

The Pennsylvania Psychologist

OCTOBER 2013 • UPDATE

Why Congress Should Halt Plummeting Payments Under Medicare

Although Medicare rates have a widespread impact across all of psychology, members of Congress will be interested only in how Medicare rates impact Medicare beneficiaries. This article outlines how the plummeting rates for psychological services under Medicare are making it harder for older adults to access psychological services. According to a 2010 survey conducted by PPA, 15% of psychologists received calls in the past month from patients complaining that it was difficult for them to get an appointment with a psychologist.

However, by 2012, almost 30% of psychologists reported such difficulties (PPA Survey Shows Differences Among Insurers, 2012). That is, in a two-year period the estimated number of Medicare patients with difficulties getting access to psychological services has nearly doubled. As Medicare payments to psychologists continue to decline, the difficulties in accessing psychological services will continue to increase.

When adjusted for inflation, the payment rates for psychologists under Medicare fell 39% from 2000

to 2012 (with threats of even more reductions). Although all providers need to accept reductions in an era of fiscal austerity, the reductions on psychological services under Medicare have been far higher than reductions for physical health care.

PPA argues that Congress should adjust the Medicare payment formula to provide for fair and appropriate payment for psychological services. The current formula gives disproportionate weight to providers that use high technology-intensive practices,

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Licensure Renewal Deadline Approaches

All psychologists in Pennsylvania will be sent renewal notices from the State Board of Psychology this fall. Psychologists who practice after December 1, 2013, without a license may be in violation of the Professional Psychologists Practice Act and subject to prosecution by the State Board of Psychology. The most common reasons that psychologists inadvertently fail to renew their licenses is because they have neglected to notify the licensing board that their addresses have changed. The State Board of Psychology can be contacted at 717-783-7155 or through e-mail (ST-Psychology@pa.gov). Online renewal is available at www.mylicense.state.pa.us. Please do not send renewal materials to the PPA office.

PPA urges all psychologists to make sure that they have completed the mandatory continuing education requirements before the current biennial licensure period ends on November 30. The State Board of Psychology has disciplined psychologists for failing to get the necessary continuing education or for falsely stating that they had completed their CE requirements.

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The Pennsylvania Psychologist

Too Much Paperwork on Your Desk?

PPA is pleased to announce that the October 2013 Update will be the last printed version of this monthly communication to our members. Making this change helps to lower our annual printing costs and reinforces our commitment to being an environmentally-friendly organization.

Future issues of *The Pennsylvania Psychologist Update* will be available on our website at www.papsy.org. Each month, instead of mailing a printed copy to you, we will simply send a link in an email directing you to download or view and enjoy the contents directly from our website.

Please note that we will continue to print and mail issues of *The Pennsylvania Psychologist Quarterly*.





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A Continuum of Reflective Practices: What, How and Why – Part II

Jeffrey L. Sternlieb, PhD, Chair, Colleague Assistance Committee, jsternlieb@comcast.net



Jeffrey L. Sternlieb

In Part I (Sternlieb, 2013), I describe three optimal steps to fully reflect on our personal awareness of our relationships with patients: first, recognize that we are experiencing an emotional reaction; second, name that reaction; and third, share it with trusted colleagues. In Part II, I identify a range of reflective practices within which to practice these three steps, and I describe the characteristics that help us to decide what will be most productive and most comfortable for us to use.

Reflective practices vary according to a number of factors:

- individual vs. group activities;
- structured or unstructured content;

- assigned group roles (leader, presenter, discussant) or not;
- regularly occurring or episodic;
- open or closed group membership;
- time limited or open ended.

These characteristics clearly establish varying parameters which distinguish the nature of the reflections and their potential value. Each of these factors has an impact on the emotional safety that the participants experience, and therefore on the vulnerability they will likely allow. For example, individual activities – such as journaling – exposes one's self only to ourselves. We identify and name the emotional experiences we have, but we do not necessarily share them with others – but we could. Many people who consider journaling are concerned with the issue of privacy. Other individual activities include mindfulness activities or walking a labyrinth which some describe as a walking meditation.

These are individual reflective activities that often yield an increased awareness of one's emotional experiences, depending on the practice of the meditative activity.

