THE THERAPIST’S NOTEBOOK ON POSITIVE PSYCHOLOGY

Activities, Exercises, and Handouts

BILL O’HANLON
BOB BERTOLINO
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THE P.O.S.I.T.I.V.E. FRAMEWORK
From Research to Practice

_Happiness:_ What We Know So Far from the Research

We begin here by highlighting a few points that underscore the activities and exercises in Chapter 1:

Most of us are bad at predicting what will make us happy.
We tend to overestimate the positive impact of having more money, more material objects, and good things happening to us will increase our happiness. We tend to overestimate the negative impact of having bad things happen to us.

Most of us are pretty happy.
And we tend to have stable happiness levels through life (this is often called our happiness set point), although most of us get a little happier as life goes on (and there is often a slight dip in happiness levels at mid-life). There are some things that can increase or decrease our general happiness levels for short or prolonged periods. Stress, anxiety, and depression can bring down the levels of happiness. We discuss this research throughout this book while relating it to clinical work.

Subjective well-being is a little different from happiness. It involves:

- Satisfaction with life conditions
- Experience frequent positive emotions
- Experience infrequent negative emotions (Diener, 1984)

A certain percentage of our happiness/subjective well-being (some estimate 40%) can be changed by things we do and shifts in attention and attitude. Jonathan Haidt (2006) provides a nice formula in his book, _The Happiness Hypothesis_: \( H = S + C + V \), where \( H \) is your general happiness level, \( S \) is your happiness set point, \( C \) is your life conditions, and \( V \) is your voluntary activities. This last is the territory we cover in this book—the things you and your clients can do to affect happiness levels and one’s sense of well-being.

And perhaps we should give you a definition of happiness before diving in. There are many, of course, and no correct definitive on which all can agree, but for clarity and simplicity, we quite like this one:

\[
\text{Pleasure/Positive Emotions} + \text{Engagement} + \text{Meaning} = \text{Happiness}
\]

But mostly, of course, aside from definitions and formulas, most of us know when we are happy or satisfied quite well without any help from the scientists or theorists.

In this chapter we introduce the overall framework that we will use to organize the disparate material from Positive Psychology and allied areas of research. We provide at least one activity or exercise to use based on the particular area of focus or research finding.

While there have been some articles and even a book or two on psychotherapy approaches that derive from the findings in Positive Psychology, these were for the most part either unsatisfying to us
because they didn’t provide much practical guidance or specifics, or they were written by theorists or researchers.

Our primary guideline for translating this research is practicality and a realistic understanding of clinical work. Also, we don’t expect you, the reader, to use every one of these exercises or activities. The book is divided into “bite-sized” pieces, making it easy to dip into one or the other of them and try them at random. Of course, if you prefer, you could read them through or try them out more systematically, but this is not necessary to get the value out of this volume.

If you have a background in more traditional approaches, this new emphasis may take some time to incorporate or shift into. It may take even more time for it to feel natural. That’s okay. Our goal is not to make whatever you are currently doing obsolete (or wrong), but rather to supplement and expand your repertoire and viewpoint.

Approach these activities and exercises with openness, and you should be fine. Now, on to the first chapter and exercises.

References

Clean Your Well-Being with S.O.A.P.

Overview

There is a lot of material in this book. We don’t want you to get overwhelmed. To start things out and keep them simple, we offer a brief overview of the four key areas that have been shown in Positive Psychology research to have a significant impact on people’s sense of well-being and happiness. We have organized the book with the mnemonic P.O.S.I.T.I.V.E., but for now let’s make things even more memorable with the shorter mnemonic S.O.A.P.

S.O.A.P. stands for

**S.** = Social connections, probably the most neglected in our busy and isolated modern lives; if you have a rich social life (not busy, necessarily, just rich) and positive social connections, you will likely be happier.

**O.** = Optimism; if you approach life and troubles with a more optimistic explanatory style and attitude, you are more likely to be happy. Luckily, this is learnable.

**A.** = Appreciation/gratitude; if you can wake up to the wonders of the world and the blessings you have, you will likely find yourself being more satisfied in your life.

**P.** = Purpose/meaning; if you have the sense that your life is about something more than satisfying your personal needs and wants and you feel it has a bigger meaning and purpose, again, you are more likely to be satisfied.

Suggestions for Use

This exercise is primarily for you the therapist, although you are welcome to invite your clients to do it as well. It is designed to “get you into” the field of Positive Psychology, and give you an overview of where we are going in this book and some of the key concepts and activities that can make a difference in your clients’ lives that derive from that field.

Exercise

To complete this exercise, please complete the following steps.

1. In the space below, list your significant social connections. This includes:

   **Friends**
   **Romantic relationships**
   **Friendly co-workers**
   **Pets**
   **Family members**
   **Neighbors**

   Groups in which you have good connections with one or more members:
   **Church congregations**
   **Choirs/musical groups**
   **Book groups**
   **Sports teams**
Military units

Work groups

Professional organizations

Live or web-based interest groups

Self-help/support groups

Your extended family

[Fill in any other groups in your life that haven’t been covered in this list]

2. Now, next to each entity on the list in Step 1, make a note of how often you get together with these social connections. You might also comment on the value you get from each of them.

