

a positive psychology intervention among long-term unemployed people and its effects on psychological distress and well-being

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The present study aims to examine the effect of a positive psychology intervention (PPI) on a population of long-term unemployed people. All were members of an association of employment assistance. An opportunity was offered to participate in a PPI. Twelve participants accepted (treatment condition). The remaining participants constituted the control group. Participants of the treatment condition were asked to complete 5 positive psychology exercises during 2 weeks. Participants of the control condition participated as usual in sessions to help their job search. Results indicate that PPI significantly decreases psychological distress (e.g., depression, anxiety) and significantly increases well-being (e.g., life satisfaction, self-esteem).



Since the emergence of the positive psychology movement (Gable & Haidt, 2005; Seligman & Csikszentmihalyi, 2000), positive psychology interventions (PPI) have appeared as a promising approach to increasing well-being and alleviating depressive symptoms (e.g., Sin & Lyubomirsky, 2009). PPI mainly consists of intentional activities (exercises) that aim to cultivate the positive aspects of personality (e.g., character strengths), positive emotions (e.g., gratitude), positive cognitions (e.g., optimism), and positive behaviors (e.g., altruism). However, as acknowledged by Seligman, Steen, Park, and Peterson (2005), little is known about the generality of PPI to other populations. The present study aims to examine the effect of a PPI on a financially disadvantaged and socially stigmatized population such as long-term unemployed people.

For decades, therapies have mainly focused on mental troubles and have done well in ameliorating a number of disorders. Few have attempted to foster well-being and happiness. In a notable exception, Fordyce (1977) developed and tested a “happiness” intervention. Since this pioneering work, the positive psychology movement has virtually exploded, especially in the 2000s. This movement promotes the study of the conditions and processes that contribute to the optimal functioning of individuals, groups, and institutions (Gable & Haidt, 2005). Seligman and his colleagues (e.g.,



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Seligman et al., 2005; Seligman, Rashid, & Parks, 2006) explicitly developed a positive psychotherapy paradigm to enhance well-being, but also to relieve depression. The symptoms of depression often involve a lack of positive emotion, lack of meaning in life, and lack of engagement and optimism. All of these phenomena can be viewed merely as a consequence of depression, but Seligman et al. (2006) proposed that they may be a cause of depression (for a similar analysis, see also Wood & Tarrrier, 2010). This perspective suggests that, by enhancing positive emotions, optimism, engagement, and meaning, depression can be alleviated. Several studies strongly confirm this hypothesis. For example, Seligman et al. (2005) reported a Web-based positive psychology intervention in which participants were randomly assigned to one of the six experimental conditions, including a control group. Of the five interventions tested, three were found to lastingly increase well-being and to decrease depressive symptoms. The most powerful interventions were using signature strengths in a new way (i.e., to use a character strength in a new and different way every day for 1 week), three good things (i.e., to write three positive things and their causes every night for 1 week), and the gratitude visit (i.e., to write and deliver a letter of gratitude). The first two exercises caused a high number of positive changes for 6 months, and the third exercise caused a high number of positive changes for 1 month. Recently, in a meta-analysis involving 51 studies with 4,266 individuals, Sin and Lyubomirsky (2009) reported that PPI significantly enhanced well-being ($r = .29$) and decreased depressive symptoms ($r = .31$). Thus, there is experimental evidence for a positive effect of PPI on both well-being and alleviation of mental health disorders. However, little is known concerning the generality of these effects. With reference to their own study sample, Seligman et al. (2005) noted, "this population was largely well-educated, White, and financially comfortable. Furthermore, they were mildly depressed and motivated to become happier" (p. 420). Thus, populations coming from other backgrounds may help to resolve questions over the generality of PPI. From this perspective, we investigated the effects of PPI on a sample of long-term unemployed people.

