

- Reactions

## Counseling Psychology's Commitment to Strengths: Rhetoric or Reality?

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*A positive psychology framework is consistent with counseling psychology's historic claim of focusing on strengths and optimal human functioning. The major articles in this issue of The Counseling Psychologist introduced many innovative, provocative, pragmatic, and useful ideas, strategies, and models related to this framework. For the most part, these articles failed, however, to integrate cultural factors, developmental concepts and interventions, and other strategies (e.g., social justice, psycho-education, prevention, program development, consultation) in their discussion of paradigms grounded in positive psychology. The current author discusses this omission and critiques the positive psychology framework described in these articles. The author presents a few steps to overcome the obstacles hindering the genuine implementation of a strength-based, developmental paradigm of counseling as well.*

In 1990, the American Mental Health Counselors Association hosted a 35th anniversary celebration honoring Dr. Albert Ellis and his introduction of Rational Emotive Therapy (RET) in Keystone, Colorado. I attended this celebration, which was actually more of a "roast" where professionals shared accolades and serious and humorous anecdotes about Dr. Ellis and their experiences with RET. Many of the speakers were in awe of how many books and articles Ellis had published since the 1950s. A number of presenters joked about how most of his publications simply rehashed the same ideas, concepts, and strategies and, as such, covered the same ground over and over again. Dr. Ellis sat quietly with a grin on his face as the speakers sang his praises.

Like any typical roast, the guest of honor was given the last word. At the time, Dr. Ellis was 77 years old and as feisty, articulate, passionate, and focused as in his younger years. After thanking the speakers and audience for their support, Ellis discussed his many publications. He started by stating it was true that most of his publications reiterated the same information. In fact,

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276

he claimed there was nothing new in his publications since his initial book. This disclosure appeared to astonish the 300-person audience. Dr. Ellis, though, was setting us all up for his teaching on rational thinking. After a pause, Ellis asked us, "Do you know why I have repeated the same content in all my publications?" Then, after a few seconds, he answered his own question, "It is because most of you still have not learned your ABCs!" With this, the audience broke out in loud and extended laughter. Of course, Dr. Ellis was referring to his model of RET and the important sequence of understanding the (A)ntecedents of an experience, (B)elief systems, and emotional (C)onsequences of an individual.

Believe me, I do not embrace RET as a framework, nor am I advocating for others to adopt RET. That is an individual's choice. In fact, if I were to label my psychological orientation, I might claim to be a Buddhist-Humanist-Systemic-Solution-Focused social architect! I shared the story about Dr. Ellis because of the striking parallels I have observed in the counseling psychology profession. From our inception, our founders (e.g., Frank Parsons and E. G. Williamson) and other early leaders (e.g., Donald Super and Leona Tyler) endorsed and promoted a strength-based, developmental model of conceptualizing human behavior and implementing various interventions.

### **POSITIVE CONTRIBUTIONS: AN OVERVIEW**

Like Dr. Ellis and his lifelong lesson about the ABCs of RET, numerous counseling psychology theoreticians, scholars, educators, researchers, supervisors, and leaders of our professional organization, Division 17, have reminded us of our own historic perspective time and again. In fact, Lopez et al. (2006 [this issue]) provide an excellent overview of the history of this unique perspective in counseling psychology, the continued relevance of this framework for our profession, and the importance of relying on a strength-based (or positive psychology) model when assisting individuals in need. While we often have been reminded of this basic, underlying feature of counseling psychology, and while we have strongly stressed this philosophic paradigm in our graduate training programs as our field's guiding framework, I contend that we still have not learned our ABCs of a strength-based, or positive psychology, developmental model when conceptualizing and helping our various clients (e.g., individuals, families, groups, communities, and organizations).

To learn and effectively demonstrate our ABCs, our training programs must first truly value and integrate such models in the curriculum and actually teach and reinforce patterns or schemas of thinking, concrete skills, and repertoires of behavior consistent with a strength-based, developmental par-

adigm. In general, there is a gap between the rhetoric of our profession claiming to be grounded in a strength-based, or hygiene, developmental model of human functioning and the reality of our training programs focusing largely on teaching students deficit models of behavior and intervention. Our students and graduates, therefore, definitely appreciate and advocate a framework tied to the philosophical principles of the former model, but they lack the specific behavioral skills to effectively display a strength-based, developmental paradigm of conceptualization and action. Obviously, this assumption warrants investigation. I will return to this after discussing the four articles on positive psychology constituting this issue's theme.

