

Swarthmore College

Works

Psychology Faculty Works

Psychology

2000

Pitfalls On The Road To A Positive Psychology Of Hope

Barry Schwartz

Swarthmore College, bschwar1@swarthmore.edu

Follow this and additional works at: <https://works.swarthmore.edu/fac-psychology>



Part of the [Psychology Commons](#)

[Let us know how access to these works benefits you](#)

Recommended Citation

Barry Schwartz. (2000). "Pitfalls On The Road To A Positive Psychology Of Hope". *The Science Of Optimism And Hope*. 399-412.

<https://works.swarthmore.edu/fac-psychology/890>

An [accessible version](#) of this publication has been made available courtesy of Swarthmore College Libraries. For further accessibility assistance, please contact openaccess@swarthmore.edu with the title or URL of any relevant works.

This work is brought to you for free by Swarthmore College Libraries' Works. It has been accepted for inclusion in Psychology Faculty Works by an authorized administrator of Works. For more information, please contact myworks@swarthmore.edu.

Pitfalls on the Road to a Positive Psychology of Hope

Barry Schwartz

THE PHENOMENON of learned helplessness may well be the most significant and most pervasively influential psychological discovery in the last thirty-five years. Learned helplessness is extremely important in its own right, but in addition, its impact has extended across a wide variety of different domains of psychological research. It has contributed to changing the way people think about basic learning processes. It has influenced the way people think about motivation. It has affected the way people think about child development. It has altered the way people think about education. It has affected the way people think about the relation between mind, brain, and behavior. It has influenced the way people think about personality. It has had a major impact on the way people think about attribution processes, the turf of social psychology. It has influenced the way people think about work. It has affected the way people think about aging. And of course, it has transformed the way people think about the causes and treatments of psychopathology, most especially, of depression.

And now it may have its biggest influence yet. For much of its history, psychology has been concerned with identifying human weakness and correcting or ameliorating it. Now, learned helplessness, in the guise of its complement, “learned optimism,” may help to shape a positive psychology—a psychology that perhaps will someday illuminate what a human life at its best can be and show us how we can help people make their lives good lives.

Taken together, the contributions to the present volume provide an impressive blueprint for the beginnings of a positive psychology—a psychology of hope. As each of the specific research areas sketched in this volume continues to develop, psychology will be able to tell us more and more about how to nurture strong and resilient people. And yet, the contributions to this volume also provide hints about difficult questions that will have to be faced and addressed if a positive psychology is to evolve. I think it is important for people to be thinking about these questions while the psychology of hope is still in its infancy. Thus, in this general commentary on the prospects for a future “psychology of hope,” I will enumerate the issues I think all contributors to that psychology should be addressing.

THE “DEPRESSION EPIDEMIC”: IS PSYCHOLOGY PART OF THE SOLUTION OR PART OF THE PROBLEM?

Learned helplessness has taught us about the importance of control and autonomy to mental health. In particular, helplessness has taught us that a lack of control, coupled with a certain characteristic style of causal explanation, creates candidates for clinical depression. Given that having control over important things in one’s life is important to preventing clinical depression, we can ask ourselves what we might expect the incidence of depression to be like in modern American society.

Most of us now live in a world in which we experience control to a degree that people living in other times and places would think quite unimaginable. Extraordinary material wealth enables us to consume an astonishing quantity and variety of goods. And the magical mechanism of the market allows us an almost limitless array of choices: milk with or without lactose and with whatever percentage of fat one wants; jeans of every conceivable cut; restaurants serving foods from all over the world; cars of almost an infinite variety of shapes, sizes, colors, and prices. On and on it goes: if you want something, no matter how odd it is, chances are there is someone, somewhere, ready to sell it to you.

With regard to higher education, curricular requirements have almost vanished, and to the extent they still exist, they can be satisfied in so

many different ways that they might as well not be there.

With regard to entertainment and culture, the range of what is available is staggering. Cultural invention has enormously expanded the variety of options, and advances in media technology have made most of these options accessible, in one way or another, to almost everybody.

With regard to careers, there is an enormous degree of mobility, both in career-type and in geographical location. People are not constrained to do the work their parents did, in the place in which their parents did it. Nor are people constrained to have only a single occupation for their entire working lives. And for the most part, success and advancement in work are based on talent and achievement. So almost anything is possible.

