

FUNDING HAPPINESS: A STUDY OF THE ARGUMENTS AGAINST THE PUBLIC FUNDING OF LIFE ENHANCEMENT

UDC 177

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Abstract. *In this paper we scrutinise the claim that interventions arising from positive psychology are always justified in and of themselves (Duckworth, Steen & Seligman, 2005). We claim that it is not morally justifiable for public funding bodies, charged with increasing community wellbeing, to support life enhancement/coaching practises over therapeutic practises. To support this claim we establish intuitive, theoretical, and pragmatic arguments.*

Key words: *applied psychology, social policy, resilience, public funding, intervention, enhancement, therapeutic, justification.*

1. INTRODUCTION

Duckworth, Steen and Seligman (2005) claimed that interventions arising out of positive psychology are not only justifiable in the clinical context, but ‘fully justifiable in their own right’, (p. 13). In this paper we shall provide reason to question this claim. We argue that, depending on the intended beneficiary of the intervention, such interventions may not be justifiable. In order to demonstrate this, we make a distinction between two types of applied positive psychology: therapeutic practices and enhancement practices. Moreover, we claim that it is not justifiable for public funding bodies, charged with increasing the common wellbeing, to support enhancement practices at the expense of therapeutic practices.

To support this claim we establish intuitive, theoretical, and pragmatic arguments. The intuitive argument draws upon an everyday analogue to demonstrate that the moral considerations at play commonly guide us to help people who are worse off, over those that are not. A result that favours therapeutic ends over enhancement. The theoretical argument draws on four different ethical principles: utilitarianism, negative utilitarianism,

egalitarianism, and prioritarianism. We argue that none of these principles suggest we should favour enhancement over therapeutic outcomes. The pragmatic argument draws upon empirical observations that the same amount of funds would be likely to make less of an impact upon people above a certain level of functioning, than it would upon those below this level.

We shall also consider a possible objection to our central thesis - the argument from resilience. This objection draws upon the adage that prevention is often better than cure; pointing out that enhancement may help to guard people above a certain standard of life from falling below it in the future. We shall demonstrate that although this objection, *prima facie*, has some appeal, it fails under *ceteris paribus* conditions. We conclude that practitioners of positive psychology should distance themselves from appeals to the enhancement of resilience in the broader population when seeking money from public bodies, and focus their attentions instead upon the provision of therapeutic assistance to clinical or identified 'at risk' target groups. To this end, research into the efficacy of interventions arising from Positive Psychology should be pursued as a matter of urgency in light of the promise shown by recent work in this area.

2. THERAPEUTIC AND ENHANCEMENT PRACTICES

Positive Psychology is *inter alia*, the scientific study of 'ordinary human strengths and virtues' (Sheldon & King, 2001, p. 271). It has been demonstrated that interventions arising from this endeavour foster greater positive emotion, engagement, and meaning (Duckworth, Steen & Seligman, 2005, p. 641). Historically such mental states have been under-examined within psychology, due to a justifiable preoccupation with dysfunctional mental states (i.e. pathology), cognitive errors (eyewitness testimony), and dysfunction of mood and emotions (i.e. mood disorders). Although it is not necessary for our purposes that we adopt a more detailed account of what constitutes an enterprise in positive psychology, we do need to focus upon the intended outcomes of such enterprises in order clearly indicate our target.

One intended outcome of positive psychology is that of pure research. That is, studies that seek only to advance of our knowledge of positive mental states, strengths and virtues (Sheldon & King, 2001). Such studies might, for example, set out to determine exactly what constitutes happiness, hope or optimism and how to measure them without directly concerning itself with the question of how such states could be encouraged within people (Peterson, Lee, Seligman, 2003). Such research is not the subject of this paper. Rather we are interested here in those practices which seek to encourage positive mental states in people - the practice of *applied* positive psychology for the betterment of the community.

On most dimensions of functioning, (let us settle on positive emotion, engagement and meaning) people can be typically divided in three groups: those within the norm (how this is defined is not critical to our argument, but see below for the definition we will use); those below the norm; and those above it.¹ Using as our measure the proportion to which

¹ Some might argue that people cannot be neatly divided into such groups. However, (a) it is not necessary for our purposes that *all* populations can be clearly sub-divided in such a fashion, only that *some* populations can, at least in respect to a particular aspect of psychosocial functioning; (b) we take it that the very notion of

people are generally disposed to positive emotion, engagement and sense of meaning, we might similarly sub-divide people into the following three groups:

Sub-normal: Those people who are below the norm in that they are disproportionately indisposed to positive emotions, engagement and a sense of meaning, such that they quantifiably differ from the rest of the population. We might suppose they are (to use only one possible definition), on these dimensions, more than two standard deviations below the mean for the appropriate population to which they are being compared on these dimensions.

