# THE THERAPIST'S NOTEBOOK ON POSITIVE PSYCHOLOGY

Activities, Exercises, and Handouts

BILL O'HANLON
BOB BERTOLINO

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*To Helen and Rudy, who have contributed to my positive psychology. And to Glenn and Beth Hendrickson, who have shown me kindness, trust, and acceptance.*

**Bill O'Hanlon**

*To Misha, Morgan, and Claire. The world is wonderful with you.*

**Bob Bertolino**

# Contents

# Acknowledgments

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# Introduction

In 1991, Jerry and Monique Sternin, experienced anti-poverty workers, were hired by the charitable organization Save the Children to create a large-scale effective program to reduce child malnutrition in Vietnam. More than 65% of Vietnamese children were malnourished at the time. The couple was given an essentially impossible task. They had a small budget as Save the Children was starving financially. Many other relief agencies had tried previously to accomplish this monumental task, and while they sometimes got short-term results, the rate for child malnutrition had remained stubbornly high.

Out of desperation, the Sternins decided to try a new approach. Working with four poor rural communities and 2,000 children under the age of three, the Sternins invited the community to identify poor families who had managed to avoid malnutrition despite all odds, facing the same challenges and obstacles as their neighbors and without access to any special resources. These families were what they called the "positive deviants." They were "positive" because they were doing things that worked, and "deviants" because they engaged in behaviors that most others did not (Pascale, Sternin, & Sternin, 2010).

The Sternins and the community, after observation and discussion, together discovered that caregivers in the Positive Deviant families collected tiny shrimps and crabs from paddy fields, and added those, along with sweet potato greens, to their children's meals. These foods were accessible to everyone, but most community members believed they were inappropriate for young children. The Positive Deviant families were also feeding their children small meals three to four times a day, rather than bigger meals twice a day, which was customary in that part of the world.

After this discovery, the remainder of the community changed its behavior to match that of the Positive Deviants, resulting in a rapid decrease in malnutrition in the four villages. Once word of the success of this effort spread, many other villages sent representatives to learn the approach, resulting in a significant decrease in child malnutrition rates that lasted over time in Vietnam. Within two years, malnutrition rates had dropped between 65 and 85% in every village the Sternins had visited.

We tell you this story to introduce you to a different way of thinking and approaching issues in psychotherapy. Psychotherapy has traditionally had a bias toward the problematic and pathological. In part, this is understandable. People come to us (or are referred) because they have problems. So the focus is on what is wrong. Part of this more negative bias comes from Freud and the early theories of psychology and psychotherapy. Freud wrote that the best one could expect in this life is "ordinary misery," and he considered the quest for more positive states of mind such as happiness or joy to be infantile wishes that could never be fulfilled.

Psychology also had a bias for studying negative states and conditions in human life. In their survey, psychologists/researchers David Myers and Ed Diener (1995) found that psychological publications and studies dealing with negative states outnumbered those examining positive states by a ratio of 17 to 1. Mihaly Csikszentmihalyi and Martin Seligman, former president of the American Psychological Association, echoed the need for research on positive states and well-being:

> What we have learned over 50 years is that the disease model does not move us closer to the prevention of these serious problems. Indeed the major strides in prevention have largely come from a perspective focused on systematically building competency, not correcting weakness. Prevention researchers have discovered that there are human strengths that act as buffers

against mental illness: courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, the capacity for flow and insight, to name several. Much of the task of prevention in this new century will be to create a science of human strength whose mission will be to understand and learn how to foster these virtues in young people. Working exclusively on personal weakness and on the damaged brains, however, has rendered science poorly equipped to do effective prevention. We need now to call for massive research on human strength and virtue. We need to ask practitioners to recognize that much of the best work they already do in the consulting room is to amplify strengths rather than repair the weaknesses of their clients. (Seligman & Csikszentmihalyi, 2000, pp. 6–7)

