

Positive Psychology Theory and Application

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News From The Chair

Rhea L. Owens, Ph.D.



Rhea Owens, Ph.D. is the Chair of the Positive Psychology Section. She is an Assistant Professor of Psychology at the University of Wisconsin - Stevens Point and Neuropsychology Resident at the Achieve Center in Wausau, Wisconsin. Generally, her research interests involve child clinical/pediatric psychology, positive psychology, and psychological assessment.

Greetings from the Section on Positive Psychology!

We are gearing up for the upcoming APA convention! We will be holding and participating in many events at APA this year. Come check out our:

Section sponsored symposium: "Career Counseling Reimagined: A Positive Psychology Approach to Vocations," including presentations by Mark Savickas, Tom Krieschok, Jeana Magyar-Moe, and myself.

Description: Researchers and professionals in the areas of positive psychology and vocational psychology will present current research and discuss contemporary theories connecting positive psychology and vocational psychology. Special focus will be given to how positive psychology can enhance career counseling. Thursday, August 7th from 12:00 – 12:50

Section sponsored Roundtable: "Positive Psychology Section Roundtable: Building the Future of Positive Psychology." This event will provide an opportunity for students and early career professionals to meet and discuss ideas with experts in positive psychology. During this time we will also award our section's awards—the Shane J. Lopez Distinguished Contributions to Positive Psychology and the Student Award for Distinguished Contributions to Positive Psychology. Thursday, August 7th from 2:00 – 2:50

Table at the SCP/Div. 17 Section Open House. Our section, along with other sections of Div. 17, will have a table with information about our section, how to join, and opportunities to meet members from our section. Thursday, August 7th from 10:00 – 10:50

Section Business Meeting. Section leaders and members will discuss our current projects and plans for the upcoming year.

New leadership members will be recognized. Thursday, August 7th from 3:00 – 3:50; location TBD

Keep your eye out for an email from us with more information about the Section Business Meeting and our annual highlighted list of positive psychology programs that will be taking place at APA.

If you will be giving a presentation at APA related to positive psychology and would like it to be included, please email rowens@uwsp.edu by July 18th. We hope to see you in DC!

Get Involved!

Visit Our Website

www.div17pospsych.com

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www.facebook.com/pages/Section-on-Positive-Psychology

Teaching Positive Psychology: Creating a Strength-Based CP Program Culture

By Brian P. Cole, PhD and Michael Scheel, PhD



Brian P. Cole, Ph.D. is an assistant professor in the Department of Professional Psychology and Family Therapy at Seton Hall University. His research interests include the areas of men and masculinity and clinical applications of positive psychology. He currently serves as the Research Representative for the Section on Positive Psychology.



Michael Scheel, Ph.D. is a Professor and Director of the Counseling Psychology program at the University of Nebraska – Lincoln. He directs the Center for Couple and Family Counseling in the Counseling Clinic, teaches a variety of graduate courses including positive psychology, and researches topics such as therapy processes, treatment acceptability, and counseling psychology applied in schools. He is currently developing a counseling intervention model for high school students who lack academic motivation.

Throughout the existence of counseling psychology as a field, we have espoused a strength-based identity. In 1955, Donald Super offered the distinction that counseling psychology is concerned with hygiene (i.e., the preservation of health) while clinical psychology with psychopathology. Super (1977) also viewed counseling psychologists as focusing on “what is right and how to help use it” in contrast to the more predominant view in psychology of focusing on “what is wrong and how to treat it” (p. 171; cited in Gelso & Woodhouse, 2003). From these early beginnings, the identification and use of human assets and strengths has evolved into a unifying theme of counseling psychology (Gelso & Fretz, 2001). Nevertheless, Gelso and Woodhouse (2003) have asserted that although counseling psychology is philosophically grounded in a strength-based orientation, the field has fallen short in translating an emphasis on client strengths to practice. They note that Gelso and Fassinger (1992) called the “attention to healthy aspects of human functioning” as counseling psychology’s “unfulfilled promise” (p. 171; Gelso & Woodhouse, 2003). In this paper, we go one step further in addressing the unfulfilled promise of counseling psychology by asserting that our field also falls short in the use of strength-based training. If counseling psychology students are not trained in the use of client strengths and assets, how can we expect them to graduate and practice from a strengths orientation? What follows is a description of the University of Nebraska-Lincoln counseling

psychology program’s experience of purposely adopting a strength-based training focus through the incorporation of positive psychology principles and practices.

Reviewing a sample of counseling psychology program websites provides scant evidence of strength-based training in any of the three training contexts; coursework, practicum experiences, and research. We define strength-based training as dissemination of knowledge and engagement in activities related to the identification of human strengths and assets, the balancing of client deficits with assets, and the promotion of optimal human functioning. In response to these presumed voids in counseling psychology training, we provide a case example of one program’s experience of adopting positive psychology as a foundational orientation, and the effects of this adoption on the overall culture of the program in becoming more strength-based.

We regard cultural change in a training program as meaning that certain values, knowledge, and practices become integral to all that goes on in the training program. Thus, a cultural shift toward a strength-based orientation would include training that integrates positive psychology concepts across courses, practice, and research. A program would offer standalone courses in positive psychology and courses in which positive psychology concepts are infused into courses covering (a) assessment, (b) diagnosis, (c) supervision, (d)

group, family, couple, and individual counseling theories and techniques, (e) cultural diversity, (f) vocational psychology, and (f) ethics. Therapeutic work with clients in practicums would incorporate positive psychotherapy practices and positive psychological assessments. This would mean that positive therapy processes (e.g., identification of strengths; use of approach goals; practice of positive empathy, encouragement, and positive reframing) would be emphasized and used. Some of the outcomes of a cultural shift toward a strength orientation would be students (a) researching aspects of positive psychology, (b) incorporating positive concepts in treatment plans, and (c) assessing therapy outcomes as progress toward well-being as well as the alleviation of the symptoms of identified problems.

Thus, in our case example we describe the infusion of positive psychology concepts and premises into all aspects of a graduate training program in counseling psychology. We also provide evidence for changes in the program culture as a result of this infusion. The two authors' interest in positive psychology provided the seeds by which the shift in culture occurred. One author was an incoming post-master's degree student with a keen interest in positive psychology as well as an advanced level of knowledge about positive psychology. The second author was a professor and the training director of the program, who valued a strength-based focus in therapeutic practice and psychology training. Student and professor formed a bond around their common interests in strength-based practice and positive psychology.