Normal: Those people who are in the norm in that they are proportionally disposed to positive emotions, engagement and sense of meaning. Metrically we might suppose they are, on these dimensions, within two standard deviations of the mean for their population.

Super-normal: Those people who are above the norm in that they are disproportionately predisposed to positive emotions, engagement and sense of meaning. We might suppose they are, on these dimensions, more than two standard deviations above the mean for their population.^{2,3}

By reference to these three groups, we can now etch out two distinct categories under which some, but by no means all, applied practices in positive psychological may fall.

Some practices of applied positive psychology may, as their goal, attempt to encourage positive mental states in people who are sub-normal in the manner described, in an effort to bring their functioning on these dimensions within the bounds of the broader population. We shall refer to such practices as therapeutic practices. Other practices of applied positive psychology may, as their goal, attempt to encourage more positive states in people who are already normal in an effort to make them further disposed to positive mental states. We shall refer to these practices as enhancement.

Before we proceed, we should make clear that when we discuss therapeutic and enhancement in applied psychology we are not endorsing one intervention over another, *per se*. Rather, the distinction we are advancing concerns the target recipients of the interventions - that is, we are examine what possible arguments exist for targeting the normal or super-normal, to the exclusion of the sub-normal.

Duckworth, Steen and Seligman (2005) argue that interventions arising from positive psychology that are demonstrated as producing increases in 'pleasure, engagement and meaning are ... fully justifiable in their own right' and further that these interventions may

positive and therapeutic psychology is premised on such divisions being, to some extent, possible; and (c) there is evidence from Seligman, Steen, Park & Peterson (2005) and Peterson, Lee & Seligman (2003) to suggest that such divisions are indeed possible.

² These people can be hard to detect as most self report instruments are designed to detect deficits rather than super normal functioning – rendering the scales prone to ceiling effects. As such, movement from 'normal' to 'supernormal' is still more difficult to define and detect (Harrison & Thompson, 2007).

³ Reference to standard deviations in relation to the mean of given populations is only one way by which we might construct these three categories. One alternative is non-relational model of positive well-being. That is, a model whose norm is not dependent on the properties of any given population, but on a 'criterion based' assessment of positive mental states as opposed to the 'normative' model we use here. For the purposes of this paper, either sense may be adopted.

'counter disorder' as well (p. 641). We have no argument with the latter point; however the former deserves further scrutiny. We believe that where funds are directed to the maximally increase welfare, countering disorder has the better claim.

The question we shall focus on is whether individuals, or groups, with broad social welfare interests should fund enhancement practices to the exclusion of therapeutic practices. Before we proceed to proffer a response to this question, it would be prudent to first stake out the conditions under which it is being considered.

First, we are assuming that the funding body in question only has a finite amount of resources to distribute.⁴ Secondly, we are assuming that what resources are at the funding body's disposal are such that a partial distribution of them to the therapeutic practices would be insufficient to either (a) move all people out of the category of the sub-normal (thus freeing up the additional funds for enhancement), or (b) adequately fund the proposed endeavour. Under such conditions we take it that there is greater intuitive, theoretical, and practical reason to favour the funding of therapeutic practices to the exclusion of enhancement practices.

3. THE INTUITIVE CASE

The intuitive case takes the form of an argument from analogy. Imagine that at the end of a successful day you find yourself walking home with 5 surplus Euros in your pocket. On the way you come across two people collecting money for two separate projects. The first collection is for a homeless shelter. This shelter, if built, would provide a number of homeless people with some minimal level of accommodation. The second collection is for an urban renewal scheme. The scheme, if funded, would result in a number of people with houses having their houses' facades painted complementary colours, thus raising the tone of an already functional residential area. Both collections require 5 Euro by the end of today in order for the projects to begin, and you appear to be the last person on the street on this particular day.

In this case we seem to hold the strong intuition, given we are motivated by broad social welfare concerns, to give our surplus 5 Euros to the homeless shelter, all other things being equal. Such an intuition, we take it, will also be shared by similarly positioned third parties when faced with the decision to fund enhancement or therapeutic practices. This is because the moral factors at play are relevantly similar. Both the homeless shelter and therapeutic practices are morally similar insofar that they are aimed at helping people below the norm, enter into, or at least draw closer to a standard of living enjoyed by the majority of the population. And both the urban renewal scheme and enhancement practices are morally similar insofar that they are aimed at helping people within the norm (or above it), achieve a still higher standard. Of course intuitions can be wrong. However, this intuition also has the benefit of considerable theoretical support.

