

Integrating Positive Psychology, Behavioral Activation, and the Serious Leisure Perspective in Mental Health Counseling: a Case Report

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Abstract In the academic literature, including the field of positive psychology, there have been articles advocating how leisure activities can be used within a behavioral activation framework. To this end, differing academic writers advocate the use of scheduling leisure activities to increase enjoyable behavioral activity (e.g., Mazzucchelli et al. 2010), but do not elaborate on how leisure can be used within a behavioral activation framework. This paper fills this void by explaining (1) how the serious leisure perspective (SLP) can help mental health counselors and other applied human service professionals structure potential activation targets based on differentiating between pleasure-based casual leisure and mastery-based serious leisure, and (2) how the SLP can be used as a potential structure for grading activation assignments. The last part of this paper provides a mental health counseling case report of a middle-aged man who had stage four renal disease, severe depression, and mild anxiety who became healthier by intervention that linked the SLP, behavioral activation, and positive psychology.

Keywords Behavioral activation · Postive psychology · Serious leisure perspective

Related to cognitive behavioral therapy Beck (2011) states that the easiest way to get client's involved in behavioral activation is to review their typical daily schedule and to

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help client's "... have a good balance of mastery and pleasure experiences" (p. 82). Similarly, in writing about the use of behavioral activation intervention for well-being within a positive psychology framework, Mazzucchelli et al. (2010) posit that clients should be guided toward activities that produce both pleasure and accomplishment (mastery) and suggested "scheduling leisure activities. ..." (p. 118). The purpose of this paper, which builds on the academic labor of Mazzucchelli, Kane, and Rees of fusing positive psychology with behavioral activation, is two-fold. First, to explain how the serious leisure perspective (SLP) can help mental health counselors and other applied human service professionals structure potential activation targets based on differentiating between pleasure-based casual leisure and mastery-based serious leisure. Second, to explain how the SLP can be used as a potential structure for grading activation assignments. The first part of this paper will explain behavioral activation and link it to positive psychology. This will be followed by an explanation of the SLP and how this framework can help mental health specialists guide people toward structuring their lives with activities which can produce accomplishment and pleasure. The last part of this paper provides a mental health counseling case report of a middle-aged man who had stage four renal disease, and severe depression that conjoins the SLP, behavioral activation, and positive psychology.

Positive Psychology Behavioral Activation Intervention

Positive psychology behavioral activation intervention is a term used here to describe the use of behavioral activation to increase positive emotion, human flourishing, and a life worth living. Positive psychology uses scientific understanding and human service intervention to aid in the achievement of a satisfactory/meaningful life and to help individuals, families, and communities flourish and thrive (Lopez et al. 2015; Seligman and Csikszentmihalyi 2000). According to Lopez and Gallagher (2009), positive psychology, the term, was first used in 1954 by Abraham Maslow related to directing the field of psychology to study human potential and achievement aspirations. Fourteen years later Maslow (1968), while writing about human growth, posited that the future of psychology, which he titled as "positive psychology" and "being-psychology" (p. 73), should strive to understand such concepts as striving, gratification, and joy. Maslow's thinking was augmented by the academic labor of Seligman (1990, 2002, 2011) and others (e.g., Csikszentmihalyi and Csikszentmihalyi 2006; Peterson and Seligman 2004; Seligman and Csikszentmihalyi 2000) resulting in the creation of positive psychology which deals with increasing positive emotions (Fredrickson 2009; Fredrickson and Kutz 2011), enhancing a life worth living (Csikszentmihalyi 2006, 2014), and cultivating human flourishing (Seligman 2011). Positive psychology has become a ubiquitous field of study and is used in different professional and academic fields such as positive coaching (Biswas-Diener 2010), positive schools (Huebner et al. 2009; Knoop 2011), positive psychiatry (Jeste and Palmer 2015), positive psychotherapy (Seligman 2011), positive youth development (Lerner 2009; Seligman et al. 2007), and positive sociology (Stebbins 2009).