In the early 1980s, Bill O'Hanlon, influenced by the work of psychiatrist Milton Erickson, created an approach to psychotherapy called Solution-Oriented Therapy. He presented a paper on that subject in 1986 at an Erickson Foundation conference (O'Hanlon, 1988). This new approach asserted that helping people discover their strengths, competencies, and indigenous solutions might be a more effective and more rapid approach to change (O'Hanlon & Weiner-Davis, 1989, 2003). Because people already had solutions and strengths but were not applying them, no new skills needed to be taught or mastered. No outside values were imposed. Instead of giving people outside knowledge from an expert, they could change using evoked abilities and resources from within them and their social environments. Soon after, Steve de Shazer and Insoo Kim Berg created their "solution-focused brief therapy" approach, which has since spread far and wide (Berg, 1991; Berg & Miller, 1992; De Shazer, 1985, 1988, 1991). Several other approaches emerged that were nonpathologically based and worked to evoke resources rather than focus on problems and pathology, notably Michael White and David Epston's Narrative Therapy (Epston, 1989; Epston & White, 1992; White, 1989; White & Epston, 1990) and Harry Goolishian and Harlene Anderson's Collaborative Language Systems approach (Anderson & Goolishian, 1988, 1992).

As the field of psychotherapy shifted to focus on strengths, a similar effort was underway in psychology research. Researchers Martin Seligman (1991, 2002), Chris Peterson, (2006), Mihaly Csikszentmihalyi (1990, 1996), Barbara Fredrickson (2009), Sonja Lyubomirsky (2008), Ed Diener (Diener & Biswas-Diener, 2008), and others began to connect and set an agenda to correct the overbalanced research into negative states and qualities and to encourage the study of positive emotions and what works in human life. This field of study came to be known as Positive Psychology.

The story we heard was that Martin Seligman was cranky with his daughter one day and she said to him, "Daddy, do you remember when I turned four and had to give up my blankey that I'd been carrying all my life?" "Yes," he answered. "Well, that was really hard to do, Daddy. If I can give up my blankey, you can give up being cranky." Sufficiently chastised and being a research psychologist, he searched the databases for research on how to become happier and more good-natured, and was made even more cranky when he could find very little of that kind of research. He became a man with a mission then and brought together various researchers, ran for president of the American Psychological Association, and helped divert grant and research money into this newly named and consolidated area of Positive Psychology.

Seligman and Csikszentmihalyi (2000, p. 5) have described Positive Psychology as concerned with documenting "what kinds of families result in children who flourish, what work settings support the greatest satisfaction among workers, what policies result in the strongest civic engagement, and how people's lives can be most worth living." Proponents posit that the study of the aforementioned areas would lead to improved understanding of individual, family, and community well-being and form the scientific basis for interventions to build thriving in those aspects of life. More recently, Seligman (2009) has described Positive Psychology as concerning itself with four primary areas:

1. Positive emotion and well-being
2. Meaning and purpose

3. Positive relationships
4. Positive accomplishments

It is important to note that Positive Psychology is not intended to replace traditional psychology. Instead, it is focused on building factors such as resilience, coping skills, protective factors, and strengths so that people may not just face and manage the problems of life but flourish in their everyday existence. To build capacity, Positive Psychology emphasizes the following areas:

- Positive attitudes and emotions
- Life satisfaction
- Loving and pleasant friendships and love relationships
- Engaging and meaningful activities and work
- Spirituality and meaning in life
- The importance of values and life goals that might help achieve or optimize them
- Kindness and compassion
- Hope
- Optimism
- Forgiveness
- Gratitude
- Contentment

To get you into the spirit of the book, we would like you to take a moment, stop reading, and do an inner activity.

Think of the awe-inspired and happiest moments of your life: when you saw an amazing sunset or got to the top of a mountain or fell in love or met your newborn for the first time. When you read a book or heard some music that moved you deeply. When you experienced a profound spiritual connection or moment. When you got some unexpectedly good news.

Use these moments to investigate how happiness happens for you, both the circumstances and your experience. Happiness is a subjective sense and we want you to at least have a grounding in your experience of it before you read on.

More and more compelling research continues to be done into the healthy and pleasant sides of human life. But this is only research, and many of you who are reading this book are primarily psychotherapists. Most of these researchers are, by their own admission, not therapists. So, the question is: How can we apply this recent research in Positive Psychology to clinical work to help people change in positive directions?

And that is the focus of this book. We have summarized and distilled the best of the field of Positive Psychology and allied research areas and translated those research findings into possible interventions that psychotherapists could use to help clients and patients. We have also highlighted several specific, robust findings from the psychotherapy literature that underscore the importance of focusing on strengths, meaning and purpose, connection, and well-being. In essence, this book delves into the emerging field of *Positive Psychotherapy*—representing a bridge between Positive Psychology and Psychotherapy, which have existed historically as two distinct and separate fields of study (Seligman, Rashid, & Parks, 2006). This book represents a new beginning for therapists, who after years of being known as "mental health professionals" but really focusing on mental illness and problems, can finally fulfill this label and focus on mental, behavioral, emotional, cognitive, and spiritual health.

