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“Virtue, Health, and Eudaimonistic Psychology”¹

Positive psychology is guided by two brilliantly clear premises. One is that defining mental health negatively is unacceptable. Health is not merely the absence of mental disorder.² The other is that the positive side of mental health – that is, the things that can take us to lives that are fulfilling, productive, and well-lived – can be studied rigorously by psychologists, not just descriptively but also in ways that satisfy their explanatory, predictive, and evidence-based therapeutic aims.

*Character Strengths and Virtues*³ admirably demonstrates the truth of those two premises. My purpose here is merely to offer a few suggestions for refining the theoretical structure of the enterprise defined in that book. The suggestions are made from a philosopher’s armchair, and may ultimately have more to do with getting the kind of overarching conceptual tidiness admired by philosophers than with getting the close-to-the-ground kind needed for empirical science. But they are offered in a cooperative spirit.

The suggestions, in summary, are these:

1) The book organizes the field of positive psychology around four basic concepts, in descending order of abstraction: a good or flourishing life, the virtues (plural) that are necessary for achieving such a life, the clusters of character strengths that define the virtues, and the situational “themes” or behavioral habits in which the strengths and virtues are deployed. I will suggest the need for concepts at one intermediate level of abstraction: namely the general concepts of virtue (singular), and of positive health.

2) The book proposes a modest, “aspirational” classification of virtues and strengths, drawn from a wide array of philosophical and theological sources. Though it is clear in the text that some of these sources are taken more seriously than others, I will suggest the need for explicitly aligning the project with eudaimonistic accounts of virtue that fit comfortably with scientific psychology, and in which there are close parallels between the concept of virtue and a robust conception of psychological health.

3) The book is ambivalent about whether the enterprise of positive psychology is ultimately concerned with psychological health only, or with both health and ethics in a broad,

¹ Developed from a talk prepared for the Working Conference on The Philosophical History of Character Strengths and Virtues, The University of Pennsylvania, September 2-4, 2004. My thanks go to the participants at that meeting, especially to the responses from Christopher Peterson and Martin Seligman for keeping me clear about the focus of their work, and in particular to Chris Peterson for referring me to two works that have been indispensable for developing this paper – a book by Marie Jahoda and a review article by George Vaillant, both cited below.

² Nonetheless, an implicit negative definition of psychological health is often used. The National Institute of Mental Health states its mission as follows: “The mission of the National Institute of Mental Health is to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior.” (From the NIH web site, retrieved December 27, 2004.) The Institute is therefore misnamed unless it is implicitly defining health as the absence of mental illness and behavioral disorders.

³ Peterson, Christopher, and Martin Seligman. *Character Strengths and Virtues: a Handbook and Classification*. New York: Oxford University Press, 2004.

ancient sense (conceptions of virtue and a good life). There is no indexed reference to health in the book's 800-plus pages, but the content of those pages leads me to think that health, rather than ethics, is the underlying concern. In any case, I will suggest the need for explicitly aligning the project with the health sciences.

What follows is a more developed version of each suggestion, with a sketch of an argument in support of them.

I. The General Concept of Virtue and Competing Conceptions of It

Character Strengths and Virtues groups traits under six major headings, each corresponding to a constellation of character traits identified, cross-culturally, as a core virtue. These core virtues are wisdom, courage, humanity, justice, temperance, and transcendence.⁴ Evidence of their cross-cultural identification is drawn from a survey of philosophical and theological traditions in ethics.

It is not clear what theoretical or empirical work these virtue-categories are meant to do in positive psychology beyond providing some organizational convenience. The core of the scientific research and therapeutic project clearly resides in work on the underlying character strengths as these are habitually exhibited (or not) in various life circumstances. The overarching assumptions about the virtues are simply that some minimal level and number of character strengths under each virtue-heading are necessary to warrant a claim that the person possesses the virtue, and that possession of each of the virtues at that minimal level is a necessary condition for human flourishing.

But it is hard to see how those assumptions could be tested without some way of answering questions about how the six core virtues are related to each other, and to do that, there is clearly an additional level of analysis that is needed – one that defines the *general* concept of virtue, and surveys competing conceptions of it. To see this, consider two significant difficulties of proceeding simply with a list of core virtues (plural).

