Applied Positive Psychology

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Week 12

Lecture 34: Positive Psychological Interventions and Models of Therapy

I welcome you all to module 12 of this course. So in Module 12, we are talking about how positive psychology-informed interventions can be applied in the context of therapy and counseling. So today's lecture is lecture number 31, and this is the last lecture of this course; it is also the second lecture of this module. So today's lecture is titled "Positive Psychological Interventions and Models of Therapy." So, we will talk about some of the models of positive psychotherapy.

So, before we talk about today's lecture, let me give you a brief recap of the last lecture. So the last lecture was also a part of the same module. And in that context, we have discussed how positive psychology is relevant to counseling and psychotherapy. So we discussed some of the broad applications of positive psychology and how it can be applied in the context of counseling and psychotherapy. We also discussed how positive psychology can help us or provide a framework to conceptualize clients and what the expected outcomes should be in therapies and counseling. In that context, we discussed two important concepts. One is the four front approach model that looks into the entire spectrum of experiences of a client, including both negative and positive. And we also discussed the complete state model of mental health, how focusing on both symptom reduction and the promotion of well-being as a complete state of mental health model can be integrated into the context of counseling and psychotherapy. At the end, we discussed the process of positive psychological assessment and how we can assess some of these positive psychological traits, qualities, or states using assessment instruments. So these were the things that we discussed in the last lecture.

We will continue from the aspects that we discussed in the last lecture. And in today's lecture, we will focus more on specific positive psychotherapy or therapeutic strategies that are based on positive psychological models and understandings. So more specific interventions and, you know, therapeutic models will be discussed in today's lecture. So we'll talk about what positive psychotherapy is and what its processes are. We'll also talk about and give more specific examples of positive psychotherapy, like strength-centered therapy, well-being therapy, hope therapy, and so on. And at the end, since this is the last

lecture of this course, we'll have some reflections on what we have learned throughout this journey. So, let's start today's lecture. So when we talk about positive psychology, we have already discussed how it is relevant in the context of counseling and therapy in the last lecture. Now there are many specific positive psychology-oriented therapies and counseling models available which can be used to promote clients' well-being.

 So some of these are listed here, such as strength-based counseling, strength centers, therapy, and positive psychotherapy. It's a very broad term that includes most of these things. Quality of life therapy, well-being therapy, hope therapy, and so on. So we will discuss a few of them in today's lecture. So when we talk about positive psychotherapy, it's a broad umbrella term under which most of what we have listed will fall.

 So positive psychotherapy, or PPT, is basically an empirically supported therapeutic approach that focuses on building client strengths, fostering positive emotions, and enhancing meaning in life to reduce psychopathology and promote happiness. So positive psychotherapy more specifically focuses on promoting well-being, building strengths, and fostering positive emotions. So most of the concepts that we discussed throughout this course are focused on in terms of how to promote all these positive psychological concepts and use interventions from the positive psychological theories and so on. So that's called positive psychotherapy. And these are based on evidence and empirical research and supported by evidence and so on. So, unlike traditional therapies that primarily address problems and deficits, positive psychotherapy integrates both positive and negative aspects of the client experience. So that's the major difference between traditional psychotherapies and positive psychotherapy. So in positive psychotherapy, in addition to symptom reduction and diagnosis, additional focus is given to the promotion of well-being and the importance of positive states. For example, when helping a client overcome trauma, a therapist might highlight the strengths developed as a result of adversity.

 In the context of positive psychotherapy, if a client has come with the problems of trauma and its impact, the therapist can focus on how to overcome that. Trauma and coping with traumatic problems. Positive psychotherapy also focused on and tried to understand whether, as a result of this traumatic experience, there was any development of certain strengths within that person. The concepts like post-traumatic growth and other things will also be assessed. So that is how the approach is a little different from traditional psychotherapies. Another example: a client struggling with guilt over harming a family member might be encouraged to reflect on times they engaged in prosocial behaviors toward the person. So it's like balancing both aspects. The client will come with a problem. You also show that there are strengths and positive dimensions to their lives as well. So there is a dual focus in the context of positive psychotherapy on strengths and challenges.

Both focuses are given. What are the challenges and problems faced by the client, as well as the strengths and positive aspects within them or in their environment? So all these things are basically incorporated into positive psychotherapy. Now, the core assumptions or some of the understandings that serve as a background in positive psychotherapy include one key idea: when we look at a client in positive psychotherapy, you have certain assumptions about the client. Or when you go through or implement traditional psychotherapy, people have certain assumptions. So, what are the assumptions of positive psychotherapy? One is that there is an inherent capacity for happiness and mental illness.