I have benefited from both journaling and from walking a labyrinth. In each case, I entered the process following specific events that were either disturbing or energizing. In each case, the process helped me to make sense of my emotional reactions to otherwise complex interactions, and to develop insights and awarenesses that I otherwise would not have had. These kinds of reflective activities can also be useful when done on a regular basis and not only in response to specific events.

In contrast to these individual activities, group reflective practices expose our thoughts and feelings to our colleagues with whom we are meeting.

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Give Your Apportionment Votes to Pennsylvania

Please support PPA by returning your APA apportionment ballot, ideally giving all 10 votes to Pennsylvania. You will receive your apportionment ballot around November 1 (if you are an APA member). Please do not throw it away!

The APA Council of Representatives is the decision-making body for APA. Council seats are apportioned according to the annual APA apportionment ballot (which only 10% of members usually return). Members are given 10 units to apply to divisions and/or state, provincial or territorial associations (SPTAs). These votes result in seats on Council in proportion to the member votes. The balloting this fall determines the composition of Council for 2015.

Even though only about half of APA members belong to a division, divisions get about 60% of the apportionment votes and SPTAs get the remainder. SPTAs are more supportive of policies that promote practice and solve practice-related problems via APA resources. Many divisions do not support the practice agenda.

Pennsylvania is one of only four SPTAs with two seats for 2014; all others have just one. Some divisions have up to six seats. If the imbalance in the apportionment vote moves another 2-3% toward divisions, Pennsylvania could lose one of our two seats. We have excellent representation

in Drs. Linda Knauss and Dianne Salter. We do not want to have to recall one of them!

If you want to support APA resources helping practice issues, the best way is to return your annual apportionment ballot and give all 10 votes to Pennsylvania. Please do so!

APA considering governance changes

While the current system will remain in effect at least through 2015, the Council of Representatives has begun to move toward significant changes in the governance structure for the future. At its meeting in August, the Council was presented with several options for streamlining APA governance. They narrowed the options down to two, with a final decision to be made in February 2014. Both of those options would establish that each division and SPTA would have one vote in a new Assembly, replacing the Council, and the apportionment process would be discarded. In addition APA members who do not belong either to divisions or to SPTAs would have representation on the Assembly. In addition, more authority for financial affairs and oversight of the CEO and the strategic plan would be delegated to the smaller Board of Directors. More information on this process will be forthcoming from APA. ☐

The Proper Use of the Term "Clinical Psychologist"

Frank M. Dattilio, PhD, ABPP



Dr. Frank M. Dattilio

There is a misconception among many psychologists practicing in Pennsylvania that they may use the term "licensed clinical psychologist" under their name or on their letterhead. This is impermissible in Pennsylvania where, unlike some other jurisdictions (e.g., Virginia), licensing laws for psychologist do not differentiate among specialty areas.

The State Board of Psychology in the Commonwealth of Pennsylvania clearly states that psychologists trained as clinical psychologists may call themselves "licensed psychologist" or "clinical psychologist, licensed in Pennsylvania" (Clarification of Credential Representation, 1989). The reason for this is that the designation "licensed clinical psychologist" suggests to the public that the board actually licenses psychologists specifically as clinical psychologists when, in fact, the law is generic and does not credential designated specialties.

It is the responsibility of the individual psychologist to obtain the proper training and credentials to use the term "clinical psychologist." This may include obtaining a doctoral degree from a program clearly labeled "clinical psychology," re-specializing in clinical psychology, or obtaining the designation through the American Board of Professional Psychology (ABPP).

Otherwise, clinical psychologists must be very careful about how they use this term in order to avoid ethical violations. As with other designations (e.g., forensic psychologist, neuropsychologist), clinical psychologists are responsible for demonstrating that they have obtained adequate education and training in these areas before using such titles. ■

Reference

Clarification of credential representation. (1989, August). *Pennsylvania State Board of Psychology Newsletter*, p. 4.

WHY CONGRESS SHOULD HALT PLUMMETING PAYMENTS UNDER MEDICARE...

