

Adolescents' Depression And Its Intervention Through Positive Psychotherapy

JOY RENEE ROSE CALINGASAN RECIO

joy_recio@yahoo.com

Laguna State Polytechnic University

PHILIPPINES

Abstract – This research attempted to determine the effect of positive psychotherapy anchored on Martin Seligman's theory of Authentic Happiness (2002) as an intervention to adolescents' depression. Specifically, the study intended to seek the respondent's level of depression before the experiment; the respondent's level of depression after the experiment; and the significant effect of positive psychotherapy on the respondent's level of depression. Based on the results, the mean score of the levels of depression among the experimental subjects before the treatments was 25.15. After the 20 adolescents undergone in positive psychotherapy the computed mean decreased by 10.01 that made the mean posttest 15.05. This implies the significant change happened in the respondents' depression after conducting the positive psychotherapy exercises. It is therefore concluded that the Positive Psychotherapy has a great effect in reducing the depression among the respondents. Further studies are highly recommended.

Keywords: Positive Psychology; Depression; Positive Psychotherapy; Adolescents

I. INTRODUCTION

Happiness is a state where a person enjoys life with or without someone to hold to; even if he only has a single penny in his pocket; living in happy life with contentment and satisfaction. Someone who is not controlled by this topsy-turvy stressful world we have; the happy and contented men and women who are driven, hopeful, optimistic and not depressed.

In the absence of happiness, depression exists, anxiety and despair reside. The symptoms of depression often involve lack of positive emotion, lack of engagement, and lack of felt meaning. Psychology has done well in ameliorating a number of disorders but has seriously lagged behind in enhancing human potentials, strengths and happiness. This is why Positive Psychology emerged. It seeks to restore positive features of human natures, such as happiness, virtues, personal strengths and altruism, to their rightful place within the field of Psychology (Lilienfeld, 2009).

Diagnostic and Statistical Manual of Mental Disorder explained that depression includes a variety of emotional, physiological, behavioral, and cognitive symptoms. Emotional symptoms are sadness, depressed mood, anhedonia (loss of interest or pleasure in usual activities), irritability (particularly in children and adolescents). Physical and behavioral symptoms are sleep disturbances (hypersomnia or insomnia), appetite disturbances, psychomotor retardation or agitation, catatonia (unusual behaviors ranging from complete lack of movement to excited agitation), fatigue and loss of energy. Cognitive symptoms are poor concentration and attention, indecisiveness, sense of worthlessness or guilt, poor self-esteem, hopelessness, suicidal thoughts, delusions and hallucinations with depressing themes (Nolen-Hoeksema, 2007).

Traditional approaches for working with children and families in the schools focus on problems and disturbance. Therapeutic interventions are costly, due to the need for a trained or licensed therapist to direct therapy. The concept of positive psychology as a way to change this focus is offered

through exploration of its integration within school psychology (Terjesen et al. 2004).

Students from Mabitac National High School are also exposed to depression. They are subject to stressors life brings. But through this study, the researcher tends to give a significant intervention that can help youth in her community to discover their intrapersonal skills to buffer against depression. This is not just an encouragement and a remedy for the students who will be involved in this study. This can be a breakthrough in treating the unknown root of depression, and empirically discover the effectiveness of the therapy presented by the newest branch of Psychology, the Positive Psychology.

Fortunately, an approach has been scientifically proven and now being used by many depressed individuals that resulted a life changing experience. According to Positive Psychotherapy written by Seligman, Rashid, and Parks (2006), this approach is what we called, Positive Psychotherapy. It rests on the hypothesis 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 successfully counteract negative symptoms and may also buffer against their future reoccurrence.

Positive Psychotherapy teaches patients ways to increase their positive cognitions, emotions, and behaviors without professional help, they may serve as vital tools to prevent relapse in response to potential depression triggers, like stress.

The researcher, as a student of the said discipline and future psychologist in this generation, she advocates this intervention and recognizes the potential of this psychotherapy in helping people to have a positive outlook in life. The researcher also desires to have a meaningful contribution to her university and society through conducting this innovation.

The researcher believes that positive psychology interventions are worthwhile in therapy for two reasons. First, positive interventions, by definition, build pleasure,

engagement, and meaning, and we believe they are therefore fully justifiable in their own right. Second, she believes that building positive emotion, engagement, and meaning may actually counter disorder itself.

Theoretical Framework

This study was anchored on Martin Seligman's theory of Authentic Happiness. Seligman (2002) proposed that the unwieldy notion of "happiness" could be decomposed into three more scientifically manageable components: positive emotion (the pleasant life), engagement (the engaged life), and meaning (the meaningful life). Positive psychology has many distinguished ancestors and modern cousins. Since at least the time of Socrates, Plato, and Aristotle, the "good life" has been the subject of philosophical and religious inquiry. And, as the field of psychology took shape over the eighteenth and nineteenth centuries, all of the great psychological traditions—psychoanalysis, behaviorism, cognitive therapy, humanistic psychology, and existential psychology—contributed to our current understanding of the positive aspects of human experience. Consider, for example, the influence of Freud's (1933/1977) notion of the pleasure principle, Jung's (1955) ideas about personal and spiritual wholeness, Adler's (1979) conceptualization of "healthy" individual strivings as motivated by social interest, and Frankl's (1984) work on finding meaning under the most dire human circumstances.

