Report on partaking in an "acts of kindness” intervention

Psychology

Ever since its conception in 1997, positive psychology has continually strived to not only conduct empirical studies to help develop and fine-tune theories of wellbeing, but also to find applications for such theories by designing evidence-based positive psychology interventions which help to “ make life better”. More specifically, positive psychology aims to use scientific inquiry to discover the strengths and virtues that help individuals, communities, and institutions to thrive. This information is subsequently used to create “ theoretically-grounded” and “ empirically-validated” positive psychology interventions (PPIs) and recommendations to improve wellbeing.

According to Parks and Biswas-Diener (2013), the primary goal of PPIs is to foster and promote positive emotions, behaviors, and cognitions – these include components of both hedonic wellbeing (e. g. life satisfaction and happiness) and eudaimonic wellbeing (e. g. positive relationships, sense of purpose in life, and self-acceptance). Parks and Biswas-Diener (2013) further argue that in order to qualify as a PPI, the intervention must be supported with empirical evidence proving that (i) it successfully manipulates the target wellbeing variable(s), and (ii) that improving the target wellbeing variable(s) will result in positive outcomes for the population in which it is administered. These criteria are important inclusions in the definition of PPIs, as the requirement of an empirical basis eliminates the multitude of existing self-help programs and approaches that have no basis in scientific theory, and the requirement of population-intervention fit excludes interventions that target certain variables in inappropriate contexts (i. e. some clinical settings). It is also important to note that programs or interventions that aim to improve, ameliorate, or heal symptoms which are pathological or

distressing, even if they contain positive psychological strategies, do not fit the definition of a PPI.

Acts of Kindness (AK) is a classic PPI which posits that simply engaging in deliberate acts of kindness is a behavioural happiness-enhancing strategy that can lead to increased wellbeing, particularly increased subjective happiness. “ Kind acts” can be defined as actions intended to benefit others – they can build trust and acceptance between people, encourage social bonds, and provide those involved with the benefits that come along with positive social interaction.

The AK intervention is thus based on the strong empirical evidence that kind acts are positively correlated with enhanced life satisfaction and overall wellbeing. For example, numerous studies have demonstrated that naturally-occurring altruism and prosocial behavior is related to increased life satisfaction, decreased depressive symptomology, and even physical benefits such as lower blood pressure.

One prominent approach which explains the psychological and physical benefits we get from acting altruistically is that of evolutionary behavioral science, which argues that natural selection has favored a range of evolved mechanisms which help us realize and take advantage of the mutual benefits of cooperative interaction with others. Happiness can therefore be interpreted as one such mechanism, in that it is an internal reward for acting in ways that promote and advance survival and reproduction. It is easy to see from this perspective why engaging in acts of kindness (e. g. caring for family, creating and maintaining allies, and increasing status) may make

people happy – they help us achieve important adaptive evolutionary goals. Because of the well-supported theory that engaging in kind behavior is an effective happiness-boosting strategy, it is a perfect basis for a positive psychology intervention.

The pioneering AK study, conducted by Lyubomirsky, Tkach & Sheldon (2004), lasted for six weeks and required participants to either (i) engage in five kind acts per week (one act per day), (ii) engaging in five kind acts in a single day per week, or (iii) not engage in kind acts (control group). Interestingly, the group that engaged in one kind act per day did not experience significant wellbeing benefits, however those who engaged in five acts in a single day did. Because of these findings, the authors suggested that engaging in deliberate acts of kindness only leads to increased wellbeing if it is undertaken in such a way that it exceeds one's normal propensity to be kind. Despite the important and promising findings, Lyubomirsky et al.'s (2004) intervention design had a few notable limitations. Firstly, all participants were university students who were western, educated, and from industrialized, rich, and democratic countries. The generalizability of the findings – particularly cross-culturally – can thus be called into question because of this unrepresentative sample. Furthermore, the study only measured the effect of the intervention on participants' subjective wellbeing immediately after completion, without taking into consideration any possible sustained (or delayed) wellbeing benefits. Fortunately, some cross-cultural support for Lyubomirsky et al.'s (2004) findings was provided by Otake and colleagues (2006) " counting kindnesses" intervention, whereby Japanese participants were required to merely become more aware

of their own kind behavior towards others (and not deliberately engage in any more) every day for one week. The results of this study demonstrated that Japanese students' wellbeing can also benefit just from paying extra attention to the kind acts they had performed throughout the week.

