



## Cover feature

Positive psychology: A flourishing field

# Positive psychology: Reflecting on the past and projecting into the future

By Dr Dianne A Vella-Brodrick MAPS, Senior Lecturer, School of Psychology and Psychiatry, Monash University, and Treasurer, International Positive Psychology Association

***The science of psychology has been far more successful on the negative than on the positive side. It has revealed to us much about man's shortcomings, his illness, his sins, but little about his potentialities, his virtues, his achievable aspirations, or his full psychological height. It is as if psychology has voluntarily restricted itself to only half its rightful jurisdiction, and that, the darker, meaner half. (Maslow, 1954, p. 354)***

Positive psychology is a new branch of psychology that has emerged over the last decade or so and is receiving growing attention. Positive psychology involves the scientific investigation of factors and processes that facilitate a worthwhile life – one that is pleasurable, engaging and purposeful. It originated in its contemporary form in the late 1990s when Martin Seligman, in his role as the President of the American Psychological Association, promoted the importance of including a strengths-based approach to psychology.

Positive psychology is an umbrella term which incorporates a number of themes focused on subjective experiences, mental health and flourishing, flow (being immersed in life's activities) and positive virtues and strengths. Instead of asking "what is wrong?", positive psychology asks "what is right?" Hence, the focus is on identifying and mobilising assets to:

- Help mitigate dysfunctional emotions, cognitions and behaviours
- Equip individuals with the skills and confidence to address life's challenges
- Foster and maintain an optimal state of wellbeing whereby an ideal ratio of positive and negative states and experiences is present most of the time.

### Broad aims of positive psychology

The scientific mission of positive psychology is to study the antecedents, correlates, outcomes and contributors of a life well lived. Moreover, proponents of positive psychology have pursued a number of critical goals which include: (1) increasing the number of published research studies on positive constructs; (2) identifying the factors that lead to fulfilling and meaningful lives for individuals, groups and institutions; (3) developing practical and effective positive interventions for enhancing wellbeing; and (4) adopting a scientific, evidence-based framework.

A common criticism of positive psychology is that it adopts a 'Pollyanna' mentality where everything in life is seen through rose

coloured glasses and the aim is to achieve constant happiness. The intent of positive psychology is not to create a positive and negative dichotomy or a hierarchy where positive phenomena are always viewed as being superior to negative ones, but rather to recognise and appreciate the complementary roles of both negative and positive experiences and to pursue the ideal ratio of positive to negative experiences for optimal health.

### Significant contributions of positive psychology

In evaluating how useful positive psychology has been thus far, it is important to note that it is still a very young field, at least in its contemporary form, being just over a decade old. While some of the fundamental concepts underpinning positive psychology are not new, positive psychology has provided the impetus to rejuvenate some of the previous work on subjective wellbeing, life purpose and virtues. It is timely to explore the contributions and achievements of positive psychology over the past decade and to generate a revised and expanded set of goals for the next decade, keeping in mind the historical context.

Martin Seligman instigated various meetings among eminent thought leaders in the broad area of wellbeing and this led to several rapid and significant developments, including funding schemes for research projects with a positive focus (e.g., John Templeton Foundation awards), university postgraduate courses in positive psychology, a journal dedicated to research in positive psychology (*Journal of Positive Psychology*), the formation of the International Positive Psychology Association (IPPA) and the hosting of positive psychology meetings/conferences around the globe.

Within a decade the presence of positive psychology is quite pronounced. Not only are there now specific centres, conferences and journals in the area of positive psychology but mainstream psychology is also starting to dedicate space and funding for work on positive constructs. For example, the APS Melbourne Branch recently funded a three-day positive psychology retreat to nurture and inspire early career researchers and practitioners to develop and engage with positive psychology initiatives. Members of the general public have also shown a keen interest in positive psychology with seminars and television programs such as 'Making Australia Happy' (broadcast on the ABC – see article in this edition for further information on this program) being well received.

### Character strengths and virtues framework

One of the most significant contributions made by leaders in positive psychology is the development of the Character Strengths and Virtues (CSV) handbook (Peterson & Seligman,

2004). The CSV presents six types of core virtues comprised of 24 measurable character strengths (see boxed information). Similarly, but converse to diagnostic manuals for mental disorders, this strengths classification system was developed to heighten an awareness of positive qualities and facilitate a common language and assessment of strengths which would complement the diagnosis and treatment of disorders.

#### CORE VIRTUES OF THE CHARACTER STRENGTHS AND VIRTUES FRAMEWORK (Peterson & Seligman, 2004)

- **Wisdom and knowledge:** creativity, curiosity, open-mindedness, love of learning, perspective
- **Courage:** bravery, persistence, integrity, vitality
- **Humanity:** love, kindness, social intelligence
- **Justice:** citizenship, fairness, leadership
- **Temperance:** forgiveness and mercy, humility and modesty, prudence, self-regulation
- **Transcendence:** appreciation of beauty and excellence, gratitude, hope, humor, spirituality

This increased attention to the potential role of strengths and virtues for sound mental health and wellbeing has contributed to a spate of research on the role and impact of positive experiences and resources. Most of the research on subjective wellbeing and positive psychology has focused primarily on understanding the correlates and outcomes of wellbeing (e.g., Diener, Suh, Lucas, & Smith, 1999). While this was a necessary and fruitful phase, positive psychology scholars have contributed towards shifting the attention away from correlational studies towards the development and evaluation of positive interventions for enhancing wellbeing via randomised controlled studies.

