Research Article https://doi.org/10.12973/ejper.8.4.277

European Journal of Psychology and Educational Research
Volume 8, Issue 4, 277 - 289.
ISSN: 2589-949X
https://www.ejper.com

Ego Strengthening Through Positive Psychotherapy: A Qualitative Six-Month Follow-Up of Young Adults with Subthreshold Depression

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Received: October 11, 2025 ▪ Revised: November 16, 2025 ▪ Accepted: December 15, 2025

Abstract: Young adulthood can be a difficult time for individuals due to it being the transitional stage between adolescence and adulthood. Young adults may struggle with coping and balancing between their needs and tasks. Consequently, these issues may lead to experiencing depressive symptoms and even suicidal ideation. Positive interventions that help youth raise awareness of their inner psyche and increase positive skills may be very beneficial in the transition stage between well-being and depression, i.e., subthreshold depression. Furthermore, investigating the youth's experience after such interventions as a follow-up study is very important to understand whether the positive effects of interventions are sustained over time. This study examines qualitative data collected six months after the completion of a positive psychotherapy-based group intervention. Findings suggest a three-dimensional ego-strengthening model of identity integration, regulation, and the broadening of internal resources. These themes and their associated codes are interpreted through psychoanalytic and psychodynamic perspectives in the discussion section. The results indicate that the intervention may be a promising tool for depression prevention in youth. A positive psychotherapy-based ego-strengthening model for depression prevention is presented in the discussion. Future studies are recommended to further evaluate the intervention's effectiveness in clinical and non-clinical settings.

Keywords: *Depression prevention, ego strength, positive psychodynamic intervention, suicide prevention.*

To cite this article: Bırni, G., & Eryılmaz, A. (2025). Ego strengthening through positive psychotherapy: A qualitative six-month follow-up of young adults with subthreshold depression. *European Journal of Psychology and Educational Research*, *8*(4), 277-289. https://doi.org/10.12973/ejper.8.4.277

Introduction

Major Depression Disorder and suicidality are highly important issues that increase their risk potential every day in the current years. Young adulthood, a transitional phase from adolescence to adulthood, can challenge individuals to balance their needs and responsibilities. As a result, young adults may experience depressive symptoms and even suicidal thoughts (Eryılmaz, 2011). Young adults are one of the at-risk groups for suicide, since it is the third leading cause of death among youth around the world (World Health Organization, 2025). Research points out depression as one of the key factors in developing suicidal ideation and later suicidal behavior (Bergfeld et al., 2018). Moreover, major depression diagnosis is frequently reported among individuals with suicide attempts (Riera-Serra et al., 2024). Given the global issue of suicidality, there is an urgent need for early suicide prevention and mental health support for youth.

Subthreshold depression reflects individuals' depressive mood over time, where the depression symptoms have not yet arrived at full scale, their existence and adverse effect on daily life are undeniable (Liao et al., 2022). Experts express subthreshold depression as the passing bridge from being mentally okay to full-blown depression (Tuithof et al., 2018), and it is even more concerning in the case of hopelessness and suicidal ideation (Fried et al., 2014; Tuithof et al., 2018). Individuals with subthreshold depression may not receive pharmaceutical treatment for their depressive symptoms. And where access to psychotherapy is limited, there might be an increased risk of developing suicidal thoughts (Cuijpers et al., 2007; He et al., 2022). Young adults are reported as a high-risk group regarding suicidality and subthreshold depression (Liao et al., 2022; Zhang et al., 2022). Despite the pressing need and scientific recognition of early-stage interventions for young adults, more research is needed to fully understand the efficiency of psychotherapeutic interventions for subthreshold depression (Hao et al., 2023).

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Previous research on subthreshold depression intervention was almost all conducted with the adult population (Harrer et al., 2025). Research on the efficiency of therapeutic interventions employed with young adults is very limited or non-existent in the current literature (Hao et al., 2023; Harrer et al., 2025). Therefore, further research is needed to investigate alternative and long-term effective approaches for subthreshold depression in youth, with positive psychotherapy being a promising candidate. Moreover, long-term follow-up studies are highly valuable to understand the participants' lived experiences and therapeutic outcomes. Yet, qualitative follow-up studies conducted with individuals with depression symptoms are highly limited (de Zoysa et al., 2014; Tsubaki et al., 2023). This study investigates qualitative data of participant experiences, six months after a positive psychotherapy-based life-engagement intervention for young adults with subthreshold depression.

Positive Psychotherapy and Psychodynamic Explanations of Depression and Suicide

Positive Psychotherapy (PPT), a psychodynamic and transcultural approach developed by Nossrat Peseschkian in Germany in 1968 (H. Peseschkian & Remmers, 2020). Rather than just focusing on psychopathology or symptom reduction, PPT places emphasis on individuals' strengths and resources as essential instruments for coping with life challenges (N. Peseschkian, 1997). The term "positive" refers not only to optimism or happiness, but it's a nod to capacities and inner resources present in every individual (Bırni & Eryılmaz, 2022). PPT assumes that individuals possess the potential to solve their own conflicts and that the therapist's role is to help clients to regulate their capacities through consultation (Eryılmaz, 2017; N. Peseschkian & Tritt, 1998).

