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Systematic Review



Thinking Positively After Being Raped: Hints for Therapists Dealing with the Psychosocial Recovery of Rape Survivors

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Abstract

Context: Rape continues to be a widespread global problem, inflicting significant psychological and social damage on survivors. Traditional psychotherapies for individuals who have experienced rape primarily focus on addressing the negative psychological effects and consequences of such traumatic experiences. Positive therapy, in contrast, takes a unique approach by focusing on improving clients' overall quality of life rather than just fixing their shortcomings. Significantly, the current body of literature on positive therapy does not provide explicit instructions for therapists or counselors who are assisting rape survivors.

Objectives: The present study aimed to fill the existing knowledge gap by providing practical recommendations for therapists and counselors who work with rape survivors.

Methods: The recommendations presented in this paper are based on a thorough literature review and the authors' clinical expertise.

Results: The paper delineates ten strategies conducive to the psychological recovery of rape survivors. These propositions involve strengthening clients' belief in their ability to overcome challenges, highlighting positive emotions, facilitating the release of negative emotions, prioritizing the expression of emotions rather than denying or suppressing them, developing strong therapeutic and interpersonal relationships, managing clients' daily routines, redirecting problems towards attainable solutions, emphasizing the development of new strengths after a traumatic event, promoting self-acceptance and incorporating discussions on religious and spiritual beliefs.

Conclusions: This study is a pioneering contribution to positive psychology, providing insights into constructive ways of thinking about and dealing with the consequences of rape.

Keywords: Rape, Positive Psychology, Positive Therapy, Psychotherapy, Rape Survivors, Rape Victims

1. Context

Rape is a global issue and can be a very distressing life-event for the survivors (1). The ethics of sex is defined by culture (2). Several sexual practices are considered unethical in many cultures such as adultery (3), homosexuality (4), promiscuity, anal sex (5), watching porn (6), pre-marital sex (7), etc. Rape, on the other hand, is regarded as highly unethical worldwide (8). A meta-analysis in 2010 covering 56 countries confirmed the experiences of sexual violence by 7.2% women worldwide (9). The studies conducted in United States reported higher frequencies of rape among women as compared to men (10, 11) such as 1 in 5 females and 1 in 71 males (12). Most of the raped men and women were under 25 years of age (12). Unmarried have more chances of being raped (13-18). People from low socio-economic status are more prone to rape (13, 19-22). Likewise, people from rural areas are more likely to be raped as compared with people from urban areas (22).

2. Methods

The present study aimed to instruct positive therapists on the fundamental understanding of rape and to equip them with practical approaches to assist rape survivors. This paper relies solely on a review of

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existing literature and expert opinions and does not involve the collection or analysis of primary data.

3. Results and Discussion

3.1. Theoretical Understanding of Rape and Its Psychosocial Consequences

The evolutionary or biological perspective regards rape as an output of a naturally occurring phenomenon which is related to natural selection and survival of the fittest (23). Self-control theory explains rape through the perception of men about the uncontrollable nature of their sexual urges resulting in rape (23, 24). Another version of the self-control theory focuses on the immediate gratification of sexual urge which seems irresistible (25). The feminist perspective regards rape as a product of the male-dominated nature of the societies in general (26) through which men want to degrade and control women through rape (23). Narcissistic reactance theory associates rape with the narcissistic tendencies of the rapists (23).

Rape results in several adverse effects on health and wellbeing of the survivors (27). The effects involve their sexuality, interpersonal relationships, and social reputation (28). The psychological effects include posttraumatic stress disorder, mood disorders, personality disorders, sexual disorders, lowering self-esteem and will power, emotional exhaustion, cognitive confusions, and eating disorders (29, 30). Since a vast majority of the world's population, especially in eastern cultures, has insufficient knowledge on mental health and mental problems (31), people stay mostly reluctant to seek professional psychological help (32). The social stigma associated with rape and other cultural obstacles for women (33) also hinder in seeking professional help. Clinical psychology, on the other hand, has generally been focusing on the negative aspects of human behavior (34). Most of the psychotherapies used for the victims of rape involve the psychopathological aspects and intend to address the psychologically negative consequences of rape on the victims (30). The basic technique used in the existing psychotherapies is to make the clients release their trauma and confront their fears (1). Cognitive processing therapy, eye movement desensitization and reprocessing, psychodynamic psychotherapy, prolonged exposure therapy, trauma focused cognitive behavior therapy, etc. allow the clients to recall and report the incident to release the distress associated with the incident and to modify their thoughts in a more logical order (1, 35). Instead of focusing more the strengths, humans tend to focus

