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POSITIVE PSYCHOLOGY AND THE STUDY OF FEAR OF HAPPINESS: CHARACTER STRENGTHS, MENTAL ANXIETY, AND DEFENCE MECHANISM REACTIVITY

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ABSTRACT

Recent developments in academic psychology have given rise to a new field known as "positive psychology," which expands the purview of scientific psychology to include the factors that contribute to people's happiness and success. The study of positive traits and qualities is central to positive psychology. Pursuing pleasure as a topic for thought and philosophy predates modern times. What constitutes pleasure and how one might get it are concepts that have undergone a significant transformation. A successful and fulfilling life is often used as a proxy for happiness. Well-being theories of the present day provide an alternative to conventional psychology by focusing on positive attributes rather than deficits. The opposites of sadness and happiness were shown to be the best predictors of the fear of happiness. Confidence-filled people reported greater levels of enjoyment and less despair than their apprehensive counterparts.

***Keywords**: Character strengths, mental anxiety and defence mechanisms, positive psychology, fear of happiness*

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I. INTRODUCTION

Global warming, natural catastrophes, economic crises, unprecedented homelessness, terrorism, and the depleting persistence of war are only a few examples of modern civilization's challenging problems. It is hard to see how a field dedicated to studying what makes people happy, how they might improve themselves, what constitutes "the good life," and how to measure it fits into today's agenda, given all the tragedy and misery. After WWII, psychology shifted to focus primarily on therapeutic applications. Using a sick person's paradigm of human performance, focused on fixing broken things. This virtually exclusive focus on disease ignored the potential that fortification is the most effective therapeutic tool, as well as the importance of focusing on the whole person and the flourishing of society. Well-being, happiness, flow, personal strengths, wisdom, creativity, imagination, and the traits of influential organizations and institutions are the primary areas of study in positive psychology.

Additionally, the emphasis is placed not just on individual pleasure—which would only sustain a narcissistic, self-centred outlook—but also on the happiness and prosperity of society. The field of Positive Psychology analyses what makes people and communities flourish to improve both for mutual benefit. The study of positive psychology goes beyond an emphasis on upbeat mental states. There is a lot more to it than that. What helps people and groups thrive, as opposed to floundering, is the primary emphasis of positive psychology. One definition of flourishing is "a condition of good mental health characterized by the absence of mental disease, the presence of emotional energy, and the positive functioning in both private and social spheres." Positive psychologists argue that traditional (or "business as usual") psychology has focused most of its history on the dark side of human nature. There have been isolated studies and discussions of concepts like originality, optimism, and sagacity, but no overall theory or framework has linked these disparate efforts. It was not the objective of the pioneers of psychology to create this pretty unfavourable situation; instead, it was the result of unintended consequences. Before World War II, psychologists were tasked with three goals: alleviating mental disease, enhancing everyday life, and discovering and developing exceptional potential. After the war, however, the field seemed to lose track of the latter two objectives and focus almost exclusively on the former. I do not understand how it could have transpired. It is not hard to speculate what happened to psychology's financing after World War II, given the field's reliance on government grants. Given the magnitude of the human predicament, it is not surprising that significant efforts have been made to understand better and treat mental health disorders. This is how the science of psychology adapted to functioning inside a paradigm of sickness. There has been much success with this approach. Seligman cites the successes of the disease model, such as the effective treatment of 14 previously incurable mental disorders (such as depression, personality disorder, or anxiety attacks). However, there were drawbacks to using a sickness paradigm, such as

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psychologists being stereotyped as "victimologists" and "pathologizers" and not enough attention being paid to regular life enhancement and the discovery and development of exceptional potential. For example, what would your friends think if you told them you were planning to visit a psychologist? Why are you acting like this? Do you think you would get a response like "Great! Do you intend to make time for personal development?

II. REVIEW OF LITERATURE

Psycho-biological stress reactions adversely affect mental, physical, and social health [1] when there is a mismatch between the demands of the environment and the resources available to the individual. The physiological and mental defences against stress have been the subject of several scientific research (e.g., [2]). Several ideas attempt to identify the personal qualities that may be relied upon as psychological resources in times of high pressure. The persona acts as a mental model for understanding and interacting with the world around them. Characters have been identified to have a similar structure by academics. Recognizing and cultivating these 24 commonly valued characteristics for education and personal growth were described under six broad virtues [3]. Care, inquisitiveness, and self-control are the three overarching virtues that have been recognized, and a sum of these qualities may be calculated to indicate an individual's character overall [4]. In other words, if the VIA and Chinese Virtue Inventory only measure caring (cf. cooperativeness), self-regulation (cf. self-directedness), and inquisitiveness, they may not capture the complete spectrum of character, even if they utilized various sorts of experiments, techniques, and participants. "Self-directedness, Cooperation, and Self-transcendence are three character qualities that may be measured using the Temperament and Character Inventory (TCI) [5]." The content of the character dimensions was developed to assess individual variations in appropriate goal setting and value formation through propositional learning, following the Cloninger, Svrakic, and Przybeck [6] paradigm. Similar to hierarchical models, this one is extensively used to characterize individual differences and has gained much attention and recognition. It overcomes several constraints that have prevented its therapeutic use. A person's subjective (i.e., happiness, depression, and quality of life) and objective (i.e., fitness, sickness, and symptoms) health are buffered by their character qualities in a variety of ways (for a review, see [7]).

