Positive Interventions: Past, Present, and Future

To appear in "Bridging Acceptance and Commitment Therapy and Positive Psychology:

A Practitioners's Guide to a Unifying Framework"

Editors: Todd Kashdan and Joseph Ciarrochi

Acacia C. Parks

Hiram College

&

Robert Biswas-Diener

Portland State University

Positive Acorn

Contact Author: Acacia Parks, Department of Psychology, Hiram College, P.O. Box 67, Hiram, OH 44234. Email: parksac@hiram.edu, Phone: (330) 569-5229, Fax: (330) 569-5448

Positive Interventions: Past, Present and Future

As positive intervention researchers, we are often approached by proponents of ACT, and the ensuing conversation is freuqently the same. The questioner says, "I have always wondered what the difference is between a positive intervention and ACT." Obscured within this polite statement are the questions they *really* want to ask: is there anything new about positive interventions, or are we "selling old wine in a new bottle"? What do positive interventions bring to the table that other interventions do not? These are, we think, reasonable questions, and ones that researchers in our field too rarely take the time to answer. Equally pressing is a concern that we hear more rarely, but are fairly certain lurks in the back of our questioners' minds with some regularity: Isn't it irresponsible to ignore a person's problems? Isn't there a risk that such an approach can do harm to clients?

One central goal of this chapter is to explore the ways in which positive intervention research has and has not been thoughtful about exactly these issues. First, we address the question of what, exactly, a positive intervention *is*. We follow with a review of the different areas of positive intervention, including descriptions of prototypical activities, evidence of their effectiveness, and important considerations for their application. Lastly, we discuss several future directions for positive intervention research; most notable of these is investigation of the possibility that positive interventions, in certain contexts, may be ineffective, or even cause harm. Each of these sections constitutes a step towards our final goal of discussing what distinguishes positive interventions from other approaches in general, and from acceptance-based approaches in particular.

What is a positive intervention?

One legitimate criticism of positive intervention research is that it is difficult to determine what actually counts as a "positive intervention". Indeed, there is no definitive definition of a "positive intervention," and no clear set of guidelines for classifying interventions as "positive." However, this is a problem that researchers have attempted to tackle. Our efforts at synthesis led us to three broad conceptualizations of positive interventions: 1) interventions that focus on positive topics, 2) interventions that operate by a positive mechanism or that target a positive outcome variable, and 3) interventions that are designed to promote wellness rather than to fix weakness.

First, "positive" interventions can be defined as those that focus on topics that are positive; in other words, they contain little or no mention of problems, instead emphasizing the positive aspects of peoples' lives. The "positive content" approach is consistent with the Positive Psychotherapy (PPT) interventions proposed by Seligman, Rashid, and Parks (2006): "The goal [of PPT] is to keep the positive aspects of the clients' lives in the forefront of their minds… and to strengthen already existing positive aspects." (p. 780). We think that this definition is much too broad; it encompasses any intervention in which an individual does not attend to their problems, or does something pleasant. By this definition, procrastinating by playing video games until 4am constitutes a positive intervention; so does drinking oneself into oblivion to mask anxiety. In other words, while a content-level definition does describe all positive interventions, it also describes a variety of other behaviors that are not positive interventions, and so it is not sufficient.

An intervention can also be defined as "positive" if the mechanism or target outcome is a positive variable such as positive emotion, meaning, and so on (see below for an extensive overview of such variables). The definition used by Sin & Lyubomirsky (2009) in their meta-analysis is a good example of this approach; they define a positive intervention as one that is "aimed at cultivating positive feelings, positive behaviors, or positive cognitions." (p. 1). This definition is better than the last in that it is less inclusive, requiring some level of theoretical development (there must be some positive variable being targeted, so avoidance doesn't fit). However, the definition does not include any requirement that the intervention defines its target variable, nor that the target variable has an empirical basis, nor that the intervention actually *changes* that target variable; "positivity," for example, would be sufficient, even though we have no idea what "positivity" means, nor do we know how to measure or change it. Thus, the variable-level definition encompasses anything with the tag line "be positive" or "think positive" – including, we shudder to say, *The Secret,* and other myriad crackpot self-help approaches.[1]

Lastly, an intervention can be "positive" if the goal of the intervention is to improve rather than to remediate; in other words, the target population is non-distressed, and so the intervention is self-help rather than therapy. The goal of the intervention, then, is to bring individuals from acceptable levels of functioning to "good" or "great." This definition is consistent with the rhetoric that came from Seligman and colleagues during the first few years after positive psychology's inception. For example, when speaking

---

[1] We don't have space or license here to do justice to all of the things that are wrong with *The Secret,* nor to sufficiently express how icky it makes us feel when people think *The Secret* is part of positive psychology.

about the general goals of the positive psychology movement, Seligman, Parks and Steen (2004) stated: "We know very little about how to improve the lives of the people whose days are largely free of overt mental dysfunction." (p. 1379). A positive intervention, by this definition, is one designed for the subset of the population not suffering from a mental disorder. While this definition is more selective than the previous two, it excludes one prominent positive intervention – Positive Psychotherapy (PPT) – which has been applied in major depression (Seligman, Rashid & Parks, 2006), schizophrenia (Meyer et al., in press) and nicotine dependence (Kahler et al., 2011).

While each of these definitions seems reasonable at first glance, each is uniquely problematic when used as a stand-alone method for classifying interventions as "positive" or not. We believe this is because the goal of creating a single definition may be impractical. Research on positive interventions was well underway before anyone attempted to infuse it with theory, and so the research follows no common theoretical thread. Any definition we create, then, is going to be a post-hoc rationalization of the research that has been done so far, rather than a theory-driven attempt to classify. It will not be simple because it is an attempt to bring together a broad body of work that was not a cohesive effort. Thus, rather than creating a single definition, we propose a set of criteria derived by integrating and refining the above definitions:

- *The primary goal of the intervention is to build some "positive" variable or variables (e.g. subjective well-being, positive emotion, meaning)*. This criterion eliminates self-indulgent or avoidant behaviors with no real function towards self-improvement.

- *Empirical evidence exists that the intervention successfully manipulates the above target variable(s).* This criterion eliminates the myriad existing self-help approaches that have no research basis.

- *Empirical evidence exists that improving the target variable will lead to positive outcomes for the population in which it is administered.* This criterion requires that the target variable has an empirical basis[2]. It allows for special cases in which positive interventions are responsibly applied in a clinical population (for example, Kahler et al. (2011) use a positive intervention in smoking cessation because positive affect is a predictor of treatment success). It also excludes interventions that target positive variables in clients for whom this approach would be inappropriate; we would assert, for example, that a gratitude intervention for recent trauma victims would be unlikely to produce positive outcomes, and thus would not be a positive intervention.