As a set, the articles clearly and cogently outline the importance of focusing on strengths or positive features of behavior when counseling. They remind us once again of our roots, and they attempt to expand on some of the ABCs of our cherished framework by introducing another viable perspective to the profession—that is, positive psychology. Moreover, they challenge us to transcend our rhetoric and integrate into practice a model of thinking and intervention consistent with the basic tenets of counseling psychology. Whether these articles help contribute to a genuine and concrete paradigm shift in counseling psychologists' training and practice remains to be seen. Repeating a message is considered essential in forming attitudes, but as we all understand, attitude change and its associated behavioral enactment are a much more complex process influenced and shaped by a host of intrapersonal, interpersonal, environmental, contextual, cultural, economic, and systemic factors and consequences. The Major Contribution presents a compelling, functional paradigm worthy of our consideration.

### **POSITIVE PSYCHOLOGY, DEVELOPMENTAL COUNSELING, AND SOLUTION-FOCUSED THERAPY**

As stated earlier, Lopez et al. (2006) offer an excellent overview of the history of this unique perspective in counseling psychology, the continued relevance of this framework for our profession, and the importance of relying on a strength-based (or positive psychology) model when assisting individuals in need. Lopez et al. trace the historic roots of focusing on the positive in counseling psychology and psychology in general. While they discuss many of the major proponents of this perspective, interestingly, they omit others. For example, they do not mention the work of one of our profession's most influential and prolific counseling psychologists and proponents of a strength-based model. Since 1986, Allen Ivey and his colleagues have published extensively on a model of developmental counseling and therapy (DCT; A. Ivey, 1986, 1991; A. Ivey, D'Andrea, Ivey, & Simek-Morgan,

2002; A. Ivey & Ivey, 1998, 2003; A. Ivey, Ivey, Myers, & Sweeney, 2005; M. Ivey & Ivey, 1993).

More so than any other available model in counseling, or psychology for that matter, DCT clearly operationalizes and specifies a framework to conceptualize individuals in developmental, positive terms within a cultural context. In fact, it reframes psychopathology and dysfunctional behavior as described in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000)* using developmental principles and language. A. Ivey et al. have clearly articulated a detailed schema identifying positive features of many diagnoses found in the *DSM-IV-TR*. Their work provides an extremely rich, heuristic, and pragmatic template and lens for counseling psychologists to conceptualize their clients in positive, developmental terms, leading to a greater likelihood of implementing effective strength-based interventions.

For instance, instead of labeling dysfunctional behavior as psychopathological, DCT prefers the words *severe distress* (A. Ivey et al., 2005). Similarly, mental health professionals frequently perceive depression as pathological and as existing in the individual. In contrast, DCT views depression as an interaction of an individual's family history and functioning, biological and social history, and cultural context. A. Ivey et al. (2005) think that depression emerges as a response to developmental blocks or concerns linked to one or more of these factors. Not surprisingly, a fundamental assumption of DCT is that "all personality *styles* (not disorders) represent logical adaptive functioning" (A. Ivey et al., 2005, p. 279). Therefore, there are positive aspects to every personality style. Looking for positive attributes and developmental strengths in the individual is also fundamental to DCT. According to A. Ivey et al. (2005), "if you can't find something positive in the client's behavior and history—refer!" (p. 279). Interventions based on DCT are highly specific and tailored to the client's abilities, developmental profile, and current level of functioning.

Lopez et al. (2006) also omit a discussion of the radical and groundbreaking solution-focused, brief model of therapy introduced by Steve deShazer (1982, 1985, 1988, 1991, 1994) and his colleagues (Berg, 1994; Berg & Kelly, 2000; Berg & Miller, 1992; Berg & Szabo, 2005; DeJong & Berg, 1997). Like A. Ivey, deShazer emphasizes a focus on the positive aspects of a client's (e.g., individual, couple, family, group) behavior, and he dismisses psychopathology's importance as articulated in the *DSM-IV-TR*. Instead of being concerned with the history, scope, and specifics of the presenting problem, deShazer stresses the importance of learning about all the details of a client's previous and potentially current partial or successful solutions in response to the stated problem. deShazer contends that there are always exceptions to the problem—that is, times when the problem is not present,

