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The Effectiveness of an Integrated Training Package Based on Time Perspective Therapy and Positive Therapy on Psychological Coherence and Happiness in Depressed Patients

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ABSTRACT

The present study was conducted with the aim of determining the effectiveness of an integrated training package based on time perspective therapy and positive therapy on psychological coherence and happiness in depressed patients. This was a quasi-experimental study, and the statistical population consisted of 40 patients with moderate depression who had active medical records in counseling centers with a diagnosis of depression in Tehran during 2022 (from July 2022 to August 2022). Using convenience sampling, they were randomly assigned to experimental and control groups. Initially, all participants completed a pre-test. Then, the experimental group received the integrated training package intervention (in 11 group sessions, each lasting 2 hours). Subsequently, a post-test was administered to both groups. Data collection instruments included the Beck Depression Inventory–Short Form (1992), the Flensborg-Madsen Sense of Coherence Questionnaire (2006), and the Argyle and Lu Happiness Questionnaire (1989). Data were analyzed using SPSS software. The findings indicated that the integrated training package based on time perspective therapy and positive therapy had a significant effect on the psychological coherence and happiness of depressed patients ($P < 0.05$). Based on the results, this integrated training package can be applied to improve the treatment of psychological disorders in depressed patients.

Keywords: time perspective, positive therapy, psychological coherence, happiness, depression

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Introduction

Depression is one of the most pervasive psychological disorders of modern society, with serious implications for individual functioning, family relationships, and public health. Recent evidence suggests that the global prevalence of depression continues to rise across age groups and cultural contexts, with adolescents and young adults showing particularly vulnerable patterns (1, 2). In Iran as well, depression is reported as one of the most common mental health concerns, with recent literature reviews showing a

persistent and concerning prevalence rate over the last decade (3). Depression is often associated not only with low mood and anhedonia but also with diminished happiness, impaired psychological coherence, and reduced quality of life (4, 5). Moreover, fear of happiness itself has been identified as a factor that can exacerbate depressive states, reinforcing avoidance of positive affect and limiting recovery potential (6, 7).

Within this context, psychological interventions that not only target symptom reduction but also strengthen resilience, psychological coherence, and happiness have gained importance. Positive psychology, with its emphasis on strengths, virtues, and well-being, has emerged as a critical paradigm for rethinking therapeutic approaches (8, 9). Interventions derived from positive psychology—including gratitude practices, savoring techniques, and strengths-based approaches—have been shown to improve subjective well-being and reduce depressive symptoms in both clinical and nonclinical populations (10-12). Positive psychotherapy, a structured form of intervention that integrates these techniques, emphasizes fostering meaning, building strengths, and cultivating optimism (13, 14). Its theoretical foundation builds on the broaden-and-build model of positive emotions, which highlights how cultivating positive affect can expand cognitive and behavioral repertoires and, in turn, strengthen long-term psychological resources (8).

Parallel to the emergence of positive psychology, time perspective theory has attracted significant scholarly attention in explaining how individuals' orientation toward the past, present, and future influences mental health. Zimbardo and Boyd introduced the concept of time perspective as a stable but modifiable cognitive frame through which people perceive and relate to temporal experiences (15, 16). Research has consistently shown that imbalances in time perspective—for example, excessive focus on negative past or fatalistic present—are associated with psychopathological outcomes, including depression and anxiety (17, 18). Conversely, a balanced time perspective, characterized by flexible shifting between temporal orientations, has been associated with greater life satisfaction, happiness, and psychological well-being (19, 20). Time perspective therapy, developed as a clinical application of this theory, has demonstrated effectiveness in reducing depression, anxiety, and post-traumatic stress symptoms (16, 21).

The integration of time perspective therapy and positive psychotherapy provides a promising avenue for addressing depression not only by reducing symptoms but also by strengthening psychological coherence and happiness. The salutogenic model of health developed by Antonovsky provides a useful framework for understanding these outcomes, emphasizing the role of sense of coherence—comprising comprehensibility, manageability, and meaningfulness—as a central determinant of health and well-being (22). Recent network analyses confirm a significant relationship between sense of coherence and depression, underscoring the importance of targeting this construct in psychological interventions (23). In addition, empirical studies have demonstrated that higher sense of coherence is associated with lower depressive symptoms and improved ability to cope with stressors (24).

