

The background of the book cover is a soft-focus bokeh of light green, yellow, and white circles. Overlaid on this are two large, semi-transparent circles: a yellow one on the left and a light blue one on the right, which overlap each other and the text.

Goal Focused Positive Psychotherapy

A Strengths-Based Approach

COLLIE W. CONOLEY & MICHAEL J. SCHEEL

Goal Focused Positive Psychotherapy

Goal Focused Positive Psychotherapy

A Strengths-Based Approach

COLLIE W. CONOLEY

AND

MICHAEL J. SCHEEL

OXFORD
UNIVERSITY PRESS

OXFORD
UNIVERSITY PRESS

Oxford University Press is a department of the University of Oxford. It furthers the University's objective of excellence in research, scholarship, and education by publishing worldwide. Oxford is a registered trade mark of Oxford University Press in the UK and certain other countries.

Published in the United States of America by Oxford University Press
198 Madison Avenue, New York, NY 10016, United States of America.

© Oxford University Press 2018

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, without the prior permission in writing of Oxford University Press, or as expressly permitted by law, by license, or under terms agreed with the appropriate reproduction rights organization. Inquiries concerning reproduction outside the scope of the above should be sent to the Rights Department, Oxford University Press, at the address above.

You must not circulate this work in any other form
and you must impose this same condition on any acquirer.

Library of Congress Cataloging-in-Publication Data

Names: Conoley, Collie W. (Collie Wyatt), 1949– author. | Scheel, Michael J., author.

Title: Goal focused positive psychotherapy : a strengths-based approach /

Collie W. Conoley and Michael J. Scheel.

Description: Oxford ; New York : Oxford University Press, [2018] |

Includes bibliographical references and index.

Identifiers: LCCN 2017022821 (print) | LCCN 2017023056 (ebook) |

ISBN 9780190681739 (updf) | ISBN 9780190681746 (epub) |

ISBN 9780190681722 (paperback)

Subjects: LCSH: Psychotherapy. | Positive psychology. | BISAC: PSYCHOLOGY /

Clinical Psychology. | PSYCHOLOGY / Psychotherapy / General.

Classification: LCC RC475 (ebook) | LCC RC475 .C66 2018 (print) |

DDC 616.89/14—dc23

LC record available at <https://lccn.loc.gov/2017022821>

9 8 7 6 5 4 3 2 1

Printed by WebCom, Inc., Canada

CONTENTS

Preface [vii](#)

1. Introducing Goal Focused Positive Psychotherapy [1](#)

2. The Foundational Constructs of Goal Focused Positive Psychotherapy [20](#)

3. Major Techniques and Interventions [41](#)

4. Training Therapists in GFPP and Building GFPP Skills [73](#)

5. Goal Focused Positive Psychotherapy Case Examples [97](#)

*Case authors in order of appearance: Evelyn Winter Plumb, Robert Byrom,
Theodore T. Bartholomew, and Kate Hawley*

6. Conclusion and Future Directions [123](#)

Notes [137](#)

References [139](#)

About the Authors [161](#)

Index [163](#)

PREFACE

We believe Goal Focused Positive Psychotherapy (GFPP) opens psychotherapy to a revolutionary new path that diverges from the therapeutic methods now in practice. We regard GFPP as an exciting and unique approach to helping people find happiness while diminishing feelings of distress. We strive to convey the paradigm shift within GFPP through the mechanism of change employed (i.e., Broaden-and-Build) and the focus upon well-being rather than pathology. Our aim was to provide a method that helps people lead happier, more satisfying lives despite the inevitable problems of life that all people encounter. The enhancement of people's lives above a focus on problems and symptom alleviation is the priority. Through increasing positive emotions and hope, GFPP makes psychotherapy more enjoyable for clients while decreasing or making more manageable clients' problems and symptoms.

GFPP is a very teachable therapeutic method based on four processes: (1) the identification and enhancement of client strengths, (2) the promotion of positive emotions, (3) the formation of approach goals, and (4) engendering hope. These four GFPP hallmarks are interconnected and interrelated as they unfold in therapy. GFPP requires the therapist to embrace an authentic belief in the benefits of a psychotherapy that prizes strengths rather than highlighting pathology; moves from extrinsically oriented avoidant goals to intrinsically oriented approach goals; shifts from fearing negative emotions and problems to feeling confident about experiencing negative emotions because positive emotions become more accessible; and moves from tendencies to avoid past memories and future fears to embracing the present by fully experiencing life, and eagerly anticipating a more meaningful and happier future.

