

Special Article

Prescribing Happiness: Positive Psychology and Family Medicine

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Although mental health promotion is consistent with the philosophy of family medicine, it is largely unclear what behaviors or interventions comprise mental health promotion in practice. A recent effort in psychology, known as "positive psychology," has endeavored to better understand happiness, meaning in life, character strengths, and how these all can be developed. Because happiness is associated with multiple benefits, including better health, it behooves family physicians to become familiar with and incorporate positive psychology into their practices. This article reviews examples of the work in positive psychology, including gratitude, capitalization, "satisficing," character strengths, and learned optimism. Potential applications of each area in medical education, physician well-being, and patient care are described.

(Fam Med 2005;37(9):630-4.)

The American Academy of Family Physicians position paper on mental health begins as follows: "Mental health services are an essential element of the health care services continuum. *Promotion of mental health* [italics added] and the diagnosis and treatment of mental illness in the individual and family context are also integral components of family practice."¹ The remaining 2,500 words of the position statement address the management of mental health problems; there is no additional mention of mental health promotion.

While the promotion of mental health is consistent with the philosophy of family medicine, in practice, attention to mental health essentially involves the diagnosis and treatment of mental health problems. Perhaps the predominant reason for this is that the mental health professions themselves (eg, psychiatry, psychology, social work, etc) have given little attention to the promotion of optimal mental health. However, over the past several years there has been a substantial effort in psychology to attend to matters such as happiness, meaning in life, and character strengths. Known as "positive psychology," this movement has brought together numerous social and behavioral scientists who have been studying various aspects and benefits of human strengths, positive emotions, life satisfaction, and how these all can be developed.²⁻⁴

Also referred to as "the science of happiness," positive psychology is striving to be rigorous and evidence based in its endeavor to identify interventions that promote mental health and quality of life. The movement should not be confused with "pop psychology," which typically is without a scientific base. Importantly, the media are beginning to cover the work in positive psychology so that the general population will become acquainted with this effort. For example, the January 17, 2005, issue of *Time* magazine was largely devoted to the "science of happiness."

There are several important reasons for family medicine to pay attention to the work in positive psychology. First, persons who are happy tend to be healthier and live longer.^{5,6} Data from the famous "nun study" indicate that the happiest quartile of nuns in early adulthood lived an average of 6.9 years longer than the unhappiest quartile of nuns.⁷ Similarly, a 35-year longitudinal analysis of male Harvard students found significantly less morbidity at midlife in optimistic, compared to pessimistic, individuals, controlling for initial health status.⁸ Second, there are other benefits associated with experiencing positive emotion, including increased cognitive flexibility and creativity and perhaps self-control.^{9,10} In one experimental study of diagnostic decision making, physicians in whom positive emotion was induced considered the correct diagnosis more quickly and also did not close their diagnostic consideration prematurely.¹¹ This study suggests that physicians in positive moods can potentially make better diagnostic decisions, a benefit to patients. Third, although it is not

yet known whether interventions aimed at increasing happiness will reduce the incidence of mental illness, that potential is certainly present.¹² The promotion of emotional well-being is consistent with the biopsychosocial model that is ubiquitous in family medicine.

The intent of this article is to introduce and review several examples of the work being done in positive psychology, with an emphasis on related interventions. These strategies, labeled by the headings that follow, will be described as they might be used in the training of family physicians, for the personal development and well-being of physicians, and for patient care. While the interventions can be of potential benefit to many patients, they should only augment, not replace, treatment for persons with mental disorders.

Three Good Things

An emphasis on the value of gratitude is present in the world's major religions and is a focus of attention in contemporary culture. Gratitude can be considered a psychological state (sense of thankfulness and appreciation), a character virtue (being a grateful person in attitude and behavior), and an interpersonal motivator (guiding pro-social behavior).¹³ Interestingly, in spite of the apparent consensus regarding the benefits of gratitude, substantive empirical data validating these benefits remain to be obtained.

Seligman and others have obtained preliminary evidence that an exercise aimed at increasing gratitude is associated with greater happiness and less depression up to 3 months later.¹⁴ The "Three Good Things" intervention simply requires an individual to write down three positive occurrences that happened during the day every night for 1 week and for each occurrence write an answer to the question of why the good thing happened.

Since this exercise appears to slightly alter perspective on one's life, it could be used with students/residents to illustrate alternative perspective taking, a cognitive-behavioral strategy. In the realm of physician well-being (including students and residents), Three Good Things can be adopted as part of one's self-care or stress management. It may be particularly helpful for patients who seem to exclusively focus on their problems and experience the attendant unhappiness. Prescribing the exercise is a straightforward thing to do. It certainly has face validity for a patient, in that it makes sense to pay attention to the good things in life if one wants to be happier.

