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An Integrative Perspective on Understanding Human Functioning: Positive Clinical Psychology

İnsan İşleyişini Anlamaya Yönelik Bütünleştirici Bir Bakış Açısı: Pozitif Klinik Psikoloji

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ABSTRACT

The number of studies conducted with a holistic perspective as an alternative to the traditional clinical psychology approach has increased. It is noteworthy that studies examine the effects of positive concepts on human health in addition to discomfort. In this study, it was aimed to examine four concepts that are frequently researched in positive psychology, namely well-being, psychological resilience, hope and coping in an integrative context. Also, it was aimed to give information about the positive clinical psychology approach and the studies which investigate these four positive concepts. Studies were searched through PsycARTICLE, EBSCO and Pubmed electronic databases. Totally 208 studies were reached and 26 articles were included in this review article. As a result, the effective results in treatment of psychological disorders and increase of well-being of an individual with positive psychology interventions suggest that it is important to expand the positive perspective in clinical psychology. It is thought that it may be clinically important that the presence/increase of positive concepts as well as the absence/decrease of psychopathologies should be one of the treatment targets of mental health specialists. It is hoped that adopting an integrative perspective in future studies will enrich empirical research in the field of psychotherapy.
Keywords: Positive psychology, clinical psychology, positive clinical psychology

ÖZ

Geleneksel klinik psikoloji yaklaşımına alternatif olarak bütüncül bir bakış açısı ile yürütülen çalışmaların sayısı artmaktadır. Çalışmalarda rahatsızlıklara ek olarak olumlu kavramların insan sağlığı üzerindeki etkilerinin incelendiği dikkati çekmektedir. Bu çalışmada, olumlu kavramlardan iyi oluş, psikolojik dayanıklılık, umut ve başa çıkma olmak üzere pozitif psikoloji alanında sıklıkla araştırılan dört kavramın bütünleştirici bir bağlamda incelenmesi amaçlanmıştır. Ayrıca, çalışmamızda pozitif klinik psikoloji yaklaşımı ve bu dört olumlu kavramın yer aldığı araştırmalar hakkında bilgi aktarımı yapılması hedeflenmiştir. PsycARTICLE, EBSCO ve Pubmed elektronik veritabanları kullanılarak çalışmalar taranmıştır. Tarama sonucunda 208 çalışmaya ulaşılmış olup, derlemeye 26 müdahale çalışması dahil edilmiştir. Sonuç olarak, pozitif psikoloji müdahaleleri ile psikolojik rahatsızlıkların tedavisi ve bireyin iyilik halinin artışı açısından etkili sonuçlar alınması, klinik psikoloji alanında pozitif bakış açısının genişletilmesinin oldukça önemli olduğunu düşündürmektedir. Psikopatolojilerin yokluğu/azalması kadar olumlu kavramların varlığının/artışının ruh sağlığı alanındaki uzmanların tedavi hedefleri arasında yer almasının klinik açıdan önemli olabileceği düşünülmektedir. Gelecek çalışmalarda bütüncül bir bakış açısının benimsenmesinin, psikoterapi alanındaki ampirik araştırmaları zenginleştireceği umut edilmektedir.
Anahtar sözcükler: Pozitif psikoloji, klinik psikoloji, pozitif klinik psikoloji

Introduction

Traditionally, conventional psychiatric treatment aims to understand and treat disorders/diseases by focusing only on the negative aspects of mental distress and how these can be reduced. Accordingly, it is inevitable that the number of studies on existing psychopathologies (e.g. depression, anxiety disorders) is quite high (Wisco 2009, Taylor et al. 2011). However, according to Seligman (1998), one of the leading figures of positive psychology, the job description of experts working in the field of mental health should not be limited to interventions for mental disorders. With the recent developments in the field of psychology, studies on human power and virtue have increased and positive psychology research has gained momentum in order to understand positive developmental outcomes and make life easier (Luthar and Cicchetti 2000, Snyder et al. 2002, Wood and Johnson 2016). Seligman (1998) defines positive psychology as a scientific field in which subjective positive

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evaluations, positive emotions and positive personality traits that affect personal integrity and well-being are investigated. This scientific field includes three basic levels: subjective, individual and group levels. The subjective level is related to valued subjective experiences and consists of three dimensions: well-being and life satisfaction (past); hope and optimism (future); flow and happiness (present). The individual level includes positive individual characteristics such as the capacity for love and vocation, courage, interpersonal skills, perseverance, forgiveness, authenticity, spirituality and wisdom. The group level is related to citizenship skills such as tolerance, helpfulness and responsibility (Csikszentmihalyi and Seligman 2000). Although it was quite difficult to define and categorize positive traits and strengths, in the following years, character strengths became more concrete in Peterson and Seligman's (2004) book Character Strengths and Virtues and a common language about human strengths and values was created. With the observation that the quality of life improves when people's strengths and positive traits are supported, the idea that improving the lives of people who do not have major problems or traumatic experiences in their lives may fall within the job description of experts has emerged (Seligman 1998, Csikszentmihalyi and Seligman 2000, Peterson and Park 2003).

Concepts such as optimism, hope, psychological resilience, well-being, coping skills and positive interpersonal relationships are frequently included in positive psychology research (Diener 2000, Snyder 2000, Peterson and Seligman 2004). In positive psychology, well-being is a concept that includes having positive characteristics in one's life beyond feeling happy and is important for mental functioning (Seligman 2011). Hope, which is a positive emotion, increases one's characteristics such as courage, awareness and discovery (Snyder et al. 2002, Werner 2012). Looking to the future with hope facilitates the search for ways to cope with stressful life events (Snyder 2000). From the positive psychology perspective, it has been argued that positive emotions such as joy, satisfaction and love also emerge in stressful situations and that these emotions facilitate the coping process (Folkman and Moskowitz 2000). Another important concept, psychological resilience, is defined as an individual's ability or skill to overcome challenging life events and adapt positively (Wagnild 2003). Therefore, these four concepts can be considered as the basic structures in positive psychology (Chou et al. 2013).

Positive clinical psychology is a new research field that aims to advance both fields by integrating the findings from positive psychology and clinical psychology (Wood and Tarrier 2010). In research conducted with the positive clinical psychology approach, it is emphasized that psychology research can be more balanced with the addition of positive concepts to the traditional disease-oriented approach (Maddux et al. 2004, Johnson and Wood 2017). In this context, it is believed that it is not only important to work on reducing illness, pain, discomfort or loss of freedom, but also to focus on increasing health, happiness and personal satisfaction in the desired direction (Maddux 2008, APA 2013). This field of research, which has been developing rapidly especially in recent years, covers positive concepts such as human strengths, well-being, satisfaction, psychological resilience and happiness (Johnson and Wood 2017).

Experts in the field of mental health use the Diagnostic and Statistical Manual of Mental Disorders (DSM-Diagnostic and Statistical Manual of Mental Disorders), which includes a categorical approach as a means of assessing disorders (APA 2013). However, in recent years, criticisms have been raised against this categorical approach, which is useful in terms of using a common language in the treatment process (Beutler and Malik 2002). For example, it has been noted that the categorical approach may lead to labeling and stigmatization of individuals and that categorical classification is not sufficient in practice (Kessler et al. 2001, Corrigan et al. 2009). With these criticisms, the need for a dimensional approach emerged (Oldham and Skodol 2000, Widiger and Trull 2007). In the dimensional approach, mental disorders are evaluated by grading and psychopathologies are considered as a continuous dimension (Özdemir 2012). With the dimensional approach, clear boundaries between categorical diagnoses and heterogeneous symptoms are expected to become more understandable (Taymur and Türkçapar 2012). In addition to these views, the similar biological and cognitive processes in the development and maintenance of disorders and the high rate of comorbidity, especially in mood disorders, have led some researchers to adopt a transdiagnostic approach (Barlow 2002, Kessler et al. 2005, Clark and Taylor 2009, Aldao and Nolen-Hoeksema 2010). For example, hope has been viewed as a transdiagnostic mechanism that leads to positive changes in the treatment of anxiety disorders (Gallagher et al. 2020).