⁴ Funds directed to Mental Health are inadequate at present in Australia, where psychopathology accounts for approximately 13% the country's health care burden (Beggs et al., 2007) but receives just 6% of the nation's health spending (RANZCP, (2010).

4. THE THEORETICAL CASE

Let us consider now, in slightly more detail, the funding decision to which we are concerned. A committee is charged with determining how best to distribute the funds of a third party, one with broad welfare interests. The funds are earmarked for either a therapeutic or enhancement practice in applied positive psychology. Each practice has provided the committee with information regarding the intended outcomes of their projects, upon which the committee can base their decision. The therapeutic practice claims that, if funded, they will help 15 people by moving them out of the sub-normal group and into the normal group. The enhancement practice claims that, if funded, they will help 15 people by moving them out of the normal group and into the super-normal group. We shall now examine four different ethical principles, Utilitarianism, Negative Utilitarianism, Egalitarianism, and Prioritarianism, and determine in each case how they might guide the committee's decision.

Utilitarianism is guided by the principle of utility. This principle is formulated by Parfit as follows:

The Principle of Utility: It is in itself better if people are better off. (205)

If the funding body was guided solely by the principle of utility, then it would not make any difference which practice they funded. This is because in both cases 15 people are helped to the same extent, by being raised in each case to the next best category. Consequently, all other things being equal, both cases involve the same number of people becoming better off to the same relative degree. In other words, both practises will produce the same overall net gain. As a result, the principle of utility suggests that funding either practice is morally acceptable. (In section V, we will argue that all things are not equal, and that the principle of utility will ultimately provide a further justification for funding therapeutic practices over enhancement practises.)

One variant of strict Utilitarianism, is Negative Utilitarianism. An advocate of this variant, Karl Popper, introduces this principle as follows:

We should realize that from the moral point of view suffering and happiness must not be treated as symmetrical; that is to say, the promotion of happiness is in any case much less urgent than the rendering of help to those who suffer, and the attempt to prevent suffering. (1966, p.235)

This principle can be formulated as follows:

The Principle of Negative Utility: It is in itself better if less people are in bad states of affairs.

If the funding body was guided solely by the principle of negative utility, then the therapeutic practice would be funded over enhancement. This is because this principle would guide us help the 15 people under the norm, since only this action would reduce the number of people in a bad, rather than normal, state of affairs.

Egalitarianism is guided by the principle of equality. This principle is formulated by Parfit as follows:

The Principle of Equality: It is in itself bad if some people are worse off than others. (205)

If the funding body was guided solely by the principle of equality then they would favour the therapeutic practice over the enhancement practice given the assumption that most people fall into the normal category. This is because the therapeutic practice decreases the inequality of the situation, by moving 15 people closer to the norm. Whereas the enhancement practice increases (or at least does nothing to decrease) the inequality of the situation by moving 15 away from the norm. As a result, the principle of equality suggests that the moral course of action is to fund the therapeutic practice.

Prioritarianism is guided by the priority view. This view is formulated by Parfit as follows:

The Priority View: Benefiting people matters more the worse off these people are. (p. 213)

If the funding body was guided solely by the priority view, then they would again favour the therapeutic practice over the enhancement practice. This is because under this principle we should not give equal weighting to benefits regardless of who receives them. Rather, benefits 'to the worse off should be given more weight' (p.213) all other things being equal. In which case helping 15 sub-normal people is far more valuable than helping 15 normal (or super-normal) people. As a result, the priority view also suggests that the moral course of action is to fund the therapeutic practice.

Out of the four ethical principles discussed here, no single principle would provide the committee with reason to fund the enhancement practice over the therapeutic practice, and three of the principles would give the committee reason to do the opposite. There seems therefore, given this limited analysis, that there is sufficient theoretical weight to bolster the already strong intuition that therapeutic practices should be funded to the exclusion of enhancement practices. There is however, a further pragmatic argument for this same conclusion.

5. THE PRAGMATIC CASE

In practice it can be difficult or even impossible to say with any certainty what the long term and socially distal benefits of even the most rigorously examined interventions will be. This is true of interventions from positive psychology in particular as they are more recent and the evidence base is still developing, albeit rapidly and with great promise (Duckworth, Steen and Seligman, 2005).