- Do you have a sense that overall the connections on your list make your life richer and happier?

- Is there any area of your social life that you feel you have neglected and would like to rehabilitate or put more effort into and attention on?

- Is there any part of your social life that is unsatisfying and you would like to change to make it better?

3. Let’s now assess your sense of optimism.

- When you face troubles or problems, do you tend to be bleak in your outlook? Hopeful?

- When there is trouble, do you tend to think things will be better before long, or that this is just another in a long line of troubles?

- Do you get down on yourself and think there is something wrong with you when you are stressed or face difficulties?

- Do you tend to see problems as passing things or evidence of more deep-seated and pervasive issues?

We will discuss the optimism/pessimism spectrum in a later chapter, but for now just notice your tendencies. The good news is that if you tend to be pessimistic, this automatic response has been shown to be changeable, and that change can have an impact on your sense of happiness and well-being.

4. Assess your habits of gratitude and appreciation.

- Do you find yourself regularly feeling grateful?

- Do you frequently express your gratitude to others?

- Do you often “stop to smell the roses,” or do you often get caught in the day-to-day and get too busy to notice the everyday wonders and pleasures of life?

5. Do you have a sense that you have found and are living a life with purpose and meaning?

- Do you have a sense that the work you do is part of why you are alive?

- Do you have a sense that you are part of something bigger?
- Do you know the reason you are alive?

- Are you fulfilling your purpose?

Okay, that was our quick walk-through and introduction to some of the most cogent issues that impact happiness and well-being. Don’t worry about your answers. We weren’t trying to get you to judge yourself or decide whether what you are doing or ways you are being are right or wrong. We just wanted to start to raise your awareness of these areas and how they might affect your life and well-being.
Knowing Your Signature Strengths as a Therapist

Overview

One of the cornerstones of Positive Psychology is character or signature strengths. The concept of character strengths evolved out of examining positive youth development and the exploration of what qualities represent “good character.” Character in this sense has evolved into a “family of positive dispositions” (Peterson, 2006). In general, character or signature strengths are positive traits that include individual differences such as perspective, curiosity, kindness, gratitude, hope, and teamwork. Researchers Peterson and Seligman (2004) identified 24 character strengths and organized them under the following six core virtues:

Virtue #1: **Strengths of Wisdom and Knowledge**: include positive traits related to the acquisition and use of information in the service of the good life.

1. Creativity
2. Curiosity
3. Love of learning
4. Open-mindedness
5. Perspective

Virtue #2: **Strengths of Courage**: entail the exercise of will to accomplish goals in the face of opposition, external or internal.

6. Authenticity
7. Bravery
8. Persistence
9. Zest

Virtue #3: **Strengths of Humanity**: include positive traits that manifest in caring relationships with others.

10. Kindness
11. Love
12. Social intelligence

Virtue #4: **Strengths of Justice**: are broadly social, relevant to the optimal interaction between the individual and the group or the community.

13. Fairness
14. Leadership
15. Teamwork

Virtue #5: **Strengths of Temperance**: are positive traits that protect us from excess.

16. Forgiveness/mercy
17. Modesty/humility
18. Prudence
19. Self-regulation
Virtue #6: *Strengths of Transcendence:* strengths that allow individuals to forge connections to the larger universe and thereby provide meaning to their lives.

20. Appreciation of beauty and excellence  
21. Gratitude  
22. Hope  
23. Humor  
24. Religiousness/spirituality

The purpose of this exercise is to familiarize you as a therapist with the aforementioned character strengths. With this understanding, you can continue to develop your strengths and better help your clients develop and expand their strengths in the future.

Suggestions for Use

This exercise is for therapists. A parallel exercise, “Knowing Your Character Strengths as a Client,” is available for use with clients. To complete this exercise, you will need access to the Internet and the website, www.authentichappiness.org. The Internet portion of this exercise will take approximately 30 minutes to complete. It is also advisable to have a means for saving or printing out your results.

Exercise

To complete this exercise, please complete the following steps.

1. You will need the following resources for this exercise:  
   - Access to a computer.  
   - An e-mail address.  
   - Ability to save your results to the computer or a flash drive for later access. (*Note:* You will be able to save your results on the website you will be accessing; however, you may want to access those results more quickly and at times that you may not be able to connect to the Internet.)  
   - Access to a printer if you would prefer a hard copy of your results.  
   - Approximately 30 minutes of your time.

3. Create a login.  
4. Log in. Select and complete the VIA Signature Strengths Questionnaire.  
5. Review the results of your survey. Pay particular attention to your top five strengths. List those strengths in the space below.  
   My Top Five Strengths:

1.  
2.  
3.  
4.  
5.  

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6. What stands out for you in reviewing the results from your survey?


7. Next, consider an example of how you use each of your top five strengths in the present. Write those examples in the spaces below.

How I Use My Top Five Strengths in the Present:

1. 
2. 
3. 
4. 
5. 

8. Choose one of your top five character strengths. Think of one thing you can do over the next week to develop that strength further. What you choose to do should be different from what you have done in the past or present regarding that strength. Write your plan in the space below.


9. What did you learn as a result of completing this exercise? How can you use what you have learned to help your clients?


