

Applied Positive Psychology

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Week 12

Lecture 33: Positive Psychology and the Practice of Counseling and Psychotherapy

I welcome you all to module 12 of this course. Module 12 focuses on positive psychology interventions in therapy and counseling. In this module, we will focus on how positive psychological principles can be applied to the contexts of counseling, therapy, and clinical psychology. So today's lecture is lecture number 30, titled "Positive Psychology and the Practice of Counseling and Psychotherapy." So we'll basically focus on some of the broader aspects of how positive psychological principles can be applied in the contexts of psychotherapy and counseling. So, this is lecture number 30 overall, and it is the first lecture of this module.

This is the last module of this course. The last lecture was part of an earlier module, that is, module number 11. That was about how positive psychology could be applied in the context of the workplace. In the last lecture, which is lecture 29, we specifically focused on the PERMA model as a building block of well-being. This model has also been extended by adding some more variables, and we discussed how many of these interventions and techniques can be used to promote the different components of PERMA, particularly to enhance employee well-being. We also discussed at the end how positive psychology is practiced in some of the existing companies. So these are the things that we discussed in the last lecture.

In today's lecture, the key things that will be discussed will include overall positive psychology and how it can be applied in counseling and psychotherapy. We'll focus on how positive psychology can influence client conceptualization and outcome expectations, particularly using the Four-Front Approach. We'll also see how the complete state model of mental health can help us or direct us in terms of using positive psychology, the concept of counseling and psychotherapy, and at the end, we will also talk about how positive psychological assessment can be done. So, let's start.

When we talk about positive psychology and how it can be applied in the context of counseling and psychotherapy, there are a lot of developments, especially in recent few decades, in terms of understanding and applying positive psychological principles in the

field of counseling and psychotherapy. Positive psychology offers a range of applications that can enhance therapeutic practices, processes, and outcomes.

We'll talk about some of these broad approaches. Some of the specific examples or applications of positive psychology in the clinical setup, therapy sessions, or counseling setup include, first, that positive psychology can provide many client activities and exercises. So, in addition to the practices and therapies available in clinical psychology, positive psychology can provide lots of evidence-based exercises, interventions, and activities that can be incorporated into the practice of counseling and psychotherapy to enhance the well-being of the client. It may also include a lot of things that we have already discussed throughout this course. It may include specific exercises like gratitude journaling, strength identification and development, mindfulness practices, and so on. A lot of this has already been discussed throughout this course in different modules. So, this is one area where positive psychology can be applied in counseling and psychotherapy, providing a range of evidence-based exercises and interventions from positive psychology.

Second, positive psychology can help us understand client conceptualization. How do you conceptualize it? How do you frame the problems and outcomes of therapies or counseling? So, positive psychology encourages therapists to view clients through a strength-based lens, focusing on their potential for growth and flourishing rather than solely addressing pathology and deficits. So, positive psychology can provide an alternative framework or an additional framework that a therapist or a counselor can use to conceptualize clients differently. In addition to all the problems they have, it can provide a framework that can be based on a strength-based framework or focus on potential for growth and flourishing. So it provides an added framework for the therapist or counselor to understand the client.

The third possible application includes providing definitions of success and outcomes. How do you conceptualize the success of the outcomes of therapies and counseling sessions? Positive psychology can provide an additional framework. So, successful therapeutic outcomes are redefined from the positive psychology perspective to include not only the reduction of symptoms but also the promotion of positive emotional engagement, as it can provide an additional framework; reducing symptoms or addressing the problems of the client is half of the story. The other important aspect is whether there is a possibility of promoting positive emotional engagement and well-being. So, a successful outcome may also encompass this aspect from a positive psychological perspective, providing an added framework for the therapist.

The fourth one is that positive psychology can help us give positive psychological assessments in the existing framework. So, positive psychology has led to the development of diverse assessment tools that can measure positive traits, strengths, and well-being, providing a more comprehensive understanding of clients' psychological health. So, it can give a lot of diverse or additional tools to measure all these well-being-related constructs.

