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Edited by

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This paradigm shift regarding optimal health is reflected in the recent development of the field of positive psychology, which asserts that there has been too great a focus on what makes people sick rather than a more holistic view of health, which also includes the strengths and positive qualities that help people flourish. Further, scholarship is currently underway to link positive psychology to an emerging field of positive sociology, which expands the concept of individual positive health to include and encompass communities, families, and organizational life—that is, societal health (J. D. Shapiro, 2007).

Five Views of Human Nature and Psychological Health

There are five main views of human nature, each with its own perspectives on psychological health and the goals of therapy. As described next, these are the biomedical, psychodynamic, behavioral/cognitive-behavioral, humanistic/existential, and transpersonal approaches.

Biomedical Approach

View of Human Nature. The biomedical paradigm, which guides modern medicine and psychiatry, views human nature as determined in large part by physiological processes. An example can be seen in the biomedical approach to depression: assessment leads to a precise diagnosis for which an organic cause is identified (e.g., lack of serotonin), and then a treatment specific to the pathology is prescribed (e.g., selective-serotonin reuptake inhibitor [SSRI]).

Goal of Therapy. The goal of therapy in this approach is to alleviate undesired symptoms via medication, restore biochemical homeostasis, and thereby achieve psychological health.

Psychodynamic Approach

View of Human Nature. Classical psychodynamic psychology views human nature as the product of unconscious conflicting needs, forces, and impulses. In Freud's terms, humans are "lived by unknown and uncontrolled forces," which originate in the amoral id. The id harbors primitive instincts and drives such as sex (libido), love, aggression, and death. The superego is the internal agent of authority, the conscience that determines the ideal to be achieved. And last, the ego, the conscious self, attempts to realistically satisfy the demands of the other two. From this view, psychological health is achieved when the ego is successful at satisfying the repressed id impulses in a socially acceptable manner as enforced by the superego. Mental illness, or neurosis, results when tension arising between these psychic forces creates emotional distress like anxiety or depression and sometimes physical symptoms.

Goal of Therapy. From a psychodynamic view of human nature, psychological health is sought by uncovering the

PSYCHOLOGICAL HEALTH

All psychotherapeutic systems have a vision of psychological health rooted in and stemming from their view of human nature. The goal of therapy is to develop interventions that, based on each orientation's personality theory, remove obstacles and barriers and develop awareness, insights, skills, and abilities that enhance a person's psychological health (Shapiro, 1983).

Historically, mainstream psychology has been pathology-based, viewing psychological health as the absence of symptoms, from the time of Freud to the advent of the *Diagnostic and Statistical Manual of Mental Disorders*. Expanding this view, investigation into positive states of psychological health took root in the 1950s with humanistic psychologists like Carl Rogers and Abraham Maslow. More recently, researchers have further developed and empirically investigated models of positive health (e.g., Seligman, 1998), including non-Western models (e.g., Wallace & Shapiro, 2006).

These investigations suggest that elimination of pathology may give us the concept of the average or normal rather than a concept of optimal psychological health.

repressed facets of the self "to make the unconscious conscious." Psychological health is achieved when repressed desires, fears, and depressions are made conscious and brought under control: "Where id was, ego shall be" (Freud, 1961, pp. 57–58).

Behavioral/Cognitive-Behavioral Approach

View of Human Nature. The cognitive-behavioral approach views human nature as a tabula rasa, a blank slate. The individual is not motivated by the intrapsychic forces of ego and id, but instead by environmental stimuli and social interactions (or cognitive representations of the two). Therefore, psychological maladjustment is a likely consequence of maladaptive learning, reinforcement patterns, or cognitive distortions.

Goal of Therapy. A cognitive-behavioral approach, founded by Albert Ellis and Aaron Beck (1976), teaches clients to identify and reinterpret the illogical notions that underlie their distressing symptoms. Since cognitions, feelings, and behaviors are causally interrelated, cognitive-behavioral approaches alter the maladaptive cognitions in an attempt to bring about behavioral and affective change. Psychological health is achieved when maladaptive patterns (cognitive and behavioral) are recognized and changed, consequently alleviating undesired symptoms.

Humanistic/Existential Approach

View of Human Nature. The humanistic/existential approach views the individual as controlled by neither a genetic amoral id nor by external stimuli. The humanistic approach instead views the individual as constantly changing or becoming, with the capacity for full conscious awareness. "The organism has one basic tendency in striving—to actualize, maintain, and enhance the experience of the organism" (Rogers, 1951). The existential approach argues that there is no innate self-actualizing nature; in other words, existence precedes essence, and therefore a person must create his or her authentic self (Yalom, 1980). The unhealthy person, from the humanistic/existential viewpoint, is one who restricts the task of openly discovering and making sense of his or her existence, turns away from the responsibility of creating choices, and fails to relate with others and the world authentically in the present moment.

