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A Construal Approach to Increasing Happiness

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Seeking ever-greater happiness – or what researchers refer to as “subjective well-being” (SWB; Diener, 1984; Diener, Suh, Lucas, & Smith, 1999) – is an important goal for people in almost every nation (Diener, 2000). Indeed, ever since the pursuit of happiness had been immortalized in the *Declaration of Independence* as an inalienable right for all citizens, it has become ingrained in U.S. culture. Yet, many appear unsuccessful in this pursuit. Although everyone undoubtedly knows friends, colleagues, neighbors, and acquaintances who are consistently positive and upbeat, it is not difficult to identify other individuals who are chronically down-and-out and dissatisfied with life. What accounts for these two affective predispositions? That is, why are some people happier than others, and is it possible to shift from being a generally unhappy person to a happier one?

To address these questions, we begin by discussing two contrasting theories of the determinants of happiness – *bottom-up* and *top-down* – and then introduce a new framework that incorporates both of these perspectives. Next, we describe several potential happiness-increasing practices and provide empirical evidence from our laboratory that supports their use to improve well-being in healthy individuals. Finally, weaving social and clinical psychology together, we consider how particular interventions to bolster happiness can inform interventions to alleviate clinical problems such as major depressive disorder and generalized anxiety disorder. Future directions for research on the pursuit of happiness and its applications to the clinical arena are then discussed.

Determinants of Happiness

The fast-growing area of positive psychology has focused on investigating positive human emotions (e.g., awe), positive behaviors (e.g., acts of kindness), and positive cognitions (e.g., optimistic thinking). To be sure, one of its central aims has been to elucidate the causes of

well-being. Efforts to understand what drives happiness have come to be guided by two major theoretical perspectives (Diener, 1984). The first, referred to as the *bottom-up* theory, postulates that happiness is rooted in an individual's life circumstances – for example, in day-to-day uplifts and hassles, as well as factors such as socioeconomic status, educational attainment, physical health and demographic variables such as age, gender, and race. Thus, according to the bottom-up perspective, happy people are the privileged and fortunate. They are simply those individuals who encounter relatively more positive and satisfying life events and those who have accrued the greatest advantages in life. Complicating matters, the causal pathway between happiness and advantages in life is bidirectional, as happy people have been documented to be more likely to attain success in work, social relationships, and health (Lyubomirsky, King, & Diener, 2005). All in all, although the bottom-up theory is fairly intuitive, it has not received much support in the literature (Myers & Diener, 1995). Rather, studies have consistently shown that the average person's objective circumstances are less predictive than one might expect of how happy he or she is likely to be (for classic reviews, see Andrews & Withey, 1976; Campbell, Converse, & Rodgers, 1976).

In contrast, the *top-down* theory argues that happiness is not caused by external variables (such as people's objective life circumstances), but, rather, is the product of biological or temperamental factors that direct behaviors and cognitions (Diener, 1984). These top-down forces are thought to act on individuals' personalities and ultimately to color their everyday perceptions of the world.

Not surprisingly, support for the top-down theory of happiness comes from research investigating the biological, or temperamental, underpinnings of well-being. For example, in an oft-cited study from the field of behavioral genetics, Lykken and Tellegen (1996) showed that identical twins reared apart are substantially more similar in well-being than are fraternal twins

reared either together or apart, suggesting that genes may have a powerful effect on happiness. Remarkably, as these researchers reported, the well-being of one's identical twin, either today or 10 years earlier, is a better predictor of one's happiness than one's current educational attainment, income, or status. Thus, there appears to be a strong innate biological component to happiness that is likely to have a global "trickle-down" effect on how people think about, behave, and experience the world around them.

