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## Positive Psychology Interventions: A Review for Counselling Practitioners Interventions de psychologie positive : Une revue à l'intention des conseillers praticiens

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### ABSTRACT

Positive psychology is focused on the prevention of mental health disorders, promotion of mental health, and treatment of distress via positive psychology interventions (PPIs). Effective in generating positive affect and experiences, PPIs alleviate depression and boost happiness in clinical and nonclinical populations. Geared toward counselling practitioners, the present article explores a sampling of PPIs such as savouring, gratitude, self-compassion, and capitalization. Why, how, and under what conditions these interventions are successful, and for whom they work are discussed. It is hoped that practitioners will use PPIs to enrich their work, contribute to the validation of the PPIs, and facilitate a true state of mental health for clients.

### RÉSUMÉ

La psychologie positive est axée sur la prévention des troubles de santé mentale, la promotion de la santé mentale, et le traitement de la détresse au moyen d'interventions de psychologie positive (IPP). Ces interventions, qui sont efficaces pour engendrer des expériences et des affects positifs, atténuent la dépression et augmentent le bonheur chez les populations cliniques et non cliniques. Destiné aux conseillers praticiens, cet article explore divers principes de psychologie positive : savourer la vie, exprimer sa gratitude, pratiquer l'autocompassion, et miser sur ses forces. On y analyse pour qui, pourquoi, comment, et dans quelles conditions ces interventions fonctionnent. Les conseillers praticiens pourraient mettre à profit les interventions de psychologie positive pour enrichir leur travail, contribuer à la validation de ces interventions, et favoriser une santé mentale optimale chez leurs clients.

The primary goal of counselling is to promote human strengths and increase levels of well-being in individuals (Lalande, 2004), yet the manner in which to achieve this is not always evident. Some clinicians focus on the alleviation of negative emotions as a proxy for happiness whereas others contend that an absence of negative affect does not signal the presence of positive affect (Karwoski, Garratt, & Ilardi, 2006; Layous, Chancellor, Lyubomirsky, Wang, & Doraiswamy, 2011).

In fact, a focus on the negative has long been the default position in mental health systems and for many clinicians in it (Bolier et al., 2013). A recent newcomer to the field, positive psychology shares many of the same goals as those found in counselling psychology and focuses on the prevention of mental illness, the promotion of positive mental health, and the treatment of distress by strengthening what is good and generating positive emotions to help clients attain greater levels of functioning (Lalande, 2004; Seligman & Csikszentmihalyi, 2000; Wood & Tarrrier, 2010).

Considered an umbrella paradigm under which many theories of well-being are linked (Csikszentmihalyi, 2006; Peterson, 2006), positive psychology does not claim to be first in its investigations of happiness. Much of the work in positive psychology was retroactively claimed from the humanists who shared a concern with the positive side of human nature, believing that it involved a productive tendency that sought to actualize itself (Hansen, 2006; Linley, Joseph, Harrington, & Wood, 2006). The roots of positive psychology may actually extend back to William James' writings in 1902 when he coined the term "healthy mindedness" and include Allport's interest in 1958 in the positive characteristics of human beings, as well as Maslow's desire in 1968 to study healthy people (Gable & Haidt, 2005). Among the first to reject the deficit model (Linley, 2006; Wood & Tarrrier, 2010), the humanists proposed theories focused on the qualities of healthy individuals and their routes to wellness, spawning the first positive psychology movement (Seligman & Csikszentmihalyi, 2000). Theories, practice, and assumptions from humanistic figures such as Alfred Adler (1956), Marie Jahoda (1958), Carl Rogers (1961), and Abraham Maslow (1968) still influence counselling today. Thus, intersecting with personality, social, cognitive, and clinical subfields within psychology such as counselling (Bedi et al., 2011; Ong & van Dulmen, 2007), positive psychology is a framework with which to discover and understand the mechanisms that facilitate well-being (Csikszentmihalyi, 2009; Linley et al., 2006). In this respect, positive psychology offers several interventions that focus on human strengths with the aim of creating a more complete understanding of human experiences.

Increasingly, positive psychology is demonstrating the effectiveness of purposefully generating positive affect and positive experiences in both alleviating depression and boosting levels of happiness (Bolier et al., 2013; Lambert D'raven, Moliver, & Thompson, 2014; Seligman, Rashid, & Parks, 2006; Sin & Lyubomirsky, 2009). To date, these are the two largest areas of clinical interest where positive psychology interventions (PPIs) have been validated and show demonstrable effectiveness.

PPIs have also shown remarkable success in smoking cessation programs (Kahler, Spillane, Clerkin, Brown, & Parks, 2011), education and guidance counselling (Brunwasser, Gillham, & Kim, 2009; Seligman, Ernst, Gillham, Reivich, & Linkins, 2009), healthcare (Lambert D'raven et al., 2014; Seligman, 2008), and the workplace (Linley, Harrington, & Garcea, 2013). Positive interventions are also used in several well-supported clinical models. Wong's (2010) existential positive psychology involves an amalgamation of existential psychology and posi-

tive psychology that integrates both positive and negative aspects of human life and existence. Hope therapy (Cheavens, Feldman, Gum, Michael, & Snyder, 2006) encourages the development of optimism and resilience in the face of challenging times, while well-being therapy (Fava, 1999), based on Carol Ryff's (1989) six psychological well-being dimensions—examples of which include self-acceptance and purpose—is another popular model. Positive psychotherapy, promoted by Seligman et al. (2006), utilizes many of the PPIs included in this review.