Behavioral activation, first developed via a behavior therapy approach based on response- contingent positive reinforcement (Lewinsohn 1974), was designed to treat people with depression. In short, it stressed structured attempts at producing increases

in overt behavior that brought clients in contact with reinforced environmental contingencies (Hopko et al. 2003). Further, an activity schedule was developed based on activities that had an end result of enjoyment, pleasure, or meaningfulness (Lewinsohn 1976; Lewinsohn et al. 1980). The following quotation by Beck (2011) captures the gist of behavioral activation,

One of the most important initial goals for depressed patients is scheduling activities. Most have withdrawn from at least some activities that had previously given them a sense of achievement or pleasure and lifted their moods . . . Helping them to become more active and to give themselves credit for their efforts are essential parts of treatment, not only to improve their moods, but also to strengthen their sense of self-efficacy by demonstrating to themselves that they can take more control of their moods than they had previously believed (p. 80).

Beck goes on to explain that behavioral activation can begin by having client's review their typical daily schedule and identify activities that produce achievement/mastery and pleasure.

Mazzucchelli et al. (2010) conducted a meta-analysis (20 studies with a total of 1353 participants) to determine if behavioral activation could be used as an intervention within a positive psychology framework. Mazzucchelli and colleagues concluded that although behavioral activation has typically been associated with the treatment of depression, there is little that distinguishes it from behaviorally focused positive psychology interventions and cited two early positive psychology studies in support of their argument. First, a study by Fordyce (1977) that developed a program to encourage individuals to behave in ways that were congruent with the behavior of people who are happy. Individuals who participated in this program were found to have significant increases in happiness when compared to those in the placebo control group. Second, as a follow-up study, Fordyce (1983) attempted to further determine if the components of the program accounted for the increase in happiness. Among the constructs focused on were behaviors of engaging in social activities and staying busy. This second study showed that gains were maintained over nine to 28 months after participation and could, in part, be attributed to changes in lifestyle. Based on the results of their meta-analysis Mazzucchelli et al. (2010) concluded that behavioral activation can be readily adopted by positive psychologists and mental health counselors to promote well-being, even in non-clinical samples.

Although some behavioral activation advocates (e.g., Mazzucchelli et al. 2010) suggest that both pleasure and accomplishment activities can occur during leisure, few concretely explain the connection of leisure and behavioral activation. For example, Martell et al. (2010) suggest the following in connecting behavioral activation, leisure, and well-being,

Consistent daily activation has been shown to be a protective factor for both mental and physical health. Leisure activities in particular have been shown to lead to well-being in adolescents, adults, and the elderly by increasing coping abilities in the face of life stressors, including daily hassles . . . [Studies have] found that elderly residents in nursing homes in Hong Kong who were able to

engage in activities of daily living and leisure had a greater sense of well-being than those who did not engage in such activities (p. 95).

Likewise, Mazzucchelli et al. (2010) explicitly suggest that client's should be directed toward activities that produce pleasure and accomplishment via "scheduling leisure activities. ..." (p. 118). Both Martell et al. (2010) and Mazzucchelli et al. (2010) do not elaborate on how leisure can be used within a behavioral activation framework. This paper fills this void by explaining how the SLP can be used by mental health specialists toward guiding client's – especially those struggling with depression – toward structuring their lives with activities which can produce accomplishment and pleasure.

The Serious Leisure Perspective (SLP)

The SLP consists of three main forms of leisure: serious leisure, casual leisure, and project-based leisure. Serious leisure is the systematic pursuit of an amateur, hobbyist, or volunteer activity that participants find so substantial, interesting, and fulfilling that they launch themselves on a leisure career centered on acquiring and expressing special skills, knowledge, and experience (Stebbins 1992). Most paramount to serious leisure is the development of special skills, knowledge, and experience, which can take months or years to develop, and often leads to mastery and accomplishment. Examples can include playing a musical instrument well enough to be in a community orchestra or developing the cognitive knowledge base and the auditory skills needed to be an active member of an Audubon or bird society. Serious leisure is divided into three types (Elkington and Stebbins 2014; Stebbins 2007). Amateurs are found in art, science, sport, and entertainment, where they are inevitable linked in many ways to a professional counterpart, such as tournament bass anglers or members of an amateur community theater. Hobbyists lack the professional ego of amateurs; however, they still have small publics who have similar interests such as a small coin or stamp collection organization where local coin/stamp collectors can buy, sell, and have conversations. Career volunteering, the third type of serious leisure, is when a person uses specialized skills, knowledge or experiences as an uncoerced helping action not aimed at material gain. A retired history teacher who uses his/her specialized skills of teaching and knowledge of history to volunteer at a local history club or museum would be an example of career volunteering.

