

Positive psychology and depression

Science



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Positive Psychology in the Treatment of Major Depression Positive psychology is a strengths-oriented, positively focused approach to human behaviors and thoughts that is relatively recent to the overall field of psychology. Previous schools of thought had always focused on the abnormalities, weaknesses, and pathologies of people. Positive psychology is an exceptionally new branch of psychology and aims at making life more fulfilling, enjoyable, and happy instead of just tolerable; they wish to promote mental health and well-being instead of only treating disorders.

This research paper will address the roles that hope, gratitude, forgiveness, resilience, optimism, and self-efficacy play in one's life, and how these characteristics can be utilized in a way to maximize one's positive affect. One of the most common mood disorders is depression. Depression comes in many forms and there are also different depressive disorders such as major depression, bipolar disorder, and dysthymic disorder. (NIMH, 2009) For the sake of this paper, major depression will be examined.

Related article: Approaches to Promoting Wellbeing

Symptoms of a major depressive episode include feelings of sadness or unhappiness, irritability or frustration, loss of interest or pleasure in normal activities, reduced sex drive, insomnia or excessive sleeping, changes in appetite, agitation or restlessness, angry outbursts, slowed thinking or speaking, fatigue, tiredness, loss of energy, trouble thinking or concentrating, frequent thoughts of death or dying including suicide, crying spells for no apparent reason, and unexplained physical problems such as pain (Mayo Clinic, 2012).

One does not have to have every one of these symptoms, they must have at least five symptoms, they must persist for at least two weeks, symptoms cannot be caused due to drug or alcohol consumption, are not caused by bereavement or last longer than two months, and they must cause a significant amount of impairment in the person's everyday life functioning (DSM-IV-TR, 2000). Major depressive disorder has a lifetime prevalence rate of 11.2 percent in young adults with 3.3 percent of those cases deemed severe, and a twelve month prevalence rate of 6.4 percent in adults with 30.4 percent of those cases diagnosed as severe. People ages eighteen to twenty-nine are seventy percent more likely to have experienced depression compared to those over the age of sixty, people between thirty to forty-four years old were 120 percent more likely, and forty-five to fifty-nine year olds were 100 percent more likely. Women are seventy percent more likely than their male counterparts to experience depression during their lifetime and whites are forty percent more likely than blacks to experience depression.

Compared to 2 percent or less for most other disorders, major depression is quite common. (NIMH, 2009) Positive psychology interventions in cases of major depression focus on increasing positive emotions, positive experiences, subjective well-being, and beneficial engagements. This differs from traditional interventions by not focusing on the depressive, negative symptoms and instead trying to focus on the good aspects of one's life. Positive psychologists do not ignore the fact that mental illnesses are abnormal and the fact that things do go wrong in peoples' lives.

Instead, they want to take a closer look at the good things that happen in peoples' lives and what makes and keeps people content or happy. In one

study, conducted by Seligman et al, positive psychotherapy exercises delivered through the internet were shown to relieve the symptoms of depression for a minimum of six months whereas traditional treatments lasted less than one week. In subjects suffering from severe depression, reduction in mild-to-moderate depressive symptoms was observed.

It was also observed that subjects who had been suffering from major depressive disorder and underwent positive psychotherapy had a higher reduction in symptoms than those who underwent traditional treatments and those who underwent traditional treatments combined with medications. The hypothesis of this study stated that “ depression can be treated effectively not only by reducing its negative symptoms, but also by directly and primarily building positive emotions, character strengths, and meaning. It is possible that directly building these positive resources may also buffer against their future reoccurrence. (Seligman et, al. , 2006) Logically, major depression would be well treated when using a positive psychology oriented approach. People who suffer from depression experience anhedonia – an inability to experience pleasure in activities which it is usually produced. They lack positive affect, show a lack of engagement in meaningful activities, lack of feeling of purpose, and lack of feeling of meaning. These people no longer find any interest in things such as sex, food, bonding with friends, favorite past times, and work. (Brynie, 2009) A study by Barnaby D.

