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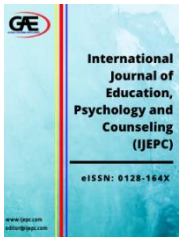

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EFFECTS OF HAPPINESS TRAINING ON MENTAL HEALTH IN ADULTS: A SYSTEMATIC REVIEW

Sonia Khodabakhsh[1]

[1] Department of Psychology and Counselling, Universiti Tunku Abdul Rahman (UTAR), Malaysia
Email: soniak@utar.edu.my

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Abstract:

Past studies have shown mental health and happiness are associated with each other. Several studies were done on the effectiveness of happiness training in several aspects. In this review paper, the effect of happiness training on mental health among adults is systematically reviewed. Through a search in Web of Science, PubMed, and Google Scholar using the "happiness training" keyword and its related words among post-2005 publications, the number of 18 research articles included in this review paper. Based on the systematic review, 18 variables in the selected studies are discussed which include anxiety, blood pressure, burnout, depression, emotions, flourishing, happiness, life expectancy, life satisfaction, migraine symptoms, mindfulness, quality of life, resilience, stress, tolerance, and well-being.

Keywords:

Happiness, Happiness Training, Mental Health, Positive Psychology, Systematic Review, Well-Being

Introduction

As stated by Marklund (2014), happiness changes over age, children and the elderly are typically happy, however, adults in the hard-working stage are less happy. About 20% of the adult population experience a mental health problem (American Association of Geriatric Psychiatry, 2008). In a most recent study, happiness interventions were found to enhance life satisfaction and improved mental health suggesting that happiness is the strongest predictor of the three constructs (Bieda et al., 2019). Lambert et al. (2018) suggested that Positive Psychology Interventions (PPIs) and learning about positive psychology concepts help improve well-being and happiness.

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Positive Psychology Intervention's benefits increased linearly with age, as the elderly generally have greater wisdom and emotional regulation. The elderly is more serious and mature when carrying out the recommendations compared to the younger participants; thus, they produced more improvement with PPIs (Linley et al., 2007).

This paper provides a systematic review of papers on happiness training in adults and discusses the effects of happiness training on mental health conditions that have been uncovered.

Methods

Search Strategy

Major databases such as Web of Science, PubMed, and Google Scholar were used to search for the articles published from 2005 to 2020 with the specific terms: "happiness training". To write a good systematic review, the PRISMA statements were used as a guideline (Moher et al., 2009).

The detailed step-by-step search strategy for the reviewed articles is as illustrated by the PRISMA flow chart (refer to Figure 1). First, during the identification process, we found 62 articles on online databases with the search terms "happiness training program". During the screening process, 4 articles were removed after de-duplicating using EndNote (Bramer et al., 2016). Next, 32 unrelated articles were removed during screening as they did not fulfil the selection criteria as mentioned (refer to the Inclusion Criteria). After carefully reading the remaining 26 articles for the eligibility process, 8 articles were removed as the participants are not adults. Therefore, 18 articles were selected for this review.

