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Introduction to Special Series: The Great Debate—Evaluating the Health Implications of Positive Psychology

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Abstract

Background—In recent years, investigators have focused increased attention on positive psychology constructs and their associations with health outcomes, such as morbidity, mortality, and adaptation to illness. The database regarding some of these concepts and models has grown appreciably, but work in this area has been subject to controversy.

Purpose—This special series of papers offers contrasting perspectives regarding research on positive psychology and health. Both proponents and critics were invited to review recent developments concerning a number of positive constructs that have been evaluated in the oncology literature and in health research, more generally.

Methods—Papers are presented in the format of a debate. Significant advances are reviewed by one set of investigators, Drs. Lisa G. Aspinwall and Richard G. Tedeschi, while shortcomings and concerns are highlighted by another set of investigators, Drs. James C. Coyne and Howard Tennen. Each of these review papers is followed by a rebuttal by the opposing side. A commentary on the exchange is provided by Dr. Sherri Sheinfeld Gorin.

Results—These papers address a range of important considerations regarding conceptualization of constructs, methodological rigor, dissemination of findings, and implications for practice.

Conclusion—The critiques and recommendations offered in these papers may help inform future efforts in this area, as the field continues to evolve.

Keywords

Positive psychology; Health; Cancer; Posttraumatic growth; Benefit-finding; Optimism; Sense of coherence

Introduction

Behavioral medicine investigators have had a longstanding interest in how health might be influenced by positive dimensions of experience (e.g., social integration, self-efficacy, perceived control). More recently, constructs derived from or elaborated by positive psychology (e.g., positive affect, subjective well-being, benefit-finding, forgiveness) have commanded growing attention in health research. This heightened activity is evident in special issues of journals, such as the *International Journal of Behavioral Medicine* [1] and *Review of General Psychology* [2], as well as a rapidly expanding body of conference presentations, articles, and books devoted to this area.

Much of this work has proceeded independently, and it would be a mistake to lump all of these efforts together (e.g., investigators studying experimentally induced positive affect may have limited contact with those exploring trait forgiveness). Nonetheless, the positive psychology movement as a whole has had a notable impact on the current zeitgeist, and there can be little doubt that behavioral medicine investigators have felt these scientific currents. Some have championed these developments while others have challenged them.

A number of epidemiological studies have hinted at interesting associations between salient health outcomes, including morbidity and all-cause mortality, and some of the constructs highlighted by positive psychology [for narrative and meta-analytic reviews, see 3,4]. Other studies have observed relationships between some of these variables (e.g., positive affect) and potential mediators, such as health behaviors [5], medical information processing [6], symptom reporting [7], social support [8], antibody response to hepatitis B vaccination [9], and circulating levels of C-reactive protein [10].

On the other hand, these lines of research have not been without animated criticism and debate [e.g., 11–15]. Questions have been raised about the conceptual basis and construct validity of some of these variables; the methodological adequacy of the database; the level of hyperbole and misrepresentation in the popular press; and the potential adverse effects on patients, who may feel ill-served by injunctions to discern positive experiences while confronting harrowing health threats.

The papers which follow stem from a debate presented at the annual meeting of the Society of Behavioral Medicine (SBM) in San Diego on March 29, 2008. The debate, which was sponsored by the SBM Cancer Special Interest Group, offered a critical evaluation of the implications of positive psychology for health research in general and oncology research, in particular. The papers in the current issue have been appreciably expanded and updated since the initial exchange in San Diego. The “pro” position is represented by Dr. Lisa G. Aspinwall and Dr. Richard G. Tedeschi [16], who highlight some of the recent advances in this area and the potential value of this line of inquiry. The “con” position is articulated by Dr. James C. Coyne and Dr. Howard Tennen [17], who scrutinize some of the limitations and problems associated with this area of research. Each of the primary articles is followed by a rebuttal by the opposing side [18,19]. Finally, a brief commentary on this exchange is presented by Dr. Sherri Sheinfeld Gorin [20].

Some caveats are in order. It may be ill-considered to paint with one brush all of the varied constructs that are often encompassed within the constellation of “positive psychology”; no doubt, they differ in their antecedents and health correlates. In the pages that follow, the contributors have been careful to address specific concepts (e.g., posttraumatic growth, benefit-finding, sense of coherence). Additionally, at this early phase of development, the range of health endpoints that have been targeted for study, particularly in the oncology setting, is relatively narrow. For example, much work has yet to be done to scrutinize the potential impact of positive constructs on critical behavioral processes such as screening practices, patient–

clinician communication, treatment adherence, participation in clinical trials, treatment decision-making, or end-of-life preferences [e.g., 21–23]. Nor has much attention focused on potential associations with relevant biological processes among cancer patients, such as vulnerability to infectious complications, angiogenesis, or matrix metalloproteinase activity [e.g., 24–27]. Clearly then, the story of “positive psychology and health” is one that is partial and unfolding. In the interim, the contributors have focused on areas that have received greater empirical attention or that seem particularly salient.

We thank each of the investigators for their thoughtful and reflective contributions to this dialog. We also express our appreciation to Dr. Richard Sloan, who participated in the conference debate on the “con” side. We hope the papers in this special series illuminate some of the interesting contours of this emerging landscape and chart some of the hazards, uncertainties, and opportunities of the road ahead.

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