So, these are the four areas where positive psychology can have an impact or contribute to counseling and therapies. So, we will talk about each of them in more detail throughout this module. This application can help create a more holistic and empowering approach to therapy and counseling. Most of the existing therapeutic or clinical psychology basically focuses on symptom reduction, but positive psychology can provide a more holistic approach where symptom reduction is one aspect.

To give a more holistic approach, one has to promote well-being, flourishing, positive emotions, and so on. So, it can give a more holistic idea in terms of how we should conceptualize client problems and outcomes. It can empower the existing approach to therapy and emphasize fostering positive mental health and well-being. So, points 2, 3, and 4 will be discussed in today's lecture. We will elaborate on the first point more in the next lecture. So basically, we will focus on this client's activities and exercise part in the next lecture. The other aspects we will focus on in today's lecture are client conceptualization, conceptualization of outcomes, and psychological assessment.

So first, start with the client conceptualization and outcome expectations. These two points will merge. How can positive psychology contribute to understanding? How should we conceptualize clients, their problems, and what is the successful outcome? How can we measure the successful outcome? What should the indicators of successful outcomes of therapies and counseling be? How can positive psychology contribute to that direction? So, one of the approaches that can help us in terms of including a positive psychological approach in the counseling or therapy session is called the Four-Front approach. This gives a more holistic approach, and it is informed by positive psychological principles. So, to effectively integrate positive psychology into therapy, therapists must adopt a balanced perspective that recognizes clients' strengths and weaknesses as well as the opportunities and destructive forces in the environment. So this is called the Four-Front approach, which means we need to understand four aspects when we look at a client in order to get a holistic understanding of the client's situation and what we should expect as an outcome of therapy or a successful outcome. So let us look into each aspect of this Four-Front approach.

So this Four-Front approach encourages therapists to gather information about clients from four areas. What are these four areas? The one is client weakness. So this already exists in most of the existing conceptualizations and models. So whenever a client comes, they naturally come with a problem for the therapist or counselor. There is a problem; that is why somebody is coming.

So, weaknesses are automatically included in that conceptualization. So, client weakness involves addressing the problem or concern that the client brings to therapy. So, client weaknesses is the first approach and one should naturally focus on it as well. Now, another

thing that a therapist should look into is called client strengths.

Now, this is an added approach from the positive psychological perspective. So, a therapist or counselor should also focus on identifying and leveraging the inherent strengths and positive qualities of the client. So, in addition to the weaknesses, the therapist or counselor should also focus on what strengths a client has. Everybody has some strength. One can find out or at least try to understand what the possible strengths of this client are so that they can be used as leverage in terms of promoting the client's growth.

The third factor that a counselor or therapist should focus on is environmentally destructive forces. What negative forces are there in the life of that client? Because that can also contribute to the problems and undermine the well-being of a client. So that is also very important. It involves understanding external factors that may negatively impact the client.

There can be many things in the environment. For example, there may be a person who has an environment where there is a lot of conflict. This environment will also impact the mental health of a client. So, things in the environment can also influence their mental health and their strengths and weaknesses. So this is another factor that should be focused on.

The fourth factor is called environmental resources. Now, the environment can have a negative impact. At the same time, the environment can also have many positive resources which, if used or tapped, or if we are able to use the potential of those resources, can probably hasten the growth of the individual or the client. So, this involves recognizing the supportive external resources and opportunities available to the client.

So, this is called the Four-Front approach, where a therapist should focus on all four aspects to get a holistic understanding of the person or the client. So, if you look at the existing model, most of the approaches mainly focus on client weaknesses and environmentally destructive forces. These two aspects, client strength and environmental resources, are basically informed by positive psychological principles and understanding. So this is more of a holistic approach.

