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**Positive psychology and its potential for  
religiously- and culturally-sensitive service  
provision.**

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**Theme: Spirituality and Mental Health.**

# Aims

This presentation outlines positive psychology, and discusses its potential for religiously, spiritually and culturally-sensitive mental health service provision, using illustrations from work in the UK among cultural-religious minority groups. I describe:

- Seligman's approach to positive psychology, and the interface between positive psychology and religion.
- Observations made and practices adopted in research and service provision work among religious-cultural minority groups in the UK.
  - Standard psychometric measures of distress and psychopathology, are seen as threatening by research participants.
  - Psychological research seen as threatening, and mental health problems as stigmatising, especially among minority religious or ethnic groups.
  - In establishing religiously and culturally appropriate services, potential users have objected to activities that entail focus on negative feelings and behaviours. They wish to be empowered, to be offered positive suggestions, spiritual inspiration, skills, and knowledge,
  - The importance of focussing on positive affect in the study of religious coping.

The concepts, measures and methods of positive psychology are more readily acceptable among religious minority groups, than the traditional methods employed for investigating and managing undesirable feelings and behaviour, and there is major scope for development.

## *What is positive psychology?*

- Seligman (*Authentic Happiness*, 2002) has defined agendas for research and clinical work in positive psychology.
- Traditional psychological research and clinical work have focussed too heavily on *pathology* and *negative* emotions.
- *Positive* feelings, and behaviours that engender “authentic happiness”, need more attention.
- Each individual has *signature strengths*, whose use engenders authentic happiness: “*Use your signature strengths every day in the main realms of your life to bring abundant gratification and authentic happiness*” (Seligman, 2002, p.249). .
- Signature strengths are self-consciously owned as features of character that are “the real me”.
- *A self-assessment can be done at [www.authentichappiness.org](http://www.authentichappiness.org) (strengths survey):*

# Signature strengths

*There are 24 possible “signature strengths”, grouped into five clusters . The five clusters and examples of strengths within each cluster are:*

- **Cluster 1: Wisdom and knowledge:** *routes to displaying wisdom, and its necessary antecedent, knowledge, can be arranged in a developmental progression, from curiosity, love of learning, critical thinking, ingenuity, social intelligence and perspective.*
  - *Curiosity/interest in the world: “I am always curious about the world”*
  - *Perspective: “I am always able to look at things and see the big picture”*
- **Cluster 2: Courage:** *the conscious exercise of will towards worthy ends that are not certain of attainment.*
  - *Valour and bravery: “I have taken frequent stands in the face of strong opposition”*
  - *Integrity/honesty: “I always keep my promises”*

- **Cluster 3: Humanity and love:** strengths displayed in positive social interaction with other people.
  - Kindness and generosity: “I have voluntarily helped a neighbour in the last month”
  - Leadership: “I can always get people to do things without nagging them”
- **Cluster 4: Temperance:** appropriate and moderate expression of appetites and wants.
  - Self-control: “I control my emotions”
  - Humility and modesty: “I change the subject when people pay me compliments”
- **Cluster 5: Transcendance:** emotional strengths that reach outside and beyond to connect you to something larger and more permanent. This cluster includes spirituality, gratitude, hope, forgiveness, as well as appreciation of beauty, humour and zest.
  - Spirituality/sense of purpose/religiousness. “My life has a strong purpose”
  - Zest/enthusiasm: “I throw myself into everything I do”

# What about religion?

Traditionally, religion and psychology have had a mixed relationship, including some very negative attitudes and mistrust on both “sides”, for example:

