potential and healing illness, helping normal people achieve fulfillment and the distressed to acquire equilibrium (Seligman, 2002; Seligman & Csikszentmihalyi, 2000).

Through the disease model of scientific psychology, individuals are often viewed as frail victims of unhealthy environments or flawed genetics striving for homeostasis and survival at best. Positive psychology proposes a balance between mere subsistence and thriving.

Research on positive psychology covers diverse topics; this course explores the concepts of positive emotions, character strengths, applications of positive psychology, the mental health continuum, positive psychology: children and adolescents, aging healthfully, wisdom and life longings, and subjective well-being, with the goal of improving the quality of life.

POSITIVE EMOTIONS

Numerous studies reveal that positive emotions and experiences predict or contribute to worthy life outcomes (Lyubomirsky, King, & Diener, 2005), including increased work satisfaction and success (Losada & Heaphy, 2004), heightened immune function (Cohen, Doyle, & Turner, 2003), and longer life (Danner, Snowdon, & Friesen, 2001; Levy, Slade, & Kunkel, 2002; Moskowitz, 2003; Ostir, Markides, & Black, 2000).

Many operational definitions of emotions exist, but a common approach is that emotions are multicomponent response tendencies including, for example, subjective feelings, cognition and attention, facial expressions, cardiovascular and hormonal changes, occurring with a relatively short time span (Cosmides & Tooly, 2000; Lazarus, 1991).

The degree of pleasantness, rated on a continuum from highly pleasant to highly unpleasant, is considered an important characteristic of every emotion (discussed in Smith & Ellsworth, 1985). We often make a pleasantness rating when initially exposed to environmental sensory input (Chen & Bargh, 1999). A feeling of pleasantness generally occurs when a stimulus either fulfills a biological need (Cabanac, 1971), leads to goal attainment, or resolves an aversive or goal-inconsistent state.

Past emotions research has examined negative emotions, primarily because negative emotions generally are the causes and effects of pathology and the discipline of psychology has traditionally studied problems (Seligman & Csikszentmihalyi, 2000). General emotions theories often link each emotion with a "specific action tendency," for example, fear yields motivation and physical preparation to escape, anger leads to aggression and disgust to expel (Frijda, 1986; Lazarus, 1991, Tooby & Cosmides, 1990). Such action tendencies evolved because they increased our ancestors chances of survival. Positive emotions were deemed less important, as joy was associated with aimless activation, interest with attending, and contentment with inactivity (Frijda, 1986). These tendencies appeared too general and lacked the adaptive value of negative emotion tendencies (Ekman, 1992; Fredrickson, 1998).

Positive mental health research has increased over the last decade, including the study of positive emotions. Fredrickson's broaden-and-build theory, for instance, professes that positive emotions broaden an individual's immediate thought-action options and promote behavior that builds long-term resources (Fredrickson, 1998; 2001).

Negative emotions assist in life-threatening situations that require a focused and constricted thought-action pattern that offers direct benefit. Contrarily, positive emotions are rarely evoked in life-threatening circumstances so they do not need to elicit focused response tendencies, instead, positive emotions generate broadened and more flexible response tendencies which create more potential avenues of thought and action (Fredrickson, 1998). For example, joy creates the desire to play across physical, social or intellectual dimensions. Interest broadens into eagerness to explore, experience new information and novel activity, and expand the self. Love encourages interacting with, learning more about and appreciating our significant others. Broadened thought-action tendencies evolved not for short-term survival purposes, rather, for long-term benefits, such as building personal resources.

Play also broadens behavioral tendencies, for example, some children's play actions evolve to a predator avoidance repertoire in adults (Dohlinow, 1987), play builds intellectual capacity through increasing creativity (Sherrod & Singer, 1989) and enhances brain development (Panksepp, 1998). Social play builds long-lasting resources, such as laughter seems to foster openness to new, broadening interactions that may culminate in enduring attachments (Gervais & Wilson, 2005). Shared enjoyment and smiles promote similar positive outcomes (Keltner & Bonanno, 1997; Lee, 1983; Simons, McCluskey-Fawcett, & Papini, 1986). The positive emotion of interest breeds exploration which leads to knowledge and intellectual development; likewise, the emotion of contentment may yield greater self-insight.

The broaden-and-build theory of positive emotions demonstrates that positive emotions spiral upward and broaden into novel thoughts, actions and relationships that create long-term personal resources (i.e., social fulfillment, skills, knowledge, and resilience) resulting in improved physical and psychological health, and survival capability. These beneficial resources can be evoked whenever needed, even if the person is not feeling momentarily positive.

Emotions, in general, affect the process of cognition, and research on positive affect's influence upon cognition and behavior supports the broaden hypothesis. Positive emotions stimulate thought patterns that are flexible and inclusive (Isen & Daubman, 1984), creative (Isen, Daubman & Nowicki, 1987), and receptive to new information (Estrada et al., 1997).

Fredrickson & Branigan (2005) generated positive, negative, or no emotions (the control group) in subjects and then requested them to list all the activities in which they

would like to be engaged. The positive emotions group listed a greater quantity of and more varied actions compared to the neutral group while the negative emotions group indicated fewer actions.

Broadened social attention is characterized by augmented attention to others and limited distinction between self and others or between different groups. Studies reveal that individuals experiencing positive emotions perceive more overlap between their own self-concept and their concept of their best friend (Waugh & Fredrickson, 2006; Waugh, Hejmade, Otake, & Fredrickson, 2006), and display more caring interest toward their friends (Otake, Waugh, & Fredrickson, 2007). Positive emotions can increase trust in newly-forming relationships (Dunn & Schweitzer, 2005), and may facilitate development of various bonds and interdependence opportunities (Cohn & Fredrickson, 2006; Gable, Reis, Impett, and Asher, 2004).

Positive emotions broaden social group acceptance and minimize the perception of "us versus them" (Dovidio, Gaertner, Isen, Rust, & Guerra, 1995). Applied to racism, studies have induced positive emotions in subjects and found that participants displayed less racial bias in their face perception and lowered ability to discern physical differences between races (Johnson, 2005; Johnson & Fredrickson, 2005).

These studies demonstrate how perception can be broadened to positively affect our social bonds and personal cognitions, thus, our broadened mental set can optimize the building of sustained resources.

The 'build' component of the broaden-and-build hypothesis was divulged in a positive emotions intervention study in which experimental group participants were taught a mindfulness meditation designed to produce the positive emotions of compassion and love. Experimental group members, after three weeks, began experiencing daily higher levels of positive emotions relative to the wait-list control group and at eight weeks, they increased in numerous personal resources, including physical wellness, instrumentality at goal achievement, appreciation of positive experiences, mindfulness, and quality of close relationships. Analysis attributed these resource changes to the increase in daily positive emotions and that the improved resources fostered a more satisfying and fulfilling life (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008).

Negative life events as unemployment and grieving often elicit negative emotions but such emotions, which promote immediate, narrowly focused action, may not encourage problem-solving. Grieving individuals experiencing some positive emotions along with customary negative feelings demonstrated improved psychological well-being one year or longer later, partly because optimistic future plans and goals were associated with positive emotions (Moskowitz, Folkman, & Acree, 2003; Stein, Folkman, Trabasso, & Richards, 1997). Supportively, college students' mental health was measured before and after the September 11 terrorist attacks, and the more resilient individuals felt occasional positive emotions intermixed with the predicted fear and grief; positive emotions lessened the negativity of an extended and narrow perspective (Fredrickson, Tugade, Waugh, & Larkin, 2003).

Adults combating suicidal thoughts (Joiner, Petit, Perez, & Burns, 2001), or revealing childhood sexual abuse (Bonanno et al., 2002) coped better when their disclosure of pain was combined with some sense of positivity. Fredrickson and Joiner (2002) determined that being in the state of positive emotions is associated with creative and open-minded coping strategies which, in turn, predicted heightened positive emotions five weeks later (above the baseline level of positive emotion). Pessimism and depression are known to correlate with a self-perpetuating downward spiral while positive emotions are linked to an upward spiral of greater resources, life success and fulfillment.

Experiencing high levels of positive emotions correlates with less pain and disability relative to chronic health conditions (Gil et al., 1997), ability to resist illness and disease (Cohen & Pressman, 2006; Ong & Allaire, 2005), and living longer (Danner et al., 2001; Levy et al., 2002; Moskowitz, 2003; Ostir et al., 2000).

Findings have shown that positive emotions assist body regulation, specifically, lowering effects of the biochemical stress response after a threat. Researchers administered an anxiety-provoking experience to participants, ended the exposure, then presented either a sad, neutral or positive emotion film clip while simultaneously measuring their biological stress responses. Subjects in the positive emotions group recovered quicker than those seeing the neutral film clip, who recovered more quickly than those viewing the sad film clip (Fredrickson, Mancuso, Branigan, & Tugade, 2000, study 1; Fredrickson & Levenson, 1998). None of the films had a biological effect in the absence of a stressor (Fredrickson et al., study 2), thus, the positive emotional film revealed an ability to regulate the body by undoing and shortening the duration of cardiovascular response elicited by a stressor. Individuals who frequently demonstrate resilience to negative events recover quicker and they do so by commonly creating positive emotions during the recovery process (Tugade & Fredrickson, 2004). These results display the effect of emotions on coping and of coping on health. Whereas some people utilize positive emotions to resiliently recover from stress, others continue to be physiologically activated and inclined to react, even after the threat has dissipated. Over the long-term, the latter group will acquire more physiological hardship possibly culminating in various stress-related illness (Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002; McEwen & Seeman, 1999).

A literature review by Ashley, Isen, and Turken (1999) links physiology and positive emotional effects by proposing that the broaden effect may be related with release of mesolimbic dopamine, which improves cognitive flexibility and proactive curiosity. Beridge and Robinson (2003) observed this same neurological system to be linked with the motivational element of positive affect. Further, older antipsychotic drugs inhibited the mesolimbic dopamine

system causing cognitive narrowing and rigidity (Berger et al., 1989).