One of the key principles in PPT is the Balance Model, which conceptualizes mental health as the dynamic equilibrium among four distinct life dimensions: body, achievement, relationships, and fantasy/spirituality (Eryılmaz, 2020; N. Peseschkian, 1997). Individuals' responses to daily conflicts differ according to their prioritized life dimensions. Hence, the balance model provides precious information about clients' personality structure and coping strategies (Eryılmaz, 2017; N. Peseschkian & Walker, 1987). According to PPT, psychological distress is caused by imbalances and neglect in life domains, while well-being is maintained through balanced utilization of all four (H. Peseschkian, 2023).

When working with clients, PPT highly values a positive interpretation of symptoms. As hope is one of the key principles of PPT, even the symptoms are reframed in a positive understanding. Symptoms and disorders may have a symbolic representation of clients' unmet needs or desires (Sergeeva, 2025). Clients may ask themselves, "What is the message behind my symptoms? What is my own mind trying to tell me?" In case of depression, the presence of depression symptoms may be indicative of more than just emotional distress. It may also signal the need for personal transformation (Olenichenko, 2025). Depression might be a "*silent but strong resistance*" turning towards self, *refusing the continuum of the present life conflicts and stopping daily life so that individuals may focus on transforming into a better coping self.*

A close parallel may be drawn from Harding's (1981) notion of "creative depression." According to Harding, withdrawal from the present situation and behavioral regression may occur if clients' libido (the energy of life) is unsatisfied with the circumstances. Freud (1960) explains libido as the energy of Eros, the instinct of staying alive. Therefore, libido represents survival, growth, love, and creativity (Laplanche & Pontalis, 1973). In cases of creative depression, libido might be withdrawing from daily life to send the message of "*focus on the conflict, create alternative solutions, and seek growth"*.

In cases where the pressure and psychological pain are too much, individuals may start developing suicidal thoughts as a "solution" to put an end to the current dissatisfied situation (Matthews, 2013). This stage of "thinking of suicide" may be interpreted as the libido's aggressive attack and redirection of dissatisfaction towards self, to solve conflicts and release pressure on the ego with fake/narcissistic confidence in problem-solving (Maltsberger, 2004). However, the consequences of this proposed solution are outrageous. It jeopardizes one's existence and the hope of a brighter future, while also severing bonds with loved ones. If not intervened in, the ego becomes crippled from all the negative thoughts and feelings and might turn to a "*grandiose exit*" option as a way of self-protection and preservation (Maltsberger, 2004). A positive interpretation of suicidal ideation may be "*a strong willpower to take action towards a wanted solution*". The positive psychotherapist may guide clients to use their strong willpower on healthy alternatives instead of suicidal thoughts.

These positive interventions mentioned above may help clients gain insight into their own psyche and take action to address their internal and interpersonal conflicts. A shift in daily energy (libido) distribution based on PPT's balance model may successfully satisfy clients' needs, increasing their connectedness with life, self, and others. And this satisfaction may resolve depression symptoms, since "the message" is taken and conflict is solved. This new focus may encourage individuals to face and solve their problems and build a strong ego with a healthy sense of problem-solving confidence.

Moreover, previous research shed some light on the relations and links among PPT elements and depression and suicide ideation symptomology. A set of capabilities (love, hope, trust, contact, patience, time, and obedience) was observed as underdeveloped and underemployed among individuals with depression (Eryılmaz, 2016; Kirrilov et al., 2023). These results highlight the importance of psychological help for capacity and inner resource development. Moreover, research found an excessive focus on body and fantasy dimension among individuals with major depression (Eryılmaz, 2016) and

suicidal ideation (Bırni & Eryılmaz, 2022). This suggests that depressed and suicidal individuals try to solve their problems through attention and behavior on their bodies and fantasies, while they mostly ignore achievement-based solutions (Bırni & Eryılmaz, 2022; Eryılmaz, 2016; Eryılmaz et al., 2025). Especially excessive focus on the body was a significant predictor for suicide ideation (Bırni & Eryılmaz, 2022). These relational findings suggest that the PPT approach may be promising in early intervention to prevent major depression and suicide risk.

PPT-Based Life-Engagement Group Intervention for Subthreshold Depression in Young Adults, Trial Findings and Current Study

This study aims to explore the efficacy of a PPT-based intervention for subthreshold depression in young adults, with a focus on the participants' experiences post intervention. The study explores qualitative data collected at the 6-month follow-up. Prior to this study, a 15-week group intervention program (PPT life-engagement program) was created by the authors and employed with young adults with subthreshold depression. The intervention followed PPT's 5-step consultation process in each session and throughout the complete program. The steps are (1) observation of clients' expressions of desire and problems, (2) taking inventory, (3) situational encouragement, (4) verbalization, and (5) broadening of goals after therapy (N. Peseschkian, 1990). The intervention aimed to: (1) enhance psychological balance via the Balance Model, (2) reframe depressive symptoms positively, (3) build hope and future goals, (4) examine parental influences on symptoms and conflicts, (5) strengthen positive coping skills, (6) foster gratitude, and (7) develop a safety plan for future depressive episodes (blinded for peer-review, in press).

