

"POSITIVE PSYCHOLOGY": SOME PLUSSES AND SOME OPEN ISSUES

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This commentary considers aspects of the recent American Psychologist Special Issue (SI) on "Positive Psychology." Strong points of this new thrust include: (a) a focal concern with insufficiencies in the current medical model in mental health; (b) a core focus on positive outcomes; and (c) the belief that such outcomes may, in the long run, be the most efficacious way of reducing psychological dysfunction. The approach's major current limitations include: (a) its relative insulation from closely related prior work in primary prevention and wellness enhancement; (b) its lack of a cohesive undergirding theoretical framework; and (c) its prime adult, cross-sectional approach, which does not sufficiently reflect key life history and developmental pathways and determinants of specific positive outcomes. The movement's wholesome future development stands to profit from careful attention to these lacunae. © 2002 Wiley Periodicals, Inc.

Historically, mental health fields have functioned in a "passive-receptive" mode, i.e., waiting for troubles to become manifest and, at that point, doing the best that can be done to contain or repair malfunction. However understandable the emergence of that model—often called the "medical model"—and whatever its successes, it has become increasingly clear that it is: (a) insufficient as a comprehensive societal model; and (b) often doomed to failure before it can even come into play (Cowen, 1994, 1999;

Emory L. Cowen passed away on November 30, 2000, following a long illness. A pioneer in community psychology, wellness enhancement, and prevention, he was strongly invested in the views expressed in this article, his final first-authored conceptual work. A respected scholar, valued mentor, trusted colleague, and cherished friend to many, he will be missed.

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Seligman & Csikszentmihalyi, 2000). Among the model's major shortcomings are serious limitations in its: (a) reach and applicability to diverse groups in need; and (b) effectiveness with longstanding dysfunction.

Growing awareness of these limitations has fueled exploration of a family of conceptual alternatives. One common denominator that powers them is to build health, rather than to counterattack disorder (i.e., to prevent, as opposed to after-the-fact attempts to contain or "cure"). Presently, three major, related but distinct, families of health-oriented alternatives can be identified: primary prevention, wellness enhancement and, most recently, "positive psychology." All three are proactive, before the fact, and health building-oriented, rather than reactive, and repair or containment-oriented.

New concepts, such as the preceding ones, tend to arise in somewhat fuzzy ways, often in protest against the perceived insufficiencies of an existing order. If the seeming allure of the alternative concept in relation to those failings is considerable, people tend to jump aboard the "bandwagon" before the new concept is clearly defined or well understood (Cowen, 2001). Hence, even though there may be good agreement about the pristine beauty and promise of the new concept as an *abstraction*, people may diverge substantially in how, concretely, its operations are best understood and implemented. Only slowly over time does a new concept become focused and consensus develop in its definition—necessary preconditions for evaluating its utility.

The order of emergence of the three related alternatives noted above has been primary prevention first, wellness enhancement next, and now, positive psychology. Clarity of definition of those concepts follows the same order. In several recent articles, Cowen (1994, 1999, 2000) sought to sharpen definitional contrasts between primary prevention and wellness enhancement, noting both their common and distinct features. This was done within a framework that viewed the two concepts as complementary and mutually supportive, rather than antagonistic or competing.

Cowen's (2001) recent article argued that the concepts of wellness enhancement and positive psychology, like primary prevention, were "appealing abstractly, albeit somewhat projective," a combination of qualities that tempts people to identify structurally with an "up-and-coming" movement. The present article focuses on recently evolving notions of positive psychology, a concept that has coalesced rapidly both because it makes good sense as an abstraction in its own right, and perhaps also because it was introduced and ardently championed by a recent APA president (e.g., Seligman, 1998a, 1998b, 1999a, 1999b)—a circumstance that may favor rapid and extensive exposure.