- *“Psychiatry and religion have a history of discord” (Foskett, 1996)*
- **Freud** (1927, 1928, 1930, 1939): complex and often profound views on religion, but seen as usually negative - for example- *“Religion is the universal obsessional neurosis. It spares the individual the task of forming his own neurosis.”*
- **Mowrer** (1961) mental problems are the result of guilt, caused by sin, destroying personal integrity and the relatedness of the community. **Ellis** (1975) similar views to Mowrer - religion causes guilt, leading to psychological distress.
- *“Evangelical Christians may feel that the ...psychological perspective of Freud...was outside the realm of faith. It was viewed...as the enemy of faith and of the believer...spiritual counsel was the means of ...deliverance...The emotionally disturbed had sinned in some way” (Esau, 1998)*
- *“...Psychoanalysis effected no cures...caused aggravation of mental disorders...Freud and his cohorts...charlatans and vampires that prey upon society” (Miller, rabbinic endorsement of Amsel, 1984)*

However there have been numerous successful attempts to integrate spirituality into clinical and psychotherapeutic practice (e.g. **Jung**, 1958; **Rizzutto**, 1979; **Spero**, 1992) and to pursue non-reductionist, non-pejorative, scientific psychological study of religious behaviour, feelings, and concepts (e.g. **Allport**, 1950; **Argyle**, 1997; **Watts & Williams**, 1988; **Pargament**, 1997)

More specifically, virtually all the strengths listed by Seligman are endorsed in religious traditions, and many are key religious virtues, for example:

- Forgiveness,
- Love and acceptance of others
- Purpose in life/hope
- Gratitude (see Watts, Dutton & Gulliford, 2006)

There has been rapid development in the interface between positive psychology and religion, for example Joseph, Linley & Maltby (2006): Positive Psychology, Religion and Spirituality, Special Issue, *Mental Health, Religion and Culture*

# Using a positive psychology frame: Some driving events

1. *Standard psychometric measures of distress and psychopathology are intimidating. There may be other culturally inappropriate features. Here are some tests to which we got negative reactions from minority groups, and could not use.*
  - **Rosenberg Self-Esteem** (1965)  
e.g. *“All in all, I am inclined to feel that I am a failure”*; *“On the whole I am satisfied with myself”*; *“I feel I do not have much to be proud of”*.
  - **Negative Affect** (Watson et al, 1988)  
e.g. self-ratings of *“Distressed”*, *“Upset”*, *“Irritable”*
  - **Post Natal Depression** (Edinburgh PND: Cox et al, 1987)  
e.g. *“Things have been getting on top of me”*; *“The thought of harming myself has occurred to me”*; *“I have felt sad and miserable”*.

