

"Positive Psychology Group Counseling program in Reducing Anxiety, Depression, and Enhancing Quality of Life in High School Students"

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Abstract. This research is defining whether narrative group therapy is a helpful instrument to reduce depression and anxiety in high school students with addiction and to improve the overall life quality of such students. The populations of interest are adolescents in high schools, in the age of 14-18, an extremely vulnerable social group. The structured quasi-experimental design, with pretest-posttest conditions were selected. Participants were randomly assigned into experimental or case group of (100 students) and a control group (100 students). Case group followed by 10 sessions of narrative therapy, while the control group has not received the narrative therapy. The Group Counseling Inventory questionnaire, Beck's Anxiety Inventory, Beck's Depression Inventory, and WHO Quality of Life-BREF questionnaire were applied. The questionnaires were filled in before and after the intervention. The results showed a decrease in anxiety, and depression, in the case of the experimental group ($p < 0.0001$ in both cases), the gathered data allowed us to assume that the intervention was helpful. Nevertheless, the changes in WHOQOL scores were non-significant. Thus, the study demonstrated that treating students with addiction in the context of school through a positive psychology is a productive instrument to reduce trauma symptoms. Nevertheless, the intervention's effect, in this case, was limited to the symptoms of depression and anxiety.

Keywords: Narrative Therapy, Positive Psychology, Anxiety Reduction, Quality of life.

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1. Introduction

Drug abuse is a significant issue in the 21st century and is a primary contributor to health, psychological, and social problems. The escalating prevalence of drug addiction, particularly among the younger generation, is a significant cause for alarm among families and society as a whole (Barati et al., 2011). According to a 2004 report by the United Nations Office on Drugs and Crime (UNODC), approximately 185 million people worldwide were estimated to be using illegal drugs, which accounted for approximately 3% of the global population. As stated by the World Health Organization (WHO), (Kakoei Dinaki & Alsadat Qavami, 2014). UNOCD reports that methamphetamine, an amphetamine-type stimulant, is the second most frequently abused substance, following marijuana (Sadock, 2015). Originally, these stimulants were employed to manage weight gain or enhance performance in workers, students, or athletes (American Psychiatric Association, 2013).

Methamphetamine usage induces feelings of intense pleasure, restlessness, cognitive disarray, decreased desire to eat, irritability, widened pupils, queasiness, retching, elevated blood pressure, alterations in interpersonal conduct, as well as heightened alertness, physical exertion, and heart rate (Diaz et al., 2014). During the depressive phase, when the drug's effects diminish, the individual will experience feelings of depression, restlessness, fatigue, and an urge to consume more of the substance in order to alleviate these adverse effects (Hilgard & Atkinson, 1967).

Chronic amphetamine abuse results in a range of physical and mental issues, such as weight loss, chronic skin damage, ischemic colitis, cerebrovascular disease, heart attack, myocardial infarction, and hypertension. Moreover, psychological symptoms encompass mood and anxiety disorders, cognitive disarray, sleeplessness, and combative conduct (Halgin & Whitbourne, 2003). In addition to the financial challenges that addicts encounter, as per empirical evidence. The presence of suicidal tendencies and the potential risks associated with engaging in criminal activities or being exposed to sexually transmitted diseases such as immunodeficiency syndrome and hepatitis. Authorities have a responsibility to implement measures to address drug addiction, as it has severe negative effects on both individuals and society (Barati et al., 2011).

2. Statement of the Problem

Drug abuse among adolescents has become a critical issue in the 21st century, significantly contributing to various health, psychological, and social problems. The increasing prevalence of drug addiction, especially among high school students, poses a serious threat to the quality of life, the well-being of individuals and society at large (Barati et al., 2011). Quality of life (QoL) is defined by the WHO as an individual's "perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHOQOL Group., 1995, p1405)". In this study, Quality of Life (QoL) refers to the high school students' perception of their position in life within the context of the Jordanian culture and value systems. It is evaluated in relation to their personal goals, expectations, standards, and concerns. This encompasses various domains, including psychological well-being, social relationships, academic satisfaction, and overall life satisfaction.

Nevertheless, the global statistics are alarming, with approximately 185 million people worldwide using illegal drugs, representing around 3% of the global population according to the United Nations Office on Drugs and Crime (UNODC) (Kakoei Dinaki & Alsadat Qavami, 2014). Among these substances, methamphetamine, an amphetamine-type stimulant, ranks as the second most frequently abused substance, after marijuana (Sadock, 2015). The devastating physical, psychological, and social effects of drug abuse necessitate urgent intervention, particularly in the adolescent population, to prevent long-term detrimental outcomes. Despite various efforts, there remains a gap in effectively addressing the mental health issues, such as anxiety and depression, that often accompany substance abuse among high school students. This study seeks to address this gap by evaluating the effectiveness of a Positive Psychology Group Counseling program in reducing anxiety and depression and enhancing the quality of life among Jordanian high school students.