In this book, we write about several advantages of GFPP over traditional, more problem-focused therapies. We also provide empirical evidence for GFPP positive outcomes and its superiority in motivating clients to be engaged in therapy. Clients are more accepting of therapy and feel less stigmatized by GFPP due to helping clients attend to the best parts of themselves. Strengths and positive emotions create an enjoyable therapy experience for clients to embrace new possibilities and hope for their futures. We see the GFPP process as a transcendent experience for clients through their discovery of new ways of being defined by strengths, desired life goals, hope and empowerment for the future, and experiencing human beings' ultimate goal—happiness; not by their problems or pathology.

GFPP's therapeutic goal focuses on increasing well-being to increase clients' ability to deal with their problems. GFPP includes tools to support happier, healthier, and more meaningful lives. The science of positive psychology reveals that

growth and flourishing occur under known conditions: involvement in meaningful activities; experiencing supportive, caring relationships; feeling competent; having goals; and experiencing positive emotions frequently. GFPP is designed to help individuals gain each of these desired, therapeutic states.

GFPP creates a welcoming, heartening process for people who seek help through therapy. GFPP does not require individuals to focus on past bad behavior or experiences. Effort is not devoted to affixing blame or responsibility for past problems and transgressions. Instead clients are invited to find the intersection of meaning, strengths, and goals that make them happier and experience a more fulfilling life. The depression and anxiety that clients bring to therapy are viewed as natural parts of life that distract from focusing on a meaningful life. The philosophy conveyed through GFPP is that the more individuals attend to negative emotions, states, and experiences, the more distracted they become from meaning. Through GFPP, we encourage both therapists and clients to listen to what depression and anxiety might be communicating to us. We teach therapists to help clients realize the desired states that are embedded in a juxtaposition to the negative emotions of depression and anxiety. The GFPP process reorients the client's focus toward what is meaningful.

We choose to adopt a positive view of human nature through GFPP that human beings under the right conditions tend toward actualization; that people have a natural affinity to be virtuous and when individuals experience virtue in their lives, well-being is enhanced. Thus, GFPP taps into the virtuous parts of individuals. When individuals are able to feel worthy, honorable, and true to themselves they are able to flourish in their lives.

We are extremely grateful to a number of people in our lives that have contributed more than they know to this book. Our life partners, Jane Close Conoley and Joan Bangert Scheel, have taught us to pay attention to the best parts of who we are. Through their encouragement and belief in us, we have been able to write this book. They have guided us through their caring and loving relationships to us. We also recognize their patience in waiting for us to find our virtuous selves. Jane and Joan also have made it possible for us to experience virtue through the love we feel toward them, the greatest contributor to our happiness.

We would also like to express our gratitude to our children and grandchildren who give our lives meaning. Thank you, Timothy, Jaime, Kara, Brian, Colleen, Collin, Beth, Greg, Samantha, Michael, Haley, Jack, Declan, and Nola.

Goal Focused Positive Psychotherapy

Introducing Goal Focused Positive Psychotherapy

Welcome to Goal Focused Positive Psychotherapy (GFPP), an exciting, important advancement in the field of psychotherapy. GFPP promotes client strengths, hope, and positive emotions in order to assist clients in accomplishing what they desire in life (i.e., the client's approach goals). Positive psychology research and theory have developed sufficiently in recent years to form the basis of this comprehensive psychotherapeutic approach with the goal of optimizing well-being while diminishing the effects of psychological distress.

We see GFPP as the fifth force in psychotherapy: an approach that profoundly embraces and enhances a client's resources for experiencing happiness, in contrast to the more traditional clinical approaches that focus almost exclusively on reducing client pathology. Proclaiming that our approach is the fifth force may seem presumptuous in comparison to the four other forces: psychoanalytic/psychodynamic, behavioral/cognitive-behavioral, humanistic/experiential, and multicultural. We see GFPP as revolutionary in its departure from the previous four paths because GFPP prioritizes well-being, happiness, hope, strengths, and positive emotions, as well as a change process based on positive emotions.

GFPP helps clients understand what they want in life and opens the horizons to involvement in activities that are meaningful to the client via frequent positive emotions. Goals for a lifetime are sought and affirmed throughout therapy, providing an inspirational "best possible self" for the future. As a GFPP therapist, you will communicate that virtuous, meaningful goals lead to happiness AND that accomplishing goals by harnessing positive emotions and personal strengths can contribute to an enjoyable, satisfying life, moving a person incrementally toward lifelong aspirations.