The pleasant life is what hedonic theories of happiness endorse. It consists in having a lot of positive emotion about the present, past, and future and learning the skills to amplify the intensity and duration of these emotions. The positive emotions about the past include satisfaction, contentment, fulfillment, pride, and serenity, and we developed gratitude and forgiveness exercises that enhance how positive memories can be (e.g., Lyubomirsky, Sheldon, & Schkade, 2005; McCullough, 2000; Seligman et al., 2005). Positive emotions about the future include hope and optimism, faith, trust, and confidence, and these emotions, especially hope and optimism, are documented to buffer against depression (Seligman, 1991; 2002).

The second "happy" life in Seligman's theory is the engaged life, a life that pursues engagement, involvement and absorption in work, intimate relations, and leisure (Csikszentmihalyi, 1990). *Flow* is Csikszentmihalyi's term for the psychological state that accompanies highly engaging activities. Time passes quickly. Attention is completely focused on the activity. The sense of self is lost (Moneta & Csikszentmihalyi, 1996). We believe not only that depression correlates with lack of engagement in the main areas of life but that lack of engagement may cause depression.

The third "happy" life in Seligman's theory involves the pursuit of meaning. This consists in using one's signature strengths and talents to belong to and serve something that one believes is bigger than the self. There are a large number of such "positive institutions:" religion, politics, family, community, and nation, for example. Regardless of the particular institution one serves in order to establish a meaningful life, doing so produces a sense of satisfaction and

the belief that one has lived well (Myers, 1992; Nakamura & Csikszentmihalyi, 2002). Such activities produce a subjective sense of meaning and are strongly correlated with happiness (Lyubomirsky, King, & Diener, 2005). Seligman suggests that lack of meaning is not just a symptom but a cause of depression and it follows that interventions that build meaning will relieve depression.

II. OBJECTIVES OF THE STUDY

This study aimed to determine the effect of positive psychotherapy as an intervention to adolescents' depression. Specifically, the study was guided by the following objectives: to describe the respondent's level of depression before the experiment; to determine the respondent's level of depression after the experiment and to test if there is a significant effect on the respondent's level of depression intervened by the positive psychotherapy

Hypothesis

The positive psychotherapy has no effect on the level of depression among the 4th year high school students.

MATERIALS AND METHOD

Research Design

In this study, the researcher utilized the pre experimental design and used pre test-post test design that measured the effectiveness of the intervention, the Positive Psychotherapy in the level of depression among the respondents.

Pre-experimental design suited best in conducting this research for the reason that the researcher has no control group with which to compare results. The design compares the results within a single group only with its pre test and post test. Also the researcher had given unequal chance to the students for they were not randomly assigned participants to the experimental group since identified adolescents with depression has been the target respondents of the study. And since the researcher has no control over the intervention, research setting and situation, pre-experimental design was used for it lacks control of the mentioned aspects.

Subject of the Study

The researcher specifically selected 4th year high school students with depression as the experimental subjects through the means of the Beck Depression Inventory. The selected students are 6 males and 14 females, a total of 20 adolescents from different barangays in Mabitac, Laguna enrolled in Mabitac National High School, Mabitac, Laguna, Academic Year 2012-2013.

Sampling Technique

The research design requires a non random sampling technique, so the researcher made use of purposive sampling technique intended to select the depressed adolescents and to obtain the desired sample size of 4th year high school students.

Purposive sampling technique is one of non random sampling techniques that imply the use of judgment in the selection of items to be put into the experimental group. With

the purpose of identifying the depressed high school students and specifically assumed the level of depression, this sampling technique suited best. Utilizing this sampling technique, the researcher had at least 20 respondents of 16-18 years old.

Materials, Tools and Equipments

In determining the level of depression among the respondents in this study, an inventory test was used, the Beck Depression Inventory or BDI. It has 21 items, each of which describes four levels of a given symptom of depression. The respondent was asked to indicate which of the descriptions best fits how he or she has been feeling in the past week or more. The items are scored to indicate the level of the depressive symptoms. Cutoff scores have been established to indicate moderate and severe levels of depressive symptoms. BDI is extremely quick and easy to administer and has good test-retest reliability. Hence, it is widely used, especially in research on depression. A persistent score of 17 or above indicates that the respondent may need medical treatment as listed in American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (Beck, AT, Steer RA. Internal Consistencies of the Original and Revised Beck Depression Inventory. *J Clin Psychol.* 1984 Nov; 40(6):1365-7).

The following chart indicates the relationship between total score and level of depression.

Classification	Total Score	Level of Depression
Low	1- 10	These ups and downs are considered normal
	11 – 16	Mild mood disturbance
	17 – 20	Borderline clinical depression
Moderate	21 – 30	Moderate depression
	31 – 40	Severe depression
Significant	Over 40	Extreme depression

Research Procedure and Special Techniques

To begin the study, a recommending approval of the Mabitac National High School's principal was signed after the deliberation of the panel approving this experimental proposal.