Although the need for a broad-ranging positive psychology was urged in several preliminary articles (Seligman, 1998a, 1999b), the single most comprehensive attempt to introduce the movement can be found in the January 2000 Special Issue (SI) of the *American Psychologist*, entitled "Happiness, Excellence and Optimal Human Functioning" (Seligman & Csikszentmihalyi, 2000). The SI's 183 pages were, in principle, targeted exclusively to the topic of positive psychology. Its 16 articles, by "mostly seasoned scholars," were intended to comprise a systematic effort to introduce the new concept, and to identify some of its important defining parameters and directions. This article seeks both to highlight some strengths of this new development and to identify places where it seems to need further attention. The intent is less to be critical and more to spotlight perceived gaps and fuzzy spots that are often part of the fabric from which initially broad notions ultimately evolve.

This article shall focus on three principal issues: (1) the current insulation of positive psychology from prior developments in areas that it relates to most naturally.

Such insulation increases the chances of “reinventing wheels;” (2) the movement’s current lack of cohesive guiding-theory, a characteristic that has several limiting features: (a) some of the main variables identified as desired outcomes in a positive psychology are neither clearly defined, nor is their belongingness in an overall positive psychology always evident; and (b) neither logical nor empirical relationships, i.e., overlap, and interconnectedness, among these multiple “targeted” outcome variables, are clearly established; (3) the SI focuses much more on desired end-products (at the adult level) of a positive psychology, than on the life-history processes and pathways by which such felicitous outcomes occur. The sections that follow address the preceding issues in greater depth.

INSULATION FROM THE PAST

Among the important strengths of positive psychology, as depicted, are its: (a) front and center awareness of limitations of the medical model; (b) guiding focus on positive outcomes; and (c) implicit belief that the achievement of positive outcomes may, in the long run, be the most sensible and pragmatic way of addressing (averting) major problems of psychological disorder. Thus, Seligman and Csikszentmihalyi (2000) state: “the major strides in prevention have come largely from a perspective focused on systematically building competence, not on correcting weakness,” and further that, “psychology is not just the study of pathology, weakness, and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best” (p. 7). Even though we would quibble lightly about the use of the word treatment in the last sentence (believing that nurturing what is best implicates diverse proactive approaches to enhance wellness, rather than treating), we nevertheless applaud the basic thrust of positive psychology and see a clear need for the movement and for its continued championing and development.

However, as Seligman and Csikszentmihalyi (2000) acknowledge, the view itself is hardly novel. It has diverse and established ancestors and, welcome as it may be per se, it stands relatively isolated from these venerable roots at this time. Curiosity prompted the senior author to explore the preceding concern more operationally. One thought he had, triggered by his longstanding interest in the two prior movements that he saw as older “first cousins” to the current positive psychology thrust (i.e., primary prevention and wellness enhancement), was to set down an *arbitrary* list of cites ($n = 24$) that seem to have been influential in the evolution of those two fields, and to examine the extent to which that prior body of thinking and knowledge was represented in the SI. He recognized, of course, that that “tactic” harbors several potentially fatal flaws. The most basic is that others could (justifiably) question his right to anoint some contributions as more influential than others. An obvious danger of any such “pronunciamiento” is that it is biased by his idiosyncratic “New Yorker’s map of the world.” On the other hand, having been active in these areas for 45+ years, and done more than his share to pollute their literatures, he believed that his arbitrary nominations are at least modestly representative, and not entirely out in left field.

