

Achieving and Sustaining a Good Life

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ABSTRACT—How can we live well? To answer this question, psychology must acknowledge and integrate its descriptive and prescriptive components. One of psychology's strengths has been its willingness to embrace different purposes, perspectives, and approaches, and this recommendation is in the spirit of the field's history. At present, psychology knows more about people's problems and how to solve them than it does about what it means to live well and how to encourage and maintain such a life. Moreover, what is known is often fragmented because of psychology's specialization. Our article calls for further discussion in psychological terms of what it means to live well; the study of actual people and how they behave; multivariate, multimethod, and longitudinal research; more sophisticated interventions; interdisciplinary collaboration; and translational research.

What does it mean to live well? How can people achieve a good life and sustain it? We can think of no more important questions about the human condition and thus for psychology as the quintessential human science. Almost every philosophical and religious tradition over the millennia has described the meaning and purpose of life in terms of the pursuit of goodness—living well.

For example, Confucius (551–479 BCE) believed that the purpose of life is found in the course of ordinary human existence through discipline, education, and strong relationships with other people. Plato (429–347 BCE) proposed that life's meaning is provided by true knowledge of what is good. Aristotle (384–322 BCE) held that the ultimate goal of life is happiness (*eudaimonia*) achieved by living in accordance with *arête*, which is usually translated as *virtue* and more specifically means the attainment of one's highest potential. More recently, utilitarians like Jeremy Bentham (1748–1832) argued that the purpose of life is to achieve the greatest happiness for the greatest number of people, a proposal echoed by American pragmatists in their proposal that life's meaning is to be found in whatever practices contribute to the most human good over the longest course. Various religions also provide guidance for achieving a good life in accordance with religious principles.

Over the years, there have been many attempts to understand, improve, and sustain quality of life for individuals and for groups. Psychologists have weighed in on these matters. However, in the 21st century, we still do not have a sufficient science of living well. According to the World Health Organization (2008), depression is the world's leading cause of disability, measured by years lived with a disability (YLDs), and it is the fourth leading contributor to the global burden of disease, measured by disability adjusted life years (DALYs). Even among people who are not clinically depressed, life satisfaction for many is not as high as it might be.

Although it is widely reported that “most people are happy,” what this means is that most people score above the midpoint of life satisfaction scales—they do not crowd the very top of these scales (Diener & Diener, 1996). Clearly, many of us do not live particularly well.

Few, if any, traditions propose that people should live only to avoid problems or difficulties. Religions of course teach that sin should be avoided, and the utilitarians believed that pain should be minimized, but these are but part of the formula for a purposeful life. Living well is not just what one does not do; it critically involves what one does do. Nonetheless, social scientists have long focused on preventing and solving problems. Not enough attention has been paid to living well and moving beyond the mere absence of what is negative.

From a psychological perspective, how can we live well? And, just as importantly, if a good life is achieved, how can it be sustained? In this article, we address these questions and how they might be answered.

PSYCHOLOGY: DIVERSE YET INTEGRATED

Since its beginning, psychology has been variously defined as the objective description of the elements of consciousness (structuralism); the study of the inherent patterning of these elements (gestalt psychology); the investigation of the consequences of consciousness—mind in use (functionalism); the prediction and control of overt behavior (behaviorism); the uncovering of unconscious motives and conflicts (psychoanalysis); and the science of cognitive contents, styles, and processes (the cognitive revolution; Boring, 1950; Hilgard, 1987). Psychology has been pursued as a natural science and as a social science. It has employed numerous qualitative and quantitative research methods. It has been regarded as a basic science, as an applied science, and sometimes as both (Lewin, 1946; Witmer, 1907). At present, psychology is expanding in two different but equally exciting directions— inward (where it joins forces with neuroscience) and

outward (where it joins forces with anthropology and sociology).

What then is psychology? If we define the field as what self-identified psychologists do and have done, it is sprawling and diverse. We suspect that part of the reason for the growth and popularity of the field over the past century is precisely its diversity and willingness to embrace contrasting approaches that appear contradictory on the surface. The dialectic is a notion that applies beyond Hegelian philosophy, and hybrid vigor is a notion that applies beyond agriculture. Nonetheless, the diversity of psychology means that it is challenging to identify a single issue or question of interest to all or even most psychologists.

