

THE CLINICAL PRACTICE OF WELLBEING

JOLANTA BURKE CONSIDERS THE CONTRIBUTION THAT POSITIVE PSYCHOLOGY CAN MAKE IN THE THERAPY ROOM

Frank was not happy, but neither was he sad. He had spent three years in therapy and while he no longer suffered from depression, he did not feel good either. It was as if something was missing in his life, something he could not quite put his finger on. He explained that, if he thought of his progress in terms of a scale, therapy had helped to him move from minus five to zero, but what he really needed was something to help him climb to plus five.¹

Therapy usually focuses primarily on pathology; the aim of a therapeutic intervention is often a reduction in symptoms of mental illness, rather than the attainment of wellbeing.² Achieving positive, or even optimal human functioning is seen by psychiatrists and other mental health professionals as a luxury on which they cannot afford to focus.³ In the same vein, any forms of positivity are often seen merely as by-products of therapy, rather than as aims or vehicles for change.

When measuring clients' wellbeing, tools such as the General Health Questionnaire (GHQ),⁴ Beck Anxiety Inventory (BAI),⁵ or the Centre for Epidemiologic Studies Depression Scale (CESD)⁶ are used. The objective of these tools is to identify how sick clients are, and their greatest limitation

is that they don't actually measure wellbeing.⁷ This is where the science of positive psychology can help.

POSITIVE PSYCHOLOGY

Positive psychology is a field that was established almost 20 years ago, with the aim of expanding knowledge about what it means for individuals and communities to thrive psychologically.² Rather than seeing 'positive' as the opposite of 'negative', scientists studied it as a separate entity with all its intricacies, which, at the time, were not well understood.⁸ This approach opened up an array of research topics that helped psychologists to appreciate what was 'right', rather than 'wrong', with people.⁹ The newly gained knowledge contributed immensely to further understanding of the concept of wellbeing, and the creation of evidence-based interventions to enhance wellbeing among both clinical and non-clinical populations.

From the positive psychological perspective, human beings, regardless of whether they experience mental health issues or not, have an abundance of resources at their disposal.¹⁰ The first step is to identify what these resources are, in order to help people to live a fulfilling life. A survey has shown that two out of three

people in the general population are unaware of their strengths.¹¹ This number could be even higher in the clinical population; this is why the mere identification of strengths is shown to lift depressive symptoms and enhance wellbeing for at least two months.¹² Psychological resources can also be used to enhance resilience and protect people from the negative effects of adversity.¹³ Furthermore, tapping into the unrealised resources that people have can help them cope with life challenges more effectively.¹⁴ Therefore, a positive psychological perspective redirects people's perceptions of themselves and who they are towards their resources, rather than pathologies.

Traditionally, in the clinical context, the negative receives more attention than the positive,¹⁵ and weaknesses and deficits often become the focus of client work. This is why the positive psychological perspective can transform a clinical practice. A simple task of priming therapists' attention to their clients' strengths at the beginning of each therapy session resulted in improved therapy outcomes.¹⁶ Personalising CBT to clients' strengths, instead of their deficits, has also been shown to lead to better therapy outcomes.¹⁷ The refocus from deficit



to abundance can, therefore, be highly beneficial to clients.

The focus on abundance can also serve well as a relationship-building tool. When therapists work with their client's character strengths, the client's experience of counselling is reported as more positive and clients seem more satisfied with their counsellor at three-month follow up, in comparison to a traditional deficit approach.¹⁸ This may be due to the fact that they stop seeing themselves as 'broken', 'incomplete' or 'impaired'. Instead, they view themselves as more capable of becoming their authentic selves, which leaves a residue of positive affect after the therapeutic intervention.

FOCUS ON WELLBEING

Traditionally, wellbeing and illbeing have been placed on a linear spectrum in opposition to each other. Therefore, people were seen as either well, unwell or somewhere in between. This view changed, however, following a study carried out in the UK with over 6,000 participants.¹⁹ They were part of the *Health and Lifestyle Survey*, which interviewed over 9,000 people living in England, Scotland and Wales during 1984 and 1985 and then followed up with them seven years later. The questionnaire used in the study measured their illbeing and some

aspects of their wellbeing. The researchers found that a third of all participants, reported symptoms of illbeing – such as depression, or anxiety – alongside symptoms of wellbeing. This study has been fundamental in changing the way in which wellbeing is viewed; it is no longer conceptualised as the opposite of illbeing, but rather as a separate concept with its own elements that make life worth living.

The constituent elements vary, dependent on the wellbeing theory. According to subjective wellbeing theory,²⁰ a person who is well experiences high levels of positive emotions, lower levels of negative emotions and reports satisfaction with life. On the other hand, the psychological wellbeing theory posits that people are well when they experience high levels of self-acceptance, life purpose, autonomy, environmental mastery, personal growth and positive relationships.²¹ Yet another theory – the wellbeing theory – argues that wellbeing exists when five elements are all present, namely positive emotions, engagement, relationships, meaning and achievement.²²

These are just three of many theories of wellbeing. Each of them was created using a different approach, and thus offers a distinctive perspective on wellbeing. For

example, psychological wellbeing theory is generated by reviewing the findings from decades of psychological and psychotherapeutic research carried out by Freud, Jung, Frankl and others, whereas subjective wellbeing theory derives from interviews with people who were asked about what makes them happy. One approach is not necessarily better or worse than another, but rather they are different methods of identifying what it means to live a fulfilling life.