Initial results of the intervention revealed significant effects on suicide and major depression prevention. Post-test results showed sharp decreases in suicide probability and depression symptoms, and these effects were protected at the 2-month follow-up (blinded for peer-review, in press). These initial results suggest that the positive psychotherapy-based group intervention was efficient for subthreshold depression in this group. However, the long-term effects of the intervention need investigation to fully explore its practical value for employment in future studies. Based on the results of the previous study that investigated the quantitative data regarding the intervention's efficiency, this follow-up study explores qualitative data regarding participants' subjective experiences six months after the intervention.

Methodology

Research Design and Data Collection

The current study employed an interpretive phenomenological-oriented research design (Tenny et al., 2023) to investigate the experiences of young adults after a positive psychotherapy-based group intervention for subthreshold depression. The present study's interpretive phenomenological stand allows the data to represent a meaningful reflection of the participants' lived experiences rather than simply describing the situation.

Although interpretive phenomenology studies are usually conducted through in-depth interviews, in this study, the authors collected data via a written online form to prevent confirmation bias. Since the first author of the study was also the therapeutic leader during the intervention, some participants may have had difficulties expressing their full context of experience due to the therapeutic bond once created during the sessions. Therefore, a written data collection via a long-answered Google Forms form with research questions was a conscious decision by the author to prevent social desirability and bias and give psychological space to think about their experience and write an emotionally processed and meaningful reflection without any social pressure. While most of the phenomenological investigations explore participant experiences very soon after the end of interventions, long-period follow-up research is highly limited in literature that would allow exploring participants' unique experiences and reflections after they go back to their daily lives and have the opportunity to independently integrate what they learned during the therapeutic process (de Zoysa et al., 2014; Tsubaki et al., 2023). This methodological decision by the author allows this study to explore long-term experiences.

The online form link was sent to participants via WhatsApp, 6 months after the end of their participation in the intervention. The form included the participant's name (blinded for confidentiality) and questions about their experiences after the intervention. All participants responded positively to participating in this follow-up study. There were no dropouts or missing data. The online form questions are presented below:

A. Looking back, how would you evaluate your experience with group intervention and the six months that have passed since then?

B. Has the group process been helpful in coping with depressive feelings and negative experiences? If so, what kind of contributions did it make? Can you give examples?

C. Did the group process help you connect/engage with life? If yes, what were its contributions? Can you give examples?

D. Did the group process help you focus on "a balanced life"? If so, what were the benefits? Can you give examples?

E. It's been 6 months since the sessions ended. Are there any positive behaviors you particularly remember that you continue to practice?

F. Do you have anything else you'd like to add?

Sample

This follow-up study aimed to explore the lived experiences of individuals with subthreshold depression who have actively participated in the intervention. To further understand the diverse experiences of participants and draw stronger conclusions, the entire intervention group was included in this follow-up. The control group was not included in this study, because this study focuses on the lived experiences of the intervention. Moreover, in interpretative phenomenological studies, small samples are commonly preferred to conduct a more in-depth investigation (Oxley, 2016). The transferability of the findings was addressed through the intervention context, participant characteristics, and data analytic process, allowing readers to assess the applicability of findings in similar contexts.

Participants' ages are between 18 and 29, with a mean age of 22.13 (SD = 3.56). Except for one master's degree student, the other 7 participants are studying for a bachelor's degree. All participants are given code numbers for anonymity, and their detailed demographic information is given in Table 1.

Table 1. Socio-Demographic Characteristics of the Participants

Code No.	Age	Gender	Education	Socio-Economic Status	Relationship Statues	Residence	Previous Mental Help History	Previous Suicidal Thoughts
M1	22	Male	Bachelor's	Middle	Single	Dormitory	Counseling	No
F1	20	Female	Bachelor's	Middle	Single	With Family	No	Yes
F2	18	Female	Bachelor's	Middle	Single	Dormitory	No	Yes
F3	23	Female	Bachelor's	Middle	Dating	Shared flat	Counseling	No
F4	25	Female	Bachelor's	Low	Single	With Family	No	No
F5	19	Female	Bachelor's	Middle	Single	Dormitory	No	No
F6	29	Female	Master's	Low	Single	Dormitory	No	Yes
F7	21	Female	Bachelor's	Middle	Single	Dormitory	No	Yes

Data Analyses and Credibility

The participants' written responses to the study questions were analyzed with the content analysis method (Creswell, 2013) with a reflexive approach (Blair, 2015). The data analysis followed the steps proposed by Creswell (2014). The reflexive approach is used in qualitative studies to transparently showcase the data interpretation process. The main aim is to clarify where researchers stand; what are their positions, interactions, and possible biases in the study (Dodgson, 2019). In this study, reflexivity was employed through the researcher's positions, the decision-making process, and the peer-debriefing. The first author of this manuscript is the leader who led the therapeutic process in the intervention and the one who collected data. The second author is the supervisor of this study and has not met any of the participants. The participants were aware that this study was a part of the first author's PhD dissertation study. As a precaution against confirmation bias, the data was not collected with face-to-face interviews. The participants may have struggled with being transparent about their experience when they face the researcher. Therefore, the data was collected in a written format via an online form. With this decision, the authors aimed to give participants space and time to self-evaluate their experience and report in their own words. Both authors are trained in positive psychotherapy. This theoretical credibility may have helped coherently interpret the data through the lens of positive psychotherapy while also giving attention to confirmatory bias.

