

Research Paper

Efficacy of Positive Psychology Intervention among Individuals with Post Traumatic Stress Disorder

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ABSTRACT

Positive Psychology can be regarded as a discipline that accentuate the need to focus on experiences, interactions and personality traits in positive light. Positive Psychology Interventions are tailored to exuberate positivity among people. The present study served to shed light on the effects of two Positive psychology interventions (Best possible self and Three good things) among 67 participants clinically diagnosed with post-traumatic stress disorder. Purposive sampling is technique used for recruiting them. The participants were divided into two groups, positive intervention group and control group respectively. Participants in the Positive intervention group wrote down the best possible self for two weeks and then three good things for another two weeks. The other group wrote down about their understanding about justice for two weeks and early memories of travelling for next two weeks. Severity of post-traumatic stress disorder, level of hope, satisfaction with life, positive and negative affect were assessed before and after intervention. The result of the study indicates that the positive psychology intervention has a significant effect on PTSD. Positive Psychology intervention showed a significant impact in the experimental group by improving their virtues of level of hope, satisfaction with life, and positive affect which helps to deteriorate the negative affect.

Keywords: *Positive Psychology Intervention, Post-Traumatic Stress Disorder, Level of Hope, Satisfaction with Life, Positive and Negative Affect*

Positive psychology is a comprehensive approach towards mental health that aims to enhance optimal functioning. From the last decade an increased scrutiny has been directed towards positive psychology (Seligman, 1998; Seligman & Csikszentmihalyi, 2000) and the call for a fundamental shift in the focus of psychological research. The propensity of psychological research to focus on distress, pathology, and maladaptive functioning rather than on strengths, abilities, and optimal functioning is clearly not visible in the area of research for a very long time. Research has tended to focus on problem behaviour and the prevention of negative outcomes, such as teen pregnancy, violence, eating disorders, academic difficulties, and suicide, rather than on strengths and abilities and the

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promotion of positive outcomes, such as happiness, life satisfaction, resiliency, and initiative (Huebner, 2004; Larson, 2000; Rich, 2003). The shift in the psychological research in this last decade suggests that positive psychology has begun to foster change by orchestrating intensified attention to the importance of research focusing on promoting positive outcomes, rather than preventing negative outcomes and events. According to Seligman and Csikszentmihalyi's (2000), - the field of positive psychology at the subjective meanings includes well-being, contentment, satisfaction, hope, optimism flow and happiness.

A practical approach to increase hope, satisfaction with life, positive affect, gratitude, and associated attributes is positive psychology interventions (PPIs). Positive psychology interventions are "treatment practices or routines or intentional means that aim to grow positive feelings, behaviours, or cognitions, rather than controlling negative or pathological feelings, thoughts and behaviours" (Sin & Lyubomirsky, 2009). Positive affect, optimism, and gratefulness can be regarded as important factors for happiness and wellbeing, PPI interventions are thus conscious enough to persuade positive affect and amplify optimism and satisfaction. An intervention task used by PPI to intensify positive affect and hope is the so-called "Best Possible Self" (BPS), in which the objective is to think of the future in a positive way and to trust that personal needs and desires can be attained at any cost. This technique was coined by King (2001) and is obtained from expressive writing. In a study by Sheldon and Lyubomirsky (2006) practice of this task for six weeks led to more positive affect in psychology students compared to a control task. In a further study, Lyubomirsky, Dickerhoff, Boehm and Sheldon (2011) could exhibit in a student sample that the BPS task also proliferate optimism when performed for eight weeks compared to a control task. Other tasks that are decorous to increase gratefulness are the "Counting one's blessings" (COB) and the "3 Good Things" (3GT). In the COB, the subjects are directed to write down what they are thankful for. In the 3GT, participants write down three things every evening that have gone well and why these things went well. In an internet-based randomized study, Seligman, Steen, Park and Peterson (2005) could exemplify that the 3GT was competent of increasing happiness and decreasing depressive symptoms in a one-week treatment. Likewise, a combination of 3GT and COB was shown to induce gratefulness and inflate life satisfaction and positive affect in teachers (Chan, 2010). PPIs is thus designed to cultivate positive feelings, behaviours, or cognitions such as writing gratitude letters, practicing optimistic thinking, replaying positive experiences, and socializing in both nonclinical and clinical samples. The particular purpose of these interventions is to fix, relieve, or heal something that is pathological, or deficient that matters to the regular day to day activities.