Now, therapists often focus on weaknesses and environmental problems, as we have already said, since these are typically the reasons clients come to therapy. So, obviously, this is the first thing therapists will focus on. Strengths and environmental resources are frequently overlooked; it is not that everybody overlooks them, but generally, they are not very focused on and are not given much importance in the existing framework. So this oversight can occur because strength and resources are less salient than the immediate problems and clients present. So when the client comes, obviously, he is mostly focusing

on his problems and weaknesses.

So, in that whole process, the strength and resources part somehow gets overlooked because of the significance of the problems. However, if you fail to adopt this balanced perspective, it can result in missed opportunities to fully utilize client strengths and resources. Since we are using client strengths and resources, we can promote his growth on a much faster scale. We'll miss this opportunity if we don't focus on all the aspects.

Now, how can one use this Four-Front approach? So, this is a worksheet that is given as a guide for therapists. So that every therapist can utilize this worksheet. So this was taken from Wright and López, 2002. They have proposed this framework. They also gave specific indicators on what should be focused on when we look into this Four-Front approach. So this is like a worksheet that can be used. Let us look into this forefront assessment approach. The first part is the areas of client weaknesses. It is typically focused on the problems, symptoms, and all these things. It may include things like impaired social skills, which may lead to a lot of psychological problems, low intelligence, emotional problems, or dysregulation. The person is not able to regulate their emotions. Labile moods, personality problems, and so on. So all the problems and symptoms of the psychological issues and disorders will come under this client's weaknesses. This is generally also given a lot of importance traditionally. So these are the things that one can consider while examining client weaknesses.

There are many standardized tools to measure these problems and their symptoms. The second area is areas of client strength. It may include things to understand what the strengths of clients are, what the things that clients are good at are, or there may be some very positive internal resources that can protect that person. So we can measure things like whether the client is hopeful, grateful, forgiving, courageous, or resilient enough, or if the client may be kind or have high intelligence, which may be social intelligence. There can be diverse types of intelligence, mood stability, healthy personality, and so on.

So there can be many positive qualities that every person may have. So clients may have some of these things as strengths or resources that can protect or facilitate the whole process of promoting well-being. So one can also measure this aspect when we focus on client strength. Third is the deficit or destructive forces in the client's environment. It may include things like unsafe living conditions or neighborhoods that can impact mental health, the presence of abusive relationships, or neglect.

That is a destructive environmental factor. For example, if somebody is staying in an environment where others are discriminating against them or holding a lot of prejudiced views about that person, it will also impact their mental health. These are all negative

environmental impacts. So, one needs to look into these aspects also. The fourth one obviously assesses assets or resources in the client's environment.

One aspect of the resource comes from within the person, which is the client strength. Another set of resources comes from the environment, which may include things like secure living conditions or neighborhoods that can be protective factors. Whether there are supportive relationships available or not, that is a protective factor, a resource factor, opportunities for success in life, stable employment, etc. So, these are all positive environmental factors that can promote well-being and facilitate the growth of the community.

So, these are possible indicators that a therapist can focus on. Now, adopting this forefront approach is not easy; there are certain challenges to it. Also, that is why this is still not a very prevalent approach. Now, what are the challenges in adopting this forefront approach?

There are three major challenges; there can be others as well. One reason is that the whole idea of the DSM, or Diagnostic and Statistical Manual of Mental Disorders, itself is one of the factors why more focus is given to symptom identification and reduction.

We'll look into that. Then there are biases in human thinking. So, the human mind processes information more by focusing on negative aspects. This is a natural tendency of the human mind. A lot of biases that are negatively oriented and can also influence this whole approach. So that is why people are not able to use this holistic approach.

The third one is the lack of training and understanding in this whole holistic approach. Let us look into each of them in more detail. The first one is the Diagnostic and Statistical Manual of Mental Disorders, which is called DSM. Now, this is like the book or the system that is used by all clinical psychologists, therapists, and counselors to understand or classify people's problems into certain categories. DSM categorizes psychological disorders into all possible categories and groups them into specific categories. This is the ultimate guide for all clinicians, clinical psychologists, therapists, and counselors.