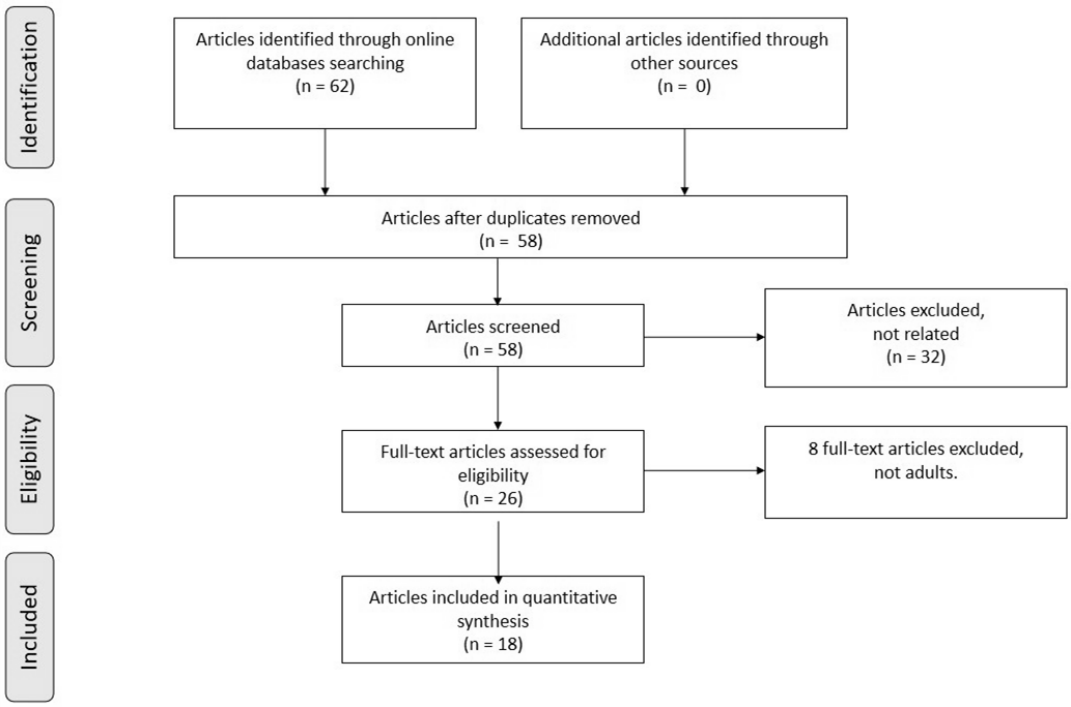

Figure 1: Diagram of Selecting Articles for Systematic Review

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Inclusion Criteria

The inclusion criteria for articles for this systematic review are comprised of published between the year 2005 until 2020, involved happiness training program quantitative research must be experimental with pre- and post- to measure the effectiveness of an intervention (Eliopoulos et al., 2004), the participants in the studies must be adults (19 years old and above), and, using proper and standardized measures. Lastly, the health condition or type of illness of participants must be a constant variable in the experimental and control group of each study (for instance, high blood pressure or migraine). The articles that did not fulfil the inclusion criteria were excluded.

Data Analysis

The included articles (n=18) were thoroughly read, and the data were summarised into a table (refer to Table 1). The data include title, number of participants, location, constant variable, type of happiness training, measures used, outcome variables, duration of the study and the main findings.

Findings and Discussion

There are 6 types of happiness training used in the relevant studies (refer to Table 1), including Fordyce's Happiness Training (n=11), Happiness 101 (n=2), Lyubomirsk Happiness Training (n=1), Happiness training with Matthews Method (n=1), Happiness Seligman Program (n=1) and Web-based happiness training (n=1). Even though the type of happiness training was inconsistent, the results were consistent which were in favour of the experimental group, who were given training.

There are 18 outcome variables in the relevant studies including well-being, stress, happiness, depression, emotions, burnout, life satisfaction, life expectancy, anxiety, quality of life, tolerance, migraine symptoms, blood pressure, resilience, hope, mindfulness, social functioning and flourishing (refer to Table 1). Table 2 shows the number of studies for each outcome variable, while, Figure 2 shows the bar chart of the number of studies with percentage (%). The most measured outcome variable, with 19% of the studies, is happiness (n=6). Quality of life (n=3), well-being (n=3), and depression (n=3) were 10% respectively. Stress (n=3) was measured in 9% of the studies, while emotions (n=2) were measured 6% of the studies. Meanwhile, 3% of the studies measured life satisfaction (n=1), life expectancy (n=1), hope (n=1), social functioning (n=1), anxiety (n=1), blood pressure (n=1), flourishing (n=1), migraine symptoms (n=1), mindfulness (n=1), resilience (n=1), tolerance (n=1), and burnout (n=1) respectively.

Table 1: Literature Matrix of Relevant Studies

Study	*n*	Constant variable	Type of happiness training	Measures	Outcome variables	Duration/ Follow-up	Major findings
Fayazi et al. (2019)	30	Participants with physical and motor disabilities	Fordyce's Happiness Training (1997).	• Ryff's Scale of Psychological Well-being (Ryff, 1989). • Holmes- Rahe Stress Scale	• Psychological well-being. • Experienced stress.	8 weeks.	The experimental group improved significantly in terms of well-being scores

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				(Holmes & Rahe, 1967).			while stress scores decreased significantly after training.
Hamidi et al. (2019)	30	Healthy participants, Forensic medical staff.	Fordyce's Happiness Training (1997).	• Cognitive Emotional Regulation Questionnaire (Garnefski et al., 2001). • Burnout Questionnaires (Public Welfare, 1981).	• Emotional exhaustion. • Personal inadequacy of burnout.	10 weeks.	The experimental group improved significantly after training.
Lambert et al. (2019)	159	University students.	Happiness 101 (Lambert, 2009/2012)	• Scale of Positive and Negative Experience (2009). • Satisfaction with Life Scale (Diener et al. 1985). • Flourishing Scale (Diener et al., 2009). • Questionnaire of Eudaimonic Well-Being (Waterman et al., 2010) • Mental Health. Continuum—Short Form (Keyes, 2009). • Fear of Happiness Scale (Joshanloo et al., 2014). • The Fragility of Happiness Scale	• Hedonic and Eudaimonic well-being. • Beliefs regarding the fear and fragility of happiness.	14 weeks, 3-month follow-up.	Fear of happiness and beliefs regarding the fragility of happiness significantly decreased in the intervention group after three months of intervention. No significant difference in religious faith between intervention and control group and the effect size was small. No significant difference was found during 3-month follow-up.