According to the Social Readjustment Rating Scale scale developed by Holmes and Rahe (1967), employment loss is a very stressful event (eighth on a list of 43, including spousal death, divorce, and serious disease). Several studies have indicated that unemployment is positively related to (a) mental distress and depression (e.g., Paul & Moser, 2009), (b) a low level of self-esteem (e.g., Feather, 1982; Tiggemann & Winefield, 1984), and (c) risk of death by suicide (Blakely, Collings, & Atkinson, 2003; Lundin & Hemmingsson, 2009). Unemployment also correlates negatively with both psychological and physical well-being (McKee-Ryan, Song, Wanberg, & Kinicki, 2005). Unemployed people are socially stigmatized in society. There is a pervasive negative stereotype indicating, for example, that unemployed people are idle and lazy (Hayes & Nutman, 1981; Herman & Van Ypersele, 1998). Unemployed people are aware of this reputation (Herman, Bourguignon, Stinglhamber, & Jourdan, 2007; Herman & Van Ypersele, 1998). Moreover, there is the perception in society that the situation of being unemployed is controllable (Furaker & Blomsterberg, 2003) and thus unemployed people can be blamed for their situation. In addition, in a situation

of unemployment, both temporal and social comparisons result in a feeling of relative deprivation (i.e., feelings of deterioration in one's personal situation and of being disadvantaged compared with others) that contributes negatively to mental health (e.g., Buunk & Janssen, 1992). Finally, it has been demonstrated that the loss of family income is associated with depressive symptoms (e.g., Whooley et al., 2002).

In summary, the situation of being unemployed is particularly critical for mental health and well-being. In a worldwide context in which the unemployment rate varies considerably (from less than 1% in Thailand to 70% in Zimbabwe; Central Intelligence Agency, 2014) yet still remains important in the majority of countries, it is vital to develop and test interventions that can help unemployed people to manage their aversive situation and maintain an acceptable level of mental health and well-being. From this perspective, we developed and tested a PPI among a sample of unemployed people, which we present in the following section. We predicted that the PPI would alleviate psychological distress (i.e., decrease anxiety and depression) and enhance well-being (i.e., increase life satisfaction and self-esteem, reduce a fluctuation in happiness). We also predicted that self-efficacy and optimism would be enhanced by the PPI.

METHOD

Participants

All of the participants of this study ($n = 21$; 10 men and 11 women) were unemployed and were recruited from an association helping unemployed people of a medium-sized French city. An opportunity was offered to participate in a PPI by the social worker in charge of each of the unemployed people. Twelve participants accepted (treatment condition). The remaining participants constituted the control group ($n = 9$). Thus, the participants were not randomly assigned to the experimental group. They were self-selected to participate in the positive intervention. Fifteen participants were unemployed for more than 1 year, and six were unemployed for more than 2 years. All had been employed before. The two groups did not differ significantly in terms of age, gender, length of unemployment, and social isolation. Participants of the PPI condition ($M = 38$) did not differ in terms of age from the control group, $M = 45$; $F(1, 20) = 1.8, p > .19$. Similarly, the two groups did not differ significantly in terms of gender, $M_{\text{PPI}} = 1.50$; $M_{\text{control}} = 1.55$; $F(1, 20) = 0.06, p > .81$. The length of unemployment was similar in the two groups, $M_{\text{PPI}} = 1.25$; $M_{\text{control}} = 1.33$; $F(1, 20) = 0.16, p > .69$. Finally, the two groups did not differ significantly in terms of social isolation, $M_{\text{PPI}} = 1.50$; $M_{\text{control}} = 1.44$; $F(1, 20) = 0.06, p > .81$. Informed consent was obtained from all respondents. Data were collected and analyzed confidentially.

PPI

To create a PPI suited to unemployed people, we followed the procedure and recommendations advocated by Seligman et al. (2005) and Magyar-Moe (2009). Specifically,

the PPI was conducted during 2 weeks. Each week, each participant of the treatment personally and individually met with a psychologist with a master's degree in Positive and Social Psychology for 30 minutes (i.e., individual therapy). Participants were instructed to follow a booklet accompanying the exercises.

In the first week, the participants from the PPI were asked to complete three exercises: (a) altruism exercise, (b) three good things in life, and (c) the gratitude letter and delivery. The second week, they were asked to complete two exercises: (a) putting strengths into action plan; and (b) one door closes, another door opens (optimism exercise).

A questionnaire assessing different psychological constructs was administered at different times: at the beginning of the participation (Time 1), at the end of the 2 weeks of PPI (Time 2), and 1 week later (1-week follow-up; Time 3). These questionnaires were administered individually.

Altruism exercise. At the beginning of the program, participants were asked to accomplish one or more altruistic tasks during the week. A list of altruistic behaviors was provided, and the participants were asked to select a least one of them. The proposed behaviors included blood donation, helping a person in difficulty (e.g., ill or elderly people), and participating in volunteer activities (e.g., Lyubomirsky, Sheldon, & Schkade, 2005; Magyar-Moe, 2009).