Geared toward counselling practitioners in the field, this article explores a broad sample of PPIs found in the literature. Given the rapid growth of the field, the author's review cannot claim to be exhaustive, but demonstrates that interventions are plentiful and effective. Consideration for the conditions under which the interventions can be used, such as fit and timing, as well as their expected benefits, can help practitioners navigate the range of ways in which positive changes can be generated.

#### WHAT ARE POSITIVE PSYCHOLOGICAL INTERVENTIONS AND DO THEY WORK?

PPIs are empirically derived, purposeful activities designed to raise levels of positive emotion and promote the use of consequent actions and thoughts that facilitate flourishing (Parks & Biswas-Diener, 2014; Pawelski, 2009; Sin & Lyubomirsky, 2009). These simple strategies are designed to mimic the actions of happy people and, in turn, generate greater well-being. They do not make mention of or focus on problems, but emphasize positive elements in the lives of individuals (Parks & Biswas-Diener, 2014). PPIs can be delivered through a variety of modalities, including online (Schueller & Parks, 2012), in positive psychotherapy groups (Seligman et al., 2006), in individual counselling, or in self-help formats such as bibliotherapy (Fredrickson, 2009b; Lyubomirsky, 2008; Seligman, 2011). As the focus of PPIs is on improving well-being, distress is not a prerequisite; thus, nonclinical populations are equally targeted. Finally, unlike the definition of depression, there is no universally accepted definition of happiness. Thus, the effectiveness of PPIs is assessed via varied measures such as subjective well-being (SWB), satisfaction with life, flourishing, well-being, flow, meaning, engagement, or other proxies for happiness, and is likely to continue to be assessed this way until an agreed-upon definition can emerge (Csikszentmihalyi, 1990; Diener, 1984; Hart & Sasso, 2011; Joseph & Wood, 2010; Kashdan, Biswas-Diener, & King, 2008; Keyes, 2005; Norrish & Vella-Brodrick, 2008). As such, the terms *happiness*, *well-being*, *wellness*, and so on are used interchangeably in this article.

PPIs contrast with more traditional forms of therapy, such as cognitive-behavioural models (CBT) that focus on fixing or altering dysfunctional thoughts and actions and replacing these with less negative ones, returning clients back to normal functioning. Yet, even when successful, treatments such as CBT do not teach clients the full range of skills required to be happier, and instead focus on teaching the required skills to be less depressed, with the effect of bringing clients back to a state of neutral, or languishing (Keyes, 2005; Layous et al., 2011). Other

treatments, such as pharmacology, do not include the acquisition of new skills, and some researchers consider their effectiveness attributable mainly to a placebo effect (Fournier et al., 2010; Kirsch, Moore, Scoboria, & Nicholls, 2002). The positive psychology approach, in contrast, focuses on helping clients use a number of skills and strategies (Duckworth, Steen, & Seligman, 2005) to increase the frequency of positive emotions and experiences, thus reducing depression and increasing happiness, moving clients toward a state of flourishing (Keyes, 2005).

Two important reviews have been conducted on a large variety of PPIs. Sin and Lyubomirsky (2009) reviewed 51 interventions and conclusively determined that positive interventions improved well-being ( $r = 0.29$ ) and helped to reduce depressive symptoms ( $r = 0.31$ ). A second and more recent meta-analysis of positive interventions conducted by Bolier et al. (2013) had stricter inclusion guidelines ( $n = 39$  studies with more than 6,139 participants) and showed the effect sizes to be smaller, but nonetheless significant and sustainable over time. Specifically, subjective well-being ( $r = 0.34$ ), psychological well-being ( $r = 0.20$ ), and depression ( $r = 0.23$ ) were positively affected by PPIs, with the gains maintained at 3 and 6 months. Thus, PPIs are successful, but how, why, and with whom remain to be answered.

#### WHY DO PPIs WORK?

PPIs, by definition, are designed to increase levels of happiness; therefore, they work by expressly encouraging the generation of positive emotions and experiences and rely on many of the same change mechanisms found in other therapies (Parks & Biswas-Diener, 2014). The Broaden and Build model (Fredrickson, 2006) posits that the experience of positive emotions is beneficial for individuals as it serves to broaden visual ranges and consequent perception, focus, and attention (Wadlinger & Isaacowitz, 2006). It also increases the array of expansive thoughts and behaviours (Johnson, Waugh, & Fredrickson, 2010) that lead to increased creativity, more robust physical health, and greater social connectedness (Hasson, 2010; Kok et al., 2013; Kok & Fredrickson, 2010; Vacharkulksemsuk & Fredrickson, 2012). Due to the broadening process, individuals build immediate and long-term resources in health, cognition, and psychological and social domains.

