

APPLIED POSITIVE PSYCHOLOGY

PRAISE FOR THE PREVIOUS EDITION

'This textbook captures the best of the positive psychology initiative, and most importantly, translates it to practice. The authors bring remarkable depth and breadth to the subject matter and do so in a way that is fresh, engaging, relevant, and unusually thoughtful. Everyone who reads this book will derive useful insights about how to live. The closing chapter on ethical and reflective practice is a masterpiece.'

Carol Ryff, University of Wisconsin-Madison

'If you are interested in having a positive impact on people's lives then this book is for you. By firmly placing Positive Psychology in an applied and social context, the authors identify its true purpose – to make life better. It does a brilliant job of showing readers how to apply the insights that research has uncovered. It will surely become one of the go-to text books for all students of Positive Psychology.'

Nic Marks, creator of the Happy Planet Index,
Five Ways to Wellbeing, and Founder of Happiness Works

'If you think you know what positive psychology is, think again! This book offers a new integrative vision for making life better that takes in the body and the brain, culture and society, and childhood and development. Written by the team who led the Applied Positive Psychology programme at the University of East London, you can be sure that the scholarship is cutting edge. A must-read for students of positive psychology.'

Professor Stephen Joseph, University of Nottingham,
editor of *Positive Psychology in Practice*

'It's hard to think of any discipline that could be more important in modern society than Positive Psychology – the science and practice of improving wellbeing. This book marks a significant coming-of-age for this exciting and rapidly developing field. It provides a grounded, compelling and comprehensive view of the many ways that Positive Psychology can help make life better – from individuals and families to schools, workplaces and communities; from birth and childhood to adult life and old age. If you want to understand what Positive Psychology really is, learn how it works in practice and discover its huge potential to transform our lives and our world, then look no further than this superb book. I really can't recommend it highly enough.'

Dr Mark Williamson, Director of Action for Happiness

**2ND
EDITION**

APPLIED POSITIVE PSYCHOLOGY

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Integrated Positive Practice

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INTRODUCTION

The philosophers have only interpreted the world, in various ways.
The point, however, is to change it.

Karl Marx

Welcome to the second edition of *Applied Positive Psychology: Integrated Positive Practice!* Much has changed in the last decade, since the first edition of this book was published. As such, we have endeavoured to update the book sensitively, bringing to the fore important global trends and crises, issues of social justice, and shifts in the public discourse on key topics that have a significant bearing on the wellbeing of many (e.g. LGBTQIA+ Rights). We hope that these inclusions acknowledge the myriad ways of being and living well, and bring further awareness to the importance of contextualisation within the field. Furthermore, we reflect on the progress the field has made over the past decade, highlighting new criticisms and debates on popular research topics (e.g. mindfulness, depression and serotonin), and looking towards the future by considering the issues and gaps positive psychology (PP) has yet to address. Finally, on a practical note, we have included a list of keywords at the end of each chapter to better support readers in their learning journey.

It remains an exciting time to be studying PP, a rapidly evolving field that is attracting an ever-increasing number of adherents within academia and beyond. It is currently a little over 25 years since Martin Seligman used his 1998 American Psychological Association (APA) presidential address to usher in the innovative new field of PP (Fowler et al., 1999). Of course, many of the concerns of PP – such as the nature of the good life and the pursuit of happiness – have been debated for centuries, millennia even. As such, PP has drawn heavily on antecedent schools of thought, from the perennial legacy of philosophers in classical Greece to twentieth-century humanistic psychology. And yet ... PP does appear to have captured a spirit of excitement and innovation, a sense that age-old questions are being answered in new ways. Even if we are simply standing on the shoulders of giants, nonetheless PP seems to have brought a fresh perspective to bear on some of humanity's most enduring and important issues. Consequently, we have seen PP flourish within academia, drawing in both new students and established scholars, generating a proliferation of journal articles and international conferences, and attracting funding and interest from diverse sources, not to mention arousing considerable attention in the media and society at large (Biswas-Diener et al., 2011b). In that respect, PP can be regarded as a stunningly successful programme of inquiry, a veritable 'movement' that has arguably addressed some unmet need of our current age (Rusk & Waters, 2013).

In spite of its success, however, or perhaps because of it, scholars are beginning to ask some soul-searching questions around what PP actually *is*. In one sense, such questions are simply a sign that PP is reaching a particular stage of maturity in its evolution as a discipline. In another sense, though, the nature of PP has always been a slightly grey area. Is it a separate discipline, a collection of practices, or just an ethos? Initially, some of the pioneering scholars who helped to establish PP, such as Linley and Joseph (2004, p. 4), suggested that PP is *not* a new speciality within psychology, but rather a ‘collective identity’ unifying researchers interested in ‘the brighter sides of human nature’. According to this view, the broad intention underlying the PP movement was to redress what was seen as a ‘negative bias’ within conventional psychology (Seligman & Csikszentmihalyi, 2000; Seligman, 2019). However, critics have pointed out that once this imbalance *had* been redressed – i.e., topics like happiness had been recognised as legitimate and worthy concerns in psychology – then PP would have ‘succeeded’ and would logically cease to exist. As Smith (2003, p. 162) argued: ‘Psychology in good balance would not need advocates for positive psychology.’ One might suggest that with the success of the PP movement, this ‘good balance’ had indeed been achieved. Thus, given the ever-growing influence and standing of PP, it is an apposite time for a reflective appraisal of what PP actually *is*, and where it might be going.

Indeed, as the field develops and matures, reflecting on critiques and areas for growth is essential (Van Zyl, Gaffaney, der Vaart, Dik & Donaldson, 2023a; Brown, Lomas & Eiroa-Orosa, 2017). As proponents of the second and third wave of positive psychology, we have espoused the need for a broadening of the research topics, populations, social contexts and methodologies we examine within the discipline (Lomas & Ivtzan, 2016a; Lomas et al., 2020; Hefferon et al., 2017). This broadening of complexity is part of a new movement (or wave) towards what is argued to be a more progressive field of inquiry (Lomas et al., 2021; Kern et al., 2020). Furthermore Wissing (2022) discusses in depth how the field may even begin to move beyond the third wave towards a ‘post-disciplinary trajectory’, where issues of inquiry may no longer be bounded within the realm of psychology, but rather are interdisciplinary in nature. Of particular note, Wissing argues that this approach is vital in order to ‘promote health and wellness in times of enormous challenges and changes’ (p.1).

One pressing area where this approach may be most fruitful is Diversity, Equity and Inclusion (DEI). Indeed, as it stands, PP as a field has engaged very little with efforts to acknowledge and/or challenge systems of oppression, nor focused deeply on how to create parity and equality in society. Indeed, researchers are beginning to call for PP to directly engage with equity and inclusiveness to ‘combat prejudice and discrimination’ (Warren, Sekhon & Waldrop, 2022, p. 21). Despite some advances in disability research and practice (Wehmeyer, 2013; 2021), there is a dire need for further cultural contextualisation with regard to defining, measuring and applying PP constructs to vulnerable and marginalised communities (Pedrotti, Edwards & Lopez, 2021). For example how do people who are facing racial and sexual discrimination, and threats to their basic human rights, understand and experience wellbeing? More pertinently, given PP’s lofty aspiration to create flourishing societies, shouldn’t PP be doing more to show up for

individuals in need, for those who are oppressed, and ultimately push harder for positive social change? One direction of travel to address these shortcomings is for PP to actively engage in collaborative, interdisciplinary research with DEI scholars, practitioners and activists, though with a caveat that DEI is – much like PP – an emerging practice, and as such any collaborative work must be done carefully.

In the spirit of reflecting on PP (past and present), our book offers one possible vision of the way forward for PP. We contend that the future lies in recognising PP as a form of applied psychology. There is already an applied aspect to PP (Donaldson et al., 2011), defined as ‘the application of positive psychology research to the facilitation of optimal human functioning’ (Linley & Joseph, 2004, p. 4). In this respect, there is a growing corpus of positive psychology interventions (PPIs) (Parks & Schueller, 2014), discussed throughout the book. However, our emphasis on application serves as a more fundamental statement of intent regarding the core ethos of PP, and where it sits in the wider terrain of human action and inquiry. In the *Nichomachean Ethics*, Aristotle (2000 (350 BCE)) constructed a threefold classification of human activities: *poiēsis*, *theōria* and *praxis*. As elucidated in Carr and Kemmis (1986), *poiēsis* refers to productive and creative disciplines, which strive to generate artefacts. *Theōria* encompasses contemplative endeavours, which seek to attain knowledge for its own sake. Finally, *praxis* designates practical occupations which aim to act upon the world through the skilful application of ideas. We contend that PP is best viewed as a form of *praxis*. The importance of *praxis* has been emphasised by influential thinkers such as Heidegger (1927) and Arendt (1958). However, perhaps its most eloquent articulation was formulated by Marx (1977 (1845), p. 158), who said that ‘The philosophers have only interpreted the world, in various ways. The point, however, is to change it’. For us, this quote captures the spirit of PP.

More specifically, applied positive psychology (APP) seeks to help change people’s wellbeing for the better. What is particularly powerful about APP is how it marries Marx’s revolutionary spirit of *praxis* to the empirical rigour of contemporary scientific enquiry. To this extent, we endorse the definition of *praxis* found in the social sciences, namely, ‘practical action informed by theory’ (Foster, 1986, p. 96). Thus, our definition of APP – and indeed of PP generally, as we are presenting PP as an intrinsically applied discipline – is ‘*the science and practice of improving wellbeing*’. The central aim of APP is to generate PPIs, which we define as ‘*theoretically-grounded and empirically-validated interventions, activities, and recommendations to enhance wellbeing*’. These PPIs are available and can be appropriate for many individuals to try – if applied carefully. They can be adopted by practitioners working in other areas of psychology, like clinical psychology. They can be taken up by professionals in other fields, from education to social work. More universally, they can be used, with consideration, by the public generally as a form of scientifically-based self-help.

However, we also need to take a step back and reflect on the burgeoning application of PPIs. When facing the Covid-19 pandemic, leading figures in the field issued papers on how positive psychology (Waters et al., 2022) and PPIs (especially online) (Parks & Boucher, 2020) could support individuals facing extreme isolation and loneliness during lockdowns, ‘Now, more than ever, we need to be thinking about how PPIs can be

delivered so they can reach as many people as possible – we believe digital interventions are the answer’ (Parks & Boucher, 2020, p. 570). Further, the past decade and a half has produced multiple meta-analyses/systematic reviews (and even ‘mega-analyses’; Carr et al., 2023) exploring the efficacy of PPIs, across a range of populations (clinical/non clinical, mixed) and quality of included studies (RCTs, Multicomponent programmes) (Sin & Lyubomirsky, 2009; Bolier et al., 2013; Chakhssi et al., 2018; White, Uttl, Holder, 2019; Hendriks et al., 2020; Carr et al., 2021). In addition to general PPI meta-analyses, there are specific PPI topic-area meta-analyses and systematic reviews, in relation to, for example, gratitude (Davis et al., 2016) and work (Donaldson, Lee & Donaldson, 2019). General critiques of PPIs include (but are not limited to): the restricted actual number of PPIs (Pawelski, 2020), small sample sizes, small effect sizes, low quality of RCTs and the predominant use of Western, Educated, Industrial, Rich, Democratic (WEIRD) populations (although this seems to be changing; Hendriks, et al., 2020).