The exercises in this book follow a standard format so they will be easy to use and implement. First, we name the exercise and provide an overview of it. Then we give some suggestions for when and how you might use the exercise, followed by the exercise itself. Occasionally, we add some sections that don't strictly fall into the exercise format and, for those, we will use separate sections sprinkled throughout the text.

It is important to keep several things in mind when using the exercises in this book. First, many of these research findings are preliminary and unreplicated. Some of them are correlational and not experimentally based and should be taken with a grain of salt. Next, with few exceptions, most of the exercises that have been studied scientifically through randomized clinical trials (RCTs) do not in and of themselves increase levels of happiness beyond a period of about one month. Said differently, the exercises such as the ones in this book frequently lead to immediate spikes of happiness but more often than not these boosts are short-lived. This is at least in part due to people not continuing to do the exercises that contributed to the increases in happiness. In addition, a good number of the studies on Positive Psychotherapy exercises to date have been Internet-based. In other words, there has been little to no involvement of mental health professionals in these studies other than collecting and interpreting the results of the exercises.

To address the various shortcomings of the available research, we recommend the following four general guidelines for therapists using the exercises in this book:

1. *Focus on fundamental skills such as listening, attending, and eliciting client feedback and respond to that feedback immediately as a means of strengthening the therapeutic relationship.* Researchers have identified several aspects of the alliance (i.e., empathy, positive regard, congruence) that are known to contribute to better alliances (see Norcross, 2002).
2. *Collaborate with clients on determining which exercises provide the best fit.* Numerous studies in psychotherapy have demonstrated the client's rating of the therapeutic alliance (i.e., the combination of client-therapist bond, collaboration with the client on goals, and collaboration with the client on tasks to accomplish those goals) as a reliable and consistent predictor of eventual treatment outcome (Bachelor & Horvath, 1999; Baldwin, Wampold, & Imel, 2007; Horvath & Bedi, 2002; Martin, Garske, & Davis, 2000; Orlinsky, Grawe, & Parks, 1994, Orlinksy, Rønnestad, & Willutzki, 2004).
3. *Encourage clients to use agreed-upon exercises in a routine and ongoing manner, continue those exercises that have proven beneficial, and experiment with new ones as needed.* In studies, researchers have found that people with the highest levels of happiness are the ones who maintain adherence to the exercises they were asked to try (Seligman, Steen, Park, & Peterson, 2005).
4. *Package exercises to increase the likelihood of benefit to clients.* It may not be practical for clients to do several exercises in a given day; however, it is suggested that therapists encourage clients to try more than one exercise and to do so on multiple occasions over an agreed-upon time frame. In doing so, it may be helpful to work with clients on a combination of exercises that can both contribute to an immediate boost in happiness and those that can be incorporated into everyday routines and provide longer-term satisfaction (Seligman et al., 2005).

You will discover, for particular clients, which, if any, of these exercises are helpful to them. And even if they do not produce any permanent positive shifts in happiness levels, perhaps they will help that client get a little traction out of their particular problem and suffering.

And now, with the "nuts and bolts" outlined, we leave you with another story, this one not from the world of relief but closer to home.

In the 1930s, a young girl named Gillian in England was sent to a psychologist for evaluation because she was disruptive in class. She regularly fidgeted, got up from her desk, talked to other classmates, and didn't focus on her work.

Her mother brought her to the psychologist and he tested her, spoke to her and her mother, and then asked Gillian to wait in his waiting room while he spoke with her mother in private. The psychologist told Gillian they would be a few minutes and, to keep her company and to help his

discussion with her mother be more private, he turned on the radio in the waiting room. When the psychologist and the mother arrived in the office, the psychologist ushered the mother over to the door and had them both poke through the curtains to watch Gillian.

She was up and moving to the music. The psychologist turned to the mother and said, "Gillian isn't sick. She's a dancer. Take her to a dance school." And her mother did. There, Gillian discovered others much like her; people who couldn't sit still and had to move to think. She thrived in dance.