It has really contributed to the understanding of psychological problems. So if you look at it, everybody uses this guideline to understand symptoms and categorize certain psychological disorders. Now, this has been really instrumental in standardizing diagnosis.

It is very standard. So, it makes understanding psychological problems easier. So, this helps us to standardize diagnosis and guide treatment. It also has one limitation, particularly in the context of positive psychotherapy and positive clinical psychology. This mostly focuses on disorders, their symptoms, and so on. So, all the clinical psychologists and therapists use this as a kind of framework, and it generally doesn't talk about the strength and positive

psychotherapy aspects.

So, that is why if your mind is more guided by a framework that only focuses on symptoms and the negative expression of symptoms, then obviously people will overlook other aspects because this is the guide that is guiding their minds or thought processes. So, the DSM is primarily designed to identify and classify mental disorders based on symptoms and impairment. So, the focus on pathology and deficits can lead to a narrow view of clients, overlooking their strengths, resources, and potential for growth.

So, obviously, this mainly focuses on the symptoms and the problems. And people who are using that may not have an understanding of other aspects like client strength, resources, and growth potential, because that is what is not focused on in the DSM manual. So, therapists using DSM may concentrate on diagnosis and treat symptoms without considering clients' positive traits such as resilience, optimism, or gratitude. So, these positive psychological aspects have still not been included in this DSM. As a result, it may be overlooked. So this deficit-focused approach can create a kind of skewed understanding of clients. When you look at a holistic approach, it may lead to a skewed understanding and potentially may lead to interventions that address only problems. So, the DSM does not include a framework or tools for assessing strengths, positive emotions, optimal functioning, and so on. This omission is a significant limitation of positive psychotherapy.

So, therapists who are trained primarily in DSM-based diagnosis may lack the skills or tools to identify and leverage client strengths such as courage, hope, and social support, and so on. So, this may be overlooked because the entire training is coming from the DSM. The second immoderate factor why people generally are not able to use this Four-Front approach or holistic approach is that there are certain inherent biases in our thinking process itself. So this tendency for therapists to focus primarily on the negative aspects of clients during assessment can be attributed to several factors.

One obvious factor is DSM. Second, certain biases within us force us to focus only on the problem part. For example, clients typically seek therapy due to problems only, which are often framed negatively, leading therapists to infer negative causes for these issues. Clients come with a problem; obviously, the therapist is supposed to look into the problem and resolve it. Now this aligns with the general human tendency to give more weight to the negative aspects of a situation than to the positive ones. So, it automatically aligns with our thinking process that we give more importance to the negative aspects compared to the positive aspects.

It's a natural human tendency. Whenever two things happen in an environment where one is negative and one is positive, our focus goes to the negative aspects first. It's a natural

human tendency because it has survival value. Evolutionarily, our mind has been trained to focus on the negative because it can harm us. So, that is how our minds have been designed. So, somehow, looking into the perceived problems and so on naturally aligns with this whole mental process of focusing on the negative aspects.

Second, therapists or people who are involved in that may also fall prey to something called fundamental negative bias, where salient negative behavior, thoughts, or emotions in ambiguous contexts dominate their perceptions. For example, if a client reports persistent sadness, fatigue, irritability, and hopelessness, therapists may immediately assess for depression without exploring potential positive signs or environmental factors, as they are drawn to the negative aspects of the client's presentation. So, we can say that's a fundamental negative bias. The negative symptoms are very focused, and they come to the forefront when a client reports their sadness and fatigue.