According to the transactional model of stress and coping [8], those with solid character characteristics experience less stress [9]. Character-strong students do better after suffering minor depressive symptoms and report reduced academic stress overall during the semester, according to longitudinal research [10]. According to other retrospective research, character qualities may facilitate recovery and development after exposure to stressful events (such as earthquakes and mass shootings) [9]. The results of these investigations define the protective

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functions virtues play in mind against stress. One's physiological reactions to stress may mirror the adaptive qualities of character strengths.

According to allostasis theory [11], during stress, essential biological reactions manifest rapidly before tapering down. These alterations reflect the body's capacity for adaptation to adversity [12]. People with solid character characteristics tend to bounce back more quickly emotionally and mentally after traumatic circumstances. The most studied cardiovascular measures of danger or challenge [13] and critical indices of some stress-related chronic or cardiovascular disorders [14] are systolic blood pressure (SBP), diastolic blood pressure (DBP), and heart rate (HR). High-openness people are better able to acclimate physiologically (i.e., have lower SBP and HR) to social stress [15]. Another research compared people with high and poor trait resilience in terms of their physiological response to stress [15] and found that those with solid trait resilience showed statistically significant reductions in both their systolic and diastolic blood pressures.

Moreover, the psychological and physiological effects of stress among BASE jumpers were shown in the research. "The study examined the adaptive effect of temperament and character on salivary cortisol reactivity to stress [16] by having participants complete the TCI and salivary cortisol test." The results showed that a personality profile of psychological resilience called "The Right Stuff" mediated decision-making to pursue likely rewards and was the characteristic of nearly all BASE jumpers. Research laboratories often use the Trier Social Stress Task to create conditions that mimic real-world social stress and anxiety (TSST). Using a mix of an interview-style presentation and sudden mental arithmetic, this approach was developed to create social anxiety [17]. To induce anxiety-related stress in individuals this approach has been widely used. According to Allen et al. [18] .'s literature analysis, TSST has been widely used at various research facilities. Therefore, the TSST is a standard for measuring social stress in controlled settings.

Defence mechanisms are one of the most stable and well-acknowledged notions in psychoanalysis outside the therapeutic community [19]. They are a phenomenon connected to the origin of psychopathological symptoms and the development of treatment [20] and may be noticed in behaviour, affectation, and emotions throughout ordinary therapeutic practice [21]. "The Defensive Functioning Scale found in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) [22] suggests that the concept of defense mechanisms has moved beyond its roots in psychoanalysis and psychoanalytic psychotherapy and into mainstream psychology and psychiatry."

According to psychoanalytic theory, each individual employs a unique defense model, and certain neurotic diseases have been linked to particular defensive strategies. There is a noticeable shift from less developed defensive mechanisms to more advanced ones

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throughout psychotherapy. Therefore, the regression that happens in the course of mental diseases is seen by some experts as potentially reversible. Consistent with the psychoanalytic view that individuals regress when they are unwell, previously existent mature defences emerge with the withdrawal of symptoms and the general recovery of the condition [23]. A standard theory is that people's defensive mechanisms are an established way they deal with stressful situations and interpersonal conflict. One possibility is that they react to how you are feeling now [24]. This would imply a bidirectional relationship between the development of mental illness and the deployment of maladaptive coping strategies, with the former serving as a marker for susceptibility to the latter.

Comorbidity between anxiety and depression, two of the most prevalent mental health issues, significantly amplifies symptoms, increases functional impairment, and makes the disease more intractable. Additionally, there is a significant incidence of anxiety and depression symptoms in diseases that do not otherwise match the criteria for a full-blown disorder diagnosis [25]. Depression and generalized anxiety disorder share many symptoms, including weariness, restlessness, difficulty focusing, sleep difficulties, and so on, making it difficult to tell the two apart in practice. Comparative research on the defensive strategies used by people suffering from depression and anxiety disorders is still in its infancy. Anxiety disorders are more likely to use neurotic defensive mechanisms than dysthymia or depression, according to studies using the Defense Style Questionnaire (DSQ) [26]. Defence mechanisms are used differently in nervous disorders than in depressive disorders, according to research published in 2009 by Olson and colleagues, who used the DSQ self-evaluation and observation-based assessment measures (Defense-Q—observer-based measure). [27]. "Anxiety patients were more likely to have neurotic defense systems, whilst those with depressive illnesses tended to have immature defense mechanisms. Using the Defense Mechanisms Ratings Scale (DMRS), [27] discovered that individuals with panic disorder scored lower on specific immature defense mechanisms than dysthymic patients."

