2nd Applied Positive Psychology Symposium

Saturday 21st May 2016

Proceedings of Presented Papers

Edited by

Matthew D. Smith and Piers Worth

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Introduction

The MSc Applied Positive Psychology (MAPP) at Buckinghamshire New University is a part-time two-year programme, and is now in its fourth year. This *Proceedings* represents the contributions to our 2nd Applied Positive Psychology Symposium held on Saturday 21st May 2016.

The symposium was first held in May 2015 as an opportunity for our first cohort of MAPP graduates to present their completed dissertation work to a wider audience, and prepare papers for the symposium's *Proceedings* that were based on their dissertation projects. The intention is that, for some, this may be an important first step in looking to publish work in an academic journal or in other ways as appropriate.

We are delighted to be able to return with a second symposium which, again, provides this opportunity for our students. We are further encouraged that this year, alongside students presenting dissertation work, we also have contributions from current MAPP students who are presenting work based on, or inspired by, work they have undertaken as part of their assignment work on the course. We hope this may set the precedent that future students will also want to engage with the symposium this way, and develop their ideas further as part of the process.

We are also very happy to welcome a contribution from a researcher who is not involved with the MAPP at Bucks New University (Cal Cooper, p. 98). It is our intention that we may further build upon this as part of future symposia by inviting contributions from other researchers and students on other MAPP or related programmes.

We trust you will find the papers in the *Proceedings* to be an engaging and uplifting insight into some of the latest work being conducted by the next generation of positive psychology researchers and practitioners.

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Gratitude, the Holy Grail of healthiness and flourishing?

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Abstract

Recent empirical study of gratitude has revealed a surprising array of benefits to grateful individuals. Research has predominantly focused on the benefits to health, relationships and performance, which increasing gratitude promotes. Few studies have attempted to bring together the relevant research in all of these areas to produce a holistic and all-encompassing understanding of gratitude's contribution to optimal human functioning or its adaptive advantages. Controversially, this paper questions whether with such a broad and multifaceted range of benefits, gratitude might be the 'Holy Grail' of healthiness and flourishing. By drawing together research on gratitude across multiple domains of optimal functioning, this paper presents a cohesive overview of the varied dimensions of gratitude. It approaches this by examining four hypotheses: That gratitude improves health; that gratitude enhances morality and spirituality; that gratitude enhances human ability and that gratitude enhances relationships. It is therefore potentially a new perspective and conceptual approach to considering the value and significance of gratitude.

The paper argues that there is a significant body of evidence to support the conclusion that optimal human functioning is enhanced through the experience of gratitude. Mechanisms by which this occurs are considered. Limitations and dangers of focusing on increasing gratitude are highlighted, as are opportunities for research to answer questions which are currently unanswered. Ultimately, it concludes that significant improvements in health, morality, spirituality, cognition and intra-personal relationships can be obtained through deliberate intention to increase gratitude and that in this sense it may well be as close as it is empirically possible to get to a 'Holy Grail' of healthiness and flourishing.

Introduction

Gratitude, wrote Cicero (54 BC), '…is not only the greatest of virtues, but the parent of all the others.' This was a bold claim. He was referring largely to the moral effect of trait gratitude, not the tangible benefits to those who 'give' and 'receive' it. However, since the times of the ancient philosophers (Leithart, 2014), and certainly since the birth of positive psychology (Seligman & Csikszentmihalyi, 2000), philosophers and psychologists, indeed humankind more generally, have been on a quest to discover what makes life meaningful.

Gratitude has been the subject of significant empirical research over the last thirty years (Emmons & Mishra, 2011). Evidence is now emerging that, whether we experience gratitude as a virtue (Emmons, 2012); a character strength (Park, Peterson, & Seligman, 2004); a trait (Wood, Maltby, Stewart, Linley, & Joseph, 2008) or simply a positive emotion (Fredrickson, 2004), it has both positive affect and positive effects. But what is the value of the evolution of gratitude in terms of human functioning? Is gratitude significant, and if so how? Why

should we pay attention to it and might it be the Holy Grail of healthiness and flourishing waiting off-stage to be discovered?

Whilst there have been investigations into the benefits of gratitude, mechanisms for its cultivation and some useful attempts to provide summaries of these benefits (McCulloch, Emmons, & Tsang, 2002), there is little in the way of a cohesive theory of the value of gratitude. The closest to a conceptual model of the adaptive value of gratitude is the work of Emmons & Mirsha (2011), which explores the links between gratitude and well-being. Those studies which consider the value of gratitude, have tended to focus primarily on the pro-social nature of gratitude (McCulloch, Kimeldorf, & Cohen, 2008) (Fredrickson, 2004) rather than a holistic perspective. It may well be that in taking this approach, other aspects of gratitude's value, from an evolutionary perspective, have been neglected.

This paper will consider four hypotheses which if taken together and proven, would establish gratitude as a significantly adaptively advantageous quality. The first hypothesis is that gratitude improves health, leading to improved healthiness. The second hypothesis is that gratitude enhances morality and spirituality. The third hypothesis is that gratitude enhances human ability. The fourth hypothesis is that gratitude enhances relationships with others. This quaternity of hypotheses consider to what extent gratitude optimises human functioning across physical, psychological, cognitive, relational and spiritual domains, and to what extent it can therefore be said to increase healthiness and flourishing.

By presenting these hypotheses and the evidence base for each of them, this paper therefore potentially identifies evidence for a new theoretical and conceptual model of gratitude, based on the integration of current empirical research, and explores ways in which gratitude may be advantageous as a trait and an emotion as a consequence.

The various 'states' of gratitude

Gratitude has variously been described as a virtue, trait, character strength, disposition, behaviour, coping strategy, mood and emotion. Whilst there is important distinction between each of these aspects, a detailed discussion of this falls outside of the scope of this paper. Healthiness, flourishing, enhanced performance and adaptive value will therefore be considered from the perspective of all of these experiences of gratitude.

Hypothesis one: Gratitude improves health

Research in this area can be divided into three broad categories. Firstly, the impact of gratitude on positive behaviours for health; Secondly, the impact of gratitude on positive health outcomes; Thirdly, the healing and protective impact of gratitude on health.

How gratitude impacts physical health behaviours

McCulloch and Emmons (2003) concluded that gratitude correlated with a 19% increase in the regular participation in exercise. In a different study, Hill et al. (2013), working with a sample of 962 Swiss adults, showed a correlation between gratitude, exercise and healthy eating, and that this correlation got stronger with age (0.02 at age 35, 0.06 at age 52 and 0.107 at age 70). A further study with adolescent athletes demonstrated them to be less prone to burnout and to be more satisfied with their teams when they were grateful (Chen & Kee,

2008), which would appear to indicate they were more likely to stay engaged in sport and exercise. Gratitude then encourages positive physical health behaviours.

Psychological health behaviours

Gratitude may operate in the psychological domain in a similar way to the physical domain - individuals who practice gratitude, may have greater motivation to maintain psychologically healthier lifestyles (Lyubomirsky & Sheldon, 2006). Gratitude may mediate the ability to think creatively about problems and adopt positive strategies for overcoming them (Wood, Joseph, & Linley, 2007), leading to addressing psychological problems more proactively. In a recent study, it was demonstrated that grateful people use more active emotional coping styles than less grateful individuals (Lin, 2015). It has also been shown that grateful people have an increased ability to relax (Rosenzweig, 2013).

Gratitude correlates with increased levels of optimism (McCulloch & Emmons, 2003), and optimism is a significant determinant of psychological well-being (Seligman, 2006). Kashdan, et al (2006), working with a group of Vietnam Post-Traumatic Stress Disorder patients found that higher dispositional gratitude correlated with increased resilience to Post Traumatic Stress. Fredrickson (2004) argues that thought-action repertoires are expanded by gratitude and that gratitude correlates with increases in creativity of thought.

Gratitude has been demonstrated to correlate with improved self-esteem and more positive self-image (Emmons, 2013). In a study with adolescents, this held true six months later (Froh, et al., 2011). The nature of being grateful is to some extent the ability to see oneself as being worthy of receiving a gift (Emmons, 2013), and by extension worthy of self-care. Gratitude therefore appears to holds the potential to alter our self-image, and a positive self-image leads to behaviours that improve our psychological health.

Mechanisms by which gratitude promotes positive health behaviours

It appears likely that participation in positive health behaviours are a virtuous cycle. For example, Ma, Kibler, & Sly (2013) argue that, gratitude promotes psychological well-being which in turn promotes physical wellbeing. Increases in healthy behaviours may be linked to increased self-esteem; the desire to maintain positive self-image and to goal attainment which correlate with gratitude (Emmons & Mishra, 2011). There is certainly evidence that gratitude facilitates coping with stress; reduces toxic emotions and increases self-esteem (Emmons & Mishra, 2011), therefore building psychological well-being. Of course it is equally likely that physical well-being could promote psychological well-being, through improved self-esteem and more efficient use of bodily resources. We know for example that exercise releases positive neurochemicals which make us feel good (Meeuser & De Meirleir, 1995).
The evidence from neuroscience appears to link gratitude with activation in the hypothalamus, a region of the brain known to be associated with bodily functions such as eating, drinking, sleeping, metabolism and levels of stress (Zahn, et al., 2009). This activation may well give clues as to the mechanisms gratitude employs to influence health behaviours. Gratitude may transform our brain chemistry, and therefore our behaviours.
Ma et al. (2013) further argue that grateful people are more likely to seek help for health issues. This is supported by Emmons & Mirsha (2011), who propose that gratitude builds social resources. If, as is suggested, gratitude promotes pro-social behaviours (Bartlett, Condon, Cruz, Baumann, & Desteno, 2012) and improves relationships (Algoe, Haidt, &

Gable, 2008), it may also be that psychological health improves as a consequence of increased social support.

What is less clear is what role gratitude plays in creating new heuristics and cognitive biases which, over time, change health oriented behaviours. Gratitude might play a role in generating or reinforcing positive spontaneous thought patterns which influence healthy behaviours (Rice & Fredrickson, 2016) as discussed in (Fredrickson, 2016). This is an interesting area for future research.

Psychological health outcomes

Appreciating the good things in your life at a logical level would likely lead to experiencing more positive emotion. Gratitude itself is a positive emotion (Fredrickson, 2004) and gratitude correlates with increases in the experience of other positive emotions. In a study by Watkins, Woodward, Stone and Kolts (2003) gratitude correlated with greater self-reported happiness; McCulloch and Emmons (2003) demonstrated a link between gratitude and optimism and the work of Sarah Algoe on gratitude in relationships suggests gratitude correlates with increases in love (Algoe, Haidt, & Gable, 2008). A study with adolescents has also linked gratitude with pride, hope, inspiration and excitement (Froh, Yurkewicz, & Kashdan, 2009). Gratitude has also been demonstrated to correlate with an improved satisfaction with life (Wood, Maltby, Gillett, Linley, & Joseph, 2008) and increased positive affect (Emmons, 2007). Gratitude feels good, and feeling good is better for our psychological health. While the specific positivity ratio (Fredrickson & Losada, 2005) has been brought into question (Brown, Sokal, & Friedman, 2013), there is little doubt that it is generally considered to be better to have more positive emotions than negative (Fredrickson, 2013). Gratitude aids in this process.

Beyond merely being a pleasant and enjoyable feeling, gratitude has been demonstrated to correlate with improved self-esteem and more positive self-image (Emmons, 2013). The nature of being grateful is to some extent the ability to see oneself as being worthy of receiving a gift (Emmons, 2013). Gratitude therefore holds the potential to alter our self-image, and a positive self-image is better for our psychological health.

A study following the terrorist attacks on the Twin Towers in New York found that gratitude correlates with enhanced trait ego resilience (Fredrickson, Tugade, Waugh, & Larkin, 2003) and a similar study reproduced similar results for Vietnam war veterans (Kashdan, Uswatte, & Julian, 2006). Gratitude also correlates with improvements in coping mechanisms (Wood, Joseph, & Linley, 2007). This study found that gratitude correlated positively with seeking both emotional and instrumental social support, positive reinterpretation and growth, active coping, and planning. Gratitude correlated negatively with behavioural disengagement, self–blame, substance use, and denial. Gratitude has further been correlated with the ability to experience successful post-traumatic growth (Wood, Maltby, Gillett, Linley, & Joseph, 2008).

Physical health outcomes

Gratitude has been shown to correlate with improved cardiovascular health. Kok, et al. (2013) correlated gratitude with improved cardiac vagal tone; MrCraty & Childre (2002) with coherent patterns of heart rhythms and Mills et al. (2015) with better self-efficacy to maintain cardiac function and lower levels of inflammation, giving a promising indication that

gratitude may aid faster recovery from heart failure. Gratitude may literally improve our hearts.

Gratitude has been shown to correlate with reductions in systolic blood pressure (Shipon, 2007); lower unhealthy cholesterol levels (Emmons, 2013); higher energy levels (McCulloch, Emmons, & Tsang, 2002) and improved sleep (Wood, Joseph, Lloyd , & Atkins, 2009). This final finding was replicated by McCulloch & Emmons (2013) who reported a 7.4% improvement in self-reported sleep pattern and a 17.8% improvement in how refreshed individuals felt after sleep. Beyond this gratitude has been shown to reduce the experience of physical pain by 6.3% (McCulloch & Emmons, 2003).

Mechanisms by which gratitude contributes to positive health outcomes

One obvious mediator of positive health outcomes is likely to be the promotion of positive health behaviours which, in themselves, result in positive health outcomes.
It may well be that optimism mediates the relationship between gratitude and positive health outcomes. If gratitude increases optimism (Hill, Allemand, & Roberts, 2013), and optimism improves physical health outcomes (Rasmussen, Scheier, & Greenhouse, 2009), it therefore seems plausible that gratitude would improve outcomes or at the very least that optimism would facilitate increased gratitude and better health outcomes. Further research is required here to establish a causal relationship.

Gratitude's impact on physically unhealthy behaviours and effects

Gratitude appears to reduce risky health behaviours. Ma et al. (2013) found that in a population of African American adolescents, gratitude correlated with a reduction in engagement with risky sexual behaviours and drug use. Hill et al. (2013) found a negative correlation between gratitude and the use of alcohol and drugs and Emmons (2013) found a similar correlation between gratitude and smoking. Gratitude, undoes the practice of behaviours which destroy healthiness.

Gratitude also plays an important role in healing and restoration. Gratitude has been shown to correlate with faster recovery for heart failure patients (Mills, et al., 2015) and kidney transplant patients (Orr, Willis, Holmes, Britton, & Orr, 2007); and Optimism (possibly a bi-product of appreciation and gratitude) correlates with an increase in the number of T-cells, higher natural killer cell cytotoxicity (Segerstrom, Taylor, Kemeny, & Fahey, 1998) and immunity (Brydon, Walker, Wawrzyniak, Chart, & Steptoe, 2009). Gratitude likely extends mortality through increased trust (Emmons & Mishra, 2011) and optimism, which have been shown as an important correlate of longevity (Fry & Debats, 2011) (Danner, Snowdon, & Friesen, 2001). Gratitude therefore provides protective physical health benefits.

Gratitude's impact on psychologically unhealthy behaviours and effects

Gratitude has been shown to correlate with reduced negative affect (Lyubomirsky, Sheldon, & Schkade, 2005); a reduced risk of depression (Gander, Proyer, Ruch, & Wyss, 2013) and reduced levels of stress (Bono & McCulloch, 2006). Through reductions in stress, gratitude correlates with reductions in depression and anxiety (Bahrampour & Yazdkhasti, 2014). Gratitude has been correlated with reductions in avoidant coping styles (Lin, 2015), which may explain why grateful people report more positive psychological health. Gratitude likely counteracts negative emotions such as envy and regret (McCulloch, Emmons, & Tsang,

2002) which have been shown to impact negatively on psychological health (Weiner, 2007). Beyond this, it may be that gratitude actually undoes the impact of negative emotions (Emmons, 2013) and mitigates their impact (Fredrickson, 2004).

Mechanisms by which gratitude undoes negative behaviours for healthiness and their effects

It is probable that there are three mechanisms by which gratitude influences negative behaviours for health. Firstly, gratitude promotes increases in self-esteem which leads to better awareness of behaviours which are not conducive to self-care. This is also likely to produce reasons to want to pursue positive health behaviours. Gratitude, then creates awareness of negative health behaviours and a motivation to change. Secondly, gratitude aids goal setting and attainment which is likely to be advantageous to catalyse change. Finally, gratitude facilitates social support. The support of peers to 'give up' negative health behaviours is likely to be an important factor in success.

Gratitude may operate by reducing stress. The work of Wood, Joseph and Linley (2007) helps identify characteristics of grateful people which may aid reductions in stress: 1) Seeking Social Support 2) Positive reframing 3) Approach oriented problem solving and 4) Active coping. The physical health symptoms of stress and anxiety have been well documented (Segerstrom & Miller, 2004), and it appears likely that gratitude reduces stress and anxiety (Bono & McCulloch, 2006) and therefore its impact on the body. Reductions in stress leads to reductions in neurochemicals such as Adrenaline, Cortisol and Norepinephrine and gratitude, or at least the prosocial behaviours of grateful people may increase Oxytocin and Dopamine levels. Emmons (2013) demonstrated a reduction in creatinine levels, improving kidney function; C-reactive protein which plays a role in reducing cardiac inflammation and around 10% lower levels of Hemoglobin A1c which assists in the regulation of glucose control, in grateful individuals. The neurochemical balance produced through gratitude may well lead the body to optimise its functions, but further research is needed here. It may be that gratitude reduces pain by reducing inflammation (Mills, et al., 2015). It may also be that gratitude reduces emotional pain, which has been shown to activate similar regions in the brain to physical pain in FMRI scans (Eisenberger, Leiberman, & Williams, 2009) (Kross, Berman, Mischel, Smith, & Wager, 2011).

Hypothesis two: Gratitude enhances morality and spirituality

Gratitude increases spiritual awareness

Gratitude has been the focus of attention for many of the world's major religions for centuries. From Christianity in the West to Buddhism in the East, gratitude has been seen as an important component of religious life. Beyond this, gratitude has been espoused by moral philosophers as a trait of high moral value.

Research indicates that gratitude correlates with increased spirituality (Emmons & Kneezel, 2005) and this appears to apply even beyond specific religious beliefs. Grateful people appear to be more open to the possibility of divine intervention and the connectedness of all things in nature (Emmons & Mishra, 2011). Moreover, gratitude gives life meaning by enabling a grateful individual to see it as a gift (Emmons & Sheldon, 2002). It may well be that gratitude facilitates an openness to the impact of the external on our lives, reducing the

illusion that we are entirely self-sufficient (Caputo, 2015). Gratitude then, may well enhance spirituality and religiosity, as well as an appreciation of life as a gift.

Gratitude promotes behaviours which can be seen as morally desirable

McCulloch, Kilpatrick, Emmons and Larson (2001) highlighted three roles of gratitude: (1) It acts as a moral barometer (2) It acts as a moral motivator (3) It acts as a moral re-enforcer. The moral aspect of gratitude likely links to its pro-social nature, it is moral in that it is motivated out of concern for another person (McCulloch, Kilpatrick, Emmons, & Larson, 2001) and its role in enabling delayed gratification (Bartlett & DeSteno, 2006). Grateful people appear to have an enhanced moral affect and tend to operate in a more moral way. Gratitude promotes benevolent behaviour. In one study, gratitude correlated with increased charitable giving of both time and money by approximately 20% (McCulloch & Emmons, 2003). Grateful employees are more likely to care about issues such as social responsibility (Anderson, Giacalone, & Jurkiewicz, 2007) and grateful consumers are more likely to tip generously (Lynn & McCall, 2000). While there may be a moral imperative to be generous, it would appear that generosity occurs as a result of upstream reciprocity (Nowak & Roch, 2007) rather than moral obligation (Bartlett & DeSteno, 2006). Indeed, gratitude may well have developed in order to facilitate social altruism (McCulloch, Kimeldorf, & Cohen, 2008). Gratitude then enhances willingness to act benevolently.

One of the strange paradoxes of gratitude is that whilst it brings our attention more closely to what we receive from others, it simultaneously aids forgiveness (Wood, Maltby, Gillett, Linley, & Joseph, 2008). Building on the work of Robert Emmons (Emmons, 2013), I suggest that perhaps there are two possible ways in which this operates. Firstly, gratitude allows the focus to shift from a perceived injustice or sense of entitlement towards an appreciation of what a transgressor has bestowed. Secondly, gratitude ultimately allows reflection on unpleasant experiences from the perspective of what has been gained through them, moving them from unpleasant to positive opportunities to grow.

Gratitude reduces undesirable moral and spiritual behaviours

Gratitude is shown to negatively correlate with narcissism and self-centeredness (McCulloch, Kilpatrick, Emmons, & Larson, 2001), it is difficult to remain selfish while appreciating others. The opposite of gratitude is entitlement, a sense that one is more worthy than one actually is, gratitude helps to keep a sense of entitlement in check (Emmons & Kneezel, 2005). In a series of studies, gratitude has also been shown to correlate with reduced envy (McCulloch, Emmons, & Tsang, 2002), reduced materialism (Polak & McCulloch, 2006) and reduced social comparison with others (Froh, Emmons, Card, Bono, & Wilson, 2010).

Mechanisms through which Gratitude enhances spiritual and moral behaviours

In studies involving fMRI scanning, mindfulness or specifically loving-kindness meditations have been linked with changes in brain structure (Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008). It may be that gratitude works in a similar way. Appreciating one's place in the universe and interdependence on others may well go some way towards explaining why grateful people are often more spiritually minded. Gratitude may utilise and facilitate experiences of elevation, which often leads to a desire to improve an aspect of oneself (Haidt,

2000). What is unclear is whether gratitude promotes spirituality, whether spirituality promotes gratitude, whether another attribute mediates increases in both or whether in fact the relationship is cyclical.

Gratitude may increase morality through an increased awareness or focus on pro-social goals – i.e. acting in a way which is beneficial to society at large. This is potentially motivated by increased empathy. A potential gap in research is around whether gratitude increases morality, or simply changes behaviour in line with risk and reward prediction.

Hypothesis three: Gratitude enhances human ability

Gratitude appears to change the way our minds operate. Gratitude has been correlated with improved academic performance, through: increases in academic self-efficacy and control of learning beliefs (Rey, 2009), increased academic interest, academic achievement and participation in extra-curricular activities (Ma, Kibler, & Sly, 2013). Self-efficacy and reduced materialism in grateful students have been correlated (0.22) with higher grade point average scores (Froh, Emmons, Card, Bono, & Wilson, 2010).

Gratitude has been correlated with better decision making. In a study with clinical practitioners, gratitude induced by giving a gift of a bag of sweets led to an increase in accuracy in diagnosis (Estrada, Isen, & Young, 1997). Researchers ran a study in which they demonstrated a significant association between gratitude and increased patience in decision making, with a high likelihood of causality (Dickens, Li, DeSteno, & Lerner, 2016), the increased patience was in the form of decreases in temporal discounting, suggesting that grateful people are less likely to simply accept the first offer they receive when making decisions.

Gratitude, like other positive emotions, broadens our mindset (Fredrickson, 2004), improving the ability to problem solve and developing resilience (Dweck, 2006). Gratitude enhances our creativity through the exploration of creative ways to repay benefactors (Fredrickson, 2004). Gratitude also increases attention and increases positive memories (Watkins, Cruz, Holben, & Kolts, 2008) and optimism (McCulloch & Emmons, 2003). By bringing attention to things for which we are grateful, our minds automatically begin to scan for more of those things (Emmons, 2007). Gratitude is similar to mindfulness (Rosenzweig, 2013) and improves the cognitive processes behind paying attention. It encourages the savouring of positive experiences (Lyubomirsky & Sheldon, 2006), which in turn allows more effective processing of them.

Mechanisms by which gratitude enhances cognitive abilities

Gratitude appears to impact on cognition over time. Gratitude is a skill which can be practiced (Emmons, 2013), which would appear to indicate that at a neuroscientific level gratitude relies on neuroplasticity to change brain structure. There is some evidence that gratitude correlates with increased grey matter (Zahn, Garrido, Moll, & Grafman, 2014). Much like the practice of mindfulness, gratitude appears to focus attention on the positive (Rosenzweig, 2013). The neurochemicals released from the positive emotions generated through the experience of gratitude (Algoe & Way, 2014) likely create a broadened and opened perspective and willingness to approach cognitive problems more creatively (Fredrickson, 2004).

It is likely that gratitude facilitates hope (Froh, Yurkewicz, & Kashdan, 2009), and hope is a significant factor in resilience and goal setting. Victims of tragedy with a greater sense of gratitude are likely to be more hopeful about the future leading to increased optimism. Similarly, students with a high degree of hope are more likely to set goals (McCulloch & Emmons, 2003) which may partly mediate the relationship between gratitude and improved academic performance. It would appear that grateful students have a stronger sense of affiliation with the institutions at which they are studying and increased pro-sociality, which may also partly mediate the relationship between gratitude and academic performance, equally reduced materialism appears to correlate with academic performance (Froh, Emmons, Card, Bono, & Wilson, 2010).

Gratitude then correlates with improved attention, broadened mindset, improved decision making and better academic performance. These enhancements can be studied through changes in the brain. Gratitude also appears to correlate with the 'unblocking' of unhelpful or unhealthy cognitive processes.

Hypothesis four: Gratitude enhances relationships with others

Gratitude promotes positive relationship building and maintaining behaviours

Gratitude is a pro-social emotion (Grant & Gino, 2010), and as a consequence may be an important factor in the assessment of other aspects of character during initial social exchanges. Gratitude has been shown to be an important component in the formation of social relationships (Algoe, Haidt, & Gable, 2008), possibly because it facilitates the perception of warmth (Williams & Bartlett, 2015) and sends a signal that one is a 'fair' and appreciative social partner, in-keeping with established models (Sigmund, 2007). It may also be the case that gratitude increases the perception of individuals' social value through the pro-social outcomes it generates. This may even extend as far as the perception of physical attractiveness (Jensen-Campbell, Graziano, & West, 1995), although this has yet to be studied empirically. Grateful people are perceived to be healthier choices to have as friends, social partners and romantic companions.

Once a relationship has been established, gratitude plays a significant role in reciprocity and developing behaviours which deepen relationships, for example in building trust (Bartlett, Condon, Cruz, Baumann, & Desteno, 2012); encouraging forgiveness (Bono & McCulloch, 2006); promoting greater empathy (McCulloch & Emmons, 2003) and generating reciprocal acts of kindness (Emmons, 2007). Indeed, the evidence would appear to indicate that gratitude induced improvements in relationship quality are sustained up to 6 months into the future (Algoe, Fredrickson, & Gable, 2013). Gratitude helps to promote behaviours which maintain healthy relationships.

Gratitude may help to build relationships because it allows the acceptance of temporary personal losses in return for longer term gains (Bartlett & DeSteno, 2006). This upstream reciprocity helps to build social capital (Wood, Maltby, Gillett, Linley, & Joseph, 2008) and promotes generosity towards others (McCulloch, Emmons, & Tsang, 2002). In a study with adolescents, Froh, Bono and Emmons (2010) found that gratitude increased motivation to contribute to society through social integration. Gratitude builds healthy communities and a sense of community (Emmons & Sheldon, 2002); and the upstream reciprocity (Nowak & Roch, 2007), which occurs as a result of gratitude, may well restore interpersonal balance in

social relationships (Chang, Lin, & Chen, 2012). Gratitude helps to keep our social relationships and networks balanced and healthy.

Gratitude also appears to correlate with other pro-social behaviours, the ability to delay gratification (Bartlett & DeSteno, 2006) in order to help someone else; the ability to empathise (McCulloch, Kilpatrick, Emmons, & Larson, 2001), forgive (Wood, Maltby, Gillett, Linley, & Joseph, 2008) and be generous (McCulloch & Emmons, 2003). It would appear that gratitude improves our relational abilities, making us more cognisant of healthy relationships behaviours.

In terms of our most intimate relationships, gratitude is a correlate with satisfaction in marriage, both at the early stages (Algoe, Gable, & Maisel, 2010) and at later stages of the relationship (Gordon, Robyn, & Smith, 2011). Gratitude further correlates with comfort in expressing relationships concerns (Lambert & Finchman, 2011); being more responsive to a partner's needs and maintaining the relationship (Gordon, Impett, Kogan, Oveis, & Keltner, 2012). Expressing gratitude also leads to perceived increases in communal strength within romantic relationships (Lambert & Finchman, 2011). Gratitude promotes attitudes and expressions which maintain healthy romantic relationships.

Gratitude reduces negative relationship behaviours

Gratitude is the opposite of ingratitude. Ingratitude often acts as a social poison, toxifying generous and pro-social actions through either ignorant or entitled responses. Ingratitude elicits negative emotional responses, such as: resentment, hostility, indifference or even narcissistic rage (McCulloch, Kilpatrick, Emmons, & Larson, 2001) and creates negative affect. Gratitude correlates negatively with loneliness up to about one fifth (Caputo, 2015), which would indicate ungrateful people tend to behave in ways which encourage them to feel isolated.

Grateful people are less likely to be critical, less likely to become involved in arguments and aggression (DeWall, Lambert, Pond, Kashdan, & Fincham, 2012), and are less likely to avoid dealing with difficult social relationship problems (Lin, 2015). Grateful people are more forgiving (Bono & McCulloch, 2006), making gratitude a natural antidote to resentment and unresolved grievances within relationships. By reducing materialistic striving (Froh, Emmons, Card, Bono, & Wilson, 2010), gratitude may play a role in reducing relationship conflicts about material items and finance.

