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PROMOTING WELL-BEING AMONG COLLEGE STUDENTS:
THE EFFECTS OF A POSITIVE PSYCHOLOGY COURSE

By

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DISSERTATION

Presented in partial fulfillment of the requirements
for the degree of
Doctorate of Counselor Education & Supervision

The University of Montana
Missoula, MT, July, 2021

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Abstract

College students report high rates of mental distress, including depression, high stress, anxiety, lack of social support, and physical ailments. College campuses use a variety of approaches to address the well-being of students. However, existing interventions have mixed results and do not always reach all students who may need mental health support. Positive psychology courses and positive psychology interventions have shown promise in promoting well-being. In this quantitative, quasi-experimental, pretest-posttest archival study, I examined the effects of a semester-long happiness and positive psychology course (COUN 195) on students' well-being and mental health. This innovative happiness course included didactic lectures, small group and lab work, and one-on-one happiness consultations with counselors in training. Students who took COUN 195 reported higher levels of positive affect, hope, social support, and physical health as compared to the control group. The results indicate that semester long happiness courses may be useful in promoting positive mental health among college students. Conclusions and recommendations for future research are provided.

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TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION TO THE STUDY	1
Problem Statement	9
Purpose of the Study.....	10
Research Questions and Hypotheses.....	10
Definition of Terms.....	14
Delimitations	15
Limitations	15
Significance of the Study	16
CHAPTER TWO: REVIEW OF THE LITERATURE	18
The State of Mental Health on College Campuses.....	19
Depression and Hopelessness	20
Stress and Worry	24
Interpersonal Disconnection	27
Physical Illness and Health	30
Universal Services	33
Part Two: Positive Psychology	36
History	36
Positive Psychology Courses	39
CHAPTER THREE: METHODOLOGY.....	42
Methodological Overview	42
Data Collection.....	45
Participants and Setting	45
Instrumentation	46
CHAPTER FOUR: RESULTS	51
Overview of Results	51
Pre-Analysis Data Cleaning and Integrity	51
Experimental and Control Sample Group Comparisons	51
Hypothesis Testing	54
CHAPTER FIVE: DISCUSSION.....	64
Group Effects of a Happiness Course.....	65
Post-Hoc Individual Score Analysis	69
Implications for Higher Education	72
Study Limitations and Implications for Future Research	74
Conclusion	77
References.....	78

Appendix A.....	96
Appendix B.....	104
Appendix C.....	113
Appendix D.....	115

CHAPTER ONE: INTRODUCTION TO THE STUDY

The search for happiness spans many centuries. Aristotle, among others, provided an early philosophical perspective on a well-lived life (Huta, 2013). Instead of focusing on happiness as a simple mood state, Aristotle described eudaimonia or eudaimonic happiness as positive, virtuous, and spiritual wellness associated with living well (Huta, 2013). Aristotle and the Ancient Greeks spoke to the complementarity of hedonia and eudaimonia (Huta, 2013). Hedonia is about seeking pleasure in the moment, while eudaimonia about building a more elevated and long-term state of well-being (Huta, 2013).

Positive psychology is a contemporary psychological perspective that is aimed at both boosting pleasure in the moment and creating a long-term state of well-being (Huta, 2013). Positive psychology includes brief interventions designed to boost joy (hedonia) and cultivate a durable state of well-being (eudaimonia; Sin & Lyubomirsky, 2009). Research on positive psychology methods reveals a plethora of intervention techniques that facilitate well-being. Practicing gratitude, increasing optimistic thinking, boosting socialization, and replaying positive experiences are a few examples (Sin & Lyubomirsky, 2009). Such interventions are commonly referred to as “positive psychology interventions” (PPIs; Sin & Lyubomirsky, 2009).

Current research on happiness as an emotion, mental state, and way of living is often, but not always consistent with Aristotelian eudaimonia (Huta, 2013). Seligman (2011), an early contemporary happiness researcher, used the term “flourishing” to describe the pursuit of well-being or happiness. Overall, researchers have evaluated and documented a variety of benefits associated with greater happiness or subjective well-being. These benefits broadly include positive physical, psychological (i.e. cognitive), interpersonal, spiritual, behavioral, and

emotional effects. These effects begin with individuals but tend to ripple out into families and communities.

Living a happy life is linked to attaining a higher income, superior work quality, more fulfilling relationships, stronger social supports, better physical health, and longer life expectancy (Lyubomirsky, 2007; Mattanhan et al., 2012; Varni & Limbers, 2008). While the burgeoning field of positive psychology is driving research on how to harness the tools and skills necessary to achieve a life well-lived, many individuals are not flourishing. Due to a variety of complex factors, college students are a particular group struggling to experience eudaimonic happiness.

Summary of Mental Health and College Students

The intersection between happiness and the college student population is especially relevant because, in recent years, researchers have described the current status of college student mental health as reaching a crisis point (Barnett et al., 2021; Gallagher, 2012). Specifically, the American College Health Association (ACHA) reported in their National College Health Assessment (ACHA-NCHA-II; 2019) that 24.6% of college students respondents felt sad in the past 12 months, and up to 8.6% had seriously considered suicide. These rates of sadness and suicidality are alarming and confirm that many college students have feelings of loneliness, anxiety, and depression (ACHA-NCHA-II; 2019). In addition to negative emotional states, students often lack tools to help themselves navigate their college experience (Cuijpers, et al., 2016; Pedrelli, et al., 2015).

In the United States, many students attend college immediately following high school graduation. During early adulthood, students are typically learning to navigate social and romantic relationships, experiencing financial burdens, and working, all of which add stress to

their academic focus and may decrease their feelings of well-being (Pedrelli et al., 2015). The negative implications of not feeling supported and lacking coping skills while in college include dropping out of school and negative impacts on students' emotional and physical health (Eisenberg et al., 2009; Keyes et al., 2012). Colleges are aware of growing mental health problems on their campuses and are developing strategies to promote student well-being.

Strategies for Improving College Student Well-Being

A variety of different prevention strategies have been implemented to address college student stress, distress, and mental health. One review of prevention programs being used on college campuses included 16 studies aimed at preventing depression and anxiety. Of these 16 interventions, ten were based on cognitive-behavioral strategies (Buchanan, 2012). In general, researchers have shown that cognitive-behavioral therapy (CBT) is likely to decrease depressive symptoms, not only in individual counseling, but also in group counseling (Seligman et al., 1999; Seligman et al., 2007). In a study of college students at-risk for depression and anxiety, an 8-week CBT group was shown to decrease depressive symptoms among the treatment group. The 8-week (16 hours total not including outside homework) cognitive-behavioral workshop took place in a classroom setting and used both in person and online resources. The students who participated in the 16 hours of study and homework had significantly lower levels of depressive and anxiety symptoms compared to a control group (Seligman et al., 2007). The 8-week workshop is considered a brief intervention; notably, participants did not show significant symptom reduction at 6-month follow-up.

Relaxation training has also been used to prevent and treat depression and anxiety among college students (Dvořáková et al., 2017; Vázquez et al., 2012). One research group measured the effects of an 8-week relaxation training program compared to a cognitive-behavioral program

among 133 college students; both groups reported decreases in depressive symptoms as measured by the Center for Epidemiological Studies Depression Scale (CES-D; Vázquez et al., 2012). The researchers also noted that anxiety in both groups decreased and that no significant difference in symptoms was reported between the groups. Although the research should be interpreted cautiously due to lack of a control group, a purely behavioral method (i.e., relaxation training) for preventing and treating mental health problems is possible and may be more affordable than cognitive-behavioral groups, that tend to require more training for teachers or group-leaders (Vázquez et al., 2012).

Overall, it is difficult to determine which interventions are most useful for preventing and treating mental health distress and disorders in college populations. These difficulties stem from small effect sizes, lack of comparison or control groups, and variability of outcomes (Buchanan, 2012; Vázquez et al., 2012). However, there does appear to be evidence that several different strategies and interventions have the potential to address depression and anxiety in college students. Another alternative to traditional CBT approaches that might effectively prevent or treat college student mental health problems is coursework in Positive Psychology. PPIs implemented via coursework may be particularly useful, cost-effective, and can target large groups of students on or off campus (Zhang et al., 2020).

In contrast to targeted interventions for students who are already struggling, integrating mental health interventions or prevention strategies into college/university coursework is a universal approach to helping students build resiliency. For example, a course called *The Science of Well-Being* recently achieved notoriety for becoming the most popular undergraduate course in the history of Yale University. The course content includes myths of happiness along with brief positive psychology interventions (PPIs). PPIs are defined as activities that have been

empirically linked to improved happiness or well-being. Research on the Yale course outcomes indicated that, on average, among 581 student participants, subjective well-being scores increased as a function of the course (Yaden et al., 2021). The findings indicate that promoting and teaching activities such as gratitude, finding strengths, and promoting social connection can be used as a universal prevention strategy to improve mental health among college students.

Summary of Positive Psychology Interventions

In a smaller context, Goodmon et al., (2016) evaluated the effects of PPIs embedded in a semester-long course on positive psychology. Goodmon and colleagues evaluated a broader range of outcomes, including college student well-being, depressive symptoms, and stress. The authors found significant improvement among treatment group participants, reporting statistically significant ($p < .05$) results on five of six happiness, depression, and stress measures, albeit with a small sample size ($n = 17$). Furthermore, the positive psychology class reported significantly greater levels of overall happiness including life satisfaction, approaches to happiness, and lower levels of depression and stress on the posttest compared to baseline ($p < .05$). The control group exhibited no differences between baseline and posttests (all $ps > .25$) and reported even higher levels of stress compared to their baseline scores (Goodmon et al., 2016). Such findings are important to take into consideration, considering the course in the present study is also a semester-long course with similar assigned interventions, activities, and homework.

Many different PPIs have evidentiary support and are commonly integrated into positive psychology or happiness courses. These interventions include, but are not limited to, Three Good Things, gratitude exercises, and Best Possible Self (BPS). These interventions already have research support as standalone interventions for promoting physical and mental wellness and

decreasing symptoms of depression and anxiety (King 2001; Lyubomirsky, 2007; Seligman et al., 2005).

Martin Seligman developed the Three Good Things (TGT) PPI. In TGT, participants briefly journal about three things that went well for them in the past 24 hours, and to reflectively write about why they went well. Seligman and colleagues (2005) reported that individuals who complete TGT each day for a week had fewer depressive symptoms and greater happiness, even at 3-month follow up. The intervention is meant to pull people out of their natural tendency to reflect on what did *not* go well and replace those thoughts with cognitive reflection and processing of things that did go well.

Another PPI shown to improve well-being is the practice of gratitude. Lyubomirsky (2007) wrote of eight ways gratitude practice can boost happiness in individuals who regularly, and intentionally, implement it. The eight ways include: (a) promotes savoring positive experiences, (b) bolsters self-worth and self-esteem, (c) helps to cope with stress and trauma, (d) encourages moral behavior, (e) builds social bonds, inhibits invidious comparisons, (f) is incompatible with negative emotions, and (g) thwarts hedonic adaptation (not taking good things for granted). Students can express gratitude in a variety of ways such as journaling, writing someone a letter, and/or expressing gratitude directly to somebody else. Gratitude is often associated with the words *thank you*; however, gratitude researchers have described it as an in-the-moment sense of appreciation for life and how you got to that exact point. Current research has shown that consistent gratitude practice has a positive correlation with greater happiness, more energy, more hope towards the future, and more positive emotions (Lyubomirsky 2007).

An intervention developed by Laura King that has similarly positive results is called The Best Possible Self (BPS) exercise. In this exercise participants are instructed to spend 20 minutes

each day for a given period writing a narrative of their best possible future selves. The intervention requires writers to look closely at some of their deepest goals and consider what it will take to achieve them. Research on writing about the BPS for four consecutive days shows that the activity is associated with participants feeling happier, having more positive emotions, and feeling less sick (King 2001). Participants who found the BPS helpful found it motivating, relevant to their lives and goals, enjoyed visualizing themselves reaching their goals, and perhaps most importantly were able to analyze how they could live today to make their positive futures possible (Lyubomirsky 2007). In other words, the BPS intervention helps people focus on what they want and analyze how to be the happiest most successful people they can be.

Components of these successful evidence-based interventions, along with several others, were adapted and integrated into a semester-long course for use in the current study. PPIs and experiential assignments in the course included:

1. Positive mood music
2. Witnessing inspiring events
3. Three happy places
4. Three good things
5. Identifying your favorite relaxation method
6. Best possible self
7. Savoring
8. Experimenting with gratitude
9. Acts of kindness
10. Mindfulness meditation
11. Natural talent interviews

12. The VIA strengths test

13. The family constellation

14. Emotional journaling

In addition to these assignments, the semester-long course used in the current study included (a) weekly whole-class lectures, (b) small “happiness lab” discussion groups, and (c) eight individual “happiness counseling” sessions. The course content is summarized in the following figure:

Figure 1
Course Content

Topic Order	Content	Discussion and Assignment
Topic 1	Introduction to happiness	Eudaimonic vs hedonic Positive mood and music
Topic 2	Science of goal setting	Witness something inspiring
Topic 3	Context of happiness	Identify your happy places
Topic 4	Physical happiness	Depression and exercise Three good things
Topic 5	Sleep hygiene	Imagery Rehearsal Therapy Relaxation techniques
Topic 6	Cognition	Cognitive behavioral therapy Acceptance and Commitment Therapy
Topic 7	Cognition	Broaden and Build

		Best possible self
Topic 8	Savoring and Mindfulness	Flow Practice savoring
Topic 9	Spirituality	Eastern and Western spirituality Gratitude exercises
Topic 10	Spirituality	Loving Kindness Meditation Acts of kindness
Topic 11	Spirituality	Cultivating optimism Mindfulness meditation
Topic 12	Social connection	Natural talent interviews VIA strengths test
Topic 13	Strengths	What's good about you Family constellation
Topic 14	Emotions	Building resiliency and emotional regulation Emotional journaling

Problem Statement

More college students than ever are experiencing mental health problems (Barnett et al., 2021). Even though they are currently underutilized, campus counseling centers do not have the capacity to adequately treat entire campuses with small therapy groups and individual counseling (Drum et al., 2009; Gorman et al., 2020). Higher education institutions need wider reaching

preventative and interventive strategies to adequately promote the well-being of the entire student body. Wellness, positive psychology, and happiness courses have been shown to improve subjective well-being and mental health among college students (Alameda, 2009). Wellness-oriented courses are not required at most universities despite evidence suggesting an array of benefits emotionally, physically, socially, and psychologically (Bono, 2018). Campus stakeholders who are interested in promoting student well-being and mental health should continue studying the effects of semester-long courses and their effect on students' well-being.

Purpose of the Study

The purpose of this study is to evaluate the outcomes of a 16-week course on college students' self-reported happiness, as well as cognitive, emotional, social, spiritual, and physical wellness. It is hypothesized that participants who complete the semester-long course intervention will show significant positive benefits across a range of different well-being outcome variables. The current study will contribute to a small but growing scientific literature that focuses on “happiness” course outcomes. Based on my review of the literature, most wellness courses are primarily content-based and do not provide time for participants to try on interventions, reflect on those interventions, and process the effects of interventions with personal counselors and within small wellness groups. This leads to the general research question: what are the effects of an experientially-oriented semester-long course on well-being on undergraduate college students at the University of Montana?

Research Questions and Hypotheses

Research Question One and Hypothesis

Will students who take COUN 195 report greater subjective well-being compared to the control group?

H1: Students who complete COUN 195 will report greater subjective well-being as measured by the Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1997) compared to the control group.

H1₀: Students who complete COUN 195 will not report greater subjective well-being as measured by the Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1997) compared to the control group.

Research Question Two and Hypothesis

Will students who take COUN 195 report greater perceived social support compared to the control group?

H2: Students who take COUN 195 will report greater perceived social support as measured by the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) compared to the control group.

H2₀: Students who complete COUN 195 will not report greater perceived social support as measured by the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) compared to the control group.

Research Question Three and Hypothesis

Will students who take COUN 195 report less prevalence of depressive symptoms compared to the control group?

H3: Students who complete COUN 195 will report less prevalence of depressive symptoms as measured by the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) compared to the control group.

H3₀: Students who complete COUN 195 will not report less prevalence of depressive symptoms as measured by the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) compared to the control group?

Research Question Four and Hypothesis

Will students who take COUN 195 report greater hope pertaining to reaching their goals compared to the control group?

H4: Students who complete COUN 195 will report greater hope as measured by the Hope Scale (HS; Snyder et al., 1991) compared to the control group.

H4₀: Students who complete COUN 195 will not report greater hope as measured by the Hope Scale (HS; Snyder et al., 1991) compared to the control group.

Research Question Five and Hypothesis

Will students who take COUN 195 report greater gratitude compared to the control group?

H5: Students who complete COUN 195 will report greater gratitude as measured by the Gratitude Questionnaire (GQ-6; McCullough et al., 2002) compared to the control group.

H5₀: Students who complete COUN 195 will not report greater gratitude as measured by the Gratitude Questionnaire (GQ-6; McCullough et al., 2002) compared to the control group.

Research Question Six and Hypothesis

Will students who take COUN 195 report greater positive affect and lower levels of negative affect compared to the control group?

H6: Students who complete COUN 195 will report greater positive affect and lower levels of negative affect as measured by the Negative and Positive Affect Scale (NAPAS; Mroczek & Kolarz, 1998) compared to the control group.

H6₀: Students who complete COUN 195 will not report greater positive affect and will not report lower levels of negative affect as measured by the Negative and Positive Affect Scale (NAPAS; Mroczek & Kolarz, 1998) compared to the control group.

Research Question Seven and Hypothesis

Will students who take COUN 195 report higher of mindfulness compared to the control group compared to the control group?

H7: Students who complete COUN 195 will report greater mindfulness as measured by the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003) compared to the control group.

H7₀: Students who complete COUN 195 will not report greater mindfulness as measured by the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003) compared to the control group.

Research Question Eight and Hypothesis

Will students who take COUN 195 report less negative somatic symptoms compared to the control group?

H8: Students who complete COUN 195 will report less somatic symptoms as measured by the Physical Health Questionnaire (PHQ; Spence et al., 1987) compared to the control group.

H8₀: Students who complete COUN 195 will not report less somatic symptoms as measured by the Physical Health Questionnaire (PHQ; Spence et al., 1987) compared to the control group.

Definition of Terms

Behavioral wellness. This term refers to human actions and habits that contribute to well-being including exercise, diet, sleep, work, and day-to-day activities that are planned or spontaneous (Bornstein et al., 2003).

