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THE ROLE OF POSITIVE PSYCHOLOGY INTERVENTIONS IN STRESS COPING

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***Abstract*:** Positive psychology interventions (PPIs) are the structured activities that are designed to nurture the emotions (positive), strengths, and meaning and therefore have become a necessary complement to traditional approaches in mental health. This review analyses the empirical evidence the findings of which are on the role of PPIs in stress management. In this paper a brief theoretical overview on stress management models and positive emotion theory is given and summarization of the evidence from meta-analyses and randomized controlled trials regarding the effectiveness of PPIs on stress-related outcomes along with the description of the typical intervention formats and mechanisms are presented. The data indicates that PPIs significantly increases the well-being and reduces the depressive symptoms. The most reasonable procedures include broadening cognitive capacities, strengthening social resources and improving coping strategy appraisal. However, significant gaps are found in some of the high-quality trials specifically which target stress reactivity or physiological markers of stress, and the field requires more rigorous, longer-term trials with more diverse samples.

Index terms: positive psychology interventions, stress coping, broaden-and-build, randomized controlled trials, meta-analysis

1. Introduction

Stress is the psychological and physiological reaction to a perceived threats or situation and is an omnipresent human experience in terms of physical and mental experiences. Traditional stress management interventions have focused on coping strategies that revolve around the problem-solving mechanism like skills training and minimizing the negative emotions like cognitive behavioral therapy (Sin et al. 2009). However, over the past few decades, positive psychology has offered a complementary approach to resolve with the stress, focus of which is on the cultivation of the positive emotions, strengths along with the meaning to build lasting resources that safeguard against stress. This review examines the empirical evidence with regard to efficacy of positive psychology intermediation in helping individuals cope with stress.

However, two theoretical frameworks support the present review of literature. The transactional model of stress and coping propounds that coping related with the cognitive appraisal processes and available coping resources, both of them are influenced by psychological interventions. However, the broaden-and-build theory supports that positive emotions broaden thought and action repertoires and, over time, build cognitive, social, and psychological resources that raises coping potential. Together, these two theoretical frameworks predict that interventions that stimulate positive emotions, strengths, and social connections will help people reappraise stressors, widen their coping options, and recover more quickly from negative states (Bolier et al. 2013).

2. Research methodology

2.1 Objective: To consolidate evidences on the efficacy and mechanisms of PPIs for stress and stress-related outcomes.

2.2 Search strategy: A systematic search plan suitable for replication was designed. Key search terms were: “positive psychology intervention” OR “positive intervention” OR “strengths intervention” OR “positive activity” OR “happiness intervention” OR “well-being intervention” AND “stress” OR “coping” OR “stress reduction” OR “resilience” OR “stress reactivity”.

Search filters: English language; human participants; randomized controlled trials (where possible) and meta-analyses/reviews.

Inclusion criteria. Those studies were included which were: (1) tested a positive psychology-based intervention; (2) describe stress-related outcomes; and (3) used experimental or quasi-experimental designs.

Exclusion criteria. Those studies which were without an emphasis on positive psychology concepts, pharmacological studies, and studies without stress-related outcomes were excluded.

Study selection and data extraction: For the study selection and data extraction, titles and abstracts were separately reviewed and those full texts were considered which have eligible abstracts.

3. What includes as a Positive Psychology Intervention (PPI)?

Positive psychology interventions, or PPIs, are said to be a set of scientific tools and strategies that focus on enhancing happiness, individual’s wellbeing, and positive cognitions and emotions (Keyes et al., 2012). Positive psychological interventions (PPIs) are structured and intentional programs or exercises that are designed to elevate positive emotions, behaviors and cognition. Popular PPI techniques include gratefulness journaling, awareness of present moments, practicing acts of kindness, identifying and making use of one’s own strengths, and “positive education" programs that combine a number of components (Joyce et al. 2023).

4. Evidence of efficacy: meta-analyses and randomized controlled trials

4.1 Meta-analytic evidence:

Sin and Lyubomirsky (2009) conducted a large meta-analysis of PPIs and concluded that these intermediations remarkably enhanced the well-being (average r ≈ 0.29) and decreased the depressive symptoms in an individual (average r ≈ 0.31), with a number of moderating factors for example; self-selection, age and clinical status that influenced the results. In the same way, Bolier et al. (2013) analyzed a meta-analysis of randomized controlled trials and found that positive psychological interventions raise the subjective and psychological well-being and decrease the symptoms that are related to depression.

These meta-analyses provide strong and significant evidence in favour of PPIs can produce small to moderate improvements in well-being along with the depletions in the depressive behaviour (Seligman et al. 2005).