References

Knowing Your Signature Strengths as a Client

Overview

This exercise is the client parallel to “Knowing Your Signature Strengths as a Therapist.” The concept of character strengths is a cornerstone of Positive Psychology. The concept of character or signature strengths evolved out of positive youth development and the exploration of what qualities represent “good character.” Character in this sense has evolved into a “family of positive dispositions” (Peterson, 2006). In general, character strengths are positive traits that include individual differences such as perspective, curiosity, kindness, gratitude, hope, and teamwork. Researchers Peterson and Seligman (2004) identified 24 character strengths and organized them under the following six core virtues:

Virtue #1: Strengths of Wisdom and Knowledge: include positive traits related to the acquisition and use of information in the service of the good life.

1. Creativity
2. Curiosity
3. Love of learning
4. Open-mindedness
5. Perspective

Virtue #2: Strengths of Courage: entail the exercise of will to accomplish goals in the face of opposition, external or internal.

6. Authenticity
7. Bravery
8. Persistence
9. Zest

Virtue #3: Strengths of Humanity: include positive traits that manifest in caring relationships with others.

10. Kindness
11. Love
12. Social intelligence

Virtue #4: Strengths of Justice: are broadly social, and relevant to the optimal interaction between the individual and the group or the community.

13. Fairness
14. Leadership
15. Teamwork

Virtue #5: Strengths of Temperance: are positive traits that protect us from excess.

16. Forgiveness/mercy
17. Modesty/humility
18. Prudence
19. Self-regulation
Virtue #6: *Strengths of Transcendence*: those that allow individuals to forge connections to the larger universe and thereby provide meaning to people’s lives.

20. Appreciation of beauty and excellence
21. Gratitude
22. Hope
23. Humor
24. Religiousness/spirituality

The purpose of this exercise is twofold: (1) to help your clients identify their character strengths, and (2) to more actively employ character strengths in everyday life.

*Suggestions for Use*

This is an exercise for clients. It is recommended that therapists complete a parallel exercise, entitled “Knowing Your Signature Strengths as a Therapist,” prior to working with clients on this exercise. To complete this exercise, the client will need access to the Internet and the website, www.authentichappiness.org. The Internet portion of this exercise will take approximately 30 minutes to complete. It is also recommended that there be a means for saving or printing out the results. Before having the client complete this exercise, it is recommended that the therapist go over the resources needed for the exercise.

*Exercise*

The client will need the following resources for this exercise:

- Access to a computer.
- An e-mail address.
- Ability to save his (her) results to the computer or a flash drive for later access. (*Note:* The client will be able to save his (her) results on the website; however, the client may want to access those results more quickly and at times that he (she) may not be able to connect to the Internet.)
- Access to a printer if the client would prefer a hard copy of the results.
- Approximately 30 minutes of time.

Next, have the client complete the following steps.

2. Create a login.
3. Log in. Select and complete the VIA Signature Strengths Questionnaire.
4. For the client: Review the results of your survey. Pay particular attention to your top five character strengths. List your top strengths in the space below.

My Top Five Strengths:

1. 
2. 
3. 
4. 
5. 
5. Ask the client: “What stands out for you in reviewing the results from your survey?”

6. Think of an example of how you use each of your top five strengths in the present. Write those examples in the space below.

How I Use My Top Five Strengths in the Present:

1. 
2. 
3. 
4. 
5. 

7. Choose one of your top five strengths. Think of one thing you can do over the next week to develop that strength further. What you choose to do should be different from what you have done in the past or present regarding that strength. Write your plan in the space below.

8. What did you learn as a result of completing this exercise? How can you use what you have learned to help your clients?

9. Talk with your therapist about your top strengths and what you learned from this exercise.

References

Something Different Each Day: Using Signature Strengths in New Ways

Overview

This exercise is designed as a continuation to the client exercise entitled “Knowing Your Signature Strengths as a Client.” The purpose of this exercise is to help clients to use their top strengths in new and creative ways in the future. In doing so, clients will be able to use their strengths to experience higher degrees of well-being and to better face future challenges.

Suggestions for Use

It is necessary that clients first complete the exercise entitled “Knowing Your Signature Strengths as a Client.”

It is further recommended that therapists complete two exercises entitled “The Four Pillars of Positive Psychology” and “Knowing Your Signature Strengths as a Therapist” prior to working with clients on this exercise. The latter will familiarize therapists with the concept of signature (character) strengths.

Exercise

For this exercise, have the client complete the following steps.

1. List your top signature strengths (from the exercise “Knowing My Signature Strengths as a Client”) in the space below.
   My Top Five Strengths:
   1. ____________________________
   2. ____________________________
   3. ____________________________
   4. ____________________________
   5. ____________________________

2. Select one of your top five signature strengths and write it in the space below.

3. Think of how you can use the signature strength you selected in a different way, each day for the following seven days.

   Examples:
   Signature Strength       Action
   ____________________________     ____________________________
   Open-mindedness          In conversation, take a position that is at odds with your private opinion.
   Curiosity                Read about something that you know nothing about.
   Humor                   Make at least one person smile or laugh per day.
   Leadership             Organize a social get-together with your friends.
   Appreciation of beauty  At least once a day, stop and notice the natural beauty of something.
Day 1: ____________________________________________________________

Day 2: ____________________________________________________________

Day 3: ____________________________________________________________

Day 4: ____________________________________________________________

Day 5: ____________________________________________________________

Day 6: ____________________________________________________________

Day 7: ____________________________________________________________

Be sure to actively practice your signature strength in the ways listed in the space above!