Capitalization

The "stress and coping" literature is extensive in its examination of how people behave when things go wrong. How people behave when things go right is less well understood. Along these lines, some compelling research has been done by Gable regarding the inter-

personal sharing of good news and how people respond to others when good news is shared.¹⁵

Gable uses the term "capitalization" for the process of sharing good news, because her data indicate that telling others about a positive experience increases the positive emotion associated with the event. Further, positive affect and satisfaction continue to increase with additional sharing of the good news, and positive events that are shared are more likely to be remembered.

In relationships, how one responds to the sharing of good news matters. In brief, an "active and constructive" style of responding to good news involves enthusiasm and open-ended inquiry about the positive event (eg, "That's wonderful! Tell me more about it!"). This response pattern has been associated with more satisfaction with the relationship, fewer conflicts in the relationship, and a greater likelihood of relationship longevity in dating couples.¹⁵ This type of interaction appears to build social support.

The program requirements in residency education in family medicine indicate that "there should be a structured and facilitated group designed for resident support that meets on a regular schedule."¹⁶ While such residency support groups commonly involve the discussion of problems, they can also be used to share good news or positive experiences (ie, an opportunity to practice capitalization).

Capitalization, along with the active and constructive response style, can be taught to an office staff as part of team building. As such behavior is practiced, morale may improve and enhance the quality of the physician's work setting.

For a patient who is motivated to work at improving relationships, a physician can encourage the patient to share good news with significant others, friends, and coworkers. Similarly, active and constructive responding to good news can be described and encouraged.

Satisfice More

To "satisfice" is to obtain an outcome that is good enough. This is in contrast to "maximize," which is to obtain the best possible outcome. While satisficing may seem to run counter to our cultural emphasis on always going for the best, Swartz makes a persuasive case that doing more satisficing is associated with greater life satisfaction and less depression.¹⁷ To date, his studies are correlational, but Swartz describes how satisficing has a number of emotional advantages. He suggests that one should selectively choose to maximize rather than maximizing by default.

The difference between maximizing and satisficing can be illustrated using the situation in which a resident is trying to choose software for a personal digital assistant (PDA) that can calculate nutrition requirements. Maximizing requires an exhaustive search of all the possible software options and their features and careful

comparison of these options. The goal is to make the best choice. On the other hand, satisficing involves a determination of what features are desired in the software and then choosing the first software option that meets the desired criteria. When satisficing, one tends to have more realistic expectations regarding satisfaction with the choice, less second-guessing or “buyer’s remorse,” and typically less time, energy, and emotion invested in the choice.

Physicians may find it beneficial to do more satisficing in their personal lives. This is particularly useful for many consumer decisions in which making the best choice is often not as important as it is assumed to be.

Patients who seem to be obsessed with getting and having “the best” are obvious candidates for the “satisfice more” intervention. The intervention consists of asking patients to choose an upcoming decision in which they will opt for “good enough.” At a subsequent appointment, the physician can inquire about what it was like to satisfice and perhaps emphasize the potential benefits in doing it more.

It can be noted that in family medicine there are clearly times when a physician chooses to satisfice. For example, the newest and/or most expensive antibiotic is not prescribed when a less-expensive or more-common alternative is “good enough.”

Signature Strengths

One of the most noteworthy accomplishments of positive psychology to date has been the publishing of *Character Strengths and Virtues*, a handbook that has been referred to as a “manual of the sanities” or the “unDSM.”¹⁸ Through extensive examination of the world’s religions, philosophies, cultures, and histories, as well as comprehensive review of the literature in the social and behavioral sciences, the authors have identified 24 human character strengths that are grouped into six categories of virtues. The book describes the explicit criteria used for the classification, theoretical traditions for each strength, how each strength is measured, research data related to each strength, and ideas about how each strength is or can be developed. The six categories of virtues along with the respective character strengths are shown in Table 1.

A first step in using this work is to identify one’s own top strengths or signature strengths. This can be systematically accomplished by completing the VIA Strengths Inventory at www.viastrengths.org or www.authentic happiness.org. A structured interview is also available at www.viastrengths.org. Informally, individuals can review the list and identify those that they believe are their signature strengths, or one can have others identify which strengths are viewed as most characteristic of the individual.

