

## An Exploratory Controlled Trial Investigation of the Impact of a Positive Psychology Intervention on Promoting Well-Being in Greek Refugee Children

Prerana Gupta<sup>1</sup>, Rakhi Gupta<sup>2</sup>, Shalini Ramaswamy<sup>3</sup>

<sup>1</sup>Professor, Department of Psychitary , Teerthanker Mahaveer University, Moradabad, Uttar Pradesh, India.

<sup>2</sup>Assistant Professor, Department of Management Studies, Vivekananda Global University, Jaipur, India.

<sup>3</sup>Associate Professor, Department of Finance, JAIN (Deemed to-be University), Bangalore, India.

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### Abstract

**Introduction:** Interventions for child refugees that are rigorously studied and focus on protective factors and supportive resources rather than reducing unfavorable outcomes are uncommon.

**Objectives:** To combat this, we created and assessed a brief, group-based resilience-building intervention called Strengths for the Journey (SFJ), which was created for children who had been impacted by conflict.

**Methods:** To address this problem, we developed and assessed SFJ. On the Greek island of Lesbos, 72 forcibly displaced children between the ages of 7 and 14 who were housed in three Refugee Camps (RC) (Mage = 10.76, 64.8% female) participated in a Pilot Study (PS) of the Strengths for the Journey intervention (SFJI).

**Results:** The effectiveness of the intervention (EI) was determined by contrasting pre- and post-intervention levels of happiness (hp), self-esteem (SE), optimism (Ot), and depressive symptoms (DS). With a total of 31 participants, it was decided to have four Focus Group (FG) interviews to get their opinions on the intervention's impacts and how the participants were still using the skills they had learned. We found that the Intervention Group (IG) considerably outperformed the Wait-Listed Group (WLG) in terms of happiness, optimism, and depressive symptoms.

**Conclusions:** Participants in the FG emphasized the significance of SFJ in the process of cultivating a sense of unity and enhancing their strengths. Fast, frontline interventions that focus on protective factors like Well-Being (WB), hope, SE, and belonging may be useful for children who are refugees and are living in conditions with few resources.

**Keywords:** Adversity, evaluation, intervention, refugees, resilience, focus group (FG), Self-Esteem (SE)

### 1. Introduction

In its early stages, positive psychology (PP) only emphasized positive concepts to set itself apart from the pathology-focused viewpoint that dominated conventional psychology (Lambert et al. 2021). Greece had an unprecedented surge of migrants and refugees in the years 2015–2016. Most of the migrants were escaping violence and poverty in their own countries, which included Syria, Iraq, Afghanistan, and Palestine (Bareka et al., 2019). Over the last several years, PP has gained traction in the scientific community (SC). Martin Seligman issued an open call to the scientific community in the year 1998, requesting that they devote their focus to the investigation of all of the factors that have a role in the growth of the individual (Raftopoulou et al., 2022). Positive psychology interventions (PPIs) were developed in part because it was realized that WB and psychopathology are two distinct but modestly associated categories (Carr et al., 2021). The Pleasant Psychology Movement (PPM), which has expanded the study of Pleasant Subjective Experience (PSE), Good Individual Traits (GIT), and Positive Institutions (PI), has committed the past 20 years to the study of human characteristics and strengths. Since its introduction, PP has had an impact on many academic disciplines, including but not limited to economics, health care, and education (Donaldson et al., 2019). Three of the UN's

sustainable development objectives for 2030 are decreased inequality, decent employment, economic growth, and good health and WB (Albers et al., 2021). There is still a great deal of unanswered research about the use of Mindfulness-Based Positive Psychology Therapies (MPPT) and how they affect normal human functioning (Allen et al., 2021).

