

HOPE at PLAY: Mindfulness-Informed Group Practices in Action with People with Intellectual and Developmental Disabilities Before and During COVID-19

Andrea Szucs^{1,2,4}, Miranda R. Deebrah^{2,4}, Matthew Hess^{3,4}

¹Fordham University, ²Columbia University School of Social Work, ³Touro College
⁴AHRC New York City

Abstract: *This paper looks at concepts, theories and applied aspects through client stories and suggested exercises to enhance practice with special populations. Exercising proactive concepts and mindfulness-informed positive interventions, higher resilience and improved well-being is noticeable. Integrating social work principles, the newest findings of positive psychology, tools of drama therapy and psychodrama, this group model is focusing on activating positive emotions and character strengths. Evidence-informed, action-based practices modified for people with intellectual and developmental disabilities can foster positive changes, exploring new directions.*

Keywords: *intellectual disabilities, character strengths, positive emotions, mindfulness, group, role-play, best possible self, video feedback, action methods, gratitude, hope, psychodrama, drama therapy, positive psychology*

“Hope is a seed planted in the muck of our life that will do everything it can to find the light.”
– Dan Tomasulo

Hope is the only positive emotion that needs something uncertain or negative to be activated. In 2020, most of us are feeling the uncertainty as the COVID-19 crisis redefines normal and shuts down our world as we know it. Can we prepare to learn hope? Can hope be cultivated, practiced and sustained? Would that help us to be more resilient in a crisis situation? According to the newest research the answer is yes, hope can be learned. Hope is the belief that there is something we can do to influence our future (Tomasulo, 2020). How can this belief be activated and strengthened in people who, by any means, are most vulnerable?

People with intellectual and developmental disabilities (ID/DD) are possibly the most marginalized disabilities subgroup. Trauma thresholds are significantly lower, interventions are limited, and there is a lack of training provided to mental health professionals serving this special group of people. Tools of Psychodrama and Drama Therapy are shown to be effective with the ID/DD population in clinical practice, therapeutic recreation, education, and coaching. Adding the use of the camera and video feedback may enhance the activation and cultivation of character strengths for people with no or low literacy which may lead to significant improvements in well-being (Szucs, et al., 2019).

In this paper, we share concepts that may be promising to activate positive emotions and character strengths to improve resilience and well-being.

5 Mindfulness-Informed Interventions

In our earlier article *The ACTing Cure* (Tomasulo & Szucs, 2015), we discuss the efficacy of using action-based methods with the ID/DD population. The *ACTing Cure* is a hybrid group model specifically designed for people with no or low literacy, where the four stages are within a single session. Stage 1: Orientation Stage uses cognitive networking and engagement through awareness. Stage 2: Warm-Up Stage is preparing for action through creative interaction. Stage 3: Enactment Stage is “discovery, exploration, and action insight through various action methods and techniques, such as role-playing in character, the use of an empty chair, and role reversal”. Stage 4: Affirmation Stage is “the identification of group features of therapeutic factors and individual character strengths, which have emerged throughout the group” and “practicing strength spotting and exercising executive functions such as choice, decision, and reasoning” (Tomasulo & Szucs, 2015). In 2019, we started adding a mindfulness-informed lens to shift perspectives, strengthen autonomy, foster relatedness, raise levels of well-being, promote gratitude, and encourage hope.

I. Setting the Tone: Mindfulness Meditation

“I feel so much better! I wanted to leave but now I stay.”

Stage 1 (Orientation) of the ACTing Cure group model can be a Mindfulness Meditation exercise that sets the tone for the rest of the session. Our practice usually consists of deep breathing and a sensory scan in which clients are guided in briefly focusing on each of the five senses and what they notice via each sense. This enables participants to become more present and calm for the benefit of the group and themselves, while allowing for the session to proceed smoothly.

Before a morning session began, Clients Mark (African American male, 40's, mild ID/DD) and Eddie (Caucasian male, 70's, mild ID/DD) were engaged in an intense verbal dispute. Mark, who is someone who has a need to know certain details, had been trying to ask a question and kept repeating himself as he was not receiving the answer he needed. If Mark can't finish his sentence, he will start again. This behavior is typical and earned him the reputation of “being difficult” and “annoying”. On this morning, the argument got out of proportion and started to feel unsafe. People were grabbing chairs, crying, and yelling while Mark relentlessly continued repeating his question with the exact same cadence. Frustrated with hearing the same thing over and over from Mark, Eddie began making rude comments to him and ultimately became verbally aggressive. Mark then kept trying to explain what he was trying to say and continued to ask his question which further incited Eddie's aggressive statements. This resulted in a very loud back and forth between the two which grew to be disruptive and upsetting to other clients in the group. A few clients soon expressed their desire to leave, finding the dispute uncomfortable which made it difficult for them to remain in the room.