Table 1

Virtues and Associated Character Strengths

<i>Virtue</i>	<i>Character Strength</i>
Wisdom and knowledge	Creativity, curiosity, open-mindedness (judgment, critical thinking), love of learning, perspective (wisdom)
Courage	Bravery, persistence, integrity, vitality (zest)
Humanity	Love, kindness, social intelligence (emotional intelligence)
Justice	Citizenship, fairness, leadership
Temperance	Forgiveness and mercy, humility/modesty, prudence, self-regulation (self-control)
Transcendence	Appreciation of beauty and excellence, gratitude, hope (optimism), humor (playfulness), spirituality

With respect to furthering one’s sense of meaning and satisfaction in life, there are a number of potential uses of the strengths. First, individuals can aim to behaviorally express their signature strengths even more. Early evidence suggests that doing this every day in an intentional manner for 1 week is associated with increased happiness and less depression 3 months later.¹⁴ Alternatively, a person can attempt to develop one of the 24 strengths that presently is not a top strength. This could be a strength of an individual’s choice, or a person might choose one of the five strengths that have been found to be most closely related to life satisfaction.¹⁹ These five strengths are hope, vitality, gratitude, curiosity, and love.

One team-building use of the VIA Strengths with family medicine residents is to first have them identify their signature strengths. Subsequently, these are shared with other residents, faculty, and staff with an emphasis on how each person brings his/her own strengths to the health care setting. Further, residents may be encouraged to think about and describe how they express one or more of their signature strengths in their practice. Similarly, these applications are relevant to team building in private practices and for physician well-being and satisfaction.

Retired patients who are having difficulty finding their niche could benefit from identifying their signature strengths. The subsequent task would be to brainstorm ways in which those strengths could be expressed in retirement.

Not Always, Not Everything (Learned Optimism)

Habits in how individuals explain outcomes affect emotional responses and future behavior. Known as explanatory (or attributional) style, approximately

3 decades of research have shown that an optimistic explanatory style (ie, attributing negative outcomes to factors that are temporary and specific, rather than to factors that are persistent and pervasive) is associated with better mental and physical health, academic achievement, athletic performance, and performance in many career domains.²⁰

Consider the example of a patient who has been unable to follow through on a plan to exercise 3 days per week. A pessimistic attribution might be, "I'm so lazy." This statement attributes poor performance to a factor that is always present and affects everything (ie, laziness). Conversely, an optimistic attribution might be, "I wasn't able to fit exercise into my schedule since I'm taking two night classes this quarter." This explanation uses factors that are temporary and specific to time demands.

Individuals can learn to make optimistic attributions. In the face of a negative outcome, individuals examine their self talk for the attribution. Pessimistic (always and everything) attributions can be disputed and replaced with attributions that are temporary and specific (not always, not everything). Books that describe this process in detail include *Learned Optimism* and *The Resilience Factor*.^{21,22}

An advisor to a medical student or resident could use the learned optimism strategy when the student/resident experiences a negative patient outcome and attributes the outcome to being a "bad doctor." The goal would be to identify temporary and specific factors to which the outcome can be attributed (or that contributed to the student's/resident's performance). The same strategy can be used by any physician for coping with a negative patient outcome, particularly if there is a tendency to make pessimistic attributions.

Regarding patient care, a physician can recommend the above-mentioned books to a patient who verbalizes "always and everything" explanations for negative experiences. This would also be appropriate as an additional intervention for a patient being treated for depression.

Summary

As part of health promotion or primary prevention, a family physician may frequently encourage patients to be physically active. Although not currently part of the culture of family medicine, it is reasonable to think about mental health promotion and the development of life satisfaction in a similar vein. While some of the most common physician-patient communication strategies (eg, BATHE, patient-centered interviewing) appropriately emphasize eliciting negative emotions,^{23,24} similar strategies can be used for helping patients share good experience and the associated positive emotions. Happy people have better quality of life, and research in the behavioral, social, and medical sciences is continuing to identify other benefits of happiness, including better health.

The promotion of mental and emotional well-being can legitimately be viewed as synergistic with the promotion of physical health. One of the identified, and perhaps most influential, pathways between positive outlooks/moods and better physical health is health behavior. This has been found in the relationship between optimism and health⁵ and also in longitudinal research demonstrating that individuals with positive views of aging tend to live longer.^{25,26}

Perhaps family physicians who begin to give more attention to their own happiness, satisfaction, and meaning in life will be most likely to promote the same in patient care. Family medicine educators, in particular, are in an excellent position to emphasize the promotion of emotional well-being as an important part of comprehensive care. The starting point is the adoption of the perspective that such an endeavor can (and arguably should) be a part of family medicine.

Acknowledgment: Portions of this paper were presented at the 25th Forum for Behavioral Science in Family Medicine, October 1, 2004, in Chicago.

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