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ARTICLES

Finding Hope in Creative Hopelessness: Hope and Flow as Mechanisms Leading to Wellbeing

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Acceptance and commitment therapy (ACT) involves a transformative process—creative hopelessness—that is intended to take individuals from a state of despair to one of hopeful action and sustained, absorbed attention to life. This process parallels strengths-based approaches central to positive psychology interventions, which can foster greater hope and more frequent flow experiences and ultimately enhance overall wellbeing. However, how strengths-based interventions, hope, and flow intersect to influence wellbeing remains unclear. This study drew on archival data from 248 school staff who participated in a wellbeing intervention, which included a focus on one's strengths, mirroring aspects of the creative hopelessness process in ACT. Participants completed surveys immediately post-intervention and at a 6-month follow-up. Regression modelling tested cross-sectional and prospective

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associations amongst hope, flow, the interaction of hope and flow, and wellbeing across two time points. Both hope and flow independently predicted greater wellbeing cross-sectionally and prospectively, but there was no evidence for a synergistic effect between the two constructs. The findings suggest that hopefulness and flow can result from a clinically informed strengths-based intervention, suggesting potential pathways that are at play within ACT to take individuals from languishing to thriving in life.

Process-based therapy (PBT) offers a modality-agnostic way to target mechanisms of change across contexts (Hayes et al., 2019; Hofmann & Hayes, 2019). Within the broader framework of PBT, acceptance and commitment therapy (ACT) advocates for the acceptance of thoughts and feelings that occur in the moment, allowing them to come and go in their own time. Within ACT, there is a process called *creative hopelessness*, which is used when a client is holding tightly to emotional control rather than embracing acceptance (Hayes, 2013; Hayes et al., 2012; see also Hayes & King, 2024 for a review of over 1,000 randomised controlled trials). When a client has an emotional control agenda (i.e., rigid attempts to suppress, avoid, or eliminate unwanted thoughts and feelings), they are attached to trying to control the emotions and thoughts that they experience. This gets in the way of the experiential agenda (i.e., willingness to experience thoughts and feelings as they arise, without attempting to control them) towards which the ACT therapist is guiding the client. Importantly, creative hopelessness does not refer to hopelessness about the future or about life in general, but rather refers to a hopelessness that all thoughts and emotions need to be controlled, thus freeing the client to experience whatever thoughts and emotions arise, without judgement or dismissal (Bennett & Oliver, 2019). Thus, the therapist incorporates creative hopelessness to help the client shift from pursuing an emotional control agenda to an experiential agenda.

Similar to ACT, strengths-based interventions from the field of positive psychology have an experiential agenda, suggesting that individuals are more likely to experience wellbeing when they let go of controlling negative thoughts and feelings and experience wellbeing as the result of learning about and using their strengths (Ciarrochi et al., 2022; Peterson & Seligman, 2004).

The incorporation of creative hopelessness into ACT is intended to move individuals from despair to hopeful values-based action (Hayes, 2013; Hayes et al., 2012). By embracing creative hopelessness, individuals may relinquish futile efforts to extinguish inner experiences; instead, they focus on aligning their actions with their core values (Hayes et al., 2012). Likewise, the incorporation of strengths-based interventions is intended to move individuals from living the status quo in life to hopeful values-based action. Indeed, according to the values in action (VIA) framework, wellbeing arises from aligning one's actions with six core values, manifested as 24 character strengths (e.g., hope, creativity, gratitude, curiosity, love, zest; Niemiec & Pearce, 2021; Peterson & Seligman, 2004). In the process of values-based

living, both creative hopelessness and strengths-based interventions foster sustained, absorbed attention to life, which may lead to greater experiences of wellbeing.

Recent meta-analyses demonstrate the power of strengths-based interventions. A mega-analysis of 198 meta-analyses across over 500,000 participants demonstrated that positive psychology interventions have significant small to medium effects on wellbeing, quality of life, and reductions in depression and anxiety (Carr et al., 2024; see also Carr et al., 2021). Strengths-based approaches have been found to increase happiness and life satisfaction and decrease depression (Schutte & Malouff, 2019). Strengths-based methods show small but significant effects compared to other psychotherapies, suggesting that the strengths-based perspective has a unique contribution to therapeutic care (Flückiger et al., 2023).

Although the incorporation of creative hopelessness into therapy or the incorporation of strengths-based practices into positive psychology interventions can help individuals move from being stuck within the illusion of emotional control to an experiential agenda, the fundamental mechanisms underlying this process remain mostly unexplored (Barnes-Holmes & McEnteggart, 2025; Ong et al., 2024). We propose three mechanisms underlying the transformation from an experiential impasse to wellbeing, namely: hope (Snyder et al., 2002), flow (Csikszentmihalyi, 1990), and the synergy of hope and flow. Hope (i.e., agency and pathways leading to goal-directed behaviour) provides cognitive and motivational scaffolds to maintain forward momentum (O'Hara, 2025; Snyder et al., 2002). Flow (i.e., deep engagement in meaningful behaviour) enriches this process by nurturing agency, competence, and the ability to discover new routes towards valued ends (Csikszentmihalyi, 1988; Hayes, 2013). Positive emotional states that are integral to flow subsequently enhance sustained hopeful mindsets, reinforce persistence through challenges, and improve wellbeing.

We first unpack creative hopelessness and strengths-based interventions, identifying how these processes in both clinical practice and positive psychology interventions can trigger transformative growth rather than existential despair. We then discuss hope and flow as potential mechanisms that move people towards greater wellbeing, hypothesising that hope and flow create a mutually reinforcing process, enabling transformative change and enhanced wellbeing. We empirically test hope, flow, and the interaction of the two variables as active ingredients that foster wellbeing. Finally, we discuss implications for theory and clinical practice.

Creative Hopelessness and Strengths-Based Interventions

The mindsets that individuals bring to therapy sessions or psychological interventions play an important role in the extent to which improvement is possible. The therapist or researcher can engage with multiple levels within an individual's system, ranging from micro elements of the individual (e.g., their genetic makeup, cognitive patterns, emotional responses, physiological states, life experiences, personality, values, and beliefs) to macro elements

(e.g., policies, social norms, and socioeconomic status). At the individual level, interventions are most effective when participants willingly participate and are committed to action (Lyubomirsky et al., 2011). At the macro level, conditions define the extent to which experiencing wellbeing is even possible (Kern et al., 2020).

An important mindset that the individual brings to the session is their underlying personal agenda, which may or may not be conscious. That agenda might be one of openness and surrender, with a willingness to experience whatever the session might bring. Or that agenda might be one of control, in which the client attempts to hold emotions and thoughts captive. With an emotional control agenda, there is a rigidity in approaching thoughts and emotions, with the belief that one needs to replace undesirable ones with desirable ones (cf. Linehan, 1993, 2025). Traditional cognitive behaviour therapy aligns with the control agenda, providing strategies to help the client recognise and change undesirable thoughts and emotions. ACT works in contrast to this mindset, providing space for emotions and thoughts to simply happen (Hayes, 2013). ACT acknowledges that pain, loss, grief, and other negative experiences are an inevitable part of human life. Rather than attempting to eliminate or suppress these experiences, ACT emphasises acceptance of difficult thoughts and emotions and a commitment to the pursuit of valued life areas and directions (Dindo et al., 2017).