The broaden-and-build theory illustrates beneficial short-term effects of positive emotions and potential for enduring personal growth. While negative emotions effectively assist us to respond to danger, avoid risks and manage loss, positive emotions foster appreciation of the nuances of living. Research supports that many people would benefit by increasing their daily levels of positive emotions.

CHARACTER STRENGTHS

The Athenian philosophers, Socrates, Plato, and Aristotle, understood morality as being linked to good character, and to virtues, specifically, character strengths that make a person good (Rachels, 1999). Asian philosophers, including Confucius, also highlighted virtues that make an individual morally praiseworthy, and more relevantly, contributed to the good society (Smart, 1999). One contemporary psychology research program examining character strengths and virtues is the Values in Action (VIA) project (Peterson & Seligman, 2004), which utilizes the following operational definition of a virtue (Yearley, 1990, p. 13): A disposition to act, desire, and feel that involves the exercise of judgment and leads to a recognizable human excellence or instance of human flourishing. Moreover, virtuous activity involves choosing virtue for itself and in light of some justifiable life plan.

Historical texts from the world's religious and philosophical doctrines (i.e., the books of Exodus and Proverbs in Judaism, the analects in Confucianism, etc.) were used to illustrate the following core set of virtues (Dahlsgaard, Peterson, Seligman, 2005): a) wisdom and knowledge, b) courage, c) humanity - interpersonal strengths involving empathy and socialization, d) justice, e) temperance, and f) transcendence - connecting to and finding meaning in the large universe.

Each virtue met many of these twelve criteria: ubiquitous, fulfilling, morally valued, trait-like, measurable and distinctive, does not diminish others, has an obvious antonym, represents a paragon, is precociously apparent in children or youth, is absent in some people, and is praised by societal institutions.

The VIA classification of strengths includes 24 positive traits organized within the six core virtues, as follows:
Wisdom and knowledge: creativity, curiosity, open-mindedness, love of learning, and having a keen perspective fostering wise counsel.
Courage: authenticity, bravery, perseverance and zest.
Humanity: kindness, love, and social intelligence.
Justice: fairness, leadership and teamwork.
Temperance: forgiveness, modesty, prudence and self-regulation (managing one's feelings and actions).
Transcendence: appreciation of beauty and excellence, gratitude, hope, humor, and religiousness (believing in the higher purpose and meaning of life).

Demographic correlates of the VIA strengths revealed females scoring higher than males on interpersonal strengths of gratitude, kindness, and love. Older adults scored higher than younger adults on temperance strengths. People with more education love learning more than those with less education; married people are more forgiving than the unmarried; and African Americans and Asian Americans are more religious than European Americans.

The most common strengths displayed by youth were gratitude, humor, and love and their lesser strengths were prudence, forgiveness, religiousness, and self-regulation (Park & Peterson, 2006c). Hope, teamwork, and zest were relatively more frequent among youth than adults, while appreciation of beauty, authenticity, leadership, and open-mindedness were relatively more common to adults.

Parental descriptions of their young children fund the average child to be loving, kind, creative, humorous, and creative, whereas authenticity, gratitude, modesty, forgiveness, and open-mindedness were uncommon strengths (Park & Peterson, 2006a).

For adults, love, gratitude, hope, curiosity, and zest are correlated with life satisfaction, happiness, and psychological well-being (Park, Peterson, & Seligman, 2004). Predictors of life satisfaction for youth are love, gratitude, hope, and zest (Park & Peterson, 2006c). Children displaying love, zest, and hope, as described by their parents, were seen as happy (Park & Peterson, 2006a).

The VIA character strengths also reflect that:
a) temperance and perseverance strengths predicted academic achievement among school children.
b) The character strength of love predicted good military performance among West Point cadets.
c) Zest, humor, and social intelligence predicted teaching effectiveness.
d) Zest predicted intrinsic versus extrinsic work motivation.

Modest overlap exists between the character strengths of parents and those of their children (Park & Peterson, 2006c). A twin study uncovered that many of the VIA strengths possess moderate levels of heritability, similar to other personality traits (Steger, Hicks, Kashdan, Krueger, & Bouchard, 2007). Some of the character strengths, for example, love of learning and open-mindedness, showed some shared family environment influence, while several others, for instance, humor and teamwork, revealed some influence of nonshared family environment.

The effects of major life events upon character strengths notes that significant physical illness (which has been recovered from) associates with increased bravery, kindness, and humor, and severe psychological disorder (already resolved) correlates with increased appreciation of beauty and love of learning (Peterson, Park, & Seligman, 2006). Higher life satisfaction linked to increases in these character strengths. Interpretation of these findings suggests that various character strengths may serve as a buffer to negative life events and sustain or possibly increase well-being, thus, crisis may forge good character (Peterson & Seligman, 2004).

Peterson and Seligman (2004) propose that virtues and character strengths are attainable through active pursuit,

similar to Aristotle's (2000) belief that good character is demonstrated by habitual action. Procedurally, these researchers recommend establishing a baseline of the desired behavior followed by maintaining awareness of character strength opportunities and the responsive actions taken while rising to the occasion. Given the character strength of perseverance, for instance, the strength opportunity is any situation allowing one to finish a task that has begun; for bravery, any occurrence requiring fear to be overcome and appropriate action taken. Such opportunity situations answer the question: Did s/he do what was required or not?

Action plans are needed to attain goals and plans work best by including didactic instruction, direct experience and repeated practice. Peterson and Seligman (2004) propose, "Think about it, talk about it, and do it - over and over again." Goals are recommended to be challenging and specific with opportunity for periodic successes which preserves motivation (Locke, Shaw, Saari, & Latham, 1981).

Individuals who manifest balanced character strength scores (less disparity across scores within the same person) report higher life satisfaction, especially older adults; this supports that wisdom is the culmination of personal strengths with maturity (Erikson, 1963).

The Values in Action project reflects that good character associates with worthy living and supports the premise of Aristotle (2000) that "happiness is the purpose of life, and living in accordance with one's virtues is how to achieve happiness" (Peterson and Seligman, 2004).

APPLICATIONS OF POSITIVE PSYCHOLOGY

Positive psychology research has created new therapeutic techniques, for example, Well-being therapy was pioneered by Fava and colleagues (e.g., Fava, Rafanelli, Cazzaro, Conti, & Grandi, 1998; Ruini & Fava, 2004) and applies Ryff's (1989) six domains of psychological well-being: environmental mastery, personal growth, purpose in life, autonomy, self-acceptance, and positive relations with others. This approach highlights self-observation, inclusive of a structured diary and enjoining of therapist with client (Ruini & Fava, 2004, p.374). Well-being therapy has proven very effective with affective disorders (Fava, Rafanelli, Cazzaro, et al., 1998), recurrent depression (Fava, Rafanelli, Grandi, Conti, & Belluardo, 1998), and generalized anxiety disorder (Fava et al., 2005).

Another positive psychology approach, Mindfulness-based cognitive therapy, enhances the mindful state, which is known to heighten self-awareness, facilitate informed choices, and is related to numerous well-being indicators (Brown & Ryan, 2003). Mindfulness-based methods also promote self-determination, which fosters fulfillment of autonomy, competence, and relatedness needs (Brown & Ryan, 2004), that emphasize many components of well-being (Ryan & Deci, 2000). Research continues to support this approach with a range of clinical and non-clinical conditions (Ma, & Teasdale, 2004; Grossman, Niemann, Schmidt, & Walach, 2004).

Further, Quality of Life Therapy, introduced by Frisch (2006), involves various cognitive therapy techniques designed to lead clients to greater happiness. Interventions are based on the acronym, CASIO, consisting of exploration into four specific areas of life and a fifth, other area of living: Circumstances or Characteristics of an area of life; Attitude, perception and understanding of an area; Standards of fulfillment or achievement; Importance placed on a life ara for general happiness; and Other areas of life to be considered. This approach helps clients to modify their circumstances, think and perceive differently, propose new standards, reconsider priorities, and consider other areas of life.

Positive psychotherapy, developed by Seligman, Rashid, and Parks (2006), is founded on the belief that developing positive emotions, strengths, and meaning is facilitative in the treatment of psychopathology. The underlying tenets of this approach are that individuals gravitate toward growth and fulfillment; positive emotions and strengths are genuine and realistic; and focusing on strengths and meaning is one way to improve psychopathology. Outcome studies have shown that positive psychotherapy is at least as effective for major depression as conventional pharmacological treatments (Seligman, Rashid, & Parks, 2006).

In consideration of happiness, which is one goal of positive psychotherapy, Lyubomirsky, Sheldon, & Schlade (2005, chap. 63), and Sheldon & Lyubomirsky (2004) conclude that 50% of happiness is genetically caused, 10% is a result of life circumstances, and 40% is due to our chosen actions. Effective happiness interventions have explored the changeable 40% and results are suggesting that sustainable happiness modifications are possible. Sheldon and Lyubomirsky (2004) clarify that happiness interventions need person-activity fit; people must expend the necessary effort; and individuals must continually utilize different happiness intervention activities to avoid hedonic adaptation (return to one's baseline happiness level after a life circumstance; Brickman & Campbell, 1971).

Fordyce (1977, 1983) observed that successful happiness interventions emphasized intentional activities, such as increasing socialization time, strengthening one's closest relationships, and becoming more active. Seligman, Steen, Park, and Peterson (2005) examined several happiness interventions in terms of increased happiness and decreased depression relative to a control group across a 6-month interval. Participants either 1) became aware of and used their five signature strengths in a novel way for one week, 2) daily, noted three things that went well for one week, or 3) were given one week to write and then deliver a gratitude letter directed at someone who was very kind to them but was never thanked. The gratitude letter condition yielded the longest effect on happiness and depression but the change only lasted one month. Long-term benefits were attained by those in any condition, who continued the exercise beyond

the one-week experimental period - it became a self-reinforcing activity.

