

The Encyclopedia of Positive Psychology

Edited by Shane J. Lopez



VOLUME I | A-M

 WILEY-BLACKWELL

Praise for *The Encyclopedia of Positive Psychology*

“This wonderful encyclopedia – nearly 300 entries assembled from more than 300 contributors – is an unprecedented and valuable resource for today’s (and tomorrow’s) students and scholars of positive psychology.”

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“*The Encyclopedia of Positive Psychology* is the definitive source for understanding this exciting new field in its entirety. The entries cover the broad sweep of notable figures, important concepts, and curious ideas related to positive psychology. The list of contributors, too, is a veritable roll-call of insiders and experts.”

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“We now live longer and more securely than earlier generations did. That allows us more opportunities to optimize our lives. Positive psychology helps to make the most of these chances. *The Encyclopedia of Positive Psychology* provides a comprehensive and accessible summary of this growing area of scholarship and practice.”

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The Encyclopedia of Positive Psychology

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Contents

<i>List of Entries</i>	vi
<i>List of Contributors</i>	x
<i>Foreword</i>	xviii
<i>Preface</i>	xx
<i>Acknowledgments</i>	xxi
Volume I	1–557
Volume II	559–1045
<i>Name Index</i>	1046
<i>Subject Index</i>	1058

List of Entries

Abnormal psychology	1	Buddhism	110
Academic achievement	4	Calling	115
Actualizing tendency	7	Capitalization	118
Adaptability	10	Career development	122
Admiration	13	Change (stages of)	125
Adult attachment security	15	Character education	129
Aerobic activity	18	Character strengths (VIA)	135
Aesthetic appreciation	21	Charisma	141
Affective forecasting	24	Cheerfulness	144
Agency	26	Chinese positive psychology	148
Agreeableness	28	Civic responsibility and virtues	156
Allport, Gordon W.	31	Civility	160
Altruism	32	Clifton StrengthsFinder	163
Amae	38	Clifton Youth StrengthsExplorer	167
American Psychological Association	40	Clifton, Donald O.	172
Americans with Disabilities Act of 1990	46	Clinical psychology	173
Amusement	51	Close relationships	178
Anticipatory enthusiasm	53	Coaching psychology	183
Appetitive motivational systems	54	Cognitive appraisal	190
Applied positive psychology	58	Collective self-esteem	194
Aristotle	63	Collective well-being	197
Attachment theory	64	Collectivism	199
Attribution theory	67	College student development	202
Authentic happiness	71	Common factors	206
Authenticity	75	Compassion	209
Autonomy	78	Complementary and alternative medicine	216
Aversive motivational systems	82	Confidence	217
Awe	86	Conscientiousness	220
Balance	94	Consciousness	223
Bandura, Albert	98	Constructivism	226
Benefit finding	99	Contentment	231
Biofeedback	102	Coping	232
Broaden-and-build theory of positive emotions	105	Cortisol	239
		Counseling psychology	243
		Courage	247

Creativity	254	Folk wisdom	400
Csikszentmihalyi, Mihaly	258	Forgiveness	403
Cultural pluralism	259	Four-front assessment approach	410
Cultural values	265	Frankl, Viktor Emil	412
Culture	266	Fredrickson, Barbara	413
Curiosity	270	Freedom	415
Deep learning	275	Functional MRI	416
Developmental psychology	277	Future mindedness	418
Developmental psychopathology	280	Gallup	421
<i>Diagnostic and Statistical Manual</i>	285	Gallup World Poll	424
Diener, Ed	287	Giftedness	427
Dopamine	288	Global well-being	430
Effective parenting	291	Goals and goal-setting theory	434
Emotional approach coping	296	Good life	438
Emotional asymmetry	300	Gratitude	442
Emotional creativity	303	Growth goals	447
Emotional development	307	Haidt, Jonathan	454
Emotional intelligence	310	Happiness	455
Emotions	315	Hardiness	462
Empathy	320	Harmony	464
Empirically-supported interventions	326	Health psychology	467
Employee engagement	330	Heart-brain connection	471
Endorphins	335	Hedonics	473
Enjoyment	337	Heroes	478
Entrepreneurial behavior	338	Holistic healing	481
Environmental resources	343	Honesty	484
Epigenetics	345	Hope	487
Ethnic identity	347	Humanistic psychology	492
Ethnicity	349	Humility	496
Eudaimonia	351	Humor	503
Euphoria	355	Immune system	509
European Network for Positive Psychology	357	Indigenous positive psychology	514
Evolutionary psychology	359	Individualism	517
Existential psychology	361	Innovation	520
Experience sampling method	369	Intelligence	521
Familism	372	Intentional self-development	523
Family functioning	373	Intimacy	528
Family quality of life	378	Intuition	533
Fatherhood	382	James, William	537
Five factor model	387	Job satisfaction	539
Flourishing	391	Joy	540
Flow	394	Jung, Carl	545
		Justice	547
		Kahneman, Daniel	550