So every human being, whether they are coming with symptoms of mental illnesses or psychological disorders, also has an inherent capacity to become happier and experience higher well-being. So that is one of the assumptions. Based on that, the promotion of well-being is always focused on positive psychotherapy. So positive psychotherapy assumes that all individuals have the potential for both mental illness and happiness which arises from the interaction between the person and their environment.

Every human being is capable of both things. So both should be focused on. So, that is one assumption. Second is the genuineness of strength and positive emotions. So positive psychology and psychotherapy assume that strengths and positive emotions are as real as or as significant as weaknesses and negative emotions.

So, obviously, the client will come with problems, negative emotions, and weaknesses. They are real; no doubt about it. But positive psychotherapy also says the client's strengths and positive emotions are as real and as significant as their weaknesses and negative emotions. Both are realities of the same individuals. So both should also be focused on.

So addressing this positive side is essential for building a strong therapeutic alliance and creating a foundation for effective treatment planning. So these are basic assumptions with which a positive psychotherapist looks at or conceptualizes a client. Now, some of the positive psychotherapy can be done in many ways, including various aspects of positive psychology. So, we will just give an example of Rashid from 2008. He discussed some structured positive psychotherapies.

So, this is just one way in which one can integrate positive psychology into the therapy context. So, in that context, this is a very structured form of positive psychotherapy. So, we have some evidence for that. So, that is why we will be discussing this particular process of positive psychotherapy. So, this positive psychotherapy was developed by Rashid. It has 14 idealized sessions, each focusing on specific themes or constructs from positive psychology. So in general, it has 14 sessions, and each session focuses on one positive psychology construct that the client is educated about in each session. And this is focused

on how it is promoted. So each of these 14 sessions addresses a unique positive psychological construct; for example, one session may be on gratitude, one session may be on strengths, one session may be on optimism, one session may be on meaning, and so on. Then clients are given homework assignments to reinforce the themes discussed in therapy. Whatever they have understood in the sessions, they are given additional homework to integrate that understanding. Now, these exercises are practical and designed to help clients apply positive psychology principles in their daily lives. So basically, these are designed so that everybody can apply them in their daily lives. So these are easy-to-apply strategies, you know, that are taught to them so that they can apply them in their daily lives. So, these sessions are generally designed to be flexible.

You cannot be very rigid about the positive psychology construct in terms of teaching. So these are designed to be more flexible and tailored to the individual needs. Based on the problems and needs of the individuals, sessions can be changed here and there. Ensuring that the length of therapy, homework assignments, and session focus are customized to address the client's current concerns. So obviously there are some broad approaches that will be the same, but based on the client's problems and personality characteristics, things can be flexibly trained or provided, you know, focused on the client's needs and so on.

So, Rashid emphasized that positive psychotherapy should not overlook or invalidate clients' negative or distressing experiences. So, this is very important. Positive psychology never just directly jumps into the positives without focusing on or discussing the client's problems and weaknesses. That is never the case. In psychotherapy, since clients always come with a problem, the problem is also addressed, but an additional approach or focus is given to the positive psychology constructs. Instead, therapists must validate these experiences while simultaneously working to cultivate positive emotions so that negative emotions and problems are always validated, and they are also given the necessary support for them. Additionally, they are given strategies and interventions to cultivate positive emotions, strengths, and so on, so that they have a more meaningful life. The flexibility of positive psychotherapy allows therapists to adapt the appropriate approach to suit the clients' specific needs, ensuring a personalized therapy experience. So, this is one example of how positive psychotherapy can be implemented. And this is more evidence-based, and this has a more structured program. So, this is just one example that we have discussed. This is how it can be implemented in properly standardized therapy sessions.

Now, there is also some empirical support for positive psychotherapy because positive psychotherapy, as we have discussed, is a 14-session approach. Many short positive psychotherapy sessions are also implemented, and there is empirical support for that as well. So the efficacy of these positive psychotherapies has also been reported in many research studies.

For example, in the context of individual positive psychotherapy for depression, Seligman and colleagues in 2006 found that individual positive psychotherapy significantly reduced depressive symptoms and led to higher rates of complete remission compared to treatment as usual and treatment as usual combined with antidepressant drugs. or medications. So they found that when positive psychotherapy principles were included in the therapy, the outcome was much better compared to just traditional therapies or therapy with some medication. So this is what was reported. Additionally, positive psychotherapy also enhanced client happiness levels and demonstrated its dual focus.