3. Research Questions

1. How does the Positive Psychology Group Counseling program impact BMI, physical activity levels, and overall quality of life among Jordanian high school students compared to a control group?

2. What is the effectiveness of the Positive Psychology Group Counseling program in reducing symptoms of depression and anxiety in Jordanian high school students?

3. Does the Positive Psychology Group Counseling program lead to significant improvements in both psychological well-being and physical health among Jordanian high school students?

Here are the hypotheses based on the research questions:

Hypothesis 1a: The Positive Psychology Group Counseling program has a significant impact on the BMI of Jordanian high school students compared to a control group at $\alpha \leq 0.05$.

Hypothesis 1b: The Positive Psychology Group Counseling program has a significant impact on the physical activity levels of Jordanian high school students compared to a control group at $\alpha \leq 0.05$.

Hypothesis 1c: The Positive Psychology Group Counseling program has a significant impact on the overall quality of life of Jordanian high school students compared to a control group at $\alpha \leq 0.05$.

Hypothesis 2a: The Positive Psychology Group Counseling program significantly reduces symptoms of depression in Jordanian high school students at $\alpha \leq 0.05$.

Hypothesis 2b: The Positive Psychology Group Counseling program significantly reduces symptoms of anxiety in Jordanian high school students at $\alpha \leq 0.05$.

Hypothesis 3: The Positive Psychology Group Counseling program leads to significant improvements in both psychological well-being and physical health among Jordanian high school students at $\alpha \leq 0.05$.

4. Literature review

Mental health concerns among adolescents have become increasingly prevalent, prompting the need for effective therapeutic interventions. High school students, in particular, face numerous challenges, including academic pressures, social dynamics, and developmental changes, which can lead to heightened levels of anxiety and depression. Consequently, enhancing the quality of life for this population has become a critical focus of psychological research. This literature review examines existing therapeutic approaches, including narrative therapy, cognitive-behavioral interventions, social-emotional learning (SEL) programs, and positive psychology interventions (PPIs), to establish the gap that the current study aims to address: the effectiveness of Positive Psychology Group Counseling in reducing anxiety, depression, and enhancing the quality of life in high school students.

• Narrative Therapy

Narrative therapy, grounded in postmodern philosophy, has been widely studied for its ability to help individuals reframe and retell their life stories, thereby reducing the influence of problems on their lives (Zadeh-Mohammadi et al., 2013). This therapeutic approach has been applied across various domains, including depression, delinquency, body image issues, marital problems, and psychological rehabilitation for cancer survivors (Baikie et al., 2012; Hamidi et al., 2016). Hasani et al. (2013) and Morgan (2000) highlighted that narrative therapy allows individuals to view life as a continuous and coherent story, which can help them externalize their problems and perceive them from new perspectives. White and Epston further expanded this approach by incorporating cultural, societal, and political dimensions, thus enabling a more holistic understanding of individual issues.

In the context of substance abuse, narrative therapy has shown promise. For example, Foroushani and Foruzandeh (2009) and Gardner and Poole (2015) demonstrated its effectiveness in reducing aggressive behavior among alcohol abusers and providing support to families affected by substance abuse. Singer et al. (2013) and Clark (2014) further confirmed its benefits in enhancing psychological well-being among individuals with substance abuse issues.

Despite the success of narrative therapy in various settings, its application in reducing anxiety and depression among high school students has been less explored. This presents a gap in the literature, as the potential benefits of narrative therapy in adolescent mental health, particularly within a school setting, remain under-investigated.

• **Cognitive-Behavioral Therapy and Social-Emotional Learning**

Cognitive-behavioral therapy (CBT) has long been recognized as an effective approach to treating mental health issues, including anxiety and depression. Roozen et al. (2006) found that the simultaneous use of pharmacological treatments, such as naltrexone, with CBT was particularly effective in treating substance abuse. This study underscores the importance of integrating psychological and pharmacological interventions to achieve better outcomes.

Social-emotional learning (SEL) programs have also gained prominence in recent years, particularly in educational settings. These programs aim to enhance students' social and emotional skills, which are critical for their overall well-being. Yamamoto et al. (2017) assessed the resilience of elementary school pupils who participated in a mental health promotion program based on CBT and SEL. The study found significant improvements in resilience and social support among students in the intervention group, highlighting the effectiveness of SEL in fostering mental health.

