

## AN OPEN SOURCE APPROACH TO CREATING POSITIVE PSYCHOLOGICAL PRACTICE: A COMMENT ON WONG'S STRENGTHS-CENTERED THERAPY

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*Positive psychology research has attracted the attention of both scholars and clinicians and is being translated into change strategies that could bring about greater well-being and life meaning. These new therapeutic models could be developed and refined in isolation (within one lab or clinic) and then shared with fellow professionals or developed and subjected to examination and modification by mental health colleagues across the world as we create strengths-based therapies that work. The authors examine Wong's Strengths-centered Therapy and advocate for an open source approach to developing positive psychological practice techniques.*

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As agents of change, we construct implicit and explicit views of human behavior; we cast ourselves and our helpees into emotionally charged helping relationships; and we use age-old strategies that hopefully will bring about symptom relief, greater well-being, and enhanced life meaning. Wong (2006) encourages us to respect our healing traditions and to move beyond “business as usual” therapy (i.e., eradicating “the bad”)

and toward strategies that capitalize on our strengths and virtues (i.e., promoting “the good”). In this commentary, we briefly examine Wong's application of moderate constructionism and we call for an open source approach (i.e., the basic principles of a therapeutic modality are freely shared with all mental health professionals for use and/or modification from its original design) to developing approaches to positive psychological practice.

### **Moderate Constructionism, Positive Psychological Practice, and Open Source Development of Strengths-Centered Therapy**

Wong's (2006) most important contribution was his explanation of the way in which moderate constructionism can be integrated into (or, is consistent with) the typical practitioner's approach to positive psychological practice. Indeed, Wong helps us go beyond strict constructionism (which does not allow the valuing of one narrative over another) and accords “some form of personal agency alongside the social construction of personhood.” Therefore, Wong makes room within this therapeutic approach for narratives based upon such themes as hope and courage that help clients lead more effective lives. This flexibility helps us create a process in which the client and psychotherapist mutually construct a new narrative for the client's life, with the psychotherapist gently influencing the client in the direction of more hopeful storytelling. (On a related point, we concur with Wong's view that “language is viewed as influencing the realities with which people live,” and accordingly most therapists use language with shared meaning for helper and helpee. Unfortunately, Wong's description of Strengths-centered Therapy (ST) steps relies heavily on overly abstract, Latinate terms [for example, “explicitize”] that are not accessible to the clients with whom we work.)

Although Wong is promoting moderate constructionism, which advocates weaving the truth

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from diverse points of view, he lapses into a prescriptive tone when explaining ST. His prescription of ST techniques (explicitizing, envisioning, empowering, evolving) that are not grounded in direct or indirect evidence may be premature. The “closing in” on one approach to ST may discourage the development and examination of many strengths-based approaches. At this stage of understanding of positive psychological science and practice, it is our belief that we should “let a thousand flowers bloom.”

Just as Wong advocates that the client and psychotherapist cocreate the narrative of the client’s life, so it is that we in positive psychology should cocreate a new therapy (or therapies) by building on each others’ work (as we hope we are doing with this commentary). We advocate that we move away from the “name and claim it” approach to disseminating therapeutic systems that results in sole “ownership” of a modality (an approach that we have adopted on occasion; see Lopez, Floyd, Ulven, & Snyder, 2000 for a description of “Hope Therapy”) and adopt more of an open source approach which results in community “ownership” of methods and products (which comes with the added community responsibility of improving the therapy over time). Open source development, commonly used in the computer software industry, “harnesses the distributive powers of the Internet, parcels the work out to thousands, and uses their piecemeal work to build a better whole” (Goetz, 2003, p. 2). Designing a strengths-centered therapy by tapping into the creativity and experience of highly skilled clinicians could be achieved by realizing the following ideals (originally summarized by Goetz): (1) sharing the product and goal (in this case, reviewing Wong’s views on ST along with additional commentaries on positive psychological practice and developing strengths-based strategies that effectively promote symptom relief, well-being, and meaning); (2) sharing the work (in this case, distributing small tasks associated with strategy development, process examination, and outcome research); and (3) sharing the result (in this case, Wong, or another strengths-based psychologist, incorporates the improvements and distributes the new, tested, effective ST). If successful, an ST produced through open source procedures (1) becomes the property of many professionals (all who contribute to its refinement) rather than the few (the sole developer); (2) represents the ideas of a more diverse pool of

professionals (as all interested professionals are invited to contribute their reactions and refinements); and (3) undergoes more empirical scrutiny more quickly than is possible through the typical scholarly communications methods,