This broadening and building leads to upward spirals of growth, helping to boost levels of well-being and improve functioning (Fredrickson, 2006). A three-to-one ratio has been suggested as the minimum required amount of positive to negative emotion (Fredrickson & Losada, 2005). Practitioners who use a positive approach can thus encourage clients to increase their experience of daily positive emotions rather than decrease the frequency of negative ones. This is an important aspect for practitioners to understand, as one of the criticisms of positive psychology is that it fails to recognize the existence of negative sides of life (Gable & Haidt, 2005). By helping clients to focus more on positive emotions than on negative ones, positive psychology practitioners can advocate a more balanced approach using strategies that build resilience and strength, while recognizing that adversity and distress are also components of the human experience.

The experience of positive emotions over time helps generate beneficial changes through modifications to individual set points. Set-point theory (Headey, 2008, 2010) considers life events to be associated with changes to happiness levels, but only temporarily, as individuals adapt and return to biologically established points, called *set points*. Yet individuals can and do change over time, as goals, long-term activity changes, and certain life events produce lasting changes to set points (Diener & Biswas-Diener, 2008; Diener, Kahneman, & Helliwell, 2009; Diener, Lucas, & Scollon, 2006; Headey, 2010). Further, many PPIs rely on the deployment of character strengths (Peterson & Seligman, 2004) that also helps facilitate growth and learning over time. Thus, when clients engage in PPIs consistently, they sustainably increase their happiness set points. Evidence provided by Garland et al. (2010) suggests that these changes lead to greater neuronal plasticity: structural changes to the brain associated with neurogenesis, resulting from an increase in the neurochemicals brought forward by positive emotions. These changes are not permanent, but can be sustained via continued efforts (Garland et al., 2010; Klimecki, Leiberg, Ricard, & Singer, 2014). PPIs can induce changes in the body as well (see recent work on vagal tone by Kok & Fredrickson, 2010) with beneficial changes for one's social and emotional life (Davidson & McEwen, 2012).

Finally, as PPIs are designed to increase the level of happiness in individuals, the experience of positive emotions also dissolves the effects of negative emotions. The undoing effect (Fredrickson, Mancuso, Branigan, & Tugade, 2000) of positive emotion resets the body back to normal after stress hormones have been released. The literature shows that individuals experiencing positive affect show quicker recovery from cardiovascular activation (Fredrickson & Levenson, 1998), lower autonomic responses to stress, and lower rates of catecholamines and cortisol (Pressman & Cohen, 2005; Taylor, Lerner, Sherman, Sage, & McDowell, 2003). Positive emotions boost immunity and reduce stress and wear on the body (Howell, Kern, & Lyubomirsky, 2007), with these effects linked to individuals becoming healthier, more informed, and more socially integrated (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009).

#### HOW PPIs WORK BEST AND FOR WHOM

Strategies work best when individuals express intentionality, desire, and effortful practice (Layous, Lee, Choi, & Lyubomirsky, 2013; Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2011; Sheldon et al., 2010), along with motivation and expectations of the PPIs working (Boehm & Lyubomirsky, 2009; Lyubomirsky et al., 2011; Sin & Lyubomirsky, 2009). Sin, Della Porta, and Lyubomirsky (2011) showed that expectations are especially important. Participants who expected to feel better as a result of writing gratitude letters improved—even when their initial response was unfavourable—while those who had no positive expectation remained unchanged over the same period. PPIs also work best when individuals are persistent at them (Fredrickson, 2009a) and feel that the activity fits their personalities (Dickerhoof, 2007; Lyubomirsky & Layous, 2013; Schueller, 2010,

2011). Choosing one's intervention and how it will be implemented is also more successful than being prescribed an intervention (Block & Koellinger, 2009; Csikszentmihalyi & Hunter, 2003), although too much choice has resulted in fewer gains and feeling overwhelmed (Schueller & Parks, 2012). Thus, practitioners can help to manage expectations and personalize how and what PPI is used in collaboration with their clients.

The timing of PPIs is also critical. Regularly implementing an activity lowers the hurdle of getting started (Sheldon & Lyubomirsky, 2006), yet intermittency counters habituation (Lyubomirsky, Sheldon, & Schkade, 2005), suggesting that doing something more often becomes less effective as individuals adapt and become immune to frequent and unchanged activity. For instance, Lyubomirsky et al. (2005) showed that individuals who kept a gratitude journal once a week fared better than those who made entries three times a week. Hefferon and Boniwell (2011) also found that counting blessings more than three times a week resulted in a lower sense of meaningfulness. On the other hand, Lyubomirsky et al. (2005) found that engaging in five acts of kindness in one day was more powerful than one act daily over the period of a week. It appears that exceeding the normal baseline frequency creates a greater boost as most individuals likely engage in many of these acts routinely, and thus engaging in the same frequency is unlikely to exceed the normal threshold. Indeed, Layous and Lyubomirsky (2014) studied adaptation rates and found that differences in baseline rates may best account for these differences, in that individuals with higher baselines had greater gains with less frequent positive behaviours while those with lower baselines benefited from more frequent positive activity.