## 2. Related Works

The goal of the current special issue is to showcase and advance PP research and practice in Greece (Pezirkianidis & Stalikas, 2020). In this study, an intervention targeted at establishing contact circumstances between students in a classroom (CR) in addition to the puppet Classmate (PC) who assumed these qualities of a "Syrian refugee child (SRC)" is used (Charalampidou & Psaltis, 2022). Owens & Waters, 2020 examined PPI for children and adolescents that are implemented in schools ( $n = 212$ ) and clinical settings ( $n = 68$ ). Luo et al., 2019 assumed the perspective of a new special education pedagogy that incorporates the overlapping fields of neurolinguistic programming, pp, and Social Psychology (sp) and acknowledges their contribution to the creation of sub-conscious training methods and brain rewiring, even in virtual settings. Kornilaki, 2022 indicated how Psychological Capital (PsyCap) may handle the rapid spike in mental illness caused by the COVID-19 pandemic as well as Volatile, Uncertain, Complex, And Ambiguous (VUCA) in a realistic alternative, complementary, and non-stigmatizing manner. Luthans & Broad, 2022 measured stress, sadness, anxiety, and the experience of both positive and negative effects in young adults to explore the impact of quarantine. White et al., 2019 revealed that the impact of PPIs on WB was low but substantial after accounting for a small sample size bias. However, the impact of PPIs on depression was variable, dependent on outliers, and often not statistically significant. Positive Psychology Therapies (PPT) with several components are becoming more common (MPPIs).

Hendriks et al., 2020 evaluated the effectiveness of MPPIs using a systematic review and meta-analysis. To achieve sustainable happiness and WB for 21st-century pedagogy and curriculum, Alam, 2022 looked at sustainable education and psychological therapies that support happiness and WB in schools. Hendriks et al., 2019 measured how far rigorous research on PPIs using RCTs reaches people outside of Western Educated Industrialized Rich Democratic (WEIRD) societies. Kern et al., 2020 explored the historical foundations of Systems Informed Positive Psychology (SIPP), the SIPP viewpoint, and the epistemological, political, and ethical suppositions that underlie it. We next emphasize the consequences of study and practice. MacIntyre et al., 2019 described the advancement of PP, a relatively young area of psychology, since the year 2000. Dewaele et al., 2019 summarized a new development in the study of foreign language acquisition (FLA) made possible by the development of PP. Analyzing the effectiveness of many forms of psychological therapies, regardless of their theoretical underpinnings, and the influence of numerous moderators, in a single systematic review and meta-analysis were addressed (Van et al., 2021). As part of a Stage 2 randomized controlled trial of the integrative intervention Mindfulness-Oriented Recovery Enhancement (MORE), which seeks to enhance Psychological Well-Being (PWB), the research (Garland et al., 2019) set out to conduct a theory-driven mechanistic analysis of the data on proximal outcomes. A common illustration of how academic fields expanded following the first wave of PP is the metaphor of waves (Lomas et al., 2019). Wang et al., 2021 illustrated the seven PP components we examined are pleasure, grit, Loving Pedagogy (LP), resilience, and WB, Academic Engagement (AE), Emotion Regulation (ER) these useful elements provide superb L2 teaching along with learning experiences. Waters et al., 2022 explored the theoretical underpinnings and practical applications of nine PP themes shown to benefit pandemic survival: meaning, coping, self-compassion, bravery, gratitude, traits, positive emotions, positive interpersonal processes, and High-Quality Relationships (HIR).

## 3. Methodology

This intervention study was carried out in either August or November of 2017 on an overall for 72 youngsters residing in three RC on the island of Lesbos (see Table 3 and Figures 1-4). Randomly, the children received either an active intervention or a placebo. The children in this group were between the ages of 7 and 14, and they weren't originally from a therapeutic setting. There were 63 refugees in all, including one who claimed to be from "Kurdistan and 41 from Syria, 13 from Iraq, 13 from Afghanistan, 1 from Lebanon, and 13 from

Afghanistan”. Two of the participants did not identify the nation in which they were born, and one of them claimed to be a stateless person. Every youngster in the camp had a place to live provided by at least one parent or another close relative. Thirty-one of the participants in the Kara Tepe study took part in focus groups (FG) either right away after the intervention or three months later. Twenty-eight of the participants in the chat were compelled to leave their homes due to the violence in Afghanistan, Syria, or Iraq. The poll participant who was members of the FG had similar ages and genders to the wider population, even though a smaller percentage of FG members were originally from Syria. Each of the three camps where we gathered our samples had comparable living circumstances. They all provide housing for needy families and individuals in addition to essential services like education, medical care, accessibility to legal advice, instruction in a second language, etc.