We believe that this set of criteria is the right balance of inclusive and exclusive – it encompasses all existing positive interventions, but excludes none that we know of.

What do we know about the benefits of positive interventions?

Modern positive intervention research began as the study of individual techniques that target specific happiness-related constructs (see below for a comprehensive review). In these seminal studies, many of which are discussed in greater detail below, participants

---

[2] We acknowledge that requiring an "empirical basis" is a slippery slope without any formal criteria for what constitutes an empirical basis. We also acknowledge that previous efforts to do this in other arenas have proven fruitful (e.g. the guidelines for what constitutes an "Empirically Supported Therapy" set forth by the APA Task Force on Promotion and Dissemination of Psychological Procedures in 1995). While creating such criteria is beyond the scope of this chapter, we are enthusiastic about doing so in other venues.

are randomly assigned to practice one of several potential activities – some designed to serve as "controls," and others designed to increase some aspect of well-being. They complete a battery of pre-intervention questionnaires, practice the activity for some pre-defined time period ranging from one to six weeks, and then complete post-intervention questionnaires. In some cases, participants may complete one or more long-term follow-up questionnaires as well.

Other chapters (including at least one written by the first author) have attempted to organize existing positive interventions according to one theoretical framework or another. However, just as there is no common definition of a "positive intervention," neither does there exist any single, empirically-based theoretical framework that unifies positive interventions. Unlike many areas of psychology, where theory drives the research, in positive interventions, the opposite is true; data showing that an activity is effective came first, with questions of "how" and "why" tabled for a later date. Thus, the series of summaries below – while, to our knowledge, comprehensive – comes in no particular order. For each area of intervention we discuss, we endeavor not only to describe the most common techniques and the evidence for their effectiveness, but also to take a critical approach, highlighting caveats and special considerations as appropriate.

Strengths –Different conceptualizations of strengths exist, with some focusing more on character (VIA-IS; Peterson & Seligman, 2004) and others focusing more on talent (Clifton StrengthsFinder; The Gallup Organization, 1999). Broadly speaking, however, strengths are positive personality traits, and strengths interventions are activities that involve the identification, use, and/or development of one's strengths. The general

paradigm for all strengths interventions is the same: an individual takes a strengths test[3],

receives feedback on his strengths, and then changes his behavior in order to use his

strengths more often.

Although Gallup has been using a strengths-based model in practice for many

years (Hodges & Clifton, 2004), the first empirical study to use this model was Seligman,

Steen, Park & Peterson (2005), who found that the process of identifying and using one's

strengths resulted in increases in happiness and decreases in depressive symptoms after a

month; these gains lasted through six-month follow-up among those individuals who

continued to practice it. The actual use of one's strengths, above and beyond learning

what one's strengths *are*, is an essential ingredient of this activity; participants in an

"assessment-only" condition (where they learned their strengths but were not asked to use

that information in any way) were indistinguishable from those who practiced a placebo

activity (Seligman, Steen, Park & Peterson, 2005). Although untested empirically, Parks

& Seligman (2007) proposed an extension of this activity entitled "positive service,"

wherein an individual devises a way to use his/her strengths in the service of something

larger than him/herself. Other variations have also been proposed in applied settings (e.g.

Seligman's "Authentic Happiness Coaching" course), including a "Strengths Family

Tree," wherein one examines one's own strengths in relation to the strengths of one's

family members, and the "Strengths Date," in which two or more people coordinate an

outing, event, or project that allows each member of the group to use his/her strengths.

---

[3] Whereas Gallup's survey is pay-only, the VIA strengths inventory is available for free online. This difference, in part, explains why the VIA model is so strongly represented in the literature, and in practice; both researchers and members of the general public can freely access the assessment.

Recently, researchers have begun to examine potential pitfalls of the "identify and use" approach used by Seligman et al. (2005). Of particular concern are the implications of treating strengths as stable traits. Pointing to work by Dweck and colleagues, Biswas-Diener, Kashdan, and Minhas (2011) warned that an "identify and use" approach may encourage individuals to think of strengths as permanent and unchangeable, which may in turn lower the individual's motivation to improve. Work by Louis (2011) lends initial support to this view; participants randomly assigned to "identify" their strengths reported increases in the belief that strengths are fixed/stable, while those assigned to "develop" their strengths did not experience such an increase. While this study did not evaluate whether more fixed beliefs about the nature of strengths translates into decreased motivation to work on one's strengths, extensive research from Dweck's lab suggests that this phenomenon occurs in other domains (Grant & Dweck, 2003).

Another important issue, first raised by Jon Haidt, is the relative importance of working on strengths versus weaknesses – specifically, how do we know that individuals should be further developing their most developed traits (i.e. strengths) rather than attempting to remediate their least developed traits (i.e. weaknesses)? In an informal paper based on data from his students, Haidt (2002) reports that students benefitted from both approaches; however, students reported *liking* a strengths-focused approach more. This is consistent with preliminary data from Seligman, Rashid and Parks (2006), in which participants in positive psychotherapy were noticeably (though not significantly) less likely to drop out than were participants in a standard (remediation-focused) psychotherapy.

In summary, there appears to be evidence that it is worthwhile to identify and promote the *development* of strengths, and that these benefits are both psychological and motivational – that is, developing strengths feels intrinsically rewarding to people, and so they are more driven to engage in a strengths-development process. However, we argue that strengths research would benefit from the inclusion of nuance; in line with Schwartz and Hill (2006)'s call for "practical wisdom," one should aim not only to use one's strengths more often, but to use those strengths *well* and *appropriately*. Humor, for example, can be an invaluable tool for building relationships, and for coping with stress; if used inappropriately, however, humor can be insensitive or hurtful.

Furthermore, in the authors' various experiences teaching others to develop their strengths, both of us have encountered a common dilemma: it is not always easy to generate concrete ideas of how to use one's strengths. This represents, in our view, an important barrier for practitioners hoping to teach strengths to clients, and for individuals hoping to apply positive interventions independently. A person cannot develop her strengths if she has no idea how to go about it, and in the absence of guidelines for advising people in this process, a practitioner is forced to rely on intuition or trial and error. Haidt (2002) provides a list of ideas, compiled by his positive psychology undergraduates, for situations in which each of the 24 VIA strengths can be applied. This list, however, is only the beginning of what needs to be a comprehensive resource to practitioners and clients hoping to promote strengths development.