#### Positive psychology interventions to enhance wellbeing

A number of meta-analyses have emerged reporting on the effect sizes of positive interventions for enhancing wellbeing and decreasing depression. In their meta-analysis of 225 studies, Lyubomirsky, King and Diener (2005) found that individuals with higher levels of positive affect also reported better quality health, work and relationships. Findings from experimental studies which induced positive states (often through showing film clips) also indicated that participants who were in positive states were more sociable and were better able to resolve conflicts than their less positive counterparts.

The Lyubomirsky and colleagues study also included a review of a limited number of longitudinal studies undertaken in naturalistic settings and found that happiness does lead to numerous successful work and relationship outcomes, including an increased likelihood of marriage and stronger social support, greater income, creativity, productivity and quality of work. A further finding was that happy individuals were more likely to self regulate and cope with adversities, have healthier immune function, and live longer than less happy individuals (e.g., Danner, Snowdon, & Friesen, 2001). Moreover, happier people have been shown to be more cooperative, charitable, pro-social and other-centred compared to control participants (e.g., Williams & Shiaw, 1999). Clearly the benefits to be derived from being in a positive state are significant and numerous. Therefore, enhancing

individual happiness, in conjunction with alleviating mental illness, should be an important scientific endeavour and one that is at the forefront of current positive psychology initiatives.

Empirical studies examining the effects of positive interventions (such as those outlined in the boxed information) provide preliminary evidence that not only can strengths-based interventions increase wellbeing, but they also have the potential to decrease depression. For example, Seligman, Steen, Park and Peterson's (2005) randomised controlled trial with 577 adult participants examined five happiness interventions: the gratitude visit; three good things in life; you at your best; using signature strengths in a new way; and identifying signature strengths. Compared with a placebo control group who were instructed to write about early memories, participants completing 'the gratitude visit' showed gains up to one month post-intervention, and participants from the 'three good things in life' and the 'using signature strengths in a new way' interventions showed increases for up to six months post-intervention. Interestingly however, some studies have found that placebo conditions such as writing about one's day or early childhood memories are also effective in enhancing wellbeing but usually not to the same extent as the actual positive intervention (Giannopoulos & Vella-Brodrick, in press; Seligman et al., 2005). These findings encourage the development of more rigorous and controlled research studies seeking to understand the underlying mechanisms of positive interventions.

Sin and Lyubomirsky's (2009) meta-analysis (N= 4,266) provides a good overview of the efficacy of 51 different positive psychology interventions (PPIs) including forgiveness, positive writing, strengths, savouring, mindfulness and kindness. Essentially this meta-analysis found that PPIs are effective in increasing wellbeing and decreasing depression, with effect sizes of .29 and .31 respectively. Although these effect sizes are modest, these results are promising given that such positive psychology interventions are

#### EXAMPLES OF POSITIVE PSYCHOLOGY INTERVENTIONS TO ENHANCE WELLBEING

- **Three good things**  
Before going to bed write about three good things that happened that day and explain why you think these good things occurred.
- **Identifying and using character strengths**  
Identify your signature strengths by completing the Values in Action survey at [www.authentic happiness.org](http://www.authentic happiness.org) and then use one of your strengths in a new way, every day for a week.
- **Savouring through capitalising**  
Share a positive experience of yours with someone else. In doing so, provide specific detail about the event and how you felt with the aim of generating and re-living that positive experience.
- **Best possible self**  
Visualise and write down what it would be like in the future, once all your dreams and goals were fulfilled.
- **Counting acts of kindness**  
Note how many times you have observed others being kind either to you or others.



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◀ essentially the first wave and with further refinement, effects are likely to be more pronounced. Consequently, gaining insight into methods for improving the efficacy of PPIs is an important next step which warrants further examination.

#### Applications of positive psychology

It is fortunate that evidence is steadily mounting in support of positive psychology interventions as the demand for such interventions is high. One area that has received considerable attention over the past few years in Australia is *positive education*. The aim of positive education is to transform schools into places where assets such as empathy, optimism, creativity, self-efficacy and resilience are identified, appreciated and cultivated. Geelong Grammar School (GGS) is a noteworthy case in point, being the first school in Australia to directly introduce positive psychology into its core curricula. Although the program outcomes are yet to be fully evaluated, the Penn Resiliency Program, on which the GGS positive education program was based, has been found to decrease depression and anxiety compared with control conditions (Gillham, Reivich, Jaycox & Seligman, 1995; Gillham et al., 2006; Gillham & Reivich, 1999). Subsequently, more schools around Australia are now adding positive psychology to their curricula (see article in this edition for further information on positive psychology in schools).

Another applied setting for positive psychology is within clinical psychology. 'Positive psychotherapy' (Seligman, Rashid & Parks, 2006) integrates strengths-based approaches into traditional clinical practice and has been found to be effective in treating depression. For example, Seligman et al. found that psychotherapy which incorporated positive elements such as active-constructive responding, savouring, the expression of gratitude, positive future visions and strengths use, was more effective in treating depression than was a treatment as usual group and a treatment as usual plus antidepressant medication group. While more work is needed to confirm these results, other asset-based approaches to therapy, such as Fava et al.'s (2005) 'wellbeing therapy' have also demonstrated favourable outcomes.

Positive psychology interventions have also been applied to a number of other contexts, such as workplaces, parenting and relationships, the military, communities and health rehabilitation programs. While there is preliminary evidence supporting the efficacy of positive psychology interventions in varied contexts, in some instances the application of positive psychology appears to have progressed faster than the science. More rigorous and independent evaluations of positive interventions in these specific contexts are needed. While some of the existing positive psychology research does adopt scientific rigour (e.g., RCTs), the quality, as with most other fields, is diverse. Nevertheless, research studies are steadily progressing towards ideal standards.