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				(Joshanloo et al. 2015). • Brief Version of the Santa Clara Strength of Religious Faith Questionnaire (Plante et al. 2002).			
Abdos et al. (2018)	30	Women with history of domestic violence.	Fordyce's Happiness Training (1997)	• Ryff's Psychological Well-being Scale (Ryff, 1989). • Optimism Questionnaire.	• Happiness. • Well-being.	5 weeks.	The experimental group improved significantly in well-being scores and optimism scores.
Eshaghi & Nikrahan (2018)	30	Elderly women.	Lyubomirsky Happiness Training (2008)	• General Health Questionnaire (Goldberg & Hiller, 1979). • Life Satisfaction (Diner et al., 1985). • Life Expectancy (Snyder et al., 1991). • Oxford Happiness Scale (Hills & Argyle, 1989).	• Mental health. • Life satisfaction. • Life expectancy. • Happiness.	6 weeks. 1-month follow-up.	The experimental group improved significantly in terms of mental health, life satisfaction, life expectancy, and happiness after training and during follow-up.
Hemati et al. (2017)	64	Participants with children with cleft lip and palate.	Fordyce's Happiness Training (1997)	• Cohen Perceived Stress Questionnaire (Cohen et al., 1983).	• Stress.	10 weeks. 2-month follow-up.	There is a significant decline in perceived stress between pre and post study among the experimental group.

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Tabatabaei & Raghibi (2017)	30	Hemodialysis patients	Fordyce's Happiness Training (1997).	• Beck Depression Inventory (Beck et al., 1961). • Cattell Anxiety Questionnaire (Cattell, 1957). • 36-Item Short Form (SF-36) Health Survey.	• Depression. • Anxiety. • Quality of life.	8 weeks.	The experimental group significantly improved in terms of quality of life and reduced depression and anxiety scores in the post-test.
Nourbakhsh et al. (2017)	30	Women with physical-motor disabilities.	Fordyce's Happiness Training (1997).	• World Health Organization Quality of Life Questionnaire. • Simon and Gaher Distress Tolerance Scale (Simons & Gaher, 2005).	• Quality of life. • Distress tolerance.	8 weeks.	The experimental group improved significantly regarding the quality of life and distress tolerance.
Azizi et al. (2015)	22	Older women.	Happiness training with Matthews method (1948)	• Coudron Stress Scale (Ganji, 2007).	• Stress.	5 weeks.	There are significant differences in stress scores between the experimental and control group after training. The experimental group improved significantly in terms of stress levels.
D'raven et al. (2015)	124	Primary health care patients with depression symptoms.	Happiness 101 (Lambert, 2009/2012).	• The Health-Related Quality of Life Assessment Tool (SF12v2®; Ware et al., 2002)	• Physical health. • Vitality. • Social functioning. • Effect of mental	6 weeks, 6-month follow-up.	Participants improved significantly in terms of vitality, and mental health after 6 weeks of training.

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					health on daily activities. • Overall mental health.		No significant difference was found in terms of social functioning after 6 weeks of training but found improved significantly during 3-month and 6-month follow-up.
Rajabi & Abbasi (2015)	30	Participants with migraine.	Fordyce's Happiness Training (1997).	• International Headache Society's Questionnaire (IHSQ). • Ahvaz Migraine Questionnaire (AMQ). • Oxford Happiness Inventory (OHI) (Argyle, 2001).	• Migraine symptoms. • Happiness.	8 weeks.	The experimental group improved significantly regarding migraine symptoms and happiness after training.
Esmaili et al. (2014)	30	Participants with multiple sclerosis.	Happiness Seligman program	• Connor-Davidson resilience questionnaire (Connor & Davidson, 2003).	• Resilience.	8 weeks.	The experimental group improved significantly during the post-test in terms of resilience.
Firozeh et al. (2014)	20	Elderly people.	N/A	• Snyder Hope Questionnaire (1991)	• Hope	10 weeks. 1-month follow-up.	There is a relationship between happiness training and hope. No significant difference was