Positive Psychology Theories

The cultural shift of the program was embedded in foundational theories of positive psychology. Namely, the three theories forming the foundation of the cultural shift were (a) the Broaden-and-Build Theory of Positive Emotions (Fredrickson, 2000), (b) Hope Theory (Snyder, 2002), and (c) the Complete State Model of Mental Health (Keyes & Lopez, 2002). Broaden-and-build supplied an explanation of how client change can occur through an emphasis on strengths. Hope theory provided a basis for the use of approach goals (in contrast to avoidance goals) and corresponding pathways and agency (i.e., client motivation to change). Approach goals pointed graduate student efforts toward clients' desired states as targets of the change process. Students were instructed to use positive empathy (See Conoley & Conoley, 2009) with clients as a method of identifying and articulating what clients wanted (i.e., desired states) in response to clients' identification of what they did not want (i.e., the problem). The Complete State Model of Mental Health (Keyes & Lopez, 2002) acted as a guide to assess both the positive functioning and symptom distress of clients and to formulate treatment plans based on client strengths.

Additionally, student therapists were introduced to the therapeutic goal of optimal human functioning in contrast to the alleviation of client problem symptoms.

The First Graduate Course in Positive Psychology

The shift to a positive psychology culture in the program was cemented through teaching the first graduate course in positive psychology ever offered in the program. The course was titled Positive Psychology, Personality, and Psychotherapy. Course content consisted of coverage of the history of positive psychology, the foundations of positive psychology, the development of a healthy personality, the measurement and classification of human strengths and assets, and positive psychological therapy models. Seven students registered for this initial course offered during a three-week summer term. Learning activities included weekly mini-experiments with positive psychology interventions (e.g., strengths applications in daily life; gratitude & forgiveness exercises; mindfulness and savoring experiments; wisdom & courage; emotional intelligence; positive coping; hope, optimism, & self-efficacy; attachment, love, & flourishing relationships; positive schools & work environments). Students were also required to complete various assessments including the Clifton Strengths Finder (Buckingham & Clifton, 2000) and Values in Action (VIA; Peterson & Seligman, 2004) to identify their signature character traits. Additionally, they conducted abbreviated batteries of assessments with volunteer clients and wrote integrative assessment reports. Strength-based therapy role-plays were a part of several class experiences. Course material was supplemented by several videos (e.g., Martin Seligman's Positive Psychology and Psychotherapy, Martin Seligman; Happiness 101 with Tal Ben-Shahar). Positive Psychology (Snyder, Lopez, and Teramoto-Pedrotti, 2011) was used as the primary textbook, providing broad coverage of the many areas of positive psychology. A Therapist's Guide to Positive Psychological Interventions (Magyar-Moe, 2009) was used as a supplemental text focusing on positive therapy and assessment. The course was offered again two years later with 13 students taking it. With two course offerings, the majority of the doctoral students in the counseling psychology program had taken the course. The course was an elective that almost all the students freely chose to include in their very crowded (with required courses) programs of study.

Strength-Oriented Research

A subset of students of the program organized around three research endeavors through their doctoral research seminar. These were (a) conducting a large review of positive psychology literature, (b) implementing research on the use of strength-based practices in psychotherapy, and (c)

developing and validating the Hope for Change in Counseling Scale (Bartholomew, Scheel, & Cole, in submission). The research activities functioned to inform students of the extensive and varied knowledge base of positive psychology as well as current positive psychology therapeutic practices. By focusing on positive processes in therapy, students learned methods of identifying client strengths, using encouragement in therapy, implementing positive reframing techniques, and basing goals in therapy on client desired states.

Positive Psychological Practices

Practicum experiences took place in the program training clinic and were also extended to local high schools. Conceptually, the adoption of the Complete State Model of Mental Health (Keyes & Lopez, 2002) was integrated into every aspect of practicum. It develops the perspective of illness and health on two separate continuums necessitating a balanced attention to both dimensions. In the high schools, counseling psychology graduate students implemented a more structured intervention program involving the use of the VIA, exercises in which clients examined and used their signature strengths, extensive focus on the formulation of approach goals and pathways to these goals, and the use of methods to evoke positive emotions (e.g., gratitude exercises; mindfulness exercises). In the training clinic of the program, attention was given to the identification of client strengths and assets through intakes and formal assessments. The intake process included the Four Front Assessment Approach (Wright & Lopez, 2002) in which client strengths, client deficits, environmental strengths, and environmental deficits constitute the four fronts. As a measure of well-being, the Mental Health Continuum (Keyes, 2002) was used in concert with the Outcome Questionnaire 45.2 (OQ-45.2; Lambert et al., 1996). The Hope for Change in Counseling Scale was used after every session. Diagnosis was practiced using the Seven Axis System of Positive Psychological Assessment (Lopez et al., 2006), providing balanced attention to pathology and well-being. Finally, client cases were conceptualized using the two-axis framework of illness and health, producing four quadrants representing the categorization of clients as flourishing, struggling, floundering, and languishing, (Keyes & Lopez, 2002). Overall, the practicum experience was significantly changed through the inclusion of positive therapy, and positive assessment tools ensuring a balanced approach that focused equally on the problem and the enhancement of well-being.

Evidence of Program Cultural Change

Both qualitative and quantitative data were collected from a sample of students (N = 12) who completed the graduate course and participated in practicum. Students reported (a)

increases in using positive therapy processes and techniques; (b) increased self-efficacy in the use of positive therapy techniques; (c) incorporation of positive psychology in individual theoretical orientations; and (d) personal use of positive psychology interventions to enhance personal well-being. A quantitative survey indicated that 75% of the students used at least one positive psychotherapy model with clients after taking the course. One hundred percent of students reported using positive therapy techniques personally. Marked increases in levels of knowledge of various aspects of positive psychology were also reported. Finally, students reported increased use of positive psychology concepts and techniques in each of the three components of their training, research, practice, and social justice advocacy.

An unexpected outcome was also realized from the change in culture of the program. The first undergraduate course in positive psychology at the University of Nebraska-Lincoln was approved and will be taught by the program's counseling psychology doctoral students. Numerous advantages come alone with this opportunity. These include:

1. Counseling psychology students gain teaching experience and funding as TA's.
2. Teaching positive psychology to undergraduates can potentially contribute to a healthier campus environment through the focus on strengths and assets and teaching undergraduates the tools to enhance their well beings.
3. The College and Department receive increases in Student Credit Hour (SCH) production that has budget implications.
4. The provision of the course broadens the role of the counseling psychology program, which fits well with the mission of the College of Education.
5. The course contributes to recruitment efforts of undergraduates into counseling psychology.
6. Opportunities to conduct positive psychology research with undergraduate participants are realized.
7. The addition of the course helps to inform others about the identity of counseling psychology.

Conclusion

The authors strongly believe that strength-based training should be a foundational competency in counseling psychology training programs and provide a practical model for the integration of positive psychology into coursework, research, and practice. As described above, changes to the program culture resulted from strong levels of student engagement in relatively minor modifications to the

curriculum in the form of one summer elective, intentional integration of a strengths-based orientation into existing coursework, and the creation of opportunities for strength-based research and practice. Perhaps the most exciting aspect of the cultural change at the University of Nebraska-Lincoln is that it was the result of collaboration between a faculty member and a student, both with a passion for the strength-based history of Counseling Psychology. Likeminded faculty and students in counseling psychology training programs are encouraged to find ways to collaborate to positively impact the culture of their own institutions.