While PPIs generate positive emotional changes (Bolier et al., 2013; Cohn & Fredrickson, 2010; Seligman, Steen, Park, & Peterson, 2005; Sin & Lyubomirsky, 2009), they need to be reactivated over time (Layous & Lyubomirsky, 2014). Clients can do this by appreciating the positive changes they create and focusing on this positivity (Lyubomirsky et al., 2011; Sheldon & Lyubomirsky, 2009, 2012). For example, participants who counted their acts of kindness fared better than those who committed the same number of acts but did not necessarily attend to them (Otake, Shimai, Tanaka-Matsumi, Otsui, & Fredrickson, 2006). Counting the acts forced individuals to attend to their actions and more readily experience the resulting emotions. Nonetheless, the use of PPIs can backfire if the person-intervention fit is not appropriate. Sergeant and Mongrain (2011), for instance, showed that a gratitude intervention was less effective for clients who felt a need to be connected to others than it was for individuals who felt less of a need for social connection.

More recently, cultural orientation has been identified in PPI success. The distinction between "other"-oriented PPIs (e.g., good deeds) rather than "self"-oriented PPIs (e.g., goal setting; Lambert D'raven & Pasha-Zaidi, 2014; Lyubomirsky & Layous, 2013) may be useful when working with cultures that are more collectivist than individualistic (Al-Krenawi & Graham, 2000; Boehm, Lyubomirsky, & Sheldon, 2011; Lambert, 2008). Respondents in individualistic nations often

emphasize intrapersonal variables (i.e., personal pleasure, independence, individual achievement, and control) in defining happiness, while respondents in collectivist cultures tend to highlight interpersonal relations (i.e., social obligations, interdependence) (Ahuvia, 2002; Pflug, 2009; Uchida & Ogihara, 2012). A study by Boehm et al. (2011) showed that Asian Americans benefitted more from showing gratitude than from expressing optimism, suggesting that the assumptions made about happiness and its attainment must be congruent with those made about success and healthy functioning in the same society.

Age and personality also play a role in the selection of PPIs. Lyubomirsky and Layous (2013) suggested that older individuals might prefer to focus more on the positive past, whereas youth might prefer to focus on the future. Further, individuals who are highly extraverted and open to experience are especially predisposed to benefit from positive activities (Senf & Liao, 2013); thus, an additional distinction to consider may involve personality characteristics. A recent review also highlighted preliminary work being undertaken to determine the fit of PPIs in several populations such as the elderly, teens, retired military personnel, and trauma survivors (Nelson & Lyubomirsky, 2014). Clearly, the fit between PPIs and individuals is not the same for everyone, and clinicians are advised to attend to questions of fit, preference, timing, personality style, and culture when administering PPIs with clients (Parks & Biswas-Diener, 2014).

#### PPIs AND ADAPTATION

Changing one's activities or cognitive processes is more effective in generating happiness than is changing one's circumstances. Modifying circumstances such as marital or financial status is generally considered a less effective strategy, as individuals adapt and become immune to these changes over time (Lyubomirsky, 2011; Sheldon & Lyubomirsky, 2006). Thus, because of adaptation, the tendency is for happiness levels to return to normal as individuals become accustomed to the changes around them (Lyubomirsky, 2011). Although adaptation protects individuals from being too happy or sad, it prevents the effects of positive experiences from being maintained. In this regard, research suggests that it is best to hasten negative adaptation but, in response to positive events, to slow habituation by introducing variety (Sheldon, Boehm, & Lyubomirsky, 2012). Alternatively, resetting adaptation can be done by taking breaks (Jacobs Bao & Lyubomirsky, 2013; Nelson & Meyvis, 2008), such that positive events are not rushed or undertaken in one sitting, but rather experienced in segments to extend their duration.

Sheldon and Lyubomirsky (2012) recently proposed the Hedonic Adaptation Prevention (HAP) model in which two factors were identified in the erosion of happiness: rising aspirations and the decline of positive emotions over time. To counter these, individuals need to appreciate positive changes long after they occur and find ways to engage with these changes so as not to adapt or focus too quickly on future aspirations that diminish their present happiness. Relationships provide a good example of how the HAP model works (Jacobs Bao & Lyubomir-

sky, 2013). Couples can appreciate one another by revisiting each other's strengths and kindnesses through introducing changes to make their relationship seem like new, such as going to a new restaurant or introducing new topics of conversation. Thus, practitioners should be mindful of adaptation and not prescribe the same frequent and repetitive interventions.

#### STRATEGIES

By no means an exhaustive list, the following PPIs are helpful for counselling practitioners who may be unfamiliar with the range of PPIs, what they do, and how they can benefit clients. By generating positive emotions and experiences for clients in clinical and nonclinical settings, the following PPIs are low-cost, lack the usual stigma of mental health, and are quick to yield results (Lambert D'raven et al., 2014).

##### *Goal Setting*

The regulation of one's own actions is an important strategy in the generation of positive emotions. By introducing discrepancies between a present and future desired state, individuals can motivate themselves and develop action plans for success (Kee & Wang, 2008; Lutz, Karoly, & Okun, 2008; Nezelek & Kuppens, 2008). When engaged in actions toward positive ends, individuals become happier due to their permanently altered levels of well-being and higher set points (Headey, 2008, 2010; King, 2008; Mayser, Scheibe, & Riediger, 2008). Further, researchers point to the utility of goals in organizing lives; without them, individuals have no reason to act, and with them, they persist harder and reap greater performances (Gould, 2006; Weinberg & Gould, 2007). Consequently, goals increase engagement and provide meaning and purpose (McKnight & Kashdan, 2009; Steger, 2009, 2012). Whether big or small (e.g., taking a walk around the neighbourhood once a week, or learning to play the violin), goals can easily be broken into manageable steps and provide an important source of achievement for clients.