PSYCHOLOGY: DESCRIPTIVE AND PRESCRIPTIVE

If psychologists are serious about turning psychology's power to developing a theory of optimal functioning, they can no longer avoid shoulds. I think that a richly developed psychology must do more than teach people how to do things ... It must also tell them something about what they should be trying to get (Schwartz, 2000, p. 87).

One more contrast that has pervaded psychology almost since the beginning is whether psychology is descriptive or prescriptive. This may be one more uneasy contrast worth integrating because doing so leads to questions of general interest, not just to psychologists but to the larger world. Accordingly, we propose that psychology be regarded as both descriptive and prescriptive.

Psychology is descriptive in the sense that it uses scientific methods to describe the *what* and *why* of the human condition. Psychology is descriptive because it privileges empirical data as the raw material for this description.

Psychology is prescriptive in the general sense that all sciences are infused by the beliefs and values of scientists. Psychology is also prescriptive in the more specific sense that

psychologists choose certain topics as most deserving of study— usually those that address pressing concerns about the human condition. Individual psychologists follow their own values in pursuing these topics as well as the mandate of society, as evident from research support; enrollments in university courses; insurance reimbursement for psychotherapy; and popular interest in trade books, talk shows, and Internet blogs about psychology.

With reason, some psychologists will resist the suggestion that the field acknowledge, embrace, and extend its prescriptive component— to ask “why not?” in addition to “what?” and “why?” They may accept the fact-value distinction central to logical positivism and regard psychology as being solely about facts. For example, consider how Gordon Allport (1921, 1927, 1937), the premier personality theorist in the United States during the 20th century, explicitly banished the study of “character” from psychology, as he deemed it too value-laden for psychology. Allport called instead for the study of traits, “neuropsychic structures” stripped of moral significance and linked to adjustment but not imbued with inherent value (Nicholson, 1998).

Living well is an unabashedly prescriptive matter, and studies of living well necessarily involve value-laden constructs that may cause discomfort among some psychologists. If we want to promote the good life, we must go beyond these old ways of thinking about psychology. What makes psychology a science is not the topics studied, but rather the methods and procedures that are used. We suggest that the scientific method be profitably used to understand the good life.

In point of fact, psychologists have long been telling people how to live, and they have tried— often successfully— to base their recommendations on research findings. And they have also tried— again often successfully— to make their values explicit. Among the acknowledged goals of applied psychologists over the years are to reduce prejudice and discrimination; to

eliminate poverty, disease, and war; to help people who are anxious, depressed, or addicted; to improve institutions like families, schools, businesses, and communities; and so on. To these we add the goal of helping people to live well.

These goals are difficult to challenge in the abstract. In terms of specific applications and recommendations, the details may indeed be controversial and the embedded values of specific psychologists more implicit. However, these do not seem to be reasons to avoid prescription. The underlying assumptions need to be spelled out for people in ways that they can understand, and they can take or leave the advice as they see fit.

As noted, many psychologists, especially in the United States, have long tried to give psychology away to the larger society (e.g., Campbell, 1969; Dewey, 1922/1998; Goleman, 1995; Hall, 1894; Jastrow, 1908; Miller, 1969; Seligman, 2002; Skinner, 1953; Thorndike, 1920; Watson, 1928; Zimbardo, 2004). And it is the science— theory and research— that people are eager to receive. Psychologists are better equipped to provide useful advice about living well than are ungrounded self-help books, to which the general public turns in the absence of a more-informed alternative.

THE INCOMPLETENESS OF WHAT PSYCHOLOGISTS KNOW

What is the scientific status of what psychologists give away? Leaving aside such legitimate issues as ecological validity, generalizability across diverse groups, and effect sizes, we conclude that it is pretty good but not good enough. Two problems in particular plague current knowledge in psychology about how to improve the human condition and thus the prescriptive advice based on this knowledge.

First, as psychologists, we know much more about problems and how to eliminate or mitigate them than we do about how to move people beyond the zero point of distress and

pathology to a life that is not simply better but actually good (Peterson, 2000). When psychology first began, one of its goals was to improve the lives of all people. For understandable reasons, psychology since World War II has devoted much of its efforts to problems (Seligman & Csikszentmihalyi, 2000). The yield of this work has been impressive, but what psychologists today know about people is dramatically incomplete. We can provide rather exact recipes for how to ruin children, marriages, and careers. We can detail the scripts for bad schools and bad communities. The advice resulting from this knowledge is thoroughly plausible: Do not follow the recipe or script. But we still need to know much more about the rest of the human condition and those parts that make life most worth living. The good life is not the troubled life avoided or undone.