With regard to personal life, religious, ethnic, racial, class, geographic, and even gender barriers to mate selection are rapidly disappearing. Moreover, one is free to choose whether to have children or not, whether to have them early or late, whether to bear them or adopt them, whether to have them as part of a traditional marriage and family or as part of any of a host of non-traditional family arrangements. And it is remarkably easy to get out of marriages that have turned sour, and having done that, to arrange child custody in ways that suit the involved parties.

In sum, I think it is only a slight exaggeration to say that for the first time in human history, large numbers of people can live exactly the kind of lives they want, unconstrained by material, economic, or cultural limitations. Based on this fact, coupled with the helplessness theory of depression, one might expect clinical depression in the United States to be going the way of polio. With so many opportunities for control available, why would anyone become depressed?

Instead, what we find is an explosive *growth* of depression (e.g., Klerman, et al., 1985; Robins, et al., 1984). Some estimates are that depression is ten times as likely to afflict someone now than at the turn of the century. This result demands explanation and two explanations come readily to mind. The first is that the helplessness theory of depression is wrong; that there is no relation between control and depression. The second is that despite appearances to the contrary, people don't really *have* more control over their lives than they once did.

I think both of these explanations are mistaken. I'm quite convinced by the literature that there is a strong relation between lack of control and depression. And I find it hard to imagine the possibility that people had more control in pre-technological, culturally rigid times than they do now. So in my view, we have a puzzle. It is this puzzle that led to the question at the heading of this section: Is psychology part of the solution or is it part of the problem?

The correct answer to this question, I believe, is yes. That psychology is part of the solution is obvious; our understanding of depression allows us to help alleviate human misery far more effectively than ever before. Thus, I will dwell on the respects in which psychology is part of the problem. Here, I think three distinct forces are at work:

1. *Increases in experienced control over the years have been accompanied, stride-for-stride, by increases in expectations about control.* The more we are allowed to be the masters of our fates in one domain of life after another, the more we expect to be. Education is expected to be stimulating *and* useful. Work is supposed to be exciting, socially valuable, *and* remunerative. Spouses are supposed to be sexually, emotionally, and intellectually stimulating and also loyal and comforting. Friends are supposed to be fun to be with *and* devoted. Children are supposed to be beautiful, smart, affectionate, obedient, *and* independent. And everything we buy is supposed to be the best of its kind; with all the choice available, people should never have to settle for things that are just "good enough." In short, life is supposed to be perfect. Psychology has, I believe, contributed to these unrealistic expectations via its cultivation of a kind of cult of psychotherapy intended not to relieve suffering but to engender "self-actualization"—satisfaction in all things. And a future "positive psychology" may subvert itself by feeding into these expectations.

2. *American culture has become more individualistic than it ever was before.* What this means, I think, is that not only do people expect perfection in all things, but they expect to produce this perfection themselves. When they (inevitably) fail, I believe that the culture of individualism biases them toward making causal attributions that focus on internal rather than external causal factors. That is, I believe that the culture has established a kind of officially acceptable style of causal explanation, and

it is one that focuses on the individual. As Seligman's research has led the way in demonstrating (e.g., Peterson & Seligman, 1984), this kind of causal attribution is just the kind to promote depression when people are faced with failure. And if my first point is correct, despite their increased control, people will be faced inevitably with many occasions that, by their own lights, count as failure. Psychology has contributed significantly to this excessive focus on the individual with its emphasis on personal growth and autonomy, and on "looking out for number one."

3. *Finally, the emphasis on the individual to which psychology has contributed may well be undermining what may be a crucial vaccine against depression: deep commitment and belonging to social groups and institutions—families, civic institutions, and faith communities, as several contributors to this volume (e.g., Fincham, Garber, Myers, Miller, Nolen-Hoeksema) have suggested.* There is an inherent tension between doing one's own thing, or being one's own person, and meaningful involvement in social groups. Doing the latter right requires submerging "one's own thing." So the more people focus on themselves—with respect both to goals and to the means of achieving those goals—the more their connections to others will be weakened. Political scientist Robert Putnam has recently attracted a great deal of attention to this deterioration of social connection in modern America (e.g., 1993, 1995, 1996). And in this connection it is relevant to note a study by Egeland and Hostetter (1983), which showed an incidence of depression among the Amish of Lancaster County, Pennsylvania, that was about half the national rate while other forms of psychopathology were much closer to national averages. The Amish, of course, are an extremely cohesive, tightly knit, traditional community.