##### *Savouring*

Savouring is defined as the manipulation of attention and the capacity to focus toward, generate, and appreciate positive emotions (Bryant & Veroff, 2007). Savouring and reminiscing about positive memories evokes positive emotions that can be useful in strengthening social relationships, enhancing positive affect and life satisfaction, and decreasing anxiety and depression, particularly in the elderly (Bryant, Smart, & King, 2005; Westerhof, Bohlmeijer, & Webster, 2010). Bryant and Veroff (2007) suggest that individuals can build memories by focusing on details, absorbing sights, and realizing the significance of moments. Memory building (Kurtz & Lyubomirsky, 2012), done by taking photographs of special and everyday events, can also facilitate positive reminiscence. Basking, another form of savouring, involves recalling moments in positive experiences and reminding one's self of the feeling, and how long one has waited for the event. Individuals can also

savour by nonverbally demonstrating their positive emotions such as smiling or pumping the air with their fists (Quoidbach, Berry, Hansenne, & Mikolajczak, 2010), or imagining pleasurable situations that activate the same areas of the brain that would ordinarily be involved in actuality (Aaker, Rudd, & Mogilner, 2011; McClure et al., 2004; Mogilner, Aaker, & Pennington, 2008). Proposing that clients savour a warm caramel latte on a cold winter day can help them identify and redirect their focus toward positive moments they might ordinarily overlook.

### *Character Strengths*

Character strengths such as zest, love of learning, and bravery (Peterson & Seligman, 2004) are what allow a person to perform well and be at their best (Wood, Linley, Maltby, Kashdan, & Hurling, 2011). Clients can assess their strengths using an online test (e.g., [www.authentichappiness.sas.upenn.edu/Default.aspx](http://www.authentichappiness.sas.upenn.edu/Default.aspx)) and, with the help of practitioners, consult *Character Strengths and Virtues: A Handbook and Classification*, a diagnostic manual (Peterson & Seligman, 2004) that describes strengths and how they can be used. When individuals use their strengths more frequently and across a number of life domains, such as relationships and recreation, well-being also improves. Using strengths at work is particularly effective for generating job satisfaction (Littman-Ovadia & Steger, 2010) and greater self-esteem, vitality, and less stress 6 months later (Wood et al., 2011). Character strengths also promote pathways to well-being. For instance, engagement relates to the strengths of curiosity, zest, and perseverance, while meaning involves religiosity (Peterson, Ruch, Beermann, Park, & Seligman, 2007). Thus, individuals can use their strengths to design the type of life they want.

### *Relationships and Capitalization*

How individuals respond to and use relationships is vital. For instance, capitalization, the act of sharing good news with others (Gable, Gonzaga, & Strachman, 2006; Gable & Reis, 2010), can be taught. Associated with positive affect, satisfaction with life, and feelings of support, as well as improved memory for events, capitalization provides insight into the strengths used to achieve good events. When the responder is enthusiastic and understands the positive implications for the teller, self-esteem grows and the relationship improves through active-constructive responding (Seligman et al., 2005). Although social support helps maintain happiness (Boehm & Lyubomirsky, 2009; Diener, 2011), it need not be direct. Fowler and Christakis (2008) discovered that happiness spreads within social networks, such that the friends of friends, even if unknown, influence the happiness of others. The importance of relationships is increasingly being recognized; Seligman's (2011) PERMA model (Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment), an important well-being model in the field, considers relationships to be important pathways through which individuals can increase their happiness. Thus, encouraging clients to interact with others in leisure, professional, religious, or family groups and generate acts of charity and cooperation can increase happiness (Coan, Schaefer, & Davidson,

2006; Dillard, Schiavone, & Brown, 2008; Dunn, Aknin, & Norton, 2008; Reyes-Garcia et al., 2009).

### *Acts of Kindness*

Acts of kindness entail engaging in behaviours that benefit others, such as opening doors, minding others' children at the last minute, or complimenting colleagues (Lyubomirsky et al., 2005; Nelson et al., 2014; Sheldon et al., 2012). Post (2005) suggests that the acts enrich social integration, distract individuals from their problems, raise self-efficacy, and promote activity. Counting one's acts of kindness also increased happiness and gratitude (Otake et al., 2006). Likewise, spending money on others, even if just paying for a coffee with a new acquaintance, is effective in generating happiness and suggests that these acts should not be limited to those with whom individuals already have relationships (Aknin, Dunn, & Norton, 2011; Aknin, Sandstrom, Dunn, & Norton, 2011). Donating to charities and volunteering also boost happiness (Borgonovi, 2008; Dunn et al., 2008; Dunn, Ashton-James, Hanson, & Aknin, 2010), as giving appears to activate the brain's reward centres to a greater extent than receiving (Harbaugh, Mayr, & Burghart, 2007; Schwartz, Meisenhelder, Ma, & Reed, 2003). Thus, practitioners can encourage clients to identify others who need support as a way to improve well-being.