So it also promoted happiness, well-being, and so on. Some other evidence is also available in the context of group positive psychotherapy for college students. In a study with college students who are experiencing mild to moderate depression, group psychotherapy or positive psychotherapy actually resulted in a greater reduction in depressive symptoms and increased life satisfaction compared to the no treatment control group. So, these benefits were actually sustained for a year after the intervention. So, these are not like short-term things. The effect was sustained for a long time. Even after a year, the effect was there. So, in the group session, the evidence was also available. Even in the context of children, some positive psychotherapy evidence is also available. Evidence for their efficacy is also available. So a brief version of group positive psychotherapy was also administered to middle school students, leading to a significant increase in their well-being as well. Some web-based studies are also available where many of these homework exercises used in positive psychotherapy have been validated through studies conducted by Seligman and others. Further, it also supported their effectiveness. So, in a diverse context, positive psychotherapy has been implemented, and most of the evidence shows that it is effective and makes a significant contribution in terms of promoting well-being and so on. Rashid also concluded in 2008 that positive psychotherapy has demonstrated efficacy when a large number of studies were combined with large to medium effect sizes. In the meta-analysis, it shows that the effects are large to medium, which indicates a significant impact, making it a robust and evidence-based approach to therapy. So this 14-session framework of Rashid actually combined with validated homework exercises provided a structured yet adaptable method. So this provides a structured method that can be adapted based on the needs of the clients and so on. Now we'll talk about some examples of specific positive psychotherapy where specific constructs of psychotherapy are given importance. The typical process that we discussed now basically includes many constructs together in positive psychotherapy.

Now we'll talk about some therapies that focus on specific concepts. If a client needs, let's say, only strength development or if a client needs only an increase in our enhancement of hope, then there are specific psychotherapy examples available where specific constructs are given importance. So first, we'll talk about strength-centered therapy. So this therapy

focused on developing strength; these are not generalized positive psychotherapies focusing only on specific constructs. So this was proposed by Wong in 2006, so we'll talk about how this is kind of structured.

So strength-centered therapy, or SCT, is a counseling model grounded in social constructionism, which says that knowledge is shaped by social consensus. So here the basic idea is that when you talk about knowledge, it is kind of shaped by social consensus. Knowledge is not just someone giving it to someone else. So it's a kind of consensus through which knowledge is shaped. So it leverages the character strengths and virtues proposed by Peterson and Seligman that we discussed in detail in the earlier models.

So it takes ideas from that VIA survey model of character strengths and virtues to facilitate this change or kind of develop those character strengths and virtues. So that is why its focus is very specific on the character strengths. So a key principle of this therapy is that clients' subjective views of their own well-being and pathology are more important than expert opinion. So it is very important to understand how the client is perceiving their problem. What is their perspective on how they look at their well-being, how they define their concept of well-being and happiness, how they define their problems, and so on? So that's why we call it based on the idea of social constructionism that, in this particular paradigm, the subjective views of the clients play a very important role because they are the people who will either change their views or we have to look through their perspective to understand what is happening and what can be done.

So therapists and clients collaborate to create new meaning for the client experience. So therapists facilitate the process by understanding the client's perspective. So they together expand the understanding or give a new perspective on the understanding of the client to expand their concept of strengths and vocabularies, because the client may have some limited ideas. So therapists facilitate that process in order to expand that vocabulary of strength. Helping clients focus on the positive and adaptive aspects of their lives.

So now this particular strength-centered therapy has four phases in terms of how it is implemented. First is the explicitizing phase, then the envisioning phase, the empowering phase, and the evolving phase. So let us look at what is done in each of these phases very briefly. So when we talk about the explicitizing phase, this is the first phase in this therapy. So the goal of this phase is to help clients identify and name their existing character strengths because clients may have some ideas about what kind of strengths the person has.

So the therapist facilitates this process of identification using narratives or standardized tools, whichever is available. So the goal of this phase is that initially the client should understand what the existing strengths he or she has are. So in that process, therapists

validate clients' concerns while highlighting their strengths. The therapist highlights what kind of strength they have based on the analysis. For example, a depressed client showing up for therapy demonstrates hope and courage.

So even though the person may be depressed, he might have come to get help for the depression. But therapists may find that this person has certain strengths, such as being very hopeful and courageous in some sense. So therapists can focus on that as well. Reframing perceived flaws and strengths. Many times, we collectively assign a lot of flaws to certain individuals.