These meta-analyses and systematic reviews are a good place to start your journey so you can explore the nuances of PPIs and for whom, where, when, and sometimes why they might (or might not) work. Indeed, researchers are keen to understand these questions more fully (Schueller, 2014; Fritz & Lyubomirsky, 2018). To be sure, on this journey, we will explore the use of PPIs across many fields and levels of application, however, we do not mean to say that they are a one-size-fits-all solution. Indeed, we recognise the complexity of where each one of us finds ourselves, in this world (Gruber et al., 2011). Although PPIs can elicit a range of desirable outcomes across several populations, for certain people, cultures and contexts, the same PPIs may not only be ineffective, but could potentially backfire; ‘PP interventions are beneficial for some people, some of the time, in some places, and in some ways, but are far from panaceas’ (Kern et al., 2020, p. 705).

As such, we support the critical calls for more contextualisation and examination into the factors required to bring about positive change (the goal of PPIs), and indeed this is a key element of becoming an ethical positive psychology practitioner and field (Jarden et al., 2021, discussed in Chapter 8). As the discipline develops, we hope that these nuances and caveats will be noted as the research data builds in diverse populations, across countries and situated within historical and political contexts. For now, we hope that you enjoy exploring the ways in which PP has been thus far applied and continue your critical exploration into effective and ethical applications of the field of applied positive psychology.

Looking to the future, we can even think of developing APP as a separate speciality within psychology: and progress has already been made to provide professional accreditation for those practising PP. In the future this could lead to chartered status for PP practitioners in a manner comparable to clinical psychology. For now, though, the main concern in this book is to present a comprehensive system of tools and practices that, depending on the person and context, can be used to promote wellbeing. Moreover, we shall do this by using an innovative multidimensional model that offers a genuinely integrated approach to the person and their wellbeing – hence the subtitle of the book, *Integrated Positive Practice* (IPP). We shall do this over eight chapters.

Chapter 1 sets out the theoretical framework that underpins the book, a multidimensional conceptual model of wellbeing – and indeed of the person – which we call the ‘Layered Integrated Framework Example’ (LIFE) model. This model is adapted from the Integral Framework, formulated by the philosopher Ken Wilber (1995, 2000). Wilber’s original framework conceptualises the person as comprising four distinct, yet interrelated, ontological dimensions. These dimensions are produced by juxtaposing two binaries: subjective versus objective and individual versus collective. This juxtaposition creates four ‘quadrants’: individual-subjective (the mind), individual-objective (the body/brain), collective-subjective (culture) and collective-objective (society). We then adapt Wilber’s framework by arguing that each quadrant can be ‘layered’ or ‘stratified’ into various levels. For example, we use Bronfenbrenner’s (1977) experimental ecology to deconstruct the two collective quadrants according to levels of scale, from micro to macro. As such, by referring to our adapted model, using the acronym LIFE, we acknowledge our debt to Wilber while emphasising our departure from his original model. Finally, we introduce a guiding teleological (i.e., goal-oriented) statement which serves as the motto of the book, namely that the aim of PP is ‘*to make life better*’. The four quadrants are used to structure subsequent chapters, thus providing the overall framework for the book.

In the second chapter, we begin by focusing on the individual-subjective quadrant, i.e., the mind. Allied to the guiding motif of the book, the theme for this chapter is ‘*working with the mind to make life better*’. In keeping with the applied perspective of the book, the focus is on interventions that ‘work on the mind’ – i.e., at an individual psychological level – to enhance wellbeing. Using the stratification of the LIFE model introduced in Chapter 1, we examine the five ‘layers’ of this domain (although, in separating the levels, we remain conscious that this separation is just a heuristic device, i.e., it is a way of helping us think about the mind, and does not reflect the complexity of the domain). We begin with consciousness, exploring PPIs related to the development of awareness and attention. To this end we focus on meditation, a pre-eminent topic of interest in PP, looking at practices that have been adopted and adapted in psychology, like mindfulness. As with the book generally, the emphasis is on how meditation is used in real-life practical contexts, from education to healthcare, and how readers can use it themselves. We then consider the other ‘levels’ of the LIFE model in turn, exploring PPIs related to embodiment (e.g., body awareness therapies), emotions (e.g., emotional intelligence interventions) and cognition (e.g., narrative restructuring exercises), before briefly touching on the idea of cultivating ‘higher’ levels of consciousness (which we tentatively refer to as ‘awareness+’).

In the third chapter, we switch our attention to the ‘individual-objective’ domain, i.e., the body/brain. Thus the guiding question becomes ‘*What can we do with the body and the brain to make life better?*’ While Chapter 2 covered the subjective pole of the mind–body dichotomy, here we investigate the role of physiological functioning and behaviour in wellbeing. Again, we structure our enquiry using the stratified layers of the LIFE model. We begin with sub-cellular biochemistry, focusing on the impact of molecular genetics on psychological outcomes, and consider applied interventions like

gene therapy. Moving ‘up’ levels, we explore the neural correlates of wellbeing (Urry et al., 2004) – including neurotransmitters, neural networks and paradigms such as electroencephalography – and practices designed to engage directly with the brain, from neuropharmacology (e.g., psychoactive drugs) to neurofeedback. We then turn to the broader nervous system, where we highlight the value of exercise in promoting wellbeing. Finally, we consider the body ‘as a whole’, reflecting on what it means for us to *have/be* a body, and exploring the ways we can *use* our bodies to find wellbeing. Here we focus on modes of artistic self-expression – concentrating in particular on dance, art and music – examining how these have been harnessed to improve mental health and to help people flourish.

In Chapter 4 we broaden our horizons by considering how socio-cultural factors influence individual wellbeing. We draw on the useful distinction in the LIFE model between the intersubjective domain (culture, i.e., shared meanings) and the interobjective domain (society, i.e., material processes such as income). Moreover, we see that both of these domains can be stratified according to Bronfenbrenner’s (1977) experimental ecology, which identifies different socio-cultural levels, from micro to macro. From an APP perspective, we then consider interventions to improve wellbeing that are specific to each of these levels. We start with the microsystem (i.e., one’s immediate social situation, such as one’s family), examining PPIs to enhance this, both from an intersubjective perspective (e.g., using PP in couples therapy) and from an interobjective perspective (e.g., enhancing the aesthetics of the environment). We then move up to the mesosystem (i.e., the interaction between microsystems), exploring interventions for children that encompass home *and* school. Next we address the exosystem (i.e., the wider community), outlining some community-level interventions. Above this is the macrosystem (i.e., more encompassing social structures); here we touch upon top-down initiatives, such as governmental policies, to enhance wellbeing. Finally, we augment Bronfenbrenner’s model by considering the ecosystem, and the importance of the environment to wellbeing.

Having outlined the four domains of the LIFE model, Chapter 5 takes a more dynamic diachronic perspective (i.e., analysing changes over time), focusing on development throughout the lifespan. The chapter examines the various developmental stages in turn, from birth to old age, thus offering a sense of the existential unfolding of the entire life course. Moreover, in considering development, we of course do so from a *positive* perspective, exploring factors that enable people to flourish at each life stage, and moreover suggesting PPIs/recommendations to *promote* such flourishing. We begin *before* life starts, exploring pregnancy and childbirth. A key thread through these early sections is the idea of positive parenting, i.e., the role that parents/caregivers play in engendering wellbeing in children. As we move into infancy, we focus on the *relations* between children and parents/caregivers, looking in particular at attachment theory and parenting styles. Progressing further, we then follow the child into school, exploring the flourishing field of positive education (Seligman et al., 2009), and then on to the broader notion of positive youth development (Larson, 2000). From there, we examine development across the lifespan (Beck & Cowan, 1996). Finally, as we reach the culmination of the life journey, we reflect upon the possibility of positive aging (Tornstam, 2005).

So, we have covered the domains of the LIFE model, and moreover considered the development of the person over time. In Chapter 6 we then apply the LIFE model, and the idea of APP, to the sphere of activity that dominates much of human existence: work. However, our concern is not only with paid employment. As indicated by its title ('Occupations and Organisations'), this chapter encompasses any of the ways people substantively and productively occupy their time (from studying or working to volunteering or raising a family), and pertains to any functional group of people (from families and social groups to companies and large organisations). As such, whether 'in work' or not, this chapter is intended to be relevant to all people, outlining ways to enhance wellbeing 'at work' using the four domains of the LIFE model. Focusing on the mind, we look at how to promote the psychological drivers of work engagement, including using one's strengths, developing Psychological Capital (self-efficacy, hope, optimism and resilience), and cultivating meaning at work. Addressing the body, we look at ameliorating work stressors, including ensuring health and safety, reducing workload and enhancing job control. From an intersubjective perspective, we address the importance of organisational culture, with interventions including promoting positive relationships, effective leadership and value-driven inquiry. Finally, in interobjective terms, we reflect on the importance of taking the structural context of work, including its wider political/economic context, into account.

In the penultimate chapter, we turn our attention to a sphere of human activity which is perhaps less concrete and more nebulous than work, but is no less important to many people, namely religion and spirituality. We consider the close connection between religion/spirituality and wellbeing, and look at what PP can learn from the great religious traditions. These traditions have spent centuries developing comprehensive systems of ideas and practices relating to happiness and the nature of the good life; as such, they constitute a deep ocean of wisdom that PP, and psychology generally, has barely begun to appreciate and draw on. As ever, from our applied focus, the emphasis here is on the practical lessons that religion/spirituality may have to offer, and activities and interventions we might derive from these. We focus in particular on two spiritual practices: meditation and yoga. Furthermore, we look at the broader religious/spiritual traditions in which these practices were originally developed, namely Buddhism and Hinduism. From Buddhism, we examine teachings around wisdom (e.g., cultivating acceptance of impermanence), universal values (e.g., compassion) and ethics. In terms of Hinduism, we present yoga as a comprehensive system of psycho-spiritual development, paying close attention to Patañjali's eight 'limbs' of yoga. However, although the chapter focuses on meditation and yoga, and on their Buddhist and Hindu roots, we also emphasise that all religious/spiritual traditions may have something to offer PP, and that PP can usefully engage with these in future.

In the final chapter, we turn our attention more directly towards *you*, the reader, as we consider what it might mean to be a PP practitioner. Throughout the book we will have introduced PPIs and activities that we can use to *make life better* and enhance wellbeing. Here, we explore what precautions might be necessary for people to actually use these interventions in practice, in order to safeguard the wellbeing of both clients/participants

and practitioners themselves. The chapter focuses on two main concepts that we feel are important for practitioners to take on board: ethical practice and reflective practice. First, we ask what it means to practise ethically. We learn from other applied psychological fields that have already put considerable thought into this issue, especially counselling and psychotherapy. Drawing upon the ethical framework developed by the British Association of Counselling and Psychotherapy, we outline the recent ethical framework for PP practitioners (Jarden et al., 2021). Secondly, we explore the importance of reflective practice, introducing Schön (1983), who argued that professionals should develop reflexive self-awareness about their practice, and about their professional development more generally. At a deeper level, the chapter also encourages you to reflect on your own personal journey. We hope that this final chapter will enhance the sense that learning and practising PP can really touch the core of our being, and is an invitation to a personal adventure of development and transformation.

