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Effect of Positive Psychological Interventions on Self-Esteem in Young Adults

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Abstract: ***Background: Positive Psychological Interventions (PPIs) are structured activities intended to promote positive emotions, strengths, optimism, gratitude, mindfulness, adaptive coping and purposeful action. Self-esteem is an important aspect of psychological functioning during young adulthood. Objective: The study was designed to examine whether a brief, structured PPI programme could improve global self-esteem among young adults aged 18–25 years. Method: A quasi-experimental pre-test/post-test control-group design was planned, with global self-esteem assessed using the 10-item Rosenberg Self-Esteem Scale (RSES). The proposed programme included gratitude journaling, strengths identification, positive affirmations, mindfulness, acts of kindness, optimism and goal setting across four planned sessions. Results: The dissertation contains an illustrative analysis based on a simulated dataset of 100 records (50 intervention and 50 control). In that analytical example, the intervention group increased from M = 18.12 (SD = 7.08) at pre-test to M = 21.14 (SD = 5.91) at post-test, while the control group changed from M = 18.10 (SD = 7.01) to M = 17.72 (SD = 6.20). The illustrative within-group change in the intervention group was significant, t(49) = 7.41, p < .001, and the post-test difference between groups was significant, t(98) = 2.82, p = .006, d = 0.56. Conclusion: The analytical example demonstrates how the proposed intervention could be reported if a similar pattern is found in participant-derived data. However, the numerical results are simulated and must not be presented as empirical findings from recruited participants.***

Keywords: positive psychological interventions; self-esteem; young adults; Rosenberg Self-Esteem Scale; positive psychology

1. Introduction

Self-esteem refers to an individual's general evaluation of personal worth and value. Young adulthood is a developmental period characterized by educational and career decisions, increasing independence, changing relationships and identity-related challenges. During this period, academic demands, social comparison, uncertainty about the future and changing responsibilities may influence self-evaluation.

Positive psychology extends psychological inquiry beyond the reduction of distress to include strengths, positive emotions, relationships, meaning, resilience and optimal functioning. Positive Psychological Interventions are deliberate practices intended to cultivate positive thoughts, feelings or behaviours. Common examples include gratitude exercises, strengths identification, mindfulness, positive reflection, acts of kindness, optimism and goal setting.

Although much PPI research has focused on happiness, subjective well-being and depressive symptoms, global self-esteem is a distinct outcome with relevance to young adulthood. The present study therefore focuses specifically on whether a brief, multi-component PPI programme is associated with changes in global self-esteem measured by the Rosenberg Self-Esteem Scale.

2. Background and Rationale

The dissertation identifies a need for brief and accessible preventive approaches that can complement counselling and student-support services. Educational settings may have limited resources for individual counselling, making structured psychoeducational activities potentially useful when implemented ethically and with appropriate referral pathways.

The theoretical background draws on positive psychology, the PERMA model, Rosenberg's perspective on global self-esteem, Maslow's esteem needs and Rogers' humanistic perspective. The intervention components were selected to address positive emotion, strengths, mindful awareness, prosocial connection, future orientation and purposeful action.

Previous reviews and meta-analyses indicate that PPIs can produce small-to-moderate improvements in well-being and related outcomes, although effects vary according to intervention type, duration, participant characteristics, delivery format and methodological quality. Evidence also cautions against assuming that every positive activity is universally effective; for example, positive self-statements may not benefit all individuals with low self-esteem.

3. Objectives

- To assess the level of self-esteem among young adults before implementation of the PPI programme.
- To examine change in self-esteem after participation in the PPI programme.
- To compare post-test self-esteem scores between the intervention and control groups.

Hypotheses

H0: There is no significant effect of Positive Psychological Interventions on self-esteem among young adults.

H1: There is a significant effect of Positive Psychological Interventions on self-esteem among young adults.

4. Method

4.1 Design

The study uses a quasi-experimental pre-test/post-test control-group design. Both groups are assessed before and

after the intervention. The intervention group receives the structured PPI programme, while the control group receives the approved comparison condition for a similar period.

4.2 Participants and Sampling

The dissertation proposes 100 young adults aged 18–25 years, approximately 50 in the intervention group and 50 in the control group. The accessible population consists of eligible college students in the selected educational context. The sampling procedure is based on accessibility and the class structure of the educational setting.

4.3 Eligibility

Inclusion criteria were college students aged 18–25 years, voluntary willingness to participate, availability for both assessments and ability to understand and respond to the questionnaire. Exclusion criteria included lack of informed consent, age outside the specified range, absence from either assessment and recent completion of a closely similar structured positive psychology programme.

