

What is a Positive Intervention? Theoretical, Empirical and Experiential Perspectives

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Abstract

Three interrelated threads of inquiry -theoretical, empirical, and experiential- are pursued to answer one fundamental question: what is a positive intervention? Part 1 proposes a theoretical definition of the term “positive intervention” and a hypothesis about how positive interventions work. Part 2 presents an empirically based classification system and its value relevant to the longevity of positive psychology as an academic discipline. In Part 3, two positive interventions are experientially explored and related to the proposed theoretical model and empirical classification of positive interventions. Interweaving these threads yields a more thorough understanding of positive interventions, which will enable their more effective application and ensure the durability of positive psychology as a field of scientific endeavor and prevent its declination into a self-help fad.

Key Words: Positive interventions. Positive psychology. Theoretical. Empirical. Experiential.

Resumen

El presente trabajo sigue tres hilos de investigación interconectados -teórico, empírico, y vivencial- para contestar una pregunta fundamental: ¿Qué es una intervención positiva? La primera parte, propone una definición teórica del término “intervención positiva”, y una hipótesis de cómo funcionan las intervenciones positivas. La segunda parte, presenta un sistema de clasificación basado en la investigación empírica, valor relevante para la longevidad de la Psicología Positiva

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como una disciplina académica. En la tercera parte, dos intervenciones positivas son exploradas vivencialmente, y relacionadas con el modelo teórico propuesto y la clasificación empírica de las intervenciones positivas. El entretendido de estos hilos provee una comprensión más profunda acerca de las intervenciones positivas, lo que permite su aplicación más efectiva y asegura la duración de la Psicología Positiva como un campo de esfuerzo científico previniendo su declinación en una moda pasajera de auto-ayuda.

Palabras Clave: Intervenciones positivas. Psicología positiva. Teoría. Investigación empírica. Experiencia.

Introduction

While the field of positive psychology is new, the pursuit of optimal human flourishing and the study of human strength and virtue are not, despite neglect in clinical psychology. Benjamin Franklin was an early positive psychologist who documented his struggle to perfect his character through the cultivation of virtue. Positive psychology concepts can be found in religious texts like the Hebrew Bible and the New International Version of the Holy Bible, or in philosophical works like Plato's Republic. Works of literature like the Bhagavad Gita and *Pollyanna* are ripe with the "stuff" of positive psychology. These examples are cited as evidence that humans are profoundly concerned with optimal functioning, and the questions posed by positive psychology are not new. What then, is the value of positive psychology?

The answer to this question lies in the concept of meliorism, a concept coined by George Eliot in 1877. Positive psychology is not a "happiology" grounded in absolute optimism; it is not a field devoted to seeing the proverbial "glass half full". Rather, positive psychology is a pragmatic discipline concerned with human agency: what can we do to make the glass fuller or emptier? Meliorism is agentive; it's about making things better.

Thus, positive psychology is devoted to discovering positive interventions. But what is a positive intervention? This fundamental question is explored in three parts, each devoted to a separate thread of inquiry: theoretical, empirical, and experiential.

Part 1: Definition and Theory of Positive Interventions

To define a positive intervention, it is useful to apply pragmatism and begin with the end in mind. What is the purpose of a positive intervention? This paper argues that the *function of a positive intervention is to intentionally create optimal health*. This definition is unpacked into three components: intention, well-being, and the means to move from intention to well-being. Furthermore, a positive intervention must meet one or both of the following conditions: 1) positive point of application -intention to increase wellbeing in a direction away from zero, i.e. in non-clinical populations- ; 2) positive method -intention to increase well being by cultivating pleasant affect, strengths, and/or meaning-. Interventions that meet one or both of these conditions will be examined to illustrate a theoretical account of how positive interventions work.