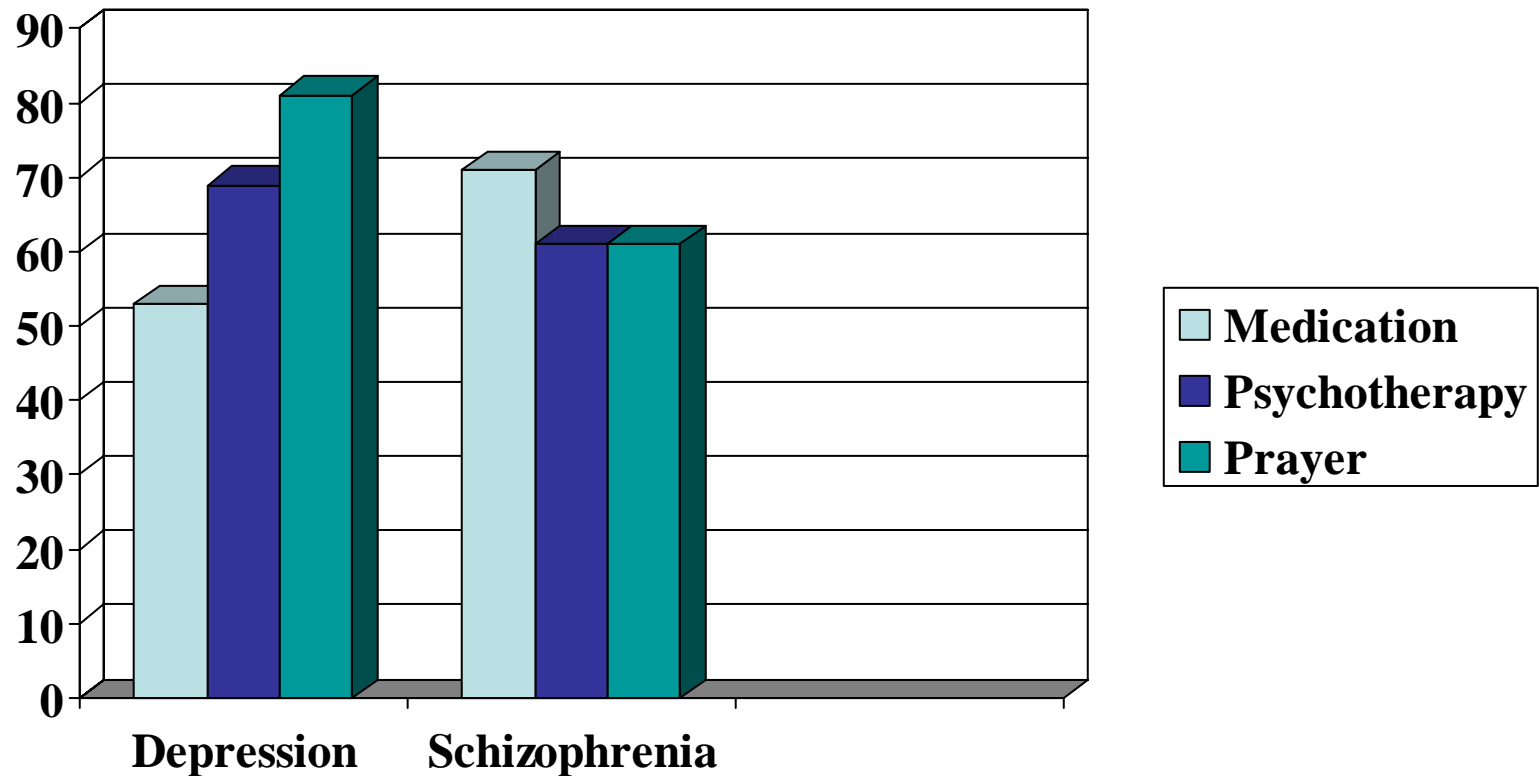
## 2. Psychological research seen as threatening, and mental health problems as stigmatising (sources:

Cinnirella & Loewenthal, 1999; Lindsey et al, 2003; Loewenthal & Brooke-Rogers, 2004; Frosh et al, 2005),

- *(Re research being done on children's behaviour problems in the orthodox Jewish community) You already know we are a dysfunctional family so why do you need questionnaires to prove it? (Orthodox Jewish)*
- *The one thing Black people hate is for anybody to find out there is any form of mental illness in their families...what they try to do is shut that person away and deal with it by themselves as opposed to going through all the networks and being exposed." (Black Christian)*
- *If people can identify you as someone being depressed, I think it's going to make it worse because in a way they tend to be rejected". (South Asian Muslim)*
- *Our people do not go to the doctor (when depressed), in fact they hide it, because they think that if people know about it they will not accept them and they'll be laughed at and would be completely shut off because there is this prejudice (South Asian Muslim)*
- *I have to call myself a counsellor, not a psychotherapist, otherwise no-one would dare to consult me (Orthodox Jewish)*
- *(apropos a service helping mothers who have just given birth) "I wonder what type of families need this? Is it just those who can't cope? I might feel ashamed to ask for such help" (Orthodox Jewish)*

Religious coping compares well with other forms of help for mental illness in terms of its perceived effectiveness:

Proportion of people endorsing the helpfulness of medication, psychotherapy, and prayer. (Source: Loewenthal & Cinnirella, 1999)



3. In establishing religiously and culturally appropriate services, potential users have objected to activities that entail focus on negative feelings and behaviours.

- Blumental, Herzog & Loewenthal (2006) describe setting up a post-natal depression prevention service. Three focus groups with potential users discussed post-natal moods, family relationships, factors affecting these, and possible helpful services. Two important themes were:
  - Participants agreed that support groups were NOT an attractive option: “We don’t want to sit around talking about our feelings”
  - One-off sessions and SHORT courses that would enhance parenting and related practical skills were agreed to be potentially attractive. Sessions offering religious inspiration and enhancing religious coping were also seen as attractive. They wish to be empowered, to be offered positive suggestions, spiritual inspiration, skills, and knowledge.