4. At the end of seven days, reflect on and write what you have learned as a result of this exercise. If possible, discuss what you have learned with your therapist.

5. Repeat Steps 2 and 4, using a different signature strength from your list of top five.

6. Once you have completed this exercise with each of your top five signature strengths, continue with the other strengths listed on your survey.
The Pygmalion Effect

Overview

Some years ago, Robert Rosenthal (Rosenthal & Jacobson, 1992) coined the term the “Pygmalion Effect” to describe the tendency we have to bring our ideas and expectations to life in others (or during social science experiments if they are not double-blind studies). This effect is based on the Greek story of Pygmalion, a sculptor who made a statue of his ideal woman, with which he then fell in love. The gods, so moved by the beauty of his art and his love, brought the statue to life. In a similar way, we tend to bring our expectations and ideas to life in our clients. Executive editor for the online National Teaching and Learning Forum James Rhem (1999) writes:

When teachers expect students to do well and show intellectual growth, they do; when teachers do not have such expectations, performance and growth are not so encouraged and may in fact be discouraged in a variety of ways. (p. 1)

Bill was speaking about this during a presentation he did for a school district. The counselors and teachers there told him a true-life story about the Pygmalion Effect in action. It seems as if a teacher was driven off from the teaching profession by “the class from hell.” She just couldn’t get them to behave and they regularly disrupted whatever attempts at teaching she tried. When she resigned, no other teacher at the school was willing to take her place, so the principal, in desperation, called a student teacher from the year before who had applied for but was turned down for a teaching position, and offered her the job without telling her about the nature of the class. She accepted and when she showed up for work, he showed her to her classroom and quickly beat a retreat. When he visited the class some weeks later, however, he was surprised to find the class well-behaved and cooperative. After the students left, he congratulated the new teacher on how well the class was doing. She thanked him and then said, “Well, really, thank you, because I discovered your little secret the first day.” “You did?” he said uncomfortably. “Yes, the previous teacher had left a clue,” she said and pulled open her desk drawer. “I found their IQ scores listed here.” The principal looked at the list and saw the students’ names with various numbers such as 150, 145, 149, 170, and so on. He was perplexed for a moment, and then it struck him. Those were their locker numbers! The teacher had mistakenly assumed she had very bright students (their locker numbers were grouped together because they were in the same homeroom) and that they just needed a creative approach to engage them in learning. She treated them as capable, and they responded by being capable.

Suggestions for Use

There are two implications of the Pygmalion Effect in applying Positive Psychology in therapy. One is to beware of low or negative expectations of clients. Those expectations may influence the clients and the course of therapy in bad directions. The other obvious implication is to expect the best from your clients—expect them to change in positive directions, to be capable, and to be positively motivated and sincere in their desire to change. Occasionally, students or supervisees will ask us what we do when clients don’t really want to change or they are getting hidden gains from having their problems or symptoms. Our reply is that we don’t have those thoughts. We come to our therapeutic encounters with a certain mind-set partly due to our therapeutic values (we believe in people and their possibilities) and partly because we know about the Pygmalion Effect.
Exercise

Consider the following ways to use this strategy in sessions:

- Be careful about reading thick files filled with discouraging or negative diagnoses or prognoses before you see the client, the family, or the couple. We usually prefer to see clients before we read those charts to develop our own first impressions rather than having them influenced too much by others with different philosophies and values.
- With cases in which you find yourself being annoyed or frustrated with certain clients, check your expectations and ideas about them. If you can, go to a neutral or more positive mind-set.

References

The Plus Side

Overview

For the first 100 years, psychology and, subsequently, psychotherapy focused almost exclusively on pathology and deficit. Emphasis was on the amelioration or removal of symptoms; moving people from being sick to not sick, or said differently, from a negative to a neutral state. It was largely believed that people could not go from a negative to a positive state and be healthy. Fortunately there were outliers to this kind of thinking. Carl Jung, Abraham Maslow, Carl Rogers, and others saw a positive side to the human condition. Soon others followed—those who focused not just on the problems people faced, but on helping such persons achieve a higher quality of life. Known as the “plus” side of life, emphasis was placed on how people could develop their resiliencies, coping skills, connections to others, and so on, to live healthier lives and prevent illness. The purpose of this exercise is to help clients move from a zero state to a positive state—to a plus one, plus two, or beyond by building on the four pillars of Positive Psychology discussed throughout this book: Positive Emotion, Meaning, Positive Relationships, and Positive Accomplishments.

Suggestions for Use

Introduce to clients the idea that there are two major focuses of psychotherapy. The first is to help people with the concerns and problems that affect their functioning. The second is to assist people with increasing their life satisfaction and well-being. With the latter, we strive to help people to experience more of the positive side of life, to live happier and healthier lives. Talk with clients about how this exercise can help them build the “plus” side of their lives so that they will not merely experience a reduction in symptoms but that they will flourish in the future. It may also be helpful to explore the benefits of the positive side of life—increased happiness and joy, greater meaning in life, improved relationships, and more accomplishment. These “pluses” can also contribute to better health, longevity, and well-being.