The purpose of this nominational process, in any case, was to establish a quasi-objective framework, within which overlap between the SI’s contributions to positive psychology and anchor points from a *seemingly* related past might be assessed. With that goal in mind, Table 1 presents a “hit-list” of 24 prior, influential, primary prevention and wellness enhancement contributions as a comparison framework for assess-

Table 1. Influential Citations in Primary Prevention and Wellness Enhancement: 1958–Current

Author(s)	Brief Abstract
1. Jahoda, 1958	Initial volume in <i>Joint Commission on Mental Health</i> series, describing six key domains seen to define an integrated view of “positive mental health.”
2. Caplan, 1964	Volume introducing principles and practices of prevention for the mental health fields.
3. Sarason, Levine, Goldenberg, Cherlin, & Bennett, 1966	Volume describing innovative primary prevention thinking and practices that shaped the activities of the Yale Psychoeducational Clinic.
4. Hollister, 1967	Introduces concept of “ <i>strens</i> ” (i.e., experiences that <i>strengthen</i> one’s psychological make-up), as an antonym to the widely used opposite concept of trauma.
5. Cowen, Gardner, & Zax, 1967	Volume focusing on emerging, preventively-oriented conceptual and programmatic departures from the then-existing mental health system.
6. Cowen, 1973	First <i>Annual Review</i> chapter on social–community interventions. Justifies need for primary prevention alternatives and provides examples of such programs.
7. Kessler & Albee, 1975	<i>Annual Review</i> chapter built around: concerns with existing mental health approaches; emerging primary prevention alternatives, examples of its success; and looseness in the term’s usage.
8. Zax & Cowen, 1976	First textbook in <i>Abnormal Psychology</i> to include a major section on the need for prevention alternatives in mental health, and key concepts and effective programs in this area.
9. Cowen, 1977	Presidential address to APA Div. 27 on primary prevention steps taken to date and further steps and developments needed in the future.
10. Albee & Joffe, 1977	Initial volume in a series of books based on the <i>Vermont Conferences on Primary Prevention</i> . Justifies need for primary prevention approaches and provides examples of its effective application.
11. Prevention Task Panel, 1978	Report by the <i>Prevention Task Panel of the President’s Commission on Mental Health</i> , overviewing primary prevention, its rationale, the need for this approach, its major accomplishments to date and its future needs.
12. Antonovsky, 1979	Challenged mental health’s emphasis on pathology and pathogenesis. Proposed term, “salutogenesis” to describe processes and experiences that subserve positive physical and mental health outcomes.
13. Cowen, 1980	Conceptual article designed to advance a sounder, more focused science and practice of prevention and wellness enhancement in mental health. Develops a mini-framework for classifying primary prevention efforts to catalyze such steps.
14. Albee, 1982	<i>American Psychologist</i> article, built around the twin goals of preventing serious psychopathology and maximizing human potential.
15. Cowen, 1986	Chapter in Vermont Conference proceedings describing and evaluating accomplishments in primary prevention during the prior decade, and identifying prime needs for the decade to come.
16. Coie et al., 1993	Proposes basic steps for a “science of prevention” based on a risk/vulnerability framework for the prevention of serious psychological disorders.
17. Institute of Medicine Report, 1994	Overviews classically defined prevention approaches, and provides a time-line of major prevention-related developments (1909–1993). Identifies ≈ 200 primary prevention research studies and articles supporting the conclusion that prevention has yielded positive findings.
18. Cowen, 1994	Proposes a framework for wellness enhancement and indicates how that approach differs from classic approaches to primary prevention. Describes five major pathways to wellness, reflecting work at the individual, contextual-environmental, and policy levels.

(continued)

Table 1. Continued

Author(s)	Brief Abstract
19. Durlak, 1997	Volume reviewing programs for children and adolescents, designed to prevent: behavioral, social, and learning problems; drug and alcohol abuse; child maltreatment; injuries; and to promote physical and mental health.
20. Durlak & Wells, 1997	Meta-analysis of 177 primary prevention and wellness enhancement studies, demonstrating significant positive outcomes for such approaches.
21. Albee & Gullotta, 1997	Book titled, " <i>Primary Prevention Works</i> ," that includes in-depth description of 17 primary prevention projects in areas such as: early intervention with infants, toddlers, and their families; school-based prevention, and preventive programs for adults.
22. Weissberg & Greenberg, 1998	Comprehensive overview of cutting-edge school and community-competence enhancement programs.
23. Cowen, 1999	Describes features of wellness enhancement programs and proposes a mini-structural model targeted to the sound early development of wellness in children.
24. Reynolds, Walberg, & Weissberg, 1999	Volume describing work on the promotion of wellness outcomes in children and youth, via early child development and school programs, as well as school-family partnerships.

ing overlap with the SI's articles. The list includes at least several contributions built around notions with instant, face-valid relevance to an emerging positive psychology.

