

Effect of Optimism and Gratitude Practices on Emotional Recovery After a Medical Crisis amongst adolescents

Tanya Dhama¹, Sanjeev Kumar Gautam²

¹Student, Amity university Noida

²Associate professor, Amity University Noida

¹Email id- tanyadhama18@gmail.com

Abstract

Adolescence is a very critical stage in developmental stage because it is characterized by an increased emotional sensitivity, identity formation and susceptibility to stress. A medical crisis, a hospital admission, a long-term disease, or surgery or traumas during this time can greatly interfere with the psychological health and emotional stability. The current article discussed the influence of optimism and gratitude on emotional healing among adolescents who suffered a medical crisis in the last one year. The research design used was a quantitative, correlational research that used a sample of 100 adolescents who are 13-19 years of age and selected using purposive sampling. The Recovery Assessment Scale (RAS-24), gratitude (Gratitude Questionnaire (GQ-6), and optimism (Revised Life Orientation Test (LOT-R)) were used to measure emotional recovery, gratitude, and optimism respectively. However, SPSS was used to analyze descriptive statistics, Pearson correlation, and multiple regression analysis. Findings had shown strong positive relationships between optimism, gratitude, and emotional recovery. The regression analysis indicated that both optimism and gratitude were significant predictors of the emotional recovery, with optimism being the more significant one. The results indicate that positive cognitive orientation and gratitude disposition are positive psychological aspects that promote resilience and recovery after a medical disaster. The article shows the significance of incorporating positive psychology programs in the medical and educational context of adolescents to facilitate comprehensive healing and permanent psychological resilience.

Keywords: Adolescents, Emotional Recovery, Optimism, Gratitude, Medical Crisis.

1. INTRODUCTION

1.1 Overview of Medical Crisis in Adolescents

Adolescence is a highly important, developmental period characterized by biological, psychological, and social capacity. At this transitional stage, people build their identity and gain independence and control over their emotions. In case a medical crisis arises at this delicate stage, it may have far-reaching developmental interference and be psychologically challenging. Medical crisis can comprise of abrupt hospitalization, chronic illness, major surgery, traumatic injury, or life threatening illness. These kinds of experiences usually have long-lasting emotional and psychological impacts on adolescents.

Even short time hospitalization may be traumatizing to the adolescents. Fear and uncertainty may be caused by separation with peers, interference with school schedules, loss of privacy, and subjecting them to invasive medical

procedures (Léger-Goodes et al., 2022). The adolescents can experience the lack of control over their bodies and surrounding world which can lead to increased anxiety and emotional susceptibility. Long hospitalization can also lead to more isolation and powerlessness.

The chronic diseases, including diabetes, cancer, asthma, autoimmune diseases, or neurological diseases, are those that necessitate long-term medical care and changes of lifestyle. The morale of living with a chronic condition may be put to test with the adolescents. They can have a problem taking medications, having a restricted diet, feeling tired, and having physical limitations. Also, the manifested symptoms like hair loss, weight gain or physical scars can have adverse effects on self-esteem and body image. Chronic illness has a tendency to cause prolonged mental tension and not an acute response.

The surgery, especially big surgery or emergency surgery may also cause emotional trauma. The preoperative anxiety about the surgery, fear of complications, afteroperative pain, and doubts about the results of the recovery process are among the factors that bring emotional distress. Teenagers might be concerned with the potential of long-term physical effects, physical appearance changes, or loss of functionality (Shek, 2025). Such fears might exist even when physical healing has taken place.

Symptoms that are similar to post-traumatic stress can be provoked by traumatic medical experiences, such as accidents, admissions into intensive care, or diagnosis of life-threatening conditions. Flashbacks, avoidance behaviors, hypervigilance and emotional numbing are not exceptional after serious medical emergencies. The uncertainty of such incidents can change the level of safety and stability of the lives of adolescents.

The psychological impacts of medical crises in the adolescence stage are complex. One of the most widespread responses is anxiety that is usually associated with the fear of a recurrence, medical procedures, or the fear of the unknown (Holland & Nelson, 2018). Depression can be caused by long term physical pain and social isolation or feeling that you are losing the usual experiences that you had in life. Another problem area is identity disturbance. Adolescents are still coming up to the question of who they are, and a medical crisis can change their self-concept to be that of an ill person. This change of identity may affect peer interactions, educational achievement, and future goals.

Thus, as medical intervention is aimed at physical recovery, emotional recovery is also involved in the recovery process. The knowledge of the psychological mechanisms helping to overcome the traumas of medical emergencies is the key to the holistic health of adolescents.

1.2 Emotional Recovery

The process of the recovery of the psychological stability, effective emotional balance and purpose after a distressing or traumatizing incident is considered emotional recovery. It entails restoring self confidence, hope, goal orientation and social functioning. As opposed to instant coping strategies, emotional recovery is a dynamic and slow process which develops over time and is a sign of long-lasting psychological adaptation.

Emotional recuperation is especially important in adolescence. This is a period of life that entails the sensitivity of emotions, the development of mental abilities, and high influence of peers. The adolescents are yet to attain sophisticated “coping skills and the executive functioning skills (Shoshani, 2024). As a result, their processing and integrative capacities of traumatic experiences can be unlike those of the adults. Lack of proper emotional recovery at this stage can result in long term psychological weaknesses.

Recovery and coping are two things that need to be differentiated. Coping is a term that is applied to describe the short term coping mechanisms that are employed to address stress or distress in the immediate aftermath of an event. Such coping measures could involve finding social support, distraction, problem-solving or expression. The process of recovery however is not just a practice of providing temporary stress management. It involves long-term

adaptation, restoration of hope, restructure of identity and reentry into daily life activities. Recovery means development, a new sense of purpose, and mental strength instead of a reduction of symptoms.

Emotional recovery is mainly dependent on psychological resilience. Resilience can be viewed as the ability to transform effectively in the face of misfortune, trauma or severe stress. Being able to get back on your feet and live normally is not because you are not in distress but it is because you can get through to the other side. By being resilient, adolescents will find it easier to make sense of medical challenges as controllable, be optimistic of the future (Antonova et al., 2021), and seek positive support. The factors of emotional recovery are thus strongly interconnected with factors of resilience building which include social support, positive cognitive patterns and skills of emotional regulation.

Within a medical crisis, emotional recovery can be exhibited by enhancing the self-efficacy, acceptance of health conditions, returning to school and peer interactions, and renewing life goals. To formulate effective interventions, it is necessary to identify psychological characteristics that will improve the recovery of emotions. The two positive psychological constructs emphasized as such as optimism and gratitude have been paid growing attention over the past few years.

1.3 Optimism

The definition of optimism has usually been the generalized hope of the good in the future. Scheier and Carver developed optimism as a fixed personality trait that they referred to as dispositional optimism. As per their theory, people are different in terms of their predisposition to positive and negative expectations in life circumstances. Positive people expect positive results in the situations of uncertainty, whereas negative people expect negative results.

Dispositional optimism is a factor that affects the way people will deal with stress and misery. Optimists tend to employ active coping behaviour, continue goal-directed behaviour and re-evaluate negative experiences in less threatening forms (Alkozei et al., 2018). Instead of rejecting the severity of a health condition, positive-thinking teenagers can think about the gains in treatment, healing opportunities, and their dreams. This futuristic attitude will contribute to motivation and emotional balance.

