ACTIVELY LEARNING HOW TO PROMOTE PSYCHOLOGICAL WELL-BEING

APRENDER ATIVAMENTE A PROMOVER O BEM-ESTAR PSICOLÓGICO

APRENDER ACTIVAMENTE A PROMOVER EL BIENESTAR PSICOLÓGICO

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Abstract

The awareness of the role Positive Psychology can have on individuals/groups requires that psychology students develop skills to promote aspects like well-being. Aim: To share an educational experience undertaken with first-year master students from an elective course (Health and Leisure Psychology) in which innovative, leisure-based, health-fostering intervention strategies are experienced. Integrated in a broader project, and after assessing online the psychological needs of an adult sample, students proposed and implemented (role-play) part of a group psychological well-being promotion program. The 7 students involved in the continuous assessment chose to focus on Photo Therapy, Crochet, Forest Bathing Therapy, Cinema Therapy, and Art Therapy in order to promote self-acceptance, positive relations with others, and autonomy. The spontaneous feedback from participants and "psychologists" was quite positive, in accordance with the expected results from the intervention (using the 18-item Portuguese version of the Ryff's Psychological Well-Being Scales, from Novo et al., 1997).

Keywords: Psychology students, Psychological Well-Being, Group Intervention, Active learning, Experiential learning.

Resumo

A consciencialização do papel que a Psicologia Positiva pode desempenhar nos indivíduos e grupos exige que os estudantes de psicologia desenvolvam competências para promover aspetos como o bem-estar. Objetivo: Partilhar uma experiência educativa realizada com estudantes do primeiro ano de mestrado, no âmbito de uma unidade curricular opcional (Psicologia da Saúde e do Lazer), onde foram vivenciadas estratégias de intervenção inovadoras, baseadas no lazer e promotoras da saúde. Integrada num projeto mais alargado, e após a avaliação online das necessidades psicológicas de uma amostra de adultos, os estudantes propuseram e implementaram (em role-play) parte de um programa de promoção do bem-estar psicológico em grupo. Os 7 estudantes envolvidos na avaliação contínua optaram por focar-se em Terapia Fotográfica, Croché, Banhos de Floresta, Terapia através do Cinema e Arte-Terapia, com o objetivo de promover a autoaceitação, as relações positivas com os outros e a autonomia. O feedback espontâneo dos participantes e dos "psicólogos" foi bastante positivo, em consonância com os resultados esperados da intervenção (avaliados através da versão portuguesa de 18 itens das Escalas de Bem-Estar Psicológico de Ryff, adaptada por Novo et al., 1997).

Palavras-chave: Estudantes de Psicologia, Bem-Estar Psicológico, Intervenção em Grupo, Aprendizagem Activa, Aprendizagem Experiencial.

Resumen

La toma de conciencia sobre el papel que puede desempeñar la Psicología Positiva en los individuos y grupos exige que los estudiantes de psicología desarrollen competencias para promover aspectos como el bienestar. Objetivo: Compartir una experiencia educativa realizada con estudiantes de primer año de máster en una asignatura optativa (Psicología de la Salud y el Ocio), en la cual se experimentaron estrategias de intervención innovadoras, basadas en el ocio y orientadas a la promoción de la salud. Integrada en un proyecto más amplio, y tras evaluar en línea las

necesidades psicológicas de una muestra de adultos, los estudiantes propusieron e implementaron (mediante role-play) parte de un programa grupal de promoción del bienestar psicológico. Los 7 estudiantes implicados en la evaluación continua eligieron centrarse en Fototerapia, Ganchillo, Baños de Bosque, Cine-terapia y Arte-terapia, con el objetivo de fomentar la autoaceptación, las relaciones positivas con los demás y la autonomía. La retroalimentación espontánea de los participantes y de los "psicólogos" fue bastante positiva, en consonancia con los resultados esperados de la intervención (utilizando la versión en portugués de 18 ítems de las Escalas de Bienestar Psicológico de Ryff, adaptada por Novo et al., 1997).

Palabras-clave: Estudiantes de Psicología, Bienestar Psicológico, Intervención Grupal, Aprendizaje Activo, Aprendizaje Experiencial.