In the integration of positive psychology and clinical psychology, the importance of the dimensional approach and the observation of opposites of concepts in research have been effective (Wood and Tarrier 2010, Johnson et al. 2011b). Positive psychology emphasizes positive characteristics such as humility, justice, honesty and open-mindedness (Peterson and Seligman 2004). When considered as a continuum, at the other end of the continuum lies the opposites of these traits such as arrogance, injustice and fixed-mindedness. Similarly, disorders and concepts in clinical psychology can be evaluated on a continuum ranging from positive to negative. For example, the diagnostic process involves determining whether perceived disturbing symptoms such as depression, anxiety or insomnia are present or absent and, if present, whether they can be considered mild,

moderate or severe. In other words, when making a diagnosis, it is assumed that people in a particular diagnostic group are homogeneously distributed and that there are clear boundaries between groups (APA 2013). However, these constructs also have opposite ends; for example, depression and happiness, anxiety and calmness, and insomnia and regular sleep exist on a continuum (Johnson and Wood 2017). This approach, with risk at one end and resilience at the other, is called 'The Bi-Dimensional Framework' in positive clinical psychology (Johnson et al. 2011b). For all these reasons, it is pointed out that it is illogical and impossible to focus only on the 'positive' or only on the 'negative' in the field of psychology, and research and practices are intended to focus equally on both sides (Wood and Johnson 2016). The possible benefits of this perspective are stated as follows: (a) positive traits can (a) predict disorders above and beyond the predictive power of negative traits, (b) buffer against distress and stress caused by negative events and prevent the development of disorders, (c) be leveraged to increase psychological resilience in non-clinical samples, (d) be leveraged to treat disorders, e) offer mental health professionals the opportunity to use their unique skills and techniques in new areas of life, and (f) have the potential to rapidly expand the knowledge base of clinical psychology (Wood and Tarrier 2010).

Although there is an increasing interest in positive clinical psychology and the study of human strengths and positive characteristics, it is noteworthy that there are not many reviews in the literature (Maddux et al. 2004, Siddaway et al. 2017). In this review, well-being, psychological resilience, hope and coping, which are concepts that are deemed to be useful for understanding the psychological functioning of human beings and are more frequently examined in the field of positive psychology, will be discussed. In addition, research and interventions related to these concepts will be reviewed. Within the scope of the review, only studies conducted with young adults and adults will be included. The current review aims to provide a holistic perspective in treatment and to help mental health professionals to recognize the field of positive clinical psychology and to examine positive intervention techniques that can be applied in psychotherapy.

Literature Search

Publication searches were made in PsycARTICLE, EBSCO and Pubmed databases. The keywords 'coping intervention', 'resilience intervention', 'well-being intervention', 'hope intervention', 'psychological resilience', 'well-being', 'hope', 'psychological resilience intervention', 'coping intervention', 'hope intervention study' were used. In the review, theoretical studies and intervention studies on the concepts of well-being, psychological resilience, hope and coping with young adults and adults as the sample were included in the review. A total of 208 studies were reached during the review and 26 were included. The exclusion criteria were determined as being published in 2000 and before, and the sample being composed of children and adolescents. The 26 published intervention studies on the concepts are summarized in Table 1. No intervention studies on well-being, hope and coping were found in national databases.

Four Concepts from Positive Clinical Psychology: Well-being, Resilience, Hope and Coping

In this section of the review, the concepts of well-being, psychological resilience, hope and coping, which are frequently investigated in positive psychology studies and are considered to be helpful in exploring the field of positive clinical psychology in terms of their interrelatedness, will be examined.

Well-being

In the field of psychology, positive functioning has been defined in different ways. Some researchers emphasized human growth and development (Erikson 1959, Neugarten 1968, 1973) and examined challenges and tasks at different life stages. At one time, existential and humanistic formulations (e.g. Rogers 1962, Maslow 1968) were utilized to address finding meaning and purpose in life in a meaningless world (e.g. in times of war). Some researchers tried to define mental health in positive terms instead of focusing on impairments in functioning (Jahoda 1958). Today, when evidence-based answers are gaining importance, the definition and measurement of well-being may vary.

Fava and Ruini (2003) argue that well-being cannot be defined only as the presence of happiness and enjoyment or the absence of mental disorders. Well-being, which can also be defined as a combination of feeling good and a good level of functionality, includes developing one's potential, controlling one's life, having a purpose and experiencing positive relationships in addition to having positive emotions such as happiness and satisfaction (Huppert 2009). Ryff and Singer (1998) proposed the concept of positive human health as a comprehensive and holistic health assessment that takes into account positive resources (e.g. physical health, social relationships)

as well as stress factors. Accordingly, the presence of positive and healthy habits (e.g. good nutrition, regular physical activity, not smoking, not using substances) and emotional and psychological well-being play an effective role in maintaining health.

There are many theoretical explanations of well-being (Diener 1984, Ryff 1989, Keyes 1998). According to the Telic theory, the increase in the level of subjective well-being of the individual is related to the fulfillment of his/her needs and the realization of the goals that arise with his/her needs (Diener 1984). Meeting the physiological and psychological needs of the individual is considered as the need dimension, and setting realistic goals for achieving the goals is considered as the goal dimension. Influenced by the theoretical explanations of well-being, Seligman developed a multidimensional model of well-being (PERMA) (Seligman 2011). According to the model, well-being is not based on a single component, but includes a combination of having positive emotions, engagement, good relationships, meaning and purpose, and accomplishments. Seligman (2011) argues that the experience of flow is a part of well-being and is at the core of positive psychology. According to Csikszentmihalyi's Flow Theory (1990), if the skill level of the individual and the work to be done are compatible, the individual feels pleasure to do the work, but if they are not, they may prevent the flow (the individual's focus on the work to be done by abstracting himself from external stimuli) from being realized. Flow Theory (1990), which suggests that the individual is the creator of his/her own happiness and that this can be realized through ideal experience, has an important place in positive psychology, and there are studies showing that flow is positively related to well-being (Wanner et al. 2006, Carpentier et al. 2012).

In the literature, well-being can be considered as two different concepts/approaches: subjective well-being (hedonic) and psychological well-being (eudaimonic) (Ryan and Deci 2001). Formulations of subjective well-being are based on life satisfaction and happiness (Keyes et al. 2002, Deci and Ryan 2008). Life satisfaction is an individual's evaluation of his/her life in the long term, while happiness is the reflection of an individual's positive or negative affect in a momentary experience (Keyes et al. 2002, Snyder and Lopez 2002). Subjective well-being can be defined as the predominance of positive emotions over negative emotions and a generally positive evaluation of one's life situation, i.e. life satisfaction (Diener et al. 1999). These evaluations include affective symptoms of happiness as well as cognitive processes of satisfaction and fulfillment (Ryan and Deci 2001). Positive experiences with high subjective well-being are considered as an important part of positive psychology because they make life more enjoyable (Snyder et al. 2002).

Formulations of psychological well-being are based on human development, existential challenges of life and psychological functioning (Keyes et al. 2002, Deci and Ryan 2008). Psychological well-being examines the process of maintaining positive functioning despite the existential challenges faced by the individual (Keyes et al. 2002). Ryff (1989a), who argues that subjective well-being differs from psychological well-being, developed a multidimensional model by integrating different perspectives on psychological well-being, including points of convergence and recurring themes. According to this model, psychological well-being consists of six dimensions: self-acceptance, positive interpersonal relationships, environmental mastery, autonomy, life purpose and personal growth (Ryff and Singer 1996). Each dimension is linked to different challenges faced by the individual. Thus, although the individual is aware of his/her limitations, he/she tries to feel good and accept his/her limitations (self-acceptance). By developing and maintaining intimate and secure relationships with others (positive interpersonal relationships), he or she meets personal needs and desires (environmental mastery) while shaping his or her environment. In a wider social environment, he/she strives for self-determination and develops personal authority (autonomy). They strive to be well in the face of life's challenges while trying to find meaning in life (life purpose). Finally, they strive to reach the highest level of their ability and capacity (personal growth) (Ryff 1989a).

Psychological well-being is linked to characteristics such as self-esteem, meaning of life, optimism and autonomy (Ryff 1989a, Ryan and Deci 2001, Waterman et al. 2010). In a study conducted among hospital employees, psychological well-being was positively associated with psychological resilience and optimistic approach played a mediating role in this relationship (Karacaoğlu and Köktaş 2016). There are studies conducted with clinical and non-clinical samples showing that positive psychology practices, in which positive emotions, thoughts or behaviors are at the forefront, not only increase well-being but also have the potential to reduce disorders (Sin and Lyubomirsky 2009, Forgeard et al. 2011, Chakhssi et al. 2018). For example, writing letters of gratitude, practicing optimistic thinking, reviving positive experiences, and socializing are among the practices that increase well-being in non-clinical samples (Ruini et al. 2006, Boehm and Lyubomirsky 2009). Turkish studies have shown that subjective well-being can be improved through education (Ilgaz and Sayar 2020), and that online positive psychology interventions increase well-being and reduce depression-related symptoms (Kaplan et al. 2014).

Psychological Resilience

As mentioned earlier, experts working in the field of mental health have started to focus on people's strengths as well as focusing on disorders since the 1990s (Csikzszentmihalyi and Seligman 2000, Snyder and Lopez 2002). In parallel with positive psychology research, positive findings on well-being and discussions on the increasing use of medication and the focus of studies on illness have increased the interest in research on psychological resilience (Diener 2000, Maddux 2002, Peterson and Park 2003, Bonanno 2004).

