Positive Interventions in Clinical Practice

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Mainstream psychotherapy has made huge strides in treating symptoms and disorders, but it has largely overlooked happiness as a therapeutic goal despite frequently hearing from clients, ''Doctor, I want to be happy.'' This issue of *Journal of Clinical Psychology: In Session* describes a number of positive interventions for specific clinical problems, such as depression, anxiety, schizophrenia, loss, grief, and relationship distress. Although the name may suggest it, positive interventions do not imply that rest of psychotherapies are negative. Neither are negatives denied nor minimized. Distinct from self-help recipes proffering instant changes, positive psychology interventions refer to systematic approaches to overcome challenges by using clients' strengths and assets. A hybrid psychotherapy-coaching model and strength-based assessment can ask a client ''What is *right* with you?'' All articles are supplemented with rich case illustrations. © 2009 Wiley Periodicals, Inc. J Clin Psychol: In Session 65: 461–466, 2009.

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For more than a century, clients have gone to psychotherapists to discuss their problems and deficits, relying on the largely untested assumption that discussing deficits is curative. By focusing on deficits, psychotherapy has made huge strides. Rigorous studies have demonstrated that psychotherapy helps significantly more than placebos do. Moreover, in addition to psychotherapies for specific disorders, we now have better understanding of the finer aspects of psychotherapy, such as therapeutic alliance, nuances of therapeutic communication, nonverbal language, therapist effects, treatment process, and the feedback process to and from the client. Although the focus on psychopathology has effectively eased symptoms, it has not necessarily enhanced happiness, which is still neglected in the therapy process. The very first sentence we often hear from our clients is, ''Doctor, I want to be happy.'' Yet, we rarely address this goal directly in psychotherapy.

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Happiness, I believe, should be explicitly pursued in psychotherapy. It probably occupies the highest on the hierarchy of goals, the end towards which all other ends lead (Ben-Shahar, 2007). Research in positive psychology and other allied health sciences has strengthened the argument that happiness could be an explicit goal of psychotherapy. There is compelling evidence that experiencing more positive emotions enhances relationships, work productivity, and physical health, as well as relieves depression. It broadens mindsets and facilitates flourishing (Fredrickson, 2009). Individuals experiencing more positive emotions and optimism tend to live longer (Giltay, Geleijnse, Zitman, Hoekstra, & Schouten, 2004; Danner, Snowdon, & Friesen, 2001). Happy people not only have strong social connection—friends, spouses, neighbours, relatives—but also make others happier. Knowing someone who is happy makes you more likely to be happy yourself (Fowler & Christakis, 2008). All told, there is little empirical justification that assessment and treatment of deficits should be the sole goal of psychotherapy.

We need to develop an inclusive psychotherapy that examines both the weaknesses and strengths of our clients. In uncovering processes that contribute to the flourishing and optimal functioning, positive psychology has done well so far. From a number of correlational and some causal studies, we know a good deal about psychological assets and debits. But, exactly how these assets can be harnessed systematically to handle debits, the practice of positive psychology has a long way to go. This issue is an earnest initiative on what we hope will be a long yet fruitful journey, in which the resilience and hope of our human spirit will prevail over a host of psychological burdens.

Positive psychology interventions are few and far between in the professional literature but are abundant in the self-help literature. Positive interventions from the self-help literature offer numerous mantras including, ''think positive and secretively, things will materialize accordingly,'' ''live in the present,'' ''do aromatherapy once a week,'' and ''every morning repeat six positive affirmations.'' Offered mostly by armchair gurus, these mantras may be effective but lack scientific rigor detailing their effectiveness, applicability, safety, and specificity. Moreover, these mantras often reinforce the public misperception that anything and everything is possible, and, much like taking pills, enduring scowls will turn into lasting smiles. This tendency of pursuing such turbo-charged recipes for happiness may produce transient feel-good effects but, eventually, these effects fade, leaving individuals confused and discouraged. Most of these instant self-help promises strip away the nuanced process of lasting change and oversimplify gradual evidence-based skill acquisition, which does translate into more life satisfaction and happiness.

It may be time to reexamine several of our assumptions regarding psychotherapy. Psychotherapy is not a place where only troubles are discussed; psychotherapy is also a place where strengths are discovered, where positive emotions are cultivated, where gratitude and optimism are fostered. We have mistakenly equated psychotherapy outcome with symptom reduction. Most psychotherapy researchers and practitioners understand that quality of life needs to be included in the evaluation of treatment outcome (e.g., Gladis, Gosch, Dishuk, & Crits-Christoph, 1999), and that psychological well-being needs to be incorporated into the definition of recovery (Fava, 1996).