They may not focus on other aspects because too much focus is given to identifying and reducing the negative symptoms. The third aspect in this context is the failure on the part of the therapist to consider environmental factors. This is partly due to the challenges of assessing the environment during the therapy sessions. Many times, it also becomes highly challenging to understand a lot of environmental factors. It may take time. Therapists may have to give more time, resources, or energy to understand the environmental factors. Many times, if there is a scarcity or limitation of time, a therapist may not focus on environmental aspects. So, clients are the primary focus of the therapy, while their environments are less accessible. Generally, it is not accessible unless the client discusses it in detail. This oversight is also influenced by the fundamental attribution error, which basically means that the therapist, as an outsider, attributes the client's behavior to their internal characteristics.

What does the fundamental attribution error mean? When we generally judge other people, we tend to think that the problem is happening or that the source of the problem is coming only from them and their internal characteristics. The opposite happens when we think about ourselves. When a problem happens in our own life situations, we tend to think the problem is coming from the outside and that we are not responsible for it. So that's called the fundamental attribution error. But when we judge other people, we say the person is doing something because they are like that.

It is in their nature. So, we focus on their internal characteristics. We do not focus on the factors that may cause this person to behave like this due to certain environmental reasons. So, we neglect the situational factors and focus on the personality factors or internal factors when we judge other people. But when we judge ourselves, we give more importance to the situation. We say I am behaving like this because these environmental factors or this

other person is responsible for whatever has happened, particularly the negative things and so on. So, the problems and negative aspects come whenever we judge others; we use different criteria when we judge ourselves. That's called the fundamental attribution error, and this can also happen in therapy situations from the client's perspective because the client is another person. So they may always find that the source of the problem is within that person only, which may be true in many situations. But there can be environmental factors on which we generally don't focus because of this fundamental attribution error. For instance, if a client struggles with motivation, therapists might attribute this to a problem that comes from that person.

Therapists might think that the person may be lazy. But this may be the true reason; however, in many situations, this may not be true either. Without even considering, there can also be external reasons. So, there may be many external stressors, like a toxic work environment, because of which the person is losing motivation in that environment, which we generally ignore. Interestingly, this bias contrasts with how individuals explain their own behaviors, as external factors are often emphasized. So, if you are in the same situation and you judge yourself, you will say, "I am not motivated because my environment is not good." People are not good to me. We'll never say we are lazy.

So, we use different criteria for ourselves and different criteria for other people. So, that's called the fundamental attribution error, and this can also play out in therapy. Counseling sessions also involve thinking biases, which can lead to incomplete assessments and inappropriate attributions for client problems, potentially harming therapeutic outcomes. Therefore, we may not be able to use the full potential of the situation and our understanding of the situation because of these cognitive biases.

To counteract these errors, therapists must consciously assess all four areas. So, this Four-Front approach can help us come out of these biases. So, that's why this is a very important approach that will automatically force you to focus on all the aspects. Where client weaknesses, strengths, environmental factors, both positive and negative, are all the things you need to automatically focus on because they are part of that approach. Failure to do so risks reinforcing negative biases, which can undermine therapy. So, one of the challenges is that these biases may force us not to investigate a lot of these aspects.

The third factor that may act as a challenge in terms of implementing this four-factor approach is the lack of formal training and understanding. So, historically, mental health practitioners have been extensively trained to identify and address symptoms of pathology based on the DSM. So, that is the typical traditional model. But they generally have received very little or no formal training in recognizing symptoms of well-being. So, well-

being is still not part of this lot of formal therapies and clinical psychological aspects.

They may not be trained in understanding the symptoms of well-being and fostering it. So, this lack of understanding and training could be another reason why people may not implement the Four-Front approach. This imbalance means that the therapist may unintentionally neglect positive aspects.

So, it is not an intentional act. It is unintentional because they are not trained to do that. So, that is why they may simply overlook it. So, without staying updated on the positive psychological research or participating in related continuing education, therapists may remain unaware. So, as more and more of this research comes to light, more and more training programs will integrate this approach, and slowly but surely, things will change. So, another reason why people do not implement this holistic approach is the lack of understanding of the theories and the lack of training programs.