One difficulty is that the similarities in core virtues found in various traditions are not deep enough to work with. Fidelity is an example, though not on the list. In theological accounts of the virtues fidelity usually means first and foremost fidelity to God, and it is utterly primary among the virtues. If so, then as Judith Shklar has pointed out in her book *Ordinary Vices*,⁵ breaking faith with God becomes the primary vice, and hypocrisy is even worse because it combines infidelity to God with infidelity to humans – the latter in the form of lying about one's faithfulness. This is in stark contrast to some widely held secular views of the virtues and

⁴ A classification of character strengths under the six virtues is found on pages 29-30, *op. cit.* **1) Wisdom** is defined in terms of cognitive strengths that entail the acquisition and use of knowledge: creativity [originality, ingenuity], curiosity [interest, novelty seeking, openness to experience], open-mindedness [judgment, critical thinking], love of learning, perspective [seeing the big picture accurately]. **2) Courage** is defined in terms of emotional strengths that involve the exercise of will to accomplish goals in the face of opposition, external or internal: bravery [valor], persistence [perseverance, industriousness], integrity [authenticity honesty], vitality [zest, enthusiasm, vigor, energy]. **3) Humanity** is defined in terms of interpersonal strengths that involve attending and befriending others: love, kindness [generosity, nurturance, care, compassion, altruistic love, niceness], social intelligence [emotional intelligence, personal intelligence]. **4) Justice** is defined in terms of civic strengths that underlie healthy community life: citizenship [social responsibility, loyalty, teamwork], fairness [treating all people the same according to notions of fairness and justice; not letting personal feelings bias decisions about others; giving everyone a fair chance], [leadership]. **5) Temperance** is defined in terms of strengths that protect against excess: forgiveness and mercy, humility/modesty, prudence, self-regulation [self-control]. **6) Transcendence** is defined in terms of strengths that forge connections to the larger universe and provide meaning: appreciation of beauty and excellence [awe, wonder, elevation], gratitude, hope [optimism, future mindedness, future orientation], humor [playfulness], spirituality [religiousness, faith, purpose].

⁵ Judith N. Shklar, *Ordinary Vices*. Cambridge, MA: Belknap Press o Harvard University Press, 1984. Chapter 1: "Putting Cruelty First." Chapter 2: "Let Us Not Be Hypocritical."

vices that rate cruelty as worse than hypocrisy -- because they rate the virtue of benevolence or kindness to other humans more highly than the virtue of fidelity to anyone, including God.

Further, some virtues are so thoroughly subordinated in some secular accounts, and so highly prized in some theological ones that it is hard to make sense of the difference without an overarching analysis of the different concepts of virtue being used. Alasdair MacIntyre uses the example of humility, not typically rated very highly if at all in ancient Greek accounts of the virtues, but very highly rated by Christians.⁶ And Helen North points out that *sophrosyne* (temperance) was more or less contemptuously dismissed as a feminine virtue in Homeric Greece, and only later elevated to prominence by philosophers in the Golden Age.⁷

It is hard to believe that such striking differences underneath surface similarities are unimportant, and it is hard -- I would say impossible -- to understand the importance of the differences without reference to an overarching account of the thing (virtue in the singular) that the virtues are supposed to be elements of.

The other difficulty of operating with virtues (plural) as the highest level of abstraction is in dealing with obvious second-order questions that arise: How are we to resolve conflicts between the virtues -- between kindness and justice, for example, and justice and prudence? Are we to subordinate one to the other? Trim the definition of one to fit the other? Incorporate one into the other? How much character strength of a given sort is optimal, not only in terms of the virtue it serves directly, but in terms of how that virtue is integrated with others? Is it the case, in general, that more of a character strength is always better than less -- even for a given situational theme? Isn't it rather that excesses, as well as deficiencies, can be vicious? How are these virtues related to well-being, and to health? Are they sometimes at odds with health? In order to answer such questions it seems necessary to get beyond the superficial similarities in lists of the virtues and get at the concept of virtue itself.

We can get what we need by first thinking about the "general concept" of virtue, and then by articulating various "conceptions" of virtue that organize more or less the same lists of virtues in dramatically different ways.

The general concept of virtue⁸ is the outline of the conceptual terrain about virtue that is held in common among by people who offer differing accounts (differing "conceptions") of the virtues, such as differing lists or definitions of them. A general concept in this sense is meant merely to fix ideas for the purpose of productive discussion. It is meant to be as uncontroversial and philosophically innocent as possible -- empty of particular theoretical depictions (particular conceptions) of virtue and the virtues. But it is also meant to help identify and adjudicate certain fundamental disputes that can arise in any philosophical or scientific discussion. A general concept should help settle questions about whether someone has actually offered an account of virtue at all ("I don't know what you are trying to discuss, but it isn't virtue."), or an incomplete one ("Your account of virtue just covers a small part of the terrain."), or an inaccurate one ("What you say just doesn't fit the facts about what we are discussing."), or an ineffective one ("What you say may be true, but how does it help us explain, or predict, or change anything?"). A general concept thus establishes general criteria of relevance, completeness, accuracy, and effectiveness.

⁶ Alasdair MacIntyre, *After Virtue*, 2nd Ed. South Bend, IN: University of Notre Dame Press, 1984. Chapters 10 and 11.