Further evidence of the effectiveness of SEL programs comes from Takizawa et al. (2024), who conducted a meta-analysis of SEL programs for Japanese higher education students. The analysis revealed small to medium overall effects on social-emotional skills, attitudes toward self and others, and emotional problems. However, the study also noted that the effectiveness of SEL programs diminished when applied to larger groups, suggesting the need for more targeted interventions. While SEL programs and CBT have demonstrated effectiveness in promoting mental health among students, there is a need for more research on their specific impact on anxiety, depression, and quality of life in high school settings. Moreover, the potential for integrating SEL with positive psychology principles to enhance outcomes has not been thoroughly explored, presenting another gap in the literature.

• **Resilience Training and Nature-Based Therapies**

Resilience training has emerged as a promising approach to improving mental health outcomes. Kreienkamp et al. (2024) assessed the impact of a new training intervention on individual well-being and resilience in a diverse German sample, predominantly composed of students. The study found that the intervention significantly increased resilience and other well-being indicators, with a high effect size compared to control groups and previous resilience training studies. This suggests that targeted resilience training can be highly effective in enhancing mental health, particularly in educational settings.

Similarly, nature-based therapies have shown promise in reducing stress and improving the quality of life. Olson et al. (2024) conducted a study on nursing students, demonstrating that nature-based interventions significantly reduced stress levels and enhanced overall well-being. These findings support the growing body of evidence that environmental factors can play a crucial role in mental health interventions. However, resilience training and nature-based therapies have primarily been studied in adult populations or specific professional groups, such as nursing students. Their applicability and effectiveness in high school students, particularly in reducing anxiety and depression, remain under-explored. This highlights another area where further research is needed to understand the potential benefits of these interventions in adolescent populations.

• **Positive Psychology Interventions**

Positive psychology interventions (PPIs) have gained attention for their focus on enhancing well-being rather than merely addressing mental health problems. PPIs aim to increase positive emotions, engagement, and meaning, which are essential components of well-being. Abu Omar et al. (2024) conducted a narrative review of PPIs for students with dyslexia, finding that these interventions effectively improved self-esteem, self-efficacy, and confidence while reducing anxiety. The review synthesized findings from six studies across different educational settings and identified key themes, including the characteristics and effectiveness of PPIs, the influence of educational level, gender differences, and cultural variations.

The review also highlighted that while PPIs were generally effective in improving psychological outcomes, their impact on academic performance was less consistent. For example, the effectiveness of sunflower therapy for dyslexic children showed conflicting results, with some studies reporting psychological benefits but inconclusive effects on academic achievement. Similarly, mindfulness meditation demonstrated potential in improving reading accuracy and attention spans in adults with dyslexia but did not consistently enhance academic outcomes.

These findings suggest that while PPIs hold promise for improving mental health outcomes, their full potential, particularly in reducing anxiety and depression among high school students, has not been fully realized. The variability in outcomes across different studies indicates a need for more targeted research to understand the specific conditions under which PPIs are most effective.

• **Identified Gaps and Rationale for the Current Study**

The literature reviewed reveals several critical gaps that the current study aims to address. First, while narrative therapy, CBT, SEL programs, resilience training, and PPIs have all shown effectiveness in various settings, their specific impact on reducing anxiety, depression, and enhancing quality of life among high school students remains underexplored. High school students face unique challenges that can contribute to mental health issues, and there is a need for interventions that are specifically tailored to this population.

Second, the integration of positive psychology principles with other therapeutic approaches, such as SEL and resilience training, has not been thoroughly examined. Given the growing body of evidence supporting the benefits of positive psychology, there is a strong rationale for exploring how these principles can be incorporated into group counseling programs to enhance their effectiveness.

Finally, while PPIs have been studied in various educational settings, the variability in outcomes suggests that more research is needed to identify the specific conditions under which these interventions are most effective. This includes understanding the role of factors such as group size, cultural context, and the specific needs of high school students.

