Positive Psychology to Overcome Stress and Improve Mental Health

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Abstract— Positive Psychology is essentially the science of what makes us happy and well as opposed to what makes us ill and stressed. It's become an important and growing field of psychological research and practice over the last 10 to 20 years,

Stress is just a part of life, and the more we understand it and how we respond to it, the better our chances of neutralizing it. There are many ways to cope with stress, though one thing we don't typically think of when dealing with a troubling or distressing situation is positive emotions.

When difficulty emerges we probably don't even consider that positivity is appropriate, but research is revealing that people do experience positive emotions during the stress response, and that it can be a valuable function to cope with stress.

Mental health professionals make a living dealing with psychological ills that can cripple: Depression and delusions, phobias and obsessions. In the past, they paid little attention to positive emotions and personal strengths such as happiness and optimism, love and resilience.

Positive psychology complements rather than replaces traditional therapy, in which goals include knowing yourself better, easing emotional pain and confusion, and developing better ways of coping. While you work to reduce unhealthy thoughts or behaviours, why not try building happiness as well? As researchers noted in the Annual Review of Clinical Psychology, "Troubled persons want more satisfaction, contentment, and joy, not just less sadness and worry." In addition to "fixing what's wrong," the researchers say, professionals could help "build what's strong." With encouragement, even people who are clinically depressed can still form healthy relationships and feel a sense of accomplishment.

Index Terms— positive psychology, Stress, depression, mental health.

1 INTRODUCTION

Positive Psychology is a newer and increasingly popular branch of psychology that seeks to focus not on pathology, but on what contributes to human happiness and emotional health. It focuses on strengths, virtues, and factors that help people thrive and achieve a sense of fulfillment, as well as more effectively manage stress.

The World Health Organisation (WHO) declares that health is "*A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity* ". However, creating health-oriented rather than illness-oriented services has proved rather more difficult than the clarity of this declaration would suggest.

Efforts to generate a science of illness have been very successful, with shared taxonomies to identify types of illness, established and validated interventions to treat and manage these identified illnesses, and clinical guidelines and quality standards available to increase efficiency and equity. These successes have not been mirrored by equivalent advances in applying the science of well-being within health services. The typical health worker will know a lot about treating illness, and far less about promoting well-being.

In this article we use mental health services as an exemplar of the issue, and explore how mental health services could more effectively promote well-being. Our central argument is that mental health workers will need new approaches to assessment and treatment if the goal is promoting well-being rather than treating illness. Well-being is becoming a central focus of international policy, *e.g.* Canada and the United Kingdom . In the same way that tertiary prevention is an important health promotion strategy, well-being is possible for people experiencing mental illness.

We will discuss two new emerging areas of knowledge which are highly complementary, and provide a counter-balance to the traditional focus of mental health services on deficit amelioration. We will identify how they link (and differ), and then explore their implications for mental health workers.

Specifically, we will argue that assessment and treatment of the individual will need to change if the goal is promoting well-being rather than treating illness, and that there are also broader challenges for mental health professionals to become more outward-looking in their view of their role, and to construct their job as more than working with individuals.

We will conclude that a focus on improving social inclusion, becoming social activists who challenge stigma and discrimination, and promoting societal well-being may need to become the norm rather than the exception for mental health professionals in the 21st Century.

Mental health therapists in the past dealt mostly with psychological diseases and the health issues that came from it. Their focus was less on individual factors like motivation, positive thinking, happiness, and emotional resilience, and more on the manifested symptoms of mental illness.

George Vaillant, a pioneer in the field of positive psychology, said that old literary works on psychiatry and mental health have a myriad of discussions on anxiety, depression, stress, anger, and fear, and almost nothing about affection, compassion, and forgiveness (Vaillant, 2009). But this is all a matter of the past now.

With the advent of the science of happiness, or positive psychology, a significant shift in the focus of mental health research and practice has been noticed. Positive psychology has opened a new way of looking into problems. It recognizes happiness and well-being as an 'essential human skill' (Davidson).

As a composite of clinical psychology, positive science helps in understanding how we can work on enhancing our internal

capabilities and make the best of our present. Rather than focusing on symptomatic therapy and treatment, positive psychology centers around emotional stability, expectation management, and fruitful thinking, which is why it is referred to as the 'study of ordinary strengths and virtues' (APA, 2001).
Positive psychology goes hand in hand with traditional mental health interventions. In this article, we will explore the semblance and the association between positive psychology and mental health and discuss how the combination of both is essential for the successful outcome of any psychiatric disorder.