#### Enhancing the scientific profile of positive psychology

In examining how well positive psychologists have met their initial goals, it is evident that with the development of dedicated journals and publication space within mainstream psychology and other journals, the scientific profile of positive psychology has increased. As noted earlier, more is known about the correlates

of wellbeing, including antecedents such as hope, engagement and meaning, and outcomes such as quality relationships and improved physical health. Meta-analyses and RCTs involving group therapy and individual work have demonstrated favourable outcomes of positive interventions. However, more work is needed on delivering and evaluating positive psychology interventions at community and institutional levels and in shaping health policy. Nevertheless, there are clear signs that positive psychology is establishing itself as a science. In order to do so more conclusively a few recommendations for the future are made.

#### 1. A code of ethics and/or practice standards need to be developed

As positive psychology does not belong exclusively to the domain of psychology, but can involve a range of professions including business, law, politics and economics, some regulation of practice is warranted if its status as a science-based profession is to be upheld. Although IPPA oversees the field to some extent, a code of conduct needs to be developed and articulated more clearly to scholars, practitioners and students of positive psychology so that a consistent, evidence-based standard of practice is delivered to consumers.

#### 2. Training opportunities and standards need to be improved

Formal training is one of the major challenges facing those residing in Australia who wish to pursue university training in positive psychology. While many short courses or university subjects are emerging in the area of positive psychology, presently there is no formal university postgraduate degree in Australia dedicated exclusively to positive psychology. The primary pathway available for specialising in positive psychology is to undertake a PhD after having successfully completed professional psychology training (e.g., with an Honours or a Masters degree). While this may change in the near future, with the prospect of a Masters in Applied Positive Psychology (MAPP) course being offered in Australia in the next couple of years, the other alternative is to study abroad in places such as the US or UK where MAPP programs are available. The lack of study opportunities may have serious implications whereby practice may precede science and result in inferior standards of delivery and the threat of a 'pop psychology' label.

#### 3. Develop measurement approaches which are contemporary, sensitive to change and consider real world contexts

Measurement tools and approaches need to reflect contemporary understandings of wellbeing which are multi-faceted (e.g., pleasure, engagement and meaning). Most studies have adopted a limited perspective of wellbeing, largely focusing on life satisfaction, positive emotion and high activation positive states (e.g., excited, alert). Subsequently, by measuring only a limited account of wellbeing, the full effects of positive interventions may be missed. Moreover, real life and 'in the moment' measurement approaches such as experience sampling methodology are also needed to gain a fuller understanding of how positive interventions transfer into meaningful practice while minimising the effects of poor recall. This methodology has been used quite extensively

in research on flow but should be used more widely in positive psychology research. In addition, an examination of the long-term effects of positive interventions is needed, particularly for outcome measures involving deeper aspects of wellbeing, such as growth and life meaning, which can take some time to take effect.

#### **4. Work more collaboratively with experts from a range of disciplines to understand the mechanisms underlying the efficacy of positive interventions**

In some respects, positive psychologists have worked as an insular group. While this may have been necessary in the formative years, it is now time to integrate the knowledge gained from other fields of research and practice. For example, much can be learned about the wellbeing process from the perspective of neuroscience, emotion regulation and physiology. Moreover, in relation to the measurement of wellbeing, physiological and neurological measures may also help confirm the accuracy of subjective emotional reports. With increased insight, such collaborations will increase the likelihood of refining the effects of the interventions on specific groups for different purposes and on influencing macro-level changes in for example, public health and education policies, where more impact is needed.

#### **5. Assimilate with mainstream psychology to create a more comprehensive psychology.**

According to some positive psychologists (e.g., Linley, Joseph, Harrington & Wood, 2006) one feasible option for positive psychology is for it to assimilate with mainstream psychology to create a more balanced psychology which places importance on both alleviating mental illness and fostering wellbeing. The aim would be to unite core threads of psychology rather than to divide them. Integration would minimise the false implication generated by the term positive psychology that psychological experiences fall categorically into either positive or negative. Instead a more continuous and complete system of mental health practice and research would be developed and encouraged.

While more recent research within the domain of positive psychology is already starting to incorporate some of these suggestions, such research needs to become more the norm, rather than the exception. Given the accomplishments of positive psychology thus far, and the number of eminent and emerging scholars within the field, the future trajectory of positive psychology continues to be promising.

There are many advantages to positive psychology which point to it being here to stay rather than a passing fad, such as:

- Positive psychology can provide another (complementary) framework for addressing psychological issues.
- People can generally relate to and often enjoy positive psychology interventions.
- No significant contraindications have been reported regarding positive psychology interventions.
- Positive interventions can be self-administered particularly with the aid of online interventions. This is an important point given that some subgroups are reluctant to seek professional help (e.g., younger males).
- The fundamentals of positive psychology can be taught to large numbers (high impact with minimal expense).

## **Future directions**

Positive psychology has come a long way in a short time and it has met many of the goals set forth in the first decade, albeit some more fully than others. Positive psychologists should now focus on some additional goals, such as identifying interaction effects, individual difference factors and the underlying mechanisms of effective positive interventions so as to maximise the favourable outcomes of positive interventions with a range of benefactors in mind. Another suggested goal is to draw on the expertise of professionals from a wide range of disciplines with the view to optimising knowledge transfer into meaningful practice at a range of different levels, including social policy. Consequently, a challenge for positive psychology is to invite scholarly and practical contributions from individuals and groups with diverse backgrounds while maintaining scientific rigour and clarifying training and practice standards. Therefore, health professionals are urged to be open to what positive psychology can offer and to consider forming alliances to develop an improved mental health service. ■

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## Cover feature

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# Positive psychology: Making Australia happy?

