

Section: Research and innovations in Positive Psychotherapy (PPT)

The Predictive Roles of Hope and Subjective Well-Being in Life Balance: Evidence from a Positive Psychotherapy Framework

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Abstract

The present study examined the predictive roles of hope and subjective well-being in individuals' levels of life balance, drawing on the theoretical framework of Positive Psychotherapy (PPT). The sample comprised 319 adults residing in 57 provinces across Türkiye. Data were collected using the Subjective Well-Being Scale (Akin & Satıcı, 2013), the Dispositional Hope Scale (Tarhan & Bacanlı, 2015), and the Harmony in Life Scale (Satıcı & Tekin, 2017). Statistical analyses were conducted using SPSS 26, employing Pearson's product-moment correlation, multiple linear regression, and independent samples t-test. The findings indicated that hope and subjective well-being were positively and moderately correlated, while both variables significantly predicted life balance. Gender differences were not statistically significant. Interpreted through the lens of Positive Psychotherapy, the results highlight that individuals with higher levels of hope and subjective well-being achieve greater equilibrium across the four core life spheres: body/health, achievement/work, relationships, and future/meaning. These findings support PPT's assumption that well-being depends on the balanced and conscious use of one's primary capacities, particularly hope. The study suggests that interventions aimed at fostering hope and subjective well-being can enhance overall life balance and promote adaptive functioning within both clinical and everyday contexts.

Keywords: hope, subjective well-being, life balance, Positive Psychotherapy, balance model

Introduction

Subjective well-being (SWB) refers to individuals' cognitive and affective evaluations of their lives and encompasses both positive emotions and the relative absence of negative affect. As a central indicator of hedonic well-being, it is often discussed in terms of concepts such as happiness and life satisfaction. Although

its philosophical roots can be traced to thinkers such as Aristotle and Epicurus, systematic empirical investigations emerged in the twentieth century.

Diener's (1984) conceptualization of SWB as "the degree to which individuals judge the overall quality of their lives positively" has shaped contemporary research, and extensive

empirical evidence indicates that higher levels of SWB are associated with better physical health, stronger social relationships, and greater life satisfaction. Within the broader field of well-being science, both Positive Psychology and Positive Psychotherapy (PPT) emphasize human strengths, developmental potential, and flourishing; however, they differ in their theoretical orientations and applications. Positive Psychology, introduced by Seligman and Csikszentmihalyi (2000), is a research-driven movement concerned with understanding happiness, meaning, character strengths, and the conditions that promote optimal functioning. In contrast, PPT translates these principles into a structured therapeutic model that seeks to foster balance, inner capacities, and adaptive coping in clinical practice. Thus, while the two perspectives are complementary, PPT operationalizes well-being principles in ways that directly inform intervention design and therapeutic implementation (Diener, 1984; Diener et al., 2006; Seligman & Csikszentmihalyi, 2000; Seligman, 2011).

In contrast, Positive Psychotherapy (PPT), developed by Nossrat Peseschkian (1987), is a distinctive therapeutic approach grounded in psychodynamic and intercultural principles. PPT views psychological symptoms not merely as pathological signs to be eliminated but as opportunities for understanding inner conflicts and fostering the development of individual potentials. The theory conceptualizes well-being through the Balance Model, which describes harmony among four fundamental life spheres: body/health, achievement/work, relationships, and future/meaning. Additionally, the Capacity Model distinguishes between “primary capacities” (e.g., hope, love, patience) and “secondary capacities” (e.g., order, punctuality, honesty) as key resources for maintaining this balance (Peseschkian & Remmers, 2025). Whereas Positive Psychology primarily aims to enhance well-being at a general, population level, Positive Psychotherapy operationalizes these concepts within a therapeutic, intercultural, and meaning-centered framework (Kyrychenko, 2021). From the perspective of Positive Psychotherapy (PPT), subjective well-being is not limited to the perception of “happiness” or “satisfaction”; rather, it is understood as a dynamic state defined by the individual’s ability to maintain balance across four fundamental life spheres body/health,

achievement/work, relationships, and future/meaning (Peseschkian, 1987; Peseschkian & Tritt, 1998). Within the Balance Model, long-term one-sidedness or overinvestment in any single sphere may lead to psychological maladjustment. In contrast, the therapeutic goal is to help individuals recognize their inner capacities and distribute their energy more evenly across these areas. The framework of primary and secondary capacities, together with the capacities to love and to know, provides the conceptual foundation for achieving such a balance. This model integrates psychodynamic and intercultural principles, emphasizing meaning and values as central components of mental health (Peseschkian, 1987; Peseschkian & Remmers, 2025).