With all the commotion, group leaders decided it was time to begin the session with the Mindfulness Meditation, as usual, in the hopes that it would restore calm within each client, especially Mark and Eddie, and enable everyone to move forward with the day's activities.

Existing research indicates that mindfulness-based practices can lead to positive outcomes such as reductions in aggression, increased social functioning and interactions with peers, and increased feelings of calmness (Harper et al., 2013). While the mindfulness meditation used in this group is not exactly the same as the *Soles of the Feet* meditation (Appendix A) in which all attention is shifted to the feet's sensations to help reduce aggressive behavior (Singh et al., 2013), its purpose and outcomes are similar in promoting and nurturing a sense of calmness in clients through the intentional focus on the five senses and deliberately honing in on the sensory experience.

HOW WE PRACTICE:

Sit up nice and straight on your chair.

I like to close my eyes, you don't have to.

I like to put my hand on my heart or you can keep it where it's comfortable for you.

Imagine that your feet have roots that go deep into the ground, like a tree.

Imagine that you have antennas connecting you to the skies.

We will take a deep breath, in and out.

Notice how the chair supports you.

Notice, quietly in your mind. Can you still taste your breakfast from this morning? Can you taste your coffee or tea?

How is the temperature in the room? Is it hot or cold? Is it just right? Just notice it quietly in your mind.

Notice any sounds you hear inside the room. Anything you hear outside the room? Maybe on the street?

Can you smell something? Coffee? Flowers? Perfume? Anything else?

As we open our eyes - look around and find one thing in the room you like. Notice your neighbor and other people in this group. Give a little nod. Give a little smile. Wave or say hello. This is our group today. We will be together till lunch.

Take a nice deep breath in and out. Thank you everyone for being here!

Once the group was guided through the Mindfulness Meditation, there was, in fact, a noticeable reduction in verbal aggression and both clients were more focused, calmer and were able to engage with each other in a respectful and supportive manner towards each other as the session progressed.

II. Upward Spiral: Multi-directional Gratitude

“When you ask what made my heart smile always makes my heart smile.”

Character strengths are positive traits that manifest in thoughts, feelings and behaviors in human beings (Park et al., 2004). The VIA Institute on Character (2020) identifies 24 key character strengths under six domains: Wisdom, Courage, Humanity, Justice, Temperance, and Transcendence, described as “positive, trait-like capacities”. All 24 character strengths exist in each of us in varying degrees and are considered the primary ingredients to flourishing (Niemiec, 2013; Niemiec et al., 2017).

Under the virtue of Transcendence, The VIA Institute lists 5 characters strengths:

Appreciation of Beauty and Excellence - noticing and appreciating beauty, awe, wonder, excellence

Gratitude - seeing the good, counting our blessings, and be able to express thanks

Hope - future mindedness, optimism, a belief that one have influence on their own future

Humor - playfulness and laughter. Bringing smiles to others.

Spirituality - connection to something bigger than us, purpose and calling

Recent research says that people suffer the most when those strengths are absent (Freidlin et al., 2017). The more we use them the more we will see them which creates an “Upward Spiral” (Kok & Fredrickson, 2010). In our group work, we put a lot of emphasis to cultivate and activate Character Strengths, in particular: Gratitude and Hope. Robert Emmons calls Gratitude the “Queen of Virtues” (Emmons, 2016). Gratitude is also referred to as “the key that opens all doors”, “unlocks the fullness of life”, “the key to abundance, prosperity, and fulfillment” (Hay, 1996; Emmons & Hill, 2001). In our sessions, we noticed the positive accumulative effects. On days when we had another exercise planned, group members ask: “You’re not gonna ask us what made our heart smile?”

A. Gratitude Check-in

For the Gratitude Check-in, each client is encouraged to share with the group one thing for which they were grateful and made them happy during the last 24 hours. Facilitators may ask, using language that is accessible and easily understood by clients, “What is one thing that made your heart smile this morning or yesterday?” In this example, the exercise is used in the ACTing Cure / Stage 1 (Orientation).

Facilitator: I ask you to think back to this morning. What is something that made your heart smile? That gave you a warm-and-fuzzy feeling?

John: I had cereal for breakfast.

Group: Me too! I love cereal. Cereal is good.