2 POSITIVE PSYCHOLOGY

Positive psychology is the science of what is needed for a good life. This is not a new focus - proposing qualities needed for a good life is an activity dating back to Aristotle's investigation of *eudaimonia*, and builds on seminal work in the last Century by Antonovsky , Rogers and Maslow . But the emergence of a scientific discipline in this area is a modern phenomenon. Martin Seligman, often identified along with Mihaly Csikszentmihalyi as the founders of the discipline, suggests a definition :
The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present).
At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom.
At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic.
One key advance is in relation to empirical investigation of mental health. A conceptual framework is provided by the Complete State Model of Mental Health, proposed by Corey keyes,
This model identifies two dimensions. Mental illness lies on a spectrum, from absent to present. Well-being also lies on a spectrum, from low to high.
This conceptual framework easily maps on to the themes emerging in the recovery literature. A perennial question about recovery is "How can you be recovered if you still have the mental illness?". Whatever answers are given, they can be only partial answers since the term recovery is an illness term. By contrast, access to mental health is open to all. This provides an alternative frame of understanding for recovery :
Personal recovery involves working towards better mental health, regardless of the presence of mental illness
People with mental illness who are in recovery are those who are actively engaged in working away from Floundering (through hope-supporting relationships) and Languishing (by developing a positive identity), and towards Struggling (through Framing and self-managing the mental illness) and Flourishing (by developing valued social roles).
This concept of mental health has been operationalised into 13 dimensions, across the domains of emotional well-being, psychological well-being and social well-being . These dimensions have been empirically validated .
Like mental illness, the concept of mental health can be expressed as a constellation of factors. Using the same diagnostic framework as DSM uses for major depression, the condition of Flourishing is defined as requiring high levels in Dimensions 1 (Positive affect) or 2 (Avowed quality of life) to be present, along with high levels on at least 6 of the 11 dimensions of positive functioning (Dimensions 3 to 13). Similarly, to be diagnosed as Languishing, individuals must exhibit low levels on one of the emotional well-being dimensions, and low levels on 6 of the remaining 11 dimensions. Adults who are neither flourishing nor languishing are said to be moderately mentally healthy. Finally, complete mental health is defined as the absence of mental illness and the presence of flourishing.
People personally affected by mental illness have become increasingly vocal in communicating both what their life is like with the mental illness and what helps in moving beyond the role of a patient with mental illness. Early accounts were written by individual pioneers . These brave, and sometimes oppositional and challenging, voices provide ecologically valid pointers to what recovery looks and feels like from the inside. Once individual stories were more visible, compilations and syntheses of these accounts began to emerge from around the (especially Anglophone) world, *e.g.* from Australia , New Zealand , Scotland , the USA and England . The understanding of recovery which has emerged from these accounts emphasises the centrality of hope, identity, meaning and personal responsibility.
We will refer to this consumer-based understanding of recovery as personal recovery, to reflect its individually defined and experienced nature . This contrasts with traditional clinical imperatives - which we will refer to as clinical recovery- which emphasise the invariant importance of symptomatology, social functioning, relapse prevention and risk management. To note, this distinction has been referred to by other writers as recovery "from" versus recovery "in" ; clinical recovery versus social recovery ; scientific versus consumer models of recovery ; and service-based recovery versus user-based recovery .
Opinions in the consumer literature about recovery are wide-ranging, and cannot be uniformly characterised. This multiplicity of perspectives in itself has a lesson for mental health services - no one approach works for, or 'fits', everyone. There is no right way for a person to recover. Eliciting idiographic knowledge - understanding of subjective phenomema - is an important clinical skill. Nonetheless, some themes emerge. A first clear point of divergence from the clinical perspective is that recovery is seen as a journey into life, not an outcome to be arrived at: "*recovery is not about 'getting rid' of problems. It is about seeing people beyond their problems - their abilities, possibilities, interests and dreams - and recovering the social roles and relationships that give life value and meaning* " .
Many definitions of recovery have been proposed by those who are experiencing it . We will use the most widely-cited definition that "*recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows be-*

yond the catastrophic effects of mental illness " . It is consistent with the less widely-cited but more succinct definition that recovery involves "*the establishment of a fulfilling, meaningful life and a positive sense of identity founded on hopefulness and self determination* " .

One implication of these definitions is that personal recovery is an individual process. Just as there is no one right way to do or experience recovery, so also what helps an individual at one time in their life may not help them at another. If mental health services are to be focussed on promoting personal recovery, then this means there cannot be a single recovery model for services. This is a profound point, and challenging to established concepts such as clinical guidelines, evidence-based practice and care pathways. A recurring feature in recovery narratives is the individual engaging or re-engaging in their life, on the basis of their own goals and strengths, and finding meaning and purpose through constructing or reclaiming a valued identity and social roles. All of this points to well-being rather than treatment of illness. There is now a scientific discipline - positive psychology - devoted to the promotion of well-being..

3 Using Positive Psychology in Mental Health Counseling

Almost 20% of the American population today is trapped in substance abuse, anxiety, and depression (Wang, 2011). And among those who seek professional assistance for recuperating, the ones who choose a combined treatment plan with medication and therapy, recover sooner (Seligman, 2006).