Serious Leisure

Serious leisure has six distinctive qualities (Elkington and Stebbins 2014; Stebbins 2007), which are uniformly found among amateurs, hobbyists, and volunteers: (1) participants in serious leisure tend to identify strongly with their chosen pursuit; (2) a unique ethos or social world is created that has within-group events, routines, and practices; (3) perseverance and are able to overcome challenges (4) development of a career, such as a leisure career (e.g., coin collecting hobbyist) or a work career/occupational devotion (e.g., part-time business coin shop); (5) significant personal effort in using their specially acquired knowledge, training and skills; and (6) several

durable and research –based benefits, such as positive emotions, meaningfulness, fulfillment, and personal enrichment (Stebbins 2007, 2015).

The SLP has been validated by a large amount of rigorous research (see summaries by Elkington and Stebbins 2014; Stebbins 1992, 2001, 2007) and linked to both positive psychology (Dieser 2005, 2013; Grybovych and Dieser 2010; Stebbins 2015) and positive sociology (Stebbins 2009). In regard to positive psychology, serious leisure often results in positive emotions (Stebbins 2015) and in flow experiences (Dieser 2013; Stebbins 2012). Flow, which is a foundational component of positive psychology (Csikszentmihalyi 2014; Peterson, 2006), describes a state of being in which a person becomes so involved in an activity or experience that nothing else seems to matter, hence it is often known as the optimal experience or enjoyment (Csikszentmihalyi 1990, 1997, 2014). In linking positive psychology, serious leisure, and flow, Dieser (2013) posited that serious leisure could be used to develop signature or character strengths (see Peterson and Seligman 2004) resulting in flow and positive emotions in his Leisure Education Toward Happiness Model.

Casual Leisure

Casual leisure is defined as immediate, intrinsically rewarding, relatively short lived activities that require little or no specialized training to experience pleasure (Stebbins 2007). Casual leisure can include relaxation (e.g., napping in a hammock), passive entertainment (e.g., watching television), or sociable conversation (e.g., chatting outside with neighbors). Casual leisure results in hedonistic pleasure and does not result in flow, mastery or accomplishment as “The thrill of a roller coaster ride [casual leisure] is qualitatively different from a successful descent down a roaring rapids in a kayak where the boater has the [specialized] experience, knowledge, and skill to accomplish this” (Stebbins 2012, p. 78). Research-based benefits of casual leisure include regeneration in life, development of interpersonal relationships and friends, and well-being (Stebbins 2007).

Project-Based Leisure

Project-based leisure is defined as a short-term, reasonably complicated, one-shot or occasional (though infrequent) creative undertaking carried out in free time (Elkington and Stebbins 2014; Stebbins 2007). It lies between serious and casual leisure in that it requires considerable planning, effort and sometimes specialized skills like serious leisure, but is not intended to develop into serious leisure. Examples include creating a family reunion or being involved in fundraising efforts toward a social cause, such as Mental Illness Awareness Week in a local community. Although not as frequent as serious leisure, a person involved in project-based leisure can also experience flow (Stebbins 2012).

The pursuit of serious leisure, casual leisure, and project-based leisure can lead to an “optimal leisure lifestyle,” which is the deeply rewarding pursuit during free time of at least one serious leisure activity, supplemented by casual and project based leisure (Dieser 2013, Stebbins, 1998). Recently Dieser et al. (2015) explained how the SLP (and flow) can be used in mental health counseling and provided a case example of a woman who had severe anxiety who, through the application of serious leisure, became

involved in quilting and became “well recognized within the world of quilting” (p. 11).¹ Further, Dieser and colleagues provide three additional examples of how people with past mental health disorders/concerns were able to act as social change agents in order to create community change from serious leisure pursuits (e.g., university campus ethnoviolence performance aimed at decreasing fear and hostility directed at Muslim women).