III. THE STUDY OF FEAR OF HAPPINESS

Most current studies on happiness take for granted that individuals place a high value on and actively seek happiness. However, a look into under-researched cultural issues reveals that some people may approach the pursuit of pleasure with caution or even terror due to potential adverse outcomes [28]. Happiness, or the affective component of well-being, is defined as the experience of more happy emotions than negative ones. Fear of happiness, in this sense, is the conviction that individuals will suffer due to their success and pleasure. It may seem contradictory, but putting a premium on happiness may increase your risk of depression. Cultural scripts that predict catastrophe following pleasure are said to be the root cause of the widespread presence of ideas of dread or aversion toward happiness in numerous cultures, including the Iranian, Chinese, and Turkish. In light of these results, it appears critical to

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examine whether or not people's mental health is affected by their tendency to see happiness as a gift or a cause of sorrow and mishap.

Reliance on hierarchical sources, societal cynicism (the belief that life is suffering and people should be untrusted; Bond et al., [29]), dynamic externality (the belief that life is fated and complex; Van de Vijver et al., [30]), and religious affiliation were all found to be associated with fear of happiness at the cultural level. For example, those in societies where good fortune is seen as readily reversible to bad are more likely to avoid it at all costs. In contrast, those in societies where pleasure is viewed as a goal worth striving for are less likely to be afraid of it and more likely to pursue it actively [31]. The findings suggest that European Americans, in contrast to their Asian counterparts, were more inclined to relish good sensations to mould their emotional experiences. Emotions are controlled by their cultural environment, which explains why people of different cultures express their emotions differently. "For instance, Delle Fave et al. [32] investigated lay conceptions of happiness across countries and found that, despite variations in the definition, inner harmony, family, and social relationships all proved to be universal components of pleasure." Various cultures may place different values on happiness for different reasons. However, studies show that people may feel pressured to suppress pleasant feelings if they believe happiness is out of place in social settings (for a review, see Joshanloo & Weijers[33]).

In January 2020, the new coronavirus, COVID-19, was designated a global health emergency [34]. Because of how quickly it spread, governments had to order people to stay away from each other and wear masks. This epidemic's most common psychological effect is an increase in melancholy and anxious feelings, which may lead to or amplify apprehension about the future. Amid the current COVID-19 epidemic, social anxiety has been on the rise. These findings demonstrate the importance of recognizing the adverse effects of happiness-fearful thinking and the benefits of focusing on the bright side of one's mental health.

IV. THE DUAL CONTINUA MODEL OF MENTAL HEALTH AND FEAR OF HAPPINESS

According to the dual continua model of mental health, being free from diagnosed mental illness is insufficient to define a state of mental wellness. Instead, positive indications (such as happiness) and the lack of clinical risk indicators are required for a thorough assessment of mental health (e.g., depression). "For this model to make sense, the research and clinical fields pursuing mental health should account for both the presence of positive factors—which can be driven by positive interventions that focus on promoting positive emotions, thoughts, and behaviors through simple daily routines [35]—and the absence of clinical risk factors—which can be handled by therapeutic interventions like cognitive-behavioral therapy (CBT)." The widespread occurrence of depressive illnesses is a big challenge for mental health. Over

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4.4% of the global population, or over 300 million individuals, are believed to have depression [36]. While research into the causes and effects of depression has expanded, so too worries about the impact that positive emotions like joy may have on mental health. Despite its notoriety, the connection between contentment and physical well-being has received much study. Examples of the many positive outcomes linked with happiness include improved health and longevity [37], faster healing and longer life after sickness [38], more output at work [39] and higher earnings. In light of the growing body of evidence demonstrating the beneficial effects of happiness on mental health [40], some researchers have hypothesized a cyclical and laggardly link between the two.

It is generally accepted that depression is a good sign of mental disease. The rising prevalence of depression in recent years has made dealing with this illness more complex [36]. Depression is defined by anhedonia and psychological and social dysfunction symptoms, such as a lack of interest or feelings of worthlessness [41]. Depression is a (sometimes) chronic and debilitating psychiatric condition. Premature mortality, impaired physical and social functioning, and a decline in quality of life are only some of the negative consequences of depression [42, 43].

Collectively, the results of this research shed light on the critical roles played by (the absence of) despair and happiness in the upkeep of mental health. One's mental health feeling may suffer if the pursuit of pleasure is avoided because of fears of its adverse effects. Fear of happiness has been linked to lower levels of life satisfaction, as well as lower levels of subjective and psychological well-being. One potential reason is that happy emotions are suppressed because people associate them with unpleasant events in the future.