Gratitude – Some of the earliest positive interventions targeted gratitude, which Wood, Froh and Geraghty (2010) define as a general habit of noticing and being appreciative of whatever is good in one's life. In their seminal paper, Emmons &

McCullough (2003) randomly assigned participants to keep a weekly gratitude journal. In this journal, the participant wrote down up to five things they were grateful for. Compared to participants who kept track of either hassles or neutral events, participants in the gratitude condition scored better on a range of emotional and physical health outcomes. Lyubomirsky, Sheldon and Schkade (2005) both replicated this finding and found evidence that the "dosage" used by Emmons and McCullough (2003), once per week, may be the ideal frequency for a gratitude journal; participants in a condition that kept a more frequent gratitude journal (3 times per week instead of once) did not experience the same improvements as the once-per-week group, instead reporting that the activity felt stale and overdone (Lyubomirsky, Sheldon, & Schkade, 2005).

Seligman, Steen, Park and Peterson (2005) proposed and tested a related activity, entitled the Three Good Things journal. They asked participants to keep a nightly journal of positive events that took place during the day that just ended[4]; this activity resulted in increased happiness and decreased depressive symptoms by 1-month follow-up, with gains continuing to increase over 3-month and 6-month follow-ups. While this finding may at first seem to conflict with Lyubomirsky, Sheldon and Schkade (2005)'s finding that gratitude can be "overdone," there is an important difference between the gratitude journal and Three Good Things: they operate at completely different levels of analysis. Whereas a gratitude journal can and often does revolve around ongoing areas of gratitude (e.g. family, friends, a good job), Three Good Things requires the individual to focus on

---

[4] It is debatable whether or not Three Good Things belongs under the umbrella of "gratitude." This uncertainty is an excellent example of the general lack of theory underlying many existing positive interventions. Three Good Things was designed to make people happier without any specific underlying theory. Only after the exercise appeared to be effective did researchers begin to speculate as to how it works.

events that took place during the current day. Thus, while a gratitude journal might get repetitive if practiced too often, as the content doesn't vary much, a Three Good Things journal has different content every day.

Seligman, Steen, Park and Peterson (2005) report findings on a second gratitude activity, in which participants composes a detailed thank-you letter to someone in their life and delivers the letter in person ("The Gratitude Visit"). In contrast with the previous exercise, the Gratitude Visit led to large initial boosts in happiness – substantially larger than the placebo conditions – but these changes were transient, having faded substantially by 1-month follow-up, and entirely by 3-months. While some researchers have presented ideas about how to prolong these effects – for example, a client might keep a daily log of the things her spouse does that she appreciates, then use that log to create "gratitude reports" once per month on an ongoing basis (see Parks, Schueller & Tasimi, 2011) – nobody has tested an "improved" gratitude visit design to date. However, Lyubomirsky, Dickerhoof, Boehm and Sheldon (2011) did find that writing a gratitude letter, without the added step of delivering the letter to its target, did lead to well-being improvements in their sample. Whereas delivering a glowing letter of thanks to someone may be very powerful the first time, one can imagine that repeated instances could become stale or awkward; by removing the "delivery" step of writing a gratitude letter, and the awkwardness that may come along with it, it becomes more plausible that a person might practice this exercise repeatedly.

While the existing literature presents a relatively compelling case that gratitude is a worthwhile practice, gratitude is also one of the few areas in which deleterious effects

have been observed[5]. For example, Sin, Della Porta and Lyubomirksy (in press) report

that writing gratitude letters *reduced* immediate well-being for individuals with mild-

moderate depressive symptoms; those participants who believed the activity would work,

and thus continued to use it for three weeks despite the initial deleterious effect, did

experience eventual improvement, but those who had no such expectation continued to

report worsened symptoms as a result of the activity. Sergeant and Mongrain (2011)

examined this issue looking at different "types" of depressed individuals and found that

individuals whose depressive symptoms were more interpersonally oriented ("needy"

rather than "self-critical"), experienced no benefits, or in some cases, worsened when

doing a gratitude activity. The more self-critical people, by contrast, benefitted *more* than

average from doing the activity.

It is important, then, to use caution when recommending gratitude activities to

people with depressive symptoms. Some data provides direct evidence that gratitude can

be useful in mild-moderate depression (Seligman, Steen, Park and Peterson, 2005), and

other data provides more indirect evidence, finding that gratitude interventions can be

well-received by people in the mild-moderate symptom range (Seligman, Rashid &

Parks, 2006) or that they are generally efficacious, on average, among people reporting

depressive symptoms (Sin & Lyubomirsky, 2009). However, there appears to be some

---

[5] To be clear, gratitude is also one of the only areas in which anyone has looked at moderators of outcome to begin with, and so if deleterious effects do occur in other activities (as, we imagine, they must for some subset of people), these effects are unlikely to have been detected. We discuss these findings not to suggest that gratitude interventions are bad, but rather to encourage researchers to do MORE of this type of research on other types of interventions. This type of nuance can only help us apply positive interventions more effectively, and with better precision.

subset of depressed individuals to whom this generalization does not apply, and we are only beginning to understand who they are and how to identify them.

Another factor that we have noticed comes into play with gratitude is culture. The first author has noticed, for example, that activities that involve *expressing* gratitude (e.g. the Gratitude Visit) have sometimes backfired when used by Asian-American students; expressing gratitude can make individuals very uncomfortable, particularly if their cultural norm is to avoid attracting attention. The situation can be further complicated when the target of the letter is an Asian-American parent. In one student's case, her parents viewed her letter as an insult – an acknowledgement of the possibility that they might ever have chosen *not* to give their child appropriate care. We have also noted cases of suspicion on the part of recipients, which can undermine the success of the activity. One student of the first author's, for example, reported that her father was suspicious upon receipt of his gratitude letter; he thought that the student was, perhaps, trying to manipulate him into giving her something.

How, then, does one decide to whom one would recommend gratitude activities? Sin, Della Porta and Lyubomirsky (in press) report that perceived fit is an important predictor of outcome – that is, participants who looked at the gratitude activity and thought it would be helpful for them generally found it helpful. This highlights the importance of choosing positive intervention collaboratively with clients, and perhaps even suggests that the "buffet" approach proposed by Parks, Schueller and Tasimi (2011) – trying all activities, then selecting those that work best for an individual – may not be optimal for all clients.

Forgiveness – In common parlance, forgiveness is often associated with reconciliation. However, in the forgiveness intervention literature, forgiveness is conceptualized as a primarily internal process. An individual who has experienced a transgression lets go of the negative feelings associated with the transgression and the transgressor, and this change may or may not result in any sort of behavioral change in relation to the transgressor. The emphasis in the literature on emotional forgiveness is largely due to the fact that the emotional aspects of forgiveness appear to play the largest role in the robust link between forgiveness and physical health (Worthington, Witvliet, Pietrini, & Miller, 2007).