At the same time, the therapist explains to clients that their problems—typically the reasons clients seek therapy—will be addressed using a positive, strength-oriented focus. The rationale is that as clients find better, more enjoyable, and more meaningful lives, the effects from their initial problems diminish and their ability to cope with the inevitable challenges of life expands. Through therapy, positive states such as hope, optimism, gratitude, and self-compassion are generated,

allowing clients to move toward more enjoyable and meaningful lives. The burden of the initial problems and their accompanying symptoms are alleviated through a generative method that produces those positive emotions and uplifting experiences associated with enhanced well-being.

A HAPPY LIFE

The ultimate outcome goal of GFPP is increased happiness or subjective well-being.¹ Philosophers and researchers alike have championed happiness as an ultimate goal for a meaningful life. Aristotle and the Dalai Lama agree that the meaning of life is centered on happiness; that is, living well or flourishing (Garfield, 2011).² Arguments attributed to Aristotle may best express the rationale: happiness is reasoned to be the highest goal in life because happiness is the final-good. In other words, when reflecting upon what your specific motivation is for a particular action, you may often find that the action is a means to an end. The initial activity is a way to achieve a secondary, greater purpose: the “final-good,” or ultimate purpose, is not typically contained within the initial action. In contrast, Aristotle’s “final-good,” or highest goal, is done only for itself, not in order to accomplish something further. As the final-good, happiness is both the ends and the means.

For example, why do you strive for money? Money is not a final purpose. We usually seek money to accomplish a subsequent, associated goal. Perhaps that associated goal is security, and the next is peace of mind, and so on, until reaching the ultimate goal of happiness, at which point there is no farther to go, for what else could a person wish that would not be contained within the wish for happiness? Happiness can be argued to be the final goal because we do not seek happiness to accomplish another goal.

Another of Aristotle’s arguments for the worth of happiness is based upon self-sufficiency (Garfield, 2011). That is, if you have happiness, then you want for nothing else. For example, wealth or honor can be considered very important. However, even having wealth or honor, you could still long for happiness. Having happiness is so marvelous that you need nothing else. Happiness is sufficient—and necessary—for a good life.

To accept the argument of final good or self-sufficiency, happiness must be defined carefully. Defining happiness has historically been a challenge. For Aristotle, happiness consists of an evaluation of one’s life as a whole, not just the experience of the present moment. The positive psychology literature uses the construct of life-satisfaction to describe the evaluation of life overall. If people believe that their lives are ideal and contain almost no regrets, then they have high life-satisfaction (Diener, 1984). In positive psychology, happiness or subjective well-being is defined as a person experiencing (a) life-satisfaction or a satisfying life overall, (b) frequent positive emotions, and (c) infrequent negative emotions (Diener, 1984). Later, we will more clearly define what contributes to happiness as the outcome goal for GFPP. As a psychological construct, happiness can be defined

relatively clearly, while at the individual level, happiness is almost always idiosyncratic. For example, research unequivocally demonstrates that cultivating social relationships contributes to happiness. But the specific types of relationships and the characteristics of the people in those relationships that produce happiness will vary significantly from client to client. The client's context, worldview, and personal priorities must be honored when considering the constituents of happiness.

IS HAPPINESS TOO SELFISH?

People's first reaction to happiness as a life goal is often repulsion: "How selfish! This is just the problem with the world today!" However, as you may guess we, the authors, have changed our initially negative opinion. The next few paragraphs are included to win you over to happiness as a worthy goal if at first reading you are feeling skeptical.

While GFPP has nothing to do with religion, religious beliefs may be viewed as conflicting with the goal of happiness. We offer a brief account of our prior struggles reconciling religion and positive psychology in hope that our journey may provide a perspective that helps readers to integrate their particular religious beliefs and the goals of GFPP. Growing up in a small-town Presbyterian church (the first author) and a Catholic church (the second author), we believed that sacrifice for others was the goal of life. How does happiness fit in this worldview? Our early belief was that one should be suffering in order to live a good life, that experiencing happiness was actually *antithetical* to living a good life. Our personal understanding of religion was that engaging in meaningful acts that better the lives of others would not make us happy, but virtuous acts would make us good people. Furthermore, many religious beliefs dictate that happiness will not be attained until after death, and upon going to heaven.

Our resolution of the happiness issue came through several discoveries. For us, religion has been about how to be good people. Studying psychology--and especially positive psychology--has been an awakening. By experiencing the effects of practicing positive psychology, we have come to a realization that happiness can be a worthwhile goal. Research reveals that virtuous acts lead to happiness (Buschor, Proyer & Ruch, 2013).