Creative hopelessness is an optional tool that is utilised when a client is caught in an emotional control agenda. Instead of wilfully striving to "master, direct, control, or otherwise manipulate existence" (May, 1982, p. 6), creative hopelessness invites clients to acknowledge that strategies of avoidance and suppression have failed; it demonstrates that wilful control over internal experiences is unworkable. It is a functional analytical process, in which a person becomes aware of and discriminates between short- and long-term contingencies that are affecting their behaviour.[1] Creative hopelessness is thought to act as an experiential "reset button": it destabilises ineffective patterns, inviting new possibilities. In ACT, creative hopelessness often evokes strong adverse reactions, such as anger, fear, anxiety, or apathy, as individuals relinquish old certainties. Indeed, evidence suggests that ACT processes, including creative hopelessness leading to values clarification, temporarily precede psychological improvement (Gloster et al., 2020). Yet through the ACT process, clients ultimately abandon ineffective attempts to control internal experiences, embracing authentic engagement with life (S. C. Hayes, personal communication, April 15, 2025).

Research on creative hopelessness specifically is surprisingly limited. The construct is typically embedded within broader ACT protocols rather than studied independently. However, robust evidence supports the underlying mechanisms targeted by creative hopelessness: psychological inflexibility and

1 The authors thank an anonymous reviewer for their contribution on the theoretical origins of creative hopelessness.

experiential avoidance (Gloster et al., 2020; Hayes & King, 2024; Ong et al., 2024). As the therapist guides the client towards flexibility and engagement, wellbeing is more likely to occur.

Notably, Ciarrochi et al. (2015) demonstrate that relinquishing ineffective control strategies renews hope, enhancing resilience and values-driven actions. Emotions that were once deemed unbearable become signals guiding adaptive, meaningful actions (Hayes et al., 2012). S. C. Hayes (personal communication, April 15, 2025) emphasised the inherently hopeful message of creative hopelessness: recognising unworkable emotional control strategies brings relief, opening space for workable, values-aligned responses. Indeed, studies on anxiety (Levin et al., 2014), depression (Forman et al., 2007), and chronic pain (Cosio, 2019) have demonstrated that early gains in creative hopelessness-related processes predict later values-consistent behaviour and wellbeing.

Similarly, strengths-based interventions do not attempt to master negative thoughts and emotions. They begin with becoming mindful of one's beliefs, strengths, and values, and then intentionally aligning one's actions with one's strengths and values. Strengths-based interventions explicitly foster shifts in thinking by guiding individuals to identify and intentionally utilise their strengths, leading to greater happiness and reduced depressive symptoms (Seligman et al., 2005; Wellenzohn et al., 2016). By redirecting attention from deficits to inherent capabilities, strengths-based approaches promote optimism, resilience, and alignment with one's ideal self (Carrillo et al., 2019). Strengths-based interventions offer an approach rather than avoidance strategy; rather than trying to "fix" negative thought patterns, they invite individuals to focus on what is good and upright within themselves (cf. Peterson & Seligman, 2004). By focusing on strengths, difficulties are thought to lose their power over the individual psyche, making room for experiences of wellbeing (Ciarrochi et al., 2022).

Creative hopelessness and strengths-based interventions aim to foster positive psychological growth (Flückiger et al., 2023; Kashdan & Ciarrochi, 2013), not by controlling thoughts and emotions (Dindo et al., 2017), but by embracing life as it occurs and living according to one's values (Bramwell & Richardson, 2018; Gloster et al., 2020). Together, these approaches represent an empowering paradigm shift—from being stuck in an emotional control agenda to embracing an experiential agenda, and from being stuck in deficit thinking to proactively engaging personal strengths, meaningful aspirations, and practical values-aligned strategies. Both ACT and strengths-based interventions pave the way for exploratory actions informed by willingness, hope, and meaning (Hayes, 2013).

Hope Theory

Snyder and colleagues (2002, p. 19) define hope as goal-directed cognition: "hopeful thoughts reflect the belief that one can find pathways to desired goals and become motivated to use those pathways". Hope theory identifies two interrelated components: pathways thinking (i.e., one's perceived ability

to envision routes to goals) and agency thinking (i.e., the motivation and self-efficacy to pursue them; Snyder et al., 1991). A comprehensive review of 30 years of research on hope therapy shows that an 8-week intervention demonstrates large increases in hope (Cheavens & Whitted, 2023). Hope predicts multiple beneficial outcomes across physical, mental, and social domains (Long et al., 2024). Both agency and pathways thinking are associated with less depression and anxiety (Corrigan & Schutte, 2023). Together, agency and pathways thinking form a dynamic system (cf. Colla et al., 2022; Kern et al., 2020), propelling individuals towards values-driven objectives, even amidst uncertainty or adversity (Snyder, 1994; Snyder et al., 1991).

This conceptualisation aligns with ACT's principle of workability: assessing whether thoughts or behaviours move a person closer to their values (Hayes et al., 2012). Letting go of unworkable control patterns frees cognitive and motivational resources for goal pursuit—consistent with pathways and agency in hope theory. Strengths-based interventions similarly shift unworkable mental states towards hopeful perspectives. Individuals feel hopeful not by instruction, but by enabling conditions for new possibilities through adaptive emotional-cognitive reappraisals (John & Gross, 2004).

Creative hopelessness and strengths-based interventions reveal when control attempts are unworkable; hope theory adds pathways to pursue and agency to act. Supported in identifying workable routes (pathways) and trusting their ability to act (agency), individuals operationalise what creative hopelessness reveals: goal-directed behaviour. Hope not only mitigates despair, it builds a motivational framework aligned with ACT's and strengths-based interventions' values-based, adaptive coping (Ciarrochi et al., 2015; Wilson & Murrell, 2004).

Flow Experiences

Csikszentmihalyi (1988, p. 364) describes flow as a "panhuman, species-specific, state of positive psychic functioning" that can "transform routine and even threatening situations into challenging opportunities for action". Flow arises when individuals align skills and attention with challenging tasks; they surrender rigid self-monitoring for immersive participation (Csikszentmihalyi, 1990; Nakamura & Csikszentmihalyi, 2009). Robust meta-analytic evidence demonstrates that flow positively relates to life satisfaction and increased wellbeing (Liu et al., 2023), and this is consistent across cultures (Delle Fave et al., 2011).