In the future, psychotherapy will focus on complete mental health (Keyes, 2003), which is not merely the absence of psychopathology nor it is just the presence of a high level of happiness. It is a complete state comprising (a) the absence of psychopathology and (b) the presence of happiness and well-being.

Psychotherapy needs to be a hybrid enterprise—alleviating deficits as well as promoting happiness.

Clinical Implications of Positive Psychology

In this brief opening article, I introduce the purpose and contents of this issue: positive psychology in clinical practice. In doing so, I would like you, the reader, to keep four considerations in mind.

First, positive interventions do not imply that the rest of psychotherapies are negative, although the name may suggest such. A central premise of any positive intervention is that we cannot understand positives without comprehending negatives. By one count, there are twice as many negative emotions than positive ones (Nesse, 1991). By default, we remember and retrieve negative experiences and emotions more easily than the positives ones. Positive interventions essentially are reeducation of attention and memory. For example, one positive intervention (Seligman, Rashid, & Parks, 2006) asks clients to write three good things that went well today and also reflect upon why they went well. This likely helps clients to end their day remembering positive events than negative ones. Similarly, the gratitude letter and visit (Seligman et al., 2006) may shift memory away from the embittering aspects of past relationships to savoring the good things that friends and family have done for clients. In accentuating positives, clinician needs to be mindful that it is utopian to conceive a life without negatives experiences.

Accordingly, a positive intervention does not deny distressing, unpleasant, or negative experiences. Rather, it encourages clients to use their strengths to understand their weakness. The function of psychotherapy is not only to help the client put out fires, eliminate dangers, reduce hostility, or alleviate moral, social, and emotional malaise, it is also to restore and nurture courage, kindness, modesty, perseverance, and emotional and social intelligence.

Initially, at the onset of psychotherapy, discussion of client's negative experiences is often essential to facilitate perceived growth in some character strength. For instance, the expression of negative thoughts and emotions to others might be perceived by some clients as important ingredients in fostering the strengths of authenticity, humility, and help-seeking (Wong, 2006).

Second, happiness research offers two important insights (e.g., Ben-Shahar, 2007; Haidt, 2006; Lyubomirsky, Sheldon, & Schkade, 2005). One, striving to obtain goods and goals does not bring us more than momentary happiness. We are incredibly adaptable creatures who quickly habituate goods and goals. Two: after the strong influence of genes upon a person's average level of happiness, environmental and demographic factors exert little influence on happiness. Climate, education, and financial status have little impact on our happiness. Yet, we spend disproportionately large sums of time and effort in pursuit of these factors. For example, we believe that more money will make us happier, when, in fact, beyond a safety net, incremental increases in money have diminishing returns (Diener & Seligman, 2004).

Because people adapt quickly to new circumstances and material goods and goals have little impact on their happiness, positive interventions based on intentional behavioral activities are useful. "Circumstances *happen* to people, and activities are ways that people *act* on their circumstance" (Lyubomirsky et al., 2005, p.118). If a clinician can help clients habitually engage in activities that fit their values, strengths, and interests, then the prospects of experiencing happiness are significantly

enhanced. And if a clinician encourages clients to vary these activities at the same time, to guard against adaptation, the sustenance of happiness is a likely experience as well. Pursuing intentional positive activities has been shown be effective for a number of clinical problems (Fava, 1999; Emmons & McCullough, 2003; Seligman, Steen, Park, & Peterson, 2005; Seligman et al., 2006).

Third, a daunting task for a clinician practicing positive intervention is to ensure that what he or she purports is "positive" is not perceived by clients as prescriptive. Positive interventions, at least described in this issue, are based on sound empirical findings that clearly document their benefits. Just as medical research shows that eating vegetables and exercising are "good" for us, a positive intervention assumes that clients can adopt behaviors and mental habits that are "good" for them (Gable & Haidt, 2005).

At the same time, in an increasingly diverse clientele, contextual and cultural factors must be considered. For example, a client raised in a European-American culture may think of happiness as a process of autonomy and self-determination, whereas a client from another culture may see happiness as relating to others and fulfilling obligations. Therefore, a positive intervention needs to be delivered with sensitivity and flexibility to accommodate individual and cultural differences. Any fixed moral vision that sees happiness as the yardstick of a good life should be avoided.