INTRODUCTION

To facilitate the readers' full and effortless understanding of the educational experience under consideration, the article is divided into two sections: (a) The background, covering the theoretical aspects (with the subsections Positive Psychology and well-being; Non-traditional intervention strategies; and Active & experiential learning); and (b) The educational experience, condensing the practical aspects (with the subsections The context; and The experiential component).

1. THE BACKGROUND

1.1. Positive Psychology and well-being

In 2000, Seligman and Csikszentmihalyi defended that "the aim of positive psychology is to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities" (p. 5). They argued that "if psychologists wish to improve the human condition, it is not enough to help those who suffer. The majority of "normal" people also need examples and advice to reach a richer and more fulfilling existence" (p. 10). Among other aspects, they emphasised the importance of well-being, a valued subjective experience, and interpersonal skill, a positive individual trait, believing "that a psychology of positive human functioning will arise that achieves a scientific understanding and effective interventions to build thriving in individuals, families, and communities" (p. 13).

Some years later, Park et al. (2014) declared that

research has shown that not only are physical, mental, and social well-beings important components for complete health, but they are also interconnected. Evidence is accumulating that a happy, engaged, and fulfilling psychological and social life is not just a consequence of good health, it is what leads people to live a healthy and long life. (p. 200)

They also presented an interesting field/concept:

The field of positive health as we envision it overlaps with allied approaches concerned with disease prevention, health promotion, and wellness. The value of positive health as an approach in its own right is that it makes explicit the need to consider good health as opposed to the absence of poor health. (p. 201)

Considering previous research, these authors provided a list of interconnected positive psychology health assets signaling good health: positive emotions; life satisfaction; optimism; forgiveness; self-regulation; vitality and zest; life meaning and purpose; helping others and volunteering; good social relationships; spirituality and religiosity, adding that researchers (and practitioners) had already developed interventions based on positive psychology – positive psychology interventions or PPIs – to foster positive psychological assets to improve physical health (Park et al., 2014). Since "freedom from disease and longevity are not the only goals of life", they concluded that "helping people cultivate positive psychological and social assets in life has potential for leading to happier, more meaningful, and healthier lives" (p. 205).

PPIs can be defined as (Sin & Lyubomirsky, 2009, cited in Hefferon & Boniwell, 2011):

Treatment methods or intentional activities that aim to cultivate positive feelings, behaviours or cognitions... Programs, interventions, or treatments aimed at fixing, remedying, or healing something that is pathological or deficient – as opposed to building strengths – do not fit the definition of a PPI. (p. 161)

While the application of Positive Psychology to therapy, coaching, education, the organizational setting and public policy has been increasing fast, accompanied by a very high number of PPIs, the number of PPIs that have been empirically tested so far is low (e.g., Hefferon & Boniwell, 2011). Consequently, Hefferon and Boniwell (2011) point of view still seems up to date:

we believe that positive psychology needs to continue its work on replicating and advancing the PPIs in existence as well as think outside the box when it comes to actual exercises for implementation. For example, ... PPIs can begin to encompass a more holistic approach, including the body, as well as more active rather than passive leisure activities. (p. 170)

If the advances in Positive Psychology have facilitated the current key-role well-being plays, "the notion of wellbeing has endured the test of time and is contemporarily central to the social sciences", and "in the realm of popular culture (at least in western societies), wellbeing is becoming more central in various dialogues, with the acknowledgment that wellbeing (in contrast to illbeing) is important for everyone" (Jarden & Roache, 2023, n.p.). Nevertheless, while well-being has been associated with a broad number of individually and socially desirable outcomes (e.g., Ruggeri, Garcia-Garzon, Maguire, Matz, & Huppert, 2020; Ryff, 2013), defining, conceptualising, and typifying wellbeing (and related concepts) is a complex, ongoing process, with a myriad of divergences (based on academic background, culture, context, age, etc.) and serious practical implications (e.g., in terms of measurement, policy, and intervention) (Diener, 1984; Galinha & Ribeiro, 2005; Jarden & Roache, 2023; Keyes, 1998; Machado & Bandeira, 2012; Novo, 2005; Pronk et al., 2021; Ruggeri et al., 2020).