The most important aspect of the elements identified as constituting wellbeing is that they are independent from the symptoms of illbeing. This explains why some people have a presence of both depression and some elements of wellbeing. The existence of wellbeing elements in the midst of experiencing illbeing protects clients from succumbing to stressful events, thus significantly reducing their risk of relapse,²³ which in the case of mood disorders is high.²⁴ Developing wellbeing elements in tandem with reducing the symptoms of illbeing can help clients to recover faster from their adversity,²⁵ thus advancing their levels of resilience.

This synergy is further evident in the research on post-traumatic growth (PTG).

Post trauma, a relatively small percentage of people succumb to their adversity (between five and 35 per cent), with the vast majority able to recover from it and even grow.²⁶⁻²⁸ This growth can occur concurrently with symptoms of illbeing,²⁹ which is why as many as 70 per cent of people experience growth in at least one domain of PTG, such as seeing themselves as stronger psychologically, relating to others, appreciating life more, seeing new possibilities or growing spiritually.³⁰ While PTG should not be the aim of a therapeutic practice, it can be facilitated by enhancing clients' wellbeing.

This is what happened to Frank, who was not well, despite not being ill. Even though he no longer experienced any symptoms of depression, his level of wellbeing was

POSITIVE THERAPY

Positive therapy is an array of approaches underpinned by the research on positive psychology.³² Therefore, practitioners of positive therapy do not focus solely on treating disorder, but help clients tap into and build their resources and enhance wellbeing.

There are at least three ways in which wellbeing can be used in therapy: firstly by creating an underlying philosophy of wellbeing during therapy; secondly by making wellbeing the goal of therapy; and finally by introducing techniques or interventions that are focused on enhancing wellbeing.³³ These interventions can be drawn from positive psychological research.

Positive psychology interventions (PPIs) are evidence-based vehicles for improving

disorders, as well as showing better outcomes one year later and acting as a preventative measure for relapse.⁴³ Therefore, positive psychology-informed therapies can serve as a method for both reducing illbeing and enhancing wellbeing.

THE WELLBEING OF THERAPISTS

Much of the research on the effect of therapy on therapists focuses on the negative aspects of their work, such as burnout,⁴⁴ compassion fatigue,⁴⁵ and vicarious traumatisation.⁴⁶ The wellbeing of therapists is, therefore, measured in terms of the presence and absence of illbeing.

Recently, the wellbeing of therapists in Ireland was assessed using a range of positive psychological questionnaires.⁴⁷ Among them was the Mental Health Continuum Scale,⁴⁸ which measured their level of languishing, moderate mental health and flourishing. While 25 per cent of the general population in Ireland is reported to flourish psychologically,⁴⁹ 73 per cent of therapists reported the same.⁴⁷ This indicates that therapists' higher level of wellbeing may act as a solid foundation for enhancing their clients' wellbeing, regardless of the presence or absence of illbeing.

SUMMARY

The evidence from the latest positive psychological research indicates that wellbeing is a separate construct to illbeing. In order to help clients recover from mental illness, as well as protect them from its reoccurrence, it is important for therapists to embrace both traditional and novel approaches to therapy, by applying positive psychology interventions or engaging with one of the positive therapy approaches. This can both enrich their practice and help them transform the lives of many people, such as Frank. He has managed to learn not only how to shield himself from depression, but also to master ways in which he can be well and, perhaps someday, can flourish. After all, the journey of life is so much more inspirational when we set out to reach the mountain tops than when we barely try to keep our heads above water.

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relatively low, which is why he did not feel content with his lot. Huppert³¹ argues that there are four levels of individual wellbeing: the first two represent people who are doing well and exceptionally well; then, there is a group of individuals with a mental disorder, meaning that they have many symptoms of illbeing; finally, there is a group of approximately 12-15 per cent of the population who, just like Frank, do not experience mental disorder, yet are not well. This languishing group is at a significantly higher risk of developing mental health problems over the following 12 months, than any other group. This is why working on reducing Frank's levels of illbeing - along with enhancing his levels of wellbeing - is one of the most effective ways of helping him to live a fulfilling life in the future.

As we grow and learn, our perspectives on life change, which is why our levels of wellbeing alter throughout our lifespans, increasing as we get older.¹ Nonetheless, helping clients boost their levels of wellbeing throughout their lives can help them achieve this faster. This is where positive therapy has a role to play.

clients' wellbeing. According to some reports, there are over 100 PPIs; however, not all of them are rigorously researched.³⁴ They include such interventions as counting blessings, acts of kindness and savouring, to mention just a few. To date, PPIs have been applied to various clinical populations, including people experiencing depression, anxiety, addiction, schizophrenia and other mental illness.³⁵⁻³⁷ They are seen as an effective supplement to other therapeutic approaches.³⁵

In addition to PPIs, other models of positive therapy have been created to help people improve their wellbeing. They include strength-based counselling,^{38,39} positive psychotherapy,⁴⁰ quality of life therapy,⁴¹ and wellbeing therapy.⁴²

Let us take, as an example, wellbeing therapy.⁴² It is a structured, problem-oriented approach, extending over eight sessions of 30 to 50 minutes in duration, which aims to enhance psychological wellbeing. When compared with traditional approaches, it has been shown to be significantly more effective in immediately reducing the residual symptoms of affective

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READER RESPONSE

The author would welcome feedback on this article. To contact her, please email jburke@uel.ac.uk