Three good things in life. Participants were asked to write three things that went well each day and their causes every night for 1 week. They were asked to provide a causal explanation for each good thing. The procedure proposed by Seligman et al. (2005) was followed.

Gratitude letter and delivery. Participants were instructed to write a detailed letter of gratitude to someone whom he or she had never properly thanked and then to deliver, if he or she wanted, that letter in person to the intended recipient. We followed the exact procedure advocated by Rashid (2008) and detailed by Magyar-Moe (2009).

Putting strengths into action plan. Again, we followed the exact procedure provided by Magyar-Moe (2009). After completing a short version of the inventory of character strengths, participants received individual feedback about their top five strengths (see Seligman et al., 2005). They were then asked to use one of these top strengths in a new and different way during the week.

One door closes, another door opens exercise. Participants were asked to recall three times in their lives when they lost out on something important. When one door closed, they were asked to find the doors that later opened as a result of these events, which had been negatively perceived (see Magyar-Moe, 2009; Rashid, 2008).

Questionnaire Measures

Anxiety. We used two scales developed by Spielberger, Gorsuch, and Lushene (1970) to assess both state anxiety ($\alpha \geq .90$) and trait anxiety ($\alpha \geq .79$).

Depression. We used the short version of the Beck Depression Inventory (BDI; Beck, Steer, & Gabin, 1988). This instrument revealed an adequate reliability ($\alpha \geq .73$).

Fluctuating happiness. The Subjective Fluctuating Happiness Scale (SFHS) was proposed by Dambrun et al. (2012) to assess perceived degrees of variation in hap-

piness. This scale indicated an adequate reliability ($\alpha \geq .88$). The SFHS correlates negatively with durable happiness and well-being (see Dambrun et al., 2012).

Life satisfaction. The five items of the Life Satisfaction Scale also were incorporated into the questionnaire. This scale, developed by Diener, Emmons, Larsen, and Griffin (1985), revealed an adequate reliability ($\alpha \geq .79$).

Self-esteem. We used the Single-Item Self-Esteem Scale (SISE) developed by Robins, Hendin, and Trzesniewski (2001).

Self-efficacy. The Self-Efficacy Scale developed by Jerusalem and Schwarzer (1992) also was included in the questionnaire. This scale provided adequate reliability ($\alpha \geq .87$).

Optimism. The Life Orientation Scale (LOT-R) developed by Scheier, Carver, and Bridges (1994) was used. Unfortunately, because of low reliability ($\alpha \leq .31$), this scale was excluded from the statistical analyses.

Because all of these scales, except the SFHS, were originally developed in English, we used their validated French version.

RESULTS

The degrees of freedom changed from test to test. These changes were the result of different numbers of respondents. If, for any reason, a question was perceived as problematic, the participants had the choice to not answer it. Thus, some participants did not fully or entirely complete certain scales.

Depression

We conducted a 2 (condition: treatment vs. control) \times 3 (time: before, after, 1 week later) mixed analysis of variance (ANOVA) on the scores of depression. This analysis revealed a significant interaction effect, $F(1, 15) = 13.357, p < .002, \eta^2 = .47$ (see Figure 1). Decomposition of this effect revealed that, in the treatment condition, the participant's level of depression significantly decreased between Time 1 and Time 2 ($t = 4.30, p < .002$) and remained stable between Time 2 and Time 3 ($t < 1$). In the control condition, the level between Time 1 and Time 2 remained the same, but marginally increased between Time 2 and Time 3 ($t = 2.01, p < .084$). No other difference was statistically significant. In addition, to ensure that the PPI had no adverse effect on a key variable such as depression, we conducted a descriptive analysis for each participant (see Figure 2). For nine participants in the PPI condition, no one indicated an increase in depression. All were positively influenced by the PPI. However, two participants (i.e., 10J and 7G), after a gain between Time 1 and Time 2, were back to their original level of depression at Time 3.