Dunn, published in July of 2012 also found that people suffering from depression also do not experience anticipation or recognize positive emotions the way those unaffected do. (Dunn, 2012) The Merriam-Webster dictionary defines anticipation as “ 1: b. the act of looking forward;

especially: pleasurable expectation. 2: a mental attitude that influences a later response. "(Merriam-Webster, 2012) From this, it is understood that people suffering from depression, and therefore anhedonia, not only miss out on the pleasure normally experienced during enjoyable activities, they also do not even look forward to any of these pleasurable activities.

It is as if they do not see the possibility of an experience producing positive outcomes. Positive psychology, on the other hand, is primarily focused on creating and building-upon positive emotions, helping people find meaning in their everyday lives, and promoting an overall increase in mental health. Positive psychology has its roots in self-efficacy, optimism, and hope. Self-efficacy is the belief that you have the skills and self-control necessary to achieve the goals you set for yourself.

This is a learned way of thinking, predicted by previous successes, observing others with high levels of self-efficacy, the ability to imagine oneself achieving a successful outcome, verbal persuasion by other strong and trustworthy individuals, and ability to control negative emotions. Optimism is a person's tendency to look at a situation from the best possible point of view, or to expect the best possible outcome in any given situation (Merriam-Webster, 2012). Optimism can be predicted by a childhood environment which provided safety, coherence, secure attachments, and there is also a genetic component to optimism.

Television, however, is one of the main culprits in promoting pessimism - the opposite of optimism. The final main building block of positive psychology is hope. Hope is the combination of the belief that one can reach his or her goals and has the ability to find alternate routes to these goals should they

be presented with adversity. (Snyder, 2011) Key steps and aspects of combating major depression with positive psychology were outlined by Seligman, Rashid, and Parks in their 2006 article.

Since depression is associated with a lack of positive realizations in one's life, clients were asked to take steps to help them recognize their signature strengths, ways to utilize these signature strengths, good things that happen to them every day, things and people in their lives that they are thankful for, and also to forgive others and themselves for past transgressions. To help clients recognize their signature strengths as well as help them to see the way they view themselves, clients were instructed to write stories describing what they believe to be their character strengths.

The client and therapist discuss how apathy and the absence of positive emotions do nothing but maintain the cycle of depressive episodes. Next, clients were instructed to take the VIA-IS strengths finding questionnaire and then use those results in an assignment stating how they could best utilize their strengths to improve their everyday lives. Afterwards, clients were to recall past situations in which they have successfully used their identified strengths to their advantage. Pleasure, engagement, and meaning as pathways to happiness are discussed during the client's session and their role in overcoming depression is outlined.

All of these steps help lead to the realization of the client that they have strengths that are unique to themselves, they have control over situations that happen to them, and they are not helpless. (Seligman, 2006) The next set of steps focuses mainly on engagement. Clients were asked to keep Blessings Journals in which they recorded at least three good things which

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happened to them each day. They are also encouraged to write about three bad things that have happened to them and to go into depth about their emotions surrounding these events and how the events influenced their depression.

The therapist will inform the client of the ways in which retaining negative feelings such as anger and bitterness can compound the effects of depression and prevent recovery. Clients were encouraged to talk about negative experiences and vent about these experiences rather than ruminate on them. Clients were then to write at least one forgiveness letter. They describe an incident with a wrong-doing, the emotions experienced along with the event, and they also promise to forgive the transgressor; even if it was himself or herself. (Seligman et al, 2006) Forgiveness is a freeing from a negative attachment to the source that has transgressed against a person. There is less desire to avoid the person or seek revenge, and an increase in positive feelings or actions towards the individual. There is a realistic assessment of the harm done, an acknowledgement of the perpetrator's responsibility, a cancellation of debt between the victim and perpetrator, and then a self-removal from the category of victim.