5. Methods and Intervention Process

Study Design

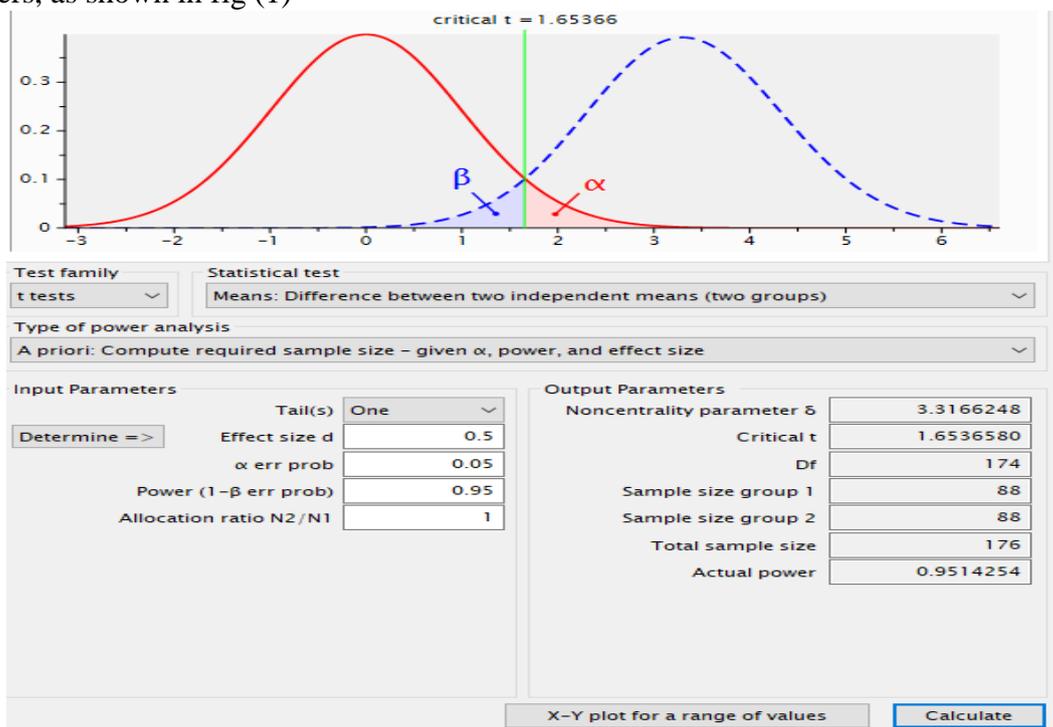
This study employs a quasi-experimental design, utilizing a pretest-posttest control group structure to evaluate the effectiveness of the Positive Psychology Group Counseling program. The decision to adopt a quasi-experimental design is based on its suitability for educational and psychological research, particularly in settings where randomization is not feasible. Quasi-experimental designs allow researchers to gain valuable insights into intervention outcomes while accommodating the complexities of real-world environments (Janssen et al., 2021).

The Positive Psychology Group Counseling program is conducted over ten sessions (table 1), each designed to foster positive emotions, enhance character strengths, build resilience, and develop effective coping strategies. These sessions are scheduled outside regular class hours to minimize

disruption to the students' academic schedules. The experimental group participated in the counseling sessions under the supervision of a trained school counselor, while the control group did not receive any counseling intervention during the study period, i.e. the control group continued with their regular school activities without any additional interventions or support. This would help to ensure that any changes observed in the experimental group can be attributed to the counseling program rather than differences in daily routines. The aim is to assess whether the intervention can significantly reduce anxiety and depression levels and improve the overall quality of life among the participants.

Participants

To analyze the differences between Group A (intervention) and the control group in terms of BMI and physical activity levels, an independent t-test (two-sample t-test) was used. This statistical test was chosen to determine whether there were statistically significant differences between the two groups. *GPower software was employed to ensure the sample size was adequate to detect these differences. Specifically, the option "Means: Difference between two independent means (two groups)" under the "t tests" family in GPower was selected. The analysis involved inputting key parameters such as an effect size of 0.5, an alpha level of 0.05, and a power level of 0.95. The output from G*Power indicated that a total sample size of 176 participants (88 per group) was required to achieve the desired power, with an actual power of 0.9514 being achieved based on the selected parameters, as shown in fig (1)*



This ensured that the study was sufficiently powered to detect significant differences between the intervention and control groups. However, 204 high school students aged 14 to 18 years, randomly selected from two different schools and participated in this program. There was no missing data and 4 responses were removed as univariate and multivariate outliers ending up with a total of 100 students per group. The selection process ensures a representative sample, allowing the findings to be generalized to a broader population of high school students. Participants are divided into two groups: an experimental group that receives the Positive Psychology Group Counseling program and

a control group that does not receive any counseling intervention. The Positive Psychology framework guiding the intervention is rooted in the work of Seligman and Csikszentmihalyi (2000), who emphasized enhancing well-being through the cultivation of positive emotions, engagement, and meaning. This approach is designed not only to alleviate negative symptoms such as anxiety and depression but also to promote a more holistic sense of well-being among the students.

Detailed demographic information, including age, gender, socioeconomic status, and academic background, collected for all participants. This data helped in understanding the context of the intervention and ensuring that any observed effects can be accurately attributed to the counseling program.