- Examples of some popular sessions
  - Religious coping – positive thinking
  - Time management
  - Healthy diet and menu suggestions
  - Dealing with the Jewish festivals
  - Children’s arts and crafts, outings and holiday activities
  - Baby massage
  - First aid for babies and young children (delivered by a qualified instructor and leading to a certificate)
  - Dealing with children’s sleep problems
  - Complementary medicine: suggestions for childhood ailments
  - Dealing with crying
  - Art therapy with young children



Practising baby massage

A First Aid instructor demonstrates infant resuscitation

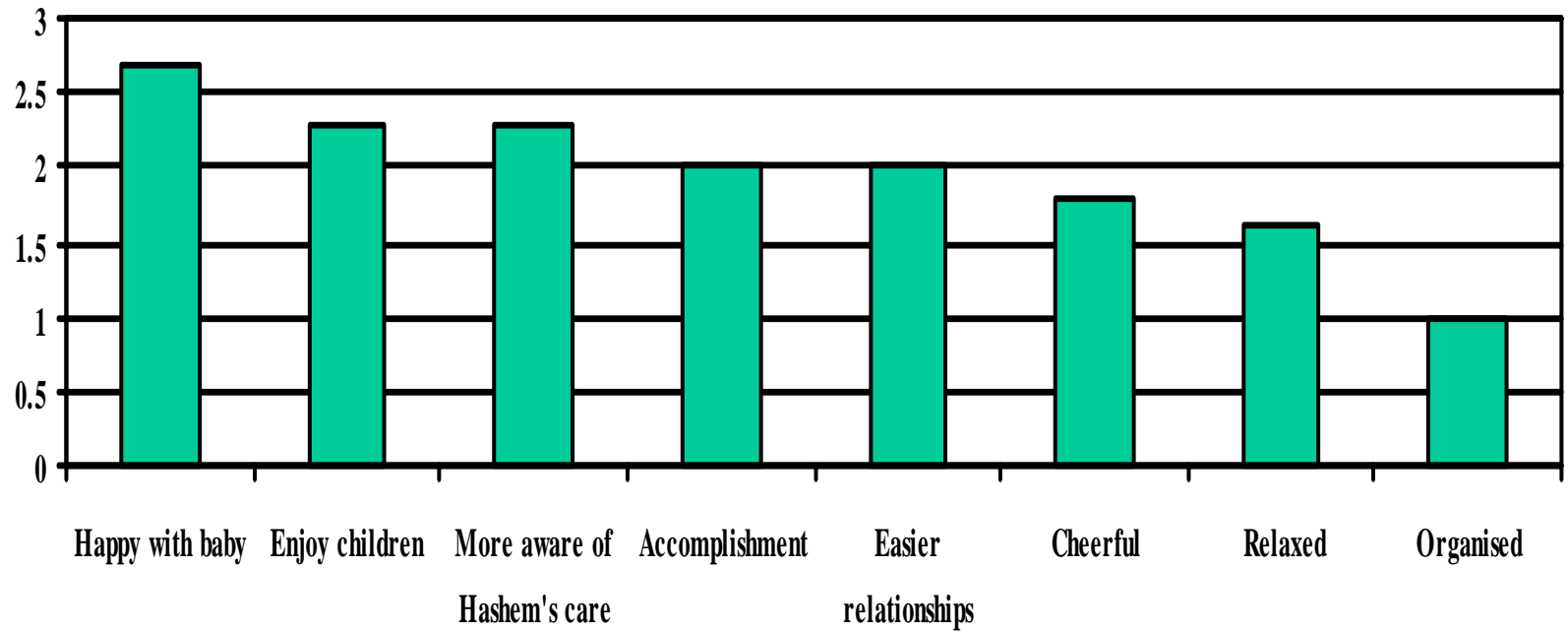


4. The importance of focussing on positive affect in the study of religious coping.