Since (individual/community) wellbeing is influenced by numerous factors, it is important to understand them and identify specific factors for different individuals/communities in order to develop patient/community-centered interventions (Alsamiri, Hussain, Alsamani, and Al bulayhi, 2024; Novo, 2005; Pronk et al., 2021; Ryff, 2013). Exploring the association between mental health, disability prevention, and overall wellness, Alsamiri et al. (2024) presented a narrative review, focusing on the importance of mental health for general health and wellbeing, in which they identified several strategies for promoting mental health and well-being: social support and network; physical health and exercise; psychological therapy and counseling; stress management techniques; and examples of successful mental health interventions. Their review has evidenced "the complexity of the relationship between mental health, wellness and disability which reinforces the importance of taking mental health issues seriously and addressing them at the community and national levels", leading them to conclude that "providing mental health and a sense of wellbeing becomes a major factor to avoid disability" (n.p.).

Similarly, considering that "the collective and relational nature of problems/assets such as loneliness/social capital and various social determinants of mental health reinforce the utility of a broader community focus on mental health and wellbeing" and that "while there are many models of what community initiative can do to build wellbeing, there is little information on how they can accomplish these steps, or how factors change over time", Powell, Dalton, Lawrence-Bourne, and Perkins (2024, n.p.) analysed the literature on community-built well-being initiatives. They identified twelve and found that "to promote mental health and wellbeing, all initiatives encouraged the social dimensions of community, working to build social capital and many using community champions... and encouraging volunteerism" (n.p.).

Aligned with these efforts, Pronk et al. (2021) underscored that the fifth edition of the Healthy People initiative (Healthy People 2030) is quite useful for helping all people in the United States achieve their full potential for health and well-being across the life span. If "promotion of health and well-being takes place across different environments and users",

Promoting well-being requires engaging an expanded and diverse array of users, disciplines, and sectors that extend beyond public health, such as mental health, housing, childcare/education, business, and aging.

Interventions to promote health and well-being occur at the individual, site-specific community, and societal levels. They address economic, social, and physical environmental and political factors ("determinants of health") that influence health and well-being. Promoting health and well-being is critical because determinants of health—the

physical, social, and economic circumstances in which people are born, live, learn, work, play, worship, and age—have disparate effects on vulnerable populations. (Pronk et al., 2021, p. S244)

More specifically, Pronk et al. (2021, p. S244) supported that interventions to promote health and well-being at the individual level (e.g., focusing on health behaviors, employment, housing, food security, childcare) would also apply to the community level (e.g., home, school, work, community centers, parks) which could additionally address designs of the built environment (e.g., improving access and safety). Consequently, "identifying evidence-based programs to promote health and well-being among users can serve common interests, help users expand their thinking about solutions, and set priorities for limited time, money, and other scarce resources" (Pronk et al., 2021, p. S245).

Over the years, multiple interventions, in clinical, school, and workplace settings, have enhanced well-being, several of which used Ryff's scales to validate their effectiveness (Ryff, 2013). These scales — Psychological Well-Being Scales —, of varied length, translated to more than 30 different languages, cover the six components/dimensions of Ryff's psychological well-being model, a construct and model particularly relevant in Psychology: purpose in life, autonomy, personal growth, environmental mastery, positive relationships, and self-acceptance (Ryff, 2013).

In short, nowadays, the awareness of the role Positive Psychology can have on individuals/groups requires that psychology students develop skills to promote aspects like well-being, a task more complex and challenging than one could initially expect, especially if one ignores some non-traditional strategies to foster individuals' well-being.

1.2. Non-traditional intervention strategies

More or less detached from Positive Psychology, there is nowadays a considerable amount of research concerning quite innovative intervention strategies with potential for psychological well-being promotion, even though not always considered as such. Among them (and considering the educational experience under analysis) it is worth mentioning Photo Therapy, Crochet, Forest Bathing Therapy, Cinema Therapy, and Art Therapy. Of course the most well-known is the broader one: Art Therapy.

Art therapy encompasses very diverse approaches and can involve the use of a vast array of carefully selected materials and activities, but its basic components are difficult to determine, with inadequate data to support its effectiveness (Shukla, Choudhari, Gaidhane, & Syed, 2022). Therefore, the potential for art therapy, namely in terms of (therapeutic) positive effects (e.g., memory, other cognitive and neurosensory capacities, hope, grief processing, trauma healing, rebalancing, self-understanding, sense of value, self-esteem, growth, insight, appreciation, sense of self-fulfillment, sense of social inclusion, social connectedness, relationships improvement, stress reduction, recovery, health, well-being) among different populations, has not yet been completely analysed (cf. Shukla et al., 2022; Wei, Zhong, & Gao, 2023).