Despite these exciting and novel findings, there are some limitations which should be taken into consideration. Firstly, because there was no experimental condition which involved deliberately engaging in more kind behaviors than normal, this strategy could not be compared directly to the strategy of merely shifting more attention towards one's kind acts – therefore, it is still not clear to what degree the effectiveness of an AK intervention is due to shifts in attention as opposed to shifts in behavior. Additionally, measures of subjective wellbeing were only taken one month prior and one month post-intervention, thus not taking into account the immediate happiness-boosting effects of the intervention and how much of this boost was still present after one month. Furthermore, there has been little work in examining the impact of many of the key variables within AK interventions, such as the recipients of the kind acts (i. e. whether they are a stranger, an acquaintance, or a close friend), or whether the acts are credited or anonymous.

Future AK studies should therefore aim to fill in some of these gaps in order to improve both the efficacy and effectiveness of AK interventions.

I selected the Acts of Kindness (AK) positive psychology intervention primarily because I engaged in some introspection and came to the realization that, from past personal experiences, I feel the greatest sense of

joy or “ happiness” when I have done something kind or helpful for another person. Whilst other positive psychology interventions such as loving kindness meditation and best possible self-seemed worthwhile and potentially rewarding, they were both interventions which required you to take time out of your day to engage in self-contemplation and visualization. Because of this, I questioned my ability to adhere to such a schedule, because engaging in activities which are primarily centric to the self-feel much more effortful and require high levels of conscious self-motivation for me, whereas doing frequent (albeit small) kind acts for others is an incredibly rewarding and already daily activity in my life. In addition to this, upon a primary search of positive psychological literature, I found a sound theoretical and empirical base for AK interventions, which also contributed to it ultimately becoming the intervention of choice for my assignment.

The original acts of kindness intervention by Lyubomirsky, Tkach & Sheldon (2004) required participants to perform five acts of kindness per week over the course of 6 weeks – with the participants performing all five acts in one day expected to experience the most wellbeing benefits. Since I did not have six weeks to implement this intervention before I had to start reflecting and evaluating my experience, I chose to also base some of my intervention design and methodology on Otake and colleagues’ (2006) “ counting kindnesses” intervention, which required participants to become more aware of (and report) their own kind behavior towards other people every day for one week. As a result, this hybrid-intervention that I implemented involved becoming more aware of and recording my kind acts towards others for a week, with at least one day involving five kind acts.

To measure my levels of subjective happiness and satisfaction with life both pre- and post-intervention, I completed the Subjective Happiness Scale and the Satisfaction with Life Scale the day before commencing, and the day after completing, the intervention. The SHS is a 4-item scale of global subjective happiness, with each item containing a 7-point Likert scale. The average value of your scores on these four items (the fourth item reverse-coded) determines how “ happy” you are, with higher scores signifying greater happiness). The SWLS, on the other hand, is a 5-item scale designed to assess a person’s global judgment of life satisfaction. The five items contain a 7-point Likert scale, with the total sum of the responses being your SWLS score – higher scores indicate a higher satisfaction with life.

The desired outcome of this one-week intervention was for me to feel happier and more satisfied with life as a result of my kind and altruistic endeavors, and thus have an increased score on both the scales. My pre-intervention score on the SHS was 5. 25, and my SWLS score was 27. By the end of the intervention, my SHS score had increased slightly to 5. 75, and my SWLS had remained stable at 27. A U. S. college sample analysed in Lyubomirsky and Lepper’s (1997) study showed that the mean SHS score for university students was 4. 89 (SD = 1. 11), indicating that my pre-intervention SHS score was already quite high in comparison to similar population scores. This may explain why there was only a subtle increase in my SHS score – because I was relatively happy to begin with. Similarly, according to Diener et al. (1985), my pre-intervention SWLS score falls into the satisfied category (scores ranging from 26-30), which is quite a bit higher than their US college student sample mean of 23. 5 (SD = 6. 4). Because of

this, there may have not been much room for improvement in my global satisfaction with life in the first place, particularly after just one week.