The top-down theory of happiness is further supported by the study of personality. Several personality traits, which are by definition stable across time and consistent across situations (Allport, 1955), have been shown to be related to two aspects of well-being – positive affect (PA) and negative affect (NA). Numerous studies have demonstrated that people who are extraverted have high levels of PA, and people who are neurotic have high levels of NA (Costa & McCrae, 1980; Emmons & Diener, 1985). Furthermore, these associations are so strong that whether or not a particular individual is extraverted or neurotic predicts how happy he or she will be 10 years down the line (Costa, McCrae, & Zonderman, 1987). Hence, evidence connecting personality traits to well-being also points to the possibility that happiness may be largely driven by top-down temperamental forces.¹

In their seminal review, Diener and colleagues (1999) summed up the current state of research on theories of well-being as following a trend from a focus on bottom-up perspectives to top-down perspectives. Of course, much like the dichotomy between nature and nurture, the distinction between top-down and bottom-up theories is likely overstated and not necessarily constructive. Indeed, the integration of these two theories is essential to providing the most comprehensive portrayal of happiness (Brief, Butcher, George, & Link, 1993; Diener, Larsen, & Emmons, 1984; Emmons, Diener, & Larsen, 1986; Headey & Wearing, 1989; Lyubomirsky, 2001). Our *construal model of happiness* is essentially a top-down model that incorporates the

importance of bottom-up factors.

The Construal Model of Happiness

The construal model of happiness holds that objective life circumstances indeed play a critical role in well-being but are poor predictors of happiness because their effect on happiness depends largely on how they are construed, perceived, or compared to others (i.e., on top-down processes; Lyubomirsky, 2001). For example, whether one is married or an accountant or a city dweller will only make a person happy if he or she actively judges these circumstances to be positive, satisfying, and meaningful. Similarly, having an annual income of \$100K might be construed as satisfying if one's peers are making \$50K but dissatisfying if one's peers are making \$250K (e.g., Solnick & Hemenway, 1998). In these instances, the *interpretation* of one's circumstances plays an integral role in determining well-being.

Accordingly, both bottom-up and top-down forces influence how happy or unhappy people are – that is, both circumstances (e.g., being married or wealthy) and temperaments (e.g., possessing a generally positive perspective or an extraverted disposition) affect well-being. Their joint effect is a property of the interaction between people's objective social worlds and the way that they subjectively interpret them.

According to the construal model, people are happier when they interpret their life circumstances in an optimistic “glass-is-half-full” fashion (e.g., “I am an excellent candidate for the job”), and this is true regardless of how “ideal” their circumstances may actually be (i.e., whether or not they are truly qualified and competitive for the job). Indeed, a wealth of research suggests that the way people construe their circumstances can impact their well-being (for reviews, see Diener et al., 1999; Lyubomirsky, 2001). As just one example, a strong positive relationship exists between how satisfied people are with their life circumstances averaged across various domains (e.g., finances, health, friendships, family relations, education, etc.) and how

happy overall they report themselves to be (Argyle, 1987; Campbell, 1981; Dickerhoof & Lyubomirsky, 2008; Diener et al., 1999). That is, although abundant data show that objective life circumstances (such as socioeconomic status or educational attainment) are not strongly related to well-being, *subjective* appraisals (i.e., how people feel about these circumstances) *are* correlated with well-being. Furthermore, the effect of life circumstances on happiness depends on whether people have an optimistic outlook on life (a top-down factor) – particularly when life circumstances are seen to be relatively poor (a bottom-up factor; see Figure 1²). That is, having an optimistic disposition seems to buffer relatively less fortunate individuals from their less-than-ideal lives and prevents them from being unhappy (Dickerhoof & Lyubomirsky, 2008).

In sum, how people construe and think about (using top-down processes) objective events and situations in their lives plays an important role in determining how happy they are. An important practical question to ask concerns what unhappy people can learn from their happier peers about more adaptive ways to interpret and experience their social realities. Happy and unhappy individuals respond differently (in a top-down fashion) to their social environments, and these responses appear to reinforce happiness in happy individuals and maintain or even bolster unhappiness in unhappy ones (Lyubomirsky, 2001). For example, happy people report higher self-esteem and greater optimism (e.g., Lucas, Diener, & Suh, 1996; Lyubomirsky & Lepper, 1999; Lyubomirsky, Tkach, & DiMatteo, 2006; Tarlow & Haaga, 1996), are better able to derive positive meaning from negative events (Folkman, 1997; Lyubomirsky & Tucker, 1998), and feel a stronger sense of mastery or control over their own lives (Bandura, 1997; Grob, Stetsenko, Sabatier, Botcheva, & Macek, 1999; Lyubomirsky et al., 2006). Furthermore, happy people have more confidence about their abilities and skills (Totterdell, 2000), are more assertive (Schimmack, Oishi, Furr, & Funder, 2004), and use more humor (e.g., Martin & Lefcourt, 1983; Nezu, Nezu, & Blissett, 1988), spirituality, and faith when coping with life stressors than do their