Sometimes that flaw itself may have a certain strength aspect. For example, a child with ADHD can be labeled as a dreamer or may possess creativity. So many times, some of the children with ADHD, where they lack attention, cannot pay attention for a long time or have some attention issues, but a lot of these children may also possess a lot of creativity and so on. So, the same problem, but there may be some positive dimensions to it.

So therapists can focus on that as well. In that process, certain tools can also be used to facilitate it, such as positive psychological assessment measures like the VIA inventory and so on. All these standardized tools can also be used to help clients understand what kind of strengths they have and leverage that. So the goal of this explicitizing phase, the outcome goal is for the client to become aware of their strengths, which can be leveraged in therapy. So in this phase, the focus is to make the client aware of the strengths that they have. So this is the first phase.

The second phase is the envisioning phase. The goal of this phase is for the client to identify strengths they wish to develop and envision how these strengths can help achieve their goals. So, in the first phase, they identify what kind of strengths they have. Now, in this phase, the client, after identifying them, is also asked what kind of strength they wish to develop and how they can use that strength to achieve their goals.

So, it's like a little bit of an extension of the first phase. So how is this done? Therapists may ask questions like, "What strength would you like to develop?" What strength may the person be interested in developing in their life? Or what strength would help you to reach your goals? So this kind of question may be asked. And they may also ask to give a sentence completion test such as, "I am more likely to achieve my goals of _____ if I am a _____ person." So they will have to focus on their strengths. What kind of person they are, what kind of strength they want in their lives to achieve their goals, and so on can help the client articulate desired strengths and so on.

Therapists also ensure their understanding of strength levels aligns with the client's meaning. So that is why this therapist should be very sensitive in order to understand how

the client is leveling things and so on. So that there should not be different worlds for therapists and clients. They should match. So the outcome of this phase is for clients to set intentions for strength development and connect them to their goals.

So in this phase, the client intends to develop whatever strengths they have identified and they try to connect how this can help them achieve their goals and so on. So this is the second phase. Third is empowering phase. The goal of this phase is to increase client experience and motivation. Empowerment is achieved as they use their strengths to positively impact their lives; the goal is to empower the clients by using these strengths in their lives and helping them achieve their goals, thus fulfilling the aim of this phase and how it is done.

Therapists help clients develop habits that cultivate their strengths. So therapists help clients develop certain habits so that they can cultivate those strengths more and more in their lives, like volunteering to build kindness and generosity, for example. Clients also connect with supportive individuals who encourage their strengths. It is always easy to develop strength when there are supportive people around you. They also help you in that regard.

So therapists may connect them with those supportive networks. Therapists can also guide clients in exploring when strengths are useful and when they may become problematic, such as excessive caution in preventing risk-taking and so on. So therapists look into the nuances of that and educate their clients. So, what is the outcome of this phase? Expected outcome: the client feels empowered to apply their strengths. So basically, they become more empowered and more confident that they will be able to use those strengths more effectively in the various contexts of their lives.

So that's called the empowering phase. The fourth one is called the evolving phase, so the goal of this phase is to make strength development a lifelong process. Now, strength development cannot be done in one or two sessions in therapy; it's a lifelong process. It's an evolving process, so the therapist needs to make sure that the client is evolving in that process with more and more development. You know, developing in that process of strength development is a lifelong process beyond therapy; in real life, it has to continue. So that is the purpose of this phase: here, how it is done—the therapist and clients review progress, celebrate success, and identify areas for further growth.

Clients learn to use their strengths to address future challenges and so on. The expected outcome in this phase is that clients leave therapy with a sustained framework for ongoing strength. So the main motive of this phase is that the client should be a framework. How can I evolve this strength in my life more and more, since it's a lifelong process? So that's

the objective of this phase. So that's called client-centered strength-centered therapy.

These are some of the significant steps involved in strength-centered therapy. Now let's look at another therapy that also comes under positive psychotherapy. It's called wellness therapy. Now, well-being therapy is a brief, structured, and directive treatment program designed to enhance psychological well-being. So, as the name suggests, the focus is on enhancing psychological well-being.

If you remember, we discussed two concepts in the first module. So there is something called subjective well-being and something called psychological well-being. So subjective well-being is more closely related to emotional well-being. It also has a life satisfaction component. Psychological well-being is more related to meaning in life, growth in life, autonomy, and so on.