Continued from page 1

and disadvantages those who rely primarily on professional skills and knowledge. For example:

- In 2006, CMS announced changes in the Practice Expense methodology for all providers, resulting in a 2% drop in payment for psychologists.
- In 2009, CMS announced a new set of Practice Expense adjustments, causing an additional 2% drop each year from 2010 to 2013.
- In 2011, CMS revaluated the Medical Economic Index, causing psychologists to suffer an additional 4% loss in overall reimbursement. The value of the professional work was reduced to support changes in practice expenses. Low-technology providers, such as psychologists, were harmed by this change.

Medicare has used reductions in payments to support increases in Evaluation and Management codes. However, psychologists are not eligible to be included in Evaluation and Management codes and receive none of those increases. These problems occur in addition to cuts threatened through the sustainable growth rate and cuts that are occurring through sequestration.

Medical costs increase and older adults suffer when they cannot access psychological services. A comprehensive review of the scientific literature by Dr. Roger Brooke and Jeremy Axelrod of Duquesne University (2013) showed that across a wide range of psychological and psychiatric difficulties, psychological services not only benefit the individuals being treated, but they also reduce medical hospitalizations, work absenteeism, and the utilization of other medical health services. Instead of cutting rates to psychologists, Congress should encourage the use of effective, low technological and inexpensive services that alleviate suffering, improve health, and reduce expenses. It is fiscally unwise to continue the present policy of marginalizing psychological services and compromising the health of older adults. ■

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Appreciation goes to Dr. Andrea Nelken, who assisted in the development of this article.

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Institutional Structures and the Advancement of Professional Psychology

Samuel Knapp, EdD, ABPP, Director of Professional Affairs



Dr. Sam Knapp

Life would be simpler if psychologists could simply make one contribution to one organization that would advocate for them on both the federal and state level, instead of making numerous contributions to different organizations. However, this complexity occurs because of our federal system of government and peculiarities of the tax code.

Because state governments have such a large control over professional activities (including licensing boards, insurance laws, child protection laws, etc.), it is necessary to have a statewide organization such as the Pennsylvania Psychological Association (PPA) to advocate on the state level. PPA is a 501(c)(6) organization, which means that it is structured for unlimited resources for governmental advocacy, whether on the state or national level. Although PPA provides many services for its members, perhaps none is as important as government advocacy.

However, PPA cannot, according to federal law, contribute directly to political candidates. Instead, PennPsyPAC is a political action committee which was organized to make direct political contributions to candidates in statewide elections who are sympathetic to psychology. Also PennPsyPAC sometimes underwrites other political events at the state level, such as Advocacy Day in Harrisburg.

Advocacy for federal policy comes from APA and the APA Practice Organization. APA is registered with the IRS as a 501(c)(3) organization, which means it is primarily an educational and charitable organization and is limited on what it can spend on governmental advocacy. When considering its advocacy for public interest, education, and the science issues, little is left over for advocacy for practice concerns. Because of the limits on APA's

advocacy efforts, an affiliate organization, the APA Practice Organization (APAPO), was created. This affiliate organization is dedicated to the interests of practitioner psychologists and is registered as a 501(c)(6), which means it can spend an unlimited amount of its resources on government advocacy.

Neither APA, PPA, nor PennPsyPAC can contribute to federal candidates. However, APAPO has created a PAC which may make contributions to federal candidates. Previously, the Association for the Advancement of Psychology (AAP) provided this service. An informal network of psychologists, including Drs. John Gavazzi, Vince Bellwoar, Samuel Knapp, and others have regularly collected moneys from Pennsylvania psychologists to support those fundraising efforts for federal candidates. The different roles for these organizations are represented in Table 1.