State Anxiety

We conducted a 2 (condition: treatment vs. control) \times 3 (time: before, after, 1 week later) mixed ANOVA on the scores of state anxiety. The interaction term was

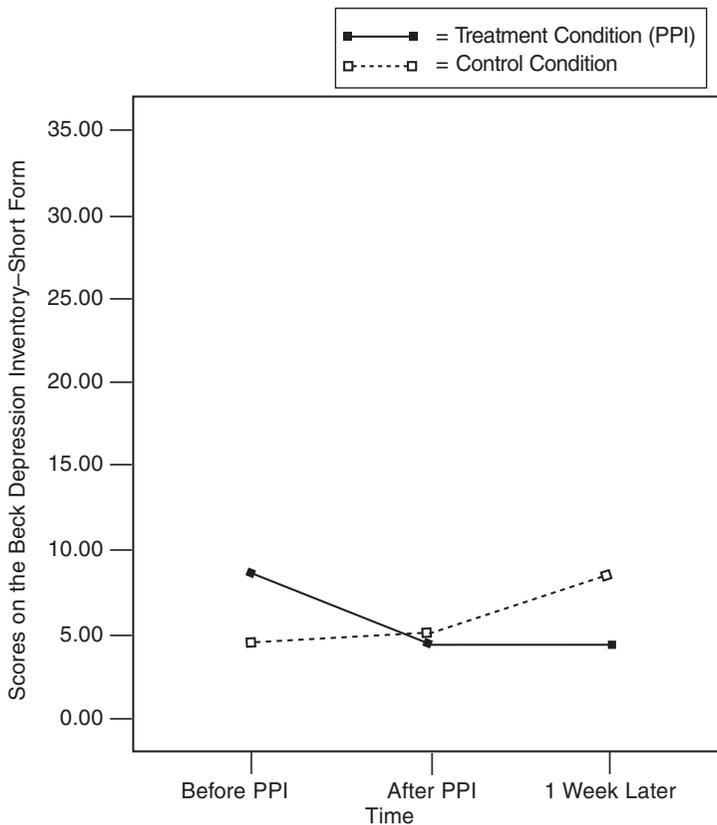


FIGURE 1

Depression Scores as a Function of Condition and Time

Note. PPI = positive psychology intervention; Control Condition = treatment as usual.

not significant ($p = .12$). However, a significant interaction effect between Time 1 and Time 2 and the type of condition emerged, $F(1, 18) = 11.363, p < .003, \eta^2 = .38$ (see Figure 3A). Although in the treatment condition, the participants' level of state anxiety significantly decreased between Time 1 and Time 2 ($t = 2.22, p = .05$), it significantly increased in the control condition ($t = -4.33, p < .003$). There was no significant difference between Time 2 and Time 3 in both conditions ($ts < 1$).

Trait Anxiety

We conducted a 2 (condition: treatment vs. control) \times 3 (time: before, after, 1 week later) mixed ANOVA on the scores of trait anxiety. A marginal interaction effect emerged, $F(1, 15) = 3.66, p < .08, \eta^2 = .19$ (see Figure 3B). In the treatment condition, there was no significant difference between Time 1 and Time 2 ($t < 1$). On the