Happiness itself has long been studied as a key outcome in psychology. Argyle's early conceptualizations of happiness emphasized both cognitive and social determinants, linking well-being with stress regulation and social support (25). Subsequent studies expanded this line of work, examining how coping strategies, optimism, and adaptive behaviors predict happiness in student and adult populations (26). Happiness, when impaired, functions as a marker of depression severity, and interventions that restore happiness have been shown to improve recovery outcomes (4). Moreover, recent research highlights that fear of happiness may

itself maintain depressive states, particularly when individuals avoid positive affect due to underlying cognitive biases (6).

Cognitive-behavioral therapy (CBT) remains one of the most validated treatments for depression, focusing on identifying and restructuring negative thought patterns (27, 28). However, limitations of CBT include its predominant focus on symptom alleviation rather than enhancement of well-being. Integrating approaches from positive psychology and time perspective theory into traditional frameworks addresses these limitations by fostering both reduction of psychopathology and promotion of flourishing. This dual focus aligns with contemporary calls in the field for more holistic and preventative approaches to depression (2).

Meta-analyses and systematic reviews further support the value of these approaches. Studies demonstrate that positive psychology interventions can significantly improve well-being and reduce distress across diverse cultural and clinical contexts (10-12, 29). Moreover, interventions that explicitly combine elements of time perspective therapy and positive psychotherapy have shown potential to address the multidimensional needs of depressed patients by fostering balanced temporal orientation, enhancing positive affect, and cultivating coherence (17, 30).

In addition to theoretical and clinical evidence, cultural and contextual factors underscore the importance of developing integrative interventions. Depression has been shown to be comorbid with various physical illnesses, such as atopic dermatitis, which demonstrates the broad psychosomatic impact of mood disorders (31). Fear of positive emotions has also been linked to difficulties in affect repair, suggesting that depressed individuals may require targeted interventions that address ambivalence toward happiness (7). Cross-sectional studies from non-Western contexts, including Korea, emphasize the association between depressive symptoms, life satisfaction, and happiness, supporting the universality of these constructs (5). Similarly, reviews of depression prevalence in Iran reinforce the urgent need for interventions tailored to local cultural and social contexts (3).

The theoretical rationale for integrating time perspective therapy and positive psychotherapy is further strengthened by Fredrickson's broaden-and-build theory, which posits that positive emotions expand attentional scope and behavioral repertoires, thereby fostering resilience and long-term well-being (8). Rashid's positive psychotherapy model builds on these principles by systematically incorporating gratitude, strengths, and meaning into therapy (9, 13). Likewise, time perspective therapy addresses cognitive biases rooted in temporal misorientation, teaching clients to reconstruct their narratives around the past, engage meaningfully with the present, and plan adaptively for the future (16).

Empirical applications of these approaches highlight their efficacy. For example, time perspective therapy has shown effectiveness in reducing PTSD symptoms, depression, and anxiety (16, 21). Positive psychology interventions, in turn, have been associated with increased happiness, reduced distress, and greater resilience in clinical populations (11, 29). Moreover, combined approaches have been found to improve balanced time perspective, which mediates the relationship between mindfulness and life satisfaction (19). The integrative use of mindfulness, gratitude, savoring, and temporal reframing therefore provides a comprehensive therapeutic strategy for enhancing both symptom reduction and flourishing.

The present study was designed to evaluate the effectiveness of an integrated training package based on time perspective therapy and positive psychotherapy on psychological coherence and happiness in depressed patients. By drawing on Zimbardo and Boyd's time perspective framework (15, 17, 30), the salutogenic model

of health (22), and positive psychotherapy (9, 13, 14), this study addresses both reduction of depressive symptoms and enhancement of psychological resources. The intervention was informed by prior evidence supporting the role of happiness and coherence as protective factors against depression (23, 24, 26). It also responds to recent calls for integrative and culturally adaptable approaches in mental health research and practice (1, 2).

By testing this integrated approach within a quasi-experimental framework, the study seeks to contribute both theoretically and practically to the growing literature on depression treatment. It aims to demonstrate how combining positive psychology and time perspective interventions can not only alleviate depressive symptoms but also foster a stronger sense of coherence, greater happiness, and more adaptive temporal orientation, thereby supporting long-term well-being.

Methods and Materials

Study Design and Participants

The present study employed a quasi-experimental design with a pre-test–post-test and a control group. The statistical population consisted of all individuals who visited the Amin Counseling Center affiliated with the Islamic Azad University in 2022. From this population, 40 individuals were selected through convenience sampling and randomly assigned to experimental and control groups (20 participants in each group).