Photography has been contributing to the production of knowledge in Psychology for more than 100 years, with the first known published article using photography in psychological research being from the last decade of the XIX century (Donaldson, 1890, cited in Neiva-Silva & Koller, 2002). This led Neiva-Silva and Koller (2002) to do a literature review on its use in psychological research and to assert that the main aim when working with photography in Psychology, at the time of the review, was the attribution of meaning to the image.

They identified four main functions of the use of photography in psychological research: (a) as registration, in which the photography documents events - what is important is solely the content of each or the group of photographs; (b) as model, in which photographs regarding a theme (not the participants) are presented to participants in order to analyse perceptions, discourses or reactions towards the images; (c) self-photographic, in which each participant is stimulated to take a certain number of photographs in an attempt to answer to a specific question, so the photographs content is analysed, sometimes accompanied by interviews to access the participants perceptions about their photographs, i.e., the content and the author (and his/her perceptions) of the photographs are both important; and (d) as feedback - for instance, participants are previously assessed concerning some aspect (e.g., personality trait), photographed by another person in diverse circumstances, the resulting photographs are presented to them and a new assessment is done to check if seeing the photographs made a difference in the aspect assessed - what is important is the result the photography has on the participant (Neiva-Silva & Koller, 2002). They add that the photography as feedback is less developed than the other cases, mainly due to the limitations of the method regarding the themes that can be studied this way.

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The first published work on the use of photography in clinical psychology was undertaken by Gosciewski (1975, cited in Neiva-Silva & Koller, 2002), that considered that photographs provide a wealth of information on an individual's life, from environmental to relational aspects, making it possible to know several contexts and events difficult to access by the psychologist.

Using photography, an accessible instrument, in clinical psychology research/intervention has three main advantages (Gosciewski, 1975, cited in Neiva-Silva & Koller, 2002): (a) showing and seeing the photographs is useful to establishing rapport between client and psychologist; (b) diagnosing, with the integration of diverse information on the client - photographs can support the identification or verification of the main self-reported problems; and (c) assessing progress along the intervention; it also generates a high interest and involvement from participants (Rorer & Ziller, 1982, cited in Neiva-Silva & Koller, 2002) and is very relevant for transcultural research due to the universality of the photographic language (Dinklage & Ziller, 1989, cited in Neiva-Silva & Koller, 2002).

It has limitations as well, namely (Gosciewski, 1975, cited in Neiva-Silva & Koller, 2002): (a) individuals from low socio-economic status may possess a low(er) number of photographs; (b) photographs less frequently tend not to be representative of the client/family way of life; (c) although the psychologist ask for randomly chosen photographs, there is a tendency to choose those who are more positive (in the plus side, this can help identify the ideal self).

In addition, one should stress there are two main factors in the use of photography in psychological research: content (the images themselves; it can be an affective aspect that surpassed the scene, and absent aspects are also relevant) and process (it characterizes the way the individual interacts, answers and understands the surrounding world, making it important to analyse the photographs changing the focus from concrete to abstract meaning, from one photography to the group) (Amerikaner et al., 1980, cited in Neiva-Silva & Koller, 2002).

Although the use of photography in Psychology has a long history, Burton and Elliott (2023), considering "there is a lack of research into the most effective approaches to photo-taking interventions, and how these might function to influence well-being" (n.p.), analysed different forms of photo-taking and their effects on well-being and coping during the COVID-19 pandemic, i.e., the effectiveness of a simple, pilot photo-taking and reflection intervention. In addition to answering to pre/post-intervention questions online, participants had to photograph for seven days, select four to seven of those images, and send them to the research team; depending on the group, participants had to be mindful of things they were doing to help them cope at the moment/finding challenging at the moment/experiencing at the moment, and take photographs of anything they were doing/experiencing that was helping them to cope/that was challenging/in their daily life (Burton & Elliott, 2023). Authors concluded that the research has shown the potential of an accessible and simple intervention to increase well-being and enhance coping during challenging periods via the possibility to review and reflect on life experiences.