Integration of Positive Psychology Behavioral Activation Intervention with the Serious Leisure Perspective

In regard to behavioral activation intervention, Beck (2011) and Mazzucchelli et al. (2010) advanced the idea that activation should include both accomplishment (mastery) and pleasure-based activities, with Mazzucchelli and colleagues suggesting that such experiences can occur during leisure. What is less known, however, is how such intervention can interact with leisure. The SLP can help therapists conceptualize how behavioral activation can be scheduled for leisure activities and provides a framework for helping client’s experience both accomplishment and pleasure experiences. The next section provides a more expansive case report of how the first author of this paper connected positive psychology, behavioral activation, and the SLP in a mental health counseling setting with a middle-aged man who had stage four renal (kidney) failure, mild anxiety, and severe depression.

Case Report

A case report is a description or an account that describes a medical problem for medical, scientific or educational purposes (Gagnier, et al. 2013). The purpose of the case report that is presented below is for educational and professionally applied purposes to explain how the SLP can help mental health counselors and other applied human service professionals (1) structure potential activation targets based on differentiating between pleasure (casual and project-based leisure) and mastery (serious and project-based leisure) activity and (2) use as a potential structure for grading activation assignments. In order to improve the completeness and rigor of case report methodology, the case report in this paper followed the CARE (CAse REport) guidelines that are a consensus-based clinical case reporting framework from the medical profession (Gagnier, et al. 2013). This included having the client, who is the subject of the case report, give permission to write about him. It should be noted, however, that to protect confidentiality, many characteristics of the clients (e.g., age, type of illness, employment) have been changed.

Client Information

The client is a middle-aged White male who resides with his wife and two sons (aged 10 and 7) who, for twenty years, had worked as a heavy-duty mechanic in a middle

¹ See Stalp (2007) and Stalp and Conti (2011) regarding a good academic overview of how quilting can be a serious leisure pursuit.

sized community in the Eastern United States. Although the client reported having some mild anxiety throughout his life, his chief concern was depression, along with poor self-esteem and moderate suicidal thinking. In addition, and what appears to be a paramount antecedent factor to his depression, the client had level-four kidney failure and was being treated by a nephrology at a community hospital. The client reported that since he had to stop working as a heavy-duty mechanic, due to renal disease, he felt “totally worthless” and withdrew from most life activities (e.g., attending church, his children’s school activities, date nights with his wife). Kidney failure caused his wife to have to work a full time and part time job. Client identified strongly with his occupation, with being a “provider” for his family and had strong hegemonic masculine traits. Client reported financial strain as a precipitating stressor and a secondary concern of verbal conflict with his wife. Client reported extreme symptoms of feeling hopelessness and worthlessness, along with difficulty concentrating, fatigue, and sleep difficulties. Client was prescribed Wellbutrin and Zoloft from his medical doctor, but sought out counseling services because he felt that he had to deal with the underlying issue of depression. Related to cultural sensitivity, client reported being a practicing Christian and that his role as a husband, father, provider, and a hard worker were his highest personal values. Initial assessment listed his favorite leisure activities as cooking, listening to music, being in nature/outdoors, and playing/walking his (small) dog. Furthermore, via a genogram activity (see McGoldrick et al. 2008) client reported that his father and all of his uncles and brothers were “welfare bums” who just drank and did drugs all day while living on the “government dole,” but his grandpa (on dad’s side), mother, and favorite Aunt were hard-working people who provided for their families. Client identified strongly with his mother’s work-ethic and had anger toward his father and uncles for their “lazy ways” and saw himself as a “welfare bum” due to his inability to work. The genogram indicated that he used to love to go fishing with his grandpa and client reported advanced skills related to fishing and that he had not fished for years, missed this serious leisure activity, and had dozens of fishing rods and a tackle box full of fishing equipment.