The coding process started with an initial coding and memo writing, while the first examination of the data was led by the second author. Since this study is a follow-up for a positive psychotherapy-based intervention, the data were investigated through the lens of positive psychotherapy. However, there were no previously decided themes or codes before analyzing the data. Later, both authors separately took time to deeply explore the data, read responses again and again to reflect on initial codes. If there were any suspicion of misfit (i.e., lack of compatibility or clear representation) of the codes, responses were reevaluated in repetition to better understand and code. After the individual reevaluation of the initial coding, the authors held a meeting to discuss their findings and reached a consensus. The data saturation was accepted when no new codes and themes emerged, and the current codes were contextually rich and internally coherent, after repeated readings.

To increase data credibility, the authors employed the peer-debriefing method (Guba & Lincoln, 1989). For this feature, an external expert trained in counseling psychology, PhD, experienced and published in qualitative research, was invited for peer-debriefing. Full access to the data, initial codes, and the second-level consensus codes were given to the peer. The expert individually investigated the data and the consensus codes and reported their feedback on code compatibility and code saturation to the authors. A three-hour teleconference session was held with the expert and the authors to

elaborate on the data. Upon this session, a consensus among all three was reached. This process is believed to strengthen the analysis's credibility by involving a supervisor and an external expert in the data analysis.

Findings/Results

After following the analysis steps, 3 main themes emerged from participants' experiences: Identity integration, regulation, and broadening of internal resources. The identity integration theme had 3 codes within: self-contact, self-acceptance, and the principle of universality. The regulation theme emerged from behavioral regulation and emotional regulation codes. And lastly, the broadening of internal resources theme included practicing the balance model and fostering hope capability codes. Table 2 presents themes, codes, participant involvement, and frequencies of this study's data. These results are explained in more detail and given examples below.

Table 2. Themes and Codes Representing Participants' Experiences After the Intervention

Main Theme	Codes	Participant Code
Identity integration	Self-contact	F1, F4, F5, F6, F7
	Self-acceptance	F1, F4, F5, F6
	The principle of universality	M1, F3, F5
Regulation	Behavioral regulation	F3, F4, F5, F6, F7
	Emotional regulation	M1, F1, F2, F7
Broadening of internal resources	Practicing the balance model	F1, F2, F4, F5, F6
	Fostering hope capability	M1, F1, F3, F6, F7

An important result of the analysis showed that there was no mention of symptoms of major depression, hopelessness, suicidal thoughts, or plans. None of the participants reported zero positive effects or ineffectiveness regarding the intervention. No participant reported receiving a psychiatric diagnosis, undergoing psychopharmacological treatment, or being in need of urgent therapeutic help. As seen in Table 1, half of the participants had previously had suicidal thoughts before the intervention. However, there was no indication of suicidal ideation or risk in this study's follow-up data. Furthermore, no participants reported worse mental health than before participating in the intervention, but all participants reported experiencing positive effects to some degree.

Identity Integration

All participants, except F2, mentioned an increase in awareness and new insights that contribute to their understanding of themselves, other people, and life. Participants experienced a better mental state and better coping in daily life after the intervention, with the help of these three psychological structures, which are coded as self-contact, self-acceptance, and the principle of universality. As can be seen in sample participant experiences reported below, self-contact, self-acceptance, and the principle of universality helped participants with their identity integration, and this enhancement increased positive emotions, motivation, resilience, and coping, while decreasing the tendency for depression.

1. Self-contact: Participants stated an increase in self-contact after the intervention. Self-contact appears in understanding one's cognitions, emotions, behaviors, perceptions, and expectations. Participant code F4 stated this change with the following statement. "*The program helped me understand myself and my feelings better. For the past 6 months, I have started to be aware of my feelings and behaviors much better than before."* F6 gave another example statement: "*For me, now it has become easier to make sense of things. I used to fight many uncertainties inside my head. This struggle affected my whole life. Sometimes it even stopped my daily life. I was stuck somewhere. But after group therapy, I began to understand both myself and others better.*" Another example was given by F1. "*The intervention helped me understand myself better. I learned what makes me happy and what I really need in life*". Based on these statements, this study's qualitative data showed that the intervention helped participants to get in contact with themselves. They started to better understand their thoughts, emotions, needs, and expectations of others. The statements with self-contact coding show that with the increase in self-contact, individuals had an easier time understanding their own personality and identity. Moreover, this improvement decreased previous depressive symptoms and increased their well-being.

2. Self-acceptance: Self-acceptance was another improvement reported by the participants. For example, "*This was my first time experiencing this kind of group. And I can honestly say I learnt a lot from this group. I couldn't participate much at the beginning. But I eventually made peace with myself and find myself following a routine* (F1).". The participant response highlights the positive factor of making peace with oneself, in other words, self-acceptance. She mentions managing her daily life through her new routine after improving her self-acceptance. Another example was made by F5. "(After the intervention), *I've started to accept myself a little more. I can't be friends with everyone. Or force myself to attend events and socialize. That's just who I am. I've started to think that I need to let things flow a little more.*" The participant commented on her previous self-critical thoughts and high expectations for being social. These rigid expectations were creating depressive feelings for her. However, she mentions becoming at peace with and accepting her introverted personality after the intervention. Her focus shifted from pushing herself to be an extrovert to being more present. These examples

show the importance of understanding and accepting one's own personality and not pushing oneself to be someone else. Self-acceptance may have helped participants to make peace with themselves and release judgmental expectations. Therefore, creating a safe zone within their own psyche and being able to focus on self-regulation towards their life.