Ethical Considerations

The ethical aspects of this study were crucial, given the vulnerability of high school students with addiction issues. Informed consent was obtained from guardians and students, who were given age-appropriate explanations and could withdraw at any time. Data were anonymized, ensuring privacy, and results were reported in aggregate. The intervention was culturally sensitive, respecting students' values, and post-study support was arranged for those needing further counseling.

Measures

To evaluate the outcomes of the intervention, the study employed three well-established instruments: the Beck Anxiety Inventory (BAI), the Beck Depression Inventory (BDI), and the WHO Quality of Life-BREF (WHOQOL-BREF) scale.

- **Beck Anxiety Inventory (BAI):** This 21-item self-report inventory measures the severity of anxiety symptoms. The BAI is known for its high reliability (Cronbach’s alpha = .92) and has been validated across diverse populations, making it a suitable tool for assessing anxiety in this study.
- **Beck Depression Inventory (BDI):** The BDI is another 21-item self-report inventory, designed to assess the intensity of depression symptoms. It is one of the most widely used instruments in psychological research, with well-established reliability (Cronbach’s alpha = .89) and validity.
- **WHO Quality of Life-BREF (WHOQOL-BREF):** This 26-item questionnaire assesses quality of life across four domains: physical health, psychological health, social relationships, and environment. The WHOQOL-BREF has demonstrated good reliability, with Cronbach’s alpha values ranging from .70 to .90, and its validity has been confirmed in various cultural settings.

These instruments are administered to all participants at two points: before the intervention (pretest) and after the intervention (posttest). This allows for the comparison of baseline and post-intervention measures, providing a clear picture of the program's impact. The data collection process conducted with strict adherence to privacy and anonymity guidelines, ensuring the confidentiality of all participants. Data is analyzed using SPSS software. The statistical tests used include independent t-tests, chi-square tests and Analysis of Covariance (ANCOVA).

Table 1. Narrative Group Therapy Intervention Guide.

| | |
|-------------------------------|--|
| 1st Session | Introduction. Distribute self-assessment tests and listen to participants' life stories. Provide necessary information about narrative therapy. Homework (to determine participants' goals, willingness to change, and determination to address depression during amphetamine addiction). |
| 2nd Session | Brings the problem to the surface and considers the impact of important events in the participant's life (so-called "my life story"). Identify your initial self-acceptance.. Teach the principles of daily repetition and recording of her ABCs (Activating Events, Beliefs, Emotional Consequences). Homework (each member was asked to keep her ABC diary). |
| 3rd Session | Homework Discussion. Relaxation exercises for body and mind. Improve your eye contact skills. We'll send you a daily reminder to maintain your ABC account |

| | |
|--------------------------|--|
| 4 th Session | Homework Discussion. Determination of basic assumptions about addiction and group discussion. Training to create a new inner voice related to basic assumptions . Continue mind, body relaxation, and other exercises (such as explaining and naming assumptions about addiction). Homework (ABC daily her record based on basic premise). |
| 5 th Session | Homework review, addiction awareness training, group discussion. Teach Corrective Thinking and add D (Argument) and E (Effective Philosophy) to ABC. Homework (relaxation and other her exercises, create a new diary with a fresh mind about ABCDE, practice rewarding yourself). |
| 6 th Session | Homework Discussion. Training to change problematic behavior patterns. Practice exposure and response prevention techniques. Practice eliminating, blocking, and procrastinating drug-induced depression obsessions through techniques such as procrastination and diaphragmatic breathing. Homework (use of new behavioral techniques in different situations). |
| 7 th Session | Homework Discussion. Develop a satisfying relationship with yourself (e.g., write an apology letter to yourself, write down positive aspects of yourself, engage in sensory health, fitness, or appearance-related activities). Homework (ABCDE experience, physical and tactile activities daily to create a self-image of a person without drug addiction). |
| 8 th Session | Group discussion about individual feelings, aspirations and dreams about themselves. Homework (To build a story around the best version of yourself, rewrite your life story from past to future). |
| 9 th Session | Homework Discussion; Rewrite and rename your life story from present to future relaxation session. Training for creating new stories. Homework (review all sessions and show his best items and worst). |
| 10 th Session | Homework Discussion. Group discussion about the transformation achieved as a result of the session. Secondary analysis of self-assessment tests. Identification of settings. Training in positive response strategies for people who have negative attitudes toward drug addicts. Homework (implementation) |

6. Results

The analysis revealed the following results for the the research questions:

1. How does the Positive Psychology Group Counseling program impact BMI, physical activity levels, and overall quality of life among Jordanian high school students compared to a control group?