⁷ Helen North, *Sophrosyne; self-knowledge and self-restraint in Greek literature*. Ithaca, N.Y., Cornell University Press, 1966. pp???

⁸ This is a distinction made to good effect with respect to law by H. L. A. Hart, in *The Concept of Law* (Oxford: Clarendon Press, 1961), pp. 155-159, and later followed by John Rawls, *A Theory of Justice* (Cambridge, MA: Belknap Press of Harvard University Press, 1971), p.5, with respect to justice.

For the sake of illustration, and with apologies to Aristotle, consider the following as a statement of the general concept of virtue:

*To have virtue (to be fully virtuous) is to do, and be, and know, and feel the appropriate things, at the appropriate times, in the appropriate ways, in the appropriate amounts, for the appropriate reasons, and to do so reliably, as a matter of settled character, across a very wide variety of situations, both expected and unexpected.*⁹

Until the meaning of key terms in this general concept are defined (e.g., appropriateness, settled character, reliability, very wide range), it is almost comically empty. Virtue is outlined in only the barest and least controversial strokes. The outline defines the perimeter of the terrain under discussion, but not its geological or ecological features.

A “**conception**” of virtue, by contrast, proposes a particular topological account of the terrain. It is a development or interpretation of the general concept into a more precise and determinative account of the subject. A conception of virtue will be specific about the following things, among others:

- *Appropriateness.* It will specify a conception of rightness or appropriateness in terms of which we can determine whether specific acts or states are virtuous. This will generally be done in terms of specifying the goal, or purpose, or ultimate aim of being virtuous -- whether, for example, the aim is to achieve human moral and intellectual excellence, a happy or pleasurable life, union with God, conformity to some supreme principle of morality, or the realization of some non-eudaimonistic ideal. And the specification of the goal, or purpose, or ultimate aim of being virtuous will have an epistemology -- an account of how we come to know what the goal or purpose is.
- *Suitable Equipment.* A conception of virtue will specify a conception of the general human endowments, and developed and acquired capabilities necessary or important for achieving virtue. Thus it will specify the range of human beings for whom full-fledged virtue is possible or likely -- whether, for example, virtue is possible or equally likely for both children and adults, men and women, slaves and emperors, educated and uneducated, disabled and nondisabled, believers and nonbelievers, and so on.
- *Suitable Circumstances.* A conception of virtue will specify a conception of the range of circumstances, or conditions of human life, in which it is possible for suitably equipped human beings to achieve or make progress toward virtue. This will define the range of "externals" (wealth, social environment, health and so forth) necessary or important for virtue.
- *Effective Methods, Mechanisms, and Motivation.* A conception of virtue will give a general account of the way(s) in which suitably equipped and situated human beings typically acquire or make progress toward virtue. Thus it will have something to say, in general terms, about cognitive and moral development, moral education, and health.

Such a conception of virtue makes it possible to develop a list of traits (virtues) and strengths of character needed to achieve or make progress toward virtue as such, and to give an account of the way in which such traits and strengths of character can be integrated, prioritized, and optimized.

Historically, conceptions of virtue have differed from each other in striking ways, even while their lists of virtues have been superficially similar. *Character Strengths and Virtues* has identified the similarities, but the differences are equally important.

Consider, for example, something in the Aristotelian tradition: a conception of virtue aimed at achieving human excellence that asserts its achievement is limited to healthy, well-educated adult male members of good pedigree, living in conditions

⁹ The ancestor of this is in Aristotle, *Nicomachean Ethics*, 1109a

of affluence and considerable leisure, among friends in a good political culture. Contrast that with something in the Epicurean tradition: a conception of virtue aimed at maximizing pleasure over a complete life, and in which there are no limitations to speak of with respect to gender, education, nobility, or affluence -- though there are limitations with respect to leisure, health, and liberty.

Contrast those two conceptions, in turn, with something closer to Stoicism -- a conception of virtue aimed at the perfection of rational agency, for men and women of all social classes, in a very wide range of social conditions from poverty to riches, slavery to great liberty, and so forth.

All those are forms of eudaimonism from ancient Greek philosophy, in which the ultimate aim is to define what it means to flourish as a human being over a complete lifetime. And even within that one ethical tradition, though the lists of virtues turn out to be superficially similar, the details are strikingly different. For Aristotle and the Stoics, for instance, having the virtues (properly ordered and modulated) is intrinsic to flourishing. For Aristotle, having the virtues is *one part* of what it means to flourish; for the Stoics, having the virtues is *exactly* what it means to flourish. By contrast, for Epicurus, the virtues are of instrumental or extrinsic value only – something one needs, or not, given the circumstances, *solely as a means* to pleasure. And thus the way the virtues are defined – the way each theory will answer second-order questions about the virtues—will differ significantly.