Jim: My staff said good morning and they smiled at me.

Group: Yeah ... That’s really nice. I like that. My staff likes me. I like her.

Facilitator: That’s awesome! Jim, who would you like to ask what made their heart smile?

Jim: Mary.

Facilitator: Could you please ask her?

Jim: Oh yeah...

Facilitator: Great. Would you be willing to look at her straight to her eyes and ask what made her heart smile this morning?

Jim: (turns to Mary) Mary! What makes you happy this morning?

Mary: Well... Thank you for asking, Jim!

Jim: Youuuuuu welcome...

Mary: Well... I was playing with my cat. She always makes me happy. So cute.

Group: I have a cat too! I love cats. I have a dog. What’s the name of your cat?

This continues till everyone has the opportunity to share their good news and ask others about theirs.

Not only does this exercise activate and nurture Gratitude, we also noticed the emergence of therapeutic factors (Yalom & Leszcz, 2005) as clients are able to connect with each other through commonalities.

B. Empty Chair

Expressing gratitude sometimes is not available. People may not be present, they might be estranged or deceased. Maybe the gratitude is towards an animal, non-animate object, nature or deity. The virtual gratitude visit (VGV) is an intervention using surplus reality that “activates many therapeutic elements contained in the literature on gratitude, role-playing, and storytelling” and can be used in both individual and group settings. This intervention has proven to be useful with ID/DD populations precisely because it is done through role-play and storytelling, making it accessible to those with no or low literacy. The VGV “extends the applicability of an expression of gratitude to include people who are unavailable; those who have passed on; “parts” of ourselves we have gratitude toward (such as a time when we had more resilience, grit, or joy in our lives); or expressed gratitude toward a higher power or entity” (Tomasulo, 2019). The next case example took place in Stage 3 (Enactment).

A beloved employee of the organization passed away suddenly and unexpectedly of natural causes at a young age. All activities and conversation circled back to “When David said that ... David helped me so much ... David was always nice to me ... I miss David, I want him to be back ...”. We used an empty chair and hosted a Virtual Gratitude Visit (VGV) that helped group members to say their goodbyes, express their gratitude to David and get a step closer to closure and help to process grief. Participants reported: “I feel so much better.”; “I know he is right here in my heart. Always.”; “Thank you. Really, thank you!”; “I was so sad and now I’m ok.”; “I can smile again.”.

As mentioned earlier in this article, trauma thresholds are significantly lower in the ID/DD population and trauma manifests differently. Story and performance are powerful tools to facilitate change and move along a process, in this case grieving and saying goodbye. Using role-play and imagination, “a playful creativity may provide an untapped resource for personal growth and healing”. Using the “what if” of surplus reality can bring new perspectives and insights (Tomasulo & Szucs, 2015).

HOW WE PRACTICE:

Two chairs were set up on the stage area facing each other. We imagined David sitting in one chair, recalling vividly how he looks, what he wears, how he sits. Each member of the group was invited to sit on the chair or stand behind the chair facing “David” and got the opportunity to send their best wishes towards him. Clients and staff present were saying what they wanted to tell David. Even people who did not know David participated. When the sharing got dark, devastating, and deep, members were invited to think about “the best times you had with David” or “something funny he said to you” or “what is one thing David helped you with”, making sure that the last emotion of the “conversation” induced positive emotions.

C. A Camera and an Empty Chair

Positive emotions have a direct correlation with positive relationships. These emotions seem to cause a positive re-appraisal of others, leading to considerations of social alliances (Algoe & Haidt, 2004). We noticed the individuals show positive emotions towards one another which ultimately has led to positive relationships in and outside of the group. The following scene was part of Stage 3 (Enactment) using Video Feedback.

Violet is showing her appreciation towards Bill when on camera. Violet explained how grateful she is that Bill is her best friend and neighbor. Violet shared how Bill helps her take care of her plants, collect her mail and watches her apartment when she is not there for periods of time, as well as how they watch movies together, eating popcorn and what it means to her. Violet was able to express her gratitude and appreciation to the whole group “on TV” while Bill watched the live feed with a big smile. When we played back the clip, Bill was able to accept such wonderful compliments and shared that he feels the same. The conversation between Bill and Violet continued with them sharing stories of good times, stating how lucky are the ones who have good friends and support in their lives. Everyone in the group chimed in, both affirming how meaningful this conversation was for them and sharing similar stories from their own experience.