Gillian is Gillian Lynne. She was, for many years, a soloist at England's Royal Ballet Company, went on to found her own dance company and then to become a well-known choreographer. She choreographed Andrew Lloyd-Weber's *Cats*, *Phantom of the Opera*, and many other productions. She became a multi-millionaire.

These days, a psychologist would probably give Gillian a diagnosis of ADHD and recommend putting Gillian on medications so she could fit in better at school. Now we are not saying that those approaches are wrong or evil, only that they have become the mainstay of interventions in psychotherapy, with few alternatives.

This book offers an alternative. A research-based alternative. If it helps even one of your clients have a better course of therapy *and* experience more happiness, meaning, connection, or accomplishment, we will have done our job.

**Bill O'Hanlon and Bob Bertolino, 2010**

We know that because this field is evolving daily, more research and possibilities for clinical applications will be coming along after we have gone to print, so we have created a website that we will update and also offer supplemental materials to the book. Please visit: www.therapistsnotebookonpositivepsychology.com

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# THE P.O.S.I.T.I.V.E. FRAMEWORK
## *From Research to Practice*

*Happiness:* What We Know So Far from the Research

We begin here by highlighting a few points that underscore the activities and exercises in Chapter 1:

**Most of us are bad at predicting what will make us happy.**

We tend to overestimate the positive impact of having more money, more material objects, and good things happening to us will increase our happiness. We tend to overestimate the negative impact of having bad things happen to us.

**Most of us are pretty happy.**

And we tend to have stable happiness levels through life (this is often called our happiness set point), although most of us get a little happier as life goes on (and there is often a slight dip in happiness levels at mid-life). There are some things that can increase or decrease our general happiness levels for short or prolonged periods. Stress, anxiety, and depression can bring down the levels of happiness. We discuss this research throughout this book while relating it to clinical work.

**Subjective well-being is a little different from happiness. It involves:**

Satisfaction with life conditions
Experience frequent positive emotions
Experience infrequent negative emotions (Diener, 1984)

A certain percentage of our happiness/subjective well-being (some estimate 40%) can be changed by things we do and shifts in attention and attitude. Jonathan Haidt (2006) provides a nice formula in his book, *The Happiness Hypothesis*: H = S + C + V, where H is your general happiness level, S is your happiness set point, C is your life conditions, and V is your voluntary activities. *This last is the territory we cover in this book—the things you and your clients can do to affect happiness levels and one's sense of well-being.*

And perhaps we should give you a definition of happiness before diving in. There are many, of course, and no correct definitive on which all can agree, but for clarity and simplicity, we quite like this one:

Pleasure/Positive Emotions + Engagement + Meaning = Happiness

But mostly, of course, aside from definitions and formulas, most of us know when we are happy or satisfied quite well without any help from the scientists or theorists.

In this chapter we introduce the overall framework that we will use to organize the disparate material from Positive Psychology and allied areas of research. We provide at least one activity or exercise to use based on the particular area of focus or research finding.

While there have been some articles and even a book or two on psychotherapy approaches that derive from the findings in Positive Psychology, these were for the most part either unsatisfying to us

because they didn't provide much practical guidance or specifics, or they were written by theorists or researchers.

Our primary guideline for translating this research is practicality and a realistic understanding of clinical work. Also, we don't expect you, the reader, to use every one of these exercises or activities. The book is divided into "bite-sized" pieces, making it easy to dip into one or the other of them and try them at random. Of course, if you prefer, you could read them through or try them out more systematically, but this is not necessary to get the value out of this volume.

If you have a background in more traditional approaches, this new emphasis may take some time to incorporate or shift into. It may take even more time for it to feel natural. That's okay. Our goal is not to make whatever you are currently doing obsolete (or wrong), but rather to supplement and expand your repertoire and viewpoint.

Approach these activities and exercises with openness, and you should be fine. Now, on to the first chapter and exercises.

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### Clean Your Well-Being with S.O.A.P.

*Overview*

There is a lot of material in this book. We don't want you to get overwhelmed. To start things out and keep them simple, we offer a brief overview of the four key areas that have been shown in Positive Psychology research to have a significant impact on people's sense of well-being and happiness. We have organized the book with the mnemonic P.O.S.I.T.I.V.E., but for now let's make things even more memorable with the shorter mnemonic S.O.A.P.

S.O.A.P. stands for

**S.** = Social connections, probably the most neglected in our busy and isolated modern lives; if you have a rich social life (not busy, necessarily, just rich) and positive social connections, you will likely be happier.