Psychological resilience, which has many disagreements about its conceptualization, can be considered as an innate personality trait (Wagnild 2003) or a developmental progression process that includes vulnerabilities and strengths that emerge with changing life conditions (Werner and Smith 1992, Luthar and Cicchetti 2000). Psychological resilience conceptually includes adversity and adaptation (Luthar and Cicchetti 2000). Adversity is the risk factor necessary for the development of psychological resilience and is defined as the negativity or discomfort associated with the individual's adaptation to the events experienced (Luthar and Cicchetti 2000, Karaırmak 2006). Adaptation is the ability of individuals to continue their daily lives in the face of a challenging life event without developing any psychological discomfort and without losing their functionality (Basım and Çetin 2011). Difficulty and adaptation are personalized concepts that involve individual differences. For example, a situation that is perceived as challenging or risky for one person may not be challenging for another person. These challenges may continue over a long period of time (harassment, violence, etc.) or may occur suddenly (loss, assault, etc.). Bonanno's study (2004) concluded that psychologically resilient individuals experience emotional distress and negative intrusive thoughts after the traumatic experience, but these symptoms are temporary, this process does not prevent the formation of positive affect and people can continue their daily lives. In related studies, psychological resilience is recognized as a developmental process that involves the ability to use internal (self-efficacy, problem solving skills, etc.) and external (social environment, family, etc.) resources by adapting to difficulties in a positive way rather than being well at the time of difficulty (Yates et al. 2003, Terzi 2008). Individuals with high levels of psychological resilience have more developed social (improved communication skills, social support, etc.), emotional (hope, self-esteem, self-efficacy, optimism, etc.) and cognitive (cognitive flexibility, high intelligence level, problem solving skills, emotion regulation skills, etc.) characteristics (Bonanno 2004, Haynes 2005, Gizir and Aydın 2006, Yehuda et al. 2006). The protective factors (personal, professional, social) of nurses, who may face challenging and traumatic experiences due to stressful working conditions, have been found to improve their psychological resilience, as well as to be effective in the development of skills such as coping and adapting to the situation, self-confidence and creating a motivational life force (Çam and Büyükbayram 2017). Consistent with previous research, Johnson et al. (2010) reported that positive self-perception improves psychological resilience and reduces suicidal thoughts caused by hopelessness. All these studies suggest that the concept of psychological resilience is one of the basic concepts of positive clinical psychology.

The Broaden-and-Build Theory (2004), which is discussed in positive psychology research, suggests that positive emotions such as happiness and hope expand thought-action repertoires and support psychological resilience, which is a protective factor against psychological disorders, and the building of resources (Fredrickson and Joiner 2002). For example, a sense of joy develops the desire to play, and the desire to play develops the curiosity to explore. Thus, as individuals discover new ideas and behaviors, they develop their physical, intellectual, social and psychological resources (Fredrickson and Joiner 2002). In support of the theory, people with high positive traits were found to be less affected by clinical-level stress caused by non-positive traits and life events (Johnson et al. 2010). In this context, related research has focused on examining the psychological resilience factors that protect individuals from negative consequences in the face of stress and what people do to cope with situations where people have difficulty coping with stressors (Mooney and Padesky 2000, Bonanno 2004, Stainton et al. 2019).

Psychological resilience is frequently included in both clinical psychology and positive clinical psychology research as it is positively related to psychological and physical well-being and negatively related to psychopathology (e.g. Bonanno 2004, Bohlmeijer et al. 2010, Aiena et al. 2015, Osofsky et al. 2019). For example, positive concepts such as optimism, gratitude, forgiveness, hope and humility, which have an important place in positive clinical psychology, have been found to be related to psychological resilience (Richardson 2002). According to the Two-Dimensional Framework approach, many 'positive' psychological variables related to mental health can be considered as resilience variables/factors. For example, self-kindness and self-compassion, a concept that includes the common experience of humanity and mindfulness, have been found to provide resilience against depression that develops as a result of burnout (Kyeong 2013). Hope and optimism have been shown to reduce the likelihood of rumination, a known risk factor for many psychological disorders, leading to

suicidal ideation (Tucker et al. 2013). Similarly, gratitude appears to buffer the development of depression as a result of financial constraints (Krause 2009). In addition to these findings, evidence that gratitude can buffer against the development of suicidal thoughts in individuals diagnosed with depression (e.g. Kleiman et al. 2013) suggests that gratitude diaries may be a useful part of interventions for depression.

The finding that focusing on building resilience in psychotherapy is more effective than focusing on behaviors and thoughts that interfere with resilience (Mooney and Padesky 2000) led Padesky and Mooney (2012) to develop the Strengths-Based Four Step Model. According to the model, in therapy, in order to build and strengthen psychological resilience, the client's strengths are focused on and constructively worked with imagery, behavioral experiments and metaphors created by the client. In this approach, the client; 1) strengths are explored and helped to realize them by transforming them into general strategies, 2) a personal model is created by defining challenging situations that may need resilience, 3) problems that may be encountered and what can be done using the model are planned, 4) the model is tested with behavioral experiments. Although the focus of the model is on resilience, the model can also be used to develop other positive characteristics (Padesky and Mooney 2012).

In a systematic review of interventions for psychological resilience, it was reported that there are significant differences in the types of psychological resilience trainings; however, most of them include a combination of psychoeducation, mindfulness, cognitive skills, self-compassion skills, gratitude practice, emotion regulation training, relaxation and goal setting (Joyce et al. 2018). In addition, the review includes studies showing that cognitive behavioral therapy and mindfulness practices are more effective in increasing resilience. In another study conducted within the scope of positive interventions (Seligman et al. 2006), clients were asked to write down three good things that went well during the day and also to think about why they went well. The aim of this practice is to help clients end their day by recalling positive events rather than negative ones. Similarly, it is assumed that writing a letter of gratitude and reviving positive memories (Seligman et al. 2006) can stimulate memory in the opposite direction, from the painful aspects of past relationships to savoring the good things that friends and family have done for the clients. On the other hand, while focusing on the positive aspects, it is also important for the clinician/psychotherapist to remember that it is not realistic to design a life without negative experiences.

Hope

Hope is a cognitive process consisting of two main dimensions: pathways and agency (Snyder et al. 1991). Agency is defined as the perceived desire to achieve one's goals; pathways to achieve goals are defined as the ability to develop pathways to one's goals or to overcome obstacles (Rand and Cheavens 2009). Hopefulness, as a concept that can be measured and developed, can be defined as an individual's thoughts about his/her current goals in many areas of his/her life (Snyder 2000).

Positive emotions such as joy, fun, and hope, when developed consciously and systematically and in appropriate ways, can act as a buffer against the harmful effects of psychological distress and reduce the impact of psychological disorders (Fredrickson 2001, Johnson and Wood 2016). The adoption of optimistic and self-confident approaches to solution in the face of problems reduces the negative effects of hopelessness (Öztürk and Maçkalı 2022). In the context of the balanced and holistic perspective emphasized by positive clinical psychology, the importance of examining and developing the concept of hope in clinical interventions becomes clear, considering that it is a protective factor against negativity and its relationship with the concepts of well-being and psychological resilience (Johnson et al. 2010).

In the field of positive psychology, the concept of hope is frequently included in research (Bronk et al. 2009, Gallagher and Lopez 2009, Ciarrochi et al. 2015). As preventive treatments gained importance in the positive psychology approach (Seligman 2002), positive emotions such as hope, courage and forgiveness, which are related to the increase in quality of life and the development of psychological resilience, started to be included in preventive treatments (Ingram and Snyder 2006, Worthington et al. 2014, Kwon et al. 2015). Hope has been found to positively affect subjective well-being (Şahin et al. 2012, Werner 2012). As hope, which is one of the effective psychological factors in moving towards the goal, increases, subjective well-being and positive emotions also increase (Diener et al. 2002, Snyder and Lopez 2002). On the other hand, hope is not only positively associated with positive psychological outcomes (e.g., subjective well-being, life satisfaction; Snyder et al. 1991, Diener et al. 2002), but also negatively associated with many negative psychological outcomes (e.g., anxiety symptoms, depressive symptoms, and suicidal ideation), including risk factors for suicide (O'Keefe and Wingate 2013, Chang et al. 2015). Avoidance, one of the emotion-focused coping methods, is known to be associated with negative psychological outcomes (Endler and Parker 1994, Dunkley et al. 2000). In connection with this,

individuals with high levels of hope use avoidance methods less than individuals with low levels of hope (Glass et al. 2009, Rand and Cheavens 2009). In addition, the thought of 'goal unattainability', which is associated with suicidal thoughts, has been negatively correlated with the feeling of hope (Beck et al. 1974, Farran et al. 1995).