Basically, they are not equipped to include these aspects. So, this can lead to problems for both therapists and clients as it overlooks the potential for building strengths and positive functioning. So, there is a potential that will be missed in this whole approach. So, this Four-Front approach can actually help tremendously in terms of client conceptualization of problems as well as conceptualization of outcomes. Now, another concept that is very important in terms of how to conceptualize the client and how to conceptualize outcome expectations. So, apart from this Four-Front approach, another important aspect that is guided by positive psychology is the complete state model of mental health.

So, we need to understand this: there are different ranges of mental health outcomes possible; symptom reduction is one part of it. So, this complete model of mental health is very important to understand and address this. Otherwise, people will only focus on the symptomatic part and the reduction of symptoms. What is this complete state model of mental health? It was initially developed by Keyes and Lopez in 2002, and they offer a nuanced framework for conceptualizing client mental health. So, they developed a very holistic model to conceptualize mental health into different categories and different spectrums.

This model challenges therapists to move beyond just a traditional focus on symptom reduction and consider the presence of well-being equally important. This is in line with positive psychological principles. Now, according to this complete state model of mental health, clients can be categorized into four states based on their mental illness symptoms and well-being symptoms. Mental illness symptoms are typically measured anyway; this model also includes well-being symptoms. So we need to use both assessments. One is the symptoms of mental illness symptoms, and the other is mental well-being.

So, both dimensions are important. So based on the scores of both dimensions, we can categorize the client into four categories. What are these categories? The first is completely mentally healthy. They called this the flourishing state of a client. They are completely mentally healthy. What is the meaning of "completely mentally healthy" here? They have very low symptoms of mental illnesses, so there is no mental illness, and they have very high symptoms of well-being.

If one's well-being is very high and the symptoms of mental illness are very low, meaning it's almost nil, then this is a state called flourishing. The second category is called floundering. It's called completely mentally ill, just the opposite of the first category. Here, there are high symptoms of mental illness and low symptoms of well-being, just the opposite of flourishing.

Here, the person has very high symptoms of mental illnesses, and the symptoms of well-being are very few. So, this is a state called floundering. Then there can be a third category: incompletely mentally healthy. This is called languishing. What happens here is that there are low symptoms of mental illnesses, but also low symptoms of well-being, so both are low; symptoms of illnesses are also low, but well-being is also low.

The person may not have any disorder as such, but the person is also not doing very well in terms of well-being, so that state is called languishing. The fourth category is called the struggling category, which is incompletely mentally ill. Here are high symptoms of illnesses, but also high symptoms of well-being. So this is probably a rare category, or maybe very few people sometimes experience this, where both symptoms are very high. Generally, when there are high symptoms of mental illness, it may not coincide with high symptoms of well-being; however, in some cases, it may happen. For example, somebody may experience a lot of psychological symptoms, such as symptoms of depression and other issues. But at the same time, the person may also have certain pursuits in their life, which give them a lot of meaning. Or maybe they have symptoms of anxiety, but they are also engaged in meaningful activities and so on. So, in some sense, their symptoms of well-being can be high as well, but they may also, at the same time, have some serious psychological symptoms. This is called the struggling category, so if you want to understand well-being and mental illness in all their range, these are the four categories we need to look into.

All the possibilities should be considered, as it is not just about symptoms and the reduction of symptoms; there can be many other possibilities that you need to understand. So, in terms of the perspective of positive psychology, the focus should be on the flourishing category, that one should be completely mentally healthy. So, symptoms should also be low, and well-being should also be high at the same time. So, this is the ideal goal from the

perspective of positive psychology; this should be the goal of all therapists to promote flourishing for their clients.

So, this model encourages therapists and clients to set dual goals. So, there should be two goals. One is reducing symptoms of illnesses and also actively increasing symptoms of well-being, so that this will lead to flourishing, complete mental health. For example, a client who initially aims to reduce symptoms of mental illnesses, moving from floundering to languishing, may later aspire to achieve flourishing. So, obviously, this can be done step by step. First, you reduce symptoms, and then you can promote flourishing, or it can be done side by side as well, depending on the client's situation. So, this shift in perspective highlights that the success of therapy should not be limited to achieving only baseline functioning.