Before we start, though, we want to say a little about the format of the book. Its chapter structure was taken from the MSc in Applied Positive Psychology programme at the University of East London, which was run by the first three authors at the time the book was originally written (and on which Dr Gardiner, the newly added fourth author to this second edition, was one of our best and brightest students!). The book reflects the content of the second year double module of this course at that point, entitled 'Advanced Positive Psychology: Theory and Practice'. This double module was run over the course of eight weekends. Each weekend was centred around a particular theme, and involved between five and seven separate lectures on that particular theme. As you will perhaps have guessed, each of these weekends is now represented by a chapter in the book. So, in terms of using the book as a teaching resource, one could think of each chapter as constituting a whole weekend, or, alternatively, as representing five separate lectures (and so the book as a whole could be presented as around 40 lectures over the course of an entire semester or year). Each chapter comprises various pedagogical features; these are designed to enhance the learning experience of students, and indeed are recommended to all readers generally as a way of getting the most out of the book. These features are captured in boxes that stand apart from the main text, sprinkled throughout each chapter, in the following order:

Learning objectives – at the end of the chapter you will be able to...

Each chapter begins with a statement of the learning objectives for that chapter. These help orient you to the material contained in the chapter, and describe what you should know after reading it.

List of topics...

At the outset of each chapter we also provide a list of the main topics that will be covered within it.

Practice essay questions...

After introducing the chapter, we set two practice essay questions. Often, one of these will ask you to discuss a controversial idea, in order to stimulate debate around a topic. As you read the chapter, you can be thinking of how you might answer these questions in light of the material presented.

Research and practice case studies...

As you read through the chapter, we will use these boxes to draw your attention to real-life research, case studies, people and examples that help illustrate the material being discussed. We encourage you to use these as a starting point to ask deeper questions and explore the research area beyond these examples.

Reflection...

As you read, we will also invite you to step back and consider the points being discussed from your own perspective, drawing on experiences and insights from your own life.

Try me!...

The book generally is full of PPIs and recommendations designed to enhance wellbeing. However, we will sometimes also include brief wellbeing activities for you to try out yourself as you are reading! Please ensure that you consider the topic, activity and whether or not it feels right for you before deciding to participate and remember to take care of your own emotions and feelings at all times.

Psychometric scales...

At relevant points, we provide measurement tools relating to the constructs that are being discussed. These will be helpful in conducting research on areas you find interesting.

Art links...

As a fun way of illuminating ideas in the text, we will occasionally recommend cultural artefacts (e.g., films, songs, books) that capture the spirit of these ideas, and which you might enjoy!

Summary – this chapter has...

At the end of each chapter, we summarise the material that we have covered within it. Bookended with the learning outcomes, these boxes provide a concise overview of the chapter.

Quiz...

We also round off each chapter with a quick quiz, featuring 10 questions relating to the material in the chapter, just to check that you've been paying attention! The answers are at the back of the book.

Resources and suggestions...

Each chapter also includes a list of useful resources – such as websites – that will help you explore the material in more depth, and enable you to pursue your learning further.

Keywords list...

Finally, each chapter ends with a keywords list, including particularly important concepts and ideas relevant to the theme of each chapter. These words will be summarised in an accessible way, making them easy to digest and remember!

1

PREPARING FOR THE JOURNEY

Do not go where the path may lead,
go instead where there is no path
and leave a trail.

Ralph Waldo Emerson

Learning objectives – at the end of the chapter you will be able to...

- Take a multidimensional approach to wellbeing
 - Use our LIFE model to guide your efforts to promote wellbeing
 - Understand and respond to pertinent criticisms of PP
 - Conceptualise PP as a form of praxis, and as an applied psychological discipline
 - Articulate a motto encapsulating the 'point' of PP
 - Engage in integrated positive practice!
-

List of topics...

- Multidimensionality
 - Wilber's Integral Framework
 - The LIFE model
 - Layering/stratification
 - Bronfenbrenner's experimental ecology
 - Critiques of PP
 - Praxis and applied disciplines
 - The mental health–illness circumplex
 - PP 2.0/second-wave PP
 - PP 3.0/third-wave PP
 - Facilitation not prescription
-

In this first chapter, we are going to lay the groundwork for the book. The metaphor that springs most readily to mind is that of preparing for a journey. We can think of this journey in two respects. First, we are referring to the journey that you as readers will be taking through the book. Together, over these eight chapters, we will be charting a course through historical and updated empirical and theoretical terrain in PP. Collectively, of course, we shall travel together. However, there will be ample time and opportunities for you to take individual detours, to explore some of the many tangential paths we shall spy along the way, or to rest awhile in a particularly interesting location and explore it in more depth. The second meaning of this hopefully not-too-strained journey metaphor concerns the ongoing adventure of PP itself. Of course, since boldly striking forth into new – or at least underexplored and underappreciated – territory, PP has covered a good deal of ground, attracting an ever-increasing number of interested people along the way. However, given the speed with which PP has raced forward, the time is right to pause and take our bearings. There is much to be gained from catching a breath and looking around, taking stock of where we have come from and where we are now. Most importantly, we need to consider where we should go from here.

Persisting with this metaphor, our preparation for this journey – your own through the book, and that of PP itself – will focus on two key items that will be helpful on our travels: a map and a motto. In the first part of the chapter, we will articulate a conceptual map of the territory that might be relevant to PP, the terrain that we can explore on our journey. Broadly speaking, this map – i.e., our LIFE model – covers the various ‘dimensions’ of the person. By elucidating these dimensions, this model will enable us to take a comprehensive approach to wellbeing. This is not the only possible map one could use; nonetheless, you will hopefully be persuaded of its merits and will find it useful. Nor can our map be regarded as complete; it can and should be subject to critique and improvement, including by you, our reader. Indeed, Lomas and VanderWeele (2023b) recently combined the LIFE model with the WHO+ framework for a new, flexible map of flourishing (discussed below). Nevertheless, we hope that it will contain, in Koestler’s (1964, p. 22) poetic words, a ‘shadowy pattern of truth’. The second part of the chapter will then articulate a motto that will guide us on our journey. This motto is a response to the searching question of what PP is actually for. Our answer is that the point of PP is ‘to make life better’. This motto will give purpose to our journey by helping us understand why we are travelling and to what end. Equipped with this map and motto, we will then be ready to set off on our adventures!

Practice essay questions...

- Critically evaluate the LIFE model as a multidimensional approach to wellbeing.
 - What relationship does APP have to other applied disciplines such as clinical psychology?
-

A MAP TO GUIDE US

A map is not the territory it represents, but if correct, it has a similar structure to the territory, which accounts for its usefulness.

Alfred Korzybski

In this first part, we shall articulate a map of the person; more specifically, a multidimensional map. This means we are suggesting that people comprise multiple dimensions, all of which need to be appreciated in order to arrive at a comprehensive understanding of the person. This multidimensional conceptualisation of the person, then, inevitably and automatically facilitates – indeed necessitates – a multidimensional and multidisciplinary appreciation of wellbeing; logically, the two go hand-in-hand. Once we appreciate the various dimensions of the person, we can try to promote wellbeing by targeting all these different dimensions (Lomas & VanderWeele, 2023a). It is important to note that wellbeing is complex, as too are humans, and so in this chapter we endeavour to create coherency through the use of theory and metaphor (Lomas & VanderWeele, 2022). So, what map will we be using? Various multidimensional models of the person, and hence of wellbeing, are possible candidates.

One influential model is offered by the World Health Organization (WHO). Their definition of health – formulated in 1948 and unchanged since – is ‘a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity’. This recognises three main dimensions to the person and their health/wellbeing: physical, mental and social. This same triad is also evident in Engel’s (1977) biopsychosocial model of health. In contrast to the prevailing reductive biomedical approach within medicine, Engel sought a more comprehensive understanding of health and illness, one incorporating ‘the patient, the social context in which he lives, and the complementary system devised by society to deal with the disruptive effects of illness’ (p. 132). More closely related to PP, Jahoda (1958) also formulated a biopsychosocial model, in her case pertaining to ‘positive mental health’ (the prefix ‘positive’ reveals her as a key influence on the PP movement). These models have influenced contemporary conceptualisations of health and wellbeing.¹ Pollard and Davidson (2001, p. 10) define wellbeing as a ‘state of successful performance throughout the life course integrating physical, cognitive and social-emotional function’. This definition also has three dimensions, albeit different ones from those identified by the WHO and Engel,

1 It is worth clarifying here the distinction between health and wellbeing. As de Chavez et al. (2005) argue, some definitions position health as a component of the broader notion of wellbeing; conversely, other conceptualisations make health the more encompassing concept; still other models use the terms synonymously. However, there is growing preference for taking wellbeing as the broader term, and using health to refer specifically to the physical dimensions of wellbeing, which is the way we shall use the terms.

which suggests there is room for debate over what dimensions a multidimensional model should contain. Thus, the model in this book – detailed below – is by no means the only possible one. Here, in the 2nd edition of this book, we introduce a revised map – a flexible map of flourishing (Lomas & VanderWeele, 2023b) – that brings together the LIFE model (Lomas et al., 2015a), as outlined below, and an updated version of the WHO model – WHO+ (VanderWeele & Lomas, 2022). In doing so, we provide a much more comprehensive, multidimensional and multidisciplinary approach to charting the conceptual and empirical ground of wellbeing. WHO+ (VanderWeele & Lomas, 2022) expands the original model, by positioning the dimensions as aspects of existence *per se*, rather than just of wellbeing. WHO+ keeps the original three dimensions: physical, mental and social, and adds in the dimension of spiritual. This final dimension was appended to the model to answer calls by researchers and scholars who make the point that spirituality is a vital pillar of existence that is often devalued. Importantly, the authors argue that the human spiritual experience cannot be reduced down or explained by the other three dimensions alone, and rather requires its own position in the WHO model. Despite the fairly holistic nature of WHO+, in isolation it lacks the ability to capture the entirety of what it means to flourish (specifically in terms of the factors that impinge on one's ability to flourish such as political and economic climates). Here the model can be broadened significantly by overlaying it onto another ontological map – the LIFE model.

The Layered Integrated Framework Example (LIFE) model

The multidimensional model of the person – and hence of wellbeing – which underpins this book is derived from the Integral Framework, developed by the influential American philosopher Ken Wilber (1995, 2000). We shall briefly outline Wilber's framework, before explaining below (in the subsection entitled Layering) how we have adapted it to create our own LIFE model (Lomas et al., 2015a). Wilber's framework is described as an ontological 'map' containing 'the basic dimensions of an individual' (Esbjörn-Hargens, 2006, p. 83). What is striking about his framework is the innovative way in which it identifies four dimensions, in contrast to the three biopsychosocial dimensions of the original WHO model, and the Engel and Jahoda models, described above. With the development of WHO+, the LIFE model finds a common ally in propounding four dimensions of ontology. These dimensions are produced through the intersection of two binaries that are in themselves common. However, when these binaries are juxtaposed, this creates a framework that is novel and unexpected, and yet also logically appealing and parsimonious.

Research and practice case studies...

Ken Wilber is one of the most influential philosophers of recent times, and an iconoclastic thinker. In 1968 he dropped out of his graduate studies in biochemistry, and, while working as a dishwasher to pay the bills, immersed himself in spiritual literature, and by 1973 had finished his ground-breaking manuscript, *The Spectrum of Consciousness*. A prolific career

followed, including a complete hiatus for four years to care for his terminally ill wife. Wilber is regarded with suspicion in some academic quarters as a 'transpersonal' philosopher. However, this characterisation is misleading – his work attempts to formulate a grand overarching framework incorporating all understanding about existence, including, but most certainly not limited to, transpersonal theories and ideas around spirituality.