Emmons and McCullough (2003) found that interventions that highlight the good things in life enhance positive affect and life satisfaction. Further, gratitude-increase interventions may resist habituation after an improved life circumstance (i.e., Watkins, 2004). It is speculated that positive psychology-generated happiness interventions may also benefit more serious affective disorders.

APPLIED POSITIVE PSYCHOLOGY

In education, positive psychology motivates and rewards the student's strengths and capabilities by daily establishing opportunities for expression of these talents, instead of penalizing their deficits (Clonan, Chafouleas, McDougal, & Riley-Tillman, 2004; Huebner & Gilman, 2003).

Research spanning the past twenty years supports that reduction in criminal recidivism is possible by rehabilitating offenders in contrast to punishment alone (Andrews & Bonta, 1998). This rehabilitation generally follows the "risk-need" model, which strives to lower recidivism by assessing and treating the relevant risk factors, with the goal of protecting the community from additional harm. Ward (2002; Ward & Mann, 2004) modified this approach with the "good lives model" (GLM) which emphasizes human well-being and defines rehabilitation in a strengths-based and constructive manner. The goal is to enhance the offender's capabilities and resources, resulting in a better quality of life which lowers the chance of their future criminal behavior.

The GLM rehabilitation approach stresses the control concepts of personal identity, instrumental behavior, psychological well-being, and the possibility of living an alternative lifestyle to criminality (Ward & Gannon, 2006). People are viewed as being active, goal-seeking, habitually developing meaning and purpose, and in search of beneficial activities, experiences, ands states of mind that create well-being and thriving. Offender risk factors are assessed, but the risk factors are categorized as obstacles to attaining the well-being state, not as the sole focus.

The GLM rehabilitation works to improve the offender's external conditions (i.e., social support) and internal conditions (e.g., skills, and values) in order to acquire personal and socially acceptable possessions, in non-criminal ways, that manufacture personal identity and instrumentality, and reduced recidivism.

The British prison system effectively used the GLM approach on a trial basis (Ward & Mann, 2004), thus suggesting a change to rehabilitation and reintegration of offenders.

Positive psychology applied to the work world is growing in interest. Considering and utilizing people's strengths (Hodges & Clifton, 2004), and establishing an engaged workforce (Harter, Schmidt, & Keyes, 2003) yield organizational benefits.

A workplace leadership style viewed as effective by positive psychology is entitled, transformation leadership. It uses the behaviors of "idealized influence," "inspirational motivation," "intellectual stimulation," and "individualized consideration" (refer to Bass, 1998) to inspire their employees to achieve stretch goals, think independently, rise above conventional ways of doing things, and increases employer empathy toward employee development and well-being.

Swanathan, Arnold, Turner and Barling (2004) believe that transformational leadership increases employee well-being via four mediating psychological processes: promoting efficacy, which associates with increase motivation and job productivity; bolstering trust in management which lowers anxiety and threat; fostering a feeling that the individual is contributing meaningful work; and increasing a sense of social/organizational identity and belonging within the organization. The latter two components are known to be vital in generating employee engagement (Stairs, 2005).

Employee engagement is the level of commitment one demonstrates to a job and includes rational commitment - motivated by goals as financial incentive or professional development, and emotional commitment - motivated by a strong conviction in the value of the job. Employee commitment is analogous to the functionality of the psychological contract (Rousseau, 1995). Stairs (2005) proposes that utilization of positive psychology can produce enhanced emotional commitment and performance yielding increased organizational productivity. Employee engagement is consistently associated with improved organizational outcomes, such as employee retention, less sick days, better customer satisfaction and profit (Harter, Schmidt, & Hayes, 2002; Harter et al., 2003).

Two other positive psychology applications that highlight employee positive behaviors are positive organizational scholarship (Cameron, Dutton & Quinn, 2003) which develops character strengths such as resilience, restoration, and vitality, and positive organizational behavior (Luthans, 2002) which improves positive and measurable traits as self-efficacy, optimism, hope, and resiliency (Luthans, Avey, Avolio, Norman, and Combs, 2006), which has been shown to increase the psychological capital of managers, that in turn, can improve employee and organization performance.

Appreciative Inquiry is a method of positive organizational change that uses many tenets of positive psychology through a narrative process called the AI 4-D cycle. The 4-D cycle encompasses discovery - becoming aware of the best that is available; dream - identifying a results-oriented vision and higher purpose; design - establishing an organizational design that will evoke superior performance; and destiny - emphasizing the positive ability of the organization to create hope and momentum for sustained positive change. Positive Organization change is designed to occur through the "elevation of inquiry –" asking questions regarding positive possibilities; "fusion of strengths -" uniting individual strengths with a common goal; and the "activation of energy- " that results from this process (Cooperrider & Seherka, 2003). Appreciative Inquiry has been successful in the realm of organization development.

Another application of positive psychology involves life coaching. Green, Oades, and Grant (2006) revealed that cognitive-behavioral solution-focused life coaching can enhance goal striving, well-being, and hope.

Population-based approaches promoting mental health have utilized positive psychology with favorable outcomes. Rose (1992) showed that the prevalence of numerous common diseases in a population or subpopulation is directly linked to the population mean of the underlying risk factors, theoretically, therefore, prevalence should be changeable by altering the mean of the risk factors. This hypothesis has been supported for psychiatric disorders, such as psychological distress (Anderson, Huppert, & Rose, 1993; Goldberg, 1978), and depression and anxiety (Melzer, Tom, Brugha, Fryers, & Melzer, 2002).

Supportively, Population Communications International works with culturally sensitive television and radio soap operas to highlight societal tendencies that limit people's choices for improved health, education, and general development. Soap opera characters model desired behavior that encourages family health and stable communities. Bandura's research on social modeling and self-efficacy offers much of the theoretical framework for the programming (i.e., Bandura, 1997).

Sanders, Montgomery, and Brechman-Toussaint (2000) examined the influence of a 12-episode television series, entitled Families, focusing on improving disruptive child behavior and family relationships. Each episode provided a feature story about family issues and a 5-7 minute segment offering strategies to parents on prevention and resolution of common child behavioral problems and teaching children self-control and problem-resolution skills. A modeled demonstration of the recommended strategies was aired. The results, based on reports of 56 parents of children aged 2-8 years, revealed a reduction in disruptive behavior from 43% to 14%, which continued at 6-month follow-up.

The applications of positive psychology suggest that people demonstrate an inherent, nurturant, and on-going inclination toward growth and actualization (Linley, Joseph, Maltby, Harington, & Wood, 2006), and the potential for human development is immense.

THE MENTAL HEALTH CONTINUUM

Three traditional and historical conceptions of health include pathos, salus, and hale. The pathogenic model, originating from the Greek work pathos, means suffering or an emotion-eliciting sympathy, and it defines health as the absence of disability, disease, and premature death. The salutogenic model, observed in early Greek and Roman writings and derived from the Latin word salus, classifies health as the presence of positive states of human capabilities and functioning in thinking, feeling, and behavior (Sutmpfer, 1995). The third approach is the complete state model, emanating from the ancient word for health, hale, and it means whole. The World Health Organization (1948) applies this model by defining overall health as a complete state, encompassing the existence of positive states of human capacity and functioning and the absence of disease or illness.

The Surgeon General in 1999, Dr. David Satcher, defined mental health as "… a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people, and the ability to adapt to change and to cope with adversity" (U.S. Public Health Service, 1999, p.4). The World Health Organization, in 2004, in a historic report on mental health promotion, described mental health as the absence of mental illness and the presence of "… a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2004, p. 12). These definitions assert the scientific conception that mental health involves not only the absence of mental illness but also the presence of positive states.

Research on subjective well-being has examined human positive states, resulting in a diagnosis of mental health based on clusters of mental health symptoms, which parallel the cluster of symptoms used in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000) to diagnose a major depressive disorder. Whereas depression necessitates symptoms of an-hedonia, mental health requires symptoms of hedonia, for instance, emotional vitality and positive feelings about life. Similarly, depression involves symptoms of malfunctioning, while mental health reflects symptoms of positive functioning. The diagnosis of mental health includes the following thirteen symptoms:

1. Generally cheerful, happy, calm and peaceful, satisfied, and full of life and zest (has demonstrated positive affect the past 30 days)
2. Is happy or satisfied with life as a whole or with domains of life, such as relationships, work, leisure, etc. (avows happiness or life satisfaction)
3. Maintains positive attitudes toward self and life and accepts various aspects of self (self-acceptance)
4. Exudes positive attitude toward others and accepts individual differences (social acceptance)
5. Is aware of own potential and development; open to novel experience and challenge (personal growth)
6. Feels that people, social groups, and the culture have potential and can evolve in positive directions (social actualization)
7. Possesses values and goals supportive of a sense of direction and believes that life has purpose and meaning (purpose in life)
8. Perceives one's life is beneficial to society and offers value to others (social contribution)
9. Can manage one's complex environment and modify environments to fulfill one's needs (environmental mastery)
10. Engaged in society or social life and feels society and culture are worthwhile and meaningful (social coherence)

11. Manifests self-direction guided by socially accepted internal standards and resists unproductive social pressures (autonomy)
12. Experiences healthy personal relationships, demonstrating warmth, satisfaction and trust, and exhibits empathy and intimacy (positive relations with others)
13. Enjoys a sense of belonging to a community and gains comfort and support from community involvement (social integration)

This list of symptoms is divided into two categories such that the first two symptoms are termed hedonic well-being and symptoms 3 through 13 are called positive functioning. A diagnosis of "flourishing" in life is given to those exhibiting high levels on at least one hedonic well-being symptom and on at least six positive functioning symptoms. People displaying low levels on at least one hedonic well-being symptom and on at least six positive functioning symptoms are diagnosed as "languishing" in life. Flourishing parallels the concept of thriving on the Global Assessment of Functioning (GAF) in the DSM, and languishing is being stuck, stagnant, or empty, and without positive functioning in life. The classification of "moderately mentally healthy" means the individual's criteria do not match either flourishing or languishing in life. An assessment adds all symptoms of mental health which are coded into 10-point ranges similar to the GAF of the DSM-III-R.