unhappy counterparts (e.g., McCrae & Costa, 1986; McIntosh, Silver, & Wortman, 1993; Myers, 2000). Finally, happy people are less likely to be characterized by two tendencies that have a negative impact on well-being – namely, dwelling excessively on themselves and their problems (Lyubomirsky, Caldwell, & Nolen-Hoeksema, 1998; Lyubomirsky, Boehm, Kasri, & Zehm, 2007; Lyubomirsky, Tucker, Caldwell, & Berg, 1999) and regularly comparing themselves to others (Lyubomirsky & Ross, 1997; Lyubomirsky, Tucker, & Kasri, 2001).

The correlational research described thus far does not establish the causal direction between happiness and positive and adaptive behaviors and cognitions. Alternative methods are necessary to determine whether happiness causes positive thinking and constructive coping or, alternatively, whether optimistic interpretations of the environment make people happy. Thus, the question remains whether employing strategies that promote adaptive interpretations (such as positive thinking) and that inhibit maladaptive construals (such as pessimistic rumination) can inform interventions to improve well-being. This possibility, and the small but growing number of experimental studies supporting it, is addressed next.

Can Less Happy People Become Lastingly Happier?

Using adaptive strategies to cope with daily experiences and to interpret circumstances in relatively positive ways – for example, thinking optimistically or avoiding upward social comparisons – appears to come naturally to happy people. Those who are predisposed to be unhappy, however, appear to be characterized by relatively more maladaptive and negatively-biased cognitions and behaviors, suggesting that a top-down, hard-wired, genetically-determined, and stable “set point” or happiness baseline contributes to how people interpret their realities. If this is true, then increasing happiness may be a very difficult, if not futile, endeavor (Lykken & Tellegen, 1996). Indeed, unlike many clinically diagnosed disorders, which are generally treatable

to varying degrees, a person's level of happiness has not always been viewed as a state that he or she can elevate with a little effort and hard work.

Challenging this pessimistic perspective, we argue that a predisposition for unhappiness is a condition that can be effectively "treated" using a number of behavioral and cognitive therapies (For a classic meta-analysis on the effectiveness of such therapies, see Smith, Glass, & Miller, 1980). That is, happiness too can be changed for the better (Lyubomirsky, Sheldon, & Schkade, 2005). Indeed, some positive psychologists argue that helping people become lastingly happier should be the field's ultimate goal (e.g., Seligman, Steen, Park, & Peterson, 2005).

Yet, our scientific understanding of how to actively pursue and attain happiness is still in its infancy. That is, although a plethora of research exists devoted to the alleviation of maladaptive conditions such as anxiety or depression, only a handful of studies at present have empirically addressed the possibility of increasing people's happiness (for examples, see Fordyce, 1977, 1983; Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2007; Seligman et al., 2005; Sheldon & Lyubomirsky, 2006; Tkach, 2005).

Lyubomirsky and her colleagues (2005) recently developed the sustainable happiness model, which argues that the most promising route to increasing happiness is through the intentional and committed practice of cognitive, behavioral, and goal-based activities associated with enhanced well-being. Evidence is mounting to support their model. For example, work by Lyubomirsky and colleagues has shown that well-being can be improved over both short-term periods (such as 4 weeks) and longer durations (up to 9 months) when people are motivated to engage in adaptive or positive behaviors and cognitions (see Lyubomirsky, Dickerhoof et al., 2007; Lyubomirsky, Sheldon et al., 2005; Sheldon & Lyubomirsky, 2006; Tkach, 2005). The sustainable happiness model further has predictions about the variables that moderate and mediate the effectiveness of any particular happiness-enhancing activity. In other words, the

ways in which the activities are ultimately carried out should affect their efficacy. Specifically, the timing, variety, and frequency with which these activities are practiced – as well as the degree of authentic motivation that one has to engage in them – are hypothesized to impact their ability to be effective. These issues are addressed next.