The first binary we explore is the ***mind–body dichotomy***. The interaction between subjective mind and objective body is one of the most intractable issues in the history of thought (Shear, 1998). Indeed, such are the complexities of this issue, it has been labelled the 'hard problem' of philosophy (Chalmers, 2004). A range of perspectives on this have developed over the centuries (Moravia, 1995). Materialistic monism (or reductive/eliminative materialism) grants primacy to the physical body, with the subjective mind seen as an illusion or epiphenomenon, as articulated by prominent contemporary philosophers such as Daniel Dennett (1990). Conversely, transcendental monism views the mind as the fundamental reality, with material substance essentially a mental construct or creation. Advocates of this view range from idealist philosophers like Schopenhauer (1969 (1819)) to modern quantum physicists (Goswami, 1990). Finally, dualistic perspectives acknowledge the reality of both material body and subjective mind, with various theories taking different positions on the nature of their interaction. This position is perhaps most commonly associated with the influential philosopher René Descartes (2008 (1641)), who thought that the pineal gland in the centre of the brain was the seat of mind–matter interaction. More recently, Chalmers' (1995) dual-aspect theory proposes that the fundamental 'reality' underlying both mind and body is information; this information is then both manifested physically (as the body/brain) and experienced subjectively (as the mind).

Reflection...

What is your take on the mind–body debate? What do you think is the relationship between the mind and the body/brain? Does the brain 'cause' the mind? Can the mind impact upon the brain? Perhaps matter is an illusion, a figment of the mind? Such questions have perplexed philosophers for centuries. Where do you stand?

One such dualistic perspective underlies the dominant paradigm in contemporary consciousness studies, the neural correlates of consciousness (NCC) approach (Fell, 2004). This is based on the premise of 'psychophysical isomorphism', i.e., the view that states of mind are accompanied by analogous neurophysical states. At this early point in our understanding of the brain, this paradigm aims only to chart the neurophysiological correlates of cognitive functions and mental states; our knowledge is not sufficiently advanced to ascertain directional causality (whether the brain 'causes' the mind, or vice versa) or resolve the ontological mind–body problem (i.e., *how* NCCs are connected to

conscious states). Whilst empirical enquiry has progressed significantly in recent years (due largely to advances in neuroimaging techniques), we are still very much at the frontier of our understanding of the brain. Indeed, some evidence would suggest that the mind and the brain do not appear to have a symmetrical relationship (Nani et al., 2019). That is, although a change in the mind ought to coincide with a change in the brain, a change in the brain may not always coincide with a change in the mind. The complexity builds further when we consider evidence which suggests that no single brain area appears to be responsible for consciousness (Koch et al., 2016). As such there is still little understanding of the interaction between mind and matter. These unresolved issues are goals for a future research programme, as outlined by Chalmers (2004, p. 1): ‘The task of the science of consciousness ... is to systematically integrate two key classes of data into a scientific framework: third person data, or data about brain experiences, and first person data, or data about subjective experiences.’ Nevertheless, the NCC approach certainly does acknowledge the binary reality of subjective mind and objective body/brain. This binary, then, is one of the two dichotomies that form Wilber’s Integral Framework.

The second binary is the ***individual–collective dichotomy***. This reflects the notion that there are two fundamental ‘modes of existence’, which Bakan (1966) identified as ‘agency’ and ‘communion’. On one hand, people exist as discrete individuals. Thus, agency refers to the way people differentiate themselves from others and develop autonomy as free agents. On the other hand, people are also inevitably and inextricably ‘nestled in systems of cultural and social networks’ (Wilber, 2005, p. 256). (Even in cases of extreme isolation, social relationships were still necessary to bring the individual into existence.) As such, communion concerns the way people are situated within collective networks and systems that sustain their being, whether physically, emotionally or cognitively (Kern et al., 2020). The study of these different modes of being has traditionally been fairly segmented within academia, with agency generally more the province of biology and psychology, and communion claimed by various forms of social theory, such as politics or sociology (Giddens & Dallmayr, 1982). However, more recently, theorists have acknowledged the difficulty of studying these two modes in isolation and recognised the need to explore the complex interactions between them. As such, the term ‘psychosocial’, which actually has a long and distinguished history (Halliday, 1948), is now increasingly prominent across academic fields, from psychology to epidemiology (Martikainen et al., 2002). This psychosocial binary, then, is the second dichotomy that forms Wilber’s Integral Framework.

Essentially, the two models presented here – the WHO+ model and Wilber’s Integral Framework – offer two different ways of conceptually ‘carving up’ the complex territory that is existence, each adding perspectives and nuances that may be lacking in the other. By ‘overlying’ the two models on top of each other, we can better understand almost any given situation that could be brought to bear on wellbeing. That is, all four dimensions of the WHO+ model (physical, mental, social, spiritual) can be seen as having both subjective and objective expressions (i.e., subjective qualia and neurophysiological

correlates), as well as individual and collective manifestations (i.e., personal experiences and social dynamics).

The innovation offered by Wilber’s framework is that it juxtaposes these two binaries, creating a 2 × 2 matrix of four quadrants, which we shall refer to as *domains*, as shown in Figure 1.1. Beginning with the top left of the schematic, we have the subjective-individual quadrant. This is the domain of the mind, an umbrella term encompassing general subjective experience, including conscious thoughts, feelings and sensations (as well as unconscious subjective dynamics). The top right objective-individual quadrant is the domain of the body and the brain, i.e., all aspects of physiological functioning and behaviour. The lower left is the subjective-collective (or ‘intersubjective’) quadrant. This is the domain of relationships, and the way these produce a common hermeneutic (i.e., interpretative or sense-making) world-space, including shared meanings, shared identities and values. We can refer to this domain as that of culture, as in ‘the culture’ of a group of people. Finally, the lower right objective-collective (or ‘interobjective’) quadrant is the domain of society. This encompasses the material and structural aspects of social networks, such as the physical instantiations of communities (e.g., housing infrastructure), or socio-economic processes.

Wilber’s framework has been utilised in academia as a way of conceptualising how to promote wellbeing in an integrated, multidimensional way. For example, Hanlon et al. (2010, p. 307) have used it in public health to understand the ‘maze of interconnected problems’ which impact upon wellbeing. They offer a hypothetical case study, the gist of which is as follows. A person is depressed due to unemployment. From the perspective of the individual-subjective quadrant, their depression can be viewed in terms of distress, understood with cognitive theories of mental illness, and addressed through therapy. From the perspective of the individual-objective quadrant, their depression can be seen in terms of brain dysfunction, understood through neurochemical theories, and addressed through medication. From the perspective of the subjective-collective quadrant, their depression can be considered in terms of cultural meanings around

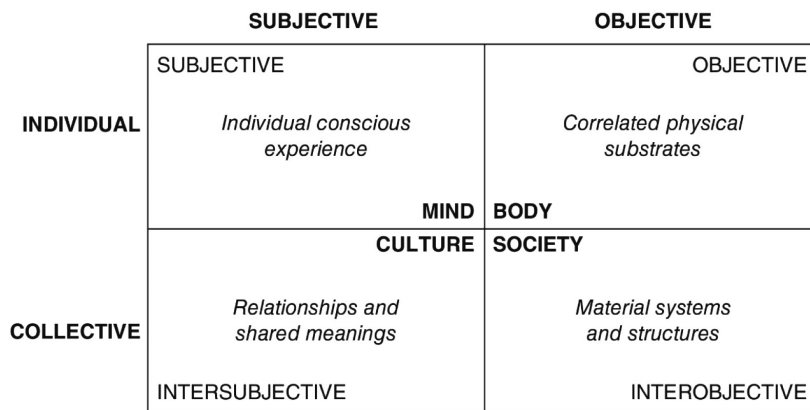


Figure 1.1 Schematic diagram of the four quadrants, adapted from Wilber (1995)

unemployment, understood through theories of social constructionism, and addressed by challenging societal norms. From the perspective of the objective-collective quadrant, their depression can be approached in terms of socio-economic factors that underlie unemployment, understood through economic theories, and addressed with political efforts towards a fairer society. Hanlon et al. argue that all these 'key dimensions of human experience need to be considered, harmonized and acted on as a whole' to fully address mental health issues (2010, p. 311). Indeed, this sentiment by Hanlon et al. has been echoed by several positive psychology scholars (Kern et al., 2020; Wissing, 2022; Lomas et al., 2021), calling for positive psychology to embrace systemic approaches towards positive social change.

Reflection...

What do you consider to be more important or instrumental in shaping your own wellbeing – your psychological qualities, your physiology, your relationships or your place in society?

Wilber's framework is a powerful tool for conceptualising and approaching wellbeing. However, within PP, while Ken Wilber is spoken of respectfully by many scholars (Walsh, 2001), only more recently has his framework been harnessed as an overarching model to guide our understanding and our endeavours to promote wellbeing. This book further promotes the case that this framework can indeed help us develop a comprehensive approach to wellbeing. One of the strengths of his framework is that it is 'content free': rather than proposing theories in a given area, it allows scholars to situate extant theories and research from the area under study according to the four-quadrant framework (Esbjörn-Hargens, 2006). Moreover, we can appreciate the importance of considering theories/concepts from *all* the domains, and examining how they might interrelate (Wissing, 2022). Such considerations form the substance of the book as a whole, and will be explored in depth throughout the chapters. However, we will briefly consider the domains in turn to get a flavour of the concepts relating to wellbeing that can be situated within each, and hence within our own adaptation of this framework, the LIFE model.

The subjective domain is the location for the wealth of constructs directly pertaining to mental health and illness. Here, wellbeing can be conceptualised either positively as the presence of desiderata (i.e. things desired), such as pleasure, or negatively as the absence of mental illness. The desiderata include the triad of elements that Seligman (2002) suggests comprises the well-lived life: first, the pleasurable life, as reflected in constructs like subjective wellbeing (SWB); second, the engaged life, which encompasses notions like flow (Csikszentmihalyi, 1990); and third, the meaningful life, as reflected in Ryff's (1989) model of psychological wellbeing (PWB). (Of course, situating these constructs in this domain does not mean they are unconnected to the other domains. Ryff's PWB model includes relationships, which pertain to the intersubjective domain. Indeed,

the *point* about the domains is that they are interlinked.) This domain also includes the panoply of arguably desirable psychological qualities embraced by PP, from emotional intelligence (Salovey & Mayer, 1989) to hope (Snyder, 2000). Though it is important to acknowledge that by promoting said ‘desirable’ psychological qualities, some have argued that PP and PP scholars are taking a value-based position to which constructs are worthy of scientific enquiry (Prinzling, 2021). The work of Prinzling and other critics of PP argues that by choosing to focus on or promote PP constructs, researchers are inherently taking a stance on what the ‘good life’ looks like. Thus, if PP has a mandate of making life better for people, some may argue that this again is not a value-neutral position, particularly when we think about the ways PP is beginning to engage with social justice issues and DEI. From another perspective, however, the second wave of positive psychology argued that phenomena can be positive and negative in different ways, including valence (i.e., pleasant or unpleasant) and utility (i.e. conducive or not to wellbeing). So, throughout this book, when we use the terms ‘positive’ or ‘negative’, unless specified otherwise, we’re mainly referring to valence. It can be argued that this position does not make a value judgement, nor does it necessarily reflect an opinion on whether the phenomena in question is good or bad for wellbeing. The debate is ongoing and as we can see is nuanced, as such we encourage readers to explore the work of Prinzling and other critics who continue to bring this important topic to the discussion table. In addition, recent theorising suggests that the remit of PP does not only cover these positive constructs, but extends to ‘negative’ constructs, such as sadness (Wong, 2011) and depression (Sin & Lyubomirsky, 2009), which we can also situate here and which is discussed more fully in Chapters 2 and 8 (Ivtzan, Lomas, Hefferon & Worth, 2015; Lomas & Ivtzan, 2016a). In a way, as the most ‘psychological’ of the domains, this is the root domain. PP is first and foremost a psychological discipline, pertaining to the mind. The other domains are only relevant to PP to the extent that they impinge upon the mind, e.g., affect a person’s subjective sense of wellbeing. Nevertheless, it is helpful to explore the other domains to gain a comprehensive understanding of the range of factors that influence wellbeing.