It goes without saying that psychology is not solely, or even principally, responsible for these trends. It is clearly reasonable for people to place increasing reliance on themselves as the various social and public institutions they once could count on for support (for a social as well as an economic "safety net") stop serving that function. And we all know for the last twenty years or so it has been official government policy, at all levels, to allow that safety net to fray. Nevertheless, psychology has done plenty to exacerbate these trends and nothing to ame-

liorate them. A future psychology of hope must grapple with these issues. An effort to cultivate optimism of the wrong kind—optimism that does not take the three points I just raised into account, may well make the problem worse rather than better.

COGNITION AND HOPE: HAPPIER OR WISER?

Much of the focus in the helplessness theory of depression is on cognition. From this perspective, depression largely *is* a cognitive disorder. People think about success and failure, and about their role in it, in a way that is harmful. If we can change the way people explain their successes and failures to themselves, we can break up or (as Chapter 11, the Shatté, Gillham, & Reivich contribution to this volume, suggests) prevent depression. And to shift the emphasis from negative to positive, if depression represents the wrong way to think about success and failure, then getting people to think about success and failure in the right way should engender optimism and hope.

Armed with the view that depression results from disordered cognition, people who want to treat or prevent it would develop techniques designed to order cognition. But what do the words “disordered” and “ordered” mean? At first blush, one would assume that “disordered” means distorted—that the task faced by clinicians and educators is to get people to see the world accurately.

Alas, this assumption is wrong; things are not this way. In 1979, Alloy and Abramson published a landmark study that showed that under some significant circumstances, depressed people judge their ability to control the world more accurately than do non-depressed people. This phenomenon has come to be known as “depressive realism,” or as “optimistic bias.” I had always been troubled by this finding, not because I doubted its validity, but because it raised for me a very serious ethical dilemma: Should we be aspiring to develop techniques that get people to see things as they are, or should we be aspiring to get people to see things in a way that is good for them? Are we after truth or happiness in the people with whom we work?

In a context in which this ethical dilemma arises in connection with treating depression—with efforts to alleviate significant pain and suffering—it seems to me to be only a minor nag in the back of one's mind. People come to therapy in real misery, and by teaching them habits of optimistic (if inaccurate) thinking, one can alleviate that misery. Therapeutic drugs have side effects, but we learn to live with them because the therapeutic effects far outweigh the side effects. So too, perhaps, with non-drug therapies. We should be able to live with optimistic bias as a side effect of cognitive treatments of depression because their therapeutic effects are so beneficial.

Unfortunately, this minor nag grows much larger when we shift the context from negative to positive—from alleviating suffering in the depressed to inculcating optimism and hope in everyone. Now it seems we are talking about putting these “drugs,” with their “side effects” into the water supply. Now, the temptation will be all around us even in dealing with perfectly healthy people to induce them to color or distort their cognitions just a little bit because such distortion is “good” for them.

We see in the Shatté, Gillham, and Reivich discussion of the Penn Optimism Project (POP) that what we might call the “advance guard” of a positive psychology is concerned with engendering accuracy rather than foolish optimism in middle-school children. But if it should turn out that illusions of control or optimistic bias work just as well, or even better, than accuracy, how long will it be before the insistence on maintaining the accuracy of cognition slides away because there is a very effective distortion that protects kids against depression?

And the opportunities to nurture such distortions are legion. Here are a few examples:

1. Carol Dweck (see Dweck & Leggett, 1988) has shown that children can be divided into those with a helpless orientation and those with a mastery orientation, that these orientations in turn stem from “entity” (intelligence is a fixed entity that can not be increased through one's individual efforts) or “incremental” (people can get smarter) theories of intelligence, and that children with a mastery orientation (and an incremental theory of intelligence) do better when faced with school challenges than those with a helpless orientation. Suppose that as empirical

research proceeds on the vexed question of the nature of intelligence it turns out that intelligence actually *is* a fixed entity (this is the claim of Herrnstein & Murray, 1994, and while I do not believe it is correct [see Schwartz, 1997], it certainly *could* be). What role are we supposed to play in creating a positive psychology of hope when the facts as we know them are not positive?

