

A positive perspective on adolescent mental health

'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.' - Constitution of the World Health Organization.

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Rosanna Strauss has been teaching cognitive behaviour therapy to postgraduate students at UCT since 1996. She has acquired psychological assessment and therapy skills after 15 years of working as a clinical psychologist with late adolescents and emerging adults. Her interests include student mental health issues, psychological treatment models, and psychological theories that provide skills for enhancing positive mental health and preventing illness.

The 21st century has brought a new and overdue focus to psychology. While president of the American Psychological Association, Martin Seligman (1998) called for the Manhattan Project for the social sciences. Seligman's vision was that the social sciences look beyond human weakness, damage and remediation to reclaim one of its fundamental missions: the understanding and facilitation of human strength and virtue. In response to Seligman's view and similar contributions by others, positive psychology has emerged as a complementary focus to identifying pathology and offering remediation. Its proposed aim was the scientific study of human strength, resilience and optimal human functioning.

At the same time the work has been made highly accessible to the lay public by communicating with lack of jargon, through the popular press and electronic media, and by developing a vast body of self-help literature.

An unusual element of this particular focus is that Seligman, in all his work, acknowledges and respects the previous work that has been done in psychiatry and psychology. This aspect of his work has the potential, despite current and almost certainly future criticism from existing schools, of being a truly integrative model. In the field of psychological therapies, which has been bedevilled by divisive and often pedantic attempts at differentiation in order to establish an identity, the positive approach seems to have the potential of becoming truly integrative perspective. This has been achieved not only in the application of psychological theories but drawing on and adding to neuroscience, health sciences, economics and health policy.

The basic tenets of positive psychology

Psychiatry and clinical psychology have, Seligman¹ argued, made massive strides towards diagnosing and treating mental illness since the 1940s and 1950s. However, these fields contain (i) interventionist gaps in ensuring good mental health and (ii) philosophical flaws and limitations with regard to understanding human motivation.

Good mental health

The most obvious limitation has been that psychology has had difficulty in moving on from an illness or deficit model. The

study of clinical psychology has not sufficiently taken cognisance of the prevention of mental health problems or contributed to psychological health and flourishing. Concepts such as resilience, character strengths, notions of choice and responsibility and so forth have not been satisfactorily explored within the field. The focus on treating mental illness, Seligman argued, has come at the cost of exploring how mental illness can be prevented or how people who have recovered from or are free of mental illness can flourish and live happier, more productive and more fulfilling lives. In short, psychology needs to move from diagnosis and treatment to include concepts such as 'psycho-immunisation' and 'salutogenesis' or 'psychofortology'.

Happiness, Seligman argued, can be patently qualified and quantified. It involves firstly 'the pleasant life,' the pursuit of happiness, i.e. pleasant emotions (hedonics) and developing skills to create pleasant experiences and have more positive than painful emotions.

Barbara Fredrickson² has developed work around the adaptive value of positive emotions and the broaden-and-build theory of emotions. She and colleagues are proving through systematic reviews and their own research that positive emotions play an important role in assisting with learning and developing new skills. They have shown that positive emotions lead to more broad-minded and creative thinking, which in their turn lead to more positive experiences and that this process leads to an upward cycle.

Secondly, there is 'the good life' or 'eudaemonia' – the more considered and Aristotelean pursuit of happiness. Essentially, this has to do with identifying key character strengths ('signature strengths') and making choices in life, love and work that align with these strengths. This aspect of happiness creates the experience of being fully engaged with activities such as good conversations or a piece of work, to the extent that one loses self-consciousness and is utterly absorbed by the activity.

The final and most difficult form of happiness to acquire is that of finding meaning. Seligman defines this pursuit as not restricted to 'pre-packaged' beliefs located in crude morality, religion or politics. Rather it refers to contributing in the broadest sense to the greater good.