PPA appears to have the best institutional structure for using the moneys raised in the FIGHT BACK campaign, designed to support the infrastructure needed to support reform to Medicare laws. PPA will use the moneys to support regional workshops and travel expenses to Washington DC, among other costs associated with promoting this essential

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legislation. On the surface it would make sense for the money to be part of a larger PennPsyPAC fundraiser, however, PennPsyPAC is limited to advocating for state issues or contributing to state candidates; thus the efforts to mobilize psychologists for a federal issue needs to come from PPA itself. Consequently, PPA will be raising additional money for itself which will go into a special Health Care Reform Fund, designed to support this important advocacy effort. ■

Table 1
Government Advocacy Matrix

Organization	Unlimited advocacy	State or federal advocacy	Contribute to state candidates?	Contribute to federal candidates?
PPA	YES	EITHER, mostly state, some federal	NO	NO
APA	NO	EITHER, although focuses on federal	NO	NO
APAPO	YES	EITHER, although focuses on federal	NO	NO
PennPsyPAC	Statewide only	State	YES	NO
APAPO PAC ¹		Federal	NO	YES

¹ Contributions to federal candidates were previously handled by the Association for the Advancement of Psychology (AAP).

A CONTINUUM OF REFLECTIVE PRACTICES: WHAT, HOW AND WHY

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Ideally, we may be discussing aspects of our reactions to some of our most challenging patients – the ones that evoke our strongest reactions. A support group can be a safe place to have this kind of discussion. For example, I was a member of a support group (Gold, et. al., 1993) whose membership was closed, which met regularly (every three weeks), for a specified length of time (90 minutes), for 25 years (1982 – 2007). The group leadership was shared – that is we checked in with each other to see who had things to discuss or who would like some feedback. This group was unstructured; the content depended on whatever one of the members brought into the meeting. Based on how often we met and the familiarity we developed with each other, we all felt very safe and could bring anything professional or personal into the discussion. Interestingly, although we were all in private practices in the same geographical area, we avoided the potentially destructive factor of competition for patients and referrals. Clearly, the value of the process was more important.

Several other types of group reflective activities have more structure and defined roles. The task of the leader / facilitator is to ensure group and individual safety. One type of group uses narratives (Charon, 2001) of patient interactions written by the therapist in response to a prompt such as “Write a story about a patient encounter that was very satisfying or very frustrating.” The stories are then read aloud to the small group of peers, all of whom also share stories they have written. The facilitator

leads a discussion about the themes that emerged, observations the group made about each other’s stories and any ‘take aways’ that might relate to the initial prompt.

Another type of group reflective activity is based on a presentation by a colleague of a full day of patients with an emphasis on the emotional impact of that day from patient to patient on the psychologist. This is called MegaClinic (Sternlieb, 2008; Sternlieb & Delfin, 2009; Sternlieb & Cvitkovic, 2009), and this program has been offered twice in PPA sponsored CE programs with one member of the Colleague Assistance Committee volunteering to do the presentation (presenter role) and an other committee member serving as facilitator. The presentations stimulated a spirited discussion about the impact some days have on us, and the varying ways we manage the kinds of challenges described in the presentation. The facilitator’s role is to maintain a safe learning environment by establishing guidelines ahead of time, and by being ready to intervene or guide the discussion to conform to the guidelines. Sample guidelines include confidentiality, respect for others’ views, and ownership – speaking for oneself. Another similar case based conference has a focus on a long-term continuity relationship (Sternlieb, 2012) that tracks the entire history of the relationship and identifies transitions or turning points in the care of that patient. Both of these sessions can be done with a larger group, are a bit less intimate, but depending on the facilitation, can discuss significant vulnerabilities and yield sufficient intimacy.

Possibly the most intimate are Balint groups (Balint, 1957; Sternlieb, 2005) which have a regularly meeting, closed

membership, small group session that is focused on one case brought up by one of the members because that patient is on their mind in the moment. This is a structured group process with a leader specially trained in leading this type of group. In addition, the group typically agrees to meet for an extended length of time, thus increasing the group’s familiarity with each other and thereby adding to the comfort with each other and the potential for more intimate discussions.

What do you do to address the emotional impact of our psychotherapy or consultative practices? ■

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1 Dr. Charles LaJeunesse of the Convention Committee presented the Science Practice Research Poster Session Award to Dr. Cynthia Magistro.



2 Winners of the PPAGS Community Service Project Award were Lehigh University students Bethany Perkins and Louis Rivera. Not pictured were Stephanie Ohlson-Miller, Maria Larrimore, Danielle Alexander, David Zelaya, and Dr. Arpana Inman. The award was presented by PPAGS Chair Susan Hoey (r).