Gratitude then builds, maintains and facilitates positive relationships and behaviours which sustain them. Simultaneously, it protects against the harmful and toxic effects of social isolation which result as a consequence of ingratitude. It improves the quality and quantity of healthy relationships, and contributes to societal outcomes.

Mechanisms by which gratitude promotes healthy relationships

Brain activation which occurs during the experience of gratitude, is in the ventral and sub-genual regions of the Medial Pre-frontal Cortex, which are linked with social reward and interpersonal connectedness (Fox, Kaplan, Damasio, & Damasio, 2015). It is also clear that gratitude correlates with increased levels of Oxytocin, which is thought to be important in social bonding (Algoe & Way, 2014). It may well be that this desire to continue to invest in

relationships is related to the dopamine produced when gratitude is experienced (Zahn, et al., 2009). It feels good to feel grateful, which motivates us to do it.

At a cognitive level, there is emerging research which demonstrates that gratitude promotes behavioural mimicry subconsciously (Jia, Lee, & Tong, 2015), which would suggest grateful people mimic the behaviour of people to whom they are grateful. It may well be that gratitude plays an important role in mitigating the impact of negativity bias (Vaish, Grossmann, & Woodward, 2008) in relationships and in counteracting the disproportionate strength of negative over positive (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001) by consciously or unconsciously strengthening positive thoughts.

Gratitude may mediate pro-social behaviours because it makes people feel socially valuable (Grant & Gino, 2010). In relation to marriage, research has revealed that the most successful marriages require a ratio of 5:1 positive to negative exchanges (Gottman, 1994). Gratitude, practiced effectively and communicated consistently, increases the ratio of positive to negative interactions, thus improving relationship experiences for both partners.

What is unclear is why dispositionally grateful people are perceived to be more attractive and appealing companions? Does pro-social behaviour entirely mediate this relationship or do other factors play a role? Several potential avenues could be explored in this domain including: The Impact of increased self-confidence / self-esteem (from the attribution of worthiness) on perceived likeability; whether gratitude like other attributes operates through a spiral effect, enhancing perceptions of other physical and behavioural characteristics; the extent to which a grateful attitude or disposition changes body language during interactions – for example increased eye contact which has been demonstrated as a significant factor in perceptions of physical attractiveness; whether grateful people actually 'are' more physically attractive or are perceived to be so. Future research on these topics would be a valuable contribution.

Gratitude a 'holy grail'?

Does gratitude lead to optimal human functioning or flourishing?

There are several challenges with answering this question from an empirical perspective. Firstly, the author is unaware of any studies which have specifically set out with the hypothesis that gratitude enhances well-being or human functioning to the extent that it could be described as flourishing. Secondly, the author is unaware of any studies which have sought to examine specifically the limitations of gratitude, as opposed to the limitations of gratitude interventions. Therefore, it is necessary to establish a conceptual link between gratitude outcomes and established measures of flourishing.

One conceptual model of flourishing is the 13 criteria for mental health (Keyes, 2007). Gratitude has been demonstrated to increase positive affect and happiness / life satisfaction, so therefore satisfies the two hedonic criteria of Keyes scale to some extent. The moral and pro-social effects of gratitude would likely increase scores on the scale's criteria for social acceptance, social actualisation, social contribution, social coherence, positive relationships and social integration. The spiritual effects of gratitude would likely contribute to increased scores on the measures of purpose and autonomy. The cognitive enhancement and health benefits facilitated through gratitude would likely contribute to environmental mastery. It also seems likely that through an appreciation of one's role in the universe (spiritual effect),

and one's dependence on others (pro-social effect) some degree of self-acceptance may be achieved as a consequence of gratitude. It therefore appears, at least conceptually, that gratitude is likely to contribute indirectly to all 13 measures on the Keyes scale for flourishing. We certainly know that it does improve a range of outcomes which could be described as key components of flourishing or thriving – increasing health, improving relationships, enhancing cognitive abilities and enhancing spiritual and moral functioning.

Limitations and dangers of gratitude

In the interests of balance, it is important to note the limitations of gratitude. While gratitude may well play a significant role in healing, healthiness, enhancement and flourishing, blind gratitude for everything is likely to be damaging. Indeed, indebtedness is likely one of the great enemies of gratitude, undoing the positive effects that genuine gratitude has (Gordon, 2013). It has been demonstrated that gratitude is not always effective in improving health outcomes (Dittman, 2004), and therefore there are limitations and contexts where gratitude could be either harmful or at best benign. It is also possible that positive emotions can also lead to reduced motivation (Isen, Clark, & Schwartz, 1976); impaired memory (Bower, 1981); increased cognitive biases (Park & Banaji, 2000), more selfish behaviour (Tan & Forgas, 2010) and increased gullibility (Forgas & East, 2008). Further, it may well be that obsessive pursuit of positive emotions can have a negative effect (Ford, Shallcross, Mauss, Floerke, & Gruber, 2014).

I suggest that in a number of circumstances gratitude could actually be harmful. 1) When expressing it continues a situation of danger or harm 2) When expressing it condones immoral or poor behaviour 3) When it is not genuinely deserved 4) When it is self-effacing or detrimental to self-image 5) When not authentically felt (in some situations) 6) When it is expressed inappropriately. Gratitude, then must be moderated if it is to be effective.

Conclusion

'A grateful mind is a great mind which eventually attracts to itself great things', wrote Plato. The plethora of scientific research on gratitude may provide an evidence base for that conclusion. The benefits of gratitude operate across a multitude of domains to develop healthiness and to promote flourishing. Both are undoubtedly adaptively advantageous. It is perhaps the ability of gratitude to provide multi-domain benefits, as well as the ability to both heal and facilitate thriving simultaneously, which allows us to consider it to be highly significant as a psychological construct.

Gratitude may have the power to make us fitter, reduce our susceptibility to disease, speed our recovery when we get ill, make us happier, protect us from depression, generate resilience and facilitate positive and fulfilling relationships. Gratitude may also restore and heal us both physically and psychologically and lead us to ultimately thrive in these domains. Gratitude's powers of healing and enhancement may not be mystical or magical, but they are none-the-less extensive.

At the same time, gratitude enables us to flourish in other domains: bringing spiritual awakening, increasing our morality, improving our cognitive abilities and resources, making us more intelligent and allowing us to thrive. Again, these powers are not the result of some super-human endowment, but never-the-less empirically it is increasingly hard to deny they exist.

The limitations of current research create an inviting and exciting potential for discovery in this area. The empirical evidence which exists needs to be verified and replicated to bring greater validity to the conclusions and some areas require research to be created from scratch. This is especially true of diverse cultures where only a limited amount of research currently exists. What exists already, however, is promising and secure enough to conclude that gratitude is a virtue, trait, state and emotion which is well worth cultivating.

It may be a stretch to call gratitude the Holy Grail, but it certainly comes pretty close, with its largely unexplained healing ability; its ability to give us new cognitive abilities which did not exist previously; its power to enhance us and the 'magical' pro-social benefits it creates which draw others towards us. Consider for a moment, if the benefits above had been developed by doctors in a pill, it is likely this pill would be a 'super pill', a 'Holy Grail' of medicine. That gratitude is something which does not require a pill, perhaps makes it all the more remarkable. Gratitude is remarkable. From what we know, it is also potentially extremely powerful.

Of course to call gratitude the 'Holy Grail' would maybe be to over-state the case. What we can demonstrate is that gratitude is significantly adaptively advantageous on a number of levels, and that ultimately it can lead to a degree of human flourishing and thriving across multiple domains. More research is needed specifically into the broad range of gratitude's benefits and how these interrelate. However, within the life experience of many, it may well be then that gratitude is a contender to be the route map to that illusive 'Holy Grail' for which we constantly search – the life worth living.

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A life worthy of the Gods: Towards a neo-Epicurean 'moral psychology'

Mark Walker

Abstract

The wisdom doctrines of the Ancient Greek philosophical schools provide modern Positive Psychologists with ready-made templates for developing empirically testable models of what it means to live 'the good life'. However, while PP has long recognised the foundational contribution of Aristotle to concepts such as eudaimonia, and modern cognitive therapies acknowledge Stoicism as their common ancestor, far less attention has been paid to the ethical-therapeutic system of Epicurus of Samos (341-270 BCE), whose take on notions such as 'virtue' and what it means to live 'the good life' is sometimes surprisingly forward-thinking, sometimes radically different from that of Aristotle et al*, and sometimes presents a direct challenge to modern PP notions of, for example, meaning or what constitutes a positive emotion. This paper examines what PP can learn from Epicurus. Following Wong's (2011) prescription for developing a new 'PP 2.0' in which 'moral psychology' assumes a greater importance than is currently the case in PP, Epicureanism is discussed under the rubric of Wong's 'four pillars' of PP 2.0, namely: 'virtue, meaning, resilience, and well-being.'*

Introduction

In his call for a 'Positive Psychology 2.0' focused on the 'four pillars' of 'virtue, meaning, resilience, and well-being' (p. 72), Wong (2011) notes that, 'moral psychology, at the intersection of psychology and philosophy, promises to be an area of substantial growth in PP [positive psychology]' (p. 73). I take the phrase *moral psychology* to mean essentially the same as the virtue ethics of the ancient Greek schools which set out to prescribe 'the good life' in terms very similar to those of modern positive psychology (PP), but (as Wong also points out, p. 73) with the concept of 'virtue' generally given greater prominence:

> 'The good life demands the presence of virtue. At the heart of how we should live is the question of good – how we ought to live a worthy and excellent life that embodies the best existential values that characterise us as human beings.'

While PP has long recognised the foundational contribution of Aristotle to concepts such as *eudaimonia*, and modern cognitive therapies acknowledge Stoicism as their common ancestor (Robertson, 2013, p. xix), far less attention has been paid to the ethical-therapeutic system of Epicurus of Samos (341-270 BCE), whose take on notions such as 'virtue' and what it means to live 'the good life' is sometimes surprisingly forward-thinking, sometimes radically different from that of Aristotle *et al*, and sometimes presents a direct challenge to modern PP theorists (see Hadot, 1995, for a general overview of Greek therapeutic philosophy; DeWitt, 1947, for a sympathetic summary of Epicurean doctrine). In Epicurus we find a carefully worked out epistemology grounded on a resolutely materialist view of the world, as well as a nuanced theory of emotions and a clear view of precisely what 'the good life' looks like.

In arguing for 'the centrality of meaning' Wong (2011, p. 74) says that, 'enlightenment about life and death and one's place in the larger scheme of things is needed to discover the

meaning of life.' Such enlightenment was exactly what Epicurus set out to provide. But Epicurus' conclusions were unpalatable to many of his contemporaries and remain so to many today: the cosmos is purposeless, the gods will not help you, there is nothing after death. It was Epicurus' remarkable achievement to forge from these unpromising premises a joyful, convivial, life-affirming doctrine that has much to recommend it as a model for PP 2.0.

The purpose of this paper, then, is to examine what PP can learn from Epicurus. I begin by sketching the Epicurean conceptual framework – specifically, its theory of knowledge and theory of emotions – before taking a neo-Epicurean view of each of Wong's 'four pillars'. In conclusion I suggest that the Epicurean model ought to be empirically testable.

Epicurean Epistemology: Science & Ethics

Wong is critical that so far PP has taken 'an ambiguous stance with respect to moral values because of its emphasis on science' (2011, p. 73). But an Epicurean would argue instead that science and morality are in fact inseparable. Epicurus grounded his ethical theories on a materialistic atomic physics: everything that has existed or ever will exist can be accounted for simply by the collisions of an infinity of atoms at motion in the infinite void (Morel, 2009). Not only is this Epicurean cosmos entirely material, it is *devoid of purpose*. No guiding hand is required to make the world.

Epicurean moral psychology – the prescription for what counts as 'the good life' and how to live it – takes this wholly physical universe as its starting point. It is the Epicurean contention that psychological disturbance is occasioned by anxiety about so-called 'Fortune', the whims of the gods, and fear of death; secure knowledge about the world derived empirically – in other words just the kind provided by the modern physical sciences – forms the basis of therapeutic teachings aimed at producing 'tranquillity' (*ataraxia*): the cosmos is purposeless, the gods will not help you, there is nothing after death, so cherish this life above all else. All these themes are elucidated by the great Epicurean poet Lucretius, who observes (*De rerum natura,* III.87-93) that without the secure knowledge provided by science we are doomed to remain in a state of ignorance and fear:

> 'As children in blank darkness tremble and start at everything, so we in broad daylight are oppressed at times by fears as baseless as those horrors which children imagine coming upon them in the dark. This dread and darkness of the mind cannot be dispelled by the sunbeams, the shining shafts of day, but only by an understanding of the outward form and inner workings of nature' (1951, p. 98).

Far from divorcing science from the search for meaning and moral values, an Epicurean perspective suggests instead that the physical sciences ought to form the basis of an empirically grounded, evidence-based moral psychology.

Epicurean Emotions

The Epicurean view of pleasure and what constitutes an emotion has implications for a topic of central importance to PP, namely the role of positive emotions. Frederickson (1998) argues that positive emotions are an evolved adaptation, in that they 'broaden an individual's momentary thought-action repertoire, encouraging the individual to pursue a wider range of

thoughts or actions than is typical' (p. 312). In her original 1998 paper she lists four – 'joy, interest, contentment, and love' (p. 304) – later expanded to 'ten representative positive emotions' (2013, p. 3).

For Epicurus, 'pleasure is the goal of life' (Woolf, 2009, p. 158) – although as Hadot (1995, p. 87) notes, not all pleasures are worthwhile, and the 'pleasure of existing' trumps all else. The basic pleasure assumption is derived in part from Epicurus' so-called 'cradle argument', namely that 'all creatures from birth go after pleasure and avoid pain' (Woolf, 2009, p. 175); there is an evolutionary slant to Epicurus' thinking here, since the seeking after pleasure and avoidance of pain are deemed to be instinctive, 'pertaining as much to animals as to human beings' (Konstan, 2008, p. 15). From these premises it is 'a self-evident lesson' that everyone naturally seeks 'the pleasure given by the absence of pain or distress' (Woolf, 2009, p. 175). Such pleasure is not, however, a neutral state but 'is experienced as having a positive qualitative character … a felt character that is not unfairly captured in terms of pleasure – a relaxed freshness, let us say, that feels wonderful' (Woolf, 2009, pp. 173-4).

Epicurus seems to go further and distinguish between mere *hedone* ('pleasure'), which is a *pathos*, 'a non-rational affect' (Konstan, 2008, p. 11) on the one hand and the concomitant emotion on the other, which has a cognitive element added: 'The rational emotion, which responds to an impression of something deemed to be pleasant' (Konstan, 2008, p. 17) is *khara* ('joy') – one of Frederickson's core positive emotions – the joy in savouring life itself. The cognitive element is vital, for it is this component that is targeted by Epicurean philosophical therapy: joy can be mistaken if dependent on 'empty belief (*kenodoxia*) … If, however, one anticipates rather the kind of tranquillity that is possible for human beings, and which resides in the absence of pain and the freedom from mental perturbation, then it is a proper and rational joy' (p. 17).

Epicurus also makes an important distinction between the (potentially at least) durable, even permanent state of 'tranquillity' (*ataraxia*), a 'static' state, and other 'kinetic' emotions such as certain forms of joy and delight brought about by more fleeting pleasures. This Epicurean division means that one and the same pleasure can be experienced in either form: the pleasure of 'the return of the body to its healthy state' is a kinetic one, while the pleasure associated with the ongoing 'experience of well-being' is static (Konstan, 2008, p. 131). Epicurus argued that, 'if the recovery from a dangerous illness be a cause for joy, manifestly the possession of health ought to be a joy at other times' (DeWitt, 1954, p. 233).

Before labelling an emotion as 'positive' or 'negative', therefore, the Epicurean insists on inquiring into the type of pleasure one is experiencing and hence what is the source of any resulting emotion. For an Epicurean, only 'proper and rational' emotions generated by following Epicurean teachings are to be counted as positive. *Principal Doctrine* #29:

> 'Of the desires some are natural and necessary while others are natural but unnecessary. And there are desires that are neither natural nor necessary but arise from idle opinion.'

Joy resulting from the 'empty belief' (*kenodoxia*) that 'acquiring a large fortune' will give one 'security against death' is 'a false kind of joy' that will 'prompt desires that are insatiable in nature, leading to a reciprocally reinforcing cycle of empty fears and desires' (Konstan, 2008, p. 17). Or as Epicurus himself has it, 'Natural wealth is limited and easily obtained; the riches of idle fancies go on forever' (*Principal Doctrine* #15). Joy in such circumstances is not a positive emotion at all, indeed is potentially harmful. Where Frederickson specifically

and PP theories generally seem concerned with the *outcome* of emotions, regardless of the circumstances, Epicurus instead asks us to consider and to scrutinise the *source* of our emotions before we label them as either positive or negative.

The 'Four Pillars'

Mirroring Wong's 'four pillars' (2011, p. 72) of PP 2.0, the basic tenets of Epicurean therapy were summarised by the ancients in a fourfold rubric, known as the *tetrapharmakos* or 'four-fold cure' (Long & Sedley, 1987, p. 156):

1. Don't fear the gods
2. Don't fear death
3. What is good is easy to obtain
4. What is bad is easy to endure

In modern terms, this might be translated as:

1. Scrutinise one's beliefs from a rational, evidence-based perspective
2. Accept the inevitability of death
3. Understand that more stuff does not guarantee happiness; a sufficiency is easy to acquire
4. Realise that ill health need not prevent one from experiencing many positive emotions

Epicureans argued that once one has thoroughly absorbed the lessons of the *tetrapharmakos* and both physical and psychological pain have been banished, little more is necessary to the attainment of perfect tranquillity (*ataraxia*): *Vatican Saying* #33: 'The man who has these sureties and expects he always will would rival even Zeus for happiness.' *Letter to Idomeneus*, 85:

> 'Happiness and blessedness do not belong to abundance of riches or exalted position or offices or power, but to freedom from pain and gentleness of feeling and a state of mind that sets limits that are in accordance with nature.'

Drawing on the fundamental teachings of the *tetrapharmakos* I now propose to flesh out what the 'four pillars' of a neo-Epicurean moral psychology might look like.

(1) Virtue

For Aristotle, 'virtue' is central to human flourishing – *eudaimonia* – achieved by the exercise of 'prudence' or 'practical wisdom' (*phronesis*): 'It is not possible to be good in the true sense of the word without prudence [*phronesis*], or to be prudent without moral goodness' (*Nichomachean Ethics*, VI.xiii). For the Stoics, virtue is also a central concept: 'virtue is the only thing that is good in any way, shape or form' (Brennan, 2005, p. 35). For Wong, too, virtue ought to be at the heart of PP 2.0: 'Virtue, not science, provides a moral map for how we ought to live our lives and how we ought to develop just and compassionate societies … Virtue is its own reward' (Wong, 2011, p. 73).

As we have seen, the Epicurean analysis of psychological motives accords a central role to pleasure. According to Epicurus, the goal of 'living pleasantly' certainly involves virtue:

> 'Prudence teaches us how impossible it is to live pleasantly without living wisely, virtuously, and justly; just as we cannot live wisely, virtuously, and justly without living pleasantly. For the virtues arise naturally with the pleasant life' (*Letter to Menoeceus*, 132).

But while virtue is inseparable from pleasure, in contrast to Aristotle and the Stoics – as well as Wong – virtue is not pre-eminent, virtue is not 'its own reward'; as DeWitt (1954, p. 246-7) notes: 'even if Nature approves of virtue, she first bestows approval upon pleasure, because she links it with life from the moment of birth in advance of volition and intelligence.' Epicureans believed that if people followed the *tetrapharmakos* and if 'they do what is necessary for pleasure, they will naturally be just' (Konstan, 2008, p. 29). To exalt 'virtue' as the goal is mistakenly to reify it, to treat an abstract linguistic concept as if it were some kind of Platonic form.

Epicurus brings this heady notion of Virtue down to earth. Ancient Epicurean ethics have a distinctly social contractarian and utilitarian tinge. Instead of Virtue, the far more concrete concepts of 'Safety and Happiness' were prized – our own safety and happiness are only guaranteed when we live in a society that prioritizes the safety and happiness of all its citizens. It is no accident that the same words occur in the US Declaration of Independence, for Thomas Jefferson was an avowed Epicurean (DeWitt, 1954 p. 35). Paradoxically, perhaps, Epicurus points the way to a modern 'virtue ethic' in which Virtue is replaced by less philosophically contentious terms such as equality, tolerance, compassion, 'Safety and Happiness'.

(2) Meaning

In Philosophy, 'meaning' can be taken as a linguistic, epistemological, sociological, aesthetic, or even metaphysical notion, and much philosophical work has been devoted to elucidating 'the meaning of meaning' (Cooper, 2003, for a philosophical survey). Although positive psychologists talk a lot about 'meaning', they tend to be much vaguer about what they actually mean by 'meaning' – is it simply a subjective sense of contributing positively, becoming engaged in what is perceived to be a worthwhile project, so-called 'making a difference'? So far, so uncontroversial. But positive psychologists also connect – if not actually conflate – 'meaning' with quasi-religious terms such as 'spirituality' (e.g. Lopez et al. 2015, p. 282-3, who concede the 'fuzziness' of the terms). Both are linked to the idea of a search for purpose in life. Proctor et al. (2015, p. 22) argue that spirituality fits with Rogers' model of the 'fully functioning person': 'spirituality is associated with an existential search for meaning and purpose in life.' The Values In Action survey (www.viacharacter.org) goes further to define spirituality as: 'having coherent beliefs about the *higher purpose* and *meaning* of the universe' (my italics). Likewise, it is a truism of PP that faith groups who believe 'meaning' derives from a deity or deities apparently report heightened subjective well-being (Lopez *et al.* 2015, p. 282), which in turn encourages positive psychologists such as Sonja Lyubomirsky (2007, p. 247) to make statements like, 'an essential path to finding *meaning* in your life is, *almost by definition*, to work on developing your *faith*' (my italics).

But both ancient Epicurean cosmology and modern physics provide no good grounds for thinking there is any non-subjective 'higher' meaning or purpose in the universe. As Carl Sagan (1991) noted pithily:

> 'The hard truth seems to be this: We live in a vast and awesome universe in which, daily, suns are made and worlds destroyed, where humanity clings to an obscure clod of rock. The

significance of our lives and our fragile realm derives from our own wisdom and courage. We are the custodians of life's meaning. We would prefer it to be otherwise, of course, but there is no compelling evidence for a cosmic Parent who will care for us and save us from ourselves. It is up to us.'

The Epicurean theorist grounds their beliefs in reliable knowledge about the world. As Lucretius observed, it is science not *religio* ('superstition') that can banish pain and fear. Science as our only source of reliable knowledge provides an objective 'reality check' for our subjective psychological beliefs. So if our current best scientific models describe a universe as uncreated, purposeless and devoid of meaning as the one historically sketched by Epicurus (which they apparently do), then loose talk of teleology, of external 'meaning', of 'higher purpose' can only serve to perpetuate the interdependent cycle of 'irrational desires' and 'terror of death' noted by Konstan (2008, p. 68).

Nor does the neo-Epicurean find a useful connection between 'meaning' and 'spirituality' or other quasi-religious terminology. For them, the terms may legitimately denote a subjective appreciation of one's own sense of fulfilment, or a sense of transcendent wonder at the beauties of nature, for example, but the terms have no common or external reference. An Epicurean is careful not to confuse such subjective value judgements with objective reality. The Epicurean answer to the question 'What is the meaning of life?' is to ask in turn why something beyond life itself is apparently required.

This stance, it should be added, does not diminish feelings of wonder, joy, awe while contemplating the natural order of the universe – as will be abundantly clear to readers of Lucretius, whose great poem celebrates the material cosmos in ecstatic terms. Carl Sagan (1996, p. 32) once again captures the same notion eloquently:

> 'Science is not only compatible with spirituality; it is a profound source of spirituality. When we recognize our place in an immensity of light-years and in the passage of ages, when we grasp the intricacy, beauty, and subtlety of life, then that soaring feeling, that sense of elation and humility combined, is surely spiritual … The notion that science and spirituality are somehow mutually exclusive does a disservice to both.'

Neo-Epicureans should have no difficulty achieving Wong's 'Chaironic happiness' (2011, p. 70) – 'feeling blessed and fortunate because of a sense of awe, gratitude, and oneness with nature or God' – just so long as they remain careful not to hold evidentially unsupported beliefs about the super-natural.

(3) Resilience

Maston (2014, p. 10) defines resilience as:

> 'The capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development.'

In similar manner, Wong (2011, p. 74) argues that resilience consists in 'the capacity to endure, bounce back, and grow in the midst of adversities and existential anxieties' and locates the source of resilience ultimately in, 'the will to live … having meaning and purpose and the capacity to transform negatives to positives' (p. 75). For the Epicurean, both psychological and physical resilience is derived primarily from the *tetrapharmakos*.

(a) Fortune & Fate

The Epicurean reaction to the notorious fickleness of Fortune is first to understand that there is *no such thing as Fortune at all*. To coin a phrase, stuff just happens. The movements of the planets in your horoscope have no impact on your life; that psychic who claims to be in touch with your dead grandma is a fraud; and there's no evidence that reiki healing or homeopathy are anything more than placebos. By reducing the hold such irrational beliefs have over us, we reduce the hold so-called Fortune has over our lives.

Epicurus did not deny that the gods existed, but he did deny that they exist apart from the natural order: in Epicurean physics not even the gods are 'super-natural'. Further, he denied that they possessed either the capacity or the inclination to interfere in the affairs of men: 'The blessed and immortal life is itself free from trouble nor does it cause trouble for anyone else' (*Principal Doctrine* #1). The gods convey neither fear nor favour. A lightning bolt is a purely physical phenomenon, it does not signal the wrath of Zeus. As Lucretius (1951, p. 31) observes, this is a primary source of psychological disturbance:

> 'The reason why all mortals are so gripped by fear is that they see all sorts of things happening on the earth and in the sky with no discernible cause, and these they attribute to the will of a god.' (*De rerum natura*, I.151-4)

Likewise prayers are unavailing, for if the gods listened to everyone's prayers 'all humankind would quickly perish since they constantly pray for many evils to befall one another' (*Fragments* #58). To expect either good or bad fortune from the gods therefore is an 'irrational impulse' (*Letter to Herodotus*, 81).

(b) Death

Closely related to the first strand of the *tetrapharmakos* is the important injunction not to fear death. All of our judgements concerning what is good or evil depend on our axiomatic inclination to pursue pleasure and avoid pain. Death is the end of all sensation, the extinction of any capacity to experience either pleasure or pain, so death can be neither good nor evil, it is quite simply 'nothing to us' (*Principal Doctrine #2*). Death is just the dissolution of our material body into its constituent atoms. There is no survival of any part of us, there is nothing immaterial that endures after the destruction of our material self (the Epicurean soul consists of super-fine atoms, but atoms nonetheless). Where we exist, death does not; where there is death, we do not exist.

'Death is the deprivation of sensation. Therefore, correct understanding that death is nothing to us makes a mortal life enjoyable, not by adding an endless span of time but by taking away the longing for immortality' (*Letter to Menoeceus*, 124).

Wong and Tomer (2011, p. 100) cite 'death denial' as a significant problem when considering psychological resilience: 'no matter how hard we try to suppress and repress death awareness, anxiety about our demise can still manifest itself in a variety of symptoms, such as worries, depression, stresses, and conflicts'. As a result, they argue it is, 'high time for psychologists to focus on the process of death acceptance' (p. 101). They note that 'Death exposes the fragility of life and the futility of everyday busyness and strivings. Death focuses and clarifies' (p. 103). This is not to deny the significance of death, but rather to enjoin a rational and fear-free acceptance of its reality and so cast the focus on life instead.

(c) Friendship

Modern PP recognises – for example, the 'R' of PERMA (Seligman, 2011) – that our resilience is significantly improved by cultivating friendship. Maston (2014, pp. 150-3) specifies 'Attachment and Close Relationships' as one of her 'short list' of factors associated with resilience. Epicurus also recognised the importance of friendship as a vital component of the good life: 'Of all the things that wisdom provides for living one's entire life in happiness, the greatest by far is the possession of friendship' (*Principal Doctrine* #27).

The contemporaries of Epicurus needed friends to provide security against, 'the hazards of sickness, accident and fire' (DeWitt, 1954, p. 190). There was no such thing as insurance in Ancient Greece: if your house burnt down, or you lost all your property in a shipwreck, only your friends could help you. Hence, friendship for Epicurus had something of a utilitarian tinge: 'All friendship is desirable for itself, but it begins with need' (*Vatican Saying* #23). But from this original practical need, friendship blossoms: 'friendship can only confer this benefit if it is sincerely believed in' (Konstan, 2008, p. 93); hence Epicurean communities devoted to fostering friendship and mutual cooperation flourished.

Although we generally no longer rely on friends to provide financial security, we still need 'positive relations with others' (Ryff, 1989) to help maintain our own psychological well-being. The neo-Epicurean functions best in a community of like-minded companions, for 'friendly association becomes the way to wisdom, and is perfected as wisdom matures' (Konstan, 2008, p. 150).