3. The principle of universality: Some participants mentioned the principle of universality as a motivator for coping. For example, M1 explained this principle with this response: "*I joined* (the intervention) *because I was depressed. I was motivated by seeing that I wasn't the only one with problems and that everyone else was also trying to cope with some problems. When you see that others are also struggling with similar problems, it makes those problems seem more possible to overcome.* He highlighted common shared humanity awareness. He realized that he was not "a problematic one, but others were also struggling. This realization helped him feel more motivated toward solution seeking. Another participant, F3, stated a similar positive effect: "*During the group, sharing my feelings with others made me feel better. I realized that these (depressive) feelings are normal and part of life. And this made life more bearable for me.*" The principle of universality, which can also be defined as shared human experience, appeared as a positive factor in identity integration by understanding the nature of being human, imperfect but resourceful.

Regulation

The regulation theme emerged in two codes: behavioral regulation and emotional regulation. All participants stated that they have improved their self-regulation, whether emotional or behavioral, via the intervention and continued to employ these skills to cope with their adverse events and depressive emotions. It has been demonstrated that the intervention is effective in teaching participants behavioral and emotional regulation skills, which have been helpful to prevent relapses in depression and maintain wellbeing.

1. Behavioral regulation: The majority of the participants stated that they have increased their behavioral regulation to cope with conflicts, daily life problems, and negative emotions. For example, "*I'm less tired now. I can also recognize my priorities much better. Now, no matter how complicated things get, I organize my tasks based on my needs*.". F6's response reflects the increase in life energy and decrease in negative feelings after she started to regulate her behavior according to her personal needs. Another example was mentioned by F4. "(Now, after the intervention) *I plan my time. Prioritize my tasks. And I always make sure to take small steps forward (every day). These habits really help me feel balanced and well."* F5 also contributed to this code. "*I turned to the things I really enjoy doing when I want to get in touch with my inner self and relax. I tried to do them at least a little bit during the day. For example, I started making jewelry. I went for a drive. I listened to music, etc.*". Moreover, F7 also reflected on behavioral regulation in order to prevent depressive episodes. *"I make a list of the things I do well when I'm feeling bad or not good enough. This helps me feel better."*

2. Emotional regulation: Emotional regulation was another perceived improvement reported by the participants. The responses mention that the increased emotional regulation after the intervention was helpful in better coping with conflicts, problems, and negative/depressive emotions. For example, "*About six months after the intervention, I went through a very difficult situation. But I was surprised to see myself less affected by this experience than I would expect.*" With this response by F3, she shares that she had better emotional regulation in a case of a very adverse event and that she had better resilience. Another code of emotional regulation was mentioned by F1. "*Thanks to this group, I got myself a journal. And I'd started writing down all my feelings and thoughts in this journal. Although I don't keep it regularly, it really helps me cope with my negative emotions. When something upsets me, I don't feel helpless. I turn to my journal*". Another emotional regulation response was from F2. "*I try to stay calm and really listen to the other person* (during social conflict)". These examples show that after the intervention, the participants emotionally regulated themselves to cope with depressive or negative emotions, conflicts, and adverse experiences.

Broadening of Internal Resources

The final theme that emerged from the data was the broadening of internal resources. Within this theme, two core principles of PPT were reflected: the Balance Model and hope. Participants reported that expanding their internal resources fostered a sense of healing and contributed to reduced depressive symptoms. This improvement may also have contributed to participants' decrease in suicidality risk, greater balance, and enhanced inner peace at the end of the program and continued effect at the 6-month follow-up.

1. Practicing the balance model: The balance model was part of the main focus of the intervention. Results revealed that the participants reported improvements in their balanced energy distribution across four life dimensions (body, relationships, achievement, and spirituality/fantasy). For instance, "*During our sessions, I remember realizing that I wasn't paying attention to my spirituality. Now I can say I lead a more balanced life, both in material and spiritual ways. I'm more at peace with myself than I was before attending the sessions. I feel inner peace at the moment* (F1).". Another example was given by F4. "*This experience taught me how important it is to work on my balance in life. After sessions, I have begun to achieve more balance between working, resting, and socializing. I realized that taking time for myself is not a luxury, but a necessity. Now I aim to live a more balanced life, mentally and physically, without burning myself out.*". Another example was from F6. "*Before sessions, I was particularly unbalanced when it came to my sleep schedule and nutrition intake. I was neglecting myself. When my sleep and diet plans went off track, many other things in my life fell apart. That's why now, I am*

taking care of my sleep and diet". Moreover, a very clear relation between practicing the balance model and preventing depressive relapse was displayed in F7's statement. "*Of course, every day of life isn't stable. I wish it was. But when I have a really bad day, and my mood is off, I remember and practice the 4-dimensional balance model we learned in the program. And it really helps me to ground myself. In those negative moments, I ask myself, which area have I neglected that makes me feel this bad? I usually find the answer. This makes it easier for me to identify the source of my problem and bring myself back into balance. Everything doesn't have to be perfect. However, thanks to this model, I understand myself better, and I use ways to bounce back from negativity more consciously.".* Based on these results, the data describes the practicing balance model to be a very significant method to achieve inner balance, well-being, and prevent depression relapses.