Particular academics stressed the value of investigating the causes of both despair and contentment. Fear of pleasant affective experiences like happiness may be a mechanism associated with depression based on the idea that repressing happy feelings is related to depressive symptoms, anxiety, and stress. Amazingly, Raes et al. [44] concluded that one's response to happy emotions was more essential than one's reaction to negative emotions, based on future research linking suppressing pleasant feelings to a greater incidence of depressed symptoms many months later. The findings from those trials also showed that an aversion to enjoyment was a significant predictor of melancholy.

Promoting happiness should be just as essential as reducing depression, according to the World Health Organization's (2001) definition of mental health. A growing body of research increasingly supports the efficacy of therapies designed to increase joy in therapeutic settings. "Happiness-increasing activities are expected to help about 70% of reported cases that did not receive the appropriate level of treatment [45], despite the fact that the combination of pharmacotherapy and cognitive behavioral therapy showed encouraging results in improving

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mental health in depressed individuals." Lambert et al. [46] found that optimistic treatments may alleviate people's aversion to joy.

People's need for medical attention is rising with the expansion of civilization. When it comes to keeping people well and preventing illness, no other profession comes close to nursing [47]. Nurses are often the first point of contact for patients. Therefore they must be kind and understanding to provide the best care possible. However, many nurses experience high-stress levels due to variables like extreme workloads and an insecure working environment, making them more vulnerable to unpleasant emotions like anxiety and despair. Nursing administrators are interested in strategies that reduce nurses' stress and boost their emotional health.

Suicidal ideation, feelings of worthlessness, and extreme pessimism are hallmarks of depression, the most prevalent mental health disease. Physical signs are also possible. Nurses in China have a greater rate of depression than other medical professionals. Research has shown that the rate of depression among nurses in China is 2.1 times greater than in the United States and 2.1 times higher than in Korea. The following factors may contribute to the prevalence of depression among Chinese nurses. Compared to industrialized nations, where the ratio of nurses to the general population is between 1:140 and 1:320, China has a severe shortage of nurses. As a result, Chinese nurses are generally expected to work long hours for minimal compensation while caring for many patients. Second, the medical personnel in China has lost some of their pride in their profession, with many respondents to the country's Fifth National Health Service Survey voicing concerns that their patients do not take them seriously. Nurses had a poor social standing among doctors and other medical professionals. Finally, in China, doctor-patient tension and violent injuries have become major societal issues, and depression among Chinese nurses is a serious concern. Depressed nurses have a worse quality of life and are less satisfied with their careers due to increased burnout and turnover. In addition, nurses who are depressed are less influential in their jobs and are more likely to make mistakes or cause harm to patients. This compromises the health of the patients. Another critical aspect of workplace health is workers' psychological well-being [48], which includes their thoughts and emotions about their working environment. Unlike depression, which negatively impacted employment outcomes like work satisfaction, psychological well-being had a favourable effect. Workers are less likely to leave their jobs if they feel valued and supported psychologically.

The study of defensive mechanisms in psychotherapy and psychopathology has been more popular in recent years. It has been noted that in the context of psychodynamic psychotherapy, an essential part of successful intervention is the therapist's appropriate in-session evaluation of the patient's defences and the therapist's interaction with the patient by addressing the patient properly. From a theoretical and an empirical vantage point, some

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work was done to distinguish defensive mechanisms from related ideas like the idea of coping. "The study by Michelle Presniak, Olson, and MacGregor [49] sought to clarify the connection between personality disorders and coping techniques."