By Dr Anthony Grant MAPS, School of Psychology, University of Sydney, NSW

The three-part ABC television series *Making Australia Happy* was screened in November 2010. The series took the science of positive psychology to the streets in Marrickville, a suburb in inner-city Sydney, and followed eight individuals as they completed an intensive eight week positive psychology program using scientifically-validated positive psychology interventions. I was fortunate enough to be asked to be the coaching psychologist of the show and in this article I reflect on my experiences, and present results from a follow-up study indicating that the positive effects of participation were still evident 24 weeks after filming finished.

There is considerable public interest in positive psychology. The show generated the largest ever web-based response to an ABC program, with over 200,000 hits on the ABC website immediately after the first episode (crashing the ABC servers), and over 40,000 registered individuals taking online assessments and doing positive psychology exercises. There were more than one million website hits in the following month. The overarching aim of the series was to introduce positive psychology concepts to the general Australian public in order to encourage the use of scientifically-validated approaches to the enhancement of wellbeing on an individual and community level. To do this we needed a broad representation of contemporary inner-city Australia.

### The selection process: Duty of care considerations

The selection process was challenging. We used information flyers, local papers, radio and the internet to stimulate interest in the series. Duty of care considerations were primary. The program was not designed to treat mental illness, and appearing on television is itself stressful, so potential participants were carefully screened by an independent clinical psychologist to ensure those selected did not have major mental health or psychiatric problems. As the psychologist presenter, I was particularly concerned to ensure that participation in the show would not adversely affect participants in any way. Finally, following extensive background checks, in-depth interviews with family members and comprehensive mental health assessments, we selected eight individuals.

### The participants

We needed people that the general public could identify with (for full participant details see <http://makingaustraliahappy.abc.net.au/> or the series book, *Eight Steps to Happiness* (Grant & Leigh, 2010). We chose: Ben (in-debt, single male, 26); Liz O (34, recently separated mother with two young children); Liz K, (63, recently retired academic in a long-term relationship); Tony (42, married with two young children and stressed with the pressures of running his own real estate business); Steven (51, former architect, married with four children and working long hours); Rebekah (40, harassed mother of twin boys under three); Cade (34, highly artistic but lacking the confidence to take his art to the

world, and living with Mathew his de-facto partner of eight years); and Natalia (34, single, unfit, overworked, trapped by negative self-talk, wanting to meet someone and start a family). In short, we selected eight very 'normal' people trying to deal with the all-too-familiar stresses and strains of contemporary Australian life.

### Measuring change: Psychological and physiological measures

The show format required a single, easy-to-understand 'Happiness Score' that would allow participants and viewers to track progress over time. I was not entirely comfortable with the idea of reducing a complex construct such as happiness to a single score. After much discussion with the producers, and with peer consultation, we developed a composite measure – the 'Happy 100 Index'. This used a number of well-validated measures, including the Positive and Negative Affect Schedule (Watson et al., 1988), the Warwick-Edinburgh Mental Well-being Scale (Tennant et al., 2007) and the Satisfaction With Life Scale (Diener et al., 1985), and other measures of depression, anxiety and stress. The Happy 100 Index was designed so that a score of 50 represented a neutral affect level, with scores greater than 50 indicating more positive than negative affect and scores less than 50 indicating more negative than positive affect.

But we wanted to go beyond self-report measures, so we also used a range of physiological measures including blood pressure, stress-related cortisol, sleep-related melatonin and the immunity marker Immunoglobulin A. We also assessed the impact of participation on brain activity using Magnetoencephalography (MEG) brain imaging.

### What happened?

For eight weeks the participants undertook a range of scientifically-validated positive psychology interventions. These included mindfulness exercises, gratitude and forgiveness interventions, the performing of altruistic acts, indentifying personal goals and values, and strengths-related assessments and coaching to help them reach their goals.

The program took a holistic approach. In addition to completing positive psychology interventions, participants had their physical exercise levels, sleep patterns and diet examined. All participants wore lightweight armbands that recorded physical movement. They were given detailed feedback on these measures, and exercise and dietary changes were implemented where needed.

The results were fascinating. As a psychologist I had anticipated some self-reported changes in psychological state. As expected, over the eight weeks participants' self-reported levels of depression, anxiety and stress reduced remarkably, and levels of subjective wellbeing and psychological wellbeing increased. In short, negative affect decreased and positive affect increased (see Figures 1 to 3).

I had not expected the substantial improvements in biological markers of wellbeing. At the start of filming, half the group had high cholesterol, five of the eight had low melatonin, and six had unhealthily high levels of cortisol. At the end of filming those with unhealthy blood pressure and cholesterol levels showed a substantial drop, compared to what would be expected if they had taken medication. Their cortisol levels became normal and there was an average 60 per cent increase in melatonin levels. In addition, their levels of the immunity marker Immunoglobulin A increased by 36 per cent following a day of altruistic charity work. Their increases in psychological functioning were manifest in other physical markers of resilience. At the start of the filming we put the participants through the cold presser test – asking them to hold their arms in ice cold water for as long they could stand it. At the beginning of the program the average time was 57 seconds, increasing to 131 seconds post-program.

Interestingly, pre-post MEG brain scans showed significant positive changes in brain functioning; there was a substantial pre-post reduction in neural activity in the parietal and temporal lobes during tests in which participants were shown stimuli consisting of faces expressing happy, sad and neutral emotions. Associate Professor Mark Williams from the Macquarie University Centre for Cognitive Science commented that these findings were similar to studies demonstrating a similar decrease in the brain activity of experienced meditators compared with novices. Of course, it must be emphasised that this was not a controlled psychological experiment, and sample size was small, with many potentially confounding variables. But nevertheless these results were impressive.