Kindness	551	Play	701
Labeling (positive effects)	559	Pleasure	704
Laughter	563	Positive affectivity	707
Leadership	567	Positive emotions	711
Learned optimism	574	Positive ethics	717
Life coaching	578	Positive experiences	721
Life satisfaction	582	Positive illusions	727
Locus of control	585	Positive law and policy	730
Longitudinal studies	589	Positive organizational behavior	733
Lyubomirsky, Sonja	592	Positive organizational scholarship	737
Marital happiness	594	Positive psychology (history)	742
Maslow, Abraham	599	Positive Psychology Network	746
Mature defense mechanisms	600	Positive psychotherapy	749
Meaning	605	Positive social media	752
Meditation	610	Positive therapy	758
Menninger, Karl	613	Positive youth development	759
Mental health	614	Possible selves	765
Mental illness	617	Posttraumatic growth	769
Mindfulness	618	Prayer	774
Moral development	622	Prevention focus	776
Moral judgment	626	Pride	778
Motherhood	632	Proactive coping	781
Myers, David G.	636	Problem-solving appraisal	784
Narrative identity	638	Promotion focus	790
National Institute of Mental Health	642	Protective factor	793
Neurobiology	644	Psychological adjustment	796
Neurofeedback	646	Psychological capital	801
Occupational health psychology	648	Psychoneuroimmunology	805
Open source	651	Psychopathology	809
Open-mindedness	654	Purpose in life	812
Optimism	656	Quality of life	817
Organizational psychology	663	Quality of Life Inventory	822
Oxytocin	667	Quality of life therapy and coaching (QOLTC)	824
Paragons	670	Rehabilitation psychology	827
Peace	672	Relaxation	831
Penn Resiliency Program	676	Religiousness	834
Perseverance	678	Resilience	837
Personal growth initiative	682	Respect	843
Personal responsibility	685	Rogers, Carl	846
Personality	689	Romantic love	847
Person-environment fit	691	Ryff, Carol	852
Peterson, Christopher	694	Saleebey, Dennis	854
Physical health	695		

Saving	855	Strengths coaching	949
Savoring	857	Strengths perspective (positive psychology)	957
School psychology	859	Strengths perspective (social welfare)	962
Self-compassion	864	Strengths-based organization	971
Self-determination	868	Successful aging	973
Self-efficacy	874	Suffering	979
Self-esteem	880	Taylor, Shelley	984
Self-monitoring	886	Teaching positive psychology	985
Self-regulation	889	Templeton Foundation, John M.	988
Self-report inventory	893	Terman, Lewis	990
Seligman, Martin	896	The Nun Study	991
Serotonin	898	Transformational leadership	994
Smiles	902	Utilitarianism	998
Snyder, C. R.	906	Values	1002
Social cognitive theory	908	Vigor	1008
Social skills	912	Virtue ethics	1011
Social support	913	Virtues	1016
Social work	916	Vitality	1023
Solution-focused brief therapy	919	Vocation	1025
Spiritual well-being	924	Watson, John B.	1029
Spirituality	928	Well-being	1030
Sport psychology	932	Well-being therapy	1034
Stanton, Annette	935	Werner, Emmy	1036
Stereotype threat	936	Wisdom	1037
Stone, Phil	939	Wrzesniewski, Amy	1044
Strengths (Gallup)	940		
Strengths (personality)	943		

Foreword

Positive Psychology has burgeoned in the past decade. From gleams in the eyes of Ray Fowler, Mihaly Csikszentmihalyi, and me in 1998 it has grown into a discipline. It can boast of:

- several thousand journal articles;
- two dozen tradebooks;
- a handful of textbooks, for example Peterson's *Primer of Positive Psychology* and Snyder and Lopez's *Positive Psychology*;
- substantial scientific grants;
- flourishing research laboratories;
- research and practice centers around the globe;
- the International Positive Psychology Association with more than 2,500 members;
- hundreds of courses including the most popular one at Harvard;
- advanced degree programs led by the Masters of Applied Positive Psychology at Penn;
- a website www.authentichappiness.org with more than one million registrants; and
- best of all – critics (happiness is not motherhood and apple pie)!

Googling “Positive Psychology” from 1900 to 1997 will get you a handful of citations, since 1998; however, there are several hundred thousand references.