Different neurotic diseases have been linked to different defensive mechanisms, and psychoanalytic theory posits that everyone has their own unique defense mechanism. Therapist-observed changes in coping style throughout treatment indicate maturation of underdeveloped defenses and enhancement of more developed ones. Therefore, the regression that happens throughout the course of mental diseases is seen as reversible by certain writers. According to psychoanalytic theory, when individuals are sick, they regress to earlier stages of development, so when their symptoms subside and their health improves, the adult defenses they had developed earlier make a comeback [50]. One school of thought holds that people have a consistent way of using defensive mechanisms to manage stress and conflict. Yet it's also feasible that they're a reaction to how you're feeling right now [51]. This would imply that there is an association between the usage of maladaptive defensive mechanisms and a propensity for developing certain mental diseases, but also that mental illness may contribute to the development of such mechanisms. The high degree of comorbidity between anxiety and depression, two of the most frequent mental diseases, significantly amplifies the intensity of symptoms, increases functional impairment, and makes the condition more intractable. Additionally, there is a significant incidence of anxiety symptoms in depressive disorders and depressed symptoms in anxiety disorders that do not match the criteria for a full blown disorder diagnosis [52]. As a practical matter, the difficulties of differentiating between the two is compounded by the fact that their symptoms (fatigue, restlessness, difficulty focusing, sleep problems, etc.) are so similar, particularly those of depression and generalized anxiety disorder [53]. Few research have directly examined the defensive strategies used by individuals suffering from depression and those experiencing anxiety disorders. Using the Defense Style Questionnaire (DSQ) [54], researchers found that neurotic defense strategies are more prevalent in individuals with anxiety disorders compared to those with dysthymia or depression [55]. Anxiety disorders and major depressive disorders vary in their usage of defense mechanisms, according to a 2009 article by Olson and colleagues who used the DSQ self-evaluation and observation-based assessment measures (Defense-Q—observer-based measure). It appeared that neurotic defense mechanisms were more common in those with anxiety disorders, whereas immature defense mechanisms were more common in those with depressive disorders. Those with panic disorder scored lower on the Defense Mechanisms Ratings Scale (DMRS) than patients with dysthymia, according to research by [55] Looking at the various defenses used by each person, it was clear that those with anxiety disorders and those with depressive disorders employed humor as a defense less often than the control group. Conversely, the depressed group resorted to suppression at a higher rate than the control group did. Because depressive

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illnesses are linked to lesser use of mature defenses, the finding that the study participants used more suppression than the control group was "counterintuitive," as several experts have noted. As was previously indicated, people may overestimate their employment of mature defenses, which may explain the correlation between suppression and sadness. Previous researchers [56] who used the DSQ discovered that depressed patients rated themselves considerably higher on the mature defense scale than when rated by close friends. Unlike the other defensive mechanisms, which occur subconsciously, suppression entails a deliberate and conscious attempt to redirect attention away from an unpleasant yet conscious desire or conflict [57].

V. DISCUSSION

People who score high on the character strengths scale are more likely to have positive psychophysiological reactions to stress. The three measures of physical stress—heart rate, blood pressure, and diastolic blood pressure—are superior to the mental stress test of state anxiety. "The former assessments provide objective signs, whereas the latter is based on the individual's perception of his or her own level of stress." Previous studies demonstrated that the change in emotion and stress might lead to various changes in the physiological indexes, suggesting that the interaction between psychological phenomena and stress-related indices warrants further investigation. However, because the physical condition is constantly changing, subjective psychological activity may also be monitored with the help of psychological indices.

Integral to successful stress response are positive character traits. According to Avey [58], a person's knowledge strength correlates inversely with how stressed they say they are at work. In addition, the individuals' adaptive reactions to stress are enhanced by the coping mechanisms provided by wisdom strength. One additional research found that the negative influence of stress on job satisfaction is significantly moderated by one's intellectual, emotional, and interpersonal qualities, all of which are relevant to coping in a work-stress environment. Researchers Papousek et al. [59] showed that having a high trait, a good effect is linked to full cardiovascular and subjective post-stress recovery.

Defined as the absence of psychological impairment (such as depression) and the existence of qualities that contribute to thriving in everyday life, mental health is the focus of expanding lines of inquiry into its aetiology (e.g., happiness). Fear of happiness beliefs has recently been added as an essential component impacting mental health due to research indicating that many individuals may perceive pleasure as a source of disaster. Positive predictors of happiness phobia were shown to include sadness and happiness, whereas negative predictors were discovered for depression phobia. Previous research has shown a negative correlation between fear of happiness, life satisfaction, and subjective and psychological well-being. Our

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findings support Joshanloo's [33] early hypotheses that a phobia of happiness can dampen one's contentment. According to the accepted concept of mental health, the findings demonstrated that dysfunctional attitudes toward happiness might have a detrimental impact on both expected and unintended consequences, such as positive affect and happiness, as well as negative affect and sadness. This is consistent with studies that find an individual's or culture's perspective on what constitutes happiness to be a critical factor in shaping that individual's or culture's experience of happiness.

REFERENCES

[1] Henry & Stephens (1977) Henry JP, Stephens PM. Stress, health, and the social environment: a sociobiologic approach to medicine. *Acta Physiologica Scandinavica Supplementum.* 1977;640(4):1–179.

[2] Sladek et al. (2016) Sladek MR, Doane LD, Luecken LJ, Eisenberg N. Perceived stress, coping, and cortisol reactivity in daily life: a study of adolescents during the first year of college. *Biological Psychology.* 2016;117:8–15. doi: 10.1016/j.biopsycho.2016.02.003.

[3] Park & Peterson (2009) Park N, Peterson C. Character strengths research and practice. *Journal of College and Character.* 2009;10(4):1–10.