All positive interventions must begin with the *intention* to increase well-being, whether this intention originates within the self or another. In *The Varieties of Religious Experience*, William James distinguishes a variety of healthy-

mindedness that is “voluntary, or systematic”, creating a crucial distinction between those who naturally feel happy, and those who intentionally choose “to take good to be the essence of things and exclude evil from their field of vision” (Pawelski, 2003). The locus of this distinction is the determination displayed by the individual, which Pawelski (2006) describes as “autoeclectic (selected by oneself)” habit formation.

Positive interventions may also be intended to increase well-being in others, as exemplified in character development programs. Pawelski (2004) argues that “if no habits were initially installed in us, we would be incapable of eventually learning to install in ourselves habits of our own choosing”. Character is ethical democracy, requiring the individual to “have theoretical and practical mastery over the processes of habit formation”, in order to fully participate in this emergent behavior (Pawelski, 2004). Thus, educators intentionally install habits in their pupils so that they can fully participate in ethical democracy; this externally-driven application of positive interventions is not only beneficial, but imperative.

Keeping with the pragmatism defined by William James, to define a positive intervention, we must identify what a positive intervention is intended to do: what are its “last things, fruits, or consequences” (Pawelski, 2006)? The purpose of a positive intervention is to create holistic optimal health; here, we can learn from humanistic thinkers who theorized on this concept in the prehistory to positive psychology. In their holistic concern with optimal mental health, humanists like William James, Alfred Adler, Carl Jung, Carl Rogers, and Abraham Maslow departed from a deficiency model of health and set a foundation for positive psychology (Compton, 2005).

A contemporary conception of holistic optimal health must attend to the connection between the mind and body. Ryff and Singer (2002, p. 541) suggest a “perspective of human health and well-being that is deeply integrative”-one that reaches both outward to “macro-level, social structural forces”-, and inward to micro-level physiology. Similarly, Mutrie and Faulkner (2002) argue that physical activity is essential to human flourishing, proposing a somatopsychic correlate to the psychosomatic principle. This integrative approach is consistent with the aims of mediation, a practice with both physiological and psychological benefits. The intention behind mediation is to create wellness, which is “at once about the mind and the body and their interconnections” (Shapiro, Schwartz, & Santerre, 2002, p. 635).

A concept of holistic optimal health must also be characterized by the presence of psychological nutrients, which constitute or directly lead to increased well-being. These nutrients include the “three innate psychological needs [of] competence, autonomy, and relatedness” (Ryan and Deci, 2000, p. 68). Other nutrients include self-efficacy (Bandura, 1994), and self-regulation (Baumeister, Gailliot, DeWall,

and Oaten, 2006), which improve quality of functioning and increase resilience to adversity. Notably, these nutrients can be cultivated; like the physical body, the mind can be trained to become stronger, e.g. self-regulation is akin to a muscle that can be strengthened through regulatory exercise (Baumeister et al, 2006). Aside from classical philosophy and modern psychology, an example of this training can be found in current literature. In the immensely popular novel *Harry Potter*, the Hogwarts students must learn to fight the “boggart” -an entity preying on each individual’s deepest fears- by regulating their emotions (Rowling, 1999).

Thus far, the definition of a positive intervention begins with intention (by the self or another) and ends with the goal of holistic optimal health. To bridge the gap between intention and the desired outcome of optimal health, various means may be employed. These means can be predominately cognitive or emotional, and integrative strategies can be developed to facilitate habit formation conducive to optimal health.

An investigation of means must begin with William James, whose work on habit and will provides the foundation for any theory of positive change. In the chapter on Habit in *Principles of Psychology*, James describes the importance of making “automatic and habitual, as early as possible, as many useful actions as we can” (James, 1892, p. 136). In his *Talks to Teachers* (1897), James describes how these useful habits are acquired through the twin prongs of attention and effort. To create habits conducive to optimal health, the will must succeed in controlling attention (James, 1892). In bridging the gap between intention and the goal of optimal health, attention is a crucial psychological means: attention determines what appears in the consciousness, and thus determines our experiences (Csikszentmihalyi, 1990).