### Follow-up findings: 24 weeks

Over the course of the program, the group average Happy 100 Index went from 48 in week one to 84 in week eight – a remarkable improvement. But I wanted to know if these positive psychological changes would maintain over time, once the cameras and crew left. A follow-up psychological assessment 24 weeks after filming finished indicated that the psychological gains were maintained. The group average score on the Happy 100 Index remained high at 80, indicating that the program was indeed effective, and not just during the period of filming.

### Which was the most effective intervention?

One key learning that has great relevance for practitioners ‘on the ground’, was that there is no single most effective positive

psychology intervention. Applied positive psychology is not a one-size-fits-all approach. Although all participants took part in certain group activities and all participants wrote a personal eulogy designed to highlight personal goal and values, overall we encouraged participants to undertake interventions best suited to them and their life situation.

It also became clear to the participants that physiological issues such as lack of sleep, and poor diet and exercise played a significant role in their wellbeing. Positive psychology has not placed great emphasis on the role of physiology, but it is hard to feel energised or happy on minimal sleep or a diet of cola and pizza! These were important reminders about working holistically with clients – cognitive or emotional change is not enough.

### Final reflections and comments

My participation required me to take on multiple roles: coach, counsellor, television presenter and consultant. One minute I was presenting, then next acting as coach or counsellor, the next giving consultancy advice! I found holding so many conflicting boundaries and role expectations extremely challenging. Fortunately, I had access to good external supervision which was essential in helping me manage the unexpected role stress.

Importantly, we did not just focus on the so-called ‘positive emotions’. Our underpinning philosophy was that positive psychology is not just about pleasant emotions or experiences. We encouraged participants to embrace the full range of human experiences – not to shy away from sadness, but rather to build a full, meaningful and engaged way of living. And that approach seemed to resonate both with the participants and the viewers.

Well balanced, evidence-based television shows on positive psychology and wellbeing have terrific potential to make psychology more accessible and relevant to the general public. An important medium for a very important message. Let’s use it. ■

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*A list of references cited in this article can be found in the online version of the article ([www.psychology.org.au/publications/inpsych/2011/april/grant](http://www.psychology.org.au/publications/inpsych/2011/april/grant)).*

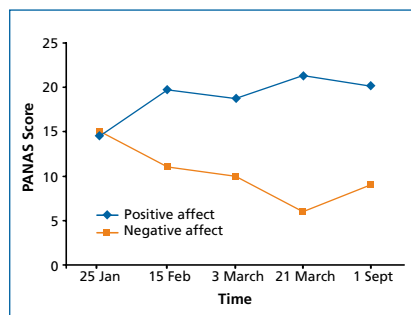


Figure 1. Average Positive and Negative Affect Schedule scores over time

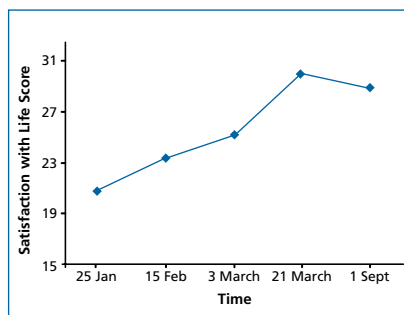


Figure 2. Average Satisfaction With Life scores over time

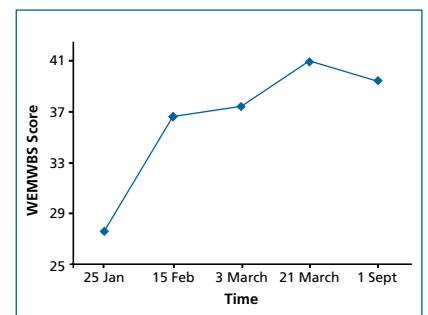


Figure 3. Average Warwick-Edinburgh Mental Well-being Scale scores over time



## Cover feature

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# Positive education: Creating flourishing students, staff and schools

By **Dr Suzy Green MAPS**, Coaching Psychology Unit, University of Sydney, and Positive Psychology Institute, **Dr Lindsay Oades**, Director, Australian Institute of Business Well-Being, University of Wollongong, and **Paula Robinson**, Positive Psychology Institute

**T**his article provides an introduction to the field of 'positive education' and demonstrates how applied positive psychology, which includes evidence-based coaching, can inform and assist schools to develop and maintain the optimal functioning of students and staff. We encourage those working in or with schools to think strategically in creating positive education programs that support and sustain a positive school climate and culture for whole school wellbeing.

### What is positive education?

In Australia and globally there is growing interest in positive education. Much of this interest has stemmed from the work of Professor Martin Seligman from the University of Pennsylvania who developed a whole school positive education program for Geelong Grammar School in Victoria. Positive education has been defined as "education for both traditional skills and for happiness" (Seligman et al., 2009). We suggest a broader and more useful definition is "applied positive psychology in education". Positive psychology itself has been defined as an umbrella term encompassing theory and research in relation to what makes life worth living (Noble & McGrath, 2008). Whilst the study of happiness falls under this umbrella, so do other psychological constructs such as meaning, wisdom, creativity and many more. We would argue that positive psychology is extremely relevant to the school setting to assist in the understanding and development of high levels of psychological wellbeing in students, staff and school.

Whilst the sub-field of positive education is relatively new, it has a long history. Helen McGrath (2009) outlined a brief history of wellbeing in education in her keynote presentation at the 1st Australian Positive Psychology in Education Symposium. McGrath claimed that positive education arose from a focus on self esteem in the 1970s, moved to social skills programs in the early 1990s, then to resilience programs in early 2000. From that time on it

has become a focus on anti-bullying initiatives, values programs and student wellbeing initiatives, including social and emotional learning programs just to name a few.