### *Optimism and Up-Regulation*

The purposeful manipulation of expectations and feelings is a productive strategy that can be combined with reframing (Beck, 1997). For example, optimism involves setting aspirations for success and is a malleable outcome expectancy (Fosnaugh, Geers, & Wellman, 2009; Schueller & Seligman, 2008). Shapira and Mongrain (2010) found that instruction in envisaging positive thoughts regarding future events and writing about them daily across multiple areas of life (i.e., family, relationships, work) helped to increase happiness over a 6-month period and decrease depression over a 3-month period. In contrast, up-regulation—the maximization of pleasure by imagining or exaggerating something funny (Giuliani, McRae, & Gross, 2008)—diffused negative affect as much as it would have had the event happened naturally. Clients can be taught to reconsider automatic expectations and actively change their mindsets to more positive and optimistic states.

### *Gratitude*

The experience of gratitude can be generated through an attitude of noticing and appreciating the world as well as by considering the intentional and voluntary positive actions taken toward them individually (DeWall, Lambert, Pond, Kashdan, & Fincham, 2012; McCullough, Kimeldorf, & Cohen, 2008; Wood, Froh, & Geraghty, 2010). Clients can reflect on the beneficial actions of which they are recipients, keep a gratitude journal (Emmons & McCullough, 2003), record that for which they are grateful online (Schueller & Parks, 2012; Seligman et al., 2005), write gratitude letters (Boehm et al., 2011; Lyubomirsky et al., 2011), or organ-

ize a gratitude visit (Duckworth et al., 2005; Seligman et al., 2005), all of which can be done or planned in a counselling session. Expressing gratitude resulted in greater positive affect (Watkins, Woodward, Stone, & Kolts, 2003), optimism (Emmons & McCullough, 2003), well-being (Wood et al., 2010), and increases in happiness and decreases in depressive symptoms after one month (Seligman et al., 2005). A related means of generating gratitude involved the subtraction of positive events (Koo, Algoe, Wilson, & Gilbert, 2008), where individuals consider what life might have been like had a positive event not occurred.

### *Writing*

PPIs can be pursued in writing in that writing about positive events versus recalling facts or writing about negative or neutral events allowed individuals to bask in their memories and enhance their mood (Burton & King, 2009). The “best self” strategy (Boehm et al., 2011; King, 2001; Layous, Nelson, & Lyubomirsky, 2013) is one way that individuals can create options for themselves by reflecting on better versions of themselves in the past (Peters, Flink, Boersma, & Linton, 2010; Seligman et al., 2005). Thus, when individuals consider hopes and abilities in visions of themselves, they clarify their actions, direct positive affect and motivation (Sheldon & Lyubomirsky, 2006), and provide meaning (Erikson, 2007). Counting one’s blessings (Emmons & McCullough, 2003; Sheldon & Lyubomirsky, 2006) and finding three good things (Seligman et al., 2005) also improved positive affect. Conversely, participants who wrote about the positive aspects of negative events also benefitted with fewer medical visits up to five months later and greater well-being scores (King & Miner, 2000). Finally, planning a good day is another way to understand what comprises happiness (Dunn, Beard, & Fisher, 2011; Seligman, n.d.); one study suggested that individuals sometimes have difficulty judging what makes them happy (Ebert, Gilbert, & Wilson, 2009). Thus, writing about past or upcoming enjoyable moments and planning to make these happen are effective ways to boost happiness and highlight what indeed creates happiness for individuals.

### *Passive Thinking and Reminiscing*

Knowing how to think was also identified as a strategy for happiness. Passive thinking (Lyubomirsky, Sousa, & Dickerhoof, 2006), or thought without analysis, allowed individuals to savour and re-experience positive events. They did this by passively reviewing the details of an event, such as how it felt, what they saw, heard, or perhaps smelled, versus analyzing the reasons for it. Alternatively, reminiscing about past positive events in life also conferred positive emotions and augmented the ability to savour (Bryant et al., 2005). Yet focusing strictly on the generation of happiness can undermine positive moods (Fredrickson, 2009b). For instance, overanalyzing a positive situation can result in adaptation as individuals try to explain a positive event and attend less to its beneficial effects as a result (Wilson & Gilbert, 2008). Thus, clients should not give meaning to or overthink positive events too soon (Kurtz & Lyubomirsky, 2008), nor should they focus directly on

happiness, as indirect pursuits allow for positive emotions to evolve rather than be forced (Fredrickson, 2009b; Mauss, Tamir, Anderson, & Savino, 2011).

### *Time and Resource Allocation*

How one spends time and money and with whom is a recognized PPI. Individuals often focus incorrectly on acquiring things instead of experiences. A suggestion made by van Boven and Gilovich (2003) is to invest in experiences (versus objects) as these are unique, resist comparison, and allow individuals to grow, because they contain positive emotions and opportunities to connect with others. With whom individuals choose to spend their time and in what activity is vital (Aaker et al., 2011; Dunn, Gilbert, & Wilson, 2011). Pruning relationships that do not help one flourish and replacing these with more positive people who bring out the best in individuals may be a worthwhile activity for some clients. Similarly, evaluating whether one's work and the relationships within it are positive can lead to job crafting, the process of redefining and reimagining one's job in a meaningful way (Wrzesniewski, Berg, & Dutton, 2010; Wrzesniewski & Dutton, 2001). A balance of pleasures, work, family, and social life can offer a good mix against adaptation (Diener, Ng, & Tov, 2009).