The majority of forgiveness interventions follow process-based models, which allow for gradual, stage-like progress towards the decision to forgive (Baskin & Enright, 2004). The "REACH" model is an example of process-based approach to forgiveness: individuals *Recall* the transgression; develop *Empathy* for the transgressor, which is an *Altruistic* act; *Commit* to forgive; then work to *Hold* on to that forgiveness. Worthington (2006) provides an example of a 6-session group intervention following the REACH model. A recent meta-analysis focusing only on process-based forgiveness interventions found an average effect size of .82 on forgiveness outcomes, .81 on positive affect, and .54 on negative affect, suggesting that forgiveness interventions can reliably promote forgiveness and improve the emotional damage that grudges can cause (Lundahl, Taylor, Stevenson, & Roberts, 2008).

Smaller scale interventions that target forgiveness also exist. McCullough, Root and Cohen (2006), for example, tested a writing intervention in which participants spent 20 minutes writing about personal benefits that arose as the result of a transgression they

had experienced. Compared to control groups focusing on an unpleasant aspect of the transgression, or on a topic not related to the transgression, participants in the benefit-finding condition reported more forgiveness.

Hook, Worthington and Utsey (2009) argue that while forgiveness is valued by both individualistic and collectivistic cultures, collectivistic cultures are distinct in their definition of what constitutes forgiveness. More individualistic cultures tend to consider the emotional aspects of forgiveness to be central; in other words, if an individual has let go of her anger, she has forgiven, even if she does not change her behavior towards the transgressor at all. Collectivistic cultures, on the other hand, prioritize behavioral change, and so forgiveness has not occurred until social harmony is restored (in other words, until the two individuals are able to interact civilly). While no research to date has examined whether forgiveness interventions differentially affect members of individualistic or collectivistic cultures, this question is well worth asking given the apparent cultural differences in how emotional and decisional forgiveness are valued.

It may go without saying that forgiveness may be problematic in certain cases – forgiving a spouse who is regularly physically abusive, for example, would likely lead to continued physical abuse. However, recent work by McNulty (2011) suggests that in the context of romantic relationships, habitual forgiveness can lead to the maintenance and potential worsening of psychological aggression as well. Thus, it is careful to consider whether forgiveness is an appropriate recommendation for a given individual in a given situation. In particular, practitioners should consider whether there is the potential for forgiveness to prolong a negative behavior. It is less likely, for example, that forgiving someone for a single long-past transgression can backfire in this way; adopting a general

policy of forgiveness in a relationship, however, has the potential to cause interpersonal problems.

Social Connections – Two branches of research aim to strengthen social connections through positive processes. The first involves acts of kindness, i.e. engaging in altruistic behaviors towards others. Dunn, Aknin and Norton (2008) report that spending money on others leads to boosts in happiness, and this effect holds up when studied cross-sectionally, longitudinally, and in an experimental manipulation. More recent evidence even suggests that this finding extends across data from 136 different countries (Aknin et al., 2011). Lyubomirsky, Sheldon and Schkade (2005) demonstrated that engaging in deliberate acts of kindness leads to increased well-being, with one caveat: it must be done in such a way that exceeds the individual's normal propensity to be kind. Specifically, engaging in an act of kindness per day for a week does not lead to well-being benefits, but engaging in five acts of kindness in a single day does (Lyubomirsky, Sheldon & Schkade, 2005). Interestingly, it appears that one can benefit from paying extra attention to the kind acts one has committed without any deliberate efforts to engage in *more* kind acts (Otake et al., 2006). However, these two strategies have not been compared directly, so it is unclear what percentage of the effectiveness of an "acts of kindness" intervention is due to shifts in attention (i.e. *awareness* of one's kind acts) versus shifts in behavior. Furthermore, there has been little effort to standardize acts of kindness interventions, or to systematically examine the impact of key variables such as the target of the intervention (a stranger vs. an acquaintance vs. a close other) or whether the act is credited or anonymous. The extent to which these variables matter for "acts of kindness" interventions remains to be seen.

A second branch of research is based on two studies demonstrating that close relationships are more satisfied and long-lived if couples are able to jointly revel in good news (Gable, Reis, Impett & Asher, 2004). Specifically, they found that the most successful couples were those who responded both actively (with interest and engagement) and constructively (encouraging celebration, responding supportively) to good news when it is shared. For example, in response to one's significant other receiving promotion, one might say, concerned for the relationship, "Well, with your busier schedule I guess I'm going to see even less of you now." – this would be an active-destructive response, and this type of response is predictive of poor outcomes in relationships. Instead, however, one might focus on the spouse's visible excitement and mirror that excitement, highlighting the way the spouse worked hard to earn the promotion, sharing the news with friends and family members, and so on. Couples that respond to each other in this way report higher relationship satisfaction and are more likely to stay together over time.

Seligman, Rashid and Parks (2006)'s Group PPT intervention included an activity based on this research finding; clients attempted to respond more actively and constructively to people in their lives. While anecdotal responses suggest that this was a helpful activity for some, because Group PPT is a series of activities, it is difficult to isolate the relative contribution of any one exercise to efficacy. Unfortunately, no published studies to date have looked at this activity on its own. However, informal data analyses and anecdotal observations from the first author suggest that active-constructive responding may be subject to what Parks et al. (in press) refer to as "degradation." In other words, active-constructive responding may be too complex to teach via simple

written instructions (as many positive interventions are), and as a result, it may lose its potency when it is implemented in the real world. Further research should examine the efficacy of active-constructive responding as a sole activity, and should disentangle the relative importance of hands-on instruction (as opposed to brief written instructions) for its efficacy.

Meaning – Prevailing theories about meaning posit that people derive a sense of meaning by forming a coherent narrative about their lives (Pennebaker & Seagal, 1999). Thus, it makes sense that the majority of meaning interventions involve writing. Seminal studies on meaning-making involve personal narratives of traumatic or stressful life events, but more recently, research has begun to examine the formation of narratives around positive life events, and in particular, events that one expects to occur in the future. King (2001) instructed people to write about their "best possible self" – a future version themselves who has turned out according to their highest hopes and aspirations – for 20 minutes a day over the course of 4 days. Seligman, Rashid & Parks (2006) used a similar activity, which they call the "Life Summary," wherein participants write a 1-2 page essay describing their life as they hope to have lived it; as part of the activity, participants are also instructed to consider the ways that they are and are not actively progressing towards the long-term goals described in the essay. Subsequent work by Sheldon & Lyubomirsky (2006) suggests that the benefits of imagining one's positive future are not limited to writing. They asked participants to *think* about their best possible selves at least twice a week and found that doing so was also beneficial.