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Giving Hope Away

By Shane Lopez, Ph.D.



Shane Lopez, Ph.D. is a Gallup Senior Scientist and Research Director of the Clifton Strengths Institute and professor of business at the University of Kansas. He is chief architect of the Gallup Student Poll, a measure of hope, engagement, and wellbeing that taps into the hearts and minds of U.S. public school students to determine what drives achievement. It is available at no cost to public schools or districts interested in using it to start a hope conversation in their community. More than 1 million students have participated since its inception.

Hopeful people have a habit of showing up when others need them. They seem primed to boost up the feelings of someone who could use help knocking down an obstacle or filling a gap. I have seen school custodians, parents, teachers, and local businesspeople modeling hope to children all in the same day, with each seemingly stepping in when a child could use a little guidance. Very hopeful people are naturals at giving hope away. Can the same be said about organizations? One business is committed to spreading hope in times of need and a development economist is teaching other organizations how to make hope happen for some of the neediest families in the world.

Loads of Hope

My favorite example of how a business can spread hope through its advertising, products, or services comes from Tide, the laundry detergent company that is part of Procter and Gamble. Tide sponsors the Loads of Hope program, supporting communities that have been devastated by tornadoes, hurricanes, and earthquakes. Tide realized that a family's need for clean clothes becomes critical in such crises. They would help preserve the dignity of people who have lost so much by providing a simple but much needed service.

Loads of Hope was launched in November, 2005, in response to Hurricane Katrina's devastation along the Gulf Coast. Tide built a mobile trailer packed with 32 energy efficient Frigidaire washers and dryers and coordinated a team of American Red Cross volunteers who, along with Tide employees, spent days washing, drying, and folding clean clothes for families trying to bounce back. In five visits to the Gulf Coast (in response to both Katrina and Hurricane Gustav in 2008) Loads of Hope staff washed 13,871 loads of laundry for 10,950 families over the course of 59 days.

Then in 2010, when a catastrophic earthquake struck Haiti, Tide partnered with Operation Blessing to help survivors. A

Port-au-Prince hospital, devastated by the quake, needed just about everything, but third on their wish list, right after clean water and radiology equipment, was laundry services. In response, Loads of Hope sent 10 washers and 10 dryers to the National Hospital and the Zamni Beni orphanage. The washer-dryer sets at the orphanage freed up staffers, who had been washing clothes by hand, enabling them to provide additional care for more than 40 special needs children.

Back in the United States, after Hurricane Irene hit the eastern seaboard in September 2011, Loads of Hope went to the coast, working in towns such as Cobleskill, New York. "Hurricane Irene has unfortunately left many without access to clean water, power, and the ability to clean their clothes," said Sarah Pasquinucci of Tide. "We hope that by restoring the basic need of clean clothing, we can help give hope to those who need it most." Of course, thousands of nonprofit organizations also provide instrumental support to devastated communities, but today there is a growing debate about the long-term effectiveness of some interventions. What kind of help not only alleviates the immediate problem, but also increases the self-sufficiency (or agency) of the recipients? In other words, can aid be designed to create a proliferation of hope?

Flocks of Hope

How do you give hope to those who need it most? Esther Duflo, a development economist at Massachusetts Institute of Technology, is now evaluating randomized controlled studies that test how and why aid works—or doesn't. The participants of her studies are individuals stuck in a "poverty trap" who seem almost immune to the help provided by some organizations. They are so impoverished that other extremely poverty-stricken individuals perceive them as destitute. They don't just need aid. They need escape hatches out of extreme poverty.

Duflo recently evaluated a program in the Indian state of West Bengal that is built on the notion that effective aid should jumpstart long-term change in the lives of impoverished families. Evaluated to be unable to payback a microloan, these families were given a productive asset (that is program-speak for a cow, goat, or chickens) to turn into a flock of hope, and received training to tend to the animal, sell the milk or eggs, and manage their households. In addition families were provided with a small stipend to tide them over until the animal was profitable. This combination of choice, a productive asset, support and training, and a stipend triggers people to open their minds to the future rather than to spend all of their mental resources on mere survival. While each piece of the aid package is valuable, the support and training specifically, might foster hope by increasing the will to continue work with the asset and the providing the agency to be successful.

The results of this controlled study were compelling. Eighteen months after the program began (and sometime after the training and stipend were discontinued), the families that were randomly assigned to receive the aid plus hope were earning 20% more money, eating 15% more and skipping fewer meals, and experiencing fewer depressive symptoms than people in the control group. Program participants were also working an hour more per day than control subjects, saving money and making more plans. Overall, their income gains were strikingly larger than the value of the aid they received. Duflo's explanation is that investments in the present paid off in hope for the future.

People who received aid plus hope work harder today. Duflo's findings are summed up by New York Times columnist Nicholas Kristof's observation: "Assistance succeeds when it gives people a feeling that a better outcome is possible, and those hopes become self-fulfilling as people work more industriously and invest more wisely."

Spreading hope is hard work. Sometimes it takes more than one hopeful individual to meet the needs of an entire community. That's where hopeful organizations with the right approach can make hope happen for the many.

Material is adapted from Making Hope Happen.

For more information about hope research please go to hopemonger.com.

Positive Psychology Section Leadership

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How Does Mindfulness Work in Psychotherapy?

By Anna-Nina Lee, M.A. & Collie W. Conoley Ph.D.



Anna-Nina Lee, MA (on right) is a third year doctoral student at University of California, Santa Barbara in Counseling Psychology. Her research focuses on Positive Psychology, particularly Mindfulness.

Collie W. Conoley, PhD (on left) is Director of the Carol Ackerman Positive Psychology Center and Professor at UCSB.

Previous studies indicate that mindfulness-based psychotherapies, defined as treatments that encourage participants to nonjudgmentally and intentionally pay attention to the present experience as it unfolds moment by moment (Kabat-Zinn, 2003), can alleviate a variety of psychopathological symptoms associated with mood (Williams et al., 2008; Williams, & Kuyken, 2012), anxiety (Evans, Ferrando, Findler, Stowell, Smart, & Haglin, 2008), eating (Baer, Fischer, & Huss, 2005), and personality (Linehan, 1993; Neacsiu, Rizvi, & Linehan, 2010) disorders, among others. Furthermore, prior research (e.g. Allen, Bromley, Kuyken, & Sonnenberg, 2009; Raes, Dewilf, Van Heeringen, & Wiliams, 2009) indicates that mindfulness-based interventions are not only successful in alleviating such symptoms, but can also stimulate a kind of an “upward spiral” (Fredrickson, 2001) of positive mood, as well as global, longer-term feelings of well-being and social confidence due to lowered cognitive reactivity (Segal, Kennedy, Gemar, Hood, Pedersen, & Buis, 2006; Kuyken et al., 2010; Britton, Shahr, Szepeswol, & Jacobs, 2012). Many of the specific processes, however, that might be responsible for the effectiveness of mindfulness-based treatments, have not been extensively studied (Kuyken et al., 2010).

