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Psychopathology and languishing are distinct

Eranda Jayawickreme[a] and Laura E. R. Blackie[b]

[a]Department of Psychology, Wake Forest University, Winston-Salem, NC, USA; [b]School of Psychology, University of Nottingham, Nottingham, UK

ABSTRACT
Hall-Simmons and McGrath have proposed that character strengths can moderate the impact that clinical symptoms have on functioning. This notion is reasonable in light of existing evidence. Specifically, we provide secondary analyses from recently published data suggesting that character strengths can moderate the impact of psychopathology on functioning. We argue however that this conceptual work should only the first step in developing a comprehensive model of how flourishing can be promoted and languishing avoided.

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Hall-Simmonds and McGrath (this issue) make the case that personal strengths, particularly those that are at a high level in that person or are characteristic of that person, can both exacerbate and mitigate clinical syndromes. This perspective on integrating clinical diagnosis with Peterson and Seligman (2004) strength-based model is distinct from the strengths as syndrome and strengths as symptoms models in that it provides a framework for considering strengths as a contributor to the presentation of clinical symptom and functional impairment, as opposed to reframing clinical syndromes or symptoms in strength-based terms, as the strengths as syndrome and strengths as symptoms models attempt.

In our view, Hall-Simmonds and McGrath are correct in seeing character strengths as a moderator of how clinical symptoms can affect functional impairment, and here we provide data to support their perspective. Prior research has shown that interventions focused on traits related to well-being are most effective (Lent, 2004; Locke & Latham, 1990). This is especially the case when these traits are congruent with valuable personal goals (Diener & Fujita, 1995). Our recent research has focused on a trait that shares substantive conceptual overlap with the virtue of hope – *personal growth initiative* (PGI; Robitschek, 1998). Similar to hope (Snyder, 2002), the scale assessing PGI measures a set of cognitive and behavioral skills that center around an individual's own conscious desire to develop as a person as well as confidence in their ability to set goals that enable such personal growth (Robitschek, 1998). In an assessment of 200 survivors of the 1994 Rwandan genocide (Blackie, Jayawickreme, Forgeard, & Jayawickreme, 2015), we found that individuals high in PGI reported lower levels of functional impairment in their daily lives, even when controlling for symptoms of depression, PTSD, age, gender, and location in our analysis. Factors that had been identified by an earlier study to increase PTSD symptoms in Rwandan genocide survivors (Munyandamutsa, Mahoro Nkubamugisha, Gex-Fabry, & Eytan, 2012). Specifically, these results suggested that individuals high in PGI might be able to respond flexibly to the situation by changing their mindset and behavior to alleviate functional impairment in daily activities. In other words, facilitating hope helped these people manage amid unmanageable suffering.

Testing the strengths as moderators model

In order to test Hall-Simmonds and McGrath's claim that certain strengths can be employed to improve quality of life when struggling with clinical difficulties, we ran supplementary analysis on these data to examine whether the relationship between depression and functional impairment was moderated by PGI (Note: all descriptives for these data and information about the measures used can be found in Blackie et al., 2015). Specifically, we performed a moderated multiple linear regression to test our hypothesis concerning the moderating role of individual differences in PGI on mental and physical health outcomes among a genocide-affected population in Rwanda. We regressed our measure of physical functioning (assessed by the WHO-DAS II) onto participants' mean-centered depression (assessed by the CES-D) and personal growth initiative (assessed by the PGIS) scores in the first step of the analysis, and onto the two-way interaction between

CONTACT Eranda Jayawickreme jayawide@wfu.edu

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participants' CES-D and PGIS scores in the second step of the analysis. The R^2 change statistic was significant F (1, 147) = 4.66, $p < .05$, indicating that the addition of the interaction term significantly improved the model. The results of step two of this analysis are presented in Table 1. As can be seen from the table, the main effect of CES-D was significant, revealing that higher levels of depression predicted greater physical impairment. The main effect of PGIS was significant, revealing that higher levels of PGIS predicted less physical impairment. However, these main effects were qualified by a significant two-way interaction with these variables. To explore this interaction (see Figure 1), we performed a simple slopes analysis at 1 SD above and below the mean of PGIS (Preacher, Curran, & Bauer, 2006), which revealed a significant positive slope between physical functioning and depression for individuals low on personal growth initiative, t(147) = 3.86, $p < .01$. The simple slope for the relationship between physical functioning and depression for individuals high on personal growth initiative was not significant, t (147) = 0.96, $p = .34$.

Table 1. Regression analysis on WHO-DAS II with CES-D and PGIS scores.

Variable Name:	B value	S.E.	T value	P value	95% CI
CES-D	0.33	0.10	3.16	.002	[0.12, 0.53]
PGIS	−0.22	0.06	3.78	.000	[−0.33, −0.10]
CES-D * PGIS	−0.20	0.09	2.16	.033	[−0.38, −0.02]

CES-D: Center for Epidemiologic Studies- Depression Scale; PGIS: Personal Growth Initiative Scale; WHO-DAS II: World Health Organization Disability Assessment Schedule 2.0; CES-D * PGIS: interaction term between Center for Epidemiologic Studies- Depression Scale and Personal Growth Initiative Scale.

These results suggest that low levels of PGI moderated the relationship between depression and functional impairment in this sample. Specifically, we found that participants who were both high in depression and low in PGI reported greater functional impairment compared to individuals low in depression. The relationships between depression, and functional impairment were not significantly different as a function of high levels of PGI. Thus, these findings indicate that low levels of PGI are a risk factor for higher levels of impairment. In contrast, high levels of PGI had a protective function in attenuating functional impairment, in so far as the positive relationship between depression and functional impairment was eliminated among the participants high in PGI.