more on the negative happenings inside their minds and bodies (36).

3.2. The Uniqueness of Positive Psychology

Positive psychology is a latest branch in Psychology (37). Structuralism is about breaking down the mental processes into their basic components by using the technique of introspection to examine the human mind's internal processes (38). Functionalism is about focusing on the role of mental processes (39). Gestalt psychology is about focusing on the holistic mental experience (40). Psychoanalysis is about focusing on the influence of unconscious thoughts on behavior (41). Behaviorism is about explaining behavior by environmental causes (42). Cognitivism is about focusing on thought processes, memory, and perception (43). Humanistic psychology is about focusing on free will, personal growth, and self-actualization (44). Positive psychology, on the other hand, is about focusing on a broader perspective of mental health while complimenting other schools of thought (37, 45-53). The main aim of positive psychology is to focus on improving one's life rather than fixing shortcomings (37, 53). It promotes optimal functioning of people, institutions, and societies (51) by promoting joy, happiness, wellbeing, human strengths, virtues, positive attraction with community, social responsibilities, etc. (47). Positive psychology is a journey from illness to wellness and it focuses on what is strong than what is wrong (45, 47, 51, 53, 54). Positive psychology provides a balanced way of treating mental disorders involving both the negative and positive aspects and experiences of life (52, 55). The psychotherapeutic process of positive psychology, instead of emphasizing the negative aspects associated with the client's history, focuses more on the strengths of the client to recover from the psychological damage happened in the past (53).

3.3. Dealing with Rape Survivors by Positive Therapists

It is not possible to find any recommendations for positive therapists that are specific to rape in the existing literature on positive therapy. Positive therapy, on the other hand, has the potential to be the most appropriate and highly effective psychotherapeutic procedure for individuals who have previously survived rape or sexual assault. It is possible for positive therapists who work with people who have survived rape to make their psychotherapeutic sessions more effective by incorporating the following ideas or concepts:

3.3.1. Empowerment Through Identity

The first step is to encourage clients to believe that they are survivors, rather than the victims. This involves removing the stigma, guilt, and shame that are associated with being raped; bringing the clients to the realization that being raped was not their fault; and restoring their confidence in themselves so that they are ready for a happy life in the future.

3.3.2. Focus on Positive Emotions

Focusing more on the positive feelings that are present. Involving clients in activities that have the potential to bring instant humor and happiness is something that therapists should do. All of this will make it easier for the clients to participate more actively in the sessions.

3.3.3. Release Negative Emotions

Releasing the negative feelings that you hold. Rather than repressing the negative memories that are connected to the rape incident, it is necessary to let them out. Positive therapists assist their clients in releasing these memories by encouraging them to express themselves verbally. The use of writing or drawing can also be beneficial in this circumstance.

3.3.4. Encourage Reaction-Formation

Putting more of an emphasis on the formation of the reaction rather than on denying or suppressing it. The clients should not try to cover up or deny the incident; rather, they should cultivate a sense of responsibility for the future in order to assist the people in the surrounding area in preventing sexual assaults. Assisting other people in gaining a better understanding of the prevention and response to rape can be an encouraging life-objective for the clients, which will bring a sense of purpose to their lives in the future.

3.3.5. Build Strong Therapeutic Relationships

Establishing solid therapeutic and interpersonal relationships is the fifth step. Positive therapists should portray themselves to their clients as their closest friends and should encourage their clients to love their close relationships more than they did in the past. Increased expressions of love and affection are necessary to forestall the occurrence of potential relationship issues.