In the present study we will attempt to illuminate mindful mechanisms of change that are responsible for both symptom alleviation and the broadening-and-building (Fredrickson, 2001) effect that produces improvements in the person’s global well-being. In particular, we will investigate whether participants who took part in a Mindfulness Therapy

Group demonstrated increased levels of mindfulness, de-centering, social efficacy, and well-being as well as decreased levels of cognitive reactivity and negative affect (as manifested in themes present in the qualitative in-depth interviews that were conducted with the participants).

Participants were 6 clients from the campus and the wider community who participated in a 6-week long Mindfulness Therapy Group offered at a university clinic. The group consisted of 2 women and 4 men. Participants formally consented to participating in the study. The study’s procedure was approved by the Institutional Review Board (IRB). The information was collected via semi-structured, in-depth, qualitative interviews. The participants were contacted via phone by the researchers, and invited to participate in the study. They were offered a \$20 incentive for their participation. The participants took part in the qualitative interviews by describing their experiences in the Mindfulness Therapy Group. The participants met with one of the researchers for a single interview session that lasted approximately one hour. The interviews were audio recorded. The Mindfulness Therapy Groups in which the interviewees participated were organized and administered by the psychological clinic at a large university. One of the two groups was co-led by the student investigator, and both of the groups were supervised by the faculty investigator. The interviews were analyzed using Consensual Qualitative Research (Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005) methodology. The analysis yielded themes in six Domains with corresponding Categories that were classified

according to their Frequencies as General, Typical, or Variant.

List of Domains and Categories

| Domain | Category | Frequency¹ |
|------------------------------|--|------------------------------|
| Understanding of Mindfulness | Observing one's thoughts, emotions, and behaviors | General |
| | Being in the present moment | Typical |
| | Accepting one's thoughts, emotions, and behaviors | Typical |
| | Self-regulation | Typical |
| Mindfulness Group | | |
| Participation | Motivating to start own mindfulness practice | Typical |
| Experience | Useful to learn other participants' perspectives | Typical |
| | Gained mindfulness practice tools | Typical |
| | Longer duration of group desired | Typical |
| | | |
| Effects After Group | | |
| Completion | Working with additional materials/workbooks | Typical |
| | Practicing non-reactivity | General |
| | Practicing non-judgment | Typical |
| | Mindful of everyday activities | Typical |
| | Focus on nature | Typical |
| | Transforming activities into mindfulness practices | General |
| | Changing avoidance into approach motivation | Variant |
| | Improvement in social confidence and skills | Typical |
| | Discovering benefits of mindfulness applied to work | General |
| Mindful Pause /Decentering | Noticing that one is telling oneself a story | Typical |
| | Allowing yourself time to respond | General |
| | Directing attention to breathing/physical sensations | Typical |
| | Observing one's emotions | Typical |
| | De-escalation of feelings | Typical |
| Difficulties | | |
| | Difficult to practice with negative emotions/in hectic times | General |
| | Remembering/ making time for mindfulness practice | Variant |
| | Getting caught in thoughts | Typical |
| Role of | | |
| | Longstanding, intellectual interest in mindfulness | General |
| | Desire to apply mindfulness to a specific problem area | General |
| | Mindfulness corresponding to other interests/activities | Typical |

¹Note. General = All respondents or all but one (5-6); Typical = At least half of the respondents (3-4); Variant = Less than half of the respondents but more than one (2)

To summarize the results, participation in the Mindfulness Therapy Group reportedly deepened clients' understanding of mindfulness and helped them develop useful mindfulness practices which resulted in an increased global sense of well-being. Specifically, clients reported an understanding of mindfulness and its beneficial effects

consistent with conceptualizations in the psychological research literature. The participants emphasized aspects of mindfulness such as cultivating oneself as an observer of one's thoughts, emotions, and behaviors as well as staying focused on the present moment while accepting and nonjudgmentally reflecting on changing conditions attributed to internal and external stimuli.

Moreover, the participation in the Mindfulness Therapy Group motivated the clients to start their own mindfulness practices, transform their existing activities into mindfulness practices, and more generally to further study and apply mindfulness in their lives. The emergence of these themes indicates that they serve as mechanisms of change, given that they catalyze a variety of participant-reported

beneficial outcomes. These reports included descriptions of alleviation of anxiety in the form of de-escalation of feelings and acceptance of one's emotions, the growth of broadening-and-building effects in the form of increased social confidence, and improvements in both interpersonal skills and work life.

Finally, the themes that emerged from clients' stories underscored the importance of two distinct motivating factors that appear to be responsible for an individual's ability to change as a result of engaging in a mindfulness-based therapy group: a longstanding intellectual interest in mindfulness, and the presence of a particular problem area to which one wants to apply mindfulness. Future research should focus on further investigation of these emerged themes as mechanisms of change in mindfulness-based psychotherapy.

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The Relationship Between Posttraumatic Growth and Mindfulness

by

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The literature regarding trauma often examines negative psychological consequences following the precipitating event(s). However, it is also suggested that survivors of trauma may experience positive psychological changes, such as post-traumatic growth (PTG). Studies indicate that individuals exposed to all types of trauma have the capacity to experience personal development and growth beyond pre-traumatic functioning (Tedeschi & Calhoun, 1996) alongside the more commonly reported negative symptomatology (e.g. Tedeschi & Calhoun, 2004). Tedeschi and Calhoun's (2004) model of PTG explains that as a result of trauma, the intrusive nature of traumatic thoughts and painful rumination may yield interesting and surprising realizations about the self. Such new ideas may then be integrated into one's core schemas and belief system. As a result,

individuals who have experienced trauma may develop a new appreciation for aspects of their lives that they had previously overlooked, leading to a perception of life as being more valuable overall.

Post-traumatic growth (PTG), or "the experience of positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi & Calhoun, p.1, 2004), has been conceptualized as occurring within three primary domains: personal growth, interpersonal relations, and life philosophy.

Tedeschi and Calhoun (1996) operationalized growth in these three domains using five dimensions: Relating to Others, New Possibilities, Personal Strength, Spiritual Change and Appreciation of Life. Individuals who exhibit PTG experience more positive

psychological states in comparison to their pretrauma baseline, and report a greater sense of competence and strength. They additionally demonstrate increases in resiliency to future stressors, given that formerly stressful events are often perceived as relatively innocuous when compared to the primary trauma.