Among the main capabilities of optimism is the buffering of stress. According to stress-buffering hypothesis, positive expectations alleviate the negative psychological impacts of stress. Positive people view stressful situations as a challenge and not threats that cannot be overcome. Optimism can alleviate hopelessness and helplessness in the situation of a medical crisis. Teenagers who hold on to hope of recovery will be more receptive to treatment programs and have emotional commitment to their support groups.

The cognitive appraisal theory sheds more light into the processes of optimism. This theory proposes that people make judgments of events in terms of primary and secondary appraisals. They in primary appraisal evaluate whether the event is threatening or not (Yilmaz, 2017). In secondary appraisal, they make judgement of resources available to handle the situation. Positive adolescents will tend to think of medical crises as something short-lived and controllable. They have a tendency of thinking that they have both internal and external resources required to get them through the challenges. Such an adaptive appraisal lessens emotional distress and leads to recovery.

1.4 Gratitude

Gratitude can be described as the attitude towards the acknowledgment and response of life in terms of the positive and the good of others. McCullough, Emmons and Tsang (2002) modelled gratitude as a generalized disposition to observe and give credit to positive things in life. It entails appreciating favor gained and appreciating outside sources of goodness, either of people, or situations, or a supernatural force (Vinayak & Judge, 2018).

Gratitude is regarded as an influential emotional asset in positive psychology. The Broaden-and-Build Theory of Fredrickson describes the process of the expansion of the thought-action repertoires of people by positive emotions, such as gratitude, and the establishment of stable psychological resources. Based on this theory, the growth of cognitive flexibility, expanding creativity, and social bonding are all aided by gratitude. These expanded mental patterns accumulate resilience and social support networks and coping ability over time.

Gratitude is an emotive control mechanism. In the case of medical crisis, adolescents might majorly concentrate on pain, loss or fear. It is the gratitude that causes a change of focus on things in life that are still good to us, supportive family members, good medical treatment, progress in recovery or personal strengths (McGorry et al., 2022). This mental restructuring never eliminates misery but rejoices it with moving along its good experiences. Emotional reframing of this nature minimizes rumination and negative emotional spirals.

Appreciation also enhances human relationships. Teenagers who tend to thank their caregivers, physicians, and relatives can enjoy stronger social support. Having strong support systems is also very essential in emotional recovery especially following traumatic health experiences. Gratitude leads to mutual warmth and connectivity that create resilience even further.

In addition, gratitude has been found to be preventive in trauma. Research indicates that regardless of the level of post-traumatic stress symptoms and life satisfaction, grateful people have indicated lower levels of both post-traumatic stress and life satisfaction. Gratitude promotes meaning-making and therefore adolescents are able to see crises in medicine as a transformative experience, as opposed to a negative one only. This meaning-oriented coping promotes recovery and growth of emotions.

1.5 Theoretical Framework

The current research is informed by the best existing psychological theories that provide explanations on how positive psychological traits lead to emotional recovery after the adversity. The positive psychology theory, which was developed by Martin Seligman, is the main conceptual background of this research (Albatnuni, 2020). Positive psychology changes the emphasis on pathology and dysfunction to strengths and virtues and the things that help people to survive despite the adversities. Well-being is not lack of disease and illness but rather positive emotions, engagement, meaning, relationships, and accomplishment, according to Seligman. Positive psychology can be applied in the medical crisis of adolescents by strengthening the protective values of optimism and gratitude, which will help members of this group recover. The focus of this approach is on the development of hope, resilience and adaptive affective functioning instead of only concentrating on the indications of anxiety or depression. The optimism and gratitude are deemed as the fundamental strengths of character in the framework of positive psychology, and both of these factors lead to the enhanced level of psychological adaptation following the stressful life events.

The Broaden-and-Build Theory by Fredrickson also adds to the conceptual foundation of the study. According to this theory, positive emotions expand temporary thought action repertoires of individuals and accumulate lifetime personal resources. The relevant emotions which enlarge cognitive flexibility, promote creative problem solving and strengthen social bonding include gratitude and hope (Southwick & Charney, 2018). Unlike negative feelings that shrink attention to instant dangers, their positive counterparts expands thinking as well as inviting adaptive coping mechanisms. To teenagers who have experienced a medical emergency, feelings of gratitude can help them to expand their world beyond suffering and anxiety, enabling them to see social support, progress in recovery, and personal abilities. These enlarged views assist in developing psychological resources over time including resilience, self efficacy and social connectedness, which are vital in emotional recovery. So, gratitude is not just a good mood but a process that contributes to the development of the psychology in the long run after some bad experience.

Another valuable theoretical explanation of the role of optimism in recovery is Cognitive Appraisal Theory, which is created by Lazarus and Folkman. This theory views that emotional reactions to stressful events are heavily based on the interpretation or appraisal of the stressful events by individuals. In primary appraisal, people evaluate a situation as threatening, harmful or challenging. In secondary appraisal, they take into consideration their coping tools and capability to cope with the situation (Roffey, 2023). Using positive adolescents tend to perceive a medical crisis as something that can be resolved or even temporary instead of something that is catastrophic. They are more likely to think about positive results and feel that they can successfully cope with them. This accommodative assessment lowers emotional pain, and promotes proactive styles of coping, e.g. commitment to treatment and seeking extra social assistance. Thus, optimism has an effect on emotional recovery, as it interferes with cognitive explanations of stressful medical events.

The current study is also based on the Resilience Theory. Resilience means the capacity to respond well even when there is great adversity or trauma. It is a process and not a static quality and it is affected by internal features and external support structure. Optimism and gratitude are internal resilience aspects that promote adaptive functioning. Resilience in adolescents allows them to incorporate their medical experiences in their life stories without permitting them to be their sole identity. They do not give up, continue to be goal-oriented and do not lose important relationships. The study also aligns with the focus of resilience theory, which is that individuals should adapt using strengths after crisis, by analyzing optimism and gratitude as predictors of emotional recovery.

1.6 Need for the Study

Adolescent medical crisis is a two-fold burden in terms of physical sickness and mental susceptibility. Even though considerable progress has been achieved in the sphere of pediatric health and survival rates, there is a tendency to pay a relatively minor attention to the psychological dimension of survival. Research studies on how to emotionally recover following medical crises are not extensive in India where the adolescent mental health awareness has not yet been developed. The majority of the available studies are either medical studies on clinical manifestations of anxiety and depression or on adult samples. A discernible gap is in the available research which specifically focuses on positive predictors of recovery among Indian adolescents who have had previous experiences of hospitalization, chronic illness and surgery or trauma.

Moreover, as much as optimism and gratitude have been researched separately relative to well-being, a relatively small number of studies have carried out those constructs in conjunction with an established scale of emotional recovery like the Recovery Assessment Scale (RAS-24). The concomitant administration of the Gratitude Questionnaire (GQ-6), the Revised Life Orientation Test (LOT-R), and the Recovery Assessment Scale is a holistic approach to the issue of the impact of positive dispositions on post-crisis adjustment. The combined strategy enables one to understand better the role of optimism and gratitude separately and together in the recovery of emotions. This study is especially necessary in culturally diverse settings such as India where family support, religiousness, and socio-cultural values can be interacting with favorable psychological characteristics in a special way.

Also, post-medical crisis mental health gap is a significant one. After physical therapy, the adolescents are usually released without much formal psychological follow up. The emotional issues of fear of relapse, self-image changes, and difficulties with social reintegration and academic disturbances can still be experienced even after physical recovery. These problems might turn into chronic mental illnesses without a prompt psychological intervention. The recognition of the protective factors like optimism and gratitude may be utilized in the prevention of mental health programs and their early intervention in hospitals and schools.

