The Society of Behavioral Medicine recently published a debate on the health implications of positive psychology. Positive psychology for health care has been a bit of a controversial subject since some feel that too much positivity or optimism can be damaging to health or cause people to be lax about their health.

There are those who feel that happiness is a "trivial nicety," not capable of providing impactful health benefits and not worthy of serious research. Some caution against the “tyranny of positive thinking” prevalent in the “self help” genre from Norman Vincent Peale to “The Secret.” Teaching people to think their illnesses away could not only be deadly wrong advice, it could make sick people feel worse, pushing them to take blame for their own inability to conquer their maladies with positivity.
On one side of the debate, Lisa Aspinwall and Richard Tedeschi argue for a balanced and cautious approach to the science, but show the research supporting the role of positive psychological constructs (“sense of coherence,” optimism, benefit finding, and post traumatic growth) on beneficial health outcomes.

James Coyne and Howard Tennen take a more critical view of positive psychology, and argue that, at least for cancer, the science is plagued with “bad science, exaggerated claims, and unproven medicine.” They look at research suggesting that the evidence supporting benefits of confronting cancer with a positive attitude, benefit finding and post traumatic growth is pretty weak and challenged by a severe publication bias (only articles that find a relationship are submitted and accepted for publication.)

Both sides of the debate agree that the science needs to be looked at critically and caution against misuse or exaggeration of the unique importance of the positive domain. Both sides agree that positive psychology is much more than just “positive thinking.” This is an area where I hear a lot of positive psychologists violently agreeing with each other.

But Coyne and Tennen show research questioning whether post traumatic growth is even something that we can define and measure, given that people can’t really quantify their own growth and even if they could, they couldn’t really identify how much to attribute to their experience with trauma. They feel that interventions are being developed based on scant science.

Aspinwall and Tedeschi feel that this is a misinterpretation of the research. People’s memories of their growth and how they relate it to their trauma are valid things to study, even if they are more subjective than objective. And developing interventions around these issues allows people to test them out, and learn more about these complex relationships.

They also feel that Coyne and Tennen, by focusing on only cancer mortality, are neglecting to recognize the benefits of these positive aspects on a variety of health outcomes. Even if the research is not so strong on cancer mortality patients, they argue, positive psychology could help cancer patients in other ways such as quality of life and pain management.

They show that most researchers do in fact caution against misuse of the research and the evidence linking support for benefit finding and post traumatic growth is stronger than they would have their readers believe.

Ultimately, this kind of debate is good for the science. Having people on both sides of an issue argue their points forces both sides to question their assumptions. Coyle and Tennen point out the challenges of not having these kinds of debates and allowing prevailing assumptions to guide science.

Aspinwall and Tedeschi remind us that we can’t let the limitations in the science stop us from studying and experimenting with new ideas that add to the positive side of health and of life.

Together, they show the spirit of scientific debate and inquiry. We don’t have all the answers, and so we must keep asking the questions.

References


Images

- Shaking hands courtesy of Litandmore.
- Speaking up courtesy of European Parliament
- Shedding Light on the Subject courtesy of Rishi Bandopadthay

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**STANDOUT STRENGTHS ASSESSMENT: A REVIEW**

**TODD KASHDAN**

June 9, 2011 - 12:29 pm

Beautiful and perfectly said. Of course, I find myself saying that with regularity when it comes to your writings.

Cheers

Todd

**JIM SWANSON**

June 9, 2011 - 12:47 pm

“…challenged by a severe publication bias (only articles that find a relationship are submitted and accepted for publication.)” Perhaps there are not enough articles showing evidence for the opposing view. Or perhaps the bias is in the mind of the interpreters.

My cynical side says that those who make their living from cutting, poisoning or burning cancer patients (surgery, chemo, or radiation) are loath to believe or admit that there are any other choices.
WAYNE
○ June 9, 2011 - 3:32 pm

Jeremy – I have just been through a major health scare re cancer and from personal experience the only thing that helped me cope were mindfulness and my wife – I tried all the PP tricks to little avail. This has been a real eye opener for me and I now get where Barbara Ehrenreich was coming from. Perhaps PP works for daily mediocrity but I’m not sure about the “heavy duty”

JEREMY MCCARTHY
○ June 9, 2011 - 4:46 pm

Todd, thanks so much! That means a lot coming from someone I respect as much as you!

JEREMY MCCARTHY
○ June 9, 2011 - 4:52 pm

Thanks Jim. Sadly the publication bias is very real and plagues every aspect of science not only positive psychology. But I also think your latter point is true and our whole system incentivizes the use of expensive invasive solutions while supressing inexpensive do-it-yourself healing methods that would keep people (and their money) out of the health care system.

JEREMY MCCARTHY
○ June 9, 2011 - 5:04 pm

Hi Wayne, thanks for sharing your personal experience. There are some other articles on the links between positive emotions and health in Todd Kashdan’s Designing Positive Psychology collection. It seems that positive psychology is more impactful with illnesses that are driven by lifestyle behaviors (probably in large part due to stress buffering with things like heart disease, blood pressure, diabetes, obesity) and less so with illnesses like cancer where the links to lifestyle are not so cut and dry. You bring up another good point about the scale and maybe existing PP interventions are just too small potatoes to handle something as big as cancer.

I think most researchers are acknowledging that PP is no miracle cure for cancer but Aspinwall and Tedeschi cheekily called their paper "Of Babies and Bathwater" to avoid giving up on PP and health just because cancer seems to be resistant to it.

WAYNE
○ June 9, 2011 - 7:42 pm

Jeremy – these is way more complex than people make out. I think the research says that optimism is a good thing until you hit the wall – and then optimists don’t do as well.