The absence of mental illness should not be confused with good mental health. Attending to one part of a two-dimensional continuum, social

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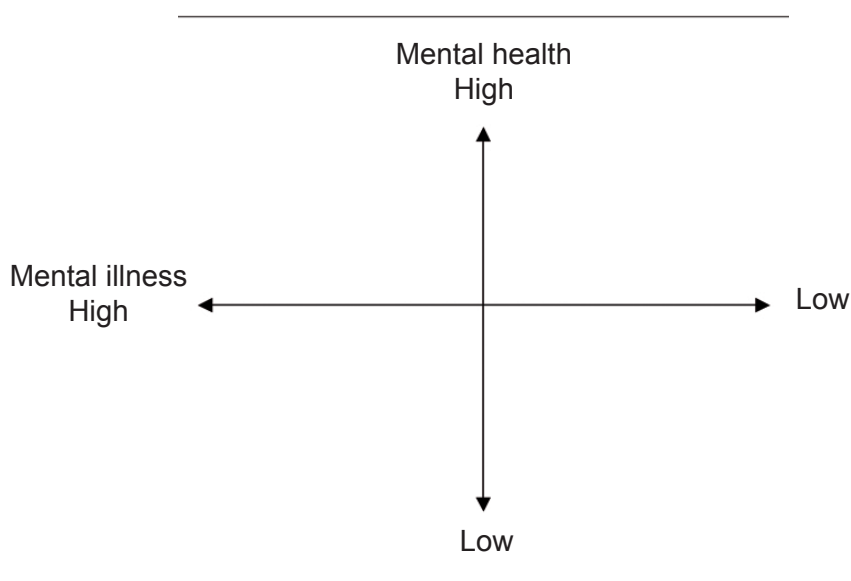


Fig. 1. The two continua model of mental health (Keyes, 2006).

scientist Keyes³ argues, is a job half done. It is not sufficient to pitch the condition of a patient along the high-low illness continuum. As health professionals we need to consider the patient's condition on a high-low health continuum (Fig. 1). Interventions aimed at assisting people in preventing mental illness on the one hand and developing good mental health on the other should, according to Seligman, aim to identify and build strengths and develop opportunities for growth and happiness.

Good mental health does not merely mean that a person scores low on the mental illness continuum. For optimal health and flourishing the score on the mental health continuum should also be high. The notion of good mental health or flourishing, he argued in line with Seligman, has been neglected by the health care sector, both private and public.

Keyes expanded on the model of good mental health by including not just the absence of illness and the presence of psychological or emotional well-being but also social well-being (Fig. 2). He argued that participation in a society where the individual has a sense of belonging, where the society as a whole seems to be progressing developmentally, and active participation and contribution to the society should be considered in leading to good mental health.

Seligman echoes this concept in pointing out that people cannot be defined or

developed outside of their context. We require 'enabling institutions' to thrive. These include families, schools, businesses, communities, societies and arguably the caring professions. Seligman⁴ refers to the following description: 'Enabling institutions facilitate the development and display of positive traits, which in turn facilitate positive subjective experience.' He emphasises the notion of facilitation rather than a causal relationship and points to the historical context in South Africa as an example of how people are able to behave positively in a potentially disabling environment.

Reframing human motivation

In addition to redefining the meaning of mental health provision, Seligman and his colleagues seek to redefine our conceptualisation of what it means to be human. Seligman refers to the model of humans that has developed over centuries and civilisations (brought into the 20th century by Freud) as 'rotten to the core' dogma. He strongly rejects the notion that all positive emotions and actions are really a defence mechanism against primitive and destructive impulses. Seligman argues that this is not an accurate representation of the human

psyche. Rather, we are continually striving towards good deeds, development, happiness, attachment and meaning.

Application to adolescents

In this section the theory of positive psychology is applied to adolescent development, drawing on the work of Seligman *et al.*⁴

Reframing the adolescent

Adolescence is a time of turmoil and change. The adolescent is at the mercy of powerful physiological changes as well as facing psychosocial developmental challenges. These include:⁵

- forming an identity
- becoming more independent
- establishing peer group relationships
- forming sexual relationships.

Literature about this phase abounds with the risks young people face: substance abuse, unplanned pregnancy and STDs, dropping out, eating disorders, ADHD, mood disorders, bullying, ennui and so forth. Studies are fraught with the potential hazards adolescents have to survive in order to reach maturation. Health care professionals and educationalists have tended to focus on defining pathologies and devising remedies for adolescent problems and deficits.

Work in the past decade has expressed a more positive view of adolescents as potentially being a resource for society, rather than a problem. Adolescence could be understood as one of the most valuable developmental phases and offers the opportunity for enormous growth. The notion of development can be viewed as a young person eager to 'explore the world, to gain competence, and to acquire the capacity to contribute importantly to the world.'⁴

In fact, young people have the potential to be resilient, especially in a context where they are protected and development is facilitated. The potential exists for them to emerge from this phase with enhanced skills, abilities and sense of well-being.