Another process over which we can learn to take greater control is goal setting. Latham (2000) provides an overview of goal setting, which is a prime example of a largely cognitive skill to cross the bridge from intention to optimal health. This bridge may also be crossed through building emotional skills, which can be reliably measured through a proven instrument, and therefore practiced and improved (Salovey, Caruso, & Mayer, 2004). Cognitive and emotional skills may be used independently, or combined in an integrative strategy; Lopez et al. (2004) outline hope theory and discuss the role of hope as an agent in beneficial psychological change. Similarly, to hope theory, Robbins (1991) creates a strategy relying on a strong integration of cognitive and emotional skills. In addition, Robbins’s strategy includes a physical component, offering a fully integrative means to bridge the gap between intention and optimal health.

With the definition of a positive intervention unpacked into its three components -intention, optimal health, and the means to bridge the gap between the two- two additional conditions must be satisfied either independently or in conjunction. The first condition of a positive intervention is a positive point of application: a positive

intervention is intended to increase well-being *in a direction away from zero*, i.e. in non-clinical populations. The second condition of a positive intervention is a positive method: a positive intervention is intended to increase well-being *by cultivating pleasant affect, strengths, and/or meaning*. Interventions intended to increase well-being that satisfy neither of these conditions cannot be considered *positive interventions*. Thus, these conditions limit the scope of what we consider to be positive interventions, and eliminate psychology as-usual therapies like electro-shock therapy or desensitization therapy for phobias.

Positive interventions meeting both conditions include a program devised by Fordyce (1977, 1983) to increase personal happiness. Smith, Compton, and West (1995) showed found that Fordyce's program could be easily and significantly improved by the addition of meditation. King (2001) found that writing about life goals can significantly increase subjective well-being. Popular self-help and new thought literature, which espouse a positive method to a non-clinical target audience, are ripe with interventions meeting both conditions of a positive intervention. In *How to Win Friends and Influence People*, Dale Carnegie (1936/1981) underscores the importance of a smile; in *Think and Grow Rich*, Napoleon Hill (1937/1983) argues that action will follow determined thought; in *The Power of Positive Thinking*, Norman Vincent Peale (1952/1982) outlines a system to apply for successful living based on the habit of thought discipline. Some of these interventions, notably in the new thought tradition, work through primarily cognitive means, while others rely on the somatopsychic principle; Carnegie instructs readers: "Act as if you were already happy, and that will tend to make you happy" (1936/1981, p. 70). Regardless of what mean is employed, all interventions work by starting with intention and targeting the goal of optimal health.

Interventions may be positive in point of application, but not in method. Pawelski (2005) describes a non-positive method as "mitigative meliorism", or "getting less of what we don't want in the world". Mitigative approaches applied on a non-clinical population do have a place in a classification of positive interventions, to "keep up from becoming complacent with the status quo and accepting the 'all's well' optimism of those in power" (Pawelski, 2005). In *Awaken the Giant Within*, Robbins acknowledges that change requires attention to mitigation: "we also must learn what's preventing us from having what we want", and gain leverage on ourselves by associating "massive pain to not changing now" (1991, pg. 124).

Positive interventions may be positive in method, but not in point of application. For example, positive psychotherapy may focus on the cultivation of strengths in a clinical population. W.C. Compton (2005) documents the success of positive psychotherapy, positive interventions to increase resilience, and interventions that work through both cognitive and behavioral processes. Positive methods are based on Aristotelian ethics; to Aristotle, happiness is the highest good for human beings,

commensurate with “activity of the soul in accord with excellence” (Melchert, 2002, p. 191). These excellences conducive to optimal health are intentionally learned or installed through habit formation in clinical or non-clinical populations.

A positive intervention is defined by its function: to intentionally create optimal health. To fully meet this definition, a positive intervention must satisfy at least one of two conditions, and be positive in point of application and/or method. Thus, the definition of a positive intervention was unpacked into three components -intention, optimal health, and the means to link the two-. Examples of positive interventions that meet one or both conditions were provided to illustrate this theoretical account of how positive interventions work.