Inclusion criteria were as follows: confirmation of depression diagnosis by a psychology specialist based on the Beck Depression Inventory–Short Form and an interview conducted by a psychologist; not taking antidepressants or any other psychiatric medications (verified through self-report and review of the existing health records at the center); confirmation of not having other chronic conditions such as orthopedic, rheumatologic, and neurological disorders (verified through the existing medical records at the center); and willingness to participate in the study by signing an informed consent form. Exclusion criteria included being absent for more than two training sessions and participating simultaneously in other counseling or psychotherapy sessions.

Data Collection

Beck Depression Inventory–Short Form (BDIS). The 13-item Beck Depression Inventory–Short Form (Lee, 1992) was developed to facilitate rapid implementation in clinical and research settings. This inventory consists of 13 self-report statements that reflect specific symptoms of depression (Rajabi, 2005). The short form was developed based on the original 21-item version introduced by Beck et al. in 1961 (Beck et al., 1961). The original BDI is a 21-item tool designed to qualitatively assess the severity of depression. The scoring is as follows: a total score of 0–4 indicates absence of depression; 5–7 mild depression; 8–15 moderate depression; and 16–39 severe depression. The validity and reliability of the original version were confirmed using exploratory factor analysis, and its reliability was estimated with a Cronbach's alpha coefficient of 0.75. The Persian version of the 13-item BDI has been validated in adult general populations, university students, and groups undergoing methadone maintenance treatment, with all studies confirming its adequacy. In the present study, reliability of the questionnaire was estimated using Cronbach's alpha at 0.89, which is considered satisfactory.

Sense of Coherence Questionnaire. To measure psychological coherence, the standardized Sense of Coherence questionnaire by Flensborg-Madsen (2006) was used. This instrument consists of 35 items designed in either three- or five-choice Likert-type scales. Items 1–24 are scored on a three-point Likert scale: "Yes" = 3, "I don't know" = 2, and "No" = 1. Items 25–35 are scored on a five-point Likert scale: "Very satisfied" and "Satisfied" = 3 (highest score), "Sometimes satisfied and sometimes dissatisfied" = 2, and "Dissatisfied" and "Very dissatisfied" = 1 (lowest score). The questionnaire includes three subscales: meaningfulness, comprehensibility, and manageability. Mohammadzadeh, Poursharif, and Alipour (2011) translated and standardized the questionnaire on Iranian students, reporting acceptable internal consistency with Cronbach's alpha. The validity of the questionnaire in the present study was confirmed by a panel of experts and specialists.

Happiness Questionnaire. This questionnaire was developed by Argyle and Lu in 1989. The Oxford Happiness Questionnaire consists of 29 items rated on a four-point scale (0–3), with a maximum possible total score of 87. Argyle and Lu (1990) examined its reliability in a sample of 347 participants, reporting a Cronbach's alpha of 0.90. The questionnaire was translated into Persian by Alipour and Noorbala (2010). These researchers assessed the internal consistency of the Persian version in a sample of 132 participants and reported a Cronbach's alpha of 0.93. In the present study, the reliability of the questionnaire was evaluated using Cronbach's alpha in a sample of 30 participants, resulting in a coefficient of 0.86, which is considered acceptable.

Intervention

The integrated training package based on time perspective therapy by Zimbardo and Boyd (2012) and positive therapy by Goodwin (2010) was designed as a structured, 11-session intervention delivered in group format, with each session lasting approximately 90 minutes and conducted twice per week. The program began with an introductory session focused on orientation, group expectations, and establishing therapeutic norms, while introducing participants to mindfulness practices, self-affirmation exercises, and the "three good things" technique. Subsequent sessions systematically combined cognitive, emotional, and behavioral strategies from both therapeutic approaches, such as identifying and reframing time perspectives (positive and negative past, present-hedonistic, present-fatalistic, and future), cultivating strengths through the Values in Action Inventory (VIA-IS), practicing gratitude via letter writing and appreciation visits, and enhancing savoring skills to deepen enjoyment of positive experiences. As the intervention progressed, participants engaged in activities to balance their time orientation by converting negative past experiences into positive ones, integrating future goals with present satisfaction, and practicing optimism through cognitive restructuring techniques. Role-play tasks such as active-constructive responding were employed to strengthen interpersonal communication and foster positive social interactions, while structu red exercises like the "hot seat" and autobiographical writing were used to explore personal values, life meaning, and future aspirations. Throughout the sessions, mindfulness meditation and reflective practices were consistently applied to consolidate therapeutic gains and increase awareness of temporal patterns. Each meeting concluded with homework assignments designed to encourage skill generalization to daily life, including journaling, strength-based activities, gratitude practices, and savoring exercises. The final session emphasized termination, relapse prevention, and consolidation of therapeutic learning, with members