less frequent, less intense, or shorter in duration. The assumption is that individuals do not always experience their presenting problem, and therefore, they enact, at times, a solution to either resolve the problem or lessen its frequency, intensity, and/or duration. For example, when asked how often they argue, a couple complaining of severe marital distress might respond, "Every weekend." A solution-focused mental health professional may then inquire, "What are you doing the other days to get along with each other?" The professional's assumption is that the couple does have times when they are either less distressed or content in their relationship. By emphasizing the problem's exception, the provider encourages clients to identify their own tangible, genuine, and viable enacted solutions to deal with the stated difficulty. As a result, clients are empowered to effectively respond to potential challenges.

Embracing a solution-focused perspective may be very difficult at first. Most of us have been well trained to identify and thoroughly assess problems, believing, in part, that it is essential to fully understand a problem's history to properly conceptualize the case and to design effective interventions. For example, if a client presents with social anxiety, we probably would gather data on the antecedents (e.g., when, where, and how long it occurs), responses (e.g., affective, cognitive), and consequences (e.g., rewards, punishers) of the anxiety. It is highly likely that we would even ask the client to monitor incidences of social anxiety employing a chart of the topics just mentioned. From a solution-focused perspective, the objective of such an assessment and self-monitoring exercise would be quite different. The professional would inquire about the antecedents, responses, and consequences of the solution to the anxiety—that is, when does the anxiety not occur, when and in what situations is it less intense or shorter in duration (antecedents), what is the person doing that is different (responses), and what are the consequences (e.g., rewards, punishers) of his or her behavior. The homework assignment would be for the client to track the times the anxiety either does not occur or is less intense or shorter in duration. The professional would include the questions just mentioned, as well as others that focus the client on the exception or solution to the presenting complaint, in this self-monitoring exercise.

Obviously, the frame of reference for the solution-focused mental health professional and the climate of counseling is extremely different from that of other models of counseling. Scholars such as deShazer as well as others (e.g., Milton Erickson and Jay Haley) argue, "What we see is what we get." If, as counseling psychologists, we want to see problems, then we will see clients' obstacles, challenges, concerns, and pathology. Conversely, if we wish to perceive our clients' positive qualities, then we will identify and focus on their strengths and on solutions to their difficulties. Such selective attention has major implications for not only how we conceptualize and assist clients but also how those we serve and wish to serve perceive us.

Another example might help to illustrate the difference in frame of reference for the solution-focused mental health professional. After the initial session, most providers who endorse other models begin a follow-up session by asking clients, for instance, "How are you?" "How are you this week?" or "How is your problem [e.g., depression]?" A solution-focused professional, in contrast, begins all follow-up sessions with one of the following questions: "What's been going right since our last session that you would like to see continue?" or "What's been going well since our last session that you would like to see continue?"

Clearly, a solution-focused provider sends a loud message or expectation to clients that they have strengths and are regularly enacting solutions to their concerns. Such a message shifts the cognitive schema of clients from a problem-focused to a strength- or solution-focused perspective of themselves. Again, by methodically assisting clients to uncover their own specific, effective solutions to their problems, solution-focused counseling psychologists can empower their clients and help them to expand on their strengths. Because many of the strengths and solutions that clients identify are already being displayed outside the counseling session, there is an increased likelihood of clients' transferring learning and generalizing their positive behaviors to respond to other potential concerns.

Returning to a discussion of the article by Lopez et al. (2006), I want to comment on their content analysis of a random selection of articles published in the *Journal of Counseling Psychology (JCP)*, *The Counseling Psychologist (TCP)*, the *Journal of Career Assessment (JCA)*, and the *Journal of Multicultural Counseling and Development (JMCD)*. They undertook this analysis to determine one potential indicator of counseling psychology's historic positive focus. An exhaustive article list from each journal from the time of its inception was identified, and a stratified random sample (by decade) of 20% of these articles was selected. Before coding the articles in terms of whether they had a positive focus, a team engaged in a highly organized activity to obtain a list of positive constructs, positive processes, and positive life outcomes. The resulting list of 59 items (see Lopez et al., 2006, Table 1) in and of itself offers counseling psychologists a rich resource of positive constructs and processes to examine when counseling individuals, conducting research, and designing training programs to educate graduate students about topics to address when implementing strength-based interventions.