Diagnostic Assessment

On initial intake a diagnostic interview, coupled with a score from the Beck Depression Inventory II (a score of 41), was consistent with a severe major depressive disorder.² Due to self-report of a lifetime of mild anxiety, coupled with the client’s chief concern of depression, no instruments were administered, such as the Beck Anxiety Inventory, to gain a more precise measurement of anxiety level. A mental status examination³ suggested that the client was well oriented in all spheres, appeared alert, and his affect was appropriate. Client presented himself in a neatly dressed and well-groomed fashion and his speech was logical, coherent, and memories appeared unimpaired. Attention was characterized by an ability to attend and maintain focus. Client’s mental health diagnosis was major depressive disorder (severe and single episode) and a (mild) generalized anxiety disorder.

² See Beck et al. (1996) related to the BDI-II and acceptable levels of reliability and validity.

³ A mental status examination is part of a routine diagnostic assessment at the agency that this case report took place.

Treatment Plan and Intervention

Initially, the first treatment plan and intervention consisted of traditional cognitive behavioral therapy, where the client was guided toward identifying irrational automatic thoughts, disputing or re-framing irrational thoughts by providing contrary evidence or an alternative view, and then understanding how changing thoughts can influence emotions (see Beck 2011). An initial treatment goal was to decrease depression by 25% through cognitive behavioral therapy. This intervention did not go well as the client did not have the energy to engage in disputing or re-framing thoughts and left counseling sessions fatigued, frustrated, and more worthless.

Intervention changed to a positive psychology approach and was based on an observation that Seligman's (2002) wrote when positive psychology was a beginning field of human services: "I do not believe that you should devote overly much effort to correcting your weakness. Rather, I believe that the highest success in living and the deepest emotional satisfaction comes from building and using your signature strength" (p. 13). To begin this different intervention, the client completed the VIA (Values-In-Action) Survey of Character Strengths, which is a 240-item Likert scale self-report questionnaire that measures the degree to which respondents endorse strength-relevant statements about themselves. As a homework assignment, client accessed this measure on-line from the Center of Positive Psychology at <https://www.authentichappiness.sas.upenn.edu/>.⁴ His top three character strengths, according to VIA Survey of Character Strengths, were creativity, spirituality, and humor and the client agreed with these findings.

The client's treatment plan was then revised to merge his leisure interests (past and present), character strengths, and personal values within positive psychology and behavioral activation. One treatment goal, which was designed to decrease his depression by 25%, was for the client to connect his love of cooking with the signature strength of creativity as a serious leisure pursuit linked to his value of hard work and fatherhood in order to re-frame his role as an "outside the house provider" (heavy duty mechanic) to being an "inside the house provider" (cook, cleaning, and helping sons with school work). With guidance from the therapist, the financial stress was re-framed as an opportunity for the client to use his creativity signature strength to make interesting, unusual, and low-cost food.⁵ Connecting to the client's creativity and humor, one therapy session was going on-line to learn of low-cost receipts from various sources, including the book *Prison Ramen: Recipes and Stories from Behind Bars* (Collins and Alvarez 2015), which had 65 ramen recipes that incarcerated men devised while in prison and part of that therapy session focused on the creativity of incarcerated men who had scant or no resources, such as money. The client used his signature strength of creativity and his reframed "inside the house provider" schemata as a springboard to make interesting and low cost meals, especially with crock-pot cooking. A second treatment goal, also to decrease depression by affirming his role as a father connected to the client's advanced skill set of fishing, was for the client to teach his

⁴ See Park et al. (2004) related to the VIA and acceptable levels of reliability and validity.

⁵ Although cognitive behavior therapy was no longer used as a primary treatment intervention, counseling still drew from it in a more indirect manner with the therapist offering re-framed interpretations rather than having the client directly dispute irrational automatic thoughts.

sons how to fish (which he had never done but thought about) and for them to go fishing once or twice a month. Further, this activity was framed as a “father-son activity” and linked to providing low-cost food (bringing home fish to eat). The client literally lived close to a river and lake where he could go fishing. This serious leisure activity was an accomplishment activity for the client that aligned to his value of being a father and his signature character of spirituality. A third treatment goal – which was based on casual leisure also to decrease depression– was for the client to volunteer once a week at the local humane society where he could walk and play ball with larger dogs (as he liked larger dogs) in order to feel worthwhile to his community within a framework of pleasure.