Accordingly, in this study, subjective well-being is first conceptualized within the positive psychology literature (e.g., Diener, 1984; Diener et al., 2006) and then reinterpreted through the lens of Positive Psychotherapy’s Balance Model and capacity approach. Positive Psychology highlights human strengths and potential as a broad psychological framework, whereas Positive Psychotherapy, developed by Nossrat Peseschkian, is a distinctive therapeutic method grounded in psychodynamic and intercultural foundations. In this research, both hope and subjective well-being are examined within the context of PPT’s Balance Model, fundamental capacities, and value-oriented approach.

Empirical research has shown that a variety of factors contribute to an individual’s subjective well-being, including genetic influences (Lykken & Tellegen, 1996), personality traits (Costa & McCrae, 1992), and life events (Lucas, 2007). Moreover, numerous studies have demonstrated that interventions such as mindfulness-based practices (Brown & Ryan, 2003) and positive psychology interventions (Seligman & Csikszentmihalyi, 2000) can lead to measurable improvements in subjective well-being. One important dimension of subjective well-being is life balance, which refers to the degree of harmony and integration across various life spheres such as work, relationships, and personal development. Individuals who experience greater balance in their lives tend to report higher levels of well-being (Diener, 2009).

From the perspective of Positive Psychotherapy (PPT), this concept of “balance” corresponds directly to the Balance Model. According to PPT, individuals achieve higher

levels of well-being when they can maintain equilibrium across four core life spheres: body/health, achievement/work, relationships, and future/meaning (Peseschkian, 1987; Peseschkian & Remmers, 2025). Prolonged one-sidedness or overinvestment in any single area may lead to psychological disturbances rooted in imbalance. PPT further emphasizes the role of primary capacities such as hope, patience, and love as conscious and balanced inner resources that sustain subjective well-being (Peseschkian & Tritt, 1998).

Life balance can be fostered through various mechanisms, including setting and pursuing personal goals, maintaining positive interpersonal relationships, and engaging in activities that align with one's values and interests (Steger et al., 2009). In addition, mindfulness practices have been shown to enhance work-life balance by helping individuals become more aware of their thoughts and emotions and respond to them in a nonjudgmental, balanced manner (Biegel et al., 2009).

Empirical studies have demonstrated that various factors, including genetics (Lykken & Tellegen, 1996), personality traits (Costa & McCrae, 1992), and life events (Lucas, 2007), contribute to an individual's subjective well-being. Moreover, a growing body of evidence indicates that mindfulness-based practices (Brown & Ryan, 2003) and positive psychology interventions (Seligman & Csikszentmihalyi, 2000) can effectively enhance subjective well-being. However, within the framework of Positive Psychotherapy (PPT), the concept of hope is approached more broadly and more balanced. According to PPT, hope is not merely a forward-looking expectation or motivational drive; rather, it is defined as a primary capacity that should be exercised responsibly and in moderation within the Balance Model (Peseschkian & Remmers, 2025).

In the PPT approach, overusing the capacity for hope can lead to unrealistic expectations, disappointment, and emotional imbalance, whereas underusing it can result in hopelessness, passivity, and withdrawal from personal goals. For instance, a PPT-based hope placement intervention was found to

significantly increase participants' levels of hope and their perceived sense of purpose in life (Gülirmak Güler et al., 2024). This finding underscores the importance of guiding the use of hope in a therapeutically balanced way. Accordingly, in this study, hope is first examined within the framework of positive psychology literature and then reinterpreted through the lens of PPT's Balance Model, capacity approach, and its hope-related therapeutic strategies.

In conclusion, hope is positively associated with subjective well-being and life balance. Hope plays a crucial role not only in coping with stress and adversity but also in developing a sense of meaning and purpose in life. Furthermore, hope motivates individuals to pursue goals and aspirations across different areas of life.

The present study aimed to examine the predictive roles of individuals' levels of hope and subjective well-being in their life balance. To achieve this aim, the following research questions were addressed:

- Is there a significant relationship between individuals' levels of hope, subjective well-being, and life balance?
- Do individuals' levels of hope and subjective well-being significantly predict their levels of life balance?
- Do individuals' levels of life balance differ significantly by gender?