The reason why this combined approach works for many is that it encompasses all the areas the ailment impacts, and as such it helps in real recovery, rather than 'medical masking.'

The most significant contribution of positive psychology in mental health counseling and therapy is the introduction of **happiness** as a treatment **goal** (Schneider, Gruman, and Coutts, 2012).

Positive psychology devised measures such as the Psychological **Wellbeing Scale** or the **Happiness Scale** that could objectively measure how satisfied a person is from the inside. With the advent of these psychological wellbeing measures, mental health professionals found a solid reason to shift their focus from the problems to the solutions.

They now paid more attention to building what is already there rather than just filling the void that the mental condition created. The contradistinction between positive psychology interventions and standard mental health therapy is that PPIs, rather than directly targeting at the symptom reduction, engage in boosting positive emotions and bring back the lost meaning in life.

Studies have shown that the effect of positive psychology interventions last longer and produce more happiness than traditional psychotherapies. A web-based survey on positive psychotherapy in treating major depression revealed that individuals responded sooner and showed signs of recovery with positive interventions.

Besides, the investigators agreed that using techniques that enhance positive emotions and build fundamental motivation guarantees a better prognosis than flat medication or traditional psychotherapy. The goal of incorporating any intervention in mental health counseling should be to shift the individual's focus from the negative symptoms to the brighter aspects of his life, and positive psychology provides the impetus to bring this change.

4 Positive Psychology Interventions That Are Used In Mental Health Counseling

There is substantial evidence proving the relevance of positive psychology interventions in psychotherapy and counseling. Besides boosting happiness and confidence, it restores the mental balance that we need to sustain a healthy life (Hefferon, Boniwell, 2011).

The advent and awareness of positive interventions in counseling has taken mental health treatment to a diverse multicultural and humanistic level (Owens, Conoley, 2015). Be that school counseling, individual therapy, or life coaching sessions, positive interventions are now an integral part of mental health treatment channels, and here are some of the popular PPIs that many psychologists use today:

4.1 STRENGTH-based Therapy

Strength-based strategies combine positivity, social psychology, preventive measures, solution-focused methods, and personal development as conjectures to the counseling mechanism (Smith, 2006). Strength-based interventions focus on '*salutogenesis*,' a term coined by Professor Aaron Antonovsky (1979), that refers to acknowledging human wellbeing and welfare to be more critical than his psychological illness.

As the name suggests, strength-based techniques help in "*finding your strengths and act on them with focused attention*" (Elsie Jones-Smith, 2011). An individual who seeks psychological assistance for his condition is mostly preoccupied with the things that are going wrong in his life. For instance, a **study** revealed that psychotic patients had a significantly low self-esteem score on a standardized scale.

Consequently, they had a poor lifestyle and unhealthy psychosocial functioning. Implementing **strength-based interventions** for such individuals was a great idea, as it improved their quality of life and helped them focus on their strengths (Saleebey, 2006).

Strength-oriented techniques involve:

- Solution-focused therapies, including conversations, objective **tests**, and group sessions. The therapist and the client focus on how to accept what is wrong and outgrow his negativities for a better outcome (De Jong & Berg, 2002).
- Case management that focuses on understanding the capabilities of the person.
- Family support and individual supportive counseling.
- Narrating encouraging stories of **resilience** and positivity that might inspire the individual and help in recuperation.

4.2 Quality Of Life Therapy

The **quality of life** measure works on the principles of positive psychology and cognitive therapy (Frisch, 2006). It helps clients discover their **goals in life**, motivates them to follow their dreams and look inside for finding a deeper meaning of **self-satisfaction**. It uses measures like the Quality of Life Inventory (**QOLI**) and the CASIO model of self-satisfaction and follows a step-by-step treatment process.

The QOL (Quality of Life) Therapy is evidence-based, research-oriented, and caters to the needs of today's adult population (Ed Diene).

4.3 Hope Therapy

Hope helps to "dwell in possibilities" (Emily Dickinson). As a positive psychology intervention, hope therapy operates on the theory of hope that suggests that emotions can be evaluated or changed according to fruitful goal pursuits (Synder, 2002; Lopez, Floyd et al., 2000).

As the name suggests, **hope therapy** singularly aims to promote a hopeful attitude among the clients who are undergoing a catastrophic mental turmoil. It works exceptionally well for major depression, PTSD, and other stress disorders.

The goal of the hope therapy is to enhance insight and help to reconnect with the self. It uses a semi-structured format, blending standardized tests with subjective ones, and involves four steps:

- Finding hope
- Establishing a connection with it
- Enhancing it
- Following it

Researchers in this field suggest that hopeful people are more realistic than optimistic. They set their goals reasonably and aim to attain each target at a time. **Studies** measuring the efficacy of hope therapy revealed that individuals who received an auxiliary hopeful in their therapy sessions had higher scores on self-esteem and confidence scales. They had better clarity of their goals and were more energetic to act on them.