(4) Well-being

(a) Flourishing?

Both ancient and modern Epicureans should be content with a minimal interpretation of 'the good life' in which simple pleasures – good food, good conversation – are enjoyed in the convivial company of good friends. *Vatican Saying* #33: 'The man who has these sureties [freedom from hunger, thirst, cold] and who expects he always will would rival even Zeus for

happiness.' But is this really enough? Does the Epicurean flourish or do they merely avoid languishing?

Epicurus would probably agree with Carl Rogers that 'humans have an inherent tendency toward growth, development, and autonomy …the actualizing tendency' (Proctor *et al*. 2015, p. 3). But for Epicurus, this meant specifically, 'lives free of irrational fears and desires and freedom from bodily pain' (Konstan, 2008, p. 82). Rogers provides five criteria for becoming 'fully functioning' (Proctor *et al*. 2015, p. 5): '(1) Being more congruent, open to experience, less defensive; (2) Having improved psychological adjustment; (3) Having an increased degree of positive self-regard; (4) Perceiving the locus of evaluation and the locus of choice as residing within oneself; (5) Experiencing more acceptance of others.'

Points (2) and (4) are explicitly part of Epicurean teaching – that psychological fears are removed, and that we have free will (there is no such thing as destiny or fate) – while point (1) is a consequence of adopting an evidence-based outlook: the neo-Epicurean will be willing to scrutinise and if necessary amend their beliefs based on a fair and open assessment of the evidence. (3) and (5) seem to follow from the core Epicurean contention that 'life itself' is the greatest good (DeWitt, 1954, p. 218). Every other notion of a supreme good – be it *eudaimonia*, Virtue, PERMA, flourishing or self-actualisation – presupposes life. And we all of us only get a few trips around the sun:

> 'We are born once and cannot be born twice, but we must be no more for all time. Not being master of tomorrow you nonetheless delay your happiness. Life is consumed by procrastination, and each of us dies without providing leisure for himself' (*Vatican Saying* #14).

Recognition and acceptance of the brevity of life will cause us to place the highest value on our own life and that of others.

(b) Pain

Nor does Epicurus neglect the physical side of well-being. The final tenet of the *tetrapharmakos* states that: 'All physical pain is negligible; that which is intense lasts but a brief time, while chronic physical discomfort has no great intensity' (*Vatican Saying* #1). Fatic (2013, p. 1129) helpfully paraphrases as follows:

> '4. Always be aware that the inevitable pains tend to be outweighed by pleasures, that they are usually relatively easy to endure, and even in protracted illness filled with pain, moments of pleasure, if properly conceived, greatly outweigh the moments of intense pain.'

Epicurus himself embodied this doctrine in his final illness, writing to a friend: 'As I spend this happy day at the end of my life …strangury and dysentery are dogging me with all their usual intensity. But this pain yields to the joy in my heart at the recollection of the conversations I have had with you' (*Letter to Idomeneus*, 30). Even in the midst of bodily pain, so Epicureans argue, one can maintain one's happiness. As DeWitt (1954, p. 246) observes, for Epicurus 'life was the greatest good; it was a pleasure to be alive, even if maimed or in pain.'

A correct Epicurean understanding of bodily pain should enable us to recognise that it is always capable of being outweighed by pleasure. DeWitt (1954, pp. 241-2) commenting on *Principal Doctrine* #4 says: 'This amounts to denying that pain and pleasure are capable of

mixing and of resulting in a state that is different from either. Epicurus implies instead and elsewhere teaches that pain is subtractable from pleasure, leaving a balance of the latter.' When one subtracts the amount of pain one is experiencing from the pleasure of having no pain then one is left with 'a balance of pleasure, which is happiness' (p. 242).

For Frederickson (2003, p. 334) one function of positive emotions is to 'undo the lingering effects of negative emotions'. Perhaps just such 'undoing' is what Konstan (2008, p. 131) means when he notes that, 'the body and soul feel pain …when their healthy constitution …is disrupted, and pleasure arises from the return of the body to its healthy state.' This pleasurable 'return of the body to its healthy state' presumably *undoes* the negative emotions associated with pain.

(c) Authenticity

PP models of flourishing and self-actualisation often also emphasise the notion of authenticity. Linley (2008, p. 44) discusses authenticity specifically in the context of using one's strengths: 'authenticity is associated with higher levels of happiness, fulfilment, gratitude, emotional intelligence and self-esteem.' The neo-Epicurean understands that complete authenticity goes beyond using one's signature strengths or following the mantra of 'being true to ourselves'; it requires us also to be true to the *nature of the universe itself*. If our beliefs are not supported by the findings of the physical sciences, we will not be able to live a fully authentic life. So far as science is able to tell, there is no evidence for survival of consciousness after death; nor is there evidence for a creator god or a divine plan for the universe. Physics describes a value-free and contingent cosmos. So if a neo-Epicurean holds beliefs that contradict this model, they will need to ask themselves whether their beliefs are indeed evidence-based. For them to act otherwise would be, to borrow a phrase from Jean-Paul Sartre (Warnock, 1970) to live in 'bad faith', denying the 'absurd' contingency of the universe and holding erroneously that values somehow exist independently of our own experience. Carl Sagan again (2006, p. 226):

> 'Purpose is not impressed from the outside, it is generated from the inside. We make our purpose.'

For the neo-Epicurean, following Sartre as well as Sagan, embracing the contingency of our existence liberates us to enjoy this life (the only one we have) to the full – authentically.

Such a back-to-basics interpretation of self-actualising (or fully functioning, or flourishing …) as the one propounded by Epicurus is captured in Juvenal's famous dictum *mens sana in copore sano* ('A healthy mind in a healthy body', *Satire* X.356). The Epicurean challenge to positive psychologists is to ask: what else do you really need to be happy?

A testable hypothesis?

A key difference between ancient Epicureanism and contemporary PP is testability. It may transpire that Epicurus' ideas turn out to be just that – ideas. Is the theoretical framework supported by evidence? Can empirical results be found to support it? Since 2012, a team consisting of academics and psychotherapists working under the aegis of Exeter University have organised an annual 'Stoic Week' in order to test and assess the efficacy of ancient Stoic doctrines in the modern world (http://blogs.exeter.ac.uk/stoicismtoday/). Participants are encouraged to complete questionnaires (including Diener's *Satisfaction with Life* and *Scale of*

Positive and Negative Experience surveys) to evaluate the effect of adopting, even for the short term, a variety of prescribed Stoic attitudes and behaviours. There seems to be no *a priori* reason why this approach would not also work for Epicureanism. Such a research project would likely take the *tetrapharmakos* and its goal of attaining *ataraxia* as its basis. Rational death acceptance and the critical analysis of supernatural claims would form a central part of this neo-Epicurean training regimen. Pre- and post-training surveys would record measures of subjective well-being. 'Epicurus Week' perhaps?

Conclusion

Epicurus is a salutary reminder for positive psychologists that Aristotle is not the only game in town when it comes to virtue ethics. He asks us to think more deeply about the nature and source of emotions, as well as the relationship between our moral values, our beliefs, and the world around us. Epicurus describes a very broadly empiricist way of looking at the world not so wildly removed from that of modern science, which he then puts to use as both the basis of and the justification for his ethical theories. He ask us to consider that a viable moral psychology ought to be based not only on what we *believe* to be true but on what we *know* to be true. We hold our moral values based on our beliefs, which in turn are presumably based on what we think is true about the world (for we generally don't think that we hold false beliefs). Are these truths, and hence our beliefs and values, evidence-based?

As a forerunner of utilitarian and social contract thinking, Epicurus downgrades idealised notions like Virtue and Justice, preferring 'Safety and Happiness' instead. As a forerunner of existentialism, he tells us that notions of 'meaning' and 'purpose' come from within and that to locate values externally ('god will reward me', 'the universe has a plan for me') is to live in-authentically. He cautions us that PP 2.0 should exercise care when handling ontologically-loaded terms like 'spirituality'.

The neo-Epicurean, in attempting to live an evidence-based life, will sometimes seem uncomfortably pragmatic. They understand the terms of the social contract; they understand that morality in the abstract, Virtue and Justice, are not absolutes but context-dependent. They acknowledge that self-interest plays a part in friendship and in social bonds. The ultimate goal is to live a life free from physical pain and psychological disturbance, and this can best be achieved in a well-regulated, peaceful society in which mutual respect and personal autonomy are granted to all.

The neo-Epicurean is at last in a position to address Wong's criticism of the 'purely subjective' and 'value-neutral' PP models proposed by Seligman *et al.* (2011, p. 73): 'According to a value-neutral view of character strengths, even serial killers and terrorists can be considered living the good life'. For Epicurus the greatest good is life itself. The very brevity of life – the one and only life we get – provides the strongest motivation to value it above all else.

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How does one evaluate a community wellbeing intervention such as the Five Ways to Wellbeing?

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Abstract

This research seeks to understand how to go about evaluating community wellbeing interventions of a broad nature, such as the Five Ways to Wellbeing (5W2W) using a case study in a Local Authority (LA1). Through in-depth interviews with national and LA1 commissioners and community organisations, some recommendations have been developed on how to implement a sustainable pragmatic evaluation for these type of broad wellbeing interventions. Recommendations include refining and agreeing the definition of wellbeing for interventions, balancing creative commissioning with more rigid goal setting, developing a workforce development plan, identifying and using consistent validated scales, development of Public Health England (PHE) centres and the strengthening of participatory action research approaches. It also suggests a focus on the individual's right to choose their own wellbeing goals and consideration of Sheldon and Elliot's (1999)'s research on self-concordant goals, and the dilemma this may cause for public health commissioners who currently set top down specific, measurable and prescriptive goals such as stopping smoking or losing weight.

The research highlights the challenge of measuring wellbeing when the definition is so broad. This challenge is intensified by the tension in public health departments between encouraging people to take control of their own health and wellbeing and the need for programmes to tackle the growing public health issues which are placing increasing demands on public health services in an already overstretched system. The question, therefore, is whether to measure behavioural goals set by public health departments or whether to facilitate support so people can set and measure their own wellbeing goals which may or may not impact on behaviour goals such as reducing smoking or obesity.

Introduction

This research seeks to understand and explore an appropriate method for evaluating broad community wellbeing interventions such as Five Ways to Wellbeing (5W2W). The research was conducted within the context of a Local Authority referred to as 'LA1'. The LA1 case study involves public health commissioners and community organisations working together to improve community wellbeing. The case study uses the national initiative Five Ways to Wellbeing (5W2W) which was developed by the New Economics Foundation (Aked, Marks, Cordon & Thompson, 2008). This initiative was in response to a government request for public health messages to be created to reflect the evidence to date on what improves our happiness and wellbeing. The Five Ways can be summarised as follows:

> *Connect* - With the people around you. With family, friends, colleagues and neighbours. At home, work or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich your life every day.

Be Active - Go for a walk or run. Cycle. Play a game, try gardening or dancing; exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take Notice - Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, taking time to eat lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep Learning - Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give - Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

LA1 introduced wellbeing interventions locally, based on the NEF national programme 5W2W (2008). This research uses a case study in which LA1 developed 5W2W Engagement and Training Toolkits to be used in local community organisations with their volunteers and service users. The Terms of Reference for the group was developed to oversee the development of LA1 engagement and training project.

According to the terms of reference, the aim of developing the group training toolkit was to develop a *"light bulb moment"* where people can apply meaning and value to the 5W2W messages in their own lives and to *"encourage individuals and groups to begin to consider ways of enhancing their well-being."* The report refers to the importance of perceiving *"mental health and wellbeing as a 'positive asset' that can be improved and enhanced by both individual and collective action, through the social marketing and adoption of Five Ways to Wellbeing."* Community organisations were commissioned to *"demonstrate creative ways of embedding and promoting 5WTW messages within their existing or planned functions and activities.* In 2013, LA1 commissioned a University and a local organisation to develop the toolkits for the community organisations to use to deliver wellbeing training to people in their communities.   The completed toolkits are now being used by community organisations in LA1 and there are (during the time of the interviews) plans for evaluation. It is hoped that this research will contribute to the way that the toolkit is developed and evaluated.

Method

Interviewees included representatives from the LA1 area; from the University, the Council, Public Health England (PHE) and local community organisations. As with many qualitative research projects, the sample number is small with five interviews and seven stakeholders involved. The in depth nature of the interviews provided rich data about perspectives of community wellbeing and coupled with the extensive literature review this has provided further insight into ways partners may be able to explore together to deliver and evaluate community wellbeing.

Analysis

A thematic analysis was used by transcribing each qualitative interview and collating what each interviewee said by the process of coding into themes and sub themes. The final set of themes and sub themes are presented in Table 1 below.

Table 1: Final Themes/Sub Themes

Research Themes	Sub Themes
Theme 1: Definitions	Community Wellbeing
Theme 2: National Context	Evidence Base Support from PHE/NEF Support for Centres Local relationship with national
Theme 3: Local Strategy	Relationship with community organisations Commissioning (Planning services, creative commissioning, challenges, value for money, relationships) Social Marketing Workforce development
Theme 4: Design of Intervention/Evaluation	Goals and Measures – project and individual goals Participatory Approaches – stories, feelings, reflection, questions Volunteering

Summary and Recommendations

Theme 1: Definitions of wellbeing

Differing theories of wellbeing and happiness

Wellbeing is a broad topic with various definitions, relating to psychological, emotional and social wellbeing. There are various theories and explanations of wellbeing, happiness and flourishing and applying measures and a focus is challenging for people designing wellbeing interventions. Ryff (1989) outlines six elements of psychological wellbeing including self-acceptance, personal growth, and purpose in life, environmental mastery, autonomy and positive relations with others. Keyes (2002) describes a continuum of complete state model of mental health from mental illness through to languishing and then flourishing. Individuals with high levels of all three areas of wellbeing are flourishing and those who have no mental illness but low levels of wellbeing are languishing. Westerhoff and Keyes (2010) describe three core components of positive mental health to include emotional wellbeing, psychological wellbeing and social wellbeing. They propose that positive mental health includes hedonic (in the moment) wellbeing, psychological and societal aspects of eudaimonic (fulfilling potential) wellbeing.

The ONS wheel of wellbeing includes social and environmental wellbeing such as income and health and education. The happiness theory proposed by Lybormirsky, Sheldon, and

Schkade (2005) implies 10% of our happiness is determined by our circumstances and 40% by the choice of our own activities. In light of what this theory implies, do we need to consider resource allocation for social wellbeing (circumstances/environment) and psychological wellbeing (voluntary activities) so there is more focus and energy spent on psychological wellbeing?   The ONS wheel puts more focus on circumstances as subjective wellbeing is only one part of a vast array of social determinants such as income and health. The ONS also use four questions to measure the nation's subjective wellbeing so this uses a different approach to the scale of WEMWBS.

With so many theories about happiness and wellbeing, it is important for people who design interventions to decide on a theoretical framework for interventions so that they can set goals. All interviewees talked about the difficulty of evaluating wellbeing interventions when the definition is so broad:

> "that is the dilemma and I think .. you're asking a question that I think is incredibly hard to answer because are we looking at broad social change in terms of wellbeing, well how do you measure that?" *Participant 1, Lines 504 to 506*

Choice of goals when designing interventions may include supporting people to improve their circumstances, or helping people set long term goals to bring more meaning into their lives or to help them to live in the moment more.   The focus for the wellbeing intervention will allow practitioners to set local and national wellbeing goals and build on the existing evidence base for wellbeing. They will also need to decide if they want to measure behavioural change outcomes such as helping them to stop smoking or helping them to lose weight, rather than only measuring their internal and subjective feelings of wellbeing. As goals such as stopping smoking are so important for public health teams, it may be important to link subjective wellbeing with behaviour change outcomes:

> "the smoking cessation service .. they are having to try and reduce the amount of smoking …but then you know for a community organisation, smoking isn't necessarily going to be the first thing they are going to be talking about to people because ...actually life is a bit stressful and it's the one pleasure and .. do you see what I mean there are tensions there?" *Participant 1, Lines 534 to 541*

Recommendation: Work with the ONS, PHE and NEF to further define wellbeing for 5W2W interventions and with the PHE local centres decide on the focus of interventions. For example is the intervention focussing on social or psychological wellbeing and will it measure an individual's subjective wellbeing or behaviour change outcomes?

Theme 2 and 3: National and Local Wellbeing Strategy

Existing evidence about the impact of wellbeing interventions

The DoH annual report by the Chief Medical Officer (Davies, 2014), which said that there needs to be more evidence to justify spend on wellbeing interventions, indicates a change in direction for public health wellbeing campaigns in the UK and this may impact on local spend on wellbeing interventions such as 5W2W interventions. The focus now will need to be on building the case and the evidence for wellbeing by working with national bodies such as PHE, ONS and NEF to become more systematic in implementing and evaluating wellbeing interventions. Interviewees talked about the need to build creative commissioning approaches

into contracts so that learning and flexibility could strengthen wellbeing interventions as a fairly innovative approach to pilot wellbeing interventions. Also local commissioners spoke of needing comprehensive guidance from national partners on how to design local programmes including challenges with definitions, justification to spend money on wellbeing interventions without sufficient existing evidence and whether to use campaigns such as Five Ways to Wellbeing.

> "because the NEF and 5W2W, everywhere I've gone I'd say 98% of people are using the 5W2W...therefore people are still..asking the question...how can we demonstrate social return on investment?" *Participant 6, Lines 13 to 16*

Recommendation: PHE and NEF to work with Centres to provide meaningful and useful commissioning toolkit and to disseminate the plan for improving the evidence for wellbeing, discussed in the DoH 2014 CMO Annual Report (Davies, 2014).

Recommendation: Commissioners to consciously build time and space into contracts for creativity and learning as well as balancing the need for more rigid and inflexible goals.

Quantitative and qualitative research

An interviewee referred to a 'big e' evaluation and a 'small e' evaluation, where there was the desire to demonstrate and measure impact in a quantitative way, but also the desire to see, observe and reflect on the day to day changes that people experience and for practitioners to travel with participants on their journey of change. The need and hope for qualitative research was mentioned either explicitly or implicitly from some interviewees and that it was perceived that there was often a preference by commissioners to gather quantitative research and numbers. There seemed to be a tension between this 'big e' and 'little e' type of evaluation with reference from interviewees about the difficulty of form filling, balancing the need to measure with the need to support:

> "you could be saying in your project this 'small 'e evaluation is worth noting, its worth creating, a channel or a means and this 'big e' evaluation...says if we are putting time and money into this, I know by the way we do really believe this has an evidence base and we want to see how it ripples into the community" *Participant 7 Lines 135 to 139*

> "filling a form isn't obviously going to improve their wellbeing so we're trying to focus back on how we interact and how we evaluate" *Participant 4, Lines 211 to 212*

Recommendation: Consider a "small e" and "big e" approach to evaluation which align and work together, where operational staff support customers to evaluate, reflect and engage with the change and the strategic staff design cost effectiveness and social return on investment tools. The two groups would need to work closely together to check both types of evaluation were valued and used together effectively.

Practitioners demonstrating good practice in wellbeing

There was reference by the interviewees to LAs as being competitive and stressful places to work currently and also the stress that can be caused by unclear and misleading contracts which do not take account of the amount of work that is caused by shifting goalposts and unclear briefs. It may be seen as hypocritical if LAs deliver wellbeing for others and do not take into account the wellbeing of the staff and volunteers delivering the interventions.

Framing training for staff and volunteers in the 5W2W and the use of Positive Psychology may help staff to improve their own wellbeing and help others to reflect and notice their own change and journey.

> "It's really competitive, brutal place to be working in Local Authorities sometimes, always conversations about who is going now, who has gone now, who has got 3 or 4 portfolios now, because they have cut the team in half, so there's anxiety and stress and all of that, so we are talking about wellbeing.." *Participant 6, Lines 472 to 475*

Recommendation: Aim to reduce stress and anxiety, promote wellbeing and Positive Psychology principles to staff and volunteers. Consider participatory approaches with staff and service users to form a more equal relationship where staff and users' voices are heard and included in decision making.

Robust design of social marketing interventions

5W2W is seen as a Social Marketing campaign but there was limited reference to the structure and discipline of Social Marketing such as the various models as defined by organisations such as National Social Marketing Centre. It is apparent 5W2W nationally and in LA1 is perceived more as a set of communications messages rather than a wider strategic Social Marketing campaign, which uses techniques such as customer segmentation, behavioural goals and developing deep customer insight about behaviour and motivation. Evaluation is also at the heart of the social marketing discipline as described by NSMC. Social Marketing may add value and rigour to wellbeing interventions. However the research has indicated that rigid goals may not work for wellbeing interventions as the goals need to be chosen by the individual and self-concordant, so a Social Marketing approach would need to be adapted to broader wellbeing interventions such as 5W2W. Social Marketing techniques such as customer segmentation might be useful for further breaking down groups such as older people so the demography, behaviour and motivation of at risk groups can be understood. This could then be used within a cost effectiveness model which can measure the benefits of interventions to at risk groups and link to impact on reduction of disease across a population.

> "but it's not simply a social marketing message and that's what NEF was promoting … but no one really knows is it really something more than a social marketing message? Let's be real we think it is but actually how does that actually work?" *Participant 1, Lines 379 to 382*

> "PHE should use their clout and voice to make a statement and say this works really well as an evaluation but they haven't done that yet" *Participant 6, Lines 596 to 601*

Recommendation: Use Social Marketing techniques to support the boundaries and definition of a community, by understanding variations within a "community" including both demographic and behavioural variations. This element of Social Marketing is called customer segmentation and involves grouping customers according to what is helpful for the project and understanding similarities and differences.

Recommendation: Consider if 5W2W campaigns locally exist as communications messages or wider Social Marketing campaigns using models such as the NSMC (2015) success criteria.

Positioning wellbeing in local and national strategy

Selecting the people who are involved in the wellbeing agenda, will depend on how the commissioners view wellbeing and whether they want to make it the whole frame of Local Authority and NHS work in which case everyone is involved in wellbeing, or whether they want to boundary it as a specific additional function to the work they do. There was evidence from commissioners that in LA1 wellbeing is seen as a cross cutting theme across numerous agendas including adults and children.   The interviewees referenced a desire for it to be a cross cutting agenda, building on and rebadging what is already being done, using 5W2W as a communications framework. Communicating wellbeing in a positive way and using empowering language was suggested as helpful. Public health campaigns tend to be problem focussed and this may mean a tendency towards negative and critical language which can put people off and also is not as enjoyable for people when they are involved.

> "people who are making decisions particularly around cutting services, they just look at the actual service, so things like …community transport …the number of buses, they might not have been very well used, but the few people who did use them, now might be totally isolated"
> *Participant 4, Lines 427 to 429*

Recommendation: Agree on whether wellbeing is going to be a cross cutting theme across various strategies and services. If it is cross cutting, involve organisations and LA departments, in conversations about the definitions of wellbeing aligned to their organisational goals.

Recommendation: Map existing services contributing to the wellbeing agenda. 5W2W could be used as a framework for mapping and communicating existing services.

Theme 4: Design of wellbeing interventions

Goals

An important aspect of evaluation is having a measurable goal so that success can be measured.   Definitions of wellbeing and the wide ranging goals related to broad wellbeing interventions such as the 5W2W can prove problematic for public health commissioners. Interviewees all mentioned the challenges they face when measuring wellbeing interventions, partly posed by the broad nature of the definition. National and local LA1 strategy points to people being empowered to take control of their own health and wellbeing which infers the right for people to choose their own wellbeing goals.   So when framing interventions with the word "wellbeing", it is often difficult for the commissioner to know what to evaluate at the outset of the project. Sheldon and Elliott's (1999) research on self-concordant goals presents a dilemma for public health commissioners as it shows how a person's likelihood at sustaining activities will rely on the activities being a natural fit with the person's likes and values.   Public health both nationally and in LA1 have outlined goals to encourage an individual to take responsibility for their own health and wellbeing but individuals can only really do that if they set their own goals and are less likely to succeed according to if they are coerced or made to feel guilty by others (Sheldon & Ellitott, 1999). By basing interventions around rigid measurable goals such as stop smoking and reducing obesity, public health commissioners could be viewed as setting the goals on behalf of individuals, in conflict with the idea of self-concordant goals.

"I think wellbeing to one person might not mean the same as wellbeing to another person .. if you don't do it to the right level, they might just switch off and think well that's not going to apply to me, because I'm never going to have wellbeing in the sense that that person is going to have." *Participant 5, Lines 74 to 79*

Recommendation: Unpick the conflict between self-concordant goals and the public health goals which are more prescriptive in local and national strategy and with PHE centres.

The use of validated scales

WEMWBS was the scale used by most LAs. There were mixed feelings about the use of quantitative measures where people felt it was difficult to use one scale to measure such a broad definition of wellbeing, and also it was seen as a burden for people to fill out questionnaires. Also WEMWBS did not measure behaviour change such as how many people give up smoking or lose weight which is a key focus for public health programmes. It was thought people might be moving away from WEMWBS and also the ONS uses a different measure for subjective wellbeing which is benchmarked nationally, where they use four questions in a national annual household survey.

"you know we'd be doing really well if we could get a really good baseline of WEMWBS for (the local area) to work with" *Participant 2, Lines 405 to 406*

" do you remember that great big circle, the ONS one…it just brings in everything the whole world and his wife and that's where we've ended up … because we're not changing the world" *Participant 1, Lines 511 to 513*

Recommendation: Decide on an appropriate population scale for measuring change in a community or population e.g. WEMWBS, and consider a range of scales to suit purpose.

Participatory Approaches

In LA1 there is an appetite for participatory approaches and the value of engaging people in a meaningful way, creating a caring and open environment within training sessions which gives people the space to reflect, share stories, ask questions, and find their own journey to increase wellbeing. Recording this process will allow for evaluation of wellbeing interventions. This approach is in line with definition of participation (Baum, 2006) as an empowering, reflective, supportive, individualistic and collective process. Stories, visual aids, questions, space for reflection, a 5W2W diary, volunteer training, understanding volunteer motivation, opportunistic 5W2W conversations and a focus on joy and enjoyment were all methods referred to by interviewees.

Diener and Seligman (2002) found that one factor that was different in very happy people compared with less happy people was their involvement in social relationships. The word 'connect' was highlighted as an important 5W2W strand for contributing to reported benefits of wellbeing interventions.

"if you see someone positive, engaged, interested, energetic, creative around a subject you tend to go OK something is happening here" *Participant 7, Lines 12 to 13*

"it's a bit like the whole smoking cessation kind of question, you ask the person first off do you even like to smoke? People haven't stopped and taken notice**" Participant 6, Lines 167 to 168**

Recommendation: Take a participatory approach in the 5W2W training as reflected in the Baum (2006) definition which encompasses the creation of a caring and open environment for staff, volunteers, groups and individuals where a variety of methods are used to engage people such as sharing stories, volunteer training and a focus on joy, enjoyment and feedback.

Recommendation: Commissioners to develop long term relationships with user groups, who were consulted when developing the toolkit, and use feedback in the Centres and Health and Wellbeing Boards. The feedback from the user groups could directly shape the development of the toolkits.

Positive psychology in wellbeing interventions

Positive psychology is at the centre of the 5W2W messages and there was a desire with the participants to create caring, reflective, enjoyable joyful training environments from which people can thrive and flourish. Although there were limited references to positive psychology as a discipline, elements were discussed and have been included in the recommendations. For instance, interviews referenced the importance of reflection, and there were numerous references to encouraging storytelling and for practitioners to capture these stories. Another talked about the skill of trainers to bring out the best in participants and see strength even when the participant is unable to do so. Also the need for trainers to have sufficient resilience to train in wellbeing.

"ask for the stories, …we'll ask them to think about things and notice for them to notice the difference that they are able to make and jot it down" *Participant 4, Lines 243 to 248*

Recommendation: Use principles of Positive Psychology, Social Marketing and Participatory Action Research to frame a workforce development strategy.

Wellbeing as the frame for evaluation and design of interventions

I end this paper with a quote from one of the interviewees which, for me, sums up some of the central themes on how to implement and evaluate community wellbeing interventions including; self-concordant goals, the need for a structured approach to goal setting, the importance of language, the use of Positive Psychology to frame our lives more kindly, empowering and engaging people, and the increasing need to shift the balance from mostly looking at our failings to allowing ourselves to flourish and experience joy and happiness to achieve the true potential of our future lives.

"If wellbeing is this, and then your physical goals are within that, your frame and mindset is different, the questions that you ask, the way that you design, your programme, the language that you use, and I think language is critical so saying I think you're fat and overweight so do something about it…it's all about joy, happiness, self-fulfilment, control, you're in charge, look at you, you look great, all of that is littered in the bigger context of that is what wellbeing is, feeling well, functioning well and then you set your goal parameters of how you are going to get there within that context. And that's what we're about and I think that is what wellbeing should be about" *Participant 6, Lines 775 to 783*

Recommendation: Frame the training and language of wellbeing interventions with positive language which will attract people and consider peoples strengths when promoting wellbeing services.   For instance, start by building on what people are already doing with the 5W2W not what they are not doing.