For example, supporting the role of timing in the efficacy of happiness-enhancing strategies, Lyubomirsky and her colleagues (2005) showed that practicing five acts of kindness in one day (e.g., opening the door for a stranger, doing a roommate's dishes, or taking out a neighbor's trash) increased well-being over a 6-week period relative to a no-treatment control group. This effect was not found, however, for those asked to carry out five kind acts sporadically over a 7-day period, suggesting that optimal timing may impact a person's ability to benefit from this behavioral happiness-enhancing strategy.

A subsequent relatively more intensive 10-week intervention examined the benefits of engaging in acts of kindness toward others (Tkach, 2005). In this experiment, regularly and faithfully engaging in generous acts also improved well-being; however, varying the types of acts committed (i.e., consistently bestowing different kindnesses) was more happiness-promoting than engaging in the same activities week to week. This study thus highlights the importance of taking advantage of *variety* when practicing acts of kindness toward others.

Another 6-week intervention was designed to test the effects of practicing the cognitive happiness-increasing strategy of grateful thinking (Emmons & McCullough, 2003; Lyubomirsky, Sheldon et al., 2005). In this study, participants were asked simply to focus on things for which they were grateful (e.g., "a healthy body," "parents," and "friends"). This strategy improved well-being (relative to controls) when practiced once a week but not when over-practiced (i.e., when performed 3 times a week). Thus, *frequency* may play a critical role in the effect of expressing gratitude on well-being; specifically, excessive engagement in this cognitive strategy

(or, potentially, any other known happiness-enhancing activity) could actually be unhelpful or even detrimental (however, see Emmons & McCullough, 2003, for somewhat divergent results, although their dependent variables involved transient feelings of well-being immediately after *participants counted their blessings as opposed to pre- versus post-intervention*).

A 4-week experimental study examined the short-term effects of expressing gratitude and yet another cognitive strategy – practicing optimistic thinking – on positive and negative affect (Sheldon & Lyubomirsky, 2006). In this study, people who practiced gratitude and optimism (relative to controls) experienced greater self-concordance (i.e., identification with and interest in continuing these exercises; Sheldon & Elliot, 1999), which, in turn, was associated with more frequent practice of these activities. Finally, and most important, the more frequently participants practiced these exercises, the greater gains in positive affect they obtained. Thus, intrinsic drive and interest in a given happiness strategy, as well as the effort invested in it, appear to contribute to its effectiveness.

To build on our findings with respect to self-concordance (or “intrinsic interest”), we sought to examine the effect of motivation to become happier on the extent to which a person is likely to benefit from practicing a happiness-enhancing activity. To this end, we asked students to choose between two posted studies – one purported to be a “happiness intervention” and the other advertised to be a “cognitive exercises” experiment. (In reality, these were both the same study; Lyubomirsky, Dickerhoof et al., 2007.) The purpose of providing two study options was to divide our participants into two groups – those who were intrinsically motivated to become happier (i.e., those who chose the happiness intervention) and those who were relatively less motivated or interested in becoming happier (i.e., those who chose the study about cognitive exercises). To ensure that students who signed up for the “happiness intervention” would not report greater gains in happiness simply due to expectancy effects, at an initial lab meeting, all

participants – regardless of the “study” they chose to participate in – were told that the experiment should make them happier. At this point, students were randomly assigned to participate in one of three experimental conditions for 15 min a week over an 8-week period – that is, to express gratitude, to practice optimism, or to engage in a comparison control activity (i.e., keeping a list of what happened over the past 7 days). The results of this experiment revealed that people who were more motivated to become happier began the study with the same baseline levels of happiness but were generally more likely to benefit from the happiness activities than were those who were relatively less motivated. Indeed, our “motivated” participants who practiced either optimism or gratitude continued to report gains in well-being up to 9 months after completing this experiment relative to both “non-motivated” participants and controls. This pattern of results suggests that intrinsic desire to be happier may be crucial to accomplishing this goal.