It is worth mentioning, however, that the first author has encountered a handful of cases where writing about a positive future for oneself has been unpleasant for

participants; in particular, relatively anxious students have sometimes reported that trying to imagine their future made them *more* anxious (keep in mind, though, that these are college students, whose futures are quite uncertain; it may be that anxious responses are an artifact of the age group the activity has been tested in). We have also found that more depressed students can find the activity depressing – one student said, in a debriefing with me: "None of this is ever going to happen. What's the point in writing about it?" Anecdotal evidence suggests, then, that meaning-oriented activities may be a better fit for relatively high-functioning clients, or for clients who have been in therapy for some time; in clinical populations, one should approach the process of building a life narrative of one's future with caution.

Interestingly, whereas speaking and writing analytically about past negative life events leads to improvements in physical health and well-being, the opposite may be true for positive life events – Lyubomirsky, Sousa and Dickerhoof (2006) found that participants who wrote about a past positive event reported *lower* satisfaction with life when compared with a control group. Their findings suggest that, when it comes to life's high points, it's best not to overthink things.

Savoring – Savoring is characterized by the deliberate act of deriving pleasure from an experience. In savoring activities, one attends fully to an experience without preoccupation or distraction ("absorption"), and focuses on the positive aspects of that experience. Typically, savoring activities are brief – just a few minutes at a time – but are nevertheless quite potent sources of positive emotion. Indeed, a consistent practice of savoring experiences is predictive of optimism, life satisfaction, and fewer depressive symptoms (Bryant, 2003).

The prototypical example of a savoring experience involves food – for example, Kabat-Zinn's famous raisin-savoring exercise, wherein the individual focuses on each individual feature of the raisin in turn. This technique is called "sharpening perceptions," and can be combined with absorption to savor any sensory experience: gustatory (e.g. food), visual (e.g. art or a beautiful sunset), tactile (e.g. a massage or a hot bath), olfactory (e.g. the smell of a complex wine), auditory (e.g. music), or any combination of these (Bryant & Veroff, 2007). When the first author directed a group of students through a savoring activity, for example, she used cups of hot chocolate with whipped cream, chocolate shavings, and a wafer from a nearby gourmet chocolatier. Students smelled the hot chocolate, felt the warmth in their hands, then tried each component in turn – the whipped cream, the chocolate shavings, the wafer, and the hot chocolate. They let each sit in their mouth, exploring the texture and the taste, before chewing (as appropriate), then swallowing. They then began experimenting with different combinations of the components, eventually building to a combination of all four. Having tried each component separately, they were able to fully experience the hot chocolate, tasting each individual aspect and enjoying the interplay between them. The entire process took only a few minutes, but as a group, we (the first author and the students) found it to be a very potent experience – one that was amplified by the fact that we shared it together.

Savoring can be applied to non-sensory experiences as well. One can savor a present moment via "memory-building" – taking photographs, for example. These types of activities bring one's attention to the transience of a present experience, and lead to better savoring of that experience (Kurtz & Lyubomirsky, in press). Memory-building also paves the way for "reminiscence," which is savoring one's memory of a past

experience (Bryant, Smart & King, 2005). Whereas memory-building is a technique for promoting enjoyment in the moment, reminiscence is a more cognitive activity, characterized by the use of imagery as one remembers a valued past experience in as much detail as possible. Several published studies have found that deliberately reminiscing more often leads to improvements in depressive and anxious symptoms, as well as increasing positive affect, and life satisfaction, particularly among older populations (Bryant, Smart & King, 2005).

Empathy – Empathy has not received much attention from positive psychology proper, but it is, we believe, an important construct with several successful interventions designed to increase it. Empathy is important because it drives people to help others. By reducing the perceived "distance" between you and your neighbor[6] ("self-other overlap"), your sense of empathic concern makes you feel like your neighbor's problems are your problems, too (Davis, Conklin, Smith & Luce, 1996). This makes you more likely to help your neighbor, and also makes you more interested in helping other people you might group together with your neighbor (Batson, Chang, Orr & Rowland, 2002).

While empathy is often a component of forgiveness interventions (see above), we focus in this section on interventions designed to cultivate empathy in its own right. Empathy interventions have successfully been applied in a variety of contexts, ranging from loved ones (romantic partners, parents and children) to the people one encounters in day-to-day life (patients, for example, if one is a doctor), to members of an outgroup (other race, socioeconomic status, religion, etc) – see Hodges, Clark and Myers (2011) for an up-to-date review. In all cases, empathy interventions have the same basic

---

[6] Or whoever.

objective: to increase an individual's ability to take on the perspective of the other person.

Myers and Hodges (in press) present a model activity for inducing individuals to take the perspective of someone else – in this case, a member of an outgroup. Participants read a paragraph about a 24-year-old homeless man, and are instructed to "imagine what the person thinks and feels about what has happened to him and how it has affected his life." In short, they are asked to focus on imagining the emotional experiences of the other person. It is worth noting that the prompt explicitly asks people to imagine the experience of the other; it does *not* ask them to imagine how they would feel if they were in the same situation. While not found in all studies (Davis et al., 1996), there is some evidence that attempting to put oneself in the shoes of another person (as opposed to imagining their plight from a distance) can evoke anxiety, and that anxiety can reduce the likelihood that empathy will result in prosocial behavior (Hodges, Clark & Myers, 2011).

"Packaged" positive interventions. Thus far, we have emphasized research wherein participants use a single activity. This type of study, while ideal from an experimental design standpoint, is not representative of how such activities are actually used by individuals and by practitioners. Parks et al. (in press), for example, found that happiness seekers pursuing happiness on their own (i.e. without being instructed by an experimenter to do anything in particular) report practicing 7-8 activities at a time. Furthermore, they found that when happiness seekers are offered a variety of activities to choose from, those who practiced a wider variety of activities experienced the largest mood benefits. In short, there is no evidence that anyone in the real world picks a single activity and practices it in isolation, and there is also no evidence that doing so is

"optimal" in terms of effectiveness. Research examining "packages" of activities, then, is also worthy of attention.

Some of the earliest positive intervention research used a "packaged" intervention design. Fordyce (1977), for example, gave young adults a set of 14 happiness techniques and asked them to practice as many of these activities as possible every day for two weeks. He found that, a year later, these participants were significantly happier than a control group (Fordyce, 1983). This study contains one of the most realistic happiness intervention ever tested, and it was one of the first to demonstrate that happiness can be increased in a way that is not fleeting. More recently, Parks at al. (in press) used a similar "free choice" design with two modifications: the activities used were empirically derived, and the activities were administered using smartphone technology. Because of their broad-strokes nature, it is difficult to draw conclusions from either study beyond the general sentiment that the activities lead to increased happiness. However, given that both studies mimic real-world practice, that is certainly a worthwhile findings.