3.3.6. Manage Daily Routines

Managing the daily routines of the clients. They should also be involved in the day-to-day activities of their clients and assist their clients in the planning of constructive activities to bring them back to life. Positive therapists should be involved in these activities.

3.3.7. Problem-Solving Approach

Redirecting the issues that customers are experiencing to solutions that are practical. There is a possibility that the customers have encountered some newly arising socio-economic obstacles in their lives. It is the responsibility of the therapist to offer them suggestions that can be put into practice to help them overcome those issues and ensure that their fundamental requirements are met.

3.3.8. Focus on New Strengths

Putting more of an emphasis on the new capabilities that the survivors may or may not have acquired because of the incident. Bravery, forgiveness and mercy, hope, leadership, social intelligence, religiousness, and spirituality are some examples of the strengths that these individuals may possess.

3.3.9. Promote Self-love

Self-love is being encouraged. Those who practice positive therapy should also be aware of the possibility that their clients will develop a negative attitude toward their bodies. It is possible to have a conversation with the clients about the importance of appreciating beauty and excellence as a character strength in order to evaluate them as sexual and physical beings.

3.3.10. Discuss Religiousness and Spirituality

Engaging in conversations about spirituality and beliefs. Clients who are interested in spirituality or religion may also find that engaging in such activities is beneficial.

4. Conclusions

The present study aims to offer practical suggestions to positive therapists in their approach towards survivors of rape. Therapists and researchers in positive psychology are encouraged to publish their research or experiences to address a significant lack of knowledge in treating rape survivors using positive therapy.

Footnotes

Authors' Contribution: W. H. conceived the study and drafted the manuscript. Z. A. reviewed the literature.

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Data Availability: The dataset presented in the study is available on request from the corresponding author during submission or after publication.

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References

- Regehr C, Alaggia R, Dennis J, Pitts A, Saini M. Interventions to Reduce Distress in Adult Victims of Sexual Violence and Rape: A Systematic Review. Campbell Systematic Rev. 2013;9(1):1-133. https://doi.org/10.4073/csr.2013.3.
- Alake Oyinloye O. Sexual Education for Wholesome Sexual Behaviour among in-School Nigerian Adolescents. Int J Cross-Disciplinary Subjects Edu. 2014;4(Special 1):1879-83. https://doi.org/10.20533/ijcdse.2042.6364.2014.0261.
- 3. Deptula DP, Henry DB, Schoeny ME. How can parents make a difference? Longitudinal associations with adolescent sexual behavior. *J Fam Psychol*. 2010;**24**(6):731-9. [PubMed ID: 21171771]. https://doi.org/10.1037/a0021760.
- Plummer D. The Ebb and Flow of Homophobia: a Gender Taboo Theory. Sex Roles. 2014;71(3-4):126-36. https://doi.org/10.1007/s11199-014-0390-8.
- Aji J, Aji MO, Ifeadike CO, Emelumadu OF, Ubajaka C, Nwabueze SA, et al. Adolescent sexual behaviour and practices in Nigeria: a twelve year review. Afrimedic J. 2013;4(1):10-6.
- Nasser DAS. Teenagers' Addiction to Pornography. Psychol Edu J. 2021;58(1):979-93. https://doi.org/10.17762/pae.v58i1.847.
- Fernández-Villaverde J, Greenwood J, Guner N. From Shame to Game in One Hundred Years: An Economic Model of the Rise in Premarital Sex and Its De-Stigmatization. J Europ Economic Assoc. 2014;12(1):25-61. https://doi.org/10.1111/jeea.12043.
- Yllö K, Torres MG. Marital rape: Consent, marriage, and social change in global context. Oxford, UK: Oxford University Press; 2016.
- 9. Abrahams N, Devries K, Watts C, Pallitto C, Petzold M, Shamu S, et al. Worldwide prevalence of non-partner sexual violence: a systematic review. *Lancet.* 2014;**383**(9929):1648-54. [PubMed ID: 24529867]. https://doi.org/10.1016/S0140-6736(13)62243-6.
- Mellins CA, Walsh K, Sarvet AL, Wall M, Gilbert L, Santelli JS, et al. Sexual assault incidents among college undergraduates: Prevalence and factors associated with risk. PLoS One. 2017;12(11). e0186471. [PubMed ID: 29117226]. [PubMed Central ID: PMC5695602]. https://doi.org/10.1371/journal.pone.0186471.
- 11. Rosay AB. Violence against American Indian and Alaska Native women and men: 2010 findings from the National intimate partner and sexual violence survey. *Natl Inst Justice*. 2016:1-82.