Exercise

For this exercise, say to the client:

In addition to working on the concern or problem you are currently facing there is much more that can be done to achieve the life you want for yourself. That is, resolving a problem will likely get you back to “zero,” so to speak, but it does not necessarily mean that you will be happier and more satisfied with your life. This exercise will help you to move to the “plus” side of your life so that you may flourish.

Next, have the client complete each of the sections that follow.

1. Take a moment to consider the kinds of things inspire you, move you, bring about meaning for you, or connect you in positive ways with others throughout your life. Do not limit your thinking to where you live, who you know, or what you do career-wise. Scan the “bigger” world for things that could make your life just a little more satisfying even if you have yet to have specific experiences with those things. In the space provided below, make a list of the things that come to mind. Try to be spontaneous.
2. Next, on a scale of 1 to 5, with 1 representing a low degree of influence the item might have on your overall life satisfaction and 5 representing a very high degree of influence the item might have on your life satisfaction, assign a rating to each of the things you listed under Step 1. Write the assigned number next to each item.

3. Select the top five from your list and write them in the space below. After you have done this, choose one of the items from your list and proceed to Step 4.

1. 
2. 
3. 
4. 
5. 

4. Referring to the item you selected in Step 3, describe any positive emotions, meaning, connection to others, or accomplishments that experiencing more of that item might bring about for you.

5. Identify and plan a single step that you can take to experience the item you listed in Step 3 more fully in your life. Make sure the step is something that you can realistically do over the next two days.

6. Take the step described in Step 5.

7. Write any positive emotions, new meanings, new connections, or sense of accomplishment you experienced from taking the step described in Step 5.

8. Make a plan to continue the activity you have engaged in.

9. Add one additional activity from your list (Step 3) and repeat Steps 4 through 8.
Happy Talk, Keep Talking Happy Talk

Overview

A leading Positive Psychology researcher, Barbara Fredrickson, has the “broaden and build” theory of the usefulness of positive emotions. Negative emotions have their use, she thinks. They help narrow your focus. This is important sometimes, like when you are running from some potential danger. Positive emotions, in her view (and backed up by her and others’ research), help people broaden their awareness and focus of attention (Fredrickson, 1998). This broadening opens them up to new input and learning, which in turn builds skills and abilities. Several studies support this view and they can be instructive for therapists.

Suggestions for Use

While not avoiding or minimizing problem talk, which is after all what brought most people into treatment, a skilled therapist learns to marble that problem talk with talk about solutions, exceptions to the problem, positive coping skills, resilience, competence, strengths, new perspectives, humor, and other aspects of the situation so that the negative talk doesn’t overwhelm or stress the person in treatment too much.

We offer the following case example to assist with this exercise:

Bill was once giving a presentation to home-based family workers. As he discussed a more solution-based way of working, a young woman raised her hand and told him of a family with which she was working recently. The teenager was described by everyone the caseworker had heard from as incorrigible, a sociopath, trouble, uncooperative, etc. She was having some difficulty finding any redeeming qualities of this young man, even from himself. He also described himself as a “bad kid.” One day, however, during her daily visit to the family home, the boy fell asleep during the session. The caseworker asked the parents to wake him up, and they suggested he be allowed to sleep. They explained that he had been up all night with his newborn baby sister, comforting her with her bad case of colic. No one else had been able to get the baby to calm down and stop coughing and crying except this “bad boy.” The caseworker said that when she heard that story, she knew there was another side to this young man about which she had heard very little. She felt hope for the case for the first time.

Exercise

For the next week or so, practice listening for exceptions, solutions, strengths, competence, positive coping, competence, and resilience.

• When you hear any of these more positive reports or hints, if appropriate, ask more about them. If it is not the right moment to ask about them, take note of them and return to them later.
• If you don’t hear any reports of such things, marble in some questions that might elicit such reports in your assessment or session.

Reference

**Those Were the Days**

**Overview**

Researchers asked children who were about to perform a new learning task to spend 30 seconds remembering happy things. They found that those children did better on learning tasks they were given just after remembering the happy stuff (Masters, Barden, & Ford, 1979). When clients come to therapy, we are hoping they learn new things (new ways of thinking about and viewing things, new habits and actions, new ways of approaching situations and others). It makes sense, therefore, to spend a short time before asking them to learn something new, to have them evoke a pleasant memory.

**Suggestions for Use**

This insight from Positive Psychology could be especially useful for clients for whom learning new things is challenging. And we therapists should keep in mind that when we ask our clients, even those who have a relatively easier time learning new things but who might be stressed at the moment, for change. For example, a couple who reaches a crucial point in couples therapy where the tensions are high might be helped by taking a moment to remember a time of connections or happiness before asking them to change their conflict styles.

Virginia Satir, the late family systems therapist and developer of Conjoint Family Therapy, would at times ask couples in the midst of conflict to recount what had first attracted them to one another. When they were sufficiently connected to those positive reminiscences, she would then guide them through making relational changes.