An alternative "packaged" happiness intervention design requires participants to try each activity for a week, one activity at a time, and *then* select which activities to keep using (Seligman, Rashid & Parks, 2006; Schueller & Parks, in press). While this design does have pitfalls – if all participants use every activity in a set, it is difficult to tell which activities are responsible for change – there are other ways in which the design is ideal. For example, while it is difficult to ask questions of person-activity fit at the level of the individual activity using a "package" design, other questions of fit – i.e. whether preference for Activity A predicts preference for Activity B vs. Activity C – can only be

answered using a design where the same people practice multiple activities (Schueller, 2010).

Research on "packaged" interventions, then, isn't a *replacement* for single-activity designs – but a worthy complement.

Future Directions

Thus far, we have provided an overview of existing positive interventions. We turn, now, to some important issues that we hope to see the field tackle in the coming years.

Alternate outcomes. One of the preliminary steps in establishing positive psychology as an empirically based endeavor was to include prominent scholars with scientific acumen and well-regarded reputations (Seligman & Csikszentimihaly, 2000). Among these early "recruits" were pioneering members of the positive psychology steering committee including Mihalyi Csikszentimihaly and Ed Diener. Although certainly unintended, one consequence of aligning so heavily with well-being researchers is the fact that happiness-related constructs became the de facto outcome measures for positive psychology (Biswas-Diener, 2011). In fact, early steering committee discussions explicitly addressed the extent to which happiness can be viewed as the "ultimate outcome measure" (Seligman, 2000, personal communication). While personal well-being is a worthy goal for both policy and intervention, we argue that it is disproportionately valued in positive psychological research over other worthwhile outcome measures. For example, Biswas-Diener and colleagues (2011) argue that happiness is an individualistic concern, and that researchers who confine their attention to happiness as an outcome overlook more group-level outcomes such as trust, friendship,

and feelings of connectedness. While those scholars most associated with happiness research advocate a similarly broad understanding of positive psychology outcomes (e.g. Diener & Diener, 2011), it is rare to see measures that are not explicitly focused on the individual represented in positive intervention research.

More nuanced research designs. As we have alluded to earlier on, positive interventions, as they are studied in the laboratory, arguably bear little resemblance to those used by people in the real world. Most research studies ask participants to practice a single activity in the exact same way over the course of some time period at the exclusion of other activities (Sin & Lyubomirsky, 2009). However, in practice, happiness seekers practice multiple activities simultaneously, and they intentionally vary the ways in which they practice each activity in order to prevent boredom (Parks et al., in press). Worse, in limiting participants to one activity at a time, it is possible that researchers are actually undermining the effectiveness of that activity; Parks et al. (in press) report that practicing a variety of activities predicts better outcomes than using a single activity, even if level of overall effort is roughly equal. These differences from real-world practice are a problem, then, not only from a conceptual standpoint, but from a practical one as well; by using the same activity repeatedly without variation (adapting to it), and by using only one activity at a time (missing out on the benefits of variety), participants may actually be prevented from benefitting fully.

Standards for implementation: Doing harm? One of the strengths of the definition of positive interventions we are proposing is that it demands some sort of evidence, theoretical or otherwise, that an activity will be beneficial to the individual to whom it is being offered. This is, to our knowledge, the first proposal of its kind, but it's an essential

one, in our view. In our experience talking with both researchers and practitioners in positive psychology, we have found that the prevailing sentiment is that positive interventions are very unlikely to cause harm, particularly when used in normative, rather than clinical ("more high-risk") populations. However, recent research is beginning to show that this is an unrealistic viewpoint. Now that the field is beginning to build a substantial repertoire of interventions that we believe to be effective, we must turn to the question of how these interventions can be implemented responsibly.

Evidence already exists that certain activities work better than others for a given individual (Schueller, 2010). Happiness seekers are not homogenous in terms of their initial levels of happiness and depressive symptoms (Parks et al., in press), nor in terms of their motivation and interest in becoming happier (Lyubomirsky et al., 2011), and so it is inappropriate to assume that a particular activity can be "universally" effective. Individual differences matter, not only for outcome (Sergeant & Mongrain, 2011), but for the likelihood that an individual will use activities in the first place (Sheldon & Lyubomirsky, 2006). In addition to the handful of published studies discussed above, the first author participated in a recent discussion on the FRIENDS-OF-PP listserv in which several members told stories of positive interventions "backfiring" with certain clients. It happens – we just don't know the full extent of when, and for whom, it happens.

On a broader scale, we propose that caution is necessary in how we approach efforts to increase happiness in general. Recent work by Mauss et al. (2011) suggests that holding happiness as a goal makes it more difficult to achieve that goal – by telling oneself that one "should" be happy, one is more easily disappointed by one's own emotional experiences. Work by Louis (2011), mentioned above, highlights the

importance of how *the exact same activity* – in this case, taking a strengths assessment and using that assessment to modify one's behavior – is presented to and interpreted by clients. Something as simple as the wording of an activity's prompt can make all the difference between the activity is helpful or harmful.

In short, while the evidence seems clear that individual differences matter, we do not have a great sense of how to use this information in practice. It is our hope that the recent wave of positive intervention research tackling these questions is a trend that will maintain its momentum.

How Are Positive Interventions Distinct from Acceptance-Based Approaches?

In this chapter, we have proposed a new, integrative definition of positive interventions. We have also provided a broad review of existing positive interventions. It is our hope that in doing so, we have clarified what a positive intervention is (and is not). However, we have not yet addressed the question with which we began the chapter: how are positive interventions distinct from acceptance-based approaches? As we see it, there are three key distinctions. First, whereas acceptance-based approaches revolve around engaging in every experience, positive or negative, with the goal of achieving a balanced experience, positive interventions almost exclusively emphasize positive experiences with the assumption that positive experiences are often overshadowed by negative experiences (Baumeister, Bratslavsky, Finkenauer & Vohs, 2001). We base on our approach on work suggesting that individuals function best when the number of positive interactions they experience outweighs the number of negative interactions (Driver & Gottman, 2004; Fredrickson & Losada, 2005).

Second, whereas acceptance-based approaches posit that individuals should not try and change their experiences, but rather accept their experience without judgment, positive interventions revolve around the identification and amplification of positive experiences, and sometimes even the creation of new positive experiences. In other words, a positive intervention aims to *replace* negative experiences with positive ones, while an acceptance-based approach makes no attempt to change a client's experience. Third, whereas acceptance-based approaches assume that problems must be engaged with, positive interventions operate under the assumption that positive factors make negative factors less salient, urgent, and important to individuals (Seligman, Rashid & Parks, 2006).