Goal of Therapy. The goal of humanistic/existential therapy is to foster what Maslow called self-actualization, allowing the client to assume full responsibility for developing his or her identity. Ultimately, this entails authentically encountering the human environment, the inevitability of isolation and mortality, and realizing that, as Rollo May and Victor Frankl have noted, if one cannot choose one's fate, one can nevertheless choose one's own attitude toward it.

Transpersonal Approach

View of Human Nature. The transpersonal approach views human nature as having an impulse toward ultimate states that are positive and motivated by values that transcend the self. Further, the transpersonal approach sees humans as having an interconnected essence (Walsh & Vaughan, 1994).

Goal of Therapy. From the transpersonal tradition, the goal of therapy is to extend the identity or sense of self beyond the narrow self so that individuals realize their connection with others and the world. The qualities of the healthy person include realizing the limits of ego identity, developing compassion, opening to peak experiences, and being aware of unified consciousness, ultimate values, and meaning.

Toward an Integrative View of Psychological Health

As can be seen from the preceding overview, each of the five traditions has different assumptions and beliefs about human nature, and their views of psychological health are based on that perspective and paradigmatic viewpoint. Those views, in turn, determine how each approach then evolves and develops techniques of intervention.

Given the increased sophistication of recent psychological research into the multiple influences on human nature (genetic, environmental-social, personal, and cultural), as well as a broader understanding of health that includes both sociological and cross-cultural knowledge, it appears that a more complete view of psychological health may need to integrate the unique perspectives offered by multiple approaches. The time may be past when each tradition can claim it has the one and only true view of human nature and therefore of psychological health.

One way to seek such integration is developmental. For example, Wilber (1977), following in the tradition of Maslow, Erickson, Piaget, and Kohlberg, proposes that each of the major schools of psychology has historically addressed the issues and pathologies of particular developmental/hierarchical levels. Therefore, each is true for that level but is explaining only a part of the spectrum of the whole of human development. Such a multilevel, integrative view of psychological health is complementary, rather than exclusive, and can have clinical and therapeutic implications. For example, meditation can be seen as a self-regulation intervention for stress management (e.g., from a behavioral approach), a technique for gaining increased awareness of the self (e.g., from a humanistic approach), a means to create regression in the service of the ego (psychodynamic approach), and an opportunity for going beyond the ego and developing selfless service (e.g., from a transpersonal approach) (cf. Shapiro, 1980).

Integration of approaches can also occur on a clinical level. For example, a comprehensive treatment plan for depression may include addressing biochemical imbalances (biomedical), learning coping strategies to handle

environmental stressors and to develop external mastery (behavioral), interpreting cognitive distortions and learning more internal self-control of thoughts and feelings (cognitive), overcoming lack of trust in oneself (humanistic), examining unconscious intrapsychic conflict (psychodynamic), exploring the effect of interpersonal and social situations, organizations, and communities on the person (social psychological, sociological), and exploring meaning and ultimate spiritual questions (transpersonal). Depending on the patient, an intervention open to all levels may be helpful in increasing psychological health (Shapiro & Astin, 1998).

A comprehensive view of psychological health also needs to explore the vision of healthy development across the life span and in multiple domains (cf. Ryff, 1989). This would include measures such as positive affect, life satisfaction, positive sense of control, self-determination, optimism, resilience, and self-acceptance. It would involve looking at how humans can successfully address different developmental tasks.

This includes the building tasks of being sensitive to the body and its needs (physical well-being), developing a strong purpose and identity in life (ego well-being), increasing depth in friendships and loving relationships (interpersonal well-being), and being a productive and contributing member of society (societal well-being).

It also would include the yielding tasks: learning the limits of ego identity, becoming increasingly nondefensive, recognizing and coping with interpersonal loss of relationships and loved ones, and addressing mortality, impermanence, and the limits of the physical body within a personally meaningful understanding and belief system. Clearly, the task of both defining and then seeking to achieve psychological health is not an easy one. Cooperative efforts among psychological schools and insights from our medical, anthropological, and sociological colleagues, as well as from our spiritual and wisdom traditions, may all be important to evolve a systemic, multilevel, and integrative definition of psychological health. Though not a simple undertaking, such a broad, multidisciplinary approach has the potential to considerably benefit both clinical therapeutic practice and even society at large.

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