

In the early twentieth century psychology focused on identifying and treating pathology and eliminating distress in individuals.^{1,2} The World Health Organization later introduced a more wholistic definition of health which addressed mental well-being apart from pathology as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."^{3,4} Dunn expanded this definition by introducing the idea of 'high-level wellness', "an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning."³ This kind of wellness involves "the integration of the whole being of the individual...his body, his mind, his spirit in the functioning process."³

Seligman and Csikszentmihalyi later introduced the term 'positive psychology' and called for the health community to move further away from a focus on pathology by identifying what "makes life worth living."¹ Positive psychology is comprised of intentional focus on building an individual's strengths to promote change. Positive psychology identifies several qualities contributing to optimal well-being. These include satisfaction, hope, optimism, happiness, flow, love, vocation, courage, interpersonal skills, aesthetics, perseverance, forgiveness, originality, future mindedness, spirituality, talent, wisdom, responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic.¹ The methods utilized for impacting well-being were comprised of exercises individuals could utilize on a regular basis or for a specified amount of time. (citation) Multiple exercises were developed and used as the basis for evaluating the effect of engagement in these exercises.

This shift away from a focus on pathology coincided with the development of the Transtheoretical Model of change which identifies common elements among the previous psychology traditions as keys to affecting behavioral change.⁴ Further, the concept of 'flourishing' was introduced which identifies a state of "flourishing" as "the presence of mental health" defined by an individual's perception of their emotional, psychological and social functioning using Ryff's six dimensions of psychological well-being (self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery and autonomy), and Keyes' five dimensions of social well-being (social coherence, social actualization, social integration, social acceptance, and social contribution).⁵

The characteristics of well-being have become the focus of numerous studies and theories about what defines and moderates this state in individuals and populations. A secondary focus has been to incorporate positive psychology into behavior and cognitive change methodology. Hayes states this "third wave" of the cognitive behavioral (CBT) tradition "has been far less focused on

protocols for syndromes, and more focused on evidence-based processes linked to evidence-based procedures. Increased emphasis on processes of change and their biobehavioral impact has meanwhile been strengthened by Research Domain Criteria and transdiagnostic models, among other trends.⁶ A notable result is that there is now much more focus on moderators and mediators of change, and the construction of intervention models that emphasize the role of changeable transdiagnostic processes (i.e., functionally important pathways of change that cut across various diagnostic categories)."⁶ CBT has included the use of the individuals exercises developed by Seligman and were used in the evaluation of changes for individuals.

There is mounting evidence that links exist between well-being and health outcomes. Broad research in this field has attempted to define well-being, focusing on cognitive, physical, behavioral and emotional outcomes and has extended evaluations into the link well-being and physical health outcomes with moderate success. Studies have focused on typical indicators of positive health functioning: BMI, blood pressure, heartrate, lipids, urine analysis, liver function, blood sugar and cortisol.^{1,7,8} Table 1 presents some of the heath-outcomes related to well-being.