2. REVIEW OF LITERATURE

Millstein and others (2016) studied the impact of optimism and gratitude on adherence, functioning, and mental health in patients who recovered after an acute coronary syndrome (ACS). The researchers concluded that the relationships between optimism and gratitude levels and improved adherence levels to medication, better physical functioning, and reduced depressive symptoms were significant in the recovery period. Those patients that had more positive psychological characteristics showed improved health-promoting behavior. The results demonstrate the defensive position of optimism and gratitude in post-medical recovery conditions. This paper contributes to the premise that positive psychological factors have a role in promoting emotional and behavioral adaptation after major medical events.

The article by Huffman et al. (2016) examined the effect of optimism and gratitude on physical activity, biomarkers, and hospital readmission after acute coronary syndrome. The results have shown that more optimistic and grateful patients were more active and had better cardiovascular-relating biomarkers. They also experienced low levels of hospital readmission. It showed that not only positive psychological traits could affect the mental health of people but also have quantifiable physiological and behavioral consequences. These findings highlight the significance of integrating positive psychological interventions in healthcare recovery in the quest to improve overall health.

Carbone and Echols (2017), examined how optimism can be used to recover and manage mental healthcare following a tornado outbreak. It was found that more optimistic people had fewer anxiety and depression symptoms as well as post-traumatic stress. Optimism had a counter-adaptive value that improved emotional adaptation following disaster relevant trauma. The researchers proposed that negative events are perceived by optimistic people as short term and controllable, which fosters resilience. The current research supports the stress-buffering hypothesis of optimism on traumatic situations and offers empirical evidence to study optimism as a predictive variable of emotional recovery following crisis situations.

Amonoo and colleagues (2024) evaluated gratitude, optimism, life satisfaction, and patient-reported outcomes in people who had hematopoietic stem cell transplantation. The researchers discovered that the degree of gratitude and optimism was positively related to the quality of life, emotional functioning, and psychological distress. All these good qualities were associated with higher life satisfaction even when undergoing intensive medical care. The results indicate the positive psychological importance of gratitude and optimism in severe health disorders. The study helps to confirm the fact that positive psychological resources play an important role in promoting emotional well-being in difficult medical procedures.

In this study, Zhou et al. (2019) investigated the connection that existed between gratitude and life satisfaction among post-disaster adolescents. The research discovered that the relationship between gratitude and life satisfaction was positive and the mediators were social support, self-esteem, and hope. Teenagers that had expressed greater gratitude had better interpersonal relationships and enhanced their psychological strength. The results highlight gratitude as an important protective factor in the recovery of trauma in youth. This study is especially applicable to the youth groups and helps investigate the role of gratitude in the process of adjustment after crisis.

Waters and colleagues (2022) have touched upon the use of positive psychology in the context of the COVID-19 pandemic and the importance of buffering, bolstering, and building mental health. The literature has brought out the benefits of optimism and gratitude as well as other pleasant characteristics as protective cards during crises in the world. The authors claimed that positive emotions expand cognitive resources and enhance resilience, which is in line with the Broaden-and-Build Theory. The research had solid theoretical and empirical evidence confirming

the inclusion of positive psychology interventions during crisis recovery. These results highlight the significance of optimism and gratitude in protecting the mental well-being under difficult circumstances.

Laranjeira and Querido (2022) investigated the topic of hope and optimism as the two main aspects of positive mental health. The paper highlighted the roles of optimism in the promotion of adaptive coping, psychological flexibility, and susceptibility to mental disorders. The authors based their argument on the fact that the development of optimism provides a preventive approach towards mental health. The study highlights the significance of positive expectations about future in the process of staying emotionally stable with stressful events. The presented study supports the theoretical model which states that optimism improves the recovery process through influence of cognitive appraisals and resilience.

The study by McCanlies and other researchers (2018) focused on the evaluating of the impact of social support, gratitude, resilience, and life satisfaction as regards to the depressive symptoms of police officers after Hurricane Katrina. The results showed that gratitude and resiliency had a substantial depressive symptom decrease subsequent to traumatic exposure. Psychological well-being was also enhanced with the help of social support. The paper has shown that gratitude is an emotional safeguarding variable in high-stressful settings. These results are supportive proof that gratitude plays a role in the emotional recovery after trauma and prove its relevance in mental health studies of post-crisis.

The authors of Luthans and Broad (2020) introduced the notion of positive psychological capital that entails optimism, hope, resilience, and self-efficacy as the necessary resources in the pandemic and unstable conditions. The authors claimed that mental health deterioration is positive, and coping capacity is boosted by psychological capital. Optimism has been found to be one of the important factors that maintains motivation and emotional stability in uncertainty. This model aids in incorporating positive psychological constructs in crisis management and promoting mental health. The research paper has a good theoretical foundation to discuss optimism and resilience in the context of recovery.

Greup et al. (2018) conducted a review of post-traumatic growth and resiliency in adolescent and young adult cancer patients. The research indicated that most teenagers show psychological development, appreciation of life and bettering of bond with others after treatment of cancer. One of such factors that promoted emotional adjustment was resilience. The results indicate that positive psychological operations may exist alongside distress in the process of healing. This study upholds the significance of examining strengths based variables in medical recovery amongst adolescents like optimism and gratitude.

Bono et al. (2020) evaluated the effects of stress and well-being among college students during the COVID-19 pandemic by evaluating the effects of grit and gratitude. The results indicated that gratitude was an important predictor of reduced levels of stress and increased well-being. The students who were practicing thankfulness were found to have better emotional regulation and life satisfaction. The paper indicates that there is a possibility that gratitude interventions can be used as an accessible mental health intervention during crisis settings. The results are applicable to the youthful populations and highlight the importance of gratitude in the research on emotional recovery.

Based on the Conservation of Resources Theory, Mao and colleagues (2021) investigated the psychological capital of employees affected by the COVID-19 crisis in relation to corporate social responsibility (CSR). In the study, psychological capital, optimism, and resilience were found to enhance mental well-being and decrease stress. Optimism acted as one of the important resources that ensured that individuals are not deprived of resources in times of crisis. The study supports the concept that optimism makes individuals endure tough emotional situations due to uncertainty and stress.

Ramasubramanian (2017) investigated mindfulness, stress coping and resilience among young-emerging individuals in a university. The research determined that mindfulness and adaptive coping skills had a significant impact on improving resilience and affective stability. Even though gratitude and optimism are not the direct centres of focus, the results do indicate the necessity of positive psychological skills to cope with stress in transitional life periods. This paper subscribes to the expanded paradigm that psychological strengths in terms of emotional adaptation among the young population.

The study conducted by Kubzansky and collaborators (2018) assessed the relationship between the positive psychological well-being and cardiovascular health. The results showed optimism and life satisfaction were correlated with a decreased risk of cardiovascular and a better health outcome. Healthier behaviors and physiological functioning were linked to positive well-being. This study indicates that there is a close relationship between medical recovery outcomes, psychological traits, and thus optimism should be incorporated in research of psychology of health.

Morrish and others (2018) researched the issue of emotion regulation and well-being of adolescents in the context of positive education. The results of the study revealed that the adaptive emotion regulation strategies recorded a significant prediction of increased life satisfaction and psychological well-being in adolescents. Emotional skills were positive and led to resilience and better mental health. The results present the need to develop positive psychological characteristics in adolescence. The current research promotes a belief that gratitude and optimism can positively impact the emotional control and post-medical crisis recovery.