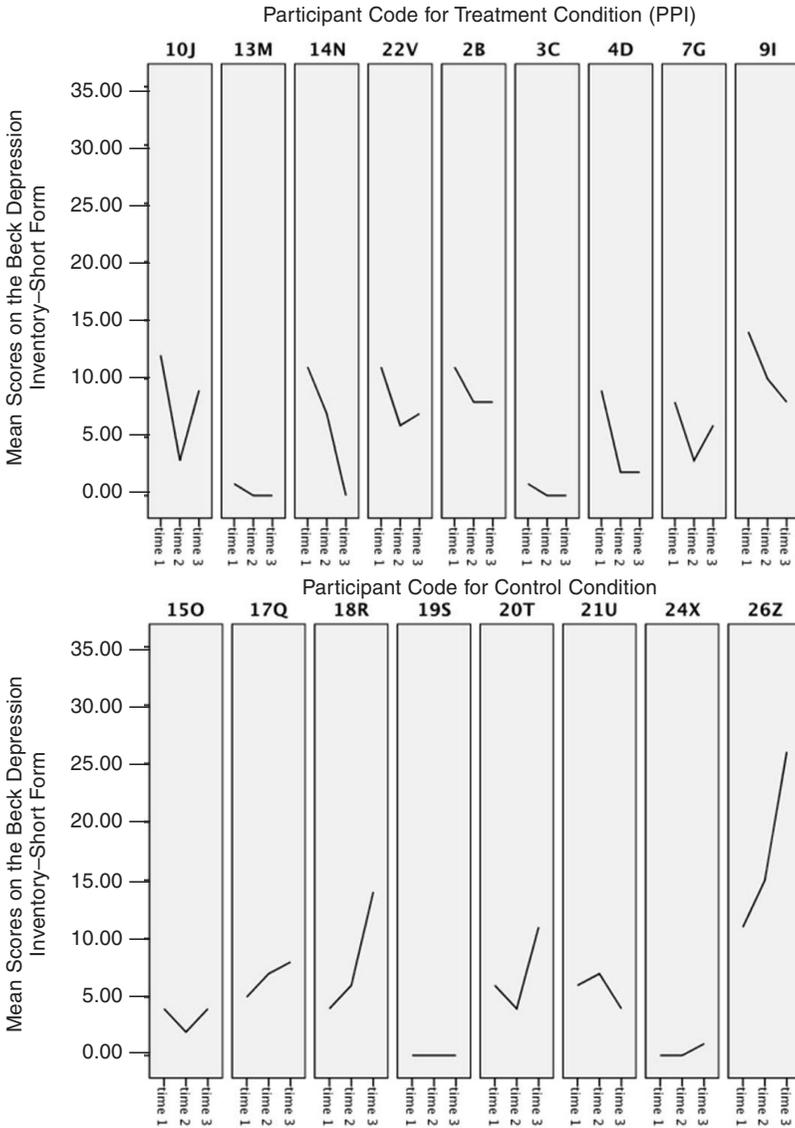


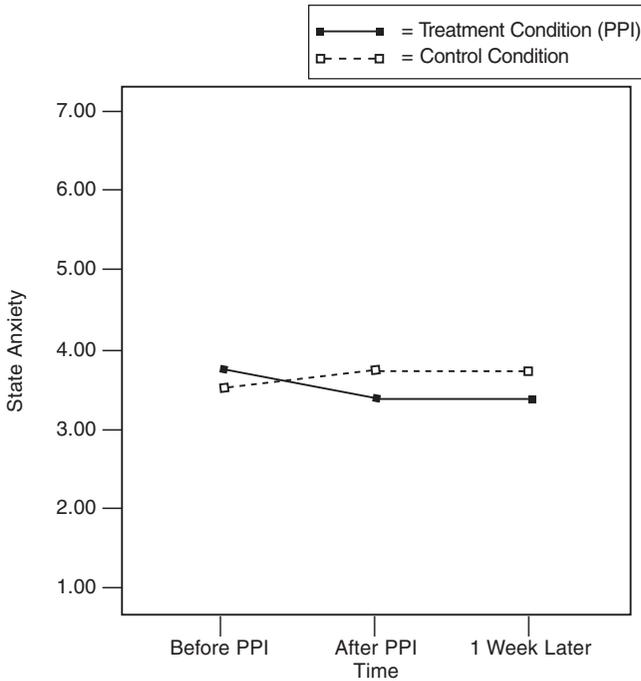
FIGURE 2

Depression Scores by Participant as a Function of Condition and Time

Note. Participant codes were generated to maintain confidentiality. PPI = positive psychology intervention; Control Condition = treatment as usual; Time 1 = before PPI; Time 2 = after PPI; Time 3 = 1 week later.

other hand, the participants' level of trait anxiety significantly decreased between Time 2 and Time 3 ($t = 2.30, p < .05$). In the control condition, there was only a significant increase between Time 1 and Time 2 ($t = -3.46, p < .01$).