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Exploring the effects of introducing short, manageable mindfulness practises to adults seeking to lose weight in a UK Weight Watchers meeting

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Abstract

Mindfulness and mindful eating are becoming recognised as effective methods in helping people to achieve a healthy weight. Previous studies have involved relatively lengthy introductions to the practises, sometimes expecting participants to practise the mindfulness meditations for forty-five minutes per day. However this study examines participants' experiences using brief introductions to mindful eating, breathing meditation and loving kindness meditation. Integrated within a regular weekly Weight Watchers meeting, over a six week period, a fifteen minute introduction was given; a ten minute explanation and five minutes practise. Two, five or ten minute meditations were suggested for home practise. Seven people out of the twenty-five participants were chosen to participate in the focus group used for feedback on the experience. The interview explored the participants' experiences of the practises and thematic analysis was used to identify themes within the participants' accounts. Six themes emerged: "Engagement", "The Four E's" (enjoyment, enthusiasm, excitement and empowerment), "Positive Change", "Reflections", "Spontaneous Advocates" and "Desire to Continue". The main conclusions from this study are that overweight people seeking to lose weight experience multiple benefits from the brief introductions and mindfulness practises; i.e., reduced stress, increased self-compassion and a more positive relationship with food was developed. Participants reported an ease of engagement and unanimously wanted to continue practicing mindfulness as part of their on-going weight loss programme and possibly beyond.

Introduction

Overweight and obesity are rapidly becoming global issues. One person in three, worldwide, is now overweight. Two thirds of the people in the United Kingdom are overweight. In 1980 250 million people worldwide had a body mass index (BMI) over 25, that figure is now 904 million people (The Overseas Development Institute, 2014).

The definition of being "overweight" is a person having a BMI between 25-30, "obese" refers to a 30+ BMI, "underweight" refers to the BMI being under 18.5 and, a "healthy weight" is between 18.5-25 BMI (The Overseas Development Institute, 2014). Some of the major health risks attributed to a person being overweight are; high blood pressure; heart disease; hypertension; diabetes; high cholesterol; liver disease; depression and anxiety (Shields, 2009).

The causes are multi-faceted and a complete solution has not yet been found. Mindfulness and mindful eating offer potential solutions. This study seeks to explore the effects of integrating and introducing mindfulness into a UK Weight Watchers meeting.

Mindfulness is becoming increasingly popular, as the scientific evidence relating to the effectiveness of mindfulness mounts, so does the popularity of the practice. The practice of mindfulness is beginning to be found within a variety of domains, from the NHS to multinational corporations i.e., Google, Facebook and a few English and American schools. The popularity of mindfulness is making it generally more acceptable in society and

normalizing it. The head of human capital management at Goldman Sachs, Sally Boyle, illustrated this point when she said "In years to come we'll be talking about mindfulness as we talk about exercise". This general acceptability, and normalization, will break down barriers and make the introduction of mindfulness acceptable in places where it might not have been found before, e.g., *Weight Watchers*.

However, to date the empirical evidence has centered on lengthy introductions and long home practice. For example, mindfulness-based cognitive therapy (MBCT) is taught in small groups; eight, two hour classes plus an additional day's workshop. Often the participants are expected to practice at home, daily, for forty-five minutes. The length of both the introduction and the practice can be problematic when trying to reach a large audience and this is reflected in high levels of attrition. Firstly, because people generally are time starved and therefore may be excluded due to the level of time commitment required. Secondly, because of the cost implications of exposing a large number of people to mindfulness over such a lengthy period of time.

The current research seeks to find an effective, sustainable solution that can be integrated into an existing weight loss meeting which could suit the wider population. By approaching it this way an additional time commitment would not be required by the participants other than brief home practices. The purpose of the current study is to explore whether short, manageable mindfulness introductions and practices have any positive effect and if so, what are the positive effects experienced by the participants.

Ten minute introductions to the practice plus five minute guided mindfulness exercises were given within a UK Weight Watchers meeting. Three different mindfulness techniques were introduced; mindful eating; breathing meditation and loving kindness meditation. These meditations have been specifically chosen by the researcher for adults seeking to lose weight. Mindful eating focuses on raising awareness of what, when and why participants are eating. Breathing meditation helps to decrease stress and anxiety and increase general mindfulness. Loving kindness meditation targets positive emotions, perception of self, self-compassion and self-empowerment. The three practices support one another and seek to address common issues experienced by overweight adults. The participants will be given mindfulness exercises of two, five and ten minutes, for home practice however the frequency of practice will be left for the participants to decide themselves.

The researcher postulates that mindfulness and mindful eating have the potential to overcome and address the various factors associated with weight gain and weight loss, such as environmental factors, physical factors, psychosocial factors and psychological factors. A full review of literature discussing these factors can be found in the author's full dissertation report.

Mindfulness and mindful eating

The origin of mindfulness is in Buddhism, it is practised by both Theravada and Mahayana Buddhists and has been for over two thousand five hundred years since the time of The Buddha. In 1979 Kabat-Zinn secularised mindfulness when he began to use it on outpatients at a stress reduction clinic in the University of Massachusetts Medical Centre.

The Buddha used the word 'Bhavana' which translates to "development" or "cultivating". Bhavana refers to mental cultivation and is always preceded by another word which describes

the type of meditation for example, metta bhavana, translated as loving kindness meditation. The root of the word is 'Bhu' which means "to grow" or "to become" (Rahula,1974; Gunaratana, 1990).

Mindfulness is what one seeks to achieve through the practise of meditation, it can only be developed over time through formal and informal practice (Kabat-Zinn, 2003). This is often misunderstood since the adoption of the word mindfulness by Kabat-Zinn and its subsequent common usage. Kabat-Zinn's (1994, p.4) definition of mindfulness is "paying attention in a particular way: on purpose, in the present moment, and non-judgementally".

Kabat-Zinn (1990) indicated that mindfulness based programs have had emotional and medical benefits for diverse types of people with no previous knowledge or experience of meditation. For example, a meta-analysis looked at thirty-nine different studies, all of which examined the effects of mindfulness on anxiety and depression. It concluded that mindfulness was effective for both anxiety and depression (Hofman, Sawyer, Witt & Oh, 2010).

Mindful eating is defined as intentional eating with a sustained, non-judgmental awareness of emotional and physiological states occurring during eating (Kristeller, Baer & Quillian-Wolever, 2006). Research has begun to explore the impact of mindful eating upon the psychological variables often associated with weight issues. For example, Kidd, Graor, Murrock (2013) undertook a mixed methods, eight week mindful eating intervention. They ran weekly sessions lasting sixty-ninety minutes. They examined self-efficacy, depression and weight loss and drew themes from the qualitative data. The quantitative data showed that self-efficacy had significantly increased. The qualitative data was put into five themes, 'It's personal'; 'Feeling the burden and then the freedom'; 'Bringing control back'; 'Building each other up'; Moving from thinking the principles to living them'.

The importance of the group emerged within the qualitative data. People realised that although they had thought that they ate mindfully at the beginning of the study, after practising for a few weeks they realised that they had completely over-estimated this awareness. Participants reported feeling happier and less depressed following practising mindfulness. The participants, who reported mindfulness lifestyle changes and improved mental health, had the largest reduction in BMI. As the awareness of their emotions and stress increased they made healthier choices, including being aware of not needing food in emotional or stressful moments. Many of the participants felt that eight weeks was not long enough as they were just beginning to make mindfulness part of their everyday life.

Dalen's (2010) eight week pilot study also indicated that mindful eating appears to be an effective intervention in lowering BMI in obese adults. There were also significant increases in mindfulness and cognitive restraint and significant decreases in depression, stress and negative effects.

Negative self-perception is a common experience for overweight people, particularly due to the social stigmatisation as discussed in the literature review (within full paper). Therefore a practise is needed that directly affects self-perception and self-esteem. Loving-kindness meditation is a practise that evokes and directs compassion and unconditional positive regard towards the self. Once it has been fostered within the self it can be directed to the self and other people. Hutcherson, Seppala and Gross (2008) examined the effect of practising loving kindness meditation in increasing social connectedness and positivity towards other people.

They found levels increased on both explicit and implicit levels compared to the control group.

Fredrickson, Cohn, Coffey, Pek and Finkel (2008) examined the effects of loving kindness meditation and found increased positive emotions. The positive emotions tripled over the course of the seven week study. The more the, mostly novice, meditators practised, the more their positive emotions increased. This was an observable difference from the beginning to the end of the study. The positive emotions measured were amusement, awe, contentment, joy, gratitude, hope, interest, love and pride. The study consisted of six one hour group sessions plus personal practise at home, lasting between fifteen to twenty-two minutes. This is in line with Fredrickson's broaden and build theory, they found that together with the increase in positive emotions came an increase in peoples' personal resources. For example, purpose in life, life satisfaction, self-acceptance and decreased depression.

Studies show that the practice of mindfulness decreases stress, anxiety, depression and increases self-regulation and life satisfaction. Mindful eating helps people to increase self-efficacy, cognitive restraint, awareness of satiety, awareness of emotional states and physical activity. Loving kindness meditation increases positive emotions and personal resources. All of these practices result in self-empowerment. The current study examines the use of three types of mindfulness practices; mindful eating, breathing meditation and loving kindness meditation. It is expected that general mindfulness will naturally increase as a result of these practises.

The two primary differences between the current study and previous studies is, firstly, the length of training and practise required of the participants and secondly, the inclusion of loving kindness meditation. The efficacy of a very brief introduction, approximately ten minutes and a five minute guided meditation weekly for six weeks and equally brief guided meditations of two, five or ten minutes given for home practise, will be examined. The intention is to make a short manageable way to enable a novice to adopt a regular meditation and mindfulness practise within their lives. Many people struggle to practice meditation on a regular basis stating that lack of time is their greatest obstacle. Attrition is very high, not only with people seeking to lose weight, but with people trying to integrate any new behaviour pattern into their lives. The intention of the current study is to make mindfulness relatively easy to implement and integrate into everyday life therefore making the practise sustainable and manageable for people.

The current study also combines external and internal accountability. External accountability is due to participants being weighed in the meetings, this is a regular part of a Weight Watchers meeting. Internal accountability comes as a result of participants examining themselves and becoming mindful of their physical and emotional selves.

The researcher sought to contribute to the development of the theory and inform practical delivery of mindfulness within a British Weight Watchers meeting. By integrating mindfulness practises into a current, successful, global weight loss programme, they become accessible to a wide audience. Qualitative research enables the researcher to explore whether the participants engage with the practises following such brief introductions and whether they perceive any benefits from the short practices. A qualitative approach is particularly suited to examining phenomena in new areas of enquiry (Malterud, 2001) and crucially, to capturing the quality of people's lived experience. As mindfulness is experiential it is vital that the research explores and seeks to understand people's lived experience.

Method

Design

The research was conducted in a Weight Watchers weekly, evening meeting in a city in the South West of England. Upon arrival members are weighed by the Weight Watchers leader, following which some members stay for a talk given by the Weight Watchers leader and some leave. After the Weight Watchers leader's normal opening and celebration of members weight losses the talking point was handed over to the researcher.

Each week the researcher delivered a five minute talk explaining the purpose and aim of the mindfulness exercise before it was conducted. There were a total of three different mindfulness practises introduced, mindful eating, breathing meditation and loving kindness meditation. Each of the mindfulness practises were repeated over the six week study. The researcher led the participants through the guided mindfulness practise for approximately five minutes each week. After the mindfulness practises there was approximately five to ten minutes for questions relating to the practise that the participants had just done and/or their home practise/experience. The research was conducted over six consecutive weeks with the focus group taking place three weeks after the last session.

Materials and procedure

Mindfulness practises were introduced in the following order: mindful eating, breathing meditation and loving kindness meditation. The researcher specifically chose this order in which to present the practises on the basis that the participants were new to mindfulness. Therefore starting with mindful eating which was something which the participants could relate easily and instantly to and the least alien to people who have never been exposed to mindfulness or meditation before.

Mindful eating sessions: Napkins, a bowl of fresh strawberries and another with fresh raspberries was passed round and everyone was asked to take a napkin and one of either choice of fruit. The researcher then guided the participants through a mindful eating exercise (Appendix A).

Breathing meditation sessions: The researchers guided the participants through a breathing meditation (Appendix B). The researcher suggested that the participants practise at home, or wherever they chose outside the Weight Watchers meeting, and suggested that they might prefer to follow a guided meditation. The researcher had specifically recorded a breathing meditation and loving kindness meditation that would be used during the research, for continuity, so that the participants could listen to the same meditations if they were more comfortable with that. Details of how to access the meditations online were given.

Loving kindness meditation sessions: The researcher guided the participants through a loving kindness meditation (Appendix C).

Focus group

There were seven participants in the focus group. All participants' names have been changed to ensure anonymity and confidentiality. Participants have been put in order according to their age, youngest to oldest and for the purposes of this study codes have been given to

enable the reader to easily see the gender and age of the participant. The term 'rejoiner' means that the participant has been a member of Weight Watchers in the past, the year they rejoined is given. '1st time' means that this is the first time the participant has joined Weight Watchers and the year they joined is given. There was a good balance between new and re-joining members.

Participant 1: Male, age 22, rejoiner, 2015: M, 22
Participant 2: Male, age 27, 1st time, 2012: M, 27
Participant 3: Female, age 30, 1st time, 2012: F, 30
Participant 4: Female, age 50, rejoiner, 2014: F, 50
Participant 5: Female, age 58, 1st time, 2015: F, 58
Participant 6: Female, age 65, rejoiner, 2014: F, 65
Participant 7: Female, age 59, email, rejoiner, 2015: F, 59

The focus group was held three weeks after the last research session, and was audio recorded by the researcher via a digital voice recorder and later transcribed verbatim. The transcript was anonymised by ascribing a code for the participants for the purposes of this report. The code indicated the gender and age of the participants by putting M for male and F for female followed by their age. One of the focus group participants was unexpectedly unable to attend but asked if she could email her responses to the questions, which she did in the following week.

The researcher used open questions to explore the participants' experiences of being introduced to mindfulness and practicing it. Some questions did not need to be asked as they emerged naturally within the focus group discussion. The researcher asked the first question on the interview schedule "What has your experience of the last six weeks felt like?" to which the participants responded comfortably and easily. The conversation flowed from there and the participants responded to each other naturally and organically. At the point when the researcher felt all, or the majority, of participants had expressed themselves relating to the aspect under discussion and there was a natural break, pause in the conversation, then the researcher posed the next question. At the end of the focus group the researcher thanked the participants once again and gave them all a debrief information sheet. The debrief information sheet gave an overview of the purposes and aims of the study and reminded the participants again that the focus group interview would be transcribed and analysed.

Findings and discussion

The data were analysed using thematic analysis (e.g., Braun & Clarke, 2006). This approach enables the researcher to explore the effects of the short introductions to mindfulness by being data driven, with neither pre-conceived ideas nor a pre-existing coding frame. The data was read numerous times by the researcher as it was scrutinised through the thematic analysis process. The researcher initially coded the data. The next process aimed to achieve three things, firstly, that themes were identified and grouped according to their commonalities, in other words internally consistent. Secondly, that they were externally varied, simply put and the themes were significantly different from one another. Thirdly, that they were true reflections of the data. The data were organised into themes and sub-themes which were modified, repeatedly, until the researcher was satisfied that the themes gave as complete a picture of the data as possible. A mind-map of themes and subthemes was created to enable the researcher to reflect on the whole picture before commencing any further with the analysis (see Fig.3 below).
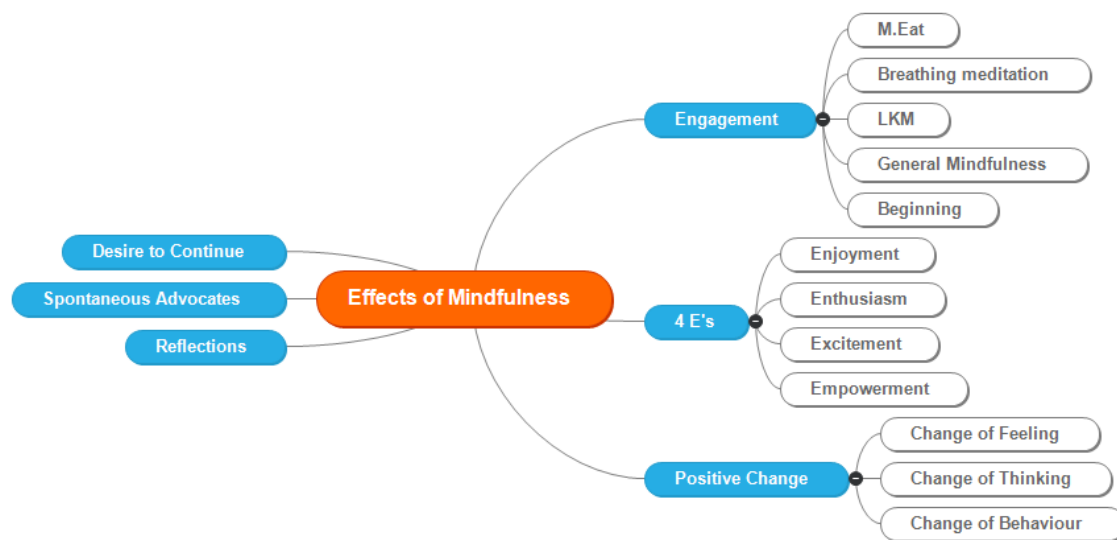
Fig. 3. Themes from qualitative data

The thematic analysis revealed six emergent themes, namely, "Engagement", "The 4 E's"; Enjoyment, Enthusiasm, Excitement and Empowerment, "Positive Change", "Reflections", "Spontaneous Advocates" and "Desire to Continue". Each of these themes are summarised below, including their sub-themes. Illustrative quotes are taken from the transcript of the focus group discussion indicating the line number from the original transcript and the gender and age of the participant.

Engagement

This theme describes the various ways the participants described their engagement with the practises. There are five sub-themes within this theme; mindful eating, breathing meditation, loving kindness meditation, general mindfulness and beginning.

Engagement describes when participants reported having engaged with the practises, how often they practiced and in what way they used the practices. These were independent decisions made by the participants, not instructed by the researcher, the researcher specifically wanted to observe what the participants chose to do, how they chose to practise and how frequently they chose to practice without being given specific instruction. The participants expressed a desire and willingness to practice, an ease of engagement and gave various examples of engagement with all the three mindfulness practises.

Mindful Eating

It was apparent from the feedback from the participants that they quickly understood how Mindful Eating could benefit them on their weight loss journey. Participants described their experience of mindfully and how it increased their enjoyment of the food, how they savoured the smell, taste and texture more than they usually do. The participants reinforced one of the points made by the researcher in her brief explanation before the exercise, that eating more slowly would not only increase their enjoyment of the food but would also enable them to eat less as they become more aware of their satiety. The participants also discussed how they normally do not tend to eat at a dinner table anymore and how they believe that this has

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affected their eating awareness and behaviour in that their focus is on something other than the food, i.e., television, computer or magazine. The result of this is that they are consuming more due to a lack of awareness. There was a general buzz around the room at the end of the meetings as participants compared experiences and discussed how they would try mindful eating during the coming week.

The findings in the current study are in accordance with the study by Kidd et al. (2013) within which they found participants had over-estimated how aware they were of what they were eating prior to the Mindful Eating practises. Despite the fact that within the Weight Watchers program they are asked to calculate the pro-point value (Weight Watchers equivalent of calorie counting) of what they consume, to record it in their mobile app or in their book with the aim of enabling them to keep within their given 'budget'. Participants still found that the Mindful Eating made a significant difference to their level of awareness, increasing their mindful eating and decreasing their mindless eating.

> L50/51: "it's [mindful eating] really stopped me, it's made me conscious of everything that goes in my mouth now" (F.50)

Breathing

The sub-theme breathing describes the participant's experiences of practising breathing meditation. Breathing meditation was the second of the mindfulness practises (Appendix B) introduced to the participants. The group was slightly less receptive to the breathing meditation than they were with the Mindful Eating, perhaps because the connection between breathing meditation and weight loss is less obvious. However after the guided meditation the participants reported feeling calmer and everyone agreed when one of the participants said how surprised she was that she felt so relaxed after only five minutes. Participants discussed how easy it was to engage with breathing meditation and how they chose to integrate the practise into their daily lives.

> L36: "it slots quite easily into your day, I haven't felt like I've gone out of my way to do any of it" (M.27)

Loving kindness meditation

Loving kindness meditation is a sub-theme which describes participant's experiences of practising loving kindness meditation. It was seen by the majority of the participants as a slightly alien concept therefore more time was needed than with the previous two practises to sufficiently explain the theory and de-mystify it. The researcher under estimated the time needed to enable the participants to fully comprehend the connection between the loving kindness meditation and weight loss and there was not enough time available. Nevertheless, the participants reported having enjoyed the guided loving kindness meditation and feeling more relaxed afterwards. About a third of the participants expressed an eagerness to practise loving kindness meditation outside of the meetings.

Participants made individual choices about which mindfulness practise they preferred and why. Also what the best time of day was for them personally to engage in a regular practise, with a clear understanding of the benefits, for them, of practising at that point in their day.

Loving kindness meditation may be better being introduced after participants have practised the other two mindfulness techniques for a period of time, as a second phase. Participants may be more receptive to loving kindness meditation following a few months of practising mindfulness, as they become more self-aware, particularly of internal dialogue. If the internal dialogue is of a negative nature, self-depreciating for example, some participants are more liable to recognise the benefits of a practise which addresses that. Loving kindness meditation helps enable people to have a more compassionate view of themselves, and others, which is important in self-care, self-esteem and wellbeing.

> L111: "loving kindness meditation was just the right level, and I did take it on board as well. I practised when I got home from work, that was the best time for me, mornings are a bit hectic, yea, just to reset from my day and have a relaxing evening." (F.30)

General mindfulness

The sub-theme general mindfulness illustrates the way the participants naturally became more mindful, their awareness increased, outside of the formal practises as a consequence of the mindfulness practices. This reinforces the point that the desired outcome of greater mindfulness generally, is achievable with short, manageable practises.

Participants discussed how they had become more aware of what is around them, other people and themselves. They engaged with being mindfully aware in various settings and applied the practises in ways not initially suggested by the researcher.

General mindfulness is a key to enabling people to recognise unwanted influences that contribute to weight gain such as those discussed earlier in the introduction (within full paper). For example, the levels of exposure people have to sugary and/or processed food; increased portion sizes; sedentary lifestyle etc.

Beginning

This sub-theme, beginning, refers to the description from the focus group participants who expressed thoughts about being at the beginning of the mindfulness journey. This indicates that they wanted to make a long term commitment to practising mindfulness as they saw it as the beginning rather than as a short practise that they were undertaking for a few weeks only.

There was a general sense of having a more gentle attitude towards themselves, accepting that this is the beginning of the journey therefore not applying expectations and pressure upon themselves to 'achieve' and letting go of judgement around the practises.There was an awareness that they are learning and developing a new set of techniques with the knowledge that even greater benefits will come with further practise.

4 E's - Enjoyment/Enthusiasm/Excitement and Empowerment

This theme describes the widespread feeling of the participants towards the mindfulness practises, that of enthusiasm, excitement and enjoyment. A sense of empowerment was also described as a consequence of the practises. Widespread enthusiasm was expressed towards the practises particularly due to the experiences of the resultant effects. The process of learning the mindfulness meditations within the meetings was also welcomed and enjoyed. It created an excitement in the meeting and caused people to connect with one another more

than they had before the study began. Several long term members were excited and enthused by the fact that having not lost weight for some time prior to the mindfulness practises, the mindfulness practises were now enabling them to start to lose weight again. This inspired them to either re-engage with the Weight Watchers program and/or gave them an alternative route to achieve their weight loss.

The mindfulness practises were met with enthusiasm by longstanding members also because they gave members a different perspective on weight loss, moving away from the punitive, restrictive mindset to a more understanding, non-judgemental attitude.

Participants enjoyed using mindful eating to savour their food rather than feel they should not eat something and therefore feel guilty if they do eat it. Mindful eating enabled participants to enjoy their food again and begin to establish a more positive relationship with food. Participants consistently expressed that mindfulness gave them a sense of empowerment. Mindfulness created a space between thought and action thus giving the participants the ability to make a conscious choice with awareness. That increased awareness enabled participants to not only consciously choose what they ate or did not eat but also to apply it to other areas of life.

> L155: "It [mindfulness] makes you think about it … I think the trouble is with coming to diet, if you like, is it's about deprivation, you feel you can't have that … when I do have something now I make sure I really enjoy it so I tend to have something that I really, really enjoy by mindfully eating it." (F.65)

Positive change

This theme describes the positive changes in feeling, thinking, and behaviour that were described by the participants. No negative changes or effects were reported by any participants. Participants were specifically asked if there was anything negative or difficult about the six week study to which they categorically responded: "nothing".

Within the meetings several participants discussed how, after having practised mindfulness, their awareness had increased thus enabling them to recognise their own levels of stress. They were not previously aware how high their stress levels were. Since practising mindfulness they reported being much more attuned to themselves, becoming aware of their internal states therefore they were able to choose to react differently.

Participants expressed how they have become aware of a change of feeling within themselves, realising that they do not remain stressed for as long as before they practised mindfulness and how they are finding it easier to stop dwelling on the stress inducer and return to a more calm state. All of the focus group participants reported that the mindfulness practises had reduced their stress levels, without exception.

As participants engaged in the practises and became more aware of what they were feeling, they described how they realised their thinking started to change too. Each of the focus group participants discussed how their raised mindfulness enabled them to create a space between feeling, thinking and reacting thus giving them time to question whether they were really hungry and to not automatically eat without thinking. This change in thought processes empowered the participants to not eat between meals. Participants discussed the fact that they

were thinking about why they want to eat, or are eating and that made a significant difference in their choices and behaviour.

Focus group participants became aware of the effect of shifting their thinking from what they had achieved rather than what they had not achieved. As they developed mindfulness they developed the ability to be more cognisant of what they were thinking. They became less judgemental of themselves and perhaps as a result of the loving kindness meditation became more self-compassionate. The participants in the focus group who had practised loving kindness meditation more regularly began to recognise the importance and value of a gentler attitude towards themselves and others. This was seen as important for their weight loss journey but also for life generally.

Participants found that they had an increased awareness of what they consumed even when they had not intentionally set out to practise mindful eating. The results of eating with greater awareness/mindfulness were that eating slowed down significantly and less food was consumed. Mindful eating enabled participants to savour and enjoy their food too.

> L164: "Because it's sort of about being kind to yourself for the rest of your life rather than just now so it's helped." (F.65)

Reflections

This theme describes the reflections and reflexivity that naturally occurred within participants as they began to find their behaviour, feelings and thought patterns change. It caused them to think retrospectively about their thoughts and behaviour as they recognised changes. They reflected on how they behaved or thought before they practised mindfulness. Reflecting enabled them to make a comparison between their current behaviour and their old behaviour. This indicates that the changes did not occur out of conscious effort in the moment. Changes occurred on a deeper, subconscious, level indicating that new patterns of behaviour, feelings and thought patterns are being established. The fact that participants began to report these kinds of changes within the short six week study period is extremely encouraging.

> L247: "You're just aware that actually you're not responding in perhaps quite the way you would have done a few weeks ago." (F.65)

As mentioned previously participants have realistic expectations of themselves, they do not expect themselves to be mindful all the time. For example, they do not expect to mindfully eat every meal as they realise that they are at the beginning of the journey but this level of awareness and reflexivity gives them the ability to realise when they have eaten mindlessly. They are accepting of this and not beating themselves up for not doing it every time or being perfect, they are successfully developing a gentler attitude towards themselves which is another crucial aspect towards achieving their goals. This change of thinking to a gentler, more compassionate attitude towards themselves has also resulted in a more compassionate, empathetic attitude towards others.

> L259: "I used to be that person looking down the track to see when it's [train] coming and things like that whereas I've been a bit more laid back about it. Not so much elbowing people out the way" (F.58)

Spontaneous advocates

This theme describes the way that the majority of the participants became spontaneous advocates of the mindfulness practises. The participants explained how they had told people outside the Weight Watchers meetings about the practises and how mindfulness had helped them in various ways. It should be stated that at no point did the researcher suggest, or request, this be done in any way. The enthusiasm and excitement gained by using the practises was such that the participants wanted and enjoyed telling family members, friends and work colleagues. This resulted in family members becoming involved in the participants' practises in various ways. For example, in one of the Weight Watcher meetings during the research, an elderly lady talked of how she had practised breathing meditation with her niece who was visiting her one day. She delighted in being able to have a shared experience with her niece, something that they could both do, enjoy and talk about afterwards.

Involving and telling others, especially those close to the participant, can result in facilitating and enabling the practises due to other people encouraging and supporting the new behaviour. This is extremely beneficial in enabling the establishment of new behaviours. This can also result in external accountability, where the participant feels more inclined to maintain a new behaviour as they feel accountable to those they have told.

Participants were thinking of how the mindfulness practises can be applied within a wider sphere, they are not compartmentalising the practises into only being relevant to weight loss. The more participants apply the practises across varying areas of their lives, the more liable mindfulness is to become part of their everyday life. If a behaviour is compartmentalised then it is easier to be dismissed or forgotten. The researcher did briefly discuss the fact that mindfulness can help alleviate stress but she did not have the time to talk about applying it to other areas of life, however the participants made this mental leap themselves which demonstrates their wish to assimilate it into their lives as a whole.

> L234: "I think about how stressed we all get at work, I think 'wouldn't it be great'…I've shared it [mindfulness] with lots of people." (F.50)

Desire to continue

This theme describes the participants' wish to continue with the mindfulness practises. Once the participants were exposed to mindfulness they rapidly realised the value of it, quickly going beyond any initial slight reticence they may have felt. They wanted to be part of the study and began to experience the benefits in a multitude of ways. They wanted to make it an everyday part of their lives leading to their wanting to maintain the practises far beyond the study.