Photography is not the only leisure resource psychologists have been interested in for long. In fact, psychologists have been using books and other forms of printed materials in their clinical work for more than a century and, more recently, started using films with equivalent aims, but cinema's therapeutic potential is frequently forgotten, so Cinematherapy (known by several names) remains an underused psychological intervention strategy, even though bibliotherapy and cinematherapy are creative and cost-effective therapeutic interventions for individual and group settings (Meneses, 2021; Srinivasan, 2024). In cinematherapy and video treatments individuals are faced with their psychological or physical difficulties via narratives with characters experiencing similar challenges, making it possible to reflect the client's difficulties through the stories shown and to strengthen the therapeutic alliance between client and psychologist, and, above all, to facilitate the client's identification with one of the characters, leading him/her to better understand his/her challenges and to become aware of the profound comprehension the psychologist has of him/her, reducing resistance to therapy (cf. Srinivasan, 2024).

In short, traditionally, cinematherapy is a therapeutic approach in which commercial films are chosen for clients to watch (based on their relevance to the client's issues, e.g., as homework) and stimulate a discussion (key themes and insights) with the psychologist, while in "Video Work"/video treatments custom-created videos or short documentaries tailored for the subjects are used to increase their self-understanding, present possible action plans, and stimulate future interventions; characters have problems similar to the client's and provide alternative coping strategies, fostering empathy, hope and encouragement; additionally, in video modeling, after viewing videos where characters demonstrate specific skills that clients need to develop (e.g., social skills), they can practice the observed skills; it can involve videos of individuals sharing their experiences, comparable to a diary or recordings of the target

subject's behaviors in session as a model vs. external models (self-video modeling), to name only three approaches (cf. Meneses, 2021; Srinivasan, 2024).

So far, cinematherapy, including cartoons, and video modeling have been (effectively) used in and out of sessions, in the treatment of several conditions, with approaches varying extensively, from traditional cinematherapy to custom-designed video stimuli and documentaries (cf. Meneses, 2021; Srinivasan, 2024). Effectiveness implies some conditions: (a) the film must focus the clients' challenges in a way that makes it possible for them to relate personally, not excessively explicit or traumatic, but indirectly to avoid resistance, i.e., the film should use metaphors and not literal presentations of the challenges in question; (b) the film must be in line with the client's preferences, goals, interests, and level of understanding; and (c) if the client is in a phase of intense therapeutic work, it may be better not to use cinematherapy in that period (cf. Srinivasan, 2024).

Nowadays, to promote well-being, one can not only integrate video modeling techniques with cinematherapy (Srinivasan, 2024), but also use digital technologies, including virtual reality and artificial intelligence, developing personalized and immersive experiences (Pannu & Goyal, 2024).

A much more recent intervention option does not involve technology, but nature. In Japan, researchers have proposed the concept of "Shinrin-yoku/Forest bathing", which means bathing in the forest atmosphere, not exercise, but simply being in nature, connecting with it through five senses (sight, hearing, taste, smell and touch); it is a short leisurely visit to a forest field as well, similar in effect to natural aromatherapy (cf. Li, 2022). Since forests are easily accessible there, a national health programme for Shinrin-yoku was introduced in 1982 for workers' stress management and human health promotion, and it has become an internationally recognized relaxation and/or stress management activity, a way of preventing diseases and promoting health, with the Japanese Society of Forest Therapy being established in 2004 (Li, 2022).

Consequently, developed from Forest bathing and forest therapy, as an evidence-based preventive medicine, "Forest Medicine studies the effects of forest environments on human health and is a new interdisciplinary science, belonging to the categories of alternative medicine, environmental medicine and preventive medicine" (Li, 2012, cited in Li, 2022, n.p.). Forest Therapy, also developed from forest bathing, is "a research-based healing practice through immersion in forest environments with the aim of promoting mental and physical health and improving disease prevention while at the same time being able to enjoy and appreciate the forest" (Li, 2022, n.p.). Numerous studies on the effects of forest bathing on human health have shown that it promotes physical and mental health by reducing stress (Li, 2022).

More recently, Chen, Meng, and Luo (2025) undertook a narrative review and concluded that: (a) forest bathing interventions (very diverse) might improve mental and physical health (e.g., reduce cortisol levels, sympathetic nerve activity, blood pressure, depression, anxiety, and stress, and improve serotonin levels, negative mood, sleep quality and immunity), even though its effect on mental health indicators and among different populations varied, with the forest environment, tree species, exposure duration, season, composition and concentration of volatile organic compounds having an impact on the effect of forest bathing; and (b) to ensure safety, the content of the intervention should be personalized taking into consideration age, gender, and clinical aspects.