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Young people can only be fully prepared for 'the business of life' if 'skill, talent, character, happiness, engagement and social involvement are the hallmarks' of their development.

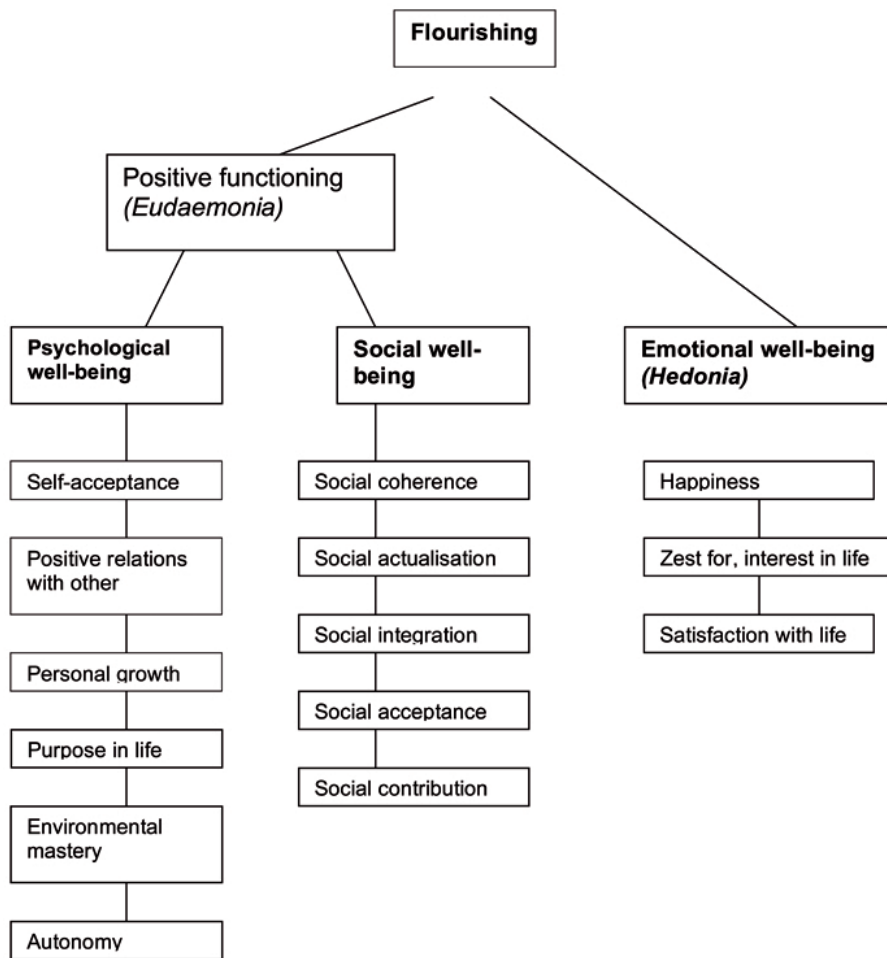


Fig. 2. Salutogenic approach (Keyes, 2002, 2005).

Good mental health for adolescents

In order to be fully prepared for life, key competencies need to be developed:

Emotional competence. The work in the field of emotional intelligence (EQ) which predates but has become affiliated to this model addresses the elements that emotional competency entails.⁶ They include knowing and appropriately expressing one's emotions, managing emotions, self-motivation, recognising the emotions other people are experiencing and handling relationships.

Cognitive competence. The first component of cognitive competence is based on the work of Aaron Beck initiated in the 1980s. Cognitive therapy is the process whereby negative thoughts leading to maladaptive emotions and behaviour are challenged. Reality-based thoughts,

positive self-esteem and optimism can be taught within this framework. Adolescents tend to be highly self-critical and the application of this model can effectively counter negative thought processes. Cognitive therapy is one of the few evidence-based psychological therapies.

The second component of cognitive competence has to do with intellectual capacity and learning skills and abilities.

Behavioural competence entails the skills required (that can be learnt) to take effective and appropriate action, viz. non-verbal and verbal communication.

Encouraging self-determination and self-efficacy, viz. thinking and acting for oneself and becoming increasingly autonomous. Also developing the perception that one can achieve desired outcomes through one's own action.