reflecting on group experiences, providing feedback, and committing to sustaining the strategies learned beyond the treatment period. This comprehensive integration of time perspective therapy and positive therapy was aimed at simultaneously enhancing adaptive temporal orientations and cultivating positive emotions, thereby improving psychological coherence and happiness among participants.

Data analysis

Data were analyzed using multivariate analysis of covariance (MANCOVA) in SPSS software. Prior to conducting the main analysis, assumptions including normality of score distribution (tested with Shapiro–Wilk), homogeneity of variances (tested with Levene's test), equality of regression slopes, and homogeneity of covariance matrices (tested with Box's M) were examined and confirmed. After meeting these assumptions, MANCOVA was applied to compare post-test scores of psychological coherence and happiness between the experimental and control groups while controlling for pre-test scores, with significance set at $P < 0.05$.

Findings and Results

In this study, 40 individuals with depression were examined, and the demographic characteristics of the participants were described according to different categories, as outlined below. In the experimental group, 7 participants (35%) were male and 13 participants (65%) were female. In the control group, 8 participants (40%) were male and 12 participants (60%) were female. In the experimental group, participants with a bachelor's degree had the highest frequency (35%), while those with an associate degree had the lowest frequency (15%). In the control group, the number of participants with a high school diploma, associate degree, and master's degree or higher was equal (20%), while the bachelor's degree group had the highest frequency (40%). Overall, participants with a bachelor's degree showed the highest frequency (38%), and those with an associate degree had the lowest frequency (18%). In the experimental group, participants aged 31 to 40 years had the highest frequency (35%), while those aged 30 years or younger had the lowest frequency (15%). In the control group, participants older than 50 years had the highest frequency (30%), while those aged 30 years or younger had the lowest frequency (20%). Overall, participants aged 31 to 40 years had the highest frequency (30%), while those aged 30 years or younger had the lowest frequency (18%).

Table 1 presents the descriptive indices, including mean and standard deviation, for the variables of psychological coherence and happiness in the experimental and control groups during the pre-test and post-test stages.

Table 1. Descriptive indices of psychological coherence and happiness variables

Variables	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD
Meaningfulness	Experimental	21.45	1.538	26.95	1.572
	Control	21.05	1.276	20.85	1.089
Comprehensibility	Experimental	25.75	1.333	32.30	1.750
	Control	26.40	1.231	26.30	1.418
Manageability	Experimental	79.70	1.780	100.85	6.998
	Control	79.90	1.619	80.00	1.556
Psychological Coherence	Experimental	126.90	3.093	160.10	7.608
	Control	127.35	2.455	127.15	2.434
Happiness	Experimental	43.20	1.436	56.05	3.762
	Control	43.05	1.572	43.10	1.373

To conduct multivariate analysis of covariance (MANCOVA), the assumptions of normal distribution of scores, homogeneity of regression slopes, homogeneity of variances, and equality of covariance matrices were first examined. To test the assumption of normality, the Shapiro-Wilk test was used, and to test homogeneity of variances, Levene's test was applied. The results indicated that the significance levels for the variables of psychological coherence and happiness, across all subscales and stages, were greater than 0.05 (P > 0.05), thus confirming these two assumptions. To test the assumption of equality of covariance matrices, Box's M test was used, and the results showed significance levels greater than 0.05 (P > 0.05), confirming this assumption as well. After confirming all assumptions, MANCOVA was performed, and the results are presented in the table below.