He is just reducing symptoms so that the person becomes normal, but the focus is to strive for optimal functioning. Obviously, the first one is to focus on reducing symptoms; then, one can focus on increasing functioning and emotional aspects, and so on. Therefore, the complete state model of mental health is very valuable for clients with chronic illnesses, as it emphasizes that even in the presence of ongoing symptoms, a fulfilling characteristic of high well-being is achievable. So, even if somebody is having psychological problems and disorders, this model gives hope that one can go beyond that and increase well-being; it is achievable. So, by adopting this model, therapists can help clients envision and work towards a more balanced and meaningful life just beyond symptom management.

This is shown in a diagrammatic way. These are the four quadrants. So, here is the dimension of mental illness, ranging from low to high. This is the well-being dimension, which also ranges from low to high. Based on this combination, there are four possibilities:

Complete mental health means that illness should be low and well-being should be high. This is called complete mental health or flourishing aspects. When illness is high, well-being is also high; this is called the struggling dimension. When well-being is low, illness symptoms are high; this is called the floundering dimension, and when mental illness is low, well-being is also low; this is called the languishing category.

So, these are the four possible quadrants. Now this can also be used in terms of measurement. Let's say there is a measure that has a score from, let's say, 5 to 95, or let's say, 100-point scale. So, there are some measures for both well-being and mental illness symptoms. So, this is where their low score is conceptualized as high.

So, it may depend on what kind of scale you are using. Sometimes, some scales use opposite items. If you score low, that means your symptoms are high, and so on. It doesn't

matter what kind of scale you use; scoring depends on the scale and so on.

Let's say this is where it is conceptualized as a high illness. This is where the code is low. So, a higher score here is low. On the other hand, let's say the well-being score is low; it falls into the ascending category. Here it is high; here it is low. So, let's say you take scores of a client in both the dimensions for illness symptoms as well as well-being symptoms.

So, somewhere the score will fall. For example, you take scores in both dimensions. Let's say a client has a score of 40 in well-being and 65 in the illness category. So, the client will fall into this category or this quadrant. So, they will be in the category of languishing. So, like this, one can place a client's position based on their score in both the dimensions of mental illness as well as well-being.

One can understand what needs to be done, and so on. This is how it can actually be applied. There are a lot of assessment instruments that are available, for example, to measure complete mental health symptoms. One can use Keyes's assessment questionnaires, where all these codes are possible with that standardized form. Now, the last one is about the process of positive psychological assessment. This is also very important, as it can contribute to the whole holistic approach of understanding the client.

We need to assess the positive dimension. Then we can only understand what the level of well-being is, what the level of strength is, and what positive qualities there are. We need to assess this. Only then can we understand this. Positive psychology can also contribute to that because it has many validated assessment tools available. So, the process of positive psychological assessment shares similarities with assessment methods that include an additional step of balanced focus.

So, basically, it is because assessment is part of therapy sessions and counseling, and also because we need to understand, using standardized tools, what the symptom level and the severity level are. But positive psychology can provide added assessment tools to understand the strengths, positive resources, and so on. According to Snyder, the process includes the following steps. First, the process begins with therapists becoming aware of their own biases and adopting a stance that all individuals possess strengths as well as weaknesses.

This is very important. In order to include this holistic process of assessment, a therapist should first look into their own biases. That only looking at symptoms and reduction may not work; they should also understand that every client has strengths and weaknesses, as well as environmental resources and problems, and we need to focus on all these aspects so that inherent bias can be removed and actively reflected upon. This is the first step; the

second is that the therapist then observes and interviews clients. Based on this four-factor approach with a dual focus on understanding both individuals and their environmental context, this involved gathering complementary data on both strengths and weaknesses, so this Four-Front approach then allows the client to take data from all these four front approaches.