While there are numerous studies that showed the effects of Positive psychology interventions in non-clinical samples only a few studies have investigated the effects of positive psychology interventions among clinical samples with post-traumatic stress disorder. Post-traumatic stress disorder (PTSD) is a mental health state that is triggered by a petrified event - either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as unmanageable thoughts and feelings about the event. Most people who go through traumatic events may have temporary trouble in adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse it will impede with their day-to-day functioning.

Traditionally, treatments for clinical population have been primarily focused on reducing patients' symptoms or deficits and less concerned with building positive resources. In the present study the researchers intended to spot on the need for predictive studies to improve our understanding of the factors contributing to PTSD such as level of hope, satisfaction

with life, positive and negative affect. There are significant number of studies that established how the development of hope and life satisfaction helps an individual to obtain maximum quality of life and how it helps them to bloom various factors in life like assertiveness, faith, goal achievement. This study aims to throw light on the importance of treating clinical population with PTSD by directly focusing on their positive counterparts with the help of positive psychology interventions. Here, the researchers highlight the importance of strengthening the level of hope among population with PTSD, to help them to perceive stress as challenging than threatening and reduce the intensity of it. The study will stress the need to emphasize on life satisfaction which will invariably correlate to good mental health and resilience thus contributing to overall wellbeing. The current research also lay down the necessity to experience positive emotion to open our thinking and action to new possibilities when faced with trauma. The positive psychology interventions administered in this study was intended to underline how all these factors should be an integral part of ones coping strategies to build their physical, social and psychological resources and prevent the emergence of behavioural and emotional problems

METHODOLOGY

Sample

Patients were recruited from a larger sample of 85 participants who were on the waiting list for the psycho-therapeutic help in various psychological care centres. From this sample, 14 were excluded due to the exclusion criteria and 4 patients discontinued in between the study. Finally, 67 participants ($M_{age}:32.62$, SD 7.90) were randomly assigned to either the experimental ($N = 34$; 16 females, 14 males and 4 other gender) group, which received a Positive Psychology intervention (PPI) or the control group ($N = 33$; 15 females, 14 males and 4 other gender), which received treatment. The sampling method carried out in this study is a purposive sampling.

Inclusion Criteria

- The participant scored 33 or more in PCL-5 post-traumatic stress disorder inventory
- The individuals who are diagnosed with PTSD

Exclusion Criteria

- The participants with suicidal tendencies
- The participants with comorbidity
- The individuals who are under any other therapeutic treatment

Instruments

Four measures were used in this study,

1. **PTSD Checklist for DSM 5 (PCL-5):** PCL-5 has been developed by National Centre for PTSD (2005). It has 20 items to screen out PTSD in an individual by considering DSM V criteria of PTSD. It is a 5-point Likert scale in which 0 implies 'Not at all' and 4 means 'Extreme'. The total score ranges between 0 and 80. It is obtained by adding the scores of the items from different clusters including B, C, D and E. The cut off score for the checklist is in between 31-33
2. **Adult Hope Scale (AHS):** The AHS is a self-report that contain 12 items by Snyder et al. (1991). It is a 4 point Likert scale which ranges from definitely false to definitely true. The items cover pathway thinking and agency thinking along with 4 items to distract the purpose of the study. The Cronbach's alpha of 0.74 to 0.84 and test-retest coefficient of t 0.80 indicates high reliability.

- 3. Satisfaction with Life Scale (SWLS):** Diener et al (1985) developed Satisfaction with Life Scales with has 5 statements. The clients can choose from 7 options from full disagreement to full agreement. A total sum of a 20 indicates neutral satisfaction and scores above and below 20 signifies high and low satisfaction with life respectively. The Cronbach's alpha of 0.87 shows its high reliability
- 4. Positive and Negative Affect Schedule (PANAS):** PANAS by Watson et al (1988) has 20 adjectives of emotion out of 10 words indicates positive affect and the rest is of negative affect. The participants have to pick a response from 5 alternatives – 'Very slightly', 'A little', 'Moderately', 'Quite a bit', 'Extremely'. Higher values in positive words indicates higher positive emotion and higher score in negative alternatives implies higher negative affect. The Cronbach's alpha of positive affect scale and negative affect scale was found to be 0.88 and 0.85 accordingly.