**O.** = Optimism; if you approach life and troubles with a more optimistic explanatory style and attitude, you are more likely to be happy. Luckily, this is learnable.

**A.** = Appreciation/gratitude; if you can wake up to the wonders of the world and the blessings you have, you will likely find yourself being more satisfied in your life.

**P.** = Purpose/meaning; if you have the sense that your life is about something more than satisfying your personal needs and wants and you feel it has a bigger meaning and purpose, again, you are more likely to be satisfied.

*Suggestions for Use*

This exercise is primarily for you the therapist, although you are welcome to invite your clients to do it as well. It is designed to "get you into" the field of Positive Psychology, and give you an overview of where we are going in this book and some of the key concepts and activities that can make a difference in your clients' lives that derive from that field.

*Exercise*

To complete this exercise, please complete the following steps.

1. In the space below, list your significant social connections. This includes:

Friends _____

Romantic relationships _____

Friendly co-workers _____

Pets _____

Family members _____

Neighbors _____

Groups in which you have good connections with one or more members:

    Church congregations _____

    Choirs/musical groups _____

    Book groups _____

    Sports teams _____

Military units _____

Work groups _____

Professional organizations _____

Live or web-based interest groups _____

Self-help/support groups _____

Your extended family _____

[Fill in any other groups in your life that haven't been covered in this list]

2. Now, next to each entity on the list in Step 1, make a note of how often you get together with these social connections. You might also comment on the value you get from each of them.
   • Do you have a sense that overall the connections on your list make your life richer and happier? _____
   • Is there any area of your social life that you feel you have neglected and would like to rehabilitate or put more effort into and attention on? _____

   _____
   • Is there any part of your social life that is unsatisfying and you would like to change to make it better? _____

3. Let's now assess your sense of optimism.
   • When you face troubles or problems, do you tend to be bleak in your outlook? Hopeful?
   • When there is trouble, do you tend to think things will be better before long, or that this is just another in a long line of troubles?
   • Do you get down on yourself and think there is something wrong with you when you are stressed or face difficulties?
   • Do you tend to see problems as passing things or evidence of more deep-seated and pervasive issues?

We will discuss the optimism/pessimism spectrum in a later chapter, but for now just notice your tendencies. The good news is that if you tend to be pessimistic, this automatic response has been shown to be changeable, and that change can have an impact on your sense of happiness and well-being.

4. Assess your habits of gratitude and appreciation.
   • Do you find yourself regularly feeling grateful? _____
   • Do you frequently express your gratitude to others? _____
   • Do you often "stop to smell the roses," or do you often get caught in the day-to-day and get too busy to notice the everyday wonders and pleasures of life? _____

   _____

5. Do you have a sense that you have found and are living a life with purpose and meaning?
   • Do you have a sense that the work you do is part of why you are alive? _____

   _____
   • Do you have a sense that you are part of something bigger? _____

   _____

- Do you know the reason you are alive? _____

  _____

- Are you fulfilling your purpose? _____

  _____

Okay, that was our quick walk-through and introduction to some of the most cogent issues that impact happiness and well-being. Don't worry about your answers. We weren't trying to get you to judge yourself or decide whether what you are doing or ways you are being are right or wrong. We just wanted to start to raise your awareness of these areas and how they might affect your life and well-being.

### Knowing Your Signature Strengths as a Therapist

*Overview*

One of the cornerstones of Positive Psychology is character or signature strengths. The concept of character strengths evolved out of examining positive youth development and the exploration of what qualities represent "good character." Character in this sense has evolved into a "family of positive dispositions" (Peterson, 2006). In general, character or signature strengths are positive traits that include individual differences such as perspective, curiosity, kindness, gratitude, hope, and teamwork. Researchers Peterson and Seligman (2004) identified 24 character strengths and organized them under the following six core virtues:

Virtue #1: *Strengths of Wisdom and Knowledge*: include positive traits related to the acquisition and use of information in the service of the good life.

    1. Creativity
    2. Curiosity
    3. Love of learning
    4. Open-mindedness
    5. Perspective

Virtue #2: *Strengths of Courage*: entail the exercise of will to accomplish goals in the face of opposition, external or internal.

    6. Authenticity
    7. Bravery
    8. Persistence
    9. Zest

Virtue #3: *Strengths of Humanity*: include positive traits that manifest in caring relationships with others.