So this well-being therapy focuses on psychological well-being or eudaimonic well-being. How can we promote that? And it is based on Reeve's model. So it was developed by Ruini and Faber. And it is based on Riff's model of psychological well-being, which discusses six dimensions of well-being that should increase psychological well-being in our lives. So when we talk about psychological well-being, these are the dimensions; if they are high, then our psychological well-being is also high. So this includes the reef model we have already discussed, but just to kind of again talk about these dimensions.

It includes Ryff's models that encompass the dimensions of psychological well-being, environmental mastery, personal growth, purpose in life, autonomy, self-acceptance, and positive relationships with others. These are very important components in the reef model; we have discussed each of these components in detail in the earlier models. So I will not go to that part again. So the goal of well-being therapy is to help clients transition from low to high levels.

So the client may have a low score in many of these dimensions, all six of these dimensions. So the purpose of this therapy is to increase these dimensions in the client's life. So therapy is typically delivered over eight sessions, and it includes client self-observation. They understand what the level of this dimension within them is. It also includes structured journaling, therapist-client interaction to promote well-being, and so on.

So basically, this whole approach is to promote them. So the client should understand what these dimensions are, what the levels of this dimension are in their experience, and how they can promote them so therapies facilitate these things. The core component of this well-being therapy is that it includes the identification of well-being experiences. First, the client

needs to identify their level and where they stand, so the clients are encouraged to identify and document instances of well-being in their lives, no matter how brief or small they are. They use a structured diary to record these experiences and rate the intensity on a scale from 1 to 100. So this helps clients become more aware of the moments of well-being and the circumstances surrounding them.

So it's a reflective exercise where clients are asked to identify and reflect on these dimensions of well-being in their lives, even though they might have experienced them for a very brief amount of time. So they use this structured diary method to record these experiences, and clients are asked to report the intensity of this dimension on a scale of 1 to 100. So this is one aspect of it: identification. The second is the assessment of psychological well-being.

So the mental health continuum is, in long form, one scale based on Key's mental health model. The subscale of the Ryff's model can also be used to assess the client's level of psychological well-being. So there are structured questionnaires available that are based on the RIFS model of well-being that can be used to actually assess. Apart from the client's own reflection, standardized tools can also be used to obtain the scores on these dimensions for the client. Then it includes the identification of cognitive barriers so clients are guided to identify thoughts and beliefs that hinder their well-being. These well-beings are basically hindered because of certain blockages in the thoughts or certain thought processes that are not productive.

So this phase is very similar to cognitive therapy techniques such as identifying automatic thoughts or irrational beliefs that are creating blockages or hindering their growth in terms of experiencing higher well-being. So these clients are kind of, you know, the process is facilitated to understand what the cognitive blockages or barriers the clients have in terms of why they are not able to experience higher well-being. Then cognitive restructuring and behavioral activation are done to reduce those barriers. So therapists help clients challenge and refute faulty thinking by examining evidence for their beliefs and encouraging behaviors that promote well-being. Basically, here the therapist encourages the client to find out what those automatic negative thoughts are that are blocking them, and the therapist facilitates how to replace them with healthier and more rational thoughts.

It's very similar to what cognitive therapies do. Then the very important aspect of this therapy is that education on the dimensions of well-being; the clients are educated about what the important dimensions of well-being are and what the components of well-being that should be promoted are. They should be aware of that; otherwise, how can they promote it? So clients are educated about all six dimensions of psychological well-being and encouraged to reflect on their functioning in each domain, and they are encouraged to

see whether they have this dimension in their life or not. Wherever they struggle, therapists explore why they are struggling, what the reason behind it is, and how that can be removed. For example, you know how this is done. For example, in all these dimensions, there can be a low level of functioning, a high level of functioning, or an optimum level of functioning.

The first dimension, environmental mastery, let's say, if a client has a low score on that, if they are struggling in this dimension, they will show the symptoms of feeling difficulties in managing everyday affairs, feeling unable to change or improve their surroundings, being unaware of surrounding opportunities, and lacking a sense of control over the external world; they will struggle in dealing with the daily difficulties or problems of their life if they have low environmental mastery. So the goal is to promote that optimal level of functioning. What does it look like? So the client, if they have higher functioning in that, will have mastery and competence in managing everyday affairs, controlling external activities, making effective use of surrounding opportunities, and being able to create and choose contacts suitable for themselves. So they will be more proactive and active in terms of changing the environment according to the needs of their requirements in daily life. This is how, let's say, one can identify symptoms of a low level of this dimension and a high level of this dimension.