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							found between the post-test and the follow-up scores.
Ekrami et al. (2013)	30	Housewives.	Fordyce's Happiness Training (1997).	• Reef Psychological Welfare Scale (Ryff, 1989). • Merozek and Colars' Positive and Negative Emotion Scale.	• Psychological well-being. • Positive and negative emotions.	10 weeks.	The experimental group has improved significantly during the post-test in terms of well-being scores and positive and negative emotions after training.
Feicht et al. (2013)	147	Employees.	Web-based happiness training (German happiness training)	• Happiness and Satisfaction (VAS) (Aitken, 1969). • WHO-5 Well-being Index. • Stress Warning Signals (Benson, 1992). • Freiburg Mindfulness Inventory (Walach et al., 2006). • Recovery Experience Questionnaire (Sonnentag & Fritz, 2007). • Flourishing Scale (Diener et al., 2009).	• Happiness. • Satisfaction. • Quality of life. • Perceived stress. • Mindfulness. • Flourishing. • Recovery experience.	7 weeks. 1-month follow-up.	The scores were significantly higher in the experimental group than the control group after training. However, the results slightly declined during follow-up.
Nassab & Allahvirdiyani (2013)	30	Elderly women with depression.	Fordyce's Happiness Training (1997).	• Beck Depression Inventory	• Depression.	8 weeks, 1 session per week.	The rate of depression among the experimental group after 8

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				(BDI) (Beck et al., 1961).			weeks of training was significantly lower than the control group.
Abdollahi et al. (2012)	40	Patients with blood pressure.	Fordyce's Happiness Training (1997).	• Oxford Happiness Inventory (Argyle, 2001). • Blood pressure measured at pre-test, pre-test and follow up.	• Happiness. • Blood pressure.	4 weeks, 1-month follow-up.	The experimental group significantly improved in terms of happiness and blood pressure after training. Follow-up results showed that the effect of happiness training lasted even after a month.
Farzadfar et al. (2007)	30	Sponsorless women with depression.	Fordyce's Happiness Training (1997).	• Beck Depression Inventory (Beck et al., 1961). • Oxford Happiness Scale (Hills & Argyle, 1989).	• Depression. • Happiness.	7 weeks, 1 session per week.	The experimental group significantly improved in terms of depression and happiness after training.

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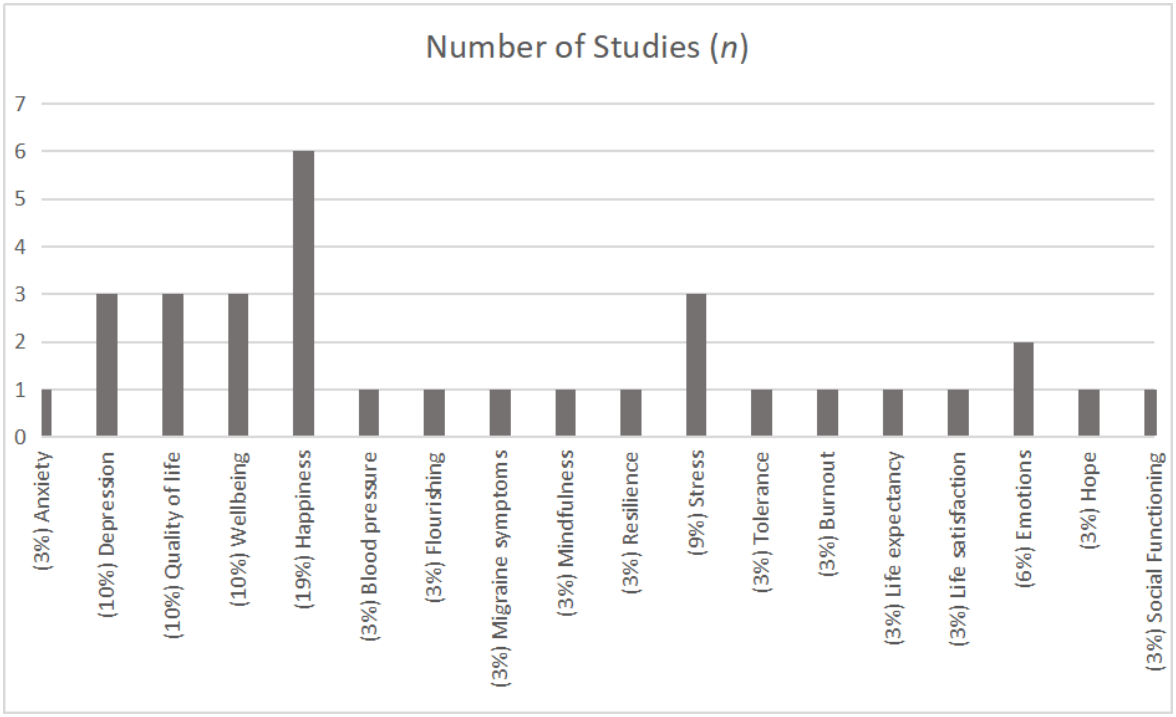