Thus, growing evidence supports the notion that people can indeed become happier by intentionally and willfully practicing positive behavioral and cognitive strategies (e.g., focusing on strengths rather than weaknesses, working to think more positively, demonstrating gratitude, or doing things for others; for details about happiness-enhancing activities performed in other laboratories, see Fordyce, 1977, 1983; Seligman et al., 2005; Seligman, Rashid, & Parks, 2006). Furthermore, the research evidence speaks to the importance of considering variables such as timing, variety, frequency, self-concordance, and motivation when practicing happiness-increasing strategies. That is, there appear to be optimal ways to carry out any given strategy (e.g., not to over-practice gratitude) and knowing what is optimal can help people magnify the benefits obtained from engaging in these activities. Additionally, elucidating precisely *how* these activities lead to increases in well-being has potentially important ramifications. That is, why does practicing positive behaviors and cognitions make people more happy (or less unhappy)?

What are the underlying mechanisms brought about by engaging in these activities that ultimately cause gains in well-being?

Although this question has not been well-studied to date, a few investigations are beginning to examine potential mediators of the effects of practicing happiness-enhancing strategies on well-being. For example, in his kindness intervention, Tkach (2005) demonstrated that one potential mechanism (or mediator) of the effects of practicing acts of kindness on gains in happiness is the perception of gratitude from the target of the kindness. That is, participants who dispensed kindnesses in this experiment recognized that the recipients were grateful and appreciative of their help, and this perceived appreciation led them to experience greater boosts in happiness. Likewise, in Lyubomirsky, Dickerhoof et al.'s (2007) intervention examining the importance of motivation, expressing optimism or gratitude on a weekly basis led people to report feeling happier, and this effect was mediated by increases in positive perceptions of their lives (see Figure 2). In other words, the participants became happier after expressing gratitude or optimism precisely because these activities prompted them to interpret their lives in a more positive manner. Indeed, by the end of the experiment, participants reported that they were more satisfied with their life experiences than they had been at the beginning of the study, even though objective raters judged that their circumstances were actually deteriorating.³ Thus, both these studies suggest that one potential explanation for why happiness strategies increase well-being is that intentional happiness-enhancing activities change (for the better) how people construe their situations.

Consistent with these findings, Lichter, Hayes, and Kammann (1980) attempted to increase happiness by using two cognitive activities to “retrain” participants’ mindsets to think more positively. The first retraining activity had participants engage in eight 2-hour discussion sessions (conducted over a 4-week period) focused on how to combat irrational beliefs about the

self. As predicted, participating in these discussion groups led to improvements in happiness relative to a control group, both immediately after completing the intervention and 6 weeks later. In the second retraining activity, participants were asked to rehearse positive statements about the self over a 2-week period. Not surprisingly, people who “retrained” their thinking in this manner reported gains in well-being, as well as reductions in depressive symptoms, relative to control participants. Although a number of alternative explanations may account for these activities’ effectiveness (e.g., placebo effects, demand characteristics, or group support effects), it is reasonable to assume that the “retraining” activities did change participants’ construals, which ultimately made them happier.

Thus, in line with a construal approach to happiness, practicing positive intentional activities may directly combat the effects of negative construals (which characterize generally unhappy people), while simultaneously promoting the effects of positive construals (which tend to characterize generally happy people). In turn, such newly acquired positive perceptions of their circumstances may ultimately make people feel happier in much the same way that cognitive-behavioral therapy (CBT) alleviates depression (Beck, 1967; Beck, Rush, Shaw, & Emery, 1979).

Clinical Implications

Converging research shows that happiness can be increased – even over relatively long periods of time – when people engage in a variety of adaptive behavioral and cognitive activities. A question for clinical and counseling psychologists is whether these findings are only relevant to efforts to improve well-being in healthy individuals or whether they may also be useful to apply to interventions designed to alleviate clinical disorders such as generalized anxiety or major depression. That is, does understanding how to improve well-being help us better understand how to treat ill-being?