Cognitive wellness. This term refers to all forms of human thinking and perceptions that promote optimism, creativity, problem solving, and beliefs about self, others, and environment (Beck, 2011).

Emotional wellness. This term relates to how well we feel in our day-to-day lives. It can be thought of as general happiness, warmth, and comfort. Positive emotion is another term for emotional wellness (Seligman, 2011).

Eudaimonic Happiness. This term refers to building a more elevated and long-term state of well-being that embraces growth, meaning, authenticity, and excellence in life (Huta, 2013)

Interpersonal wellness. This term is the development and maintenance of meaningful interpersonal relationships, a creation of a support network. Good social health provides confidence in social interactions and provides emotional security (Seligman, 2011).

Physical wellness. This term refers to all behaviors that keep the body healthy. Key aspects include preventing illness, physical fitness, and adequate nutrition to reduce the risk of disease. Performing self-exams, practicing personal safety, and refraining from substance abuse are also important physical health behaviors (Bornstein et al., 2003).

Spiritual wellness. This term refers to the extent to which an individual has a sense of meaning and purpose in life. Spiritual strength may or may not have a religious component. Spirituality may be found through helping others, self-reflection, being altruistic, through prayer,

or enjoying the beauty of nature and the divine, or something bigger than the self (Seligman, 2011).

Well-being. This term refers to measurable constructs that contribute to states of happiness (Seligman, 2011). Happiness, wellness, and more broadly subjective well-being will be used interchangeably.

Delimitations

This study was delimited by focusing exclusively on students at the University of Montana who intentionally selected COUN 195 in their plan of study. No other University of Montana students were exposed to the intervention. The control group was also a nonrandomly selected group of students in three other simultaneous University of Montana courses in business or communication. I did not pursue sample participants outside of these parameters.

Limitations

The study has two principal investigators including the primary professor and the course's teaching assistant. This could lead to teaching towards desired outcomes. However, the course content was laid out in the syllabus and was followed closely.

Attempts to minimize the history effect, mortality, and multiple treatment effects are discussed below.

History. Should a significant event occur during the time of the study the history effect may skew the results (Privitera, 2015). To help control for the history effect a control group will be used during the same time period as the intervention group. Should a significant historical event occur (e.g., a global pandemic) both groups will have had similar experiences.

Mortality. It is possible that not all students who agree to participate will complete the study. Attendance will be controlled for by requiring students come to class, lab, and

consultations for a high grade in the course. If students drop the course, their test will be excluded during data cleaning. Additionally, to control for mortality a large enough sample size (Privitera, 2015) will be recruited to compensate for students who drop the course or do not complete the assessments.

Multiple treatment effects. In this study participants may be exposed to external treatments that influence the results (Tuckman & Harper, 2012). Students may be working on their wellness by seeking individual/group therapy or taking other courses that could promote wellness. Multiple treatment interference can only be partially controlled as students that are in other experiences such as a wellness coursework or personal therapy may be experiencing simultaneous benefits. Students were encouraged to bring any of their personal experiences to light in homework, labs, or consultations if they thought it would benefit them or their classmates in any way. Also, to control for multiple treatment effects a randomized sample can be used (Tuckman & Harper, 2012). In this study we were not able to completely control for multiple treatment effects.

Significance of the Study

This dissertation study has the potential to add to the growing literature base regarding the use of positive psychology courses for promoting well-being in college students (Goodmon, 2016; Hood et al., 2021; Maybury, 2013; Yaden et al., 2021; Zhang et al., 2020). This study is unique in that it combines a universal approach (the course and course content in a classroom setting), with experiential small lab groups, and individualized care for students. None of the previously published studies on positive psychology courses included the option for students to work in small wellness groups and individual counseling led by graduate student counselors, or counselors-in-training (CITs).

Summary

Studying the art and science of happiness dates back to ancient Greece and Aristotle's writings on eudaimonic and hedonic states of happiness (Huta, 2013). Aristotelian philosophy is consistent with the modern study of what makes humans flourish (Seligman, 2011), and how brief positive psychology interventions can promote individual well-being (Sin & Lyubomirsky, 2009). Given the growing problem of mental health on college campuses (ACHA-NCHA-II, 2019; Barnett et al., 2021; Gallagher, 2012), it may be wise to teach courses on positive psychology as a universal intervention for helping students build coping strategies, alleviate stress, and live happier lives. The present study speaks to the mental health problem among college students and offers a universal approach to promote well-being in students.

CHAPTER TWO: REVIEW OF THE LITERATURE

In recent years, mental health among college students has been a growing concern (Barnett et al., 2021; Gallagher, 2012). Students have been reporting poorer mental health compared to their age-matched peers (Ibrahim et al., 2013). This literature review will include common attempts campuses in the United States are implementing to alleviate suffering and promote happiness among college students. I will also summarize research findings on the state of mental health on college campuses regarding student moods, stress levels, physical illness, social disconnection, and overall ability to achieve a well-lived life. Most specific and pertinent to this study is how Positive Psychology (Part Two) influences the well-being of students and how it can be applied to semester-long courses. Positive psychology interventions have been shown to promote wellness and decrease symptoms associated with mental health disorders (Lyubomirsky, 2007; Seligman & Csikszentmihalyi, 2000; Yaden et al., 2021). However, courses that consistently teach positive psychology on campuses are rare. Specifically, this review of relevant research focuses on:

1. The State of Mental Health on College Campuses
 - i. Depression and Hopelessness
 - ii. Anxiety and Stress
 - iii. Interpersonal Disconnection
 - iv. Physical Illness
 - v. Universal Services
2. Positive Psychology
 - i. History
 - ii. Positive Psychology on Campuses

The State of Mental Health on College Campuses

In recent years, mental health issues among university students have become a major point of concern for university officials and students (Barnett et al., 2021; Gallagher, 2012). A growing number of college students are at risk for developing or exacerbating their mental health disorders while attending university (Mowbray et al., 2006; Eisenberg et al., 2007). The American College Health Association (ACHA) reported in their National College Health Assessment (NCHA, 2019) that 24.6% of their respondents felt sad in the past 12 months, 63% reported feeling overwhelming anxiety, 86% reported feeling overwhelmed by all they had to do, and up to 8.6% had seriously considered suicide. High rates of college student distress are pushing campuses to continue researching ways to increase college student well-being. Factors contributing to student mental health problems include academic pressure, financial burdens, technology and social media, lack of access to support, and lifestyle changes for college students that include using alcohol, sexual behaviors, and reductions in physical exercise (Bamber & Schneider, 2016; Blanco et al., 2008).

Young adults have always experienced challenges while attending university (Blanco et al., 2008). Many students choose to attend college immediately after high school. At this developmental stage, traditional college students may be searching for romantic relationships, navigating roommate dynamics, using substances, depending on others for financial support, and working full or part-time for the first time in their lives (Pedrelli, et al., 2015). All these factors contribute to high stress and unstable or low moods while managing academics, personal well-being, and social lives (Cuijpers, et al., 2016; Pedrelli, et al., 2015).

Mental health concerns among college students have long- and short-term implications. Mental health challenges in students can lead to significant impairments in cognitive, social,

emotional, and physical functioning; these impairments may heighten the risk of dropping out of school, developing poor coping skills, negative developmental trajectories, and in extreme instances, suicidal behavior (Eisenberg et al., 2009; Keyes et al., 2012). If depression and anxiety are left untreated, then students risk experiencing additional negative outcomes such as lower self-esteem, social withdrawal, and poor academic performance (Blanco et al., 2014). The following sections describe specific negative mental health patterns among college students and summarize strategies that universities have implemented to promote well-being.

Depression and Hopelessness

Transition to college often leads to university students having a challenging time navigating academics, maintaining important relationships, and implementing positive coping skills (2010; Eisenberg et al., 2009; Keyes et al., 2012; Hunt & Eisenberg). On top of normal pressures, students are also experiencing greater independence, daily scheduling, and financial stress; students also sometimes begin adopting unhealthy coping mechanisms, such as drugs, alcohol, and sleep deprivation (Andrews & Wilding, 2004; Kadison & DiGeronimo, 2004). The obstacles listed above can lead to emotional distress and difficulties such as depression or depressive like symptoms. Students who are experiencing depression or who have mental health symptoms are less likely to be successful in college and will be less prepared for enriching lives post-college if they even graduate.

The age of onset for most mental health disorders, such as depression, is below age 24 (in 75% of cases), which overlaps with the age of traditional college students (Kessler et al., 2008). Research has indicated that up to 33% of college students experience significant depression (Armstrong & Oomen-Early, 2009). One study examined rates of depression using the Patient Health Questionnaire-2 (PHQ-2). The researchers surveyed 155,026 students over a ten-year

period and reported the lowest rate for depression in that timeframe was 24.8% in 2009, and the highest rate was 29.9% in 2017 (Lipson et al., 2019). Consistent with prior studies (e.g. Eisenberg, 2013), the researchers found a steady increase in depression among college students over time; they hypothesized that increased reports of depression could be, in part, due to decreased mental health stigma among the population (Lipson et al., 2019). While a decrease in stigma surrounding depression is a good thing because students may be more comfortable acknowledging that mental health issues exist, awareness alone—without support or interventions—is not sufficient to address the potentially lethal implications of living with a mental health disorder.

Suicide is the second-leading cause of death among college students in the United States (Schwartz, 2006). The American Association of Suicidality (AAS, 2020) reported that 30% of all college students in the U.S. have suicidal ideation. AAS reported 30% as a low estimate, due to likely underreporting. College students are at marked risk for STB. A recent meta-analysis indicated that college students experience STB rates that are higher than the general adult population (Mortier et al., 2018). The researchers reported that of students with suicidal ideation, 40-45% had a plan and 20% had previous suicide attempts (Mortier et al., 2018). Due to these increases in suicide ideation and deaths, greater attention has been paid to identifying and treating college students' suicidal thoughts and behaviors (STB; i.e. suicidal ideation, suicide plans, and suicide attempts; Mortier, et al., 2018). Mortier and colleagues (2018) emphasized the need for additional research and concluded that current intervention and prevention strategies on college campuses are not effective enough at preventing hopelessness and suicidality in students.

University counseling centers are a primary resource for students who struggle with mental health. According to The Association for University and College Counseling Center

Directors Annual Surveys (2019, 2020), approximately 13.3% of all college campus populations received counseling center services, and the demand for these services continues to grow (Gorman et al., 2020; LeViness et al., 2019). College counseling centers primarily rely on cognitive-behavioral therapy, group counseling, and psychopharmacological services for treating students with depressive symptoms (Francis & Horn, 2017). In addition, many colleges provide campus outreach, crisis intervention, staff/faculty training, and educational programming for student affairs/student development staff (Gorman et al., 2020; LeViness et al., 2019).

Another service provision modality (beyond traditional counseling services and campus education) is termed “stepped care.” Stepped care grew in popularity from 2019-2020, particularly at larger counseling centers. Stepped care is defined as a campus-wide menu of service options including the following: self-help, wellness coaching, support groups, mindfulness classes, and inclusion of apps and web-based resources. This is a collaborative approach that embeds counselors in various offices on campuses such as healthcare, residence halls, athletics, and under-represented student offices (LeViness et al., 2019). This approach is an example of universities and their campus counseling centers moving beyond individual and group counseling and implementing more diverse interventions to improve positive coping skills.

Francis & Horn (2017) reviewed innovative models that campus counseling centers have explored. These models include Chung and colleagues (2011) Chronic (Collaborative) Care Model (CCM). In CCM, campus counseling and medical professionals worked together to perform depression screenings (using the PHQ-9) for all incoming students. Of 801 students identified with depressive symptoms, 86% completed a 12-week course of individual counseling, pharmacological therapy, or both. Over half of students receiving treatment had significant

improvement by week 12. This intervention program is an example of how multidisciplinary care is being implemented on multiple college campuses. (Chung et al., 2011; Francis & Horn, 2017).

Another innovative campus counseling center program is the Action for Depression Awareness, Prevention, and Treatment (ADAPT) program (Field et al., 2006). ADAPT drew on principles of community psychology and involved the campus counseling center disseminating information about depression and suicide, sponsoring education sessions regarding prevention and treatment, and holding workshops for individuals to learn how to talk with students about depression and suicide. Additionally, ADAPT involved collaborating with the theater department to produce a play about depression. ADAPT participants felt the program's effects ranged from "good-to-excellent." Trainees reported being well-equipped to help at-risk students, and students themselves believed they had a better understanding of how to manage their own stress and well-being (Field et al., 2006).

These examples highlight the value that campus counseling centers bring to promoting well-being among college students, particularly when implemented in conjunction with different campus offices. However, despite a variety of traditional and innovative treatments for depression, these services tend to be underutilized, partly because many college students are not aware of what services are available. Drum et al. (2009) reported that only 26% of college students surveyed were aware of campus mental health resources, such as individual counseling. Of particular concern is that college counseling centers are not identifying and supporting students with suicidal ideation. For example, up to 86% of college students who died by suicide never used the counseling centers (Gallagher, 2015; Kisch et al., 2005). As university counseling centers continue to gain referrals to help students with suicidal ideation, their cost and staffing will need to increase as well, with some estimates reporting that up to 75% more counselors

would be needed on campus to accommodate struggling students (Schwartz, 2006). More universal interventions may be needed to meet the needs of students, including coursework that focuses on well-being that can *also* provide students with individualized support.

Interventions that directly address depression and suicidality will ideally be set in place at the beginning of a student's time on campus to help prevent low moods and identify students who are already struggling. Furthermore, if a student is struggling with depression college is an opportune time to prevent further emotional distress and build lifelong coping skills. Building protective factors to mitigate emotional distress can reduce negative outcomes in college students. However, researchers (e.g. Eisenberg et al., 2007; Hunt & Eisenberg, 2010) have discovered that less than half of young people affected by depressive like symptoms seek treatment at a counseling center.

Once a student has encountered a single episode of depression their odds of experiencing a future episode increase (Kendler et al., 1998). Early intervention for college students (before or near the first episode) will increase the likelihood of reduced depressive symptoms in the future. If universities can provide preventative and broad scope interventions for students, they may be able to reduce negative outcomes of untreated depression, such as suicidal ideation, dropping out of school, feelings of hopelessness, and lack of life satisfaction.

Stress and Worry

Stress is an individualized response to a situation that outweighs coping strategies (Lazarus & Folkman, 1984). In the Fall 2019 semester the American College Health Association (ACHA) surveyed over 30,084 students and found that 76.5% reported moderate-to-high stress. Common stressors for students included moving away from primary caregivers for the first time, changing social lives, and pressures of higher of education (Bamber & Schneider, 2016). While

moderate stress can motivate students toward behavioral change, high stress has negative effects on college students.

An individual who experiences long-term or excessive stress is more likely to develop consistent feelings of worry and unease, or anxiety (Lazarus & Folkman, 1984). High levels of stress among college students can result in poor academic performance (missing class, low grades, dropping courses) and harm their physical and mental well-being (Pariat et al., 2014). Coping with stress to prevent negative outcomes is a highly individualized process that can be managed with a multitude of strategies. Students who do not have adequate coping skills may turn to behaviors that exacerbate their stress, such as drinking, substance use, not getting adequate sleep, and nutritional imbalance (Robotham & Julian, 2006). The college years may be an excellent time for young adults to replace negative coping skills with positive coping skills that can be used long into the future.

Adaptive coping strategies traditionally include physical activity, religious practices, cognitive restructuring, mindfulness, meditation, prosocial behaviors, fun (recreational) activities, and more (Regehr et al., 2013; Roming & Howard, 2019). In a meta-analysis on interventions for treating anxiety and stress, Regehr and colleagues found that cognitive, behavioral, and mindfulness approaches tend to lower stress and promote positive coping skills in university students (Regehr et al., 2013). The authors were searching for studies that measured stress, included an intervention, and that were randomized controlled trials. The 24 studies that met the criteria were separated into three groups: art-based interventions, psycho-educational interventions, and cognitive/behavioral/mindfulness-based interventions. The authors concluded that, given high rates of stress-related mental health problems on campus, universities should

consider strategies for getting larger numbers of students to access interventions to reduce stress (Regehr et al., 2013).

A recent randomized controlled trial conducted by Dvořáková, et al. (2017) found that an 8-session (classroom setting) mindfulness training for first year college students ($n = 109$) significantly improved students well-being and decreased their anxiety. Compared to a waitlist control group, students in the intervention group reported lower levels of anxiety ($p < .05$, $d = -.34$) and greater satisfaction ($p < .05$, $d = .41$) at post-test. Goals of the mindfulness training were to enhance students' emotional regulation, introduce mindfulness techniques to manage stress, and facilitate learning in a supportive group environment (Dvořáková et al., 2017). Of note in this study is that students in the intervention group did not statistically differ at posttest ($p = .595$) from the control group as measured by the Mindfulness Attention Awareness Scale (MAAS; Brown & Ryan, 2003). The MAAS is designed to measure daily dispositional mindfulness. Lack of significance on this measure may indicate that, while students found the training useful, they may not have used the learned techniques outside of class.

One universal approach to treating stress on college campuses involves incorporating mindfulness and positive psychology techniques into coursework. Such an undertaking was executed by Goodmon et al. (2016) in a nonequivalent control group research design where 38 students took a course on positive psychology ($n = 18$) or social psychology ($n = 20$). Researchers measured student well-being, depression, and stress. Findings indicated that students taking a course on positive psychology reported significantly greater happiness ($p = .005$), and lower stress ($p = .002$) and depression ($p = .17$). The authors noted that it was difficult to know which components of the course content (i.e. practicing mindfulness, forgiveness letters,

gratitude journals, savoring, and finding strengths) were most useful for students in reducing college maladjustment (Goodmon et al., 2016).

College students are experiencing high levels of stress and implement maladaptive coping skills resulting in negative outcomes. Stress can be managed by learning positive ways to cope, including taking a course on positive psychology or practicing mindfulness. Mindfulness and positive psychology interventions tend to alleviate stress in students, as well as social support.

Interpersonal Disconnection

Interpersonal connection, or, social support, has been defined as experiencing emotional (i.e. empathizing with a friend) informational (i.e. giving someone information), or instrumental (i.e. helping someone with a task) support (Lazarus & Folman, 1984). Social support can come from family, friends, or any significant person in a someone's life (Zimet, 1988). Social support can be thought of as received or perceived (Helgeson, 2002; Sarason et al., 1990). When an individual receives support, someone tangibly helps them, as compared to perceived support, which is described as the belief individuals hold that they will be supported, when needed (Helgeson, 2002). Naturally, if students believe they can overcome stressful situations with aid from their support system, they will be more successful adjusting to university life.

