

Recovery and Positive Psychology: Parallel Themes and Potential Synergies

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The positive psychology movement studies the sources of human strength and the foundations of the “good life.” Like the recovery movement, it focuses on personal fulfillment and well-being more than on mental illness. These movements have followed separate but parallel tracks. Positive psychology has traveled an academic and empirical path and the recovery movement has followed a grassroots advocacy model. The authors describe the successful use of the Values in Action Inventory of Strengths in a Department of Veterans Affairs psychiatric rehabilitation program. They argue for the integration of positive psychology and the recovery movement: positive psychology provides a potentially useful framework for further defining and fostering the goals of recovery, and the recovery movement can expand the hitherto limited application of positive psychology. (*Psychiatric Services* 57:120–122, 2006)

What’s in your wallet?” reads the bulletin board at a local psychosocial rehabilitation program, where veterans are engaged in discovering their strengths. The sign refers to a card created for each veteran who completes the “strengths

survey,” listing his or her top five character strengths. A growing number of veterans in the program are carrying the reminder card and describing benefits from exploring their strengths. The strengths survey is part of an initiative to integrate positive psychology with psychiatric rehabilitation. Positive psychology provides a potentially useful framework for professionals seeking to provide services that support the recovery orientation, and the recovery orientation can help to broaden the hitherto overly narrow scope of positive psychology.

Positive psychology and recovery

In the field of psychiatric rehabilitation a strong grassroots movement has been promoting the goal of “recovery.” Recovery is a life orientation that highlights the potential of people with severe mental illness to seek increasingly productive and meaningful lives through activities of their own choosing (1–4). This orientation has its roots in the radical self-advocacy movements of the early 1970s, in which individuals with mental illness, many calling themselves psychiatric survivors or ex-patients, fought against involuntary hospitalization and other treatments considered to be dehumanizing (5). Psychiatric survivors advocated for a system crafted in their own voice that emphasized self-determination and actively sought to “exclude non-patients” (6). The “recovery movement” emerged in the 1980s from the ex-patient movement, with influences from physical disability activism.

Although some mental health consumers still advocate for a recovery movement that carries only the consumer voice (7), a substantial num-

ber of consumers encourage involvement by nonconsumers. Thus an orientation toward recovery can and has been adopted by sympathetic providers, researchers, policy makers, and politicians (8). However, because the recovery movement has lacked scientific underpinnings, consensus on the definition of recovery, or visibility in mainstream journals, its acceptance by some professionals has been limited, and many are unclear about how recovery values can best be promoted.

Another recent movement, positive psychology, is pursuing a potentially complementary course, but with a strong research foundation (9). Proponents of positive psychology argue that psychology and psychiatry are, to their detriment, focused almost exclusively on the identification and alleviation of disorder and that psychology must recraft itself by fostering positive emotion, enhancing strengths, and creating meaningful experiences. Thus the recovery and positive psychology movements have followed parallel tracks, seeking to empower people to enhance what is good in their lives rather than to attend to what is wrong.

Although the underlying philosophies and goals of the recovery movement and positive psychology are similar, two differences have kept them from intersecting. Unlike the recovery movement, the positive psychology movement is currently focused on improving the lives of people who do not have declared psychiatric disabilities. For example, Peterson and Park (10) argue that psychology must pay as much attention to “fulfilling the lives of healthy people as to healing the wounds of the dis-

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tressed.” In distancing themselves from the “study of pathology, weakness, and damage” (9), Peterson and Park have created a false dichotomy—implying that only “healthy” people will benefit from a psychology of strengths, while “distressed” people will continue to require “negative psychology” (11). Proponents of the recovery model would instead argue that the existence of “pathology” is not equivalent to “weakness and damage” and should not preclude a focus on what is healthy. The benefits of positive psychology might be even greater for people with severe psychiatric disabilities than for those without such impairments.

A second major difference is that the positive psychology movement is centered on empirical research, whereas the recovery movement is focused on action, advocacy, and self-determination. Although little in the positive psychology movement is completely new—its roots are in ancient philosophies of happiness (11)—leaders of positive psychology have developed an overarching theoretical framework, uniting what before had been separate fields of investigation (12). They have used this framework as the base of an intellectual movement, led by prominent academic psychologists, that challenges the dominance of “negative psychology.” This approach stands in stark contrast to the recovery movement, a grassroots movement of the disenfranchised that has placed itself distinctly apart from the human service professions, the academy, and the empirical research tradition.