**Exercise**

For this exercise, focus on the following points with your clients:

- When asking clients to shift their habits or viewpoints, spend a short time reminding them of some pleasant memory they have related that is somehow connected to the challenge they are facing.
- When a client is reacting defensively, ask them to stop and refocus for a moment. Ask them to recall a pleasant vacation or a particularly good time in their lives. Explain that this brief interlude is meant to get them recharged and ready for the next piece of changework they will do.
- You might suggest that clients bring in a photograph of a treasured friend or of themselves at a happy time in their lives and refer to it if the going gets tough in therapy.

**Reference**

Evoking a Positive Mood

Overview

Another study, akin to the previous one about recalling pleasant moments, showed that interns were better at diagnosing a hard-to-diagnose case of liver disease after they had been given a piece of candy (Isen, Rosensweig, & Young, 1991). They didn’t eat the candy (so a surge in blood sugar wasn’t a factor), but just having received a very small gift, they were in a more pleasant (recall Barbara Fredrickson’s “broaden and build” theory of the utility of positive emotions) and more open state. Because we as therapists are hoping to invite our clients to be more open, evoking a positive mood might help the change process.

Suggestions for Use

This exercise is designed for use with clients, but of course, if you have a particularly problematic client in mind, you could use any of the activities to help you develop a more open mind-set.

Exercise

For this exercise, consider doing one or more of the following things to influence and encourage more “positivity” among your clients:

- Leave little pieces of candy in your waiting room.
- Leave joke books in the waiting room.
- Put a beautiful video on a TV in the waiting room.
- Give clients small, unexpected treats, such as a handout for coping with the holidays if they have had trouble in that area previously, right before the session. These little gifts can help clients get in a more positive frame of mind and mood.

Reference

Last Impressions

Overview

It turns out that the last thing we experience influences what we remember. Researchers were searching for a way to increase the percentage of people at risk for colon cancer to return for recommended follow-up visits after their first colonoscopy. This was in the days when colonoscopies were painful (these days, physicians tend to put patients in “twilight states” to make the procedure much less uncomfortable). Many patients, after the rather painful first procedure, would tend to avoid future procedures. But either because they had family risk factors or the first exam had shown they were at risk for cancer, they were urged to schedule follow-up colonoscopies. Researchers discovered a clever way to increase compliance. Because they knew from other experiments that people tended to judge experiences by what they remember about them and that the last thing that happens in an experience tends to color the memory of the whole experience, they asked the examining physicians to try leaving the proctoscope in at the end of the procedure for a few minutes without moving it around. This resulted in a significant increase in those patients scheduling follow-up procedures (Redelmeier & Kahneman, 1996).

Suggestions for Use

Be sure to end therapy on a positive note (or at the very least, a neutral one). If the client has been upset, angry, or in some negative mood during the session, help him shift his mood or attention before he leaves. The easiest way to do this is to end the session with a compliment.

Exercise

Write a list of compliments and acknowledgments you could give clients to end the session on a positive note:

- It might be about the effort they made to come to the session. Some people have to rearrange schedules, deal with difficult insurance matters, take public transportation, and so on. Some people have had to overcome reluctance or fear of the therapy process, medications, or something else about the therapy process. You can let them know you are aware of and appreciate the effort it took them to come in.
- It could be about the progress they made during the session or over the course of treatment.
- It could be about a particular insight or piece of therapeutic work they did in the session.
- It could be about some challenging thing they faced between sessions.

Reference

Labels Can Stick Like Crazy Glue

Overview

Attribution Theory tells us that the meanings and labels we attribute to situations, things, or people strongly influence our subsequent behavior and perceptions. So we can make an effort to attribute good labels and avoid unhelpful labels in therapy.

Researchers told some schoolchildren that they seemed like the kind of students who “care about good handwriting.” Those kids subsequently spent more of their free time practicing handwriting, even when they thought no one was watching them (Cialdini, Eisenberg, Green, Rhoads, & Bator, 1998).

In another experiment, students in a graduate-level class were asked to evaluate a potential new faculty member after he taught a sample class for them. Unbeknown to the students, half of them were given a biographical sketch of the potential faculty member that had two small words different from what the other half were given. We have provided the biographical statements below with the different words highlighted in bold.

Mr. ________ is a graduate student in the Department of Economics and Social Science here at MIT. He has had three semesters of teaching experience in psychology at another college. This is his first semester teaching EC 70. He is 26 years old, a veteran, and married. People who know him consider him to be a very warm person, industrious, critical, practical, and determined.

Mr. ________ is a graduate student in the Department of Economics and Social Science here at MIT. He has had three semesters of teaching experience in psychology at another college. This is his first semester teaching EC 70. He is 26 years old, a veteran, and married. People who know him consider him to be a rather cold person, industrious, critical, practical, and determined.

The class got the same lecture, but at the end, when asked to rate the instructor for possible hiring as an instructor, the students who had read the description of a “very warm” person rated him as “good-natured, considerate of others, informal, sociable, popular, humorous, and humane,” while those who read that he was “rather cold” rated him as “self-centered, formal, unsociable, unpopular, irritable, humorless, and ruthless.”