Next is the personal growth dimension; if a person has a low score on that, it means the person will have a sense of personal stagnation in life. They will feel stagnated, lacking a sense of improvement and expansion over time, feeling bored and uninterested in life, and so on. These are the symptoms of low personal growth: a person will feel stuck and stagnated; they will not feel expansion or improvement in their life, and they will feel bored and uninterested, and so on. On the other hand, a high level of this growth will be reflected in the feelings of continued development, seeing oneself as growing, expanding, and open to new experiences, just the opposite of the low symptoms. They will feel an expansion in their life, doing more things, improving their sense of realizing one's potential, and growing in that regard, and so on.

In the third dimension of purpose in life, if it is low, the client will have a sense of... You know, I lack a sense of meaning in life. They will feel that life is meaningless. They are not doing anything meaningful in their lives, have a few goals or aims, lack a sense of direction, and do not see purpose in their past lives, and so on. So these are reflections of a low purpose in life.

So they will feel that life doesn't have much meaning and purpose. They will not have many goals in their life. They will lack a sense of direction in their life. These are all. The reflection of low purpose in life; high purpose in life will be just the opposite of that; they

will have a high sense of direction, feeling there is meaning to the present and that the past holds the belief that their life has purpose, goals, direction, and so on.

Then comes autonomy. Here, the lack of autonomy will be reflected in clients overly concerned with their expectations and evaluations of others. So they will be too concerned about how other people are concerned, so they will not work out of their own choice. They'll be too concerned with how other people are judging them, and most of their behavior will be guided by how others think about them, so there is no sense of autonomy. They are always guided by others' expectations, which is a reflection of low autonomy. They rely on the judgment of others to make important decisions, so it is not coming from their own wishes and will; they conform to social pressures too much to behave in a certain ways. So these are all reflections of low autonomy in their lives.

On the other hand, people with high autonomy will have self-determining independence, able to resist social pressure wherever it is required, regulate behavior from within, and evaluate themselves by personal standards. So they will be more guided by their own inner standards than by too many external standards. Self-acceptance, the next dimension, will be reflected by clients' dissatisfaction with their own selves, disappointment with what has occurred in their past lives, and trouble with certain personal qualities, leading them to wish to be different from what they are. Low self-acceptance means they are not happy with the way they are or how their life is turning out, while high self-acceptance will be just the opposite. Clients will have a positive attitude towards themselves, accept their good and bad qualities, feel positive about their past and present circumstances in life, and so on.

Then comes a positive relationship with others. Low levels of that will be reflected when the client has very few close and trusting relationships. So they will have a very low-trusting relationship and fewer people in their lives. They will find it difficult to open up and feel isolated and frustrated in interpersonal relationships. They find it difficult to open up and connect with other people.

So they will feel more isolated and frustrated, and so on. On the other hand, a positive relationship, if they have high client satisfaction, will lead to a warm and trusting relationship with others, who are concerned about the welfare of others and capable of strong empathy, affection, and so on. So these are the six dimensions, and one can find out whether a client is struggling in this dimension or has higher scores in that. So whatever dimension the client is struggling with, the therapist can facilitate and promote those dimensions to enhance their well-being. One of the important things therapists should be aware of is the cultural background or belief system of the client because that can also influence the outcome.

So well-being therapy emphasizes the importance of cultural sensitivity from the therapist's part. For example, as a dimension of autonomy, not every culture may focus on it; especially Western culture places a lot of importance on autonomy. In Eastern cultures, a lot of this collectivist culture may not view autonomy positively because people are more socially oriented; their connection with groups, society, and social norms plays a very important role.

So, in that context, in certain cultural settings like collectivist cultures, people may not want autonomy as part of their well-being. So autonomy may not be a true reflection of their well-being because their well-being lies more in the social context, group norms, social norms, and so on. So one has to be sensitive to those things. Another dimension, like environmental mastery, may also have some cultural connotation. Clients from certain cultures that value going with the flow or focusing on the present may not prioritize controlling their environment and goals, so some cultures may not focus too much on controlling everything; they may just prefer to flow with the way things are happening in their lives, you know? A lot of spiritual concepts can also influence that.

A lot of spiritual teachings don't talk about environmental mastery. So one has to be sensitive to the client's background, not just blindly saying this is ideal. So therapies must adapt to well-being, and they should also be aligned with cultural aspects. The last one that we'll talk about is hope therapy. So this is another therapy that focuses only on hope, building hope in the client, because a lack of hope can lead to many negative consequences in one's life.

