Positive Psychology Across the Lifespan

Spring Festival: Exploratorium on Positive Psychology

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What is Positive Psychology?

- *Overview by Kory Ladner*

Positive Psychology Across the Lifespan: Resilience

- *Resilience in Development—The psychology of overcoming adversity and being resilient. Research began in the 1960s and 1970s.*

- *Research has provided models, methods, and findings with profound implications for theory, research and intervention.*

- *Resilience in the face of adversity has been around for a long time, as evident in myths, fairy tales, art, and literature that portray heroes and heroines who surmount great obstacles. The focus has been on human adaptation.*

Positive Psychology Across the Lifespan: Resilience

- **What is Resilience?**

  --Patterns of positive adaptation during or following significant adversity or risk.

- **Studies of Resilient Children**

  --In studies of resilient children and youth, typical measures of good outcome include some of the following domains: academic achievement (grades and test scores, staying in school, graduating from high school); conduct (rule-abiding behavior vs. antisocial behavior); peer acceptance and friendship; normative mental health (few symptoms of internalizing or externalizing behavior problems); and involvement in age appropriate activities (extracurricular activities, sports, community service).

- **Resilient children must also have overcome some kind of threat to good adaptation.**

- **Resilient children may be defined as those who are doing well despite the presence of many risk factors or numerous negative life experiences in their life histories.**

Importance of Love and Support

- Parents who provide love and support, as well as structure and high expectations, generally appear to protect child development across a wide variety of situations and cultures.

- Relationship bonds to other competent and involved adults and (as young people grow older) to prosocial peers or romantic partners are also widely reported correlates and predictors of resilience.

Strategies for Fostering Resilience

- Prevention of damage to, restore, or compensate for threats to basic systems.

- Examples include: prenatal care, nutritional programs, early childhood education, adequate medical care, and good schools all promote or protect brain development, attention, thinking and learning, thereby promoting the healthy development of systems that appear to play a powerful role in the lives of children who successfully negotiate challenges to development.

- Programs and policies that support effective parenting and the availability of competent adults in the lives of children.

- Children need opportunities to experience success at all ages. This means that families, schools and communities have a responsibility to provide such opportunities and to ensure that the talents of each child are developed.

Strategies for Fostering Resilience

- We need to move positive goals to the forefront.

- Promoting healthy development and competence is as important, if not more important, than preventing problems, and will serve the same end.

- As a society, we will do well to nurture human capital, investing in the competence of our children. This means understanding how the capacity for academic achievement, rule-abiding behavior, and good citizenship develops.

- It is important to identify assets and protective systems and support these to the best of our knowledge.

- Reduce the risks to children: this includes prenatal care to prevent premature births, school reforms to reduce the stressfulness of school transitions for young adolescents, and community efforts to prevent homelessness through housing policies. The intent is to remove or reduce threat exposure.

Summary Points on Resilience

- Children who make it have basic human protective systems operating in their favor.

- Resilience does not come from rare and special qualities, but from the operations of ordinary human systems in the biology and psychology of children, from their relationships in the family and community, and from schools, religions, cultures and other aspects of societies.

- Positive psychology represents a return to the study of how these systems and their interactions give rise to good adaptation and development, as well as resilience.

- This also includes the role of positive healthy physical development.

Research Questions about Resilience

- How can disciplines work together to prepare populations for resilience in the face of major disasters of nature or human design, such as terrorist attacks, flu pandemic, or hurricanes, that threaten protective systems of human life across many levels, form the individual immune systems to families, communities and the ecosystem?

- As globalization occurs, how will the unique protective influences of specific cultures be preserved ad what kind of new protective systems will emerge?

Positive Psychology for Children and Adolescents: Key Concepts

- Examining the strengths and positive asset of developmental stages rather than focusing on the multitude of stressors and potential negative outcomes.

- Looking at strengths rather than deficits, opportunities rather than risks, assets rather than liabilities is slowly becoming an increasing presence in the psychotherapy, education, and parenting literature.

Positive Psychology for Children and Adolescents: Key Concept--HOPE

- Hope: An individual's belief in his or her capability to produce workable routes to goals and beliefs in his or her own ability to initiate and sustain movement toward those goals.

- Hope is a powerful construct in understanding how individuals, including children, deal with stressors in their lives, avoid becoming mired down in problem behaviors, and use past experiences to develop strategies for working toward goals in an adaptive, effective manner.

- According to the research, hope is relatively high in children; and, even in children with low hope they rarely indicate that they have no hope.

- Measurement Tool: Children's Hope Scale (developed by Snyder, Hoza and others , (1997).

- Worrell and Hale (2001), found that adolescents at risk for dropping out of high school were less likely to do so if they had high hope, compared to those with low hope.

- Gilman and Dooley and Florell (2006) found that adolescents in both high and average hope groups reported less school and psycholog8ical distress, higher personal adjustment and global satisfaction, greater participation in extracurricular activities, and higher self reported GPA than adolescents in the low hope group.

- Hope in at-risk children. Participants who witnessed violence, but had less personal or direct experience with violence, reported the highest levels of hope, and participants with higher hope were less likely to believe they would die a violent death. In contrast, participants with direct exposure to violence tended to predict violent deaths for themselves. The authors concluded that, while these young people acknowledged the violence around them, they were able to sustain high hope as long as they did not experience violence directly.