3 Gemma Boyd (r) of Marywood University received the Graduate Student Research Poster Session Award from Dr. Allyson Galloway of the Convention Committee.



4 Dr. Tim Barksdale, chair of the Committee on Multiculturalism, presented the Student Multiculturalism Award to Alexandra Johnson of LaSalle University.



5 Nine graduate students won the Pennsylvania Psychological Foundation Education Awards, which include a significant scholarship. Pictured (l-r) are Dr. Arnold Shienvold, award sponsor; Anthony Powell Jr., Chestnut Hill College; Dr. Toni Rex, PPF president and award sponsor; Joelle Bazaz, Indiana University of PA; Sharon Jung, Indiana University of PA; Dr. Richard Small, award sponsor; Stella Hyuna Kim, Indiana University of PA; Dr. Beatrice Salter, award sponsor; Abigail Crimmins, Penn State University; Dr. Dianne Salter, award sponsor; Gemma Boyd, Marywood University; and Dr. Pauline Wallin, award sponsor. Not pictured were Daphne Henry, University of Pittsburgh; Andrea Poet, Indiana University of PA; and Rachel Posner, Indiana University of PA.



6 Dr. Allyson Galloway of the Convention Committee presented the Undergraduate Student Research Poster Session Award to Sara Dickson (r) of Clarion University. Not pictured was Nicole Morine.



7 Dr. Aaron Brinen of the Aaron T. Beck Psychopathology Research Center at the University of Pennsylvania was presented the Early Career Psychologist Award by Dr. Michelle Herrigel, chair of the ECP Committee.

LICENSURE RENEWAL DEADLINE APPROACHES

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Psychologists who need more hours of CE for this renewal period may want to attend PPA's Fall CE and Ethics Conference, October 31 – November 2, at the Holiday Inn Harrisburg East. In addition, psychologists can order home studies from PPA by calling 717-232-3817 or by downloading them from www.PaPsy.org. A list of home study courses can be found in the CE calendar at the back of this newsletter.

Licensed psychologists in Pennsylvania must complete a minimum of 30 contact hours of continuing education (3 of which must be in ethics) between December 1, 2011 and November 30, 2013. Up to 10 contact hours in excess of the 30 required may be carried over from one renewal period to the next; however, psychologists may not carry over extra continuing education hours in ethics.

Up to 15 contact hours may be in home study programs offered by an approved sponsor. And, up to 15 hours can be acquired through instruction for an approved workshop or college course. However, an individualized course may be credited to an instructor only once every 4 years. One clock hour of instruction equals one contact hour of CE. In the event that there are multiple instructors, the hours of continuing education granted to a psychologist/instructor will be determined by dividing the number of continuing education hours by the number of instructors. For example, a psychologist with two co-presenters who presents a three-hour workshop through an APA approved provider would receive one contact hour of CE.

Up to 10 of the required hours may be obtained by writing an article in a journal abstracted in PSYCHLIT, or a chapter or text published by a commercial publisher or by a psychological association. The hours of continuing education granted to a psychologist/writer will be determined by dividing 10 by the number of co-authors. For example, a psychologist with one co-author who wrote an article published in a peer review journal abstracted in PSYCHLIT would receive credit for 5 hours of continuing education. For more information about CE requirements in

Pennsylvania, visit: www.papsy.org/index.php/ce/ce-licensure-requirements.html.

The State Board of Psychology will accept continuing education if it is (1) a course from an accredited college or university corresponding to the scope of practice of psychology and generates semester or quarter hour credit; (2) an APA approved provider; (3) a sponsor approved by the American Medical Association related to the practice of psychology if it has learning objectives and assesses the extent to which those learning objectives are met; or (4) a provider that the Pennsylvania State Board of Psychology has specifically recognized as a provider of CE for Pennsylvania psychologists.