This is not to say that there are no commonalities between acceptance-based approaches and positive interventions. In fact, we would argue that Acceptance and Commitment Therapy (ACT) and positive interventions have an important conceptual commonality: self-determination theory (Ryan & Deci, 2000). Both approaches acknowledge that both positive and negative emotions play important roles in psychological functioning; despite its reputation as "happyology," positive psychology regularly acknowledges that unfettered positive emotion without negative emotion as an anchor can be quite problematic (i.e. mania). Both approaches aim to help clients pursue their goals in a way that is authentic and self-driven; the techniques differ, but the goals are the same. Nevertheless, we think it is safe to say that positive interventions are, indeed, an approach to improving peoples' lives that is distinct from acceptance-based approaches – both theoretically, and practically.

Conclusions

In this chapter, we provided a new definition of a positive intervention: an activity that successfully increases some positive variable, and that can be reasonably and ethically applied in whatever context it is being used. We presented evidence that there exist positive interventions targeting a variety of constructs, and each has at least preliminary evidence of effectiveness, broadly construed. We also argued that caution is warranted when putting positive interventions into real-world practice; we know some of these activities can "backfire," but do not yet understand when, how, and for what activities this occurs. Finally, we argue that positive interventions are distinctive from other psychological approaches in general, and from ACT in particular

References

Aknin, L., Barrington-Leigh, C., Dunn, E., Helliwell, J., Biswas-Diener, R., Kemeza, I., Nyende, P., Ashton-James, C., Norton, M. (in press). Prosocial spending and well-being: Cross-cultural evidence for a psychological universal. To appear in *Journal of Personality and Social Psychology*.

Angera, J. J., & Long, E. C. J. (2006). Qualitative and quantitative evaluations of an empathy training program for couples in marriage and romantic relationships. *Journal of Couple and Relationship Therapy, 5*, 1-26.

Baskin, T. & Enright, R.D. (2004). Intervention studies on forgiveness: A meta-analysis. *Journal of Counseling and Development, 82,* 79-90.

Batson, C.D., Chang, J., Orr, R. & Rowland, J. (2002). Empathy, attitudes, and action: Can feeling for a member of a stigmatized group motivate one to help the group? *Personality and Social Psychology Bulletin, 28,* 1656-1666.

Baumeister, R.F., Bratslavsky, E., Finkenauer, C. & Vohs, K.D. (2001). Bad is stronger than good. *Review of General Psychology, 5,* 323-370.

Berntson, G. G. & Cacioppo, J. T. (2004). Heart rate variability: Stress and psychiatric conditions. In Malik, M. & Camm, A. J. Dynamic Electrocardiography. (pp. 57-64) New York: Blackwell/Futura.

Biswas-Diener, R. (2011). Editor's foreword. In R. Biswas-Diener (Ed.), *Positive psychology as social change*. Dordrecht, Netherlands: Springer Press.

Biswas-Diener, R., Kashdan, T.B., & Minhas, G. (2011). A dynamic approach to psychological strength development and intervention. *Journal of Positive Psychology, 6,* 106-118.

Biswas-Diener, R., Linley, P. A., Givindji, R. & Woolston, L. (2011). Positive psychology as a force for social change. In Sheldon, K., Kashdan, T. & Steger, M. (Eds), *Designing positive psychology: Taking stock and moving forward* (410-419). New York: Oxford University Press.

Bonanno, G.A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59,* 20-28.

Bryant, F. B. (2003). Savoring Beliefs Inventory (SBI): A scale for measuring beliefs about savouring. Journal of Mental Health, 12, 175-196.

Bryant, F. B., & Veroff, J. (2007). *Savoring: A new model of positive experience.* Mahwah, NJ: Lawrence Erlbaum Associates.

Bryant, F. B., Smart, C. M., & King, S. P. (2005). Using the past to enhance the present: Boosting happiness through positive reminiscence. *Journal of Happiness Studies, 6,* 227-260.

Davis, M.H., Conklin, L., Smith, A., & Luce, C. (1996). Effect of perspective taking on the cognitive representation of persons: A merging of self and other. *Journal of Personality and Social Psychology, 70,* 713-726.

Diener, E. & Diener, C. (2011). Monitoring psychosocial prosperity for social change. In R. Biswas-Diener (Ed.), *Positive psychology as social change*, (53-72). Dordrecht, Netherlands: Springer Press.

Driver, J.L. & Gottman, J.M. (2004). Daily marital interactions and positive affect during marital conflict among newlywed couples. *Family Processes, 43,* 301-314.

Dunn, E. W., Aknin, L. B., & Norton, M. I. (2008). Spending money on others promotes happiness. *Science, 319,* 1687-1688.

Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology, 84,* 377-389.

Fordyce, M. W. (1977). Development of a program to increase personal happiness. *Journal of Counseling Psychology, 24*, 511-521.

Fordyce, M. W. (1983). A program to increase happiness: Further studies. *Journal of Counseling Psychology, 30*, 483-498.

Fredrickson, B.L. & Losada, M.F. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist, 60,* 678-686.

Gable, S. L., Reis, H. T., Asher, E. R., & Impett, E. A. (2004). What do you do when things go right? The intrapersonal and interpersonal benefits of sharing positive events. *Journal of Personality and Social Psychology, 87,* 228-245.

The Gallup Organization. (1999). *Clifton StrengthsFinder*. Washington, DC: Author.

Grant, H., & Dweck, C.S. (2003). Clarifying achievement goals and their impact. *Journal of Personality and Social Psychology, 85*, 541–553.

Haidt, J. (2002). It's more fun to work on strengths than weaknesses (but it may not be better for you). Manuscript retrieved from http://people.virginia.edu/~jdh6n/**strengths**_analysis.doc

Hodges, S. D., Clark, B., & Myers, M. W. (2011). Better living through perspective taking. In R. Biswas-Diener (Ed.), *Positive psychology as a mechanism for social change* (pp. 193-218). Dordrecht, Netherlands: Springer Press.

Hook, J.N., Worthington, E.L., Jr., & Utsey, S.O. (2009). Collectivism, forgiveness, and social harmony. *The Counseling Psychologist, 37*, 786-820.

Kahler, C.W., Spillane, N.S., Clerkin, E., Brown, R.A., & Parks, A. (2011, July). *Development of positive psychotherapy for smoking cessation*. Paper presented at the Second World Congress on Positive Psychology, Philadelphia, PA.

King, L.A. (2001). The health benefits of writing about life goals. *Personality and Social Psychology Bulletin, 27,* 798-807.

Kurtz, J.L. & Lyubomirsky, S. (in press). Using mindful photography to increase positive emotion and appreciation. To appear in J.J. Froh & A.C. Parks (Eds.), *Activities for Teaching Positive Psychology: A Guide for Instructors.* Washington, DC: American Psychological Association Press.