HOW WE PRACTICE (Appendix B):

1. A video camera is connected to a TV monitor via USB cable, and is used to record the ACTOR (client) as they role-play or tell their stories. Other group members (AUDIENCE) watch them on the TV screen via live feed.
2. The performance is played back within the same session. The ACTOR now becomes the AUDIENCE. This perspective change seems to facilitate catharsis of integration. The ACTOR is asked "What did you like most about your performance?"
3. Following the client's feedback of themselves, now the audience is invited to share "What did you like about the performance the most? Please look them (the actor) in the eye and tell them". The ACTOR receives additional feedback and affirmation from the group which highlights their strengths. The validation and affirmation from others induce positive emotions and the emergence of character strengths. Gratitude is taking a step towards Hope, discovering one's Best Possible Self.
4. This repeats until all group members who want to participate have their turn.

III. Best Possible Selfie: Character Strengths Activation And Video Feedback

"Just put your mind where you want it to be. Sure you will be successful like me."

Through the use of roleplay and unedited video feedback, clients are able to serve as exemplars for themselves as they become the audience when they watch themselves on screen and see themselves as others perceive them (Szucs et al., 2019). In our group, we make use of these techniques in a "Best Possible Self" exercise in which clients are prompted to imagine their ideal version of themselves and then enact those roles on camera (Tomasulo & Szucs, 2015). After filming scenes of their Best Possible Self, clients view their performances on a TV screen alongside other members of the group and receive feedback.

Adam is an older adult with mild intellectual disabilities. He chose to play the role of a doctor as a best possible self, talking to himself and giving advice on what to do to get where he wants to be. We were using the concept of a psychodramatic empty chair with role reversal. Adam was playing both roles that he named "Doctor Adam" (Dr. A) and "Adam Now" (AN). After proper warmup, he was ready to go, switching chairs while reversing roles back and forth. When playing Dr. Adam, he was wearing sunglasses and a scarf, representing a stethoscope.

AN: How long you've been a doctor? How long you had to go to medical school to be a doctor? You like being a doctor?

Dr. A: You have to go to medical school like I did. For 3 years. To help people and everything. Any job I had, I had to change bed sheets. Make sure they have the right kind of food and everything. Make sure they have the right medication.

AN: That's good. I like helping people myself.

Dr. A: Yeah. I help them with the wheelchair and everything. Give them some therapy. Exercise... I like that. And I'm pretty capable of that too.

AN: Thank you for coming. I will remember. I will keep that in mind what you told me.

Dr. A: We got confidence in you. You can do it. Just put your mind where you want it to be. Sure you will be successful like me.

The insight of this scene was how much Adam would enjoy helping others. We were concentrating on the emotional need not the actual story. His desire to contribute and help others was discovered in the roleplay. Knowing that, we were able to find meaningful activities for Adam that satisfy his sense of meaning and purpose for the benefit of others.

In several studies, Best Possible Self activities have been shown to yield many positive results, such as enhanced levels of optimism (Meevissen et al., 2011), increases in positive mood (Sheldon & Lyubomirsky, 2006), and higher expectations for a positive future (Peters et al., 2010), among others. In essence, Best Possible Self activities foster hope in individuals by teaching them to think positively about their future and can help to generate positive mindsets for extended periods (Shapira & Mongrain, 2010).

Veronica, an African American woman in her 40s-50s, is one such client with a mild ID/DD diagnosis who has been able to gradually work towards becoming her best possible self despite the odds against her. She was in and out of foster homes, and has a history of abuse, depression and psychotic breaks which has led to her being hospitalized multiple times. Yet Veronica attended group sessions whenever

she could, always had a bright smile on her face, and maintained a hopeful attitude. Through her participation in our group, she has been able to exhibit many of her strengths. Veronica is someone who is loving towards others, kindhearted, spiritual, values teamwork, and is especially creative. Veronica has a gift for creating beautiful poetry and often writes poems about her life experiences, such as the one below, which contain impressive levels of depth that would not generally be associated with individuals with ID/DD.

*Stay Strong
I know sometimes people treat you wrong*

*Stay Strong
I know life can be a sorry and a sad poem*

*Stay Strong
Because you will always be on your own*

Stay Strong, Stay Strong, Stay Strong

*One day you will find a place in life
Where you belong.
— Stay Strong by Veronica*

Her strengths and talents as a poet helped her to stand out and ultimately led to her being chosen as a peer leader in a new poetry group. She was honored and excited to co-lead group sessions and be an exemplar for her fellow clients, thus taking steps towards her goal of becoming her best possible self.