4.4 Well-Being Therapy

The **well-being therapy** model owes its roots to Carol D. Ryff's model of psychological well-being (1998). Ryff's model was multidimensional, including factors like environmental mastery, personal satisfaction, a more profound sense of meaning in life, acceptance, resilience, and positive social connections.

Later, Giovanni Fava, a renowned psychologist, and clinical practitioner developed well-being therapy as an effective positive psychology intervention for mental health counseling and guidance (Ruini and Fava, 2004).

Following the principles of Ryff's model, well-being therapy promotes happiness by letting clients identify their thought blocks. Well-being therapy is useful as a relapse or prevention management **intervention** and uses techniques such as:

- **Writing** about significant life experiences and the emotions associated with it.
- Identifying the negative thoughts that cause trouble by active communication with the therapist or counselor.
- Challenging the negative thoughts with the help of the therapist and planning practical ways to overcome them.
- Growing a positive attitude towards the self by accepting, forgiving, and integrating.
- Encouraging positive actions such as self-expression, journaling, active communication, and an overall healthy lifestyle.

5 Research on Positive Psychology and Well-Being

5.1 A Study On Mental Illness And Well-Being

Positive psychology gave **mental well-being** awareness a whole new direction. Mike Slade, the author of this publication, shed light on how mental health services now give more importance to individual happiness and work on ways to enhance it.

The prime focus of this research was suggesting how mental health practitioners can incorporate positive psychology interventions to shift the goal from treating illness to promoting eudaemonia (Coleman, 1999). Mental illness and mental well-being are two distinct concepts (Slade, 2009), and the focus of psychiatric or psychological interventions should be on expanding prosperity.

Pointing at the research of Seligman, Slade suggested that positive psychology works at a subjective level and values individual experiences, emotions, and actions. It operates at two levels – the personal level (involving awareness of positive traits like love, empathy, forgiveness, and hope), the social level or the group level (including interventions to promote social relationships, social responsibilities, tolerance, altruism, and sense of values).

By following the positive approaches, the author steers mental health researchers and practitioners to focus more on the overall enhancement of an individual, rather than concentrating only on the problem areas.

5.2 The Complete State Model Of Mental Health

Slade's **model of mental health** and well-being developed the complete state model of mental health from a salutogenic view-point. The CSM (Complete State Model) is also known as the dual-factor model of mental health (Suldo & Shaffer, 2008) or the two-continua model of mental health (Westerhof & Keyes, 2010).

The CSM identifies mental well-being and mental illness to be lying on a continuum or spectrum – from present to absent, and from high to low (Keyes, 2005).

The interplay of these two factors determines a person's overall mental health. Slade argued that personal recovery is the goal of positive psychology, and asserted that it emerges from hope, happiness, and responsibility.

The CSM identifies mental health as having a high level of well-being and low level of mental illness (e.g., depression,

anxiety, stress). The spotlight here is not on ruling out the mental illness or psychotic symptoms, but on suggesting that well-being and mental illness are separate issues that together structure our mental health.

The absence of psychopathology does not imply that sound mental health unless we have a high state of psychological well-being. The CSM explanation approved of positive psychology for being significantly relevant to personal well-being and recovery. Positive psychology works around the concepts of happiness, hope, motivation, empathy, and self-esteem, all of which directly contributes to enhancing our well-being (Schrank, Slade, 2007).

It promotes authentic happiness and describes that a 'good' life can come in four forms:

- The Pleasant Life – constituting of positive emotions and the drive to do things that enhance pleasure and self-satisfaction.
- The Engaged Life – where a person preoccupies himself with deeper insight into his emotions, character strengths, and initiates on remodeling his life accordingly.
- The Meaningful Life – in which the individual achieves a heightened state of self and seeks the true meaning of happiness.
- The Achieving Life – where a person is driven to work harder and dedicate himself to achieving his ambitions. In an achieving life, a person derives happiness and a true sense of self from acting on his dreams and making them successful.

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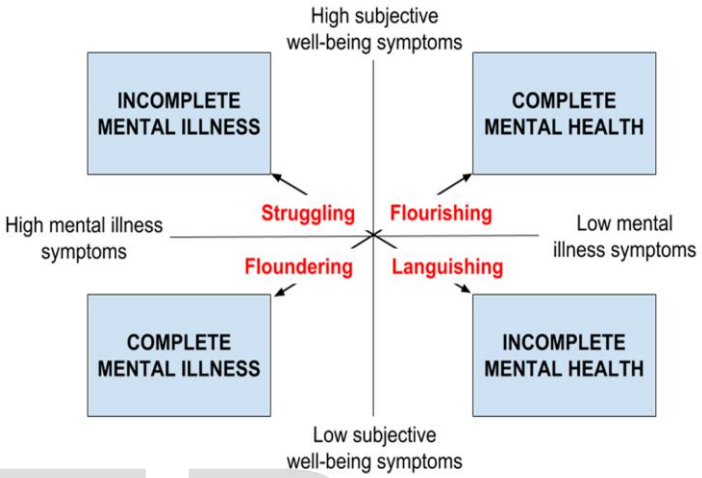

5.3 Positive Psychology And Health

Health psychology gives mental well-being great importance when it comes to living a 'disease-free' life. WHO described health as a "*state of complete physical, mental, and social well-being and is not merely the absence of illness or infirmity*" (WHO, 1948). Since then, researchers and health professionals all over the world have realized the importance of eudaemonia, an optimal state of functioning, and positive mental states to be essential for sound physical health (Ryff and Singer, 1998).