2. Fostering hope capability: Several participants mentioned an increase in hope and optimism toward the future after the intervention. They have expressed a positive and hopeful attitude and resilience in the face of setbacks. For example, "*I used to be a cheerful person. But for a long time, I had lost that part of myself. I started to believe that my personality was moody, melancholic, and incompetent. My hopes for the future were fading one by one. And I found it increasingly difficult to find reasons to hold on to life. But then (in sessions), I remembered who I truly am. The hope within me started to re-blossom like flowers. And I realized that I am the one who could nurture my hopes. I am so happy to be blooming, flourishing once more*." F6's response indicates a tendency towards pessimism, self-defeating thoughts, depressive emotions, and increasing suicide risk before the intervention. However, she mentions significant improvements in her hope capability, self-understanding, motivation, and engagement with life after sessions. She reports feeling happy, optimistic, and self-confident after the intervention and follow-up period. Another similar expression was seen in F7's response: "*Before the program, I wasn't completely disconnected from life — my faith and family somehow kept me going. However, this connection was shaped mostly on depressive grounds. Through the group process, the quality of this bond has changed: now I feel connected to life from a place of greater hope, curiosity, and excitement. I can imagine myself at 30, 40, or even 50 years old. There is a gentle spark inside me about the good things I will do, and this spark gives me new energy for life. This sense of curiosity and excitement about the future may be one of the most precious gains I have taken from the process.*" And also, in M1's response: "*When I feel down, I remind myself that good things will happen*". According to participants, fostering hope capability was helpful in preventing depression and suicidality while also improving life-commitment and emotional coping.

Discussion

This study examined the 6-month follow-up experiences of young adults who participated in a group intervention based on positive psychotherapy for subthreshold depression. Upon investigating the qualitative data, it is seen that none of the participants reported symptoms of major depression or suicidal ideation. Yet, all participants reported an enhancement in their mental health, coping, engagement with life, and sense of connection with self and others to some degree. The data revealed three themes, each with its own set of codes. Identity integration theme with self-contact, self-acceptance, and the principle of universality codes. Regulation theme with behavioral and emotional regulation codes. Finally, broadening of the internal resources theme by practicing the balance model and fostering hope capability codes. The interplay among these three factors may support a stronger ego structure for better coping and regulation of depression and suicidal tendencies. Therefore, based on the participant feedback at this 6-month follow-up, the authors suggested a positive psychotherapy-based ego-strengthening model for depression prevention (Figure 1). This model may be employed in future studies as a guide model for depression intervention. The discussion below elaborates on the findings in light of existing psychodynamic development and mental health literature.

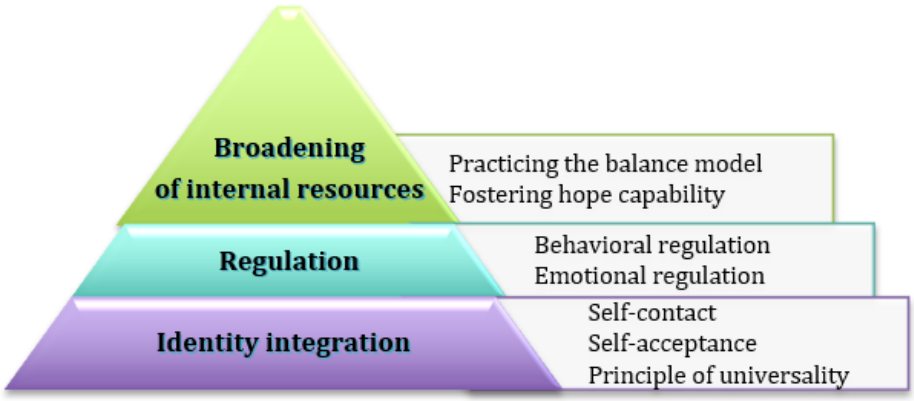

Figure 1. Positive Psychotherapy-based Ego Strengthening Model for Depression Prevention

Starting from identity regulation, psychoanalytic approaches explain depression and suicide ideation as a form of disconnection in self-perception caused by dissatisfaction; libido attacking itself to cope with the unwanted life conditions (Harding, 1981; Maltsberger, 2004; Sergeeva, 2025). Destructive libido may manifest as depression and halt daily life, or in more severe cases, individuals may begin to view their own bodies as the source of their problems and as

the enemy. Thus, the idea of eliminating the body may not be perceived as self-destruction, but rather as self-defense and a means of escape (Maltsberger, 2004). A recent qualitative study's findings support the libido's self-attack explanation, as individuals explained their suicide attempt to release the pressure they felt from responsibilities and problems that became too overwhelming (Şiraz et al., 2025). Also statements given after suicide attempts such as "I don't know how to explain" or "I was screaming 'enough' and things got out of hand" or "'You are crazy' was stuck in my mind and I though what I am doing (suicide attempt) was appropriate" (Şiraz et al., 2025), hints on the disconnection from self. Şar and Öztürk (2007) also highlight self-contact rehabilitation to intervene with dissociation, which is another self-defensive pathology that occurs to protect the ego from excessive trauma by splitting.