While creative hopelessness and strengths-based interventions encourage letting go of ineffective strategies, flow emerges through open, flexible engagement—bolstering agency in navigating daily life. Activities aligned with meaningful goals are more likely to be repeated and cultivated long-term (Delle Fave et al., 2011). The cultivation of these activities (i.e., psychological selection; Csikszentmihalyi & Massimini, 1985) builds complex skills and fosters growth through seeking higher challenges (Massimini & Delle Fave, 2000). That is, individuals stretch beyond their comfort zone, with success

leading to the development of new competencies. Flow thus becomes a tangible, enduring experience through which individuals pursue valued directions more deeply.

Flow is intimately tied to perceived challenge; individuals commit to challenges meaningful to them, based on subjective evaluations rather than objective standards (Delle Fave & Massimini, 2005). Importantly, flow is contextually grounded (Ignjatovic et al., 2024). This subjectivity aligns with ACT's contextual and functional analysis of behaviour (Hayes et al., 2012). Life's uncertainties, doubts, and emotional upheavals—far from being impediments—are key "ingredients" of the creative process (Beresford et al., 2025; Perkins, 2000). They expose maladaptive strategies and foster deeper engagement and problem-solving. As individuals shift from unworkable efforts (e.g., rigid thinking, avoidance) to adaptive, values-based behaviours, flow signals that these new strategies are effective (Nakamura & Csikszentmihalyi, 2009; Richards et al., 2018).

Notably, flow is not about outcomes; rather, performance improvements arise as by-products of fully absorbed, intrinsically motivated engagement—part of the experiential agenda (Linehan, 2025). Willingness to embrace experience, relinquish control, and stay open to new possibilities reflects "saying yes", which is central to a values-aligned life (May, 1982). Drawing on sociocultural resources (Heft, 2001; Vygotsky, 1978), clients and therapists co-create and reinforce new behavioural patterns that support flexible engagement with life's challenges. Thus, insight from creative hopelessness (i.e., identifying unworkable strategies) finds its counterpart in flow: offering a richer, more sustainable path towards development and psychological flexibility.

Wellbeing

Wellbeing can be defined and measured objectively or subjectively (Chia et al., 2020). Objectively it refers to personal and contextual conditions (e.g., health, socio-economic status, education, occupation, relationships, societal factors) that enable subjectively positive experiences. Subjectively, wellbeing comprises multiple dimensions, categorised as hedonic and eudaimonic in nature (Ryan & Deci, 2001). Hedonic wellbeing includes life satisfaction and positive emotions (Diener, 1984), whilst eudaimonic wellbeing reflects pursuit of the good life through growth, self-actualisation, and social integration (Ryff, 1989; Ryff & Keyes, 1995). In this paper, we focus on subjective wellbeing, evaluated across both dimensions, including feeling optimistic and fulfilled and having strong relationships and a sense of meaning and purpose.

Ultimately, one of the key outcomes of all processes explored—ACT, strengths-based interventions, hope, and flow experiences—is wellbeing. Both ACT and strengths-based interventions share the aim of reducing suffering and enhancing functioning across hedonic and eudaimonic domains. Creative hopelessness and strengths-based interventions initiate a process

fostering experiential wellbeing; paradoxically, this emerges through negative emotions processed within a psychologically safe relationship with the clinician or interventionist (Beresford et al., 2025).

A wide range of studies have highlighted both hope's and flow's pivotal roles in promoting wellbeing under diverse circumstances (Ciarrochi et al., 2007, 2015; Feldman & Corn, 2023; Gallagher et al., 2017; Kwon & Hugelshofer, 2010). Meta-analytic evidence confirms that hope accounts for unique variance in subjective wellbeing beyond optimism and self-efficacy (Alarcón et al., 2013; Corrigan & Schutte, 2023). Longitudinal data from the National Longitudinal Study (N = 11,038) demonstrate that adolescent hope predicts multiple beneficial outcomes across 12 years (Long et al., 2024). Flow experiences represent conditions of global wellbeing per se, and their continual replication, through the cultivation of associated activities, fosters enduring long-term wellbeing (Bassi et al., 2022; Isham & Jackson, 2022; Liu et al., 2023; Worm & Stine-Morrow, 2021). Weekly-diary data indicate that work-related flow predicts increases in life satisfaction and meaning among teachers (Salanova et al., 2014). Cross-lagged studies further reveal possible bidirectional effects: higher hope fosters more frequent flow, and flow in turn reinforces hope, together forming a virtuous cycle that contributes to greater wellbeing (Isham & Jackson, 2022).

The Current Study

We propose that hope and flow are mutually reinforcing resources that can be nurtured within individuals through creative hopelessness or strengths-based interventions, creating a reciprocally enhancing system that moves individuals towards greater wellbeing. Instead of stagnating in attempts to master or eliminate unwanted thoughts and feelings, embracing willingness activates self-efficacy (May, 1982), which can then shift perspectives towards new, workable actions, resulting in conditions conducive to flow experiences. Thus, flow may help promote and sustain the "goal-directed energy" (Snyder et al., 2002, p. 258) associated with agency, while the clarity of direction gleaned through creative hopelessness helps identify viable pathways, as specified by hope theory (Snyder et al., 1991). Ultimately, taken together, once creative hopelessness or strengths-based interventions are activated, hope and flow experiences may then be initiated, acting both individually and synergistically to support greater wellbeing.

To test this possibility, we used archival data of school staff who underwent a contextualised strengths-based intervention that was run by trained mental health practitioners and wellbeing science academics, using generic counselling competencies (i.e., foundational therapeutic skills including active listening, empathic responding, and rapport building). We considered hope, flow, and the interaction of hope and flow to predict wellbeing cross-sectionally and prospectively. We hypothesised that hope and flow would be correlated with wellbeing at two different time points (baseline and 6 months later) and would predict greater wellbeing between the first and second

time points. We also predicted that there would be a significant interaction between hope and flow at each time point, indicating a synergistic effect on wellbeing outcomes.

Method

Study Overview

We drew on an archival dataset from a study in which school staff were exposed to a positive school-based intervention and then assessed five times over a 3-year period (Green et al., 2011). Due to low levels of mental health in the school community, school leadership introduced evidence-based wellbeing strategies focused on the development and use of personal strengths, grounded in process-based and contextual interventions. The intervention, held at the beginning of Term 2 of 2011, was co-facilitated by mental health practitioners and a wellbeing science academic who facilitated active discussions exploring the intersection of evidence-based clinical approaches and positive psychology. The intervention comprised four weekly 2-hour workshops (total dose = 8 hr) delivered to groups of 25 to 30 staff members. Each session was co-facilitated by a registered clinical psychologist and a wellbeing science academic, blending brief didactic input (≈ 30 min) with experiential exercises (≈ 60 min) and guided group discussions (≈ 30 min). Between-session homework invited participants to identify one personally meaningful strength and enact it in a novel way. Sessions relied on generic counselling micro-skills (e.g., open-ended questioning, reflection, summarising, and validation) and combined psychoeducation (e.g., values clarification, strength spotting) with process-oriented sharing and feedback, thereby integrating didactic and free-flow components. Attendance averaged 92% across the four sessions, with negligible attrition.