Apart from religion, consider altruism. Altruism is the motivation to help others even at personal loss (Bateson, 2011). Some argue that altruistic behaviors are actually performed for personal gain, while others believe that some acts are certainly self-sacrifice. It is difficult to argue with the common experience that acts of kindness toward others are personally reinforcing, because often the outcome is feeling happy. Research indicates that experiences of increased health and subjective well-being accompany altruistic behavior (Miller, Kahle, & Hastings, 2015): virtuous acts create happiness. (The research supporting virtues will be presented in Chapter 2.)

Therefore, the eternal argument about whether a virtuous action is performed for the sake of another or to make us happy becomes a moot point. Acting

altruistically leads to happiness automatically when engaging in a virtuous act. Acting in ways that reflect individual meaning creates happiness whether or not one believes that virtue creates happiness. Being virtuous is a good way to live life!

Consider heaven or reincarnation as the ultimate goal in life. Aristotle's question of the final-good could be phrased as "Why do you want to go to heaven?" The desire to go to heaven (i.e., the goal of Christianity) is to be happy. The final-good is then to be happy.

Perhaps you, the reader, found happiness an easy goal to accept from the beginning. Great! Sorry to waste your reading time with an unnecessary, persuasively oriented section. Probably every psychotherapy theory has the implicit outcome goal of helping the client experience greater happiness anyway. However, if you are still having difficulty accepting happiness as a worthy life goal, please keep an open mind to being happy and helping others be happy! We have more research evidence that is especially persuasive. In addition, if you are having trouble accepting our philosophical arguments for happiness as a life goal, we will also have some very pragmatic ones in support of happiness as the goal of therapy. To pique your curiosity here, we offer the observation that it is very difficult, if not impossible, for a person to be both happy and unhappy at the same time, and happy people are better equipped to overcome hardships and difficult circumstances than those who are unhappily preoccupied with problems and dissatisfaction. Systems theory informs us that when one component of a system changes, other corresponding components change as well. The conditions of happiness affect one's state of unhappiness. More reasoning and research will follow in later chapters to offer support for happiness as the goal of therapy. Next, we move to introducing our GFPP therapy model.

CLIENTS AND GOALS

The issue of goals is central to GFPP and significant in several ways. One very important issue surrounding goals is the way in which goals become confused with problems. As we have already mentioned, the initial motivation for therapy often resides in the desire to decrease or eliminate a problem. Reorienting the client to think differently and more expansively is often difficult. Clients have often lived so long with a problem such as depression or anxiety that all they can think of is to be rid of the negative experiences and conditions. The goal of ceasing to have a problem is an *avoidance goal*. Avoidance goals emphasize escaping negative outcomes, such as conflict, rejection, or resentment (Gable, 2006). What to replace the negative feelings *with* often seems unimportant initially to the client. However, the goal of simply avoiding feared experiences leaves clients entangled with their feared experiences and thus continuously troubled by them, no matter how hard they try to reduce their exposure to and awareness of the avoided experiences.

On the other hand, moving toward a goal that is meaningful and virtuous typically increases the client's happiness. Goals that focus upon a desirable end-state

are *approach goals* (Gable, 2006). The client decides on approach goals with the encouragement and guidance of the therapist. Incredibly, the establishment of approach goals can be the most difficult accomplishment of therapy, and once they are established, the client sometimes needs little or no help in accomplishing them. However, to continue with the explanation of the importance of goals, let us assume that suitable goals have already been established before moving to the next phase of progression toward the goals.

As clients progress toward significant approach goals, problems that brought them to seek therapy often change. Some problems disappear because they are outgrown. For example, the experience of depression that is heavily influenced by loneliness can be outgrown as the client enjoys the benefits of an intimate friendship or partner. Outgrowing a problem happens in the best circumstance. However, some life problems must be faced and accepted because some of life's problems cannot be outgrown or solved. Everyone experiences sadness and loss in life; such experiences cannot be avoided and should not be denied as important life occurrences. The major way in which GFPP contributes to clients' ability to face and accept life's losses and unchangeable difficulties is by increasing clients' subjective well-being. Coping is enhanced when clients experience confidence that despite life's difficulties, they can still experience happiness. The realities of life's losses and suffering do not fundamentally negate life's meaningfulness and happiness, although they often temporarily make the meaning and happiness feel less accessible or potent. The inevitability of suffering and loss in life heightens the importance of learning the skills to embrace the joy in life, be it meager or bountiful.