A



B

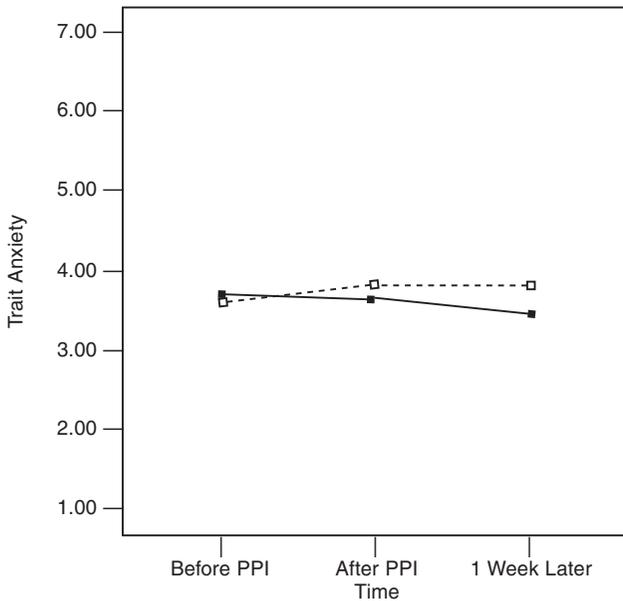


FIGURE 3

State Anxiety and Trait Anxiety Scores as a Function of Condition and Time

Note. PPI = positive psychology intervention; Control Condition = treatment as usual.

Subjective Fluctuating Happiness

We conducted a similar mixed ANOVA on the scores of subjective fluctuating happiness. The interaction was significant, $F(1, 15) = 7.793, p < .02, \eta^2 = .34$ (see Figure 4A). Although the level of subjective fluctuating happiness marginally decreased in the treatment condition between Time 1 and Time 2 ($t = 2.02, p = .071$), it remained stable in the control condition ($t < 1$). The only other significant difference was an increase between Time 2 and Time 3 in the control condition ($t = -2.65, p < .05$).

Life Satisfaction

We conducted a similar mixed ANOVA on the scores of life satisfaction. This analysis revealed a significant interaction, $F(1, 14) = 6.134, p < .03, \eta^2 = .30$ (see Figure 4B). Decomposition of this interaction did not reveal any significant effect.

Self-Esteem

We conducted a 2 (condition: treatment vs. control) \times 3 (time: before, after, 1 week later) mixed ANOVA on the scores of self-esteem. The interaction term was not statistically significant, $F(1, 14) = 2.45, p = .14, \eta^2 = .15$. However, in the treatment condition, there was a significant increase in terms of self-esteem between Time 1 ($M = 4.36$) and Time 2 ($M = 5.27; t = 2.32, p < .05$; see Figure 5). No other difference was significant.

Self-Efficacy

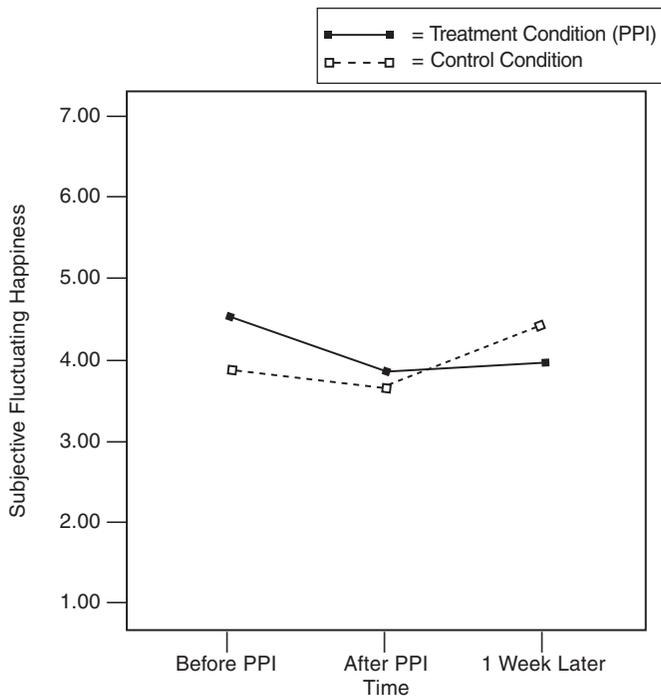
We conducted a 2 (condition: treatment vs. control) \times 3 (time: before, after, 1 week later) mixed ANOVA on the scores of self-efficacy. This analysis did not reveal any significant effect.

DISCUSSION

The main objective of this study was to evaluate the effect of a PPI among a financially disadvantaged and socially stigmatized population, namely long-term unemployed people. The results reveal the usefulness of PPI in alleviating anxiety and depressive symptoms and in enhancing well-being. Overall, the PPI was associated with large effect size, ranging from .15 (self-esteem) to .47 (depression). However, the effect size was larger for markers of psychological distress (.19 to .47) than for markers of well-being (.15 to .34). This strongly confirms Seligman et al.'s (2005) approach, which contends that depression can be alleviated by enhancing positive emotions, optimism, and engagement (see also Wood & Tarrier, 2010).