Figure 2: Bar Chart of Outcome Variables of Relevant Studies with Percentage

Table 2: Number of Studies for Each Outcome Variable

Outcome variable	Number of studies (*n*)	Study(s)
Happiness	6	Abdos et al. (2018) Eshaghi and Nikrahan (2018) Rajabi and Abbasi (2015) Feicht et al. (2013) Abdollahi et al. (2012) Farzadfar et al. (2007)
Depression	3	Tabatabaei and Raghibi (2017) Nassab and Allahvirdiyani (2013) Farzadfar et al. (2007)
Stress	3	Fayazi et al. (2019) Hemati et al. (2017) Azizi et al. (2015)
Well-being	3	Fayazi et al. (2019) Abdos et al. (2018) Ekrami et al. (2013)
Quality of life	3	Tabatabaei and Raghibi (2017) Nourbakhsh et al. (2017) Feicht et al. (2013)
Emotions	2	Hamidi et al. (2019)

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		Ekrami et al. (2013)
Anxiety	1	Tabatabaei and Raghibi (2017)
Blood pressure	1	Abdollahi et al. (2012)
Burnout	1	Hamidi et al. (2019)
Flourishing	1	Feicht et al. (2013)
Hope	1	Firozeh et al. (2014)
Life satisfaction	1	Feicht et al. (2013)
Life expectancy	1	Eshaghi and Nikrahan (2018)
Migraine symptoms	1	Rajabi and Abbasi (2015)
Mindfulness	1	Feicht et al. (2013)
Social Functioning	1	D'raven et al. (2015)
Resilience	1	Esmaili et al (2014)
Tolerance	1	Nourbakhsh et al. (2017)

Effects of Happiness Training on the Variable Outcomes

Happiness and Happiness Training

Our findings show that happiness does improve with happiness training. According to Abdos et al. (2018), Fordyce's happiness training significantly improved happiness among women with domestic violence history. This is consistent with a study by Eshaghi and Nikrahan (2018), who suggested that Lyubomirsky's happiness training increased happiness among the elderly. Rajabi and Abbasi (2015) also found that happiness significantly improved among migraine patients after 8 weeks of training. Web-based happiness training has improved the happiness scores among employees after 3 sessions per week for 7 weeks (Feicht et al., 2013). Fordyce's happiness training also improved the happiness scores among people with blood pressure Abdollahi et al. (2012) and sponsorless women with depression Farzadfar et al. (2007). Moreover, Farzadfar et al. (2007) found that the happiness training effect carried on after a 1-month follow-up.

Depression and Happiness Training

Our findings also suggested that depression is significantly improved after 8 weeks of happiness training (Tabatabaei & Raghibi, 2017; Nassab & Allahvirdiyani, 2013; Farzadfar et al., 2007). Tabatabaei and Raghibi (2017) suggested that happiness training helps participants to discuss and open up about their problems. Nassab and Allahvirdiyani (2013) suggested that happiness training changes one's view of life and surrounding as well as their beliefs and

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perception of life. These studies can be supported by Farzadfar et al. (2007), who also found similar results among sponsor-less women with depression.

Stress and Happiness Training

Happiness training was found to be effective in reducing stress (Fayazi et al., 2019; Hemati et al., 2017; Azizi et al., 2015). Fayazi et al. (2019) found that stress is reduced among participants with physical and motor disabilities as the stress scores during the post-test were significantly lower than the pre-test among the experimental group. Consistent with another study by Hemati et al. (2017), 10 weeks of happiness training was proven to reduce the stress level among mothers of children with cleft lip and palate. Consistent with the study by Azizi et al. (2015), who found the effectiveness of happiness training on reducing stress in older women after 5 weeks of training.