All the focus group participants felt that there would be a massive benefit in integrating mindfulness into the Weight Watchers program. This was expressed as they felt it would benefit the vast majority of Weight Watcher members but also that it would help the current participants to continue their practise with the support of the regular meetings.

The focus group participants expressed concern over the end of the study and not having support and guidance with the practises, weekly reminders and a chance to talk about their experiences. All of the focus group participants felt that mindfulness addresses the emotional

aspect of weight loss which the Weight Watchers existing program currently does not address.

Conclusion

The findings indicate that mindfulness and the mindfulness practises had a positive impact on the participants. The positive impacts were felt within the participants lives generally and specifically within their weight loss journey.

The findings suggest that the brief introductions and short practises were sufficient to create significant changes within the participants. The participants reported not only an ease of engagement with the practises but also an enjoyment of the experience. The positive effects of practising mindfulness created an excitement as the participants experienced the effects and foresaw the possible future effects of practicing the various exercises. This in turn created an excitement and enthusiasm about mindfulness and the potentiality of it. Positive changes were initially recognised as the participants noticed changes in how they were feeling. Participants then noticed positive changes in their thinking and behaviour. The more these changes were experienced the greater the enthusiasm and excitement and a gradual a sense of empowerment was felt.

As new feelings, thinking and behaviour patterns developed, participants began to naturally reflect on their old, previous ways of being. These reflections reinforced the positive nature of the mindfulness practises and enabled the participants to begin to recognise and acknowledge how they felt, thought and behaved before they were introduced to mindfulness. The participants' enthusiasm resulted in them becoming spontaneous advocates as they wanted to share their new found knowledge. All of the participants expressed a desire to continue with the practises as they felt strongly that mindfulness had made a significant difference to their lives and their weight loss journey. The unanimously positive agreement of the lived experience of the introduction, the practise of mindfulness and the mindfulness exercises of the participants, was overwhelming.

Participants reported having more awareness of themselves generally. Heightened awareness of their levels of stress were particularly prevalent. All participants reported a reduction in their stress levels as a result of the mindfulness meditation practices. Participants discussed the shift in attitude towards themselves from a harsh judgemental attitude to a non-judgemental, gentler, kinder internal voice; a crucial shift in facilitating self-care which is, a vital aspect towards weight loss.

The findings suggest that the effects of the Weight Watchers program can be significantly enhanced by including mindfulness practises. The current study is perhaps not long enough to establish new patterns of behaviour but it certainly indicates the effectiveness of mindfulness practises on people seeking to lose weight and gives a clear picture of participants' experiences of the intervention. A mixed methods longitudinal research, with a larger sample, could explore whether these practises are continued and integrated into participants' lives, what the perceived and measurable effects of those practises are in terms of weight loss; reduced stress; anxiety and depression; increased life satisfaction; sense of empowerment; self-regulation; positive self-perception; self-compassion and general mindfulness of thinking and behaviour.

It seems better for loving kindness meditation to be introduced as a second phase, after participants have practised a first phase of mindful eating and breathing meditation for an initial period, of, say, two months. This would enable the participants to gain some insight into themselves and be more aware of their internal dialogue. Therefore if the thoughts are negative, with self-criticism, negative judgement and lack of self-esteem, for example, the participants would then be more able to recognise the value and potential benefits of loving kindness meditation. They could then see how it could be beneficial to them and their weight loss journey. This recognition is likely to result in participants embracing and understanding the practise perhaps more than they did in the current study.

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For the purposes of the Proceedings, this paper has been heavily edited from the original dissertation. If you would like to read the full dissertation report then please contact Deborah Smith at the above email address (www.growyourownhappiness.com).

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Appendix A: Mindful eating exercise

Aspects to be mindful of while eating:

- Mindful awareness vs. mindless eating
- Non-judgemental attitude to self vs. guilty thoughts
- Savour – taste, smell etc.
- Be in the moment – turn off TV, computer etc., digital detox!
- Be mindful of your body – are you hungry, tired, upset, full, stressed etc.?

Start by looking at the piece of fruit (or whatever it is), look at the colour, the shape, the texture, the smell, maybe you start noticing things about it you've never noticed before.

Notice how you feel about it, are you looking forward to eating it, have you started salivating already, enjoyment of our food usually starts the moment we see it, before we've even tasted it.

Think of where that food has come from, is it natural, has it been processed, think of the journey the food has taken to get to here.

Place the food into the mouth but chew it slowly, notice what you're tasting, the flavours, is it juicy, what's the texture like?

Notice if it's easy or difficult to eat slowly, mindfully? Do you normally rush food and not savour it? Notice how you feel when you've eaten it.

Just be present with each piece of food you have, really enjoy what you're eating, the smell, the flavour.

Appendix B: Breathing meditation

This is a way to begin to create a sense of peace and calm within yourself, with that sense of peace and calm, stress is automatically reduced and relief and happiness will follow. You can create the space for this to flourish by giving yourself a few moments ideally each day or at least a few times a week.

Begin by sitting in a comfortable, relaxed position, try to sit with your back straight, perhaps with your hands on your lap, so they are comfortable. Once we begin try to resist the temptation to move or if you do move, then move mindfully, in other words think about what movement you are going to do first and then be conscious of that movement when you do it; often we move without even thinking about it.

To begin, close your eyes. Now take your attention to the breath, notice as your breathing in and as your breathing out, just notice the movement caused by the breath. Don't try to control

it in any way, just allow it to be as it is, quite naturally. You can be aware of whether it's shallow or deep, whether it's long or short, just allow it to be as it is, quite naturally.

So find a point where you can hold your awareness on the breath, this might be a point at the stomach where you can feel the stomach going in and out or at the chest where you can feel the chest rising and falling with the breath.

Pause for a moment.

To help your attention, to hold it in one point, on the breath, use counting to keep your awareness on the breath, counting one as you're breathing in, two as you're breathing out, three as your breathing in again and four as you're breathing out again, count up to 10 so just from 1 to 10, following the breath.

Leave them for a minute.

When you notice your mind has become distracted when it's gone off in thought, thinking about other things, just gently bring it back, without judgement, accepting this is the nature of the mind, starting again at one, counting from 1 to 10.

Another pause (about another minute).

When you're ready you can open your eyes.

Appendix C: Loving kindness meditation

Begin by sitting in a comfortable, relaxed position, try to sit with your back straight, perhaps with your hands on your lap, so they are comfortable.

Start by focusing on your breath.

Repeat these phrases to yourself and gently allow the feelings to develop within yourself, not forcibly so, but trust that by planting the seed, as long as the conditions are right the seed will always grow.

Begin by repeating these phrases over in your mind:

May I be happy
May I be healthy
May I have inner confidence
May I recognise and appreciate who I am
May I be peaceful
May I be joyful
May all beings be happy, healthy and peaceful.

Be aware of whatever feelings may arise, without judgement, just accept and acknowledge what is. You can say these phrases over in your mind at any point in the day to engender these feelings within yourself, the more you say it the more it will develop and flourish within you.

Assessing the complexity of flow experiences in differing contexts

Adam Gibson MAPP

Abstract

Flow experiences were examined within the contexts of strengths use and compromising of the time transformation flow characteristic. Participants completed the Realise2 strengths tool, an experimental flow task, and the Flow Short Scale. Participants completed the experimental task once with additional instructions to compromise the time transformation characteristic of flow, and once without. Flow Short Scale totals and absorption by activity subscale scores significantly differed depending on the presence of the time transformation compromising instructions. There were no significant differences in Flow Short Scale scores between participants using their strengths in the experimental task, and those not. Implications for the present findings with regards to advancements in flow theory are discussed.

Introduction

Seligman and Csikszentmihalyi (2000) pushed for a shift in psychology towards an increased focus on making the lives of all people more productive and fulfilling, as well as identifying and nurturing high talent. Within this scope exists the two concepts of character strengths and flow. The literature surrounding these concepts suggests psychologists would do well to perform a co-examination. Drawing upon recent advancements in the theory and application of flow, the present project aimed to provide preliminary evidence.

Csikszentmihalyi (1975) identified eight shared characteristics from interviews with artists who described performing creativities as flow-like. These flow-like experiences commonly shared: a balance between skills and challenges; a merging of action and awareness; intense concentration, a loss of self-consciousness; a feeling of control over one's actions and the demands of the situation; clear goals that provide immediate feedback as they are progressed; and that the activity was typically performed for no other reason than its own worth, also known as autotelicity (Csikszentmihalyi, 1975).

Developments to flow theory led to the formal recognition or implication of additional characteristics. First, the characteristic of time transformation was formally included whereby those in a flow state reported that time had, typically, sped up (Csikszentmihalyi & Csikszentmihalyi, 1988). Later studies have implicated the importance an individual places on an activity (Engeser & Rheinberg, 2008) and an index of psychological well-being and fulfilment known as Jujitsu-Kan (Asakawa, 2004).

With the addition of the time transformation characteristic, Csikszentmihalyi (1988) presented nine characteristics of flow that have been supported through the development of psychometric measures. In developing a state measure of flow, Jackson and Marsh (1996) found evidence for a single, overarching construct of flow that was able to explain correlations among the nine characteristics. Jackson and Eklund (2002; 2004) later supported these findings through a dispositional measure of flow.

Csikszentmihalyi's (1975) shared characteristics led to the initial model of flow whereby a flow 'channel' exists between boredom and anxiety. This model proposes that when both task challenges and the individual's skills to compete with the demands of that task are high and balanced, a flow state can appear. If the task's challenges are too great for the skill level, a state of anxiety is likely, whereas too great a skill level for the task challenges is likely to result in a state of boredom. Csikszentmihalyi (1975) proposes lower challenge-skill situations to be found in less intense, complex contexts and higher challenge-skill situations to be found in higher intensity, more complex contexts.

Flow researchers have continually developed the model, as seen with the development of the quadrant (Csikszentmihalyi & Larsen, 1984; Csikszentmihalyi & LeFevre, 1989) and experience fluctuation model (Massimini, Csikszentmihalyi, & Massimo, 1987; Massimini & Carli, 1988). The quadrant model features the addition of the state of apathy, one of the least positive states available to us, as well as maintaining the anxiety and boredom states either side of flow (Csikszentmihalyi & Larsen, 1984). Whereas the experience fluctuation model moved away from the quadrant model, seeing the states as channels (Massimini et al., 1989). This included four channels for the psychological states of worry, arousal, control, and relaxation. The experience fluctuation model maintains the presence of these states along the challenge and skills axes, with statistical support for the challenge-skill ratio influencing all channels (Massimini et al., 1987).

In light of the advancements and expansion of the flow model, it is deemed most appropriate to attend to the nine-factor model with the single overarching factor, due to the strong empirical evidence provided and general acceptance of such a structure in the positive psychology community.

However, the following study will not measure the autotelic characteristic when measuring the potential emergence of flow. This is chiefly due to uncertainty surrounding whether it is a definitional component of the flow states, with one psychometric measure of flow not featuring any autotelic measurement items (Rheinberg, Vollmeyer, & Engeser, 2003). Schuler (2012) shows that flow can also be found in addiction and combat, activities not always pursued for their own intrinsic purpose. This is supported by Csikszentmihalyi (1975) who states that flow can at the very least be initiated for external reasons. As such, Engeser and Schiepe-Tiska (2012) propose that when defining flow it would be wise to avoid using autotelicity as a definitional component. This is in the interest of not restricting the construct of flow to purely positive, intrinsic experiences.

Whilst the exploration of the autotelicity of activities is what led to the identification of flow states (Csikszentmihalyi, 1975) there is uncertainty surrounding whether it is a definitional component of the flow states, with one psychometric measure of flow not featuring any autotelic measurement items (Rheinberg, Vollmeyer, & Engeser, 2003). It is argued that claiming all flow experiences are intrinsically motivating and performed for autotelic reasons is problematic as flow is suggested to be able to be experienced in a huge array of activities (Engeser & Schiepe-Tiska, 2012) and can, at the very least, be initiated for external reasons (Csikszentmihalyi, 1975). Moreover, Schuler (2012) shows that flow can also be found in addiction and combat, activities not always pursued for their own intrinsic purpose. Engeser and Schiepe-Tiska (2012) propose that in the interest of not restricting the construct of flow to purely positive, intrinsic experiences, when defining flow it would be wise not to use the autotelic nature of flow experiences as a definitional component. As such, the following

study will not take into account the autotelic characteristic when measuring the potential emergence of the phenomenological state of flow for the operational and theoretical reasons described above, as well as to accommodate for the likelihood that participants may not be initially drawn to the study for autotelic reasons.

Flow experiences have been suggested to implicated in or result in positive benefits. For example, increased life satisfaction in leisure, work, and daily activities (Han, 1988; Asakawa, 2010); greater cognitive performance, creativity, and motivation (LeFevre, 1988; Nakamura, 1988); increased positive sociability and cheerfulness (Delle Fave & Massimini, 1988). Schüler (2007) demonstrates flow to be a positive predictor of affect and exam performance within undergraduate students. Last, more recent neuropsychological evidence has shown increased activity in areas of the brain associated with functions such as emotion and reward processing (Yoshida, Sawamura, Inagaki, Ogawa, Ikoma, & Sakai, 2014).

Csikszentmihalyi (1993) states that flow experiences are inherently enjoyable and make us feel good, thus we seek to repeat them. Supportive findings stated that a proneness towards experiencing flow had a positive relationship with music practice (Butkovic, Ullén, & Mosing, 2014). Butkovic et al's. (2014) findings demonstrated flow to be a stronger predictor of music practice when compared to IQ, intrinsic motivation, and openness to experience.

It is important to note the findings around performance and practice are not confirmed. For example, flow was only able to predict performance in only two out of a set of three studies (Engeser & Rheinberg, 2008). This may be explained through recent findings showing flow to be unrelated to external performance measures, but to have a strong relationship with self-related creativity, and thus perseverance towards eventual excellence (Cseh, Phillips, & Pearson, 2014).

Each of the flow models maintains that a flow 'channel' or 'area' exists between the axes of challenge and skill. Csikszentmihalyi (2004) presents a key focus for the development of flow theory, to put more and more of everyday life into a flow state. One way to strive towards the fulfilment of this is through refining the knowledge of the range of flow experiences available within this channel, and the intricacies within it.

Csikszentmihalyi (1975; 1993) suggests that experiences found within the flow channel exist on a continuum of the complexity of the activity. On this continuum, the activities providing flow can range from the more complex experiences that require us to utilise our full intellectual and physical potential, to repetitive activities such as doodling or day dreaming that may facilitate more structured activities when the individual is beginning to approach a state of boredom. This is supported by Moneta (2010) who differentiates between shallow and deep flow in measuring flow within UK-based workers. Moneta (2010) presented each participant with a series of quotes relating to either shallow or deep flow, with deep flow questions emphasising the individuals absorption. Davis (2010) further supports this continuum of flow complexity in his research with New York train commuters who were unable to enter a deep state of flow in the activities they were performing due to a restrictive context. Davis (2010) identified that those participants who reported flow states were experiencing a compromised type of flow that, drawing on earlier labelling by Csikszentmihalyi, was termed a state of microflow (Csikszentmihalyi, 1975).

In defining microflow, Davis referred to previous works and personal communications (Csikszentmihalyi, 1975; 1990; 1997) ascertaining the requirements for a definition of a sub-

construct of flow found within a compromised context. First, it would need to be distinguished from the already existing construct, yet hold the possibility of including all nine characteristics. Second, a microflow sate must be able to existing in any part of the flow channel, holding the potential to enhance involvement in other structured activities. Last, it must be able to accommodate for the previously identified microflow activities, such as daydreaming or doodling (Csikszentmihalyi, 1975). Thus, Davis (2010) offers an updated theoretical definition of microflow as "an activity involving the nine characteristics of flow that is performed in a context that compromises at least one of the characteristics" (p. 30). However, the continuum of complexity within flow experiences should be further examined to establish which factors can contribute towards the higher complexity experiences that provide more absorbing and challenging states. This may be achieved through examining high skill or talent, as higher abilities within a given activity are suggested to be beneficial for finding flow (Engeser & Rheinberg, 2008; Spittle & Dillon, 2014). Coupled with assertions and findings that strengths may be beneficial to flow experiences (Jones-Smith, 2013; Peterson, Ruch, Beermann, Park, & Seligman, 2007; Peterson, Park, & Seligman, 2005; Pawelski, 2008) , a clear research direction emerges.

Strengths research has demonstrated much benefit to holding high levels of and utilising the innate, positive traits. This includes the likelihood of strengths being positive predictors of life satisfaction (Peterson et al., 2007) and increased meaning and well-being at work (Littman-Ovadia & Steger, 2010). Additional benefits include less depressive symptoms (Seligman, Steen, Park, & Peterson, 2005); higher self-efficacy (Govindji & Linley, 2007); heightened work performance (Stefanyszyn, 2007); success in goal achievement (Linley, Nielson, Wood, Gillett, & Biswas-Diener, 2010); lower self-reported stress, greater vitality, greater positive affect and subjective well-being (Wood, Linley, Maltby, Kashdan, & Hurling, 2011); and greater life satisfaction and health-related quality of life (Proctor, Maltby, & Linley, 2011).

The evidence demonstrating the benefits of strengths and their use, combined with the correlational findings and theoretical assumptions linking alongside the flow state demonstrates the necessity to closely examine the interactions of these two concepts. Furthermore, It is now an appropriate point in flow theory to test a continuum of quality and complexity spanning from the lowest complexity microflow state to the highest complexity flow state and any effect strengths use can have on the complexity of these experiences.

Three hypotheses were formed: (i) Participants' scores on the Flow Short Scale item referring to the time transformation characteristic of flow would be higher during an experimental flow task with no compromising instructions, in comparison to performing the task with time transformation characteristic compromising instructions; (ii) participants would score higher on the Flow Short Scale when an experimental flow task was performed with no additional instructions, in comparison to performing the task with time transformation characteristic compromising instructions; (iii) participants who were categorised as holding the Realise2 (Linley, 2008) unrealised or realised strengths of Detail, Listener, and Persistence, would report higher scores on the Flow Short Scale than participants categorised as these strengths as a weakness or learned behaviour.

Method

Participants

20 males and 22 females volunteered to participate in this web-based study through social networking websites, psychology forums, and university e-mail databases. Participants were aged from 18-25 years to 57-64 years, with a mean category of 33-40 years. Nationalities included British (71.4%), American (7.1%), Finnish (4.8%), and other (2.4%).

Design

A 2x2 quasi-experimental mixed design was employed to enable within-participant comparisons of flow experiences across two conditions, and between-participant comparisons of strengths use. Each participant completed an experiment flow task with and without additional time transformation characteristic compromising instructions. Thus, participant data was categorised into either the 'uncompromised flow' condition whereby the participant did not receive additional instructions, and the 'microflow' condition where they did. The order of the presentation of the additional instructions to participants or not was counterbalanced halfway through data collection. Second, participants were categorised post-study by whether or not they held strengths that were matched or unmatched to the experimental task. Participants holding the attributes of Detail, Listener, and Persistence as a realised or unrealised strength were categorised as matched to the task. Those holding at least one of these attributes as a weakness or learned behaviour were categorised as unmatched.

Materials

Experimental task

Participants completed an experimental music listening task mapped to the characteristics of flow according to the nine factor model (Csikszentmihalyi & Csikszentmihalyi, 1988). In designing the task, an emphasis was placed on the structural elements of flow that is; the demands-skill balance, clear goals, and immediate, proximal feedback (Nakamura & Csikszentmihalyi, 2002; Quinn, 2005). The experiential characteristics were not explicitly mapped, yet the possibility of their emergence was accommodated for. In performing the task, participants were guided to an instrumental piece of music and received instructing them to keep their attention focused on only one element of the piece of music, employing skills in actively listening and directing their attention. Additional instructions were provided during the microflow condition for participants to keep track of time through the use of a second timer.

Strengths

For the identification and categorisation of strengths, the Realise2 Strengths Identification and Development tool (Linley, 2008) was employed. The author organisation granted approval of its use for 60 participants. The Realise2 consists of 180 items measured on an 6-point Likert scale with a neutral option and is stated to take around 20 minutes to complete. The items are presented within the three dimensions of energy, performance, and use. The Realise2 has been shown to hold good mean internal consistency (a=.82), demonstrate positive test-retest correlations, reduced social desirability risk, and to correlate positively with measures of flourishing and well-being (Linley & Dovey, 2012).

Flow

The degree to which the characteristics of a flow state were present was measured using the Flow Short Scale (FSS) (Rheinberg et al., 2003). The FSS is a 13-item measure employing a 7-point Likert scale ranging from the lowest 'not at all' (1) to 'very much' (7). Included are three subscales: fluency of performance, absorption by activity, and the perception of activity importance and its related outcomes. Fluency of performance items refer to the flow characteristics of concentration, merging of action and awareness, clear goals, immediate feedback, and perceived control. Absorption by activity items attend to the flow characteristics of the demands-skill balance, transformation of time, absorption, and a lack of self-consciousness. The final subscale referring to the individual's perception of the importance of the activity and its related outcomes. The items of the FSS do not explicitly measure the autotelic characteristic of the flow state. The FSS has been previously used in correlational, experimental, and experience-sampling flow studies (Rheinberg et al., 2003; Rheinberg, Manig, Kliegl, Engeser, & Vollmeyer, 2007; Schuler, 2007). It has been shown to hold excellent internal consistency (*a*=.92) (Engeser & Rheinberg, 2008).

Procedure

Participants were provided with an information sheet, subsequent consent form, and entered their demographic information. Following this, they were guided through the Realise2 Strengths identification and development tool, and provided with a profile of their unrealised strengths, realised strengths, learned behaviours, and weaknesses. Upon self-confirmation of completion, participants were the experimental music flow listening task instruction were presented. The FSS was then completed before conducting the task again with the additional time transformation instructions absent or present, depending on the counterbalanced presentation. Participants were thanked and debriefed upon completion of the study.

Results

Participants' Realise2 profiles were examined for the presence of the Listener, Detail, and Persistence attributes. The sample did not contain enough individuals with all three strengths to enable statistical analysis. Therefore, Listener attributed was used as the sole indicator of whether a participant held strengths that were either matched or unmatched to the experimental task. 10 participants were identified as having a realised or unrealised strength of Listener.

The FSS score were organised into the subscales of fluency of performance, absorption of activity, and perceived importance of the activity and outcome. Total flow scores were calculated by summing the absorption and fluency subscales only. The mean was then calculated for each participant's total scores as well as their absorption and fluency subscale scores, following author suggestions (R. Vollmeyer, personal communication, December 2014). All data was then collated and organised for analysis in SPSS 21.0.

Flow Short Scale averaged scores and the subscales scores for fluency and absorption met parametric assumptions. This was determined with the presence of interval or ratio data, a normal distribution as determined through visual inspection of Q-Q plots, and a homogeneity of variances across the data sets being compared. This was not true of the remaining data, which violated the homogeneity of variance assumption. Parametric testing proceeded in light

of the other assumptions being met, the robustness of the planned analyses (Pallant, 2005), and Cohen's (1969) assertion that in most instances, moderate violations of parametric assumptions have little or no effect on the conclusions made from any findings generated.

Both uncompromised (4.7 *N=42*) and microflow (3.95, *N=42)* conditions showed medians above the 3.5 halfway point for the total available average flow score. A similar pattern was demonstrated in the range and measures of central tendency for the absorption subscale and fluency subscales. Therefore, it is indicated that there was a likelihood of a flow state appearing in both conditions for a number participants. This pattern held when participants were categorised by strengths as matched or unmatched to the experimental task. One participant in the uncompromised flow condition reported the maximum presence of each of the characteristics of flow on the FSS.

Table 1. Means and standard deviations for the flow short scale scores for the uncompromised flow, microflow, matched strengths, and unmatched strengths participant data.

Condition or category	Subscale	*N*	Mean	Standard deviation
Uncompromised Flow	Total	42	4.68	1.28
	Absorption	42	4.52	1.32
	Fluency	42	4.78	1.38
	Perceived importance	42	7.55	4.02
Microflow	Total	42	4.21	1.16
	Absorption	42	3.97	1.25
	Fluency	42	4.37	1.23
	Perceived Importance	42	8.48	4.22
Matched strengths	Total	10	4.4	1.04
Unmatched strengths	Total	32	5.41	1.09

Table 1 presents the differences between the means of the flow subscale scores of the microflow and uncompromised flow conditions, as well as between the flow scores for the matched and unmatched strengths categories of participants. Alongside the other measures of central tendency reported above, the means suggest that for a number of participants, a flow experience may well have emerged. The highest mean in comparison to the total score available was found within the averaged total flow scores for those participants categorised as unmatched to the flow music listening task. The lowest mean in comparison to the total score available was within the scores from the perceived importance subscale during the uncompromised flow condition (*N=34, M=7.55*).

The means of the averaged total flow (*N=42, M=4.68*), absorption (*N=42, M=4.52*), and fluency (*N=42, M=4.78*) scores were all shown to be higher than their total, absorption, and fluency microflow counterparts (*N=42, M=4.21; N=42, M=3.97; N=42, M=4.37*), respectively. However, the mean for the perceived importance sub scale for the uncompromised flow condition (*N=42, M=7.55*) was lower than that within the microflow condition (*N=42, M=8.48*). An initial indication is provided that performing the experimental

flow music listening task within the uncompromised condition resulted in higher reports of the characteristics of flow compared to when it was performed within the microflow condition, as further outlined in table 2.

Table 2. Means and standard deviations of the Flow Short Scale items within the uncompromised flow and microflow condition.

Flow Short Scale item	N	Uncompromised flow		Microflow	
		M	*SD*	*M*	*SD*
I felt just the right amount of challenge	42	4.88	1.7	4.24	1.61
My thoughts/activities ran fluidly and smoothly	42	4.95	1.68	4.36	1.51
I did not notice time passing	42	4.52	1.86	3.71	1.93
I had no difficulty concentrating	42	4.81	1.52	4.19	1.67
My mind was completely clear	42	4.24	1.85	3.86	1.79
I was totally absorbed in what I was doing	42	4.45	1.7	4.38	1.78
The right thoughts occurred of their own accord	42	4.55	1.92	3.93	1.58
I knew what I had to do each step of the way	42	5.17	1.68	5.14	1.51
I felt like I had everything under control	42	4.98	1.91	4.71	1.73
I was completely lost in thought	42	4.21	2.19	3.55	1.73

Compromising time transformation

A paired samples t-test was conducted to explore any potential differences in the time transformation characteristic of flow between the uncompromised flow condition and the microflow condition. There was a statistically significant decrease in scores on the FSS item 'I did not notice time passing' from in the uncompromised flow condition (M=4.52, SD=1.86) to time transformation was compromised during the microflow condition [M=3.7, SD=1.93, $t(41)$=2.04, p=.048]. The eta squared statistic (.1) indicated a moderately large effect size. Therefore, the above t-test offers strong indications that the time transformation characteristic of flow was indeed successfully compromised.

Multivariate analysis of variance

There were 36 data sets found to be usable in order to perform a multivariate analysis of variance (MANOVA). Data met the statistical assumptions required to perform a MANOVA (Pallant, 2006). A significance value of .05 for the MANOVA was maintained. A one-way MANOVA demonstrated no statistically significant difference between those participants deemed to be matched to the experimental task and those deemed to be unmatched, for either the microflow or uncompromised flow condition [$F(2,33)$=5.36, p=.59; Wilks' Lambda=.97; partial ETA squared=.03], thus not allowing for further exploration of any of the relationships or effects between the dependent variables.

Separate t-tests were performed to gain an indication as to which data may be causing a heightened significance value to occur, with the problem identified within the strengths data for participants who were categorised as having strengths matched to the experimental flow

music listening task (*M*=4.4, *SD*=1.01) and those who were categorised as unmatched [*M*=4.76, *SD*=1.36, *t*(40)= -.76, *p*=.44]. This analysis indicated that whether a participant was matched to the experimental task through holding strength or Listener or not, may not have had a substantial impact on their total FSS score. Consequentially, it was decided to conduct an ANOVA analysis independent of the strengths categorisations.

Analysis of Variance

Upon meeting the statistical assumptions required to allow an ANOVA analysis to be performed. One-way repeated measures ANOVA were conducted to compare flow characteristics of the FSS when participants performed a music listening task with additional time transformation characteristic compromising instructions and without. There was a significant effect for the addition of the clock watching instructions for average flow totals [Wilks' Lambda=.9, *F*(1),41=4.64, *p*=.04, multivariate partial ETA squared =.1]., demonstrating a moderately large effect size. There was no significant effect for the addition of the clock watching instructions in the fluency subscale scores [Wilks' Lambda=.93, *F*(1,41)=2.9 *p*=.1, multivariate partial ETA squared =.07]. There was a significant effect in the absorption subscale scores for the addition of the clock watching instructions [Wilk's Lambda=.87, *F*(1),41=6.06, *p*=.02, multivariate partial ETA squared =.13], demonstrating a moderately large effect size. There was not a significant effect for the addition of the clock watching instructions for the perceived importance of the outcome and activity subscale [Wilk's Lambda=.92, *F*(1),41=3.46, *p*=.07, multivariate partial ETA squared =.08]. Thus indicating that the importance participants perceived the activity and the outcome of it to hold may not have been greatly impacted by performing the experimental flow music listening task in the microflow or uncompromised flow condition.