According to Henschke and Sedlmeier (2023), the process of self-love is initiated by self-contact and self-acceptance. Self-contact is an essential element to fully understand the psyche and is one of the main target outcomes for therapy (Tsimashenko, 2024). Self-contact occurs as an extension of contact capability, and it allows individuals to get in touch with their feelings, beliefs, behavior patterns, needs, and wants. Self-contact can help individuals acknowledge their strengths, vulnerabilities, and challenges. Furthermore, it can help with recognizing potential areas for personal growth and development (Tsimashenko, 2024).

Once self-contact is established, the next step toward identity integration is through self-acceptance. In cases of lack of self-acceptance, individuals may exhibit self-criticism and self-loathing towards their shortcomings and vulnerabilities. The constant hate and harsh criticism of oneself is frequently observed in depressed and suicidal individuals (Abraham et al., 2024; McIntyre et al., 2018; O'Neill et al., 2021). Therefore, self-acceptance is considered one of the key factors for mental well-being. In previous research, self-acceptance is described as embracing the full self rather than criticizing it (Bernard, 2013; Popov, 2019). The absence of self-acceptance may raise irrational self-related beliefs. These irrational and highly critical beliefs may decrease self-worth and create ego disturbance. This, in turn, may manifest as depression symptoms (Ellis & Dryden, 2007). Many therapeutic approaches aim to improve self-acceptance for better mental well-being, including CBT (Popov, 2019), self-determination theory (Vonk, 2013), and PPT (Eryılmaz, 2020). This study's results align with the existing literature and suggest that self-contact and self-acceptance are important aspects of the therapeutic process when working with depression symptoms in clients. In the intervention previously conducted with this study's participants, 5 stages of PPT have been followed throughout the sessions. These stages start from observation and move toward verbalization, hence encouraging clients to get in self-contact (N. Peseschkian, 1990). Parallel with literature, our findings show the possible benefits of self-contact and self-acceptance in depression prevention.

Last and third code in the context of identity integration was the principle of universality. Universality represents the acknowledgment of shared human experience and similar struggles. This understanding of shared experiences helps individuals to feel connected with others through their stories. Moreover, this cognitive awareness of "I am not alone" helps individuals with their feelings of loneliness and incompetence (Fessler, 1999). Moreover, it helps identity integration through self-compassion and motivation for an optimistic future (Neff, 2011). Similarly, some participants in our data described the relief they felt at realizing they weren't the only ones struggling. This realization helped them with the motivation to persevere and fight on. Therefore, the principle of universality may help clients to accept "the struggling self" and enhance their identity integration, maybe even transcend into a better psychospiritual self-perception (Lomas, 2015). Which, in turn, may decrease feelings of incompetence and motivate solution seeking.

The second theme that emerged from this study's data was regulation, with accompanying codes of behavioral and emotional regulation. In cases where clients lack self-regulation (behavioral and emotional), they may encounter intense negative emotions and face difficulties in identifying alternative methods of coping with stressors (Strauman, 2002). Lack of self-regulation is often associated with a variety of pathological symptoms, including depression and suicidal ideation (Compare et al., 2014; Kraaij & Garnefski, 2019). Moreover, emotional regulation is found to be a significant predictor of relapses in treated depression patients (Li et al., 2015; Visted et al., 2018). Therefore, the relapse of depressive symptoms is highly possible in the absence of regulation skills. In this regard, one of the main focuses in the intervention was (5) strengthening positive coping skills and (7) developing a safety plan for future depressive episodes. In this study's follow-up data, all participants reported better emotional and behavioral regulation. Moreover, the participants mentioned they employed emotional and behavioral regulation skills when facing adversity. These regulation skills may be one of the effective factors in depression prevention and lack of depression relapses reported in the data.

The final theme of the broadening of internal resources includes the practice of the Balance Model and the fostering of hope capability codes. Balance and hope are essential therapeutic principles in Positive Psychotherapy (PPT) regarding clients' coping with internal and external conflicts (Eryılmaz, 2017; N. Peseschkian, 1990). These concepts were repeatedly emphasized throughout the intervention sessions. The Balance Model highlights the importance of maintaining equilibrium across four fundamental life domains (body, achievement, relationships, and fantasy/spirituality), which is considered essential for mental health and resilience within the PPT framework (Christ & Raisch, 2022; N. Peseschkian, 1997).

As a psychodynamic approach, PPT emphasizes the balanced distribution of life energy (analogous to libido, energy of Eros in psychoanalytic theory). Excessive focus on one domain often leads to deficits in others, which can cause

pathological symptoms (H. Peseschkian, 2023). Previous studies have shown that individuals with major depression (Eryılmaz, 2016) and suicidal ideation (Bırni & Eryılmaz, 2022) tend to overemphasize the body and fantasy domains, attempting to resolve their conflicts through physical or imaginative means. This imbalance, in turn, can lead to neglect of the relationship and achievement domains, resulting in diminished meaningful connections and reduced feelings of self-efficacy and confidence (Bırni & Eryılmaz, 2022). As mentioned above, psychoanalytic approaches also emphasize unhealthy coping attempts through the body in depression and suicide ideation (Harding, 1981; Maltsberger, 2004; Sergeeva, 2025). The benefits of practicing the balance model were frequently mentioned by this study's participants. The responses show that the balance model was well-being-enhanced when applied in positive affect situations, and it was also a healing and preventive factor against relapses of depressive episodes when experiencing negative affect circumstances. These results provide some evidence for the psychodynamic therapeutic explanations for depression mentioned above.