Importantly, the training incorporated key contextual behavioural strategies such as the process of creative hopelessness from ACT and strengths-based approaches, supporting staff to apply these principles in the discovery and use of their own strengths (Hayes et al., 2019; Hofmann & Hayes, 2019; Weeks, 2013). The intervention fostered acknowledgement and acceptance of current realities, both the individuals' challenges and strengths, and encouraged mindful awareness rather than blind optimism or denial. Through guided exercises, individuals and teams articulated their core values and visions for the future, establishing these as primary motivators for committed, strengths-based action. This alignment aimed to facilitate emotional transformation, shifting collective sentiment from feelings of disempowerment and frustration towards hope, empowerment, and agency.

Central to the intervention was a structured approach aligned with key principles common to both creative hopelessness and strengths-based interventions. First, participants were guided to recognise and abandon unworkable or ineffective strategies (such as persistent avoidance, negativity, or overly critical self-assessment), creating openness to new ways of thinking and behaving. Next, through constructive questioning and facilitated

dialogue, participants were actively encouraged to reflect on their experiences and articulate insights into what genuinely supported their wellbeing and productivity. This approach emphasised experiential learning, positioning participants as co-authors in developing a shared narrative of strengths-based change and commitment.

To evaluate the intervention's impact, school staff were asked to complete a survey immediately following the strengths-based intervention, and then at four subsequent time points (every 6 to 12 months). The present study is focused on the first two time points (immediately following the intervention and 6 months post-intervention), which allows for both identifying changes over time and retaining the most reliable data.[2]

Participants

The current study included 248 staff members who completed the hope, flow, and wellbeing measures across the first two occasions. Ethical approval for this research was granted by the University of Melbourne's Human Research Ethics Committee (approval ID: 1750027.1).

Participants represented a diverse age distribution: 12.2% were between 20 and 30 years old; 25.7% between 31 and 40; 30.6% between 41 and 50; 25.1% between 51 and 60; and 6.4% aged over 60 (M age = 43.6 years, SD = 10.9). Gender composition was nearly balanced, with 53.2% identifying as female and 46.8% as male. In terms of employment tenure, 20.6% had worked at the school for less than one year, 27.6% between one and four years, 23.6% from five to nine years, and 28.2% for 10 or more years. Teaching staff constituted 66.1% of the sample (44.2% classroom teachers specifically), while administrative roles accounted for 20.2%, executive roles 6.1%, and support staff 7.6%. Self-identified ethnicity was 78% Caucasian, 11% Asian, 5% Aboriginal/Torres Strait Islander, and 6% Other/Prefer not to say.

Measures

Hope Scale

The 12-item Hope Scale assesses agency (four items) and pathways thinking (four items), along with four additional filler items (Snyder et al., 1991). In the current study we used the agency items (e.g., "I energetically pursue my goals") and pathways items (e.g., "There are lots of ways around any problem"), which were then combined to represent the hope construct. Past research with teacher samples reported $\alpha \approx .80–.87$, with factorial validity (Rand, 2009).

2 There was substantial attrition between the T2 and T3 time points, such that the confirmatory factor analyses testing the measures at the later time point were unreliable. To ensure we were working with appropriate measurement models, we limited our analyses to the first two time points.

Flow

The Work-Related Flow Inventory (WOLF, Bakker, 2008) includes 13 items assessing how frequently employees experience absorption (four items; e.g., "I am totally immersed in my work"), work enjoyment (four items; e.g., "I do my work with a lot of enjoyment"), and intrinsic work motivation (five items; "I get motivation from the work itself, and not from the reward for it"), together representing the core dimensions of flow experiences at work. WOLF has shown a stable three-factor structure and good reliability among educators ($\alpha = .83–.92$; Salanova et al., 2014).

Wellbeing

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS, Tennant et al., 2007) is a 14-item unidimensional scale measuring general wellbeing in its hedonic and eudaimonic components (e.g., "I've been feeling optimistic about the future"). The scale was developed to monitor mental wellbeing in the general population and enable the evaluation of projects, programs, and policies intended to improve mental wellbeing. The WEMWBS has demonstrated high internal consistency ($\alpha \approx .90$) and convergent validity with life satisfaction measures (Stewart-Brown, 2013).

Data Analysis

Hope and flow are operationalised as higher order factors that comprise two and three factors, respectively, whereas wellbeing is operationalised as a single dimensional measure. As we were using archival data, it was important to test the psychometrics of the data before testing structural models. We first tested the factor structure of each measure using confirmatory factor analyses (CFAs) to confirm the factor structure of the proposed variables, modelling hope and flow as higher order factors comprised of two or three lower order factors, respectively, and modelling wellbeing as a unidimensional construct. Model fit was estimated using the Comparative Fit Index (CFI), the Tucker-Lewis Index (TLI), the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Mean Residual (SRMR). For the CFI and TLI, values greater than .90 are considered optimal fit, and an RMSEA and SRMR lower than .09 are considered acceptable fit (Hu & Bentler, 1999).

We next estimated the internal consistency (Cronbach's α and McDonald's ω) at both time points (T1 and T2), then combined the items into composite measures of hope, flow, and wellbeing using the factor loadings from the CFAs. We then used the composite variables to test a regression model containing hope, flow, and the hope-flow interaction predicting T1 and T2 wellbeing. CFAs were conducted using the lavaan package (version 0.6-19, Rosseel, 2012), and reliability analyses and regressions were conducted using the psych package (version 2.4.6.26, Revelle, 2025) in R software (version 4.3.3).

Table 1. Model Fit and Factor Loadings Based on Confirmatory Factor Analyses of Key Variables at Each Time Point

Work-related flow			Hope			Wellbeing		
Variable	Time 1	Time 2	Variable	Time 1	Time 2	Variable	Time 1	Time 2
Absorption			Agency			Item 1	.69	.70
Item 1	.86	.66	Item 1	.79	.80	Item 2	.60	.52
Item 2	.89	.88	Item 2	.65	.81	Item 3	.68	.65
Item 3	.85	.89	Item 3	.65	.76	Item 4	.54	.57
Item 4	.89	.92	Item 4	.74	.75	Item 5	.57	.58
Work enjoyment			Pathways			Item 6	.70	.66
Item 5	.89	.88	Item 5	.73	.68	Item 7	.71	.71
Item 6	.93	.96	Item 6	.67	.65	Item 8	.81	.82
Item 7	.96	.97	Item 7	.73	.81	Item 9	.66	.63
Item 8	.90	.92	Item 8	.59	.76	Item 10	.82	.75
Intrinsic motivation						Item 11	.69	.73
Item 9	.54	.62				Item 12	.57	.52
Item 10	.58	.62				Item 13	.61	.55
Item 11	.85	.92				Item 14	.75	.81
Item 12	.51	.64						
Item 13	.72	.74						
Work-related flow			Hope					
Absorption	.65	.57	Agency	.99	.98			
Work enjoyment	.88	.87	Pathways	.83	.91			
Intrinsic motivation	.95	.99						
N	199	134	*N*	213	148	*N*	214	150
CFI	.98	.93	CFI	.93	.92	CFI	.87	.83
TLI	.97	.91	TLI	.89	.87	TLI	.85	.80
RMSEA	.06	.12	RMSEA	.11	.14	RMSEA	.11	.12
SRMR	.04	.06	SRMR	.05	.05	SRMR	.06	.08

Note. CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; RMSEA = Root Mean Square Error of Approximation; SRMR = Standardized Root Mean Square Residual.