Why has Positive Psychology become a legitimate and popular scholarly endeavor, say in contrast to Humanistic Psychology of the 1950s, which shares many of its premises with one major exception – mainstream, cumulative, and replicable scientific method? The city of Florence in the fifteenth century offers a clue. When nations are at war, in famine, poor, and in civil turmoil, it is quite natural that the endeavors they support will be about defense and damage. When nations are (relatively) peaceful, sated, wealthy, and harmonious, they ask, not just about removing the disabling conditions of life, but about creating the enabling and ennobling conditions of life. Cosimo the Great's Florence decided to devote its surplus to beauty and gave us what was later called “Renaissance.” The wealthy world of the late twentieth century met most of these conditions and the call for a Positive Psychology – a psychology that was not just about suffering, trauma, depression, victims, irrationality, madness, and crime – did

not fall on deaf ears. This Encyclopedia embodies what is known in this new discipline today.

What might tomorrow hold?

- Positive Physical Health
- Positive Neuroscience
- Positive Social Science
- Positive Education.

The logic is after all the same. Positive Psychology argues that mental health is something over and above the absence of mental illness. I predict that these new disciplines will hold that:

- Physical health is something over and above the absence of physical illness.
- Neuroscience can be much more than just the study of the diseased brain.
- Political Science, Sociology, Anthropology, Economics, and History can be much more than the study of how institutions go wrong.
- Education will become more than the building of tools for success and achievement, but for teaching fulfillment and well-being as well and that these new disciplines will, like Positive Psychology, flourish.

Martin E. P. Seligman, PhD
Fox Leadership Professor of Psychology at the
University of Pennsylvania and
Director of the Positive Psychology Network

Preface

A decade ago, “positive psychology” became a buzz term in academic circles; today it is casually referred to on network television, in magazines, and on-line. Indeed, positive psychology has become a primary focus of scholars in the hallowed halls of universities and a topic of discussion for people on the park benches in downtown America.

Though it has become a popular term and field of study, it is hardly a well-understood one. My hope is that the entries in the *Encyclopedia of Positive Psychology* clarify any misunderstanding and round out your knowledge of what is positive about people and places.

The scholarly work that has been done in all corners of the world warrants closer examination by a broader readership. Enjoy learning about positive psychology concepts and principles. And, please do me this one favor . . . share your newfound knowledge with other people. That would help me realize my purpose for working on this encyclopedia, giving positive psychology away.

Shane J. Lopez
Omaha, Nebraska

Acknowledgments

Literally hundreds of people contributed to this attempt to give positive psychology away to a new readership. Indeed, the *Encyclopedia of Positive Psychology* is a product of positive psychology in action. Lots of love, social support, and wisdom came from Allison Rose Lopez and Neil Salkind. Hope was the outcome of many chats over coffee with Anne Beauchamp, who did a masterful job in her role as Associate Editor and manager of this huge project. My friends, Naif Al-Mutawa, Lisa Edwards, Amy Fineburg, Alex Linley, and Tom Rath gave generously of their time and expertise when generating and reviewing entries. And, Candie Ackerman brought open-mindedness and persistence to a series of tasks that helped us get this project done.

My deep gratitude goes to each of the contributors who shared their discoveries with us, and to you, the reader, who has invested some time in learning about the positive in the world.

Shane J. Lopez
Omaha, Nebraska



Abnormal Psychology

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Abnormal psychology is the area of psychological investigation concerned with understanding the nature of individual pathologies of the mind, mood, and behavior. It addresses dysfunction associated with distress or impairment in functioning and a response that is not typical or culturally expected. Such dysfunction should be considered on a continuum, rather than solely whether it is present or absent. Clinical assessment and diagnosis are important processes in the understanding and treatment of abnormal behavior, or psychopathology. Clinical assessment involves the evaluation of psychological, biological, and social factors in an individual presenting with abnormal behavior or symptoms of a possible psychological disorder. Diagnosis refers to the determination of whether reported problems or symptoms meet the criteria of a psychological disorder. As there are no specific lab tests to identify the presence of a disorder, diagnosis depends on the client report of symptoms, clinician observation of behavior, and signs from a mental status examination. *The Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV) provides a recognized classification system for identifying abnormal behavior. It includes disorders arranged in a number of major diagnostic classes: disorders usually first diagnosed in childhood (e.g., mental retardation, learning disorders, pervasive developmental disorders); delirium, dementia, amnesic, and cognitive disorders; substance-related disorders (i.e., substance use disorders, and substance-induced disorders); schizophrenia and other psychotic disorders; mood disorders (i.e., depressive and bipolar disorders); anxiety disorders; somatoform disorders; factitious disorders; dissociative disorders; sexual and gender identity disorders; eating disorders; sleep disorders; impulse-control disorders; adjustment