Experts in the field of positive psychology argue that positive concepts such as happiness and hope enrich the individual's level of awareness and courage, and their thoughts and behaviors towards exploration. Over time, these thoughts and behaviors turn into the development of skills and resources and help life to become positive (Compton 2005, Chou et al. 2013). Hope has been shown to (a) help protect people from mental and physical health problems through the feedback loop of successful goal pursuits and resultant positive affects (Snyder 2002), (b) facilitate proactive steps towards mental and physical health problems (Snyder et al. 2000, Rand and Cheavens 2009), and (c) can be increased and improved through intervention (Lopez et al. 2000). In order to develop hope, steps such as clarifying goals, reducing them to smaller steps, creating alternative plans, enjoying the process and being strategic in overcoming difficulties are also underlined (Luthans and Jensen 2002).

In psychotherapy, the primary goal is to maintain hope and increase self-efficacy by trying to establish the therapeutic bond and understand the clients. In this context, it is of great importance to help clients hear themselves and realize that they are not just their symptoms. It is very critical for the development of hope that clients can set realistic goals by evaluating their own resources and strengths in relation to their reasons for applying to therapy and their well-being (Rashid and Howes 2016). With One door closed, one door opened, which is one of the techniques used in the practice, clients are first asked to tell and write about the three doors that were closed to them in their lives and then the three doors that were opened. The aim of this practice is to enable clients to develop the ability to see the good - but also realistic - side of situations as much as possible, to believe that the difficulties encountered are temporary and that they can overcome them, and to maintain hope that goals are achievable (Rashid and Howes 2016).

In a systematic review, five effective and promising intervention methods to increase the hope of patients with psychological disorders were listed: (1) collaborative strategies in illness management, (2) strengthening relationships, (3) peer support, (4) helping patients to set and pursue realistic goals by taking control of their lives, (5) supporting positive factors (such as self-confidence, self-efficacy, spirituality, well-being) with specific interventions (Schrank et al. 2012). In another systematic review, cognitive behavioral therapy and life review based interventions including storytelling, talking about past memories or biographical techniques and applied in geriatric patients were considered to be beneficial in increasing the hope levels of older adults (Hernandez and Overholser 2021). Dignity Therapy, physical exercises and training programs were not as effective as life review-based and cognitive behavioral interventions in increasing the hope of geriatric patients.

Coping

Research on the psychological dimensions of stress is at the core of clinical psychology. As in the traditional approach, the focus of stress-related studies has been on alleviating discomfort and facilitating adaptation (Lazarus and Folkman 1984, Endler and Parker 1994). Studies on coping mostly examine psychologically disturbing situations such as grief, depression, anxiety, chronic pain, and attempts to reduce these disturbances based on the experiences of people who apply for psychological help. When approached from this perspective, it was noticed that the adaptation and development processes of individuals who do not apply for help are less examined, and with the increasing positive psychology studies, it has become important to focus on the adaptation processes of individuals who do not apply for support (Snyder and Lopez 2002, Davis and Asliturk 2011).

Coping refers to the ability to overcome stress factors with some methods and to regulate these factors (Lazarus and Folkman 1984). The way the stressor is perceived and positively reevaluated determines the preferred coping method (Lazarus and Folkman 1984, Newton and McIntosh 2010). Positive appraisal, one of the main points in the coping model, is an evidence-based cognitive strategy in positive psychotherapy that enables building psychological resilience, coping with stressors in a healthy way, and seeing the positive aspects of negative situations (Luyten et al. 2015). People who can evaluate stressors from an optimistic perspective and perceive them as less dangerous are perceived to be more skillful in coping with stress (Lazarus and Folkman 1984). For example, while a situation may be perceived as frightening for one person, it may not be so frightening for another. Therefore, when faced with challenging life events, since the way these situations are perceived may be different, the preferred methods of coping also differ from person to person. Methods of coping with stressful factors can be categorized as problem-focused, emotion-focused, proactive, reactive, avoidant, etc. (Lazarus and Folkman 1984, Moos and Schaefer 1993). Active and logical attempts to change the situation and solve the problem by focusing on the problem are defined as problem-focused coping; avoiding thinking about the stress

factors caused by negative experiences is avoidance, and attempts to reduce or regulate the negative emotional consequences of the stressful situation are defined as emotion-focused coping (Ebata and Moos 1994, Şahin and Durak 1995, Worthington and Scherer 2004, Schoenmakers et al. 2015).

When the coping methods used are not efficient, deterioration in psychological health and the emergence of psychological symptoms is an expected outcome (Koivumaa-Honkanen et al. 2001). Similarly, prolonged exposure to stressors is associated with negative outcomes such as anxiety and depression (Jaser et al. 2005). In addition to these findings, psychotherapy is known to help a person transform from dysfunctional coping mechanisms to more adaptive ones in relation to clinical change (Bond and Perry 2004, Perry and Bond 2012). Coping strategies used effectively while coping with stress have positive effects on mental health (Forlin 2001, Rolf and Ulrich 2001, Taylor 2007, Özarslan et al. 2013, Neiss et al. 2015). In a systematic review by Brandão et al. (2014), psychological interventions were shown to be effective on cancer coping behaviors of adults with breast cancer and their partners. Providing psychoeducation about cancer, side effects of medications, and usual psychological reactions; increasing emotional expression and social support; interventions for sexual and physical adjustment; finding benefit, posttraumatic growth, and increasing the meaning of life were reported to be common components of effective coping interventions. In addition, another systematic review examining women's coping with the difficulties they experienced during pregnancy indicated that positive appraisal, which involves focusing on personal development and deriving positive meanings, is positively associated with better attachment, fewer depressive symptoms, and lower overall and pregnancy-related discomfort (Guardino and Dunkel Schetter 2014).

In positive psychology research, positive emotions are reported to be beneficial in situations of threat and loss, to help cope with stress, and to help mourners experience positive and negative emotions together (Moskowitz 2001). When it comes to controlling stressors, optimism, a positive emotion, has been associated with the flexible use of coping methods for adaptation (Nes and Segerstrom 2006). Positive emotions that emerge during and after coping increase psychological resilience, lead to seeking social support and help to cope with adversities (Folkman and Moskowitz 2000, Fredrickson et al. 2003). For example, a study done after the 9/11 terrorist attacks concluded that resilient people experienced positive emotions (e.g. gratitude, love) in addition to emotions such as fear and anger, and that this helped them to cope with the challenge in a functional sense by expanding their way of thinking (Fredrickson et al. 2003).

In the context of all these developments, to better understand the concept of coping, studies that move away from the traditional approach to psychopathology and anxiety and investigate the presence of positive emotions in the process of stress and coping have come to the forefront (Folkman and Moskowitz 2003, 2004). The findings that positive emotions occur in addition to negative emotions during stress and that these positive emotions help to cope with the challenging situation have increased the interest in coping research in positive psychology (Folkman and Moskowitz 2000). Mainly, these studies focus on recognizing the role of positive affect and emotions during stress, the way people evaluate stressful life events and their reactions to these situations (Davis and Asliturk 2011, Chou et al. 2013). Stress coping strategies (seeking social support, turning towards the problem and avoiding dealing with the problem) have been found to predict the level of happiness, and the level of happiness increases with the increase in the use of stress coping strategies (Kaya and Demir 2017). Individuals with high levels of subjective well-being were generally found to be resilient in the face of stressful events and to have the ability to solve problems effectively (Frisch 2000, Özbay et al. 2012, Kaya and Demir 2017).

Positive emotions may enrich people's ways of thinking and improve their methods of coping with stressors (Fredrickson 2003). According to Fredrickson's Broaden-and-Build Theory (2004), with the expansion triggered by positive emotions, many personal resources are built over time, including physical resources (e.g. physical skills, health, longevity), social resources (e.g. friendship, social support networks), intellectual resources (e.g. expert knowledge, intellectual sophistication) and psychological resources (e.g. resilience, optimism, creativity). Over time, with repeated positive emotional experiences, broad minded coping method can become a habit, and thus, as a strong resource (such as psychological resilience) that the individual may have, it can help him/her overcome difficulties in the future and return to his/her former functionality (Fredrickson 2000, 2001). The Broad-Minded Affective Coping method (BMAC-Broad-Minded Affective Coping), which was developed based on the Expand and Build Theory (2004), is a technique based on the client's recollection of positive memories from the past, which is thought to be suitable for use in therapy to increase positive mood and affect (Tarrier 2010). In the Broad Minded Affective Coping technique, the client is asked questions that will help the client to activate the visual, sensory, emotional and cognitive aspects of memory, and the individual is aimed to remember the memory as detailed and vividly as possible (Tarrier 2010).