Taken together, these analyses indicate that the participants reported a lower presence of the flow characteristics in the absorption subscale and when averaged, when they received additional time transformation compromising instructions, than when they did not.

Discussion

The present study found that a flow state was indicated to have emerged for a number of participants in an experimental flow music listening task. Second, with the use of additional 'clock watching' instructions, the time transformation characteristic of flow was indicated to have been compromised. Third, there was a significant difference in characteristics of flow when participants performed the experimental task with the additional instructions, and without. The difference between reported flow characteristics was also seen in the FSS subscale of absorption by the activity, but not fluency of performance. The effect sizes of these analyses were quite high, given the small sample size. Last, no significant difference was found in the presence of flow characteristics between participants that were deemed to be matched or unmatched to the experimental task.

The unexpected findings concerning strengths are in contrast to much of the literature, yet do hold an important implication for the development of strengths and flow theory as a whole. The strength of Listener was deemed to be heavily utilised in the experimental flow music task. Yet the findings show this did not have a significant positive effect on the presence of the characteristics of flow. A large underlying notion of strengths theory is that they are characteristics, skills or attributes that we are naturally drawn to use (Linley, 2008; Peterson & Seligman, 2004).

Considering this, the logical assertion can be made that development of an least an average to high degree of competency in their use would result in increased skill or ability surrounding those strength (Spittle & Dillon, 2014), and therefore associated with a higher complexity of flow (Csikszentmihalyi, 1975; Engeser & Rheinberg, 2008). One possible explanation may be seen in the learned behaviour category within the Realise 2, as even though a participant would not be naturally drawn to using these attributes, their lifestyle may have forced them to hone their skill. However, Pawelski's (2008) assertion that most people in flow are doing what they are good at and using their strengths in doing so may still receive some support, as it is possible that participants may have been using other strengths to accommodate for their weaknesses or learned behaviour (Biswas-Diener et al., 2011).

The findings surrounding strengths provide further surprise as the ability to direct attention is at the core of entering and remaining within a flow state. This was a key consideration in designing the experimental task instructions as they asked participants to direct their attention towards and focus on a single element of a piece of instrumental music. Moreover, attentional ability has been demonstrated to be increased by regular mindful meditative training (Zeidan, Johnson, Diamond, David, & Goolkasian, 2010). An outcome of which can be measured on the Mindful Attention Awareness Scale (Brown and Ryan, 2003), and has been shown to correlate with the strength of Listener.

The findings surrounding flow theory appear to be in line with much of the existing literature, offering clarification and additional support to previous findings. The theory surrounding the possibility of microflow as an additional sub construct of the flow state is advanced and supported, with the current findings aligning to the requirements for a definition of Microflow (Davis, 2010).

First, such a sub-construct needs to be distinguishable from the already existing construct. As supported by the significant difference between participants' absorption sub scale scores on the FSS, thus also supporting the work of Moneta (2010). The significant differences between microflow and uncompromised flow within the items referring to the demands-skill balance and time transformation were found both in the current study and that of Davis (2010), suggesting that a similar experience was had by participants. Second, microflow would need to hold the possibility of including all characteristics of flow, a requirement accommodated for through the presence and absence of time transformation within two conditions. This is also supported by the significant difference on the FSS time transformation item, that is also above average in both conditions. The autotelic characteristic of flow was not mapped to the experimental task, as discussed below, yet was included within initial informal pilots whereby participants could select their piece of music. Third, a microflow state would need to be able to exist in any part of the flow channel. Supported by the range of scores on the FSS item referring to the demands-skill balance spanning from the minimum available score to the maximum available score on both the uncompromised flow and microflow conditions. Last, microflow would be required to accommodate for the activities identified within Csikszentmihalyi's (1975) original microflow activities, such as doodling or chewing gum, that were suggested to facilitate more structured activities. This was not explicitly tested within the current study, and would be a focal point for further research.

The present findings have not only contributed towards the advancement of flow theory, but also the practice and research methodologies available for studying flow states.
The testing of the experimental task has provided the flow research community with a new method with which to facilitate the emergence of a flow state in an experimental setting. This

is to be added to the already recognised methods (Ghonsooly & Hamedi, 2014; Harmat, 2014; Peifer et al., 2014), where in the past researchers have had to solely rely upon observations of activities. The main support for this is found within the ranges and measures of central tendency presented for the participants' FSS subscale and total scores. These indicate that a number of participants may have had a flow state emerge as they participated in the activity, with the possibility that this may have been true for all participants.

The Flow Short Scale subscale for fluency, that contains the demands-skill balance, and for perceived importance, were both found to have a non-significant difference from the uncompromised flow to the microflow condition. This suggests that the two variables of the demands-skill balance and perceived importance may well be linked either in the manner in which Engeser and Rheinberg (2008) suggest them to be, or in a manner yet to be identified. The highest FSS averaged total scores in comparison to the total score available were found within the scores of those participants who were categorised as holding strengths unmatched to the experimental task. This suggests that there may be an interaction that exists between strengths use and the complexity of flow experience not identified within the scope of this study. One possible explanation for this lack of clarity is that the study did suffer from a reasonably small sample size due to a limited number of access codes to the Realise2 tool, therefore additional participants could not be recruited. However, without the cooperation of the Realise2 owner organisation, this research could not have taken place. Any replication of the study would do well to accommodate this, with the increased recruitment to participants in the matched strengths category. Moreover, increased balance between the groups would allow for increased possibility of examining all three strengths originally proposed within the matched category.

Conclusion

To conclude, the present study examined flow experiences at two points in the flow continuum. One being the higher complexity experiences utilising an individual's strengths that were mapped to an experimental flow music listening task. The second being a lower complexity experience whereby the flow characteristic of time transformation was compromised through the addition of a set of instructions for participants to keep track of time during the task.

The findings showed that for participants who were deemed to be matched to the experimental task through holding the strength of listener, there was no significant difference compared to those who held the attribute as a weakness or learned behaviour. Suggesting that for participants using their strengths, there was little impact upon the complexity of their flow experience. However, due to the methodological issues discussed above, these findings cannot be considered conclusive.

The findings heavily indicate that time transformation was compromised in the microflow condition, causing the individuals who were watching the clock and keeping track of time during the experimental flow music listening task to not experience a sense of time having sped up as they performed the activity. Closely related is the finding that the absorption by activity subscale of the Flow Short Scale was shown to significantly differ in the microflow condition when time transformation was compromised during the experimental task, but fluency of performance was not. Thus, indicating that if this was indeed a state of microflow that participants were entering, then such a state can differ from that of a higher complexity flow state in the amount of absorption, time transformation, demands-skill balance, and lack of self-consciousness experienced by an individual.

Finally, the use of the experimental flow music listening task was deemed to be a success as it was indicated that participants may have entered a state of flow whilst performing the task. The present study can be seen as contributing towards the advancement of the theory and applications of flow, adding another step towards the fulfilment of the mandate for flow theory; to put more and more of everyday life into a flow experience (Csikszentmihalyi, 2004).

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The Joy Dilemma: Challenging prevalent definitions of joy through the study of the lived experience of chronic illness

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Abstract

This paper considers the positive emotion of joy in the context of chronic physical illness. It is an emotion often considered to be synonymous with happiness (Lazarus, 1991), or as an emotion of playfulness (Frederickson, 1998). The research suggests that joy is a distinctive emotion, which connects not only to playfulness, but also to significant other facets of the human condition. The framework of chronic illness allows for positive psychology research in a negative setting, thus facilitating a new focus – the positive within the negative, rather than externally contrasted against it. The research consisted of semi-structured interviews with four adult participants who experience chronic illness, focusing on how they perceive joy. The methodology used was Interpretative Phenomenological Analysis (IPA). This allowed for research engagement on an idiographic level and is particularly suited to exploring participants' lived experience.

The research suggested that the individual approach towards joy could include both a focus on the external, such as social connections, work or particular activities, as well as the internal, such as faith and mental attitude. In addition, many factors influenced joy in the context of chronic illness, including prior outlook on life, changes to diagnosis, life-stage transitions, social support and acceptance of mortality. These participants were aware of how illness limits joy, but also that it can be achieved despite illness, which they felt they achieved to varying degrees. The outcomes would suggest a more patient-centered approach when long-term chronic illness is dealt with, considering not only the physical progression of the disease, but also what the particular individual feels would maintain meaningful joy within their lives.

Introduction

Positive psychology has gained prominence as a discipline examining what makes life worth living (Seligman & Csikszentmihalyi, 2000) and researchers have sought to discover how to optimise happiness and positive mental functioning. 'Happiness' is seen as a broad umbrella term, albeit one with some particular distinctions, for example eudaimonic versus hedonic (Ryan & Deci, 2001). In positive psychology, the term subjective wellbeing is often used as the prime measure of happiness (e.g. Howell, Kern & Lyubomirsky, 2007). However, there is a lack of any greater sense of structure and differentiation of the many possible positive emotions. One example where the everyday seems to have become detached from the academic is with regards to the word 'joy'. This is infrequently spotted in positive psychology literature in stark contrast to how regularly it appears in mass media, poetry, song lyrics and general conversation. A Google search for happiness produces 333,000,000 results, subjective wellbeing only 75,300,000 and joy storms ahead with 644,000,000 results. As an applied subject, positive psychology would benefit from echoing wider linguistic conventions of the population.

Positive psychology also needs to reach into the ordinary lived experience of the population. Whilst in many spheres promising first steps have been made (from primary education to a flourishing, creative old age; from multi-national organisations to individual self-development), it has not yet explored some of the more negative, but inevitable, aspects of the human experience. Wong (2011) makes this argument, stating positive psychology has neglected the difficult, and has ignored the fact that the negative can enable positive changes, such as post-traumatic growth. Worth (2015) has explored how the 'dark side' of positive psychology would involve engaging with challenging life experiences that trigger discomfort. Rather than ignoring such realities, there is great scope for insight and reflection.

Though there is a burgeoning literature on how positive mental health contributes towards better physical health, the lived realities of illness, disease and pain are largely overlooked. While this is to some extent understandable in a discipline that is largely focusing on positive human experience, it is at odds with the experience of the global human population where everyone suffers from illness at some point; with a total of 1.5 billion people worldwide suffering from chronic pain (estimated by the American Association of Pain Medicine), and 14.1 million adults diagnosed with cancer in 2012 (estimated by Cancer Research UK). I will first examine the 'joy dilemma' – how a common and irrefutably positive concept appears to have lost its way in psychological research. Subsequently, I will examine the discipline's input into the mind-body connection. This leads onto an examination of the psychological experience of illness, and where joy can be found in this space, as well as the related themes of post-traumatic growth, resilience and personal transformation.

The Joy Dilemma: Indeterminate definitions

In terms of the linguistic conventions of psychologists, reference to specific positive emotions are fewer in number and less universally defined than their negative counterparts (de Rivera, Possell, Verette & Weiner, 1989) and instead happiness is often used as a universal and convenient label for what is actually a host of different, distinct and individual states including euphoria, joy, amusement, triumph, satisfaction and gratification (Algoe & Haidt, 2009). This lack of positive emotion differentiation is particularly noticeable with joy. It is frequently used linguistically as synonymous with happiness (Lazarus, 1991) and in modern popular referencing, it is notable that the entry for 'joy' in Wikipedia can direct the user to names, places, bands, literature or even washing up liquid that refers to the word, but in a psychological context, the user can merely click onto the entry for happiness. It is an emotion which people on the street can easily name, but it is one which Vaillant (2008) suggests has been the least researched within academia, even within psychology and psychiatry. This shows that positive emotions still have a lot to reveal, but it in turn allows positive psychology researchers the privilege of going like explorers into the flourishing depths of the human psyche at its best.

The lack of a closer examination of the range and role of positive emotions has been most dramatically challenged by the work of Barbara Frederickson, with her 'broaden and build' hypothesis. She argues that the spectrum of positive emotions have a profound psychological role, namely to *broaden* one's momentary thought-action repertoires, and that this subsequently *builds* psychological, social, intellectual and physical resources (Frederickson, 2001). In her work she defines and differentiates four particular positive emotions, based on criteria of being 'maximally distinct' and 'recognisable across cultures' (Frederickson, 1998), namely joy, interest, contentment and love. Here is a step towards the identification of joy as a distinct emotion of value, but even in her work, dilemmas emerge. Whilst Frederickson

references earlier work which suggests the fact joy can be connected to a sense of purpose and progress towards goals (Izard, 1997; Lazarus, 1991), she settles on defining joy as an emotion of playfulness. Indeed, it is for her an emotion found in safe, familiar contexts, requiring low effort and, drawing on the work of Frijda (1986), connected to the action tendency of free activation since joy generates playful urges. This sense of playfulness encompasses the creative, intellectual and social and is both unscripted and liberating - thus broadening horizons and building skills for the future.

Frederickson equates joy with playfulness, but it can also be defined very differently, having other meanings, and other linkages. In popular expression, joy can be a lifting of the spirits, and the dictionary defines it as: "A vivid emotion of pleasure arising from a sense of wellbeing or satisfaction; exultation of spirit; gladness, delight" as well as: "The expression of glad feeling; outward rejoicing; mirth; jubilant festivity" and: "A pleasurable state or condition; a state of happiness or felicity; esp. the perfect bliss or beatitude of heaven; hence, the place of bliss, paradise, heaven" (Oxford English Dictionary, online, 2015). When considering joy in this broader sense, it becomes an emotion of connection, jubilation and even bliss. Whilst this would still enable it to broaden and build, it carries significant other connotations to playfulness, and can be both high effort and found in contexts which are neither safe nor familiar, in contrast to what is suggested by Frederickson.

Shaver et al. (2001) categorised basic emotions into a structure with connected secondary and tertiary emotions. This is replicated below for joy, illustrating how joy includes many different types of emotion and experience. It can appear to be an emotion of high arousal, such as with zest, or lower arousal, such as with contentment.

Table 1: Extract from: Shaver, P., Schwartz, J., Kirson, D., & O'Connor, C. (2001).

Joy	Cheerfulness	Amusement, bliss, cheerfulness, gaiety, glee, jolliness, joviality, joy, delight, enjoyment, gladness, happiness, jubilation, elation, satisfaction, ecstasy, euphoria
	Zest	Enthusiasm, zeal, zest, excitement, thrill, exhilaration
	Contentment	Contentment, pleasure
	Pride	Pride, triumph
	Optimism	Eagerness, hope, optimism
	Enthrallment	Enthrallment, rapture
	Relief	Relief

Having determined that joy is a distinctive emotion which is multi-faceted and linked to meaning and social connection, it requires much more focused research within the field of positive psychology. Joy is found in a young boy playing with a familiar plastic truck, and it can be a song sung directly to the heavens. In-between there are many human realities to be discovered.

The connection between positive emotions and health

Research over the last decade has increasingly focused on how positive emotions can support physical health. This is based on the theory that emotional states are registered in the physical body, and that the influence between mind and body is two-way. This includes the important contribution by Keyes in 2007 when he used physical and mental health statistics to make the

convincing case that 21st century healthcare institutions need to change to reflect the realities of the impact mental health has on subsequent physical malaise. If 45% of those in the category 'mental illness and languishing' report stomach problems, and that figure drops to 10% in the 'flourishing' category, there is a statistical pattern which is hard to ignore, especially when the percentages drop across the board for chronic conditions such as back pain, arthritis and high blood pressure. Equally, in the reverse scenario, Hefferon (2013) has researched psychophysiology and the physical body's role in achieving positive mental health. This includes the role of genetics in wellbeing and the measurable effect of a balanced diet and appropriate exercise on positive mental states. The work of Keyes and Hefferon illustrates there is a two-way response mechanism between the mental and the physical.

More specific research has been done on exact biological processes which improve in the presence of mental flourishing, such as the upward spiral between positive emotions and vagal tone. (Kok, Coffey, Cohn, Catalino, Vacharkulksemsuk, Algoe, Brantley & Fredrickson, 2013). More recent research has started to examine the underlying genetic components linking positive emotions and physical health, and this has revealed that at a basic cellular level, the physiological responses to eudaimonic and hedonic happiness are different (Fredrickson, Grewen, Coffey, Algoe, Firestine, Arevalo, Mac & Cole, 2013).

Such examples have taken positive psychology from the realm of the mind to a medical and mind-body field. Kok et al. (2013) rightly points out that traditional advice to improve physical health (decrease smoking/drinking, increase exercise/sleep) can now be supplemented by experimentally proven advice to self-generate positive emotions. He describes regular moments of positive emotions to act as 'nutrients for the human body', increasing our immune system due to the parasympathetic effect of feelings of social belonging. The result is an upward spiral, not only of more positive mental health, but also improvements to physical health. My research examines what occurs when the physical health measure is markedly low to begin with – how this lived experience affects positivity, life outlook and the experience of joy.

Methodology and design

The research was an exploration using Interpretative Phenomenological Analysis (IPA) - experiential and qualitative - and which has been particularly utilised for research into the lived experience of physical health. It was originally developed by Professor Jonathan Smith and has been employed to explore themes including health and illness, approach to genetic conditions, sexuality, parenting and identity. Smith, Flowers & Larkin (2009) state that it is a research approach which focuses on the way in which people make sense of their major life experiences, and chronic illness is one such experience. They state that exploring the experience in its own terms is key, and that the researcher attempts to make sense of the participant's narrative, which has its origins in the participant likewise making sense of their own experience. As such, IPA is often described as a double hermeneutic since the participant's interpretation of their lived experience is then in turn interpreted by the researcher.

I conducted face-to-face interviews with four participants with long-term chronic illness. IPA involves detailed transcription, interpretation of the interviews, coding, extracting sections of the transcript and in depth linguistical and structural analysis. The aim of this evaluative process is to subsequently develop a list of superordinate themes, and each of these will have supporting subordinate themes that are backed up by quotations from the

interviews to find the areas of commonality and difference between the interviews and to identify important factors in how joy is perceived and cultivated within their lives.

The study was approved by the Psychology Ethics Committee at Bucks New University. The participants were provided with information on help-lines and counseling services in case the interview triggered any negative emotions. All participants were fully informed about the type of research, the scope of the project and its purpose. Conditions included in the study included Multiple Sclerosis, chronic long-term cancer, Cerebral Palsy and a serious lung condition. All participants were informed about confidentiality, anonymity, their right not to answer a question and the ability to withdraw from the study until the point when data were analysed.

The interview schedule questions were prepared in advance, but IPA also enables interviews to become two-way conversations, adding additional questions to gain further insight. The interview schedule included background questions on their chronic illness, and the implications it has on their daily life. The interview then focused on the definitions and experience of joy, and how this differed to happiness. The two themes were then joined, with questions exploring the connection between joy and illness, how illness might have changed the experience of joy, and how it altered at different points such as diagnosis, different stages of illness and at the present time.

Participants

There were four participants who took part in this research study, and they were all briefed in advance:

Participant Mrs A suffers from MS and is starting her retirement later this year after a long successful career. She is divorced and single, with a daughter who is in infrequent contact. The imminent change of identity from employed to retired was emphasised, as were perceived mistakes in her medical care through the years.

Participant Mrs B is suffering from ongoing chronic cancer and was due to start another round of chemotherapy the week following this interview. She is married and enjoyed her childhood, career and hobbies. Her main interest at the present time is golf, though she has also been a keen runner and hockey player.

Participant Mr C is semi-retired, still involved with the business he and his wife (now deceased) set up several decades ago, which is a pet crematorium. He suffers from a severe lung condition and is permanently on oxygen. He reported a supportive and close family and a great fondness for his pet dog.

Participant Mr D is retired after an active life as an academic, school teacher, researcher and lecturer on architectural history. He has suffered from Cerebral Palsy all his life, which affects his ability to walk. At times he was able to live almost entirely independently, though Ulcerative Colitis reduced his ability to function for some years in his early adulthood. His parents were progressive and supportive and he attended a mainstream school. He is married and now gives a couple of lectures a year, with his chief pastime being reading.

Analysis and Discussion

Table 2 below shows the main superordinate and subordinate themes identified in the interviews. A fuller discussion of these can be found in the author's full dissertation report. The remainder of this section is devoted primarily to exploring participants views and experiences of joy.

Table 2: Superordinate and subordinate themes in interviews

Superordinate theme	Subordinate themes:
Meaning found in life	*i) Relationships* -Partner -Family and friends -Wider social context - Pets *ii) Work* *iii) Activities/passions* *iv) Joy*
View of illness	*i) Key to sense of identity* *ii) Illness leading to dependency on others* *iii) Diagnosis/change to diagnosis* *iv) Attitude to Medical profession* *v) Pain* *vi) Fear* *vii) Hope* *viii) Coping/resilience*
Attitude to self	*i) Mental state* *ii) Negative descriptions of self* *iii) Childhood* *iv) New stage in life/staying busy* *v) Ability to be independent*

What is joy?

Mrs A: Joie de vivre, a celebration of life, power of mind, something to work at, not naturally in her nature, joyful people wear blinkers – they don't see the negative.

Mrs B: Naturally positive from childhood, spiritual joy, hobbies, friends, ability to keep fighting the cancer, hope for the future.

Mr C: Joy is being active at work, keeps mind from worrying, self-employed, support from family, time with pets and friends, being busy, happy to be alive, no joy in being ill, lovely to see grandchildren.

Mr D: Joy is when you wake up in the morning and can look forward to the day. Relationships identified as key to joy, and pain as a block to it. Not something you can pursue, it is a by-product of a meaningful life.

Joy was seen by Mrs A and Mr D as great positivity in life. Mrs B saw it in terms of what might occur, whereas for Mrs A it is something internal, a state of being, rather than reliant on external events. Mr D argued that it could not be pursued, but would result as a consequence of living a meaningful life, which Mr C also touched on in terms of it being part of the constancy of daily existence.

It is interesting to note that Mrs A and Mrs B agreed that one was something which radiate out of a person and is part of their core identity, whilst the other was linked to specific events and is more fleeting. However, they disagreed on which way round this was. For Mrs A, joy was the inner quality, whereas for Mrs B, that was happiness. This further supports the hypothesis that there is a lack of linguistic clarity around the concept of joy.

There was a great depth of information about the physical issues, spoken as if it was a well-rehearsed narrative. This was linked to a confidence in the delivery and the level of detail in the anecdotes, for example Mrs A recalled the day of her diagnosis over a decade ago with great clarity: "I went at 4 o'clock in the afternoon and he [the surgeon worked on me until 4 o'clock the next morning with lumbar punctures… and by the Sunday he pretty well established that he thought it was MS". There was less certainty about emotional matters, with Mrs A stating: "I've not done anything about getting my head around that [facing new diagnosis] and so it's affected my outlook negatively." This illustrates that chronic illness pushes to the front of an individual's consciousness – it refuses to be ignored and has practical effects and limitations on daily existence. In contrast, focusing on the mental state is something which requires much more conscious reflection, and it is a narrative not publically discussed to the same degree. Chronic illness becomes part of a person's identity and there is a story which will be re-told numerous times to people who they come into contact with. However, the emotional angle to wellbeing required more active thought. The physical gains supremacy over the mental in times of chronic illness, even though it is the mental which has power to keep an individual resilient during the physical health challenges.

Exploring the link between joy and the social context came across very strongly in these interviews. Mrs A considered her illness in relation to her employees, her lack of a partner, and her connection to her sister. Equally, Mr C focused on family support and how relationships link to meaning. Finally, Mrs B relied on a supportive husband and a terrific group of friends. Aksan and Kochanska (2004) observed babies in a wide range of contexts that cause joy; both social and non-social. They noted that joy became a way to communicate with parents, as well as an immediate response to mastery of a new skill - which could occur in an isolated setting. This suggests there is an outward facing, social aspect to joy where it acts as a bond between people, and also an inward facing, personal aspect to joy where it reinforces achievement or purpose. Joy is thus seen to be an emotion which may give a powerful sense of being connected to others, but which could also exist in the solitary realm, becoming an affirming and encouraging presence. Joy is therefore important in times of chronic illness both with relation to social settings, and when one is alone and focusing on the potentially devastating effects of the illness, which all four participants discussed.

Joy also appears to have strong links to spirituality and meaning within the context of chronic illness, becoming more a state of being rather than a fleeting emotion. All four participants discussed in detail what gave life meaning when I asked questions about joy and these varied from a belief in the divine, through to the value of still feeling useful. Valliant (2008) wrote about joy, hope, compassion, awe, trust, forgiveness and gratitude arguing that together they constitute what is commonly meant by spirituality. He commented that concepts such as joy do not appear either in the work of Freud, or in psychiatry textbooks. Indeed, he quotes the statistic that in the *The Comprehensive Textbook of Psychiatry*, which is half a million lines in length, only one line mentions joy. If one turns to a spiritual context, the picture that emerges is very different. The Bible has 242 references to joy and rejoicing. In this spiritual context, joy is dependent on internal factors, such as faith, rather than external stimuli, such as with play. It is echoed in other world religions, including Islam and also Hinduism – where bliss is found via 'ananda' - linguistically, 'aa' means from all sides and 'nanda' means joy, hence 'ananda' means joy from all sides. This short whistle-stop tour through world religions suggest that joy's roots stretch back over centuries, embedded into human experience and the quest for meaning.

This becomes of even greater importance during times of chronic illness since the awareness of mortality leads to an awareness that life itself is time-limited and that chronic illness inhibits both many of the factors which can ordinarily be used to give meaning, as well as many of the distractions which can be used to prevent engaging with the fact one is mortal. Mrs B spoke about her faith leading to a reduction in pain, and allowing her to remain calm in the face of her illness. For her, joy in a religious sense was a connection to the divine, and the peace of knowing: "there is somebody who is there helping you…I've prayed… and you just sort of feel a calm, and the pain will go away, you know, that's my faith."

The awareness of mortality, the realisation that the illness would get worse, and the uncertainty about the future also led the participants to have a sense of the world becoming smaller around them. Mr C felt this in a very practical way – restricted to the circumference of the circle he could get to with his oxygen tube plugged into the wall, he was restricted in his physical space, and greatly valued opportunities for staying mobile, driving and seeing wider horizons. However, he also recognised that: "life is coming sort of into a tighter ball, if that makes sense, less broad."

Kay Warren (2012), who co-founded the Saddleback Church in California, has written on joy, stating the experience of joy occurs through an active choice which can be made regardless of negative circumstances. A strong theme found in the interviews supports this - joy as a specific decision to be made, something which it was within the individual's power to influence. There was also a sense that certain people were naturally positively inclined, with other tending towards the negative. Whilst there is this sense of being able to influence joy, not all participants felt it could be pursued in and of itself. Mr D stated:

> "I've always believed the United States Constitution got it profoundly wrong in saying that one of the human rights of men was the pursuit of happiness. You don't pursue happiness, happiness and I think to a very considerable degree of joy too, is a by-product of something else… relationships and doing things which one enjoys, but which one also feels one ought to do, and doing them satisfactorily."

This was a clear statement that having a fixed end goal of 'being more joyful' which was expressed as a desire by Mrs A, could be less effective than seeing joy and happiness as a by-

product of engaging in things which give meaning to life. This has been expressed clearly in the recent work of Seldon (2015) who argues that a eudaimonic focus on meaning subsequently results in a much more deep-rooted personal joy.

The connection with joy and feeling useful, which can be another type of personal meaning and sense of worth, was something which came up strongly in the interviews with Mrs A and Mr C. Mrs A felt others saw her life as very stressful: "because I was very busy, I was travelling a great deal, I was in a very male orientated field… from the outside people did see I was doing a huge amount – and I just carried on." She is facing retirement, and not looking forward to the prospect. Mr C emphasised his self-employed status: "It's the joy of being active at work which keeps my mind from worrying about illness, but I am self-employed, I've got a very good business over there, which is so unusual for a lot of people, are you with me?... And I am one of a rare breed really." Equally, one of his concluding remarks were: "I have found joy in being busy." Mrs B, who had a more peaceful outlook, did not mention being busy at any time, and there was not the same sense of needing a distraction from her illness.

Physical illness is often a time for reflection, a re-orientation and a search for meaning (Park, Lechner, Antoni & Stanton 2012). In the sociology of health and illness, researchers discuss chronic illness as 'biographical disruption', a time for narrative reconstruction and personal adjustment (Williams, 2000). Among psychologists, physical illness is viewed as something which can at best lead to personal transformation (Park, Lechner, Antoni & Stanton, 2009) and there is a strong interest in the phenomenon of post-traumatic growth. Whilst all four of my participants felt that life was overall worse because of their illness, they did however either feel that they coped well and were able to flourish at times (Mrs B and Mr C) or that they identified a need to change their approach in order to be able to live more peacefully with the illness in the future (Mrs A). Mr D expressed that whilst pain and a dependency on others could be trying, he was born with his condition and as such could not compare it to a life before diagnosis.

Considerations for public policy with regards to joy and chronic illness

Positive psychology is overflowing linguistically with happiness and subjective wellbeing, but not with joy. It is exploring the relationship between positive mental flourishing and physical health, but not the lived experience of those who suffer chronic disease. Within qualitative research, both past and future plays a part, as well as the present, and as such there is a rich seam of personal reflection to draw upon. It allows for a greater consideration of what should be done to support those who face the diagnosis of chronic illness in terms of their mental wellbeing at such a potentially difficult time, as well as how they could be better supported during their illness.