Following the identification of these 59 items, a carefully trained coding team reviewed the selected articles with respect to their focus on these items. Adequate reliability was established across the coders. It is important to note that a highly sophisticated procedure was employed to assess the content in the 1,135 initial articles selected and the resulting 409 articles (36% of the total) that met the stringent criteria for inclusion in the final content analysis.

Ultimately, the team thought 328 of the 409 (29% of the 1,135 articles) closely reviewed articles focused on positive constructs and processes. Interestingly, only 35 (59%) of the possible 59 positive items were mentioned in the 328 articles. While Lopez et al. failed to discuss this next finding, I found it rather revealing that in the 1990s and 2000s, *JCP* (39% in the 1990s; 56% in the 2000s) and *JCA* (40% in the 1990s; 56% in the 2000s) published a much higher percentage of articles on positive constructs/processes than did *TCP* (22% in the 1990s; 19% in the 2000s) and *JMCD* (29% in the 1990s; 32% in the 2000s).

Lopez et al. (2006) offer a number of compelling reasons that the 35 positive constructs/processes (e.g., actualization, empathy, coping, problem solving, self-efficacy, values/ethics) were mentioned and that the others (e.g., advocacy, gratitude, forgiveness, happiness, justice, resiliency) were not. Furthermore, they speculate about why some items (e.g., hope, optimism, positive emotion, emotional intelligence) were less frequently represented in the articles. Some reasons they offer include the fact that these constructs/processes may not be as relevant (e.g., gratitude, courage) to practitioners, that researchers might be lagging behind practitioners when investigating some constructs/processes (e.g., hope, optimism, resiliency), and that researchers may find such constructs/processes (e.g., wisdom, humor) too complex or obscure.

I suspect there may be additional reasons that 24 of the positive constructs/processes were not represented in the selected articles and that some items received less attention. Perhaps, the editors and board members of *JCP*, *JCA*, *TCP*, and *JMCD* did not encourage or value manuscripts addressing these constructs or processes. It is more likely, however, that our profession's embracing of the *DSM* since the late 1970s, and our concomitant pursuit of insurance reimbursement and involvement with managed care and health maintenance organizations, has shaped authors' topics of interest. Last, some of the 59 constructs/processes (e.g., emotional intelligence, hope, optimism, forgiveness, happiness, resiliency) are relatively new topics for psychology. Thus, counseling psychologists may be investigating these but have yet to publish their findings in our scholarly journals. Only future research will determine the validity of this explanation.

While Lopez et al. (2006) claim their findings indicate "that counseling psychology's philosophical commitment to studying the best in people has resulted in a large scholarly base fairly consistently throughout the decades" (p. 218), I respectfully differ with this conclusion. Given our profession's long-standing rhetoric that we are grounded in a positive, or strength-based, developmental paradigm, it is disconcerting that only 29% (328 articles) of the total articles ( $N = 1,135$ ) selected for examination focused on positive constructs and processes. One would assume that to confirm the validity of

our profession's predominant paradigm, more than 50% would have addressed positive constructs and processes. Regardless of how one interprets this finding, Lopez et al. have provided our profession with a baseline and strong methodology to employ in future investigations of this crucial characteristic of counseling psychology. They also offer a very detailed, concrete, and comprehensive list of excellent recommendations to enhance strength-focused practice and scholarship.

### A POSITIVE MULTICULTURAL PERSPECTIVE

Constantine and Sue (2006 [this issue]) wrote the second article of the Major Contribution. This highly informative and provocative article effectively confronts our conceptualizations of optimal human functioning. Pointing out the shortcomings and dangers of blindly applying a Western European framework of conceptualizing healthy and unhealthy development and optimal behavior, this article appropriately and effectively discusses the role of culture in understanding optimal human functioning in people of color in the United States. Constantine and Sue stress that one must carefully comprehend a culture, its values, its beliefs, and its practices when operationally defining *optimal functioning*. In fact, they claim that definitions of this construct, and of positive psychology for that matter, are culture bound. They also warn, "Some counseling psychologists may unduly pathologize behaviors and notions of health and well-being different from Western constructions of optimal health and well-being" (p. 230).