Well-being and Happiness Training

Well-being was also improved with happiness training, as found by Fayazi et al. (2019), where the psychological well-being scores increased after 8 weeks of happiness training among people with physical and motor disabilities. Fayazi et al. (2019) suggested that Fordyce's happiness training improves well-being by helping them identify their thoughts and behaviours. Group happiness training also improved the psychological well-being of housewives and women with domestic violence history (Ekrami et al., 2013; Abdos et al., 2018).

Quality of Life and Happiness Training

Nourbakhsh et al. (2017) suggested that the cognitive-behavioural Fordyce group happiness training in a methodical approach significantly enhances the quality of life in women with physical and motor disabilities. Similar results were found by Tabatabaei and Raghibi (2017) in hemodialysis patients, where 8 weeks of Fordyce's happiness training was found to enhance the quality of life of hemodialysis patients. According to Feicht et al. (2013), 7 weeks of web-based happiness training increases employees' quality of life during training suggesting that the quality of life is strongly correlated to satisfaction and happiness.

Emotions and Happiness Training

Happiness training was proven to affect emotional exhaustion and positive and negative emotions. Hamidi et al. (2019) found that emotional exhaustion improves with happiness training among forensic medical staff, suggesting that individuals with positive emotions process emotional information better during problem-solving. This is supported by Ekrami et al. (2013) who found that happiness training influences positive and negative emotions among housewives.

Anxiety and Happiness Training

Tabatabaei and Raghibi (2017) found that Fordyce's happiness training helps reduce anxiety levels among hemodialysis patients, suggesting that happiness training helps to improve in social activities, controlling anxiety and sadness, and being optimistic about the future.

Blood Pressure and Happiness Training

Happiness training was also found to improve blood pressure among patients. Abdollahi et al. (2012) suggested that happy people have lower stress levels and a stronger immune system, thus, improves blood pressure.

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Burnout and Happiness Training

Hamidi et al. (2019) proven that 10 weeks of web-based happiness training improves the personal inadequacy of burnout among employees suggesting that emotional information is processed prominently during problem-solving when one has positive emotions.

Flourishing and Happiness Training

Besides mindfulness, happiness training also increases flourishing among employees (Feicht et al., 2013). As Feicht et al. (2013) suggested, this can be explained by the correlation between flourishing and mindfulness.

Hope and Happiness Training

Firozeh et al. (2014) found a significant relationship between hope and happiness training, suggesting that the skills learned in happiness training help to increase hope among the elderly. The results were found consistent during the 1-month follow-up, showing that the effect of happiness training on hope is a long-term effect.

Life Satisfaction and Happiness Training

Life satisfaction was only measured in one study by Feicht et al. (2013) who suggested that happiness training improves life satisfaction by helping individuals to find simple joys in life which draws focus on positive experiences, thus, brings happiness and thankfulness.

Life Expectancy and Happiness Training

Eshaghi and Nikrahan (2018) suggested that Lyubomirsky's happiness training improves life expectancy among elderly women suggesting that such educational method is an effectual type of intervention to solve the psychological problem and should be provided in nursing homes.

Migraine and Happiness Training

According to Rajabi and Abbasi (2015), happiness training decreases migraine symptoms suggesting that happiness training increases the strength of the immune system which reduces the pain thus, decreases the symptoms.

Mindfulness and Happiness Training

Happiness training increases mindfulness among employees as found by Feicht et al. (2013), suggesting that happiness training helps them get in touch with themselves and their surroundings which increases the ability to control their environment.

Resilience and Happiness Training

Resilience is increased after 8 weeks of happiness training as found by Esmaili et al (2014) suggesting that happiness training significantly improves problem-solving skills, optimism, and social competence among multiple sclerosis patients.

Social Functioning and Happiness Training

Social functioning was found improved during the 3-month and 6-month follow-up, but no significant difference was found after 6 weeks of intervention suggesting that the support of group leaders and social events held in between the post-intervention and follow-ups have been the contributing factors. (D'raven et al., 2015).

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Tolerance and Happiness Training

Nourbakhsh et al. (2017) found that distress tolerance is improved with 8 weeks of Fordyce's happiness training among women with physical-motor disabilities suggesting that level endurance increases with happiness training.

Future Implications

The current study provides a systematic review of existing articles on the effects of happiness training on mental health. There are 16 variable outcomes discussed based on the 6 types of happiness training, which were used in the reviewed studies. To enhance mental health among adults, happiness training should be practised at the workplace at least once a week for 7 weeks every year. A meta-analysis should be done on the effectiveness of specific happiness training for future research.

Declaration

The author declares that there is no conflict of interest.

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