While PTG is an exciting new construct, it remains vital that any impairment and distress associated with traumatic exposure not be marginalized; stress symptoms may, in fact, be intimately linked with growth. Research has indicated a correspondence between higher levels of PTG and increased well-being as well as lower levels of distress, rendering PTG as a positive reaction to trauma. (Frazier, Conlon, & Glaser, 2001; Ruini, Vescovelli & Albieri, 2013). Nevertheless, PTG has also demonstrated positive associations with PTSD symptoms, suggesting that PTG and PTSD

symptoms may be experienced simultaneously, with PTG confounding PTSD symptomatology in some instances (Cohen & Hoberman, 1983; Cordova & Adrykowski, 2003; Morrill et al., 2008). Consequently, PTG is thought to not only positively affect individuals, but also to possibly perform a psychologically protective service in the face of residual or future negative symptoms.

As PTSD prevalence rates are relatively low and the likelihood of experiencing trauma is quite high, it may be that PTG is much more common than PTSD, but that it has been overlooked and under-emphasized in the psychological literature. Given the large proportion of individuals who are exposed to potentially traumatic events but fail to develop stress symptoms [estimates range from about 50% (Kessler et al., 1995) to nearly 100% (Bonanno, 2005; Breslau, 2002)], it may be that the pathological and sometimes debilitating effects of traumatic exposure have disproportionately arrested attention in both popular discourse and clinical investigation. Recently, however, the positive psychology movement appears to be fueling efforts to balance the exploration of traumatic outcomes.

Mindfulness

Similar to PTG, mindfulness has been broadly associated with positive psychological outcomes. Mindfulness is a multidimensional construct, which can be divided into three distinct categories: 1) dispositional mindfulness (DM), 2) mindfulness practices (MPs) and 3) mindfulness-based interventions (MBIs). Interestingly, each category of mindfulness may be uniquely associated with PTG. Mindfulness, in a generic sense, has been described as the capacity to intentionally maintain a particular attentional object in conscious awareness (Dreyfus, 2011). Dispositional mindfulness is believed to be an inherent quality of consciousness available to all people to varying degrees (Brown & Ryan, 2003). In comparison, mindfulness practices and

mindfulness-based interventions must be actively pursued. While MPs and MBIs generally share the primary aim of cultivating mindful states, they also exhibit distinct differences. The phrase mindfulness practices may be best understood as an umbrella term referencing a range of traditional, contemplative practices of Eastern origin. Comparatively, the phrase mindfulness-based intervention denotes a range of activities typified by more modern, Western therapeutic interventions (e.g. Mindfulness-Based Stress Reduction), which tend to be more clinically oriented in nature. Operationally, mindfulness has been commonly defined using five dimensions of mindful behavior, typically measured with the Five Facet Mindfulness Questionnaire (FFMQ; Baer et al., 2006): observing sensory/perceptual experience, describing and differentiating emotional experience, acting with awareness, non-judging of inner experience, and non-reactivity to aversive thoughts and emotions.

Mindfulness has been broadly linked to general well-being and positive affect, as well as decreases in negative psychological states (Brown & Ryan, 2003; Bowen et al., 2006; Carmody & Baer, 2008; Chandiramani, Verma, & Char 1995; Samuelson, Carmody, Kabat-Zinn, Bratt, 2007). Dispositional mindfulness has been found to correlate with reductions in thought suppression and substance cravings, both of which predict substance abuse and post-traumatic stress symptoms at higher levels (Garland & Roberts-Lewis, 2013). Similarly, DM is also predictive of effective emotional regulation (Coffey & Hartman, 2008), higher self-esteem (Lundh, Karim, & Quilisch, 2007), and decreased self-injurious behavior (Wupperman et al., 2013). Mindfulness-based interventions, which appear to increase dispositional mindfulness (e.g., Eberth & Sedlmeier, 2012), have been found to improve and predict a wide range of medical and psychiatric disorders (Baer, Carmody, & Hunsinger, 2012). Specifically,

preliminary studies offer support for the effectiveness of mindfulness-based interventions with diverse trauma-exposed populations (Mackenzie, Carlson, Munoz, & Speca, 2007).

Relationships Between Constructs

Among the literature examining mindfulness and PTG, overarching constructs, as well as specific dimensions, appear to be related. For example, total post-traumatic growth scores on the Post-traumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) were positively correlated with the tendency to observe and describe internal experiences among firefighters (Chopko & Schwartz, 2009); however, non-judgmental acceptance was negatively correlated with PTG. This contradiction was interpreted as evidence that PTG requires cognitive processing (Chopko & Schwartz, 2009), which supports previous literature regarding the centrality of appraisal as a function of the PTG process (Pryzgoda, 2005).

Two investigations of MBIs with cancer patients also support the role of mindfulness in PTG. Mackenzie and colleagues (2007) identified five positive themes following an 8-week MBI reflecting several themes previously identified by Tedeschi and Calhoun (1996): “opening to change; self-control; shared experience; personal growth; and spirituality” (Mackenzie et al., 2007, p.66). In the only experimental design to date of an MBI’s effectiveness in promoting PTG, Garland et al. (2007) reported significant increases in PTG following an 8-week MBI. Participants also reported significantly greater gains in spirituality as well as significantly greater reductions in anxiety, anger, and stress, in comparison with an active control group (Garland et al., 2007).

Despite the limited direct evidence linking mindfulness with PTG, these preliminary investigations are supported by complementary findings linking mindfulness with the majority of the PTG domains: spirituality, positive relationships, broadened possibilities or perspectives, and personal strengths.

With respect to spirituality, Birnie et al. (2010) observed significant increases in spirituality following participation in an MBI. Similarly, Greeson et al., 2011, found the relationship between mindfulness and mental health to be partially mediated by spirituality after completing an MBI. Indeed, Vago & Silbersweig, (2012) suggest that MP facilitates self-transcendence, while Shapiro, Shwartz & Santerre, (2002) claim that mindful practices increase feelings of connection with “a larger Self (e.g. God, benevolent other).” Mindfulness training has been shown to increase social connectivity (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008), enhance familial satisfaction (Witek-Janusek et al., 2008), and improve intimate (Carson et al. 2004) as well as parent-child relationships (Coatsworth, Duncan, Greenberg & Nix, 2010). Moreover, mindfulness is thought to reduce automaticity, allowing for diverse and novel perspectives similar to the broadened possibility or perspective domain (Niemiec, Rashid, & Spinella, 2012).