Social support is a protective factor against physical and psychological distress (Uchino, 2006), highly correlated with positive affect (Siedlecki, 2014), and improved academic performance (Nicpon et al., 2006). Conversely, individuals with low social support may be at greater risk of illness, substance abuse problems, suicidal ideation, and mental and physical health issues (Lamis et al., 2016). College students who perceive social support are more likely to be successful students and build long-lasting networks. However, it is estimated that

approximately one in three college students is experiencing interpersonal distress (ACHA-NCHA-II, 2019).

The American College Health Association reported that within the last year college students found the following to be either “very hard” or “traumatic” to handle ($n = 67,972$): family problems (32.5%), intimate relationships (32.2%), and social relationships (30.2%, ACHA-NCHA-II, 2019). These numbers likely contribute to the simultaneous findings that 23% of students report having felt “very lonely” in the past 12 months. These numbers may indicate that students are either experiencing a lack of received support and/or a lack of perceived social support.

On-campus support can come in many forms. Counselors, advisors, coaches, staff, student organizations, and faculty are all integral in helping students feel supported and potentially contribute to their college success (D’amico Guthrie & Fruht, 2020). A recent study aimed to explore the role of hope and social support in predicting students’ success in college, including overall satisfaction and perceived ability to achieve educational goals. The researchers ran a series of hierarchical linear regressions to test their hypothesis, that support from teachers, advisors, and other staff members would predict hope and better perceived educational outcomes (success in college). Students ($n = 994$) who perceived greater support also reported significantly more satisfaction with academic progress ($p < .001$), felt more confident in their ability to graduate ($p < .001$) and felt more confident in their ability to achieve their educational goals ($p < .001$; D’amico Guthrie & Fruht, 2020). The authors concluded that a well-rounded support network, especially from teachers, will facilitate students’ success on campus.

Peer support is also critical in order for individuals to live their happiest lives. Renowned Positive Psychologists, Ed Diener and Martin Seligman, studied individuals with highest ratings

of subjective well-being (SWB, they preferred this term to 'happiness'). Individuals with the highest levels of SWB also had rich social lives (Diener & Seligman, 2002). Although it is important to know that the 'happiest' people are experiencing high levels of social connection, it is also critical to examine the general college population's SWB. Hefner and Eisenberg (2009) examined the relationship of social support as measured by the Multidimensional Scale of Perceived Social Support (MSPSS) among students who experience mental health problems. The authors found that those who scored lower on social support from peers were six times more likely to report depressive symptoms ($n = 1,378, p < .05$). Conversely, those who scored higher on social support were at a significantly ($p < .05$) lower likelihood of depression, anxiety, suicidality, and symptoms of an eating disorder (Hefner & Eisenberg, 2009). Hefner and Eisenberg (2009) concluded that social support is critical for college students and that universities should be identifying and implementing ways for students to become more socially integrated.

One study measured the effects of a social support group for freshmen entering college. Researchers randomly assigned 88 students to one of 11 social support groups led by graduate psychology students, and 82 students to a control group that met just once. The group content began at the beginning of the semester and was largely unstructured, but included balancing work, academics, values, expectations of college versus reality, and social life (Mattanhan et al., 2012). The researchers reported that the social support group was associated with greater academic achievement ($p < .05$), and reduced loneliness ($p < .05$) during a post-intervention survey the following semester (Mattanhan et al., 2012). Mattanhan and colleagues (2012) concluded that social support groups led by counselors or counselors-in-training could effectively help college students to improve their support networks, improve academically, and

learn new coping skills. The authors included a quote from an anonymous participant, “I feel that all students, incoming freshman at least, should be given the opportunity to participate in these small groups of 10 people or less. If it had not been for the transition group I would not be as successful and social as I have been” (Mattanhan et al., 2012, p. 33).

A strong support system among college students is integral for successful college years. When universities facilitate their students' experience and perception of social support, student academic performance, mental health, and physical health may benefit. Integrating smaller lab or work groups into courses could become part of an overall strategy for increasing student perceptions of being supported. Students who are not bolstering their support networks may also experience negative somatic symptoms.

Physical Illness and Health

The prevalence of chronic health conditions and somatic health complaints are increasing in U.S. college students (Twenge, 2015). About one in four college students (25.8%) report having a difficult personal health issue (ACHA-NCHA II, 2019). College students with chronic medical conditions report lower quality of life across physical, social, emotional, and psychological life domains as compared to healthy peers (Varni & Limbers, 2008). Students who report higher daily problems (i.e. financial stress, academics, and social issues) also tend to have more physical health complaints (Tran et al., 2020). Common complaints among college students include minor physical ailments (e.g., the cold or flu), upper respiratory problems (Baker, 2006), headaches (Curry & Green, 2007), physical pain, and difficulty sleeping (Lund et al., 2010). These physical health concerns interfere with students' daily functioning and mental health (Curry & Green, 2007).

Interest continues to grow regarding the interaction between psychological health and physical health. Researchers consistently report that psychological factors such as stress, hostility, and social isolation influence vulnerability to certain diseases (Cohen et al., 2007; Miller et al., 2009). One meta-analysis studied the relationship between rumination about the past, worry about the future (perseverative cognition) and somatic health complaints (Ottaviani et al., 2016). The authors examined 60 studies and found a positive correlation between perseverative cognitions and higher heart rate, blood pressure, and cortisol levels in participants (Ottaviani et al., 2016). The authors concluded that the more individuals thought about stressful events from the past or in the future, the more likely they were to have a physiological stress response (Ottaviani et al., 2016).

Negative thinking patterns are associated with health complaints in college students (Ottaviani et al., 2016; Zawadzki et al., 2017). Students reporting high levels of somatic symptoms and daily problems may benefit from interventions aimed at reducing daily hassles and health complaints to promote better academic functioning, and emotional and social well-being (Tran et al., 2020). Interventions for college students that may be helpful in reducing physical illness include psychoeducation on the importance of physical activity and nutrition (Annesi et al., 2015), mindfulness-based interventions, and promoting social support networks (Uchino, 2006).

One study ran a semester-long (15-week, $n = 98$) course that included content focusing on stress management, nutrition, mood, positive self-talk, and physical activity (Annesi et al., 2015). Various psychosocial factors, exercise, and eating behaviors were assessed at baseline and improved at the end-of-semester post-test. The authors found that changes in self-regulation, self-efficacy, and mood significantly predicted increased frequency of exercise (Annesi et al.,

2015). An increase in self-regulatory skills was the strongest predictor of increased exercise, which, in turn, may lead to increased physical health in college students. Future studies on the relationship between psychoeducational interventions, exercise, and health should include control groups and larger sample sizes.

Another study examined the effects of an 8-week Mindfulness-Based Stress and Pain Management Program (MSPM) on adults who were suffering from a wide array of stress- and pain-related symptoms (Garland et al., 2011). Variables included anxious thoughts, sleep disturbances, anger and irritability, chronic skeletal muscular pain, tension headaches, migraines, gastrointestinal distress, and cardiopulmonary discomfort. The researchers sought to aid group-members (n = 399) in their reevaluation/replacement of negative cognitions with positive reappraisal (i.e., the adaptive process through which stressful events are re-constructed as neutral, beneficial, and/or meaningful; Garland et al., 2011). The authors reported that they were able to reduce group members' stress about their physical health conditions and other worries by combining mindfulness practices with positive reappraisal. It is reasonable to assume that similar mindfulness/cognitive groups could be incorporated into college coursework to help alleviate the stress of dealing with somatic discomforts or physical illness. Of note, is that the authors measured stress about physical conditions but did not ask group members to rate their pain or somatic symptoms; their findings may not reflect a true improvement in physical health, but rather improved ability to cope with physical ailments. This lack of somatic measurement is consistent across many studies included in this literature review.

With such a high volume of college students reporting physical and mental health problems, it is critical to evaluate ways to reach large numbers of students and focus on

preventative education. One such model for services is commonly termed broad scope, or universal services.

Universal Services

As noted above, the need for resources on college campuses is growing as college students' mental health problems are on the rise (Barnett et al., 2021; Gallagher, 2012). To address student needs, colleges are exploring options beyond traditional counseling models to reach more of the student body and to destigmatize mental health concerns (Scharwitz, 2006). According to the Institute of Medicine (1994), universal approaches aim to treat an entire population and can be an effective strategy for preventing health problems. Universal approaches include semester-long courses, workshops, and college wellness campaigns. Universal services are designed to improve mental health and happiness on campus for as much of the student body as possible (as compared to targeted or selective services, such as counseling). Universal interventions are viewed positively by counseling professionals as well as students. Watkins et al., (2012) interviewed counseling professionals on college campuses and concluded that while their students reported that individual counseling was useful, they also hoped that campuses would explore different types of services for students that can help address their mental health needs (Watkins et al., 2012).

Traditional university policies and attitudes can label, isolate, and possibly stigmatize students who experience emotional or academic distress. To enhance the overall well-being of students it is necessary to increase supportive systems at the university level so that institutions consistently engage students who may be experiencing distress (Drum et al., 2009). Most colleges offer mental health treatment via individual or group counseling on campus or can refer to community resources if needed (Hutchinson, 2015). Having a counseling center on campus

meets the minimum requirements to help students, however these services are usually not preventative since students who seek counseling are usually already in distress (Watkins et al., 2012). Thus, multiple strategies should be used to promote comprehensive, preventive, and collaborative plans to promote college wellness (Hutchinson, 2015).

At a time when higher education institutions are placing increased focus on students' grades, career placement, and retention rates (Hutchinson, 2015), universal psychological resources offer a tool for improving the culture around mental health problems. One recommendation is for educators to consider creating groups and/or classes that focus on a students' strengths. Building skills related to optimism and resiliency, cognitive flexibility, mindfulness, affirmation and appraisal skills, personal meaning (including spirituality), and deepening social networks (Southwick et al., 2005) are reasonable universal prevention behavioral targets. These skills can be embedded into a supportive college mental health course that weaves educational content and opportunities for emotional support, such as coping skills practice, resiliency behaviors, and social support—into the college curriculum (Drum et al., 2009).

Conley et al. (2013) researched the effects of an eight-month (two semesters) psychosocial wellness seminar that met weekly for 50 minutes. Participants involved in the study included 29 students in the intervention group and 22 students in the control group. The wellness course offered stress management skills, problem solving, mindfulness, social communication, and cognitive well-being in hopes students would use these skills throughout college (Conley et al., 2013). The control group and intervention group did not report differences in well-being at baseline, but the intervention group showed improvements in stress management and psychosocial adjustment to college (Conley et al., 2013). The authors also reported that

consistent seminar attendance was predictive of greater levels of positive well-being and better stress management within the intervention group. Although these results are unsurprising, this information may be applied by instructors to maximize class attendance by using labs or small groups to help build social support and increase participation.

Educators and mental health providers play an instrumental role in creating campus-wide programs and courses to teach students wellness skills for college and beyond (Jackson et al., 2007). Jackson et al. (2007) found a positive correlation between students' (n = 162) health self-efficacy and health values, and the likelihood they would engage in healthy lifestyle behaviors (i.e. getting enough sleep, exercising, and feeling optimistic). Their findings highlight the connection between teaching students about wellness skills and healthy lifestyle choices. As courses that promote wellness in college students become more popular (and more well-researched), the most helpful course content and classroom guidance styles should become clearer.

One course that has gained national notoriety is *The Science of Well-Being* taught by Dr. Laurie Santos at Yale University. A brief version of the course is online and free to the public (Yaden et al., 2021). Dr. Santos and her team measured the subjective well-being of 1,228 participants who took the course and found that, compared to the control group (n = 1,480), participants in the intervention group reported higher well-being ($p < .001$, Yaden et al., 2021). The authors describe the potential for the course to become a public health tool and note that Positive psychology interventions (PPIs) can play a role in promoting happiness in the population. Courses that include PPIs in their content may be a promising universal prevention tool to reduce student struggles, promote healthy campus culture, and improve happiness among students.

Universal approaches to improving the state of students' mental on college campuses include coursework that can adequately meet the needs of large groups of students. Positive psychology courses have already been implemented on campuses and more research is needed to speak to long-term benefits for students (Bolier, 2013). To better understand the implications of wellness courses that implement positive psychology interventions the following is a brief history of positive psychology and the role of positive psychology courses on college campuses.

Part Two: Positive Psychology

History

Positive psychology is the study of optimal functioning and of what helps human beings flourish. Research and curiosity regarding positive psychology have proliferated since Martin Seligman was elected President of the American Psychological Association (APA) in 1996 (Wade & Hetzel, 2015). During his APA presidency, Seligman encouraged psychologists to not only focus on pathology within the disease model of human functioning, but to also focus on making the lives of all people more fulfilling and identifying and nurturing strengths (Seligman & Csikszentmihalyi, 2000). At the core of Seligman's argument was that psychology was never meant to only study and treat the pathologized or traumatized, but to also study and cultivate strength and virtue.

Before World War II many social scientists were devoted to studying the best in people. For example, Terman studied giftedness (1939) and marital happiness (Terman et al., 1938), Watson examined parenting practices (1928), and Jung explored the search for meaning in life (1933). These inquiries and investigations were precursors to what is now referred to as the positive psychology movement (Seligman & Csikszentmihalyi, 2000). After World War II the Veteran's Administration (VA) and the National Institute of Mental Health (NIMH) were founded and pathology became a central focus of the field of psychology (Seligman &

Csikszentmihalyi, 2000). Pathologizing focuses on identifying elements that are “abnormal” and can be dismissive of the greater beauty of human nature. By the turn of the century, Seligman and other psychologists ventured back to the early foundations in psychology that valued human nature for both strengths and weaknesses (Wade & Hetzel, 2015).

Seligman believed that social scientists would shift away from a narrow focus on pathology for a more expansive approach that would illuminate the strengths of humanity and help people to achieve their best selves. His conviction is coming to fruition in modern times. In 2008 the *Journal of Positive Psychology* was introduced in order to accommodate growing research in the area. Professional organizations such as the International Positive Psychology Association (IPPA) was founded, and many colleges offer courses, and even graduate programs, in positive psychology (Wade & Hetzel, 2015). Currently, positive psychology is popular for its promising implications in a multitude of areas including counseling/psychotherapy, groupwork, and education (Wade & Hetzel, 2015).

Like many psychological theories, positive psychology focuses on many different facets of the human condition. Positive psychology researchers and practitioners seek to understand and implement the factors that allow individuals, communities, and societies to thrive (Seligman & Csikszentmihalyi, 2000). Seligman (2002) described multiple life dimensions to help explain how individuals can positively deal with their pasts, have happiness in the present, and feel optimistic about the future. Seligman (2002), and other positive psychologists (e.g., King 2001; Lyubomirsky, 2008; Seligman & Steen, 2004) spoke to factors, or life dimensions, that can be enhanced so humans can flourish. These included identifying strengths, emotional regulation, cognitive appraisal, interpersonal relationships, physical health, positive coping skills, and finding meaning in life (Lyubomirsky, 2008).

Positive psychology interventions (PPIs) are treatment methods and intentional tasks that people can use to cultivate positive emotion, constructive behavior, and reassuring cognitions (Sin & Lyubomirsky, 2009). For example, PPI strategies shown to increase well-being include writing gratitude letters, practicing optimistic thinking, replaying positive experiences, and socializing (Bolier et al., 2013; Hood et al., Sin & Lyubomirsky, 2009). Seligman & Csikszentmihalyi (2000) proposed that PPIs be used in clinical and non-clinical contexts as preventative and interventive methods for addressing mental health. However, research in this area remains inconclusive.

Bolier et al. (2013) conducted a meta-analysis on 39 studies (totaling 6,139 participants) evaluating the effects of Positive psychology interventions (PPIs) on participants' well-being and depression. They reported a standardized mean difference of 0.34 for subjective well-being, 0.20 for psychological well-being and 0.23 for depression; each of these are small effect sizes. During three-to-six-month follow-ups, Bolier and colleagues found that effect sizes were still small, but that they remained significant and were sustained over time (Bolier et al., 2013).

Additional PPIs were examined in a meta-analysis conducted by Sin and Lyubomirsky (2009); they included 51 studies and 4,266 total participants. Interventions included groups, individual psychotherapy, or happiness training approaches with the primary outcome of participant's self-reported well-being. The authors included studies where the aim was to raise positive feelings, emotions, and behaviors, instead of pathologizing and treating disorders (i.e. reducing symptoms). The PPIs included practicing kindness, expressing gratitude, setting goals, using personal strengths, and counting blessings. Their results showed that PPIs were effective in enhancing well-being ($r = .29$) and reduced depressive symptoms ($r = .31$). Sin and Lyubomirsky (2009) considered the effect size to be a promising indication that PPIs can be helpful in

reducing clinical depression and in enhancing general well-being. While 5 of the 51 studies included populations that were under the age of 17, the other 46 studies focused on adult populations. The authors reported that the effects of PPIs increased with age; they noted that when PPIs are used with younger populations, participation should be more openly encouraged by the moderator (Sin & Lyubomirsky, 2009).

The preceding analyses confirm that PPIs have modest and positive effects on well-being in clinical and non-clinical populations (Bolier et al., 2013; Sin & Lyubomirsky, 2009).

Universal approaches, such as semester-long courses, will naturally have a mix of students with mental disorders, students who do not have mental health diagnoses, and students who are well-adjusted to college life. Based on this review of meta-analyses that focus on the general population, it is likely that integrating PPIs in academic coursework might also have positive effects.

Positive Psychology Courses

Although relatively novel on college campuses, positive psychology coursework has modest empirical support for promoting well-being among college students (Goodmon, 2016; Hood et al., 2021; Maybury, 2013; Yaden et al., 2021; Zhang et al., 2020). In one study Chinese undergraduate medical students received a psychoeducational intervention once-weekly, over eight consecutive weeks, for 1.5 hours per week (Zhang et al., 2020). Positive psychology topics such as positive emotions, cultivating motivation, learning to manage bad moods and stress, gratitude, creating meaningful relationships, and building strengths were discussed (Zhang et al., 2020). Outcomes measures included hope, life satisfaction, and subjective happiness. The authors reported statistical significance at the .05 level for each measure from pre- to post-test (Zhang et al., 2020). Lower student anxiety ($p = .0004$) and depression ($p = .0003$) were also reported. These findings suggest that an eight-week positive psychology-based intervention can

increase well-being and decrease symptoms of depression and anxiety in Chinese medical students (Zhang et al., 2020).