Unlike Lopez et al. (2006) and the other contributors to this issue (Neufeld et al., 2006 [this issue]; Robitschek & Woodson, 2006 [this issue]), Constantine and Sue (2006) emphasize throughout their article one of the most essential components in discussing the relevance and heuristic value of positive psychology to the profession of counseling psychology. Their focus on culture enriches our ability to properly conceptualize optimal human functioning and, ultimately, to understand the importance of context and the environment when attempting to understand and/or serve various populations. As they correctly state, "Optimal human functioning among people of color may differ from the Western culture-bound goals of 'happiness,' 'hope,' 'subjective well-being,' and 'self-determination' that some White American theorists and researchers have posited" (p. 229).

Constantine and Sue (2006) offer as one example a discussion of how Buddhists perceive the roles of happiness, hopelessness, and suffering in their lives. The authors contend that suffering results from transgressions in past lives, that meditation is a strategy to overcome hopelessness and suffering, and that depressed affect might be the norm for Buddhists. While this

description might be accurate for some Buddhists, Constantine and Sue actually violate their basic premise of understanding the culture-bound nature of various constructs and processes. Tibetan Buddhists, for example, would report a very different description than the one Constantine and Sue offer. Tibetan Buddhists believe that suffering can result from actions in one's current life as well as in one's past lives. Furthermore, except for Tibetan Buddhist monks and nuns, most Tibetan Buddhists do not regularly practice a deep form of meditation to eliminate hopelessness and suffering. In fact, they are more likely to engage in altruistic behavior to cope with distress and to enhance their quality of life. More important, every behavior, including meditation, is motivated by a desire to relieve the suffering of all sentient beings. Therefore, one does not perform such actions for his or her own benefit but for that of all others.

Constantine and Sue's (2006) speculation that depressed affect might be the norm for Buddhists is also problematic when applied to Tibetan Buddhists. A cornerstone of Tibetan Buddhism is the Four Noble Truths. The first, life means suffering, implies that to live, we must suffer because human nature is imperfect and so is the world we live in. The second noble truth is that attachment is the origin of suffering. This truth presumes that individuals are attached to physical objects, ideas, and everything else in their perceptual fields. However, these are attachments to transient or impermanent concepts or objects, and therefore, when they are gone, we can suffer. The third noble truth is that the cessation of suffering is attainable. If we are dispassionate about our attachments, then suffering can be reduced through activity or by simply removing its cause. The fourth noble truth is the path to the cessation of suffering. This is a path of self-improvement and includes engaging in the right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration.

Clearly, Tibetan Buddhists do not accept that being depressed is the norm. They are motivated to reduce their suffering and do not simply passively behave as if feeling depressed is the only option. One crucial objective, in fact, is to pursue the Four Noble Truths and the Eightfold Path to Enlightenment for the benefit of all sentient beings and not just oneself (for a discussion of these principles, see The Dalai Lama, 2001, 2002).

Interestingly, Constantine and Sue (2006) violate their basic premise on another occasion. They report the results of two studies (Chang, 1996; Peterson & Chang, 2003) involving Asian Americans' and White Americans' experiences of pessimistic and optimistic thinking. They presented these results as evidence for the importance of considering culture when contrasting optimal functioning across cultural groups. However, they did not report how these studies defined *Asian American*, *pessimism*, and *optimism*. Thus, it is unclear whether all Asian Americans were represented in these studies

and, more important, whether the authors employed a cross-culturally valid definition of pessimism and optimism for the various cultural groups involved in these studies.

In contrast to the shortcoming just mentioned, Constantine and Sue (2006) offer a highly valuable discussion of some specific and unique factors (collectivism; racial and ethnic pride; spirituality and religion; the interconnectedness of mind, body, and spirit; and family and community) associated with the psychological experiences and health of people of color in the United States. Research has found that generally speaking, each of these factors influences the quality of life for people of color. For example, Constantine and Sue point out that a large body of literature has documented that enhanced mental health is connected to the greater internalization of a positive racial and ethnic identity. Similarly, the authors report that religion and spirituality serve an important role for people of color in terms of coping, social support, and overall well-being.

Drawing from these factors, Constantine and Sue (2006) introduce many important issues to consider when counseling people of color in the United States. For example, the authors stress the importance of understanding collectivistic values (e.g., interdependence, collective self-esteem, community respect, group harmony) when counseling people of color and how such values conflict with the goals (e.g., achieving autonomy, asserting individual rights, separating from others) of counseling based on a White American population. The authors also emphasize that when working with people of color, mental health professionals acknowledge the interdependence of physical, mental, and spiritual factors and employ holistic strategies to promote optimal functioning.