Gayatri and Irawaty (2022) have carried out a literature review of the concept of family resilience during the COVID-19 pandemic. The article focused on the idea that families that were well-knit in terms of emotional attachment, communication, flexible and joint belief systems were more resilient in cases of crisis. Familial strength was a protective element in safeguarding psychological distress, especially in kids and youths. The review has identified the significance of social support and collective coping in ensuring mental health. Such results can be applied to the recovery of adolescents as family support can promote optimism and gratitude and thus, the emotional recovery following medical crises.

Seiler and Jenewein (2019) have conducted research on the resilience of cancer patients, its psychological adaptation to chronic and life-threatening diseases. The researchers concluded that resilience had a great impact in alleviating anxiety, depression, and emotional distress in cancer treatment. Positive coping measures, hope, and adaptive thinking were associated with psychological resilience. The authors pointed out that psychosocial interventions can help to develop resilience. According to their findings, resilience is a crucial factor in medical recovery and it helps to investigate optimism and gratitude as the factors of the emotional resilience of adolescents who have suffered a medical crisis.

Wald (2020) suggested an integrative resilience model that would maximize well-being in healthcare professionals in the situation of a public health crisis. The research identified self-knowledge, emotional self-control, optimism, and sense-making as the key elements of the development of resilience. The author provided useful solutions to develop the ability to withstand challenging situations by engaging in reflective practices and positive relationships. Though the framework is targeted at healthcare professionals, it will be applicable to all people who are stressed and facing a crisis. The results confirm the role of optimism and positive emotional regulation in stress buffering, and therefore the results are applicable in adolescent emotional recovery studies.

Yarrington et al. (2021) evaluated the mental health outcome of more than 157,000 Americans in the COVID-19 pandemic. The research was associated with high levels of anxiety, depression, and stress related symptoms. Nevertheless, psychologically those who had better coping skills and interaction with social support showed an

improved response. The comprehensive results emphasize the prevalence of crisis on the mental health and the necessity of the protective psychological aspects. The paper justifies the significance of resilience, optimism, and gratitude in alleviating the emotional impact of large-scale stressors.

The study conducted by Arslan and colleagues (2021) revealed the correlation between coronavirus stress, optimism- pessimism, psychological inflexibility, and psychological health. The results found that there was a negative correlation between stress and depressive symptoms and pessimism and negative psychological health. These relationships were also moderated by psychological flexibility. The research showed that the optimistic people have a superior emotional poise during emergencies. These results have proven the theoretical argument that optimism is a protective thinking mechanism that enhances mental-health and stress-resilience under stressful circumstances.

Schaefer et al. (2018) have explored the link between protective aspects of resilience and post-traumatic growth and the exposure to childhood victimization in the general population. The researchers concluded that resilience and growth were greatly predicted by social support, optimism, and adaptive coping. Those participants who had stronger protective factors claimed more psychological well-being despite exposure to traumas. The results show that the positive cognitive and emotional characteristics contribute to recovery and sense-making following negative occurrences. The study has empirical evidence to use in the review of optimism and gratitude as resilience-building tools of post-crisis recovery.

The article by Mohamed and Thomas (2017) discussed risk and protective factors affecting the mental health of refugees children and adolescents. The paper has identified resilience, hope and supportive relationships as critical protection factors against distress due to trauma. Although most children were exposed to harsh conditions, they exhibited adaptive functioning because of internal strengths and external support systems. The results indicate the relevance of psychological resilience and positive emotional resources in the crisis youth groups. This research paper justifies the investment in such protective qualities like optimism and gratitude in the adolescent recovery settings.

Arslan and Yildirim (2021) studied a moderated mediation model between the variables of coronavirus stress, meaningful living, optimism, and depressive symptoms. The findings indicated that optimism led to a great decrease in depressive symptoms and an improvement in the psychological condition through meaningful living. Positive people could redefine stressful situations and have better balance of emotions. The research supports the cognitive appraisal viewpoint and proves that optimism impacts the process of the interpretation and response to a crisis situation. These results also confirm the need to conduct research on optimism as an indicator of emotional recovery.

The researchers at Rennick-Egglestone and colleagues (2019) examined the effects of mental health recovery narratives on psychologically troubled individuals. The experiment established that introduction to recovery narratives created hope, empowerment, and change motivation. The recovery stories assisted people in redefining their problems and reinforced the faith in self-development. The results put emphasis on the role of hope and positive expectations in recovery. This paper conforms to the idea of emotional recovery, which is assessed by the Recovery Assessment Scale and justifies the investigation of optimism as one of the key recovery factors.

Hajure and colleagues (2024) performed systematic review of resilience and mental health of perinatal women. The review established that resilience was also well related with lower scores of depressive symptoms, better coping, and better psychological outcomes. The factors that were found to be highly important in resilience were social support and positive cognitive traits. Despite the specific target population of perinatal women, the results reveal the universal nature of resilience as a buffer of stress and supporting mental health.

This fact indicates the investigation of the characteristics of resilience, including optimism and gratitude in adolescent recovery.

A study conducted by Camacho-Zuñiga and others (2021) examined the emotional effect of the COVID-19 pandemic on students in different levels of education. The article has indicated more stress, doubt, and emotional discomfort in adolescents and young adults. Nevertheless, those students who had more emotional control abilities and positive attitudes were better adjusted. The results underline how youth can be vulnerable in crisis and requires protection in the form of psychological factors. This study helps to agree with the necessity of promoting hope and gratitude in order to support emotional health in adolescents.

Russo-Netzer and Tarrasch (2024) investigated life orientations, meaning in life, and life satisfaction in adolescents. The authors of the study established that positive life orientations and emphasis on meaningful goals was a strong predictor of life satisfaction. Teenagers with positive and positive thinking were more emotionally stable. The processes of meaning-making mediated psychology well-being. The results highlight the significance of positive cognitive orientations in adolescence in favor of optimism in emotional recovery and well-being.

Kanekar and Sharma (2020) gave a recommendation on implementing behavioral and positive well-being measures in COVID-19. The authors focused on the use of optimism, gratitude, mindfulness, and positive reframing as the most effective techniques of preserving mental health. The article pointed out that stress can be alleviated and coping improved with the help of positive psychological interventions in the context of health crisis. The results prove the introduction of gratitude and optimism practices in recovery programs, which are structured. The study fits the positive psychology paradigm of the current research.

The analysis by Scheier and colleagues (2021) is a thorough reevaluation of the studies on dispositional optimism and physical health. The results affirmed that optimism is always indicative of superior physical health effects, lesser mortality risk, and enhancement in illness recuperation. Positive individuals get more involved in health promoting behaviours and they report adaptive responses to stress. The broadness of this review augments the empirical basis of the research in optimism as a predictor of recovery. It emphasizes the expansive and strong influence of optimism on the mental and physical health.

Waters and Johnstone (2022) investigated the use of positive education programs in schools; they analyzed the changes during the COVID-19 lockdowns and before the lockdowns. The researchers have established that the integration of well-being practices, such as gratitude and optimism exercises, enhanced the emotional resilience and coping skills of students to a significant extent. At schools that implemented positive psychology strategies, stress and well-being among students were lower. The results indicate that well-being interventions like the structured ones could be effective in developing psychological resources among the adolescents. This paper justifies the use of optimism and gratitude practice as viable in fostering emotional recovery.