The first national survey of midlife development in America, entitled, Midlife in the United States (MIDUS), used the above-indicated symptoms of mental health, and was made by the McArthur Foundation Research Network on Successful Middle Development in 1995. The study was developed by a multidisciplinary team of scholars from the fields of psychology, sociology, epidemiology, demography, anthropology, medicine and health-care policy. The goal was to study the effects of behavioral, psychological, and social factors upon age-related differences in health and well-being in a sample of approximately 7000 English-speaking adults, aged 25-74, living in the United States. The study was innovative because it examined novel psychological factors (i.e., well-being, positive and negative affect, sense of control, goal commitments, various personality traits) relative to relevant demographic variables (e.g., marital status, family structure, socioeconomic position, social participation, social support, employment status, health status, health-care utilization) and the accrued information broadened epidemiology, psychology, demography, and sociology. The scientific community has accepted the MIDUS as publications from the study appear in over 140 scientific journals, and it is the most common downloaded dataset from the National Archive of Data on Aging (NACDA). Given its quality and utilization, the MIDUS study was awarded a third round of funding (2011-2016) which will expand the sample and battery of survey measures, including effects of the economic recession that started in 2008, and the health and well-being of Americans as a function of changing historical context.

Data from the MIDUS survey, which also studied major depressive episode, panic disorder, generalized anxiety, and alcohol dependence, was used to test two competing theories: the single-factor versus the two-factor model of mental health. The single-factor theory purports that mental health and mental illness reflect a single factor thus indicating that the absence of mental illness implies the presence of mental health. Findings supported the two-factor model suggesting that the constructs of mental health and mental illness are different. Specifically, languishing adults had the highest prevalence of any of the four mental disorders during the past year, flourishing adults had the lowest prevalence, and moderately mentally healthy adults showed an intermediate risk. The 12-month risk for major depressive episode, for instance, was over five times more for languishing versus flourishing adults.

The two-factor model supports the contention that the absence of mental illness does not infer the presence of mental health, nor does the absence of mental health necessitate the presence of mental illness. Mental health is thereby not defined solely by the pathogenic approach (emphasis on the negative), or the salutogenic approach (emphasis on the positive), rather, mental health is a complete state measured by the combined assessments of mental health along with mental illness. Complete mental health means the individual is without mental illness and is flourishing. Parenthetically, flourishing can exist with an episode of mental illness, and moderate mental health and languishing can each occur with and without a mental illness.

Research upholds the hypothesis that any mental health level lower than complete mental health increases the likelihood of greater impairment and disability (Keyes, 2002, 2004, 2005a, 2005b). Adults diagnosed as completely mentally healthy functioned better than all others by reporting the: fewest workdays missed, lowest rate of cardiovascular disease, lowest level of health limitations affecting daily living activities, least chronic physical diseases and conditions, lowest health-care utilization, and highest levels of psychosocial functioning. Regarding psychosocial functioning, completely mentally healthy adults reported the: lowest level of perceived helplessness (i.e., low perceived control over life events), highest level of functional goals (i.e., awareness of that which one wants in life), highest level of resilience (e.g., learning from adversities), and highest intimacy level (i.e., maintaining close relationships with family and friends). Completely mentally healthy adults functioned better than moderately mentally healthy adults who functioned better than languishing adults on all of these measures.

The prevalence of any cardiovascular disease was 8% for completely mentally healthy adults, and 12% for either moderately mentally healthy or languishing adults. The prevalence of any cardiovascular disease among languishing adults who also had an episode of major depression was 19%. Adults with less than complete mental health had cardiovascular disease risk levels comparable to relative risk

associated with diabetes, smoking cigarettes, and lack of physical exercise.

Languishing adults with major depression had an average of 4.5 chronic conditions whereas flourishing or moderately mentally healthy adults with depression had an average of 3.1 chronic conditions. Languishing adults without any mental illness had 3.1 chronic conditions, while moderately mentally healthy adults had an average of 2.1 chronic conditions and completely mentally healthy adults revealed an average of 1.5 chronic conditions. Chronic physical conditions increased as mental health levels decreased. In fact, mental health level was a significant predictor of chronic physical conditions after adjustment for relevant sociodemographic variables, body mass index, diabetes status, smoking status, and physical exercise level.

Young languishing adults have an average of one more chronic condition compared to young flourishing adults; midlife languishing adults have an average of 1.7 more chronic conditions than flourishing midlife adults; and languishing older adults report an average of 2.6 more chronic conditions than flourishing older adults. Further, young languishing adults with major depressive episode have an average of 2.6 more chronic conditions than flourishing young adults; midlife languishing adults with major depressive episode have an average of 3.5 more chronic conditions than flourishing midlife adults; and languishing older adults with major depressive episode reported an average of 4.2 more chronic conditions than flourishing older adults. These statistically significant interactions between age, mental health diagnostic state and physical chronic conditions uncovers that languishing, with and without a mental illness, is correlated with increased chronic physical disease with age.

Completely mentally healthy adults manifested the fewest number of chronic physical conditions at all ages. The youngest languishing adults reported the same quantity of chronic physical conditions as older flourishing adults. Younger languishing adults with major depressive episode had 1.5 more chronic physical conditions than older flourishing adults. These findings suggest that languishing, with or without a mental illness, apparently increases the risk of chronic physical disease as we age.

Affirming these results, Keyes and Grzywacz (2005) observed that health-care utilization is lowest among flourishing adults. Overnight hospitalization outpatient medical visits over the past one year, and number of prescription drugs were lowest among flourishing and physically healthy adults, followed by flourishing adults with physical illness conditions or non-flourishing adults who were physically healthy. It appears that increasing complete mental health is one way to lower the need for health care.

The MIDUS study revealed that only 17% of adults without a mental illness in the past year were flourishing; 51% did not have an episode of mental illness but they were only moderately mentally healthy; 10% were mentally unhealthy, meaning they were languishing without any of the four mental disorders covered in the study; languishing adults had an average of one mental illness symptom; 23% had one or more of the four mental disorders measured in the study, of which 14.5% classified as moderately mentally healthy and 1.5% were flourishing.

Findings from the MIDUS study suggest that mental health should involve reducing mental illness along with increasing rates of complete mental health. Not enough adults are flourishing and too many have an episode of mental illness in a year. Government spending could include the advancement of complete mental health, especially when considering the vast size of the population with moderate mental health and its closeness to being flourishing. Such a decrease in moderate mental health and accompanying increase in flourishing would likely lower health-care usage and missed workdays. The concept of mental health could transition from pathogenic to salutogenic psychotherapy approaches within counseling and clinical psychology programs and organizations, such as the National Institutes of Health, could broaden their scope to research the basic and applied science of complete mental health (Keyes, 2002).

POSITIVE PSYCHOLOGY: CHILDREN AND ADOLESCENTS

This section examines the positive psychology concepts of hope, optimism, benefit finding and quality of life as related to children and adolescents.

Hope is defined as a cognitive set including belief in the ability to generate workable routes to goals (waypower or pathways) and capability to produce and maintain movement toward these goals (Snyder, 1994; Snyder et al., 1991; Snyder, Hoza et al., 1997). These researchers believe that hope fosters understanding of how children and adults manage daily stressors and problem behaviors, and utilize past experience to strategize effectively working toward goals. Their findings indicate that most children possess the intellectual ability to use hopeful, goal-directed thinking. Boys and girls demonstrate similar levels of hope and are skewed toward the positive in their future perceptions. This bias, though, may be common and adaptive (Snyder, Hoza, et al., 1997) as it helps children create and maintain thoughts of positive outcomes, even if unattainable. High hope children routinely exhibit this positive bias while successfully dealing with stressful childhood events. Most children maintain a relatively high level of hope, and even children with comparatively low hope rarely express that they have no hope (Snyder, McDermott, Cook, and Rapoff, 1997). Children's self-reported hope correlates positively with self-reported competency, and children with higher hope levels report more positive feelings of self and less depression than children with lower levels of hope (Snyder, 1994).

Several studies suggest that children's hope moderately predicts school-related achievement. Adolescents deemed at risk for dropping out of high school were more likely to remain in school given high hope as compared to their peers with low hope (Worrell & Hale, 2001). Adolescents in high and average hope groups indicates less school and

psychological distress, higher personal adjustment and global satisfaction, more extracurricular involvement, and higher grade-point-average than their low hope peers (Gilman, Dooley, & Florell, 2006).

Wilson et al. (2005) studies correlations between hope, neighborhood conditions, and substance abuse and found that substance abuse was associated with greater perceived neighborhood disorder and to lower sense of hope.

The relationships between hope, coping strategies, and adjustment in a group of children with sickle-cell disease was studied and results revealed that those children with high hope levels and who mainly used active coping strategies (distraction, seeking social support) reported less anxiety. It was concluded that awareness of a child's level of hope and types of coping strategies are relevant for understanding changes in psychological adjustment to chronic illness (Lewis & Kliewer, 1996).

Testing the hypothesis that high-hope thinking is protective for children and helps them to function effectively in the face of obstacles and challenges, Barnum et al. (1998) analyzed adjustment predictors (social support, family environment, burn characteristics, demographics, hope) in two adolescent groups: burn survivors and matched controls. For each group, less externalizing behavior was predicted by higher hope scores, and global self-worth was predicted by social support as well as hope. The researchers drew the conclusion that high hope adolescents may think and act in ways that facilitate problem resolution, hence, lowering acting-out, problematic behavior. The ability to think of and enact positive solutions may positively transfer into actions that generate disease management. Supportively, high hope levels predicted children complying with their asthma treatment regimen (Berg, Rapoff, Snyder, & Belmont, 2007).