With regard to the PTG domain of personal strengths, the positive psychology movement has catalyzed the emergence of empirically derived personal strength measures (e.g. Values in Action; Peterson & Seligman, 2004), providing researchers an established framework and common lexicon with which to explore strengths. In applying the VIA Classification schematic to previous research, positive trauma outcomes are associated with the character strengths of perseverance, bravery and hope (Follette, Palm & Pearson, 2006). In relation to mindfulness, all six VIA virtues appear to be conceptually linked to mindfulness practices, which overlap with those character strengths associated with positive trauma outcomes: Temperance (Self-Regulation), Justice, Humanity (Love and Kindness), Courage (Perseverance), Wisdom and Knowledge (Creativity, Curiosity, Perspective) and Transcendence (Spirituality,

Appreciation of Beauty and Excellence). Moreover, some meditation practices appear to directly target character strengths (e.g. loving-kindness meditation), and recent findings indicate that mindfulness is positively correlated with utilization of character strengths (Niemiec, Rashid & Spinella, 2012).

Not only do mindfulness and PTG appear to be related constructs, active pursuit of mindfulness may strengthen such a relationship. Hanley and colleagues (2014) examined the relationship between mindfulness and post-traumatic growth among 313 American adults, comparing such a relationship among contemplative practitioners (those who engage in concentrative practices such as mindfulness meditation) and respondents without a contemplative practice. Dispositional mindfulness was found to be more strongly associated with PTG for contemplative practitioners ($r = .62$) as compared to non-practitioners ($r = .36$). Moreover Hanley et al. (2014) postulated that a hierarchy of mindful behaviors may contribute to greater PTG. Mindful awareness (i.e., observing and describing experience) may establish a critical foundation, supporting enhanced behavioral regulation (i.e., acting with awareness and non-reacting). Finally, mindful discernment or wise evaluation may emerge in the most mindful of practitioners, encouraging more effective cognitive coping strategies.

Discussion

Given prior literature on PTG and mindfulness, it is proposed that mindfulness may affect trauma prior, during, and after exposure, while supporting PTG. Prior to traumatic exposure, mindfulness (DM and MPs) may serve as an inoculant, promoting cognitive and emotional resources alongside physiological awareness and regulation. During traumatic exposure, mindfulness (DM) may serve to better orient attentional resources, specifically, enhance sensory acuity, so

that more adaptive responses can emerge. After traumatic exposure, mindfulness (DM, MPs and MBIs) may promote schematic integration, the tendency to positively reappraise and find meaning in the traumatic event, engagement with support systems, as well as PTG.

Before traumatic exposure, DM would likely be associated with cognitive and emotional coping resources (such as emotional awareness and regulation, creating psychological “space” between the self and experiences, and understanding the transitory nature of experience) as well as physiological benefits that may encourage PTG. Similarly, mindfulness practices could be used to actively promote cognitive, emotional, and physiological coping resources. Individuals with greater dispositional mindfulness would likely be more attuned to these resources and benefits, and this heightened attunement may interact with stressful experiences by assisting in emotional regulation and acuity of awareness. In turn, these coping resources would be expected to allow for a greater range of behavioral responses before negative emotional states constrict cognitive resources and behavioral repertoires.

Physiologically, with the breath taken as the object of awareness in many typical mindfulness practices, practitioners that cultivate an awareness of the breath embed a calming anchor in their daily lives. As such, through intentional practice, the breath becomes associated with tranquil states (e.g., operant conditioning), which can be accessed in moments of distress to temper emotional escalation. Furthermore, diaphragmatic breathing, associated with the calming of the parasympathetic nervous system, is often directly encouraged or naturally emergent during MPs.

Dispositional mindfulness may also prove beneficial during traumatic events. Individuals reporting greater dispositional mindfulness are theorized to demonstrate greater attentional awareness, (Vago & Silbersweig, 2012) with empirical evidence specifically

supporting the relationship between meditation and visual acuity (Brown, Forte & Dysart, 1984). Anecdotally, individuals who have completed intensive mindfulness retreats regularly report heightened sensory experiences, often commenting on the vividness of colors or a greater awareness of sounds. This enhanced sensory capacity would likely allow the individual to be more fully aware of the event, conceivably increasing the possibility of becoming traumatized, but more likely enhancing awareness of potential protective possibilities or positions of safety within the environment.

After traumatic exposure, many of the same qualities of attention and emotion regulation would be expected to support growth. Initially, greater DM may reduce schematic rigidity, enhancing interpretative capacities (e.g., meaning-making; Garland, Gaylord, & Park, 2009; Vago & Silbersweig, 2012), as well as increasing support seeking behaviors. Specifically, DM may allow for the swifter coherence of schematic disruptions (i.e., accommodation), given the preliminary associations between mindfulness and both cognitive (Moore & Malinowski, 2009) as well as schematic (Hanley et al., 2013) flexibility. Secondarily, the cognitive coping strategies of deliberate rumination and positive reappraisal may be supported by mindfulness and work in tandem to promote post-traumatic growth. More mindful individuals are thought to demonstrate greater experiential awareness and emotional regulation (Vago & Silbersweig, 2012), tendencies that may result in an increased willingness to consciously reflect on the trauma and its impact, which in turn is likely to increase opportunities for positive reappraisal, as well as relax the emotional intensity associated with the trauma.

Given the aforementioned conceptualizations of mindfulness and post-traumatic growth, it appears that the constructs are related in multiple

ways. Although preliminary evidence links the two constructs, there is great need for further examination regarding the relationships among the general and specific factors of mindfulness and post-traumatic growth, and the interaction of mindful factors before, during, and after traumatic experience. Considering the particularly strong relationship between mindfulness and PTG among contemplative practitioners, trait mindfulness may be an important protective factor in the wake of traumatic life experience, and a valuable potential catalyst for finding meaning within adversity.

Future Considerations

It is important to consider how cultural factors may impact one's ability to utilize mindfulness practices and experience positive growth outcomes following trauma. The manner in which positive growth occurs following trauma may vary across cultures. For instance, researchers have found scores on the PTGI to be higher for individuals in the United States when compared to individuals living outside of the U.S. (Shakespeare-Finch & Copping, 2006). Additionally, types of growth have varied across cultures, suggesting that some PTGI subscales may not be applicable to certain cultures outside of the United States (Shakespeare-Finch & Copping, 2006). With regards to specific aspects of the PTG process (e.g. deliberate rumination, reappraisal), there is support for the act of deliberate rumination contributing to PTG in U.S. and non-U.S. samples (e.g. individuals living in Japan; Taku, Cann, Tedeschi, & Calhoun, 2009), but some cultural differences have also been observed regarding this process. Additional information is needed to draw sound conclusions about the impact of PTG processes, such as deliberate rumination, across cultures.

The use of mindfulness practices should also be examined across cultures as well as in underserved populations. It is suggested that mindfulness practices can aid in

positive outcomes for individuals from marginalized groups, allowing them to address distress and emotional reactivity to issues such as oppression and discrimination (Sobczak & West, 2013). Additionally, mindfulness may contribute to validation of one's experiences, while also promoting self-advocacy and empowerment (Sobczak & West, 2013). Though mindfulness is considered to be an Eastern practice, application of this system in more Western cultures has been shown to be beneficial and should continue to be explored (Sobczak & West, 2013).