In 2014 the State Board of Psychology will conduct a random audit of licensed psychologists. Psychologists who are audited must forward copies of their transcripts as documentation for attending and completing the required contact hours for the 2011-2013 licensure renewal

Licensed psychologists in Pennsylvania must complete a minimum of 30 contact hours of continuing education (3 of which must be in ethics) between December 1, 2011 and November 30, 2013.

period. Psychologists should be sure that they meet the continuing education requirements in all of the states where they are licensed. Several psychologists have been disciplined because they did not realize that courses that met the CE requirements in one state did not necessarily meet the requirements in another state. ■

FALL 2013 CONTINUING EDUCATION & ETHICS CONFERENCE

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License Renewal Reminder!

Licensed psychologists in Pennsylvania must complete a minimum of 30 contact hours of continuing education (3 of which must be in ethics education) between December 1, 2011, and November 30, 2013.

Do you have your 30 hours?

Support PPA's high-quality continuing education programs!
A list can be found on the back of this newsletter.

The Art (and Science) of Loving

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

Erich Fromm wrote *The Art of Loving* in 1956. I still have my original copy complete with my underlining, highlights, and notes in the margin. Every few years I read this little book again. I believe that I have done my best in my life when I kept the essential points of that book in mind; and I have done my worst when I ignored them.

According to Fromm, “love is the active concern for the life and growth of that which we love” (p. 22). It is impossible to capture the depth of Fromm’s ideas about love in a few brief paragraphs. However, the central idea is that many Westerners have mistaken ideas about love. Many believe love is just something that passively happens to them and that their challenge is to become loved by the most appropriate “object” they can find.

In contrast, Fromm argues that love is not passive (we do not just “fall in love”); it is something that we can strive for and cultivate. The challenge is not to become loved, but to become loving. Finding the correct object of our love is less important than cultivating the ability to become a loving person ourselves. Learning to love requires time, effort, and practice to perfect. “The mastery of the art must be a matter of ultimate concern; there must be nothing else in the world more important than the art. This holds true for music, for medicine, for carpentry – and for love” (p. 5).

As psychologists, we can deeply appreciate the importance of love as we study and help repair or strengthen stressed relationships. The article that follows describes what additional data and insights have come from psychological science to expand upon what we know about love. ■

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Erich Fromm (1900 – 1980) originally intended to become a rabbi, but changed to more secular careers and received a doctorate in sociology from the University of Heidelberg in Germany in 1922 and then became trained as a psychoanalyst. He left Germany in 1934 following the rise of Fascism and eventually came to the United States. He wrote numerous books including *Man for Himself* (on the psychological basis of humanitarian and authoritarian ethics) and *You Shall Be as Gods* (which interpreted Scriptures from a humanistic perspective). *The Art of Loving* was his greatest success in the popular market, however.

Mature Love and the Productive Character

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

One of Fromm’s salient insights was to differentiate between mature and immature love. Mature love is practiced by persons who have a “productive character” or those who respect the individuality and promote the growth of others, while “preserving one’s integrity, one’s individuality” (Fromm, 1963, p. 17).¹ Fromm contrasts the mature love with immature love such as manifested by persons with an “alienated character.” The alienated person may, for example, escape loneliness through crowd conformity (often

expressed by the identification with anti-democratic mass movements), idolatrous love (such as regression to an idolatrous concept of God), sentimental love, or unhealthy projections. In these forms of immature love, one person submits to another person, idea, or movement; or strives to dominate another resulting in stifled growth for both parties.

The productive character is not masochistic. Fromm argued against the idea that “love for others and love for oneself are mutually exclusive” (p. 49). On the contrary, “the attitude toward others and toward ourselves, far from being contradictory, are basically *conjunctive*”

(p. 49). Furthermore, “selfish persons are incapable of loving others, but they are not capable of loving themselves either” (p. 51).

Has subsequent psychological research supported, clarified, or refuted the perspective of Fromm? Below I review representative studies that address some of the issues about love raised by Erich Fromm. For example, is there such a thing as a “productive character”?

Although the term “productive character” is seldom used in contemporary psychology, much recent research has focused on the traits of persons who are most likely to act positively, cooperatively,

¹Of course Fromm was only one of several psychological thinkers of his time to discuss the characteristics of healthy individuals. His ideas on productive character are being presented here because of their connection to loving.