The strengths survey

Perhaps the most practical contribution that positive psychology offers to the recovery movement thus far is what we call the “strengths survey” and the larger framework of strengths and virtues it represents. Leaders of the positive psychology movement have compiled a list of domains of moral fortitude, called the “Classification of Strengths and Virtues,” and a corresponding empirically derived measurement tool, the Values in Action Inventory of Strengths (13). Far more than a simple psychological test, this survey itself provides a positive,

personally enriching experience.

The strengths survey (available at www.viastrengths.org) is a compendium of 24 character strengths identified through extensive examination of major philosophical and religious works (such as Plato’s *Republic*, the *Tao Te Ching*, and the Old Testament), secular inventories of strengths and virtues (such as the writings of Benjamin Franklin and Boy Scouts of America), and examples of character strengths from popular culture (such as the Harry Potter books and greeting cards). These 24 character strengths are organized into


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six broad virtues—wisdom and knowledge, courage, humanity, justice, temperance, and transcendence—and are differentiated from talents and abilities, such as intelligence and athleticism (13).

The strengths survey is available as a 240-item on-line assessment. It has been subjected to rigorous psychometric study with a sample of more than 150,000 completed surveys, and the current version demonstrates good reliability and validity (13). Upon conclusion of the survey, the participant is presented with a list of his or her top five strengths of charac-

ter, called “signature strengths,” reflecting the belief that everybody has a set of strengths as uniquely their own as their signature.

After months of making the strengths survey available to veterans attending the psychiatric rehabilitation center, we concur with the developers’ belief that it is an intervention in itself (12). The questions are transparent and subjective (“I always allow others to leave their mistakes in the past and make a fresh start”), and, like a rose-tinted mirror, the survey results seem to reflect, in concentrated form, one’s best opinions of oneself. This mirror function is the basis for its potential effectiveness. The survey creates a mindset of serious and effortful self-appraisal, and the process of responding to each of these 240 questions forces even the most despondent person to take inventory of his or her strengths. When at the conclusion the computer returns the “official” signature strengths report, most participants report feelings of pride and expansiveness, with the discovery of a self that is invariably better than expected.

The strengths survey appears to have both short-term and long-term benefits. Some veterans report a sense of accomplishment and mastery from merely completing the assessment. Most report that their mood improves after receiving their results and they think more positively about themselves. We have less information about the long-term benefits, but we have been impressed by how quickly and enthusiastically this community of veterans has adopted the language of strengths. One veteran who identified a “love of learning” as one of his signature strengths found that taking the strengths survey encouraged him to follow through with his plans to attend a professional school. When he begins to doubt himself, he reminds himself that the computer told him that he has the strength to pursue his dreams.

Studies that have used the strengths survey with nonconsumers suggest that individuals are more likely to experience long-term increases in quality of life if they ac-

tively work on incorporating their strengths into their daily lives (14). Using one's strengths is not an effortless process. As some experts in the recovery movement posit, a major component of recovery is learning to take responsibility for oneself, including one's own recovery. Peterson and Seligman (13) similarly note, "[I]t is spectacularly unwieldy to talk about the good life as being imposed on a person, in the way that psychological troubles can be imposed by trauma and stress. Situations of course make it more or less difficult to live well, but the good life reflects choice and will. Quality of life does not simply happen because the Ten Commandments hang on a classroom wall." Our experience is consistent with this statement: many veterans intuitively seek concrete reminders to think about their strengths and to use them. A few have reported that they keep their list of strengths next to their beds or on their refrigerators. This prompted us to create the wallet-sized card, which has become a convenient way for veterans to remind themselves of their strengths. Veterans take out their cards for direction and encouragement during treatment planning sessions, clinical groups, and even casual conversation.

Conclusions

Peterson and Seligman (13) sought to create a classification of strengths that transcends the norms of specific cultures. At the same time, "recovery" has been claimed by people with disabilities and used to frame a vision of personal, social, and political change. The joining together of the meticulous study of the "good life" undertaken by positive psychology with the action-oriented goals of people with severe mental illness who are working toward recovery may demonstrate that these movements can productively reinforce one another, in part, because they pursue universal goals that are meaningful to all people.

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