In conclusion, mindfulness and PTG appear to have parallel factors, but the relationship between PTG and mindfulness has rarely been examined, while discussion and research regarding such a relationship may assist in our understanding of protective factors and relevant interventions following trauma exposure. Mindfulness and PTG appear to be multifaceted constructs that relate to each other in complex ways. Literature has suggested that mindfulness facets relate to PTG, while other facets negatively relate to PTG (Chopko & Schwartz, 2009). Additionally, PTG constructs have been associated with mindfulness throughout the clinical literature: Spirituality (Birnie et al., 2010), positive relationships (Fredrickson et al., 2008; Witek-Janusek et al., 2008), broadened possibilities or perspectives (Niemic, Rashid, & Spinella, 2012), and personal strengths. Furthermore, those who engage in mindful practices appear to have stronger associations with PTG (Hanley et al., 2014). Although the literature supports such a relationship, some literature has found contradicting results (e.g. Chopko & Schwartz, 2009), and little research is currently available to shed light on such a relationship. The continued investigation of the relationship between mindfulness and PTG, as well as the exploration of cultural considerations for the two constructs can contribute to greater understanding of protective factors and possible interventions, as well as multicultural competence of both clinicians and researchers. Lastly, a better

understanding of how mindfulness and PTG occur cross-culturally may enhance research in the positive psychology literature.

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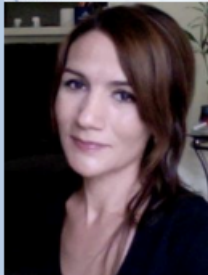
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It Helps to Help Others: A Review of the Relationship between Prosocial Behavior and Well-Being

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Güler Boyraz, Ph.D. is an assistant professor in the Department of Psychology and Behavioral Sciences at Louisiana Tech University. Since completing her doctoral training at the University of Memphis in 2008, she has conducted research on the topics of grief, loss, trauma, and cancer health disparities. Currently, Dr. Boyraz and her research team are exploring the the role of trauma exposure and PTSD in academic and emotional adjustment of college students, as well as the personal and cultural resources that protect trauma-exposed college students against long-

Prosocial behavior has received increasing attention in the positive psychology literature (e.g., Aknin et al., 2013; Caprara & Steca, 2005; Weinstein & Ryan, 2010). The term prosocial behavior generally refers to actions that are intended to benefit one or more people other than oneself and often include behaviors such as helping, giving, sharing, comforting, and cooperating (Batson & Powell, 2003). Although altruism is commonly used interchangeably with prosocial behavior in the literature, researchers have highlighted the difference between these two constructs (Batson & Powell, 2003; Snyder & Dwyer, 2012). An important distinction between these constructs is that altruism is a motivational concept

(motivation to increase another's well-being) (MacIntyre, 1967) while prosocial behavior refers to actions that benefit others regardless of one's motivation (Snyder & Dwyer, 2012). Therefore, although altruism and prosocial behavior may be related, they have been increasingly treated as two distinct constructs within current positive psychology research. In the present study, we focused on prosocial behavior (rather than altruism) and its relationship with human functioning. More specifically, the purpose of this study was to review the literature regarding the relationship between prosocial behavior and positive psychological functioning,

well-being, happiness, and life satisfaction.

In general, researchers study well-being from two distinct but related perspectives that have developed into two constructs: subjective well-being and psychological well-being (Ryan & Deci, 2001). Each of these constructs have strong roots in ancient Greek philosophy within hedonic and eudaimonic philosophies (respectively). For example, the Greek philosopher Aristippus maintained that the ultimate goal of life was to maximize pleasure (or happiness) and to minimize pain. This philosophy undergirds modern well-being research—particularly in the study of happiness—and is commonly referred to as subjective well-being

(or hedonic well-being) in the literature. In contrast, the Aristotelian school and other philosophical and religious teachings (e.g., sacred Christian writings, Buddhist teaching, etc.) considered it a crude idea that life was ultimately about maximizing moment-to-moment pleasure. Instead, these traditions conceptualized the good life as a process that emerged through the expression of virtuous living: in general followers of such traditions viewed hedonic pleasure as simply one aspect of overall well-being (Augustine, 378-379; Dalai Lama, 2009; Fromm, 1978-1979; Ryan & Deci, 2001). This perspective has been called the psychological well-being (or eudaimonic well-being; Ryan & Deci, 2001) perspective in the literature (Ryff & Keyes, 1995). Variables commonly used to measure subjective well-being include life satisfaction, mood states, and happiness indices (e.g., The Satisfaction with Life Scale, Diener, Emmons, Larsen, & Griffin, 1985; Subjective Happiness Scale, Lyubomirsky & Lepper, 1999; Positive and Negative Affect Schedule, Watson, Clark, & Tellegen, 1988). Psychological well-being is also often studied using multidimensional instruments such as Ryff and Keyes's (1995) psychological well-being scales, or measures theoretically linked to Deci and Ryan's (2004) theory of self-determination and psychological needs satisfaction. In the present study, we reviewed the literature regarding the relationship between prosocial behavior and both subjective and psychological well-being.

Prosocial behavior has been widely studied, especially among social psychologists, and particular

attention has been allotted to exploring predictors of prosocial engagement (e.g., why some people engage in prosocial behavior while others do not, conditions in which people are more likely to engage in prosocial behavior, etc.; Penner, Dovidio, Piliavin & Schroeder, 2005), as well as the outcomes of prosocial behavior, such as psychological benefits of engaging in prosocial behavior (Penner et al., 2005). For example, the work of Piliavin, Dovidio, Gaertner, & Clark (1981) suggests that one of the reasons that people tend to accrue positive benefits from helping others is that they experience reduced levels of negative affect, in scenarios in which the negative affect was originally triggered by watching another person suffer.

Engaging in prosocial behavior has important physical and psychological health outcomes. For example, in a longitudinal study, Thoits and Hewitt (2001) found that among adults initial prosocial behavior was positively associated with later physical health and psychological well-being. Similarly, Musick and Wilson (2003) found that prosocial behavior was related to subsequent decreases in depressive symptoms among a sample of elderly adults. The link between prosocial behavior and positive outcomes among older adults was further explored by Morrow-Howell, Hinterlong, Rozario, & Tang (2003), who reported significantly higher levels of well-being (the authors defined well-being in terms of functional dependency, self-rated health, and depression levels) among elderly volunteers than among elderly people who had not been volunteering. Additionally, Brown,

Nesse, Vinokur, & Smith (2003) published findings suggesting that elderly individuals who provided social support for others lived healthier and longer lives than those who merely received social support.