Possibly one of the leisure activities less studied in terms of well-being benefits is crocheting. Nevertheless, in an international study, with online participants from 87 different countries, mostly female, and between 41 and 60 years, Burns and Van Der Meer (2020) found that many did crocheting for 1 to 5 years, mostly to be creative, to relax, and for a sense of accomplishment, since crochet made them feel calmer, happier, and more useful, with a significant improvement in reported scores for mood before and after crocheting, indicating that crochet supports well-being and is actively used to manage mental health conditions and life events such as grief, chronic illness and pain.

1.3. Active & experiential learning

Considering what has been said up to now, active and experiential learning can be seen as particularly useful in this context, taking into consideration "there are different interpretations of well-being, and several educational policies that consider well-being in different ways" and that "since the 2000s, there has been a strong interest in educating for personal well-being" (Ribeiro-Silva, Amorim, Aparicio-Herguedas, & Batista, 2022, n.p.).

As Doolittle, Wojdak, and Walters asserted in 2023, "the concept of active learning dominates the higher education instructional landscape":

active learning, focused on instructional strategies such as problem-based learning, small group instruction, and design projects, has been posited as the pedagogical answer to the extensive use of lecture, often presented as the epitome of passive learning instruction, in higher education (n.p.),

even though not all data is supportive of its effectiveness. Additionally, it is frequent not to find the concept's definition in scientific publications, maybe due to its intricacy, with many definitions being activity-driven or emphasizing engagement (Doolittle et al., 2023).

In their review regarding higher education, Doolittle et al. (2023) concluded that active learning "involves (a) students engaging in and reflecting on activities (i.e., doing), and (b) not engaging in passive lecture (i.e., listening and note taking)... doing, reflecting, engaging, and thinking... are common among the definitions evaluated" (n.p.). The active learning instructional strategies more frequently mentioned in the articles reviewed

emphasize socially interactive learning strategies (e.g., small groups, team-based learning, discussion, cooperative learning, games, role playing, questioning, and debates), as well as critical thinking strategies (e.g., problem-based learning, case-based learning, simulations, project-based learning, and inquiry-based learning). The flipped classroom was mentioned often, although the flipped classroom is more of a framework than an explicit strategy.... the flipped class may be considered a framework within which other strategies are employed. (n.p.)

The authors (Doolittle et al., 2023) identified

three major themes: active learning as being grounded in student-centered constructivist theory, which speaks to the implied pedagogical orientation; active-learning as a means to promote higher-order thinking and deep learning, which speaks to the most likely outcome; and active learning as a strategy that involves participation and engagement, which speaks to the more common manifestations of the approach. While these categories are not mutually exclusive, they largely speak to the ways in which active learning is conceived—from its pedagogical orientation to the outcomes it promotes to its observable characteristics. (n.p.)

In sum, even though "there is a need to refine current definitions of active learning to move beyond simple descriptions and include a more explicit theoretical model for what active learning strategies work and in which situations", "a representative definition that emerged from this study is: Active learning is a student-centered approach to the construction of knowledge focused on activities and strategies that foster higher-order thinking" (Doolittle et al., 2023, n.p.).

In other words,

the notion of active learning results not only from teaching methodologies that require students to actively participate in the classes' activities (to build their own knowledge) but involves other methodologies not related with the subject under study and that lead students to leave the walls of the school space. (Ribeiro-Silva et al., 2022, n.p.)

The literature review by Ribeiro-Silva et al. (2022) focused on the use of active learning methodologies in higher education considering the 2030 Sustainable Development Agenda (2015-2021), specifically how the use of these methodologies might impact students' well-being. The studies included in the review revealed that, while some countries/higher education institutions tried to incorporate well-being goals into education, students' well-being was under studied, with all identified articles in English (vs. French, Spanish and Portuguese) and no identified study from 2015, 2016, or 2017, and only one in 2018 and another in 2019. Be as it may, the results

show that the use of active learning methodologies (in and out of class) in higher education positively impacts students' well-being, particularly, in their academic accomplishment, physical, emotional, and social lives, and to equip them with multi-competencies for their professional future. Nevertheless, there is some alienation or even lack of interest on this subject from the scientific community and, eventually, from higher education institutions themselves. (Ribeiro-Silva et al., 2022, n.p.)