Overall, I really enjoyed completing this intervention since (as aforementioned) I feel a great sense of joy and satisfaction from doing kind acts for others – particularly for my friends and family. The only cumbersome aspect was having to remember to report each kind act I had performed every day, especially if I was particularly busy, stressed, or tired. In addition, over the course of the week there were a series of stressful life events which would not normally occur in a normal week in my life, thus making it feel more challenging to find time to deliberately engage in altruistic behaviors than it did when I was in a happier or more neutral mood. However, despite these minor hurdles, aspects that helped me successfully complete this intervention were the fact that a) many of my daily habitual behaviors already involved doing something kind for others (e. g. making my parents a meal, paying someone a compliment, giving friends a lift home) – so little extra effort was required on my part, and b) most of the people who I was kind to during the week reciprocated the kind behavior (in line with the evolutionary behavior theory of mutually beneficial social cooperation), which helped me feel happier, more supported, and more socially connected during times of distress or sadness. Another enabling factor of this intervention was its flexibility: there were no constraints on the context/setting of my kind acts, the recipients, or the types of acts themselves. This flexibility made it a lot easier to fit into my daily life and adhere to the requirements of the intervention with minimal personal costs. Despite the enjoyability and wellbeing benefits of this intervention, there are

still many limitations and possible confounding factors which should be considered. Firstly, this intervention did not measure “ kindness” as a construct, nor were kind acts standardized in any way. In order to achieve greater insight into what aspects of altruistic behavior bring about the greatest wellbeing benefits, future studies should include such construct measurement and standardization into their intervention designs. Secondly, because this intervention was slightly different from Lyubomirsky and colleagues’ (2004) study in that it was completed within one week instead of six, the effects of performing just one week of kind behaviors on my subjective happiness and overall satisfaction with life may not be as powerful or noticeable as they would have been had I stuck to the original intervention design. Finally, because I was well aware of the aims and desired outcome of this intervention, my acts of kindness throughout the week could have caused a placebo effect of elevated happiness instead of an authentic enhancement in mood. From my experience implementing the intervention, combined with reviewing the current literature on past acts of kindness interventions, I would argue that these types of interventions are best suited to non-clinical populations, as well as individuals who are being clinically treated for depression. There is a growing amount of evidence that symptoms of depression can be alleviated by certain PPIs (e. g. Forbes & Dahl, 2005; Seligman, Rashid & Parks, 2006), as they help individuals to not only learn how to cope with life’s negatives, but also to attend to, appreciate, and attain life’s positives. With respect to acts of kindness interventions in particular, individuals experiencing depressive symptoms may also benefit from the social aspect of the intervention by strengthening their sense of

community and perceived social support, which has long been shown to act as a buffer against depression.

I, myself, felt the benefits associated with greater perceived social support as a result of people reciprocating my kind acts during the week, and I believe the intervention is simple, inexpensive, and flexible enough for people of many different capabilities to be able to undertake and reap the benefits from.

Synopsis

For my critical reflective analysis I chose to implement and undertake an “ acts of kindness” intervention. I already knew from personal experience that I get a great sense of joy from doing helpful and kind acts for others, and that I already try to perform small acts of kindness in my daily life. There was also a sound theoretical basis for the “ acts of kindness” intervention, as well as past empirical studies to draw from. The fact that I enjoy and look forward to engaging in kind behavior, and that kind acts were already a normal part of my day, were both enabling factors which helped me adhere to and successfully complete the intervention.

I based my intervention design on Lyubomirsky and colleagues’ (2004) “ acts of kindness” intervention, as well as Otake and colleagues’ (2006) “ counting kindnesses” intervention. The resulting intervention required me to be more aware of (and record) all my kind acts every day for one week, with at least one day consisting of five deliberate acts of kindness. In line with past “ acts of kindness” intervention findings, my subjective happiness and satisfaction with life had slightly improved after this one-week intervention. Notable

limitations of my intervention design include the short timespan with which it was implemented, as well as the possible confirmation bias and/or placebo effect of my kind behaviors as a result of knowing the intervention’s desired outcome.

Overall, I enjoyed partaking in this intervention and think it can greatly benefit non-clinical populations, as well as some individuals experiencing depressive symptoms.