2. Related to the work reported by Satterfield in this volume, Zullow and Seligman (1990; see also Zullow, Oettingen, Peterson, & Seligman, 1988) have shown that politicians whose speeches tend to be optimistic are more likely to win elections than politicians whose speeches are pessimistic. When I first read this work, it sent chills down my spine. It made me think of a quote from a very popular disc jockey who said, when asked to explain his popularity, "The secret of success in this business is sincerity; if you can fake that, you've got it made." To say that we currently have a credibility problem with political leaders is an understatement. But if it were widely known that the way to impress the electorate is to sound optimistic, then we could count on the credibility problem getting a good deal worse, as politicians, no matter what they actually thought, gave speeches that were full of optimism.

3. Suppose it were to turn out that women who accepted some responsibility for being sexually assaulted ("I flirted," or "I was out walking alone late at night") showed a better prognosis for recovery from the psychological consequences of the assault than women who did not accept responsibility, a perfectly plausible possibility since to accept responsibility is to acknowledge a degree of personal control that might prevent a similar assault in the future. Does a practitioner of the "psychology of hope" attempt to get such assault victims to assume responsibility whatever the truth of the matter might be?

4. Suppose that, as some of the contributions to this volume indicate (Nolen-Hoeksema, Myers, Miller), religious faith and commitment reduce dramatically the risk of depression. Does a practitioner of the positive psychology of hope encourage people to embrace a faith for instrumental, rather than metaphysical and spiritual reasons? What does such an "instrumental" view of faith do to faith in the long run?

5. Suppose it were to turn out, as I deeply suspect, that the only real predictor of the behavior of financial markets is people's expectations

about those markets, that such economic variables as inflation rates, interest rates, unemployment rates, trade balances, and the like all pale in importance when compared to people's optimism or pessimism about the economic future. As a psychology of hope develops, what role is psychology to play as it watches members of the financial community use that psychology to drive up market values and drum up commissions—until the bubble bursts? A dose of “realism” in this context might harm people both psychologically and financially.

Each of these examples points out a possible tension between truth and happiness that a future positive psychology will face. I don't want to be taken here to suggest that people working in this area are not mindful of this dilemma. What I do want to suggest is that while the dilemma is not especially significant when one is working to alleviate suffering, it will loom very large indeed when the focus shifts from repairing the negative to nurturing the positive. It would be good for the field to think this dilemma through before it grows in significance.

CHANGING COGNITION OR CHANGING THE WORLD

Another thing that is troubling to me about the helplessness/optimism-derived focus on changing cognition to promote a positive psychology is that it can foster a tendency to ignore or minimize attention to what people are actually experiencing in the world. It suggests that we can fix the world by fixing the way people think about it. What is troubling to me about this is that often people are miserable for very good reasons. And if we were able actually to develop a positive psychology of hope, then perhaps we would know how to make people happy without very good reasons. I would rather see us finding a way to make people happy for good reasons, but that would suggest an emphasis on things other than developing the most effective way to engender optimistic cognitive styles in people. That would suggest an emphasis on finding ways to change the world rather than changing the way people think about it. Since it is almost certainly easier to change the way people think about the world than it is to change the world, my concern here is that over time, a successful positive psychology will develop techniques

that induce people to tolerate intolerable living conditions.

The contributions to this volume that struck me as especially relevant in this connection are Csikszentmihalyi's discussion of "flow" as it relates to human activities, and Fincham's discussion of marriage and the family. These papers address the two central features of human life—work and love. I certainly aspire to a world in which the majority of people can experience "flow"—a kind of timelessness that comes from intrinsic satisfaction—in their work lives. I think that there are two distinct ways in which this might be achieved. The first, and harder, way is to restructure the nature of work so that most people's jobs contain the characteristics that Csikszentmihalyi has identified as critical to flow. Deadeningly repetitive, unchallenging, and oversupervised jobs are not the sort of things to produce flow. The second, easier way is to change the way people think about their work, without changing the nature of the work itself. I fear that a successful positive psychology of hope will give us the tools to make people satisfied with work lives that should not satisfy them.