Researchers have also found increased well-being among students enrolled in positive psychology courses within the United States (Goodman et al., 2016; Maybury, 2013; Yaden et al., 2021). One study hypothesized that students at a small Northeastern school would show increased well-being after taking a semester-long (14-weeks) course that focused on PPIs. Weekly lecture components included finding and evaluating strengths, gratitude journaling, and expressing gratitude (Maybury 2013). With an alpha level set at .025 and 23 participants in the course, the authors found statistical significance from pre-course to post-course within the group on measures of mindfulness, searching for meaning, self-actualization, hope, and subjective happiness (Maybury, 2013). These findings are consistent with Zhang et al. (2020).

More recently, a study in the United Kingdom incorporated a larger sample size and included online and in person cohorts into a positive psychology course (Hood et al., 2021). Consistent with prior studies, Hood et al. (2021) examined the effects of a positive psychology coursework on student well-being; however, the authors included a more in-depth focus on the science of well-being and pulled from theories beyond positive psychology including neuroscience, psychological theories (not specified), and genetics (Hood et al., 2021). The authors also included small groupwork outside of class led by psychology graduate students with the intent of helping students try out PPIs in the moment and processing their experiences. At the beginning of the semester the baseline scores between the intervention ($n = 135$) and group and wait-list control group ($n = 137$) were equal, by the end of the semester the intervention group reported greater well-being ($p < .001$) and less loneliness ($p < .01$), these statistically significant results were maintained six weeks after the course had ended (Hood et al., 2021).

Summary

In recent years, mental health issues among university students have become a major point of concern for university officials and students (Barnett et al., 2021; Gallagher, 2012). Of particular concern is college students' reports of feeling depressed, overwhelming stress, lack of social support, and somatic symptoms (ACHA-NCHI-II, 2019). One universal approach to help prevent further exacerbation of mental health concerns and reach large numbers of student populations is to create courses that promote coping skills and lead to greater happiness or well-being among students. Positive psychology or happiness courses tend to focus on human strength and hold promise as a university intervention that could aid students in managing their immediate distress and in developing lifelong positive coping skills.

CHAPTER THREE: METHODOLOGY

Methodological Overview

This study was a quantitative, quasi-experimental, pretest-posttest design using archival data (Privitera, 2017). Data were obtained from a nonrandom convenience sample of students in classes within the Department of Counseling (intervention group), and Communication Studies Department and the College of Business (control group), all affiliated with the University of Montana. This design is used frequently in educational settings where researchers use existing groups, or classrooms, as naturally occurring intervention and control groups (Privitera, 2017). Data were collected in week 1 and week 16 of the Spring 2020 semester. To ensure confidentiality, participants were assigned a coded number that stayed consistent from pretest to posttest to properly match questionnaires. All paper data were stored in a locked file cabinet and all electronic data were password protected.

During the first week of the Spring, 2020 semester, students enrolled in The Art & Science of Happiness (COUN 195) and the control groups completed the pre-test assessment packet, including the following: an informed consent form, demographics questionnaire, the Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1997), Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003), Adult Hope Scale (AHS; Snyder et al., 1991), Physical Health Questionnaire (PHQ; Spence, Helmreich, & Pred, 1987), Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988), The Gratitude Questionnaire-Six Item Form (GQ-6; McCullough, Emmons, Tsang, 2002), The Negative and Positive Affect Scale (NAPAS; Mroczek & Kolarz, 1998), and Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). Data were collected as a homework assignment due at

the beginning of the next class period. During week 15 of the Spring, 2020 semester, students completed the same assessment packets, and several open-ended questions.

The intervention was multifaceted and eclectic in nature with instruction, training, and practice using psychological theory and interventions embedded into lectures, counseling, and self-reflection activities. The aim was for happiness skills to not only be modeled, discussed, and practiced within the course, but to be implemented and integrated into the students' daily living experiences. Course activities were planned and executed at the classroom, small-group, and individual level.

Course Content

The course syllabus is included in the Appendix A. All weekly positive psychology homework assignment descriptions are in Appendix B. Content focused on how happiness and/or wellbeing manifests in individuals through physical, cognitive, emotional, spiritual, behavioral, and other cultural or contextual life dimensions. The instructor reviewed research studies, dispelled popular myths, related concepts to technology and social media, and assigned evidence-based interventions that promote wellness. The course included didactic lectures on philosophical and psychological approaches to happiness, in class demonstrations, and class discussion on the recent and classic happiness literature. Learning objectives included identifying evidence-based strategies for pursuing well-being, applying evidence-based strategies via homework, experiencing evidence-based strategies for pursuing well-being, and discussing and processing students' reactions to the evidence-based strategies for pursuing well-being. The course followed the same academic schedule as the control group, meeting twice weekly for 80 minutes. Along with podcasts and videos, the text assigned to the course was *When likes aren't*

enough (Bono, 2018). Weekly labs accounted for one class a week and they did not start until the third week.

Small Lab Groups

Students participated in weekly “labs” with six to ten students. Labs were designed for discussion of class content, homework, and personal happiness-related experiences. The labs were led by supervised counselors-in-training (CITs). CITs were given access to the course content so they could accurately facilitate labs based on the weekly content and assignments. CITs were given flexibility for activities and process questions. Feedback from CITs was generally positive in that they were able to follow course content while simultaneously allowing time for common discussion points such as relationships, academics, and stresses and strains experienced by the group/lab members.

Individual Consultations

Students also met with personal happiness consultants for eight one-hour sessions. Individual consultations provided students an opportunity to engage in more personal and confidential wellness work. Consultants were supervised CITs. During the personal consultations, students were encouraged to go over their assessment packets in order to brainstorm how to promote well-being in their life. CITs were encouraged to go over the course content to start their sessions but were free to consult on any topics meaningful to students in COUN 195. Consultations sessions with CITs were confidential. Students were not graded on the individual consultations beyond simply completing them or not (some students chose an alternative writing assignment, see Appendix A).

Data Collection

All participants completed assessment packets at pretest and then participated in 14 weeks of class, including class lectures, PPI-based homework assignments, eight individual wellness consultations, and weekly small group/lab meetings. Data were initially collected via paper assessments packets. This was so individual consultants (CITs) could score the instruments and collaboratively discuss the results with each individual student. Paper copies of the instruments allowed participants and CITs to view the paper assessments together. Due to emergence of the COVID-19 pandemic partway through the semester, the post-test questionnaires were administered via Qualtrics, using a password protected survey, with the same protocol as the paper assessment.

Participants and Setting

Study participants were enrolled in either The Art & Science of Happiness (COUN 195), an undergraduate business course, or an undergraduate communications course at the University of Montana. Recruitment efforts for the COUN 195 course included a press release to Missoula community members, a college radio interview, flyers hung around campus, and investigators reaching out to academic advisors in athletics, social sciences, and non-traditional students in attempt to obtain a sample generally consistent with University of Montana demographics. Students enrolled in Counseling 195 completed the pretest and posttest assessments as a class assignment; they were offered the option of opting out of the study at any time if they so chose. Control group participants were offered extra credit if they completed both the pretest and the posttest assessments in their respective courses and could also opt out.

All participants in the intervention group completed class lecture, individual consultations, and lab work at the University of Montana campus. Assessments were taken on

campus or in the comfort of the participant's home to be turned in by the subsequent lecture. The 100-level communications course in the control group completed the survey in the first week of school and was located on the University of Montana main campus. The 100-level business course control group were given the same instructions though they are located one mile away on Missoula College campus.

Instrumentation

Participants in the control and experimental groups completed the same packet of questionnaires and in the same order at the beginning and end of the semester. Given the broad range of course content the instrumentation was chosen to try and account for the potential broad range of effects of the semester long happiness course. The demographic questionnaire included items on age, year in college, gender identity, race, and optimism. All other outcome measures are listed below.

The Gratitude Questionnaire

The Gratitude Questionnaire-Six-Item Form (GQ-6; McCullough et al., 2002) is a six-item self-report questionnaire designed to measure how often respondents experience the feeling of gratitude in their daily lives. Gratitude is the general tendency to recognize thoughts and feelings of thankful and appreciative toward others who are helpful or kind (McCullough et al., 2002). Respondents endorse each item on a 7-point Likert-type scale (where 1 = strongly disagree and 7 = strongly agree). People with high scores on the GQ-6 tend to feel more grateful and appreciative. The GQ-6 exhibited an internal consistency of .82 among 238 college students. McCullough et al. (2002) also reported positive correlations between the GQ-6 and subjective happiness ($r = .53$; $p < .01$), and negative correlations with anxiety ($r = -.20$; $p < .01$) and depression ($r = .30$; $p < .01$; McCullough et al., 2002).

The Subjective Happiness Scale

The Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1997) is a 4-item measure assessing subjective happiness. The SHS is a self-report measure developed to assess an individual's overall happiness as measured through self-evaluation, for example question one asks, “in general I consider myself:” and the respondent answers on a seven-point scale from “not a very happy person” to “a very happy person” (Lyubomirsky & Lepper, 1997). The SHS has demonstrated internal consistency of .79 to .94 across sample sizes including college students ($n = 551$) and community members ($n = 63$). The SHS is correlated with established happiness scales such as the Satisfaction with Life Scale (.61) and the Recent Happiness Item (.69; Lyubomirsky & Lepper, 1997).

The Multidimensional Scale of Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) is a 12-item questionnaire with a 7-point Likert scale (from 1 = strongly disagree to 7 = strongly agree). The MSPSS was developed by Zimet et al. (1988) to assess perceived social support from: (a) family, (b) friends, and (c) other significant people. The MSPSS had a Cronbach's alpha of .91, .87, and .85 for the three subscales among 275 college students as well as test-retest reliability of .72, .85, and .75 (Zimet et al., 1988). Perceived support from family was inversely related to depression ($r = -.24, p < .01$) and anxiety ($r = -.18; p < .01$). Perceived support from friends was inversely related to anxiety ($r = -.13, p < .05$). Perceived support from a significant person was inversely related to anxiety ($r = -.13, p < .05$) (Zimet et al., 1988).

The Negative and Positive Affect Scale

The Negative and Positive Affect Scale (NAPAS; Mrocek & Kolarz, 1998) is a 12-item scale that captures a combination of high-arousal (e.g., “everything was an effort”) and low

arousal (e.g., “satisfied”) affective states, or general states of emotion over a month-long period. Negative affect and positive affect yielded alphas of 0.87 and 0.91, respectively, in a sample of 2,727 American adults (Mroczek & Kolarz, 1998). The scale appears to measure the same construct across young (20-40), middle-aged (41-60), and older adults (61+; $n = 3,480$), suggesting consistent measures of general affect regardless of age (Chan et al., 2020).

The Center for Epidemiologic Studies Depression Scale

The Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) is a 20-item instrument designed to measure self-reported depressive symptoms within the last week. Each of the 20 items in the scale is associated with depression. Examples include “I felt that people dislike me” and “I felt hopeful about the future.” Several items are reverse scored (Radloff, 1977). Participants respond to a four-point Likert-type scale, indicating whether they have experienced the items “rarely” to “most or all of the time.” Item subscales are meant to assess general mood, feelings of guilt, hopelessness, psychomotor reactions, appetite, and sleep disturbances (Radloff, 1977). The CES-D showed internal consistency ($\alpha = .91$) among a sample of 984 undergraduates, and ($\alpha = .94$) among a sample of 254 non-clinical community members (Carleton et al., 2013).

The Physical Health Questionnaire

The Physical Health Questionnaire (PHQ; Spence et al., 1987) is a measure of self-reported somatic symptoms, including gastrointestinal distress, sleep, headaches, and respiratory ailments. Lower scores are linked to greater physical health (Spence et al., 1987). The PHQ is a 14-item questionnaire (abbreviated from 32) and has shown strong reliability ($\alpha = .80$; Schat et al., 2005). Subscales including sleep, headaches, and respiratory infections exhibited internal consistency of $\alpha = .79$ or greater in a sample of 197 healthcare workers (Schat et al., 2005). The

gastrointestinal subscale was revised for clearer wording and yielded an internal consistency of $\alpha = .77$ (Schat et al., 2005). The correlations between the PHQ and psychological health ranged from .23 to .62, demonstrating a significant relationship between the constructs (Schat et al., 2005).

The Mindfulness Awareness Attention Scale

The Mindfulness Awareness Scale (MAAS; Brown & Ryan, 2003) is a 15-item instrument that assesses frequency of dispositional mindfulness states at various points in time. Respondents answer on a six-point Likert scale ranging from “almost always” to “almost never.” Brown and Ryan (2003) reported that the instrument has strong reliability ($r = .81$) among a sample of college students ($n = 327$). The MAAS was also correlated with other mindfulness measures including the Cognitive Affective Mindfulness Scale (CAMS; $r = .51, p < .01$), Freiburg Mindfulness Inventory (FMI; $r = .31, p < .01$), and the Kentucky Inventory of Mindfulness Skills (KIMS; $r = .51, p < .01$) using a sample of 613 undergraduate students (Baier et al., 2006).

The Adult Hope Scale

The Adult Hope Scale (AHS; Snyder et al., 1991) is a 12-item measure of hope; Snyder et al. (1991) defined hope as a cognitive process including two factors—agency and pathways. Agency is the individual's sense of goal directed determination and pathways are plans to accomplish goals (Snyder et al., 1991). Each item is answered using an 8-point Likert-type scale ranging from “definitely false” to “definitely true.” AHS Cronbach alphas have ranged from .74 to .84 among six samples of undergraduate college students and test-retest correlations have been .80 or higher over time periods exceeding 10 weeks in the same population (Snyder et al.,

1991). The Adult Hope Scale is negatively correlated with hopelessness ($r = -.51, p < .005$) and depression ($r = -.42, p < .005$; Snyder et al., 1991).

Data Cleaning and Analysis

Data was entered into Statistical Package for the Social Sciences (SPSS) for statistical analysis. Data cleaning was conducted using three procedures. First, I cross checked and corrected entry accuracy on 10% of items. Second, I ran descriptive statistics on all variables to check that the expected range, means, and standard deviations are within the instrument parameters. Third, prior to inferential analysis, data was screened for statistical assumptions including (a) independence, (b) multivariate normality, (c) linearity, (d) homogeneity of variance, and (e) outliers (Hahs-Vaughn, 2016).

Descriptive statistics were used to analyze demographic data. To control for the effect of potential pretest differences between groups an analysis of covariance (ANCOVA) was used to evaluate the hypotheses that the intervention group will show improved well-being based on the dependent measures. Hypothesis testing was conducted using significance levels of $p < .05$. Eta squared was used to measure effect sizes (Privitera, 2015).

CHAPTER FOUR: RESULTS

Overview of Results

In this chapter I describe and summarize the statistical analyses and outcomes pertaining to research questions and hypotheses included in the previous chapters. My data analyses involved several steps: (a) pre-analysis data cleaning, (b) experimental and control sample group comparisons, and (c) hypothesis testing with inferential statistics.

Pre-Analysis Data Cleaning and Integrity

All data were entered into Statistical Package for the Social Sciences (SPSS) for statistical analysis. Data cleaning was conducted using two procedures. First, I cross-checked and corrected entry accuracy on 10% of items. Second, I ran descriptive statistics on all variables to check that the expected range, means, and standard deviations were within the instrument parameters. After taking these two steps to affirm data integrity, I moved onto data analysis. Nine participants in the experimental group were lost due to attrition; 19 participants were lost in the control group. Attrition was caused by: (a) students not filling out both pretest and posttest assessment packets, (b) students in either group dropping the course, or (c) students who could not be linked from pretest to posttest. No demographic patterns were apparent when analyzing participant attrition.

Experimental and Control Sample Group Comparisons

The experimental ($n = 38$) and control ($n = 41$) samples were compared by age, year in college, ethnicity, gender identity, sexual identity, and major. All demographics were relatively similar. Most students were 18-23 years old (see Table 1). Each sample had representation from freshmen, sophomore, junior, and senior classes. The experimental group included an “other” category with graduate non-degree students. Both samples included primarily White students

(84% experimental, 90% control). Most students in each sample identified as female (68% experimental, 49% control). The majority of students in both groups chose not to disclose their sexual orientation, of those who disclosed, the majority in both groups identified as heterosexual (34% experimental, 39% control). Overall, 21 different majors were represented between experimental and control groups (see Appendix C). The largest representation for the experimental group was Psychology (26%), and the largest representation for the control group was Communication (32%).

Table 1					
<i>Demographics</i>					
<i>Age</i>					
		Intervention Group		Control Group	
		Frequency	Percent	Frequency	Percent
	18-23	28	74%	32	78%
	24-29	6	16%	6	15%
	30-39	1	3%	1	2%
	40+	3	8%	2	5%
	Total	38		41	
<i>Ethnicity</i>					
		Intervention Group		Control Group	
Arab		1	3%	0	0%
Asian		0	0%	2	5%
White		32	84%	37	90%
Latino or Hispanic		2	5%	1	2%
Native American		3	8%	0	0%
Pacific Islander		0	0%	1	2%
Total		38		41	
<i>Table 1 continues on next page</i>					
<i>Gender Identity</i>					

	Intervention Group		Control Group	
Female	26	68%	20	49%
Fluid	0	0%	1	2%
Male	11	29%	17	41%
Non-binary	0	0%	1	2%
NA	1	3%	2	5%
Total	38		41	
<i>Sexual Identity</i>				
	Intervention Group		Control Group	
Bisexual	1	3%	6	15%
Demisexual	1	3%	1	2%
Heterosexual	13	34%	16	39%
Homosexual	1	3%	0	0%
NA	21	55%	18	44%
Total	38		41	
<i>Year in College</i>				
	Intervention Group		Control Group	
Freshman	7	18%	12	29%
Soph.	6	16%	12	29%
Junior	5	13%	7	17%
Senior	13	34%	10	24%
Other	7	18%	0	0%
Total	38		41	

One-way ANOVAs were calculated to determine whether significant pretest differences were present between experimental and control groups on the 16 quantitative questionnaire outcome scores. Two of the 16 scores showed statistical significance; the MSPSS total score ($n = 78$; $t = 4.26$, $p = .042$) and the MSPSS family score ($n = 78$; $t = 5.64$, $p = .020$). The experimental group had significantly higher scores at pretest on these two scales.