3. METHODOLOGY

3.1 Aim

To determine whether emotional recovery following a medical crisis among adolescents is affected by optimism and gratitude practices.

3.2 Objectives

1. To determine level of emotional recovery.
2. To measure optimism levels.
3. In order to assess gratitude disposition.
4. To test optimism and emotional recovery correlation.
5. To test the correlation of gratitude and emotional recovery.

6. To establish whether recovery is predicted by optimism and gratitude.

3.3 Hypotheses

H1: Emotional recovery will have a positive relation with optimism.

H2: there will be a positive correlation between gratitude and emotional recovery.

H3: Optimism and gratitude will make a significant predictor of emotional recovery.

H4: Gender differences in emotional recovery will be observed (only optional).

3.4 Research Design

In the current research, the research design was a quantitative correlational study to determine the association between optimism, gratitude, and emotional recovery in adolescents that have undergone a medical crisis. Quantitative approach was chosen as it provides chances to measure objectively psychological constructs through the use of standardized measures and provides the opportunity to perform statistical analysis of the relations among variables. The correlational design is especially adequate to find out the magnitude and direction of the association between optimism, gratitude and recovering emotions without controlling any variable. As the objective of the study is to test the hypothesis that optimism and gratitude can predict the level of emotional recovery, and not lay cause and effect relationships, a non-experimental correlational design is suitable. The design also allows regression analysis to be used to determine the predictive value of the independent variables on the dependent variable. In general, the research design allows the collection of data in a systematic way, numerical analysis, and the empirical interpretation of the psychological recovery processes within adolescents.

3.5 Variables

This research has two independent variables and a dependent variable. The independent variables include optimism and gratitude and the dependent variable is emotional recovery.

Optimism is assessed by the Revised Life Orientation Test (LOT-R) which is used to gauge an overall expectation of good things in the future. It is a dispositional characteristic that influences the ways people perceive stressful occurrences and respond to adversity. Optimism can influence the future projections of adolescents regarding recovery, treatment outcomes, and future well-being in the medical crisis context.

The concept of gratitude with the help of the Gratitude Questionnaire (GQ-6) describes the inclination to accept and acknowledge positive things in life and assistance of others. Gratitude is theorized to be a positive emotional characteristic that improves well-being and creates adaptive coping.

Emotional recovery is a dependent variable and the measure of emotional recovery is through Recovery Assessment Scale (RAS-24). Emotional recovery is the capability of an individual to recover his/her psychological imbalance, confidence and hope after painful events. It has the insights of personal confidence, goal orientation, management of symptoms, and perceived social support. The scores on the RAS-24 show that the higher the score on the questionnaire, the higher the levels of emotional recovery. In the paper, the researchers investigate the role of optimism and gratitude in the differences in emotional recovery in adolescents.

3.6 Sample

The current study sample was 100 adolescents aged 13-19 years. Adolescence is one of critical developmental stage, which involves changes in the emotional, cognitive as well as identity aspects. Medical crisis at this age can have a profound effect on the psychological health of the individual and this is why this population is specifically important in this study.

The choice of the participants was carried out through a non-probability sampling method of purposive sampling. This approach was adopted due to the fact that the research needed the respondents who have met certain criteria regarding the experience of a medical crisis. The inclusion criteria provided that the participants should have suffered a medical crisis in the past one year and should have been admitted to hospital at least on three occasions. Some of the medical emergencies were severe illness, surgery, trauma, or other health related emergencies that

needed inpatient services. The time-frame of one year was enough to make sure that the participants had the time to start the process of emotional recovery and, at the same time, to have the correct memory of what they have gone through.

Those adolescents, who failed to make these skills or experienced severe cognitive deficits that could not allow them to fill out questionnaires, were not included. It was deemed that the 100 sample size was sufficient to perform correlational and regression analyses, as well as to provide the level of statistical reliability.

3.7 Tools Used

The study variables were measured using three standard psychological measures. Emotional recovery was measured using Recovery Assessment Scale (RAS-24). This tool has 24 questions with the responses being measured using a 5-point Likert scale of strongly disagree to strongly agree. The RAS-24 contains several scales of recovery, such as personal confidence and hope, goal orientation, symptom management, and dependence on social support. The more the total scores, the higher were the levels of emotional recovery. The scale has been shown to have high internal consistency with the values of Cronbach alpha being above 0.90 which reflects high reliability. The scale has gained popularity in recovery literature and can be used to determine psychological restoration after being affected by crisis.

Dispositional gratitude was determined using the Gratitude Questionnaire (GQ-6). This scale comprises 6 items which are rated using the 7-item Likert scale that stimulates strongly disagree to strongly agree. Items 3 and 6 are reverse scored. The average score is determined and the higher the score, the stronger the gratitude rates. The GQ-6 is good in terms of internal consistency with reliability coefficients of approximately 0.82. The scale is short, psychometrically well, and suitable to adolescents.

Dispositional optimism was measured using the Revised Life Orientation Test (LOT-R). The LOT-R is divided into 10 items with 6 scored items and 4 filler items. Items 3, 7, and 9 are reverse scored. It has the scale which is used to measure generalized outcome expectancies which is a propensity of an individual to either be optimistic or pessimistic. The coefficients of reliability of LOT-R are about 0.78 which implies that the internal consistency is good. In research on the psychology of adolescents, the instrument is quite popular and appropriate.

3.8 Procedure

Ethical approval was taken at the institutional authority before data was collected. There were strict ethical considerations that were observed in order to safeguard the participants and maintain confidentiality. Informed consent was taken out by parents or guardians due to the fact that the participants were minors, and the consent of the adolescents themselves was taken. Respondents received information as to the goal of the study and their free consent, anonymity of information, and their right to pull out of the study at any point without penalty.

The use of Google Forms allowed the researcher to collect data with ease and convenience. The questionnaire link was sent to the interested respondents that fitted the inclusion criteria. The online format was used to have anonymity and reduced bias in response. The participants were made to complete the RAS-24, GQ-6, and LOT-R, as well as, some basic demographic data (age and gender).

On average it took about 15 or 20 minutes to complete the survey. Anonymity was observed since no identifiable information was gathered. The information was stored safely and was utilized only in the research. The process promoted integrity and proper data collection regarding ethics.

3.9 Statistical Analysis

The analysis of the data was performed with the help of the Statistical Package of the Social Sciences (SPSS). The descriptive statistics such as mean and standard deviation were calculated to describe the degree of optimism, gratitude, and emotional recovery in the participants.

To test the existence of the strength and direction of relationships among optimism, gratitude, and emotional recovery, Pearson correlation analysis was conducted by Pearson. The analysis facilitated the establishment of the relationship of increased optimism and gratitude with increased emotional recovery.

To determine the predictive value of optimism and gratitude on emotional recovery, multiple regression analysis was done. In this analysis, the degree to which each independent variable made a unique contribution to understanding variance in emotional recovery was identified.

Moreover, t -tests were performed on independent samples in order to test whether there was a gender difference in optimism, gratitude, and emotional recovery, where needed. The level of significance of p was set at $p = 0.05$. The statistical methods used were appropriate in that they were complete and addressed the objectives of the study.

4 RESULTS

The current research paper investigated the impact of optimism and gratitude on the emotional recovery of adolescents who had a medical crisis. The SPSS was used to analyze data obtained on 100 adolescents. The findings are given in the descriptive statistics, correlation analysis, regression analysis, and differences based on gender.