These new analyses suggest that individuals respond to the demands of their situation by changing character virtues to promote well-being and reduce distress (Blackie, Roepke, Forgeard, Jayawickreme, & Fleeson, 2014), as posited by Hall-Simmonds and McGrath. Given that the authors' main goal is to provide a guide for diagnosis and promoting optimal

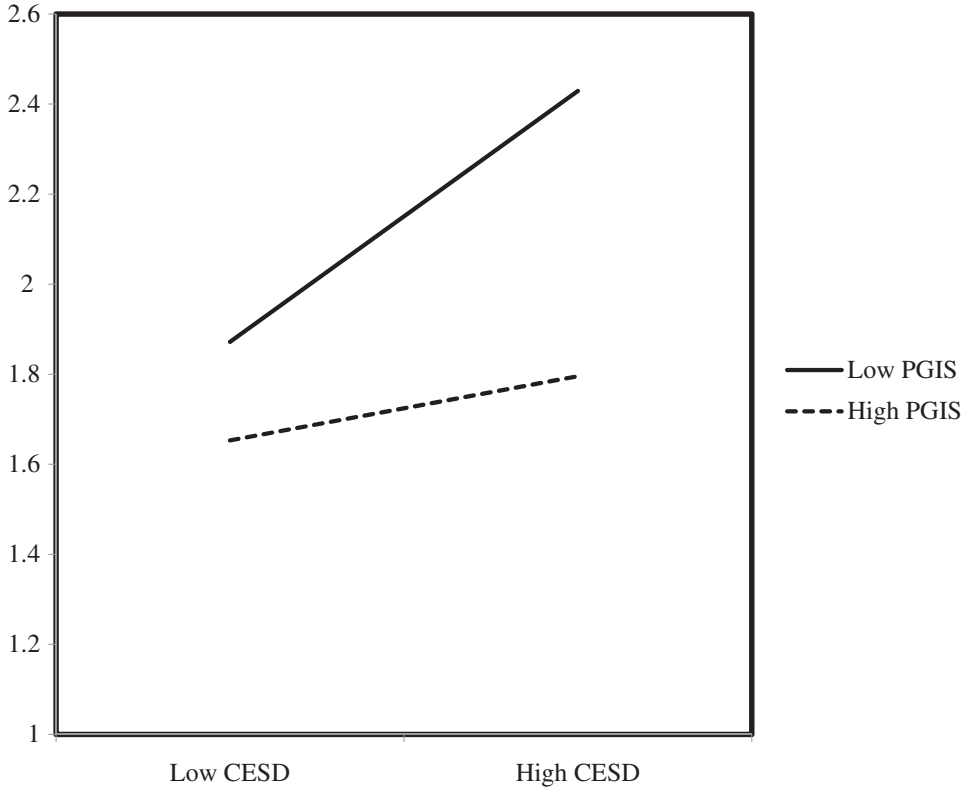

Figure 1. The interaction between depression (CES-D) and Personal Growth Initiative (PGI) on functional impairment (WHO-DAS).

interventions, future research along these lines can help provide targeted intervention programs that are designed specifically to enhance the individual's well-being by strengthening specific character strengths (see Blackie et al., 2014; Seligman & Csikszentmihalyi, 2000). Existing intervention protocols (such as those involving PGI: Thoen & Robitschek, 2013) may additionally be adapted for use among such individuals.

Psychopathology and languishing are distinct

We believe that Hall-Simmonds and McGrath, in seeking to integrating the psychology of deficits with the psychology of strengths, are wise in seeing character strengths as playing a complementary role in diagnosis and treatment, as opposed to replacing standard approaches to assessment and diagnosis. Among other reasons, this distinction highlights the fact that positive psychology originally gained traction among psychologists because of its interests in the hitherto underappreciated question of what it means to *flourish* (Haidt & Keyes, 2003). In other words, the field grew in part because conceptualizing healthy functioning simply in terms of not suffering from mental illness, was rightly seen as woefully incomplete. One unfortunate danger of the strengths approach adopting a strengths as syndrome and strengths as symptoms models, on this view, is that such a move reconfigures the importance of character strengths in terms of their ability to describe or define psychopathology. In other words, the strengths end up being defined in terms of the syndrome. Hall-Simmonds and McGrath's approach avoids this limitation by not reinterpreting existing clinical constructs.

Moving forward, we hope that such strength-based approaches to highlight and rectify problems of living can consider questions of not only suffering caused by mental illness (although we both agree that this should always be a high priority for research and practice), but also languishing caused by people not fulfilling their full potential at flourishing. To provide one example, Hall-Simmonds and McGrath briefly discuss wisdom in summarizing criticisms of Peterson's (2006) strengths-as-syndrome view. One specific explanation for languishing may be that such individuals do not possess the appropriate wisdom to lead their lives. To extend this example, given the many challenges that our world currently faces, such as global warming, geopolitical instability and the fear of uncertainty it generates, proliferation of ultra-nationalist movements in Europe and the U.S.A., increasing hostility towards people who look or think differently and economic challenges, it has been argued that a focus on fixing our current deficits in wisdom is of vital importance for researchers and educators (Grossmann, 2017; Sternberg, 2013).

It is work considering, in conclusion, that the main goal of the strengths model is that highlight the fact that existing models present incomplete views of human functioning – e.g. we may have good mental health, yet we lack the wisdom to live well and confront the challenges of modern life. In this context, rather than making our taxonomies of character strengths amenable to standard models of mental illness, proponents of the strength model (ourselves included) should continue to do the conceptual and practical work of developing the strengths model as a substantive framework for promoting flourishing and wisdom.

Disclosure statement

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