In connection with the family, and with marriage in particular, I have a similar kind of concern. Sociologist Arlie Hochschild has written an important book on the modern, two-career couple, *The Second Shift* (1989). The book includes a series of detailed case studies of harried, overworked, two-career couples. A significant source of tension in these marriages is what Hochschild calls "the economy of gratitude." The problem of the economy of gratitude is not the sharing of household responsibilities between wife and husband, but rather each one's interpretation of what he or she is doing. So, for example, the husband takes out the garbage four times a week instead of two, and thinks that for this he deserves some sort of distinguished service medal, and wonders why his wife isn't full of praise, affection, and gratitude for his sacrifices. Meanwhile, the wife is wondering why *all* her husband can see his way clear to do is take out the garbage, as if all household chores are her responsibility and whatever he does is a favor. So each partner is contributing to the household, and each partner thinks he or she is doing a lot, while the other thinks he or she is not doing nearly enough. The conflict, Hochschild argues, has more to do with mismatched perceptions or interpretations of actions than with the actions themselves.

This kind of marital conflict would seem to be just the sort of thing for which modification of cognition is made to order. But Hochschild also observes that “each marriage bears the footprints of economic and cultural trends which originate far outside marriage” (p. 11). Among the economic trends she has in mind are the decrease in real wages that has made it almost impossible for a single full-time wage to support a family, coupled with an attendant rise in the need for child-care services and flexible work schedules without nearly enough initiative, in either the public or the private sector, to meet this need. So by using a positive psychology to change the way people think about their marriages, we may paper over the need to change the actual detailed workings of these marriages.

My concern about changing cognitions rather than changing the world can be summarized as follows: when the world needs changing, we should change the world and not how people think about it.

LIBERAL INDIVIDUALISM AS THE MAIN OBSTACLE TO A POSITIVE PSYCHOLOGY

I want to conclude this commentary by indicating what I think may be the main obstacle ahead to developing a positive psychology of hope. In the short run, a positive psychology that follows the trail blazed by “learned optimism” can make a real contribution to human welfare. Teaching people adaptive ways to think about their efficacy in the world will almost certainly reduce the incidence of debilitating depression. Teaching people that they *do* control their destinies in important respects will almost certainly increase the energy with which they face life’s challenges, and that in turn will almost certainly increase the chances that they can get the world to do for them what they want it to do. And this would be no small achievement.

The problem, I think, is that a richly developed positive psychology has to do more than teach people *how* to do things—it has to do more than teach people effective techniques for getting what they want out of life. It must also tell them something about *what* they should be trying to get. That is, it must be informed by a vision of what a good

human life contains. Thus a positive psychology will have to be willing to tell people that, say, a good, meaningful, productive human life includes commitment to education, commitment to family and to other social groups, commitment to excellence in one's activities, commitment to virtues such as honesty, loyalty, courage, and justice in one's dealings with others, and so on.

The official "ideology" of modern America poses an enormous barrier to this kind of contentful positive psychology. The ideology of America is the ideology of liberalism—let people decide for themselves what is good. Modern liberal culture is extremely reluctant to tell people what to do. And social science has internalized that credo: don't be "judgmental"; help people get what they want, but don't tell them what they should be wanting. Some modern social theorists, like philosopher Alasdair MacIntyre (1981), have even argued that the nonjudgmental character of the culture has become so pervasive that we no longer have the cultural resources with which to speak intelligibly about "the good life," even if we want to. MacIntyre argues that the language of "virtue" must be supported by social practices that embody that language in order for virtue terms really to mean anything, and that modern society lacks those practices. The result is that even when people are willing to talk about virtues and "the good life," they spend most of their time talking past one another.

It is one thing to encounter people in extreme psychological pain and to tell them, gently, how to change the content of their lives so as to relieve that pain. Few people will object to psychologists who "impose" their values in this way to relieve suffering. But a positive psychology is a whole other story. A positive psychology will be indiscriminate in imposing its values; it will be putting its values in the community water supply, like fluoride. Is psychology prepared to be a science that promotes certain values instead of one that encourages "self-actualization"? And if it is, will modern, liberal society stand for it?