Entities charged with the responsibility for apportioning limited funding designed to raise the population's level of mental health and quality of life therefore have the difficult task (and ethical responsibility) to place resources where they are most likely to have the greatest impact. In discharging this duty responsibly these entities do well to attend to the well established finding that the relationship between increased resourcing or intervention, and the hoped for outcomes to which they are directed is very frequently non-linear.

Such relationships usually resemble inverse hyperboles with distinct asymptotic thresholds beyond which further resourcing or intervention has little effect. Examples of these relationships are too numerous to describe in detail here but for clarity I will cite three.

Turkheimer, Haley, Waldron, D'Onofrio, & Gottesman (2003) found that children's IQ was affected significantly by their environment when the environment was below or borderline that which would be regarded and minimally sufficient for typical development. That is to say those improvements to the environment via stimulation, routine, nutrition and other family interventions produced significant gains. In direct contrast to this, Intelligence Quotients for children already in environments regarded as sufficient (but not necessarily outstanding) were affected to a far greater extent by heritability, and to a far lesser extent by environmental or social variables. In the past funding bodies have taken note of findings like these and apportioned resources accordingly; to great effect.

Professor Earl Hunt of the University of Washington echoes these findings when explaining the oft discussed 'Flynn Effect' (generational increases in average IQ). Hunt (2007) suggests that there really is no mystery with regard to the Flynn effect; arguing that targeted interventions aimed at those children and families most at risk due to inadequate social and economic resources has effectively 'raised the bottom' up, raising the average scores to the benefit of all (Hunt, 2007).

Finally, before moving on, a finding cited in Seligman's (2005) article 'Positive Health' applies the law of diminishing returns in happiness research, namely that beyond the satiation of basic human needs a nation's average income does not do a very good job of predicting life satisfaction (Diener, Sandvik, Seidlitz, & Diener, 1993; Diener & Seligman, 2004). Later research has indicated that happiness in relation to income is relative within nations and therefore we suggest probably related more to social comparison than income per se (Hsee, Yang, Li & Shen, 2009).

The law of diminishing returns, and the non-linear relationship between socio-emotional and physical resources has also been described in social development, education and nutrition. It is not our intention in making this pragmatic argument to suggest that the effects of interventions arising from Positive Psychology research are necessarily asymptotic in the fashion we have described; it is likely we do not yet know. However, we can think of no good reason why they should be an exception to such a ubiquitous phenomenon. While it is not certain which sections of the population are likely to extract the most benefit from interventions arising from Positive Psychology, it makes sense for funding bodies to assume the same kind of asymptotic thresholds that obtain in so many other fields of social science research. If we can agree that funding organizations directed to the public good have an ethical responsibility to maximize the potential benefit of funding trusted to their authority *as far as present knowledge will permit*, then the pragmatic argument leads to the conclusion that those bodies are ethically required to prioritise funding for interventions from Positive Psychology to remedial purposes – that is, to those sections of the community in greatest psychological need. Of course this argument has implications for the theoretical case, namely the Utilitarian perspective. If we have demonstrated that more good will obtain from remedial rather than enhancement interventions, then the utilitarian argument should no longer treat the two as equal, and of course prefer the therapeutic program.

6. THE OBJECTION FROM RESILIENCE.

Perhaps the most intuitive objection to our argument would be from the position that ‘prevention is better than cure’. It may be argued that the provision of interventions from positive psychology to those who are not yet below normative levels of functioning particularly, and so not as vulnerable to suffering psychological distress, will foster resilience that may be drawn upon in times of need. This of course will effectively keep normal people from developing such problems, providing benefits to the individual and the wider community in terms of improved functioning and limiting disruption and suffering in times of stress. Fredrickson, Tugade, Waugh & Larkin (2003) make a compelling case for the resilience position, reporting the protective effects of positive emotions after the attacks on the twin towers in a prospective study involving college students. Since then it has been determined that positive reactions to trauma, including gratitude, community cohesion and philanthropy are more common than previously thought, and in fact may be more common than the deleterious effects so often studied (Vasquez, Cervellon, Perez-Sales, Vidales & Gaborit, 2005).

7. REPLY TO THE OBJECTION FROM RESILIENCE

From this we might conclude that resilience is protective against future disaster, stress and misadventure at the individual and community level. This notion is so well illustrated that we shall assume its truth without citing further studies – the jury is in, resilience is good. However, we might further suggest that the findings from Vasquez, et al. (2005) indicate that broader sections of the community are already resilient to a considerable degree, and thus may benefit from ‘resilience’ fostering interventions less than previously supposed. In fact the supposition that the broader community would benefit greatly from interventions designed to develop resilience may be more of a relic of the deficit view of human psychology than an advance proposed by positive psychology – after all positive psychology is ‘the scientific study of ordinary human strengths and virtues’ (Sheldon & King, 2001, p. 271). If they are the source of our interventions who should we be delivering them to? Answer - those who we can demonstrate have *less than ordinary* resilience.