### **3.1 Procedure**

From July through November of 2017, we used a Wait-List Approach (WLA) to assess the SFJ program with children from three separate camps on the island of Lesbos. The camp welcomes any child between the ages of 7 and 14 who does not have a diagnosed Mental Health Issue (MHI) or Intellectual Disability (ID) that has been detected by the camp director. Participants were randomly allocated to the Wait-List Control Condition (WLCC) or the SFJI. The daily two-hour group sessions for the six-day SFJI were conducted by a skilled female facilitator and a Native Refugee Translator (NRT). There were 39 persons on the waiting list and 33 people in the Treatment Group (TG).

The participants were placed into mixed-gender groups according to the children's ages and the two primary languages spoken in the camps. Each of these groups had a range of six to seventeen individuals. At the conclusion, there were two Farsi-speaking groups and six groups of children that spoke Arabic. Children in the WLCC had the opportunity to engage in physical activities throughout the same 6-day period before beginning the intervention, whereas children in the TG immediately began the 6-day intervention. The children in the treatment group immediately began their 6-day intervention. The member of the Control Group (CG) who chooses not to exercise had the choice of speaking in front of the group about their interests from home or school or telling tales to the facilitator. The CG had these tasks completed at the same time as the TG intervention. After the TG had completed the intervention, the CG was given the chance to take part in it. Based on factors including available space, translators, and facilitators at each camp, the original author decided which groups would be assigned to which situations. In Pikpa, just one Arabic-speaking group was allocated to the treatment condition, compared to three Arabic-speaking groups in Kara Tepe. However, a group of Arabic speakers from Kara Tepe and a group of Arabic speakers from Caritas accepted to participate in the wait-list condition (WLC), as did two Farsi- and one Arabic-speaking individual.

Data collection for this TG took place soon before (T1) and just after (T2) the intervention. The WLCC data collection periods were T1, just before the commencement of their waiting session, and T2, immediately after its conclusion. Then, researchers inquired about the participants' interest in participating in an FG discussion. Immediately after the intervention, two FG were held, and the remaining two to three months later. The FG participants were 67.7% female, had an average age of 11.32 years, and were refugees from 45.2% of countries: Afghanistan, 38.7% of countries: Syria, and 16.1% of countries: Iraq (Figure 1-4). The Multiple Focus Groups (MFG) were held soon after the intervention or three months later, depending on when it occurred.

### **3.2 Ethical Considerations**

The study was given by the administrations of the Pikpa Lesbos Solidarity (PLSA), Kara Tepe (KT), Archipelagos-Caritas (AC), Lesbos Municipality (LM), and Queen Mary University of London (QMUL), all of which cared about upholding ethical standards.

### **3.3 Measures**

With the assistance of a back-translation mechanism, every one of the measurements was translated into Arabic and Farsi. Every one of the instruments was either designed specifically for children and a teenager of a

comparable age range or else has been successfully used for this population in prior research. These measurements were completed by the child participants at both T1 and T2.

### **3.4 Well-Being (WB)**

We evaluated our degree of subjective well-being (SWB) using the five items from the World Health Organization (WHO) and the Well-Being Index (WBI), which is a well-known SWB measure. A greater feeling of well-being is reflected in higher ratings. The WHO-5 is responsive to shifts in the environment as a result of the intervention.

### **3.5 Optimism**

The Youth Life Orientation Test was utilized to collect data to measure optimistic attitudes. The higher the score, the more optimistic the individual is.

### **3.6 Self-esteem**

One of the questions on the Lifespan Self-Esteem Scale (LSES) was used to test an individual's level of SE. How do you feel about the kind of person you are? Was the question posed?