### Why positive education?

Whilst historically schools may have aimed for academic excellence as sole evidence for their success, there are growing numbers of schools who are now acknowledging the need to develop students in a more holistic way, with a stronger focus on wellbeing. Much of this is in recognition of the increasing statistics on psychological distress and mental illness in our children and adolescents, and the realisation of the need to take a more proactive rather than reactive approach to mental health.

Schools now are seen as institutions where their role extends beyond academic competence to further preparing the 'whole child' (Huitt, 2010). In fact, the focus on schools as a means for preparing young people for adulthood is one of the hallmarks of developed countries (National Commission on Excellence in Education, 1983). Therefore, it would appear schools have a duty of care to educate their students on the research and application of wellbeing and implement interventions aimed at increasing the optimal functioning of their students and staff, thus hopefully reducing the incidence of mental illness which often appears during the early stages of puberty.

At Geelong Grammar, the implicit teaching of positive education takes place at each year level across all aspects of school life: academic subjects, pastoral life and the co-curriculum program. Explicit teaching is delivered in Year 7 and Year 10 through specific positive psychology programs. Anthony Seldon from Wellington College in the UK is another pioneer in this field who embarked on a series of initiatives to 'teach happiness' or, as he explains it, "provide students with tools with which to nurture happiness themselves". At Wellington College, girls and boys in years 10 and 11 (aged 14+ and 15+) complete a 40-minute

### GRAY'S POINT PUBLIC SCHOOL (SYDNEY) WELLBEING PROJECT

The Gray's Point Public School Wellbeing Project is a multi-layered project that commenced with teacher training in positive psychology. Following this, a number of whole school programs were developed based on the teaching of values. This included Grandparents Day where 'Learning from the Lives of Others' was celebrated following classroom work on 'Gratitude and Respect'. Another important part of the project was the Year 6 leadership training, where students were taught the skills of wellbeing and emotional first aid so they could act as wellbeing monitors of

the school (using their signature strengths). The school then ran a lunchtime program called 'Playground Post' and 'Friendship Tree' (anti-bullying strategies), where Year 6 leaders administer emotional first aid to younger students who need help in the playground. Teachers use the language of positive psychology in the classroom and have developed activities that fit within the curriculum. The Wellbeing Project has now been expanded to a community of schools in the area.

timetabled lesson on the skills of wellbeing every fortnight for two years. The lessons provide them with an understanding of what factors help a life to thrive and flourish, as well as teaching them some practical skills for everyday use ([www.wellingtoncollege.org.uk](http://www.wellingtoncollege.org.uk)).

There are also a growing number of schools embracing positive psychology interventions (PPIs). PPIs are intentional activities that aim to increase wellbeing through the cultivation of positive feelings, cognitions and behaviours (Sin & Lyubomirsky, 2009). Examples of PPIs include: identifying and developing strengths; cultivating gratitude; and visualising best possible selves (Seligman et al., 2005; Sheldon & Lyubomirsky, 2006). A meta-analysis conducted by Sin and Lyubomirsky (2009) of 51 PPIs with 4,266 individuals revealed that PPIs do significantly increase wellbeing and decrease depressive symptoms. Whilst these studies are very promising, further research is required given the majority of studies were conducted using adults. Research on adolescent populations is still in the formative stages.

Despite this shortfall in research, interest in applying PPIs with youth and in schools is growing rapidly, and empirical research must continue to ensure the application of positive psychology does not overtake the scientific evidence (Norrish & Vella-Brodrick, 2009). Accordingly, there is an urgent need for further research on PPIs and whole school programs. Unfortunately the positive education program conducted at Geelong Grammar was not, to the authors' knowledge, scientifically evaluated. Further research will ensure that the most reliable and valid PPIs are being adopted to assist in increasing social and psychological wellbeing and potentially achieve savings in mental health costs. The authors have recently commenced two positive education research studies aimed at addressing this research shortfall. One study includes a three-year, strategic positive education program at Knox Grammar School, a Sydney private boys school, being scientifically evaluated by the University of Wollongong. The second study is a randomised controlled trial comparing evidence-based coaching and a positive psychology intervention with Year 11 students at two Sydney selective public high schools. This research is supported by a research grant from the Institute of Coaching, McLean Hospital, Harvard Medical School.

### **Positive psychology and coaching psychology in schools: Creating positive schools**

Positive schools have been defined as ones in which students experience predominantly high levels of subjective wellbeing in the form of positive emotions and positive attitudes towards school (Huebner et al., 2009). It is suggested here that the combination of positive psychology and coaching psychology can be utilised to enhance wellbeing and optimal functioning and hence support the creation of positive schools. As an applied positive psychology, evidence-based coaching has been shown to increase wellbeing, goal striving, resilience and hope in both adults and adolescents. Research at the University of Sydney has given preliminary support for the use of evidence-based coaching in educational settings for both students and teachers (Green, Grant & Rynsaardt, 2007; Grant, Green, & Rynsaardt, 2010).

However, despite growing interest, these approaches currently primarily operate in isolation from each other. For example, a

school that might undertake leadership coaching for staff may not necessarily be engaged in a large-scale positive education program such as that undertaken at Geelong Grammar. Similarly, schools that may have wholeheartedly embraced positive psychology may not have even considered evidence-based coaching, believing it to be mostly utilised in organisational settings.