If all else remains equal those populations who require therapeutic help stand to gain more from positive psychological interventions than those who do not. If there are differences between those who are psychosocially vulnerable and those who are not, the evidence is clear, that people who are psychosocially vulnerable or unwell are more likely to get into further psychological trouble. For example, those with a mood or anxiety disorder are more likely than the total populations to suffer from the erosion of social supports, isolation, and substance dependency. Those already in distress are demonstrably more likely to suffer further distress in a well described downward spiral. In order for the ‘resilience’ argument to succeed in its defence of enhancement programs at the expense of therapeutic ones, it must demonstrate how and why the broader population need to be better protected from future ills or stress on the grounds that they are more vulnerable to them, or likely to be affected more severely by them. We know of no grounds for such an argument.⁵

⁵ A second objection to our conclusion arises from the possibility that people with super-normal positive

8. CONCLUSION

We appreciate that aspects of our argument may appear controversial, and we are at pains to remind our audience that there is nothing in our argument that says that enhancement practises are not beneficial, may improve resilience in non-clinical populations, or that they should not be performed. However, we do believe we have demonstrated that while enhancement practise may be appealing on the grounds that they build resilience against future stressors and improve quality of life, there are intuitive, theoretical and pragmatic reasons why any project directed to raising the communities wellbeing as a whole should turn its focus preferentially toward those suffering, or at serious risk of suffering psychological distress. Funding bodies charged with broad welfare interests often, bearing their limited funding in mind, seek to target groups where the greatest benefit will result. Interventions from positive psychology, presenting an argument to funding bodies for enhancement on the grounds of building resilience, should not be regarded as an exception to this strategy and thus should expect that argument to fail in favour of therapeutic measures.

Finally, our argument also leads to a renewed call for furthering the already promising research into the therapeutic effects of positive psychological interventions in clinical populations. The results cited by Duckworth, Steen, & Seligman's (2005) review, as well as the exciting findings validating treatments for depression arising from positive psychology ('Well Being' therapy; Moeenizadeh & Salagame, 2010) on their own provide sufficient justification to continue building the evidence base in this area, an endeavour which should be pursued with some urgency. This call may seem at first blush like coming full circle back to 'negative/traditional psychology'. However, using the scientific study of 'ordinary human strengths and virtues' (Sheldon & King, 2001, p. 271), taking what is healthful and flourishing in the wider population and delivering those strengths and abilities as helpfully as we can to people who need them the most, is surely congruent with the broader aims of positive psychology.

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emotion, meaning and engagement will go on to help sub-normal people. In which case, since enhancement practices are able to create more super-normal people, sub-normal people would be helped more by funding enhancement practices over therapeutic practices. We accept such a conclusion. However, two points need to be considered. First, we must recognise that this possibility, if true, does not legitimize Duckworth, Steen and Seligman (2005) assertion that enhancement practices are "fully justifiable in their own right" (p. 13). Rather enhancement practices are only legitimized by virtue of their indirect therapeutic outcomes. Secondly, in order for this objection to stand, evidence must be produced, not just for the notion that funds spent on enhancement practices will have indirect therapeutic outcomes, but that these outcomes exceed those that could be achieved by funding therapeutic practices directly. Such evidence, we take it, is not presently forthcoming.

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**PRIKUPLJANJE SREDSTAVA ZA SREĆU:
PREGLED ARGUMENATA PROTIV JAVNOG PRIKUPLJANJA
SREDSTAVA ZA POBOLJŠANJE KVALITETA ŽIVOTA**

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U ovom radu analiziramo stav da su intervencije koje potiču iz pozitivne psihologije uvek opravdane same po sebi (Duckworth, Steen & Seligman, 2005). Tvrdimo da to nije moralno opravdano za tela koja se bave javnim prikupljanjem sredstava, čiji je zadatak da poboljšaju dobrobit društva, da podrže poboljšanje uslova života/daje savete u toku terapijskog lečenja. Kao podrška ovoj tezi predstavljamo intuitivne, teorijske i pragmatske argumente.

Ključne reči: *primenjena psihologija; društveni zakon; otpornost; javno prikupljanje sredstava; intervencije; poboljšanje; terapija; opravdanje.*