Health psychologists define positive health to be a combination of:

- Infrequent and brief spells of illness
- High recovery rate
- Rapid healing of wounds
- More physical resilience and immunity
- An absence of fatal or terminal illnesses

The research suggested that the favorable health condition most health psychologists aim to achieve comes from an association of **positive interventions** and health science methods. Positive health strategies that predict good health include – positive feelings, self-satisfaction, positive thinking, **emotional management** and self-regulation, self-enhancement and finding the true meaning of happiness, spirituality, **empathy**, and forgiveness, and building strong social relationships (Cohen, 2006).

In an **experiment** on studying the effect of positive emotions on catching a cold, Cohen and his colleagues found that participants who reported experiencing positive emotions like happiness, satisfaction, and enthusiasm, had lower risks of catching the virus than participants who reported feelings of

depression, loneliness or anger. This study was a direct shoutout to the fact that positive emotions guarantee better health, more immunity, and stronger resilience.

Another **study** conducted on the adult population of the US showed that having a firm purpose in life reduced the risk of coronary diseases in patients. Patients with a history of cardiac dysfunctions showed quick recovery symptoms and lower chances of relapse when treated with positive interventions.

A study on the impact of positive psychology on stress and coping showed that working professionals who followed a positive approach in their everyday lives, or who were guided to use positive interventions, showed significantly reduced **stress levels**. They reported feelings of self-motivation, had better relationships with their co-workers, showed more productivity at work, and were more satisfied with themselves.

6 Types of Positive Psychology Interventions for Depression

There are several intervention strategies used by positive psychology programs to bring a person with depression up to +5. Some of the most popular positive psychology interventions include:

6.1 Increasing Positive Emotions

Several studies have shown that **increased positive emotions** are a promising way of fighting depressive symptoms. Lightsey (1994) showed that positive cognition could predict future happiness and depression, and Wood and colleagues (2008) found that practicing gratitude improved well-being and prevented individuals from experiencing depression.

Similarly, increasing positive emotions and engagement resulted in higher remission rates for people with depression than treatment as usual or even treatment as usual plus medication (Seligman, Rashid, & Parks, 2006). Positive interventions aimed at increasing **hope and gratitude** have also proven effective in enhancing life satisfaction and reducing symptoms (Kwok, Gu, & Kit, 2016).

While increasing positive emotions may not necessarily reduce negative emotions, it does have a positive impact on affect and reduces depressive symptoms. This may be due, at least in part, to **enhanced coping and resilience**.

6.2 Enhancing Coping Skills and Building Resilience

There is a lot of evidence about the effectiveness of developing coping skills in counteracting depression. Santos and colleagues (2013) conducted a systematic review of the literature on positive psychological interventions for depression and found that increasing resilience and coping mechanisms were common themes and that these interventions caused significantly reduced remissions in depressive symptoms.

Burckhardt and colleagues (2016) tested an intervention aimed at helping students regulate their emotions and deal with life's stressors more effectively.

They found that their program **Strong Minds** (a combination of acceptance and commitment therapy) aided their participants by significantly reducing their symptoms of depression, anxiety, and stress through the development of coping skills.

6.3 Finding Purpose

Meaning and purpose are constructs utilized in positive psychological interventions. A meaningful life is considered an important component of a positive life and a pathway to greater well-being (Seligman, 2002).

One intervention that included a meaning component showed that this construct may most effectively improve well-being and relieve depression in older adults (Ho, Yeung, & Kwok, 2014). Another study found that encouraging meaning-making in patients with breast cancer can promote a positive way of dealing with the experience (Casellas-Grau, Font, & Vives, 2014).

Overall it appears that interventions aimed at meaning-making can help individuals with depression achieve increased well-being and reduce their depressive symptoms (Gander, Proyer, & Ruch, 2016).

6.4 Building Social Support

It's no surprise that social support is an important factor in dealing with depression and promoting well-being. Several positive interventions target improved social support as a tool for ameliorating depressive symptoms.

For example, research from McWhirter, Nelson, and Waldo (2014) discovered that **community-based groups improve social support** for those with depression, which in turn decreases symptoms of depression and enhances life satisfaction.

