

Taking Positive Steps

By Charles E. Dwyer, Ph.D

In antiquity the Oracle at Delphi urged each to “know thyself.” Socrates followed with the observation that “The unexamined life is not worth living.” Aristotle called for a balance in creating the “good life” centering on the “golden mean.”

In the second century A.D. Marcus Aurelius, emperor of the Roman empire (the closest the western world may have ever come to a philosopher king), reminded himself in his *Meditations* that, “We are troubled not by the things of the world but, rather, by our perception of those things.”

Much more recently philosopher William James stated something similar by suggesting that the most important discovery in psychology of his day is that by changing the interior states of our minds, we can change the exterior dimensions of our lives.

And, of course, Norman Vincent Peale influenced millions through *The Power of Positive Thinking*.

Self-help sensation

Getting to know ourselves, deciding whether and to what extent we can—or are willing—to change/recreate ourselves, and discovering how to change ourselves has been of deep interest for millennia. A recent search of the book list on Amazon.com under the topic ‘self-help’ yielded 161,789 entries. The issues do not seem to go away.

Presumably everyone (or almost everyone) wants to experience the “good life” as they each define it. Yet, we were each raised in cultural and social environments that gave most of us a strong tendency to concentrate on the negative.

Early in life we are taught to focus on our problems, fears, tensions, anxieties, stresses, embarrassments, insecurities, inferiorities, guilt, shame, blame, anger, hates, hurts, bigotries, prejudices, intolerances, jealousies and impatience—in short, on what we don’t like about others and the world (and perhaps, on occasion, ourselves).

IN THIS ARTICLE...

Discover the theory behind changing negative thoughts to positive ones and learn how the movement toward positive psychology is gaining ground.

I suspect that if you reflect on your own daily life you will find that:

- You are much more prone to place negative labels on people and situations than positive ones.
- You are much more focused on weaknesses both in yourself and others than on strengths.
- You rehearse your negative feelings with much more frequency, intensity and duration than your positive feelings.

We do this in many ways including with our self-talk, such as:

- “He really makes me angry.”
- “I can’t stand it when...”
- “It really upsets me when...”
- “She just drives me up a wall.”
- “I’m really afraid of...”
- “I really get jealous when he/she...”

We are deeply aided and abetted in these negative pursuits by the media, which have a fascination with the negative. For example, an old saying around TV news-rooms is, “If it bleeds, it leads.” Also, given the interests of the media, the negative appears to sell much better than the positive.

What do we gain from all of this negativity, for surely we would not pursue it unless in some way it seemed profitable to us?

Unfortunately, there appears to be a bountiful production that flows from a carefully tended pessimistic garden. And, the focus on the negative seems all the more reasonable and justifiable to us in the face of the recent acts and threats of terrorism.

But before the recent rash of terroristic concerns there were other threats: AIDS, environmental degradation, poverty, crime, drug abuse, battered spouses, civil rights violations, etc. And before these we had the threat of the bomb and nuclear war. And before that we had the great wars (I and II). And in between the wars, there was the Great Depression. And before that, the great plagues of history.

There are, it seems, always many serious issues to worry about and focusing on the worrisome appears to have some palliative value.

The focus on the negative helps us to justify the very feelings these concerns appear to generate.

- “Well of course I am angry about it. Anybody who cares would be, too.”
- “I have a right to be angry.”
- “I can’t help how I feel. That’s just the way I am.”

All of that makes us feel better about ourselves. It justifies the negative feelings in ways supportive of our self-image.

Also, when the “infallible” beam of our judgmental searchlight spots a flaw in someone else, placing a negative label on that person or group provides a sense of superiority for us.

- “If he has an attitude, then surely I do not.”
- “If she isn’t a team player, then certainly I am.”
- “If he is disorganized, then of course I am well organized.”



Unfortunately, there appears to be a bountiful production that flows from a carefully tended pessimistic garden.