Fourth, positive interventions extend the benefits of psychological science to its nonclinical individuals who want to make their lives more fulfilling and happier. Decades ago, Albert Bandura (1973, p. 84) observed, "No one has ever undertaken the challenging task of studying how the tiny sample of clinic patrons differ from the huge population of troubled nonpatrons." Current therapeutic repertoire has little to offer to nonclinical individuals who want to go from neutral to higher states of happiness and flourishing. Psychology is not just a health science concerned with illness; it could be larger. It is about work, education, insight, love, growth, and play (Seligman & Csikzentimihalyi, 2000). An explicit focus on positives and strengths is congruent with lay people's conceptualizations of human flourishing and solutions to life's challenges. Far more than clinically diagnosable individuals find the grind of life mundane and want more fulfillment. Positive psychology interventions offer an equal opportunity for diagnosable individuals to overcome challenges by working on strengths and deficits as well as for non-diagnosable to flourish.

This Issue

With these four considerations firmly in mind, readers will find a broad range of clinical challenges addressed by the positive psychology interventions in this issue of the *Journal of Clinical Psychology*: *In Session*. Following this introduction, the first article by Sin and Lyubomirsky uncovers whether positive interventions enhance well-being and ameliorate depressive symptoms. Their meta-analysis of 51 such interventions shows that positive interventions significantly enhance well-being and decrease depression. Their analysis also offers useful insights regarding who could benefit from these interventions and how they can be regularly incorporated into clinical work.

Clinical assessment has traditionally focused on identifying problems and deficits, assuming that they are real and strengths are clinical byproducts. Seriously questioning this and other assumptions of deficit-oriented assessment, I discuss specific strategies for strength-based assessment. Several of these have been used and validated in clinical settings (Seligman et al., 2006). Clinicians are encouraged to

integrate strengths in their assessments in which they can confidently ask: What is *right* with you?

Positive psychology interventions complement and supplement clinical work already done well. A prime illustration is Fava's Well-Being Therapy (WBT). An adjunct to cognitive-behavioral therapy, WBT serves as an effective adjunct to any extant treatment. It is also a useful step-by-step therapy in which clinicians initially attend to negatives using a traditional approach and then explicitly target well-being. Rather than targeting happiness at the onset, Fava's approach suggests dealing with symptomatic distress before focusing on strengths.

Research has shown that mindfulness is effective in reducing depression (Teasdale et al., 2000). The work of Johnson and colleagues utilizes loving-kindness meditation (LKM) with clients suffering from schizophrenia-spectrum disorders with persistent negative symptoms, such as anhedonia, avolition, and asociality. Talk therapy is largely a Western tradition. Doing so is beneficial for those with intact reasoning abilities. For those who have reasoning challenges, however, Eastern healing practices that emphasize gentle observation of thoughts rather than their evaluation could be beneficial. In meditation, the goal is not necessarily to change the contents of thoughts and feelings, but to increase positive, non-attached feelings towards these thoughts (Wallace & Shapiro, 2006). Johnson and colleagues have demonstrated that LKM can potentially reduce negative symptoms of the schizophrenia-spectrum disorder. This work supports the research of others (e.g., Kabat-Zinn et al., 1992; Teasdale et al., 2000), which has shown that meditation is an effective way of encountering various clinical disorders.

Robert Fazio's article tells a personal and moving story of growth from adversity in the wake of September 11, 2001 events. Readers will find practical methods that can facilitate growth through loss and adversity.

The surge in positive psychology and its emphasis on what makes life fulfilling has opened many avenues to draw nonclinical and relatively high-functioning individuals through coaching. Showing the relevance of coaching to psychotherapy, Diener and Seligman (2004) propose a hybrid psychotherapy-coaching practice, which might be a useful buffer from occupational stress, burnout, overcoming obstacles, and maintaining motivation.

One of the best predictors of happiness is strong social ties (Diener & Seligman, 2004). Kaufmann and Silberman, in their work on couple relationships, present a three-step method to assist clinicians in creating flourishing relationships. Their use of specific exercises in psychotherapy, such as "Letting go of Grudges," "Forgiveness warm up," and "Circles of appreciation," activate the premise of positive interventions: addressing weaknesses but explicitly accentuating positives.

My ardent hope in editing this issue has been to share the bounty of evidence-based methods for integrating, positive psychology into psychological assessment and treatment. The following articles, their assortment of positive interventions, and their rich case illustrations will amply reinforce that happiness is over and beyond psychopathology.

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