### *Anticipation versus Real Experience*

How something is experienced in reality can fall short of how it was imagined. In fact, having positive experiences can be less enjoyable than simply thinking about them (Berns, McClure, Pagnoni, & Montague, 2001), while anticipating future positive experiences can also be more enjoyable than reminiscing about past positive experiences (Caruso, Gilbert, & Wilson, 2008; van Boven & Ashworth, 2007). A helpful skill to learn is the art of visualization and savouring what waits in the near future. Anticipating the start of a two-week holiday need not start on day one, but can begin weeks prior given that visualization avoids the disappointment of real-life interference (Martin & Hall, 1995; Slagter, Davidson, & Lutz, 2011). As anticipation results in the brain undergoing changes in response to prolonged sensory input, motor acts, rewards, and action plans (Pascual-Leone, Amedi, Fregni, & Merabet, 2005), visualization can potentially serve as a means of inducing plasticity and sustaining positive emotions that are not yet present, but forthcoming.

### *Flow*

The state of flow (Csikszentmihalyi, 1990) is characterized by concentration, intrinsic motivation, a sense of control, and a loss of self-consciousness. It further involves time distortion, a balance of challenge and skills, and the merging of awareness with action, goals, and feedback. Flow can be experienced in sports and physical activities, while listening to music, studying, and reading (Csikszentmihalyi, 2002; Nakamura & Csikszentmihalyi, 2005). Jackson and Csikszentmihalyi (1999) described several ways to increase the probability of generating a state of flow. For instance, creating challenge began when individuals learned skills until they were automatic and required little thought to execute. Sticking with activity

until occasions with which to challenge the self emerged, and monitoring feedback also helped. Yet, the self was a barrier to flow; thus, letting go of worries assisted concentration. Further, a mental plan that had variable goals with information about where effort was needed and what tasks required attending was necessary. By reviewing flow experiences with practitioners, clients can identify the components of their optimal experiences and repeat these more frequently.

### *Nature*

The role of nature is strongly implicated in the generation of positive affect, well-being, autonomy, spirituality, and purpose in life (Howell, Dopko, Passmore, & Buro, 2011; Mayer, Frantz, Bruehlman-Senecal, & Dolliver, 2009; Nisbet, Zelenski, & Murphy, 2011). A recent review (Pluta, 2012) suggested that the more time spent in natural environments, the greater the impact on well-being, as a natural environment is effective in providing recovery from taxing lifestyles. A view of nature can offer a sense of renewal, improve stress levels, reduce the desire to quit work (Leather, Pyrgas, Beale, & Lawrence, 1998), and help with the contemplation of problems (Mayer et al., 2009). A 15-minute walk in nature can reduce levels of cortisol, pulse rate, blood pressure, and sympathetic nerve activity (Park, Tsunetsugu, Kasetani, Kagawa, & Miyazaki, 2010). Encouraging clients to consider their environments and incorporate nature into their lives by taking walks during lunch hours, spending their holidays hiking instead of shopping, or bringing plants into their home can be beneficial.

### *Meaning*

The development of meaning is also a PPI. Meaning emerged by choosing purpose and deciding what philosophy and goals would guide one's actions (Csikszentmihalyi, 1990), as well as by staying open to serendipitous events that had the potential to prompt novel perspectives (Kashdan & McKnight, 2009). Having a sense of purpose buffered individuals against negative emotions (Diener, Fujita, Tay, & Biswas-Diener, 2012), much like redefining purpose or affirming values (Creswell et al., 2005) buffered stress responses. The last two strategies can be done via journalling or through dialogue and serve as a reminder to individuals of who they are, what values they stand for, and what resources they have (e.g., physical, professional, social, cognitive). However, affirming values is more helpful in people who have resources at their disposal compared to those who have few or none, as they are merely reminded of this paucity. Other activities that induce meaning include benefit-finding (Folkman, 2008), looking for positives in negative events, infusing events with positive meaning, altering priorities (King & Hicks, 2009), positive reframing (Beck, 1997), and spending time in religious or spiritual activities.

### *Self-Compassion*

A new addition to the field, self-compassion (Neff, 2003) involves self-kindness, a sense of common humanity, and mindfulness. Clients are taught to be kind

to themselves rather than judge or attack themselves and their actions; they can self-soothe and accept themselves. They are taught to see themselves as human, imperfect, and normal—that is, not isolated or ashamed by what they perceive to be unique imperfections. Finally, mindfulness skills—the ability to experience, without attempting to alter, negative emotions and events as part of everyday life—are introduced. In sum, self-compassion refers to the relationship one has with the self. Taking many forms (e.g., Mindful Self-Compassion, Neff & Germer, 2013; Compassion Focused Therapy, Gilbert, 2010), self-compassion can involve letter writing, visualization, the use of rehearsed phrases toward the self, interpersonal activities to increase a sense of humanity, and using compassionate cognitive responding and behavioural habits. To illustrate its efficacy, a 7-day self-compassionate letter-writing intervention showed decreased depression and increased happiness 3 and 6 months later (Shapira & Mongrain, 2010), while a 3-week training program showed increases in optimism and self-efficacy (Smeets, Neff, Alberts, & Peters, 2014). Self-compassion also improved relationships; individuals learned to feel compassion for others and, as a result, repaired relationships, forgave, and withstood others' suffering more easily (Breines & Chen, 2012; Neff & Beretvas, 2013; Neff & Pommier, 2013). Overall, self-compassion was shown to be inversely related to depression, anxiety, and stress in a large meta-analysis of over 20 studies (MacBeth & Gumley, 2012).