In keeping with behavioral activation treatment recommendations (see Mazzucchelli et al. 2016), the therapist provided an intervention rationale based on the client’s presenting information (e.g., past and present leisure interests, character strengths, personal values) and shared with client research-based findings that engagement in pleasurable and meaningful activities (behavioral activation) can decrease depression and increase positive emotions (e.g., Martell et al. 2010; Mazzucchelli et al. 2010). Further, the treatment goal developed, and the activation targets, were collaboratively developed and monitored between the client and the mental health counselor and counseling sessions during the four months of beginning this intervention to posttest scores consisted of problem-solving, brainstorming, troubleshooting, and activity monitoring.

Outcomes

Four months after the re-revised treatment plan, or the positive-psychology behavioral activation intervention, both the verbal reports by the client and posttest scores on the Beck Depression Inventory II indicated that the client’s depression was decreasing. Posttest score from the Beck Depression Inventory II was 27 indicating a change to moderate depression from severe depression, exceeding the treatment goal of having a 25% decrease in depression level. Client reported feelings of enjoyable accomplishment related to being able to cook for his family and to teach his son’s how to fish. Although recognizing the severe limitation of renal disease, the client was able to acknowledge how his medical condition helped him to engage with his sons more and to live his core value as an active father. Although the client discontinued volunteering at the humane society, he adopted a larger husky (dog) and walks his dog once or twice a day (weather permitting). Beyond this casual pleasure based leisure activity, the client reported that physical movement and being in sunlight, along with his “friendship” to his Husky, also contributed to his feelings of positive emotion (see Fahey et al. 2014 and Otto and Smits [2011] related to how human movement aids in emotional and mental health). In short, behavioral activation intervention, connected to a positive psychology and SLP (along with basic cognitive-behavioral therapy) was used to decrease depression levels and increase positive emotion in the client.

Future Professional and Research Directions

Therapists should keep in mind that when working with clients who are unmotivated, or who see the world through a problem saturated lens (White and Epston 1990), it can

be useful to start by scheduling casual leisure activities rather than serious leisure pursuits. Casual leisure requires far less planning and have more immediate benefits than serious leisure. If a therapist encouraged serious leisure pursuits, it might be best to link them to past leisure behaviors that used specialized skills, knowledge and experiences (such as the case report above). To that end, when a therapist begins to encourage serious leisure pursuits, it may be helpful to break participation in such activities down into small steps (Webster 1990) that are easier for the client to accomplish. For example, the second author of this paper used such an approach in working with a man struggling with chronic depression. This client, Doug, was a White male in his 50's who had a history of opioid dependence. He had been sober for some time, but found that he was still struggling with anhedonia. As part of the therapeutic process the client was asked about hobbies and pastimes he had engaged in before active addiction. The client indicated that he had enjoyed outdoor activities and had a substantial amount of fishing equipment and several firearms. In the spirit of starting with small steps Doug was given the assignment to simply take out his fishing equipment and check its condition. Completing this step offered Doug the opportunity to engage in behavior related to his leisure activity without the pressure of planning an outing and executing the plan. Similarly, Doug was encouraged to take his firearms to a range and practice shooting. These activities had an immediate positive effect on his mood and over time he has become more engaged in the world of shooting, going so far as to join a league that offers comradery and opportunities to improve his skills.

Therapist should take time to understand leisure pursuits from a serious, casual, and project-based perspective during the assessment process. Dieser et al. (2015) suggest both quantitative and qualitative ways therapists can become aware of serious leisure (and flow) during an assessment and suggest the covariation of such assessment measure with the VIA Survey of Character Strengths. Furthermore, and as explained in the case report located in this paper, understanding leisure pursuits can be part of a genogram as either an assessment or intervention technique. Therapist could use the Leisure Education Toward Happiness Model (see Dieser 2013 p. 113–116) as a conceptualized framework during a therapy session to help clients developed an optimal leisure lifestyle.

Although there is a large amount of research that has validated the SLP and demonstrated the benefits to people (see summaries by Elkington and Stebbins 2014; Stebbins 1992, 2001, 2007), the authors of this paper know of no research examining the benefits of using the SLP as part of therapy. Future research, both quantitative and qualitative, needs to be directed toward the use of the SLP as part of therapy.

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