Interestingly, the PPI not only reduces state anxiety, but also trait anxiety. Some studies attest to the high stability of trait anxiety over time. For example, using a longitudinal design, Usala and Hertzog (1991) found greater longitudinal stability for the trait anxiety component (longitudinal factor $r = .90$) than for state anxiety

A



B

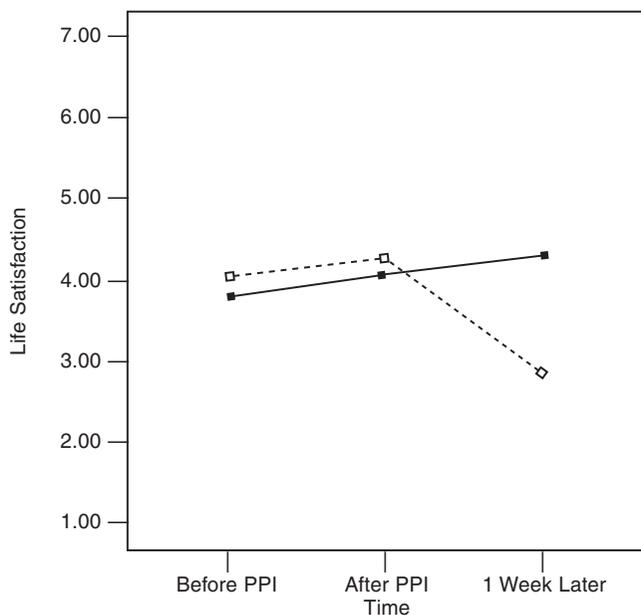


FIGURE 4

Subjective Fluctuating Happiness and Life Satisfaction Scores as a Function of Condition and Time

Note. PPI = positive psychology intervention; Control Condition = treatment as usual.

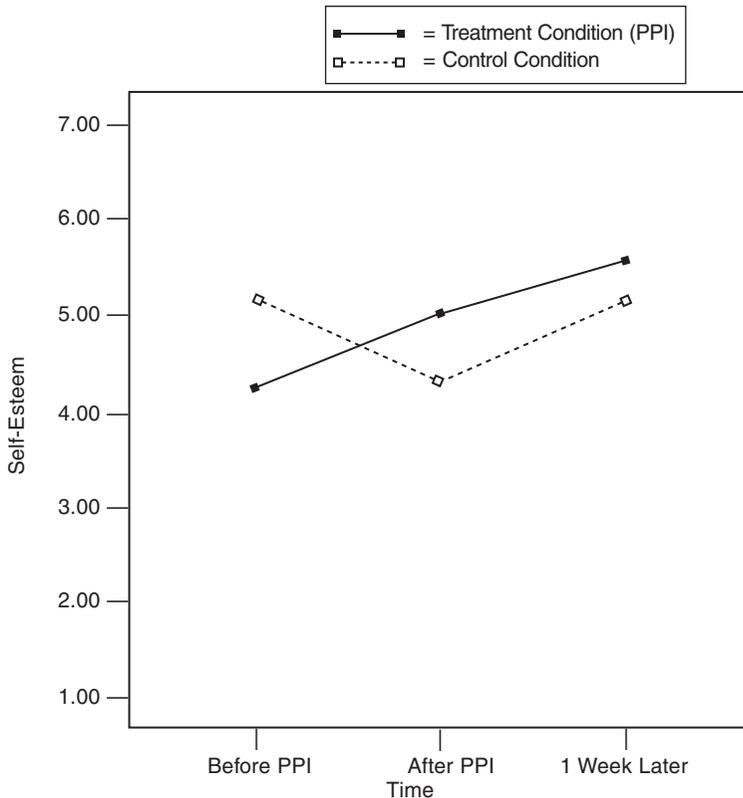


FIGURE 5

Self-Esteem Scores as a Function of Condition and Time

Note. PPI = positive psychology intervention; Control Condition = treatment as usual.

(longitudinal factor = .66). In our study, the effect size of the decline of state anxiety after the PPI (.38) was larger than the effect size of the decline of trait anxiety (.19). However, the fact that trait anxiety significantly declined after only 2 weeks of intervention seems to suggest that trait anxiety is probably more malleable than one might expect.