Methodology

2.1. Sample

The sample for this study comprised 319 individuals aged 18-53 ($M = 29.89$, $SD = 7.48$), including 250 women (70.6%) and 104 men (29.4%). Participants were recruited through online surveys distributed via web-based platforms and participated voluntarily. They completed scales assessing hope, subjective well-being, and life harmony, as well as demographic questions on gender, age, and family structure. The research project was approved by the Social Sciences Research Ethics Committee of Yıldız Technical University (Approval No.: 20230602161). The characteristics of the study group are presented in Table 1.

Table 1. Characteristics of the study group

| Variable | Frequency | % |
|--|------------------|----------|
| Gender | | |
| <i>Female</i> | 227 | 71.2 |
| <i>Male</i> | 92 | 28.8 |
| Education Level | | |
| <i>Primary School</i> | 15 | 4.7 |
| <i>High School</i> | 25 | 7.8 |
| <i>Bachelors Degree</i> | 174 | 54.5 |
| <i>Graduate Degree</i> | 105 | 32.9 |
| Number of Siblings | | |
| <i>0-3 Siblings</i> | 224 | 70.2 |
| <i>4-7 Siblings</i> | 86 | 27.0 |
| <i>8 and higher</i> | 9 | .9 |
| Perceived Socio-Economic Status (SES) | | |
| <i>Low</i> | 48 | 15.1 |
| <i>Mid</i> | 201 | 63.0 |
| <i>High</i> | 70 | 22.0 |

Table 2 presents the results of the regression analysis conducted using the stepwise method. Parameters other than the predictors included in the model were excluded.

When Table 2 is examined, it is observed that the model investigating the extent to which students' scores on the Adolescent Decision-Making Styles Scale (ADMSS) and their parents' scores on the Wiesbaden Positive Psychotherapy and Family Therapy Inventory (WIPPF) predict students' scores on the Test Anxiety Inventory (TAI) is statistically significant, with an explained variance of 33.4% ($p < .05$). Students' scores on the "Panic" subscale of the ADMSS positively predict their TAI scores ($\beta = 0.46$; $p < .05$), indicating that higher panic scores are associated with higher test anxiety scores. In contrast, students' scores on the "Cautious-Selective" subscale of the ADMSS negatively predict their TAI scores ($\beta = -0.26$; $p < .05$), suggesting that greater cautious-selective decision-making is associated with lower test anxiety. Additionally, parents' scores on the "Punctuality" subscale of the WIPPF are positively associated with students' TAI scores ($\beta = 0.20$; $p < .05$).

2.2. Measures

Several instruments were employed in the present study, as detailed below:

2.2.1. Personal Information Form

A researcher-developed personal information form was used to collect demographic data, including participants' gender, educational level, birth order, and perceived socioeconomic status (SES).

2.2.2. Dispositional Hope Scale (DHS)

Participants' hope levels were assessed using the Dispositional Hope Scale (DHS; Snyder et al., 1991). The scale consists of 18 items (e.g., "I meet the goals that I set for myself") rated on an 8-point Likert scale ranging from 1 (definitely false) to 8 (definitely true). In the present study, the Turkish version adapted by Tarhan and Bacanlı (2015) was used. The Turkish adaptation comprises two subdimensions: Alternative Pathways Thinking and Agency Thinking. Scores range from 8 to 64, with higher scores reflecting higher levels of hope. The scale has demonstrated good internal consistency reliability ($\alpha = .84$; $KMO = .86$), and fit indices of the confirmatory factor analysis were at acceptable levels ($GFI = .96$, $AGFI = .92$, $RMR = .08$, $NNFI = .94$, $RFI = .90$, $CFI = .96$, $RMSEA = .077$).

2.2.3 Subjective Happiness Scale (SHS)

Participants’ subjective happiness was measured using the Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1999). This scale contains four items (e.g., “In general, I consider myself a happy person”) rated on a 7-point Likert scale ranging from 1 (very unhappy) to 7 (very happy). Total scores range from 4 to 28, with higher scores indicating greater subjective happiness. The Turkish adaptation of the SHS was conducted by Akin and Satici (2011). Results of the confirmatory factor analysis indicated good fit indices for the Turkish version (RMSEA = 0.00, NFI = 0.99, CFI = 1.00, IFI = 1.00, RFI = 0.98, GFI = 1.00, AGFI = 0.99, SRMR = 0.015).