So many people may have this lack of hope in their lives, which manifests itself in many problems. The hope consists of what we have already discussed regarding the theoretical part of it, just to give you a brief overview of the main components of the hope so that we understand how this therapy works. So hope includes three components. One is the ability to set clear goals and develop pathways to achieve those goals.

So the first thing is that you should have a goal. Then there is a pathway to reach that goal. The third is to maintain the motivation and energy to pursue it. People may have a lot of pathways, but they may lack the motivation or energy to go towards or move in those pathways, so hope includes the ability to maintain motivation and energy to pursue those goals. If these three are present in your life, then your life generally has very high hope. These goals can range from short-term objectives to lifelong aspirations, and both pathways and agency thinking are essential for goal attainment.

So whenever we talk about hope, it is always in the context of certain goals. One must have a pathway to reach them. One has to have motivation to reach them and so on. So

hope includes all three elements. You cannot talk about hope in isolation. So hope theory says that emotions are a byproduct of goal-directed thoughts, with positive emotions arising from perceived success in goal pursuit and negative emotions resulting from perceived failure.

So our emotional experiences are connected to goal orientation and the result of goal achievement. If you are able to achieve goals, it generally leads to positive emotions; if you fail to achieve your goals, it leads to negative emotions. A lot of emotional components are connected to hope. In hope therapy, what is done is generally a brief, semi-structured approach designed to enhance client hope by focusing on goal setting, pathways, and agency thinking. The focus is on these three components: how they can be enhanced and emphasized so that the client experiences more hope in their life, how therapists help clients clarify goals, develop multiple pathways to achieve them, and generate mental energy to sustain those pathways; this is the purpose of this therapy.

So there are different components of this hope therapy. Whenever we talk about standardized therapy, there will be standardized steps to follow, as we have discussed in other positive psychotherapies. So in hope therapy, there are these four components. First is hope-finding.

It is about identifying and fostering hope in the clients. Then hope bonds, building a strong therapeutic alliance to enhance hope. Third is hope enhancing developing strategies to increase pathways and agency thinking so that hope increases, and the last one is hope reminding, which is reinforcing hope through reminding of past successes and progress. So, these are the four steps that are followed. Let us very briefly look into each of them. The first one is hope-finding. Obviously, this is the main focus that the client should understand: what hope is all about, why a person is not experiencing hope, and what the problem is.

So the finding of hope is the initial stage of hope therapy. It aims to uncover the hope clients already possess, which can be built upon during therapy, so clients may have many hopes, you know, which they may not be able to achieve, and so on. So, everybody already has a lot of existing hope-related phenomena, so therapies can focus on that as a starting point. Hope can manifest as a trait, like general hopefulness or domain-specific hope in a particular life area. Our goal is specific hope related to specific goals, and so on, so there can be different types or categories of hope.

Some people just hope; maybe it is a personality characteristic. It could be based on certain domains of their life, like professional life or personal life. They may have certain goals and may be very goal-specific also. So the therapist first assesses hope. So in order to find

hope, one needs to assess what kind of hope the client has.

So it can be used with certain measures, standardized measures, or to assess hope. It can be used using a narrative approach where the client can share their own stories of life; in talking about their life and problems, they will unknowingly reveal their hopeful experiences or lack of hope, whatever it is. It can also be found out using hope profiling, where clients write a short story about their past and current goal pursuit, and from their hope profile, the client can be developed and so on. So there can be different ways to assess this. So this is what is done in the first phase using all these processes and assessment methods.

The therapist identifies the hope in whatever hope the client has. Then comes the hope bonding. Hope bonding focuses on building a strong, hopeful therapeutic alliance between the therapist and the client. So basically, the client bonds with the therapist, and this therapeutic alliance actually promotes the development of hope and so on. So collectively, both see the situations of their lives. So this alliance is crucial for fostering hope and achieving positive therapeutic outcomes because they collaborate in goal-setting.

Client and therapist collaborate as an alliance, setting goals in terms of how the therapist facilitates this process. Therapists engage clients in the treatment planning and goal setting, which helps clients feel more comfortable and invested in the therapeutic process. So they establish clear goals and generate multiple pathways, and so on. So collaboratively they set goals, pathways, strengthen this bond, and build hopes, and so on. So, in that context, therapist qualities are also very important.