To be sure, some researchers have proposed that an important root of depression – as well as social anxiety – is a deficit in positive affect (Brown, Chorpita, & Barlow, 1998; Chorpita, Plummer, & Moffitt, 2000; Davidson, 1993; Kashdan, 2002; Watson, Clark, & Carey, 1988). That is, evidence suggests that depressed people with the greatest positive affect deficits are the least likely to recover from their debilitating condition (Rottenberg, Kasch, Gross, & Gotlib, 2002). Accordingly, because positive practices like expressing gratitude, practicing optimism, and being generous can enhance positive emotions (Lyubomirsky, Dickerhoof et al., 2007; Sheldon & Lyubomirsky, 2006; Tkach, 2005), they may also be able to effectively alleviate depression and other problems (e.g., generalized anxiety or social anxiety). However, little is currently known regarding which goal – enhancing positive emotions versus decreasing negative ones – is more important.

Studies testing Fredrickson's (2001) broaden-and-build model of positive emotions have demonstrated that positive emotions can “undo” the detrimental effects of negative emotions (Fredrickson & Levenson, 1998; Fredrickson, Mancuso, Branigan, & Tugade, 2000). Furthermore, daily positive emotion can mediate a person's ability to recover from stressful experiences (Ong, Bergeman, Bisconti, & Wallace, 2006). Thus, the positive affect produced by practicing intentional happiness-enhancing activities may mitigate the negative effects of depressive symptoms.

Furthermore, research in our laboratory (Lyubomirsky, Dickerhoof et al., 2007) shows that expressing gratitude and optimism not only increases happiness, but also reduces depressive symptomatology, as measured by the Center for Epidemiological Studies Depression Scale (Radloff, 1977). Specifically, practicing either gratitude or optimism over an 8-week period led to increases in positive affect 3 months after the intervention, which ultimately led to reductions in depressive symptoms at an even later date (6 months post-intervention; see Figure 3). These

findings indicate that one potential mechanism by which cognitive strategies alleviate depressive symptoms is the strategies' ability to increase positive emotions.

Given this knowledge, we believe that targeting *positive* behaviors can contribute to progress in developing effective strategies for reducing negative or maladaptive thoughts, behaviors, and emotions. Indeed, Parloff, Kelman, and Frank (1954) noted a half century ago that therapy should not simply be about the reduction of illness, but also about increasing personal effectiveness and comfort. Others point out that the road to recovering from adversity lies not just in repairing the negative, but also in engendering the positive (Ryff & Singer, 1996). Moreover, these researchers warn that the absence of positive well-being may actually make people more vulnerable to the presence of ill-being.

Fortunately, clinicians have already acknowledged the importance of focusing on and nurturing positive behaviors and emotions in clinical populations, ranging from individuals suffering from schizophrenia (Ahmed & Boisvert, 2006) to incarcerated sex-offenders (Ward & Stewart, 2003; for an overview of this burgeoning paradigm focused on positive practices, see Tedeschi & Kilmer, 2005). As one example of this growing literature, Fava and his colleagues (Fava, Rafanelli, Cazzaro, Conti, & Grandi, 1998; Fava et al., 2005) used a positive psychological approach, referred to as Well-Being Therapy (WBT), to treat clients who are in the residual (i.e., recovery) phase of a number of affective disorders. This research suggests that a focus on positive experiences and adaptive functioning during a period when clients may begin to experience residual symptoms of their disorder may be valuable in helping to reduce relapse rates.

The primary purpose of WBT is to help clients maintain – and possibly even improve on – the psychological benefits obtained from standard therapy such as CBT. To this end, Fava and his colleagues (1998) randomly assigned clients experiencing residual symptoms of affective

disorders to receive either WBT or standard CBT. Both therapies consisted of eight 40-min sessions once every other week; however, in the first and second week of WBT (in contrast to CBT), clients were asked to identify only positive life experiences, no matter how short-lived, and to record those experiences in a diary. During the next three sessions (i.e., sessions 3-5), clients were asked to identify negative feelings and beliefs that interrupt thoughts about these initial positive experiences. Finally, in the last three sessions (i.e., sessions 6-8), clients were assessed on six dimensions of positive psychological functioning – autonomy, environmental mastery, personal growth, purpose in life, self-acceptance, and positive relations with others (Ryff, 1989), and impairment in each domain was discussed. The results of this experiment showed that WBT was at least as effective as CBT during the residual phase, and some evidence suggested that it was even more effective.