Part 2: Overview of Classification

The quest for human happiness is not new; religious texts like the Bible and the Bhagavad Gita, philosophers like Plato and Aristotle, New Thought thinkers like Norman Vincent Peale and Napoleon Hill, humanists like William James and Abraham Maslow, quasi-behaviorists like Anthony Robbins, and self-help authors have all endeavored to explain how life can be better lived. These theoretical threads weave a firm foundation for positive psychology; but what value-added does positive psychology create for the world? A classification of positive interventions is at the heart of what makes positive psychology valuable to society. This section will expound a classification system of positive interventions, which is a modification of the system developed by Senia Maymin, Giselle Nicholson, David Pollay, and Thomas Rath in the Master of Applied Positive psychology (MAPP) program at the University of Pennsylvania. This system is presented in Appendix A, and modifications are noted in italics.

Positive psychology differentiates itself from its theoretical predecessors in one significant dimension: empirical research. The founders of positive psychology wisely took pains to distinguish the field as a true scientific discipline -positive psychology is not a “happiology,” nor is it simply a reiteration of the folk-wisdom that grandma taught-. The heart of positive psychology is rigorous research, and the longevity of the field depends on it. For the field to sustain itself there needs to be a way for people to gain access to research on positive interventions, and to trust its source. To gain this trust, positive psychology must rely on its strength—scientific research—and provide a classification of interventions that have been empirically tested.

The classification system below is organized by level of evidence -Published Experimental Design Research, Published Correlational Research, and Reliable Anecdotal Evidence- and then sub-stratified by the target audience -organizational, team, or individual-. Interventions are then sorted by specific “tagged” characteristics, and a table of these intervention tags is provided. The classification

also draws upon the use of Authentic Happiness Questionnaires. The use of empirically validated questionnaires as selection criteria in a positive intervention database is consistent with an emphasis on empiricism.

The first two tags in the classification are explicitly tied to the proposed definition of a positive intervention. In order to be in the classification, the intervention must be intended to create optimal health. Furthermore, it must be positive in point of application and/or method. The first condition, point of application, is accounted for by the “population” tag, which notes whether the intervention is applied to non-clinical or clinical populations (P1, ~P1). The second condition, method, is noted by the “meliorism method” tag, which is added to classify whether the intervention is constructive or mitigative in nature (P2, ~P2). All positive interventions fall in one of three classes: (P1, P2), (~P1, P2), (P1, ~P2). Interventions in the (~P1, ~P2) class are not defined as positive interventions, and should not be included in this classification. The first two tags are devoted to definition, because the first step in organizing the placement of interventions in a system is to decide whether the intervention belongs there at all -knowing what *is not* a positive intervention is just as important as knowing what *is*.

The next tags in this classification function to specify the individual characteristics of the *consumer* of the intervention. This consumer-specifying group of tags includes: Target, Age Specific, Role, Education, Culture, VIA Strengths Classification, and Pathway. The consumer’s specific tag scale on the VIA Strengths Classification and Pathway tags are determined by the VIA Strengths Survey and the Approaches to Happiness Questionnaire, respectively. Three new tags were added to the original model -Time Frame, Personality Trait, and Domain- to reflect the guiding principle of empirically validated, consumer specificity.

The Time Frame tag is meant to capture whether the consumer needs to cultivate satisfaction about the past, positive emotion in the present, or optimism about the future. This need can be ascertained by taking any number of the following empirically validated questionnaires from the Authentic Happiness website: Satisfaction with Life Scale, Transgressions Motivations Questionnaire, Gratitude Questionnaire, Fordyce Emotions Questionnaire, and/or Optimism Test. Scores on all tests should feed directly into the positive intervention database, which will automatically select interventions appropriate to individual test results.