It may be argued that both approaches lead to increased wellbeing and hence it is not necessary to utilise both approaches simultaneously. For example, if a school were to train staff and students in coaching with the aim of creating a coaching culture (e.g., Hayes Park School in the United Kingdom), research would suggest that this would support enhanced wellbeing of both staff and students. Why then would a school need to provide training in positive psychology and offer additional PPIs? Alternatively, why might a school that was interested in creating a large scale positive education program aimed at increasing staff and student wellbeing, require additional education and training in coaching?

Research has shown that coaching can enhance transfer of training (Olivero et al., 1997). Coaching provides the opportunity to practice and obtain constructive feedback regarding the subject matter learned during training. As such, any explicit training in positive psychology principles and practices could be enhanced through the use of coaching to support the transfer of training and sustain the ongoing application in daily life, thus reducing relapse. We would argue that any school providing training in positive psychology should consider the use of evidence-based coaching as a methodology to increase retention of knowledge, enhance transfer of training and be an integral part of a sustainability strategy.

### **What does the future hold for positive education?**

Future research needs to extend applications of PPIs and coaching psychology and, more importantly, define how these two sub-fields may be more closely integrated to improve outcomes for students, staff and school. Additionally, studies on the use of PPIs in clinical settings is currently scant, therefore future research needs to also address issues such as mental health screening prior to undergoing a PPI or evidence-based coaching intervention.

### **Conclusion**

Both positive psychology and coaching psychology have much to offer schools. However, to increase sustainability, the successful integration and strategic application of both approaches is required. Clonan et al. (2004) highlight the need to customise each program to the specific needs of the school. There is a pressing need for further research on such programs and the need for expert external consultants and educators to work collaboratively with schools to create and evaluate individualised programs. ■

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*A list of references cited in this article can be found in the online version of the article ([www.psychology.org.au/publications/inpsych/2011/april/green](http://www.psychology.org.au/publications/inpsych/2011/april/green)).*





## Cover feature

Positive psychology: A flourishing field

# Positive psychology in the workplace

By Dr Peter Cotton FAPS, InsightSRC and Medibank Health Solutions, and Dr Peter Hart MAPS, InsightSRC and Deakin University

**P**ositive psychology has certainly had a significant impact in the corporate world: across all industry sectors, leadership and organisational development programs have incorporated positive psychology concepts; ‘psychological wellness’ is being increasingly accentuated in workplace wellbeing programs; and ‘stress management’ training has long been overtaken by ‘resilience building’ workshops. The focus of this article is at the evidence-based end of the spectrum, and we provide an overview of a particular organisational research tradition and associated interventions that have validated and extended key positive psychology concepts and practices in the workplace.

### Organisational health framework

The organisational health framework (Hart & Cooper, 2001) delineates how key individual and organisational factors interact to determine levels of employee wellbeing and organisational performance. In contrast to the traditional emphasis in the work stress literature on the consequences of negative work experiences, this approach highlights the role of positive work experiences and positive emotional responses. Thus as we have previously noted, problems with wellbeing in the workplace may not necessarily be caused by adverse work experiences, but can also be caused by a low level of positive work experiences and positive emotional states (Cotton & Hart 2003).

Organisational health research has shown that both positive emotional states (morale) and negative emotional states (distress) make independent contributions to overall levels of employee wellbeing. Moreover, this research has demonstrated that levels of employee morale directly contribute to a range of people and performance-related outcomes including discretionary performance, aspects of task performance and a range of withdrawal and counterproductive behaviours (Hart, 1999; Hart & Cotton, 2001; Hart & Cotton 2003). It is this emphasis on the antecedents and consequences of employee positive emotional states that links the organisational health framework with the rapidly evolving positive psychology tradition.

The original organisational health research program, based at the University of Melbourne, had National Health and Medical Research Council funding and developed the metrics and a range of measurement tools that accurately and reliably assess a wide range of ‘soft’ workplace factors including: key aspects of people leadership capability; work team climate; positive and negative work experiences; psychological injury risk; withdrawal behaviours; counterproductive behaviours; job satisfaction; and individual and workgroup levels of morale and distress. Research using these survey-based tools across a wide range of industry sectors has confirmed one of the central tenets of positive psychology: increases in positive emotions have a more significant

impact on employee wellbeing and a range of other people and performance-related outcomes than a comparable reduction in levels of employee negative emotions (Cotton & Hart, 2003; Hart, Caballero & Cooper, 2010).

### Key drivers of wellbeing and organisational performance

Given that employee morale significantly influences a range of important workplace outcomes, what are the major determinants of morale? Key workplace drivers of employee morale have been found to include supportive leadership (e.g., empathy, approachability, support, role modelling behaviours, delegation and proactive engagement with at-risk staff) and a positive and engaging workgroup climate. Indeed, as shown in Figure 1, these factors have typically been found to explain approximately 60 percent of the variation in individual employee morale, and 80 percent of workgroup level morale<sup>1</sup>.

Based on extensive research and evaluation of leadership and workgroup development programs, our climate framework has been reformulated into a four factor model, shown in Figure 2, which is focused on delineating the cultural pillars that underpin the work team environment.