Procedure

All participants underwent eight sessions. In the first session, the participants were informed about the study and the treatment that they would receive and filled out the informed consent and questionnaires for the pre-testing. Then the first task was explained. This session took about one hour. Participants who received the Positive Psychology intervention did the best possible self (BPS) task as the first intervention for two weeks (session 1,2,3 and 4). Instructions for the BPS task was given according to Sheldon and Lyubomirsky (2006). Participants were instructed to think about their best possible self and to write down their thoughts and feelings about that in detail. Participants were instructed to take 15 min of the next day at a quiet place to think about their BPS and to write down their thoughts on a sheet of paper. These recordings should be read by them once again during the week. They were encouraged to continue this task during the next weeks.

In the 5th, 6th, 7th and 8th week, PP participants did the three good things (3GT) task. The tendency of everyone to dwell on negative events were addressed. Participants were then told to prevent this by concentrating on their ability to think about the good things in life, even though it is not an easy job. Therefore, the participants were asked to take 10 minutes of time each evening for two weeks to write down in a diary three things that went well that day and why these things went well. The diary was given to the participants in session 5 and was requested to bring it with them for next 4 sessions.

For the BPS task, participants in the control group were given the task of writing about understanding justice in society for the first two weeks. To parallel with the task in the PP group, the participants in the CG had to think about how justice is important in society and how it's going to affect the mental health of human beings. To control for the 3GT task, participants in the CG were requested to think about early memories of travelling and write down 3 things as a journal for 10 min each evening for the following two weeks. After collecting the data appropriate statistical techniques like ANCOVA and One- way ANOVA are used.

RESULTS AND DISCUSSION

Table No. 1 Showing the ANCOVA results of the experimental group on severity of PTSD (PCL 5), level of hope (LOH), satisfaction with life (SWL), positive affect (PA) and negative affect (NA)

Variable	Phase	Mean	SD	F	Sig
PCL 5	Pre intervention	52.03	7.322	1575.773	0.000
	Post intervention	44.91	7.440		
LOH	Pre intervention	32.38	5.309	934.410	0.000
	Post intervention	40.18	5.571		
SWL	Pre intervention	11.12	1.771	178.33	0.000
	Post intervention	16.59	2.076		
PA	Pre intervention	19.79	1.981	202.690	0.000
	Post intervention	27.12	2.483		
NA	Pre intervention	41.21	1.719	195.439	0.000
	Post intervention	34.91	2.275		

Figure: *The effect of positive psychology interventions on participants before and after intervention.*

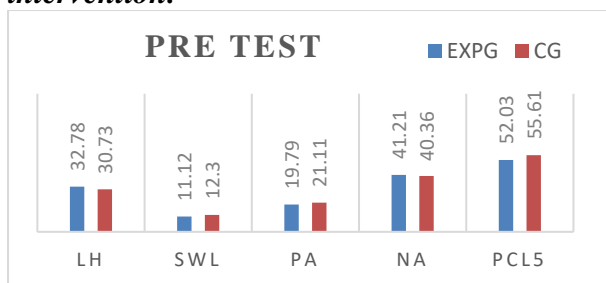


Figure: 1

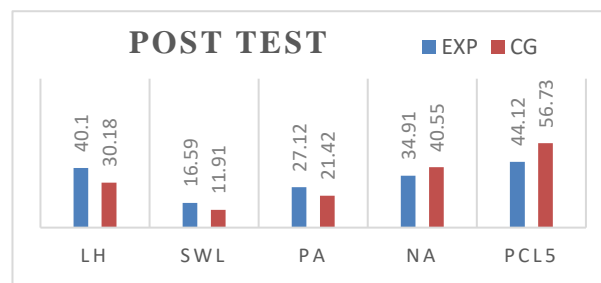


Figure: 2

The findings of this study showed that the positive psychology intervention had made a significant change especially in the experimental group. The influence of Positive Psychology Interventions was seen in the decreased severity of PTSD and Negative Affect. Also, there was an increased trend of level of hope, satisfaction with life, positive affect on experimental group after provided with PPI. As expected, there was no possible difference between control group and experimental group prior to the intervention. The level of PTSD ratings as per the PCL 5 checklist ranges above 33. During this 4-week intervention, there was significant decline in the severity of PTSD symptoms in the participants who received the positive psychology interventions. This difference was significantly displayed while using ANCOVA, it shows that the experimental group made a significant improvement in coping with the level of PTSD better than the participants in the control group.