Other findings have suggested that prosocial behavior engagement is associated with a reduced risk for depression, increased happiness overall, higher levels of self-esteem, and superior academic achievement (Ellison, 1991; Gecas & Burke, 1995; Osguthorpe & Scruggs 1986; Rietschlin, 1998; Yogev & Ronen, 1982). Prosocial behavior has also been linked to increased social status, reduced distress, and superior reproductive vitality (Penner et al., 2005; Piliavin, et al., 1981). Furthermore, an experimental study conducted with a sample of children ages 9-11 years suggested that a prosocial behavior intervention was effective in increasing well-being and peer acceptance. Specifically, participants who engaged in three acts of kindness experienced higher levels of subjective well-being and peer acceptance than control participants who merely visited three places during the same period (Layous, Nelson, Oberle, Schonert-Reich, & Lyubomirsky, 2012).

Researchers have also explored the role of autonomy and motivation in the relationship between prosocial behavior and well-being. One such study examined whether autonomous motivation (motivation proceeding from an unrestricted volitional state in which one feels free to make autonomous choices) moderated the effects of prosocial behavior on well-being for both the person engaging in prosocial behavior and the person directly benefiting from the behavior

(Weinstein & Ryan, 2010). The authors utilized four meta-studies to determine the relationships between autonomous motivation, prosocial behavior, and well-being. First, they asked subjects to keep daily diaries recording the extent to which they had engaged in prosocial behavior during each particular day, as well as complete a daily survey packet that included measures of subjective well-being. The authors found that prosocial behavior was generally not conducive to subjective well-being unless it was elicited from an autonomously motivated state. That is, people felt more satisfied about themselves and experienced increased well-being when they helped others from an internal state of free volition and self-determination. Second, the authors expanded on their findings and gave participants a choice to either keep money for themselves or split the money with someone else. They found that prosocial decision-making mediated the effect of needs satisfaction on psychological well-being and fostered increased enjoyment among participants that engaged in prosocial behavior. Both of the initial studies found that prosocial behavior was positively related with the well-being of “helpers,” particularly when one chose to engage in such behavior with autonomous motivation. In a third study, the authors found that people who chose to engage in an activity that could help another person win a prize experienced greater self-esteem, vitality, and positive affect than both non-helpers and controlled helpers that were coerced into helping others. Finally, the authors found a causal relationship between prosocial

behavior and psychological well-being when the behavior was initiated autonomously.

The results of a number of other studies have also pointed to a positive relationship between prosocial behavior and well-being. For instance, researchers have found that volunteering in academic programs was associated with increased self-confidence, self-esteem, and self-efficacy (Giles & Eyler 1994; Yates & Youniss 1996). In addition, prosocial behavior predicted life satisfaction and mediated the effect of self-efficacy on life satisfaction (Caprara & Steca, 2005). Additional research findings extended the findings of Weinstein and Ryan (2010) by demonstrating that those receiving help from others experienced heightened well-being when helpers autonomously chose to engage in such behavior (Weinstein, DeHaan, & Ryan, 2010). As such, it appears that prosocial behavior often has a positive influence on the well-being of both the prosocial helper and receiver.

Furthermore, the positive effects of prosocial behavior do not appear to be a culturally-bound phenomenon. A study conducted by Aknin et al. (2013) gathered survey data from 136 countries to determine whether prosocial monetary spending was cross-culturally associated with increases in subjective well-being. More specifically, the authors were interested in whether giving money to help others was a functional universal (i.e., a mental attribute detectable in all cultures, but varied in expression or form, Norenzayan & Heine, 2005, p. 763) and elicited increased happiness

and well-being in prosocial spenders around the globe. As such, the authors examined the correlation between prosocial spending and subjective well-being using an internationally based world-wide poll that included data representing 95% or more of the world’s population of people 15 years of age and older. They found that prosocial spending was linked to increased subjective well-being across culture and nationality, and that this effect emerged in both rich and poor countries. Additionally, the authors found a causal relationship between prosocial spending and well-being in a sample of three countries that included both rich and poor populations (a methodological suggestion provided by Norenzayan & Heine, 2005). Finally, the authors recruited a sample of participants from a higher-SES country and a lower-SES country, and placed participants into two groups. One group was asked to fill a goody bag with treats for themselves, while the other group was asked to fill the bag with gifts and treats for a sick child at a local hospital. The participants’ well-being was tested before and after the intervention, and the authors found that the prosocial spenders experienced more positive affect after giving to others than those that purchased items for themselves. Taken together, the results of this study indicate that prosocial spending, a common type of prosocial behavior, may be a functional universal.

Conclusions and Recommendations for Future Research

The literature reviewed above suggests that prosocial behavior is related to positive psychological outcomes not only for the recipients of these behaviors, but also for those

who engage in prosocial behaviors. Some of the psychological benefits of engaging in prosocial behavior include increased well-being, happiness, life satisfaction, self-esteem, and academic achievement. The relationship between prosocial behavior and positive psychological outcomes has been demonstrated among diverse populations across many countries, suggesting that the psychological benefits of prosocial behavior may be universal.

These findings increase our understanding of the positive effects of prosocial behavior on individuals' health, and suggest that interventions which focus on promoting prosocial behavior can potentially increase the well-being of prosocial practitioners, and enable them to live more fulfilling lives. Therefore, one of the areas for future research may be to continue developing and testing the effectiveness of positive psychology interventions aimed at fostering well-being and other positive psychological outcomes through engagement in prosocial behavior.

Future research may also explore the influence of prosocial behavior on psychological outcomes among clinical samples, and among individuals who experience highly stressful life events. Most of the existing research in this area has focused on non-clinical community samples. Therefore, little is known regarding whether prosocial behavior has psychological benefits for clinical populations, or whether it fosters recovery from distress. Research suggests that experiencing stressful life events and distress can affect the degree

to which one engages in prosocial behavior. For example, in a longitudinal study by Frazier et al. (2013) individuals who had experienced more lifetime traumas and those that experienced more recent traumas engaged in more prosocial behaviors than those who had experienced fewer lifetime or recent traumas. Frazier et al. (2013) also found a significant relationship between prosocial behavior and subjective well-being; however, they found a weaker relation between prosocial behavior and distress. To bring more clarity to our understanding of the relationships between prosocial behavior, well-being, and distress, future studies may focus on the relationship between prosocial behavior and adjustment in the context of trauma.

As suggested by Frazier et al. (2013), further research can also examine interpersonal moderators and mediators of the relationship between prosocial behavior and well-being. In particular, an analysis that explored whether similarities between a prosocial behavior initiator and recipient explains a significant portion of the variance in this relationship might be especially illuminating. Although there is still much to learn regarding this relationship, particularly from the perspectives of positive and clinical psychology, it is becoming clearer that prosocial behavior is associated with a wide variety of positive outcomes for prosocial initiators, recipients, and society at large. One can hope that this line of research will help us understand—and hopefully increase—the amount and quality of prosocial behavior exhibited by people around the world. In words

commonly attributed to Mahatma Gandhi: “The best way to find yourself is to lose yourself in the service of others.”

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