Helpful distinctions often overlooked are among (a) the factors that cause behavior, (b) those that lead to behavior change, and (c) those that sustain behavior change (e.g., Nigg, Borrelli, Maddock, & Dishman, 2008). In many cases, these may well be the same factors, but not necessarily. Interventions intended to achieve and sustain the good life may need to do more than simply reverse or undo the causes of the not-so-good life. For example, aspirin is a useful remedy for headaches, but aspirin deficiency is hardly a cause of headaches in the first place.

In particular, the factors that maintain behavior change are not well understood. Psychologists know how to treat depression and even how to boost happiness. But the dirty little secret of psychological interventions is that they are usually palliative and are not cures. Even the most effective psychological interventions are followed by erosion of gains for many, and perhaps this is because maintenance requires different sorts of interventions that target different factors. If we want to help people live well in a lasting way, we need to go beyond what is currently known.

A second problem with current psychological knowledge is that it tends to be fragmented and disconnected—a result of the increasing specialization of psychology. Specialization has allowed close and careful examination of specific topics—for example, depression, addiction, and domestic violence on the one hand, and happiness, character, and purpose on the other—but it has also yielded a piecemeal view¹ of people and how to help them. One interesting research finding in recent years that has received insufficient attention is that diverse problems have similar risk factors (e.g., Resnick et al., 1997). And along these lines, diverse ways of doing well have similar enabling factors (e.g., Peterson, 2006). The practical implication of these findings is that interventions can be more effective and efficient if conceived, conducted, and assessed in deliberately broad terms.

THE PSYCHOLOGY OF LIVING WELL

How can we live well? If this question is to be pursued deliberately by psychology, “living well” in psychological terms of course needs to be defined. Several minds from generations past have made important statements about what it means to live well:

- Freud (1909/1960), (“love and work í work and love í that’s all there is”)
- Erikson (1963; developing psychosocial virtues such as trust, autonomy, initiative, competence, identity, intimacy, generativity, and wisdom)
- Maslow (1954; satisfying basic needs and then achieving self-actualization)
- Jahoda (1958; displaying self-acceptance, growth, personality integration, autonomy, accurate perception of reality, and environmental mastery)

More contemporary statements about the psychological good life include the following:

- Ryff and Singer (1998; self-acceptance, positive relations with others, environmental mastery, purpose in life, personal growth)

- Deci and Ryan (2000; experiencing autonomy, competence, and connectedness)
- Seligman (2002; attaining pleasure, engagement, and meaning)

There are related discussions of what it means to live well within psychiatry (Vaillant, 2003) and evolutionary psychology (Wright, 1994). And we have offered our own synthesis of what the psychological good life entails: experiencing more positive feelings than negative feelings, judging that life has been lived well, identifying and using talents and strengths on an ongoing basis, having close interpersonal relationships, being engaged in work and leisure activities, contributing to a social community, perceiving meaning and purpose to life, and being healthy and feeling safe (Peterson & Park, in press).

Despite different language, these visions of the psychological good life seem rather similar.² But who is to say that these really are components of the good life? Obviously, the theorists have said so, and they have drawn on their own values and the very meanings of these components: Autonomy is good, meaning and purpose are good, self-acceptance is good, and so on. Furthermore, they have drawn on research linking most, if not all, of these components to desirable outcomes: psychological well-being, physical health, and success.

At the same time, it is clear that a nuanced look at presumed components of the good life and their consequences reveals a complex picture. For example, optimism often leads to desirable outcomes in a variety of domains—school, work, and physical health (Peterson & Vaidya, 2003). But optimism also has a notable cost in terms of estimating the likelihood of future bad events. Optimistic people underestimate risks (e.g., Weinstein, 1989). For another example, consider choice, one of the consistent foundations of the good life (Inglehart, Foa, Peterson, & Weizel, 2008). Too many choices can overwhelm the individual, leading to rumination and regret, and thus can undercut life satisfaction (Schwartz, 2004). Finally, studies

by Oishi, Diener, and Lucas (2007) have demonstrated that extreme life satisfaction (happiness) has an occasional downside, depending on the outcome of interest (e.g., success at school or work). These sorts of qualification show the value of research in restraining the advice that psychologists might want to offer and the interventions that they might undertake.