Results

CFAs confirmed the expected factor structure for hope and flow, with slightly suboptimal fit for each variable, but at least one metric for each measure demonstrating acceptable fit (see Table 1). All variables demonstrated good internal consistency according to both α and ω metrics (see Table 2). All variables were significantly correlated with one another at both time points (see Table 3). Hope and flow independently predicted T1 and T2 wellbeing after controlling for shared variance (i.e., the regression analyses, see Table 4), but the interaction term was non-significant, indicating that there were only main effects, with no support for a synergistic effect.

Discussion

Creative hopelessness (in the clinical realm) and strengths-based interventions (in the positive psychology realm) intend to move individuals towards wellbeing. However, the mechanisms underlying wellbeing

Table 2. Reliability Information for the Included Measures

Variable	Time 1		Time 2	
	α	ω	α	ω
Hope Scale	.86	.90	.90	.93
Agency	.80	.85	.86	.90
Pathways	.78	.78	.82	.87
Flow Scale	.92	.95	.93	.96
Absorption	.93	.93	.85	.86
Work enjoyment	.96	.97	.96	.96
Intrinsic motivation	.79	.82	.85	.88
Wellbeing	.92	.93	.91	.93

Table 3. Cross-sectional and Prospective Correlations Among Hope, Flow, and Wellbeing

Variable	T1 Hope	T1 Flow	T1 Wellbeing	T2 Hope	T2 Flow
T1 Flow	.47				
T1 Wellbeing	.60	.50			
T2 Hope	.72	.42	.43		
T2 Flow	.42	.75	.40	.51	
T2 Wellbeing	.49	.40	.56	.69	.51

Table 4. Regression Results Predicting T1 and T2 Wellbeing from T1 Hope, Flow, and the Interaction Between Hope and Flow

Predictors	*b*	*SE*	95% CI	*p*
Time 1 Wellbeing				
Intercept	-.01	.03	-.07-.05	.77
T1 Hope	.18	.04	.10-.27	<.001
T1 Flow	.37	.05	.28-.46	<.001
T1 Hope*Flow	.01	.04	-.08-.09	.92
Time 2 Wellbeing				
Intercept	.02	.05	-.09-.12	.75
T1 Hope	.33	.08	.17-.49	<.001
T1 Flow	.16	.07	.20-.30	.03
T1 Hope*Flow	-.10	.08	-.25-.06	.22

Note. CI = Confidence Interval.

improvement remain unknown. This study examined hope, flow, and the interaction between the two as potential mechanisms promoting wellbeing cross-sectionally (immediately after the strengths-based intervention occurred) and prospectively (6 months post-intervention). Both hope and flow significantly and independently predicted greater wellbeing, indicating that both hope and flow are pathways through which a strengths-based intervention positively impacts upon wellbeing. The interaction effect was non-significant, indicating that hope and flow function as separate rather than synergistic predictors. This study centres two processes of change,

hope and flow, as actionable targets consistent with PBT, drawing on ACT traditions, hope theory, and flow research to inform counsellor-deliverable practice (Hayes et al., 2019; Hofmann & Hayes, 2019).

Moving from Hopelessness to Wellbeing

In ACT, creative hopelessness acts as a catalyst for change, prompting individuals to relinquish ineffective strategies and engage in growth towards wellbeing. Strengths-based interventions similarly promote wellbeing by moving individuals from an emotional control agenda to an experiential agenda, focused on what is good and right within them. A key benefit of creative hopelessness and strengths-based interventions lies in their capacity to help individuals confront and accept internal distress. Such challenges may require refining abilities or acquiring new competencies; while initially provoking anxiety, this process is essential for flow emergence, as it stimulates the search for creative solutions to meet evolving demands (Ceja & Navarro, 2017; Csikszentmihalyi, 1997; Fullagar & Kelloway, 2009). Our findings provided some support for this, as flow experiences predicted greater levels of wellbeing.

Hope offers transformative power, as May (1982) described. Through willingness, hope shifts individuals from resignation to proactive, values-guided exploration (Snyder et al., 2002). In clinical settings, when clients see that prior coping has not brought them closer to what they care about, the next step is cultivating hope, therefore broadening possible responses. ACT skills, such as cognitive defusion, acceptance, and values clarification, help clients envision multiple pathways towards aspirations (Hayes et al., 2012). Skilled therapists support agency by integrating difficult emotions like fear and anger into values-driven action. The enduring predictive power of hope in our teacher sample mirrors these clinical mechanisms: once staff members identified workable pathways, the motivational energy (agency) sustained wellbeing half a year later.

A key part of the school-based intervention involved clinical insights and strengths-based learning: connecting individuals with values, moving them from negative emotion to hopefulness, and supporting competence and skill development (Beresford et al., 2025). Hope is not passive; it is an active stance, supported by willingness, illuminated by flow, and guided by workable, values-consistent behaviour. For ACT practitioners, facilitating creative hopelessness early in the therapeutic process is crucial; it clears unworkable coping strategies, enabling hopefulness and self-efficacy, and opening space for flow to occur. Still, in both clinical and positive psychology contexts, external disruptions must be carefully considered. Interventions might therefore prioritise hope-building (e.g., goal mapping, agency exercises; Ciarrochi et al., 2007; Colla et al., 2022; Snyder et al., 2002) and flow-enhancing (e.g., Bassi & Delle Fave, 2012; Rodríguez-Sánchez et al., 2011; Salanova et al., 2014) components, if long-term wellbeing gains are desired.

Temporal Relevance

Although these data were collected in 2011, the underlying constructs and measures remain front line in current research: hope continues to show robust associations with wellbeing (Alarcón et al., 2013; Feldman & Corn, 2023), work-related flow is supported by recent empirical syntheses (e.g., Bassi et al., 2022; Isham & Jackson, 2022), and the WEMWBS remains a widely used, validated indicator of wellbeing (Adler & Seligman, 2016; Perera et al., 2025; Stewart-Brown, 2013; Tennant et al., 2007).