Such differences are even more dramatic when we move away from eudaimonism and consider theological accounts, or supreme principle accounts in which the achievement of individual happiness or excellence is not the ultimate aim for human beings. For if loving God, or doing God's will, or maximizing aggregate welfare, or following the moral law purely out of respect for the law is the ultimate aim, then although the virtues may be of instrumental value (as in Epicureanism), they will not necessarily be instruments of pleasure or health. After all, if the conception of virtue valorizes subjugation to God's demands, self-sacrifice, and even martyrdom, then the virtues that have instrumental value will be defined very differently than Epicurean ones, and their connection to human health is likely to be tenuous.

In short, to the extent that *Character Strengths and Virtues* is meant to parallel (or perhaps contribute to) traditional accounts of the virtues and the good life, the enterprise will need a good deal of attention to the second-order questions raised by any list of virtues. To do that, the enterprise will need to develop a conception of virtue of its own, or align itself with an existing one, under the general concept of virtue employed by traditional accounts.

II. Positive Psychology Should Be Eudaimonistic

That brings me to my second suggestion: that positive psychology should explicitly align itself with philosophical positions on virtue that fit comfortably with scientific psychology. That means, I think, aligning itself explicitly with the eudaimonistic tradition in naturalistic ethics. Here are three reasons for thinking so.

First, there is already a clear and close connection between the two.

(a) Eudaimonism is a form of ethical naturalism. As such, it is *a posteriori* in a way that is congenial to empirical science.

(b) Eudaimonism is about what it means to flourish as a human being, over a complete life. As such, it is concerned fundamentally with human nature, human good, and good lives. That too is congruent with the concerns of scientific psychology.

(c) Eudaimonism is typically a form of ethical "internalism." Its understanding of happiness or flourishing is typically developed in terms of the internal endowments, developed traits, and dynamics of situated human beings rather than in terms of what is required of us "externally" by God, pure reason, or those around us. That is, eudaimonistic moral norms are developed in terms of what human beings need in order to flourish on their own terms, living in the environments in which they find themselves,

with the capabilities and resources available or accessible to them. This also seems congruent with the enterprise of positive psychology.

(d) Finally, eudaimonism has historically insisted that there is an intimate connection between human health (especially psychological health) and ethical norms -- particularly norms about the psychological abilities and traits of character we need to develop in order to flourish. Philosophers in this tradition have often explicitly developed this point by way of a medical analogy: what medicine does for the health of the body, philosophical ethics does for the health of the mind or soul. Martha Nussbaum has explored this beautifully in *The Therapy of Desire*.¹⁰ I assume that this concern with a robust conception of human health (one that can be developed into a conception of human excellence or flourishing) is of as much interest to positive psychology as it is to eudaimonistic philosophers.

So in all these ways, there is already a clear and close connection between the enterprise of positive psychology and the historically important ethical tradition of eudaimonism.

Second, there is no similarly close connection between positive psychology and non-eudaimonistic ethics (e.g., various forms of rationalism, consequentialism, and perfectionism that are distinct from eudaimonism). Nor is there such a connection between positive psychology and theological traditions. In some cases this is so because the ethical tradition has a non-empirical epistemology (revealed religion, for example, or pure reason, or intuition). In other cases this is so because the ethical tradition is thoroughly "externalist" -- constructing its norms in terms of what is required by God, or by the project of maximizing aggregate welfare, or by the project of constructing stable and effective social conventions.

So unless positive psychologists are willing to alter their aims and methods in a fundamental way, for example by dropping their naturalism and empirical epistemology, it seems plausible to think that they should spend relatively little time on non-eudaimonistic accounts of the good life, virtue, and the virtues.

Third, there are reasons for thinking that positive psychology has something to gain by aligning itself with the eudaimonistic tradition in ethics. For one thing, this would simply be an open acknowledgment of the existing congruence noted above, and transparency is good science. But more importantly, the well worked-out theoretical structure of this ethical tradition, and its close connection to a concern for human health, raises an interesting possibility for a parallel theoretical structure in positive psychology. As follows:

As it stands, *Character Strengths and Virtues* can be read as putting forward a "conception" of positive mental health -- one of at least six competing ones debated in the current literature.¹¹ I will argue below that this debate (like the one about virtue just considered) is hampered by the lack of an explicit general concept of its subject matter that can help to answer second-order questions about competing conceptions. But suppose such philosophical issues have been resolved, and that the conception of health put forward in the book is the best of the available alternatives. How are we then going to connect the book's conception of positive health to the traditional philosophical discussions of human excellence, virtue and a good life? I suggest that positive psychology can do this by aligning itself explicitly with the eudaimonistic theoretical path in ethics that is defined most clearly in Stoicism, but is also discernible in other eudaimonistic theories.