Developed by Kolb in 1984, experiential learning (EL) "is a paradigm for resolving the contradiction between how information is gathered and how it is used": "students take part in a tangible experience (Do), replicate that experience and other evidence (Reflect), cultivate theories in line with experiences and information (Think), and articulate an assumption or elucidate a problem (Apply)" (Kong, 2021, n.p.). EL "is a successful teaching method facilitating active learning through providing real-world experiences in which learners interact and critically evaluate course material and become involved with a topic being taught" (Boggu & Sundarsingh, 2019, cited in Kong, 2021, n.p.). More specifically, "based on the teaching theory of Socrates, this model relies on research-based strategies which allow

learners to apply their classroom knowledge to real-life situations to foster active learning, which consequently brings about a better retrieval" (Bradberry & De Maio, 2019, cited in Kong, 2021, n.p.).

Even though several studies have underscored the complexity of designing effective EL instructions, taking into consideration there are diverse facilitating and hindering factors that influence the EL process, a diversity of instructional methods, models and activities can be used, emphasizing the real-world context of learning, and facilitating opportunities for EL: internships, practicums, fieldwork, observational activities, and service learning, role-playing, serious games or simulations, research projects, case studies and scenarios, as well as several types of problem–based tasks, cognitive apprenticeships, guided participation, and legitimate peripheral participation, including field trips, (guided) reflective writing (including reflective blogging), written portfolio, reflective practice, reflective thinking, reflexivity, critical reflection, peer–videoing (with feedback), discussion forum, collaborative reflection, research-oriented/action-oriented projects, storytelling and scanning for ideas, implementation of a social networking site (with blog, chat, wiki and discussion tool), group work (sharing work, joint work) (Radović, Hummel, & Vermeulen, 2021). In sum, participation, interaction, and application are fundamental characteristics of EL. During the process, it is possible to be in touch with the environment and to be exposed to extremely flexible processes. In this way, education takes place on all dimensions which cover not only the cognitive but also the affective and behavioral dimensions to encompass the whole person. (Kong, 2021, n.p.)

In this context, the aim of the present study is to share an educational experience undertaken with first–year master students from an elective course (Health and Leisure Psychology).

2. THE EDUCATIONAL EXPERIENCE

2.1. The context

Health and Leisure Psychology is one of the elective courses of the Clinical and Health Psychology Master program at Fernando Pessoa University (Porto, Portugal). The syllabus of Health and Leisure Psychology covers theoretical and practical aspects regarding Health Psychology and Leisure (Psychology), including the experience of innovative, leisure–based, health–fostering intervention strategies. That is to say, active learning and EL are foundations for the course.

Even though the paradigma has its limitations (e.g., Leonardi & Meyer, 2015), the course syllabus is based on the paradigm of evidence–based practice in psychology. Therefore, students can only propose types of interventions/activities that have proven effective in terms of the targets chosen by them. They have to support their claims based on a short literature review that constitutes the first part of their intervention proposal report.

In the school year 2023/2024, students decided to address psychological well–being. Consequently, integrated in a broader project started long before by the author/teacher, students assessed online the psychological needs of a very short adult sample, using the 18–item Portuguese version of the Ryff's Psychological Well–Being Scales (PWS), from Novo et al. (1997, cited in Novo, Duarte–Silva, & Peralta, 2004).

Ryff's PWS were developed alongside the theoretical model, leading to the creation of a self–report measure for each of the model's components, with a Likert scale (from strongly agree to strongly disagree); there are three main versions of the Scales – with 20, 14 or 3 items for each dimension, i.e., with a total of 120, 84 or 18 items (Novo, 2005), and some less used variations (cf. Freire, Sousa, Pereira, & Martins, 2019).

The 18–items version can only be analysed in terms of a psychological well–being global score, and not in terms of subscales/psychological well–being components. Additionally, this version has not yet been subject to any specific normative study, even though, due to its potential, it has been used in numerous studies in Portugal and Brazil.

The reduced sample size and abbreviated version of the PWS were chosen because the (pre/post) assessment was not the primary focus of the course. Its inclusion in the process was meant to solely reinforce the need to adequately assess before and after every intervention.