Hypothesis Testing

To evaluate the hypotheses that workshop participants would show improved scores on the 16 dependent measures, I conducted a one-way between groups analyses of covariance (ANCOVAs). Although I considered using a MANCOVA, arbitrarily selecting a covariate would not have been consistent with the purpose of the statistical analyses; this is because, for each ANCOVA, I entered pretest scores as the covariates to account for small pretest differences between experimental and control groups. Also, for each ANCOVA, I screened the data to evaluate whether essential statistical assumptions were met. These assumptions included (a) independence, (b) multivariate normality, (c) linearity, (d) homogeneity of variance, and (e) outliers (Hahs-Vaughn, 2016). As is common in the scientific literature on positive psychology and happiness course research, hypothesis testing was conducted using significance levels of $p < .05$. SPSS-generated eta square was used to measure effect sizes (Privitera, 2015).

Outcomes Measures

As described in Chapter 3, the dependent variable consisted of posttest scores on the following instruments: The Gratitude Questionnaire-Six-Item Form (GQ-6; McCullough et al., 2002); The Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1997); The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988); The Negative and Positive Affect Scale (NAPAS; Mrocek & Kolarz, 1998); The Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977); The Physical Health Questionnaire (PHQ; Spence et al., 1987); The Mindfulness Awareness Scale (MAAS; Brown & Ryan, 2003); and The Adult Hope Scale (AHS; Snyder et al., 1991). The MSPSS (family, friends, significant other; three subscales and a total score), NAPAS (negative affect, positive affect; two subscales), and PHQ (sleep, headaches, gastrointestinal, and colds; four subscales and a total score) were

split into their respective subscales and total scores. Overall, including total scores and subscales, there were 16 outcome measures. Outliers were scanned for patterns of varying responses, but no outliers were deleted because they did not appear to fall outside the range of usual extreme scores in a research study. Scatterplots are included in Appendix D. Effect sizes were interpreted as small (.01), medium (.06), or large (.15; Abbott, 2011).

Subjective Well-Being

A one-way ANCOVA was conducted to compare the COUN 195 course intervention on subjective well-being. Evaluation of statistical assumptions revealed the following: Shapiro-Wilk indicated that test scores were normally distributed in control ($p = .059$) and intervention ($p = .321$). A scatterplot indicated that the relationship between MSPSS posttest scores and pretest scores was linear in both control and intervention groups. Levene's test indicated the assumption of homogeneity of variance was not violated $F(1,77) = .041, p = .840$.

Estimated marginal means were less than one point different in the control ($M = 18.444, SE = .441$) and intervention ($M = 19.363, SE = .459$) groups. ANCOVA results indicated that there was no significant effect of the COUN 195 course on total SHS scores $F(1,76) = 2.1, p = .154$; eta squared = .026.

Estimated Marginal Means

Dependent Variable: SHS Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	19.363 ^a	.459	18.449	20.276
Control Group	18.444 ^a	.441	17.565	19.324

SHS Sample Pretest = 18.33

Perceived Social Support

A one-way ANCOVA was conducted to compare the effects of the intervention on total perceived social support. Preliminary assumption checks revealed the following: A Shapiro-Wilk indicated that test scores were normally distributed in the control group ($p = .357$), but not in the intervention group ($p = .040$). A scatterplot indicated that the relationship between MSPSS posttest scores and pretest scores was linear in both control and intervention groups. Levene's test indicated the assumption of homogeneity of variance was not violated $F(1,77) = .281, p = .597$).

Estimated marginal means were different by about 2.8 points in the control ($M = 65.313, SE = .1.285$) and intervention ($M = 68.136, SE = 1.336$) groups. ANCOVA results indicated that there was no significant effect of the COUN 195 course on total MSPSS scores $F(1,76) = 2.258, p = .137$; eta squared = .029. Similar nonsignificant results were also found on the MSPSS Family subscale $F(1,76) = 1.647, p = .021$; eta squared = .021 and the Significant Other subscale $F(1,76) = .163, p = .688$; eta squared = .002.

Estimated Marginal Means

Dependent Variable: MSPSS Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	68.136 ^a	1.336	65.475	70.797
Control Group	65.313 ^a	1.285	62.754	67.872

MSPSS Sample Pretest = 63.11

There was a significant effect of the COUN 195 course on the MSPSS Friend subscale, $F(1,76) = 5.017, p = .028$, eta squared = .062. A Shapiro-Wilk on this subscale indicated that scores were normally distributed for the control group ($p = .065$), but not for the treatment group ($p = .002$). One potential outlier was found in the control group due to a low score on the Friend subscale.

Estimated Marginal Means

Dependent Variable: Social Support Friend Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	23.431 ^a	.510	22.416	24.447
Control Group	21.844 ^a	.491	20.867	22.822

Social Support Friend Sample Pretest = 21.96

Depression

A one-way ANCOVA was conducted to compare the effect of the intervention on depressive symptoms. Preliminary assumptions checks revealed the following: Shapiro-Wilk indicated that test scores were not normally distributed in control ($p = .003$), but were normally distributed in intervention ($p = .070$). A scatterplot indicated that the relationship between CES-D posttest scores and pretest scores was linear in both control and intervention groups. One potential outlier was identified in the treatment group. Levene's test indicated the assumption of homogeneity of variance was not violated $F(1,73) = 3.383, p = .070$.

Estimated marginal means were 2.9 points different in the control ($M = 18.293, SE = 1.345$) and intervention ($M = 15.375, SE = 1.363$) groups. ANCOVA results indicated that there was no significant effect of the COUN 195 course on total CES-D scores $F(1,72) = 2.296, p = .134, \eta^2 = .031$.

Estimated Marginal Mean

Dependent Variable: CES-D Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	15.375 ^a	1.363	12.657	18.093
Control Group	18.293 ^a	1.345	15.611	20.974

CES-D Sample Pretest = 18.20

Hope

A one-way ANCOVA was conducted to compare the effect of the intervention on hope with the control condition. Preliminary assumption checks revealed the following: Shapiro-Wilk indicated that test scores were normally distributed in control ($p = .128$) and intervention ($p = .688$). One potential outlier was identified in the control group due to a low score on the AHS at posttest. A scatterplot indicated that the relationship between AHS posttest scores and pretest scores was relatively linear in both control and intervention groups, though homogeneity of regression slopes were significant ($p = .024$). Levene's test indicated the assumption of homogeneity of variance was not violated $F(1,75) = 2.393, p = .126$.

Estimated marginal means were 4.4 points different in the control ($M = 46.939, SE = 1.071$) and intervention ($M = 51.375, SE = 1.002$) groups. After adjusting for pre-intervention scores, there was a statistically significant difference between the intervention group and the control group on post-intervention scores $F(1,74) = 8.990, p = .004, \eta^2 = .108$.

Estimated Marginal Means

Dependent Variable: AHS Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	51.375 ^a	1.071	49.241	53.509
Control Group	46.939 ^a	1.002	44.942	48.936

AHS Sample Pretest = 48.45

Gratitude

A one-way ANCOVA was conducted to compare the effect of the intervention on gratitude with the control condition. Preliminary assumption checks revealed the following: Shapiro-Wilk indicated that test scores were not normally distributed in control ($p = .019$) and intervention ($p = .043$). Histograms of both groups appeared normal and a scatterplot indicated that the relationship between GQ6 posttest scores and pretest scores was linear in both control and

intervention groups. Levene's test indicated the assumption of homogeneity of variance was not violated $F(1,76) = .501, p = .481$.

Estimated marginal means were similar in the control ($M = 35.997, SE = .547$) and intervention ($M = 36.134, SE = .561$) groups. ANCOVA results indicated that there was no significant effect of the COUN 195 course on total GQ6 scores $F(1,75) = .031, p = .862, \eta^2 = .0$.

Estimated Marginal Means

Dependent Variable: GQ6 Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	36.134 ^a	.561	35.017	37.252
Control Group	35.997 ^a	.547	34.908	37.087

GQ6 Sample Pretest = 34.62

Negative Affect

A one-way ANCOVA was conducted to compare the effect of the intervention on negative affect with the control condition. Preliminary assumption checks revealed the following: Shapiro-Wilk indicated that test scores were not normally distributed in control ($p = .017$), but were normally distributed for intervention ($p = .075$). One potential outlier was identified in the control group for a slightly high score on negative affect. A scatterplot indicated that the relationship between NAPA-negative posttest scores and pretest scores was linear in both control and intervention groups. Levene's test indicated the assumption of homogeneity of variance was not violated $F(1,76) = .501, p = 1.458$.

Estimated marginal means were 1.4 points different in the control ($M = 14.919, SE = .608$) and intervention ($M = 13.507, SE = .624$) groups. ANCOVA results indicated that there was no significant effect of the COUN 195 course on total NAPA-negative scores $F(1,75) = 2.599, p = .111, \eta^2 = .033$.

Estimated Marginal Means

Dependent Variable: NAPA-Negative Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	13.507 ^a	.624	12.263	14.750
Control Group	14.919 ^a	.608	13.707	16.131

NAPA-Negative Sample Pretest = 13.09

Positive Affect

A one-way ANCOVA was conducted to compare the effect of the intervention on positive affect compared to the control condition. Preliminary assumption checks revealed the following: Shapiro-Wilk indicated that test scores were normally distributed in the control ($p = .415$) and intervention groups ($p = .107$). A scatterplot indicated that the relationship between NAPA-positive posttest scores and pretest scores was relatively linear in both control and intervention groups, although the homogeneity of regression slopes was significant ($p = .009$). Potential outliers included two elevated scores and two scores that were low all at posttest. Levene's test indicated the assumption of homogeneity of variance was not violated $F(1,75) = .878, p = .352$.

Estimated marginal means showed a nearly 2.1 point difference in the control ($M = 17.455, SE = .537$) and intervention ($M = 19.533, SE = .544$) groups. ANCOVA results indicated that there was a significant effect of the COUN 195 course on total NAPA-positive scores $F(1,74) = 7.379, p = .008, \eta^2 = .091$.

Estimated Marginal Means

Dependent Variable: NAPA-Positive Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	19.533 ^a	.544	18.448	20.618
Control Group	17.455 ^a	.537	16.384	18.526

NAPA-Positive Sample Pretest = 19.14

Mindfulness

A one-way ANCOVA was conducted to compare the effect of the intervention on mindfulness. Preliminary assumption checks revealed the following: Shapiro-Wilk indicated that test scores were normally distributed in control ($p = .225$) and intervention ($p = .698$) groups. A scatterplot indicated that the relationship between MAAS posttest scores and pretest scores was linear in both control and intervention groups. Levene's test indicated the assumption of homogeneity of variance was not violated $F(1,73) = .023, p = .879$.

Estimated marginal means were 4.8 points different in the control ($M = 54.142, SE = .1.679$) and intervention ($M = 58.980, SE = 1.795$) groups. ANCOVA results indicated that there was no significant effect of the COUN 195 course on total MAAS scores $F(1,72) = 3.843, p = .054$, eta squared = .051.

Estimated Marginal Means

Dependent Variable: MAAS Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	58.980 ^a	1.795	55.401	62.559
Control Group	54.142 ^a	1.679	50.796	57.488

MAAS Sample Pretest = 54.83

Physical Health

A one-way ANCOVA was conducted to compare the effect of the intervention on physical health compared to the control condition. Preliminary assumption checks revealed the following: Shapiro-Wilk indicated that test scores were normally distributed in the control ($p = .255$), but not the intervention ($p = .007$) group. A scatterplot indicated that the relationship between PHQ posttest scores and pretest scores was linear in both control and intervention groups. Levene's test indicated the assumption of homogeneity of variance was not violated $F(1,76) = 1.448, p = .233$.

Estimated marginal means were nearly 5.7 points different in the control ($M = 38.414, SE = 1.397$) and intervention ($M = 32.704, SE = .1.470$) groups. ANCOVA results indicated that there

was a significant effect of the COUN 195 course on total PHQ scores $F(1,75) = 7.912, p = .006$, eta squared = .095. The PHQ-gastrointestinal' subscale ($p = .116$) and PHQ-colds subscale ($p = .081$) did not show statistical significance.

Estimated Marginal Means

Dependent Variable: PHQ Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	32.704 ^a	1.470	29.774	35.633
Control Group	38.414 ^a	1.397	35.631	41.196

PHQ Sample Pretest = 40.79

Significant results were also found on the subscale measuring sleep. ANCOVA results indicated there was a significant effect of the COUN 195 course on the PHQ subscales for 'sleep' $F(1,76) = 4.855, p = .031$, eta squared = .060. A Shapiro-Wilk indicated test scores were normally distributed in control ($p = .529$) and intervention ($p = .492$). No outliers were detected. A scatterplot indicated that the relationship between PHQ-sleep posttest scores and pretest scores were linear in both control and intervention groups. Levene's test indicated the assumption of homogeneity of variance was not violated $F(1,77) = .056, p = .813$.

Estimated Marginal Means

Dependent Variable: PHQ-Sleep Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	12.790 ^a	.586	11.623	13.957
Control Group	14.585 ^a	.564	13.461	15.709

PHQ-Sleep Sample Pretest = 15.14

The subscale for 'headaches' showed statistically significant results $F(1,75) = 4.832, p = .031$, eta squared = .061. A Shapiro-Wilk indicated test scores were not normally distributed in control ($p = .008$) and intervention ($p = .007$) groups. No outliers were detected. A scatterplot indicated that the relationship between PHQ-headaches posttest scores and pretest scores were

linear in both control and intervention groups. Levene's test indicated that the assumption of homogeneity of variance was not violated $F(1,76) = .923, p = .340$).

Estimated Marginal Means

Dependent Variable: PHQ-Headaches Posttest

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Treatment Group	7.391 ^a	.534	6.327	8.455
Control Group	9.013 ^a	.507	8.002	10.023

PHQ-Headaches Sample Pretest = 9.08

Summary

Six of the 16 total measures showed statistical significance at an alpha level of .05. Hope, total physical health, sleep, headaches, social support from friends, and positive affect significantly improved for the treatment group as compared to the control group when controlling for all pretest scores on each measure. Implications and interpretation of these results are discussed in Chapter Five.

CHAPTER FIVE: DISCUSSION

The purpose of this study was to evaluate the effects of a positive psychology course on multiple dimensions of well-being. Participants taking a positive psychology course were compared to participants taking undergraduate courses in communication and business. Consistent with the hypotheses, students in the positive psychology course showed significantly greater positive pre-post-changes on several wellness dimensions. Specifically, positive changes were detected on hope, positive affect, physical health, and social support from friends. However, the null hypotheses were not rejected on several outcomes variables, including, gratitude, subjective happiness, negative affect, depression, and mindfulness. Intervention and control groups were similar in their demographics, course level, course duration, and pretest baseline measurements. It is also noteworthy that, across nearly all measures, there were non-significant and statistically significant positive changes despite a relatively small sample size, and despite the emergence of the COVID-19 pandemic halfway through the semester. The COVID-19 pandemic required that the course move to an online learning format and likely contributed to participant stress levels in both experimental and control groups.

Results were consistent with existing research literature on college courses that have implemented positive psychology interventions (PPIs). One study on the benefits of a positive psychology course showed that participants reported greater levels of happiness and hope from pretest to posttest (Maybury, 2012). Similarly, Goodmon and colleagues (2016) reported that students who took an undergraduate positive psychology course reported higher positive emotion as compared to a demographically similar control course. As noted in Chapters One and Two, colleges have become more aware of the importance of student well-being, and positive psychology courses may help achieve university-wide wellness goals. Furthermore, the need for

promoting well-being on college campuses was exacerbated during the COVID-19 pandemic due to students experiencing increased depression, anxiety, and isolation during that time period (Daly et al., 2020; Huckins et al., 2020).

Group Effects of a Happiness Course

Evaluating and interpreting the effects of a whole college course on wellness variables is challenging. In particular, because the course included a range of academic content and various experiential pedagogical methods, determining the precise reasons why the course had positive effects on some variables, but not on other variables, is necessarily speculative. Given those caveats, below, I offer explanations and interpretations for the results of this study.

The finding that students in COUN 195 reported higher positive affect (as measured by the Negative and Positive Affect Scale; NAPAS) is consistent with Sin and Lyubomirsky's (2009) findings that positive psychology interventions (PPIs) significantly enhance well-being. Well-being includes a combination of positive affect, general happiness, and life satisfaction (Diener, 1984). Students in this study reported higher positive affect, which may be attributable to weekly PPIs. Of note is the relationship between positive affect and happiness. In contrast to positive affect, the Subjective Happiness Scale (SHS) did not show statistically significant changes. These findings are consistent with Lyubomirsky, King, and Diener's (2005) report that happy people tend to feel mild or moderate positive affect most of the time, although they do not appear to experience frequent intense positive states. The findings in this study may be related to the fact that the SHS uses the word happy on all four items, whereas the Positive Affect Scale asks participants to rate feelings of cheerfulness, being in good spirits, feeling calm, and feeling full of life. Consistent with these findings, in the COUN 195 course, the concept of hedonic happiness was de-emphasized. Instead, a eudaimonic state of happiness, which defines well-

being as a more consistent positive state instead of simply feelings of intense happiness, was emphasized. This emphasis on eudaimonic happiness appears more consistent with what the Positive Affect Scale measures and less consistent with item content from the SHS. Positive affect is also related to optimism and hope (Hart et al., 2008).

Along with optimism, hope is defined as a positive expectancy outcome (Scheier & Carver, 1985). However, the two constructs have important differences. Optimism refers to an individual's belief that positive outcomes will arise regardless of personal actions (Scheier & Carver, 1985). In contrast, hope, as measured by the Adult Hope Scale (AHS), is about having an expectancy that individuals can make a positive outcome occur through planning and initiative (Snyder et al., 1991). Essentially, as measured in this study, optimism includes more of an orientation toward an external locus of control and hope has more of an orientation toward an internal locus of control. In the COUN 195 course, students were asked to identify goals that were within their control and that they were passionate about--consistent with SMART goals (an acronym standing for specific, measurable, achievable, realistic, and within a timeframe). When asked what strategies from the course were helpful, one participant wrote, "SMART goals are essential to keeping on track." Furthermore, students completed other PPIs, such as the Best Possible Self, that previous research has shown as likely to promote hopeful thinking (Huffman et al., 2013). Given that hope is a goal-directed cognition, it makes sense that students who completed COUN 195 improved their hopefulness because the course focused on attainable goals and identifying specific methods through which goals could be reached.