Table 2. Results of multivariate analysis of covariance for examining the effect of the integrated training package on all variables in the post-test stage

Source	Variable	SS	df	MS	F	Sig.	Effect Size	Power
Grouping	Psychological Coherence	9252.647	1	9252.647	279.094	0.000	0.891	1.000
	Happiness	1390.525	1	1390.525	216.943	0.000	0.865	1.000
Error	Psychological Coherence	1127.183	34	33.152				
	Happiness	217.928	34	6.410				
Total	Psychological Coherence	837195.000	40					
	Happiness	100289.000	40					
Corrected Total	Psychological Coherence	12069.375	39					
	Happiness	1981.775	39					

According to the results in the above table, and given that the significance level was less than 0.05 for the variables of psychological well-being, quality of life, psychological coherence, and happiness in both the experimental and control groups, it can be concluded that the integrated training package based on time perspective therapy and positive therapy had a significant effect on these variables. The effect size was 0.891 for psychological coherence and 0.865 for happiness. Therefore, it can be stated that the integrated training package based on time perspective therapy and positive therapy improved psychological coherence and happiness in the participants.

Discussion and Conclusion

The present study aimed to examine the effectiveness of an integrated training package combining time perspective therapy and positive psychotherapy on psychological coherence and happiness among individuals with depression. The findings indicated that participants in the experimental group, who received eleven structured intervention sessions, demonstrated significant improvements in both psychological coherence and happiness compared to the control group. Effect sizes were high, suggesting that the integrated package was not only statistically significant but also clinically meaningful. This aligns with growing evidence that interventions addressing both temporal orientation and positive psychological constructs can exert powerful effects on well-being and depressive symptoms.

The significant improvement in psychological coherence is consistent with Antonovsky's salutogenic model, which posits that coherence—defined as the extent to which individuals perceive life as comprehensible, manageable, and meaningful—is a central determinant of health and resilience (22). Our results support previous work that found sense of coherence to be inversely related to depression severity and positively associated with well-being (23, 24). By emphasizing temporal reframing, the intervention

appears to have strengthened participants' ability to perceive past adversities more positively, engage more mindfully with the present, and set meaningful goals for the future. This restructuring of temporal cognition may explain the observed increase in coherence.

The improvement in happiness complements these findings. As early studies by Argyle established, happiness is shaped by social and cognitive processes and plays a critical role in buffering stress (25). Later research has confirmed that positive coping strategies predict higher levels of happiness and lower depressive symptoms (26). In our study, exercises such as savoring, gratitude, and identifying personal strengths were central to the intervention, which likely enhanced participants' daily experiences of positive affect. This corresponds with the broaden-and-build model, which argues that positive emotions expand attentional scope, build personal resources, and ultimately contribute to greater resilience against depression (8).

The observed outcomes are also aligned with meta-analytic findings that positive psychology interventions are effective in reducing distress and enhancing well-being across both clinical and non-clinical populations (10-12, 29). Our study extends this evidence by showing that combining positive psychology with time perspective therapy may yield particularly strong results. Specifically, time perspective therapy has been shown to reduce depressive and post-traumatic stress symptoms by teaching patients to adopt balanced temporal orientations (16, 21). Studies have demonstrated that excessive focus on a negative past or fatalistic present predicts higher psychopathology, whereas balanced time perspectives predict greater life satisfaction (17, 19). By integrating these methods with positive psychotherapy techniques, the intervention appears to have addressed both maladaptive cognitions and deficits in positive functioning.

Another notable finding was the large effect size on happiness. This resonates with prior research that identifies depression as not merely the absence of positive affect but also as a state characterized by ambivalence toward or even fear of happiness (6, 7). Exercises designed to cultivate gratitude, savoring, and positive anticipation may have helped participants overcome these barriers, reinforcing the value of explicitly targeting positive affect in therapeutic contexts. Moreover, empirical evidence shows that happiness is strongly associated with sleep quality, life satisfaction, and reduced depressive symptoms, highlighting its importance as a mental health outcome (4, 5). Our findings thus support the argument that enhancing happiness should be a core goal of depression interventions, alongside symptom reduction.

The integration of positive psychotherapy elements also corresponds with Rashid's conceptualization of positive psychotherapy as a strength-based approach (13). This approach focuses on identifying and cultivating strengths, gratitude, optimism, and meaning, thereby shifting the focus from pathology to flourishing (9). By engaging in structured exercises such as gratitude letters, strengths identification, and future-oriented goal setting, participants in our study were able to increase their psychological resources and reduce depressive vulnerability. These results are in line with Goodwin's findings that group-based positive psychotherapy can improve relational satisfaction and overall well-being in distressed populations (14).