Limitations

Our study contains several limitations. First, we lacked a direct measure of creative hopelessness. While we argue that the clinically informed strengths-based intervention used at the school evoked a process analogous to creative hopelessness, with its hopeful stance of relinquishing unworkable strategies, this requires validation using psychometrically robust tools. Second, data were drawn from a school context, whereas creative hopelessness originates in clinical settings; its applicability to general populations needs further testing. Third, as a secondary analysis, the study was limited by the available measures; the measures had sub-optimal values on some metrics, and goal-directed behaviour, which is a central part of hope theory, was not assessed. Restricting flow to work contexts also precluded exploration of flow in non-work settings. Future research should use more comprehensive instruments across both clinical and non-clinical populations.

Fourth, detecting moderation proved difficult. Traditional statistics may not fully capture therapeutic change over time (Kern et al., 2020). Research in more stable contexts may clarify these dynamics and reveal stronger evidence of reciprocal effects. Still, the theoretical model remains compelling: creative hopelessness fosters openness to new strategies, promoting hope, flow, and ultimately wellbeing. As Ciarrochi et al. (2022) suggested, the unification of clinical and positive psychology interventions is a nascent area of research; our study takes a step towards linking clinical and positive psychological domains. Fifth, future studies should conduct a priori power analyses for interaction terms or adopt multilevel modelling of intensive longitudinal data to better detect moderation. Finally, research testing dynamic associations among positive variables over time is necessary for understanding the mechanisms underlying the cultivation of wellbeing (Kern et al., 2020).

Conclusion

Creative hopelessness, which occurs through therapy in clinical settings or through strengths-based interventions in general populations, is a potentially transformative process that can lead to hope, healing, and thriving. We hope that this paper encourages therapists, practitioners, and individuals to embrace creative hopelessness and strengths-based approaches as processes that cultivate and initiate hope and flow experiences, which in turn can

contribute to an individual's sense of wellbeing. Like other complex processes in life, "hopelessness", rather than being an undesirable end point, has the capacity to be the instigator of values-based living.

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References

Adler, A., & Seligman, M. E. P. (2016). Using wellbeing for public policy: Theory, measurement, and recommendations. *International Journal of Wellbeing*, *6*(1), 1–35. https://doi.org/10.5502/ijw.v6i1.429

Alarcón, G. M., Bowling, N. A., & Khazon, S. (2013). Great expectations: A meta-analytic examination of optimism and hope. *Personality and Individual Differences*, *54*(7), 821–827. https://doi.org/10.1016/j.paid.2012.12.004

Bakker, A. B. (2008). The work-related flow inventory: Construction and initial validation of the WOLF. *Journal of Vocational Behavior*, *72*(3), 400–414. https://doi.org/10.1016/j.jvb.2007.11.007

Barnes-Holmes, Y., & McEnteggart, C. (2025). Creative hopelessness and why it is so central in ACT. In L. Bruyninx, Y. Barnes-Holmes, C. McEnteggart, M. Vleugel, & R. Thewissen (Eds.), *Practicing acceptance and commitment therapy with head and heart: Understanding the why behind each intervention* (pp. 60–82). Routledge. https://doi.org/10.4324/9781032699691-5

Bassi, M., Carissoli, C., Beretta, S., Negri, L., Fianco, A., & Delle Fave, A. (2022). Flow experience and emotional well-being among Italian adolescents during the COVID-19 pandemic. *The Journal of Psychology*, *156*(6), 395–413. https://doi.org/10.1080/00223980.2022.2074347

Bassi, M., & Delle Fave, A. (2012). Optimal experience among teachers: New insights into the work paradox. *The Journal of Psychology: Interdisciplinary and Applied*, *146*(5), 533–557. https://doi.org/10.1080/00223980.2012.656156

Bennett, R., & Oliver, J. (2019). *Acceptance and commitment therapy: 100 key points and techniques*. Routledge. https://doi.org/10.4324/9781351056144

Beresford, K., Kern, M. L., & Jarden, A. (2025). The creative-being model: The role of negative emotion in creative flourishing and the impact on positive education. *The Journal of Positive Psychology*, *20*(1), 59–71. https://doi.org/10.1080/17439760.2024.2322467

Bramwell, K., & Richardson, T. (2018). Improvements in depression and mental health after acceptance and commitment therapy are related to changes in defusion and values-based action. *Journal of Contemporary Psychotherapy*, *48*, 9–14. https://doi.org/10.1007/s10879-017-9367-6

Carr, A., Cullen, K., Keeney, C., Canning, C., Mooney, O., Chinseallaigh, E., & O'Dowd, A. (2021). Effectiveness of positive psychology interventions: A systematic review and meta-analysis. *The Journal of Positive Psychology*, *16*(6), 749–769. https://doi.org/10.1080/17439760.2020.1818807

Carr, A., Finneran, L., Boyd, C., Shirey, C., Canning, C., Stafford, O., Lyons, J., Cullen, K., Prendergast, C., Corbett, C., Drumm, C., & Burke, T. (2024). The evidence-base for positive psychology interventions: A mega-analysis of meta-analyses. *The Journal of Positive Psychology*, *19*(2), 191–205. https://doi.org/10.1080/17439760.2023.2168564

Carrillo, A., Rubio-Aparicio, M., Molinari, G., Enrique, Á., Sánchez-Meca, J., & Baños, R. M. (2019). Effects of the Best Possible Self intervention: A systematic review and meta-analysis. *PloS ONE*, *14*(9), Article e0222386. https://doi.org/10.1371/journal.pone.0222386

Ceja, L., & Navarro, J. (2017). Redefining flow at work. In C. Fullagar & A. Delle Fave (Eds.), *Flow at work: Measurement and implications* (pp. 81–105). Routledge. https://doi.org/10.4324/9781315871585-5

Cheavens, J. S., & Whitted, W. M. (2023). Hope therapy. *Current Opinion in Psychology*, *49*, Article 101509. https://doi.org/10.1016/j.copsyc.2022.101509

Chia, A., Kern, M. L., & Neville, B. A. (2020). CSR for happiness: Corporate determinants of societal happiness as social responsibility. *Business Ethics*, *29*(3), 422–437. https://doi.org/10.1111/beer.12274

Ciarrochi, J., Hayes, S. C., Oades, L. G., & Hofmann, S. G. (2022). Toward a unified framework for positive psychology interventions: Evidence-based processes of change in coaching, prevention, and training. *Frontiers in Psychology*, *12*, Article 809362. https://doi.org/10.3389/fpsyg.2021.809362

Ciarrochi, J., Heaven, P. C. L., & Davies, F. (2007). The impact of hope, self-esteem, and attributional style on adolescents' school grades and emotional well-being: A longitudinal study. *Journal of Research in Personality*, *41*(6), 1161–1178. https://doi.org/10.1016/j.jrp.2007.02.001

Ciarrochi, J., Parker, P., Kashdan, T. B., Heaven, P. C. L., & Barkus, E. (2015). Hope and emotional well-being: A six-year study to distinguish antecedents, correlates, and consequences. *The Journal of Positive Psychology*, *10*(6), 520–532. https://doi.org/10.1080/17439760.2015.1015154