As hypothesized, students in COUN 195 also improved their health; specifically, they reported getting better sleep and having fewer or less intense headaches. In a post-course qualitative feedback survey, multiple students reported they were sleeping better due to the fact

that COUN 195 course content included several educational pieces focusing on sleep hygiene. These results are consistent with prior research regarding the effectiveness of a brief psychoeducational workshop promoting healthier sleep for college students (Friedrich & Schlarb, 2017; Kloss et al., 2015). In the current study, an entire class period (similar to a brief workshop) was devoted to promoting evidence-based sleep hygiene practices. The COUN 195 instructor also discussed imagery rehearsal therapy, a cognitive approach to treating nightmares that includes changing disturbing dream images to more positive images and rehearsing them daily before sleep (Krakow et al., 1993). Students were also given an assignment to listen to a science-based podcast that emphasized sleep hygiene.

Mindfulness practice has also been shown to improve sleep and reduce stress (Friedrich & Schlarb, 2017). Mindfulness practice imbedded in the COUN 195 course may help explain why the current study was effective in reducing headaches. Students in COUN 195 completed mindfulness meditation assignments, practiced their favorite relaxation methods, and were exposed to a psychoeducational lecture about the benefits of relaxation and mindfulness meditations on sleep and stress. Consistent with this study, mindfulness and relaxation have been shown to reduce headaches (D'souza et al., 2008; Feuille & Pargament, 2013). When asked which strategies were most helpful from COUN 195, one student simply wrote, "mediation and sleep!"

Interestingly, despite the incorporation of mindfulness meditation into the COUN 195 course and group lab, students in the course did not statistically differ from the control group on the mindfulness measure at posttest. The Mindfulness Attention Awareness Scale (MAAS) is purported to measure mindfulness in participants. However, this scale, emphasizes day-to-day experiences, such as, "I find it difficult to stay focused on what's happening in the present" and

does not emphasize states of intentional meditation or relaxation. This scale may not have shown significance because COUN 195 emphasized intentional mediation and relaxation as compared to being more mindful in a given moment. For example, in the COUN 195 course, students were asked to meditate each day one week for five minutes. These five minutes may have been beneficial for students in reducing headaches and promoting sleep, but no question on the MAAS accurately asked students if they ever mediated or how often. Also, it should be noted that participant scores on the MAAS approached, but did not reach significance ($p = .054$).

Students showed statistically significant improvement on their perceived social support from friends. Of interest is the fact that the other two subscales from the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), family and significant others, did not show statistically significant results. The best explanation for these contrasting outcomes regarding perceived social support is that COUN 195 students participated in small lab groups that were explicitly formed to increase feelings of social support. The lab groups emphasized class material, but lab group leaders were encouraged to use linking techniques and to help group members foster fun and meaningful relationships through group facilitation skills (i.e. encouraging members to communicate their successes and hardships throughout the semester to one another). This finding is similar to Mattanhan and colleagues (2010) who found that small social support groups may promote perceived social support on campus. Furthermore, students may have been quarantined away from family and significant others during the COVID-19 outbreak, allowing them to rely more heavily on nearby friends and lab members. As one student reported, “the lab gave me a place where I could talk about my hardships and also listen to students that are going through similar things.”

No statistically significant improvements for depression and negative affect were associated with the COUN 195 course. This finding is consistent with Huckins's (2020) report that U.S. students increased in depression rates during the COVID-19 pandemic. Of note is that mean scores on the CES-D and Negative Affect Scale showed nonsignificant reductions (improvements) in the COUN 195 treatment group. The lack of statistical significance may have been due, in part, to lower pretest scores COUN 195 students, as compared with the control group. These results may also be indicative of the rates of negative affect going up during the COVID-19 pandemic (Daly et al., 2020) resulting in students only slightly improving in terms of negative affect and depression compared to the control group, but not enough to reach statistical significance. It is possible that, without COVID-19, COUN 195 students would have experienced even greater reductions in depressive symptoms.

Post-Hoc Individual Score Analysis

Nomothetic research is naturally based on group means and standard deviations. As Alfred Adler contended a century ago, nomothetic research focusing on groups is rarely beneficial to individuals. In this study, we had significant positive group outcomes on six of 16 measures. These results imply that the whole group benefited, at least on some specific wellness dimensions. In group research, it is also difficult to ascertain whether or not specific findings are clinically significant. To explore the potential clinical significance of this study a post-hoc idiographic approach was used to briefly examine the data.

Individual analysis of responses to the COUN 195 course can help complement our understanding of the group results. Close examination of individual pre-and posttest responses show that of the 38 individuals who participated in the treatment group, usually, approximately 4 to 7 had responses that appear clinically significant. For example, on the Center for

Epidemiology Depression Scale (CES-D) seven students met the cutoff for severe depression (18%). At posttest six out of those seven students scored lower (improved) on the CES-D and five out of seven showed enough of an improvement to meet the cutoff for moderate, rather than severe, depression. In contrast, at pre-test, the control group had 12 students who met the criteria for severe depression. At posttest nine control group students still scored for severe depression, two did not respond, and one student improved their score.

The treatment group had a standard deviation of 4.7 at pretest and 3.9 at posttest on the Subjective Happiness scale (SHS). An examination of the scores for the SHS revealed that seven students (18%) improved by four points (about one standard deviation) or more from pre to posttest. Similarly, the Adult Hope Scale (AHS) showed that 13 students scored at 48 or less, failing to meet the criteria for “moderate” or “high” hope at pretest. Of these students 11/13 improved their score at posttest. The standard deviation for the AHS was 7.6 at pretest and 6.2 at posttest. Nine total students improved on the AHS by seven (about one standard deviation) or more points. These results suggest that while the group as a whole may not have shown statistical significance on all measures, on many measures, approximately 10-20% of the students showed clinically significant benefits. The finding that a universal intervention can exert clinically significant positive wellness effects on 10-20% of college students is promising.

Implications for Counselor Educators and Counselors

Improving overall wellness in counselor education programs is important on multiple levels. First improved wellness is associated with counselor self-efficacy, counseling effectiveness, improved quality of professional life, and career sustaining behaviors (Callender & Lenz, 2018; Meany-Walen et al., 2016). Second, counselor education programs may have improved retention, matriculation, and overall satisfaction with happier students (Vincent, 2018).

CITs could be aided in developing their wellness plans by their faculty through modeling, curriculum, supervision, and classroom activities. In terms of when to offer wellness education, instruction in positive psychology interventions, and support Vincent (2018) reported that beginning CITs show lower levels of wellness. It may be advisable for counselor educators to consider early development of wellness plans among their students.

Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) standards require wellness curriculum though they are not specific in regard to how to implement such content for CITs (Branco & Patton-Scott, 2019). Wellness curricula can be integrated into courses in counseling programs, just as multicultural competence is woven throughout counselor education curricula. Roach (2005) encouraged counselor educators to develop a wellness course because students who report their programs offered a wellness course, were also more likely to report higher levels of happiness. Wolf et al. (2014) created a wellness workshop based in self-care, other professors may choose a personal change project, required self-care assignments, or simply wellness-based supervision (for example, a supervisor may say, “today just show me the work you are most proud of”). Content from the present study could aid counselor educators as they strive to promote well-being in their CITs.

The current study adds to the growing literature regarding positive psychology for counselors. Many counselors are trained using a wellness model (as compared to the medical model). Positive psychology seems to be an inherent match for counselors using the wellness model since it emphasizes clients’ strengths and positive states, as compared to strictly reducing depression, anxiety, or depression (Duckworth et al., 2005). A meta-analysis done by Bolier et al. (2013) showed that positive psychology interventions significantly enhance subjective and psychological well-being and reduce depressive symptomology. Similar findings have been

confirmed in clinical populations struggling with depression, anxiety, and post-traumatic stress disorder across the lifespan (Ruini & Fava, 2015). Clients may also benefit from clinicians who emphasize psychoeducation regarding the sciences of well-being, sleep hygiene, and mindfulness, as was done in the current study.

Implications for Higher Education

The current study, in contrast to previous research on positive psychology courses and wellness interventions, used a wider array of outcome measures. Numerous outcome measures were used because there is limited empirical research on the potential range of effects of positive psychology courses on the many dimensions of wellness. Given the wide range of measures and exploratory nature of this study, the findings, along with the context of previous research, have implications how universities can potentially improve immediate student well-being and potentially create life-long coping skills.

These results replicate and extend what we know about the benefits of positive psychology courses on students' well-being (Maybury 2012; Goodmon et al., 2016). In this study, with the specific COUN 195 curriculum, the benefits seem especially pertinent to facilitating greater hope, positive affect, physical health, and perceived friendship support for undergraduates attending college in the United States. The results are especially pertinent given significant increases in rates of depression, anxiety, panic attacks, and insomnia reported among college students (Oswalt et al., 2018). Colleges that conduct screening measures and needs assessment will likely find similar trends of mental distress among their student body. If so, some of the onus for caring for students should be put on stakeholders beyond college counselors. College professors have a unique opportunity to amplify relevant course material to meet the needs of students (Lederer et al., 2021). This may be particularly true since the COVID-

19 pandemic may exacerbate problems in an already struggling college population (Lederer et al., 2021). Some examples of professors tailoring material to relevant mental health needs includes emphasizing experiential learning and relationship building compared to didactic lectures to promote social support. A professor may also invite expert guest lecturers that can speak about sleep hygiene or the relationship between mental and physical health. It may also be meaningful for professors to emphasize the importance of coping skills and positive affect as they relate to academics, the college experience, and lifelong resiliency. These relatively simple emphases can be creatively implemented and may have lasting positive benefits for students.

Given the correlation between mental health distress and college maladjustment (Campbell, 2019; Gerdes & Mallinckrodt, 1994), university stakeholders may be interested in the benefits of positive psychology courses as a universal intervention to promote student wellness. Our study suggests that integrating psychoeducational courses at the college level that discuss and implement evidence-based wellness content and tasks, such as positive psychology interventions, may aid in addressing general well-being, as well as mental health issues among college students. Improving mental health on college campuses may prevent students from struggling psychologically and academically, dropping courses, and may increase overall student retention. While it is unknown which components of the course stimulated positive change, it can be reasonably concluded that the experience of taking a semester-long wellness course may improve students perceived social support, hopefulness, and positive affect which can act as a buffer to stress, resulting in less occurrences of negative mental or physical symptoms.

Few colleges employ a sufficient number of counselors to meet the needs of the student body. Even if that need were met it is more cost effective to use universal approaches to treat students in distress and wiser to implement preventive, as compared to reactive, interventions to

help students. Finally, universal approaches that combine individual care and small group work to promote well-being of college students may be a more effective package and an evidence-based solution to prevent dissatisfaction among students and aid higher education stakeholders in facilitating student success. However, future research is needed to parse out the components in this course that stimulated positive change.

Study Limitations and Implications for Future Research

This study has methodological limitations. The study did not examine long-term effects of the COUN 195 course on mood, hope, social support from friends, and physical health or on students' persisting well-being, retention rates, and grades. This study shows that short-term improvements from a positive psychology course are possible. Longer-lasting effects of positive psychology courses should be explored to evaluate the integration of wellness practices over an individual's entire lifespan, beyond college. Although the tendency is for immediate or short-term effects to fade over time, given that students experienced a whole semester with lecture content, reading, video, and podcast assignments, experiential assignments, along with small group labs and individual counseling, it is also possible that positive changes could grow over time. Longer-term studies are needed to evaluate whether positive outcomes fade or grow over time.

The current study did not control for which intervention component was most helpful to students. Most likely, because college students are individuals with different needs, interests, and learning styles, some intervention components were a good fit for some students, while other intervention components were a good fit for other students. As the colloquialism says, "One size rarely fits for everyone." Many wellness courses promote well-being in students, but more research is needed to extract which positive psychology interventions are most effective for all

students, and whether the course material, small lab groups, and/or individual consultations significantly effect a student's college experience. Of note, is that at the time of this writing, this is the only study to combine a universal wellness approach with small social support groups, *and* the option for students to seek free individual consultations with counselors-in-training to promote happiness. It may be that because one size (or one interventions) doesn't fit for everyone, imbedding multiple interventions into one course will increase the chances of positive outcomes for more students.

Additional limitations should be acknowledged. First, a non-randomized quasi-experimental design was used. The results may be invalid because students who are already predisposed toward happiness may have chosen a happiness course. However, the opposite may also be true, as students who are predisposed to feeling unhappy may have chosen the course as a means to improve their well-being.

The history effect is another limitation given the COVID-19 pandemic that took place during the intervention. Students were forced into online learning which may have impacted the results. The pandemic added stressors to student life including fear for loved ones, less physical movement and social activities, and radical lifestyle changes (Son et al., 2020). Given the unique context that was happening during the pandemic the course had to be altered giving the researchers less control over class and lab activities, as well as altering some of the assignments so they were not face-to-face.

In terms of generalizability, participants were recruited from a predominantly white university resulting in a predominately white sample, and the majority of students who reported their sexual identity were heterosexual. The literature review suggests that research in higher education is plagued by this narrow sampling of white heterosexual students, and thus

generalizing the positive outcomes with this sample should be tentative. However, the promotion of well-being among college-aged students is starting to become more popular in other countries (Dabas & Singh, 2018; Zhang et al., 2020). Likewise, the small sample size and attrition were likely a reasonable estimation of what usually happens at mid-size university. Nevertheless, future research should include larger sample sizes with greater diversity among participants.

The fact that all instruments used self-report Likert-type scales is another limitation. Researchers cannot know how truthfully respondents answer self-report questions and it is possible that students in the current study were expressing social desirability or answering in positive ways due to their relationship with the researcher and instructor of the course. Another limitation related to instrumentation is the assumption that self-report instruments accurately measure what they purport to measure. As mentioned in Chapter Three, all measures in this study have strong psychometric properties. However, in this study it may have been better to include a broader measure of overall well-being (see above, SHS) and mindfulness or relaxation (see above, MAAS).

It could be of interest to expand wellness courses and curricula to other industries. As positive psychology research continues to expand it may be useful to implement wellness activities before college. School counselors, administrators, and teachers can consider small groups, classroom lessons, and school-wide approaches to promoting well-being and coping skills that may help younger populations adjust to life after primary school. Furthermore, businesses that experience high rates of stress and burnout among employees can consider implementing wellness strategies in the workplace. Industries that begin to implement positive psychology should be considerate of cross-cultural implications. Positive psychology has been shown to have some modest positive effects across various cultures and identities (Job &

Williams, 2020; Zhang et al., 2020), though more research is needed to extend the external validity of research findings to culturally diverse populations (Flores & Lee, 2019)

Conclusion

Results in this study partially support the experimental hypotheses. That is, college students may improve different dimensions of their well-being by taking a positive psychology-based wellness course. This study provides empirical support for the notion that PPIs combined with evidence-based course materials, small lab groups, and individual counseling consultations can improve well-being in college students, across a wide range of wellness dimensions. More specifically, this study provides support for the idea that by taking a wellness course, students may experience more positive affect, hopefulness, physical health benefits, and social support from friends. The findings lend support to using a positive psychology course as a universal prevention strategy to improve general well-being and mental health among college students.

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Appendix A
SYLLABUS – UNIVERSITY OF MONTANA – Spring 2020
Department of Counselor Education
COUN 195: The Art and Science of Happiness (3 credits)

INSTRUCTOR INFORMATION: John Sommers-Flanagan, Ph.D. – Contact me via email (preferred) at john.sf@mso.umt.edu or via phone (if needed) at 406-721-6367

OFFICE HOURS: Mondays – 2pm – 3:30pm; Tuesdays – 12:30pm – 2pm; Wednesdays – 10:30am – Noon; and by appointment

TA INFORMATION: Daniel Salois, M.A. - Contact Dan via email at daniel.salois@umconnect.umt.edu

SCHEDULED CLASS MEETINGS: **Class meets on Tuesdays and Thursdays from 11am to 12:20pm.**

COURSE CONTENT AND DESCRIPTION: Over the past 20 years, research on happiness has flourished. Due to the natural interest that most Americans have for happiness, research findings (and unfounded rumors) have been widely distributed worldwide. Every day, happiness is promoted via online blogs, newspaper and magazine articles, Twitter posts, Instagram videos, TikTok, and through many other media and social media venues. Ironically, instead of increases in national happiness, most epidemiological research indicates that all across the U.S., children, adolescents, adults, and seniors are experiencing less happiness, more depression, and higher suicide rates. To help sort out scientific reality from unsubstantiated rumors, in this course, we will describe, discuss, and experience the art and science of happiness. What this means is that we will define happiness, read a popular happiness book, examine scientific research studies, try out research experiments in class, engage in extended happiness lab assignments, and use published instruments to measure our own happiness and well-being. Overall, we will focus on how happiness and well-being are manifest in the physical, cognitive, emotional, interpersonal, spiritual, behavioral, and contextual/cultural dimensions of our lives.

COURSE PURPOSE AND LEARNER OBJECTIVES: The purpose of this course is to introduce students to theories and strategies of positive psychology and the pursuit of happiness. Specific learner objectives include:

1. Identify evidence-based strategies for pursuing happiness and well-being
2. Apply evidence-based strategies for pursuing happiness and well-being
3. Directly experience evidence-based strategies for pursuing happiness and well-being
4. Discuss evidence-based strategies for pursuing happiness and well-being

TEACHING METHODS:

- Lectures/class demonstrations
- Guest lectures/student presentations
- Class activities and discussions
- Experiential lab participation
- Examinations and homework assignments
- Happiness consultation meetings

READINGS: Bono, T. (2018). *When likes aren't enough: A crash course in the science of happiness*. Grand Central Life & Style.

Additional readings, podcasts, and video viewing assignments will be posted on Moodle. If you have any issues regarding access to the course readings and resources, please contact John or Dan for accommodations or alternative assignments.

COURSE ASSIGNMENTS: As the semester rolls out, you will complete many small course assignments. The list is below. The list of assignments will look overwhelming, but they're nearly all small and based on several theoretical propositions, all of which posit that many small (everyday) changes in behavior will add up and substantially contribute to your well-being. To be completely forthright, one major goal of this class is to get you to have a greater orientation toward well-being in your daily life. Additionally, we will expect you to regularly reflect on how these well-being behaviors fit into your life and your psyche. Finally, the overarching goal is that this new emphasis on an orientation to wellness will build itself into habitually healthy physical, psychological, spiritual, social, and emotional ways of being.

The list below is a general list of assignments along with their respective point values. Detailed descriptions of your assignments are included following the SCHEDULE OF CLASS TOPICS in the Moodle syllabus. Specific protocols for the active learning assignments will be posted on Moodle at least 10 days before the assignments are due. Reading, podcast, and video titles and links are included on the SCHEDULE OF CLASS TOPICS in this syllabus and in the Moodle syllabus.