[4] Duan et al. (2012) Duan W, Ho SMY, Bai Y, Tang X, Zhang Y, Li T, Yuen T. Factor structure of the Chinese virtues questionnaire. *Research on Social Work Practice.* 2012;22(6):680–688. doi: 10.1177/1049731512450074

[5] Cloninger et al. (1994) Cloninger CR, Przybeck TR, Svrakic DM, Wetzel RD. *The temperament and character inventory (TCI): a guide to its development and use.* Center for Psychobiology of Personality, Washington University; St. Louis: 1994.

[6] Cloninger, Svrakic & Przybeck (1993) Cloninger CR, Svrakic DM, Przybeck TR. A psychobiological model of temperament and character: TCI. *Archives of General Psychiatry.* 1993;50(12):975–990. doi: 10.1001/archpsyc.1993.01820240059008.

[7] Niemiec (2013) Niemiec RM. VIA character strengths: research and practice (The first 10 years) In: Knoop HH, Fave AD, editors. *Well-being and cultures: perspectives from positive psychology.* Springer Science & Business Media; New York: 2013. pp. 11–29.

[8] Lazarus & Folkman (1984) Lazarus RS, Folkman S. *Stress, appraisal, and coping.* Springer; New York: 1984.

[9] Duan, Guo & Gan (2015) Duan W, Guo P, Gan P. Relationships among trait resilience, virtues, post-traumatic stress disorder, and post-traumatic growth. *PLOS ONE.* 2015;10(4):e0125707. doi: 10.1371/journal.pone.0125707. [

[10] Duan (2016) Duan W. The benefits of personal strengths in mental health of stressed students: a longitudinal investigation. *Quality of Life Research.* 2016;25(11):2879–2888. doi: 10.1007/s11136-016-1320-8.

[11] McEwen & Gianaros (2011) McEwen BS, Gianaros PJ. Stress and allostasis induced brain plasticity. *Annual Review of Medicine.* 2011;62:431–445. doi: 10.1146/annurev-med-052209-100430.

[12] McEwen (1998) McEwen BS. Protective and damaging effects of stress mediators. *New England Journal of Medicine.* 1998;338(3):171–179. doi: 10.1056/NEJM199801153380307.

[13] Seery (2011) Seery MD. Challenge or threat? Cardiovascular indexes of resilience and vulnerability to potential stress in humans. *Neuroscience & Biobehavioral Reviews.* 2011;35(7):1603–1610. doi: 10.1016/j.neubiorev.2011.03.003.

ISSN PRINT 2319 1775 Online 2320 7876

Research paper UGC CARE Listed (Group -I) Journal Volume 11, S Iss 3, Dec 2022

[14] May et al. (2016) May RW, Sanchez-Gonzalez MA, Seibert GS, Samaan JS, Fincham FD. Impact of a motivated performance task on autonomic and hemodynamic cardiovascular reactivity. *Stress.* 2016;19(3):280–286. doi: 10.1080/10253890.2016.1191467.

[15] Lü, Wang & You (2016) Lü W, Wang Z, You X. Physiological responses to repeated stress in individuals with high and low trait resilience. *Biological Psychology.* 2016;120:46–52. doi: 10.1016/j.biopsycho.2016.08.005.

[16] Monasterio et al. (2016) Monasterio E, Mei-Dan O, Hackney AC, Lane AR, Zwir I, Rozsa S. Stress reactivity and personality in extreme sport athletes: the psychologhy of base jumpers. *Physiology & Behavior.* 2016;167:289–297. doi: 10.1016/j.physbeh.2016.09.025.

[17] Kirschbaum, Pirke & Hellhammer (1993) Kirschbaum C, Pirke KM, Hellhammer DH. The "Trier Social Stress Test"-a tool for investigating psychobiological stress responses in laboratory setting. *Neuropsychobiology.* 1993;28(1–2):76–81. doi: 10.1016/j.physbeh.2016.09.025.

[18] Allen et al. (2017) Allen AP, Kennedy PJ, Dockray S, Cryan JF, Dinan TG, Clarke G. The Trier Social Stress test: principles and practice. *Neurobiology of Stress.* 2017;6:113–126. doi: 10.1016/j.ynstr.2016.11.001.

[19] Buckley P (1995) Ego defenses: A psychoanalytic perspective. In Conte H, Plutchik R (Eds), Ego defenses: Theory and measurement (pp 38–53). New York: Wiley

[20] Perry JC (2014) Anomalies and specific functions in the clinical identification of defense mechanisms. J Clin Psychol. 70:406–418

[21] Van HL, Dekker J, Peen J, Abraham RE, Schoevers R (2009) Predictive value of selfreported and observer-rated defense style in depression treatment. Am J Psychother. 63:25–39

[22] American Psychiatric Association (1994) Diagnostic and statistical manual of mental disorders (4th ed). Washington, DC: American Psychiatric Association.