Marie Jahoda's (1958) volume, *Current concepts of positive mental health*, for example, was the first in a series of books issued by the original *Joint Commission on Mental Health*. That volume is an important natural precursor of the current positive psychology movement. In his preface to the book, Ewalt (1958) noted: "The behavioral scientists who have joined the mental health team and are making increasingly important contributions to the mental health movement have expressed dissatisfaction with a primary focus on 'sick behavior.' They argue that a new and broader perspective is needed if interest in mental health, as a positive force, is to be made conceptually clear and practically useful" (p. ix). Jahoda's (1958) ensuing discussion of positive mental health featured what she viewed as six of its basic components: (a) positive self-attitudes; (b) wholesome growth, development and self-actualization; (c) integration—a central synthesizing psychological function; (d) the ability to function autonomously; (e) an accurate perception of reality; and (f) mastery of one's environment. Although others might disagree with the particular indicators on which Jahoda focused, her cogent early analysis relates closely to the main focus of any comprehensive positive psychology.

A second example prompted by mental health's past unswerving focus on psychological problems and negative states of being, is Hollister's (1965, 1967) observation that although the English language prominently included the word "trauma" to describe a major *negative* blow to body or mind, it lacked an opposite word to describe events or experiences that *strengthen* people psychologically. To that end, he coined the term "stren" to spotlight health-*enhancing* experiences. Early research on this concept (Finkel, 1974, 1975) demonstrated its usefulness. This concept, and its associated processes, also seem to be centrally relevant to a positive psychology.

One final example: Antonovsky's (1979) volume, *Health, Strength and Coping*, noted that whereas terms such as pathology and "pathogenesis" were widely used in describing processes that underlie physical and psychological dysfunction, there was no antonym to describe structurally comparable processes that contribute importantly to *wholesome* physical and psychological outcomes. His use of the term "salutogenesis" is another historically significant precursor of today's positive psychology.

The preceding "face-valid" examples well reflect positive psychology's guiding directions, as do other cites in this arbitrary list of influential precursors. Table 1 lists these 24 nominees in chronological order, and provides a descriptive sentence or two highlighting the essence of each one's contribution, in relation to an emergent positive psychology. Although those descriptions per se hardly justify the choices, they may at least help clarify the rationale for their selection.

In any case, the SI's 16 articles listed a total of 1308 cites.¹ That averages about 82 cites per article which, to these observers, bespeaks an impressive level of scholarship. A most striking finding, however, was that only *three* of the 1308 cites were to *any* contribution listed in Table 1—all three to Jahoda's (1958) volume. The point to emphasize here is the near complete isolation of a "gestating" positive psychology from the mainstream of kindred prior thinking and research, in primary prevention and wellness enhancement. Otherwise put, there is substantial disconnection between positive psychology (as operationalized in the SI), and a corpus of prior related work in primary prevention and wellness enhancement. The key point to stress is that "positive psychology's" future development is likely to be accelerated by stronger connections with its historical roots, prior related theorizing and empirical findings, and mutual support among areas that rest on common philosophies and shared goals.

INTERNAL CONSISTENCY IN RELATION TO THE GUIDING CONSTRUCT

A second concern with this SI was the apparent "individuality" of its 16 contributions, i.e., lack of consistent integration, between the focal notions of a given contribution and an overarching framework for positive psychology. Unlike Jahoda's (1958) focused, finite definition of positive mental health, the SI articles reflect many different targeted goals, some unrelated to each other or to any immediately discernible overview of positive psychology's ultimate thrust.