4.4 Measures

Demographic information included participant code, gender, educational status, socioeconomic background, study group and assessment phase. Global self-esteem was assessed with the 10-item Rosenberg Self-Esteem Scale. The dissertation describes a four-point response format, item scoring from 0–3 and a total score range of 0–30, with higher scores indicating greater global self-esteem.

4.5 Intervention

The planned programme consists of four sessions incorporating orientation to positive psychology, gratitude journaling and a gratitude letter, strengths identification, positive affirmations, mindfulness, acts of kindness, optimism and goal-setting activities. The activities are intended as preventive/developmental psychoeducational exercises rather than substitutes for clinical assessment or treatment.

4.6 Procedure and Ethics

Institutional and academic approval, recruitment, informed consent, pre-test assessment, intervention delivery, post-test assessment and statistical analysis were specified. Participation is voluntary, participants may withdraw without penalty, responses are recorded using participant codes, unnecessary identifying information is not collected, and data are intended to be stored securely and used only for the approved academic purpose.

5. Results

Important Reporting Note: The dissertation explicitly states that the numerical analysis below is based on a simulated pilot dataset with 100 records and is not evidence obtained from recruited participants. Therefore, these values are retained here only as an illustrative statistical-reporting example and should be replaced with participant-derived data before submission to a research journal.

Variable	Intervention (n=50)	Control (n=50)
Pre-test RSES, M (SD)	18.12 (7.08)	18.10 (7.01)
Post-test RSES, M (SD)	21.14 (5.91)	17.72 (6.20)
Mean change	+3.02	−0.38

5.1 Reliability and Normality

In the illustrative dataset, Cronbach's alpha was .902 for the pre-test RSES and .792 for the post-test RSES. Shapiro–Wilk results were reported as non-significant for the assessed distributions, supporting the planned use of parametric comparisons in the illustrative analysis.

5.2 Within-Group Comparisons

The illustrative intervention group showed a mean increase of 3.02 points from pre-test to post-test, $t(49) = 7.41$, $p < .001$, 95% CI [2.20, 3.84]. The illustrative control group showed a non-significant change of −0.38 points, $t(49) = -1.26$, $p = .213$.

5.3 Between-Group Comparisons

The illustrative baseline comparison showed no meaningful difference between groups, $t(98) = 0.01$, $p = .989$. At post-test, the intervention group was 3.42 points higher than the control group, $t(98) = 2.82$, $p = .006$, 95% CI [1.02, 5.82], Cohen's $d = 0.56$. The change-score comparison was also statistically significant, $t(90.18) = 6.71$, $p < .001$, with a reported Cohen's d of 1.34.

6. Discussion

The analytical example demonstrates the reporting structure expected for a pre-test/post-test intervention study. The intervention group showed an increase in RSES scores, whereas the control group remained comparatively stable. Because the values are simulated, this pattern cannot be interpreted as evidence that the intervention actually improved self-esteem in the recruited population.

The conceptual interpretation is consistent with the rationale of a multi-component PPI programme. Gratitude may direct attention toward positive experiences; strengths identification may encourage recognition of personal resources; mindfulness may support awareness of self-critical thoughts; acts of kindness may strengthen social connection; and optimism and goal setting may support a constructive orientation toward the future. These mechanisms remain hypotheses for the present study and require testing using participant-derived data.

The findings described in the dissertation are broadly situated within previous PPI literature, including meta-analytic evidence showing beneficial average effects on well-being and related outcomes. At the same time, the literature indicates heterogeneity and cautions against treating individual PPI activities as universally effective. The multi-component design therefore provides a practical framework

but does not permit identification of which individual activity, if any, is responsible for change.

7. Implications

If supported by participant-derived results, a brief PPI programme could have practical relevance for psychoeducational workshops, student-development programmes, peer-support initiatives and counselling outreach. Such activities should be culturally appropriate, voluntary, facilitated responsibly and accompanied by suitable referral pathways when participants require individual mental-health support.

8. Limitations

- The intervention period is short and does not establish whether any change is sustained.
- The RSES is a self-report measure and may be affected by response tendencies or temporary mood.
- A college-based sample limits generalizability to other young-adult populations.
- Non-random allocation may leave pre-existing differences between groups.
- A multi-component programme cannot isolate the effect of individual activities.
- Academic, family, relationship and other life events may influence self-esteem during the study period.
- Most importantly, the numerical analysis in the dissertation is simulated and therefore cannot serve as empirical evidence of intervention effectiveness.

9. Conclusion

The study provides a structured framework for examining whether Positive Psychological Interventions can influence global self-esteem among young adults. Its strengths include a clearly defined outcome, a pre-test/post-test comparison, an intervention and control condition, and a standardized self-esteem measure. Before journal submission, the illustrative statistics must be replaced by analyses of genuine participant data collected under the approved protocol. With verified participant-derived results, the manuscript can then be finalized according to the target journal's reporting and formatting requirements.

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