Colla, R., Williams, P., Oades, L. G., & Camacho-Morles, J. (2022). "A new hope" for positive psychology: A dynamic systems reconceptualization of hope theory. *Frontiers in Psychology*, *13*, Article 809053. https://doi.org/10.3389/fpsyg.2022.809053

Corrigan, J. A., & Schutte, N. S. (2023). The relationships between the hope dimensions of agency thinking and pathways thinking with depression and anxiety: A meta-analysis. *International Journal of Applied Positive Psychology*, *8*, 211–255. https://doi.org/10.1007/s41042-023-00099-1

Cosio, D. (2019). A group-based, acceptance & commitment therapy intervention for chronic pain. *Social Work With Groups*, *43*(4), 334–346. https://doi.org/10.1080/01609513.2019.1604290

Csikszentmihalyi, M. (1988). The flow experience and its significance for human psychology. In M. Csikszentmihalyi & I. S. Csikszentmihalyi (Eds.), *Optimal experience: Psychological studies of flow in consciousness* (pp. 15–35). Cambridge University Press. https://doi.org/10.1017/cbo9780511621956.002

Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. Harper & Row.

Csikszentmihalyi, M. (1997). *Finding flow: The psychology of engagement with everyday life*. Basic Books.

Csikszentmihalyi, M., & Massimini, F. (1985). On the psychological selection of bio-cultural information. *New Ideas in Psychology*, *3*(2), 115–138. https://doi.org/10.1016/0732-118x(85)90002-9

Delle Fave, A., & Massimini, F. (2005). The relevance of subjective well-being to social policies: Optimal experience and tailored intervention. In F. Huppert, N. Baylis, & B. Keverne (Eds.), *The science of wellbeing* (pp. 379–404). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780198567523.003.0015

Delle Fave, A., Massimini, F., & Bassi, M. (2011). *Psychological selection and optimal experience across cultures: Social empowerment through personal growth*. Springer Science.

Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, *95*(3), 542–575. https://doi.org/10.1037/0033-2909.95.3.542

Dindo, L., Van Liew, J. R., & Arch, J. J. (2017). Acceptance and commitment therapy: A transdiagnostic behavioral intervention for mental health and medical conditions. *Neurotherapeutics*, *14*(3), 546–553. https://doi.org/10.1007/s13311-017-0521-3

Feldman, D. B., & Corn, B. W. (2023). Hope and cancer. *Current Opinion in Psychology*, *49*, Article 101506. https://doi.org/10.1016/j.copsyc.2022.101506

Flückiger, C., Munder, T., Del Re, A. C., & Solomonov, N. (2023). Strength-based methods—A narrative review and comparative multilevel meta-analysis of positive interventions in clinical settings. *Psychotherapy Research*, *33*(7), 856–872. https://doi.org/10.1080/10503307.2023.2181718

Forman, E. M., Herbert, J. D., Moitra, E., Yeomans, P. D., & Geller, P. A. (2007). A randomized controlled effectiveness trial of acceptance and commitment therapy and cognitive therapy for anxiety and depression. *Behavior Modification*, *31*(6), 772–799. https://doi.org/10.1177/0145445507302202

Fullagar, C. J., & Kelloway, E. K. (2009). Flow at work: An experience sampling approach. *Journal of Occupational and Organizational Psychology*, *82*(3), 595–615. https://doi.org/10.1348/096317908x357903

Gallagher, M. W., Marques, S. C., & Lopez, S. J. (2017). Hope and the academic trajectory of college students. *Journal of Happiness Studies*, *18*, 341–352. https://doi.org/10.1007/s10902-016-9727-z

Gloster, A. T., Walder, N., Levin, M. E., Twohig, M. P., & Karekla, M. (2020). The empirical status of acceptance and commitment therapy: A review of meta-analyses. *Journal of Contextual Behavioral Science*, *18*, 181–192. https://doi.org/10.1016/j.jcbs.2020.09.009

Green, S., Oades, L. G., & Robinson, P. (2011). Positive education: Creating flourishing students, staff and schools. *InPsych*, *33*(2), 16–17. https://psychology.org.au/publications/inpsych/2011/april/green

Hayes, S. C. (2013). The genuine conversation: What kind of dialogue should we have about the nature of "positive psychology"? In T. B. Kashdan & J. Ciarrochi (Eds.), *Mindfulness, acceptance, and positive psychology: The seven foundations of well-being* (pp. 305–315). New Harbinger Publications.

Hayes, S. C., Hofmann, S. G., Stanton, C. E., Carpenter, J. K., Sanford, B. T., Curtiss, J. E., & Ciarrochi, J. (2019). The role of the individual in the coming era of process-based therapy. *Behaviour Research and Therapy*, *117*, 40–53. https://doi.org/10.1016/j.brat.2018.10.005

Hayes, S. C., & King, G. A. (2024). Acceptance and commitment therapy: What the history of ACT and the first 1,000 randomized controlled trials reveal. *Journal of Contextual Behavioral Science*, *33*, Article 100809. https://doi.org/10.1016/j.jcbs.2024.100809

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change*. Guilford Press.

Heft, H. (2001). *Ecological psychology in context*. Lawrence Erlbaum. https://doi.org/10.4324/9781410600479

Hofmann, S. G., & Hayes, S. C. (2019). *Learning process-based therapy: A skills training manual for targeting the core processes of psychological change in clinical practice*. New Harbinger.

Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal*, *6*(1), 1–55. https://doi.org/10.1080/10705519909540118

Ignjatovic, C., Kern, M. L., Allen, M. K., & Delle Fave, A. (2024). Does positive climate moderate the relationship of strengths use and knowledge with flow at work? A three year study. *The Journal of Positive Psychology*, *21*(1), 125–134. https://doi.org/10.1080/17439760.2024.2431698

Isham, A., & Jackson, T. (2022). Finding flow: Exploring the potential for sustainable fulfilment. *The Lancet: Planetary Health*, *6*(1), e66–e74. https://doi.org/10.1016/s2542-5196(21)00286-2

John, O. P., & Gross, J. J. (2004). Healthy and unhealthy emotion regulation: Personality processes, individual differences, and life span development. *Journal of Personality*, *72*(6), 1301–1334. https://doi.org/10.1111/j.1467-6494.2004.00298.x

Kashdan, T. B., & Ciarrochi, J. (Eds.). (2013). *Mindfulness, acceptance, and positive psychology: The seven foundations of well-being*. New Harbinger.

Kern, M. L., Williams, P., Spong, C., Colla, R., Sharma, K., Downie, A., Taylor, J. A., Sharp, S., Siokou, C., & Oades, L. G. (2020). Systems informed positive psychology. *The Journal of Positive Psychology*, *15*(6), 705–715. https://doi.org/10.1080/17439760.2019.1639799

Kwon, P., & Hugelshofer, D. S. (2010). The protective role of hope for lesbian, gay, and bisexual individuals facing a hostile workplace climate. *Journal of Gay & Lesbian Mental Health*, *14*(1), 3–18. https://doi.org/10.1080/19359700903408914

Levin, M. E., MacLane, C., Daflos, S., Seeley, J. R., Hayes, S. C., Biglan, A., & Pistorello, J. (2014). Examining psychological inflexibility as a transdiagnostic process across psychological disorders. *Journal of Contextual Behavioral Science*, *3*(3), 155–163. https://doi.org/10.1016/j.jcbs.2014.06.003

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Press.

