INPLASY

Life engagement as a transdiagnostic factor in psychopathology: A scoping review protocol

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ADMINISTRATIVE INFORMATION

INTRODUCTION

Review question / Objective This scoping review aims to systematically map the existing literature on life engagement, in order to:
1. Clarify and synthesize the varied conceptualizations of life engagement, contrasting definitions rooted in positive psychology emphasizing meaning/value with action-oriented clinical psychology perspectives focused on behavioral investment in activities.
2. Critically review current approaches to measuring life engagement, evaluating their ability to capture its dynamic and participatory nature and their applicability across diverse therapeutic contexts.
3. Integrate findings on life engagement across diagnostic categories such as anxiety disorders, depressive disorders, and schizophrenia spectrum disorders, to elucidate its potential as a transdiagnostic mechanism.
4. Identify key gaps in the literature and propose high-priority future directions to advance the construct of life engagement as a core component of transdiagnostic psychological interventions.

Background Recent research into life engagement across various mental disorders, such as social anxiety, major depressive disorder, and schizophrenia, has suggested that life disengagement may be a common phenomenon transcending diagnostic boundaries (Deniz, 2022; McIntyre, 2023; Vita, 2023). This observation is frequently encountered in clinical practice. Drawing on principles and practices from Mindfulness-Based Stress Reduction (MBSR) and the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP), one of our authors developed the Mindfulness Intervention for Emotional Distress (MIED) program (Liu, 2024). The MIED program directly addresses transdiagnostic psychopathological mechanisms underlying emotional disorders, including life engagement, cognitive flexibility, distress tolerance, and emotional behavior (Ju, 2022; Li, 2023, 2024; He, 2024; Wang, 2024). It employs four strategies to

reduce emotional distress, with life engagement as the first and most pivotal strategy.

Life engagement, as conceptualized in the MIED program, reflects an individual's investment of time and energy in everyday activities while minimizing excessive focus on symptoms. This approach integrates therapeutic principles from Morita therapy (Kitanishi, 1995), such as "letting go and letting nature take its course" and "disregarding the method", as well as behavioral activation from cognitive behavioral therapy (CBT) (Dimidjian, 2011), which emphasizes action-oriented strategies to promote psychological recovery.

In contrast, many studies influenced by positive psychology have adopted a narrower interpretation of life engagement, focusing on the presence of meaning and value in life (Scheier, 2006). While more recent studies have expanded this perspective to include aspects such as cognition, vitality, motivation, and the capacity to experience pleasure (Bartrés, 2018), they often lack a clear distinction between life engagement and related constructs like social functioning or general well-being. These conceptualizations risk overlooking the dynamic and action-oriented nature of life engagement, which is central to its role in clinical psychological interventions.

The diversity in conceptualization extends to measurement approaches, with tools grounded in positive psychology emphasizing meaning and value (Scheier, 2006), while others modify existing symptom-based scales to fit the construct (Thase, 2023; Ismail, 2024). These inconsistencies, along with limitations in capturing the dynamic and participatory aspects of life engagement across therapeutic contexts, hinder their applicability in research and clinical practice, particularly in understanding its transdiagnostic potential (Deniz, 2022; Liu, 2024).

Rationale Life engagement has emerged as a critical construct in mental health research and clinical practice, reflecting its potential as a transdiagnostic factor that addresses shared mechanisms underlying various mental disorders. Despite its growing prominence, significant challenges remain in understanding, measuring, and applying this concept effectively.

Firstly, the conceptualization of life engagement remains inconsistent, with most existing studies adopting definitions rooted in positive psychology that emphasize meaning, value, or positive health aspects. While some have expanded to include cognitive and emotional dimensions, they largely lack a focus on behavioral orientation, which is essential for intervention development in clinical psychology. The MIED program's action-oriented framework, emphasizing investment in everyday activities while minimizing symptom-focused attention, provides a novel perspective that aligns more closely with the needs of clinical practice (Liu, 2024). However, the coexistence of these varying definitions presents challenges for advancing the construct, as it complicates its application and differentiation from related concepts, such as social functioning or general well-being. A comprehensive synthesis is therefore necessary to clarify these definitions, identify their distinctions, and establish a unified framework for research and practice.

Secondly, measurement tools for life engagement reflect this conceptual diversity, further complicating its application. Tools grounded in positive psychology often emphasize subjective meaning (Scheier, 2006), while others modify symptom-based measurement instruments to fit the construct (Thase, 2023; Ismail, 2024). Such variations not only hinder comparability across studies but also reveal critical limitations, such as insufficient sensitivity to the dynamic and participatory aspects of life engagement and a lack of adaptability to diverse therapeutic contexts. These limitations restrict the broader application of life engagement in research and practice, particularly in exploring its transdiagnostic potential.