Research into hope intervention has begun, resulting from hope's relationship with, for example, school achievement, personal adjustment and adaptation (Snyder, Feldman, Shorey, & Rand, 2002). School-aged children were read stories about high-hope children and then discussed ways that such hope could be self-incorporated. This intervention produced modest positive increases on hope measures (McDermott et al., 1996; discussed in McDermott & Hastings, 2000). Another intervention involved middle school-aged children who participated in five weekly sessions in groups of 8-12 students. Methodology included identifying hopeful versus unhopeful language, pairing students into "hope buddies" to discuss future goals, and writing personal hope stories. Hope scores were significantly higher for participants compared to nonparticipants and remained higher six months later (Pedrotti, Lopez, & Krieshok, 2008).

Optimism is understood as an explanatory type and as a pattern of positive expectations (dispositional optimism) for the future (Carver & Scheier, 2001; Gillham, Shatte, Reivich, & Seligman, 2001). This section explores optimism as an explanatory style in youth. As an explanatory style, optimism pertains to how a person thinks about the causality of an event. Specifically, an optimist perceives defeat as temporary, limited to a particular case, and not his or her fault (Seligman, 1991). Contrarily, a pessimist thinks bad events will persist a long time and negatively affect everything he or she does, and these events were his or her fault. The manner in which a person explains positive or negative events to him/herself defines optimism versus pessimism. The pessimist focuses on the most negative causes of the event while the optimist believes that other, less catastrophic causes of the same event exist. In the case of two children failing a test, the pessimist might conclude, "I'm just not smart enough," whereas the optimist may say, "Next time, I'll prepare more." Seligman noted that people explain events within three dimensions: permanent versus temporary, universal versus specific, and internal versus external. This explanatory style is acquired and is labeled "learned optimism."

Research on optimism shows that optimists tend to perform better in school and college than pessimists. Optimists demonstrate better physical and mental health and may live longer than pessimists (Seligman, 1991). Optimists generally cope with adverse situations in more adaptive ways (Scheier & Carver, 1993). Optimistic adolescents are often less angry (Puskar, Sereika, Lamb, Tusaie-Mumford, & McGuinness, 1999) and abuse drug and alcohol less often (Carvajal, Claire, Nash, & Evans, 1998). Contrarily, pessimists frequently stop trying more easily, experience depression more often, have poorer health, are more passive (Seligman, 1991), encounter more work and school failure, and have more social problems (Peterson, 2000).

Seligman, Reivich, Jaycox, and Gillham (1995) identify four causal sources for optimism: a) genetics, b) the child's environment, for example, parental modeling of explanatory styles appears to strongly influence children's optimism levels, c) the environmental influence of adult, teacher, parent criticism, for instance, an adult who criticizes a relatively permanent ability of a child (i.e., "You are not good at math") increases the likelihood of that child developing a pessimistic explanatory style, d) life experiences that instill either mastery or helplessness; significant life events as divorce, death in the family, or abuse can affect how a child attributes causes of the events to her/himself. Such events tend to be permanent, and often the child cannot stop or reverse the event.

Despite the noted benefits of optimism and negatives of pessimism, Seligman et al. (1995) recognizes limits to optimism in that children must view themselves realistically to effectively challenge their automatic negative thoughts. A realistic self-view helps the child to understand the onset of negative self-attribution (e.g., "I fail at math because I do not have the ability") and the potential within them to overcome a challenge (i.e., "I failed the math test because I did not study hard enough. Next time I will be more prepared").

The Penn Resiliency Program is a 12-session intervention which assists young adolescents to identify and change their explanatory style (Reivich, Gillham, Chaplin, & Seligman, 2005). Cognitive-behavioral therapy is implemented to

increase resilience by developing skills such as identifying possible causes of a problem and blending optimistic thoughts with the reality of the situation. Adolescents are taught how to recognize negative beliefs, to assess these beliefs by reviewing pro and con evidence, and to create more realistic problem-solving options. The program's goal is to help overly pessimistic or optimistic adolescents build flexible problem-solving capabilities. Children in the intervention condition revealed improved explanatory styles and reported less depressive symptoms in subsequent years. Preadolescents who completed the program dealt more effectively with adolescent challenges and experienced less depression than control group children. This study concludes that it is important to teach the skills of learned optimism to children before the age of puberty but only after the age at which they can comprehend the concepts.

Research suggests that optimism can be taught and learned optimism can prevent and resolve childhood and adolescent problems that predictably will arise.

The Quality of Life (QOL) is a comprehensive concept including physical, mental, spiritual, and social dimensions that affect one's sense of well-being (Institute for the Future, 2000). An Individual's subjective reports of well-being is centrally considered along with her or his developmental needs, hence, measurement of social, emotional, and cognitive development is made when considering QOL of children and adolescents.

Socioeconomic, physical, and mental health conditions in youth relative to QOL have been studied. Reported QOL has been lower in obese children (Schwimmer, Burwinkle, & Varni, 2003), those with attention-deficit/hyperactive disorder (Klassen, MIller, & Fine, 2004), and who are from urban elementary schools (Mansour et al., 2003). Analyzing QOL at a global level may assist in identifying variables leading to improved well-being and resistance to stress. For instance, higher-level QOL adolescents participated in fewer risk behaviors, such as drug abuse (Topolski et al., 2001).

Health-related quality of life (HRQOL) has received much attention recently (Drotar, 1998; Koot & Wallander, 2001) and it addresses children's and adolescent's overall well-being in relation to disease processes and treatment. The concept of HRQOL began with the World Health Organization's (1948) definition that "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity" (p.1). A child with migraine headaches may be physically assessed as currently functioning well but may experience impairment in HRQOL given absence from school resulting in feelings of social and intellectual inadequacy. Conversely, a child with a medical issue may report high HRQOL; such higher QOL can be an adaptive mechanism fostering coping with daily medical conditions, chronicity of the illness, and generating higher overall well-being.

This concept is applicable to pediatric patients and their families who score low on HRQOL such that they can be candidates for therapeutic intervention. Further, HRQOL measures can help therapists show the efficacy of various interventions to third-party payers.

Benefit finding, sense making, posttraumatic growth (PTG), and stress-related growth are terms used to describe positive cognitions associated with traumatic events and the beneficial outcomes related to those cognitions. An individual who has undergone a traumatic event often perceives and experiences growth, for instance, setting new life goals and priorities, appreciating significant others at a deeper level, and sustaining personality changes such as increased empathy, understanding and patience. It is theorized that personal growth results because one's personal beliefs about the world have been shattered by the traumatic event. To rebuild a positive view of the world, one creates cognitive adaptations that highlight the value and importance of the event in order o make sense of that which transpired (Janoff-Bulman, 1999; Taylor, 1983).

Ickovics et al. (2006) found that adolescents with higher PTG at baseline began with lower distress levels and such distress declined over time while adolescents with lower PTG began with higher distress and the distress took longer to decline. Distress lowered in both groups over time but lower PTG subjects remained more distressed at long-term follow-up than those with higher PTG scores.

Possible interventions for benefit finding include utilization by schools to address child and adolescent issues (Ickowics et al., 2006) and mass media promotion of positive cognitions after major disasters (Kessler, Galea, Jones, and Parker, 2006).

Two additional concepts related to the positive psychology of children include family-centered positive psychology (FCPP) and positive youth development. FCPP strives to improve functioning of the entire family, rather than only the child or adolescent, by promoting these principles: interventions should further develop preexisting family strengths, the family should participate in identifying needs, both process and outcome data must be considered, and improving the family's social networks is promoted (Sheridan, Warnes, Cowan, Schemm,& Clarke, 2004, chap. 52). Children and adolescents benefit from evaluating and bolstering family strengths, for example, positive family interactions promote psychological well-being in overweight or at-risk for being overweight adolescents (Fulkerson et al., 2007).

Positive youth development focuses on children’s strengths and involves their community. The Commission on Positive Youth Development (2005) indicates that “The positive youth development approach aims at understanding, education, and engaging children in productive activities rather than at correcting, curing, or treating them for maladaptive tendencies or so-called disabilities” (p. 501). Youth development programs highlight broad-based skill development rather than emphasizing a problem-behavior, therefore, interventions recognize and improve upon those strengths. A review by Roth et al. (1998) revealed that effective programs included caring adults, fostered hope, culminated in end-products such as performances and plays, and supported community development.

Developmentally, childhood may be the best time to cultivate healthy attitudes, behavior adjustment, and problem-prevention (Roberts & Peterson, 1984). Supportively, Seligman, Steen, Park, and Peterson (2005) believe that clinicians should be "as concerned about how to keep certain strengths from eroding on the journey to adulthood as we are with how to build others from scratch" (p. 412). Childhood prevention and promotion attempts strive to improve the child's quality of life "during childhood" and for "later adulthood." Such programs center on competency enhancement that "is likely to be most effective when applied during the time of greatest competency acquisition, which is during childhood for many skills such as language, social abilities, or self-efficacy beliefs" (Peterson & Roberts, 1986, p. 623). Utilization of positive psychology principles, such as promoting hope, during these early human development stages is thought to be the most effective time to instill such positive thinking.

AGING HEALTHFULLY

Fortunately, most people over age 65 are remarkably healthy. Disability rates, even among the very old, and the number of nursing home residents have been declining since 1982. Medical technology development predicts improved old age for Baby Boomers and future generations. Moreover, older adults are proficient at making lifestyle changes which accommodate to physical ability declines.

Cognitive abilities diminish with increasing age, however, older adults who remain engaged in cognitively challenging environments demonstrate minimal, if any, declines in thinking and learning abilities. As is true for any age group, cognitive performance declines when elders are less mentally challenged thus supporting the "use it or lose it" principle. The belief that one can learn and remember is also an important variable in slowing or eliminating cognitive declines. From an internal control perspective, aging individuals are responsible for personal involvement in cognitively challenging activities.