The variety of answers includes:

1 = *really sad* to 5 = *really happy* (1)

### **3.7 Indications of Depression**

To determine the severity of the participants of DS, we administered a 10-item, reduced account of the “Center for Epidemiological Studies Depression Scale (ESDS)”intended in favor of children. Due to its excellent reliability and validity in the research of Refugee Children (RC), this condensed form was used. A higher score indicates that there are more depression symptoms.

### **3.8 Focus Groups**

During the session, the children were questioned informally about their impressions of the intervention, what they found to be especially helpful or unhelpful, how it impacted them, and what they would alter (M = 27 minutes). The FG was carried out simultaneously in Arabic and Farsi, and the transcriptions from both languages were subsequently translated back into English for further analysis. The youngsters who took part in our FG varied in age from around 8 to 14. It is feasible to get information from children this age and younger that is both rich and diverse if the inquiries are open-ended and tailored to the child's developmental stage.

### **3.9 Data Analysis**

To compare the IG with the wait-listed Control Group (WLCG), we first performed independent Samples T-Tests (S-T) and Chi-Square Analyses (CSA) at T1. We used Greenhouse-Geisser Adjustments (GGA) to repeated-measures Analysis of Variance (ANOVA)s for the EI. From time point T1 to time point T2, we were especially curious to know whether the IG outperformed the WLG in terms of survey metrics. The general health, optimism, sense of worth, and depression symptoms of the individuals were the major outcomes of interest. This allowed us to investigate any variations in the patterns of change in our findings over time among particular people that were influenced by whether the participants were in the TG or the CG. FG was performed to determine which elements of the intervention could have contributed to the reported treatment outcomes and which elements of the intervention needed to be altered for use in future treatments. We followed the current best practices to strengthen the dependability of data gathering, processing, and reporting.

**Table 1: Before and after the intervention or wait-list experience**

	Wait-list group (WLG)		Treatment group (TG)	
	T1	T2	T1	T2
Depressive symptoms	19.04 (5.96)	17.13 (6.86)	4.40 (4.39)	17.09 (7.06)
Optimism	5.36 (2.74)	4.97 (2.59)	9.19 (2.24)	4.52 (3.15)
% Female	-	52.6	-	78.8
Self-esteem	3.28 (1.03)	3.30 (0.92)	4.57 (0.82)	2.48 (1.38)
Age	-	10.87	-	10.63
Well-being (WB)	47.89 (22.03)	40.77 (18.20)	88.27 (13.24)	41.67 (20.90)

#### 4. Results and discussion

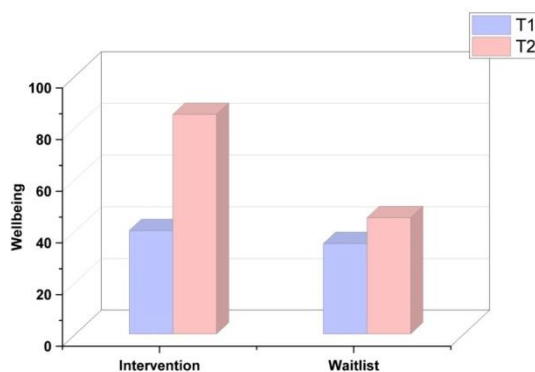
In terms of happiness, age, DS, or optimism, there was no difference between the IG and the WLG at T1. The WLG displayed significantly larger SE than the TG at T1, T2, and standard deviation (SD), respectively. They did have varied degrees of self-esteem. At T1, there were gender differences as well. It was statistically significant that there were considerably fewer male participants in the TG (21.2%) than there were in the WLG.

##### 4.1 Program Effectiveness (Quantitative)

The effect sizes show that participants' positive outcomes greatly improved and their Depressed Symptomatology (DS) reduced after they participated in the intervention. This is supported by the fact that the effects were experienced simultaneously by the individuals. After initially adjusting for gender and Self-Esteem Differences (SED), we performed sensitivity analyses to assess the robustness of these results. When gender and SE were taken into consideration, participants in the IG reported improvements in their overall WB, optimism, and depressive symptoms. Participants in the intervention reported greater SE levels after gender was taken into consideration.