The point these experiments make to therapists in a clinical setting is that the labels and attributions we have been provided or come up with based on our theories and backgrounds can influence both the evaluations we make of the clients and their possibilities and perhaps even the sense the clients have of these things.

This doesn’t mean we have to avoid any diagnostic labels (they are useful for insurance reimbursement, if for nothing else), but we must be careful about using labels that are discouraging, blaming, attribute bad intentions, or imply that people can’t or won’t change.

In a recent study, Carol Dweck and colleagues (Blackwell, Trzesniewski, & Dweck, 2007) found that people who believe personality can change were more likely than others to bring up concerns and deal with problems in a constructive way. Dweck et al. hold the view that a fixed mind-set can foster a categorical, all-or-nothing view of people’s qualities; this view tends to lead to ignoring festering problems or, at the other extreme, giving up on a relationship at the first sign of trouble.

A friend of Bill’s told him a story about going to a consultation group at a new job he took at a mental health facility. In his first meeting, he noticed that sometimes, when someone in the group was discussing a case, the psychologist consultant would silently hold up two fingers and the discussion would halt and move to a different client. After the meeting, Bill’s friend asked one of his fellow
employees what the two fingers meant and why the discussion would stop when the consultant held them up. “He means that the patient is Axis 2, and because they have a personality disorder and one can’t change personality, we shouldn’t even bother to discuss them.” Bill’s friend, being more oriented toward a solution-based and hopeful approach to therapy, was stunned by this explanation. And so are we. If you attribute things to your client (or patient if you prefer) that preclude the possibility for change, that, in our view, is not a statement about reality, but an attribution. Find another attribution that can fit with the facts as well as the previous unhelpful attribution that gives you and the client some hope for better things to come.

Suggestions for Use

These are the attributions to be careful to avoid from you as a therapist or from clients and their families or the people who might influence them:

- Ideas of incompetence
- Ideas of unwillingness to change
- Ideas of inability to change
- Ideas of bad intentions
- Ideas of bad or deficient personality traits
- Ideas of impossibility

When you as a therapist come across such ideas in yourself or in others related to your client or the course of therapy, gently challenge them and offer alternate ideas.

If the idea is one you’ve developed or gotten stuck on, consider checking with colleagues or a supervisor to get different perspectives or ideas about the person or situation. Or try reading a book or attending a workshop with someone who has a different and more hopeful view about clients or about this type of client.

If the idea comes from the person or their intimates, you might say something like: “That might be the way it is. Have you considered this other way of thinking about it?” Or, “Maybe he can’t change or maybe he hasn’t been approached in a way that engages his motivation to change yet.”

Exercise

For this exercise, reflect on the following points and consider what you might do in response to them.

- Think of a very challenging case you’ve dealt with in the past. Identify the unhelpful and unhopeful attributions you might have made in this case. Then consider a different way of thinking about the person, people, or situation. What might be a more generous, helpful, or hopeful attribution to make that would still fit with the facts of the situation?
- Identify a label that a current client has and consider a different label for the same trait or situation. For example, rather than “resistant,” the person could be seen as “hesitant,” or “frightened,” or “skeptical,” or “confused,” or “coerced.” Or, instead of being “unable to express his feelings,” one could imagine the person has “learned not to notice and articulate very easily what is happening with them.” Instead of being borderline, perhaps the person could be re-seen as “ambivalent.” We don’t suggest an unrealistically positive view here, but a more generous, change-oriented one.
- For the next few weeks, seek to discover anything or any area in the client’s life that can and does change rather than orienting to the aspects of them and their lives that don’t change or aren’t changing.
References


Attention! Deficit Disorder: Finding Contexts of Competence

Overview

When people come to therapy, they are often feeling incompetent and resourceless. But those same clients usually have areas in which they are quite competent and feel confident. Helping them connect with this sense of competence can shift them into a more resourceful state as well as sometimes provide real skills and solutions to the problem at hand.

For example, a wife was frustrated with her engineer husband because he was not good at expressing affection. She was on the verge of seeking a divorce because she had complained about this for quite some time—to no avail. In therapy, the husband was asked about what he liked so much about being an engineer. He said he liked to map out and analyze problems so he could help solve them. It was then suggested he make an analysis of the problems in his marriage and bring it next time. He showed up with a detailed diagram and happily showed it to the therapist and his wife. It turned out according to his analysis that there was a “glitch” in the system when he first arrived home from work most days. Some discussions clarified that he would usually go upstairs without, or with only barely, greeting his wife, who found this hurtful.

When we brainstormed solutions, we came up with the “patch” that he could seek out and hug his wife when he walked in the door. He did so, but she said most of the time the hug was perfunctory and not satisfying to her. We then created some “specs” for the husband, detailing what a “good hug” consisted of, according to her standards. It was 45 seconds, full frontal contact. That was minimum specs. Maximum was that he would wait for her to break off the hug first. He readily dove into mastering good hugs and the wife was not only happier with the hugs, but was even more impressed with his obvious energy and enthusiasm for solving their problems. She saw that he had energy to change their marriage and gave up her plans for divorce.

Suggestions for Use

Investigate any areas of competence the client might have, asking him (her) and anyone else who might have such knowledge. Explore

- Hobbies/interests
- Work skills or knowledge
- Social skills or abilities
- Artistic or creative skills or abilities

Another way that you might use this strategy is to ask people about the wisest, kindest, most supportive person they know and what that person might do or suggest in the problem situation. This often evokes wisdom and competence from clients.