- “If he’s a real jerk, then clearly I am not since I would never place a negative label on someone else if that label applied equally well to me.”

Negative bond

Another benefit of a disapproving outlook is that it is a common device used in bonding with members of our reference group.

By the time we are 5 years old, we know a quick and certain way to gain the acceptance and approval, the security, safety and protection of our reference group, to demonstrate without question that we are truly each a member of the group.

All we need do is determine whom the group hates—who the “they” of the “we-they” are for the group and show disdain and contempt for them, blame them, criticize them, ridicule them, tease them, put them down. There are other ways to bond with our buddies, but this is the swiftest and surest.

In addition, we most commonly place the source of our irritation in others:

- “He is a real problem.”
- “She is very difficult to deal with.”
- “He is very annoying.”
- “She really bothers me.”

Less often do we say:

- “I have a problem with him.”
- “I find her difficult to work with.”
- “I get annoyed when he does X.”
- “I get bothered when she. . .”

The neurological fact is he/she engages in a neutral behavior but, because of some arbitrary and accidental prior programming, when our brains pick up certain information, interprets it and evaluates it, the brain has been taught (much by accident) to push our annoyance, irritation or anger button.

But, since we do not want to take responsibility for those feelings, we quickly seek out friends

who will corroborate our interpretation, validate our beliefs and confirm our negative feelings. In short, we are each very well defended in our learned and “accidental” negative responses to the world.

It is obvious to me that each of us, if born in a different time or place, would have a different set of “accidental” responses. But, they seem so natural, so powerful and so present that we deem them both appropriate and inevitable.

Therefore, one of the substantial obstacles to positive self-design (as I like to call it) is the fact that when we experience a negative emotion, we have been taught to justify it in either of two ways.

1. In terms of something external to us such as the system, the establishment, city hall, red tape, bureaucracy, or the greed, fear, stupidity, thoughtlessness, incompetence of others or by such generic categories as ageism, sexism, racism, along with other assorted rationalizations. We learn to defend our negative emotional experiences by means of scapegoating, blaming and externalizing at a very early age (about 3 years) in order to safeguard our positive sense of self.
2. The alternative way some have learned to explain and justify their negative feelings is to blame self with the observation, “That’s just the way I am. I can’t help it.” While this does not safeguard our positive sense of self, it does relieve us of any responsibility for our negative thoughts, feelings and behaviors.

Moving toward a positive psychology involves giving up, or at least a diminution, in these “goodies” that we receive from our current negative valence. Until we confront these issues—these potential losses of satisfaction anchored in the negative—we are unlikely to

embrace the positive, no matter how good it looks in theory. But, once confronted at least there is well-grounded theory available.

On the positive front

Fortunately, a number of strands began to weave together recently in psychology and psychiatry, as well as in the cognitive and neurological sciences, that underscore the strong probability that we can have, for the first time in human history, enormous influence over the quality of our lives and do so without the use of surgical and pharmacological interventions.

The work of Howard Gardner (*Multiple Intelligences*), Daniel Goleman (*Emotional Intelligence*), and Martin Seligman (*Learned Optimism and Authentic Happiness*) among many others, has widened our ken both as to who we are and as to what each might become.

The phrase most often used in this connection, particularly with respect to the work of Seligman, is “positive psychology.”

For the best explanation of Seligman’s approach I recommend his book *Authentic Happiness*. A quote from his preface will give you a little taste:

“This road (positive psychology) takes you through the countryside of pleasure and gratification, up into the high country of strength and virtue, and finally to the peaks of lasting fulfillment: meaning and purpose.”

While I am deeply impressed with Seligman’s concept of positive psychology, I use the term somewhat more broadly to encompass multiple paths to a higher quality of life and suggest one particular alternative method for getting there. Nonetheless, I strongly recommend Seligman’s book for a deep understanding of this highly promising movement in psychology.