    10. Kindness
    11. Love
    12. Social intelligence

Virtue #4: *Strengths of Justice*: are broadly social, relevant to the optimal interaction between the individual and the group or the community.

    13. Fairness
    14. Leadership
    15. Teamwork

Virtue #5: *Strengths of Temperance*: are positive traits that protect us from excess.

    16. Forgiveness/mercy
    17. Modesty/humility
    18. Prudence
    19. Self-regulation

Virtue #6: *Strengths of Transcendence*: strengths that allow individuals to forge connections to the larger universe and thereby provide meaning to their lives.

  20. Appreciation of beauty and excellence
  21. Gratitude
  22. Hope
  23. Humor
  24. Religiousness/spirituality

The purpose of this exercise is to familiarize you as a therapist with the aforementioned character strengths. With this understanding, you can continue to develop your strengths and better help your clients develop and expand their strengths in the future.

*Suggestions for Use*

This exercise is for therapists. A parallel exercise, "Knowing Your Character Strengths as a Client," is available for use with clients. To complete this exercise, you will need access to the Internet and the website, www.authentichappiness.org. The Internet portion of this exercise will take approximately 30 minutes to complete. It is also advisable to have a means for saving or printing out your results.

*Exercise*

To complete this exercise, please complete the following steps.

1. You will need the following resources for this exercise:
   - Access to a computer.
   - An e-mail address.
   - Ability to save your results to the computer or a flash drive for later access. (*Note:* You will be able to save your results on the website you will be accessing; however, you may want to access those results more quickly and at times that you may not be able to connect to the Internet.)
   - Access to a printer if you would prefer a hard copy of your results.
   - Approximately 30 minutes of your time.
2. Connect to the Internet. Next, proceed to www.authentichappiness.org.
3. Create a login.
4. Log in. Select and complete the VIA Signature Strengths Questionnaire.
5. Review the results of your survey. Pay particular attention to your top five strengths. List those strengths in the space below.
   My Top Five Strengths:

    1. _____
    2. _____
    3. _____
    4. _____
    5. _____

6. What stands out for you in reviewing the results from your survey?

_____

_____

_____

_____

7. Next, consider an example of how you use each of your top five strengths in the present. Write those examples in the spaces below.

How I Use My Top Five Strengths in the Present:

1. _____
2. _____
3. _____
4. _____
5. _____

8. Choose one of your top five character strengths. Think of one thing you can do over the next week to develop that strength further. What you choose to do should be different from what you have done in the past or present regarding that strength. Write your plan in the space below.

_____

_____

_____

_____

9. What did you learn as a result of completing this exercise? How can you use what you have learned to help your clients?

_____

_____

_____

_____

### *References*

Peterson, C. (2006). *A primer in positive psychology*. New York: Oxford.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. Washington, DC: American Psychological Association.

### *Knowing Your Signature Strengths as a Client*

*Overview*

This exercise is the client parallel to "Knowing Your Signature Strengths as a Therapist." The concept of character strengths is a cornerstone of Positive Psychology. The concept of character or signature strengths evolved out of positive youth development and the exploration of what qualities represent "good character." Character in this sense has evolved into a "family of positive dispositions" (Peterson, 2006). In general, character strengths are positive traits that include individual differences such as perspective, curiosity, kindness, gratitude, hope, and teamwork. Researchers Peterson and Seligman (2004) identified 24 character strengths and organized them under the following six core virtues:

Virtue #1: *Strengths of Wisdom and Knowledge*: include positive traits related to the acquisition and use of information in the service of the good life.

1. Creativity
2. Curiosity
3. Love of learning
4. Open-mindedness
5. Perspective

Virtue #2: *Strengths of Courage*: entail the exercise of will to accomplish goals in the face of opposition, external or internal.

6. Authenticity
7. Bravery
8. Persistence
9. Zest

Virtue #3: *Strengths of Humanity*: include positive traits that manifest in caring relationships with others.

10. Kindness
11. Love
12. Social intelligence

Virtue #4: *Strengths of Justice*: are broadly social, and relevant to the optimal interaction between the individual and the group or the community.

13. Fairness
14. Leadership
15. Teamwork

Virtue #5: *Strengths of Temperance*: are positive traits that protect us from excess.

16. Forgiveness/mercy
17. Modesty/humility
18. Prudence
19. Self-regulation