Louis, M. (2011). Strengths interventions in higher education: Effects on implicit self-theory. *Journal of Positive Psychology, 6,* 204-215.

Lundahl, B.W., Taylor, M.J., Stevenson, R. & Roberts, K.D. (2008). Process-based forgiveness interventions: A meta-analysis. *Research on Social Work Practice, 18,* 465-478.

Lyubomirsky, S., Dickerhoof, R., Boehm, J. K., & Sheldon, K. M. (2011). Becoming happier takes both a will and a proper way: An experimental longitudinal intervention to boost well-being. *Emotion, 11,* 391-402.

Lyubomirsky, S., Sheldon, K. M., & Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change. *Review of General Psychology, 9,* 111-131.

Lyubomirsky, S., Sousa, L., & Dickerhoof, R. (2006). The costs and benefits of writing, talking, and thinking about life's triumphs and defeats. *Journal of Personality and Social Psychology, 90,* 692-708.

Mauss, I. B., Tamir, M., Anderson, C. L., & Savino, N. (2011). Can seeking happiness make people unhappy? Paradoxical effects of valuing happiness. *Emotion, 11,* 767.

McCullough, M.E., Root, L.M., & Cohen, A.D. (2006). Writing about the benefits of an interpersonal transgression facilitates forgiveness. *Journal of Consulting and Clinical Psychology, 74,* 887-897.

McNulty, J.K. (2011). The dark side of forgiveness: The tendency to forgive predicts continued psychological and physical aggression in marriage. *Personality and Social Psychology Bulletin, 37,* 770-783.

Meyer, P., Johnson, D., Parks, A.C., Iwanski, C., & Penn, D.L. (in press). Positive living: A pilot study of group positive psychotherapy for people with severe mental illness. To appear in the *Journal of Positive Psychology.*

Myers, M.M. & Hodges, S.D. (in press). Perspective taking and pro-social behavior: Caring for others like we care for the self. To appear in J.J. Froh & A.C. Parks (Eds), *Activities for Teaching Positive Psychology: A Practical Guide for Instructors.* Washington, DC: American Psychological Association Press.

Otake, K., Shimai, S., Tanaka-Matsumi, J., Otsui, K., & Fredrickson, B. L. (2006). Happy people become happier through kindness: A counting kindnesses intervention. *Journal of Happiness Studies, 7,* 361-375.

Park, N., & Peterson, C. (2006a). Character strengths and happiness among young

children: Content analysis of parental descriptions. *Journal of Happiness Studies, 7,* 323-341.

Parks, A.C., Della Porta, M.D., Pierce, R.S., Zilca, R., & Lyubomirsky, S. (in press). Pursuing happiness in everyday life: A naturalistic investigation of online happiness seekers. To appear in *Emotion*.

Parks, A.C., Schueller, S. & Tasimi, A. (in press). Increasing happiness in the general population: Empirically Supported Self-Help? To appear in I. Boniwell & S. David (Eds.), *Oxford Handbook of Happiness*. Oxford: Oxford University Press.

Parks, A.C. & Seligman, M.E.P. (2007). 8-Week Group Positive Psychotherapy (PPT) manual, Version 2. Manual is available freely by email request.

Pennebaker, J.W. & Seagal, J.D. (1999). Forming a story: The health benefits of narrative. *Journal of Clinical Psychology, 55,* 1243-1254.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification.* New York: Oxford University Press.

Rashid, T. & Anjum, A. (2007). Positive psychotherapy for children and adolescents. In J.R.Z. Abela & B.L. Hankin (Eds.). *Depression in Children and Adolescents: Causes, Treatment and Prevention.* Guilford Press: New York.

Rashid, T. & Seligman, M.E.P. (in press). Positive psychotherapy: A treatment manual. New York: Oxford University Press.

Schueller, S. M. (2010). Preferences for positive psychology exercises. *The Journal of Positive Psychology, 5*, 192-203.

Schueller, S.M. & Parks, A.C. (in press). Disseminating self-help: Positive psychology exercises in an online trial. To appear in the *Journal of Medical Internet Research*.

Schwartz, B. & Hill, K. E. (2006). Practical wisdom: Aristotle meets positive psychology. *Journal of Happiness Studies, 7,* 377–395.

Seligman, M. E. P. (July, 2000). Personal communication during the 2000 annual positive psychology steering committee meeting in Oahu, HI. In attendance: Robert Biswas-Diener, Mihalyi Csikszentimihaly, Ed Diener, Martin Seligman and George Vaillant.

Seligman, M.E.P. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55,* 5-14.

Seligman, M.E.P., Parks, A.C. & Steen, T. (2005). A balanced psychology and a full life. In F. Huppert, N. Baylis, & B. Keverne (Eds.), *The science of well-being* (pp. 275-283). New York: Oxford University Press.

Sergeant, S., and Mongrain, M. (2011). Are positive psychology exercises helpful for people with depressive personality styles? *The Journal of Positive Psychology, 6* (4), 260-272

Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy, *American Psychologist, 61,* 774-788.

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60,* 410-421.

Sheldon, K. M., & Lyubomirsky, S. (2006). How to increase and sustain positive

emotion: The effects of expressing gratitude and visualizing best possible selves.

Journal of Positive Psychology, 1, 73-82.

Sin, N. L., Della Porta, M. D., & Lyubomirsky, S. (2011). Tailoring positive psychology

interventions to treat depressed individuals. In S. I. Donaldson, M.

Csikszentmihalyi, & J. Nakamura (Eds.), *Applied positive psychology: Improving*

everyday life, health, schools, work, and society(pp. 79-96). New York: Routledge.

Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive

symptoms with positive psychology interventions: A practice-friendly meta-

analysis. *Journal of Clinical Psychology: In Session, 65,* 467-487.

Task Force on Promotion and Dissemination of Psychological Procedures (1995).

Training in and dissemination of empirically validated treatments: Report and

recommendations. *The Clinical Psychologist, 48*(1), 3 - 23.

Wood, A. M., Froh, J. J, & Geraghty, A. W. A. (2010). Gratitude and well-being: A

review and theoretical integration. *Clinical Psychology Review, 30,* 890-905.

Worthington, E.L., Jr. (2006). *The path to forgiveness: Six practical sessions for*

becoming a more forgiving person. Unpublished manual, available online at

http://www.people.vcu.edu/~eworth/

Worthington, E. L. Jr., Witvliet, C.V.O., Pietrini, P., & Miller, A.J. (2007). Forgiveness,

health, and well-being: A review of evidence for emotional versus decisional

forgiveness, dispositional forgivingness, and reduced unforgiveness. *Journal of*

Behavioral Medicine, 30, 291-302.