Research indicates that Best Possible Self activities have significant health benefits including decreases in depressive symptoms and fewer medical visits (Austenfeld et al., 2006; Austenfeld & Stanton, 2008). This supports the idea that interventions that focus on “the most hopeful aspects of our lives”, “our best imagined futures”, and our “most cherished self-wishes (Allport, 1961)” (King, 2001) — much like our Best Possible Selfie activity with ID/DD clients — show great promise in making a difference in leading to positive outcomes for overall health and well-being.

IV. A Heartfelt Wish

“I want a slice of pizza and two pairs of white socks.”

At the end of Stage 4 (Affirmation) all are encouraged to send a “Good Wish” to themselves which allows them to verbalize qualities and meaningful virtues they wish for themselves and others.

Clients exhibit autonomy in choosing what they would like to wish for. The character strength of Hope is further cultivated within each client through their wishing for good things for themselves in the present and future as they are led by the group’s facilitators in vocalizing phrases aloud that are based in the ancient Buddhist Metta Meditation practice. *Metta* is the “heartfelt wish for the well-being of oneself and others” (Fronsdal, 2008) and is “first practiced towards oneself” (Metta Institute, 2011) using phrases that usually begin with “May I ...” followed by the individual’s wish.

*May I be filled with loving kindness.
May I be safe from inner and outer dangers.
May I be well in body and mind .
May I be at ease and happy.*

Lovingkindness meditation is “a technique used to increase feelings of warmth and caring for self and others” (Salzberg, 1995, as cited in Kok et al., 2013). Literature affirms that the ID/DD population benefits from mindfulness-based interventions like Lovingkindness meditation as it provides them with “hope for the future” (Harper et al., 2013), and helps to increase both their self-compassion and compassion for others (Idusohan-Moizer et al., 2015).

Research further shows that Lovingkindness meditation is an effective method of self-generating and influencing positive emotions (Kok et al., 2013). Greater positive emotions also lead to increases in personal resources, including “mindful attention, self-acceptance, positive relations with others, and good physical

health”, which in turn makes a difference in people's lives and increases their life satisfaction and personal growth (Frederikson et al., 2008).

HOW WE PRACTICE:

At the closing of the session, clients are invited to share out loud a few “Good Wishes” they would like to send to themselves. Good Wishes may include things such as happiness, peace, friendship, love and understanding. Sometimes they are more practical such as pizza, potato chips, and two pairs of white socks. Whatever they are, all wishes are embraced and translated into a Metta meditation format that the group leader speaks out loud. Clients are invited to repeat it out loud, or quietly in their minds.

*“I want to be with my friends.” -- **May I always have friends.***

*“No stress and to be ok.” -- **May I have peace. May I be well.***

*“That I’m not yelled at.” -- **May I be respected. May I respect others.***

*“To love my staff and they love me.” -- **May I be loved and loving.***

*“That Joe listens to me and stuff like that.” -- **May I always be understood.***

*“I want to work and make money.” -- **May I always matter. May I live in abundance.***

*“I want a slice of pizza and two pairs of white socks,” -- **May I always have enough.***

As the Meditation comes to a close, facilitators can say:

“When you are ready, breathe in all these good wishes. They are for you. Put them into your heart. It’s yours and no one ever can take it away from you.”

Clients usually leave the room with radiating smiles, waving: “See you after lunch”.

In a dialogue with the Dalai Lama, Dr. Barbara L. Fredrickson shared her findings on the benefits of practicing Lovingkindness meditation which include increases in positive emotions and increased Vagal Tone, which is “the nerve that connects the brain to the heart” (His Holiness the 14th Dalai Lama of Tibet, 2010). By increasing Vagal Tone, individuals are better able to regulate emotions, attention, and behavior (2010). The Dalai Lama concluded that Frederikson’s findings, among others, was “clear scientific proof of the positive effect of compassion on the wholesome development of the individual and for the society as a whole” (2010), which leads us to believe that our “Good Wish” exercise as a mindfulness-informed intervention holds great potential for positive outcomes for the ID/DD population.

V. Magic Market

“And one more thing — HOPE.”

The Magic Shop is a psychodramatic method by J. Moreno (1948) who is often called the “father of psychodrama”. The Magic Shop “provides the group members with an opportunity to buy psychological qualities or characteristics that they feel they lack” which “may be revealing and a source of potential insight for the protagonist” (Verhofstadt-Denève, 2001). This intervention utilizes a “combination of playfulness and seriousness, of humor and pain, of dream and reality, which constitutes the distinctive healing power of this psychodramatic technique” (2001). Our Magic Market is a simplified modification of the method. Clients (customers) can discover in a playful theatrical way what they need or want in a certain situation, practice to accept the support they asked for, and let go of things that don’t serve them at the moment.