Forgiveness is important in a person's life because it helps to break the cycle of violence when one person is harmed and seeks revenge and then the initial transgressor seeks revenge as well which initiates and maintains said cycle of violence. When a person displays a willingness to forgive others, it is not only beneficial to that person, but also to all of the people surrounding said incident. It produces positive feelings as well as an inclination to also be forgiving in future situations. This is a form of positive role modeling between

peers. Snyder, 2011) Another important step is expressing gratitude. Clients are encouraged to express their gratitude to someone they never properly or fully thanked either in person, through a letter, or via telephone conversation. (Miller, 2008) One way gratitude is experienced is when another individual acts in a way that is costly to himself or herself, provides value to the recipient, and was done intentionally. Another way gratitude can be experienced is when someone survives a catastrophic event, a threat to his or her health, or a dangerous situation.

Gratitude is a highly valued character trait in many cultures due to its beneficial nature and tendency to increase a person's tendency to perform altruistic tasks. Those who are high in gratitude are generally less concerned with material goods, more spiritual, more satisfied with life, and more empathetic. (Snyder, 2011) Using the concept of primary prevention, psychologists can help their clients to prevent depressive symptoms from occurring in the first place, or lessen the severity of depressive symptoms during the next depressive episode.

Some positive psychology interventions in Seligman, Rashid, and Parks' 2006 study that dealt with primary prevention were being more physically active, socializing with more people or more often with people who were already friends, engaging in meaningful work such as volunteering and helping the less fortunate, bonding more with loved ones and forming deeper connections, lowering expectations of oneself and others, and making one's own happiness a priority.

In the same study, Seligman and his fellow researchers randomly assigned six hundred volunteers to one of six intervention activities online. Five of
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these activities were from a more positive psychology focused list of exercises, and one was a placebo. The placebo exercise required participants to write down their earliest memories every night for a week which had only temporary effects on that group. The volunteers assigned to groups 1, 2, and 4 showed pointedly lower depressive symptoms and much higher levels of happiness when compared to the placebo and two other control-like groups. The volunteers in the successful group also had result which lasted at least six months whereas the people in the other groups had either no results, or results that were only fleeting. (Seligman et al, 2006) Group 1 was required to take the VIA-IS strengths questionnaire and then considers ways in which they could utilize their results to help them in their everyday lives. Group 2 had to write down at least three good things that had happened to them that day and why they thought these things had happened to them.

Group 4 had to conduct a gratitude visit, much like the one previously mentioned, in which they composed a letter of thanks to someone who had positively impacted their life in some way, shape, or form but they had never fully thanked and then read said letter either in person or over the phone. The two control-like groups' assignments were to take a strengths test questionnaire alone, or to write an essay about themselves in a moment when they were at their best. (Seligman et al, 2006) These last findings show that the positive psychology activities used in the Seligman et al study can also be used as a form of secondary prevention. Secondary prevention addresses a problem after it has already appeared; just as these online participants were already showing signs of extreme depression. After participating in the three blessings per day exercise their depression scores

went down showing that this exercise not only could help prevent depressive episode as previously shown, it could also lessen a depressive episode that had already begun.

As a spin-off from this study a website, [www. reflectivehappiness. com](http://www.reflectivehappiness.com) was created. This was a social website community centered on positive psychology. New exercises and interventions were posted each month, a book club was formed, a newsletter was published and sent out, and a discussion board dedicated to positive psychology. During the first month of operations, it was found that fifty of the site's subscribers who took pretests for the Center for Epidemiological Studies – Depression Scale, scored in the range that would qualify as extremely depressed.

After completing the exercise involving recording three blessings each day for two weeks, the average score for this group of people dropped from 33.9, to 16.9. This showed that ninety-four percent of these people were less depressed and fell from the extremely depressed range to the mildly to moderately depressed range. This website is no longer functioning the same way, it has moved to a mobile network which only works on iPhones and now runs under the URL [www. happiness. com](http://www.happiness.com). Another important part of positive psychology and the ability of a person to remain positive, optimistic, and hopeful is resiliency.