To wit: The Stoics believed they had a robust, functional, positive conception of human psychological health that could be extrapolated to a conception of human excellence (virtue), happiness and well-being. They believed they could show that progress toward such excellence

¹⁰ Martha C. Nussbaum, *The Therapy of Desire*. Princeton: Princeton University Press, 1994.

¹¹ Vaillant, George E., M.D. "Mental Health." *American Journal of Psychiatry* 2003: 160: 1373-1384.

is typically motivated in the normal course of psychological human development, and that it eventually becomes the ultimate or final good for fully developed human agents. And they believed they could describe the traits and character strengths necessary and sufficient to make progress toward such excellence.¹² The ethical ideal for human character (sagehood) was far beyond anything that could reasonably be called health; it was instead a form of virtuosity. But for most people, for most of their lives, making progress toward excellent psychological health was in the same line of work as making progress toward the ethical ideal.

Ancient stoics were not empirical scientists in the modern sense, of course, though it is notable that many of their observations of human behavior and hypotheses about it are consistent with contemporary psychology. But it is clear that any modern psychological theory that follows something like this theoretical path would have a nonarbitrary, revisable theoretical structure that would generate testable second-order hypotheses about the virtues and character strengths involved in them, and would be both clearly aligned with and clearly distinct from eudaimonistic ethics.

This leads to my final suggestion: that positive psychology should clearly identify itself as one of the health sciences, whose ultimate aim may be eudaimonistic, and whose conceptual structure may parallel eudaimonistic ethics in some respects, but whose concepts and methods are distinctly health-oriented. I think doing this would highlight important linkages between the study of psychological disorders and psychological strengths, as well as preserve important distinctions between psychology and ethics. My argument for that suggestion covers the remaining sections of the paper.

III. Competing Conceptions of Positive Health

It may be that the silence about the concept of positive health found throughout *Character Strengths and Virtues* comes in part from frustration with 50 years of fitful debate on the topic since the publication of Marie Jahoda's classic report on it.¹³ She surveyed what she thought were six competing conceptions of positive mental health. George Vaillant's recent review article also surveys six competing conceptions – reorganizing Jahoda's discussion, adding material from subsequent empirical work, but not reporting much movement toward consensus.¹⁴

A closer look at this state of affairs is troubling. On the one hand, positive psychology often shows resistance to moralized talk of strengths and virtues, and a refusal to become embroiled in philosophical and theological controversies about human well-being – at least when those controversies cannot in principle be resolved empirically. On the other hand, positive psychology as represented in *Character Strengths and Virtues* seems to be distancing itself from a clear, general, empirical model of positive health that stays in close contact with the biological and medical sciences. The “medical model” of health seems to be in disrepute, perhaps because it too tends to define health negatively.

Consider the six competing conceptions of positive mental health recently reviewed by Vaillant. (I will more or less simply label them here, rather than describe them in detail.) Vaillant says that

- (a) For some theorists, being psychologically healthy in a positive sense means being “above normal” (or perhaps above “zero” – above the mere absence of disease), in particular with respect to problem solving, autonomy,

¹² I have outlined these matters in detail in chapter 6 of *A New Stoicism*, Princeton: Princeton University Press, 1998, and the commentary to that chapter.

¹³ *Current Concepts of Positive Mental Health*. Joint Commission on Mental Illness and Health Monograph Series No. 1 (New York: Basic Books, 1958).

¹⁴ Above, note 6..

- “investment” in life, and the ability to love, work, and play.
- (b) For a second group of theorists (e.g., Petersen and Seligman), being healthy in a positive sense presumably means having the character strengths that sustain the core virtues of courage, wisdom, temperance, justice, love (now humanity), and transcendence. (Vaillant is working with an earlier version of the text.) We should note here that an advantage of this model is that it can organize and represent many elements of the other models in its list of character strengths.
 - (c) For a third group of theorists, Vaillant says, being healthy appears to mean having a developmentally mature personality – as defined, for example, by Erickson. One can presumably include here any developmental account of psychodynamics in which the aims of theory or therapy have to do with mature, or fully realized, or fully integrated personality. Thus Freud, or Jung, or Maslow would be in this category as well. Stage theories of cognitive development (Piaget) or of moral development (Kohlberg) would also find a place here, at least as partial accounts of health.
 - (d) A fourth model develops the idea of positive mental health in terms of having social-emotional intelligence -- having knowledge of and the ability to modulate one’s emotions, having similar knowledge of others’ emotional states, having the ability to negotiate close interpersonal relationships, and the ability to focus desire into motivation to act. In *Character Strengths and Virtues*, elements of this fourth model show up under the virtues of humanity (kindness, social-emotional intelligence), temperance (self-regulation), and transcendence (gratitude, hope).
 - (e) A fifth model emphasizes subjective well-being, particularly as expressed in long-term life-satisfaction, as the mark of positive psychological health.
 - (f) And finally, Vaillant reports attempts to characterize positive health in terms of resilience – that is, in terms of traits that amount to having coping abilities on the order of homeostatic defense mechanisms.