The plans and efforts made to achieve the goal are called strategies, and some character traits (e.g. optimism, pessimism) are considered as strategies and addressed within the scope of coping (Spencer and Norem 1996, Parrott 2014). Defensive pessimism and strategic optimism are cognitive strategies used in coping with problems (Spencer and Norem 1996). Defensive pessimism, which is defined as a person having a low expectation and preparing himself/herself for things that may go wrong, has been found to help a person manage his/her anxiety and achieve his/her goals (Norem 2008). In contrast to defensive pessimism, people who use optimism as a strategy to cope with the problem have high expectations from themselves and prepare for future situations by thinking that they will be successful again as in the past (Spencer and Norem 1996). Strategic optimists were found to distract themselves by not thinking too much about the important work they were about to start, thus feeling less anxious about the future situation and coping with the situation better (Spencer and Norem 1996). Although the focus of the studies was to try to increase the optimism levels of defensive pessimists, defensive pessimists were asked to focus on positive outcomes instead of negative outcomes or to relax and try to make their mood more positive, which led to more unsuccessful results (Spencer and Norem 1996). Furthermore, since defensive pessimists have increased self-confidence and personal satisfaction, achieve better academic results, have a supportive social environment, and show more progress towards their goals than anxious students who are not defensive pessimists, it has been suggested that this 'dysfunctional' cognitive coping method does not need to be changed/reduced (Norem and Chang 2002). The findings that dysfunctional coping strategies involving negative emotions and thoughts may be advantageous in terms of adaptation/functionality seem to be important in terms of positive clinical psychology approach (Norem 2008). Similarly, Parrott (2014) has a study showing that various negative emotions (e.g. sadness, anxiety, shame, guilt, jealousy) and negative coping styles (e.g. defensive pessimism) can be functional/adaptive. These findings emphasize the importance of considering that negativity can contribute to/transform positive functioning rather than focusing primarily on the negative part of negative thinking and dysfunctional coping (Wood and Johnson 2016).

Intervention Studies on Concepts

Some applications in positive clinical psychology approach are designed to increase positive concepts in daily life by helping to cope with negative situations and moods (Seligman et al. 2006). In this section of the review, intervention studies examining the concepts of well-being, psychological resilience, hope and coping will be briefly discussed. Information on intervention studies related to the concepts is presented in Table 1.

Table 1. Summary of Intervention Research

Concept	Study	Sample (n)	Interventions Implemented	Measures	Measurement Time	Results
Well-being	Lyubomirsky et al. (2011)	I Optimism 111 Gratitude: 107 C 101	In the optimism intervention group, participants were asked to imagine the best version of themselves in the future and write about it. In the gratitude intervention group, participants were asked to remember a time when someone else did something for them for which they were grateful and to write a letter to that person about their experience. Participants in the control group were asked to write down what they had done in the past week.	-Positive and Negative Affect Scale (Watson et al. 1988) -Satisfaction with Life Scale (Diener et al. 1985) -Subjective Happiness Scale (Lyubomirsky and Lepper 1999) -Subjective evaluation of the effort expended in completing the task	Pre-intervention, post-intervention and follow-up (after 6 months)	The participants who voluntarily participated in the study, knowing the purpose of the study, showed that their willingness to participate in positive activities and their efforts provided effective results in terms of the development and maintenance of well-being. Will and the proper way are important factors for happiness and well-being, and effective results can be obtained with happiness-enhancing interventions (when participants know their content).
	MacLeod et al. (2008)	I 29 C 35	The intervention group was asked to set personal goals. They were asked to read the handbooks given by the researchers during the weekly interviews and between the interviews. In the interviews, well-being, goal setting, progress towards the goal and problems and solutions that may occur during progress were discussed.	-Positive and Negative Affect Scale (Watson et al. 1988) -Satisfaction with Life Scale (Diener et al. 1985) -Self-report questions on achieving the goal	Pre-intervention, post-intervention	There was a significant increase in the subjective well-being of the participants in the intervention, both individually and within the group, compared to the control group. Goal setting and planning skills are causally linked to subjective well-being and such skills can be learned to improve well-being.
	Page and Vella-	I 13	In the intervention group, the nature of well-being was explained and they were asked to do	-Satisfaction with Life Scale (Diener et al. 1985)	Pre-intervention and after 1 week,	Focusing on the identification and implementation of employees' strengths in the work environment

	Brodrick (2013)	C 10	happiness-enhancing activities. Participants were asked to discover the strong characteristics they think they have and give examples from their lives. They were worked on developing some methods to stay in the flow in their work environment. The control group only filled in the questionnaires.	-Positive and Negative Affect Scale (Watson et al. 1988) -The Workplace Well-Being Index (Page 2005)* -The Affective Well-Being Scale (Daniels 2000)* Psychological Well-Being Scale (Ryff 1989)	3 months and 6 months	was the most effective component of the program to increase subjective well-being. The intervention program was effective in the development of positive emotions (subjective well-being and emotional well-being in the work environment) and functioning (psychological well-being).
	Proyer et al. (2013)	I 56 C 1st Control:62 2nd Control:60	The intervention group was asked to do and write about four activities they had never done before to increase their curiosity. They were asked to do 'one door closed, one door opened' to increase hope, and physical activity (sport, social conversation, overcoming daily challenges, etc.) to increase humor and zest. The 1st control group was asked to complete daily tasks that were less related to subjective well-being (creativity, open-mindedness, learning, etc.). The 2nd control group only completed the same questionnaires as the other groups.	-Values in Action Inventory of Strengths (Peterson et al. 2005)* - Satisfaction with Life Scale (Diener et al. 1985) -Self-declaration form	Pre-intervention, post-intervention	Strengths-based interventions to increase well-being were emphasized as potentially effective.
	Demirci (2021)	I 7 C 7	In the intervention content, the PERMA Well-Being Model was explained to the participants and positive emotions, flow experience, positive relationships, meaning of life and achievements were discussed. No intervention was applied to the control group.	-PERMA Scale (Butler and Kern 2016)	Pre-intervention, post-intervention	The counseling intervention based on the PERMA model, which is based on a positive psychology approach, was effective in increasing students' well-being levels.
	Fava et al. (2004)	I 1st group: 20 2nd group: 20 C -	In the 1st intervention group, CBT was applied, focusing on medication and lifestyle modification and incorporating Well-being Therapy techniques; in the 2nd intervention group, interviews were conducted involving medication use and management of the disorder.	-Clinical Interview Scale for Depression (Paykel 1985)	Pre-intervention, post-intervention (16 times)	Increased well-being was observed to be effective in reducing and delaying the recurrence of depression episodes. CBT-IOT approach provided significant advantages compared to CBT alone and these improvements were maintained during the 1-year follow-up period. IOT increased psychological resilience.
	Sheldon et al. (2002)	I 42 C 48	The intervention group participated in goal training interviews developed to strengthen participants' sense of ownership of the goals they set. No intervention was applied to the control group.	-6 questionnaires in which they list their personal goals and rate their personal integrity -A questionnaire in which they rate their emotions, vitality and psychosocial well-being	Pre-intervention, post-intervention and follow-up (after 6 weeks	The participants with high personal integrity in the first evaluation had higher initial well-being scores, showed more improvement in achieving their goals, and tended to benefit more from goal training. Goal progression was associated with vitality, psychosocial well-being, personal integrity, positive development and self-actualization.
Psychological Resilience	Rose et al. (2013)	I 30 C 29	The intervention group participated in interviews on stress management and psychological resilience training. During the interviews, psychoeducation was provided about the importance of maintaining healthy habits, and practices for thoughts, feelings and behaviors (e.g., relaxation exercises, searching for evidence supporting thoughts, problem solving skills) were conducted. The control group was shown videos about stress management.	-Perceived Stress Scale (Cohen and Williamson 1988) -Stress and Perception of Control Scale (Rose et al. 2013)* -Questionnaire for Stress Management Training (self-report)* -System Usability Scale (Brooke 1996)	Pre-intervention, post-intervention	The resilience development program was more usable and effective in the stress method compared to the training applied in the comparison group.
	Uysal et al. (2021)	I 6 C -	In the intervention group, an intervention to increase well-being consisting of six sessions was implemented. Within the scope of the intervention, positive psychology concepts were introduced, positive emotions and	-Depression, Anxiety and Stress Scale (Henry and Crawford 2005) -Short Psychological Resilience Scale (Smith et al. 2008)	Pre-intervention, post-intervention	A positive relationship was found between Covid-19 fear and psychological resilience, and the intervention program based on positive psychology concepts and PERMA model was effective in reducing the level of depression.