1. **Initial and Final Happiness Assessment Packets (25 points each; 50 points total)**
2. **Active Learning Assignments (16 assignments at 5 points each; 80 total points)**
3. **Quiz and Final Quiz scores (30 points each; 120 points total; the quizzes and final quizzes will be open book Moodle quizzes based on the assigned readings, podcasts, and videos)**
4. **Class and lab attendance (50 points)**
5. **Biweekly lab reflections (10 points each; 60 points total)**
6. **Personal happiness consultations or semester self-evaluation paper (80 points).**

CLASS AND LAB ATTENDANCE EXPECTATIONS AND POLICY: Attendance is expected. We will take attendance at all classes and labs. You can miss up to three classes (including labs) and it won't affect your attendance points. If you miss more than three times, you'll begin losing points based on the following guide:

- 0-3 absences: No points lost (you get 50 attendance points)
- 4th absence: -5 points (45 points left)
- 5th absence: -10 points (35 points left)
- 6th absence: -15 points (20 points left)
- 7th absence: -20 points (0 attendance points left)

Our attendance policy is to count all absences as absences, regardless of whether the absences were for legitimate reasons. Our reasoning is that we can't judge which absences should be "excused" and which should count. And so, as long as you're not in the room, you get an absence. However, we also want to be fair. Therefore, if you're motivated, you can earn your absences back. All you have to do is to contact Dan, and he will provide you with a "make-up" assignment.

GRADING PROCEDURES: There are 440 possible points in this class. Grades will be assigned on a percentage basis (with some modification or curving depending upon overall class performance).

- A = 93-100%; A- = 90-92%; B+ = 87-89%; B = 83-86%; B- = 80-82%;
- C+ = 77-79%; C = 73-77%; C- = 70-72%; D+ = 67-69%; D = 63-66%;
- D- = 60-62%; F = Below 60%

If you have specific concerns about the grading procedures or require special assistance due to a disability, please contact John or Dan within a week of the initial class period so we can meet and address your concerns.

APPROXIMATE SCHEDULE OF CLASS TOPICS AND ASSIGNMENTS: (The schedule below is an approximation: The actual schedule will vary based on a number of different factors):

Date	In-Class Topics	Assignments Due
1/14	Intro to happiness; syllabus and assignment overview	HOMEWORK 1: Music and Positive Emotions (aka happy song choices; due 1/16; 5 points)

1/16	In Pursuit of Positive Emotions	<p>READING: Bono – Chapter 1</p> <p>LISTEN TO: Hidden Brain, December 30, 2019 episode: Creatures of Habit: https://www.npr.org/transcripts/787160734</p> <p>HOMEWORK 2: Witness something inspiring . . . and write a note (200-300 words) to Daniel (due 1/21) about what you witnessed and what it meant to you (5 points).</p> <p>ASSESSMENT 1: Happiness survey packet (do this in class or return on 1/21; 25 points)</p>
1/21	Your Happy Place: The Context of Happiness	<p>READING: Bono – Chapter 2</p> <p>READING: Seven dimensions handout – SF</p> <p>WATCH: CBS – Forest Bathing video: https://www.youtube.com/watch?v=W0MEFNyLPag</p> <p>HOMEWORK 3: Three Happy Places (due 1/28; 5 points)</p>
1/23	Physical Happiness	<p>READING: Bono – Chapter 3</p> <p>LISTEN TO: The Practically Perfect Parenting Podcast, Episode: Teens and Depression</p> <p>HOMEWORK 4: Physical Self-Monitoring (due 1/30)</p>
1/28	<p>Happiness and the body</p> <p>Surprise guest lecture on Vaccines to Viagra . . . why you should know something about medical science</p>	<p>READING: Bono – Chapter 4</p> <p>HOMEWORK 5: Find and practice YOUR FAVORITE relaxation method (due 2/6; 5 points)</p> <p>LISTEN: Science vs. Podcast – All Aboard the Snooze Cruise https://gimletmedia.com/shows/science-vs/o2hx57</p>

		WATCH: Hacking your brain for happiness by James Doty: https://www.youtube.com/watch?v=q4TJEA_ZRys
1/30	Lab 1: Happy Places, Relaxation and Exercise Goals, and Inspiring Ice-Breakers	HAPPINESS CONSULTATIONS: Meet with your happiness consultant to review assessment results by Friday, January 31. Quiz 1 Opens on Moodle (due, midnight on 2/2; 30 points)
2/4	Cognition I: You are what you think (maybe).	READING: Bono – Chapter 5 WATCH: Steven Hayes on “What are you going to do with difficult thoughts?” https://www.youtube.com/watch?v=o79_gmO5ppg&list=PLeuYJUTX_ITbdKeEW4FKo_oC64pDxah1c&index=2&t=61s LISTEN: Hidden Brain, December 16, 2019 episode: Did that Really Happen? https://www.npr.org/2019/12/16/788422090/did-that-really-happen-how-our-memories-betray-us HOMEWORK 6: Complete the 5 Column Technique (due 2/6; 5 points)
2/6	Lab 2: Monitoring and talking about thoughts. Group REBT activity.	HOMEWORK 7: Best possible selves assignment (due 2/13; 5 points)
2/11	Cognition II – Visual Imagery and Cognitive Rehearsal	READING: S-F Blog – Positive thinking is NOT rational thinking WATCH: Barbara Fredrickson, Broaden and Build video: https://www.youtube.com/watch?v=Z7dFDHzV36g
2/13	Lab 3: Best possible selves activity and cultivating optimism	HOMEWORK 8: Practice Savoring (due 2/20; 5 points)
2/18	Cognition III: Flow, Savoring, and Mindfulness	READING: Online Csikszentmihalyi article: https://www.pursuit-of-happiness.org/history-of-happiness/mihaly-csikszentmihalyi/ WATCH: RSF and JSF video on MBCT WATCH: Steven Kotler on FLOW video: https://www.youtube.com/watch?v=x4ZKJrz4oJo JSF and RSF in Baltimore
2/20	Lab 4: Mindfulness meditation egg experiments	HOMEWORK 9: Experimenting with gratitude (due 2/27; 5 points)

2/25	The Happy Spirit – Part I Possible Guest Lecture by Dr. Sarah Halverson	READING: Eastern Happiness article on Moodle WATCH: Bill O’Hanlon on “The African Violet Queen” https://www.youtube.com/watch?v=M9sVg36PKQs
2/27	Lab 5: Gratitude experiment debriefing	HOMEWORK 10: Instead of reading or watching anything for this next week, you will do the six minutes a day meditation assignment (due 3/5; 5 points). Quiz 2: Opens on Moodle 2/27; due by midnight 3/1
3/3	Acts of kindness instead of class	HOMEWORK 11: Instead of class and readings this week, you will begin the practicing acts of kindness assignment (due 3/12; 5 points) JSF in Richmond
3/5	Lab 6: Mindfulness meditation practice	
3/10	The Happy Spirit III Spirituality Panel	READING: https://time.com/4856978/spirituality-religion-happiness/ March Madness Research Project – Participants welcome
3/12	Lab 7: What’s Good About You and VIA Strengths test debriefing	HOMEWORK 12: Take the VIA Strengths Test: https://www.viacharacter.org/character-strengths (Due 3/24; 5 points) HOMEWORK 13: Do Natural Talent Interviews (due 3/24; 5 points)
3/17+	Spring Break	Don’t worry; be happy
3/24	Social I: Social Connection	READING: Bono – Chapter 10 WATCH: Nicholas Christakis on Social Networks https://www.ted.com/talks/nicholas_christakis_the_hidden_influence_of_social_networks?language=en HOMEWORK 14A: Do family constellation drawing for Lab (due 3/26).
3/26	Lab 8: Family constellations and genograms	HOMEWORK 14B: After you do family constellation work in Lab today, write 200 words family constellation reflection on what you learned about yourself (due 3/31; 5 points).
3/31	Solving social comparison (and achievement)	READING: Bono, Chapter 6 READING: Online article on social comparison: https://positivepsychology.com/social-comparison/

		<p>LISTEN: Radiolab on The Golden Rule https://www.wnycstudios.org/podcasts/radiolab/segments/golden-rule</p> <p>HOMEWORK 15: Your resentment list (due 4/2; 5 points)</p> <p>WATCH: Angela Lee Duckworth on GRIT: https://www.youtube.com/watch?v=H14bBuluwB8</p>
4/2	Lab 9: Burning up resentments and methods for letting go	QUIZ 3: Opens 4/2 on Moodle; due by midnight 4/5
4/7	Social Connection III	<p>READING: Atlantic article on social connection: https://www.theatlantic.com/health/archive/2013/10/social-connection-makes-a-better-brain/280934/</p> <p>WATCH: Brene Brown on Trust: https://www.youtube.com/watch?v=0SqFiTeka_I</p>
4/9	Lab 10: Communication skills training	<p>Come to Lab ready to work on communication skills</p> <p>HOMEWORK 16: Start emotional journaling (due 4/16)</p>
4/14	Emotions: You are NOT what you feel	<p>READING: Bono – Chapter 9</p> <p>READ AND WATCH: Three-step emotional change technique https://johnsommersflanagan.com/2017/03/12/revisiting-the-3-step-emotional-change-trick-including-a-video-example/</p>
4/16	Lab 11: Emotionally expressive journaling	Report in on emotional journaling assignment
4/21	Emotions II – Becoming resilient	<p>READING: Greg Lukianoff and Jonathan Haidt on “The coddling of the American mind”: https://www.theatlantic.com/magazine/archive/2015/09/the-coddling-of-the-american-mind/399356/</p> <p>LISTEN: This American Life – 10 sessions</p>
4/23	Lab 12: Emotional Expression II	ASSESSMENT 2: Complete Post-test Assessment Packet and turn into your happiness consultant (25 points)
4/28	Happiness and behavior. Putting it all together	<p>READING: Bono, Chapter 8, and Putting It into Practice (pp. 231-237)</p> <p>READING: Time magazine – Fogg on goal-setting: https://time.com/5756833/better-control-emotions-better-habits/</p> <p>HAPPINESS CONSULTATIONS II: Final meeting and debriefing with happiness consultant by end of this week.</p>
4/30	Final Exam Review and Prep	<p>Turn in Extra Credit Life Engagement Assignments by today</p> <p>Quiz 4 (Final): Opens 4/30 on Moodle; due by midnight 5/4</p>

5/4	Monday – 8-10am is our Final Exam time: Summer resolutions and coping with inevitable disappointments	
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DESCRIPTION OF COURSE ASSIGNMENTS: Each of the course assignments that count for points are described below.

1. **Initial and Final Happiness Assessment Packets (25 points each; 50 points total):** During the first and 14th weeks of class you'll be given a happiness assessment packet. These packets will take about 20-25 minutes to complete. We will use these assessments for two purposes. First, you will use them to deepen your understanding of yourself and for goal-setting in your personal happiness consultation meetings. Second, if you give us permission, we'll anonymize your questionnaire responses, input them into a statistical program, and use the results for research. These questionnaire packets are graded pass (25 + 25 points = 50 points) or not pass (0 points). To get your fifty points, you need to answer all the items on the questionnaires.
2. **Active Learning Assignments (16 assignments at 5 points each; 80 total points):** These are all short assignments designed to get you in the habit of incorporating various happiness-related activities into your life. Each assignment will be posted on Moodle at least 10 days before they're due. These assignments are graded pass (5 points) or not pass (0 points). To get your five points you need to complete the bare minimum of the assignment (although we'd like to see thoughtful and meaningful responses).
3. **Quiz and Final Quiz scores (30 points each; 120 points total):** There will be three quizzes and one final quiz, all worth 30 points. These are all open book Moodle quizzes based on the assigned readings, podcasts, and videos. The quizzes aren't designed to be tricky, but just to make sure that you're tracking the content of the materials we're covering outside class. They will consist of a combination of multiple choice and short answer responses.
4. **Class and lab attendance (50 points):** The class attendance policy and procedure is described above.
5. **Biweekly lab reflections (10 points each; 60 points total):** Because we're interested in tracking what's important to you, what's working in this class, and what positive changes you're noticing in yourself and in your life, we want you to intentionally reflect on the course assignments and to share with us what's meaningful to you. Every two weeks, you'll be prompted to answer four questions.
6. **Personal happiness consultations or semester self-evaluation paper (80 points).** Similar to COUN 242 (Intimate and Family Relationships), this course

focuses not only on academic content, but also on the application of this content to your lives. To help facilitate this, all students need to complete an assignment explicitly designed to help you with your personal goal-setting and attainment. Option 1 is for you to attend eight 50 minute “happiness consultation” sessions with a graduate student in counseling. These sessions will focus on personal goal-setting and can be as shallow or as deep as you like. Because you’ll be working with a graduate student in counseling, all sessions are held in the counseling lab and must be video-recorded so the counseling students can get feedback on the development of their counseling skills. Option 2 is for you to write a 10-15 page paper (using APA format) that includes the following sections: (a) introduction to why happiness and well-being is an important issue for colleges and universities to address (2 citations needed); (b) a review of your questionnaire (assessment) results and your interpretation of those results; (c) personal goals that you set in the first three weeks of the semester (these should be related to your assessment results; (d) a description of how you plan to move toward your personal goals (1 citation needed); (e) a weekly log reflecting on how you’re doing with your goal and plan; (f) a conclusion section that describes how you did with your goals and explains why you were successful or not (2 citations needed), and (g) a reference section.

7. Throughout the semester, we’ll announce life engagement activities that you can do to earn extra credit points. Each activity can earn you 10 points; you can earn a maximum of 20 extra points toward your grade. Announcement 1: Feb 5th Fitness Center Free Throw and 3-point Contest.

Appendix B

Homework 1 – Music and Emotion

Music is a trigger for happiness, sadness, other emotions, and life memories. Sometimes our emotional responses to music are all about the music. Other times our emotional responses are about the personal links, associations, or memories that the songs trigger. For example, when I listen to “Joy to the World” by Three Dog Night, I’m transported back to positive memories I had playing 9th grade basketball. The song, “Put the Lime in the Coconut” will forever take me back to a car accident that happened with my sister in 1973. It’s not unusual for us to turn to music to help regulate our emotions or to heighten particular feelings.

For this assignment, do the following:

1. Select a song that triggers positive emotions for you.
2. Listen to the song twice in a row and just let the song do its work. You can do this with a friend or by yourself.
3. After you’ve listened twice and let the positive feelings come, respond to the following prompts, and then upload your responses to items a – e on Moodle.
 - a. Write out the name of the song and the musical artist.
 - b. What emotion does the song bring up?
 - c. What’s your best guess (hypothesis) for why the song brings up those particular emotions? (Share the lyrics or the links to life events that make the song emotionally important to you).

For the future: Consider mutually sharing positive emotion songs with someone else and talking about why the song triggers positive emotions for you (and for the other person). Also consider intentionally listening to positive emotion songs when you’re feeling down or feeling the need for some positive emotions.

Homework 2 – Witness Something Inspiring

Inspiring things are constantly happening in the world.

Martin Luther King Day is coming. Martin Luther King was a source of great inspiration for many. Over this coming long weekend you could watch a video recording of King’s “I have a dream” speech and feel inspired. You could also go on the internet and find something inspiring on social media. But instead, just for fun (and for this assignment), if possible, we want you to watch for and observe something inspiring that’s happening in the real world. [If Covid causes you to be restricted for MLK weekend, feel free to use the internet to track down something inspiring]

The inspiring event that you notice may be small and it may be big. The key part of this assignment is that it involves intentionally watching for that which will inspire. Keep all your sensory modalities open for inspiration. Then, upload a short description (about 100-200 words) describing what you experienced. Your note should include:

1. What it was like to intentionally pay attention to things that might inspire you.
2. A description of what you observed.
3. Reactions you had to the inspirational event.
4. Anything else you want to add.

Homework 3 – Three Happy Places

Whether we're aware of it or not, our environment, setting, or context directly influences our mood and sense of well-being. This is most obvious when we're in settings or environments that we find aversive or inspiring.

To start this assignment, reflect briefly on environments, settings, or contexts that you find aversive. For example, some people find cloudy days, rain, smoky skies (or rooms), or particular temperatures aversive or uncomfortable. Other people might find churches, gyms, or libraries aversive.

Now, consider the opposite: What environments, settings, or contexts do you find pleasurable, comforting, or energizing? As you may have noticed in the short "Forest bathing" video, there's evidence that, in general, more time in the outdoors increases feelings of well-being. For this assignment, don't worry about what "should" be your happy place . . . but if the outdoors is a happy place for you, be sure to include it.

After reading and reflecting on the above, write a few words (short answers) in response to the following prompts:

1. List three settings that usually trigger negativity or discomfort in you.
2. List three settings that usually trigger happiness and wellbeing in you (be specific).
These are your happy places
3. What can you do to prepare for or cope with challenging settings that usually cause you discomfort? (Other than avoiding them)
4. What can you do to increase the frequency of time you spend in environments that contribute to your feelings of wellness?
5. What can you do to create places or spaces in your mind that you can use (anywhere and anytime) to increase your sense of comfort and wellness in the moment?

Homework 4 – Three Good Things

Perhaps the most well-known evidence-based happiness assignment is Martin Seligman's Three Good Things activity.

Here's Seligman's description: Write down, for one week, before you go to sleep, three things that went well for you during the day, and then reflect on why they went well.

Just in case you want to hear it from the horse's mouth, here's a one-minute video of Seligman describing the activity: <https://www.youtube.com/watch?v=ZOGAp9dw8Ac>

For this assignment, you should do the Three Good Things activity for a week, as prescribed by Seligman. Dan and I don't need to see all 21 good things from your whole week, but we would like you to share the following with us:

1. Three ESPECIALLY good things from the week (think of these of as your Good Things Highlights). We're very excited to hear about these.
2. The most common (summarized) explanations for why these good things happened. We're interested in what's happening (or what you're doing) to create good things in your daily lives.

Homework 5 – Your Favorite Relaxation Method

As you likely recall from the lecture, in 1975, Herbert Benson of Harvard University published a book titled, *The Relaxation Response*. Benson wrote that for humans to achieve the relaxation response, they need four components:

1. A quiet place.
2. A comfortable position.
3. A mental device.
4. A passive attitude.

For this assignment, your job is to identify and practice your favorite relaxation method. The good news is that you don't really need a quiet place and a comfortable position (as it turns out, they help, but they're not essential). However, you do need a mental device and a passive attitude.