Sin and colleagues (2014) also state the importance of social support in their exploration of positive interventions, finding that social support can help increase well-being for depressed individuals in a sustainable way.

7 Positive Actions That Improves Mental Health

Tal Ben-Shahar, in his book '***Happier***,' explained that practicing positivity is the real pursuit of happiness, and it guarantees lifelong satisfaction. His works on the science of happiness indicate that we can recraft our lives by some simple positive interventions, such as:

7.1 Counting your blessings

Making a list of the things that make us happy and the people who mean the most to us brings the meaning of sense and fulfillment in our lives (Diener and Diener, 1996). We feel more grateful and lucky immediately.

The **practice** is simple:

- List the things that you love doing. These are called 'happiness boosters' and can be anything from spending time with family, doing crafts, or working.
- Think about why you feel blessed when you perform those tasks.
- Imagine how your life would be in the absence of those things and how you would feel when you can no longer spend time for them. Write your feelings down.
- Next, ask yourself, how much time do you spend for

the happiness boosters and make a list of the things that you think prevent you from doing more of what you love.

7.2 Learning from the negative experiences

As the famous saying goes, "*If you want your present to be different from your past, study the past*" (Baruch Spinoza).

Negative encounters can teach us plenty of positive life lessons. Prof Ben-Shahar, in his works on positive psychology, has repeatedly mentioned that past experiences make a person more resilient to stress, and once we overcome the adversity, we become more appreciative of the life that we have now.

7.3 Practicing gratitude

Gratitude is a powerful tool for self-enhancement. Just by listing the people and the things we are **grateful** for, or taking a moment to express our thankfulness to someone verbally, we can feel better about ourselves. Daily gratitude practices may include **gratitude journaling**, gratitude visits or gratitude notes, etc.

7.4 Maintaining a healthy lifestyle

While it is true that happiness improves lifestyle, research has also proved how a healthy lifestyle can culminate happiness. Ben Shahar said that a positive lifestyle acts as a natural healing mechanism.

These positive practices help the body release harmful toxins and function as antidepressants. A **study** on the relationship between psychological well-being and health revealed that individuals who had a better lifestyle (including a healthy diet, good sleep, and regular exercise), showed lesser susceptibility to diseases and psychological distress (McCullough, 2002).

7.5 Monitoring mood

The mood is the thread that links our thoughts and actions. We know how we are feeling from inside by gauging our mood states. Positive psychology believes that creating a **personal mood chart** can be a great way to keep track of the ups and downs in mood and understand why we feel the way we do.

Making a mood chart is fun and straightforward. You only have to be true to yourself and make honest notes about your feelings throughout the day. Keep aside a few minutes every day to fill in your mood journal and notice how it guides you to better self-understanding.

8 Positive Psychotherapy

An approach which brings together several of these methods is positive psychotherapy (PPT) . The focus in PPT is on increasing positive emotion, engagement and meaning. For example, groups for depression undertake a series of weekly exercises. Week 1 (Using Your Strengths) involves using the Values in Action Inventory of Strengths to assess your top five strengths, and think of ways to use those strengths more in your everyday life. Week 2 (Three Good Things/Blessings) involved writing down three good things every evening that happened today, and why you think they happened. Week 3 (Obituary/Biography) involves imagining that you have passed away after living a fruitful and satisfying life, and writing an essay summarising what you would most like to be remembered for. Week 4 (Gratitude Visit) involves thinking of someone to whom you are very grateful, but whom you have never properly thanked, composing a letter to them describing your gratitude, and reading it to the person by phone or in person. Week 5 (Active/Constructive Responding) involves reacting in a visibly positive and enthusiastic way to good news from someone else at least once a day. Week 6 (Savouring) involves once a day taking the time to enjoy something that you usually hurry through, writing write down what you did, how you did it differently, and how it felt compared to when you rush through it. These exercises are intended to amplify components of Authentic Happiness . Randomised controlled trials of group PPT with mild to moderately depressed students (n = 40) and individual PPT with severely depressed mental health clients (n = 46) both showed gains in symptom reduction and happiness, with moderate to large effect sizes and improvement sustained at one-year follow-up .

We have considered some approaches to focussing more on strengths, goals and preferences. However, if mental health services are to fully support recovery and promote well-being, it may not be enough to simply counter-balance a focus on individual deficit with a focus on individual capability, since this leaves unchallenged the clinical belief that treatment is something you do first, after which the person gets on with their own life. This is highlighted as an unhelpful approach in the accounts from people who write about their recovery from mental illness. For example, Rachel Perkins notes :

Mental health problems are not a full time job - we have lives to lead. Any services, or treatments, or interventions, or supports must be judged in these terms - how much they allow us to lead the lives we wish to lead.

9 Mental health professionals can improve social inclusion

Supporting people using mental health services from accessing normal citizenship entitlements is a central (*i.e.* not an optional extra) part of the job. We illustrate this in relation to employment.