Overall, Constantine and Sue's (2006) discussion of factors associated with the experiences and health of people of color offers an innovative way to conceptualize optimal human functioning by examining the dynamic interaction between culture, cultural issues, individual behavior, beliefs, attitudes, and emotion and the environment. They have provided an excellent approach to understanding the behavior of people of color in the United States through a polished cultural lens. Constantine and Sue have also introduced a rather Buddhist perspective about how confronting obstacles or adversity can result in positive outcomes or opportunities. As His Holiness The Dalai Lama has often stated, "Our enemy is our greatest teacher!" (see The Dalai Lama, 1989). Constantine and Sue cogently argue that such experiences as oppression, discrimination, racial profiling, and prejudice have led people of color to develop and display strong survival and coping skills, among other positive behaviors.

Constantine and Sue (2006) conclude their article by discussing some interesting potential studies needed to investigate variables tied to positive

psychology with people of color in the United States. One study they do not mention, which deserves consideration, is an investigation of counseling psychologists' abilities to accurately identify strengths in samples of White persons as compared with people of color. Although Constantine and Sue do mention the importance of conducting longitudinal qualitative studies, they fail to emphasize how this might be done. I recommend employing ethnographic methodologies, particularly those that involve indwelling, direct observation, interviews, mapping exercises, and focus groups. Moreover, while Constantine and Sue did discuss one aspect (i.e., operational definitions) of cross-cultural validity throughout their article, it is absolutely critical that researchers address other features (e.g., construct equivalence, bias, measurement) of this type of validity (see Ægisdóttir, Gerstein, & Canel, 2005) when performing research on diverse cultural groups.

I want to share one last comment about Constantine and Sue's (2006) article. They cleverly discuss a positive psychology for people of color by identifying and describing, in part, a contextually rich perspective grounded in a culturally relevant paradigm. As such, they have effectively confronted the basic foundation of the White European model of positive psychology.

### **A PERSON-ENVIRONMENT PERSPECTIVE OF POSITIVE BEHAVIOR**

In the third article, Neufeld et al. (2006) discuss a strength-based, dynamic model of the person-environment (P-E) interaction. The article offers a rich theoretical and practical template to understand human functioning. Before discussing their model, I want to comment on one of their observations. They indicate, "Counseling psychology researchers and practitioners continue to focus more on the individual than on the person-environment interaction" (p. 246). This is a controversial assumption because many professionals in our field are involved in psycho-education, prevention, consultation, and social justice work—activities that involve a deep appreciation for the P-E interaction and an ability to implement interventions and research strategies that account for this interaction (see Toporek, Gerstein, Fouad, Roysircar-Sodowsky, & Israel, 2005). Moreover, much of this work is guided, in part, by multicultural principles and practices that consider the complex interaction between the person and the environment.

Now, I am ready to discuss the engagement model of the P-E interaction, introduced by Neufeld et al. (2006). This is an interesting, creative, innovative, highly functional, and useful model that attempts to capture some salient and important factors of the P-E interaction. Particularly appealing is the model's central focus, which introduces the engagement construct to explain

the relationship between evaluation, negotiation, and participation. Engagement is theorized to exist "at the intersection between the individual and the environment" (p. 251). Note, however, that in Figure 2 (p. 251), Neufeld et al. place the engagement construct to the right of the person and the environment variables. If, in fact, engagement operates at the P-E intersection, their design should have placed this construct in between the two boxes depicting the person and the environment. The engagement component helps to clarify the complex underlying processes potentially regulating the interaction between the person, the environment, and as depicted in their Figure 2, also goal attainment.

As the model's core, engagement appears to be a fluid process. In fact, Neufeld et al. (2006) describe it as such. Yet, as depicted in their model design, it seems to be unidirectional, implying, for instance, that participation affects evaluation but not vice versa. Similarly, the outer components of the model (person, environment, and goal attainment) as shown in their Figure 2 operate in a unidirectional manner, suggesting that this intricate equation of person, environment, engagement, and goal attainment functions linearly. To account for the rich interaction of all these components and the highly likely reality that they can influence each other in a reciprocal and recursive feedback loop, one would need to modify the engagement model's design. Arrows indicating the bidirectional relationship between the components would accomplish this objective. For instance, a bidirectional arrow between participation and evaluation would convey that these variables have the potential to influence each other. Similarly, a bidirectional arrow between person and environment would indicate that each of these variables could influence the other.