In another study examining the effects of WBT relative to CBT (Fava et al., 2005), clients who suffered from generalized anxiety disorder reported greater improvement in their illness immediately after treatment and 1 year later if they had received a combination of four CBT treatments followed by four WBT treatments (versus having received eight CBT treatments only). These results suggest that not only do positive psychotherapies work, but that using these types of therapies in conjunction with standard pathology-alleviating therapies (like CBT) to alleviate mental illness may be more effective than focusing on alleviating pathology alone.

Another group of researchers have also begun to test the promise of practicing positive psychological strategies not only to increase well-being, but to combat psychological disorders (Seligman et al., 2006). In the first of two studies to test this possibility, mild to moderately depressed individuals engaged in a 6-week 2-hours-per-week group intervention that required them to practice a novel positive strategy each week. These activities were 1) using personal strengths (e.g., empathy, courage, creativity) during daily life, 2) thinking of three good things

that recently happened (as well as their causes), 3) writing a hypothetical positive obituary of themselves, 4) making a “gratitude visit” (i.e., personally telling someone how grateful they are to them), 5) using “active-constructive” responding (i.e., reacting in a visibly positive and enthusiastic way to someone else’s good news), and 6) practicing savoring (i.e., taking time to truly enjoy something that they normally take for granted).

The results of this experiment provided clear-cut evidence that practicing positive psychological activities can not only increase life satisfaction, but can also alleviate symptoms of depression. Indeed, mildly depressed people who participated in this intervention were no longer depressed (and more satisfied with their lives) as long as 1 year after completing this study, whereas control participants continued to report mild to moderate depression levels.

In the second intervention to alleviate depressive symptoms, Seligman and his colleagues (2006) focused on individuals who met criteria for major depressive disorder. In the first two conditions of this experiment, participants were randomly assigned to receive so-called *positive psychotherapy* (PPT) or *treatment as usual* (TAU) – that is, any non-specific traditional strategy that the therapist found appropriate. Additionally, a third non-randomized condition, *treatment as usual plus medication* (TAUMED),⁴ was included to compare receiving the combination of traditional therapy and drug therapy with the PPT group and the TAU group, respectively.

Unlike the first study, which used a group approach to therapy, participants in this study met individually with a therapist in 14 sessions that took place over 12 weeks or less. Although the therapy sessions were tailored to each client’s specific issues and needs, for clients who received PPT, the therapist followed a protocol written and designed by Rashid and Seligman (in press). Generally speaking, the key distinction between PPT and TAU (or TAUMED) was a focus on positive, rather than negative, circumstances, behaviors, and emotions (for further details, see Seligman et al., 2006).

Again, the results of this study provided support for the use of positive psychological techniques in efforts to lift symptoms of mental disorders. Not only did PPT work to decrease symptoms of depression (as well as to increase happiness), it actually proved to be more effective than traditional therapy (the TAU group) and than traditional therapy used in conjunction with drug therapy (the TAUMED group). Furthermore, PPT led to higher remission rates relative to both TAU and TAUMED conditions.

Thus, initial evidence supports the contention that positive psychological practices can effectively combat mental disorders such as depression, in addition to boosting levels of happiness in clinical populations (for additional examples of positive psychological therapies, see Compton, 2004; Frisch, 2005; Lopez et al., 2004; Wong, 2006). We propose that the same mechanism that triggers increases in happiness in non-clinical samples also operates to decrease maladaptive symptoms, such as anxiety and depression, in clinical samples. That is, one potential explanation for these findings is that positive practices have the ability to change (for the better) how people perceive their social worlds. This thesis – that positive construals impact happiness – is, of course, entirely consistent with theories of depression that suggest that negative interpretations of life circumstances contribute to depressed mood (Abramson, Metalsky, & Alloy, 1989; Beck, 1967, 1991).