The Personality Trait tag is meant to capture research finding that “optimism, self-esteem, and extroversion are several of the personality traits possessed by happy people” (Diener, Suh, & Oishi, 1997). Positive interventions may encourage people to model the optimism, self esteem, and/or extroversion displayed by happy people. For example, a test could measure the consumer’s level of extroversion; given these results, the database may recommend a positive intervention encouraging sociability.

The Domain tag is meant to capture individual differences in satisfaction with the various domains of life. The domains of work and love/family are currently included, selected by the Work-Life Questionnaire and Close Relationships Questionnaire, respectively. However, this list is clearly not comprehensive, and is provided as a starting point to generate further ideas.

The remaining tags are organized by the following groups: 1) Implementation - Delivery, Ownership, Frequency, Cost/Use-; 2) Evidence -Verification, Estimated Effect Size, Effect Duration-; 3) Other -Somatic or Psychological, Expected Outcome, Senses Modality-. All tags included in the classification are currently untested, and it is unclear whether they will be empirically validated as true specifying entities. However, in the initial stages of creating a classification, one tag is no better than the next until more research can be done, so this classification opts for breadth over depth.

This classification system is particularly focused on the consumer. The genius of the system proposed by Maymin, Nicholson, Pollay and Rath lies in its attention to the necessity of empirical research; the amended classification abides by this principle and applies it to specifying the individual characteristics of the consumer through use of empirically validated questionnaires.

Part 3: Experience with Positive Interventions

In this section, two interventions (Best Possible Self and Good Consumerism) are explored from an experiential perspective and justified within the proposed classification.

In the Best Possible Self exercise, the participant writes for 20 minutes a day, three days in a row, after imagining that all life goals have been fulfilled. In an experiential activity conducted in the MAPP program, one student noted, “Before the exercise, I noted much difficulty motivating myself to start the 3-day intervention process. However, once I started, it felt good to imagine the way that I wanted things to be, and I did feel like it gave me hope. During the session, I felt that by writing out my goals, I was actually ensuring my success in the future”.

The Best Possible Self exercise fits the proposed definition of a positive intervention, as it is intended to create optimal health, and meets both conditions of positive point of application and positive method -being intended to increase well-being in a non-clinical population, through cultivating positive affect-. The intervention begins with the intention to “experience the power of optimistic thinking”¹. The goal of the intervention was clarified, which included “happiness

1. Best Possible Selves Exercise assignment sheet

and life satisfaction”, in addition to building the psychological nutrients of “optimism” and “self-efficacy”². The intervention operated primarily through cognitive means, although emotional aspects akin to hope theory (Lopez et al.) may have also been a factor.

This intervention could be effectively “tagged” by three consumer-oriented tags: Time Frame, Personality Trait, and Domain. The time-frame on this exercise is the future, and the personality trait it models is optimism. The intervention is not domain-specific, although the instructions could be so tailored.

In the Good Consumerism exercise, the participant generates ideas for gifts (given during the holiday season) intended to increase the amount of flow or meaning in the recipients’ lives. In the same experiential exercise conducted in the MAPP program, one student noted “I initially felt some anxiety trying to think of engaging or meaningful gifts -being a maximizer in this domain and having little experience with good consumerism-. However, the exercise worked well for me because I was elevated (Haidt described the positive moral emotion of “elevation” in class) by the creativity, kindness, and generosity of my classmates”.

This intervention is also justified within the proposed theoretical model of positive interventions. The Good Consumerism exercise begins with the *intention* to cultivate “more engagement and more meaning”, solving the Easterbrook paradox by resisting the temptation to buy positive emotion³. Flow and meaning do not have “the fading properties of positive emotion”, and are expected to contribute to the goal of *optimal health*, through primarily emotional *means*, fitting the proposed definition of a positive intervention⁴. Finally, the intervention meets the two conditions of a positive intervention, being positive in both point of application and method.