Involvement with current and emerging technologies can strengthen cognitive functioning in older adults. The developing field of Neurobics studies ways in which mental exercises preserve and enhance brain and memory functions. The premise is that unusual sensory stimulation and exercises such as non-routine actions and thoughts produce more neurobiology system chemicals that stimulate growth of new brain dendrites and neurons. An example of neurobic exercise is to dial a phone or brush your teeth with the non-dominant hand or to complete an exercise with the eyes closed. Some neurobiologists profess that neurobics can slow the aging process of the brain (Phalen-Tomaselli, 2008). Performing routine activities without much cognitive effort can worsen cognitive decline whereas engaging in new and different activities can prevent such mental decline.

Social networks remain quite stable through the life span, and the number of close relationships among noninstitutionalized elders parallels those of younger people. Granted, loss of close relationships occurs through death, relocation and retirement but new relationships are established to replace previous ties.

Retired older adults financially contribute to society in various ways, including volunteerism, and providing assistance to disabled family members, which in 1999, was estimated at $45 to $200 billion annually.

Older adults do not experience more clinical depression than younger adults, instead, the prevalence may be less. Research shows that elders cope better than younger adults with stressful life events. Life experience and a history of effective coping with numerous stressors often culminates in adaptive capabilities that generalize to coping with new stressors. Adaptive older adults generally realize that they cannot solve all the problems accompanying getting older (e.g., death of a spouse), hence, instead of attempting to change the situation, they strive to manage stress-related emotional response, for instance, accepting life's changes and functioning as well as possible..

Rowe and Kahn (1998) believe that three keys to successful aging include a) avoiding disease, b) engagement in life, and c) maintaining high cognitive and physical function. Williamson and Christie (2009) note that mental health declines occur in direct proportion to how stress impedes a person's normal activities. Elders who maintain internal control over their important life domains and participate in personally relevant and normal activities will more likely age well.

WISDOM AND LIFE LONGINGS

Two concepts involved in the study of life-span development include wisdom – expert knowledge about human nature and the life course (Baltes & Kunzmann, 2003; Baltes & Smith, 1990; Baltes & Staudinger, 2000; Kunzmann & Baltes, 2005), and life longings – the on-going and strong desire for ideal (utopian) alternative states and expressions of life (Baltes, 2008; Scheibe, Freund & Baltes, 2007). Awareness that life is incomplete (an example of wisdom) and the experience of such incompleteness (life longings) do not produce happiness, but these concepts do contribute to personal growth, meaning, and well-being of self and others. The motivational forces of wisdom and life longing reflect the duality of life involving the interplay between positive and negative life experience. Life-span development is understood to include fulfillment and joy along with limitations, challenges, loss, and even trauma. Positive psychology accepts the existence of negative realities and examines ways individuals accept and integrate such outcomes in order to understand human nature and life-span development (i.e., Aspinwall & Staudinger, 2003).

Individuals high on wisdom-related knowledge generally are interested in understanding the complex and potentially paradoxical nature of life, perceiving events and experiences from different perspectives, and assessing the gains and losses involved in any developmental change (Kunzmann & Baltes, 2003b). Life-longings involve ideal impressions of

self and development (personal life utopias) and simultaneously, a sense of incompleteness and imperfection resulting in ambivalent and bittersweet emotions. People demonstrating moderate to high-level manifestations of life longings have a tendency to be highly critical of themselves and their lives, maintain high ideals and actively pursue them, and may comprehend that perfection is an ideal opposed to an attainable goal. Wisdom and life longings can facilitate a good life and healthy development by promoting personal growth and acceptance/integration of conflicting and negative personal experience, goals and values.

Wisdom has been theoretically and operationally defined in several ways (Baltes & Smith, 2008; Baltes & Staudinger, 2000: Kramer, 2000; Kunzmann & Baltes, 2005; Staudinger, 2008; Sternberg, 1990, 1998). First, it utilizes an integrative and holistic approach to managing life's challenges and problems. This approach considers past, present, and future dimensions of phenomena; integrates different points of view; explores contextual variations; and is aware of the uncertainties inherent in making sense of the past, present, and future. Second, wisdom maintains that individual and collective well-being are interwoven such that one cannot survive without the other. Within this paradigm, wisdom pertains to time-tested knowledge that leads us in ways that maximize productivity on individual, group, and societal levels (Kramer, 2000; Sternberg, 1998). Third, wisdom is related to the concept of a good life along with the pursuit of personal growth and self-actualization (Kekes, 1995). Acquiring wisdom generally does not involve a hedonic life orientation and pursuit of pleasure, instead, wiser people are interested in self-realization, a common good, and in contributing rather than consuming resources (Kunzmann & Baltes, 2003a, 2003b; Sternberg, 1998). Further, wise people strive to understand the deeper meaning of phenomena, including the interplay of developmental gains and losses, which correlates more with emotional complexity than with pursuit of pleasantness (Labouvie-Vief, 1990).

Two common ways of examining wisdom within psychology include, a) the social and personality psychology method of studying intellectual, motivational, and emotional characteristics of wise people (Ardelt, 2004; Erikson, 1980; Wink & Helson, 1997), and b) focusing on wisdom as a body of knowledge in terms of important psychological, cultural, and historical wisdom work (Baltes & Smith, 1990; Baltes & Staudinger, 2000); this method transcends the individual because wisdom is an ideal, not a state of being.

The Berlin Wisdom Model uses the second approach to wisdom, as defined above, and defines wisdom as highly valued and exceptional expert knowledge related to fundamental and existential problems relevant to the meaning and conduct of life (Baltes, 2004; Baltes & Kunzmann, 2003; Baltes & Smith, 1990; Baltes & Staudinger, 2000; Dittmann-Kohli & Baltes, 1990; Dixon & Baltes, 1986). These problems are usually complex and poorly defined but possess potentially many, still unknown, solutions. Life examples requiring wisdom-related knowledge include, choosing a career, accepting loss of a significant other, understanding personal mortality, and resolving family-member conflict. Less evolved and more limited cognitive capacity is all that is required for mundane, daily problems.

Expert knowledge regarding the meaning and conduct of life becomes wisdom if it fulfills all the following five criteria: a) abundant "factual knowledge" about human nature and the life-development path; b) effective "procedural knowledge" relevant to resolving and managing life problems; c) "life-span contextualism," defined as understanding the myriad contexts of life, their interrelatedness, and changeability across the life span; d) "value relativism and tolerance," which is acknowledgement and acceptance of individual, social, and cultural differences in life values and priorities; and e) "knowledge about handling uncertainty," which includes the limitations of one's own knowledge.

The methodology of the Berlin Wisdom Model involves asking participants to verbalize aloud everything that comes to mind when they think about a specific hypothetical life problem. Two examples are, "Imagine that someone gets a call from a good friend who says that he or she cannot go on anymore and wants to commit suicide," and "A 15-year-old girl wants to get married right away. What could one consider and do?" Trained raters then evaluate the responses to these life problems based on the five criteria that define wisdom-related knowledge. This method offers acceptable reliability and validity. Middle-aged and older public figures from Berlin who were chosen as life-experienced and wise by a group of journalists (unrelated to the Berlin definition of wisdom) scored among the top performers in laboratory wisdom tasks and higher than similar-aged adults who were not chosen (Baltes, Staudinger, Maercker, & Smith, 1995).

Though wisdom is presumed to be linked to old age (Baltes & Smith, 1990; Heckhausen, Dixon & Baltes, 1989), it is not a standard developmental achievement in adulthood or old age; high levels of wisdom-related knowledge are deemed to be rare. Numerous adults approach wisdom but very few approximate high wisdom scores on the Berlin wisdom tasks. Whereas many wise individuals may be older, most elders are not wise.

Empirical and developmental evidence (Pasupathi, Staudinger, & Baltes, 2001) shows that wisdom-related knowledge significantly increases during adolescence and young adulthood (e.g., from age 14 to 20). These increases do not generally continue, in fact, four studies with a total sample size of 533 people, from ages 20 to 89 years, revealed the relationship between wisdom-related knowledge and chronological age was almost zero and not significant (Baltes & Smith, 1990; Staudinger, 1999b). This research illustrates that, on a group level, wisdom-related knowledge remains stable through adulthood and into the seventies (Kunzmann & Baltes, 2005, Staudinger, 1999b).

Variables other than age are predictive of wisdom-related knowledge and enhanced judgment during adulthood. A combination of expertise-developing factors from different life domains suggests an approach to wisdom, including

personality and social-cognitive style (i.e., social intelligence, openness to experience), existing social context (e.g., effective role models), and societal/cultural conditions (i.e., experiencing societal transitions). Specifically, individuals who are open to new experiences, have higher levels of "psychological mindedness" (concerned with the inner needs, motives, and experiences of others; Gough, 1964), who consider the how and why of an event and not only whether it is good or bad, or who are motivated toward personal growth along with the well-being of others exhibit higher levels of wisdom knowledge (Kunzmann & Baltes, 2003b, Staudinger, Lopez, & Baltes, 1997; Staudinger, Maciel, Smith, & Baltes, 1998). Higher levels of creativity and lower manifestation of conservative cognitive styles (e.g., law and order thinking, avoiding change and ambiguous situations), and oligarchic cognitive styles (i.e., feeling tension when pursuing multiple goals; Sternberg, 1997) also predict wisdom on the Berlin wisdom paradigm. Additionally, adults who work in professions that offer training and practice in managing fundamental life problems (e.g., clinical psychology) display higher wisdom-related performance than those not in such careers (Staudinger, Smith, & Baltes, 1992).