It is worth noting that we observed significant positive effects of the PPI on various dimensions of psychological distress and well-being after only 2 weeks of intervention. In their meta-analysis, Sin and Lyubomirsky (2009) found that longer intervention tends to produce greater gains in well-being. Thus, it would be relevant to design and test a PPI with longer duration (i.e., up to 4 weeks). However, after only 2 weeks, the symptoms of depression disappeared, suggesting that our short-term PPI was effective and that the participants can be considered no longer depressed.

One of the main contributions of this study is to demonstrate the relevance of a PPI for a new and specific population. As mentioned earlier in this article, little

was known about the generality of a PPI to other populations. Moreover, although some job loss interventions have been designed to help people in their struggle against depression, no study, to our knowledge, has been designed to enhance well-being (see Hanisch, 1999). For example, Maysent and Spera (1995) tested an intervention to help unemployed people manage their stress during the job search. This intervention helped people use effective coping resources to challenge their stress (see also Spera, Buhrfeind, & Pennebaker, 1994). In another intervention, Vinokur, Price, and Schul (1995; see also Caplan, Vinokur, & Price, 1997) sought to help unemployed people find a job and manage their psychological distress. This intervention included both short-term (i.e., enhance self-confidence) and long-term (i.e., reemployment in stable settings) goals. They used various methods designed to enhance their sense of control, job search efficacy, and resilience to setbacks. The program had a significant effect on mental health, especially for participants at a high risk of depression. The present study complements previous studies by demonstrating that a 2-week PPI significantly alleviates psychological distress and enhances well-being. It would be relevant in a future study to evaluate the effect of a PPI on the reemployment rate. Unfortunately, in the current study, we were not able to design a long-term follow-up. Such a study would also ascertain the long-term effect of the PPI on mental health and well-being. Interestingly, whereas, in previous studies, participants were assisted in managing their job loss by focusing on employment loss and reemployment, it is worth noting that, in our PPI intervention, we never addressed this issue, thereby facilitating the defocusing of the problem. Thus, it does not seem necessary to confront people directly with the problem of employment in order to help them recover normal mental health.

The present study is the first, to our knowledge, to demonstrate a positive effect of PPI on a financially disadvantaged and socially stigmatized population. Such populations are numerous, and the results of the present study offer a methodological way to help them cope with their social stigma. Several studies have demonstrated, among a wide variety of social groups (e.g., ethnic minorities, homosexuals), that perceived discrimination is a powerful and robust predictor of psychological distress (e.g., Brown et al., 2000). Thus, it would be relevant to adapt and test, in the near future, a similar PPI to other stigmatized populations, such as social minorities that suffer from perceived discrimination. Similar adaptation could also be made for those who are perceived as deviant, such as prisoners and homeless people living in the street. We are currently working toward this objective.

Of course, the present study has some limitations that need to be acknowledged. First, the participants were not randomly assigned to the experimental group. They were self-selected to participate in the positive intervention. As depicted in Figure 1, before the PPI, those who self-selected it were significantly more depressed than those who were in the control condition. This suggests that those who had chosen to participate in the PPI were more likely to be in need of help. In their meta-analysis, Sin and Lyubomirsky (2009) found a nonsignificant moderating effect of self-selection on both depression and well-being. Thus, this bias cannot fully account for the results of the present study.

Recently, Wood and Tarrier (2010) emphasized the usefulness of using two treatment conditions that are identical in all aspects except for the omission of the active component from one of the treatments. Unfortunately, it was not possible to design such a study. In the present study, to be precise, we compare a treatment condition to a treatment-as-usual condition. In the control condition, participants were not inactive; they were supported as usual by the employment support service. According to Sin and Lyubomirsky (2009), “studies that compared a PPI to a no-treatment control group showed the greatest boost in well-being. Positive interventions that were compared with ‘treatment as usual’ showed the second greatest benefit” (p. 479). However, later they indicated that the type of comparison group did not have a significant moderating effect on shifts in depression. Moreover, the type of comparison group used in a PPI significantly moderated the gains in well-being, but not when computed using the random effects analysis. Thus, it is likely that the effects demonstrated in this study do not fully reflect the absence of a placebo condition.

In summary, the present study provides a distinct contribution by confirming the generality of PPI to another population and the usefulness of adapting it to socially stigmatized populations.

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