Interesting as these models are, readers may have noticed that there is something odd about them. Namely, it is not entirely clear how they are models of positive psychological *health* under a general concept of the term common to all. At most, they seem to be talking about different aspects of the same thing. They are all obviously talking about the positive side of the psychological ledger, and about things that are obviously consistent with health, or are elements of it. But that does not quite mean that they can plausibly stand as competing models of such health. Consider:

Subjective well-being is perhaps a statistically useful indicator of health, as that term is ordinarily used, and perhaps often a causative factor in restoring or sustaining health. But it is hard to think that it is either a necessary or sufficient condition for health (as opposed to a sufficient condition for some versions of hedonistic well-being). After all, the euphoric self-reports that come out of pathologically manic states, especially when those states become more or less fixed features of personality, are presumably not healthy. And some people who report persistent unhappiness and dissatisfaction with themselves and their lives are nonetheless energetic, purposive, accomplished, and “well-balanced” in important ways. Think of Albert Schweitzer, during the peak of his career in Africa.¹⁵

Character Strengths and Virtues is not explicitly offered as a model of positive psychological health, and that may have been deliberate. But quite independently of Peterson and Seligman’s intentions in designing their book, it is easy enough to see that at the conceptual level, having character strengths and virtues is not *essentially* connected to physical or psychological health. It is essentially connected if the list of virtues is interpreted so that the

¹⁵ Albert Schweitzer, *Out of My Life and Thought* [1933]. New York: Henry Holt & Co. reprint edition, 1990.

traits are those necessary for eudaimonistic flourishing over a complete life. But if, on the contrary, the list of virtues is interpreted so that the traits involved are simply those endorsed as necessary impositions by social systems, religions, or philosophical theories of a collectivist sort, and if those traits demand strenuous subordination of individual welfare to collective or other external goods, then it does not follow that having those virtues will even be consistent with good health for the individual over a complete life, let alone essential for it.

Developmental maturity has the same problem. It too seems logically consistent with ill-health. That is certainly true for physical maturity and physical health (disease and injury strike mature people as well as immature ones), and it seems a pointless re-definitional maneuver to insist that psychologically mature people won't ever have psychological illnesses.

Having social-emotional intelligence is essential for many tasks in many environments, and is closely connected to subjective well-being. But its connection to health itself is complicated. Must we think that difficult, driven, gloomy people who have a tragic view of life and who are not at all convivial are by that fact psychologically unhealthy? That seems a hopeless attempt to identify a particular vision of the good life (and one that is too domesticated to promote some kinds of genius) as the one and only account of psychological health.

Being "above normal" with respect to traits characteristic of people who are able to live full, active, autonomous and productive lives in close cooperation with others seems closer to the mark, but one wants a better account of why these are the traits one must have in order to be considered healthy rather than, say, the traits needed to be successful or happy.

Finally, there is the model of positive psychological health as resilience. This is clearly *about* something we can recognize as positive physical and psychological health. Suppose someone has a disease and seeks treatment for it. Suppose further that the treatment cures the disease. Health defined negatively (as the absence of disease) has been restored. Yet if the person is left with no resilience – no homeostatic coping mechanisms for dealing with similar challenges in the future, it is surely problematic to call the person fully or positively healthy. So the model of resilience is clearly *about* health. The question is whether it is complete as a model of it – whether it is clear that "resilience" captures everything we want to say about the general nature of positive health. It seems implausible to think so. It is surely good to have resilience – to be able to cope successfully with future challenges. But one is even better off (healthier) if one also has a measure of immunity from at least some of those challenges – that is, if one's freedom from disease is a stable condition. So defining positive psychological health as resilience is also unsatisfactory.

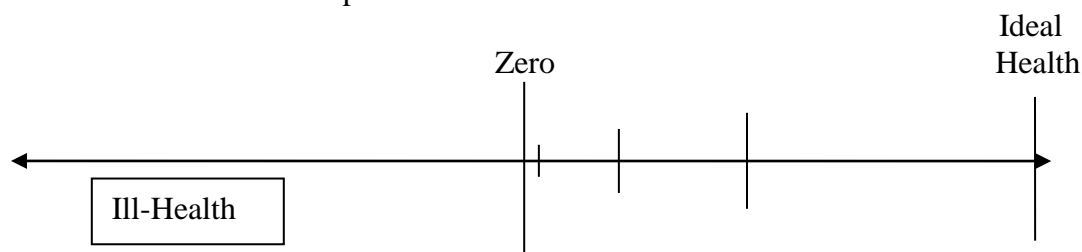
IV. The General Concept of Positive Health

How can it have happened that all these models or conceptions of positive health miss the mark in these ways? One explanation is that people have been hasty in offering them, or construing them, as models of health. Perhaps it is better to understand them (or some of them) simply as attempts to define goals for the research agendas and therapeutic aims of particular psychologists, without reference to an overarching concept of positive health. But another explanation is that they have been offered without taking the trouble to articulate a general concept of positive health – one that defines the perimeter of common ground that must be shared by competing conceptions of positive health, and that defines criteria of relevance, completeness, accuracy, and effectiveness in terms of which to assess those competing conceptions.