Analysis of the wisdom-inducing factors explains the insignificant relationship between age and wisdom-related knowledge. Several of the wisdom-facilitating factors decline with age (i.e., openness to experience; McCrae et al., 2000), some increase with age (e.g., generativity and empathy for the well-being of others; Kunzmann et al., 2005), and others reflect no relationship to age (i.e., cognitive styles; Sternberg, 1997).

Research on wisdom proposes three strategies for elevating levels of wisdom-related knowledge (Baltes & Kunzmann, 2004; Gluck & Baltes, 2006; Stange & Kunzmann, 2008). One method is to activate into one's life the factors that predict individual differences in wisdom, for instance, finding role models and mentors, engaging in certain professions, or acquiring relevant motivational orientations and values. Secondly, participating in structured courses that teach skills and thinking styles known to be preconditions or aspects of wisdom. Thirdly, exposing oneself to short-term interventions designed to access and activate current wisdom-related knowledge (Baltes & Kunzmann, 2004; Gluck & Baltes, 2006; Stange & Kunzmann, 2008). Three such interventions show favorable outcomes within the Berlin wisdom model. Staudinger and Baltes (1996) found that wisdom-related knowledge can be enhanced by experiencing actual or imagined consultations with others before addressing a complex and significant life problem; this supports the premise that wisdom is a social phenomenon. A second intervention used knowledge about differences among cultures, specifically, participants imagined travelling around the world to gain insight into problem-resolution and this process improved the quality of wisdom-related knowledge (Bohmig-Krumhaar, Staudinger, & Baltes, (2002). A third short-term intervention showed that some people can improve their wisdom-related performance by consciously attempting to be wise. Participants were simply instructed to "try and give a wise response to a wisdom task" (a life problem) which enhanced wisdom-related performance for individuals with an above-average wisdom profile - high intelligence, openness to experience, and good social relations (Gluck & Baltes, 2006). The efficacy of these strategies and interventions suggests that wisdom-related knowledge is dynamic rather than static and can be improved by simple social and cognitive methods.

Whereas wisdom pertains to knowledge about human nature and the life course, life longings involves personalized, experiential knowledge and awareness of life's fundamental conditions, including the incompleteness and imperfection of life, linked with a desire for ideal (utopian), alternative life states and experiences. For instance, an individual may be dissatisfied with some aspects of his or her marriage and dream about a past love relationship; this two-sided perspective evokes ambivalent and bittersweet emotions.

Scheibe, Kunzmann, and Baltes (2007) identified six central characteristics to life longings. First, a key element within the experience of life longings is a "feeling of incompleteness and a sense of imperfection" in one's life. The person feels that something is missing that seems mandatory for a meaningful life and, if acquired, life will become more complete (Boesch, 1998; Holm, 1999). Second, life longings focus on an idealized alternative to the present, imperfect state of affairs, thus, "personal utopias" of different life circumstances develop. Utopian ideals can manifest as the person's memories or expectations of very positive developmental states, and images of the ideal life or self; such can be approached but not achieved (Boesch, 1998). Third, life longings go beyond the present into the past and future, hence, there is a "tritime focus." Thoughts and feelings can reflect memories of past peak experiences to be desirously re-lived in the present or of peak experiences projected for the future . The fourth aspect is "emotional ambivalence" (Belk et al., 2003; Boesch, 1998; Palaian, 1993) which supports how development is complex and involves both gains and losses (Baltes, 1987; Brandtstader, 1984; Labouvie-Vief, 1981). Life longings produce ambivalent or bittersweet emotions that combine pleasant feelings evoked by utopian fantasies with unpleasant feelings of non-fulfillment and frustration due to unresolved fantasies. Fifth, life longings yield "reflective and evaluative processes" regarding one's present developmental state, self-critical reflection on the past, present, and anticipated future, and a probing search for an optimal lifestyle. Sixth, life longings have "symbolic meaning" (Boesch, 1991, 1998) in that they are connected to a broader representation of thoughts and feelings associated with multiple domains or times of life.

Scheibe, Freund, and Baltes (2007) developed an adult life longings assessment measure that combines idiographic and nomothetic techniques. The idiographic component asks participants to reflect on various life phases (childhood, youth, adulthood, old age) or life domains (i.e., social relationships, work, leisure, health, self-view) then to list

their life longings (dreams, wishes, desires for people, objects, experiences, events, or life or world conditions that are intense, enduring or recurring, and unlikely or not readily achievable at present). The nomothetic aspect asks participants to rate several of their most relevant life longings on scales addressing the six characteristics of life longings and other important factors such as frequency and intensity, functional significance, and controllability of life longings. The scales have shown consistency and retest stability over five weeks (Kotter-Gruehn, Scheibe, Blanchard-Fields, & Baltes, 2009) and are usable with other personality characteristics as emotional well-being.

Life longings have demonstrated two important developmental functions (Scbeibe, Blanchard-Fields et al., 2009; Freund et al., 2007). Individuals with high-level expressions of life longings indicated that their life longings 1) offer a sense of direction and orientation to development, and, 2) assisted in regulating losses and incompleteness. It appears that contemplating conditions of life that are incomplete along with events and experiences that would create a more complete life may provide direction for worthy goals to be pursued that would foster well-being and meaning. Life longings, therefore, can represent a fundamental goal that can spawn more concrete goals.

Unachievable goals may be transformed into life longings in that people can cease to actively pursue these goals without completely relinquishing them. Through fantasy and imagination, one can nurture something that must be lived without. In this manner, life longings can facilitate the management of loss, failure, and unattainability. Older adults sometimes use this mechanism to manage the overbearing threats to goal-attainment since aging is linked with accumulating losses (Baltes & Smith, 2003), and a lessening of remaining lifetime (Lang & Carstensen, 2002).

Younger people may also manage unattainable goals through life longings as shown by Kotter-Gruehn et al., (2009). Middle-aged childless women did not report gaining a sense of direction from their life longing to have children, but they strongly believed that their life longing assisted in managing their lack by nurturing fantasies of having a child.

Life longings also have limitations in that individuals with high-level expressions of life longings reported lower happiness and subjective well-being, greater desire for change, and higher negative affectivity (Kotter-Gruehn et al. 2009; Scheibe, Blanchard-Fields et al. 2009; Scheibe, Freund et al. 2007). These negative responses were moderated by a sense of control over the onset, course, and end of life longing-related thoughts and emotions. For instance, childless women who would have liked to have had children and who converted the thwarted goal to have a child into a life longing showed better well-being when they displayed high control over the experience of this life longing and when other self-regulation techniques (goal disengagement and reengagement) were unsuccessful. These findings highlight the benefit of internal control in evaluating and living life (Baltes & Baltes, 1986; Lachman, 2006).

Personal development over the life span encompasses the pursuit of growth and completeness within the presence of constraints, losses, and incompleteness (Baltes, 1997; Baltes et al. 2006; Scheibe, Kunzmann et al., 2007). Within this realm, gains and losses, positivity and negativity are interwoven. Negative life events and adversity may ultimately fuel personal growth while perceived positive life events can potentially end with negative consequences (Aspinwall & Staudinger, 2003). Both constructs of wisdom and life longings focus on the positive of psychological utopia along with the awareness that life is innately incomplete and imperfect. Thus, wisdom and life longings do not directly create happiness because the understanding that life is incomplete (wisdom-related knowledge) and experiencing this incompleteness (life longings) do not promote bliss and joy; but they can contribute to a worthwhile and satisfying life.

SUBJECTIVE WELL-BEING

Subjective Well-Being, the scientific study of happiness and life satisfaction, involves experiencing high levels of pleasant emotions and moods, low levels of negative emotions and moods, and high life satisfaction. Historically, philosophers and religious leaders viewed love, wisdom and nonattachment as vital for a fulfilled existence (McMahon, 2006). Contrastingly, Utilitarians, such as Jeremy Bentham, understood the good life to be predicated on the presence of pleasure and the absence of pain (1789/1948). The utilitarians, therefore, were the predecessors of subjective well-being researchers because they focused on the emotional, mental, and physical pleasures and pain that people experience.

Theoretical approaches to subjective well-being are organized into three models: a) need and goal satisfaction theories; b) process or activity theories; and c) genetic and personality predisposition theories. Need and goal satisfaction theories profess that reducing tension (i.e., eliminating pain and satisfying biological and psychological needs) generates happiness. Freud's (1933) pleasure principle and Maslow's (1970) hierarchical needs model illustrates this paradigm. Supportively, Sheldon, Elliot, Kim,and Kasser (2001) determined that the degree of need-fulfillment is positively associated with the degree of life satisfaction.

Process or activity theories propose that involvement in an activity itself offers happiness. For example, Csikszentmihalyi (1975) asserts that individuals are happiest when they are engaged in activities that they enjoy that match their skill-level. This noted researcher entitled the state of mind that occurs from the matching of challenges and skill "flow," and he believes that people who often experience flow are generally very happy. Goal researchers (e.g. Brunstein, 1993; Emmons, 1986) agree that possessing relevant goals and progressing toward goal-attainment are reliable indicators of well-being, and that goal theories can combine the aspects of need satisfaction and pleasurable activity to explain subjective well-being.

Needs theorists and activity theorists agree that subjective well-being changes as people approach their goals or engage in interesting activities. Contrarily, genetic and personality disposition theories maintain that well-being levels are essentially stable and cannot be explained by the stability of life conditions, and that subjective well-being is strongly influenced by stable personality dispositions. Supportive research includes Diener, Sandvik, Seidlitz,and Diener (1993) who discovered that stability in subjective well-being was similar among individuals whose income either increased, decreased, or remained the same over ten years. Costa, McCrae, and Zonderman (1987) found that the life satisfaction level of those who experienced major life changes was as stable as the level of life satisfaction of people living in stable circumstances. These trait theorists believe that life events and circumstances influence subjective well-being, but more importantly, that people ultimately adapt to their changing life circumstances and then return to their biologically determined "set point" or "adaptation level" of happiness (i.e., Headey & Waring, 1992). This view has been challenged by recent research (Lucas, 2007a; Veenhoven, 1991 for reviews); large-scale longitudinal studies have shown that not all people adapt to major changes in life circumstances such as becoming disabled (Lucas, 2007b), divorced (Lucas et al., 2003), or unemployed (Lucas, Clark, Georgellis, & Diener, 2004). Many such individuals do not return to their pre-incidence happiness level which suggests that the construct of "set-point" should not be considered fixed (Diener, Lucas, & Scallon, 2006). Although a strong correlation exists between temperament and subjective well-being, this new research acknowledges that life events and circumstances do influence one's level of subjective well-being.