			gratitude were discussed, and exercises were performed to use and strengthen strengths.	-Warwick-Edinburgh Mental Well-Being Scale (Tennant et al. 2007)		
	Houston et al. (2017)	I 64 C 65	In the interviews, the participants in the intervention group were asked to define a problem and brainstorm and search for a solution. In addition, the participants were asked to share their feelings and thoughts while the problem was ongoing and after the problem was solved and to make an individual or group action plan for change. Thus, it was aimed to improve in areas such as problem solving skills, coping methods, and eliminating errors in their thoughts. The control group only completed the scales.	-Connor-Davidson Resilience Scale (Connor and Davidson 2003) -Coping Styles Scale Short Form (Carver 1997) -State Hope Scale (Snyder et al. 1991) -Self-report questions on stress	Pre-intervention, post-intervention	Participants in the intervention group felt more hopeful and less stressed and depressed compared to the control group from week 1 to week 3.
	Songprakun and McCann (2012)	I 26 C 28	The intervention group was given handbooks containing self-help and CBT techniques and practices to improve psychological resilience. They were asked to plan activities by emphasizing the benefits of social support and physical activity, and practices were carried out to discover their automatic thoughts and emotions. Skills to help them change their negative thought patterns into positive ones and maintain positive thoughts and emotions were conveyed. The control group continued standard drug treatment.	- Resilience Scale (Wagnild and Young 1993)*	Pre-intervention, post-intervention (8 weeks) and follow-up (12 weeks)	The psychological resilience levels of the participants in the experimental group who received bibliotherapy and had moderate depression increased significantly; the effects of the treatment continued in the follow-up study 1 month later.
	Chandler et al. (2015)	I 17 C 11	The intervention group received a 4-week psychoeducation intervention. Modules to increase psychological resilience included: building strengths, cognitive flexibility, social support, interaction with peers and group leader. Participants were provided with mindfulness exercises, meditation and trainings on physical health and home studies. The control group only completed the scales.	-Resilience Scale (Wagnild 2009)* -The Health Behavior Questionnaire (Delaney-Black et al. 2010)* -Symptom Checklist -Childhood Adverse Experiences Scale (Felitti et al. 1998)	Pre-intervention, post-intervention	Although there were no significant changes in participants' risky behaviors or resilience scores, young adults in the intervention group reported building strengths, reframing resilience, and creating new connections for support.
	Yu et al. (2014)	I Psychoeducation:63 Resilience:58 C 62	Participants in the psychoeducation group received didactic training to increase their knowledge about education, medical care, employment and community resources. The resilience group was asked to perform practices based on self-efficacy, positive thinking, helpfulness and goal setting. For example, distributing food to the homeless, planning what can be done to find a job). The control group received only an informational handbook.	-Patient Health Questionnaire (Kroenke et al. 2001) -Sociocultural Adjustment Scale (Ward and Kennedy 1999) -Connor-Davidson Resilience Scale (Connor and Davidson 2003) Knowledge-oriented self-report questions	Pre-intervention, post-intervention and follow-up (after 3 months)	The increase in the psychological resilience of the participants in the intervention group was greater than those in the psychoeducation and control groups, and in the follow-up study after 3 months, the increase in resilience of the psychoeducation group was greater than the increase in resilience of the psychoeducation group.
Hope	McCann (2002)	I 41 C -	Practices were conducted to increase motivation and develop pathways to well-being. For example, questions were asked to help individuals define the meaning they give to their lives. They were asked to strengthen their social ties by talking to their friends on the phone and to imagine where they see themselves in the future.	-Interview and observation		Hope is an important part of the holistic approach in increasing well-being in schizophrenia patients.

	Ripley and Worthington (2002)	I Hope based :30 EIpathy based :28 C 28	The hope-based intervention group aimed at increasing hope through behavior-oriented approaches for couples to take responsibility in their relationships and to reach their goals. Couples were asked to discuss their feelings and thoughts with the application they named Communication Tango, and listening and observing their partners were practiced. In the empathy-centered intervention group, empathy towards their spouses was tried to be increased by focusing on personal characteristics in the forgiveness process. Participants were asked to engage in emotionally 'soft' interactions without blaming their partners.	- Couple Adjustment Scale (Spanier 1976) -Couples Assessment of Relationship Elements (Worthington et al. 1997) -The Global Rapid Couples Interaction Scoring System (Krokoff et al.. 1989)	Pre-intervention, post-intervention and follow-up (after 3 weeks)	Clinically significant results were obtained from hope-based marital enrichment intervention; no significant results were obtained from empathy-centered forgiveness-based intervention.
	Gilman et al. (2012)	I 164 C -	The intervention group was asked to write in order to see the connections between their negative thoughts about trauma and their emotions. Studies were carried out on thinking realistically about the negative thoughts that they overgeneralized	-Sustained Hope Scale (Snyder et al. 1991) Clinician-Administered Posttraumatic Stress Disorder Scale (Blake et al. 1995) -Posttraumatic Stress Disorder Questionnaire (Weathers et al. 1993) -Beck Depression Inventory-II (Beck et al. 1996)	Pre-intervention, mid-intervention (4th week) and post-intervention (7 weeks)	High levels of hope were found to contribute to the reduction of PTSD and depression symptoms in the middle and final parts of the treatment.
	Cheavens et al. (2006)	I 18 C 14	In the intervention group, participants were informed about the theory of hope and practiced how to apply this theory in their lives. They learned steps to increase hope, such as setting meaningful and achievable goals, developing different paths to the goal, identifying sources of motivation, observing progress on the way to the goal, and changing goals and paths when necessary. The control group only completed the scales.	-State Hope Scale (Snyder et al. 1996) -CES-Depression Scale (Radloff 1977) -State-Trait Anxiety Scale (Spielberger et al. 1983) -Index of Self-Esteem (Hudson and Proctor 1982)* -The Meaning of Life (Crumbaugh and Maholick 1964)	Pre-intervention, post-intervention	Compared to the waiting list of the control group, there was a greater increase in the hope scores of the intervention group.
	Irving et al. (2004)	I 98 C -	Six groups were formed for the intervention. The groups differed in the timing of their participation in the sessions that included the intervention to increase hope. Participants were trained to set goals for their problems, develop skills they could use to move towards their goals (especially when they were stressed), and motivate themselves for their physical and mental well-being.	-Coping Styles Scale (Carver et al. 1989) -The Regulation of Emotional Distress Scale (Irving et al. 1995)* -State Hope Scale (Snyder et al. 1996)	Pre-intervention during intervention and post-intervention	Increased levels of hope in the psychotherapy process were found to be associated with well-being, functionality, coping, and regulation of emotional disturbance.
	Feldman et al. (2015)	I 83 C -	The hope-based intervention included mental rehearsal exercises based on goal setting and pathways to goals. Participants were asked to set and write academic goals for six months ahead and to write down three steps they could take to reach this goal. To increase positive affect and self-efficacy, they were asked to engage in motor activities (e.g., clapping, waving, leg pulling) and to close their eyes to imagine and detail positive moments in their lives.	-State Hope Scale (Snyder et al. 1996) -The Hebrew Adaptation of the Life Orientation Test (Scheier and Carver 1985, Zeidner and Ben-Zur 1994)* New General Self-Efficacy Scale (Chen et al. 2001)	Pre-intervention, post-intervention and follow-up (after 1 month)	According to the pre- and post-intervention analyses, students who reached higher levels of hope following the workshop achieved higher grades in the semester following the intervention, although there was no statistical difference in their grade point averages before the intervention.
	Berg et al. (2019)	I 38	Within the scope of the eight-week intervention, participants were asked to observe their mood in	-Sustained Hope Scale (Snyder et al. 1991)	Pre-intervention, post-intervention	The hope-focused intervention group to improve the well-being of people diagnosed with cancer showed greater