A visual representation of a client's experience may communicate more clearly the influence of increased well-being. Figure 1-1 represents the experience of a client entering psychotherapy. The size of life's problems is perceived as larger than the client's experience of well-being. The client experiences an inability to effectively deal with such large problems with the available resources. After successfully increasing well-being, Figure 1-2 represents the client's perception of the same-sized problem from the perspective of greatly enhanced well-being. The problems that were experienced as initially overwhelming loom less threatening in the new perspective that contrasts problems and well-being. Well-being brings many resources to counter despair.

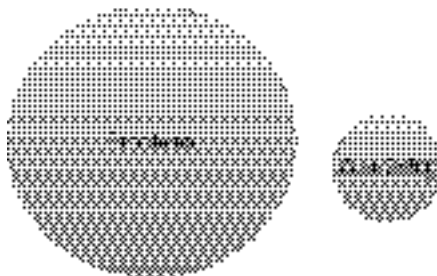


Figure 1-1 A client's perspective of feeling overwhelmed by the size of problems in the context of resources to deal with the problems at the beginning of therapy.

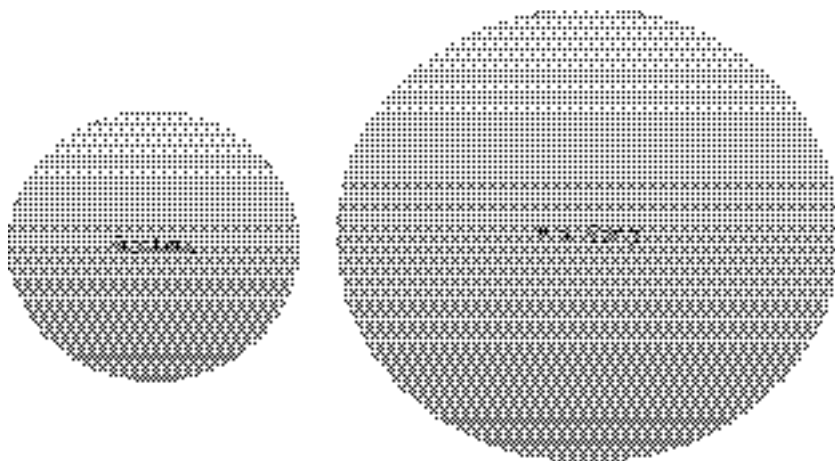


Figure 1-2 A client's perspective of feeling empowered by the enhanced size of well-being with the same problems that were debilitating.

PSYCHOLOGICAL VERSUS PHYSICAL SCIENCES METAPHOR

Fundamentally GFPP approaches psychological problems from a different perspective than most previous methods (e.g., psychodynamic therapy, cognitive-behavioral therapy). The difference in perspective can be understood through the metaphors that either explicitly or implicitly guide the logic of psychotherapy. We believe that the physical sciences metaphor,³ the historical framework for understanding psychotherapy, actually constrains and somewhat misdirects most psychotherapy theories. The physical sciences metaphor refers to expecting the general rules of physics to fit psychotherapy.

A fundamental assertion in physics is that every effect has a specific cause. The functioning of a car provides an appropriate application of the physical sciences paradigm. For example, when the engine of a car does not start, the most important step is to identify the source of the problem. Why is the car broken? What is the specific cause or critical part that is failing? Identifying the cause of the car's malfunction is essential. The mechanic should not change the spark plugs if the car is out of gas! After diagnosing the cause of the problem, a specific intervention is applied that will cause the car to function again. For a car, the specific intervention consists of replacing or fixing a dysfunctional part. The car functions once again just as it did before! Cause-and-effect reasoning—the linchpin of the physical sciences paradigm—works splendidly for machines.

In psychotherapy, too often the corresponding belief prevails that understanding the cause of a problem will reveal its cure. Even when physics does not apply, the physical sciences metaphor is assumed. Perhaps you have heard or experienced the statement, "At least I know what I'm dealing with now." Presumably, if the cure is not known, the physical sciences metaphor offers reassurance because

knowing the problem is the first step toward solving the problem. Or “We need to get at the root of the problem.” Similarly, the statement assumes that the actual cause can be known—and indeed must be known—in order to create an effective solution.

The physical sciences metaphor creates difficulty because a person’s psychological processes do not operate according to the laws of physical sciences. Perhaps the most cogent example is that diagnosing a client does not lead to a specific or unique psychotherapy treatment (Lopez, Edwards, Pedrotti, et al., 2006; Wampold, 2007; Wampold & Imel, 2015).