Everything has its place – and that’s the trick to be flexible enough to know what to apply when, as opposed to a formulaic approach. For example I found meditation to be amazingly effective in coping with heavy duty stress but I don’t meditate routinely. Will I start meditating routinely – probably not – I’ll keep using my micro mediation techniques – but I sure as hell will meditate when I have heavy duty stress going down. I’m glad I have that tool available.

To jump on my high horse HRV is probably a pathway between positive emotions and cardiovascular health
I left a comment on your FB wall and thought of one more! As a neuroscientist, I am quite aware of the biochemical and neurophysiological bases of mood, emotion, motivation, and the like. I think it would be really interesting if more research was done to understand the effects of positive psychology on things like hormone levels, neurochemical levels, brain activity, and those sorts of things. Such an understanding might help explain why PP may be more effective in modulating some conditions than others. Some of my colleagues study the effects of brain stimulation on things like mood, sleep, etc. It’s cool stuff!

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**Jeremy McCarthy**

**June 10, 2011 - 12:10 pm**

Hi Kathleen, There are some people doing that work. The templeton foundating just gave out some money to further research in this area. Check here: [http://www.posneuroscience.org/](http://www.posneuroscience.org/). Fascinating stuff!

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**Karen Henry**

**June 12, 2011 - 8:28 am**

Beautifully written Jeremy! It’s always a pleasure to read your work. You are an inspiration. K~

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**Annamarie Grah**

**June 13, 2011 - 6:32 pm**

Great article, I think it is important to be aware of all sides of these debates as it provokes thinking and develops understanding. The pp interventions that have been developed are just the beginnig and I think there is much more to be discovered and new paradigms to be developed.

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**Geraldine Dougherty**

**June 16, 2011 - 8:59 am**

I worked as an oncology nurse, had cancer 19 years ago, and am a capstone paper away from completing MAPP ’11. My capstone addresses positive health, what that means for the cancer population, and explores mindfulness meditation as a positive intervention. I am presently developing a counseling business working with people newly diagnosed with cancer, incorporating five areas into basically a health action plan: initial diagnosis and treatment plan, mindful meditation, nutrition, exercise and CAM. When first diagnosed,a person’s “shield of immortality” is shattered. Generally, people feel an overwhelming sense of helplessness. What positive psychology can bring to the newly diagnosed (or anyone touched by cancer) is a re-focusing on personal strengths and resources, realistic hope and individual goals. We are complex beings and can hold difficult and desired emotions simultaneously, accepting the so-called positive and negative as our experience. I don’t believe it useful to present a cancer diagnosis as an opportunity to grow. But, a newly diagnosed person going through some sort of treatment might as well marshal resources (as they choose) to be as healthy as possible through the treatment process. They are going to go through it anyway. I think it helpful to remember that we have choices no matter where we are on life’s path, including at the end of life (see Chris Feudtner’s work: [http://www.research.chop.edu/programs/policylab/index.php/about-policlab/our-team/95-chris-feudtner.html](http://www.research.chop.edu/programs/policylab/index.php/about-policlab/our-team/95-chris-feudtner.html)). Thanks Jeremy for your article and helpful references.

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**Helene Moore**

**June 16, 2011 - 5:32 pm**

As always, Geraldine, beautifully written...so much to think about. Thank you for continuing to shape my perspectives on life.
KATHRYN BRITTON

June 17, 2011 - 10:09 am

Geraldine,

I like the way you pull the ideas together around health crises. Presenting a cancer diagnosis as an opportunity to grow does seem holier-than-thou, particularly coming from someone who doesn’t have cancer (though we will all face death one way or another some day). It reminds me of my mother talking about grinding her teeth when people told her to look for the blessing in my father’s early death. She saw no blessing and certainly didn’t view it as an opportunity to grow, though over the years she did grow. That perspective was in no way helpful prospectively.

I also appreciate the reminder of Chris Feudtner’s work, that sometimes helping people see where they do still have choices, without in any way denying the reality that they are facing, can make a big difference.

I recently sat through a night and day in an ICU room as my godmother died. I was amazed that the ICU staff let friends and neighbors come all through the day to sit with her, touch her, and say goodbye, while she seemed to snooze peacefully. Chris Feudtner asks people what they hope for, given the current reality. I guess the best I could have hoped for was that my godmother have her children by her side and that her friends be able to tell her they loved her, all of which the medical staff made possible. Return to good health was not an option, but the quality of the end was.

Kathryn

KAREN HENRY

June 18, 2011 - 8:29 am

Geraldine,

I appreciate your comments with both a personal and professional interest in what you do. My husband was diagnosed with a type of cancer 4 weeks ago and we’re still learning about it. I was swift to put into place exactly what you discussed and have created a practice around, while also allowing room for him to just be mad about it. Negative emotions are healthy. Pushing them aside too soon or at all is unrealistic. Using them to build competencies & strengths is more realistic. Culture & gender & how we interpret life events like cancer have to play into how we deal with things. Positive psychology isn’t a polish or pillow to create the unrealistic…but tools to be used to proactively approach the whole person, rather than stay stagnant in their sorrow or fears. I’d love to learn more about what you do. I’m not a MAPP but I am doing my doctoral dissertation in a pos. psych. model & teach it at a university as an adjunct. I’m also now very interested in the concept of post traumatic growth in relation to personality, as regardless of what is published as Coyne suggested in Jeremy’s article; it is something worth additional research!

JEREMY MCCARTHY

June 19, 2011 - 4:43 pm

Thanks Geraldine for your beautiful comments and for inspiring some interesting discussion. I like your perspective and there is a lot of wisdom in your comments. Chris Feudtner is an inspiration.
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