Lastly, the last code of this study was the fostering hope capability, under the broadening of internal resources theme. Hope is always activated during the therapeutic process in PPT, regardless of the variety of symptoms or problems. The hope principle was also followed in the intervention. Previous studies reported strong relations between hope, resilience, depression, and suicidal ideation (Leite et al., 2019; Pharris et al., 2023). Moreover, hope was found as a buffering factor against suicidality (Ropaj, 2023). According to Snyder's (2002) hope theory, hope is not blind faith for good fortune and luck, but it is an active process of setting goals, being optimistic, and taking action towards the desired future. Hope is not about emotional endurance to situations, but it is goal-oriented execution (Snyder, 2002). This goal-oriented approach based on hope theory was employed in the intervention to activate and foster hope capability. The results show that participants developed an optimistic outlook toward the future; moreover, they also set goals for tomorrow to achieve. This healthy understanding of hope may have helped participants to preserve their well-being and prevent relapse of depressive emotions.

Although research on long-term follow-up experiences of young adults after a therapeutic intervention targeting depression prevention is highly limited in the literature, there is some research conducted in different age groups. A meta-analysis shows that psychosocial interventions have a small but significant effect in decreasing depression among adolescents, and they are most effective when conducted by a trained mental health professional (Duagi et al., 2024). Tsubaki et al.'s qualitative follow-up study among adults with chronic pain after CBT intervention highlights autonomy and self-understanding codes, which are consistent with this study's self-integration theme. Another long-term effect analysis of a group intervention among adolescents with depression highlights improvements in self-esteem, improved health behavior, faith in the future, and commitment to daily life (Reinodt et al., 2022). These results could be parallel with this study's self-integration, regulation, and broadening of internal resources themes. Hence, although the gap in young adult depression prevention interventions and their follow-up studies is clear, studies conducted with other therapy approaches and samples exhibit supporting results. An interesting result is reported in a 4-year follow-up study after individual sessions of CBT; clients who perceived the sessions as a learning and treatment tool were later able to use the CBT skills they learned during the sessions. However, clients who saw sessions as a way of talking about their problems did not use CBT skills when experiencing depressive symptoms (French et al., 2017). Therefore, it is valuable to notice that factors such as meaning assignment, intervention conductor, self-related factors, active investment, and voluntary participation may affect individuals' therapy outcomes. These factors may also be considered when interpreting this study's results. The variances of different themes and codes, and response richness among participants, may be affected by some of the factors mentioned above.

Conclusion

In conclusion, this study explored a qualitative data set collected after 6 months following the finish of a 15-week positive psychotherapy-based intervention, which was especially tailored for major depression and suicide prevention in young adults with subthreshold depression. The results showed that none of the participants developed major depression in the half-year period following the intervention. None of the participants reported suicidal thoughts (which half of them previously had). On the contrary, all participants reported better self-regulation skills and broadened internal sources. Almost all participants reported improved identity integration, that they have increased their self-contact and self-acceptance. Based on these results, the intervention appears to have contributed to a decrease in depression and suicidal thoughts among this particular group of young adults with subthreshold depression. Moreover, participants reported sustained improvements in their mental health even in the face of adversity. These results are from an initial experimental study testing the efficiency of the intervention on depression prevention. More research is necessary to fully discover its full potential and credibility.

Recommendations

This study's qualitative findings indicate that Positive Psychotherapy is effective in reducing depression in individuals experiencing subthreshold depression. Participants in the experimental study reported activating their own healing processes using various regulatory skills and making contact with themselves. In this respect, it is quite interesting that the intervention reveals a relationship between Positive Psychotherapy and depression. Further research is needed to more strongly evaluate the gains reported by the participants. At this point, retesting the experimental design of this

study with different measurement tools in different groups of people with depression problems could reveal more information and findings about the quality of the study. Furthermore, conducting similar studies on different samples could also explain the effect of Positive Psychotherapy on individuals at different developmental stages.

Limitations

In research, sample size is important. This study primarily included women with higher education. Secondly, the study collected data based on self-reports rather than observer opinions. Thirdly, participants were aware that they were involved in an intervention within the scope of the applicant's dissertation work. Fourthly, the fact that one of the authors was the intervention leader could potentially create confusion regarding the roles of researcher and conducting the psychotherapy process. Stronger studies that address these limitations could be conducted in the future.

Ethics Statements

The authors received approval from the Yildiz Technical University Ethical Board prior to data collection (Report Number: 20221101676). The Helsinki Declaration was followed when conducting the study.

Acknowledgements

The authors congratulate the participants on their very successful healing journey, acknowledge their personal strength and growth, and express best wishes on future endeavors.

Conflict of Interest

The authors report there are no competing interests to declare.

Funding

This study is based on the dissertation study of the corresponding author. The corresponding author received a grant, funded by the World Association for Positive and Transcultural Psychotherapy (WAPP, Wiesbaden, Germany) under the Dissertation Grant protocol which aims to support early-career researchers.

Generative AI Statement

Authors declare use of DeepL website for grammar check only.

Authorship Contribution Statement

Bırni: Conceptualization, design, data analysis/interpretation, writing. Eryılmaz: Data analysis/interpretation, reviewing, supervision.

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