Neufeld et al. (2006) only briefly discuss another feature that would strengthen the engagement model. Except for a cursory mention of cultural factors, this variable is absent in the engagement model. In fact, there is no mention of culture in the model displayed in Figure 2 (p. 251). Cultural factors must be clearly identified in models of human behavior and discussed in terms of their fundamental role in shaping, maintaining, and reinforcing all behavioral repertoires including optimal human functioning (see Constantine & Sue, 2006).

Finally, Neufeld et al. (2006) offer many excellent examples and recommendations derived from an understanding of the person variables in their model. In contrast, their suggestions about the environment lacked specificity and breadth. For instance, they could have strengthened the discussion of their model by describing the powerful effect on the person and engagement processes of the economy, political structure and policies, religious institutions, the media, the advertising industry, and the entertainment industry. Furthermore, their case examples lacked a systemic focus accounting for the complex

interaction of person, environment, and structural, technological, and policy factors. Their examples also highlighted activities for direct mental health service providers, ignoring the rich application of the engagement model for practitioners involved in other types of services (e.g., psycho-education, prevention, consultation, social justice, program administration, development, evaluation, training). Last, while Neufeld et al. wisely urge counseling psychologists to integrate content from other disciplines to address the needs of the environment, their recommendations in this regard fail to consider some key disciplines that focus on the environment as a core component of their activities. Counseling psychologists have much to learn, for example, from community psychology, economics, political science, urban planning, architecture, and health education in terms of how to conceptualize the P-E interaction and how to implement effective strategies to shape and modify it.

### VOCATIONAL PSYCHOLOGY'S POSITIVE PERSPECTIVE

Robitschek and Woodson (2006) wrote the final article of the Major Contribution. They succinctly overview the history of various P-E models of vocational behavior (e.g., Parsons, Holland typology, work adjustment, lifespan development, and social-cognitive career) in counseling psychology. They also accurately discuss in some detail the history in vocational psychology of focusing on positive attributes or strengths in theory, practice, and research. In general, it is absolutely correct that career practitioners, for example, through examining individuals' strengths, attempt to empower people to find and implement their own solutions—the goal being to help persons become champion of their own vocational plan (e.g., selecting a major, choosing a career, searching for employment, coping with job satisfaction).

Robitschek and Woodson (2006) also correctly point out the extensive and consistent research documenting the positive effects of work on both vocational and nonvocational realms of functioning. Surprisingly, the authors did not mention one highly developed, relevant line of research. There has been a great deal of research on dual-career couples and families and the effects of these lifestyles on various aspects of vocational and personal functioning. While Robitschek and Woodson briefly mention the recent effort in vocational psychology to address social justice issues, they also fail to discuss the valuable articles published in the March 2005 issue of *TCP* on this topic (e.g., Blustein, Hawley McWhirter, & Perry, 2005; Borgen, 2005; Gainor, 2005).

The most important feature of Robitschek and Woodson's (2006) article is their adaptation of the engagement model for a vocational context. They carefully operationalize the person variables in this model, linking them with

a vocational domain (see Robitschek & Woodson, 2006, Table 1, p. 271). In particular, their inclusion of cultural and developmental variables enriches their own model and discussion, especially when the other articles in this issue fail to thoroughly incorporate these variables, with the exception of Constantine and Sue's, which discusses culture in detail. Although I believe that Robitschek and Woodson's model of self-exploration and assessment of the person in the P-E interaction has great utility and heuristic value, there are a few shortcomings. First, some important items are missing from their list of demographics/social and cultural roles, including for example, race, nationality, socioeconomic status, family background and composition, birth order, and educational level. Research has linked each of these with vocational behavior. Next, in their Figure 1 (p. 272), they depict the hypothesized relations among the six "person" factors they deemed important in a vocational context. As they stated, "For simplicity's sake, however, only unidirectional relations are noted in Figure 1" (p. 271), while some relations might be bidirectional and reciprocal. This decision to not actually portray the hypothesized relations between variables is highly unusual in research. More important, it complicates future theorizing about these variables, muddles future research on the model, restricts future statistical analyses on the proposed model, and limits practitioners' ability to properly conceptualize, assess, and assist vocational clients.