Whatever the explanation may be, I suggest the situation can be improved by explicitly developing consensus about the general concept of positive health, and then constructing one or more conceptions of it to pursue. Since I have not been able to find a ready-made example of such a general concept in the current literature (and because Aristotle didn't offer one either), here is a sketch, offered for purposes of illustration only.

Plausible features of positive health. Think of a continuum running from the extremes of

ill-health on the negative end of things, through the zero point (health defined negatively, as the absence of ill-health), through various levels of good health defined positively all the way to the theoretical extreme of perfect or ideal health.



The zero point is what Keyes calls languishing.¹⁶ More neutrally, we may refer to it as negative health or mere health. It is better than anything less than zero, but it is not a place one would want to remain for long, and not place one would call “good” health.

The problem now is to articulate in a general way the sorts of things that must be added to mere health to move from zero firmly into positive territory. As mentioned above, resilience is likely to be one of those things, and immunity or stability is another. It is also plausible to think that “regenerative powers” should be on the list – the ability, for example, to restore the physical or psychological structures necessary for homeostatic stability or resilience when those structures have been destroyed. Closely related to that would be the generation of agent-energy (the energy for purposive action), and the generation of momentum for developmental progress toward maturity and toward ideal health along physical, cognitive, emotional, and conative dimensions. And because one of the self-defeating features of languishing at the zero point is the lack of self-initiated, self-directed, and effective purposive activity (which lack tends to drive the languishing person back into ill-health), it is plausible to think that the general concept of positive health should include some reference to persistent and effective purposive activity as well. Finally, it is plausible to think that improvements in one’s positive health typically involve enlarging the range of physical and social environments in which it is possible to sustain the other features of good health.

So some arbitrary points along the continuum might look like this:

Minimally good psychological health in a human being is the absence of psychological disease -- or deficit due to disease, or injury, or developmental interruption -- together with “just-discernible” levels of the following traits, functional in *one* well-defined physical and social environment: (a) homeostatic resistance to the onset of such disease or deficit, *and* (b) homeostatic resilience in returning to minimally good health from something less, *and* (c) the regeneration of homeostatic mechanisms when they have been damaged or destroyed, *and* (d) the generation of agent-energy for purposive behavior, *and* (e) the generation of momentum for developmental progress toward maturity and ideal health along physical, cognitive, emotional, and conative dimensions, *and* (f) initiative and success in the purposive realization and exercise of human psychological capabilities.

Good psychological health is marked by an increase (over minimally good health) in one or more of the traits (a) – (f), *or* an increase in the range of environments in which one or more of those traits is functional.

Excellent psychological health is marked by an increase (over good psychological health) in all of the traits (a) - (f), *and* an increase in the range of environments in which there are functional.

Ideal psychological health is defined as the optimal level of homeostatic resistance and

¹⁶ Corey L.M. Keyes and Jonathan Haidt (eds.), *Flourishing: Positive Psychology and Life Well-Lived* (Washington, D.C.: American Psychological Association, 2003), Ch 13.

resilience, regeneration of homeostatic mechanisms, generation of agent-energy, and generation of momentum for developmental progress, across a maximal range of physical and social environments, together with the optimal realization and exercise of human psychological capabilities.¹⁷

Notice that this general concept of health makes no direct reference to subjective well-being. Subjects might or might not report well-being if they have good health along these lines. In this way, subjective well-being remains only a statistical indicator of good health, or at most a causative factor in generating certain components of good health -- agent-energy and purposive action, for example. Pre-theoretically, that seems about right.

Moreover, this general concept does not make direct reference to moralized traits (moral virtues), or to the relation between positive health and one's ultimate aim or conception of a good life. Rather, the concept is cast (or at least is intended to be cast) in terms of traits that can be studied empirically, and that are independent of competing conceptions of the highest good(s) as they are described in ethical theories. It would be possible, for example, for a theologian to argue, without challenging anything in the *general* definition of health, that progress beyond good health is an unimportant good, compared to following God's law. It would similarly be possible for a philosopher to argue that while health is an important good, a direct concern for one's subjective well-being is ignoble. And so forth.