Fostering spirituality. Positive psychology has placed religion on the mental health map again in our increasing secular world. Religious practice (of any denomination) has been linked to happiness, optimism, pro-social values and connection to a community.

Creating meaning. For adolescents this may include, among other things, '...meaningful involvement in family, school, and community activities'. Young people can only be fully prepared for 'the business of life' if 'skill, talent, character, happiness, engagement and social involvement are the hallmarks'⁴ of their development. Rather than eliminating or reducing problems with youth, they should also be assisted to '... thrive and form positive connections to the larger world' (as laid out by Keyes in Fig. 2).

Seligman and others propose that the above competencies can be developed most effectively in adolescents by their participation in a range of youth programmes. The range of youth programmes implemented and assessed by Seligman and his colleagues is too big for the scope of this paper, but Seligman advises that adequate consideration be given to methodologies and outcomes.

Shortcomings of positive psychology

With regard to the existing body of knowledge Seligman points out a number of shortcomings:

- The lack of integration with the biological factors contributing to mental health.
- The paucity of cross-cultural understanding in the development of optimal health.
- Positive psychology is criticised as being optimistic in a rather naïve, Pollyanna-like sense.

Conclusions

Positive psychology has the potential to contribute to and redirect mental health work with adolescents. While acknowledging that adolescence can be a difficult developmental phase, the theory proposes valuable areas in which adolescents can be assisted in growing specific competencies for flourishing (rather than merely coping) in this phase. Participation in different kinds of youth development programmes is proposed as one potential method of achieving these goals.

References

1. Seligman MHB. *Authentic Happiness*. New York: Free Press, 2002.

2. Fredrickson BL. The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist* 2001; 56:218-226.
3. Keyes C. If health matters: when will we stop saying one thing and doing another? Paper presented at the first South African Positive Psychology Conference, University of the North-West, April 2006.
4. Seligman MHB, *et al.* The positive perspective on youth development. In: Evans DL, *et al.* *Treating and Preventing Adolescent Mental Health Disorders*. Oxford: Oxford University Press, 2005.
5. De Jager W, Strauss R. The selection of young adolescents for group therapy: working towards cohesion. *South African Journal of Child and Adolescent Mental Health* 1998; 10(2): 133-139.
6. Salovey P, Mayer JD. Emotional intelligence. *Imagination, Cognition and Personality* 1989; 9: 158-211.

In a nutshell

- Positive psychology is a new focus in the field of mental health.
- The model shifts the emphasis from merely recovering from mental illness to preventing mental illness and developing good mental health.
- The theory presents a reframing of human motivation.
- Adolescents can be understood differently in this framework.
- They can be seen as resilient and as a resource rather than as a problem.
- Interventions for adolescents can be aimed at developing specific competencies and enhancing existing abilities.

single suture

Crush garlic for the best effects

To get the best health benefits from garlic, crush it, let it stand for 10 minutes and then eat it raw or cook it for less than 6 minutes. This from Claudio Galmarini, from a food consultancy in Mendoza, Argentina. Apparently the crushing breaks open cell membranes to release alliinase – an enzyme that is vital for creating anti-clotting compounds. The most active of these are allicin and thiosulphinate. In uncrushed garlic the alliinase stays locked away.

Leaving the garlic to stand allows time for the alliinase to start creating the blood-thinning compounds, while overcooking destroys the enzyme.

J Agric Food Chem 2007; 55: 1280.

single suture

Best weight loss still from Atkins diet

A randomised trial in overweight and obese American women suggests that the Atkins diet is still the best way to lose weight. Women following the diet for 12 months lost more weight than women following 3 other popular diets and their lipid profiles and other cardiovascular risk factors got no worse. A further benefit was that their systolic blood pressure came down significantly during the year. The three other diets worked about as well as each other. Women on the Atkins diet lost an average of 4.7 kg, compared with an average of between 1.6 kg and 2.6 kg on the other three diets. The difference between the Atkins diet and the others was only significant after 2 months and peaked at 6 months.

The diets were from a continuum of weight loss strategies, with the Atkins diet (low in carbohydrates and high in fats and proteins) at the one end and the Ornish diet (very high in carbohydrates and very low in fat) at the other. Neither diet restricts calories.

However, although researchers say that the Atkins diet is unlikely to be harmful to health in the short term they also warn that the women in the trial lost only 5% of their body weight.

JAMA 2007; 297: 969.