If a single outcome measure had to be chosen to capture recovery, there would be a case to make that it should be employment status. Not because of a value about economic productivity, but because work has so many associated benefits. There is now a strong evidence base that Individual Placement and Support (IPS) approaches which support the person to find and maintain mainstream employment are better than training the person up in separate sheltered employment schemes in preparation for mainstream work . Mental health professionals can increase the access of service users to the valued social role of work by supporting the development of employment schemes .

One specific work opportunity is within mental health services. These are often large employers - the National Health

Service in the UK is the largest employer in Europe. However, health services have a history of poor recruitment and retention approaches to attracting people with declared mental illness to work for them . (Of course, many people working in these services have an undisclosed history of mental illness.) This is a wasted opportunity, and reinforces stigmatising us-and-them beliefs in the work-force. Actively encouraging applications from people who have used mental health services for all posts, and positively discriminating between applicants with the same skill level in favour of people with a history of mental illness are two relevant approaches. They directly challenge "*the common tendency in human service organisations to see workers as either health and strong and the donors of care, or as weak and vulnerable recipients*" .

There are other ways in which mental health professionals and teams can improve social inclusion. A common experience of workers in the mental health system is frustration - a sense that these ideas about social inclusion, employment and social roles are all well and good, but impossible to implement within the existing constraints. But resources can become available by spending allocated money differently. This is the approach used by The Village http://www.mhavillage.org, a mental health service in inner-city Los Angeles working with homeless and severely mentally ill clients. The service decided to undergo a 'fiscal paradigm shift', by spending money to promote wellness and recovery (especially by creating pathways back into employment) rather than promote stability and maintenance. This involved transforming from being an organisation which spent most of its allocated money on acute hospitalisation (28%), long-term care (23%) and out-patient therapy (23%) to one spending on individualised case management (41%), work (25%) and community integration (12%) . Hospitalisations and living in institutional residence are markedly reduced for members attending the Village , allowing the money saved to be re-invested in work-supporting services.

A further contribution from the clinician can be educating local employers about their legal duties under relevant discrimination legislation and about reasonable work-place adjustments for people with mental illness. The accommodations can relate to People (focussing on interpersonal challenges), Places (focussing on where the work takes place), Things (focussing on equipment needed to do the job) or Activities (focussing on the work tasks). For people with physical disability, accommodation needs tend to relate to Places and Things. This is what employers are used to. In mental illness, People issues are often the central issue. Employers need educating about how these interpersonal needs can be tended to, which might include :

- addressing concentration problems by having a quieter work place with fewer distractions rather than an open-plan office
- the need to have some time away from other workers
- enhanced supervision to give feedback and guidance on job performance
- allowing the use of headphones to block out distracting noise (including hearing voices)
- flexibility in working hours, *e.g.* to attend clinical appointments or work when less impaired by medication
- mentor scheme for on-site orientation and support
- the need to talk to a supporter (*e.g.* a job coach) during a lunch break
- clear job description for people who find ambiguity and uncertainty difficult
- prior discussion about how leave due to illness will be managed, *e.g.* allowing the use of accrued paid and unpaid leave
- relocation of marginal job functions which are disturbing to the individual

Alongside this direct contribution to improving social inclusion, well-being focussed mental health professionals of the future will also have a contribution to make to policy.

10 Mental health professionals can increase societal well-being

If a new knowledge base around well-being is integrated by mental health professionals into their practice, then this creates opportunities to influence social and political priorities. The position power and status of the role allow authoritative communication with the aim of influencing society and increasing wellbeing both for the general population and specifically for people with experience of mental illness. A few examples will illustrate this re-orientation.

Does money bring happiness? Above a certain level (estimated by Richard Layard as US$20,000pa), the answer is no - relative wealth is more of an influence on happiness than absolute wealth . A salary of $50,000 where average salaries are $25,000 is preferred to a salary of $100,000 where the average is $250,000 . If social comparison influences well-being, what are the implications for policy? For example, do social structures such as gated communities and private schools harm us all? Contrary to intuition, those within the enclave aren't any happier because they are no wealthier than their comparison group, and those outside have a visibly wealthier reference group.

Television is a powerful influence, both because it encourages social comparison and because of its innate effects. Researchers have observed consistently adverse changes following the introduction of television into new communities. In Bhutan, this was followed by increased family break-up, crime and drug-taking, alongside reduced parent-child conversation . In Canada, social life, participation in sports and level of creativity were all negatively impacted . Homicide rates go up after televised heavyweight fights , and suicide rates increase after on-screen portrayals . Television content leads to an inflated estimate of adultery and crime rates , and negative self-appraisal . Given the average Briton watches 25 hours of television per week - with similar levels in the US - what does this imply for media regulation?