Linehan, M. M. (2025). *DBT skills training manual, revised edition* (3rd ed.). Guilford Press.

Liu, W., Lu, H., Li, P., van der Linden, D., & Bakker, A. B. (2023). Antecedents and outcomes of work-related flow: A meta-analysis. *Journal of Vocational Behavior*, *144*, Article 103891. https://doi.org/10.1016/j.jvb.2023.103891

Long, K. N. G., Wilkinson, R., Cowden, R. G., Chen, Y., & VanderWeele, T. J. (2024). Hope in adolescence and subsequent health and well-being in adulthood: An outcome-wide longitudinal study. *Social Science & Medicine*, *347*, Article 116704. https://doi.org/10.1016/j.socscimed.2024.116704

Lyubomirsky, S., Dickerhoof, R., Boehm, J. K., & Sheldon, K. M. (2011). Becoming happier takes both a will and a proper way: An experimental longitudinal intervention to boost well-being. *Emotion*, *11*(2), 391–402. https://doi.org/10.1037/a0022575

Massimini, F., & Delle Fave, A. (2000). Individual development in a bio-cultural perspective. *American Psychologist*, *55*(1), 24–33. https://doi.org/10.1037//0003-066x.55.1.24

May, G. (1982). *Will and spirit: A contemplative psychology*. Harper & Row.

Nakamura, J., & Csikszentmihalyi, M. (2009). Flow theory and research. In S. J. Lopez & C. R. Snyder (Eds.), *Oxford handbook of positive psychology* (2nd ed., pp. 195–206). Oxford University Press.

Niemiec, R. M., & Pearce, R. (2021). The practice of character strengths: Unifying definitions, principles, and exploration of what's soaring, emerging, and ripe with potential. *Frontiers in Psychology*, *11*, Article 590220. https://doi.org/10.3389/fpsyg.2020.590220

O'Hara, D. (2025). Hope-focused therapy: A framework outline. *Psychotherapy and Counselling Journal of Australia*, *13*(2). https://doi.org/10.59158/001c.143300

Ong, C. W., Barthel, A. L., & Hofmann, S. G. (2024). The relationship between psychological inflexibility and well-being in adults: A meta-analysis of the Acceptance and Action Questionnaire. *Behavior Therapy*, *55*(1), 26–41. https://doi.org/10.1016/j.beth.2023.05.007

Perera, B. P. R., Wickremasinghe, A. R., & De Za, T. A. P. (2025). Psychometric properties of the Warwick Edinburgh Mental Well-being Scale: A systematic review. *Systematic Reviews*, *14*, Article 149. https://doi.org/10.1186/s13643-025-02897-x

Perkins, D. N. (2000). *The eureka effect: The art and logic of breakthrough thinking*. W. W. Norton.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. Oxford University Press; American Psychological Association.

Rand, K. L. (2009). Hope and optimism: Latent structures and influences on grade expectancy and academic performance. *Journal of Personality*, *77*(1), 231–260. https://doi.org/10.1111/j.1467-6494.2008.00544.x

Revelle, W. (2025). *psych: Procedures for psychological, psychometric, and personality research*. Northwestern University. https://CRAN.R-project.org/package=psych

Richards, R., Runco, M. A., & Pritzker, S. R. (Eds.). (2018). *Encyclopedia of creativity, invention, innovation and entrepreneurship*. Springer.

Rodríguez-Sánchez, A. M., Schaufeli, W., Salanova, M., Cifre, E., & Sonnenschein, M. (2011). Enjoyment and absorption: An electronic diary study on daily flow patterns. *Work & Stress*, *25*(1), 75–92. https://doi.org/10.1080/02678373.2011.565619

Rosseel, Y. (2012). lavaan: An R package for structural equation modeling. *Journal of Statistical Software*, *48*(2), 1–36. https://doi.org/10.18637/jss.v048.i02

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, *52*, 141–166. https://doi.org/10.1146/annurev.psych.52.1.141

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, *57*(6), 1069–1081. https://doi.org/10.1037/0022-3514.57.6.1069

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, *69*(4), 719–727. https://doi.org/10.1037/0022-3514.69.4.719

Salanova, M., Rodríguez-Sánchez, A. M., Schaufeli, W. B., & Cifre, E. (2014). Flowing together: A longitudinal study of collective efficacy and collective flow among workgroups. *The Journal of Psychology: Interdisciplinary and Applied*, *148*(4), 435–455. https://doi.org/10.1080/00223980.2013.806290

Schutte, N. S., & Malouff, J. M. (2019). The impact of signature character strengths interventions: A meta-analysis. *Journal of Happiness Studies*, *20*, 1179–1196. https://doi.org/10.1007/s10902-018-9990-2

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, *60*(5), 410–421. https://doi.org/10.1037/0003-066X.60.5.410

Snyder, C. R. (1994). *The psychology of hope: You can get there from here*. Free Press.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, *60*(4), 570–585. https://doi.org/10.1037/0022-3514.60.4.570

Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2002). Hope theory: A member of the positive psychology family. In C. R. Snyder & S. Lopez (Eds.), *Handbook of positive psychology* (pp. 257–276). Oxford University Press. https://doi.org/10.1093/oso/9780195135336.003.0019

Stewart-Brown, S. (2013). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Performance in different cultural and geographical groups. In C. L. M. Keyes (Ed.), *Mental well-being: International contributions to the study of positive mental health* (pp. 133–150). Springer. https://doi.org/10.1007/978-94-007-5195-8_7

Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes*, *5*, Article 63. https://doi.org/10.1186/1477-7525-5-63

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Harvard University Press.

Weeks, J. (2013, April). *Bringing together the best of science and practice in a K–12 schooling culture and context* [Conference presentation]. Positive Education Schools Association Conference, Wollongong, Australia.

Wellenzohn, S., Proyer, R. T., & Ruch, W. (2016). How do positive psychology interventions work? A short-term placebo-controlled humor-based study on the role of the time focus. *Personality and Individual Differences*, *96*, 1–6. https://doi.org/10.1016/j.paid.2016.02.056

Wilson, K. G., & Murrell, A. R. (2004). Values work in acceptance and commitment therapy: Setting a course for behavioral treatment. In S. C. Hayes, V. M. Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition* (pp. 120–151). Guilford Press.

Worm, T., & Stine-Morrow, E. A. L. (2021). May the flow be with you: Age differences in the influence of social motives and context on the experience of activity engagement. *Journal of Adult Development*, *28*, 265–275. https://doi.org/10.1007/s10804-021-09375-3