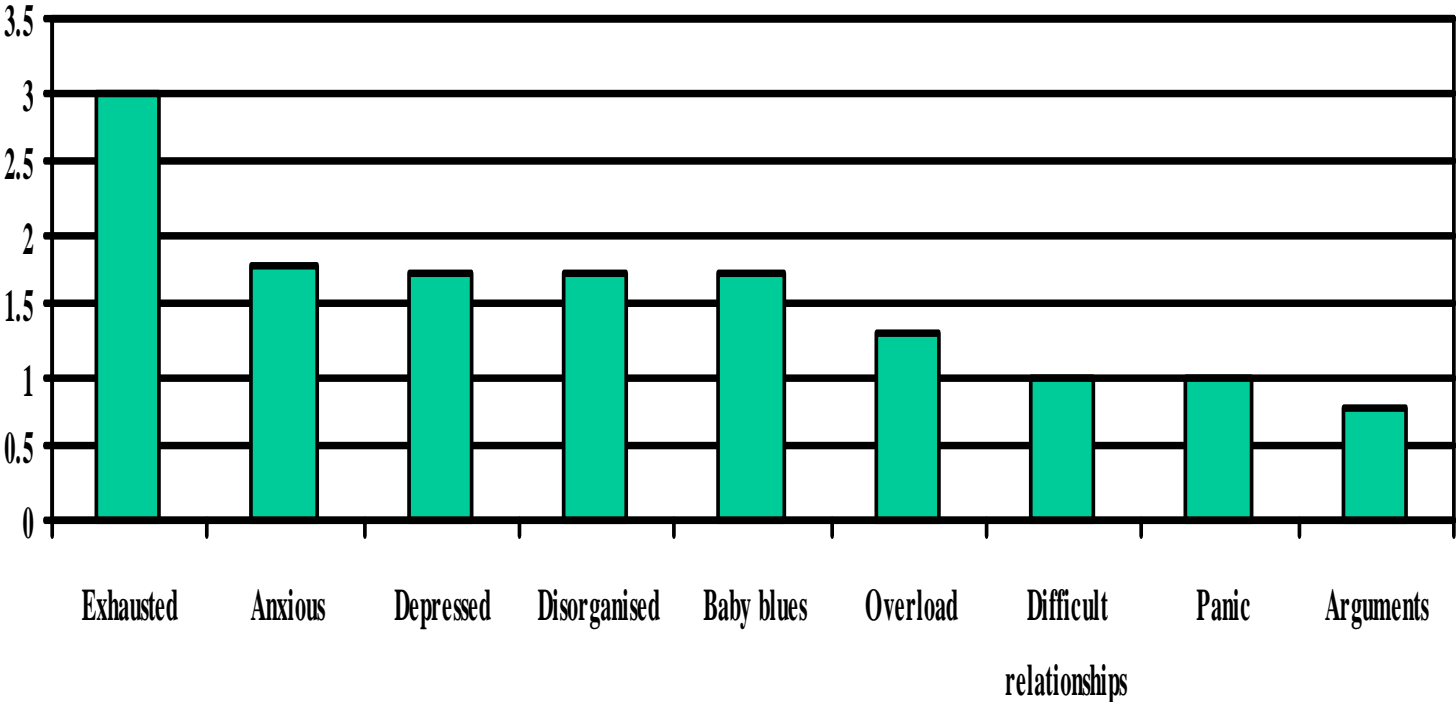
### ***A: Studies of post-natal mood***

- Women (n=20 focus group participants, June-July 2002). described a range of moods common in the post-natal period. These did not correspond closely to the moods in standard depression measures. It was considered important to develop a culturally-appropriate measure.
- A pilot study (n=13 session participants, November 2002, n=15 session participants, June 2003) evaluated a culturally-appropriate post-natal mood measure.
- The most strongly experienced negative mood was ***exhaustion***.
- Positive moods, generally experienced more strongly than negative moods, included ***enjoyment of the baby, better family relationships, and enhanced spirituality***.