CUSTOMER 1

Shopkeeper / Facilitator: Hi, Sir, how are you?

Customer / Client: No-no-not so good.

SF: Come a little closer, let me hear, what seems to be the problem, Sir?

CC: A...it-it’s my roommate Adam. A... he-he-he was yelling at me for no apparent reason.

SF: *What can I get you, Sir?*
CC: *How about some Understanding! A lot.*
SF: *A lot of understanding coming up. You know what? We give you all the Understanding we have.*
OK?
CC: *Yes.*
SF: *So here is a lot of Understanding. What else can I get you?*
CC: *Happiness.*
SF: *Happiness?*
CC: *Yes.*
SF: *What color?*
CC: *Maybe blue.*
SF: *Great. Anything else I can get you today?*
CC: *That's it.*
SF: *Ok. So. Now you have to pay for it.*
CC: *OK. How?*
SF: *You have to leave something you don't need in your life anymore.*
CC: *Stress.*
SF: *Great. What do you want to do with it? Stomp on it, out the window, in the garbage ...*
CC: *In the garbage.*
SF: *Perfect. Let's throw it in the garbage and make sure the lid is closed.*
(*Clients pantomime brushing off his stress into the garbage, slamming the lid shut.*)
SF: *Thank you, Sir. It's a pleasure to do business with you. Here is your bag. Please come again soon.*
CC: *Ok.*

CUSTOMER 2

CC: *Hi, my name is Joseph, and I just see if I can ... I just started working in a new place and this past couple of weeks I have trouble with adjusting. I need more Understanding. I know it's a new place and it's a little different but I just want to make friends. And ... you know I just want to make friends ... and be comfortable around new people. And Kindness.*
SF: *That's very good. Anything else?*
CC: *And Happiness. And Caring.*
SF: *Very good. Whatever you are here for it will be automatically transferred to your heart.*
CC: *Ok.*
SF: *So whenever you need Understanding, Kindness, Comfort, just reach in your heart and it's there.*
CC: *Alright. Thank you very much!*

CUSTOMER 3

CC: *My friend is not doing good so I'm here to get some Kindness and some Relaxation.*
SF: *What else would you need?*
CC: *Strength please. And Courage please. And one more thing — HOPE.*

VI. Conclusion

"I will be fine."

Working on this article on the subject of Hope has been a valuable resource for the authors. This experience has served to elicit and strengthen hope and optimism within ourselves even in the midst of the harrowing COVID-19 global pandemic — a poignant instance which only speaks to the immense power of Hope. At the time of writing this paper, all on-site programs are closed at AHRC due to the pandemic. Like most agencies and programs, we are shifting to remote services as much as possible. A testament to creativity, caring professionals and willing family and community partners, many clients are gaining access to online support and programs. Members carry over the experience and foundations of building hope from pre-COVID-19 times — a foundation that helps during our weekly Zoom Group sessions. Group members state: *"I always see the nice things and stuff like that, what makes my heart smile"*; *"I'm thinking of you and I see things"*; *"It makes me a happy person"*; and *"I will be fine"*. Our priority continues to be inducing positive emotions and resilience during the sessions which are — as discussed earlier — beneficial for physical and psychological well-being.

Hope is the belief that we have control over our future, no matter how big or little that control is at the moment. Yes, we can learn hope by seeing possibilities, cultivating positive feelings, counting our blessings,

focusing on strengths, cherishing relationships, and creating goals and purpose (Tomasulo, 2020). Tomasulo suggests that we can make a habit of hope by making positive choices. Not to be confused, researchers don't suggest ignoring the negative. Simply, give equal chance to the positive, as both are present. Our choice is the perspective to contemplate if there is another way to look at something. With practice, those choices become easy, even automatic.

According to the Merriam-Webster, Hope can be a verb. The definition is: “**want** something to happen or be true”. In his book, Tomasulo (2020) suggests changing that definition to “**make** something happen or be true”. When we are able to calibrate our expectations with an open mind — focusing on influencing what we can and letting go of what we can't control — Hope is at play.