The objective domain concerns the physiological functioning and behaviour of the body and the brain. First, this quadrant encompasses everything relating to physical health. Larson (1999) has identified numerous models of health, including the WHO and WHO+ models (noted above); the medical model, which defines health as the ‘absence of disease and disability’ (p. 124); the wellness model, concerned with ‘progress towards higher levels of functioning’ (p. 129); and the environmental model, pertaining to successful adaptation to one’s milieu. These models can all be situated in this domain. Located here too are the diverse health behaviours which impact upon physical wellbeing, like exercise (Hefferon & Mutrie, 2012), and risk behaviours that can detract from health, like alcohol use (Farrell et al., 2001). Second, this domain includes efforts towards understanding the physiological aspects of states of wellbeing, as per the mind–body connection introduced above. This includes analysis of biological substrates of pleasure, e.g., neuroendocrine biomarkers (Ryff et al., 2006). Similarly, embracing the

NCC paradigm, a positive neuroscience research programme has continued to explore the ‘neural correlates of wellbeing’ (Urry et al., 2004). For instance, trait asymmetric activation of the prefrontal cortex has been linked to greater levels of positive affect (Davidson, 2000). More recently Lindquist and colleagues (2016) conducted a meta-analysis of 397 fMRI and PET studies looking at the experience of positive and negative affect in the brain. The results suggested that contrary to existing hypotheses of bivalence, positive and negative affect are not characterised by independent brain systems, and instead are experienced more flexibly across several brain systems. More generally, this whole domain can be situated within the broader arena of positive health (Seligman, 2008).

The intersubjective domain covers relationships and the shared culture (e.g., values and meanings) that these generate. One useful overarching construct pertaining to this domain is social capital. This refers to the ‘sum total of the resources, actual or virtual, that accrue to an individual (or a group) by virtue of being enmeshed in a durable network of more or less institutionalized relationships of mutual acquaintance and recognition’ (Bourdieu, 1986, p. 248). Social capital is an elastic construct which encompasses all types of relationships of relevance to PP. These range from bonds within the home, addressed by specialities like positive relationship science (Fincham & Beach, 2010; Kansky, 2018) and family-centred positive psychology (Sheridan et al., 2004; Sheridan, Moen & Bhatia, 2021), to relations in the workplace (Dutton & Ragins, 2017) or the classroom, as covered by PP sub-disciplines such as positive organisational psychology (Donaldson, Donaldson & Chen, 2021; van Zyl et al., 2023b) and positive education (Seligman et al., 2009; Waters & Loton, 2019). This domain captures the manifold ways in which relationships are vital to wellbeing, from providing meaning and behavioural guidance via the management of one’s social identities (Jetten et al., 2012) to offering social support (Kawachi & Berkman, 2001; Feeney & Collins, 2015), to being sources of self-esteem (Symister & Friend, 2003; Harris & Orth, 2020). The domain also covers the emergent forms of culture generated by relationships. This includes the way cultural systems can generate values and worldviews that can be conducive to wellbeing, like religion (Koenig, 2009), or detrimental, like materialism (van Boven, 2005). Intersubjective concerns also include cultural norms – in relation to phenomena like gender (Lomas, 2013) – that influence behaviour and consequently can affect wellbeing.

Finally, the interobjective domain refers to the structural aspects of society: the impersonal processes, institutions and environments which provide the scaffolding for people’s lives. These structures range from the material conditions of the built environment to macro-economic forces that influence employment rates. This domain thus encompasses the work of diverse theorists, across different fields, exploring the way these structures impact upon wellbeing. Some economists have embraced SWB as an alternative to Gross Domestic Product as a barometer of societal progress (Layard, 2005), and have analysed the impact of various structural factors on SWB, including employment (Lucas et al., 2004) and income (Easterlin, 1995). Other relevant factors include indices used by the United Nations (UN) (2013; UNDP, 2022) to calculate the ‘human development index’, namely living standards, health

outcomes and education provision. Alternatively, the World Bank has explored the impact of the quality of governance on wellbeing (Kaufmann et al., 2009; World Bank, 2022). Interobjective structural considerations also include the quality of the built and natural environment (e.g., freedom from air pollution), whether at a local community level (Burke et al., 2009) or a wider national or even global level (Thompson et al., 2013).

So, we have outlined the four domains of our map, which will be used to help structure the book, as set out in the Introduction. We will focus in turn on the mind (Chapter 2), the body/brain (Chapter 3), and culture and society (Chapter 4), before using these domains collectively to explore lifespan development (Chapter 5), occupations and organisations (Chapter 6), religion and spirituality (Chapter 7) and becoming PP practitioners (Chapter 8). Thus, we can see how a multidimensional approach provides the architecture for a comprehensive approach to wellbeing, involving the application of PPIs across all four domains. However, before we move on to presenting the other element in our preparation for the journey – namely our motto – our map is not quite complete. It is not simply that our map has four different domains; each domain can itself be stratified into a number of levels, as the next section outlines. By taking into account these different levels, our APP approach becomes even more comprehensive. That is, we can devise and apply interventions and activities that are targeted not only towards the various specific domains, but towards different levels within each domain.

Layering

So far we have introduced Wilber's Integral Framework. Now we shall explain how we have adapted his original framework to produce our own Layered Integrated Framework Example (LIFE) model (see also Lomas et al., 2015a). Essentially, we can introduce further nuance and subtlety to our understanding of wellbeing by viewing each domain as being layered or stratified, thus producing our LIFE adaptation. That is, rather than just conceptualising each domain as an undifferentiated whole, we can develop a more sophisticated understanding by delineating different strands within them. There are potentially many possible ways of 'carving up' the domains, and our approach is by no means the only viable option. (Indeed, Wilber himself identifies different strata within his own model, although his stratification is more a historical-developmental perspective concerning the emergence of particular qualities in human development.) This is why we have named our own adaptation as the Layered Integrated Framework Example – our model is just one example of how such layering might be done, and indeed of a multidimensional model more generally. Nevertheless, we hope the particular layering strategy pursued here will prove convincing and helpful. Essentially, our approach is to view each domain as comprising various levels. These can be arranged in order of scale, such that each level encompasses or supersedes the level 'below' it, as

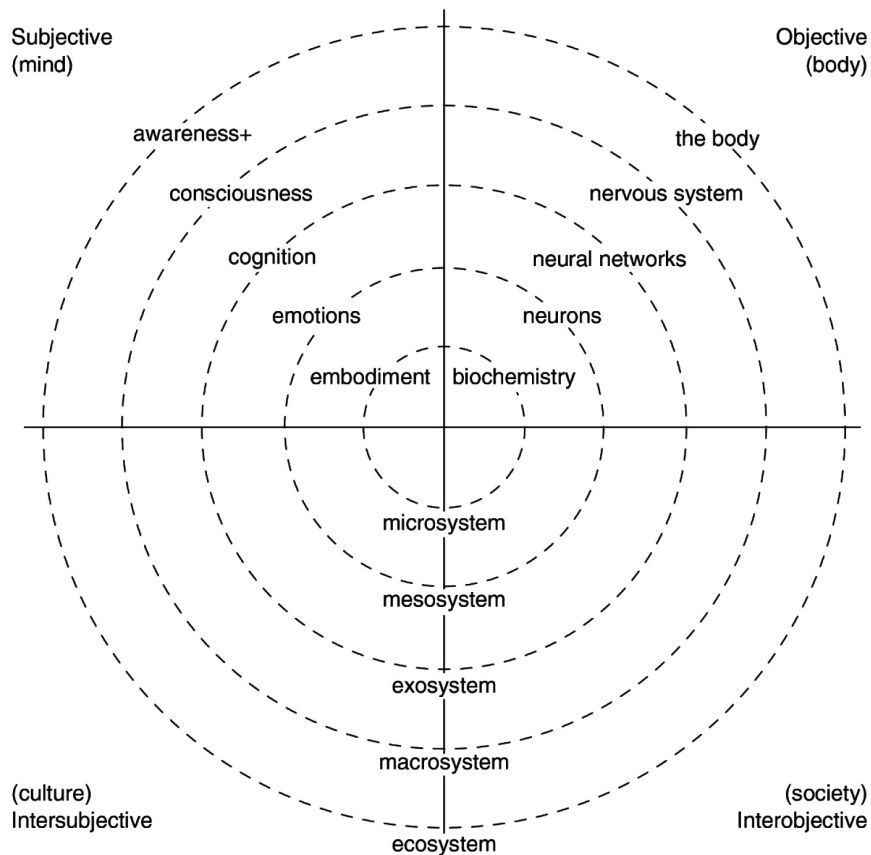


Figure 1.2 The Layered Integrated Framework Example (LIFE) model

shown in Figure 1.2.² This concept of layering can be explained in more detail by considering the domains in turn.

We will first consider the subjective domain, since, as suggested above, from a PP perspective this is the root domain. We can readily identify at least four different

² In considering the figure, it is worth emphasising that levels that are located on the same concentric circle are not ‘equivalent’ in any way. For example, the second inner ring features emotions, neurons and mesosystem. These are not functional counterparts; each domain was stratified on its own terms, and these three were placed on the second tier simply because they happened to be the second term in the sequence for that domain. Moreover, there is nothing magical about there being five layers in each domain; as emphasised above, our approach to stratification is just one possible way of layering these domains. It would be perfectly possible and legitimate to stratify each domain with fewer levels, or indeed a greater number of more fine-grained levels.

phenomenological strata: embodied sensations, emotions, cognitions and conscious awareness. Furthermore, these strata can arguably be viewed as proceeding from ‘lower’ to ‘higher’, for two reasons. First, in phylogenetic terms (i.e., the development of the species), we can perhaps see these strata emerging in this sequence: embodied sensations are thought to have emerged much earlier in our evolutionary progression than discursive (i.e., linguistic) cognitions (MacLean, 1990). Secondly, and similarly, this emergent sequence would also apply to ontogenetic development (i.e., the growth of the person), since infants experience sensations before they acquire emotions, followed still later by more complex cognitions (Piaget, 1971). We have also added a more contentious fifth stratum, labelled tentatively as ‘awareness+’. This level reflects the work of theorists who propose that conscious awareness can be superseded by yet more advanced phenomenological capacities and higher states of consciousness (Josipovic, 2010), as explained at the end of Chapter 2 and in more detail in Chapter 7.