So, there can be many tools available. Standardized tools are available for all of these things. Therapists can use tools for identifying weaknesses, such as structured interviews and checklists, to assess the symptoms and so on. Similarly, there can be additional tools in the environment to measure personality strengths, well-being, and so on. There can also be tools that exist for environmental deficits and resources, so there are a lot of scales available to do that.

One can use all these standardized tools to measure all four fronts that we discussed. The third step involves developing hypotheses about the client based on the gathered data and testing these hypotheses in the subsequent therapy sessions. Whatever understanding they gained, they apply that understanding in the actual therapy session. So basically, that is called testing a hypothesis. As a hypothesis may be supported or refuted, therapists create a comprehensive, yet flexible, conceptualization of the client, balancing weaknesses, strengths, environmental deficits, and resources.

So, this assessment process is an ongoing process, with new hypotheses and adjustments made as more data is collected over time through the therapy sessions. The idea is that the therapist should be more flexible and comprehensive in their approach. So, these are important contributions from positive psychology that can actually be directly applied in therapies and counseling. Now, while doing all this, we also need to consider a few other important aspects that can influence this whole process. One is that while we are doing any kind of assessment, including a positive psychological assessment, we should ensure that it is culturally appropriate.

So, this is very important. What is the cultural setup? What is the cultural background from which the client comes? One should have some understanding of it. We cannot just blindly force something on somebody. If something is part of culture, obviously, it is easy for the client to accept and understand. If something is a very alien concept, the client may not be able to understand and implement it.

So, one needs to have a proper cultural understanding of the client's background. So, that is another consideration the therapist should have. So, this cultural and societal factor can significantly influence how individuals pursue happiness and define well-being. What is its definition of well-being? What is its definition of happiness? What gives them happiness? What are their goals and so on? So, all these things will influence the whole

positive dimensions of behavior. So, one should not have just very rigid theories from which one should impose on the client. We should also understand the client's perspective from the cultural background they are coming from.

How they understand happiness, how they understand well-being, and what their parameters are, and so on. That is also very important. As Lopez (2006) said, they emphasized that culture plays a very primary role in shaping human strengths and optimal functioning. So, all this positive functioning and dimension may be culturally influenced. Therefore, a one-size-fits-all approach to defining happiness, well-being, and character strengths may not be adequate.

So in the context of therapy, you may not have only one size or understanding. It can be influenced by the background and culture of the clients. One should also be sensitive about those things and maintain that flexibility. So, therapists must consider cultural context when conducting assessments and ensure they are relevant and meaningful for each client. While doing assessments and therapies, this cultural understanding is very important, and it should be sensitively applied in the context of therapies and counseling. For example, the concept of autonomy is an important part of the Western conceptualization of well-being, particularly psychological well-being.

This may not be a very significant aspect from an Eastern cultural perspective. From an Eastern cultural perspective or collectivist cultures, they don't give too much importance to autonomy or only focus on themselves, their achievements, their sense of independence, or freedom. Those things are very Westernized concepts. People in Eastern culture or collectivist culture, community living, and connection with other people likely play a more important role in well-being. So, one needs to understand from what background they are coming.

So, not every model from the Western perspective may apply to clients from other cultures. Sensitivity is important. It also depends on the person, obviously. Some people may be from the Eastern culture or a collectivist culture, but in their minds, they may be very westernized. So, it also depends on the person. One has to be sensitive to that. So, positive assessment should expand from the traditional method to incorporate a more balanced focus on strengths and resources, developing and testing hypotheses, and ensuring cultural sensitivity.

All these things one needs to focus on to achieve a holistic approach, and this approach, fosters a more holistic understanding. So, for this, this Four-Front approach is very important and significant. If therapists or counselors use this Four-Front approach, they are bound to have a holistic approach. So, this can be a very important framework to use

positive psychological principles in therapy and counseling. So, with this, I stop here.
Thank you.