This open source approach to positive psychological practice certainly is an ideal at this time and beyond the goals of the Wong article (and our article for that matter). Nevertheless, we are certain that the readership will adopt Wong’s principles and strategies and incorporate them into their daily practice. Hence, we encourage those readers who plan to practice ST to consider the thoughts of two positive psychology practitioners, C. R. Snyder and Martin Seligman, and to find a place for “hope” in the application of ST.

### Thoughts About Positive Psychological Practice

In the spirit of the open source ideal of sharing the product and the goal, we would like the reader to consider the following thoughts about positive psychology practice from Snyder (personal communication, October 15, 2002 which was submitted by Dr. Snyder in an email response to the first author’s query, “What is your approach to positive practice?”) and Seligman (excerpted from his 1998 column titled “Why therapy works”) in light of Wong’s description of ST and of your own attempts at using clients’ strengths to promote change. We have chosen not to analyze each of these psychologists’ views of their practice in detail as we are hoping readers “make meaning” and begin to construct their own ideas for enhancing their positive practice.

#### *Positive Psychotherapy: Trust, Skin-Diving, and Portals of Hope: C. R. Snyder*

“I (CRS) have been practicing positive psychotherapy, albeit part-time, for 30 years. Although some academicians have characterized practitioners as monolithically adhering to pathology models, my sense is that there have been a very sizable number of us who have worked basically in search of the best in our clients. In a very real sense, therefore, the practice of positive psychology *antecedes* the recent reemergence of interest in this approach among academicians.

“Although we have not embraced the pathology models, be clear that we also have not avoided our clients’ struggles. Rather, we use the

weaknesses, if you will, to get to the strengths in people. This is positive psychotherapy, and I know that there are many helpers who fit this description. Although each is different, we share in the quest for the best in people. My tale is but one in a chorus of positive psychotherapy voices—I have no illusion that my approach is better than that used by my colleagues, but I share it to show how positive psychotherapy can work.

“For me, positive psychotherapy starts with a bond, a trusting relationship between two people, with one typically being called the ‘helper’ and the other the ‘helped.’ The ‘Catch-22’ in the establishment of such a trust and a bond, in my estimation, is that I as a helper cannot purposefully set out to make this trust happen, nor can I hurry the process. I must be patient, listen, and convey a respect for the fact that my client is the expert on him- or herself. I say this not to discount my humble armamentaria of empirically supported treatment skills, but as an honest means of empowering my client. And in a short time, I find that I am really interested in listening to my client’s story—a state that is reminiscent of e. e. cummings’s poetic line, ‘the ears of my ears are open.’ My client soon seems to have reached a similar state, and knows that I respect and care about what happens to him or her. The bond is secured.

“My new client is filled with enthusiasm by now. In fact, he usually comes with such high expectations, and ‘connecting’ with me solidifies that process. But before moving to help the client use that ‘hope,’ I ask if we can explore the natures of his ‘issues’ more deeply. This question often is puzzling to my client, because she or he has heard of my theory and research on hope, and has expressly come to me for treatment so as to regain or build hope. By this time, however, my client has come to trust me, and agrees to go through a process that I call ‘psychologically skin-diving.’ I stay with the person as she begins to go beneath the surface (i.e., her usual story about her problem). The going is slow at first, but soon she plummets to psychological depths—so far away that her loudest scream could not be heard. It is dark and murky, and I am scared along with my client as we voyage to try to understand the terrifying processes and experiences that may be in this psychological place. I ask my client to have courage, and that request is made partly for me also. In this psychological place, she charts the core of her life, and we

spend time there, perhaps over two sessions or more, seeing what the key issues may be. This is a time when I must be patient, and I often think of a line from a Theodore Roethke poem: ‘A lively understandable spirit once entertained you. It will come again. Be still. Wait.’