In PP, our understanding of the role these subjective levels play in enhancing or hindering wellbeing is growing rapidly. Moreover, the field is replete with a cornucopia of PPIs to promote wellbeing at the various levels (Parks & Schueller, 2014). First, PP is increasingly attuned to the complex intersections between embodiment and wellbeing (Hefferon, 2013; Hefferon, 2018; Walters & Hefferon, 2020; Hefferon & Kampman, 2020), and various body awareness therapies have arisen that focus on these connections (Gard, 2005). Moving ‘up’ levels, the importance of positive emotions to PP can hardly be overstated, with a focus on constructs like happiness being almost the core defining feature of the field. In terms of APP, we see an ever-expanding list of PPIs to promote emotions that many deem to be valuable or desirable, from compassion (Neff & Germer, 2013; 2018) to gratitude (Emmons & McCullough, 2003; Lomas et al., 2014). At the cognitive level, the relevance of discursive thoughts to wellbeing has long been understood (Beck et al., 1979). Such understanding has generated cognitively-focused PPIs, such as narrative restructuring exercises (Pennebaker & Seagal, 1999). Of course, the various levels are not hermetically sealed, but commingle and interact, as evidenced by constructs bridging emotion and cognition, like emotional intelligence (Mayer & Salovey, 1997) and its associated interventions (Nelis et al., 2009). Finally, the levels of consciousness and even awareness+ are very well catered for by the phenomenal proliferation of constructs and interventions related to the Buddhist-derived notion of mindfulness (Kabat-Zinn, 2003).

Turning now to the objective domain, here we can arrange the levels into a holarchy, i.e., a hierarchy in which each level encompasses the level beneath it (see the box below for the origin of this word). Biochemical molecules and atoms (e.g., sodium ions) are components of neurons; neurons combine to create neural networks; such networks are part of the larger nervous system; and the nervous system is but one element of the whole body. (We can of course identify other viable holarchies, perhaps involving more gradations or highlighting other elements.) In terms of PP, we can examine how each of these levels influences wellbeing, and, moreover, we can design interventions to act on each level. At a biochemical level, mental illness has been understood in terms of

the activity of neurotransmitters like serotonin, as in the monoamine deficiency model of depression (Schildkraut, 1965) (please see Chapter 3 for a more in-depth discussion on this model). Historically, interventions at this level have aimed to alter biochemical ‘imbalances’, with selective serotonin reuptake inhibitor (SSRI) treatments (Ferguson, 2001). Such biochemical interventions are at present the sole province of medical disciplines like psychiatry, and used in treating mental illness. However, research has demonstrated the positive impact on wellbeing of psychoactive drugs such as psilocybin (Griffiths et al., 2006) and MDMA (Adamson & Metzner, 1988). Currently, a number of UK research labs and therapeutic institutes (e.g. Imperial College London) are exploring the efficacy of using such substances to proactively promote wellbeing (Sessa, 2007), as discussed in Chapter 3.

Reflection...

The term *holarchy* originated with the Hungarian intellectual Arthur Koestler (1978). To explain this, we need to introduce another neologism coined by Koestler: the *holon*. Koestler proposed that the word *holon*, derived etymologically from the words ‘whole’ and ‘part’, to reflect the idea that everything in existence is simultaneously a whole and a part. For example, a person is a whole being, yet is part of a family; a family is a whole unit, yet is nevertheless part of a community, and so on. So, each element in the system, such as the family, is a holon – both a whole unit (relative to the level beneath it, i.e., the individual), and a constituent part (relative to the level above it, i.e., the community). As such, a holarchy refers to this arrangement in which holons are embedded within larger holons, which are in turn themselves nested within still larger holons. In terms of our stratification of the objective domain, and indeed of the intersubjective and interobjective domains (see below), the concept of a holarchy is more appropriate than that of a hierarchy. The latter embeds notions of top-down rule, where higher levels dominate and control their subservient inferior levels. In contrast, in a holarchical arrangement, the relationship between the levels is more complex: each level is somewhat autonomous, and causal influences can proceed up the chain as well as down. What do you think of the holarchy concept?

Moving up the holarchy, we can explore the impact of neural networks on wellbeing. These networks refer to the way mental activities are produced by the interaction of areas distributed throughout the brain (Fell et al., 2010). Relevant methods of analysis include electroencephalography (EEG), which gauges the synchronisation of neural populations (Basar et al., 2001). EEG analysis connects wellbeing to particular patterns of neural activity, such as greater left-sided activation of the brain (Rickard & Vella-Brodrick, 2013). Moreover, from an APP perspective, these beneficial activation patterns can be promoted by interventions such as neurofeedback (Hammond, 2005). Neurofeedback activities can be situated within a larger framework of biofeedback, which can affect the nervous system generally, thus reaching a more encompassing holarchical level. Here, Kleen and Reitsma (2011) combined Heart Rate Variability (HRV) biofeedback training (lower HRV is associated with outcomes like anxiety) with mindfulness to good effect.

Stepping up to the whole body, PP has tended to overlook its relevance to wellbeing, as reflected in Seligman's (2008) remark that PP needed to evolve beyond being a 'neck-up' focused discipline. However, work has begun to incorporate the body more into PP, exploring the complex intersections between physical health/illness and constructs like SWB and PWB (Hefferon, 2013). From an APP perspective, there is a panoply of PPIs that work with the body to promote wellbeing, from exercise (Hefferon & Mutrie, 2012) to creating meaning with the body through dance therapy (Puig et al., 2006).

Having outlined our stratification of the subjective and objective domains, we now turn to the two collective domains. As with the objective domain, we can again conceptualise these as being stratified holarchically. For this stratification, we will use Bronfenbrenner's (1977) influential experimental ecology model, which identified six socio-cultural levels, ordered according to scale from the micro to the macro. This model can be used for both domains, as it straddles the two quadrants. That is, one can analyse all levels of his model from either an intersubjective perspective (e.g., shared values) or an interobjective perspective (e.g., structural aspects of that level). We shall consider these levels in turn, from smallest to largest. However, we shall omit the 'smallest' level of his model, since this is not relevant to the intersubjective or interobjective domains; in Bronfenbrenner's original model, the first level is the person themselves (e.g., their cognitive processes). However, in our adapted version, this first level has been massively expanded, becoming in effect the entire subjective and objective domains. (The LIFE model also omits the sixth of Bronfenbrenner's levels, namely the chronosystem, which pertains to change over time. However, consideration of the chronosystem in effect constitutes the entire fifth chapter of this book, which focuses on lifespan development.) As such, in terms of the intersubjective and interobjective domains, we begin the stratification at the second tier of Bronfenbrenner's model, namely the microsystem. As with the other domains, we shall again highlight examples of PP constructs and practices that pertain to each level.

The microsystem refers to the immediate social setting of the person, e.g., their family or workplace. To reinforce the point about Bronfenbrenner's model straddling both domains, we can approach these settings from either an intersubjective (e.g., a family's shared values) or an interobjective (e.g., their material circumstances) perspective. In PP, the importance of the microsystem is recognised in studies highlighting the powerful association between relationships and wellbeing (Phillips et al., 2008). In APP terms, PPIs delivered at a microsystem level include the use of PP activities in couples therapy (Kauffman & Silberman, 2009). The next level is the broader network of the mesosystem, which refers to interrelationships among different microsystems. Meso-level PPIs may involve working with clients across diverse settings, such as helping students in school and supporting them outside school (Sheridan et al., 2004). Indeed, Prilleltensky et al. (2001, p. 151) argued that 'clinical and community interventions are inseparable' (as reflected in the provision of an MSc in Clinical and Community Psychology at many institutions). A larger scale still is the exosystem, which refers to structures that 'encompass the immediate settings', such as the wider community in which the various microsystems are situated (Bronfenbrenner, 1977, p. 515). Community factors, both

intersubjective (e.g., social capital) and interobjective (e.g., provision of social services), have a large impact upon wellbeing (Burke et al., 2009). We can promote wellbeing at the exosystem level through community interventions, like the Well London Project, which worked with local communities from 2007 to 2020 to promote health and develop community (Phillips et al., 2012).

Reflection...

What do you think of Bronfenbrenner's (1977) experimental ecology, and the way we have deployed it in our LIFE model? Do you think this is a helpful way of conceptualising our socio-cultural world? Can you think of other possible ways of stratifying the intersubjective and interobjective domains?

The most expansive of Bronfenbrenner's (1977, p. 515) levels is the macrosystem, i.e., 'overarching institutional patterns ... such as the economic, social, educational, legal, and political systems', of which the other levels are 'concrete manifestations'. Analysis of the impact of the macrosystem on wellbeing focuses on economic and political factors, like quality of governance (Kaufmann et al., 1999), with a recognition that wellbeing depends upon 'effective social and political institutions' (Duncan, 2010, p. 165). In terms of APP, we can consider interventions at a policy level, promoting wellbeing by making regulatory frameworks more conducive to this end. Indeed, UN-commissioned analyses of global levels of SWB have led to structural macro-policy recommendations (Helliwell et al., 2013). Finally, we shall take the liberty of adding another level to Bronfenbrenner's original model, namely the global ecosystem. The biosphere encompasses all the other systems, since it is the physical matrix that supports their very existence. From a PP perspective, this means extending our concern with wellbeing to *environmental* wellbeing, since existentially, our wellbeing is ultimately dependent upon the health of the planet (Smith et al., 2013). This dependence is recognised in recent efforts to take ecological variables into account, such as societal sustainability, when calculating macro-level wellbeing, such as the New Economics Foundation's (NEF) (2013) launch of the Happy Planet Index. In terms of APP, as ecological wellbeing depends to some extent on human behaviour, we can devise PPIs that might impact positively on the environment, intervening at any of the levels of Bronfenbrenner's model to influence people in the direction of more sustainable behaviours (Hopper & Nielsen, 1991).

OUR MOTTO

So, we have constructed a detailed map of the terrain that APP can be concerned with, and highlighted some of the ways in which we can promote wellbeing across the various domains and levels – these will, of course, be examined in detail throughout the book.

As such, we are almost ready to begin our journey! However, before we set off, it will help to avail ourselves of a motto that can help us understand why we are travelling, and lend purpose to our mission. To this end, we have constructed a purposeful teleological statement to guide us. This motto was devised in response to us interrogating at length the issue of what PP is actually for. Our answer is that the point of PP is to make life better. Although this motto initially comes across as plain, even banal, we believe that a number of important concepts are embedded within it that collectively make it a powerful statement of intent. Moreover, the motto also serves as an answer to some trenchant criticisms that have been levelled against PP over the years (e.g., Lazarus, 2003). In some ways, such critics are the best friends of the PP movement, as they shine a clinical light on its weak points and unacknowledged biases (van Zyl et al., 2023a). Responding thoughtfully to such critiques, as this motto seeks to, can only help to strengthen PP.

Reflection...

What do you see as the 'point' of PP, and what might your own motto be? Whatever phrase you choose as your motto, what are the meanings and nuances embedded within it?

The first component of our guiding statement is the verb 'to make'. This serves to reinforce the idea of PP as a form of praxis, and to designate PP primarily as an applied discipline. As outlined in the introduction, this designation helps address the issue of the *identity* of PP, and whether it even needs to exist *per se* as a concern (since the movement has arguably gone some way towards fulfilling its original mission, i.e., redressing the negative bias within psychology). Moreover, the word 'praxis' incorporates various other meanings which further help to conceptualise the nature of PP. First, praxis can be defined as 'practical action informed by theory' (Foster, 1986, p. 96). This definition reinforces the notion that PP seeks to promote wellbeing in empirically-validated and theoretically-justified ways, which differentiates it from generic self-help movements. A second key meaning embedded in the term concerns the relationship between the PP practitioner and their participant/client. In the social sciences, praxis has its most committed advocates among politically-minded scholars committed to 'action research' (Kemmis & McTaggart, 1982). In this paradigm, also called participatory research, collaborative inquiry and emancipatory research, researchers and research participants *collaborate* in effecting real-world changes. Thus, praxis suggests a non-coercive, non-hierarchical partnership between practitioner and client. So, PP is ideally facilitative rather than prescriptive – encouraging people to determine their own goals and helping them achieve these, rather than paternalistically telling people how to be.