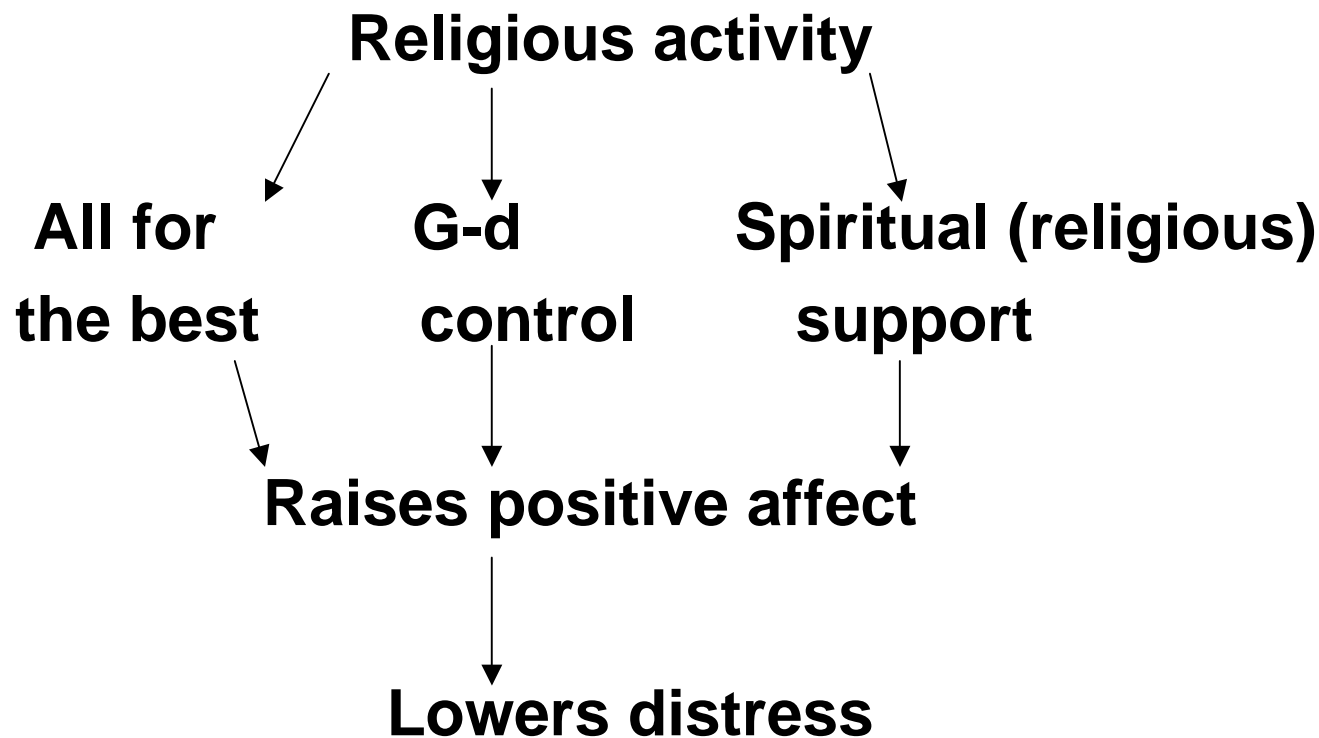
# Positive feelings experienced in the year after childbirth



# Negative feelings experienced in the year after childbirth



B. There is a huge literature on the effects of religious coping in reducing negative mood (e.g. Koenig et al, 2001). Very little attention has been given to positive mood. In our study of UK Protestants and Jews, religious coping affected positive mood, and has only an indirect effect on negative mood (Loewenthal, MacLeod, Goldblatt, Lubitsh & Valentine , 2000):



# Conclusions

The concepts, measures and methods of positive psychology are more readily acceptable among religious/minority groups, than the traditional methods employed for investigating and managing undesirable feelings and behaviour.

It is possible that enhancing positive mood reduces negative mood, obviating the need for work focussed on negative states (Seligman, 2001). There is scope for development.