 Basile KC, Black MC, Breiding MJ, Chen J, Merrick MT, Smith SG, et al. National intimate partner and sexual violence survey: 2010 summary report. Natl Cent Inj Prev Control Centers Dis Control Prev. 2011.

- 13. Khalil MI, Ali M, Wahab MA, Ahmad M, Raman Z, Al-Azad MAS. Socio-Demographic Characterstics Of Alleged Sexual Assault (Rape) Cases In Dhaka City. J Armed Forces Med College, Bangladesh. 2012;7(2):21-4. https://doi.org/10.3329/jafmc.v7i2.10391.
- Wright EM, Fagan AA, Pinchevsky GM. The effects of exposure to violence and victimization across life domains on adolescent substance use. Child Abuse Negl. 2013;37(11):899-909. [PubMed ID: 23743232]. [PubMed Central ID: PMC4137799]. https://doi.org/10.1016/j.chiabu.2013.04.010.
- Fisher HL, Caspi A, Moffitt TE, Wertz J, Gray R, Newbury J, et al. Measuring adolescents' exposure to victimization: The Environmental Risk (E-Risk) Longitudinal Twin Study. Dev Psychopathol. 2015;27(4 Pt 2):1399-416. [PubMed ID: 26535933]. [PubMed Central ID: PMC4778729]. https://doi.org/10.1017/S0954579415000838.
- Franklin CA, Franklin TW, Nobles MR, Kercher GA. Assessing the Effect of Routine Activity Theory and Self-Control on Property, Personal, and Sexual Assault Victimization. Criminal Justice Behav. 2012;39(10):1296-315. https://doi.org/10.1177/0093854812453673.
- Cater AK, Andershed AK, Andershed H. Youth victimization in Sweden: prevalence, characteristics and relation to mental health and behavioral problems in young adulthood. *Child Abuse Negl.* 2014;38(8):1290-302. [PubMed ID: 24685360]. https://doi.org/10.1016/j.chiabu.2014.03.002.
- Siddique JA. Age, Marital Status, and Risk of Sexual Victimization: Similarities and Differences Across Victim-Offender Relationships. J Interpers Violence. 2016;31(15):2556-75. [PubMed ID: 25846759]. https://doi.org/10.1177/0886260515579507.
- Berzofsky M, Smiley-McDonald H, Moore A, Krebs C. Measuring socioeconomic status (SES) in the NCVS: Background, options, and recommendations. Bureau of Justice Statistics US Department Justice. 2014:1-59.
- Zorrilla B, Pires M, Lasheras L, Morant C, Seoane L, Sanchez LM, et al. Intimate partner violence: last year prevalence and association with socio-economic factors among women in Madrid, Spain. Eur J Public Health. 2010;20(2):169-75. [PubMed ID: 19767396]. https://doi.org/10.1093/eurpub/ckp143.
- 21. Adewuyi TDO, Sulaiman AA; E.A.Akinade. Socio-legal factors that influence the perpetuation of rape in Nigeria. *Procedia-Social Behav Sci.* 2010;5:1760-4. https://doi.org/10.1016/j.sbspro.2010.07.360.
- Shimekaw B, Megabiaw B, Alamrew Z. Prevalence and associated factors of sexual violence among private college female students in Bahir Dar city, North Western Ethiopia. *Health*. 2013;5(6):1069-75. https://doi.org/10.4236/health.2013.56143.
- 23. Lowell G. A review of rape statistics, theories, and policy. *Undergraduate Rev.* 2010;**6**(1):158-63.
- Abbey A, Parkhill MR, Clinton-Sherrod AM, Zawacki T. A comparison of men who committed different types of sexual assault in a community sample. *J Interpers Violence*. 2007;22(12):1567-80. [PubMed ID: 17993642]. [PubMed Central ID: PMC4484268]. https://doi.org/10.1177/0886260507306489.
- 25. Hay C, Forrest W. Self-Control Theory and the Concept of Opportunity: The Case for a More Systematic Union*. *Criminology*. 2008;**46**(4):1039-72. https://doi.org/10.1111/j.1745-9125.2008.00135.x.
- Boakye KE. Attitudes toward rape and victims of rape: a test of the feminist theory in Ghana. J Interpers Violence. 2009;24(10):1633-51.
 [PubMed ID: 19252064]. https://doi.org/10.1177/0886260509331493.
- 27. Fulu E, Jewkes R, Roselli T, Garcia-Moreno C, U. N. Multi-country Cross-sectional Study on Men, Violence research T. Prevalence of and factors associated with male perpetration of intimate partner

- violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *Lancet Glob Health*. 2013;1(4):e187-207. [PubMed ID: 25104345]. https://doi.org/10.1016/S2214-109X(13)70074-3.
- Perilloux C, Duntley JD, Buss DM. The costs of rape. Arch Sex Behav.
 2012;41(5):1099-106. [PubMed ID: 21975924].
 https://doi.org/10.1007/s10508-011-9863-9.
- Jewkes R, Nduna M, Jama Shai N, Dunkle K. Prospective study of rape perpetration by young South African men: incidence & risk factors. PLoS One. 2012;7(5). e38210. [PubMed ID: 22675449]. [PubMed Central ID: PMC3365003]. https://doi.org/10.1371/journal.pone.0038210.
- 30. Cowan A, Ashai A, Gentile JP. Psychotherapy with survivors of sexual abuse and assault. *Innovations Clinical Neuroscience*. 2020;**17**(1-3):22.
- 31. Husain W, Faize FA. Public awareness of psychological problems in Pakistan. *Mental Health Rev J.* 2020;**25**(1):35-45. https://doi.org/10.1108/mhrj-09-2019-0033.
- 32. Husain W. Barriers in Seeking Psychological Help: Public Perception in Pakistan. *Community Ment Health J.* 2020;**56**(1):75-8. [PubMed ID: 31542848]. https://doi.org/10.1007/s10597-019-00464-y.
- Husain W, Imran M. Infertility as seen by the infertile couples from a collectivistic culture. *J Community Psychol.* 2021;49(2):354-60. [PubMed ID: 33131049]. https://doi.org/10.1002/jcop.22463.
- Geraghty AW, Wood AM, Hyland ME. Attrition from self-directed interventions: investigating the relationship between psychological predictors, intervention content and dropout from a body dissatisfaction intervention. Soc Sci Med. 2010;71(1):30-7. [PubMed ID: 20400220]. https://doi.org/10.1016/j.socscimed.2010.03.007.
- 35. Wilen JS, Littell JH, Salanti G. Psychosocial interventions for adults who were sexually abused as children. *Cochrane Database Syst Rev.* 2017;(1). https://doi.org/10.1002/14651858.CD010099.pub2.
- Brady A, Grenville-Cleave B. Introducing positive psychology and its value for sport and physical activity. Positive Psychology in Sport and Physical Activity. Oxfordshire, England: Routledge; 2017. p. 7-19. https://doi.org/10.4324/9781315304397-2.
- Seligman ME, Csikszentmihalyi M. Positive Psychology: An Introduction. Flow and the Foundations of Positive Psychology. Dordrecht, New York: Springer; 2014. p. 279-98. https://doi.org/10.1007/978-94-017-9088-8_18.
- 38. Piaget J. Structuralism (Psychology Revivals). East Sussex, England: Psychology Press; 2015. p. 1-153. https://doi.org/10.4324/9781315722368.
- King A. Datgan, a reusable software system for facile interrogation and visualization of complex transcription profiling data. In: Functionalism and Structuralism, editor. The Sage Handbook of the Philosophy of Social Sciences. Toronto, Canada: SAGE Publications; 2011. 429 p.
- Koffka K. Principles Of Gestalt Psychology. Oxfordshire, England: Routledge; 2013. https://doi.org/10.4324/9781315009292.