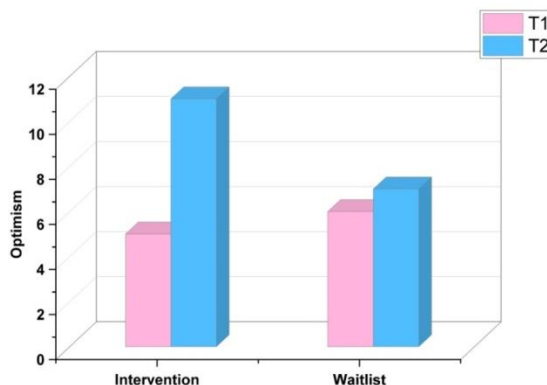
##### 4.2 Program Effectiveness (Qualitative)

Results from the FG seem to indicate that the intervention was successful in these areas too. The children who participated in the intervention described how they had developed more upbeat worldviews, learned how to cope with issues better, made more social connections, and learned positive things to say about themselves as a consequence of the intervention.



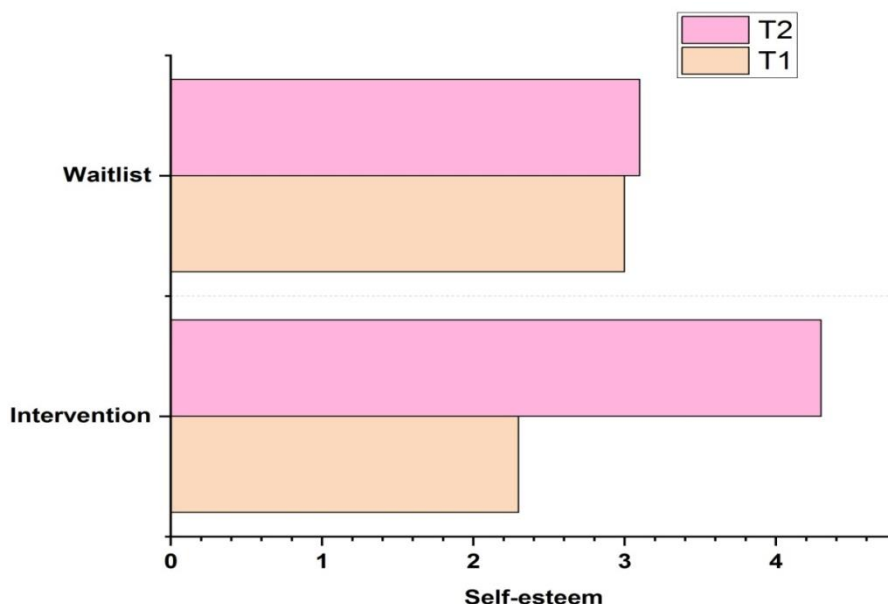
**Figure 1: The intervention's effects on well-being (WB)**

The concept of well-being describes the condition of being at ease, healthy, and content. It includes a variety of facets of a person's life, such as social and spiritual well-being, as well as physical, mental, and emotional health. When the waiting list and intervention are compared, T2 well-being is shown to be greater than T1 well-being. Figure 1 depicts a well-being innovation.



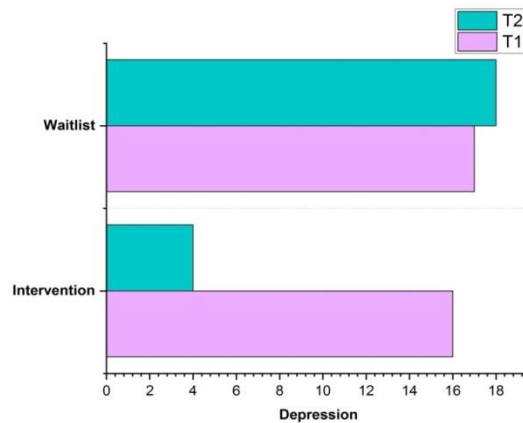
**Figure 2: The intervention's impact alters a person's optimism**

The intervention's impact on a person's optimism is shown in Figure 2. Being optimistic means having a positive view or mentality, anticipating good results, and highlighting the positive elements of circumstances. T2 optimism outperforms T1 optimism when the waiting list and intervention are contrasted.