The study results in table (2) reveal that the Positive Psychology Group Counseling program had a significant impact on BMI and physical activity levels among the participants. Group A, which received the intervention, had a significantly lower BMI compared to the control group (20.3 ± 1.1 vs. 20.7 ± 1.4 , $p = 0.02$), indicating a positive effect of the program on maintaining a healthier weight. In terms of physical activity, Group A showed significantly lower physical activity levels than the control group, with 57% of Group A participants engaging in low physical activity compared to only 24% in the control group ($p \leq 0.001$). However, the intervention did not significantly impact the overall quality of life (QOL) of the participants, as the differences between pre- and post-test QOL scores were not statistically significant ($p = 0.93$).

Table 2. Distribution of demographic data among studied groups.

| Variable | Group A (case) | Group (control) | P value |
|--------------------------|------------------|------------------|----------------|
| Age | 17.75 ± 0.87 | 17.78 ± 0.82 | 0.8 |
| BMI | 20.3 ± 1.1 | 20.7 ± 1.4 | 0.02 |
| Gender | | | |
| male | 72 (72%) | 64 (64%) | 0.22 |
| Female | 28 (28%) | 36 (36%) | |
| Physical activity | | | |
| low | 57 (57%) | 24 (24%) | $\leq 0.001^*$ |

| Variable | Group A (case) | Group (control) | P value |
|----------|----------------|-----------------|---------|
| Moderate | 31 (31%) | 58 (58%) | |
| high | 12 (12%) | 18 (18%) | |

2. What is the effectiveness of the Positive Psychology Group Counseling program in reducing symptoms of depression and anxiety in Jordanian high school students?

The Positive Psychology Group Counseling program was highly effective in reducing symptoms of depression (table 3) and anxiety (table 4) among the participants. For depression, Group A showed a significant reduction in post-test scores compared to the control group, with Group A's scores dropping from 29.63 ± 7.74 to 12.2 ± 9.05 ($p < 0.0001$), while the control group only saw a slight reduction. Similarly, anxiety levels significantly decreased in Group A from a pre-test mean of 22.85 ± 9.91 to a post-test mean of 8.56 ± 2.5 ($p < 0.0001$), indicating a strong impact of the intervention in reducing anxiety, while the control group showed a less significant decrease.

Table 3. Differentiation of depression test among studied groups.

| Depression | Group A (case) | Group (control) | P value |
|--------------------------------------|--------------------|-------------------|--------------|
| Pre-test | 29.63 ± 7.74 | 30.51 ± 11.12 | 0.51 |
| Post-test | 12.2 ± 9.05 | 25.28 ± 7.79 | $< 0.0001^*$ |
| Difference between pre and post test | -17.61 ± 11.47 | -5.22 ± 9.89 | $< 0.0001^*$ |

Table 4. Differentiation of Anxiety test among studied groups.

| Anxiety | Group A (case) | Group (control) | P value |
|--------------------------------------|------------------|------------------|--------------|
| Pre-test | 22.85 ± 9.91 | 22.71 ± 9.43 | 0.88 |
| Post-test | 8.56 ± 2.5 | 17.25 ± 5.4 | $< 0.0001^*$ |
| Difference between pre and post test | -14.3 ± 9.65 | -5.53 ± 9.6 | $< 0.0001^*$ |

3. Does the Positive Psychology Group Counseling program lead to significant improvements in both psychological well-being and physical health among Jordanian high school students?

The Positive Psychology Group Counseling program led to significant improvements in psychological well-being (table 5), as evidenced by the substantial reduction in depression and anxiety symptoms in Group. However, the program's impact on physical health, as measured by BMI and physical activity levels, was mixed. While the intervention positively impacted BMI, with Group A maintaining a healthier weight compared to the control group, it did not improve physical activity levels and showed no significant effect on the overall quality of life. This suggests that while the program effectively addresses psychological symptoms, additional strategies may be necessary to enhance physical health and overall quality of life.

Table 5. Differentiation of Quality of life (QOL) test among studied groups.

| Quality of life (QOL) | Group A (case) | Group (control) | P value |
|--------------------------------------|------------------|------------------|---------|
| Pre-test | 21.06 ± 2.18 | 19.43 ± 2.66 | 0.4 |
| Post-test | 20.51 ± 1.62 | 18.87 ± 2.7 | 0.06 |
| Difference between pre and post test | -0.49 ± 2.54 | -0.44 ± 4.16 | 0.93 |

7. Discussion

The current study aimed to evaluate the effectiveness of a Positive Psychology Group Counseling program in reducing anxiety, depression, and enhancing the quality of life (QoL) among Jordanian

high school students. The findings revealed significant reductions in BMI, depression, and anxiety in the intervention group (Group A), yet there was no significant improvement in physical activity levels or overall QoL. These mixed results necessitate a more in-depth analysis to understand the implications of the intervention and the reasons behind the unexpected outcomes.