When making a social comparison, the reference group influences well-being: Olympic bronze medal winners (who compare themselves with people missing out on a medal) are happier than Silver medal winners (who compare themselves with the victor) . For mental health, this may mean that anti-stigma campaigns focussed on promoting mental health litera-

cy and identifying when to seek professional help actually increase negative social comparisons and reduce well-being. High-profile people talking about their own experiences are better at reducing the social distance and difference experienced by people with mental illness .

In contrast to salary, 4 weeks holiday when others have 8 weeks is preferred over 2 weeks when others have 1 week . Would a national policy of compulsory flexible working arrangements (*e.g.* annualised hours) reduce work-related stress and consequent mental illness? More generally, the fact that people who win Oscars live longer than unsuccessful nominees may point to the importance of achievement for longevity. If we want people to live longer, should we focus on developing community-level opportunities for participation, connection and mastery? Should services for particularly marginalised groups, such as people with mental illness, put some of their resources towards celebrating and amplifying success?

What are the sources of happiness? The Big Seven influences on happiness explain 80% of the variance in happiness: Family relationships, Financial situation, Work, Community and friends, Health, Personal freedom and Personal values . The effects on happiness of problems in each domain have been estimated, on the basis of international surveys of factors associated with happiness . Using a scale from 10 (no happiness) to 100 (total happiness), the fall in happiness associated with separation (compared with marriage) is 8 points, with unemployment or poor health is 6 points, with personal freedom is 5 points, with saying no to "God is important in my life" (personal values) is 3.5 points, with a national increase of 10% in unemployment is 3 points, and with a drop in family income by a third is 2 points.

Can these seven identified influences be used by mental health services to directly increase happiness, rather than continuing with attempts to reduce unhappiness? This will involve meeting three challenges. First, traditional professional training only focuses on one of these seven influences: health. Second, interventions to promote health which increase personal freedom and are concordant with personal values will increase happiness more than those which impinge on personal freedom or which deny or discount personal value. This will require clinical decision-making to focus as much on values and freedom as on intervention effectiveness - echoing the call for ethics before technology by Bracken and Thomas. Third, most influences on happiness are social rather than intrapsychic, yet most mental health interventions are at the level of the individual. Overall, this is not to argue for more centralised control *per se*, but rather to highlight that this knowledge should be more visible in public debate, so that both social policy and individual choices are informed by our best scientific understanding of contributors to well-being.

We finish on an optimistic note. One reason for raising some of these implications is to highlight their relative absence from sociopolitical debate. Although there is good evidence that being happy and cheerful is associated with improved brain chemistry, blood pressure and heart rate , and with living longer , this kind of evidence does not yet feature prominently in public debate. If skilled professionals with an interest in promoting well-being don't point out that a high turnover of local residents create communities which are less cohesive and more violent . then who will inject this information into social policy? This opens up innovative environmental approaches to fostering well-being, like the simple act of closing most points of entry to a housing estate which led to an increased sense of community and a 25% reduction in mental illness rates . Similarly, the pernicious effects of a societal value that we *must* make the most of everything are becoming clear.

People who constantly worry about missing opportunities - so-called hyper-optimisers - have more regrets, make more social comparisons and are less happy than people who are happy with what is good enough . An empirically-informed policy-making approach would recognise the toxic consequences for well-being of societies which encourage unfavourable social comparison, continuous reoptimisation to make the best of every opportunity, and living for the future rather than savouring the present.

Research into mental illness proceeds apace. Advances in understanding are being generated by genetic, genomic, proteomic, psychological and epidemiological studies, among other disciplines. These advances are to be welcomed, and should continue to inform clinical practice. The challenge is to also integrate and apply the evidence base around well-being, so that mental *health* professionals of the future inform social policy as well as treating mental illness.

11 Conclusion

- Two new sources of knowledge are now available to mental health professionals: collated syntheses of narratives of recovery from mental illness, and empirical evidence about well-being from the academic discipline of positive psychology
- These two sources are highly complementary, and provide a counter-balance to the traditional focus of mental health services on deficit amelioration
- Assessment and treatment of the individual will need to change if the goal is promoting well-being rather than treating illness
- There are also broader challenges for mental health professionals to become more outward-looking in their view of their role, and to construct their job as more than working with individuals
- A focus on improving social inclusion, becoming social activists who challenge stigma and discrimination, and promoting societal well-being may need to become the norm rather than the exception for mental health professionals in the 21st Century.
- The happiness that we seek outside is already there within us. All we need to do is slow down and take a moment to look for it.
- Positive psychology paves the way for us to pause and appreciate the wonders that are already in our lives. It does not contradict or contrast traditional mental health practices but rather complements them by changing our thoughts and actions for the better (Ben-Shahar, 2007).
- The goal of any positive intervention is to explore the

three regimes of happiness – the short-term pleasures, the joy from connecting with others, and deriving happiness from attaining a deeper meaning of life. No matter what interventions we practice and what kind of therapy we choose for ourselves, positive psychology shows us how to "*Be filled with wonder, and touched by peace.*"

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