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MATURE LOVE AND THE PRODUCTIVE CHARACTER

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or altruistically toward others. Much of positive psychology has focused on characteristics of virtuous individuals (Seligman & Csikszentmihalyi, 2000). For example, the concept of flourishing, as proposed by Corey Keyes (2007), appears to overlap with the productive character hypothesized by Fromm. According to Keyes, flourishing is a state of well-being characterized by high levels of positive emotions, psychological functioning, and social well-being including activities that promote the well-being of others. In other words, involvement in relationships where others benefit is an essential ingredient for flourishing.

Is love for others and love for oneself linked, as Fromm claimed? That is, can persons love others and still promote their own personal happiness? Do persons who excel in loving others also show love for themselves? It might have pleased Fromm to learn that subsequent research has shown a link between personal happiness and love of others. Happy people tend to be loving people. For example, in her review of positive emotions, Frederickson (2009) has determined that positive emotions and behaviors enhance the lives of others. People who experience more positive emotions are more productive and creative at work, have better social relationships, and add value to the lives of others. They are highly engaged with families or communities in general.

Lyubomirsky (2008) showed a link between personal happiness and a loving orientation. She identified twelve activities that have been scientifically proven to boost happiness. Many of these happiness promoting activities deal with

improving social relationships such as expressing gratitude, practicing acts of kindness, nurturing social relationships, learning to forgive, and avoiding social comparisons. She notes that “it is within interpersonal relationships that most of us experience for the first time the emotion of love—the most wildly happiness-inducing emotion there is—and find meaning and purpose in our lives” (p. 140).

Fromm defines love as promoting the growth of others. What have we learned in recent years concerning what constitutes individual growth or the conditions that appear most likely to promote that growth? As it applies to marriages, growth-promoting activities appear to involve good problem solving and communication skills. Those who want to promote the well-being and growth of their spouses can often do so by focusing on the nature and quality of their communications. They can express love by conveying empathy, caring, and validation (recognition of the feelings and perspectives of others; Sullivan et al., 2010). Positive interactions (such as laughing, smiling, complimenting, or sharing positive or personal feelings) facilitate good marriages, but negative interactions (such as complaining, criticizing, or blaming) are disproportionately harmful. All things being equal, “negatives are stronger risk factors than positives are protective factors” (Markham, et al., 2010, p. 290). Negative communications may predict marital outcome better than positive communications.

Research on parenting skills has suggested ways that are most likely to enhance the well-being of children when parents use authoritative parenting skills that combine fair and flexible rules with interest, involvement, and encouragement. Some researchers believe that

It might have pleased Fromm to learn that subsequent research has shown a link between personal happiness and love of others. Happy people tend to be loving people.

warmth and responsive structure characterize the best parental styles despite unique variations across cultures (e.g., Sorkhabi, 2005), although this claim is controversial.

Self-determination theory (Ryan & Deci, 2000) also describes conditions likely to be found in states of active growth. Well-being is most likely to occur when three important psychological needs are met: competence, autonomy and relatedness. On the other hand, Ryan and Deci found that “excessive control, nonoptimal challenges, and lack of connectedness . . . result not only in the lack of initiative and responsibility, but also in distress and psychopathology” (p. 76).

Traditionally we think of love in the context of an intimate or family relationship. But if love is defined as the active promotion of the growth and well-being of others, then we can act lovingly toward others in other types of relationships including work relationships. In a series of experiments described by Frederickson (2009), high performance work teams had higher positivity ratios (that is, their comments were more likely to be other-focused than self-focused; they asked more questions as opposed to defending their previous positions, etc.) of 6:1. In contrast, low performance work teams had a positive to negative ratio of 2:1.



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In conclusion, has research substantiated Fromm's general framework on loving? Of course, it is a legitimate criticism to note that Fromm wrote in general terms and without the precision or operationalized definitions found in empirical research. Also, he wrote from a psychoanalytic perspective and many modern researchers may differ in how they interpret their results. Nonetheless, Fromm's writings appear to have presaged recent findings in psychological science. A set of behaviors (perhaps reflecting an underlying character structure) appear to promote the well-being of others (although individual theorists may differ on all of the parameters of those character); a loving orientation appears conjunctive with mature self-love; and the literature is growing on the types of behaviors that frequently promote the well-being of others. ■

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