Finally, while life engagement has been studied across diverse populations—including individuals with social anxiety, major depressive disorder, and schizophrenia—existing research is fragmented, and there is little integration across diagnostic categories. This fragmentation limits the understanding of shared mechanisms and the identification of universal strategies for improving mental health outcomes through life engagement. A comprehensive synthesis of the literature is therefore essential to clarify its role and establish its potential as a unifying construct in mental health research and interventions.

A scoping review is well-suited to address these gaps, providing a systematic mapping of the conceptualization, measurement approaches, and applications of life engagement across populations. By synthesizing existing knowledge, this review aims to highlight areas of consensus and contention, identify critical gaps, and propose directions for future research and practice. Ultimately, it seeks to advance the understanding of life engagement as a core element of clinical psychological interventions and as a potential transdiagnostic factor in mental health, paving the way for more effective and targeted strategies to promote psychological well-being across diverse clinical populations.

METHODS

Strategy of data synthesis   The proposed review will follow the five-stage framework developed by Arksey and O'Malley (Arksey, 2005). The search will be conducted in four electronic databases: PubMed, PsycINFO, Web of Science, and Embase. The search strategy focuses on the concept of life engagement and includes the following terms: "life engagement" OR "engage in life" OR "engagement with life" OR "life participation" OR "participation in life".

The terms are applied to the title and abstract fields and are linked by the Boolean operator "OR" to ensure comprehensive coverage of relevant literature. This search strategy aims to identify studies that explore the conceptualization, measurement, and transdiagnostic potential of life engagement across diverse contexts.The literature search will include all studies published up to January 3, 2025, with no restrictions on the starting date.

Eligibility criteria   We developed inclusion and exclusion criteria for papers and documents based on the Population, Concept, and Context (PCC) framework, as recommended by the Joanna Briggs Institute for scoping reviews (Pollock, 2023). This framework was chosen to explore the concept of life engagement and its role in mental health across diverse populations and contexts.

To be eligible for inclusion in the scoping review, studies had to meet the following criteria:

1.Studies must include any population without restriction, encompassing diverse demographic characteristics.

2.Studies must explore the concept of life engagement, providing a clear operationalization or measurement, either using validated tools or author-defined methods, without restriction to a specific definition or theoretical framework.

3.Studies must examine the role of life engagement in the context of mental health, reporting outcomes related to psychopathology (e.g., depression, anxiety) or broader mental health constructs (e.g., well-being, resilience).

4.Empirical studies published in peer-reviewed journals, including quantitative, qualitative, and mixed-methods designs.

Exclusion Criteria are as follows:

1.Studies will be excluded if they lack sufficient data for extraction (e.g., missing details on life engagement measures or unclear mental health outcomes).

2.Studies will be excluded if they focus exclusively on a single dimension of life engagement (e.g., social, work, or physical engagement) without conceptualizing or measuring it as part of a broader life engagement construct.

Source of evidence screening and selection
Data screening and selection will be conducted independently by two reviewers under the supervision of a third reviewer. The two reviewers will follow the predefined search strategy to identify relevant studies from the target databases. Screening will be performed in two stages: first, titles and abstracts will be reviewed against the inclusion and exclusion criteria; second, full-text screening will be conducted for studies that align with the research objectives. Any discrepancies or inconsistencies identified during the screening process will be resolved through a joint discussion with the third reviewer to determine the cause and reach a consensus. All screening processes will be carried out using the "Covidence" platform (JBabineau, 2018).

Data management   All data, including retrieved references, screening records, and extracted information, will be securely stored on a centralized, password-protected platform to ensure both accessibility and data integrity throughout the review process. References will be managed in Covidence during the screening stages, where duplicates will be automatically identified and removed.

Extracted data will be systematically organized in a structured Excel spreadsheet, designed to record study characteristics, conceptualizations of life engagement, measurement tools, and key findings. This spreadsheet will be shared among the review team to facilitate collaboration and will include version control to track updates and modifications. To ensure transparency and reproducibility, all decisions related to screening, inclusion, and data extraction will be thoroughly documented. A PRISMA flow diagram will be created to visually represent the study selection process, providing a clear summary of how evidence was identified, screened, and included in the review.

Language restriction NA.

Country(ies) involved China.

Keywords Life engagement; Mental health; Psychopathology; Transdiagnostic.

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