As we turn from broad definitions to the specific research findings that bear on them, we see the fragmentation of psychological knowledge. Psychologists have actually learned a great deal about the components of the good life found in different theoretical statements. Drawing on decades of psychotherapy outcome research (Nathan & Gorman, 2002) that has established useful methodological strategies (e.g., manualization, random assignment, plausible controls, objective assessment of outcomes, long-term follow-up), psychologists have also learned how to encourage some of these components (e.g., Seligman, Steen, Park, & Peterson, 2005). What is missing, however, is an integration of the components. How could this be accomplished?

FUTURE DIRECTIONS

We need more discussion and, one would hope, consensus of what it means to live well. The theoretical statements we have presented are simply starting points. Experts from different fields and the general public should both be consulted about what the good life entails. Psychologists already have the tools—surveys, interviews, and focus groups—to gauge and synthesize opinions.

We also need to study actual people who live well in one or more ways (cf. Kazdin, 2008), with a special emphasis on what they actually do (behavior) as opposed to what they say they do (Baumeister, Vohs, & Funder, 2007). Psychologists are understandably interested in processes and mechanisms. The problem with this interest is that behavior receives inadequate attention, and living well entails behavior. However, with the exception of Freud's vision of the

good life (love and work), the available definitions of living well that we reviewed are phrased more in terms of processes than behaviors.

Rozin (2006) took psychology to task for what he termed domain denigration, parsing the field in terms of presumed basic processes— usually cognitive (e.g., attention, learning, memory)— and not in terms of important domains of activity like leisure, food, sex, sleep, and work. Note that these domains include those in which living well is apt to be most apparent. The irony of psychology's search for domain-general laws of behavior is how few have actually been discovered. Rozin argued that, since its beginning, psychology has tried to mimic the accomplishments of physics and biology without appreciating that centuries of systematic description preceded their proposal of general (cross-domain) laws.

To remedy the fragmentation of psychological knowledge about the good life, we also need more multivariate research. Rather than looking at just a few variables at a time, we need good quality research that simultaneously measures multiple variables and their interactions. At the very least, multiple outcome measures should be used more routinely than they are in intervention research. Multivariate work can be messy and murky, but in the long run it will yield a fuller picture of people and the lives they lead. Human beings are biopsychosocial entities (Engel, 1980). Understanding the components of people is important, but these are but puzzle pieces that need to be assembled into a whole person with a whole life. People have depth and breadth, and people change over time.

Part of a multivariate approach is the use of multiple measures, assessing constructs in different ways (e.g., self-report surveys, narratives, observations, behavioral observations, and biomarkers) to minimize the confound of common method variance (Campbell & Fiske, 1959). But future research should do more than regard multiple sources of data as idiosyncratically

fallible but substantively interchangeable. Certainly, different research methods provide checks on one another, and one would not expect different sources of information to be routinely orthogonal in what they convey. However, it is also important to appreciate that each source of information may provide a unique vantage on a topic. The metaphor of 360° methodology is therefore appealing, meaning that different sources of information are not automatically combined into a single composite, but rather used to create a picture with breadth and depth (Hedge, Borman, & Birkeland, 2001).

The good life unfolds over time, and researchers must therefore undertake more longitudinal studies. Many of the studies that reveal the most about the good life are ambitiously longitudinal (e.g., Danner, Snowdon, & Friesen, 2001; Harker & Keltner, 2001; Levy, Slade, Kunkel, & Kasl, 2002; Vaillant, 2000). Studies like these are daunting but well worth the required effort if the goal is to understand what makes life most worth living and how a good life can be sustained over time.

To understand the good life and how to help attain and sustain it, we need more interdisciplinary dialogue and collaboration. Not all theorists and researchers are authorities on all things, and the resources available to a given investigator are limited. Experts from different fields bring different perspectives and resources to bear. Recent studies of high impact scientific articles (those frequently cited in other articles) show that articles resulting from collaboration (multiple authors and multiple universities) had higher impact (e.g., Figg et al., 2006). In speaking about the psychological good life, we are fond of saying that other people matter. It appears that other people matter in science as well.