Exercise

For this exercise, focus on the following areas with your clients:

- Find out in what settings the person is competent and skilled.
- Ask them in more detail about this area and how they would handle difficult moments in that setting or context.
- Suggest that the person transfer skills, knowledge, and abilities from a context of competence to the problem area.
Find out who the person knows and knew who was uncommonly wise, kind, or supportive or who believes or believed in the person and their goodness and abilities.
What advice would that kind, supportive person give them or others who were facing this or a similar problem?

Questions to Use

- What do you do well or know a lot about? Where do you feel confident or competent?
- How might you use this competence or knowledge to help solve or cope with this problem?

Additional Resource

Symptom Trance: Waking Yourself and the Client

Overview

Psychologist Stephen Gilligan has a funny way of talking about clients with whom we have become stuck. He describes a trance induction process that can go like this:

(Client looks at therapist): Hello, I am glad to meet you. I’m depression. When you look at me, you will see only depression. I have always been depression; I’ll always be depression. When you look at me, you will no longer see a person; you will see only depression and hopelessness. Go deeper and deeper into the depression trance. Deeper and deeper.

When this happens, the therapist has been invited into a narrowed, symptom-focused trance. The client is already in such a state, but some have become so skilled at inviting others into this state that one can become convinced they will never change.

We refer to this as a “symptom trance,” in which the person becomes so absorbed in this resourceless state that they find it difficult to come out of the trance. If the therapist also becomes induced into this state, he (she) may find himself (herself) thinking things such as the following:

Perhaps this person can’t change. If I had such a life, suicide wouldn’t be that bad an option.
Oh, no, this client is on my appointment book again.

In our view, then, it is imperative for therapists to learn how to recognize and come out of the symptom trance.

First, learn to recognize when you (or the client) are in a symptom trance. Of course, one sign is if not much is changing in the therapy process. Another is if you as the therapist find yourself getting discouraged and hopeless in the therapy process. Another is if most people involved with the client and the case have the same story or idea about him (her) or it. Another is if the client continues to do, think, or feel the same kinds of things over and over without much variation.

In our view, there are healing trances and problematic (or symptom) trances. A healing trance validates the person, connects them with resources, and opens up possibilities. A problematic trance invalidates the person, disconnects them from resources, and closes down possibilities.

Suggestions for Use

One hint about what to do when confronted with a symptom trance in you or the client is indicated by the following story:

A physician who didn’t quite complete his medical training found himself on the battlefield in France in World War II, next to a French soldier who had been severely wounded in battle. His intestines were split open and threatened to spill out onto the ground, quickly ending the soldier’s life. The physician knew that if he could get the man to remain still, he might be able to save his life; but try as he might, with his little French, he could not communicate this to the writhing soldier next to him. In desperation, he found himself remembering a demonstration of hypnosis he had seen during his medical studies. Emulating all he could remember and using what little French he had, he repeated in a soft voice, “Your eyes are closing, your eyes are closing.” After a number of repetitions of this phrase, to his relief and amazement, the French soldier stopped writhing and seemed to go into a trance. His life was saved.

When he recounted what he had done to the surgeons, a mixture of British and French doctors, they all began to laugh and explained to him that what he had actually been repeating had been,
“Your ears are closing, your ears are closing.” What we found interesting about the story is what it reveals about trance induction. The words don’t matter as much as the repetition of things.

And this leads to our clue about how to break up the symptom trance and wake up yourself and clients from it. Begin to disrupt repetitive patterns in the clients’ and your behavior. If they recite a litany of similar complaints and reports to you week after week, politely but firmly interrupt and ask them about something entirely new and different. If you find yourself drifting away into an unhelpful trance, get up and move around to rouse yourself. Get a glass of water; change pens...whatever you need to do to wake up.

Another clue is that clients who feel invalidated (blamed, shamed, or undermined in their perceptions or sense of things) can go into such symptomatic trances. So, another way to bring them out of a trance is to identify where such shame, blame, or undermining of confidence in their own perceptions and sense of things is occurring and provide some simple validation or relief from blame or shame.

**Exercise**

For this exercise, focus on one or more the following areas with your clients:

- Notice which clients are inviting you into symptom and unhelpful trances.
- Notice which clients are in such symptom trances.
- Find any repetition in the client’s behavior, language, or nonverbals.
- Come up with and implement a plan to disrupt the pattern (and thus the trance) sometime during the session.
- Notice what worked. If nothing did, alter the plan and give it another try.
- If nothing is working, try identifying some place in which the client feels blamed, shamed, or undermined in their sense of things and perceptions. Provide some simple validation or relief from blame or shame. This does not mean that one has to agree with delusional realities or let people off from personal accountability; only that the therapist can stretch to find a way to validate without necessarily agreeing.

Then, write your reactions to trying one or more of the ideas listed. Consider: How did it work? What worked best? What might you do differently in the future as a result of what you have learned?

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**Additional Resources**


http://www.routledgementalhealth.com/the-therapists-notebook-on-positive-psychology-9780415887502