References

- [1]. Algoe, S. B., & Haidt, J. (2004). Elevation, admiration, and gratitude serve other-focused functions. 5th Annual Meeting of the Society for Personality and Social Psychology, Austin, Texas, January 29-31, 2004 [Abstracts], 14. <https://doi.org/10.1037/e633912013-007>
- [2]. Austenfeld, J. L., Paolo, A. M., & Stanton, A. L. (2006). Effects of writing about emotions versus goals on psychological and physical health among third-year medical students. *Journal of Personality* 74(1), 267-286. <https://doi.org/10.1111/j.1467-6494.2005.00375.x>
- [3]. Austenfeld, J. L., & Stanton, A. L. (2008). Writing about emotions versus goals: Effects on hostility and medical care utilization moderated by emotional approach coping processes. *British Journal of Health Psychology*, 13, 35-38. <https://doi.org/10.1348/135910707X250857>.
- [4]. Emmons, R. A. (2016). Is gratitude queen of the virtues and ingratitude king of the vices? In D. Carr (Ed.), *Perspectives on gratitude: An interdisciplinary approach* (p. 141–153). Routledge/Taylor & Francis Group.
- [5]. Emmons, R.A., & Hill, J. (2001). *Words of gratitude for body, mind, and soul*. Radnor, PA: Templeton Foundation Press.
- [6]. Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, 95(5), 1045–1062. <https://doi.org.ezproxy.cul.columbia.edu/10.1037/a0013262>.
- [7]. Freidlin, P., Littman-Ovadia, H., & Niemiec, R. M. (2017). Positive psychopathology: Social anxiety via character strengths underuse and overuse. *Personality and Individual Differences*, 108, 50-54. <https://doi.org/10.1016/j.paid.2016.12.003>.
- [8]. Fronsdal, G. (2008). “Chapter 21: Metta”. *The issue at hand*. Insight Meditation Center. <https://www.insightmeditationcenter.org/books-articles/the-issue-at-hand/en/22/>.
- [9]. Harper, S. K., Webb, T. L., & Rayner, K. (2013). The effectiveness of mindfulness-based interventions for supporting people with intellectual disabilities: a narrative review. *Behavior modification*, 37(3), 431-453. <https://doi.org/10.1177/0145445513476085>.
- [10]. Hay, L. (1996). *Gratitude: a way of life*. Hay House Inc.
- [11]. His Holiness the 14th Dalai Lama of Tibet (2010, October 19). *His Holiness the Dalai Lama in Atlanta - Day Three*. <https://www.dalailama.com/news/2010/his-holiness-the-dalai-lama-in-atlanta-day-three>.
- [12]. Idusohan-Moizer, H., Sawicka, A., Dendle, J., & Albany, M. (2015). Mindfulness-based cognitive therapy for adults with intellectual disabilities: an evaluation of the effectiveness of mindfulness in reducing symptoms of depression and anxiety. *Journal of Intellectual Disability Research*, 59(2), 93-104. <https://doi.org/10.1111/jir.12082>.
- [13]. King, A. (2001). The health benefits of writing about life goals. *Personality and Social Psychology Bulletin*, 27(7), 798-807. <https://doi.org/10.1177/0146167201277003>.
- [14]. Kok, B. E., & Fredrickson, B. L. (2010). Upward spirals of the heart: Autonomic flexibility, as indexed by vagal tone, reciprocally and prospectively predicts positive emotions and social connectedness. *Biological psychology*, 85(3), 432-436. <https://doi.org/10.1016/j.biopsycho.2010.09.005>.
- [15]. Kok, B. E., Coffey, K. A., Cohn, M. A., Catalino, L. I., Vacharkulksemsuk, T., Algoe, S. B., ... & Fredrickson, B. L. (2013). How positive emotions build physical health: Perceived positive social connections account for the upward spiral between positive emotions and vagal tone. *Psychological science*, 24(7), 1123-1132. <https://doi.org/10.1177/0956797612470827>.
- [16]. Meevissen, Y. M. C., Peters, M. L., & Alberts, H. J. E. M. (2011). Become more optimistic by imagining a best possible self: Effects of a two week intervention. *Journal of Behavior Therapy and Experimental Psychiatry*, 42, 371-378. <https://doi.org/10.1016/j.jbtep.2011.02.012>.
- [17]. Metta Institute. (2011). “Metta: How You Can Help.”