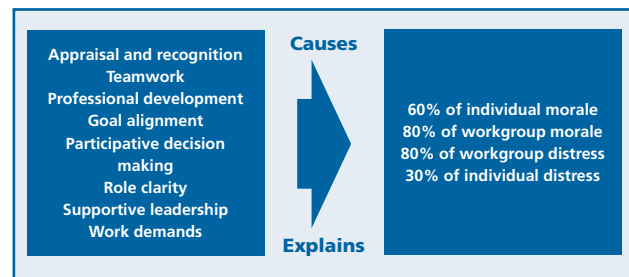


Figure 1. Key drivers of staff wellbeing

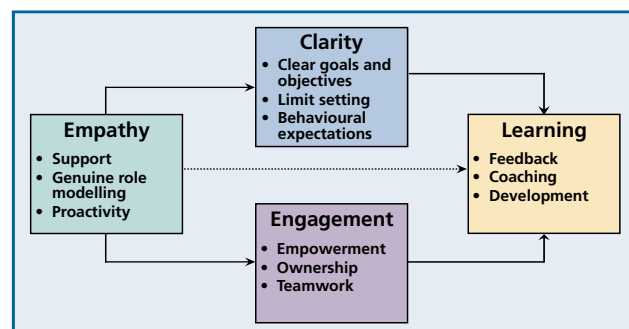


Figure 2. Four factor model of key cultural elements underpinning workteam climate

<sup>1</sup> The distinction between individual and workgroup levels of morale and distress is based on findings that individuals reliably differentiate between their personal and team level experience of morale and distress (Hart & Cooper, 2001).

Ongoing organisational health research suggests that these four elements determine the overall quality of the team environment and significantly influence employee motivation, wellbeing, discretionary effort and customer experience.

### **Learnings from evaluating leadership and workgroup development programs**

Precisely parallel with positive psychology findings concerning clinical psychopathology (e.g., Seligman's work on positive psychotherapy for depression), research shows that organisational interventions designed to increase employee morale, without addressing levels of employee distress as such, can result in significant improvements on a range of people and performance-related outcomes (Cotton & Hart, 2003). For example, positive development programs have been shown to increase staff engagement and reduce a number of negative people-related outcomes (Hart et al., 2011). Such programs include: (a) building supportive leadership capability through strategies that foster genuine two-way feedback and enhance leader behavioural integrity; (b) facilitating staff discussion and professional debate to address operational challenges – rather than simply directing them around what to do; (c) proactively clarifying values and behavioural expectations; (d) increasing the level of informal and development oriented feedback; and (e) empowering representative staff project teams to drive business improvement initiatives.

It must be emphasised here that we are referring to organisational and workgroup level interventions, rather than individual employee level interventions. Moreover, it is critical to note that whilst positive workgroup level interventions can be very powerful, they are not, solely by virtue of their nature, a magical panacea; achieving sustainable improvement requires the application of particular approaches and certain pre-conditions to met.

We have implemented and evaluated leadership and development programs across a range of industry sectors including: health and community services; police; finance; primary, secondary and tertiary education; legal professionals; and local government. Some of these programs have achieved significant and sustained improvements whilst others have been less successful.

Key characteristics of successful programs include: use of action-learning methodologies that reflect adult learning principles; workgroup willingness to learn; establishment of a representative project team; appropriately up-skilling the project team to drive team-based initiatives; focusing interventions on root causes rather than symptoms; senior management support; and fine-grained accountability processes. Common features of less successful programs include: a leader's lack of core people management skills; turnover of key project team members; poor staff engagement mechanisms; and a lack of adequate accountability processes for achieving a change in the behaviour of leaders and team members (Hart et al., 2011).

To be successful, it seems that interventions must achieve a substantial change in team-based behaviours that inform the way people work together. Ultimately, we have come to believe that there are two major pathways towards achieving sustainable organisational improvement: fundamentally changing the cultural

pillars underpinning work team climate and/or substantially altering the organisation's selection and recruitment profile (Hart, 2011).

### **Workplace psychosocial risk**

Organisational health research findings support 'positive' workplace interventions that contrast with standard occupational hazard and risk management approaches that focus primarily on reducing workplace stressors and employee negative emotions. Of course, we cannot ignore stressors and employee distress, but emphasising positive interventions typically has more impact on key outcomes. Consider the example of complaints about excessive work demands. Frequently, we have found that improving leadership and work team climate results in significant reductions in employee concerns about workload and stress-related complaints – without changing the objective level of work demands (Cotton & Hart, 2002). From a positive psychology perspective, if we know a team has high morale and is still expressing concerns about work demands, then it will clearly be prudent to review and consider changing their actual volume and pacing of work demands.

In relation to psychological injury, a recent analysis of 262 consecutive pre-liability assessments (Cotton, 2011) found that one third of the cohort had low morale and sub-clinical distress features (i.e., no formal clinical diagnosis indicated). Unfortunately, these individuals currently seem more likely than not to receive 'adjustment disorder' diagnoses from medical practitioners and psychologists. They are then likely to embark on a medicalisation trajectory that carries an escalating risk for long-term disability. Generally, this group does not actually need clinical treatment at this phase of their injury. Rather, if they had access to an early pathway towards engaging in alternative employment, or implementation of appropriate conflict resolution processes, the risk for long-term incapacity could be substantially mitigated and early return to work achieved.

These findings may help to explain why outcomes for psychological injury have not greatly improved over the past decade.

### **Concluding comments**

At a macro organisational level, we do find correlations between an organisation's workers compensation premium and its dominant leadership culture. Hence, above and beyond individual level contributing features, organisational factors do substantially influence premium costs. Positive workplace interventions have an important role to play in improving employee wellbeing and organisational performance, as well as reducing psychosocial risk, but these need to be embedded in high quality and rigorous development and accountability processes. ■

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*A list of references cited in this article can be found in the online version of the article ([www.psychology.org.au/publications/inpsych/2011/april/cotton](http://www.psychology.org.au/publications/inpsych/2011/april/cotton)).*

<sup>2</sup> Whilst there is some evidence supporting particular interventions at the individual level, most of the recent crop of 'resilience training' workshops currently sweeping through the corporate market make very strong claims that are unsubstantiated.