Yin and Yang of Positive Psychology and Addiction

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Despite the differences in the interpretation, application, and appropriation of *yinyang*, three basic themes underlie nearly all deployments of the concept in Chinese philosophy:

- (1) *yinyang* as the coherent fabric of nature and mind, exhibited in all existence,
- (2) *yinyang* as *jiao* (interaction) between the waxing and waning of the cosmic and human realms, and (3) *yinyang* as a process of harmonization ensuring a constant, dynamic balance of all things (Wang, n.d.).

Let's say white symbolizes efforts in substance use disorder treatment to reduce pathology while black symbolizes actions taken to improve well-being and build a life worth living, a life so good that it drives up the cost of relapse (Hendershot, Witkiewitz, George, & Marlatt, 2011; Marlatt & Gordon, 1980).

Already on our bookshelves, within our own addictions libraries, positive psychology appears on the pages, even in books published before positive psychology began in 1998. The tension between yin and yang—reducing pathology and increasing well-being—are there too, within our most familiar volumes. Consider a few examples pulled from my own shelf.

Yin?

The Narcotic Farm: The Rise and Fall of America's First Prison for Drug Addicts (Campbell, Olsen, & Walden, 2008).

This volume and its companion documentary describe the first federal U.S. substance use disorder

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treatment facility and a vision of a positive psychology addictions treatment center. “Moral Therapy,” its guiding approach, involved compassionate care and immersion into recreational, occupational, and avocational pursuits including golf, tennis, basketball, bowling, boxing, billiards, ping pong, arts and crafts, basket weaving, painting, and even manicures and pedicures! Famous jazz musicians addressed their heroin addictions with long hours of rehearsal, jam sessions, and public

performances. Fresh air and sunshine were the co-facilitators of out-of-doors group therapy and farm work, from which participants could feel exhilaration in the creative process, gratification of physical prowess, and satisfaction of a job well done. It was a glorious experiment. Ninety-three percent relapsed upon discharge (Campbell et al., 2008).

Why did so many relapse? Researchers of the time concluded that it had to do with exposure to cues and triggers, and a lack of ongoing aftercare in the community (Campbell et al., 2008). But why did so many people, after experiencing what is most deeply gratifying about sober living, throw it all away? Why wasn't the 'positive psychology' fix more lasting and effective?

Yang?

The Cognitive-Behavioral Coping Skills Therapy Manual (Kadden, 1995).

This treatment manual guided one of the three interventions used in the iconic study, Project MATCH. Within its pages, sessions are designed to be implemented over 12 weeks. Each has a theme. Some foster well-being while others address pathology: cravings, problems, emergencies, and relapses. The well-being sessions, "Starting Conversations," "Increasing Pleasant Activities," "Enhancing Social Support Networks," are marked *elective*; they may be rotated in "based on the therapist's assessments of a client's problems or on needs or desires expressed by the client" (p. 10). They enjoy second-class status to the "core" mandatory sessions, which tackle pathology head on. Assigning pathology topics to "core" and well-being topics to "elective" suggests that reducing pathology is the primary aim of treatment, and building a positive sober life, secondary. Indeed, the rationale given for the order of the topics was to address first the things that could take the client out of the conversation all together, the "immediate threats to ... sobriety, which may lead ... to an early relapse and undermine ... continuation in the program" (p. 10).

It is wise to prioritize content that will make therapy possible in the first place. But questions remain. To what extent were the elective well-being sessions actually used in Project MATCH? Which were most popular? Under what conditions were they employed, and for whom? In general, could we test well-being interventions independently versus embedded within CBT or the Community Reinforcement Approach (Meyers & Miller, 2006)? What might we learn if we could? What effect might they have on clients and hard-working counselors?

Yin and Yang?

Step Ten, "Continued to take personal inventory, and when we were wrong promptly admitted it," Twelve Steps and Twelve Traditions, (AA World Services, 1953, pp. 88–95)

In the 10th step, members of Alcoholics Anonymous are invited to take a daily "look at ... assets and liabilities" (p. 88) and to "cast up a balance sheet" (p. 89) giving credit for "things well done, and chalking up debits where due" (AA World Services, 1953, p. 89). The metaphor of the accounting ledger with its entries alternating in black and red suggest integration of the good with the bad. In the text, the discussion of assets resonates with prevalent positive psychology themes. The "Three Good Things" exercise, developed by positive psychologists (Seligman, Steen, Park, & Peterson, 2005), involves the practice of recounting three good things that happened in a day and why they happened. This excerpt from the 10th step could serve as instructions for it:

It's a poor day indeed when we haven't done *something* right. As a matter of fact, the waking hours are usually well filled with things that are constructive. Good intentions, good thoughts, and good acts are there for us to see. Even when we have tried hard and failed, we may chalk that up as one of the greatest credits of all. Under these conditions, the pains of failure are converted into assets. Out of them we receive the

stimulation we need to go forward (AA World Services, 1953, p. 93).

In the 10th step instructions we also see positive psychology's emphasis on character building (Peterson & Seligman, 2004) ...

Learning daily to spot, admit, and correct these flaws is the essence of character-building and good living (AA World Services, 1953, p. 94).

... and the theme of gratitude:

An honest regret for harms done, a genuine gratitude for blessings received, and a willingness to try for better things tomorrow will be the permanent assets we shall seek (AA World Services, 1953, p. 95).

A person in recovery once told me that the daily inventory is like cleaning a beach at dusk. Sometimes the rake turns up an exquisite shell, other times a cigarette butt. The 10th step seems to suggest that it is good and useful to examine both 'treasures' and 'trash'—the good and bad. The 'shells' increase positive mood, happiness, and provide encouragement. They remind and thus extend positive emotions, which can broaden and build toward larger psychosocial benefit (Fredrickson, 2001). But the 10th step is not just about positive psychology. The examination of the 'cigarette butts' provides vital information about early warning signs of problems that can be averted before worsening, or situations that require redress. Diminishing problems and resolving worrisome issues are also important to the good life.

Tentative Conclusions and a Question

1. The field has been integrating aspects of what we now call positive psychology for a long time. Deeper examinations of what we are already doing along these lines would guide further research and intervention. 2. In practices of treatment and recovery, addressing pathology *and* increasing well-being are both essential, interrelated, and, as an

added challenge to the researcher, most likely tough to isolate without the shadow or the glimmer of the other. What can be gained by getting the balance right? This question is worthy of our attention.

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