- <https://www.mettainstitute.org/mettameditation.html>.
- [18]. Moreno, J. L. (1946). Psychodrama and group psychotherapy. *Sociometry*, 9(2/3), 249-253. <https://www.jstor.org/stable/2785011>.
- [19]. Niemiec, R. M. (2013). VIA character strengths: Research and practice (The first 10 years). In H. H. Knoop & A. Delle Fave (Eds.), *Well-being and cultures: Perspectives on positive psychology* (pp. 11-30). New York: Springer.
- [20]. Niemiec, R. M., Shogren, K. A., & Wehmeyer, M. L. (2017). Character strengths and intellectual and developmental disability: A strengths-based approach from positive psychology. *Education and Training in Autism and Developmental Disabilities*, 52(1), 13-25. <https://www.jstor.org/stable/26420372>.
- [21]. Park, N., Peterson, C., & Seligman, M. E. P. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology*, 23(5), 603–619. <https://doi.org/10.1521/jscp.23.5.603.50748>.
- [22]. Peters, M. L., Flink, I. K., Boersma, K., & Linton, S. J. (2010). Manipulating optimism: Can imagining a best possible self be used to increase positive future expectancies?. *Journal of Positive Psychology*, 5(3), 204-211. <https://doi.org/10.1080/17439761003790963>.
- [23]. Shapira, L. B., & Mongrain, M. (2010). The benefits of self-compassion and optimism exercises for individuals vulnerable to depression. *Journal of Positive Psychology*, 5(5), 377-389. <https://doi.org/10.1080/17439760.2010.516763>.
- [24]. Sheldon, K. M., & Lyubomirsky, S. (2006). How to increase and sustain positive emotion: the effects of expressing gratitude and visualizing best possible selves. *Journal of Positive Psychology*, 1, 73-82. <https://doi.org/10.1080/17439760500510676>.
- [25]. Singh, N. N., Lancioni, G. E., Karazsia, B. T., Winton, A. S., Myers, R. E., Singh, A. N., Singh, D., & Singh, J. (2013). Mindfulness-based treatment of aggression in individuals with mild intellectual disabilities: A waiting list control study. *Mindfulness*, 4(2), 158-167. <https://doi.org/10.1007/s12671-012-0180-8>.
- [26]. Szucs, A., Schau, C., Muscara, K., & Tomasulo, D. (2019). Character strength activation for people with intellectual and developmental disabilities using video feedback in groups. *Journal of Education and Learning*, 8(1), 12-20. <https://doi.org/10.5539/jel.v8n1p12>.
- [27]. Tomasulo, D. (2020). *Learned Hopefulness: harnessing the power of positivity to overcome depression, increase motivation, and build unshakable resilience*. S.I.: New Harbinger Pub.
- [28]. Tomasulo, D., & Szucs, A. (2015). The ACTing cure: evidence-based group treatment for people with intellectual disabilities. *Dramatherapy*, 37(2-3), 100-115. <https://doi.org/10.1080/02630672.2016.1162824>.
- [29]. Tomasulo, D. J. (2019). The virtual gratitude visit (VGV): using psychodrama and role-playing as a positive intervention. In *Positive Psychological Intervention Design and Protocols for Multi-Cultural Contexts* (pp. 405-413). Springer, Cham.
- [30]. Via Institute on Character. (2020). <https://www.viacharacter.org/>.
- [31]. Verhofstadt-Denève, L. (2001). The “magic shop” technique in psychodrama: an existential-dialectical view. *International Journal Of Action Methods*, 53, 3–15. <http://hdl.handle.net/1854/LU-146854>.
- [32]. Yalom, I., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York: Basic Books.

Appendix A

Training steps for *Meditation on the Soles of the Feet* procedure (Singh et al., 2013, p. 162)

1. If you are standing, stand in a natural rather than an aggressive posture, with the soles of your feet flat on the floor.
2. If you are sitting, sit comfortably with the soles of your feet flat on the floor.
3. Breathe naturally, and do nothing.
4. Cast your mind back to an incident that made you very angry. Stay with the anger.
5. You are feeling angry, and angry thoughts are flowing through your mind. Let them flow naturally, without restriction. Stay with the anger. Your body may show signs of anger (e.g., rapid breathing).
6. Now, shift all your attention fully to the soles of your feet.
7. Slowly, move your toes, feel your shoes covering your feet, feel the texture of your socks, the curve of your arch, and the heels of your feet against the back of your shoes. If you do not have shoes on, feel the floor or carpet with the soles of your feet.

8. Keep breathing naturally and focus on the soles of your feet until you feel calm.
9. Practice this mindfulness exercise until you can use it wherever you are and whenever you feel rising anger or when an incident occurs that may otherwise lead to you being verbally or physically aggressive.
10. Remember that once you are calm, you can walk away from the incident or situation with a smile on your face because you controlled your anger. Alternatively, if you need to, you can respond to the incident or situation with a calm and clear mind without verbal threats or physical aggression.

Appendix B

Camera set up for video feedback:

