

# POSITIVE PSYCHOTHERAPY

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Positive Psychotherapy (PPT) is a therapeutic endeavour within positive psychology to broaden the scope of traditional psychotherapy. Its central premise is to address positive resources of clients such as positive emotions, character strengths and meaning -- in addition to treating symptoms—in treating psychopathology.

Accentuating positive resources may serve clients best not when life is easy, but when life is difficult. Because the human brain is hard-wired to attend and respond more strongly to negatives than to positives, psychopathology exacerbates this propensity. Therefore, accentuation of strengths, along with amelioration of symptoms is a better therapeutic approach. PPT seeks to balance attention and resources by engaging clients in discussions about, say, an injustice done whilst also focusing on recent acts of kindness. Similarly, along with insults, hubris and hate, experiences of genuine praise, humility and harmony are also deliberately elicited. Pain associated with the trauma is empathetically attended to whilst also exploring the potential for growth.

PPT is based on three assumptions (Rashid & Seligman, 2013). First, clients inherently desire growth, fulfillment and happiness instead of just seeking to avoid misery, worry and anxiety. Psychopathology engenders when the growth is thwarted. Second, positive resources such as strengths are authentic and as real as symptoms and disorders. These are not defenses, Pollyannaish illusions or clinical by-products of symptom relief that lie at the clinical peripheries without needing attention. The final assumption is that effective therapeutic relationships can be formed through the discussion and manifestation of positive resources, not only thorough lengthy analysis of weaknesses and deficits.

PPT is primarily based on Seligman's conceptualization of well-being (2002; 2011). Seligman decomposes wellbeing into scientifically measurable and manageable components such as positive emotion, engagement, relationships, meaning and accomplishment.

**How Does Positive Psychotherapy Work?** From the outset of PPT, clients deeply explore their strengths and other positive attributes. The therapist initiates this in the first session by building a congenial and positive relationship with the client by encouraging them to introduce themselves through a real-life story that shows them at their best (Rashid & Ostermann, 2009). Clients are asked to identify their signature strengths by completing an online strength measure, such as *Values In Action* (VIA; Peterson & Seligman, 2004). The therapist then helps clients devise ways to use signature strengths to foster engagement and solve problems that might be maintaining their symptoms. Clients are encouraged to develop practical wisdom through the careful consideration of which signature strength is relevant to the problem, whether it conflicts with other strengths (e.g., should one be honest or kind?), and translate abstract signature strengths into concrete actions (Schwartz & Sharpe, 2006). Furthermore, they are taught to strike a balance where strengths are underused or overused. Clients are then encouraged to write down grudges, bitter memories or resentments, and then discuss in therapy the effects of holding onto them, whilst also considering the option of forgiveness.

It is not uncommon for exercises employed in PPT to generate negative and uncomfortable emotions, and the therapist attends to these empathically. Despite what might be implied by the name, the focus of Positive Psychotherapy is not *exclusively* on the positive aspects of human experience. It would be naïve and utopian to conceive of a life without negative experiences. As such, PPT does not deny negative emotions nor encourage clients to see the world through rose-colored glasses. Rather it aims to validate these experiences, whilst gently encouraging clients to explore their effects and seek out potential positives from their difficult and traumatic experiences. This is encouraged because research has shown that such a thinking style promotes psychological growth in clients (Calhoun & Tedeschi, 2006). During these explorations the therapist needs to be careful to avoid offering empty platitudes, such as pointing out the positive opportunities that trauma, loss, or adversity may present for a person's development and growth. Amidst the warmth, understanding, and goodwill created in

the therapeutic milieu of PPT, listening mindfully and facilitating affective expression allows the therapist to help the client explore, reflect upon and notice both successes and setbacks. In so doing, clients can learn how to encounter negative experiences with a more positive mindset and reframe and label those experiences in ways that are helpful. By working diligently to articulate the genuine and authentic positives of the client's experience, the PPT therapist does not create a Pollyannaish or Panglossian epitome of happiness or a caricature of positive thinking. The therapist neither minimizes nor masks as positives, unavoidable negative events and experiences such as abuse, neglect, and suffering. Such issues are dealt with in PPT using standard clinical protocols.

**Mechanisms of Change:** Several PPT exercises aim to re-educate attention, memory, and expectations away from the negative and catastrophic, and toward the positive and the hopeful. For example, when a client keeps a gratitude journal the bias toward ruminating only about what has gone wrong is counteracted. The client is more likely to end the day remembering positive events and completions, rather than troubles and unfinished business. Similarly, the gratitude visit may shift a client's memory away from the unfavourable aspects of past relationships to savouring the good things about interactions with friends and family. This re-education of attention, memory, and expectation is accomplished verbally as well as via journal writing. As noted previously, the cultivation of positive emotions helps individuals to flourish. The identification and use of signature strengths allows them to think more deeply about their positive qualities which is likely to bolster self-confidence and prepares them to better handle adversities.

In conducting PPT, some caveats are in order. First, PPT is not prescriptive. Rather, it is a descriptive approach based on converging scientific evidence which documents the benefits of attending to the positive aspects of human experience. Second, PPT is not a panacea, nor is it appropriate for all clients in all situations. It is not a "one size fits all" approach. Furthermore, in PPT, therapists should not expect a linear progression of improvement, as the motivation to change long-standing behavioral and emotional patterns fluctuates during the course of therapy. Finally, rigorous

outcome studies are needed to extrapolate generalizability and articulate the role of mediating variables.

A number of validation studies of PPT and PPT based exercises have been completed (Meyers et al., 2012; Mongrain & Anselmo-Matthews, 2012; Seligman, Rashid, Parks, 2006; Seligman, Steen, Park & Peterson, 2005; Rashid & Anjum, 2007; Vella-Brodrick, Park & Peterson, 2009; Schueller, 2010; Akhtar & Boniwell, 2010). Across samples and settings, these studies have found effectiveness of PPT. Recently a pilot study integrating PPT with Dialectical Behavioural Therapy (DBT) in a group format has been completed which has shown that treatment group fared better than comparison group which received treatment as usual (Rashid, 2012). An outcome measure, Positive Psychotherapy Inventory (PPTI) to assess the specific active ingredients of PPT has been devised and validated (Seligman et al., 2006; Guney, 2011).

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