2 *Abnormal Psychology*

disorders; and personality disorders. Personality disorders reflect an enduring pattern of functioning that deviates from the expectations of an individual's culture. They are also pervasive and inflexible, have an onset in adolescence or early adulthood, are stable over time, and lead to distress/impairment. There are three clusters of personality disorders based on descriptive similarities. Cluster A reflects odd/eccentric behavior and includes paranoid, schizoid, and schizotypal personality disorders. Cluster B reflects dramatic, emotional, and erratic behavior, and includes antisocial, borderline, histrionic, and narcissistic personality disorders. Cluster C reflects anxious/fearful behavior, and includes avoidant, dependent, and obsessive-compulsive personality disorders. Culture often sets parameters for what is viewed to be pathological versus what is not. For example, prior to 1980 the DSM included homosexuality as a mental disorder; it has since been removed from the DSM and is seen as part of normality. Diagnosis continues to evolve as the understanding of mental disorders increases. This is reflected by changes to each new edition of the DSM. Diagnosis is limited by clinical judgment about whether an individual's symptoms meet diagnostic criteria. Cultural differences can be misinterpreted as impairments if the clinician is not sensitive to the cultural context.

Conceptions of abnormal behavior have changed considerably over time. Efforts to understand problematic behavior often derive from the prevailing theories of behavior that are popular at any given time. During the fourteenth to fifteenth centuries supernatural traditions prevailed which suggested that deviant behavior was defined by the battle between good and evil. Bizarre behavior was seen as the work of the devil and witches and drastic action was taken against those who were viewed to be possessed, such as exorcism. Later, biological traditions proposed physical causes for mental disorders. Hippocrates, known as the father of modern medicine, suggested that mental disorders were caused by brain pathology or head trauma. Brain functioning was proposed to be related to four bodily fluids or humors – blood, black bile, yellow bile, and phlegm – which emanated from different organs. Disease resulted from too much or too little of the fluids. For example, too much black bile was thought to lead to melancholia (depression). The biological tradition flourished in the nineteenth century, leading to increased institutionalization for those with mental illness. Psychological traditions soon developed. The approach of moral therapy developed to treat patients as normally as possible in environments providing the opportunity for social interaction. By the twentieth century two major psychological approaches emerged. Sigmund Freud developed the psychoanalytical approach which emphasized the influence of unconscious processes on abnormal behavior. Behaviorism also emerged with a focus on learning and adaptation in the development of psychopathology. The prevailing theory is now one of a multidimensional model of psychopathology (integrating biological, behavioral, cognitive, emotional, and social factors). This biopsychosocial model has been attributed to the work of George Engel. He described a framework from which to understand health and disease, offering a broad view that biological factors alone are not enough to explain health

and illness. Biopsychosocial factors are thought to be involved in the development, course, and outcome of illness, including mental disorders. The relative importance of any one factor on causation varies. The role of these factors also varies across individuals, and across stages of the lifespan. Biological influences include the role of genetics in the development of illness. It is a challenge to determine which genes affect behavior and how. It is expected that no single gene or even combination of genes determines whether someone will develop a disorder, but rather genes providing risk interact with environmental factors. Psychosocial influences include stressful life events, one's personality and temperament, interpersonal relationships, and culture. Various terms are used in discussing the etiology of mental illness, such as correlation, causation, and consequence. Correlation refers to the association between two or more events, and does not necessarily mean causation. Correlation studies have identified risk factors, which are biological, psychological, or sociocultural variables that increase the probability for developing a given disorder. Causation is difficult to establish, particularly due to the challenges of experimental research involving human subjects.

There are several research strategies for studying psychopathology, with the ultimate goal to uncover the causes of a particular disorder. Case study methodology provides detailed examination of a single individual; it provides detailed understanding of the given individual, but not general psychological principles. Epidemiological studies address the distribution of disorders in a given population, and the variables that are associated with the distribution. To study genetic and environmental influences, behavior-genetic paradigms are used which involve family, twin, and adoption studies. Environmental studies also address shared versus non-shared influences on psychopathology. Biological studies include psychophysiological research which addresses the impact of physiological responses on psychological processes, and utilizes brain imaging technology to document the structure and functioning of the brain. Psychopathology research is increasingly turning to hybrid forms of research design to address multiple methodological approaches simultaneously.

Treatment for mental disorders has evolved since the deinstitutionalization movement of the 1950s. Treatments may be pharmacological, psychological, or a combination of both. Much research has focused on the effectiveness of psychotherapy for psychological disorders. Most prominently, Hans Eysenck questioned the effectiveness of psychotherapy in papers in 1952 and 1960. This spurred increased attention to the study of therapeutic effectiveness, and in 1977 Smith and Glass reported that therapy works after utilizing meta-analysis. With increased efforts to study therapy outcomes has come increased attention to the development of empirically-based treatment for psychological disorders. The goal is the identification of which treatment is most effective for which person.

SEE ALSO: ► Clinical psychology ► Developmental psychopathology
► *Diagnostic and Statistical Manual* ► Mental illness ► Psychopathology