If a general concept like this does the work it is intended to do, it will define criteria of relevance, completeness, accuracy, and utility for assessing and reorganizing the many features of positive health discussed in the literature. But it will also have its uses for research and therapeutic agendas. It is meant to define a piece of terrain, barren of theory, upon which detailed conceptions of positive health can be constructed.

This illustrative general concept is meant to be advantageous for a health science in a number of other ways as well. The terms used within it (stability, resilience, regeneration, generation, agent energy and so forth) are meant to preserve the close connection between physiology and psychology now found in a study of mental illness. Moreover, conceptions of positive health constructed on this terrain will need to have hypotheses about (a) what physical and psychological equipment is necessary to achieve each general level of health; (b) what mechanisms move us from minimal to good to excellent to ideal health; (c) whether normal development and maturation alone can drive such movement under favorable conditions; (d) what character strengths and virtues best drive such movement under various conditions, and which ones best support each stage in which environments; (e) whether, and under what conditions, movement from one stage to another is likely to be preferred by subjects, and movement toward it thus motivated; (f) how and under what conditions subjective well-being is implicated and expressed in each stage, and implicated in movement from one stage to another. And so on. All of this helps to clarify the distinction between positive-health psychology and ethics.

V. Positive Psychology as a Conception of Health

The possibility of getting consensus on an elaborate, single *conception* of positive psychological health is tantalizing. In particular, *Character Strengths and Virtues* is already inclusive enough to be reshaped for that purpose. Let me conclude with some brief and no doubt impertinent observations on the possibilities. Consider:

To recast *Character Strengths and Virtues* as a conception of positive health under something like my general concept of it, the various character strengths would have to be linked to elements in the general concept, and that would probably mean redefining some of the more

¹⁷ The notions of optimal and maximal traits are meant to suggest some ways in which a given trait (say agent energy) can also be a psychological disorder if excessive (as in mania), or if deficient (as in depression), and a component of good health otherwise, in varying degrees.

overtly moralized ones (kindness, for example), or perhaps simply casting them as strengths in certain environments, pairing them with their opposites for opposing environments. Kindness, after all, is probably an unhealthy trait in a world full of mean-spirited grifters, however noble it might be to persist in being a trusting dupe in such a world. A conception of health (rather than virtue in the ethical sense) might well recommend in place of kindness a superordinate trait of reciprocity in which kindness is unilaterally offered initially, and thereafter conditioned on reciprocal responses from others.¹⁸

Moreover, the effort to do the linking might force some realignments in the clusters of strengths used in the book, and shifts in emphasis among them. For example, references to agent-energy might well be brought further forward. There might also be more prominent reference to developmental maturation, especially along its cognitive dimensions, including especially language acquisition and the cognitive content and processing of emotions. Resilience might also be more prominent in the discussion. And it is possible that the notion of health as closely tied to the range of environments in which positive traits are functional would need to become a central organizing concern. The same might be true for the realization and elaborately *conditional* disposition to exercise a much wider range of human capabilities than is suggested by a focus on the six core virtues. In some extreme environments, for example, distrust might be a better default trait than trust.

Further, one would probably do well to match this general concept of positive health to a similar one for the negative side of things, perhaps with reference to both physical and psychological matters. That effort would no doubt force as many changes in the characterization of the illustrative general concept as in the particular conception offered by positive psychology. But some of the possible connections start to materialize when one thinks of the way in which a trait can be in negative territory when it is either excessive or deficient, and in positive territory otherwise. For psychological disorders, certain traits are pathological if they are excessively stable (rigid) as well as deficiently so. For physical disorders, excessive generative momentum at the cellular level is, I suppose, a vague way of describing a major property of cancer cells, whereas deficiency in the generation of platelets, or red blood cells, or white blood cells also describes a wide range of physical illnesses. (Imagine the tails of a bell curve both being in negative territory while most of the rest is above zero in positive territory.) It would be truly impressive to get consensus on a useful general concept of health that ranges over the whole terrain, from the negative to the positive extremes, using the same terms wherever possible to deal with both the physical and psychological dimensions of health.

Finally, if *Character Strengths and Virtues* were to be reshaped in this way, there would be an opportunity to emphasize the fact that psychological health converges with the virtues only under some conceptions of virtue (e.g., certain eudaimonistic ones), and then probably begins to converge seriously with virtue only at significant approximations to ideal psychological health.

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¹⁸ For a compelling game-theoretic defense of reciprocity as a winning tit-for-tat strategy in iterated prisoner's dilemma games, see Robert M. Axelrod, *The Evolution of Cooperation*. New York : Basic Books, 1984. For an account of a more elaborate form of reciprocity as a fundamental virtue, see Lawrence C. Becker, *Reciprocity*, London and New York: Routledge, 1986, especially chapter 3. Both accounts emphasize the importance of a "nice" or trusting or kind opening move.