It was agreed that each intervention proposal had to have at least 3 sessions of, at least, 60 minutes, and an initial and a final session, and could not be equal to the total or part (i.e., two or more activities in a row) of an existent intervention (proposal).

2.2. The experiential component

After the (pre-intervention) assessment, students proposed and implemented (role-playing) part of a group psychological well-being promotion program with their (voluntary) colleagues from a required course in their master – Psychological Intervention in Groups.

Taking into consideration the course syllabus and their personnel interests, the 7 students involved in the continuous assessment of the course chose to focus on Photo Therapy, Crochet, Forest Bathing Therapy, Cinematherapy, and Art Therapy in order to promote autonomy, positive relations with others, and self-acceptance (three psychological well-being components).

Regarding Photo Therapy, one student proposed 5 in-person sessions of 60 minutes each, conceived for a group of 10 adults, as a way to stimulate autonomy.

Three students, working as a group, proposed to improve positive relations with others through the use of Crochet, Forest Bathing Therapy, and Cinematherapy, also via 5 in-person sessions, but the weekly sessions were designed to last 90 minutes each and to be implemented with a closed group of 6 adults.

The last three-students group focused on self-acceptance and Art Therapy more generally. The proposal considered 5 group sessions of 60 minutes each.

It is worth clarifying that, before the presentation of leisure-based activities (and its rationale), the written interventions' planning included more general components, like the presentation of the key-aspects of the program (e.g., its objectives) and participants; psychoeducation concerning the concept of psychological well-being and the presentation of leisure (activities) as one of its promoters; in the beginning of each session, its aims, and if applicable, an exploration of the in between sessions assignments; the finalization of each session (with the possibility of motivating participants to in between sessions assignments), and the termination of the program with more or less formalization (e.g., satisfaction assessment, farewell snack). The materials necessary for the program were also listed and included (an example of each or a photograph of 3D materials), as were estimations of the time required for each activity.

The programs were only partly implemented due to time constraints. Being so, each student/group had to decide which components of their proposal would be experienced by their colleagues in the context of role-playing. It should be underscored that the need to bring diverse and voluminous materials to class was not a relevant factor for students, since they brought a wide array of materials to class to implement their activities.

Unfortunately and surprisingly, as many participants in the activities derived from the intervention proposals did not answer to the PWS, as agreed upon beforehand, it was not possible to confirm if participating had an impact on the participants according to that indicator. Another limitation felt during role-playing was the divergence between the lime allotted to the activities and the time participants needed/wanted to fully immerse themselves in the activities proposed by their colleagues.

Nevertheless, careful observation of the interactions by the teacher and the spontaneous oral feedback from participants and "psychologists" was quite positive, in accordance with the expected results from the intervention (post-test with the PWS).

Moreover, this worthwhile experience translated itself into good grades: 15, 17 and 19 out of 20.

CONCLUDING REMARKS

The aim of the present study was to share an educational experience carried out in the context of Fernando Pessoa University's Clinical and Health Psychology Master program. More specifically, with seven first-year students from

the elective course Health and Leisure Psychology, in which innovative, leisure-based, health-fostering intervention strategies are experienced, based on the paradigm of evidence-based practice in psychology and active and EL.

Two of the aspects focused by Seligman and Csikszentmihalyi (2000) were central in this educational experience: well-being and interpersonal skills. Additionally, this experience was a contribution to the challenge presented by Hefferon and Boniwell (2011) concerning the inclusion of the body and more active leisure activities in PPIs.

Moreover, the programs proposed and partially experienced by students are in line with the strategies for promoting mental health and well-being identified by Alsamiri et al. (2024), namely regarding social support and network, exercise, psychological therapy and counseling, and stress management techniques, and with the community-built well-being initiatives identified by Powell et al. (2024), concerning the social dimensions of community.

It also reflects Pronk et al. (2021) words regarding health and well-being promotion taking place across different environments, involving some of the positive psychology health assets indicating good health listed by Park et al. (2014), particularly positive emotions, self-regulation, helping others, and good social relationships.

Even though the author cannot be totally neutral, she is convinced that the experience's limitations do not surpass its value in the training of clinical and health psychologists conscientious and flexible enough to competently face tomorrow's challenges. Some verbal and non-verbal queues also led to the suspicion of a positive impact of the experience on the "students-psychologists" well-being (even before the grades were made public).

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