“And then IT happens. . . It is as if a door, or even doors, open for my client. Much like the mythical bird Phoenix arising from its ashes, my client ‘travels’ through a door and takes off to a new, brighter, and better place. I have witnessed this process many times, and it is as moving to me now as it was the first Time I saw it happen. At this point in treatment, my client and I use some of the basic tenets of hope theory to build a positive, workable life story line. Sometimes my client immediately seizes upon a new goal that resolves his dilemma, and then we discuss how to reach that goal (pathways thoughts) and how to remain motivated to use that pathway (agency thinking). Or, moving through this metaphorical door may give my client a burst of mental energy (agency thinking), which then is focused upon a new life goal, and the requisite pathways thinking begins. Lastly, on this insight-like occasion, some people seize on a pathway thought, to which they attach an appropriate goal and the requisite motivation. We spend perhaps three or four sessions then practicing hopeful thinking and how my client can use it after we have stopped meeting. It is in this last portion of treatment that my clients seem to feel as if they are learning how to ‘hope,’ which often, as I noted earlier, was why they came to see me. I say to them, however, that making strong bonds with other people also is the foundation for hope, because hoping always involves other people. And, *I give them the credit for learning to hope*, for I truly was, for the most part, just a fellow passenger in their voyages.

“In the end, I am very proud of ‘my’ clients, sad to see them go, and honored to have been a part of their special journeys. And most of all as a positive psychotherapist, I am humbled by witnessing the power and dignity of people as they discover their own positive life destinations, and how to reach them” (Snyder, 2000, pp. 1–2).

*Deep Strategies of Positive Psychological Practice: Martin Seligman*

“The deep strategies are not mysteries. Rather I (MEPS) believe they can be the subject of large scale science and of new techniques that maxi-

mize them. One strategy is instilling hope. The other is the 'Building of Buffering Strengths.' Here lies the future of practicing positive psychology. . . . Assume for a moment that the buffering effects of strength-building strategies have a larger effect size than the specific 'healing' ingredients that have been discovered. If this is true, the relatively small specificity found when different active therapies and different drugs are compared and the massive placebo effects would all follow. . . . So it is possible that by creating a bench science of positive psychology and with it creating a replicable technology of building these strengths, we will be able to account for and improve the efficacy and effectiveness of psychotherapy" (Seligman, 1998, p. 2).

### **Participating in the Work of Creating Positive Psychology Practice Strategy: Adding Hope**

Again, in the spirit of an open source ideal (i.e., share the work), we would like to participate in the refining of ST by identifying aspects of practice that need further attention within Wong's approach to positive psychological practice. The common factors of healing that so many researchers have explored need to be integrated into any positive psychotherapy. Specifically, we believe that the working alliance and its power to inspire hope for change (which has been broadly acknowledged) should be capitalized on by ST practitioners. The working alliance, conceptualized by Bordin (1976) and Horvath and Greenberg (1989) as mutually agreed upon goals, shared tasks, and a charged bond, deserves more attention within the ST system as it is in the context of the relationship that the client will make meaning of personal strengths and of their potency. The primary product of this alliance, hope, provides the goal thoughts, pathways thinking, and initiative and sustained energy needed to create a better life (Lopez, Floyd, Ulven, & Snyder, 2000; Magyar-Moe, Edwards, & Lopez, 2001; Snyder, 2000). Conceivably, the hope engendered in the therapeutic relationships will facilitate the identification and use of personal strengths that, in turn, will accentuate hope. (Snyder's perspective on positive practice suggests

the he and his client worked hard to build an intimate working relationship very quickly, even when engaging in what may turn into long-term therapy, in an effort to engender hope in change.)

Some attention might be paid, as well, to another common factor of change (Frank & Frank, 1991), the creation of a healing setting. The explosion of retreat centers, spas, and other comforting places in the United States shows that both helpers and clients are becoming aware of the importance of a healing setting. Perhaps a positive psychotherapy must incorporate a positive psychology of place.

### **Closing Comments**

As the practice of positive psychology burgeons, there is more power in the many than in the few to create effective strengths-based strategies. We hope Wong and other positive psychology colleagues work together to create new techniques to promote the good life by capitalizing on open source development techniques.

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