1. Impact on BMI and Physical Activity

The significant reduction in BMI observed in Group A compared to the control group suggests that the intervention was effective in altering lifestyle behaviors associated with weight management. This finding aligns with the literature suggesting that positive psychology interventions can foster healthy lifestyle changes (Baikie et al., 2012). However, the decrease in physical activity levels in Group A, despite improvements in BMI, is unexpected and requires further exploration. This outcome could be attributed to the nature of the intervention, which might not have emphasized physical activity sufficiently. The study by Janssen et al. (2021) emphasizes that interventions promoting physical health should incorporate specific strategies to increase physical activity, as these are critical to overall well-being.

The discrepancy between BMI reduction and physical activity levels may also reflect a limitation in the intervention's design, where the focus on psychological well-being may have inadvertently overshadowed the promotion of physical activity. Previous studies, such as those by Olson et al. (2024), indicate that combining psychological interventions with nature-based or physical activity-focused therapies can lead to more balanced improvements in both mental and physical health. Therefore, the intervention in this study might benefit from incorporating elements that directly encourage and monitor physical activity, potentially leading to a more holistic improvement in health outcomes.

2. Reduction in Depression and Anxiety

The intervention's success in significantly reducing depression and anxiety levels in Group A is consistent with existing research on the efficacy of positive psychology and cognitive-behavioral interventions. Studies by Abu Omar et al. (2024) and Roozen et al. (2006) have demonstrated that these approaches can effectively alleviate symptoms of anxiety and depression, particularly in adolescent populations. The strong impact of the intervention on these psychological parameters suggests that the program was well-tailored to address the specific mental health needs of the students. However, it is important to consider the broader context of these improvements. While the reduction in depression and anxiety is a positive outcome, the lack of significant change in QoL indicates that symptom reduction alone may not suffice for comprehensive well-being. This finding resonates with the work of Faller et al. (2013), who argue that psychological interventions should aim not only to reduce negative symptoms but also to enhance positive aspects of life, such as social relationships, academic satisfaction, and overall life satisfaction.

3. No Significant Change in Quality of Life

The lack of significant improvement in QoL despite reductions in depression and anxiety raises important questions about the scope and focus of the intervention. QoL is a multifaceted construct that encompasses physical health, psychological state, social relationships, and environmental factors (WHOQOL Group, 1998). The results suggest that while the intervention effectively targeted psychological symptoms, it may have fallen short in addressing other critical aspects of QoL, such as social support, academic performance, and physical health.

This outcome is not entirely surprising, given the findings of previous studies. For instance, the meta-analysis by Takizawa et al. (2024) on Social-Emotional Learning (SEL) programs highlights that while these interventions can improve psychological resilience and emotional well-being, their

impact on broader life satisfaction and QoL is often limited. This suggests that interventions focused primarily on psychological aspects may need to be complemented by additional strategies that address other life domains to achieve a more holistic improvement in QoL.

The absence of significant change in QoL also points to the need for a more integrated approach in the intervention design. As noted by Kreienkamp et al. (2024), resilience training and other positive psychology-based interventions are most effective when they encompass multiple dimensions of well-being, including physical, psychological, and social aspects. The current study's intervention might benefit from incorporating components that directly enhance social support networks, academic engagement, and environmental satisfaction, which are crucial for improving overall QoL.

4. Comparison with Previous Studies

Comparing the findings of this study with those of previous research offers valuable insights into the intervention's strengths and limitations. For example, the significant reduction in BMI and psychological symptoms aligns with the positive outcomes reported by Baikie et al. (2012) and Clark (2014) in their studies on narrative and cognitive-behavioral therapies. However, the lack of improvement in physical activity and QoL contrasts with the findings of Kreienkamp et al. (2024), who reported comprehensive benefits from interventions that combined psychological and physical health components.

This divergence suggests that while the current intervention was successful in addressing specific mental health issues, it may require enhancement to produce more balanced and holistic outcomes. The study by Yamamoto et al. (2017) on resilience and social-emotional learning in Japanese students supports the idea that interventions need to be multifaceted, addressing both psychological and physical health to achieve lasting improvements in overall well-being.

Moreover, the study's findings contribute to the ongoing debate about the effectiveness of positive psychology interventions in educational settings. While the reduction in depression and anxiety is encouraging, the limited impact on QoL underscores the complexity of translating psychological improvements into broader life satisfaction. This finding aligns with the critiques of PPIs presented by Merz et al. (2014), who noted that while these interventions are effective in reducing negative symptoms, their influence on overall life satisfaction and QoL may be limited without additional supportive measures.