Notice how the very notion that psychology might articulate a vision of the good life contradicts the emphasis on freedom, autonomy, and choice that are so much a part of modern aspiration, and not coincidentally, so much a part of learned optimism, as we currently understand it.

To summarize this final concern of mine about a future positive

psychology: Once, clinical psychologists had "patients." Over the years, as the discipline grew concerned that "patient" implied illness, which in turn implied a conception of "health," a conception of the goal of therapy that the field did not really have, "patients" became "clients." Doctors have patients. The patients come in sick, and the doctors make them well. Restoring and maintaining physical health and alleviating suffering is the goal of medicine. Lawyers, in contrast, have clients. Lawyers don't have goals for clients the way doctors have goals for patients. Rather, lawyers are there to help the client achieve his or her own goal. Clients define their goals in a way that patients do not. So in moving from "patients" to "clients," psychology moved from having the practitioner define the goal to having the recipient define the goal. What will we call the recipients of our services if and when a positive psychology comes to fruition? I don't think that either "patients" or "clients" does justice to the grand vision that informs these beginnings of a positive psychology. The right term, I think, is "students." Are we prepared to argue that it is future generations of psychologists of hope who should be society's teachers? I think that unless we are prepared to say yes to this question, and to develop arguments about the content of a good human life, the potential achievements of a future positive psychology will always be limited. And I also believe that the time to be thinking and talking about this very big and difficult issue is now, at the beginning, and not later, in the face of angry critics trying to put us in our place.

REFERENCES

- Alloy, L.B., & Abramson, L.Y. (1979). Judgment of contingency in depressed and non-depressed students: Sadder but wiser. *Journal of Experimental Psychology: General*, 108, 441-485.
- Dweck, C.S., & Leggett, E.L. (1988). A social-cognitive approach to motivation and personality. *Psychological Review*, 95, 256-273.

- Egeland, J.A., & Hostetter, A.M. (1983). Amish study, 1: Affective disorders among the Amish, 1976-1980. *American Journal of Psychiatry*, *140*, 56-61.
- Herrnstein, R.J., & Murray, C. (1994). *The bell curve*. New York: Free Press.
- Hochschild, A. (1989). *The second shift*. New York: Viking.
- Klerman, G.L., Lavori, P.W., Rice, J., Reich, T., Endicott, J., Andreasen, N.C., Keller, M.B., & Hirschfeld, R.M.A. (1985). Birth cohort trends in rates of major depressive disorder among relatives of patients with affective disorder. *Archives of General Psychiatry*, *42*, 689-693.
- MacIntyre, A. (1981). *After virtue*. Notre Dame, IN: Notre Dame Press.
- Peterson, C., & Seligman, M.E.P. (1984). Causal explanation as a risk factor in depression: Theory and evidence. *Psychological Review*, *91*, 347-374.
- Putnam, R.D. (1993). The prosperous community. *The American Prospect*, *13*, 34-40.
- Putnam, R.D. (1995). Bowling alone: America's declining social capital. *Journal of Democracy*, *6*, 65-78.
- Putnam, R.D. (1996). The strange disappearance of civic America. *The American Prospect*, *24*, 34-48.
- Robins, L.N., Helzer, J.E., Weissman, M.M., Orvaschel, H., Gruenberg, E., Burke, J.D., & Regier, D.A. (1984). Lifetime prevalence of specific psychiatric disorders in three sites. *Archives of General Psychiatry*, *41*, 949-958.
- Schwartz, B. (1997). Psychology, "idea technology," and ideology. *Psychological Science*, *8*, 21-27.
- Zullo, H.M., Oettingen, G. Peterson, C., & Seligman, M.E.P. (1988). Pessimistic explanatory style in the historical record: CAVE-ing LBJ, presidential candidates, and East versus West Berlin. *American Psychologist*, *43*, 673-682.
- Zullo, H.M., & Seligman, M.E.P. (1990). Pessimistic rumination predicts defeat of presidential candidates: 1900-1984. *Psychological Inquiry*, *1*, 23-37.