The preceding is less to cast stones at the SI's individual contributions, per se, many of which were helpful, scholarly reviews in an author's areas of expertise. Rather, the tail seemed at times to wag the dog, i.e., the SI seems to have come about more by identifying experts in multiple domains that *might* relate to a future positive psychology than by establishing a framework of such connections beforehand. Lacking an integrated overall theoretical framework for positive psychology, it was not always easy to anchor individual contributions. Notwithstanding the steps taken toward sketching a preliminary umbrella framework (Seligman & Csikszentmihalyi, 2000), SI contributions often seemed to be a matter of individual players "doing their own thing," often excellent and useful reviews in their own right, that did not clearly cohere as a whole.

¹Because we are lazy, and the task of counting cites is tedious, we don't 100% *guarantee* that number, but it's close. It should also be noted that the 1308 cites are *not* entirely independent. Some appeared in more than one contributed article.

One way of further concretizing this concern is to examine the range and substance of the defining dependent variables (outcome goals) cited by contributing authors. Although the absence of clear definitions of some dependent measures cited in the SI's 16 articles somewhat hampered the tallying of outcomes considered important to a sound positive psychology, by cutting a few corners and making a few guesses, we came up with a count of \cong 60 proposed DVs. Those are listed alphabetically in Table 2.

We found it somewhat puzzling that the SI identified 60+ (presumably central) positive psychology outcomes. Having been "spoiled" by Jahoda's (1958) compact delineation of six focal aspects of positive mental health, we were also surprised that few of the 60+ outcome variables listed were cited by more than several contributors. These realities raised several issues that may need clarification. As suggested earlier, some SI contributions seemed as much to reflect author(s)' expertise in a circumscribed area, as any immediately discernible relationship between the variable under the microscope and a guiding framework for positive psychology.

Hence, it may be unclear to some readers, as it was to us, as to how the SI's foci and boundaries were set. As would be the case in any SI, Seligman and Csikszentmihalyi (2000) acknowledge that the selections are "to some extent arbitrary and incomplete," noting that they strove "to be comprehensive without being redundant" and intended to "stimulate the reader's appetite to sample more widely from the offerings of the field" (p. 8). Nevertheless, several articles that were quite interesting and clear in their own right, lacked visible fit within an overarching framework for positive psychology. Let us note several cases in point. One is the guiding theses of Schwartz's (2000) SI article, i.e., "that freedom, autonomy and self-determination can become excessive and that when that happens, freedom can be experienced as a kind of tyranny," and that "modern American society has created an excess of freedom, with

Table 2. Positive Psychology Target Outcome Variables in 16 SI Articles

Achievement	Good mood	Psychological Optimism
Altruism	Happiness	Physical well-being
Anticipation	High involvement	Positive emotional states
Autonomy	High talent	Rational thinking
Capacity for love	Hope	Realism
Civility	Humor	Resistance to temptation
Contentment	Initiative	Responsibility
Cooperation	Insight	Satisfaction with life
Courage	Interpersonal skills	Self-determination
Creativity	Intrinsic motivation	Self-regulation
Deep concentration	Kinship	Sense of meaning about
Elicitation of social support	Moderation	physical health
Engagement	Nurturance	Sensibility
Enjoy vocation	Optimal experience	Spirituality
Flexible thinking	Optimism	Sublimation
Flow	Originality	Suppression
Freedom	Perception of high-challenge	Subjective well-being
Friendship	backed by personal skills	Tolerance
Future mindedness	Perseverance	Well-being
Giftedness	Personal control	Wisdom
Good cheer	Physical optimism	Work adjustment
Good citizenship		

resulting increases in people's dissatisfaction with their lives and in clinical depression" (p. 79). We take no stance on the accuracy of that view except to note that whether or not it is true, its relationship to a *positive* psychology is unclear.