Indeed, the construal model of happiness converges well with clinical interventions that have alleviated ill-being by focusing on positive human attributes and behaviors. The success of such interventions point to the importance of jump-starting positive thoughts and experiences in order to shift ingrained negative cognitions and enhance well-being (Fredrickson, 2001). For example, Fava and colleagues (1998, 2005) attempt to reframe clients' negative cognitions about positive circumstances and experiences (e.g., "He only asked me out because he wanted to meet my friend" or "She offered me the promotion because no one else wanted it"), whereas Seligman

and colleagues (2006) ask participants to practice positive strategies (like using active-constructive logic and thinking about good things) that should combat negative thinking. Both activities draw on changing perceptions, interpretations, and construals.

Happiness-elevating activities such as practicing optimism, expressing gratitude, or committing acts of kindness may also be used alone or in conjunction with psychotherapies or pharmacological therapies to alleviate affective disorders. By promoting adaptive construals that may lead to gains in well-being (e.g., “I’ve been a very fortunate person” or “My future goals are more attainable than I had thought”), such activities offer a valuable approach to tackling maladaptive construals that fuel depressed mood. As described above, several studies have already employed positive psychological strategies to successfully alleviate problematic thoughts and behaviors symptomatic of clinical and subclinical depression and anxiety (in addition to successfully increasing happiness). Although it is not yet clear precisely how these activities “work,” changes in construals are likely to play a critical role (Lyubomirsky, Dickerhoof et al., 2007).

Conclusions and Future Questions

Although research is beginning to reveal the applications of happiness interventions in both non-clinical and clinical settings, we are still a long way from fully understanding *when* positive psychological practices should be implemented to optimize their effects and *how* these activities actually work to increase happiness and mitigate disorders such as major depression. For example, Fava and colleagues (1998, 2005) have noted that practicing positive strategies may be most effective in the residual phase of affective disorders; however, other researchers have demonstrated that positive psychotherapies may be used as the primary form of treatment (Seligman et al., 2006). Furthermore, much more work is needed to directly test the critical mediators underlying the effectiveness of happiness-enhancing activities in alleviating

depression – namely, variables such as positive construals (Lyubomirsky, 2001) and increases in positive emotions (cf. Lyubomirsky, Dickerhoof et al., 2007). Finally, the value of applying happiness interventions to other mental disorders with an affective component, such as addictions, eating disorders, and personality disorders, remains an open question for future research.

Future research in this area should focus on understanding the precise mechanisms through which positive psychological strategies produce gains in happiness and reduce symptoms of affective disorders. It is not enough to know what practices improve happiness and alleviate distress and pathology; rather, we need to understand the specific processes that account for such effects. To the extent that this aim is realized, researchers will be able to optimize positive psychological practices to make people happier and to successfully help those suffering from affective disorders to achieve a higher and lasting level of well-being.

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Footnotes

¹Notably, although personality and well-being are related to one another and both are fairly stable, research suggests that these two constructs are empirically distinct and that personality traits appear to be more stable than PA and NA (Vaidya, Gray, Haig, & Watson, 2002).

²Because the quality of life circumstances (low, medium, and high) were judged by the participants themselves (as opposed to independent observers), this bottom-up factor presumably has an added subjective component here.

³Our preliminary research findings suggest that adaptive cognitive strategies (such as expressing gratitude and optimism) improve the way people construe their environments, which ultimately leads to gains in well-being. However, it is also plausible that such cognitive activities may create an influx of positive experiences or encounters (e.g., practicing optimism may help people achieve goals, or expressing gratitude may improve social relationships), which may also act to increase well-being. Future interventions to increase happiness need to explore and distinguish these two potential mediators – that is, positive change in thoughts (i.e., subjective change in circumstances) and positive change in experiences (i.e., objective change in circumstances).

⁴Random assignment was not used in the TAUMED group due to ethical concerns about administering medication without acknowledging clients' preferences for drug treatment.

Figure Captions

Figure 1. The effect of perceived life circumstances on happiness in individuals with high versus low optimism.

Figure 2. Perceived experience satisfaction mediates the relation between practicing a happiness-increasing cognitive strategy and gains in well-being.

Figure 3. Increased positive affect mediates the relation between practicing a happiness-increasing cognitive strategy and reductions in depressive symptoms.