I have one other very minor concern about Robitschek and Woodson's (2006) model. They refer to interests, work values, and skills/abilities as the "Big Three"! This is a catchy phrase, but it can be easily misunderstood and confused for the more commonly known phrase, "Big Five," in personality psychology, which describes five theoretically and empirically derived personality dimensions of human behavior.

## CONCLUSION

The articles of this Major Contribution carefully describe how the positive psychology perspective can contribute to the further evolution of counseling psychology as a field guided by a philosophy of human strengths and optimal functioning. The articles introduce many innovative and provocative ideas, strategies, and models related to theory, research, practice, and training in the area of positive psychology. No doubt, these articles will play a critical role in shaping how some counseling psychologists perform as scientist-professionals committed to understanding optimal human functioning and assisting individuals to enhance their quality of life.

Interestingly, the Major Contribution's four articles, in general, fail to fully address some essential constructs (e.g., developmental principles, multicul-

tural factors) and strategies or interventions (e.g., social justice, psychoeducation, prevention, program development, consultation) found in our scholarly literature and strongly advocated by our colleagues. In fact, for the most part, the articles discuss the principles and strategies of positive psychology only in relation to the individual. Missing was an explanation of how such principles and strategies may be applied, for example, to couples, families, groups, organizations, institutions, and communities. The industrial/organizational, community, and family psychology literatures, along with the wellness and holistic health literatures, have much to offer in this regard. Furthermore, the articles do not address how assumptions linked with a positive psychology framework apply to populations outside the United States. Therefore, questions remain about this framework's validity and relevance for non-U.S. populations, organizations, and institutions.

There are many external factors at odds with a positive psychology paradigm. American society thrives on a negative perspective of existence. Its competitive social and reward structures and societal norms reinforce such a perspective. Furthermore, its media, religious institutions, politicians, and entertainment industry foster a false desire and reliance on negative aspects of various situations and people. Closer to our profession's mandate, U.S. insurance carriers, HMOs, and PPOs tend to value only pathology and dysfunctional behavior. Therefore, there are strong pressures in psychology and in our discipline to maintain a focus on deficits. Psychology itself, including counseling psychology in general, has been stereotyped as concerned with abnormal behavior.

To truly embrace a positive perspective in counseling psychology, it is necessary to overcome the powerful obstacles just mentioned. A first step might be for counseling psychology to genuinely embrace a strength-based model of thinking and action and to significantly reduce our reliance on psychopathological models of human behavior. This requires not only a paradigm shift in our thinking and action but also the adoption of a different language and lexicon in counseling psychology to communicate our understanding and appreciation for positive principles, the observation of strengths, and the enactment of interventions or strategies designed to bring about optimal human functioning.

As a possible next step, we would need to modify our accreditation standards and training programs to integrate a more positive perspective of human behavior. For instance, our training models, philosophy of training, and educational strategies would need to change, as would our practicum and internship requirements and some other expectations of our graduate students. Obviously, our theories and strategies of counseling would need to change as well to incorporate strength-based, developmental principles and interventions. This would also require either modifying or designing new

psychometric measures that focus more on assessing and identifying positive behaviors and developmental values and skills.

If counseling psychology is able to accomplish the few steps just highlighted, perhaps members of our society would make more positive attributions about our profession and view our work as focused on strengths and healthy functioning. The other obstacles mentioned earlier are much more difficult to overcome. In part, it would be important to establish effective working relationships with the key leaders of the various institutions and organizations identified above. Moreover, it would be essential to generate and properly introduce across diverse contexts and situations culturally appropriate and sensitive policies and structures designed to shape positive behaviors and norms.

It is exciting to contemplate our profession's evolution and the potential dramatic shift in how the general public can perceive human behavior. This Major Contribution's articles provide an excellent springboard to contemplate such topics. I hope these articles inspire further dialogue and publications about the positive aspects of the human experience and facilitate greater attention on human strengths among practitioners, educators, and researchers. If that happens, counseling psychology will have truly demonstrated its understanding and genuine acceptance in practice of its own ABCs. Ultimately, it is in our diverse clientele's best interest that counseling psychology transform its rhetoric into reality and implement the ABCs of a profession deeply committed to human growth, human potential, developmental and multicultural principles, and optimal human functioning.

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