A second example concerns the belongingness of giftedness in a positive psychology. Winner (2000) states that "gifted children have social and emotional difficulties that set them apart" (p. 159). Again, although we do not question the statement's accuracy, if it is true, the link of giftedness to a framework of positive psychology is not clear-cut. Finally, although Buss (2000) describes mechanisms for overcoming obstacles to happiness, his discussion largely addresses barriers to improving quality of life, including evolved psychological mechanisms that cause subjective distress, and other "evolutionary tragedies of happiness" (p. 18). Given that Buss (2000) "focuses primarily on three reasons why positive states of mind are so elusive" (Seligman & Csikszentmihalyi, 2000, p. 8), the relevance of that article to a SI on positive psychology is not clear.

The point of these observations is not to condemn, but rather to lead up to seemingly important additional needs for the future development of a wholesome positive psychology. One such need that stands out is to develop a comprehensive, overall guiding theory of positive psychology and the outcomes that are central to such a theory. Relevant dependent variables must be clearly defined and interrelationships and co-occurrences among them must be established. Doing so may condense the present list of 60+ different variables to a finite number of clearly defined essences whose relationships and relevance to positive outcomes are self-evident. Such steps could greatly facilitate the planning of programmatic or intervention steps with special promise for a positive psychology.

NEED FOR A PRIMARY DEVELOPMENTAL CONTEXT

It is difficult to imagine a sound primary prevention in mental health, a theory of wellness enhancement, or a robust, meaningful positive psychology that lacks *primary* roots in human development. Although Seligman and Csikszentmihalyi (2000) note the importance of a developmental perspective and acknowledge that strengths unfold over the life span, the SI articles (e.g., Larson, 2000; Ryan & Deci, 2000) that did, in fact, focus on such developmentally-oriented variables were more the exceptions than the rule. If the ultimate goal is to advance positive outcomes systematically, then the factors that promote *early* positive outcomes (e.g., attachment formation, sound parent-child relationships, wholesome family contexts and interaction patterns) and pathways to later adaptation, must be central to the system's guiding theory. It seems both impractical and infeasible for a positive psychology to deal primarily with adults, given that many of the skills and competencies that comprise desired ultimate positive outcomes are likely to be better acquired early than late and, as such, strengthen the base on which other positive skills can develop.

That the SI does not *centrally* reflect the preceding crucial tack, leaves major loopholes to be filled. It is important to note, that the tack itself does *not* call for building knowledge *de novo*. To the contrary, a solid chunk of its relevant knowledge base already exists in the area of early child development, and stands ready for more effective and extensive harnessing within any ecologically valid future framework for positive psychology.

Thus, essential facets of an overall guiding theory for positive psychology—particularly, crucial developmental components—were not systematically reflected in the SI. Rather, the SI contributions appeared to pivot, one by one, around a broad range ($n \cong 60$) of desired outcomes, primarily at the adult level, more guided by the eyes of individual beholders (authors) than by a framework of comprehensive theory of the development and maintenance of positive outcomes. Such a broad, loose, unbridled approach predisposes several potentially negative consequences, i.e., that the SI's many "target" variables (desired outcomes) are: (a) at best weakly brought together in a guiding organizational framework for positive psychology; and (b) include some variables that are hard to see either as belonging together, or as relevant aspects of an overall thrust.

To overcome the preceding limitations it seems important to: (a) define clearly, from an overall perspective, core defining targeted outcomes of a positive psychology, and reduce the present somewhat scattered, unmanageable mass of outcome variables to a more streamlined core of essences, with face-valid relationships to the system's designated focal outcome targets; and (b) focus centrally on key developmental determinants of early positive outcomes and, using a longitudinal framework, identify factors and pathways that favor on-going maintenance of such outcomes.