To further explain the point, we will define mechanization as the opposite of anthropomorphism. Anthropomorphism involves attributing human characteristics to nonhumans. Problems occur when expecting the nonhuman to behave as a human would. For example, “That chair fell over while I was sitting in it, so I kicked it! Now it will behave.” Nonsensical, eh? On the other hand, mechanization can be defined as regarding something mechanical that is not mechanical, like a human’s psychological functioning: “The person does not work adequately; therefore, the person is defective. The person must be fixed.” A central difference is how change typically occurs. Something specific inside a machine is changed to make it function. However, a person’s way of thinking or acting is changed through perception or context, rather than by replacing or adjusting a single “defective” internal component. Both ideas of change occur from outside of the person to influence the person to act, think, or feel differently. However, the person is less likely to feel “pathologized” when what is seen as needing alteration is the perception or the context instead of something internal.

Too often the physical sciences metaphor is forced to fit psychotherapy. For example, the first pillar of physics is cause and effect. If the cause is found, then the effect can be altered. Translated to psychotherapy, this might lead us to search for the singular cause of a person’s problem. For example, the client’s problem could be relationship difficulties, and eventually the therapist may find that the primary parent was often intrusive and sometimes distant. The therapist might conclude that the root problem is that the client as a child could not count on a supportive parent. Attachment theory would support that that problematic parenting style causes the client’s anxiety, insecurity, and poor relational skills. Now the cause of the client’s problem becomes clear. But wait: is insecure attachment the real cause? Perhaps the parents functioned well enough as parents. Could the real cause be the client’s terrible childhood friends? Or could the cause be that there were no good role models for relationships? Or could it also be that the client just went through a terrible divorce? Or is the cause a recent sexual trauma? Which cause is the real cause that needs treatment? If the real cause is not identifiable in the physical sciences model, treatment cannot work.

After identifying a list of probable causes for the client’s problem, the second issue with following a physical sciences metaphor occurs when fixing the problem. How does the treatment change based upon the cause? The ability to be free of a haunting past, and learning how to have good relationships, may not be contingent on the cause of the problem. The interventions that support clients’

growth in dealing with scary, intrusive memories as well as having the confidence in and knowledge about relationships will be what will help them make progress in treatment, regardless of the sources of the problem.

Another significant concern in using the physical sciences metaphor in psychotherapy theory is that the outcome goal of therapy becomes implicitly or explicitly achieving the no-symptom or no-problem level of functioning. Two concerns become obvious with a no-symptom outcome goal. First, psychotherapy outcome goals that aspire to benefits beyond the goal of “no problem” or maintenance of a status quo are more ethical because of beneficence (i.e., what creates the greater good). A central goal of GFPP and positive psychology is based upon moving beyond a symptom/problem focus. GFPP focuses on creating meaningful life-long goals that are pursued with as much enjoyment as possible. Investigating the meaningful goals and paths for experiencing happiness, fulfillment, and flourishing are our lofty, transformative purpose. Goals such as increasing an individual’s successful experiences in love, vocation, friendship, and forgiveness are typical meaningful goals.

The second concern in focusing upon a goal of attaining a “no problem” outcome for psychotherapy is that the goal is impossible. Life presents us with problems every day! Psychotherapy cannot promise the existence of a life without problems. To promise an existence of being fixed, meaning the individual has no problems, creates false expectations. Promising false expectations is unethical in that it causes maleficence. Depression, anxiety, loss, and loneliness, to name but a few human challenges, are an inevitable part of life. Psychotherapists can never promise to help the client attain a life without anxiety, depression, or loss.

Rather than contorting the physical sciences metaphor in an attempt to understand psychological processes, we propose a simple, elegant shift: use a psychological metaphor to describe psychotherapy. After all of the years of practice and research, surely there could be some fitting metaphors for our field. As you probably guessed, we have a metaphor to suggest!

A PSYCHOLOGICAL METAPHOR

Our psychological metaphor is based on two issues:

- First, the goal of psychotherapy is to facilitate the client’s subjective well-being.
- Second, influence is the closest psychological equivalent of causality.

The research cited throughout this book underscores the central goal of well-being. Research describes the endpoints and the more distal waypoints along the routes to well-being. However, the individual client decides the values that form the realities of life that supply the details of well-being. The second point is installing influence as a psychological replacement for the physical science term of cause and effect or simply causality. The individual client perceives, processes,