**Figure 3: Impact of the intervention on how the individual evaluated their value**

Figure 3 depicts the self-esteem intervention. An individual's total assessment of their value and worth is referred to as self-esteem. It includes a person's opinions and sentiments about oneself, such as how capable, likable, and deserving they feel. Comparing waiting lists and treatments demonstrates that T2 self-esteem is higher than T1 self-esteem.



**Figure 4: The intervention's impact on the DS**

Early intervention has been shown to ease a person's rehabilitation by reducing the amount of stress they are undergone. Figure 4 illustrates how long delays between the development of symptoms and receiving proper treatment may make mild symptoms worse and recovery more challenging. By comparing waiting lists and intervention, it is shown that depressive syndrome T2 self-esteem is lower than T1 self-esteem.

They said that the intervention had taught them a lot, including the need to be resilient, to rely on their skills, and to seek a solution when faced with challenges in their life. Before the intervention, the children expressed their thoughts and indicated that there was no chance for us. The children regarded the intervention as a fun and interesting thing that brought them all together to laugh and be happy. This is in line with the benefits the children claimed to have observed in terms of their SWB. Participants often mentioned how the intervention had given them a sense of resilience, optimism, and hope for the future. Last but not least, they said that the SFJ program's emphasis on positive character traits had boosted their sense of worth. No particular child reacted well to the intervention by displaying improvements in their mental health (MH), such as a reduction in depression or other symptoms.

### 4.3 Discussion

There is an urgent need for rigorously evaluated interventions that effectively encourage resilience and positive functioning, given the alarmingly high number of children who are refugees worldwide, the negative effects of war and displacement on children and adolescents, and the ongoing challenges that refugees face both during and after their displacement. Aged 7 to 14 camp-dwelling refugees made up the SFJI's target demographic. The six-day intervention is planned and customized for each person. There will be six days in the session. One of the first pilot research to prospectively evaluate the impact on children in an RC of a resilience-promoting Positive Psychology Intervention (PPI). Researchers from the University of Alberta carried out the investigation. We performed a quasi-randomized wait-list approach (QRWLA) research on the island of Lesbos to see if the SFJI enhanced positive functioning and decreased MHI among RC and young camp dwellers. Our SFJ pilot research examined survey findings from both the pre-and post-intervention phases. Additionally, FG was held three months after the intervention and shortly thereafter.

Our study's conclusions indicate that the intervention was the cause of the improvements seen in all of the examined metrics. RC who participated in the intervention reported more happiness, optimism, and self-worth in addition to fewer depressive symptoms. In contrast to the wait-listed controls, who skipped the session, this was the case. The intervention's effectiveness is shown by the fact that the effect sizes were so large. Additionally, the results of our FG show that the intervention was effective. The children discussed several positive changes that have taken place in their everyday lives and mental processes as a direct consequence of taking part in the intervention. The results demonstrate that this novel approach works well in the difficult environment of RC. The "Wait-Listed Pre- and Post-Test Design (WLPPTD)", measuring excellent MH, obtaining data that is

qualitative as well as quantitative, and a focus on children living in RC are some of the unique elements of this assessment pilot project.

## 5. Conclusion and Implications

Even though building resilience is a crucial component of humanitarian treatments during disasters, there aren't many interventions that either directly target the positive development and resilience of young refugees or assess their efficacy in enhancing positive outcomes. In this study, we evaluate for the first time the efficacy of SFJ, a structured and group-based condensed PPI. It was created in particular for young people who had escaped persecution and were youngsters and teens. SFJ has been shown to reduce depressive symptoms in children and adolescents, in addition to considerably boosting children's well-being, optimism, and self-esteem. Our research shows that a low-cost Scalable Intervention (SI) that explicitly targets WB and Children's Psychological Resilience (CPR) may be able to minimize some of the detrimental impacts that conflict and relocation have on children.