Positive Psychology for Children and Adolescents: Key Concept--OPTIMISM

- How an individual thinks about the causality of an event. An optimist is defined as a person who sees defeat as temporary, confined to a particular case, and not his or her direct fault.

- A pessimist, believes that bad events will last a long time and undermine everything he or she does, and that these events were his or her fault.

- Thus, the way a person explains positive or negative events to him or herself determines whether he or she is optimistic or pessimistic. Example, a pessimist dwells on the most catastrophic causes for the event, whereas an optimist can see that there are other possible, less catastrophic causes for the same event.

- Optimist tend to do better in school and college than pessimists.

- The physical and mental health of optimists tend to be better, and optimists may even live longer than pessimists.

- Optimists tend to cope with adverse situations in more adaptive ways. Adolescents who are optimistic tend to be less angry and abuse substances less often. Pessimists tend to give up more easily, get depressed more often, have poorer health, be more passive, have more failure in work and school, and have more social problems.

Positive Psychology for Children and Adolescents: Key Concept--OPTIMISM

- Four Sources for the Origins of Optimism:

1. Genetics

2. Environment

3. Environmental influence—such as criticism or praise.

4. Life experiences that promote either mastery or helplessness.

Positive Psychology for Children and Adolescents: Key Concept--QUALITY OF LIFE

- Quality of life is a multidimensional concept and includes physical, mental, spiritual and social aspects that contribute to one's sense of well-being.

- Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. (World Health Organization)

Positive Psychology for Children and Adolescents: Key Concept—FAMILY CENTERED POSITIVE PSYCHOLOGY

- FCPP aims to enhance functioning of the family unit, not jut the functioning of the individual child or adolescent.

- Holds the following tenets: interventions should build on pre-existing family strengths, families should contribute to identifying needs, a focus on both process and outcome data, and an emphasis on strengthening social networks for the family.

- For example, positive interactions with family have been found to promote psychological well-being for adolescents who were overweight or at risk for being overweight.

Adolescents: Positive Youth Development

- The Positive Youth Development approach aims to understand, educate and engage youth in productive activities rather than correcting, curing or treating them for maladaptive tendencies or so-called disabilities.

- Youth development programs focus on broad-based skill development instead of targeting a specific problem-behavior.

- Interventions attempt to recognize the strengths of youth, even the most troubled youth, and build on those strengths.

- When the strengths of youth are aligned across adolescence with family, school, and community resources (and, in particular, resources provided by community-based, out-of-school time youth development programs, such as 4-H, Boys and Girls Clubs, Big Brothers/Big sisters, YMCA, and scouting), positive youth development—competence, confidence, character, connection, and caring—as well as youth community contributions.

- Positive Youth Development suggests that if we are to conduct good science about adolescent development, we must study youth and contexts in integrative, developmental manners. Such work can inform policies and programs uniquely, helping to characterize the multiple ways that the strengths of diverse youth can be transformed into positive developmental pathways.

Aging Well in the 21st Century

- Contrary to popular belief, the majority of adults over the age of 65 are physically and psychologically healthy. They are not cognitively deficient, socially isolated, or lonely; nor do they drain society's resources. They are aging well

- Older individuals can learn new things and learn them quite well. This is true, especially when they engage in cognitively challenging activities.

- Current and emerging technologies also will improve the cognitive capacities of seniors and those who make the effort to gain technological expertise will benefit most from these advances.

- Older adults do not drain societal resources. They are more educated than their predecessors and, with their higher earnings, will continue to save after retirement rather than spend down their assets.

- Older Americans are our volunteers doing more in unpaid and volunteer work. They also take on low-paying part-time jobs.

- They also provide the most care to disabled family members, estimated in 1999 to be between $45 and $200 billion annually.

- Contrary to common belief, growing old in the 21st century is not likely to be an unpleasant experience for most people. Physical, mental, social and financial well-being are intertwined, and aging successfully depends, to a large extent on effectively coping with age-related life events.

New Territories of Positive Life-Span Development: Wisdom and Life Longings

- There is reason to believe that wisdom and life longings are both linked to another central facet of the good life—personal growth, integrity and a concern for the well-being of others.

- The values and behaviors of people with high levels of wisdom-related knowledge is predicted to indicate a striving for a good life. One aspect of a good life in the early Greek tradition refers to the balancing of personal and common interests.

- A second aspect refers to the preference for personal growth and self-actualization—even if this preference opposes happiness in a hedonistic and materialistic sense.

- People with high levels of wisdom-related knowledge also show less preference for conflict management strategies and more concern for a cooperative approach .

- People with high levels of wisdom-related knowledge reported that they experience self-centered pleasant feelings less frequently (e.g., happiness, amusement) but process-oriented and environment-centered positive emotions more frequently (e.g., interest, inspiration).

- Wisdom-related knowledge makes a difference for people's affective experiences, values, and behavioral choices in everyday life. Wisdom-related knowledge seems to go hand in hand with a joint concern for developing one's own and others' potential.

New Territories of Positive Life-Span Development: Wisdom and Life Longings

- There is also evidence suggesting that life longings have important developmental functions, including the provision of directionality in life and the management of loss and unattainable personal goals and projects.

- Future research should further examine the possible interplay of life longings and wisdom in promoting positive development.

References

⊙ Lopez, Shane J. and C.R. Snyder. (2009). The Oxford handbook of positive psychology, part three- positive psychology across the lifespan, pp. 115-171.