If PP is indeed an applied discipline, we must ask, who is it for and in what circumstances? What differentiates PP from other applied disciplines, like clinical psychology, which are also undoubtedly concerned with improving wellbeing? Until recently, one answer would be that clinical psychology alleviates negative mental states, while

PP aims to promote positive states. However, that distinction might not hold any longer. On one hand, some clinical psychologists have argued that their discipline should also focus on positive mental health (Wood & Tarrier, 2010). On the other hand, PP also engages with what could be considered to be difficult and challenging states (e.g., finding meaning in suffering) (Ivtzan et al., 2015). More fundamentally, some theorists have even questioned the validity of labelling particular emotions or outcomes as either 'positive' or 'negative' (Lazarus, 2003; Lomas & Ivtzan, 2016a), as discussed further below. Another possible answer could be that PP is defined by the use of specific practices, such as gratitude tasks. However, that definition is not especially useful either. To illustrate this, consider mindfulness, a form of meditation that has been embraced by psychology and medicine (as discussed in Chapter 2). Does this count as a PPI? The answer would have to be no, at least not exclusively. In so far as mindfulness has been used in treating physical illness, it can be seen as a medical intervention (Kabat-Zinn et al., 1987). In so far as it has been adapted for mental health disorders, it constitutes a clinical psychology intervention (Teasdale et al., 2000). In so far as it has been harnessed in psychotherapy, it qualifies as a psychotherapeutic tool (Germer et al., 2005). Given the range of uses of mindfulness, not to mention its Buddhist roots, it would be hubristic to 'claim it' as a PPI.

The range of contexts in which mindfulness has been used, however, might offer one possible way of delineating a specific territory for APP, namely that, generally speaking, APP can be defined as the use of wellbeing practices with a non-clinical population (i.e. for individuals without psychiatric disorders specifically, but this definition can include individuals with overall health issues such as cancer).³ For instance, mindfulness has been used in non-clinical settings to promote wellbeing (Smith et al., 1995); in this case, it would qualify as a PPI. In presenting this tentative definition, it is worth saying that the authors engaged in ongoing debate about its merits. We wondered, what about the use of PP in treating mental health problems? We felt this definition would not preclude PPIs being used for this (Sin & Lyubomirsky, 2009); the question is how one conceptualises such problems and categorises people suffering from them. The issue of when 'negative' mental states become classified as clinical disorders is much debated

³ This delineation overlaps to some extent with the field of coaching psychology as defined by Grant (2006, p. 12): 'The systematic application of behavioural science to the enhancement of life experience, work performance and well-being for individuals, groups and organisations who do not have clinically significant mental health issues.' However, following Biswas-Diener (2009), we reserve the term 'coaching' for interactions involving a one-to-one 'professional relationship' between a coach and client – akin to psychotherapy, except that it helps 'functioning people perform even better' (p. 546). Our vision for PP is much broader than this, including, but certainly not limited to, such interactions – as elucidated in this book. As such, we could view coaching as a subset of PP (though those in coaching psychology may not agree!), as discussed in Chapter 6.

(Flett et al., 1997). We can certainly recognise that there are times when a person is deemed to be experiencing dysphoria, but this is not treated as a clinical issue, either by health professionals or by the person themselves. For instance, a sufferer may ascribe their depression to a legitimate sense of existential anomie, rather than view it as a psychiatric disorder (Szasz, 1960). In such cases, people may have historically tried psychotherapy; now, others may engage with a PP practitioner. APP would thus include interactions that were like ‘therapy for people who don’t want therapy’. There remains the grey area of interventions that originated in PP – e.g., gratitude exercises – being used in clinical settings. By our rationale, in such circumstances, these would simply be clinical psychology interventions (clinical psychology would thereby expand its own boundaries, taking in exercises that actively promote ‘positive’ thoughts/emotions).

Reflection...

Who do you think PP is for, and under what circumstances? What do you think of our designation of PP as the use of wellbeing practices with a *non-clinical* population? Do you agree that, even with such a designation, PP might still be used in treating mental health problems? The ideas in this chapter are just suggestions – you may construe the nature and role of PP differently. How would you demarcate the ‘territory’ for PP? Do we even *need* to specify a territory in this way? Reflect on your opinions.

At this point, given that we are suggesting that PP might be used in ameliorating mental health issues, it is worth updating a common PP metaphor: the mental illness–health continuum. A founding image used in articulating a role for PP was that whereas fields like clinical psychology just aimed to bring people from ‘–5’ (i.e., mental illness) to ‘0’ (i.e., absence of mental illness), PP could take people up to ‘+5’ (i.e., positive mental health). This image of a single continuum from illness to health implies that PP is only relevant once people reach this metaphorical ‘0’, i.e., are free from mental health problems. However, we reject this implication, as PP may be useful in helping treat mental illness, e.g., clinical psychologists drawing upon exercises associated with PP as an adjunctive intervention (Sin & Lyubomirsky, 2009). In that case though, one could argue that these exercises have simply become part of the clinical psychology repertoire, and that rather than the clinical psychologist practising PP per se, they have simply been influenced by it. After all, the notion of cultivating gratitude, for example, is not ‘owned’ by PP, even if PP has helped draw attention to its value. In this way, we would still argue that PP is most effectively defined not by its practices per se but rather by the population it is aimed at, namely, people who are not receiving clinical treatment for mental health conditions (since these are being helped by professions like clinical psychology), but the broader population who could still use assistance in developing their mental wellbeing. More fundamentally, we also disagree that mental illness and health are mutually exclusive, that one can only flourish if free from mental illness. An historical, yet fascinating study, suggested that a small minority of

people score highly on measures of depression and flourishing *simultaneously* (Keyes, 2002). Indeed, there has long been a cultural association between mental illness and certain aspects of flourishing, especially creativity (Kaufman, 2001). We contend, then, that the continuum metaphor might be better configured as a circumplex, as shown in Figure 1.3. Here, mental illness ('-5' to '0') and mental health ('0' to '+5') are represented as separate orthogonal dimensions. An individual might be judged to be at a particular point on *both* dimensions – suffering with mental health issues to some extent *and* also flourishing to some extent – thus locating them somewhere in the two-dimensional space of the model. And, wherever they are 'located', we argue that PP can play a role in making their life better. This can be thought of as the dual-continua perspective of mental health and illness (Keyes, 2005). More recently, and adding further clarity to this idea, Lomas and VanderWeele (2023b), developed the Mental Illness – Health (MIH) Matrix and the Mental State Space (MSS) Matrix (see Figure 1.4). The authors here rigorously analysed the academic literature to create two harmonious meta-conceptual frameworks that represent and evaluate states of mental illness and health. First, the MIH Matrix adds more granularity to the four state spaces outlined in the dual-continua model (i.e. flourishing, thriving, struggling, languishing), by suggesting that there exist multiple dimensions of both illness and health that an individual can experience at any one given time (e.g. evidence from Khumalo and colleagues (2022) found nine different indicators of mental illness and 14 for mental health). Second, the MSS Matrix allows for assessment and measurement of the MIH Matrix and its added granularity, by ascribing numbers to the matrix. Whilst the range of the numbers is left open to determination, the basic premise is that they denote either the presence or absence of illness and health (-10 to -5 for example represents the presence of mental illness, -5 to 0 represents the absence of mental illness, 0 to +5 represents the absence of mental health, whilst +5 to +10 represents the presence of mental health). The idea is that using both the MIH and MSS Matrices, enables

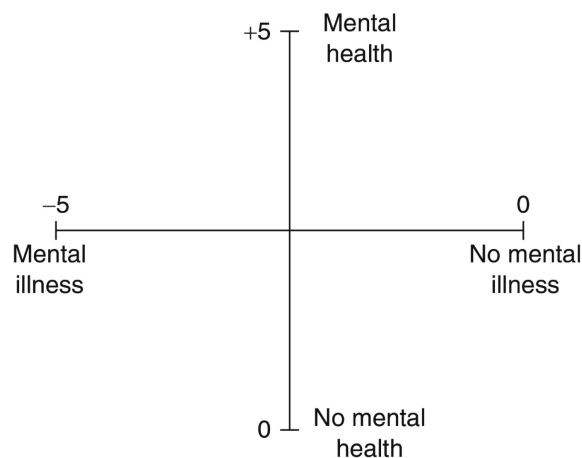


Figure 1.3 The Mental Health-Illness Matrix (MIH)

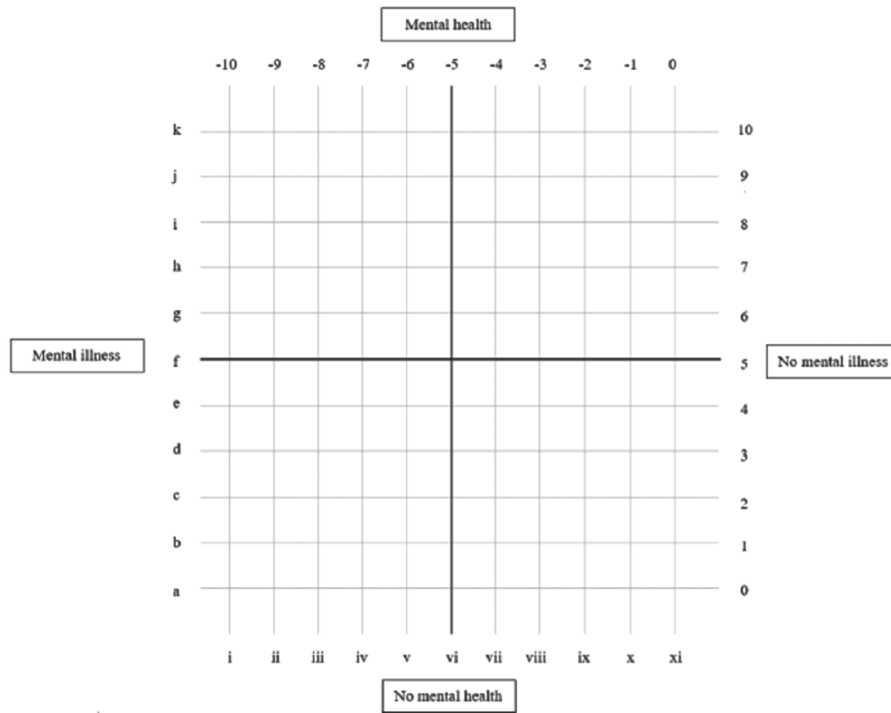


Figure 1.4 The mental illness–health circumplex

Source: Lomas & VanderWeele (2023b), with permission of Wiley.

researchers, clinicians, practitioners – indeed anyone working with clients – to gain a much more detailed, personalised and contextualised picture of an individual’s unique mental wellbeing.