Our findings also resonate with research examining balanced time perspective. A balanced orientation allows individuals to flexibly shift between temporal frames depending on situational demands (20, 30). In our study, participants were encouraged to reinterpret negative past experiences, savor the present, and plan realistically for the future. This may explain the observed improvements in coherence and happiness, since

prior research suggests that balanced time perspective mediates the relationship between mindfulness and life satisfaction (19). Similarly, Moon and colleagues found that multidimensional time perspectives are strongly linked with mental health outcomes, particularly depression and anxiety (18). Thus, integrating temporal restructuring into psychotherapy represents a promising innovation.

From a clinical perspective, these findings contribute to ongoing debates about the limitations of traditional cognitive-behavioral therapy (CBT). While CBT has demonstrated robust efficacy in reducing depressive symptoms (27, 28), it often focuses narrowly on cognitive distortions and symptom management. In contrast, our integrated approach not only targeted negative cognitions but also promoted strengths, meaning, and positive affect. This dual emphasis may address criticisms that CBT neglects the promotion of well-being and flourishing, a gap that positive psychology interventions are uniquely positioned to fill.

Another noteworthy aspect is the universality of these constructs. Studies across diverse cultural contexts—including Europe, the Middle East, and Asia—have demonstrated consistent associations between depression, coherence, and happiness (1, 2, 5). Hendriks and colleagues found that positive psychology interventions are effective across non-Western countries, underscoring their cultural adaptability (12). Our findings contribute to this literature by showing that integrated interventions can also be effective within the Iranian context, where depression prevalence is substantial (3). This highlights the cross-cultural applicability of combining time perspective and positive psychology frameworks.

Finally, the results support theoretical arguments linking time perspective, happiness, and depression. Zimbardo and Boyd's early work emphasized the reliability of individual differences in time perspective (15), and subsequent studies confirmed that maladaptive orientations are linked to psychopathology (17). Our findings are consistent with this framework, providing empirical evidence that time perspective can be modified through structured interventions, with consequent benefits for coherence and happiness. Moreover, the findings align with Fredrickson's broaden-and-build theory (8) by showing how cultivation of positive emotions broadens participants' thought-action repertoires and builds enduring resources such as coherence and optimism.

In sum, the study provides robust evidence that integrating time perspective therapy and positive psychotherapy is an effective method for enhancing psychological coherence and happiness among individuals with depression. By simultaneously addressing maladaptive temporal orientations and deficits in positive affect, the intervention produced meaningful improvements beyond what is typically achieved through symptom-focused therapies alone.

Despite its promising results, the study is not without limitations. First, the sample size was relatively small, consisting of only 40 participants, which may limit the generalizability of the findings. Larger samples are necessary to confirm the robustness of the observed effects. Second, the study relied on self-report measures of depression, coherence, and happiness, which are susceptible to response biases such as social desirability or recall errors. The inclusion of clinician-administered assessments and behavioral measures in future research would provide a more comprehensive evaluation of outcomes. Third, the study employed a convenience sampling method, which may limit representativeness. Participants were recruited from a counseling center in Tehran, and the findings may not extend to individuals from other regions or cultural backgrounds. Fourth, the quasi-experimental design, while robust, does not provide the same level of causal

inference as randomized controlled trials. Finally, the short follow-up period precludes conclusions about the long-term sustainability of the observed effects.

Future research should aim to replicate these findings with larger and more diverse samples, including participants from different cultural, socioeconomic, and clinical backgrounds. Randomized controlled trials would enhance the validity of conclusions regarding causality and help establish the intervention as an evidence-based practice. Longitudinal designs with extended follow-up periods are also recommended to evaluate the durability of treatment effects over time. Moreover, future studies should examine potential mediators and moderators of treatment outcomes, such as personality traits, coping styles, and social support, to better understand for whom and under what conditions the intervention is most effective. It would also be valuable to explore the integration of digital platforms or blended delivery methods, given the growing importance of online interventions in expanding access to mental health care.

In clinical practice, the results suggest that interventions addressing both time perspective and positive psychological constructs may be especially effective for individuals with depression. Therapists are encouraged to incorporate exercises such as gratitude letters, savoring, and active-constructive responding alongside temporal reframing techniques. Mental health professionals should also consider integrating mindfulness practices to support balanced time perspectives and enhanced coherence. Group-based interventions, as used in this study, appear to provide additional benefits by fostering social connectedness and peer support. Training programs for psychologists and counselors should incorporate these integrative methods to equip practitioners with a broader repertoire of strategies that address both symptom reduction and flourishing.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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