Unfortunately, for some people, the act of *trying to relax* creates anxiety. This is a puzzling paradox. Why would trying to relax trigger anxiety?

The intent to relax can trigger anxiety in several different ways. For some, if you try to relax, you can also trigger worries about not being able to relax. This is a relatively natural byproduct of self-consciousness. If this is the case for you, take it slowly. Self-awareness can trigger self-consciousness and self-consciousness can trigger anxiety . . . but time and practice can overcome these obstacles.

For others, a history of trauma or physical discomfort can be activated. This is similar to self-consciousness because the turning of your attention to your body inevitably makes you more aware of your body and this awareness can draw you into old, emotionally or physically painful memories. If this is the case for you, again, take it slowly. Also, manage your expectations, and get support as needed. Support could come in the form of specific comforting and soothing cues (even physical cues), an outside support person, or a professional counselor or psychotherapist.

Trauma and anxiety are common human challenges. Although trauma and anxiety can be terribly emotionally disturbing and disruptive, the core treatment for these problems usually involves one or more forms of exposure and can be traced back to Mary Cover Jones. You can read more about Mary Cover Jones and her amazing work on my blog:

<https://johnsommersflanagan.com/2018/06/04/the-secret-self-regulation-cure-seriously-this-time/>

Okay, that's enough of my jibber-jabbering. Here's your assignment:

1. Try integrating your favorite relaxation method (no drugs please) into your daily life. You can do it for a minute here and there, or 20 minutes all at once.
2. Write a paragraph or two about how it went. Include reflections on (a) what helped you relax more? (b) what got into the way of you relaxing (obstacles)?
3. Write a paragraph about how you might try to do more relaxing in the future—including how you will deal with those pesky obstacles.

Homework 6: Best Possible Self

You all already know about optimism and pessimism.

Some people see the glass half full. Others see the glass half empty. Still others, just drink and savor the water, without getting hung up on how much is in the glass. Obviously, there are many other responses, because some people spill the water, others find a permanent water source, and others skip the water and drink the wine or pop open a beer.

Reducing people to two personality types never works, but it never gets old either. Your activity this week is what we call an optimism activity. It's called the Best Possible Self activity and it's supposed to crank up your sense of optimism. That's cool, because generally speaking, optimism is a good thing. Here's what some researchers said about the Best Possible Self (BPS) activity.

"Writing about your BPS (also seen as a representation of your goals) shows long-term health benefits, increases life satisfaction, increases positive affect, increases optimism, and improves overall sense of well-being. Laura King, a professor at U of Missouri-Columbia developed the BPS activity."

King's BPS activity was a little more extensive than what I'm recommending below. Here's the assignment:

- Spend 10 minutes a day for four consecutive days writing a narrative description of your "best possible future self."
- Pick a point in the future – write about what you'll be doing/thinking then – and these things need to capture a vision of you being "your best" successful self or of having accomplished your life goals.
- You can upload all your writing or just a summary into Moodle for Dan or me to read.

Being a counseling and psychotherapy theories buff, I should mention that this fantastic assignment is very similar to the Adlerian "Future Autobiography." Adler was way ahead of everyone on everything, so I'm not surprised that he was thinking of this first. Undoubtedly, Adler saw the glass half full, sipped and savored his share, and then shared it with his community. We should all be more like Adler.

Homework 7: Savoring

We all know how to savor chocolate or wine or the cheesecake that tastes like you've made it to heaven. When it comes to gustatory experiences, savoring is natural.

Funny thing, savoring successes, beautiful scenery, a poem you hear on the radio, and other potentially positive life experiences often (but not always) feels less natural. That's too bad, because researchers have repeatedly found that taking a moment to *savor the moment* in the midst of a busy day can increase happiness and decrease depression. We should try to remember to savor more often.

For this week the plan is for you to pick one savoring assignment from a menu of research-based savoring activities (below). Each of these activities has research support; doing any of them might make you feel significantly more happiness or less depression. Here are your options:

- Engage in mutual reminiscence. Mutual reminiscence happens when you get together with someone and intentionally pull up and talk about fun, positive, or meaningful memories. I was with my dad last week and did a bit of this and it was nice. Now I have memories of us remembering our shared positive memories.
- Make a list of positive memories. After making the list, transport yourself to one of the memories. You can do this one by yourself. Retrieve the memory. Play it back in your mind. Explore it. Feel it. Let your brain elaborate on the details.

- Celebrate good news longer than you would. This is easy. You need to track/observe for a positive message or news in your life that feels good. Then, let your mind linger on it. Notice how you feel. What parts of the news are especially meaningful and pleasant to you? Extend and celebrate the good news.
- Notice and observe beauty. This activity is mostly visual, but you can listen for beautiful sounds too. Let yourself see color, patterns, and nuanced beauty in nature or in art. Linger with that visual and let its pleasant effects be in your eyes, brain, and body. Notice and feel those sensations and thoughts.

As usual, write a short report to Dan and me about your experiences and put it in the appropriate Moodle bin. This report doesn't need to be long—unless writing is a pleasant experience for you—in which case, you can linger and write longer.

Homework 8: Experimenting with Gratitude

Although it's true that most everyone experiences gratitude, most of us don't intentionally create time and space to express gratitude. That's why this week's happiness assignment is all about intentional expressions of gratitude.

This assignment is part contemplation, part writing, and part action. Use the following steps:

1. Identify someone toward whom you feel or have felt appreciation and gratitude. You may have plenty of options. It's likely a good idea to choose someone you WANT to express gratitude toward.
2. Write a gratitude note to that person. Include in the note why you feel gratitude toward to the person. Include specifics as needed, as well as words that best express your sincere heartfelt feelings.
3. Find a way to express your feelings directly to your gratitude target. You can read the note in person, over the phone, or send it in whatever way you find best.

Remember, your plan is to express gratitude. That means you need to drop any expectations for how the recipient of your gratitude should or will respond. Don't focus on their response, instead, focus on doing the best job you can expressing the gratitude that you sincerely feel.

If the person loves hearing about your gratitude, cool. If the person is uncomfortable or not positive or silent, that's okay. Your goal should be within your control—meaning that all you can control is your end of the communication and not how the communication is received.

Turn in a short report to Dan and me about your gratitude experience and put it in the appropriate Moodle bin. Tell us, (a) what it was like to write the gratitude message, (b) what it was like to deliver it, and (c) how it felt to express your gratitude. If you get inspired, feel free to repeat this gratitude experiment a second or third time.

Like last week, your report to us doesn't need to be long—unless writing it is a pleasant experience for you—in which case, you can linger and write longer.

Good luck and although I know I can't control the outcome of this experience, I hope you find it fun and meaningful.

Homework 9: Intentional Acts of Kindness

About two decades ago, the concept, "Random acts of kindness" gained traction. Now, about two decades later, I'm a little sad that random acts of kindness has become the most common

way we talk about kindness. I say this despite the fact that I'm a big fan of randomness and kindness.

For your assignment this week, I'd like all of us to break away from the randomness mentality and embrace intentionality.

Intentional acts give us—as actors in the grand theater of life—greater agency. Instead of being stuck with a script someone else wrote, when we embrace intentionality, we become the author of every scene. Rather than randomly responding to opportunities with kindness, we can exert our will. This means that when an opportunity for kindness pops up, we already have a plan . . . and that plan involves creatively finding a way to respond with kindness. How cool is that?

Let's think about this together.

Toward whom would you like to demonstrate kindness? A stranger? If so, it might feel random in that you might act kind in a moment of spontaneity. But your spontaneity—although wonderful—is a moment when your intentionality (to be a person who acts with kindness) meets opportunity. In this way, even acts toward strangers that seem or feel spontaneous, will be acts that reflect your deeper values and character.

Maybe you'd like to intentionally be kind to a friend, a parent, or a sibling. Again, this requires thought and planning and the ability to step outside yourself. Assuming that others want what you want can backfire. You'll need to step into another person's world: What would your friend, parent, or sibling appreciate?

To stay with the theater metaphor, you're the script-writer and you've written yourself into this performance. For this week, the script or plan includes a character who values kindness and who watches for opportunities to share that value with others. You're the star of the show. Your job is to translate your kind character into kind action. I don't what that will look like for you. Maybe you don't either. That's the magic—where opportunity intersects with planned spontaneity.

Your other job is to write a summary of this experience (100 to 300 words) to Dan and me and to post it in the correct Moodle destination.

Homework 10: Six Minutes of Daily Meditation

No doubt, most of you have already tried sitting meditation and many of you likely have a meditation practice. As a consequence, this may be old hat to you. However, if it is, then you know better than most of us that when it comes to meditation old hat is always new hat. I'm sure you know what I mean . . . in that you should approach this with beginner's mind.

This assignment is simple. Just schedule and then practice six minutes of sitting meditation for one week. Haha. That's easy-peasy.

As you do this simple, easy activity, also track your response. Do you feel any resistance? Any disappointment if your six minutes seems like a struggle? Maybe you've got a tiny bit of annoyance toward me for giving you this easy or not-so-easy task. Whatever you feel (or think), let yourself notice the thoughts and feelings and then mindfully accept them.

I'm hoping you can talk with your lab group about your experiences around six minutes of meditation a day. Also, write up a short description of your experience, sharing with us, and

your best friend Moodle, what sorts of thoughts and feelings came up and how you did at accepting them.

Homework 11: Natural Talent Interviews

Back in the 1950s, at the University of California, a guy named Joseph met a guy named Harrington. They were both psychologists and both interested in self-awareness and interpersonal relationships. Together, combining their knowledge and experiences, they came up with a simple way to integrate their ideas about self-awareness and social awareness. Being cool and creative types (I'm guessing about this, because I never met them), they named their concept by fusing or integrating their two first names.

You may have studied the Johari Window in Introductory Psychology. Just in case you didn't, or just in case you've forgotten whatever you learned about it, here are a few facts.

1. The Johari window is pronounced the Joe-Harry Window. . . because Joe Luft and Harry Ingham named it after themselves.
2. The Johari window is designed as a tool for helping people (like us!) to expand our self-awareness.
3. The Johari Window has four quadrants or "rooms" (see the Figure below).
 - a. The Open Area. The top-left room represents the part of the self that that's wide open. It includes parts of you that are known to you (self-awareness) and those same parts that are known to others.
 - b. The Hidden Area. The bottom left room is the part of ourselves that we know, but that we hide from others. People who are transparent generally have a small private or "hidden area." People who consider themselves "private people" probably have bigger hidden areas.
 - c. The Blind Spot. The top right area represents the part of ourselves that others see, but that we don't see (or hear). Maybe you've glimpsed some of your blind spot by watching yourself on video, or listening to your recorded voice, or from getting feedback from other people about how they experience you.
 - d. The Unknown. The unknown is that mysterious part of ourselves that remains hidden to us and hidden to others.

Mostly, the Johari Window is useful as a tool for enhancing self-awareness and shrinking the Blind Spot and Unknown areas. You can think of it as getting to know the parts of ourselves that are unconscious or outside our awareness. As noted in the figure below (which I copied from this internet site: <https://www.communicationtheory.org/the-johari-window-model/>), there are methods for expanding self-awareness. The main method for expanding self-awareness is to ask others for feedback. Asking others, "What do you think of me?" is a powerful and straightforward self-awareness tool, but it requires social risk-taking and courage. Asking for feedback is a good, but not perfect method for expanding self-awareness because asking others for feedback may NOT expand your self-awareness if that other person doesn't know you well or sees you inaccurately. Feedback from others is often, but not always, helpful for expanding self-awareness.

Another method for expanding self-awareness involves, ironically, being more open and transparent to others. If we want accurate feedback from others, it's best to let others get to know us, otherwise the feedback and information they provide will be necessarily limited. To get good feedback from others, we need to provide others with good data about ourselves.

Without good data, others can't give us good feedback. See below for the Figure illustrating the Johari Window.

I'm writing about the Johari Window for educational reasons, but also because it's a great way to introduce this happiness assignment. This is an assignment that I made up about six years ago while teaching a career development class. I call it the Natural Talent Interview. Not surprisingly, because I made it up, I think it's an awesome assignment that everyone will love. On the other hand, you should be the judge of that, AND, you should give me feedback on this assignment so I can expand MY self-awareness!

Here's the assignment:

Conduct Two Natural Talent Interviews: To do this assignment, identify two people whom you respect and trust. Let them know that you have an assignment to get more in touch with your personal strengths and talents. Then, get a note pad (or commit yourself to making mental notes) and ask them the following question:

What do you think are my three greatest strengths or talents?

As you're listening, be sure to ask the person for specific examples of each talent or strength. You can take notes if you're comfortable, or just listen and then soon afterward document what the person said about you—both your natural talents and examples to support them.

The purpose of this assignment is to get to know your personal strengths and talents from the perspective of others. Maybe you've done this sort of thing before. But because things change with time, it's worth updating the feedback you get from others or worth asking new people for feedback.

At the end, write a summary of what you learned about your natural talents and upload it to Moodle for Dan and me to read.

Homework 12: The VIA Strengths Test

Remember, the purpose of these assignments is for you to try them out and observe your reactions. We're taking these assignments on as scientists experimenting with and on ourselves. The VIA Strengths Test is our next experiment.

This assignment is core to the concept of positive psychology. If you recall, mostly the whole field of psychology focused on weaknesses and psychopathology for about 100 years, until, in 1998, as APA President, Martin Seligman shifted the focus to strengths and positivity. The VIA Strengths Test is partly a concrete manifestation of Seligman's work.

You can take the test on this website:

<https://www.viacharacter.org/survey/account/register>

Be sure to take the free test; I don't want or need you to spend any money on this!

1. Think about your top three strengths. Are those strengths consistent with what you learned about yourself in the Natural Talent Interviews?
2. Are your strengths the strengths you thought you had?
3. Did you learn anything important about yourself? If so, what?

Homework 13: The Family Constellation

Some people call this a genogram, but I'm an old-fashioned sort of person who likes Alfred Adler, so I still call it the Family Constellation.

Basically, this just involves you drawing a family tree and using that tree to explore your family relationships.

I'll do a demo of this in class before you need to do this assignment, but here's the skeleton outline:

Draw your family tree: Begin with yourself and track back to your bio-parents/step-parents/adoptive parents and sibs and grandparents. Traditionally, people use squares for males and circles for females, but if you don't like the gender binary, you drawing people as triangles or other shapes.

Think of yourself and your family as living together on a big boat. The boat and the travels and adventures you had together shaped you. Maybe you were shaped in ways you like; maybe you were shaped in ways you don't like very much.

As yourself questions about your family and the characters. Typical questions include:

- a. Between you and your brothers and sisters, who was best in school?
- b. Who was the most athletic?
- c. Who got in the most trouble?
- d. Who was the most musical, artistic, outspoken?
- e. Who fought or argued with whom?
- f. Who was the most friendly (angry, happy person in your family)?
- g. What are three words to describe your mom? Your dad? Your siblings? Yourself?
- h. What values do you think your parents (or mom or dad or caregivers) were trying to teach you in life?
- i. How did your family deal with conflict?
- j. How did your family express love and affection?

If you were in counseling, you might explore your family dynamics with these and many other questions.

In the end, think about what you learned (or remembered or re-learned) about your family.

Then write a short piece about what you learned and upload it to Moodle.

Homework 14: Emotional Journaling

What if there was a simple procedure that could help you obtain the following benefits?

- A reduced need to go see a physician
- Improved immune functioning
- Fewer physical ailments or symptoms
- Less distress
- Less negative affect
- Less depression
- Improved GPA
- Less absenteeism from work

According to social psychologist and prominent researcher, James Pennebaker, a simple procedure to provide you with these benefits is right at your fingertips. Literally. All you have to do is write about hard, difficult, or traumatic experiences. Here's an example (summarized) of his instructions:

For the next three days write about your very deepest thoughts and feelings about an extremely important emotional issue that has affected you and your life. When writing, really let go and explore your deepest emotions and thoughts. You might want to tie your writing into your relationships with others or to your past/present/future, or to who you've been, who you are, and who you'd like to be in the future. You can write about the same topic every day or a new one every day. Keep your writing confidential. Don't worry about spelling, grammar, etc., just write for 15-30 minutes straight. (adapted from Pennebaker, 1997)

I've been impressed with Pennebaker's research for three decades. However, I also think it's important to remember that Pennebaker is a social psychologist; he isn't a clinical or counseling psychologist, a clinical mental health counselor, or a clinical social worker. As a consequence, I'm not asking you to leap right into his assignment without support. In fact, most researchers, including Pennebaker, believe you can gain the same benefits by *talking about* painful emotional experiences with a counselor or psychotherapist. One additional caveat: Pennebaker has also found that when writing or talking about traumatic experiences, often people feel distressed or emotionally worse to start, but over time they begin feeling even better than they did in the beginning.

To do this assignment, I just want you to think about Pennebaker's method and his claims, and then tell me (a) what you think of his idea, (b) whether you would ever like to try his technique, and (c) if you would prefer writing or talking about your emotionally difficult events.

If you eventually decide to try Pennebaker's method, remember that you could feel worse first, and that having someone you trust to confide in about how you're feeling through the process might be a good idea.

If you want to dive into Pennebaker's method, you could use one of his books as a guide. Here's one example: https://www.abebooks.com/Opening-Writing-Down-Expressive-Improves-Health/22531442075/bd?cm_mmc=ggl-_US_Shopp_Trade-_new-_naa&gclid=CjwKCAjw4pT1BRBUEiwAm5QuR4ZmBWoiw2FhWHexwZiPtAnyDc9frTptZr9dimZhEWcsE4HUI70gzxoCd60QAvD_BwE

Appendix C

Appendix

Major

	Intervention Group		Control Group	
	Frequency	Percent	Frequency	Percent
Accounting			1	2%
Business	2	5%	7	17%
Classics	1	3%		
Cognitive Neuroscience	1	3%		
Communication	1	3%	13	32%
CSD	1	3%	1	2%
Computer science	1	3%	3	7%

Counseling	2	5%		
Dance/Theatre	1	3%	1	2%
Ecosystem Restoration		0%	1	2%
Early Childhood Ed.	3	8%		
Elementary Education	2	5%		
Environmental Studies	1	3%		
HHP	2	5%	2	5%
History	2	5%		
Information Technology		0%	1	2%
Master of Education	1	3%		
NA	3	8%	4	10%
Political Science	1	3%	1	2%
Psychology	10	26%	4	10%
Social Work	3	8%		
Sociology		0%	2	5%
Total	38		41	

Appendix D