Hopeful alliances are fostered when therapists establish trust, demonstrate empathy, understand clients, and so on. These qualities are essential. If a therapist lacks this quality, obviously he or she cannot form this alliance or bonding. So, this is the second aspect of this therapy. The third aspect is hope-enhancing. So hope enhancing aims to increase hopeful thinking in clients who may lack hope in general or in specific life domains.

So through these other phases, the initial phases, the client and therapist identify their problems or lack of hope in whatever areas they have. Now they try to enhance hope in this phase using goals, pathway thinking, and agency thinking that we discussed earlier. So, goal development therapists help clients to develop clear, positive, specific goals. Pathway thinking therapists teach clients to break down pathways into smaller steps and think creatively about achieving goals, addressing all the obstacles one by one. Therapists help clients to increase motivation by exploring past successes and strategies that clients have used to overcome.

It encourages positive self-talk and focus, enjoying the process of pursuing goals rather than just the outcomes. So the client motivates, you know, the therapist intervenes at the motivational level to increase motivation, to reach goals, and so on. So these are the things: all three aspects of hope are the interventions done in this hope-enhancing stage. So, the client visualizes, rehearses, sets goals, pursues, takes actions, and so on in this stage as well.

The last one is the hope reminding phase. It is the final stage of therapy. It focuses on teaching clients to self-monitor their hopeful thinking and sustain high levels of hope independently. Teaching clients self-monitoring is very important because, after therapy, it is a lifelong process. Every kind of development is a lifelong process.

So beyond the therapy session, the client needs to be able to monitor this. So that is what is taught in this last phase. So it ensures that the client maintains the progress achieved during therapy. beyond the therapy also and continue to apply these techniques. So, self-monitoring techniques are taught in this stage. Clients are encouraged to review personal hope stories created during the hope-finding phase.

Identify a hopeful buddy in their personal life for support and reinforcement during challenging times. Reflect on past successful goals pursued and the strategies that led to success; complete automatic thought records to identify and address barriers in their thoughts, and so on. All these self-monitoring techniques are taught to the client so that when they go into their real life after the therapy, they are also able to monitor themselves, whether they are stuck or not, so that they know what they can do in terms of continuing to progress in that direction. The therapist, in that phase, basically prepares for the termination of the therapy by giving or developing post-treatment goals and a plan for potential setbacks, and conducts daily hope checkups.

So, which involves setting simple daily goals, slightly more challenging weekly goals, and so on. This is how what is done in this phase. With this, we end the content of the course. Since this is the last lecture of this course, we'll just kind of summarize what we have gone through throughout this journey. So, we have come to the end of this journey of the course, Applied Positive Psychology. So, if you look at what we have gone through, what the journey is all about.

So, in a nutshell, we can say that what we have done here is delve deep into the science and theories of positive psychology. And we try to apply each of these theories into our day-to-day life context, and we have also discussed how these positive psychology principles can be applied in certain broad setups like workplaces, educational setups, therapies, and counseling, and so on. So in that context, we said this is applied positive

psychology. We are not just talking about theories in this course. We also try to apply these theories in our day-to-day life, which includes personal life and professional life, using various interventional exercises throughout these courses.

And at the end, we talked broadly about how these principles can be applied in contexts like workplaces, education, and therapies. Now, we should remember that when we talk about positive psychology, people often think it is only about positive, positive, positive. Positive psychology is never, you know, only about talking about positive things and it never denies the existence of suffering and negative states of human existence. So it never ignores the pain for the sake of constantly chasing happiness and so on. So we understand that this part is already there, and the suffering and the negative part have already been taken into account, and a lot of research has already gone into it, so positive psychology focuses on the other aspects of it so that we can have a full spectrum of human experiences because this aspect was neglected in the other sub-disciplines of psychology, more specifically clinical psychology and so on.

So positive psychology addresses the other. Neglected parts of the human experience, which include positive experiences, well-being, and flourishing in life, are the focus of positive psychology, which looks at the full spectrum of human experiences by embracing the negatives and acknowledging them. It also focuses on cultivating mindset, habits, and relationships that foster well-being, and so on.

So, this is what we should remember. Positive psychology, when we talk about it, is not just about being positive. It also acknowledges the other party. Focus is given because this was not given enough attention in the earlier research and other sub-disciplines of psychology. So, thank you for being part of this journey, and I hope it has been as meaningful and inspiring for you as it was designed to be. So, with that, I will stop here. Thank you.