Prologue

I send my good wishes and greetings to the readers of PSICODEBATE. Were I able to submit an article, it would be about the notion of Positive Psychotherapy, so I would like to write a little bit about it now. Here is the abstract taken from a forthcoming *American Psychologist* article by Tayyab Rashid, Acacia Parks and myself:

Positive Psychotherapy (PPT) contrasts with standard interventions for depression by directly increasing positive emotion, engagement, and meaning rather than targeting the negative symptoms of depression. We have tested the effects of these interventions in a variety of settings. In informal student and clinical settings people sometimes report them to be "life-changing." Delivered on the web in a random assignment, placebo controlled test, positive psychology exercises relieve depressive symptoms for at least six months. With web delivery they may also make striking inroads into severe depression. We report two preliminary studies: In the first PPT, delivered in groups to students with mild-moderate symptoms, lowered depressive symptoms with one year follow up. In the second, PPT produced higher remission rates among outpatients with Major Depressive Disorder than treatment as usual and treatment as usual plus medication. Treatments of depression may usefully be supplemented by exercises that explicitly increase positive emotion, engagement, and meaning.

What is on my mind as I write this greeting is the possibility that "positive psychotherapy" is wholly nonspecific. In general, psychotherapy for all disorders consists of talking about and going after troubles directly. Positive Psychotherapy is a buffering strategy in which the conversation is about increasing positive emotion, increasing engagement by identifying and building signature strengths, and increasing meaning. Building these, somehow, crowds out troubles. Would such a strategy buffer against PTSD? Panic? Schizophrenia? Substance Abuse?

How about buffering against chronic pain and physical disorders? I am a bridge player and the average age of tournament bridge players in the States these days is now around seventy. Many of them have arthritis and other painful conditions of aging. It is noteworthy that they are not in pain when they play bridge, just between sessions.

Engagement, absorption, and flow are analgesic, powerfully so. And meaning is likely analgesic as well. Rachel Kellerman and I found that students playing Tetris, an absorbing video game, kept their foot in ice water longer, and the more engagement, the less reported pain.

Coping with the slings and arrows of fortune often consists of such buffering and I surmise that insight into the techniques and mechanisms of such buffering will be an endeavor that may take positive psychology far beyond the notion of therapy or coaching.

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