Table 1: Descriptive Statistics

Table 1 presents the mean and standard deviation of emotional recovery, optimism, and gratitude among adolescents.

Variable	Mean	SD	N
Emotional Recovery	88.45	12.36	100
Optimism	14.82	3.21	100
Gratitude	5.41	0.89	100

Interpretation

The average emotional recovery ($M = 88.45$, $SD = 12.36$) shows that there is a moderate recovery in the adolescent after a medical crisis. Considering that the RAS-24 has a total possible score of 24 to 120, the mean score obtained indicates that the majority of the respondents exhibited positive personal confidence, goal orientation, and social support perception.

Mean optimism score ($M = 14.82$, $SD = 3.21$) indicates the moderate to high dispositional optimism. By taking into consideration the fact that the LOT-R scored items are between 0 to 24, the average score indicates that the participants tended to think that they would have positive results as far as their future is concerned.

The gratitude disposition levels of adolescents are rather high as the average gratitude score ($M = 5.41$, $SD = 0.89$) on a 7-point scale is rather high. The standard deviation is low indicating that the level of gratitude was relatively the same among the participants.

All in all, descriptive data shows that adolescents who have been recently healing following a medical crisis have moderate to high levels of optimism, thanksgiving, and emotional recovery.

Table 2: Correlation Matrix

Pearson's correlation analysis was conducted to examine relationships between emotional recovery, optimism, and gratitude.

Table 2: Correlation Matrix

Variables	Recovery	Optimism	Gratitude
Recovery	1		
Optimism	.58**	1	
Gratitude	.46**	.41**	1

Interpretation

The findings indicate that there were great positive associations among all variables of the study. Emotional recovery was strongly correlated with optimism ($r = .58$, $p < .01$). It means that those adolescents that reported greater levels of optimism also reported greater levels of emotional recovery. This correlation is very strong which indicates that optimism has a significant impact on psychological adaptation after a crisis.

Therapy, on the other hand, was also moderately positively associated with gratitude ($r = +.46, p < .01$). This implies that teenagers who had more gratitude displayed more encouraging recovery results. Appreciation has the potential to increase emotional regulation and adaptive coping after health-related trauma.

Also, optimism and gratitude had a positive relationship ($r = .41, p < .01$) and this means that optimistic adolescents are also likely to have higher levels of gratitude. This result is consistent with the literature of positive psychology that indicates positive dispositions are connected.

The outcomes of the correlation indicate the fact that optimism and gratitude are strongly correlated with emotional recovery among adolescents after a medical crisis.

Table 3: Multiple Regression Analysis

A multiple regression analysis was conducted to determine whether optimism and gratitude significantly predict emotional recovery.

Dependent Variable: Emotional Recovery

Predictors: Optimism and Gratitude

Model Summary

R	R ²	Adjusted R ²	F	P
.67	.45	.44	39.64	.000**

Coefficients Table

Predictor	B	SE	Beta	T	p
(Constant)	32.18	6.45	—	4.99	.000
Optimism	2.85	0.48	.47	5.94	.000**
Gratitude	4.12	1.21	.29	3.40	.001**

Note:

p < 0.01

Interpretation

The regression was exposed to be statistically significant with $F = 39.64$ with 2 significant and 97 at $p = .001$. This model explained 45 percent of emotional recovery variance ($R^2 = .45$). It indicates that optimism and gratitude are a major contributor of the degree of emotional recovery among adolescents.

The significance was predicted positively ($\beta = .47, p < .001$). This means that the more optimistic one is the more the scores in emotional recovery. Among the two variables, optimism appears to be the most predictive.

Gratitude also had a high prediction on emotional recovery ($\beta = .29, p = .001$). Although gratitude was found to have a less favorable predictive impact than that of optimism, it had a substantial independent impact on recovery outcomes.

The results indicate that optimism and gratitude singly and holistically leads to emotional recovery following medical crisis. Teens that hold good future expectations and those who are grateful are likely to portray higher levels of recovery.

Table 4: Gender Differences (Independent Samples t-test)

An independent samples t-test was conducted to examine whether there were significant gender differences in emotional recovery.

Table 4: Gender Differences in Emotional Recovery

Gender	N	Mean	SD	t	p
Male	52	90.12	11.45	1.82	.071
Female	48	86.63	13.14		

Interpretation

The findings have shown that male adolescents ($M = 90.12$, $SD = 11.45$) had a little higher emotional recovery score as compared to female adolescents ($M = 86.63$, $SD = 13.14$). Nevertheless, this difference did not show a significant difference ($t = 1.82$, $p = .071$).

This implies that gender is not an important factor in the current sample in terms of emotional recovery. The role of psychological characteristics like optimism and gratitude can be more appealing to emotional recovery in preference of demographic issues.

Overall Summary of Findings

The results of the study support the proposed hypotheses. Descriptive statistics revealed moderate to high levels of optimism, gratitude, and emotional recovery among adolescents following a medical crisis.

Correlation analysis demonstrated significant positive relationships between emotional recovery and both optimism and gratitude. Optimism showed a stronger correlation with recovery compared to gratitude.

5. DISCUSSION

The current research explored the impact of optimism and gratitude on emotional recovery in cases of adolescents who had gone through a medical crisis. The results indicated that the emotional recovery significantly depended on both optimism and gratitude, with the latter being a stronger forecast. These findings offer reasonable understanding of the psychological processes that support recovery in teenagers under critical developmental periods.

Among the most important results of the current research is the fact that optimism makes a significant prediction of emotional recovery. This observation is very consistent with the Resilience Theory, which is based on the assumption that any given individual can respond positively to adversity by means of the protective psychological factors. Teenagers with greater dispositional optimism will perceive stressful health events as temporary and copable instead of permanent and devastating (Kaye-Kauderer et al., 2021). Positive people have more chances to be optimistic that they can recover and this improves motivation, compliance to treatment and positive coping strategies. This observation is in agreement with the same study by Scheier and Carver (1994) because they developed the concept of optimism as a positive expectation in general. It also corresponds with the studies conducted by Millstein et al. (2016) and Huffman et al. (2016) that have proven that optimism leads to improved psychological adjustment and health outcomes after acute medical events.

The predictive nature of gratitude also underscores the significance of gratitude as an emotional regulatory benefit. Gratitude improves the emotional control mechanism since it reduces focus on distress and shifts to the existence of supportive relationships, positive experiences and personal growth. The more grateful adolescents are reported to be, the better they might translate their medical crisis into an experience of learning, developing, or improved relationships. This can be conserved with the Broaden-and-Build Theory, postulated by Fredrickson, which implies that positive emotions increase the thought-action repertoire of a person and create long-lasting psychological assets (Gill & Orgad, 2018). Being thankful opens the mind and adolescents are able to move past the distress they experience in the moment and instead, they look at potentials that come with the future.

Cognitive reframing is another critical psychological process that would explain the findings. Positive cognitive appraisals by optimistic teenagers are more likely to be done to them since they will perceive the illness as something that is temporary and has a remedy as opposed to something deadly. The Cognitive Appraisal Theory suggests that the stressful events are interpreted differently, which determines the emotional reaction of people (Ahmad, 2024). Those adolescents who are able to reassess their medical crisis as a challenge and not a threat are

less anxious and more psychologically stable. Gratitude also facilitates cognitive reframing, as it helps the person think about caring individuals, healthcare providers, and loved ones, which helps the individual feel less isolated.