After successfully completing the positive psychology intervention in the experimental group for about 8 sessions, the participant showed an increasing trend in the traits like level of hope (LH), satisfaction with life (SWL), positive and negative affect (PA, NA). There is a significant decrease in the severity of PTSD in participants from the experimental group after the intervention compared to control group.

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From the graphical representation of the results, we can clearly understand that there is a significant increase in the level of hope in the experimental group in post-test (40.1) when compared to the score in the pre-test (32.78) and there was not any growth in the control group before the intervention and after the intervention. This result indicates how participants with PTSD can still be motivated in pursuit of goal by highlighting positive goal directed thinking. Through interventions, it is important to make people aware of their own capacity to generate workable routes to reach their goals. Everyone should be motivated to have a self-referential thought about their capacity and confidence in using one's pathway to achieve their desired goal even when obstacles are encountered. Thus, the study shows the importance of encouraging people to utilize pathway thinking and agency thinking.

The score of Satisfaction with Life has significantly increased in the experimental group (16.59) compared to control group (11.91) in the post test analysis. There is a positive change in participants conscious cognitive judgment of one's own life. Once they are satisfied with their life, they will perceive stress as an opportunity for potential growth. When faced with an uncontrollable situation, these people will have a clear idea about how long to pursue and when to give up. Satisfaction with life along with positive affect is a significant measurement of subjective well-being. We can clearly conclude that the satisfaction with life is an important predictor in the management of post-traumatic stress disorder.

Positive affect assessed by PANAS has also made a significant increase after the completion of positive psychology interventions with a post test of 27.12 and pre-test score of 19.79. There are no visible changes in the control group in both pre and post-test. Negative affect also shows a significant decrease in the experimental group before the intervention (41.21) and after the intervention (34.91). The emotional components- negative affect (fear, sadness, and anxiety) will more likely to narrow down participants thoughts, while positive affect like joy, inspiration, and engagement are more likely to broaden the resources and ability to consider various options. From a PTSD patient perspective, it is important for blooming the sense of positive affect as it helps an individual to widen his/her thoughts and cognitions. These findings also suggest association between distress tolerance and PTSD symptom severity and how the elevated levels of negative affect intensify PTSD symptoms. PCL-5 assessed the severity of PTSD before and after the intervention in both experimental and control group. From the result we can observe that there is a clear decrease in the severity of participants from the experimental group after the intervention (44.12) when comparing with scores of pre-tests (52.03). When it comes to control group there no clear identification severity changes at all before and after the intervention (55.61, 56.73). Thus, this outcome highlights the chance of using Positive Psychology Interventions as an effective treatment method in curing diseases like PTSD by enhancing the level of hope, optimism, positive affect and life satisfaction among distressed.

The study also explored the significant difference in various sociodemographic variables like gender, socio economic status, marital status, occupation. Compared to other variables socio economic status has a major role in determining the severity level of PTSD and their effective improvement ($F=26.330$, $P<0.05$). Person with low socio-economic status have seldom chances to decrease their level of PTSD severity when comparing with the medium or high-level persons with PTSD. However, this result cannot be considered ultimate. Various traits like general well-being, emotional support, parental care, environmental and other factors which were not assessed in this study might also help a person in dealing with

decreasing the severity of PTSD level. Studies have proven that people who receive emotional support can cope better irrespective of their economic status.

CONCLUSION AND IMPLICATION

The study integrated positive psychology intervention module to reduce the severity of PTSD among clinical sample. It showed the consistent effect of positive psychology interventions in reducing the severity of PTSD by highlighting the level of hope, satisfaction with life, positive and negative affect. Positive psychology interventions are effective in the development of these constructs and decrease in the severity of PTSD. Positive psychology interventions can facilitate satisfaction with life in a broad manner and it can alleviate the burdens of dissatisfactions toward life one individual possess. The study will also allow the individuals with PTSD to get an awareness regarding the techniques and activities that they can exercises within the positive psychology intervention which can be helpful in various ways. It is also helpful to psychologists and other mental health professionals for better treatment and control plans for the wellbeing of individuals with PTSD. The findings of the study will add new insight and will stimulate enthusiastic investigators to undertake future research programs that may further illuminate this area.

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Conflict of Interest

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