4.2 Representative randomized trials relevant to stress coping

A number of randomized controlled trials (RCTs) investigated the positive psychological interventions (PPIs) via stress-related outcome measures. Seligman et al. (2005) examined a series of interventions, objective of which is to improve the well-being of individuals (for example; gratitude visit, three good things) via performing an online RCT and found that some interventions led to ingrained raises in the happiness along with decreases in the depressive symptoms. Furthermore, Proyer et al. (2015) investigated the strengths-based PPIs in a placebo-controlled online randomized trial and found long-term effects for character strengths-focused interventions as compared to control groups. This indicates that mobilizing personal strengths can have lasting benefits, with potential implications for coping resources. Furthermore, a number of tests of series have engrossed on the gratitude interventions or optimism training and have found furtherance in perceived stress, managing self-efficacy, and curtailments in anxiety or depressive symptoms (Lim & Tierney, 2023).

5. Mechanisms: how PPIs may improve stress coping

A number of plausible techniques are present that aid the positive psychological interventions (PPIs) in improving stress/anxiety of an individual. (i) Positive emotions widen the attention as well as cognitive abilities; therefore, increase the repository of thoughts and actions that would be available during the period of stressful events, which further helps in problem-solving. (ii) PPIs that increase optimism or gratitude can raise the appraisal of control and available resources that further leads to better problem-focused and emotion-focused behavior. (iii) Many PPIs (gratitude, acts of kindness) strengthen social bonds and perceived social support, powerful protective factors against stress. Meta-analyses highlight the interpersonal benefits of gratitude and prosocial activities. (iv) Furthermore, some experimental researchers prove that positive emotions enhance the cardiovascular and physical recovery after stress/anxiety (Parks & Schueller, 2014).

6. Moderators: when and for whom PPIs work best

The literature found a number of factors that moderate the potency of positive psychological interventions. These factors are: (i) Clinical status: individuals having clinical depression or stress often have smaller or more variable benefits as compared to those without clinical disorders. (ii) Self-selection and motivation:

furthermore, there are huge number of studies that depicts that voluntary participation by the participants in positive psychological intervention trials usually show bigger effects as compared to studies with high restrictive recruitment. (iii) Implementation modality: in-person, therapist-led programs usually produce greater effects than fully self-administered online modules, although online positive psychological interventions raises accessibility and reach. Moreover, according to Bolier et al. (2013) this as a key moderating factor. (iv) Intervention dose and multicomponent design: longer interventions and multicomponent PPI programs (combining exercises on personal strengths, gratitude, and meaning-making) generally produce strong and long-lasting results (Fredrickson, 2001).

7. Clinical and practical implications: PPIs as tools for stress coping

PPIs can be recommended as adjunctive tools for stress management and resilience-building in several contexts:

- **Universal prevention and workplace stress.** Low-cost, scalable PPIs for e.g., thanksgiving journals and strengths exercises are appropriate for workplace or school settings to promote resilience and buffer routine stressors.
- **Adjunct to clinical care.** It is found from the review that the individuals who have subclinical or mild-to-moderate symptoms, PPIs can complement standard psychotherapies to foster strengths and positive affect.
- **Digital health interventions.** Web or app-based PPIs increase access, though guided formats may be needed to maximize effects.

8. Recommendations for future research

Based on the gaps identified in the literature, it is recommended that:

1. **Targeted RCTs on stress outcomes.** Trials should explicitly test PPIs for stress-related endpoints (perceived stress, coping self-efficacy, physiological stress markers) with adequate power (Lazarus & Folkman, 1984).
2. **Mechanistic mediation studies.** Randomized mediation designs (e.g., measuring changes in positive emotion → changes in reappraisal/coping → stress outcomes) to unpack causal pathways.
3. **Rigorous active controls and preregistration.** Use of structurally equivalent active control conditions and preregistered analysis plans to reduce expectancy and publication biases.
4. **Diverse populations and longer follow-ups.** Include socioeconomically and culturally diverse samples, clinical groups with high stress burden (caregivers, medical patients), and extended follow-up to test durability (Proyer et al. 2015).
5. **Hybrid delivery evaluations.** Compare in-person, guided online, and self-directed formats to identify cost-effectiveness and optimal delivery models.

9. Conclusion

By this time, an intersecting literature, including large meta-analyses and multiple RCTs found to be supported the hypothesis that positive psychology interventions can increase well-being and reduce the depressive behavior. Theoretical frameworks like transactional stress models and broaden-and-build theory provide noteworthy explanations for how PPIs might operate via changing appraisal, broaden cognitive and behavioral repertoires, structuring social resources and enhancing physiological recovery. Although, this review of literature shows diversity in methodology, little assessment of stress-specific and physiological outcomes, and a scarcity of long-term, high-quality RCTs specifically designed to test stress resilience. Overall, PPIs are promising, approachable, and usually safe adjuncts for stress coping, however, the field benefits from more rigorous, mechanistic, and targeted research to fully establish when, how, and for whom these interventions reliably reduce stress and improve resilience.

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