		C 18	relation to the healthy behavior (e.g., physical activity) they set as a target through an application and to plan home studies between each session. Participants received psychoeducation on the development of hope-related skills, their application to daily life and new home studies. The manager in charge of the group sent weekly supportive messages to the participants about their goals. The control group received educational materials on personal economics.	-Short Health Status Questionnaire (Hays et al. 1995) -Quality of Life Scale (Cella et al. 1993) -Patient Health Questionnaire (Kroenke et al. 2001)	and follow-up (after 6 months)	improvements in outcomes (e.g., general health, hope, ways of thinking, depressive symptoms) compared to the control group.
Coping	Lancastle and Boivin (2008)	I PRCI:28 PII:27 C -	In the PRCI group, participants were asked to read cards containing positive statements, a positive mood induction tool, to strengthen coping by increasing positive reappraisal. For example, 'I will review the positive experiences of my life during the intervention', 'I will do something meaningful for me.' In the PMI group, they were asked to read another card with more general positive statements. For example, 'I feel good', 'I am a wonderful person'.	-Renewed Life Orientation Scale (Scheier et al. 1994) -Coping with Infertility Questionnaire (Terry and Hynes 1998)* -Assessment form for intervention	Pre-intervention, post-intervention	The positive reappraisal coping intervention was found to help participants feel more positive and sustain their coping efforts compared to the self-affirmation intervention.
	Lam et al. (2005)	I 51 C 52	Patients in the intervention group received cognitive therapy and medication, while patients in the control group received only medication. Cognitive therapy interventions (e.g., thought processing, behavior regulation, sleep regulation) were used to cope with early symptoms in a more functional way and to increase social functioning.	-The Mania Scale (Bech et al.1978)* -Coping with Bipolar Prodromes Schedule (Lam and Wong 1997)* -The Social Functioning Schedule (Hurry et al.1983)* -Dysfunctional Attitude Scale for Bipolar Disorder (Lam et al.2004)* -Questionnaire on medication adherence (Lam et al. 2000)	Intervention follow-up (18 months and 30 months)	The intervention group treated with cognitive therapy achieved better results in coping with early symptoms of bipolar disorder and mood.
	Johnson et al. (2013)	I 25 C 25	Participants in the intervention group followed the Wide Angle Affective Coping procedure to increase their positive emotions. Participants were asked to revive positive memories with body exercises, detail the sensations in the positive memory (e.g. smell, taste), re-experience the emotions in the positive memory, and match positive emotion and memory. Participants in the control group were told to feel comfortable by listening to classical music.	-Beck Depression Inventory-II (Beck et al. 1996) -Suicidal Behaviors Questionnaire-Revised (Osman et al. 2001)* -Current mood measurement	Pre-intervention, post-intervention	The Broad-Band Affective Coping (BMAC) technique was effective in improving self-reported mood. Participants in the BMAC-group had significantly increased levels of hope and happiness, suggesting that BMAC is not only useful for increasing positive affect or 'happiness' in general, but may also be an effective technique for increasing feelings of hope.
	Sikkema et al. (2013)	I 124 C 123	Within the scope of the intervention, role-plays for the assessment process were conducted to improve the participants' coping with the illness. Identification of stressors related to traumatic stress, evaluation of dysfunctional coping methods and relaxation exercises were applied. In the 2nd intervention group, an unstructured support group study was conducted.	-Impact of Events Scale (Horowitz et al. 1979) -The Coping with AIDS Scale (Namir et al. 1987)*	Pre-intervention, post-intervention and follow-up (4th month, 8th month and 12th month)	Compared to the support intervention, participants who received the coping intervention showed decreases in traumatic stress levels over time. In addition, there was a decrease in the use of avoidant coping by the coping group and this was associated with a decrease in traumatic stress. The results obtained continued in the follow-up study after 12 months.
	Scott et al. (2004)	I Can-COPE:52 PC:52 II:52	Participants in the Can-COPE intervention group received coping training and counseling. Psychoeducation was provided on supportive communication, partner support and sexuality. Empathic listening and expressing emotions	-Interview for couples' communication -Revised Ways of Coping Questionnaire-Cancer Version (Dunkel-Schetter et al. 1992)*	Pre-intervention, adn during intervention (after 6 and 12 months)	The Can-COPE intervention group showed a decrease in the level of psychological discomfort, dysfunctional high coping effort and avoidance of negative intrusive thoughts, and an increase in

		C -	were practiced and then they were asked to mutually evaluate their coping processes. The PC intervention group consisted of only female spouses and received training and counseling on problem-solving skills, recognition and evaluation of negative thoughts about cancer. Participants in the MIE group were only given materials containing information about cancer-related medical care and no psychological intervention was provided.	Psychosocial Adaptation to Illness-Self-Report Scale (Derogatis 1986) -Impact of Events Scale (Horowitz et al. 1979) -Sexual Self Schema Scale (Andersen and Cyranowski 1994) -Self Image Scale (Halford et al. 2001)* -Brief Index of Sexual Functioning (Leiblum and Rosen 2000)* -Feedback form for intervention		supportive communication and sexual adjustment.
	Conrod et al. (2000)	I II:94 III:97 ICI:52 C -	Participants in the MI group were encouraged to discuss the long-term negative effects of substance abuse and participated in motivation-focused cognitive restructuring training. The MCI group was not taught any coping skills and were shown movies about motivating substance abusers to seek treatment. Cognitive behavioral interventions to manage depression were applied to the person with high impulsivity, the opposite of the observed characteristics of the participants in the MMI group.	-Reasons for Drinking Questionnaire Revised Form (Cooper et al. 1992) -The Inventory of Drinking Situations (Annis et al. 1987)* -The Inventory of Drug-Taking Situations (Annis 1995)* -Comprehensive Drinker Profile (Miller and Marlatt 1984)* -Standard character assessment on computer (Conrod et al. 2000)	Pre-intervention, post-intervention	The motivation-focused cognitive restructuring training provided to the motivation-matched (MI) intervention group was found to help participants cope more effectively with substance abuse. Compared to those in the motivational movie control intervention (MCI) group, the frequency and severity of alcohol and substance abuse decreased more in the MI group.

*Note: Turkish translations of the scales used in the studies marked with an asterisk were not found.
Note: Some intervention studies included more than one positive clinical psychology intervention. Intervention studies are listed in the table under the title of the main outcome variable. I: Intervention; C: Control; CBT: Cognitive behavioral therapy, IOT: Well-being therapy, PRCI: Positive reappraisal coping intervention, PMI: Positive mood intervention, BMAC: Broad-angle affective coping, Can-COPE: Couple-based coping education, PC: Patient coping education, MIE: Medical information education, MI: Motivation-coupled intervention, MCI: Motivational movie (control) intervention, MMI: Motivation-mismatched intervention

Well-being

Based on the previously mentioned model of Ryff (1989), which suggests that psychological well-being has 6 dimensions, a psychotherapy approach has been developed in which cognitive behavioral therapy techniques are used and psychological well-being dimensions are aimed to be developed (Fava and Ruini 2003). Fava's Well-Being Therapy (WBT), one of the pioneering studies in the field of positive psychology, is applied in addition to any existing treatment (e.g. cognitive behavioral therapy) (Fava 1999). Instead of initially aiming for happiness, the treatment focuses first on symptoms and disorders and then on strengths. In control studies, by increasing subjective well-being with certain psychotherapy interventions, a decrease in disturbances and an improvement in physical well-being were observed (Fava et al. 2002). There are randomized controlled studies showing that WBT is effective in anxiety and depressive disorders and even in difficult cases such as substance dependence (Fava et al. 2004, 2005).

In a meta-analysis study involving 51 positive psychology interventions applied in different ages and samples, positive interventions were reported to increase well-being and reduce depressive symptoms (Sin and Lyubomirsky 2009). As a result of the study, it was noteworthy that depressed, older individuals who were willing to participate in the interventions experienced more improvement in their well-being. Moreover, positive interventions were found to be effective in improving residual symptoms and preventing relapses (Seligman et al. 2006). Similarly, there are study findings showing that the absence of psychological well-being is one of the factors contributing to psychological disorders or predisposition to the development of disorders (Fava et al. 2001, Keyes et al. 2002). In a study on oedonomic well-being (being content and happy at the highest level), 30 recovered panic disorder patients had higher levels of psychological disturbances (anxiety, depression, somatic symptoms) compared to 30 matched control groups (Fava et al. 2001). Although the patients in the study were assumed to be in the recovery period and did not need therapy, the fact that some dimensions of well-being (environmental mastery, personal growth, life purpose and self-acceptance) remained impaired compared to the healthy control group was seen as an important point. Indeed, impairment in oedonomic (psychological) well-being was perceived as a predisposition for the recurrence of their prior disorders. Therefore, oedonomic experiences were interpreted as a key component in preventing relapse (Fava et al. 2007).

As a result of the literature review, 7 randomized controlled trials on well-being were found. Results of the studies indicated that willingness to participate in positive activities, goal setting and planning skills were effective in increasing well-being (Sheldon et al. 2002, MacLeod et al. 2008, Lyubomirsky et al. 2011). Commonly, strengths-based interventions (identifying strengths, well-being therapy, etc.) have been shown to improve well-being (Page and Vella-Brodrick 2013, Proyer et al. 2013). In addition, as a clinical practice, expressing positive experiences, positive emotions and gratitude was beneficial in terms of increasing well-being (Lyubomirsky et al. 2011, Page and Vella-Brodrick 2013).

From the clinical practice point of view, it was observed that individual-level interventions have positive effects on general and work-related well-being (Page and Vella-Brodrick 2013); implementation of happiness activities improves well-being (Lyubomirsky et al. 2011); strengths-based intervention focusing on the cognitive component of subjective well-being increases well-being and life satisfaction (Proyer et al. 2013). It has also been reported that intervention for goal setting and achievement improves well-being and personal growth (Sheldon et al. 2002); well-being therapy applied in addition to cognitive behavioral therapy is effective in reducing residual symptoms of major depression and improving well-being (Fava et al. 2004); PERMA model psychological counseling practice is effective in increasing the level of well-being (Demirci 2021) and practices for goal setting and planning skills increase life satisfaction and well-being (MacLeod et al. 2008).