Resilience is the ability to bounce back from adversity and to successfully adapt to the demands of stressful situations (Tugade et al, 2004). People who are seen as resilient are more likely to be described as self-efficacious, confident, and determined and can also be expected to generate a more positive self-talk, boost their self-image, and promote self-agency (Mak et al, <https://assignbuster.com/positive-psychology-and-depression/>

2011). All of these characteristics are those of someone with a very positive outlook on life as well as a positive view of themselves.

These people show a much lower susceptibility to mental disorders and behavioral problems such as depression, anxiety, violence, and substance abuse (Lillehoj et al, 2004). People who are more resilient also show more optimism and a higher level of hope when thinking about the future. The broaden-and-build theory of positive emotions suggests that “ positive emotions expand what an individual feels like doing at any given time. ”(Snyder, 2011) This is referred to by Fredrickson as a broadening of one’s thought-action repertoire.

Emotions such as joy, interest, contentment, pride, and love all have the ability to expand you potential action options. Joy can create more creative, playful behaviors while interest creates the desire to explore, expand, and experience new things. One of the most important in positive psychology is pride. Pride creates the desire to share good news and envision oneself doing even bigger and better things. The opposite happens in any life threatening situation; your thought-action choices narrow to provide a smaller list of options to try to conduct a speedy, potentially life-saving choice. (Frederickson, 2001) This research proves that when a person is feeling depressed and are lacking the positive emotions described above, they do not have an expanded thought-action repertoire and therefore do not see all of the possible paths to their goals which, in turn, leads to feelings of hopelessness and a lack of self-efficacy. Other health benefits of promoting positive emotions are increased laughter, decreased heart

disease, increased longevity, positive emotional disclosure, and overall increased psychological health.

Laughter has been proven to be a cyclical cause and effect of positive emotions which in turn improves immune system functioning, and help maintain a stable positive emotional state. Elderly people who had been hospitalized for an incident involving heart disease and kept up a positive attitude had a much lower readmission rate than those who displayed a negative outlook. Also, people who tend to be more positive throughout their lives, participate in emotional disclosure, and upholding an optimistic and hopeful outlook have a propensity to live longer than those who did not.

Positive emotions and an expanded thought-action repertoire not only help people emotionally avoid depression, they also help people to be more physically active and thus further avoid depressive symptoms. The reasons why exercise helps to alleviate depressive symptoms is not completely understood, but it is believed to happen on a few different levels. First of all, exercise is thought to release beneficial neurotransmitters and endorphins which are essentially ‘feel good’ chemicals for your brain and body. These chemicals are thought to activate the opioid receptors in the brain creating feelings of happiness and optimism.

Another way exercise is thought to help create positive emotions in those who exercise is by lowering certain chemicals released by the immune system which can also prolong depressive feelings. Finally, exercise increases body temperature which is thought to have a calming effect on individuals. The more direct, less scientific ways that exercise can help people avoid depression are by acting as a distraction from everyday life and

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taking a person's mind off of things, increasing social interactions and therefore increasing positive interactions, and improving physical appearance and thus increasing confidence. Mayo Clinic, 2011) A study also found that speed walking for thirty five minutes per day for five days each week, or sixty minutes per day three times each week had a significant effect on decreasing depression. (Harvard Medical School, 2009) All in all, having a positive outlook on life can be beneficial to one's life in countless ways. The study of positive psychology helps people to take steps towards developing better skills to take advantage of their ability to think positively, act positively, and avoid or decrease their depression.

Through a few very simple steps, such as gratitude letters, blessings journal keeping, and skills and strengths assessments, one can increase their sense of self efficacy, increase resilience, increase their sense of hope, and by doing this decrease major depressive symptoms. Works Cited: American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed. , text rev.). Washington, DC: Author. Anticipation. 2012. In Merriam-Webster. com. Retrieved November 26, 2012, from <http://www.merriam-webster.com/dictionary/anticipation>

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