[23] Schauenburg H, Willenborg V, Sammet I, Ehrenthal J (2007) Self-reported defense mechanisms as an outcome measure in psychotherapy: A study on the German version of the Defense Style Questionnaire DSQ 40. Psychol Psychother. 80:355–366

[24] Bond M, Perry JC (2004) Long-term changes in defense styles with psychodynamic psychotherapy for depressive, anxiety, and personality disorders. Am J Psychiatry. 161:1665–1671

[25] Bakish D (1999) The patient with comorbid depression and anxiety: The unmet need. J Clin Psychiatry. 60:20–24

[26] Andrews G, Singh M, Bond M (1993) The defense style questionnaire. J Nerv Ment Dis. 181:246–56.

[27] Kennedy BL, Schwab JJ, Hyde JA (2001) Defense styles and personality dimensions of research subjects with anxiety and depressive disorders. Psychiatr Q. 72: 251–262

[28] Joshanloo, M., Rizwan, M., Khilji, I. A., Ferreira, M. C., Poon, W.-C., Sundaram, S., Ho, L. S., Yeung, V. W., Han, G., Bae, J., Demir, M., Achoui, M., Pang, J. S., Jiang, D. Y., Lamers, S. M. A., Turan, Y., Lepshokova, Z. K., Panyusheva, T., Natalia, A., … Tsukamoto, S. (2016). Conceptions of happiness and life satisfaction: An exploratory study in 14 national groups. *Personality and Individual Differences*, **102**, 145–148. https://doi.org/10.1016/J.PAID.2016.06.065

[29] Bond, M. H., Leung, K., Au, A., Tong, K.-K., de Carrasquel, S. R., Murakami, F., & Lewis, J. R. (2004). Culture-level dimensions of social axioms and their correlates across 41 cultures. *Journal of Cross-Cultural Psychology*, **35**(5), 548–570. https://doi.org/10.1177/0022022104268388

[30] Van de Vijver, F. J. R., Van Hemert, D. A., & Poortinga, Y. H. (2008). Psycho-logic and eco-logic: Insights from social axiom dimensions. In F. Vijver , D. Hemert , & Y. P. Poortinga (Eds.), *Multilevel analysis of individuals and cultures* (pp. 199–221). Lawrence Erlbaum.

[31] Joshanloo, M., Lepshokova, Z. K., Panyusheva, T., Natalia, A., Poon, W. C., Yeung, V. W., Sundaram, S., Achoui, M., Asano, R., Igarashi, T., Tsukamoto, S., Rizwan, M., Khilji, I. A., Ferreira, M. C., Pang,

ISSN PRINT 2319 1775 Online 2320 7876

Research paper UGC CARE Listed (Group -I) Journal Volume 11, S Iss 3, Dec 2022

J. S., Ho, L. S., Han, G., Bae, J., & Jiang, D.Y. (2014). Cross-cultural validation of fear of happiness scale across 14 national groups. *Journal of Cross-Cultural Psychology*, **45**(2), 246–264. https://doi.org/10.1177/0022022113505357

[32] Delle Fave, A., Brdar, I., Wissing, M. P., Araujo, U., Castro Solano, A., Freire, T., Hernández-Pozo Mdel, R., Jose, P., Martos, T., Nafstad, H. E., Nakamura, J., Singh, K., & Soosai-Nathan, L. (2016). Lay definitions of happiness across nations: The primacy of inner harmony and relational connectedness. *Frontiers in Psychology*, **7**, 30. https://doi.org/10.3389/fpsyg.2016.00030

[33] Joshanloo, M. (2013). The influence of fear of happiness beliefs on responses to the satisfaction with life scale. *Personality and Individual Differences*, **54**(5), 647–651. https://doi.org/10.1016/j.paid.2012.11.011

[34] World Health Organization. (2019). Coronavirus Disease 2019 (COVID-19) Situation Report-67. Geneva.

[35] Schotanus-Dijkstra, M., Drossaert, C. H., Pieterse, M. E., Walburg, J. A., & Bohlmeijer, E. T. (2015). Efficacy of a multicomponent positive psychology self-help intervention: Study protocol of a randomized controlled trial. *JMIR Research Protocols*, **4**(3), 1–16. https://doi.org/10.2196/resprot.4162

[36] World Health Organization. (2017). Depression and other common mental disorders global health estimates. Geneva.

[37] Steptoe, A., Dockray, S., & Wardle, J. (2009). Positive affect and psychobiological processes relevant to health. *Journal of Personality*, **77**(6), 1747–1776. https://doi.org/10.1111/j.1467-6494.2009.00599.x

[38] Lamers, S. M. A., Bolier, L., Westerhof, G. J., Smit, F., & Bohlmeijer, E. T. (2012). The impact of emotional well-being on long-term recovery and survival in physical illness: A meta-analysis. *Journal of Behavioral Medicine*, **35**(5), 538–547. https://doi.org/10.1007/s10865-011-9379-8

[39] Krause, A. (2013). Don't worry, be happy? Happiness and reemployment. *Journal of Economic Behavior & Organization*, **96**, 1–20. https://doi.org/10.1016/j.jebo.2013.09.002

[40] Layous, K. T. I. N., & Lyubomirsky, S. (2014). The how, why, what, when, and who of happiness. In J. G. , & J. Moscowitz (Eds.), *Positive emotion: Integrating the light sides and dark sides* (pp. 473–495). Oxford University Press.