A theory of wellness, primary prevention, or positive psychology must be cohesive and even-flowing from the start, and must centrally feature steps (interventions) that favor early positive outcomes and maintain later ones. Because this cannot realistically be done for 60 dependent variables, simultaneously, those variables need to be consolidated both on rational and empirical grounds, and we must understand better their overlap and co-occurrences as a precondition to identifying fertile pathways, programs, and trajectories that promote positive mental health outcomes.

CONCLUDING REMARKS

At the end of their article, the SI editors (Seligman & Czikszentmihalyi, 2000) identified eight areas, several with subdomains, as "the great problems that will occupy a science of positive psychology for the next decade or two" (p. 11). Examples include: "the relationship between momentary experiences of happiness and long-lasting well-being," "can psychology develop a biology of positive experience and positive traits?" and "will a social science of positive community and institutions arise?" (p. 12).

Although the questions raised are good and important, this article identifies several *other* matters that may need shoring up to enhance positive psychology's future development.

First, the SI overlooks important prior writings on core elements of positive mental health (e.g., Antonovsky, 1979; Hollister, 1967; Jahoda, 1958), primary prevention in mental health, and wellness enhancement, centrally reflecting both theory and findings that advance the goal of maximizing people's well-being. Seligman and Czikszentmihalyi's (2000) suggestion that these "ancestors somehow failed to attract a cumulative, empirical body of research to ground their ideas" (p. 13) may reflect an unfortunate *disconnectedness* between the current positive psychology thrust and these seemingly kindred prior contributions. The authors' rhetorical question about why these prior developments "did not attract this research" overlooks much research, extensive writings, a number of volumes, and several major meta-analyses analyzing the impact of such work (e.g., Durlak & Wells, 1997). Moreover, when they ask "why has psychology been so focused on the negative?," they ignore the fact that the most

basic common denominator for these “ancestors” has been to escape mental health’s past Procrustean negative focus, and to replace it with the goal of enhancing positive mental health outcomes. We suggest that the “current” positive psychology movement has not sufficiently recognized, or built upon, the solid base that its “ancestors” created.

A second matter of some import that stands to profit from further attention is the development of cohesive, internally consistent, and comprehensive theory to guide the future development of a robust contributory positive psychology. At present, if the SI is to be taken as representative, positive psychology seems wagged by a great number of idiosyncratically selected target outcomes that grew more out of the interests, and spheres of activity, of individual authors, than out of a guiding overall theory. There seems a need to sharply reduce the number of targeted outcomes to manageable essences and to understand relationships, and overlap, among those core variables as a precursor to efforts to promote desired positive outcomes pragmatically, parsimoniously, and functionally. Many such promotion steps are better brought off sooner rather than later.

A third broad limitation of positive psychology, as depicted operationally by the SI, is its primary adult cross-sectional focus. In the long term, it is not possible to think of a healthy positive psychology that does not focally consider how positive outcomes first come about, and the factors and processes that operate to enhance, maintain, or erode early positive development. Hence, it is unlikely a truly meaningful positive psychology can emerge that fails to focus heavily on early childhood development, including variables that facilitate positive development and lay down the solid base on which later positive outcomes can best rest. The preceding implies that a robust positive psychology must be longitudinal in its inquiry patterns and reflect, far more than the present SI, what gets children off to positive starts early on, and what keeps them going in that direction. To obtain such information will require both a developmental, longitudinal focus, and a focus on person, family, microsystem, mesosystem, exosystem and macrosystem contributions to positive outcomes.

What a young, emergent positive psychology seeks basically to promote (i.e., turning psychology’s attention centrally and seriously to positive outcomes rather than the negative outcomes on which the mental health system has long, and not entirely successfully focused), highlights an entirely laudable, much needed point of view. That contribution can be further enhanced by answers to specific questions raised by positive psychology’s proponents (Seligman & Csikszentmihalyi, 2000). The spirit in which the present article is written is to identify several other basic challenges for positive psychology that can, if well met, further solidify both its own base and the already substantial contributions that have been made by kindred movements such as primary prevention, and wellness enhancement, in mental health.

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