2.2.4. Harmony in Life Scale (HLS)

Participants’ level of life harmony was assessed using the Harmony in Life Scale (HLS; Kjell et al., 2016). The HLS is a unidimensional scale consisting of five items (e.g., “I am in harmony”) rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Total scores range from 5 to 35, with higher scores indicating a greater level of harmony in life. The Turkish adaptation of the HLS was carried out by Satici and Tekin (2017). Confirmatory factor analysis supported the unidimensional structure of the scale and indicated an acceptable fit. The scale also demonstrated adequate internal consistency ($\alpha = .78$) and test–retest reliability ($\alpha = .89$).

2.3. Procedure

The data were collected online following ethics committee approval. Instructions for completing the instruments were provided on the first page of the online survey. The collected data were reviewed and prepared for analysis by the authors.

2.4. Data Analysis

Data analyses were conducted using SPSS 26. Prior to the analyses, the assumptions of each test were checked. Pearson’s product–moment

correlation coefficient, multiple linear regression analysis, and an independent-samples t-test were used to examine relationships and differences among the study variables.

Results

In this study, the relationships among the variables were first examined. Pearson’s product–moment correlation coefficient was used to examine the relationships among individuals’ levels of hope, subjective well-being, and life harmony. The results indicated significant positive correlations: between hope and subjective well-being ($r = .41, p < .01$), between subjective well-being and harmony in life ($r = .42, p < .01$), and between hope and harmony in life ($r = .72, p < .01$). While the correlations between hope and subjective well-being and between subjective well-being and harmony in life were moderate in strength, the correlation between hope and harmony in life was strong. The intercorrelations among the variables are presented in Table 2.

Table 2.
Correlations Among Variables
Correlation

| | 1 | 2 | 3 |
|------------------------------|--------|-------|-------|
| <i>Hope</i> | 1 | | |
| <i>Subjective well-being</i> | -.41** | 1 | |
| <i>Harmony in life</i> | .72** | .42** | 1 |
| <i>M</i> | 47.42 | 17.07 | 25.99 |
| <i>SD</i> | 5.86 | 3.78 | 10.21 |

Note. ** $p < .001$.

An independent-samples t-test was conducted to examine whether life harmony levels differed by gender. The results indicated no significant gender differences in life harmony ($t = .91, p > .05$). The analysis results are presented in Table 3.

Table 3. Gender Differences in Harmony in Life

| | Gender | N | M. | Sd. | t | p |
|------------------------|--------|-----|-------|------|-----|-----|
| <i>Harmony in Life</i> | Female | 227 | 26.16 | 6.00 | .12 | .71 |
| | Male | 92 | 26.08 | 5.70 | | |

$p > .05$

To determine whether hope and subjective

well-being predicted life harmony, the

assumptions of multiple linear regression were tested. Examination of histograms and normal distribution curves indicated that the data were normally distributed. Multicollinearity, which occurs when two or more predictor variables are highly correlated and may threaten the regression model, was also assessed. The variance inflation factor (VIF = 1.20) indicates that multicollinearity is not a concern and remains within acceptable limits.

Results of the multiple regression analysis revealed that hope and subjective well-being were strongly associated with harmony in life ($R = .73$), accounting for 53% of the variance ($F(2, 319) = 202.01, p < .05$). Both hope ($\beta = .22, p < .01$) and subjective well-being ($\beta = .38, p < .01$) made significant contributions to the model. Predictors of harmony in life are presented in Table 4.

Table 4. Multiple Regression Analysis Predicting Harmony in Life

| Variables | B | β | t | p | R | R^2 | ΔR^2 | F |
|-----------------------|------|---------|-------|-----|-----|-------|--------------|--------|
| Model | 4.20 | | 3.55 | .00 | .73 | .53 | .53 | 202.00 |
| Hope | .38 | .66 | 16.56 | .00 | | | | |
| Subjective Well-Being | .22 | .14 | 3.62 | .00 | | | | |

$p < .01^*$

Discussion

The findings of this study revealed that subjective well-being and hope are strong predictors of life balance. As individuals' subjective well-being increases, their life satisfaction, social relationship quality, and psychological health indicators also tend to improve (Sorbi et al., 2019). Similarly, hope is a fundamental factor supporting individuals' capacity to cope with challenges, pursue their goals, and maintain psychological resilience. These findings are consistent with the theoretical framework of Positive Psychotherapy (PPT). According to PPT, an individual's ability to maintain balance in life depends on the conscious, moderate use of their basic capacities (Peseschkian & Remmers, 2025). Within this perspective, subjective well-being is not limited to happiness or satisfaction. However, it is instead associated with the harmonious integration of the bodily, relational, achievement, and meaning/future spheres of life.