The classification currently specifies whether an intervention is used individually, by a team, or an organization. This “target” tag is used mainly for the purposes of implementation. However, experience with this intervention suggests that the social component may be both a psychological mean and nutrient (Ryan and Deci designate relatedness as a core psychological need). Perhaps sociability is captured in the Personality Trait (extroversion) tag; or perhaps the experience of being with others -and thus thinking more about others and less about the self- may warrant the creation of its own tag. Moral emotions like awe, elevation, and gratitude may also be tagged.

2. *ibid.*

3. Good Consumerism Exercise assignment sheet

4. *ibid.*

Conclusion

Three interrelated threads of inquiry -theoretical, empirical, and experiential- were pursued to answer one fundamental question: what is a positive intervention? Part 1 proposed a definition of the term “positive intervention” and a hypothesis about how positive interventions work. Part 2 presented a classification system and its value relevant to the longevity of positive psychology as an academic discipline. In Part 3, two positive interventions were experientially explored and related to the theoretical and empirical understanding of positive interventions proposed in Parts 1 and 2. Interweaving these threads yields a more thorough understanding of positive interventions, which will enable their more effective application.

There are many controversies surrounding the retailing and dissemination of positive psychology. Positive psychologists must beware of overreaching, and preserve the field as a true scientific discipline distinct from the wares purveyed by self-help gurus. However, positive psychologists must also be able to inspire people to create positive change. This paradox between inspiration and overreach can be managed through the development of a classification of positive interventions that are empirically tested to be effective. Rigorous scientific methods will prevent misleading consumers, while still inspiring them with empirically proven efficacy.

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Appendix A: Classification of Positive Interventions

DEFINITION	Tag Scale	Selection
Population	Clinical only, Non-clinical only, All	<i>P1, ~P1</i>
<i>Meliorism Method</i>	<i>Constructive, Mitigative</i>	<i>P2, ~P2</i>
CONSUMER	Tag Scale	Selection
Target	Organization, Team, Individual	<i>Self-selected</i>
Age specific	Child, Teenager, Adult	<i>Self-selected</i>
Role	Child, Parent, Professional, Student, Romantic relationship, Friend, Family member	<i>Self-selected</i>
Education	This positive intervention uses a skill that implies a certain level of education or training: Reading, Writing, Musical Fluency, Computer literacy, Multiple languages, etc.	<i>Self-selected</i>
Culture	This positive intervention is more appropriate for certain culture types: Individualist, Collectivist.	<i>Self-selected</i>
VIA Strengths Classification	All 24 Strengths (can overlap)	<i>VIA Signature Strengths Survey</i>
Pathway	Pleasure, Engagement, Meaning (can overlap)	<i>Approaches to Happiness Questionnaire</i>
<i>Time Frame</i>	<i>Satisfaction with past, Positive emotion in present, Optimism for future</i>	<i>Satisfaction with Life Scale, Transgressions Motivations Questionnaire, Gratitude Questionnaire, Fordyce Emotions Questionnaire, Optimism Test</i>
<i>Personality Trait</i>	<i>Optimism, Self-Esteem, Extroversion</i>	<i>Optimism Test</i>
<i>Domain</i>	<i>Work, Love/Family</i>	<i>Work-Life Questionnaire, Close Relationships Questionnaire</i>
IMPLEMENTATION	Tag Scale	Selection
Delivery	Self, Manualized, Coach, Therapist	<i>Self-selected</i>
Ownership	Either “public domain” or name and contact for ownership entity	<i>Self-selected</i>
Frequency	Daily, Weekly, Monthly, Quarterly, etc.	<i>Self-selected</i>
Cost/Use	Investment required	<i>Self-selected</i>

Note: Only the Classification Table is included, rather than a full list of interventions. Italics reflect changes made by the author to the system originally proposed by Senia Maymin, Giselle Nicholson, David Pollay, and Thomas Rath. Organization has been adapted according to the guiding principle of empirically tested consumer specificity.