

Building Strengths to Build Health

Bernie Fabry

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A major league baseball player was having an "all-star" season. He was leading the league in hitting, and playing better than he ever had. After the midseason all-star break, he returned to the diamond only to find that he was struggling as a hitter. He couldn't believe that things had changed so quickly. When he continued to slump at the plate, he decided to go back and watch videotape footage of himself hitting in an effort to find out what he was doing wrong. As the player watched tapes of himself striking out and hitting weak ground balls, he noticed that he was pulling off pitches. He also noticed that he was lunging at the ball and that he was moving his feet too much. Soon he was more depressed than before he had watched the tapes, knowing that he had so many things to correct in his batting. As he continued to study the videotapes, the team hitting coach wandered by.

"What are you doing?" asked the coach.

"I'm watching tapes of myself to figure out what I'm doing wrong," explained the player.

"Why are you watching yourself strike out and do poorly?" the coach responded. "You ought to be watching tapes of yourself that show you playing at your best. Watch the ones that show you hitting the ball hard and doing the things you want to do at the plate."

The player said that he hadn't thought of that before and did as the coach suggested. Within a few games he had his swing back and was on track with his hitting again¹.

Like the baseball player, mental health professionals have been focusing on what's wrong for years. We have focused on mental illness. We have focused on the troubling and troublesome behaviors of our clients. As a result, huge strides have been made in understanding and treating mental illness. Many of our clients have had their troubles relieved.

But, like the baseball player, the outcome has not always been positive. In the '80s parents of people with mental retardation along with some professionals studying disabilities began to speak out about the increasing use of aversive treatment techniques to control people with disabilities. Like the baseball player we needed to change our focus. In Pennsylvania the Positive Approaches movement inspired a change in focus from how to

stop what's wrong, to promoting meaningful of lives:

Positive Approaches is a broad-based movement characterized by an integration of values, philosophies and technologies for the purpose of supporting people to grow, develop and enjoy . . . Positive approaches explores with each person all aspects of life including the living environment, relationships, activities and each person's dreams. As such, the focus is on the whole individual, not merely on segments of the person's life . . . Positive approaches is focused, not on "fixing a person," but on building capabilities, teaching, creating opportunities and offering choices that help each person live a meaningful life².

Individuals – even children – are now seen as decision-makers, with choices, preferences, dreams and possibilities. The results have been interesting. There is strong evidence showing that by focusing on understanding the actions of people with disabilities, by understanding their personal interests, by following their choices, by building on strengths and capacities, and by turning 'villains and victims' into 'partners' troublesome behaviors go away. Where there was mental illness, there is now mental health. There is even evidence that there is now greater physical health as well.

More recently, strengths-based models have been advanced. These mental health models also came from the realization that in mental health, we have become focused on individual, family, and community pathology, deficit, problem, abnormality, victimization, and disorder³. Many schools of therapeutic thought rest on the assumption that people need help because they have a problem, and the focus is on discovering, and explaining the problem. Our language for talking about problems focuses on liabilities, inabilities, deficits, and weaknesses. The difficulty with such language is that it can inhibit positive change, limit how to think about the problem, and stigmatize people. Treatment becomes directed toward overcoming the deficiency at the heart of the problem.

Bikers talk about ‘target fixation,’ or ‘point fixation:’ you go where you are looking. If you look directly at an obstacle in your path – say a pothole in the road – you will steer right into it. You become fixated on that point. To avoid constantly running into obstacles, you need to learn to look where you want to go. Like the baseball player, we need to avoid fixating on the problem and learn to look at when we are playing at our best. That is the strengths-based idea.

In the strengths-based model the focus is on assisting people to identify, secure and sustain the range of personal and environmental resources needed to live, play, and work in a normally interdependent way in community. People are helped to identify and achieve the goals they have for themselves. Personal resources include aspirations, competencies, strengths, confidence, hope, etc.). Environmental resources include family and social relations, opportunities for living, playing and working in community, and community-based resources.

The technology of serving people with mental illness has changed, but it is still centered on a person who listens, cares and helps people with the challenges they face in daily life. The goal becomes exploring what is possible.

More recently, Martin Seligman at the University of Pennsylvania has been advocating for *Positive Psychology*. He argues that psychology is not just the study of mental illness; it is also the study of strength and virtue. Treatment should not be just about fixing what is broken; it also should be about nurturing what is best within us. Like the baseball player, positive psychology is about amplifying our own strengths rather than fixating on repairing our weaknesses. It is a switch in focus from undoing “the worst things in life to . . . building[ing] the best things.”

Seligman offers two examples. He has said that watching his children grow made him believe that people are born with a raft of positive attributes that need only to be brought out. “I realized . . . that raising [them] wasn’t a matter of stopping the bad things, . . . it was a matter of helping [them] to live . . . life around [their] strengths.”⁴

As another example, we now know that learning optimism prevents depression and anxiety in children and adults. Building a strength – optimism

– and teaching people when to use it, rather than focusing on repairing damage, effectively prevents depression and anxiety. Seligman notes that given all we are learning about the effects of behavior and of mental well-being on the body, a side effect is improved physical health.

Like the baseball player’s coach, our favorite questions to our clients and ourselves should not be about their childhood, their parents, their inner weaknesses. Instead, maybe we should be asking, “How often do you do something for yourself? How often do you exercise? How often do you watch a sunset?”

¹ Bertolino, B. & Thompson, K. (1999). *The residential youth care worker in action: A collaborative, competency based approach*. The Haworth Press, Binghamton, NY.

² Positive Approaches, *Mental Retardation Bulletin* #00-91-05, Department of Public Welfare, Commonwealth of Pennsylvania, February 8, 1991.

³ Saleeby, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41(3), 296-305.

⁴ Happy days are here again. *File Magazine*, December 1998. Also at <http://www.apa.org/releases/days/html> as of 7/1/02.