The construct of subjective well-being displays stability over time because it manifests a substantial genetic component, in other words, people are born with a tendency of being happy or unhappy. In support, Tellegen et al. (1988) studied monozygotic twins who were reared apart and compared them to two groups: a) dizygotic twins who were reared apart and to, b) monozygotic and dizygotic twins who were raised together. Analysis of the similarities of the various types of twins revealed an estimation that 40% of the variability in positive emotionality and 55% of the variability in negative emotionality was predictable by genetic variation (Stubbe, Posthuma, Boomsma, & DeGeus, 2005). These estimates acknowledge the influence of environmental factors (Scollon & Diener, 2006), but they illustrate that genes apparently influence characteristic emotional responses to life circumstances.

The personality traits most consistently associated with subjective well-being are extroversion and neuroticism (Diener & Lucas, 1999). One feature of extroversion, cheerfulness, and one feature of neuroticism, depression, explain individual differences in life satisfaction more than the global traits of extroversion and neuroticism as a whole (Schimmack, Oishi, Furr, & Funder, 2004).

Subjective well-being is also affected by how we think about the world. The degree to which we access pleasant versus unpleasant information, and the accuracy and efficiency of processing pleasant versus unpleasant information affects subjective well-being (Robinson & Kirkeby, 2005; Robinson, Vargas, Tamir, & Solberg, 2004). Attending to and recalling the pleasant aspects of life is more characteristic of happy people than others (Tamir & Robinson, 2007). Happy people generally resort to broad, abstract criteria in judging their own lives while unhappy people often use concrete criteria (Updegraff & Suh, 2007). The cognitive dispositions of hope (Snyder et al., 1991) and optimism (Scheier & Carver, 1993) also seem to influence subjective well-being. In sum, happiness is not just a function of who we are but also of how we think about our lives.

Efforts to alter hedonic adaptation have begun, for instance, Wilson, Centerbar, Kermer, & Gilbert (2005) demonstrated that offering an explanation for a positive event sped up hedonic adaptation to that event. After the occurrence of a positive event, individuals felt happy for a longer timeframe if they did not learn why the event happened.

Fordyce (1977, 1983) developed an intervention program centered on the premise that one's subjective well-being can be increased by imitating the traits of happy people, such as being organized, keeping busy, increasing socialization-time, acquiring a positive outlook, and evolving a healthy personality. Results showed increases in happiness compared to a placebo control group and to a group receiving only partial information. Follow-up evaluations 9 to 28 months after the program revealed lasting effects of the interventions.

Lyubomirsky, King, and Diener (2005) reviewed over 200 articles that examined the outcomes of happiness, and concluded that, generally, happiness appraised at one point was linked with positive outcomes later. For example, cheerful people were earning more money decades later compared to less cheerful people, and happy people had a greater likelihood of being in a stable romantic relationship than less happy people one decade later. Pressman and Cohen (2005) illuminated many benefits of positive affect on health such as fewer symptoms, less pain, and better pulmonary function. Contrarily, the correlation between level of happiness and significant life outcomes is not always linear. Specifically, the highest levels of educational achievement and income were not attained by the happiest people, instead, by moderately happy people (Oishi, Diener, & Lucas, 2007). The happiest people showed an ability at having romantic relationships.

Fundamental cultural differences exist in what makes people happy (Diener et al., 2003; Suh, & Koo, 2008). Self-esteem and consistency in self-perception are more strongly linked with life satisfaction in individualistic than collectivistic cultures (Diener & Diener, 1995; Suh, 2002). Relationship harmony and social support are more strongly related to life satisfaction in collectivistic than individualistic cultures (Kwan, Bond, & Singelis, 1997). Interpersonal contexts (i.e., being alone versus being with

friends) more strongly influence affective experiences of Japanese and Indians than Americans (Oishi, Diener, Scollon, & Biswas-Diener, 2004).

Findings show that the happy person is generally from a wealthy versus poor nation and possesses ample resources to pursue particular goals, however, characteristics such as a positive outlook, meaningful goals, close social relationships, and a good temperament depicted by low worry are also very significant to high subjective well-being. Research continues to scientifically intervene to increase happiness.

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POSITIVE PSYCHOLOGY I

6 Continuing Education Contact Hours
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This program, Positive Psychology I, is approved for 6 continuing education contact hours by the National Association of Social Workers for social workers, counselors, and therapists (NASW Provider ID # 886398989).

1. **Fredrickson's broaden-and-build theory professes that positive emotions broaden an individual's immediate thought action options and promote behavior that builds long-term resources.**
   A) True B) False

2. **The two-factor model of mental health states that complete mental health means the individual is without mental illness and is flourishing.**
   A) True B) False

3. **Languishing, with and without a mental illness, is correlated with increased chronic physical disease with age.**
   A) True B) False

4. **Boys and girls do not demonstrate similar levels of hope and are skewed toward the negative in their future perceptions.**
   A) True B) False

5. **The youngest languishing adults reported the same quantity of chronic physical conditions as older flourishing adults.**
   A) True B) False

6. **Optimists demonstrate better physical and mental health and may live longer than pessimists.**
   A) True B) False

7. **Numerous adults approach wisdom but very few approximate high wisdom scores on the Berlin wisdom tasks.**
   A) True B) False

8. **It appears that wisdom-related knowledge is dynamic and can be improved by simple social and cognitive methods.**
   A) True B) False

9. **Happy people generally do not resort to broad, abstract criteria in judging their own lives.**
   A) True B) False

10. **A key element within the experience of life longings is a "feeling of incompleteness and a sense of imperfection" in one's life.**
    A) True B) False

11. **Peterson and Seligman propose that virtues and character strengths are attainable through active pursuit.**
    A) True B) False

12. **Medical technology development predicts improved old age for Baby Boomers and future generations.**
    A) True B) False

13. **Variables other than age are predictive of wisdom-related knowledge and enhanced judgment during adulthood.**
    A) True B) False

14. **"Emotional ambivalence" is not an aspect of life longings.**
    A) True B) False

15. **Need and goal satisfaction theories profess that reducing tension generates happiness.**
    A) True B) False

16. **Process or activity theories regarding subjective well-being propose that involvement in an activity itself offers happiness.**
    A) True B) False

17. **Happiness is not just a function of who we are but also of how we think about our lives.**
    A) True B) False

18. **Experiencing high levels of positive emotions correlates with _____.**
    A) less pain and disability relative to chronic health conditions
    B) ability to resist illness and disease
    C) living longer
    D) All of the above

19. Individuals who manifest balanced character strength scores (less disparity across scores within the same person) report _____.
A) higher life satisfaction
B) lower life satisfaction
C) more anxiety
D) increased stress

20. Fordyce observed that successful happiness interventions emphasized intentional activities, such as _____.
A) increasing socialization time
B) strengthening one's closest relationships
C) becoming more active
D) All of the above

21. Research suggests that _____ of happiness is attributed to volitional activity (our chosen actions).
A) 40%
B) 80%
C) 10%
D) 100%

22. Older adults who remain engaged in cognitively challenging environments demonstrate _____ declines in thinking and learning abilities.
A) excessive
B) major
C) minimal, if any
D) massive

23. Subjective Well-Being involves experiencing _____.
A) high levels of pleasant emotions and moods
B) low levels of negative emotions and moods
C) high life satisfaction
D) All of the above

24. Some neurobiologists profess that neurobics can _____ the aging process of the brain.
A) slow
B) increase
C) fuel
D) activate

25. Research shows that elders cope _____ than younger adults with stressful life events.
A) worse
B) elders and younger adults cope the same
C) better
D) younger adults cope better than all age groups

26. Empirical and developmental evidence shows that wisdom-related knowledge _____ during adolescence and young adulthood.
A) significantly increases
B) significantly decreases
C) remains unchanged
D) minorly decreases

27. Recent research shows that not all people adapt to major changes in life, therefore, the construct of _____ should not be considered fixed.
A) behavioral intervention
B) flow
C) set-point
D) gratitude

28. Numerous studies reveal that positive emotions and experiences predict or contribute to worthy life outcomes, including _____.
A) increased work satisfaction and success
B) heightened immune function
C) longer life
D) All of the above

29. The diagnosis of mental health includes having demonstrated positive affect the past _____ days.
A) 30
B) 5
C) 7
D) 90

30. Positive emotions stimulate thought patterns that are _____.
A) flexible and inclusive
B) creative
C) receptive to new information
D) All of the above

31. Pessimists, compared to optimists, frequently
A) stop trying more easily
B) experience depression less often
C) have better health
D) are less passive

32. The Surgeon General in 1999 stated that mental health results in _____.
A) productive activities
B) fulfilling relationships with people
C) ability to adapt to change and cope with adversity
D) All of the above

33. Rove and Kahn believe that essential keys to successful aging include _____.
A) avoiding disease
B) engagement in life
C) maintaining higher cognitive and physical function
D) All of the above

34. Higher levels of creativity, and lower manifestation of conservative and oligarchic cognitive styles can predict _____.
A) wisdom on the Berlin wisdom paradigm
B) rumination
C) depression
D) numerous anxiety disorders

35. Life longings involve _____.
A) ideal impressions of self and development
B) a sense of incompleteness and imperfection
C) resulting ambivalent and bittersweet emotions
D) All of the above

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