[41] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*. American Psychiatric Association.

[42] IsHak, W. W., Mirocha, J., James, D., Tobia, G., Vilhauer, J., Fakhry, H., Pi, S., Hanson, E., Nashawati, R., Peselow, E. D., & Cohen, R. M. (2015). Quality of life in major depressive disorder before/after multiple steps of treatment and one-year follow-up. *Acta Psychiatrica Scandinavica*, **131**(1), 51–60. https://doi.org/10.1111/acps.12301

[43] Wells, K. B., Stewart, A., Hays, R. D., Daniels, M., Berry, S., Greenfield, S., & Ware, J. (1989). The functioning and well-being of depressed patients. Results from the Medical Outcomes Study. *Journal of the American Medical Association*, **262**(7), 914–919.

[44] Raes, F., Smets, J., Nelis, S., & Schoofs, H. (2012). Dampening of positive affect prospectively predicts depressive symptoms in non-clinical samples. *Cognition & Emotion*, **26**(1), 75–82. https://doi.org/10.1080/02699931.2011.555474

[45] National Institutes of Health, & National Institute of Mental Health. (2008). Collaborative Psychiatric Epidemiology Surveys, 2001–2003. Retrieved from https://www.icpsr.umich.edu/icpsrweb/ICPSR

[46] Lambert, L., Passmore, H.-A., Joshanloo, M., Lambert, L., Passmore, H.-A., & Joshanloo, M. (2018). A positive psychology intervention program in a culturally-diverse university: Boosting happiness and reducing fear. *Journal of Happiness Studies*, **20**(4), 1141–1162.

ISSN PRINT 2319 1775 Online 2320 7876

Research paper UGC CARE Listed (Group -I) Journal Volume 11, S Iss 3, Dec 2022

[47] The Lancet. 2020: unleashing the full potential of nursing. Lancet. 2019;394(10212):1879. https://doi.org/10.1016/S0140-6736(19)32794-1

[48] Brunetto Y, Shriberg A, Farr-Wharton R, Shacklock K, Newman S, Dienger J. The importance of supervisor-nurse relationships, teamwork, wellbeing, affective commitment and retention of North American nurses. J Nurs Manag. 2013;21(6):827e37. https://doi.org/10.1111/jonm.12111

[49] Presniak MD, Olson TR, Macgregor MW (2010) The role of defense mechanisms in borderline and antisocial personalities. J Pers Assess 92: 137-145.

[50] Schauenburg H, Willenborg V, Sammet I, Ehrenthal J (2007) Self-reported defense mechanisms as an outcome measure in psychotherapy: A study on the German version of the Defense Style Questionnaire DSQ 40. Psychol Psychother. 80:355–366

[51] Bond M, Perry JC (2004) Long-term changes in defense styles with psychodynamic psychotherapy for depressive, anxiety, and personality disorders. Am J Psychiatry. 161:1665–1671.

[52] Bakish D (1999) The patient with comorbid depression and anxiety: The unmet need. J Clin Psychiatry. 60:20–24.

[53] Goldberg D, Kendler KS, Sirovatka PJ, Regier DA (2010) Diagnostic issues in depression and generalized anxiety disorder. Arlington, VA: American Psychiatric Association

[54] Andrews G, Singh M, Bond M (1993) The defense style questionnaire. J Nerv Ment Dis. 181:246–56.

[55] Kennedy BL, Schwab JJ, Hyde JA (2001) Defense styles and personality dimensions of research subjects with anxiety and depressive disorders. Psychiatr Q. 72: 251–262

[56] Besser A (2004) Self- and best-friend assessments of personality vulnerability and defenses in the prediction of depression. Soc Behav Pers. 32:559–594

[57] Vaillant GE (1977) Adaptation to life. Boston, MA: Little Brow.

[58] Avey (2012) Avey JB. Impact of employees character strengths of wisdom on stress and creative performance. *Human Resource Management Journal.* 2012;22(2):165–181. doi: 10.1111/j.1748-8583.2010.00157.x.

[59] Papousek et al. (2010) Papousek I, Nauschnegg K, Paechter M, Lackner HK, Goswami N, Schulter G. Trait and state positive affect and cardiovascular recovery from experimental academic stress. *Biological Psychology.* 2010;83(2):108–115. doi: 10.1016/j.biopsycho.2009.11.008.