Part of the focus of this research is on how positive psychology can engage more widely with the general population. My hypothesis was that this could be achieved linguistically, such as the adoption of everyday words such as joy, and also by engaging with situations where negative life events occur, such as times of chronic illness. The IPA research has shown that the participants do have areas which they either greatly value, or which they can identify as 'missing' and which would have a positive affect if they were present. In order to guide this analysis of how such content could be included within public mental health messaging I decided to link it to two currently prominent public-focused messages, namely PERMA, the

wellness model suggested by Seligman (2012), and the Five Ways to Wellbeing as developed by the New Economics Foundation.

Links to the PERMA model of wellbeing

Seligman (2012) has proposed a model of wellbeing based around five dimensions as below. The role of 'joy' within this model may be viewed as follows:

Positive emotion —Joy is a positive emotion, and one which can greatly increase the quality of life for someone who is suffering a chronic illness. It was seen as a desirable state for all four participants.

Engagement — Joy links to mindfulness and connection. It can trigger a flow state and Mrs A in particular focused on the need for engagement with her illness in a positive way.

Relationships — Joy links to social interaction. Mrs A identified the value of her sister's perspective, Mr C the value of a wider family group and Mrs B talked about friends and practical support.

Meaning — Joy links to spirituality, purpose and 'what makes life worth living'. Of the participants Mrs B was the individual who spoke most about meaning, and her personal faith. Mrs A struggled to find meaning in her illness, whereas Mr C found meaning in his previous identity as entrepreneur, which the illness made it hard to sustain.

Achievement — Joy can be found in achieving goals. This was an area which the four participants differed in their attitudes. Mr C and Mr D looked towards past work achievements, whereas Mrs A saw work as a source of stress and a contributory factor in her illness. Instead, she looked towards a future achievement of changing her mindset.

Links to the Five Ways to Wellbeing

The Five Ways to Wellbeing have been developed by the New Economics Foundation as another key model highlighting different 'routes' to wellbeing (e.g., Aked, Marks, Cordon, & Thompson, 2008). The role of 'joy' in the context of this model might be considered in the following way:

Connect – Joy helps connect people to each other, and an individual to their sense of purpose. The four participants all emphasised the need to connect with others, but there was also a distinct theme of the world becoming smaller, and more self-contained due to the illness and the acceptance of mortality.

Be Active – Joy is found engaging in the world, something which the illnesses included in this study makes much more difficult. Mrs A considered the possibility of yoga, but knew how frustrating she would find her weakened body, and Mr C watched with irritation others who were able to be active in a way which he was no longer able to achieve.

Take Notice – Joy can be more successfully accessed via mindfulness. The participants did not mention an ability to switch their focus away from their illness, and their attention was focused on the way their illnesses were progressing, creating a narrow focus of vision rather than a broad perspective.

Keep Learning – Joy encourages the use of strengths. However, with such long term chronic illnesses, there was a sense that the participants were channeling their energy into combating their current condition rather than having spare capacity for new things. However, Mrs A did suggest there was value to accepting change and new mental approaches would be useful and should be worked towards.

Give – Joy broadens and builds leading to a focus away from the self. This would be useful in the context of widening horizons, though the impression from the interviews was that chronic illness encourages a focus on the self.

These two examples illustrate that PERMA offers a much closer fit to the lived experience of chronic illness, with all of the five aspects being applicable in the context of both a focus on joy and in the co-existence of a chronic illness. In contrast, the Five Ways to Wellbeing included several aspects which were not applicable and I would postulate these would lead to a sense of impossibility or alienation in this context. This is a very illustrative example of how the way positive psychology is introduced needs to be specifically tailored. In the context of chronic illness, PERMA would fit well with what is helpful, whereas the Five Ways would come across as unachievable, prescriptive and too far removed from the lived experience.

The fact that flourishing individuals appear to receive regular and more significant 'boosts' in positive emotions during mundane, everyday events (Catalino & Frederickson, 2011), means the normal positive emotional reactivity of those facing illness should be considered carefully. It can become mundane, such as chronic, long-term pain, but equally could flare into an acute, unexpected crisis. This is one aspect that will need to be considered carefully in any future research since there is a marked diversity of experience. For example, under the label 'chronic illness' there is a huge range of diagnoses, types of disease, impact on everyday life and scope for positivity. Just as every individual is different, so is every illness, and every response to illness.

The potential for joy during times of chronic illness

As discussed, there appears to be a lack of consideration of the lived experience of illness within positive psychology at present. There is a juxtaposition between the negative physical circumstance and the positive mental opportunity which might be found. It is positive *within the negative*, rather than externally contrasted against it. The participants identified positive aspects within the negativity of illness, and discussed the fact that joy is what makes life worth living. Even though it can be harder to track down in a life which revolves around chronic illness, it is certainly still able to be present and provide meaning.

The research undertaken so far suggests that joy has two marked advantages when it can be cultivated during times of chronic illness. The first is that the person involved can maintain greater mental wellness, and show greater resilience. The second is that there is the possibility of joy having positive health outcomes, such as increased immune function and decreased level of inflammation. Joy can thus support both the body and the mind during such difficult times in life, as well as acting as a way in which to engage the wider public in a broader conversation around positive psychology.

Conclusion

The psychologist Silvan Tomkins connects joy to suffering removed, and my research challenges this. Instead of seeing joy as a dichotomous scenario with suffering on one side, and joy on the other, it is instead able to be present alongside suffering. Identified by a participant as 'joie de vivre', it was not unobtainable because of chronic illness, instead it was achievable, albeit with a greater number of obstacles in the way. It was strongly correlated with a sense of identity, with meaning and with finding peace with the realities of illness, which was most commonly expressed as "getting on with it". This sense of resilience provided the fertile soil which allowed for joy to bloom, whether that was through spending time with friends, feeling useful, or finding contentment.

When considering the context of joy and illness, the recent research on a genomic perspective (Fredrickson, Grewen, Coffey, Algoe, Firestine, Arevalo, Mac & Cole, 2013) also becomes particularly important, since if cells respond differently to eudaimonic and hedonic happiness, the definition of joy becomes subsequently more important. A playful joy is more hedonic in nature, a deep spiritual purpose-driven joy is more eudaimonic. This is something which was reflected by the participants' responses, as when discussing joy the topics were not connected to short term pleasure, instead they were about sense of self, life meaning, connection to others, and spirituality. The aim of the research was to consider the role that this specific positive emotion can have within the personal narrative and experience of illness, rather than measure the quantitative effect it has on a particular health outcome. However, the fact that positive emotions have now been proven to lead to better health in some particular circumstances illustrates the importance of this field for future research, and the participants interviewed all agreed that joy was important, albeit not necessarily easily obtainable.

In this context, the possibilities offered by positive psychology become very important. The research and application of this relatively new discipline allows it to step into exactly this space. Individuals realise joy is important, but it is hard to achieve in times of chronic illness. Positive psychology has some tools in place, but the analysis of PERMA and the Five Ways to Wellbeing models illustrate that the strategies employed for particular circumstances need to be tailored to particular audiences. However, there is much which could be done, including facilitating conversations about where to look for joy when traditional avenues (relationships, work, hobbies) are no longer accessible due to a chronic illness. By learning to discover meaning and joy independent of such external stimuli, the reality is that people suffering with chronic illness then become exactly the individuals who would be best placed to discover chaironic joy. Wong (2011) states chaironic joy includes feeling a oneness with self and with God, and the word comes from the Greek root *chairo* which means blessing, joy, or gift of happiness. An aware and insightful attitude to life and an awareness of the transcendental spring from chronic illness due to the way other daily influences and distractions can dissolve away. In the midst of the day-to-day difficulties of coping with the practical frustrations, and accepting the end of life which is on an ever-nearing horizon, there is space for those suffering from chronic and life-limiting illnesses to also discover chaironic joy as part of that process. The role of positive psychology could be fundamental, both to allow those suffering chronic illness to achieve a chaironic state, but also to then disseminate the wisdom and knowledge gained by this group to a much wider general audience, who would benefit from their insights into where to truly find meaning.

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Hopeful fear and fearful hope: A polar perspective

Reece Coker

Abstract

Hope and fear are both motivators and evidence suggests that they both have instinctive and cognitive components to them, and that primal fears have primal hopes at their opposite axis. There is also strong evidence to suggest that they are always felt together and one can transform into the other as the perspective changes which is seen when we hope that something is going to happen – we will fear that it won't and when we fear that something is going to happen – we hope that it won't. This link is expanded within the creation of a polar model of hope and fear and an emerging theory that hope and fear are aspects of the same emotion separated only by perspective. Hope and fear both have a purpose and where fear is concerned, many believe that it is evolutionary. This paper explores the concept that hope is also evolutionary and serves as a moderator to fear - which is designed to move us away from danger, but where the weight of fear becomes too much and where an inertia results. In this context, hope seems to emerge instinctively as a "lightening agent" and antidote to the fear.

Introduction

This paper presents a unique perspective on hope and fear - which considers a positive and negative aspect to both. This aspect and the emerging theory intrinsically link the emotions of hope and fear together, and this link is represented in the creation of a polar model and theory. In summary, the polar theory suggests that when we "hope that something WILL happen", we will "fear that it WON'T" and conversely when we "fear that something WILL happen" then we hope that it WON'T". When we consider this unique perspective, there is compelling evidence to suggest that where there is hope there is also fear and where there is fear then there is hope. They are never seen apart and without the other and they seem to be able to switch back and forth from one to the other. At times hope and fear seem to be distinct emotions, but there is evidence to suggest that this may be at best a matter of perspective rather than a tangible difference. It may be said that hope and fear are the Clarke Kent and Superman of emotions inasmuch as although they wear very different outfits and they exhibit very different extreme polar personalities – there is evidence to suggest that they are in fact one and the same.

To further understand the potential links between hope and fear, this paper also explores their origins and purpose and the emerging parallels between the two, and this explorations digs further into the fertile soil that was ploughed by Snyder (1991). Not so obviously, a potential link between the state of flow and the right amount of hope and fear, in the pursuit of a goal is also discussed within the paper.

Research dates back to the 1970's where Matlin and Stang (1978) discussed the Pollyanna principle which suggests that people are inherently optimistic and hopeful in nature. Moving on from this, professors Taylor and Brown (1988) considered "positive illusions" where it is suggested that most healthy people are biased towards a positive view of themselves and the

world around them. Hope has been extensively studied by Snyder (2003) and hope theory suggests that hope is based on the ability to plan and create pathways despite obstacles and the trait, referred to as "agency" or motivation to get there.

Segerstrom, (2005) emphasises the positive affect of hope and optimism on health in the form of immunity, blood pressure and mortality. Marshall and Brown (2008) suggest that positive illusions translate into greater persistence with work related tasks, where the tasks are not overly difficult.

Considering the above, research suggests that this beneficial state and positive self-view is often held on to by a process of self-deception (Chang, 2010). Chang suggests that the reality is that our skills and attributes that we hold as highly positive are often more normative and not exceptional. Within the research Chang suggests that our futures are actually fairly negative when you consider the deaths, loss of health, declining earning ability, loss of friendships and ultimately death – self-deception is an essential coping strategy as a defence mechanism and positive illusion. An example would be denial of our own mortality and even faith in something thereafter without proof, this may be a key reason for the existence of hope.

Optimism and hope

There are currently two predominant schools of thought regarding optimism. Optimism has been described by Carver and Scheier (2007) as a broad personality trait where a generally optimistic side is dominant, whereas Peterson and Barrett (1987) suggest that it is an explanatory style. The former is the mind-set where it is expected that more good than bad will occur, whereas the latter suggests that even where negative events occur, the optimistic person will hold on to their optimism and find optimistic coping strategies. It is also suggested that a positive person under the optimistic explanatory style will tend to attribute failure to being the fault of circumstance, whereas the pessimist will attribute failure to their own flaws and take a negative self-view.

Further discussions of hope and hope-related conceptions can be found in: Wilde (2001) exploring how the perceived value of the future impacts the level of risk that an individual is willing to take; Kahnemann and Tversky (1979) in their discussion of loss aversion and cumulative prospect theory; Lopes' (1999) discussion of security potential and aspiration theory; Averill, Catlin, and Chon's (1990) detailed exploration of the 'rules' of hope (Averill, Catlin, & Chon, 1990); Snyder's (2003) seminal work on the psychology of hope; and LeDoux's (2003) study of the emotion of fear and how this relates to amygdala region in the brain.

Hopeful fear and fearful hope: Is there a link?

The thesis of this paper is that hope and fear represent aspects of the same underlying phenomenon. This proposal rests upon the idea that (a) they are both motivators, one towards something and one away from something; (b) they are both felt when an event has either positive or negative outcomes that are impactful and/or meaningful to the individual; (c) they both cause anticipatory physiological responses which are similar, i.e sweaty palms, excitement, and trepidation; (d) they are both felt where meaningful consequences require action from the individual, yet where total control of the outcome is not possible and therefore there is an element of speculation.

The polar model of hope and fear

The polar model of hope and fear is proposed to illustrate the links between hope and fear and their polar opposite states (see Fig. 1). I argue that Hope Positive (Hope +) and Hope Negative (Hope -) are essentially hoping that something WILL, or hoping that something WON'T happen respectively. Fear Positive (Fear +) and Fear Negative (Fear -) are fearing that something WILL, or fearing that something WON'T happen respectively.
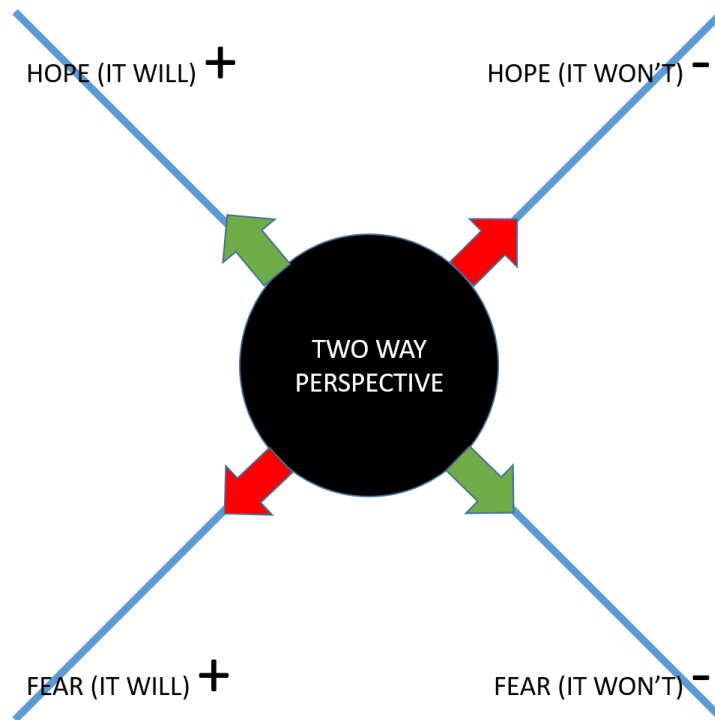
HOPE (IT WILL) **+**   HOPE (IT WON'T) **–**

TWO WAY PERSPECTIVE

FEAR (IT WILL) **+**   FEAR (IT WON'T) **–**

Fig. 1: The polar model of hope and fear

Clearly, where one hopes that something WILL happen and therefore experiences Hope+ one will be simultaneously fearing that it WON'T happen and therefore experiencing Fear –, or vice-versa. When you look at the opposite axis, where one fears that something will happen, they will also hope that it won't and vice-versa. The polar model is simple, and yet the message is quite profound inasmuch as it displays magnetic polar attraction in the two emotions of hope and fear, and the fact that the positive and negatives attract, whereas two positives and two negatives actually repel and wouldn't tend to naturally attract each other. An example of this is that if you hoped for an outcome, and were sure that you wanted it, you would not also fear that outcome, and if you did – it may suggest a lack of clear resolution on the goal, or within the individual. The model also demonstrates that hope and fear are not only linked, but that they are essentially the same emotion separated by perspective. An example would be hoping that something is going to happen becoming fearing that it won't simply by changing the perspective along the emotional axis.

To further understand hope and fear, we first have to define them and understand their origins and purpose. Hope and fear are both felt in anticipation of either something good, or bad

happening. They are both motivators, although one creates a goal or outcome that we want to move away from (fear) and one is a goal that we move towards (hope) (Snyder, 2003).

If we consider the physiological effects of fear and hope, they can both cause excitement, sweaty palms, rapid heart rate as we approach the outcome, and yet hope seems to have the unique effect of opening the mind, whereas fear seems to close it and focus it. That feeling of being in the zone, excited but performing at an off the chart level, the sharpened constantly thinking fast mind of the athlete on a winning streak and "in-the-zone" could be attributed to a hopeful and optimistic mind-set, that is also tinged with the right amount of fear, a hopeful fear if you like. Too much pure fear on the other hand can make us feel crushed, send us into a downward spiral, a losing streak, it can make our mind clam up and get stuck, freeze, we can't think anymore, we would hope for the situation to end, we may hope for a positive outcome, but this would be a fearful hope.

The concept of having just the right amount of excitement, difficulty and engagement to create a state of flow, is a concept explored in depth by Csikszentmahalyi (1990) and the concept of the flow channel. Within the concept of flow and this channel, it was explained that when an individual undertook a task, whereby the levels of difficulty and therefore the need to focus on the task in hand, were high enough, when compared to the ability of the individual and yet not too high as to cause discomfort, or too low to cause boredom, a state of flow ensued. When the levels fall within the "flow channel", the experience of a state of flow was felt and seemed to be absorbing, empowering, would open the mind and so on. There seems to be a link and a parallel here to Snyder's hope model, whereby the individual has agency and pathway thoughts, i.e. a will and a way to attain the goal, and that if the will and the way carried enough mass when compared to the mass of the goal, a hopeful state would arise. Perhaps there is a "channel" or optimal level of will and way which is similar to that found within the flow model. Perhaps a hopeful perspective gives us a sense of control, of owning the direction of travel, a boat with a voyage in mind and sails catching the winds of hope - whereas with a fearful perspective, we are a boat with no power and the under control of the waves of fear. Perhaps the channel whereby there is an optimal level, and mix of hope and fear has bearing on this perspective. That level of "hopeful fear" that a high level sportsperson feels as they approach their goal of winning the match... What happens when the "hopeful fear" becomes "fearful hope" and drops the other way? Perhaps this is where the nerves get to the athlete, they are no longer empowered, fuelled and driven by the feeling, they are encumbered, drained and crushed by it… Within the purest sense, hope can be "hopeful" and fear can be "fearful" but it is rare, if at all that they appear in their purest form. As soon as one becomes hopeful and where a goal has true importance to us, the closer we get to realising that goal, the more the hope has the potential to be affected by fear and to become fearful. On the flipside, where we experience fear in the purest sense, we will often turn to hope for solace, lest we are overwhelmed by the fear.

The origins of fear

I argue there are five fears that we all share and that are the origins of all other types of fear:

1) Extinction – The fear of death, of ceasing to exist
2) Mutilation – The fear of damage to our physical body
3) Loss of Autonomy – The fear of the loss of control either explicitly or of the circumstances, such as being imprisoned, enveloped, immobilised etc.
4) Separation – abandonment, loneliness, rejection, Isolation

5) Ego-death – the fear of shame, embarrassment, loss of integrity relating to our sense of self.

The above fears could all be considered as primary fears that seem to be inherent within all of us very naturally and without a huge amount of cognitive thought. Many other fears are labelled in complicated ways, and yet they stem from simple origins. An example would be a common phobia in the form of fear of heights. This is essentially the fear of extinction with the cause being a fall from height. Jealousy is another example of a very common fear which originates from the fear of ego death and our own sense of worth being devalued when compared to that of another. When you explore the concept of fear further, you realise that fear exerts a massive influence over many parts of our lives, and contrary to its original use within a survival context, it can actually stop us from moving forward to avoid the feeling of fear from being created. We essentially start to fear the fear! Manifestations such as not asking for a raise at work, avoiding social situations where we may actually move forwards, through fear of fear all originate from fear of ego death.

The origins of hope

Perhaps the earliest origins of hope sit within the concept of faith and religion. It appears that the concept of having faith in there being more than just this physical life is universal across cultural divides and perhaps something that is within human beings at a genetic and evolutionary level. One of the common denominators is that hope and faith seem to emerge where there is a sense of a lack of control and influence in an outcome whereby the outcome has significant meaning or impact to us. In hoping, we are surrendering our trust that the outcome will be a good one, where we have lost, or have little perceived ability to influence the outcome. Hope therefore cannot exist where we have reason to believe that we have a definite and guaranteed way forwards, and control over the outcome. At the extreme end of this thought process, the concept of hope being born where there is little or no logical "way" – would seem to be contradictory to hope theory, where it is suggest that hope consists of agency and pathway thinking, or a "will and a way" (Snyder, 2003). Where we start to suspect that the outcome will be a bad one for us, we start to fear this outcome and focus on the probability of this outcome happening. From this fearful mind-set, it is possible to shift the perspective from fearing that the outcome will happen and actually start hoping that it won't. This shift of perspective may be argued as purely semantics and therefore relabelling fear. On the other hand there is a counter argument that suggests that the shift of perspective goes beyond relabelling and this shift in perception actually creates a different state within the mind, and a state that is more useful in terms of finding a way forwards – despite the odds. If the latter argument is true then one would expect very different feelings to be experienced from one perspective to the other, together with a differing level of ability, or different agency and pathway thoughts.

Faith and hope

Anecdotal evidence suggests that it is common for people who are faced with certain doom, to turn to prayer during this time, despite having never previously declared nor practiced a religion. In praying, we are hoping, despite all logical evidence, that there will be a miracle. We pray in these circumstances in order to seek a degree of comfort, and it certainly appears that comfort is derived from this, at times, illogical hope. Is the concept of hope therefore delusional and therefore a positive illusion, and if so, is it dangerous? This is an idea that was suggested and explored by Chang, (2010). I would suggest that it is actually evolutionary and

that as previously mentioned, fear on its own can be counterproductive, whereas a hopeful fear can channel the mind and create an environment where the individual can maximise their inner potential and focus their way through a potential problem or potential danger. Is hope therefore a moderator to fear? This is an interesting argument where the idea of fear becoming too much to invoke meaningful action and hope therefore emerging and moderating the fear just enough to overcome inertia.

Linking hope and fear through purpose

Perhaps in considering that hope and fear are linked, we may look at *hope positive* as the focus on a positive goal or event actually happening, which could be viewed as hope in its pure form. *Hope negative,* on the other hand, is hoping that something doesn't happen. *Fear positive* would be the fearful focus on the possibility of an unwanted event occurring, which could be considered as a common perspective of fear, and perhaps a fairly pure form. *Fear negative*, however would be the focus on the possibility that a wanted event may not happen, when we hope that it will, and this type of fear will be seen at the opposite axis of hopefulness.

Perhaps one purpose of hope is to overcome the crippling inertia and "freeze" effect so often invoked when the weight of fear is simply too much to move us. In this context, hope can be considered as an agent to lessen the weight of fear. Hope can also be reinvigorated by fear as the hope levels start to waiver. When we hope that something will happen, the fear that it may not can drive us harder and with renewed vigour to be able to stay motivated.

Primal hope vs primal fear

When we considered the five fears that we all share, perhaps there are also five hopes that we share which are the polar opposites of the fear, sharing the same basic roots and origins:

1) Living – The hope of life and existing
2) Health – The hope of health and vitality
3) Autonomy – The hope of freedom
4) Connectedness – being connected to others
5) Ego – the goal of being proud and having self esteem

Table 1 illustrates that for each one of the fears that we all share, and the fears from which all others stem, we can see that there is a hopeful counterpart. Each counterpart is the direct opposite of the other and it is difficult to think of a hope or fear that does not stem from this root. Perhaps if another hope was discovered, it would also give rise to a counterpart fear and vice-versa.

Table 1: Primal hope vs. primal fear

HOPE	FEAR
EXISTENCE	EXTINCTION
HEALTH	MUTILATION
AUTONOMY	LOSS OF AUTONOMY
CONNECTEDNESS	SEPARATION
EGO	EGO DEATH

The primal hopes exist because of the primal fears and they are actually the primal fears through a positive perspective. They are one and the same, just a different perspective and

aspect of the fear, just as the fear is an aspect and different perspective of the hope. If we fear the loss of autonomy, we therefore demonstrate that we do not want to lose the autonomy, ergo – we WANT autonomy and therefore we hope for this. Are hope and fear simply want and want not's? If we fear separation then we therefore want to be joined and connected and this is therefore a "hope".

Which is the better motivator?

Perhaps one of the biggest differences between hope and fear is the fact that fear tends to motivate us to act far more rapidly. An example would be whereby we hope for health, but this hope doesn't tend to motivate us to go and see a dentist or doctor preventatively. As soon as we are faced with illness, we will rapidly go to the doctors and take action. We therefore react to our fears rather than our hopes. It is an interesting question: "How much better would our lives be if we reacted to our hopes rather than our fears"? Perhaps some people actually do and perhaps this is what separates those hopeful inspirational achievers from the fearful reactive masses. "We hope vaguely but we fear precisely", and this means that just as fear focusses and narrows, hope opens and broadens the mind. We need to experience fear an element of fear to experience hope, and yet if we give in to this fear, and live in a state of fear – it can crush us. We should therefore aim to live in a state of hope and hopefulness.

Why does fear seem to dominate hope?

Science has gathered evidence of primary and secondary emotions and positive and negative emotions. The science suggests the separation and evidence due to the different neuro-psychological origins and, so far, fear is considered to be a primary emotion which does not require cognitive intervention and processing, and hope a secondary one requiring cognitive processes. This argument can be challenged by considering that whilst there are primary fears, there are also fears that are born of cognitive processes which can be demonstrated in the creation of phobias and the potential for the cure of these phobias by psychological interventions. There is a solid argument therefore for both primary and secondary fears. If this is true, then hypothetically, there is also an argument for primary and secondary forms of hope.

It is suggested that fear as a primary emotion will override hope as a secondary emotion in times of extreme perceived threat, and that this emotion is activated spontaneously and based on past and present affective experiences (LeDoux, 2003). The emotion of hope, however, requires complex secondary cognitive processes based on deliberate thinking and positive affective components (Snyder, 1991). Snyder suggests that hope has a rationality to it, and that it is felt when a positive goal is expected. The limitations with this approach, and indeed the counter argument is suggested where hope is felt in the yearning of relief from negative conditions (Lazarus, 1999). Perhaps Snyder's theory on hope and the affective components of goal directed agency and pathway thinking suggest a complex cognitive process which contains both positive and negative components. The negative components may involve the individual's perceptions of the potential struggle, size of the issue and the weight of their own abilities in contrast and this "weighing up" may result in a positive or negative estimation of ability to reach the goal. In the positive form, hope can spring and in the negative form, fear can emerge. This is where the argument becomes dichotomous, however as in the most extreme negative form, whereby the weight of the individuals own will and "agency thoughts" and way forwards "pathway thoughts" is dwarfed by and no match for the weight

of the issues, one would expect fear of certain defeat to be the victor, and yet, hope can emerge victorious and completely irrationally.

Irrational hope vs. Irrational fear?

This is where hope and fear seem to share yet another aspect. Just as there is rational and irrational fear, there can be rational and irrational hope. Rational hope can be linked to hope theory, and the agency and pathway thinking suggested by Snyder (1991). Irrational hope, however seems to be the missing part of this puzzle and where there has to be faith. Faith is born of uncertainty and faith cannot exist where there is "proof", just as the light of irrational hope may be brightest in the darkness.

Table 2 shows the suggested links between hope and fear and the similar primary and secondary, rational and irrational components that they share.

Table 1: Links between hope and fear

HOPE		FEAR	
Irrational hope	Knowing that failure is certain and yet hoping, having faith and feeling positive anyway	**Irrational Fear**	Fear of a picture of a spider, even when you know that it is a picture and cannot harm you
Secondary or Rational Hope	Weighing up your will and way against a problem and feeling confident that you will prevail	**Secondary or Rational Fear**	Perceiving danger based on your understanding of past experience and logic. An example would be a house fire and being faced with getting out as quickly as possible.
Primary Hope	The instinctive hope that this life is not the end and that there is something more. The yearning for meaning in our existence. The five hopes we all share. The tendency to want to self-actualize.	**Primary Fear**	The five primal fears we all share. The instinct to move away from danger.

Conclusion

It is suggested that there is a link between hoping that something will happen and fearing that it won't and fearing that something will happen, and hoping that it won't. The links that are described by the emerging theory of the polar model of hope and fear, suggest that there is not a clear divide between hopefulness and fearfulness, but rather that they are interchangeable, depending on the perspective that is taken, and that the closer that one gets to the extreme axis of one, the more likely that it is that one will look back at the opposite end of the axis and experience the "polar opposite" emotion. This link between hope and fear, goes beyond a model of how they seem to operate, and the question of their purpose as being motivators to either move toward or away from goals, together with the fact that they seem to work very well together – with fear pushing us and hope pulling us away from danger, or towards success. Fear has long been considered a basic primal emotion, and one that has primary and secondary characteristics, with the primary emotion of fear requiring no cognitive input, and the secondary one being the result of cognition. The primal / primary and instinctive components of certain fear has been considered as one of the main separators of the emotion of hope and fear by researchers, and yet there is evidence that hope also has primal origins and primary and secondary characteristics. There is an argument to suggest that hope and faith are actually instinctive and genetic in nature. Further research is needed to understand the full breadth, and depth of the emotion of hope, and its positive and negative aspects.

