

Integrating Psychopathology, Positive Psychology, and Psychotherapy

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Reading the special issue of the *American Psychologist* (January 2000) on the contemporary, data-based movement of positive psychology was an uplifting experience in itself. Positive psychology seems to emerge as a renewed humanistic approach to the individual and collective potential for happiness, but this time it is strengthened by empirical data and adequate research methodologies. Seligman and Csikszentmihalyi's ([January 2000](#)) call for a shift from a disease-oriented science to a science of optimal functioning, well-being, and happiness provides psychology and related disciplines with a noble goal to pursue in the beginning of the new century. Indeed, what can be more positive, rewarding, and fulfilling than studying and facilitating people's happiness?

However, transforming therapeutic psychology from a science based on the medical model to a science that emphasizes positive experience and prevention is easier said than done. Although Seligman and Csikszentmihalyi ([2000](#)) recognized the domination of the disease model in mental health, they suggested that because psychologists have now found treatments for the majority of psychological problems, they should start studying how to make people's lives even better. They proposed that psychologists could use the same research methods and even the same laboratories that have developed psychology and psychiatry as healing sciences during the past half century to focus on the study of positive psychology, with only a slight shift of emphasis and funding. Although certainly feasible, how easy or likely is that to happen? How can a long tradition of conceptualizing and treating people in psychopathological terms shift to the study of positive functioning? How do psychologists change not only their mind-set of focusing on the negative but also the pathology-based therapeutic practices that are currently empirically supported and embraced by third-party payers? How can psychologists convince the scientific and professional mental health establishment to make scarce monetary and human resources available to positive psychology research and practice?

To achieve a major scientific shift to positive psychology (which could complement the dominant disease-oriented focus in mental health), psychologists should reconcile and merge the two foci; this could be best done by gradually infusing positive psychology into current models of psychopathology and treatment. To ease the integration and transition from a psychopathology-focused to a strength-focused approach in therapeutic psychology, programmatic research might be necessary; here are three possible areas of attention:

- Client strengths and positive traits should be included in the study of psychopathology ([see also Vaillant, January 2000](#)) and, most important, in treatment-effectiveness research. In addition to measuring symptom reduction,

outcome measures can include the assessment of positive aspects of clients' functioning, their subjective well-being, and their effective application of solutions to problems. The benefits of this are twofold: First, the additional assessment of positive changes in other areas of clients' lives can provide the much desired differential effects in treatment outcome research. Although traditional outcome research has shown a paradoxical equivalence in symptom reduction among different therapies ([Stiles, Shapiro, & Elliott, 1986](#)), the measurement of neglected aspects of clients' positive functioning can make a meaningful difference. That is, psychological treatments should also be evaluated in terms of their ability to make life more fulfilling for clients. Second, measuring increases in positive behavior and well-being in tandem with measuring reductions in negative behavior can provide the bridge between pathology-oriented and nonpathology-oriented approaches; after all, one could argue that when psychologists measure increases in successes, solutions, and positive experiences, they really measure problem and pathology reduction, and vice versa. This practice can also facilitate the rapprochement and reconciliation of traditional psychopathology-oriented models of treatment with humanistic or solution-focused models.

- Mental health and health psychology can currently reach only a small fraction of the people who are in need of counseling and modification of self-destructive health behaviors ([Prochaska, 1999](#)). The pathologizing nature of psychological diagnoses and treatments, as well as the threat to self-esteem and the social stigma often attached to them, seem to contribute to keeping people away from helping services. In addition, many people seem to rely on and successfully use self-change and nonprofessional helping services that capitalize on their internal ability to overcome problems and difficulties. Several forms of self-help, self-change, and other sources of informal psychological help have been reasonably supported by research ([Bohart & Tallman, 1999](#); [Christensen & Jacobson, 1994](#); [Hubble, Duncan, & Miller, 1999](#); [Prochaska, 1999](#)), and their effectiveness suggests the utility of nonmedical approaches to treatment. The self-change and self-help trends build on people's positive traits and self-protective survival mechanisms, as well as their skills, to activate their social support systems. These trends obviously represent the expression of the positive psychology movement in the field of therapy, and if further researched and embraced by mainstream therapeutic psychology, they can offer a great preventative service ([in the spirit of giving psychology away; Miller, 1969](#)). Empirically supported self-change interventions could gradually and at least partially replace current psychological treatments and become a transitional step from a science of psychopathology to a science of positive psychology.
- Existing professional treatments should also be modified to accommodate major therapeutic factors that are related to positive psychology. These include increasing clients' positive expectations and hope about change (psychological placebo; [Hubble et al., 1999](#)), general sense of optimism, adaptive or mature defenses ([Vaillant, 2000](#)), self-efficacy, and coping strategies. Interventions that enhance people's strengths and positive traits should be components of every treatment, because they can reduce symptoms, prevent relapses, increase quality of life, and bring positive psychology qualities into therapeutic psychology. An integrative—eclectic approach that offers clients the opportunity to change by themselves in therapy as much as possible can

further communicate the philosophy of a positive therapeutic psychology ([for more on integrative treatments, see Norcross & Goldfried, 1992](#)).

The foregoing suggestions could potentially help psychologists who research and treat psychopathology to transcend the shackles of their training, their pessimistic views of human nature, and their lifelong professional investments. To believe that this will happen without systematic effort and planning is somewhat unrealistic. I suggest that the road to positive psychology should pass through the fields of psychopathology, psychotherapy, and mental health. Positive psychology research should not be limited to healthy populations but should also include clinical samples. As the aforementioned three examples of potential cooperation have suggested, a research-based positive psychology has a lot to offer in the field of mental health treatment. On the other hand, positive psychology also needs to study clinical populations in order to attract attention and funding. Positive psychology and psychotherapy will be best developed in relation to each other, not separately.

References

- Bohart, A. & Tallman, K. (1999). *How clients make therapy work: The process of active self-healing*. (Washington, DC: American Psychological Association.)
- Christensen, A. & Jacobson, N. S. (1994). Who (or what) can do psychotherapy? The status and challenge of nonprofessional therapies. *Psychological Science, 5*, 8-14.
- Hubble, M. A., Duncan, B. L. & Miller, S. (1999). *The heart and soul of change*. (Washington, DC: American Psychological Association)
- Miller, G. A. (1969). Psychology as a means of protecting human welfare. *American Psychologist, 24*, 1063-1075.
- Norcross, J. C. & Goldfried, M. R. (1992). *Handbook of psychotherapy integration*. (New York: Basic Books)
- Prochaska, J. O. (1999). How do people change, and how can we change to help many more people?(In M. A. Hubble, B. L. Duncan, & S. Miller (Eds.), *The heart and soul of change* (pp. 227—255). Washington, DC: American Psychological Association.)
- Seligman, M. E. P. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5-14.
- Stiles, W. B., Shapiro, D. A. & Elliott, R. K. (1986). Are all psychotherapies equivalent? *American Psychologist, 41*, 165-180.
- Vaillant, G. E. (2000). Adaptive mental mechanisms: Their role in positive psychology. *American Psychologist, 55*, 89-98.

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