## References

1. Lambert, L., Warren, M.A., Sam, A. and Ghonaem, E., 2021. Perspectives: Positive psychology tackles “wicked problems”. *Middle East Journal of Positive Psychology*, 7.
2. Bareka, T., Panhofer, H. and Rodriguez Cigaran, S., 2019. Refugee children and body politics. The embodied political self and dance movement therapy. *Body, Movement, and Dance in Psychotherapy*, 14(2), pp.80-94. <https://doi.org/10.1080/17432979.2019.1614668>.
3. Raftopoulou, G., Karakasidou, E., Daoultzis, K.C., Kanellakis, K. and Stalikas, A., 2022. Thumbs up! A Pilot Study of a Positive Psychology Intervention for Children in Greece. *Psychology*, 13(8), pp.1299-1313. DOI: <https://doi.org/10.4236/psych.2022.138084>.
4. Carr, A., Cullen, K., Keeney, C., Canning, C., Mooney, O., Chinsellaigh, E. and O'Dowd, A., 2021. Effectiveness of positive psychology interventions: a systematic review and meta-analysis. *The Journal of Positive Psychology*, 16(6), pp.749-769. <https://doi.org/10.1080/17439760.2020.1818807>.
5. Donaldson, S.I., Lee, J.Y. and Donaldson, S.I., 2019. Evaluating positive psychology interventions at work: A systematic review and meta-analysis. *International Journal of Applied Positive Psychology*, 4, pp.113-134. doi: <https://doi.org/10.1007/s41042-019-00021-8>
6. Albers, T., Ariccio, S., Weiss, L.A., Dessi, F. and Bonaiuto, M., 2021. The Role of Place Attachment in Promoting Refugees' Well-Being and Resettlement: A Literature Review. *International Journal of Environmental Research and Public Health*, 18(21), p.11021. <https://doi.org/10.3390/ijerph182111021>.
7. Allen, J.G., Romate, J. and Rajkumar, E., 2021. Mindfulness-based positive psychology interventions: a systematic review. *BMC Psychology*, 9(1), pp.1-18. doi <https://doi.org/10.1186/s40359-021-00618-2>.
8. Pezirkianidis, C. and Stalikas, A., 2020. Introduction-latest developments in positive psychology: The case of Greece. *Psychology: the Journal of the Hellenic Psychological Society*, 25(1), pp.01-19. [https://doi.org/10.12681/psy\\_hps.25328](https://doi.org/10.12681/psy_hps.25328).
9. Charalampidou, P. and Psaltis, C., 2022. Inventing new road paths for the contact theory through contact with a puppet (a “Syrian refugee child”) via a teacher-led intervention in a Greek primary school. *Peace and Conflict: Journal of Peace Psychology*. <https://doi.org/10.1037/pac0000612>.
10. Owens, R.L. and Waters, L., 2020. What does positive psychology tell us about early intervention and prevention with children and adolescents? A review of positive psychological interventions with young people. *The Journal of Positive Psychology*, 15(5), pp.588-597. <https://doi.org/10.1080/17439760.2020.1789706>.
11. Luo, Y.H., Li, H., Plummer, V., Cross, W.M., Lam, L., Guo, Y.F., Yin, Y.Z. and Zhang, J.P., 2019. An evaluation of a positive psychological intervention to reduce burnout among nurses. *Archives of psychiatric nursing*, 33(6), pp.186-191. doi <https://doi.org/10.1016/j.apnu.2019.08.004>.
12. Kornilaki, E.N., 2022. The psychological effect of COVID-19 quarantine on Greek young adults: Risk factors and the protective role of daily routine and altruism. *International Journal of Psychology*, 57(1), pp.33-42. doi <https://doi.org/10.1002/ijop.12767>.