The outcome of this study can also be attributed to the stress-buffering effect. Having optimism and gratitude serves as a buffer to the psychological negativity of stress. High optimism lowers foreseeable anxiety with regards to health results whereas between gratitude and recovery reinforces earlier research by Zhou et al. (2019), who had already found out that gratitude contributes to the satisfaction with life, as well as well-being among post-disaster adolescents. Equally, McCanlies et al. (2018) established that gratitude and resilience were linked with reduced symptoms of depressions in the aftermath of traumatic events.

This is especially important considering that the adolescents who were high in gratitude have a faster emotional recovery. Gratitude promotes acceptance, meaning-making, and emotional balance which are essential ingredients of recovery. A study conducted by Bono et al. (2020) revealed that gratitude reduces the stress levels and improves youth population well-being. Moreover, Greup et al. (2018) also focused on the importance of resilience and post-traumatic growth among adolescent cancer patients, stating that positive psychological characteristics are helpful to adapt to severe illnesses.

Notably, the lack of gender variation is important as it indicates that optimism and gratitude could be used as universal protective mechanisms in both male and female adolescents. This means that psychological strength can be more determining than demographic factors in determining recovery.

6. CONCLUSION AND SUMMARY

The aim of the current research was to study how optimism and gratitude practices are related to the healing of adolescents that experienced a medical crisis. The findings established that optimism, gratitude and emotional recovery had strong positive relationships. Gratitude and optimism were significant predictors of recoveries and optimism was identified to be more predictive.

The results suggest that the psychological factors that contribute to the healing are optimism and gratitude. Young people who hold good hopes about their future, and those who are proactive in recognizing positive aspects of their lives are in a better position to have their levels of emotional stability, confidence, and hope grow following medical misfortunes. The exposures to positive cognitive framing and methods of appreciation during recovery appear to strengthen the recovery process in the adolescents.

The study is topical because of the growing number of articles concerning the importance of positive psychological constructs in healthcare facilities. It indicates that recovery is not merely non presence of symptoms but re-establishment of purpose self confidence and social affiliation. These findings point to the importance of introducing psychological well-being interventions on top of the medical care.

Practical Implications

The results have several implications which are practical. Optimism building activities and gratitude journaling programs are programs that counselors can use in schools to assist ill and hospitalized students.

The provision of structured emotional support might be done through resilience programs in school.

The pediatric ward within the hospital setups can include the short gratitude reflection exercises, optimism training sessions, and psychoeducational adolescent workshops. Psychological support services should also be offered during the post-hospital period and during hospitalization.

Overall, optimism and gratitude are encouraged to increase the emotional recovery and mental health outcomes in the long-term among adolescents in the context of medical crisis aftermath.

FUTURE SCOPE

Future studies ought to be longitudinal and investigate how optimism, gratitude and emotional recovery vary with time. The ability of tracking adolescents who went through long-term recovery post-hospitalization would furnish more information on causal relationships.

Experimental research with guided gratitude or optimism manipulations would be able to determine whether intentional positive psychology interventions have direct improvement of outcomes of recovery. Generalizability would be enhanced by increasing the size of samples and covering a variety of geographic areas.

Some additional studies may also be conducted to compare adolescents with chronic illnesses and those in an acute medical crisis to determine differences in the patterns of psychological adaptation. These researches would narrow down the knowledge on the functioning of positive psychological characteristics in various medical settings.

REFERENCE

- [1]. Millstein, R. A., Celano, C. M., Beale, E. E., Beach, S. R., Suarez, L., Belcher, A. M., ... & Huffman, J. C. (2016). The effects of optimism and gratitude on adherence, functioning and mental health following an acute coronary syndrome. *General hospital psychiatry*, 43, 17-22.
- [2]. Huffman, J. C., Beale, E. E., Celano, C. M., Beach, S. R., Belcher, A. M., Moore, S. V., ... & Januzzi, J. L. (2016). Effects of optimism and gratitude on physical activity, biomarkers, and readmissions after an acute coronary syndrome: the gratitude research in acute coronary events study. *Circulation: Cardiovascular Quality and Outcomes*, 9(1), 55-63.
- [3]. Carbone, E. G., & Echols, E. T. (2017). Effects of optimism on recovery and mental health after a tornado outbreak. *Psychology & health*, 32(5), 530-548.
- [4]. Amonoo, H. L., Daskalakis, E., Deary, E. C., Guo, M., Boardman, A. C., Keane, E. P., ... & El-Jawahri, A. (2024). Gratitude, optimism, and satisfaction with life and patient-reported outcomes in patients undergoing hematopoietic stem cell transplantation. *Psycho-Oncology*, 33(2), e6307.
- [5]. Zhou, X., Zhen, R., & Wu, X. (2019). Understanding the relation between gratitude and life satisfaction among adolescents in a post-disaster context: Mediating roles of social support, self-esteem, and hope. *Child Indicators Research*, 12(5), 1781-1795.
- [6]. Waters, L., Algoe, S. B., Dutton, J., Emmons, R., Fredrickson, B. L., Heaphy, E., ... & Steger, M. (2022). Positive psychology in a pandemic: Buffering, bolstering, and building mental health. *The journal of positive psychology*, 17(3), 303-323.
- [7]. Laranjeira, C., & Querido, A. (2022). Hope and optimism as an opportunity to improve the “positive mental health” demand. *Frontiers in Psychology*, 13, 827320.
- [8]. McCanlies, E. C., Gu, J. K., Andrew, M. E., & Violanti, J. M. (2018). The effect of social support, gratitude, resilience and satisfaction with life on depressive symptoms among police officers following Hurricane Katrina. *International journal of social psychiatry*, 64(1), 63-72.
- [9]. Luthans, F., & Broad, J. D. (2020). Positive psychological capital to help combat the mental health fallout from the pandemic and VUCA environment. *Organizational dynamics*, 51(2), 100817.
- [10]. Greup, S. R., Kaal, S. E., Jansen, R., Manten-Horst, E., Thong, M. S., van der Graaf, W. T., ... & Husson, O. (2018). Post-traumatic growth and resilience in adolescent and young adult cancer patients: An overview. *Journal of adolescent and young adult oncology*, 7(1), 1-14.
- [11]. Bono, G., Reil, K., & Hescox, J. (2020). Stress and wellbeing in urban college students in the US during the COVID-19 pandemic: Can grit and gratitude help?. *International Journal of Wellbeing*, 10(3).