It is intended that I will explore the dimensions of hope in greater breadth and depth in my dissertation project. Semi structured interviews will be conducted that aim to explore the positive and negative aspects of hope in the context of towards and away from goals that have intrinsic meaning to individuals, and that have been experienced in the past. The interviews will explore hope levels that were felt in anticipation of the goals at various stages, together with perception of the prospect of succeeding and failing and the resulting emotions.

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The therapeutic nature of anomalous events: A union of positive psychology and parapsychology?

Callum E. Cooper

Abstract

Aside from exploring the ontology of anomalous abilities and experiences through the study of parapsychology, the recent re-emergence of clinical parapsychology has allowed researchers to explore the impact of anomalous events on those who encounter them, through spontaneous cases investigation methods, or via the counselling and therapy setting. From this new avenue of research outlook, and reflecting on laboratory experiments of psychic phenomena, links can clearly be made to positive psychology with how people face and perceive anomalous events. Various positive gains have been identified as being fostered as a result of anomalous experiences, which help with personal growth, resilience and coping, especially in the case of bereavement and related phenomena encountered in such stages of life. This paper will briefly consider the findings of such studies and the potential relationship between parapsychology and positive psychology.

Introduction

Parapsychology has typically been defined as an area of research which explores experiences and/or abilities which supposedly cannot be explained via current scientific paradigms. Parapsychological experiences, when spontaneously occurring in day to day settings, are more commonly referred to as anomalous experiences, which Smith (2010) describes as "anomalous in the sense that it may appear as unusual to the person having the experience or in the sense that processes involved in the experience appear to be non-ordinary'" (p.1). It has been found that *some* spontaneous anomalous events can be scary for individuals to encounter (Sannwald, 1963) such as seeing an apparition in a purportedly haunted location, a precognitive vision of a disaster, or even a near-death experience which does not depict a pleasant state of survival for human consciousness beyond death (Irwin & Watt, 2007, pp. 164-165). However, there are many instances in which people have derived positive gains from anomalous experiences, and it is those which we shall briefly consider throughout this paper with a view to exploring links with positive psychology.

During the work of the Rhines from the 1930s onwards at Duke University (Horn, 2009; Rhine, 1934), it was evident in early instances of laboratory testing for psychic processes that the tasks people were given could be faced with varying levels of competeveness and motivation from participants. Equally, positive emotional and motivational support could be seen coming from the experimenters, which quickly led to debates on the 'experimenter effect', a topic still of leading discussion in social sciences (Broughton, 2015).

Turning to another side of parapsychology, with the re-immergence of clinical parapsychology (e.g. Kramer, Bauer & Hövelmann, 2012) within the last decade – an area involving counselling and therapy for people who claim to have encountered anomalous events – the links between anomalous experiences and positive psychology are becoming increasingly stronger and widely recognised within mainstream research (Steffen, Wilde &

Cooper, in press). This is happening twofold, (1) through the professional therapy setting, showing applied positive psychological techniques and outcomes for those who encounter anomalous phenomena, and (2) naturally occurring positive emotions and resilience developed following spontaneous events – typically involving anomalous events during bereavement (Cooper, Roe & Mitchell, 2015a).

To explore these links between parapsychology and positive psychology further, let us briefly consider these three settings, in which overlaps between the two fields have come evident. Emphasis shall be given to the final section on spontaneous experiences, which has been the author's main research focus.

Laboratory experiments

Laboratory experiments within parapsychology typically explore anomalous abilities and cognitive functions within the general population. Many early studies would involve simple experiments to test for extra-sensory perception (ESP) or psychokinesis (PK). This would involve ESP experiments with participants trying to perceive symbols on the back of what are known as Zener cards (being the five symbols of circle, cross, wavy lines, square and a star), and PK experiments of dice rolling, for example, in an attempt to will the dice and what number they land on (Randall, n.d.). In many of these early experiments, and indeed more advanced modern studies (Irwin & Watt, 2007, pp. 48-82), participants are made aware of the tasks they are given and typically wish to do well.

Taking these experimental designs into account, Krippner (1980) provides a detailed discussion of the links between humanistic psychology and parapsychology, arguing that humanistic psychologists will always encounter overlaps into the field of parapsychology when adopting a holistic approach and considering issues of motivation, goal-setting, integration, and creativity, especially within parapsychology's approaches to laboratory experiments, education, and psychotherapy. In many respects, we can clearly see some of these positive psychological components at work when considering the experimenter effect within laboratory experiments of psychic phenomena.

Parapsychology considered the experimenter and participant interactions to be of great importance in their influence on the study outcomes, long before other areas of social science took note, and some have considered psychology to finally be catching up with parapsychology (Broughton, 2015). Even so, the rapport that is displayed between experimenter and participant appears to be highly influential on the participant and the data they produce. Certainly within parapsychological experiments, Krippner (1980) notes that goal-setting and personal motivation to 'want to do well' has demonstrated positive outcomes (e.g. Rhine, 1964).

Double-blind procedures are often in place in parapsychological experiments, so that neither participant nor experimenter are aware of the targets until after the experiments are completed – sometimes adopting a precognitive design with the experimental target selected via a random number generator. Yet, it has still been found that by simply developing good rapport with participants and sending them through engaging experiments in which they feel safe and relaxed with the experimenters when in strange settings of the laboratory, it can have a significant impact on the data produced suggestive of psychic processes (e.g. Roe & Hickinbotham, 2015; Wiseman & Schlitz, 1997).

There is wide scope for the investigation of positive psychology within the setting of parapsychology's laboratory studies, looking at experimenter and participant interaction and study outcomes suggestive of anomalous cognitive functioning. Understanding the experimenter effect is the first step in taking such studies forward, and merging the two fields.

Sought experiences

When referring to sought experiences, we typically mean experiences in which people want to obtain something they perceive to be paranormal (though we are not concerned with the ontology of such experience in this particular discussion), and therefore seek out the experience. This could involve experiences perceived to be communication from the dead, such as anomalous voice recordings known as electronic voice phenomena, aka EVP (Cooper & Parsons, 2015; Winsper, 2015) or communication with the dead through a living person known as a psychic medium (Beischel, 2015; Gauld, 1982).

Certainly it is a popular concept for people to visit a medium, especially after suffering a recent loss of someone close. In many ways we could look on this as an alternative form of bereavement counselling, and as such, what impact do such encounters have on those who attend a sitting?

Research by Evenden, Cooper and Mitchell (2013) investigated the role of mediums as a form of bereavement counselling, and the impact they had on those who sought out their purported ability to communicate with the dead. Semi-structured interviews were carried out on those who sought out mediumship following bereavement, with the data sent through a thematic analysis. Positive character strengths such as wisdom and gratitude were found to produce a high sense of agency, resulting in adaptive coping following bereavement and sitting with a medium. Various positive emotions were also identified from the sittings, including a sense of hope from the continued spiritual bonds developed between the bereaved and the deceased, which has also been noted and discussed in a related study by Bains (2014). As an additional finding, it was noted by Evenden *et al.* (2013) that the sooner the bereaved visited a medium following loss, the more positive gains were highlighted by the bereaved in recalling what impact the sitting had on them.

Beischel, Mosher and Boccuzzi (2014-15) also investigated the impact of sittings with mediums for the bereaved, along with other forms of induced experiences of perceived communication with the dead. By reviewing this material, they found that such experiences appear to repeatedly demonstrate diminished or even entirely alleviate grief, than compared to traditional methods of bereavement counselling. By conducting a pilot study on the impact of individual sittings with a medium of good reputation, relief was clearly noted as an instantaneous response from the bereaved. As part of their suggestions for future research, Beischel *et al.* (2014-15) noted that they intend to work on forming links between mediums and health care professionals, and create discussion and understanding on acute grief experiences of the bereaved and who may benefit most from sittings with mediums as an alternative form of therapy.

These issues of clinical parapsychology and more, were recently relayed at a symposium regarding parapsychology, mental health and clinical practice (Roxburgh 2014). Findings of on-going research on counselling for anomalous experiences were discussed, concerning a study of the range and incidence of anomalous experiences amongst clients seeking support

from a secular counselling service in the UK over a one-year period. A mixed-method design was adopted for this study in order to better understand how anomalous experiences are perceived, interpreted and managed in the therapeutic setting. Course leaders of counselling and clinical psychology programmes have also been contacted to investigate whether students receive any training in addressing anomalous experiences of clients. This how now led to increasing awareness and debate of anomalous experiences relayed in the counselling setting (Roxburgh & Evenden, 2016). Additionally, following counselling and developing an understanding about the anomalous events encountered, through discussion with therapists knowledgeable in parapsychological research findings, clients report clear positive gains from this procedure than from therapy sessions in which mentions of their experiences have supressed by the therapist, or simply not understood. This has created further overlaps in research for parapsychology, health care, and positive psychology.

Spontaneous experiences

Spontaneous experiences typically involve anomalous events which people are generally not expecting to happen; this could involve a precognitive vision, a telepathic event, through to the witnessing of apparitions. In this section, we shall give specific focus on the latter, particularly in relation to bereavement and the therapeutic impact of such events.

Gurney (with Myers, 1889) published an extensive study on "apparitions occurring soon after death" in the *Proceeding of the Society for Psychical Research*. Both Gurney and Myers were aware that the experience of encountering sensory stimuli associated with that of deceased friends and relatives was common, while also being aware of the common ill-informed explanations for such experiences such as "the person was drunk or delusional at the time" or "emotionally excited, and perhaps misinterpreted sights or sounds of an objective kind". They rightly noted that:

> "A very little careful study of the subject will, however, show that all these hypotheses must be rejected; that the witness may be in good health, and in no exceptional state of nervousness or excitement, and that what he sees or hears may still be of purely subjective origin – the projection of his own brain." (pp.403-404)

It was believed that there is argument for the hallucination to not be purely subjective if, for example 1) if additional people present also saw the apparition, and 2) the apparition conveyed information only known by the deceased and not by the percipient, but later confirmed to be correct. Their study set out to investigate how common apparitional experiences of the dead were and at what point after the death they are generally reported. The study took the form of a content analysis investigating the common themes of such experiences gathered from 211 personal accounts taken from cases analysed and discussed in *Phantasms of the Living* (Gurney, Myers, & Podmore, 1886).
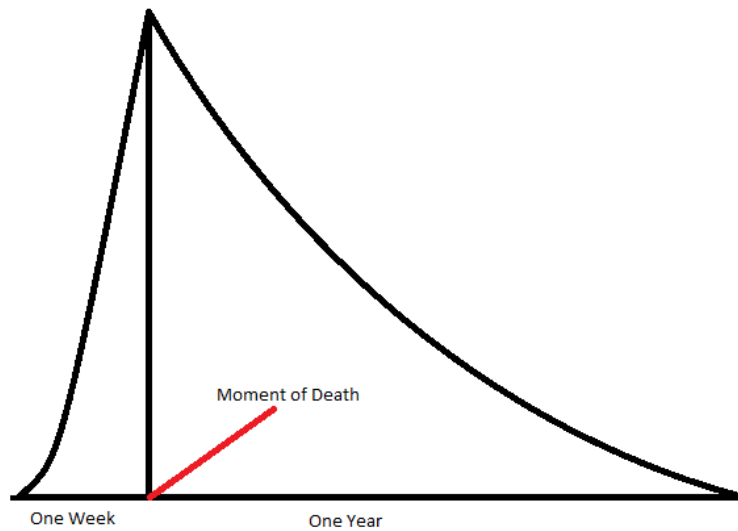
Figure 1: (Gurney with Myers, 1889, p.427) Frequency of Apparitions Experienced Before and Following Death.

Of these cases, 134 spontaneous experiences were reported to have occurred within the hour of death, and 29 between 1 and 12 hours after death. (Post-mortem apparitions beyond this time were excluded from *Phantasms of the Living*.) The researchers commented:

> ''the recognised apparitions decrease rapidly in the few days after death, then more slowly; and after about a year's time they become so sporadic that we can no longer include them in a steadily descending line'' (p.427)

From this very early study by Gurney and Myers (1889), very little if any attention was given to anomalous experiences during bereavement. Many books on bereavement throughout this time simply passed such experiences off as a pure side effects of grief, and in the *Complete Psychological Works of Sigmund Freud* (25 volumes) such experiences were simply dismissed in three lines a 'psychotic hallucinations' (see Rees, 2000, p.83).

It wasn't until the publication of a longitudinal study conducted as part of a medical doctorate by Rees (1971) that such experiences began to be taken seriously in the 'main steam'. The study was entitled 'The hallucinations of widowhood' and appeared in the *British Medical Journal*. The term 'hallucination' was used very loosely, referring to anomalous sensory experiences ranging from a sense of presence, through to: smells, touch, voices, and full visual apparitions of the dead. The participant sample was collected in an area of mid-Wales (N = 293), including widows (*n* = 227) and widowers (*n* = 66), all of whom were interviewed to determine the extent of their experiences during widowhood/bereavement. Upon analysing the data, it was found that the sense of presence of the dead was amongst the most common of experiences occurring in around 39.2 per cent of cases, while around 13 to 14 per cent of cases reported visual and auditory hallucinations. In 11 per cent of cases, the bereaved claimed to have not only experienced the presence of the dead, but also conversed with them and interacted.

The Rees (1971) study led to further doctoral research being conducted surrounding the same topic, focusing on the commonality of such experiences, their purpose, and their impact on individuals. For example, Burton (1980) explored the commonality of spontaneous post-

death events by sending out questionnaires on such experiences to psychology students at three different colleges in the USA. Such experiences were reported by 50% of the participants, with 84.5 % of participants between the ages of 31 and 60 reporting contact with the dead following loss. Among other quantitative findings, Burton (1980) identified that many people found these experiences to be extremely meaningful, with 60% stating that such experiences had changed their views on life and death. Other extensive pieces of research have found anomalous post-death experiences to be a perfectly natural part of the grieving processes and *therapeutic* (Conant, 1992; Devers, 1994; Hayes, 2011; Knight, 2011; Parker, 2004; Steffen, 2011).

Drewry (2002) interviewed seven research participants who collectively claimed to have had 40 spontaneous post-death events. Eight themes to the experiences were produced using phenomenological reduction methods. Some of these themes included: authenticity of the experience being established due to it not being expected (spontaneous); the deceased presented clear cues making them recognisable to the bereaved adding to the authenticity of the experience; participants considered themselves to be deluded before realising the experience to be objective and valid. A number of positive emotional gains were reported as a result of having such experiences, which included: relief, comfort, encouragement, forgiveness, love, joy, and most notably, hope. On reviewing the conclusions of several studies regarding anomalous experiences during the bereavement process, hope has presented itself as an important humanistic mechanism and bi-product of such events (Bains, 2014; Devers, 1994; Drewry, 2002; Evenden, Cooper & Mitchell, 2013; Knight, 2011).

Snyder (1994, 2000) presented a cognitive theory for hope as a positive thinking style which involves three key elements – goals, agency and pathway. Our goals are our hopes, from which we must then form cognitive agency (aka, will power) which is essentially planting that flag of hope in our mind and setting the goal of what we need to move toward, while our thought pathway (aka, way power) allows us to develop plans of action, in terms of how we must act in order to move toward this goal and achieve it. Hope appears to be fostered as a result of anomalous experiences, as for the bereaved it suggests not a finality at the point of death, but a transition and continuation from which continued spiritual bonds with the deceased are established (Beischel, Mosher & Boccuzzi, 2014-15; Cooper, 2013; Evenden, Cooper & Mitchell, 2013; Klass, Silverman & Nickman 1996). One way of looking at the impact of anomalous experiences for the bereaved, which suggest communication with the dead, is that they present personal evidence of personality being immortal (Badham 1993). If our conscious minds enter a transition at the point of death, then there is *hope* for being reunited with deceased love ones (Rose 1999), and therefore, the experiences support this notion for those who encounter them – especially when conventional explanations cannot account for the experiences or communication received. Within parapsychology, such phenomena are investigated under the umbrella of the 'survival hypothesis' where cases may demonstrate specific information only known to the deceased being delivered to the bereaved, therefore suggesting the possibility of survival for personality beyond death (e.g. Doore, 1990; Myers 1903, Storm & Thalbourne, 2006).

Through an investigation of what role hope plays in the aftermath of spontaneous post-death events, Cooper, Roe, and Mitchell (2015b), adopted a mixed methods approach. Firstly, a sample of one hundred individuals were recruited who were comfortable with recalling a significant bereavement in their lives, and were split into two groups: fifty who had had spontaneous post-death events, and fifty who had never experienced such phenomena. All participants were asked to take part in a questionnaire which included a number of items

measuring paranormal belief, religious belief, afterlife belief, death anxiety and hope. With hope, the Nowotny (1989) Hope Scale (NHS) was used to measure personal levels of hope before the loss of someone close through death and then after, or after the spontaneous anomalous events encountered. Although there was no significant difference between the two groups in their levels of hope, it was noted that the group who had had such experiences were overall higher in hope than those who had not had spontaneous post-death experiences. However, with both groups there were drops in levels of hope following loss. For the group who had experiences, the drop was only marginal ($p = .125$), while the group who did not report such experiences presented a statistically significant drop in hope ($p = .008$). It was concluded that for those who had anomalous experiences during bereavement, hope was indeed fostered as a result and facilitated the gap of loss, and led to an immediate coping mechanism. For the other group, a void – demonstrated by the significant drop in hope levels – was still present from the loss encountered which needed to be filled by new goals in life to re-establish hope and move on from grief (see Nekolaichuk and Jevne, 2002; Snyder, 1996).

Cooper, Roe and Mitchell (2015b) continue their research through a content analysis and thematic analysis of written accounts of the experiences ($n = 50$), and through in-depth semi-structured interviews with participants ($n = 9$), to understand the process and variety of experiences of loss leading to anomalous encounters, and individuals' understanding and interpretation of *hope* and how they believe it played a role in their life following anomalous events.

Conclusion

From briefly considering the social interactions of laboratory experiments in parapsychology, through to anomalous experiences people may seek, or spontaneously encounter, links can clearly be identified between parapsychology and positive psychology – as has been previously proposed, but seldom considered (Krippner, 1980). It is also evident that much of the research suggesting such interactions of the two fields is limited, due to only having been recently identified, where research focuses on positive psychological attributes and on therapeutic values of anomalous experiences. This is perhaps thanks to the re-emergence of clinical parapsychology, which offers an alternative route to parapsychological research with broader applications. Research and practical applications of the findings is steadily increasing as researchers spread awareness for anomalous experiences and their place in the therapy setting (Roxburgh & Evenden, 2016). Given the positive impact such experiences appear to have on people, especially for the bereaved (Cooper, Roe & Mitchell, 2015b) – regardless of the ontology of such experiences – anomalous events should be taken seriously and given wider research consideration. In doing so, this could only be seen as strengthening the links between parapsychology and positive psychology.

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The students' voice in positive psychology: Some initial observations

Dr Piers Worth and Dr Matthew D. Smith

Abstract

This paper offers a brief interim report of a project reviewing student views and perspectives of positive psychology interventions contained in course assignments. Initial observation has identified three themes emerging from the analysis: 'time and meaning', 'happiness and…', 'strengths in context'. These argue that while positive psychological interventions are appropriately evaluated by way of randomised controlled experimental studies, the practice of these activities involves a recognition of personal motivation, meaning and particularly social context.

Introduction

Bucks New University has offered an MSc Applied Positive Psychology (MAPP) programme since September 2012. At the time of writing, the programme has had four cohorts of students. The MAPP recruited 15 students the first time it ran beginning in September 2012, 19 students for its second cohort in September 2013; 22 students for its third cohort in September 2014; and 40 students for its fourth cohort in September 2015 when we offered the full MAPP programme via 'distance learning' also. The programme has attracted students from Austria, Bahrain, Canada, Denmark, Germany, Ireland, Italy, Netherlands, Qatar, and Switzerland as well as various parts of the UK. Students either commute one weekend per month to High Wycombe and Missenden Abbey to attend teaching sessions, or they can study the course via distance learning.

The course is run on certain principles. For example, we recognise that all students choose to undertake the programme for different reasons, and they each have their own goals. We ask students to articulate these goals as part of the process of applying for the course. We are a relatively small course and believe we can adjust our emphasis in the teaching to the types of goals students bring. This can be demanding, yet we see this as an important feature of the MAPP at Bucks New University and it is something we endeavour to keep at the heart of the programme as the numbers in each student cohort continues to steadily rise. Therefore we do not teach a 'single course', but adjust and adapt it to the students.

While this approach may be a practical reflection of how we work, there is a deeper perspective behind this that represents what is effectively a 'person-centred' approach to our educational work. This can be seen to draw upon the work of Carl Rogers on person-centred therapy and what he termed person-centred freedom (Lyon & Tausch, 2014). In this context, students have much greater freedom to choose their own assignment work in accordance with their own interests, passions, and goals. The tutors' role is largely to guide and support

students in this process and to work from a basis of empathy, caring, congruence, and genuineness. This underlying approach means we are sensitive to what Rogers referred to as the 'actualising tendency' – that each of us is on a journey of unfolding to what may be 'our best' if we are in conditions that support this growth. We seek to offer these conditions (such as congruence, empathy and unconditional positive regard) in the environment of the course.

Given the nature of the topic, and the emphasis on students applying the ideas they encounter in their own lives, we do acknowledge the parallels between the MAPP as an academic programme and how it might be seen to have therapeutic value for many students. We are mindful to highlight this distinction for students and remind them that, whilst some of the work they may choose to undertake in the context of assignments may have therapeutic benefit, the course is an academic programme at postgraduate level. While Masters' study is academic, and draws on our logical and rational functions, we also believe that positive psychology has to be an exploration, not just theoretically but also practically and experientially. We see mastery as a process that balances the 'heart' and the 'head', and so we encourage students to relate to subjects emotionally as well as rationally.

To support this possibility, the underlying assessment strategy of the programme is to allow students to choose the focus of their assignment work within a particular subject of study. They have considerable scope to pick an aspect of a subject that reflects their goals, and to take time to explore it theoretically and experientially; in other words 'to learn it from the inside out'. In this regard, we are very much drawing upon the sentiments behind the words of leading positive psychology researcher, Chris Peterson, when he noted that positive psychology is not a spectator sport (Peterson, 2006). The assignment briefs typically ask students to apply an aspect of positive psychology over a period of time (e.g., approximately 8 weeks due to the length of each semester), reflect on their experience of doing this, and to link their own experience to the relevant academic literature. Students then submit either a reflective journal kept over this time, or a report presented in the more traditional research report format (introduction, method, findings, and discussion). In some modules, students are also required to give either an oral presentation or a poster presentation as a way of sharing their assignment work with the rest of the student group.

It is in the aspect of the work where students are encouraged to critically reflect on their experience and use this in their critical evaluation of published theory and research where we regularly see students challenge and go beyond the theory. This is what has generated this project. We believe that in this type of teaching and work, 'teaching is a two way street'. We watch and learn from the exploration and insights of our students. In an attempt to formalise this two-way learning process further we sought to undertake a review of assignment work from a two-year period.

Method

We plan to undertake a review of all coursework assignments submitted as part of the MSc Applied Positive Psychology (MAPP) at Bucks New University over a two year period

(September 2014 – September 2016). The review focuses primarily upon work that has demonstrated the quality of challenging or pushing the 'edge' of a theory. In practice, this meant the focus is on work awarded marks in the 'Distinction' range (awarded a mark of 70% or above). We sought, and were granted, approval to do this via the Bucks New University Ethics Committee. This paper represents an interim report of material in two first year modules, namely 'Introduction to Positive Psychology: Happiness, Well-being and Flourishing' and 'Strengths-based Development and Engagement'.

Assignments were thematically analysed in accord with the principles advocated by Braun and Clarke (2006). These can be summarised as familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

Findings and Discussion

One of the early goals advocated as positive psychology set out to be established as a recognised discipline was to use established methods, used in mainstream psychological research, in order to systematically evaluate the impact of 'positive psychology interventions' (PPIs) upon participants' wellbeing. Thus, a substantial part of the evidence that has been accumulated that certain practices alter behaviour for the better have been through experimental studies or 'randomised control studies' (Duckworth, Steen, & Seligman, 2005). What we witness the students doing is picking these methods, and applying them to aspects of their lives of their choice. What have we seen happening in these experiences? An exploratory thematic analysis of assignment work is beginning to reveal some core themes emerging in students' reporting of these experiences: 'time and meaning', 'happiness and…', and 'strengths in context'.

'Time' and 'Meaning'

In reviewing students' work, and in observing them work over the course of the programme, it is sometimes startling to see the variation in a perspective or window of time that is chosen for exploration, and the meaning that is attached to it. For example, we witness students taking a 'whole life' perspective, and long-term goals related to vocation, meaning and purpose, or something that is short-term, immediate, localised, here and now, such as using a positive psychology perspective to change a work-based difficulty. In either perspective, the PPI appears to have the characteristic of a 'road towards' a student's goal, whether a short road, or a long one (Stofner 2015).

'Happiness and…'

In choosing a PPI to explore it would be easy to make an assumption that the experience might be 'positive'. However, one theme that is emerging is that the experience is rarely just 'positive'. We see the positive experiences or steps coinciding with challenges, such as anxiety (Harris, 2015). As such, we believe that the students are finding themselves

immersed in questions now being explored more deeply in what is being referred to as 'Second Wave Positive Psychology' (e.g., Itzvan, Lomas, Hefferon, & Worth, 2015; Wong, 2011) ahead of the discipline as a whole acknowledging its place more widely.

Strengths in context

The advocacy of recognising, accepting and using our strengths appears to be oriented to individuals and an individual perspective and journey (e.g., Linley, 2008; Peterson & Seligman, 2004). What emerges from our student work is the extent to which strengths and their use are 'systemic'. What follows are several examples.

While strengths-spotting may be considered a skill, reliant on the language and will to use it when actively under-taken, we are, in reality, looking for and at the best in others. As such strengths-spotting has a capacity to be profoundly relational, and when adopted may influence the nature and quality of our relationships with those around us (Collinson, 2014; Linley, 2008). A debate does take place about the extent to which 'strengths' may be visible in very young children. Our students' experience suggests they are identifiable, and that when this is mirrored to a child, they respond and growth of those strengths occurs (Skinner, 2015).

There appears to be a trend in literature that our strengths are innate and reflect the best core of who we are as individuals. However this view risks underestimating the extent that a sense of our 'strengths' or the best of what we offer is shaped by social learning and social context. There is a strong likelihood that our strengths profile is also a profile, to some extent, of learned behaviours. The presence of these learned behaviours is worthy of respect and how we allow for them theoretically needs adjustment. For example, if positive psychology does advocate that strengths are most likely to be innate, then how do we allow for learned behaviours and their use? One suggestion emerging from the review of students' work is that learned behaviours may be paired with innate strengths to be seen or managed at a more accurate 'best' (Herbert, 2015).

Finally, in story after story from students, we learn that strengths exist in context and relationships. There has been the argument that we cannot help being and showing who we are, yet strengths sensitively deployed and used might be adjusted metaphorically in the same way that a 'mixing deck' adjusts and adds nuances to the nature of sound (Douglas, 2015). Further, recognising the influence of cultures and social context, it may actually be the social use of our strengths that allows us to see their nature, and how they may shape and grow in our lives (Skinner, 2015).

Initial conclusions

We seek to draw some tentative conclusions based upon this initial, and exploratory, review of students' work. The analysis is beginning to reveal that when individuals, as part of assignment work, choose activities based around what are now commonly called 'positive

psychology interventions' (PPIs) there are broader contextual issues at play that are often overlooked in the literature. For example, we bring ourselves to the choice of these activities, through what might be called the 'best fit' for us (Lyubomirsky, 2008). As we do this we bring the 'why', our motive, to the 'what' and the 'how'. The 'why' is affected by our 'learning history' over time (Snyder 2002), a history that may be hard to overcome, or may take time to do so.

Positive psychology may often argue that we, at our best, will display innate qualities and characteristics (Peterson & Seligman, 2004). However, we live and grow in a social context and 'mirror', so we advocate that learned behaviours must also be an important aspect of who we are, and are worthy of perhaps more respect than has been shown.

Edwards (2015) and Worth (2010) both highlight an inner dynamic in this process of moving towards greater 'positive' in our lives: that we give ourselves 'permission' to change and engage in different experiences that affect the quality of who we are, and our life. In witnessing this dynamic in students we suggest that the randomised control studies that comprise the evidence-based for PPIs can often overlook or underestimate social context and culture in their performance and a deeper acknowledgement of this would enhance our understanding of their operation and potential.

Our impression in watching students work, is that many aspects of positive psychology, such as emotions, strengths, hope and mindset, are systemic and exist in a social rather than individual context. As such, when we have these positive experiences, we suggest that any one of them may have a 'broaden and build' effect, not solely positive emotions, the context in which the 'broaden and build theory' was originally developed (e.g., Fredrickson 1998).

Having the privilege of working with large numbers of students choosing, applying, writing and talking about their experiences of PPI, we believe that the PPI is an anchor or a starting point of the experience. It is the beginning, not the whole, nor the end. Students who consciously decide to test the limits, edges and content of theory have been finding 'new' dynamics which we infer are influenced and driven by the relationship with the social context. This paper is intended as an early illustration of what these explorations point us towards.

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