13. Luthans, F. and Broad, J.D., 2022. Positive psychological capital to help combat the mental health fallout from the pandemic and VUCA environment. *Organizational dynamics*, 51(2), p.100817. doi: 10.1016/j.orgdyn.2020.100817.
14. White, C.A., Uttl, B. and Holder, M.D., 2019. Meta-analyses of positive psychology interventions: The effects are much smaller than previously reported. *PloS one*, 14(5), p.e0216588. <https://doi.org/10.1371/journal.pone.0216588>.
15. Hendriks, T., Schotanus-Dijkstra, M., Hassankhan, A., De Jong, J. and Bohlmeijer, E., 2020. The efficacy of multi-component positive psychology interventions: A systematic review and meta-analysis of randomized controlled trials. *Journal of happiness studies*, 21, pp.357-390. DOI: <https://doi.org/10.1007/s10902-019-00082-1>.
16. Alam, A., 2022. Investigating sustainable education and positive psychology interventions in schools towards the achievement of sustainable happiness and wellbeing for 21st-century pedagogy and curriculum. *ECS Transactions*, 107(1), p.19481. doi:10.1149/10701.19481ecst.
17. Hendriks, T., Warren, M.A., Schotanus-Dijkstra, M., Hassankhan, A., Graafsma, T., Bohlmeijer, E. and de Jong, J., 2019. How WEIRD are positive psychology interventions? A bibliometric analysis of randomized controlled trials on the science of well-being. *The Journal of Positive Psychology*, 14(4), pp.489-501. <https://doi.org/10.1080/17439760.2018.1484941>.
18. Kern, M.L., Williams, P., Spong, C., Colla, R., Sharma, K., Downie, A., Taylor, J.A., Sharp, S., Siokou, C. and Oades, L.G., 2020. Systems-informed positive psychology. *The Journal of Positive Psychology*, 15(6), pp.705-715. doi <https://doi.org/10.1080/17439760.2019.1639799>.
19. MacIntyre, P.D., Gregersen, T. and Mercer, S., 2019. Setting an agenda for positive psychology in SLA: Theory, practice, and research. *The Modern Language Journal*, 103(1), pp.262-274. doi: <https://doi.org/10.1111/modl.12544>
20. Dewaele, J.M., Chen, X., Padilla, A.M. and Lake, J., 2019. The flowering of positive psychology in foreign language teaching and acquisition research. *Frontiers in Psychology*, 10, p.2128. doi: <https://doi.org/10.3389/fpsyg.2019.02128>
21. Van Agteren, J., Iasiello, M., Lo, L., Bartholomaeus, J., Kopsaftis, Z., Carey, M. and Kyrios, M., 2021. A systematic review and meta-analysis of psychological interventions to improve mental well-being. *Nature Human Behaviour*, 5(5), pp.631-652. doi: <https://doi.org/10.1038/s41562-021-01093-w>
22. Garland, E.L., Hanley, A.W., Riquino, M.R., Reese, S.E., Baker, A.K., Salas, K., Yack, B.P., Bedford, C.E., Bryan, M.A., Atchley, R. and Nakamura, Y., 2019. Mindfulness-oriented recovery enhancement reduces opioid misuse risk via analgesic and positive psychological mechanisms: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 87(10), p.927. <https://psycnet.apa.org/doi/10.1037/ccp0000390>.
23. Lomas, T., Waters, L., Williams, P., Oades, L.G. and Kern, M.L., 2021. Third wave positive psychology: broadening towards complexity. *The Journal of Positive Psychology*, 16(5), pp.660-674. <https://doi.org/10.1080/17439760.2020.1805501>.
24. Wang, Y., Derakhshan, A. and Zhang, L.J., 2021. Researching and practicing positive psychology in second/foreign language learning and teaching: the past, current status, and future directions. *Frontiers in Psychology*, 12, p.731721. <https://doi.org/10.3389/fpsyg.2021.731721>.
25. Waters L, Algoe SB, Dutton J, Emmons R, Fredrickson BL, Heaphy E, Moskowitz JT, Neff K, Niemiec R, Pury C, Steger M. Positive psychology in a pandemic: Buffering, bolstering, and building mental health. *The Journal of Positive Psychology*. 2022 May 4;17(3):303-23.
26. <https://doi.org/10.1080/17439760.2021.1871945>.