5. Implications for Practice and Policy

The study's findings have significant implications for both clinical practice and public health strategies. The reduction in BMI and psychological symptoms among Group A underscores the potential of positive psychology interventions to modify health behaviors and improve mental health in adolescent populations. However, the unexpected decrease in physical activity highlights a critical area for further attention.

Practitioners should consider integrating physical activity promotion into positive psychology interventions to enhance their effectiveness. This could involve incorporating exercise programs, nature-based activities, or structured physical education into the intervention framework. Additionally, the lack of significant change in QoL suggests that interventions should adopt a more holistic approach, addressing not only psychological symptoms but also social, academic, and environmental factors that contribute to overall well-being.

Public health policymakers might also consider these findings when designing community-based programs for addiction recovery and mental health promotion. Ensuring that interventions are comprehensive and address the full spectrum of health and psychological needs is crucial for achieving lasting improvements in QoL.

Limitations

The study's generalizability is limited due to its focus on a specific population of high school students in Jordan, where cultural, social, and environmental factors may influence the findings, making them less applicable to broader contexts. Additionally, the reliance on self-reported physical activity measures introduces potential bias and inaccuracies, as evidenced by the unexpected decrease in physical activity levels in Group A. The short follow-up period may have been insufficient to fully capture the long-term effects of the intervention on physical health, psychological well-being, and overall quality of life. Furthermore, while the study effectively addressed depression and anxiety, it did not explore other relevant psychological factors such as stress, resilience, or coping mechanisms, which could also impact the overall quality of life.

8. Conclusion

The study concludes that structured health interventions can lead to positive changes in health and psychological conditions, emphasizing the need for careful monitoring and design. However, it highlights that interventions must be meticulously crafted to impact overall quality of life, not just physical health or psychological symptoms. While targeted interventions, such as the significant reduction in BMI among Group A participants, show promise, these changes alone are insufficient for meaningful life improvement. The unexpected lack of improvement in physical activity levels despite positive changes suggests a need for further investigation, underscoring the complexity of treating addiction-related issues. The psychological benefits observed, particularly in reducing depression and anxiety, align with existing therapeutic approaches, but the lack of significant changes in overall quality of life indicates that symptom reduction may not be enough for enhanced life satisfaction. This study is significant for its comprehensive exploration of health interventions in individuals with addiction, serving as a valuable resource for healthcare providers, policymakers, and researchers. It underscores the importance of a holistic approach in treatment design, addressing physical health, psychological well-being, and overall life quality. Further research is needed to refine these interventions and ensure long-term improvements in the lives of those affected by addiction.

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برنامج الإرشاد الجماعي في علم النفس الإيجابي للتقليل من القلق والاكتئاب وتحسين نوعية الحياة لدى طلاب المدارس الثانوية

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مستخلص. هدف البحث الحالي دراسة ما إذا كان العلاج الجماعي السردى أداة مفيدة للحد من الاكتئاب والقلق لدى طلاب المدارس الثانوية المدمنين وتحسين جودة الحياة بشكل عام لهؤلاء الطلاب. إن الفئات محل الاهتمام هي المراهقون في المدارس الثانوية، في سن ١٤-١٨ عامًا، وهي مجموعة اجتماعية شديدة الضعف. تم اختيار التصميم شبه التجريبي المنظم، مع شروط ما قبل الاختبار وما بعده. تم توزيع المشاركين عشوائيًا في مجموعة تجريبية مكونة من (١٠٠ طالب) ومجموعة ضابطة (١٠٠ طالب). تم تقديم ١٠ جلسات من العلاج السردى للمجموعة التجريبية، في حين لم تتلق مجموعة الضابطة العلاج السردى. تم تطبيق استبيان الاستشارة الجماعية، واختبار بيك للقلق، واختبار بيك للاكتئاب، واستبيان جودة الحياة لمنظمة الصحة العالمية. وقد تم ملء الاستبيانات قبل وبعد التدخل، أظهرت النتائج انخفاضًا في القلق والاكتئاب في حالة المجموعة التجريبية ($p < 0.0001$) في كلتا الحالتين، سمحت لنا البيانات المجمعّة بافتراض أن التدخل كان مفيدًا. ومع ذلك، كانت التغييرات في درجات WHOQOL غير ذات دلالة إحصائية. وبالتالي أظهرت الدراسة أن علاج الطلاب الذين يعانون من الإدمان في سياق المدرسة من خلال علم النفس الإيجابي هو أداة فعالة لتقليل أعراض الصدمة. ومع ذلك، كان تأثير التدخل، في هذه الحالة، محدودًا بأعراض الاكتئاب والقلق.

الكلمات المفتاحية: العلاج السردى، علم النفس الإيجابي، الحد من القلق، جودة الحياة.