- 41. Elliott A. *Psychoanalytic Theory*. London, UK: Palgrave Macmillan; 2015. https://doi.org/10.1007/978-1-137-30084-3.
- Moore J. Behaviorism. The Psychological Record. 2017;61(3):449-63. https://doi.org/10.1007/bf03395771.
- Barsalou LW. Approaches to Cognitive Psychology. Cogn Psychol. 2021;354-63.
- 44. Hayes S. Humanistic Psychology and Contextual Behavioral Perspectives. Psycho. 2015;49(4):419-29. https://doi.org/10.1037/a0027396.
- 45. Linley PA, Joseph S. Positive Psychology in Practice. Positive Psychology in Practice. New Jersey, US: John Wiley & Sons; 2012.
- 46. Noble T, McGrath H. Wellbeing and Resilience in Young People and the Role of Positive Relationships. *Positive Relationships*. New York: Springer; 2012. p. 17-33. https://doi.org/10.1007/978-94-007-2147-0_2.
- 47. Csikszentmihalyi M. Attention and the Holistic Approach to Behavior. Flow and the Foundations of Positive Psychology. New York: Springer; 2014. p. 1-20. https://doi.org/10.1007/978-94-017-9088-8_1.
- 48. Ruch W, Martínez-Martí ML, Proyer RT, Harzer C. The Character Strengths Rating Form (CSRF): Development and initial assessment of a 24-item rating scale to assess character strengths. *Pers Individ Dif.* 2014;**68**:53-8. https://doi.org/10.1016/j.paid.2014.03.042.
- Kubzansky LD, Huffman JC, Boehm JK, Hernandez R, Kim ES, Koga HK, et al. Positive Psychological Well-Being and Cardiovascular Disease: JACC Health Promotion Series. J Am Coll Cardiol. 2018;72(12):1382-96. [PubMed ID: 30213332]. [PubMed Central ID: PMC6289282]. https://doi.org/10.1016/j.jacc.2018.07.042.
- 50. Seligman M. PERMA and the building blocks of well-being. *J Posit Psychol*. 2018;**13**(4):333-5. https://doi.org/10.1080/17439760.2018.1437466.
- 51. Wong PT. Positive psychology 2.0: Towards a balanced interactive model of the good life. *Can Psychol*. 2011;**52**(2):69-81. https://doi.org/10.1037/a0022511.
- Wood AM, Tarrier N. Positive Clinical Psychology: a new vision and strategy for integrated research and practice. Clin Psychol Rev. 2010;30(7):819-29. [PubMed ID: 20655136]. https://doi.org/10.1016/j.cpr.2010.06.003.
- Altmaier EM. An introduction to positive psychology. Promoting Positive Processes After Trauma. Cambridge, Massachusetts: Academic Press; 2019. p. 17-30. https://doi.org/10.1016/b978-0-12-811975-4.00002-2.
- 54. Waterman AS. *The best within us: Positive psychology perspectives on eudaimonia*. Washington, DC: American Psychological Association; 2013. https://doi.org/10.1037/14092-000.
- 55. Joseph S, Wood A. Assessment of positive functioning in clinical psychology: theoretical and practical issues. *Clin Psychol Rev.* 2010;**30**(7):830-8. [PubMed ID: 20137841]. https://doi.org/10.1016/j.cpr.2010.01.002.