In culturally interdependent contexts such as Türkiye, hope, subjective well-being, and work-life balance are strongly linked to social connectedness, family relationships, and community support. Recent studies with Turkish samples show that hope contributes to subjective well-being not only as an individual cognitive–emotional resource but also as a relational capacity supported by meaning in life, sense of coherence, and shared values (Satici et

al., 2023; Yalçın & Malkoç, 2015; Yalnızca-Yıldırım & Cenkseven-Önder, 2023). Moreover, large-scale work on happiness and life satisfaction in Türkiye indicates that family bonds, religiosity, and other contextual characteristics are among the central determinants of everyday well-being (Sönmez & Altunsu Sönmez, 2018). Taken together, these findings suggest that the predictive roles of hope and subjective well-being for life balance observed in the present study should be interpreted within a cultural frame in which close relationships, collective goals, and social obligations are central to how individuals experience and regulate their psychological resources.

From the standpoint of PPT, hope represents an individual's capacity to formulate, sustain, and pursue meaningful life goals. However, PPT also emphasizes that hope, while a valuable inner resource, can become maladaptive if misused. Excessive hope may lead to unrealistic expectations, disappointment, and long-term imbalance, whereas diminished or insufficient hope may result in hopelessness, passivity, loss of motivation, and depressive symptoms (Hoppen & Morina, 2021; Gülirmak Güler et al., 2024). Therefore, the balanced regulation of hope is essential for enhancing both personal well-being and social harmony. The present findings support this theoretical assumption: higher levels of hope and subjective well-being are associated with stronger experiences of life balance.

Conclusion

The results also align with findings from studies across different age groups and cultural contexts. For instance, PPT-based group therapy interventions have been shown to significantly increase hope levels among both adolescents and adults, consequently enhancing perceived life satisfaction and balance (Mahmoudi & Khoshakhlagh, 2018; Engelhardt et al., 2024). Recent intervention studies have further demonstrated that PPT effectively reduces depressive and anxiety symptoms while simultaneously increasing positive outcomes such as happiness, subjective well-being, and life satisfaction (Rashid & Seligman, 2018; Taghvaenia & Alamdari, 2019). Accordingly, the findings of this research have both individual-level and practical implications for clinical and educational contexts.

These findings offer several implications for PPT-informed clinical practice. Since hope emerged as a strong contributor to life balance, practitioners can incorporate structured hope-oriented tasks such as clarifying personal aims, generating alternative pathways for action, and strengthening agency through reflective dialogue. Within PPT, hope is conceptualized as a primary capacity, alongside patience and love, and therapeutic work aims to cultivate these capacities through concise, intentional exercises. The Balance Model also provides a practical framework for designing micro interventions that help clients redistribute emotional and cognitive energy across the spheres of body and health, achievement and work, relationships, and meaning and future. These exercises may

help clients restore harmony and identify areas of imbalance in daily functioning. In addition, the fifth phase of PPT, known as broadening goals, offers an opportunity to work directly with the capacity for hope by encouraging clients to formulate realistic, meaningful, and value-aligned goals. This process helps individuals recognize overused or underused capacities and achieve a more stable inner equilibrium. Taken together, these strategies demonstrate how PPT principles can be applied in clinical practice to strengthen life balance through capacity development and the cultivation of grounded, purpose-oriented goals.

In light of these results, it is recommended that PPT-based interventions be implemented more widely to foster hope and subjective well-being. Particularly in professional, educational, and family settings, individuals should be encouraged to invest their energy more evenly across the Balance Model's spheres while cultivating hope through realistic goals and value-oriented pursuits. Moreover, psychoeducational programs should be developed to raise awareness of the risks of both excessive and insufficient use of hope, thereby helping individuals use this capacity more consciously and adaptively. Future research should replicate these findings across diverse cultural contexts using longitudinal designs and further explore individuals' subjective experiences through qualitative methods. In doing so, the interconnections among subjective well-being, hope, and life balance can be strengthened not only at the theoretical level but also through practical interventions applicable to everyday life.

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