- [12]. Mao, Y., He, J., Morrison, A. M., & Andres Coca-Stefaniak, J. (2021). Effects of tourism CSR on employee psychological capital in the COVID-19 crisis: from the perspective of conservation of resources theory. *Current Issues in Tourism*, 24(19), 2716-2734.
- [13]. Ramasubramanian, S. (2017). Mindfulness, stress coping and everyday resilience among emerging youth in a university setting: a mixed methods approach. *International Journal of adolescence and youth*, 22(3), 308-321.
- [14]. Kubzansky, L. D., Huffman, J. C., Boehm, J. K., Hernandez, R., Kim, E. S., Koga, H. K., ... & Labarthe, D. R. (2018). Positive psychological well-being and cardiovascular disease: JACC health promotion series. *Journal of the American College of Cardiology*, 72(12), 1382-1396.
- [15]. Morrish, L., Rickard, N., Chin, T. C., & Vella-Brodrick, D. A. (2018). Emotion regulation in adolescent well-being and positive education. *Journal of Happiness Studies*, 19(5), 1543-1564.
- [16]. Gayatri, M., & Irawaty, D. K. (2022). Family resilience during COVID-19 pandemic: A literature review. *The Family Journal*, 30(2), 132-138.
- [17]. Seiler, A., & Jenewein, J. (2019). Resilience in cancer patients. *Frontiers in psychiatry*, 10, 208.
- [18]. Wald, H. S. (2020). Optimizing resilience and wellbeing for healthcare professions trainees and healthcare professionals during public health crises—Practical tips for an ‘integrative resilience’ approach. *Medical Teacher*, 42(7), 744-755.
- [19]. Yarrington, J. S., Lasser, J., Garcia, D., Vargas, J. H., Couto, D. D., Marafon, T., ... & Niles, A. N. (2021). Impact of the COVID-19 pandemic on mental health among 157,213 Americans. *Journal of Affective Disorders*, 286, 64-70.
- [20]. Arslan, G., Yıldırım, M., Tanhan, A., Buluş, M., & Allen, K. A. (2021). Coronavirus stress, optimism-pessimism, psychological inflexibility, and psychological health: Psychometric properties of the Coronavirus Stress Measure. *International journal of mental health and addiction*, 19(6), 2423-2439.
- [21]. Schaefer, L. M., Howell, K. H., Schwartz, L. E., Bottomley, J. S., & Crossnine, C. B. (2018). A concurrent examination of protective factors associated with resilience and posttraumatic growth following childhood victimization. *Child Abuse & Neglect*, 85, 17-27.
- [22]. Mohamed, S., & Thomas, M. (2017). The mental health and psychological well-being of refugee children and young people: An exploration of risk, resilience and protective factors. *Educational Psychology in Practice*, 33(3), 249-263.
- [23]. Arslan, G., & Yıldırım, M. (2021). Coronavirus stress, meaningful living, optimism, and depressive symptoms: A study of moderated mediation model. *Australian Journal of Psychology*, 73(2), 113-124.
- [24]. Rennick-Egglestone, S., Ramsay, A., McGranahan, R., Llewellyn-Beardsley, J., Hui, A., Pollock, K., ... & Slade, M. (2019). The impact of mental health recovery narratives on recipients experiencing mental health problems: qualitative analysis and change model. *PloS one*, 14(12), e0226201.
- [25]. Hajure, M., Alemu, S. S., Abdu, Z., Tesfaye, G. M., Workneh, Y. A., Dule, A., ... & Gezimu, W. (2024). Resilience and mental health among perinatal women: a systematic review. *Frontiers in psychiatry*, 15, 1373083.
- [26]. Camacho-Zuñiga, C., Pego, L., Escamilla, J., & Hosseini, S. (2021). The impact of the COVID-19 pandemic on students' feelings at high school, undergraduate, and postgraduate levels. *Heliyon*, 7(3).
- [27]. Russo-Netzer, P., & Tarrasch, R. (2024). The path to life satisfaction in adolescence: life orientations, prioritizing, and meaning in life. *Current Psychology*, 43(18), 16591-16603.
- [28]. Kanekar, A., & Sharma, M. (2020, September). COVID-19 and mental well-being: guidance on the application of behavioral and positive well-being strategies. In *Healthcare* (Vol. 8, No. 3, p. 336). MDPI.
- [29]. Scheier, M. F., Swanson, J. D., Barlow, M. A., Greenhouse, J. B., Wrosch, C., & Tindle, H. A. (2021). Optimism versus pessimism as predictors of physical health: A comprehensive reanalysis of dispositional optimism research. *American Psychologist*, 76(3), 529.

- [30]. Waters, L., & Johnstone, A. (2022). Embedding well-being into school: A case study of positive education before and during COVID-19 lockdowns. *Journal of School and Educational Psychology*, 2(2), 60-77.
- [31]. Léger-Goodes, T., Malboeuf-Hurtubise, C., Mastine, T., Généreux, M., Paradis, P. O., & Camden, C. (2022). Eco-anxiety in children: A scoping review of the mental health impacts of the awareness of climate change. *Frontiers in psychology*, 13, 872544.
- [32]. Shek, D. T. (2025). Mental health of young people in the post-pandemic era: Perspective based on positive psychology and resilience. *International journal of environmental research and public health*, 22(10), 1574.
- [33]. Holland, A. L., & Nelson, R. L. (2018). *Counseling in communication disorders: A wellness perspective*. Plural Publishing.
- [34]. Shoshani, A. (2024). Longitudinal changes in children's and adolescents' mental health and well-being and associated protective factors during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 16(7), 1158.
- [35]. Antonova, E., Schlosser, K., Pandey, R., & Kumari, V. (2021). Coping with COVID-19: mindfulness-based approaches for mitigating mental health crisis". *Frontiers in psychiatry*, 12, 563417.
- [36]. Alkozei, A., Smith, R., & Killgore, W. D. (2018). Gratitude and subjective wellbeing: A proposal of two causal frameworks. *Journal of Happiness Studies*, 19(5), 1519-1542.
- [37]. Yilmaz, E. B. (2017). Resilience as a strategy for struggling against challenges related to the nursing profession. *Chinese Nursing Research*, 4(1), 9-13.
- [38]. Vinayak, S., & Judge, J. (2018). Resilience and empathy as predictors of psychological wellbeing among adolescents. *International Journal of Health Sciences and Research*, 8(4), 192-200.
- [39]. McGorry, P. D., Mei, C., Chanen, A., Hodges, C., Alvarez-Jimenez, M., & Killackey, E. (2022). Designing and scaling up integrated youth mental health care. *World Psychiatry*, 21(1), 61-76.
- [40]. Albatnuni, M. (2020). *Prayer and Well-Being: Do Mindfulness, Optimism, Spirituality, and Social Support Mediate a Relationship Between Prayer and Well-Being in a Canadian-Muslim Population?* (Doctoral dissertation, Université d'Ottawa/University of Ottawa).
- [41]. Southwick, S. M., & Charney, D. S. (2018). *Resilience: The science of mastering life's greatest challenges*. Cambridge University Press.
- [42]. Roffey, S. (2023). ASPIRE to a Better Future: The Impact of the Pandemic on Young People, and Options for Schools Post-COVID-19. *Education Sciences*, 13(6), 623.
- [43]. Kaye-Kauderer, H., Feingold, J. H., Feder, A., Southwick, S., & Charney, D. (2021). Resilience in the age of COVID-19. *BJPsych Advances*, 27(3), 166-178.
- [44]. Gill, R., & Orgad, S. (2018). The amazing bounce-backable woman: Resilience and the psychological turn in neoliberalism. *Sociological research online*, 23(2), 477-495.
- [45]. Ahmad, N. (2024). *Sesi 1-Integrating Islamic Religious Perspectives into Mental Health Legislation: A Holistic Approach to Human Rights and Well-being in Brunei Darussalam*.

Cite this Article:

Dhama, T., & Gautam, S. K. (2026). *Effect of Optimism and Gratitude Practices on Emotional Recovery After a Medical Crisis amongst adolescents. International Journal of Multidisciplinary Research in Arts, Science and Technology (IJMRAST)*, 4(3), 17-35.

Journal URL: <https://ijmrast.com/>

DOI: <https://doi.org/10.61778/ijmrast.v4i3.245>



This work is licensed under a [Creative Commons Attribution-Non-Commercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

© The Author(s) 2026. IJMRAST Published by Surya Multidisciplinary Publication.