The second component of our guiding teleological statement is the noun ‘life’, which nicely reflects the LIFE acronym we have chosen for our multidimensional model of the person. The choice of this word as the target of PP serves to drastically widen the scope of the discipline. In many ways, this expansion is *already* taking place within PP – this motto simply recognises and conceptualises this. We might consider this ‘widening’ in three respects – going beyond the mind, beyond the individual and beyond the species. Here the LIFE model really helps to clarify matters, since our vision for the enlarged scope of PP encompasses all domains and levels of the model. First, PP is beginning to go beyond the mind by incorporating the whole body, both in terms of embodiment (the first level of the subjective domain) and physiology (the whole objective domain) (Hefferon, 2013). Second, PP is starting to go beyond the individual by considering their socio-cultural context, as reflected in the entire intersubjective and interobjective domains of the model. Finally, PP is even starting to go beyond humankind by taking into account the wellbeing of the environment, as represented by the addition of the ecosystem level. Thus, by seeking to make ‘life’ better, we are not aiming to simply

improve the mind, or even just make the individual better, but to improve all aspects of life: individual functioning (both subjective and objective), social contexts at all levels of Bronfenbrenner's model (in both intersubjective and interobjective terms) and finally the biosphere that actually sustains life.

Expanding our focus in this way helps answer various criticisms of PP. First, going beyond the mind to incorporate the body addresses a historical lack of attention to the corporeal in PP (Hefferon, 2013; 2018). Second, going beyond the individual to consider social contexts answers one of the most pernicious critiques levelled against PP – its tendency towards an individualistic conceptualisation of wellbeing. From a critical perspective, PP is accused of promulgating a culturally-specific version of the good life, drawing upon a North American tradition of individualism in which happiness is seen as a private concern, achieved through self-determined choices (Becker & Marecek, 2008). While some attention is paid to social contexts in PP – indeed, institutions are one of the 'three pillars' of personal fulfilment (Peterson, 2006a) – analysis of these is largely restricted to what Bellah et al. (1996, p. xxv) call 'social in the narrow sense', i.e., limited to local settings. For instance, it is recognised that positive family relationships contribute to SWB (Reis & Gable, 2003). However, until recently there has been little critical analysis of the way political, cultural and socio-economic factors impinge upon wellbeing, or of structural factors that might affect a person's ability to flourish, such as educational and economic opportunities (Prilleltensky & Prilleltensky, 2005). In answering these critiques, PP 3.0 or third-wave PP has emerged in recent years, outlining an ambitious mandate to take a systemic approach to wellbeing moving forward, and to become more interdisciplinary and multicultural (Lomas et al., 2021). These are important issues, which we discuss in depth in Chapter 4 (and will generally seek to be cognisant of throughout the book). As such, by articulating a stratified multidimensional model of wellbeing, we can begin to redress such critiques.

The third component of our guiding teleological statement is the adjective 'better'. This is chosen as being deliberately ambiguous and polysemantic. Dictionary definitions attribute a range of meanings to the term, including more useful, satisfactory, effective and desirable, and greater in excellence or quality. Thus, although the word is value-laden – seeking positive change – it does not ascribe a particular form to these improvements. Most notably, it avoids positioning 'happiness' as the goal of PP. This is important for various reasons. First, eschewing the word 'happy' as a goal helps neutralise the prominent criticism of PP as being 'happyology' (Peterson, 2006a). As Peterson lamented, this has led to PP being linked to the 'ubiquitous smiley face' in media coverage of the field. There are various dangers inherent in this depiction of PP. There is a risk of PP being viewed as just another self-help movement based around positive thinking. This gives the impression that PP is simply old wine in new bottles, rehashing the tropes of previous movements centred on the power of positive thoughts (Becker & Marecek, 2008; van Zyl et al., 2023a), such as the 'New Thought' trend associated with Phineas Quimby (2007 (1846–1865)). More perniciously, an undue emphasis on happiness has

generated accusations that PP promotes a ‘tyranny of positive thinking’ (Held, 2004, p. 12), making happiness normative to the extent that failure to experience positivity is viewed almost as a moral failing (Ehrenreich, 2009).

Avoiding the term ‘happy’, however, is not just about distancing PP from antecedent ideologies, thus hoping for a better critical reception. Rather, it reflects a growing appreciation in PP of the nuances of emotions (Lomas & Ivtzan, 2016a). PP has in the past been guilty of promulgating a simplistic Manichean dichotomy, where positive emotions are associated with happiness and are therefore unreservedly good, while negative emotions are coterminous with unhappiness and thereby unreservedly bad (Lazarus, 2003). However, a more nuanced treatment of emotions has emerged in the last decade or so, a trend labelled the ‘second-wave’ of PP (Held, 2004), or ‘positive psychology 2.0’ (Wong, 2011; Ivtzan et al., 2015). Positive emotions/qualities can have maladaptive outcomes, e.g., optimism is linked to under-appreciation of risk (Peterson & Vaidya, 2003). Conversely, dysphorias may actually serve to promote wellbeing, e.g., anxiety can alert us to threats. Indeed, Lazarus (2003) questions the very possibility of classifying emotions as positive or negative, as many emotions are co-valenced, with their impact contextually determined. For example, love can be either agony or ecstasy, depending on whether it is reciprocated. At a deeper philosophical level, there is an inherently dialectical relationship between positive and negative emotions, which are by definition conceptually co-dependent (Ryff & Singer, 2003). Just as ‘up’ only exists if ‘down’ is recognised, ‘positive’ only has meaning if ‘negative’ also exists. Trying to eradicate the ‘negative’ is thus as nonsensical as trying to abolish ‘down’. Thus, Resnick et al. (2001) urged us to avoid polarising psychology into good and bad, but to appreciate the complexities of the good life (Lomas & Ivtzan, 2016).

Reflection...

Think about the complexities of your own emotions. In what circumstances might emotions normally deemed ‘positive’ inhibit flourishing, or ‘negative’ emotions actually be conducive to wellbeing?

Thus, the vagueness of the word ‘better’ means that these complexities are recognised. Moreover, it is an admission that our understanding of how to inculcate and promote the good life is always incomplete and provisional. Finally, reflecting the point about expanding the scope of PP, using ‘better’ prevents an undue individualistic focus on private emotional states, and extends our focus to improving social conditions – for we cannot speak of making social contexts ‘happier’, only making them ‘better’ so that they may be more conducive to happiness. That said, we do need some way of assessing what ‘better’ means in the context of PP. This judgement lies primarily with the people who are the subject of PPIs, i.e., their assessment of whether their life has been made better. Crucially, the person themselves will determine the basis on which they make

this assessment. This autonomy mirrors current measures of life satisfaction (e.g. ‘Are you happy with your life?’) which represent a ‘global assessment of a person’s quality of life *according to a person’s chosen criteria*’ (Shin & Johnson, 1978, p. 477, our italics). Moreover, this autonomy reflects the idea, raised above in relation to praxis, that PP should be facilitative, not prescriptive. The person themselves determines what ‘better’ consists of, and whether this has indeed been achieved.

So, we have constructed our map, and articulated our motto. One final issue remains: the name we give to our endeavours! In recent years, a profusion of positive disciplines has emerged, including positive education (Seligman et al., 2009), positive psychotherapy (Seligman et al., 2006), positive health (Seligman, 2008) and positive sociology (Stebbins, 2009). While these disciplines are often treated as subsets of PP, the broader terms positive social science (Seligman, 1999) and even positive science (Sheldon, 2011) have been used to encompass these approaches. However, a better overarching label might be Integrated Positive Practice. The word ‘integrated’ encapsulates the multidimensional nature of wellbeing, and is a key term in our LIFE acronym. The phrase ‘positive practice’ is useful, since by eschewing the word ‘psychology’ it is able to embrace all the various positive disciplines as an overarching conceptual term. The word ‘practice’ also overlaps conceptually with the term ‘praxis’ and thus serves to emphasise the applied nature of the discipline. At the same time, we can still recognise PP (i.e., psychology) as being the root of the varied positive disciplines: whether we are engaging in positive neuroscience or positive sociology, ultimately, the fundamental test of our interventions – at whatever level of scale – is whether people subjectively *feel better* about their lives as a result. Thus, the critical outcome will always be a subjective assessment of improvement (hence our assertion above about the subjective domain being the root quadrant). That being said, we hope the phrase Integrated Positive Practice will help lift our visions to new horizons and empower us to approach and engage with wellbeing in a comprehensive and multidimensional way. And so ... the journey begins!

Summary – this chapter has...

- Articulated the desirability of taking a multidimensional approach to wellbeing
 - Introduced Ken Wilber’s Integral Framework and Urie Bronfenbrenner’s experimental ecology
 - Presented our own multidimensional LIFE model as the conceptual map for this book
 - Articulated a motto for PP, namely *to make life better*
 - Used this motto to identify PP as a form of praxis, and as an applied psychology discipline
 - Used this motto to expand the focus of PP beyond the mind and beyond the individual
 - Used this motto to take a more nuanced approach to conceptualising emotions
-

Quiz...

- 1 In what year did the WHO formulate its definition of health?
 - 2 What is the dominant mind–body paradigm within consciousness studies?
 - 3 Who identified agency and communion as being the two fundamental modes of being?
 - 4 Which domain pertains to relationships, the intersubjective or interobjective?
 - 5 Who coined the terms ‘holon’ and ‘holarchy’?
 - 6 What level did our LIFE model add to Bronfenbrenner’s original experimental ecology?
 - 7 Who said ‘The philosophers have only interpreted the world, in various ways. The point, however, is to change it’?
 - 8 In the social sciences, what is another name for ‘action research’? (3 possible answers)
 - 9 In order of increasing scale, which level comes after ‘micro’ in Bronfenbrenner’s ecology?
 - 10 Who was the originator of the ‘New Thought’ movement?
-

Resources and suggestions...

- You can find more information about Ken Wilber at www.integrallife.com, and more on the Integral Framework generally at www.integralinstitute.org.
 - In terms of the frameworks outlined in this chapter, you may not be persuaded by Wilber and Bronfenbrenner’s models, or by our adaptation of these in the form of our LIFE model. That’s OK! Other multidimensional frameworks exist, like Layder’s (1993) research map, which you could use instead. In terms of the use of conceptual maps in academia generally, *Visualizing Social Science Research: Maps, Methods, & Meaning*, by Wheeldon and Ahlberg (2011), is well worth a read.
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Keywords list...

- Dual continua: The idea that mental illness and mental health exist separately from each other, and individuals can experience dimensions of both at any given time
- Holarchy: The idea that things can exist as a whole within themselves, but also as part of a larger whole. For example, the body and all its constituent components
- LIFE model: The Layered Integrated Framework Example is a conceptual map for understanding the myriad aspects of human experience (from intrapersonal subjective qualia to how individuals are situated within wider social structures), and charting the aspects that can then impinge on an individual’s wellbeing
- Mind–body dichotomy: The age-old question of whether the mind and the brain co-exist. Do they exist separately from each other, does one facilitate the emergence of the other? Lots of debate on this one!
- Microsystem: Immediate social settings of an individual, e.g., one’s family
- Mesosystem: The relationship between different microsystems, e.g., the interaction between family and school
- Exosystem: The immediate settings of mesosystems, e.g., one’s local community that both families and schools exist within

- **Macrosystem:** The wider institutional systems at play, economic, societal, political, educational etc.
 - **Biosphere:** The planet in which all things exist!
 - **The NCC paradigm:** The neural correlates of consciousness is the empirical endeavour to answer the mind–body question using brain imaging techniques to observe whether certain brain activity is associated with certain psychological states
 - **Ontology:** Refers to the nature of being or becoming; it can also refer to how concepts are related to or connected with one another.
-