In its broadest sense (and, as suggested, different authors use the term somewhat differently) positive psychology refers to a trend in psychology that parallels a recent trend in the wider arena of medicine that expanded from an almost exclusive focus on the diagnosis and treatment of various pathologies to the prevention of such pathologies and disorders and then on to the encouragement and production of good health.

The pursuit of such good health, including good mental/emotional health, is seen not merely as preventive but as good, in and of itself. For example, Seligman mounted the Penn Resiliency Program and is testing it in two Philadelphia area school districts. He has very specific notions of what happiness consists in and what the traits of positive psychology are in terms of positive emotions as well as a litany of virtues and signal strengths.

In any case, creating and developing positive beliefs, feelings and subsequent behaviors are regarded as both individually and socially desirable.

Potential applications for physicians involve developing positive emotional responses in yourself to current triggers in the environment that push your negative emotional buttons including anger, fear, irritability, impatience, hate, insecurity, tension, stress and anxiety, inflexibility, intolerance, blame, annoyance, depression and frustration.

It is now possible, according to positive psychology, to teach your old brain new tricks. Positive psychology can also be used to help fellow physicians and others in the health care environment—nurses, administrators, volunteers, patients and their families—to deal more effectively with what have erroneously been labeled as stressful environments or stressful situations or dysfunctional conflict as well as the all-too-familiar phenomenon of burn out.

Positive steps

While there are many approaches to making ourselves more positive, the one I found easiest, most helpful and effective is by Maxie C. Maultsby, Jr., MD. He was one of renowned psychotherapist Albert Ellis' early graduate students. And his approach owes much to Ellis' cognitive/emotive theory.

His most popular account of his approach is in his book *Coping Better... Anytime, Anywhere*. In brief, it involves:

- Identifying the current thoughts, feelings and behaviors we would like to change
- Designing new thoughts, feelings and behaviors to replace the current ones
- Installing these new responses by imaginative, conscious practice, twice a day (5 to 10 minutes each) over a period of about three weeks.

Maultsby has substantial empirical support for the effectiveness of this method over 30 years of application. In some ways it parallels the development of new muscle memory in athletes, who, when they identify a dysfunctional or less than optimal current response replace it with what they perceive to be a better response; that is, they "install" the replacement by conscious, repetitive practice.

Essentially, the idea is to create a new response that, with enough conscious repetitions, becomes the automatic or default response of the organism. The good news is that we can do the same thing with thoughts and feelings by the imaginative rehearsal of new responses. This method is safe, private, relatively quick (it took a long time to become who you are), painless and just about anyone can do it.

It is, at least as practiced by Maultsby, completely neutral


because you are not told what to think, feel or do, or what is good or not so good for you. The choice of change is up to you. But, (and it is a huge "but") if you start down this path you will quickly discover that it requires that you take 100 percent of the responsibility for everything you think, feel and do because if you don't approve of what you think, feel and do you can change it.

We have each been taught since very early in life to avoid such responsibility at all costs. Are you willing to pay the price of positive self-design? As Barry Neil Kaufman notes in the title of his popular book, *Happiness Is A Choice*. But it is a choice laden with costs and risks as well as benefits.



Charles E. Dwyer, Ph.D., has been on the faculty of the University of

Pennsylvania since 1966 and is a longtime ACPE faculty member. To contact him for more information about positive psychology, please e-mail chuckd@gse.upenn.edu.



Carnegie Mellon

Master of Medical Management

- Information Technology
- Strategy
- Organizational Management

These competencies make up the cornerstone of Carnegie Mellon's MMM program and will arm you, the physician executive, to effectively lead today's and tomorrow's healthcare organizations.

Carnegie Mellon

Master of Medical Management

Heinz School

www.heinz.cmu.edu/mmm
Phone: 412-268-1611
Email: meomalle@andrew.cmu.edu



The MMM is the Degree of Choice offered in conjunction with the American College of Physician Executives.