How should effective interventions be created? Two strategies are presently available, and neither are fully satisfactory. On the one hand, we have the example of psychotherapy. Full-

blown therapies were first studied as a whole. The good news is that overall they are effective (Smith & Glass, 1977). The bad news is that the active ingredients are unknown. Researchers are currently trying to unpack successful therapies to identify what is critical and what is superfluous, but this is painstaking work (e.g., Spielmanns, Pasek, & McFall, 2007). On the other hand, we have the example of simple interventions, which are known to boost, at least in the short run, an individual's well-being (Seligman et al., 2005), followed by the suggestion that one simply juxtapose all of these simple interventions, under the assumption that the sum will somehow be equal to or even greater than the parts. Perhaps this assumption is reasonable, but why take the risk?

Adaptive interventions are an alternative sketched by Rivera, Pew, and Collins (2007), who borrowed the idea from the field of engineering. Complex products, like vacuum cleaners and automobiles, are typically created by testing the components first. The most efficient and effective components are then assembled into the final product. Adaptive interventions differ in a critical way from the strategy of just adding together a number of individual psychology interventions: The creation and combination of components are guided by an overall vision of the final product. Engineers know what a vacuum cleaner or a car should do. Psychologists devising interventions need to have an analogous vision of the life well-lived.

Another crucial ingredient for collaboration is translational research: joint work by researchers and practitioners. Medicine has long seen the value of this sort of collaboration, where it is described as "bench to bedside and back" research (Woolf, 2008). Translational research is not just the application of basic science to practice (T1 research). It also entails taking lessons from practice back to the laboratory (T2 research). Translational research recognizes the descriptive and prescriptive goals of medicine and makes them equal and, indeed, symbiotic

(Johnston & Hauser, 2008).

The value of translational research is embedded in the premise of the Boulder model of training in clinical psychology, which regards education in both science and practice as equally important and mutually reinforcing (Peterson & Park, 2005). We suggest that the Boulder model be reinvigorated in clinical psychology and expanded to other fields of psychology, especially in regard to the issue of living well. One of the yet-to-be-solved challenges is how to examine this issue in the experimental laboratory, but doing so would entail listening carefully to what applied psychologists and other experts have learned about optimal living as it naturally occurs³ (cf. Ericsson & Williams, 2007).

CONCLUSIONS

Two roads diverged in a wood, and I—

I took the one less traveled by,

And that has made all the difference.

ô Robert Frost (1915), *The Road Not Taken*

Can we live well in a lasting way? This is a critically important question that requires new approaches for answers. Although all psychologists, past and present, have contributed partial answers in one way or another, a full answer is not yet at hand. We believe that psychology as a field is mature enough and secure enough to address this issue without compromising its scientific identity or integrity. The descriptiveóprescriptive tension is a long-standing one within the field, but out of such tension can come growth and progress.

Psychology as a field is a great success, and there is an understandable temptation to follow a safe path. But we are calling on the field to do something bolder, to take the road less traveled. To address this important concern, we need to avoid theoretical, methodological, and

disciplinary hegemony. We need a vision. We need to think outside the box, but we also need to know what is inside it. The strength of psychology has always been its diversity.

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¹Years ago, Ronald Reagan famously remarked that "I didn't have cancer. I had something inside of me that had cancer in it, and it was removed." Whether this was said with irony, we do not know. It makes us chuckle, but it also reminds us we know how to help parts of people, but not always how to help people per se. Comorbidity is more than a nuisance factor in intervention research; it is the human condition. And ditto for the positive side of life.

²Are these visions of living well, individually or collectively, universal? Perhaps at a sufficient level of abstractness they are, although the details of course need to be filled in for given times and places and for people in different life circumstances. Even if these visions and their underlying values are not universal, they are probably ubiquitous, which means that an anthropological veto (not in my tribe) would probably be more interesting than damning.

³Doug Seus is an animal trainer and wilderness activist who has raised grizzly bears for decades (see <http://www.bartthebear.com/>). Apparently not a scientist himself, Seus has nonetheless been sought out by academic zoologists who recognize that he knows an incredible amount about the behavior of these bears. It is difficult to think of analogous instances of academic psychologists seeking the insights of outside people who are expert in living well, although the ongoing collaboration between psychologist Richard Davidson and Buddhist monks like Matthieu Ricard to understand the nature of happiness and compassion is an example worth emulating (e.g., Davidson & Harrington, 2001).