Psychological Resilience

A four-week intervention study was organized to reduce psychological symptoms that increase with academic stress and to increase psychological resilience, effective coping and protective factors (Steinhardt and Dolbier 2008). The psychological resilience intervention consisted of four two-hour sessions on (1) transforming stress into resilience, (2) taking responsibility, (3) focusing on strengthening comments, and (4) creating meaningful connections with their environment. In the post-test measurements of the experimental group, the students' psychological resilience was higher, they used functional coping methods more (e.g. problem solving, self-confident approach, low level avoidance) and their psychological symptom scores (e.g. depressive, negative affect, perceived stress) were lower compared to the control group waitlist. According to the results of the study, psychological resilience intervention may be useful in academic stress, stress management and stress prevention studies.

In the systematic review by Joyce et al. (2018), resilience trainings varied significantly in their types; however, most of them included a combination of psychoeducation, mindfulness, cognitive skills, self-compassion skills, gratitude practice, emotion regulation training, relaxation, and goal setting. The review also includes research showing that cognitive behavioral therapy and mindfulness practices are more effective in increasing resilience.

There were 6 randomized controlled trials on psychological resilience. As a common point in the studies, it is noteworthy that positive emotions play an important role in interventions (Songprakun and McCann 2012, Uysal et al. 2021). Another common point in the studies was the reduction of depression symptoms and risks and increase in psychological resilience of the participants with the interventions (Songprakun and McCann 2012, Houston et al. 2017, Uysal et al. 2021). In their study (2017), Houston and colleagues (2017) concluded that the effect of strengths-based interventions was greater in the increase in healthy behaviors compared to the decrease in risk and depression symptoms. The studies differed according to the diagnostic status of the participants; for example, in Songprakun and McCann's (2012) study, the participants were diagnosed with moderate depression, while some other studies consisted of participants without any diagnosis (Rose et al. 2013, Yu et al. 2014, Houston et al. 2017). The difference in the sample group -clinical (Songprakun and McCann 2012) and non-clinical sample (Yu et al. 2014)- is considered to be crucial for the applicability of interventions to improve psychological resilience.

Hope

Within the scope of the review, 7 randomized controlled trials on developing hope were identified. In these studies, planning realistic goals, moving towards the goal and motivation were commonly correlated with the development of hope (McCann 2002, Ripley and Worthington 2002, Irving et al. 2004). The studies varied in terms of whether the intervention method was psychotherapy (Irving et al. 2004, Gilman et al. 2014) or workshop (Ripley and Worthington 2002, Feldman et al. 2015).

Coping

There were 6 RCTs (randomized controlled trials) on coping. In the studies of Johnson et al. (2013) and Lancastle

and Boivin (2008), positive emotions and positive appraisal were the main points of the interventions. The studies consisted of different sample groups (participants with high levels of stress and discomfort): substance dependent women (Scott et al. 2004), psychotic patients (Johnson et al. 2013), bipolar disorder patients (Lam et al. 2005), women awaiting embryo transfer (Lancastle and Boivin 2008), women diagnosed with breast and gynecologic cancer and their partners (Scott et al. 2004), individuals diagnosed with HIV and AIDS and sexually abused in childhood (Sikkema et al. 2013).

When examined in terms of implementation, the studies included outputs, role-playing, and home studies (Sikkema et al. 2013); manuals and cognitive behavioral therapy practices (e.g., identification and assessment of emotion-specific automatic thoughts) that identify anxiety sensitivity, hopeless-introversion, sensation seeking, and impulsivity (Conrod et al. 2000); practices to match memory with positive emotions and recall all sensory aspects of memories (Johnson et al. 2013); cognitive behavioral therapy techniques targeting extreme behaviors and attitudes, including practices for observing and changing early symptoms (Lam et al. 2005); cards consisting of sentences and practices to increase positive emotions (e.g., 'try to do something that makes you feel positive') (Lancastle and Boivin 2008); practices that teach coping methods for identifying and evaluating negative thoughts, problem-solving coping, and regulating common concerns about the disease (Scott et al. 2004)..

Conclusion

For many years, clinical psychology has been based on a disease-oriented approach. This review study was conducted to contribute to research in the field of positive clinical psychology in Turkey and to help develop a broader perspective on the integration of clinical psychology and positive psychology. In the study, firstly, information about the positive clinical psychology approach was presented. Afterwards, the concepts of well-being, psychological resilience, coping and hope, which are frequently researched in the positive clinical psychology approach, and the researches involving these concepts were introduced.

In the studies performed with positive psychology approach, concepts such as coping, well-being, hope, psychological resilience and life satisfaction were focused on (Snyder 1999, Csikszentmihalyi and Seligman 2000, Snyder et al. 2002, Mruk 2006, Luthar et al. 2014, Fava et al. 2017). Researchers in the field of positive psychology state that positive concepts such as happiness and hope enrich the individual's level of awareness and courage, exploratory thoughts and behaviors, and over time, these thoughts and behaviors turn into the development of skills and resources, facilitating the increase of ways of coping (Chou et al. 2013). These different ways help to use internal and external resources in a harmonious and functional way in situations of difficulty, thus strengthening psychological resilience. It can be said that all these support well-being. At this point, evidence indicating that positive psychotherapy increases well-being and reduces depressive symptoms when applied as an individual or group treatment for depression has accelerated research on understanding well-being (Fava et al. 2005, Seligman et al. 2006). Experiencing positive events and sharing them with others have been positively associated with enhanced daily positive emotions, well-being and health (Gable et al. 2004, Ryff 2014). According to Fredrickson's Expand and Build Model (2004), positive emotions build psychological resilience by improving coping resources and life satisfaction (Fredrickson and Joiner 2002, Fredrickson 2004). The relationship between well-being and gratitude, one of the positive emotions, can be explained by the mediating role of positive coping (e.g., seeking social support) (Wood et al. 2010). Öztürk and Maçkalı (2022) concluded that the hopelessness levels of people who applied for psychological support had a negative effect on their psychological resilience levels and that social support seeking behavior, one of the problem-oriented coping strategies, acted as a buffer on the negative effect of hopelessness. The results of all these studies are consistent with each other and suggest that the positive concepts that we have discussed within the scope of this review contribute to human functioning to a great extent.

The information obtained from the research results can be integrated as follows: The four concepts discussed in the review are located on a continuum and it is not possible to evaluate them only in terms of their presence/absence. Similarly, Parrott (2014) argued that dimensional concepts such as basic affect (hope-despair, optimistic-pessimistic) only indicate the negativity/positivity or presence/absence of an emotion and that this information does not provide rich data about the nature of the evaluation of concepts and behavioral predispositions towards their functioning. For example, while defensive pessimism was thought to be a dysfunctional strategy that was tried to be reduced in the past, the observation that it actually has a functional dimension as a result of research is linked to the Two-Dimensional Framework approach (Norem 2008, Johnson et al. 2011b). As seen in the Two-Dimensional Framework approach and other studies, the fact that the opposites of positive and negative concepts are on a continuum (e.g. depression and happiness, optimism and pessimism) suggests that a categorical approach may not be sufficient in treatment (Norem 2008, Johnson et al. 2011b,

Wood and Johnson 2016). In studies, the fact that increasing positive concepts with interventions is associated with targeted outcomes in treatment such as improved physical health and discomfort, increased happiness, and reduced stress emphasizes the importance of not focusing only on negativity in treatment (Fava et al. 2002, Kaya and Demir 2017). The ultimate goal of positive psychology is to improve individuals' psychological resilience, strengths and positive characteristics by not ignoring the existing disorder (Gable and Haidt 2005). Similarly, according to Fava's (1999) approach, treatment should primarily focus on reducing stress symptoms rather than initially aiming to increase happiness. This approach supports that it is not enough to focus only on positive concepts in positive clinical psychology. Wood and Tarrier (2010) emphasize that positive psychological interventions emphasize increasing strengths in addition to, and sometimes even instead of, improving weaknesses and deficiencies of people with the belief that 'strengths will reduce weaknesses'. When the studies on clinical samples are examined, it is concluded that positive concepts can be developed through various interventions without ignoring psychological disorders (well-being; Fava 1999; coping; Lam et al. 2005; psychological resilience; Songprakun and McCann 2012; hope; Gilman et al. 2012). Especially when it comes to mental health, looking from a 'broad spectrum' is thought to be promising.

The fact that the majority of the studies mentioned in this review, which endeavors to cover the concepts and intervention studies related to positive clinical psychology, were mostly carried out in other countries points to the need for studies to be organized in this field in Turkiye. At this point, increasing the number of studies on positive clinical psychology and strengths in treatment in Türkiye is believed to contribute to the enrichment of knowledge on understanding the similarities and differences of cross-cultural effects and to the strengthening of clinical interventions.

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