#### IMPLICATIONS FOR COUNSELLORS

Positive psychology and the counselling tradition share many of the same assumptions and objectives (Lalande, 2004; Seligman & Csikszentmihalyi, 2000). Both focus on the positive aspects of human development and functioning, and target wellness as the goal of their intervention rather than a sole focus on the remediation of distress. This overlap can bear fruitful results for both traditions. For one, counselling practitioners have unique skills and knowledge that can facilitate individual growth and, thus, represent a natural home and fertile ground for the testing of PPIs in clinical and non-clinical settings. As both traditions share the same assumptions about human nature and how change can be achieved, a redeployment of skills or beliefs about human nature and change is not necessary; both traditions speak the language of wellness.

The use of PPIs in counselling psychology can be beneficial for the field of positive psychology, as an abundance of opportunities for practitioners to provide important feedback about the usefulness of PPIs in counselling practice exists, addressing the need for continued validation of the PPIs across varied clientele groups. This is of particular importance as PPIs and the practice of positive psychology have, in many cases, outpaced the development of theory (Parks & Biswas-Diener, 2014). Owing to the field's popularity, a retroactive "filling in" of the PPI field is necessary to provide more granularity about what is known and not yet understood. Counselling practitioners can be particularly adept in assessing the efficacy of PPIs and offering in-depth views about which

PPIs work, for whom, and under what conditions, as well as potential contraindications that might exist.

Finally, counselling practitioners who incorporate PPIs into their practice can themselves benefit from the new, yet old, science of well-being and expand their range of counselling skills and techniques for greater professional flexibility (Guse, 2010) without having to adjust their counselling assumptions or beliefs about the role of counselling and the possibility of change. The potential gains identified by practitioners who use a positive psychology approach have been identified both personally and professionally (Guse, 2010), and thus opportunities for self-learning and personal growth are plentiful.

### CONCLUSION

A number of positive psychology interventions that clinicians can use in sessions with their clients to increase levels of happiness have been highlighted, such as capitalization (Gable & Reis, 2010), writing about positive experiences (Burton & King, 2009), acts of kindness (Nelson et al., 2014), and self-compassion (Neff, 2003). The conditions under which these PPIs worked best were also discussed. For instance, individuals who expected the interventions to work and persisted harder at them attained greater gains (Fredrickson, 2009a; Sin & Lyubomirsky, 2009). The present review demonstrated that PPIs indeed contribute to greater well-being benefits both in the present and future (Duckworth et al., 2005; Seligman et al., 2005), and that happiness levels can be manipulated with lasting effects. Thus, their use in counselling settings cannot be overemphasized. Nonetheless, important considerations such as fit, timing, and culture were raised to caution practitioners that more is not always better and contraindications always apply even if they are not yet fully known.

The purposeful behaviours in which individuals engage to maximize happiness nourish a sustainable system that survives on the cumulative experiences of positive affect. Given the influential role of personal control in sustainable happiness (Lyubomirsky et al., 2005), PPIs are vital as they mobilize the inherent abilities and desires of clients to change their lives. Most importantly, the strategies provide individuals with a sense of control in creating a life that is experientially pleasant and brings forth excellence. Practitioners can use PPIs with individuals who are either depressed, languishing, or flourishing, as the strategies reviewed serve to either prolong, maintain, or change emotions more positively regardless of the baseline levels of happiness. These interventions further translate into well-being outcomes (Tugade & Fredrickson, 2007), as they provide resources in the present and can help individuals immediately cope with identified challenges, but also usher them into upward spirals of growth over time (Fredrickson, 2006).

PPIs are low-cost strategies that can be useful for individuals and groups in clinical and nonclinical settings; they also lack the usual stigma of mental health, and are quick to yield results (Lambert D'raven et al., 2014). Most importantly, they work (Bolier et al., 2013; Cohn & Fredrickson, 2010; Seligman et al., 2005;

Sin & Lyubomirsky, 2009). Nonetheless, the research on PPIs remains nascent, and further efforts in exploring for whom these PPIs are effective (e.g., different personalities, cultures, gender, age) and under what conditions (e.g., divorce, grief, anxiety, civil war, unemployment) remains to be determined with greater certainty and specificity, and it represents an area of development for which counselling practitioners are well suited. It is hoped that practitioners will be encouraged to use PPIs to a greater extent and appreciate the science that underlies them, as well as enrich their own work satisfaction by facilitating the growth of clients well beyond languishing and into a true state of mental health.

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