The sample was selected among the fourth year high school students after the standardized test was administered, scored and interpreted. Those who comprised in the raw score of 21 and above were then the verified respondents and undergone in the Positive Psychotherapy Intervention.

Thereafter, the students were given a thorough description of the study and then were asked to sign written consent from their parents and their signature for approval as well. The respondents were informed that they can terminate their participation at any point when they seem displeased or harassed in the experimental study. They were also notified that termination will in no way jeopardize their standing at the Laguna State Polytechnic University.

From then on, different Positive Psychotherapy exercises were acted upon each week. The respondents properly

complied and completed the six exercises within six consecutive weeks.

To begin the intervention, the researcher provided each respondent a notebook that would become the respondents' personal journals for their exercises. The first exercise was called *Obituary/Biography*: the respondents were asked to imagine that they have passed away after living a fruitful and satisfying life. The respondents were then asked what they would want their obituary to say. The respondents wrote 3 to 4 paragraph essays summarizing what they would like to be remembered the most. The second exercise was called *Know Thyself*: the researcher used Psycho-Geometrics developed by Dr. Susan Dellinger and Social Readjustment Rating Scale developed by Holmes and Rahe, these activities determined the personality of the respondents and the source of their depression. The third exercise was called *Gratitude List*: the researcher made use of a video clip of Nick Vujicic, a person who has no hands and legs but has a happy and satisfied life. The respondents were asked to compose an essay describing their gratitude to their normal physique, their gratefulness to their family and friends. The fourth exercise was called *Good vs. Bad Memories*: the researcher asked the respondents to form by pairs and then encouraged to share their unpleasant past and how they coped up. The researcher gave counseling and forgiveness was introduced and discussed. The fifth exercise was called *Know My Potentials*: the researcher showed a video clip of a bullied boy with high inclination into dancing. The students were asked their feedback about the video clip. The last exercise was called *Three Good Things/Blessings*: Each evening within 11 days, the respondents were asked to write down in their journals three good things/blessings that happened to them in the whole day. The respondents would reflect to each good thing they have experienced.

After the implementation of the exercises/treatments, the researcher administered again the Beck Depression Inventory to the respondents. The students were post tested and their scores were computed and interpreted. The effects then analyzed and presented in tabular form and the findings were explained and summarized accurately.

Data Processing and Statistical Analysis

The following statistical tools were used in order to answer the specific questions relevant to this study. Beck Depression Inventory or BDI was the statistical tool used to analyze the level of depression before and after while t-test was used to test the significant effect on the respondent's level of depression intervened by the positive psychotherapy.

RESULT AND DISCUSSION

The total population of the 4th year high school students in Mabitac National High School was 95. The sample size was selected using purposive sampling technique through administering the Beck Depression Inventory test. It was stated in BDI that a persistent score of 17 or above indicates the need of treatment. Therefore, those students who got a score of 17

and above would be the respondents and will undergo in the positive psychotherapy.

Forty one out of the 95 students were classified depressed by having total scores of 17 up to 36 as the highest score. The researcher minimized the respondents through selecting a determined score of 21 and above. The sample size by then turned out to be 20 students of six males and 14 females

classified of having Moderate depression and Severe depression only. Eligible students were given a thorough description of the study and then were asked to sign written consent from their parents.

Table 1 shows the frequency, percentage, rank, statistic measure and verbal interpretation of the respondents' levels of depression before the treatment.

Table 1. Pre-Test of Beck Depression Inventory of the Selected Respondents

Level of Depression	Frequency	Percentage	Rank	Statistic Measure	Verbal Interpretation
Moderate	17	85	1	Mean	25.15
Severe	3	15	2	Median	23
Total	20	100		Mode	21

It can be seen that 85 percent of the total percentage of the respondents have been experiencing moderate depression from the past two weeks or more (Bloomfield, 2001). It ranked first by having a frequency count of 17. It is also observed that 3 or 15 percent of the 20 high school students were suffering in severe depression that ranked second and last in totality of the depression level.

In the analysis, its statistic measure shows that the level of depressions has a mean score of 25.15 that notifies its verbal interpretation as moderate. Likewise, the median and the mode were interpreted and classified as moderate for it has been

verified by the computed statistic measure as 23 and 21 respectively.

The depressions of these students come from various reasons. Experts say that depression is caused by a combination of factors, such as the person's genes, his biochemical environment, his personal experience and psychological factors. According to MediLexicon International Ltd (2012), depression is influenced by multiple genes acting together with environment and others factors. An awful experience can trigger a depressive illness, for example, a loss of a family member, a difficult relationship or a physical sexual abuse, financial crisis or physical illness.

Table 2. Respondents' Levels of Depression after the Treatment.

Level of Depression	Frequency	Percentage	Rank	Statistic Measure	Verbal Interpretation
Normal	13	65	1	Mean	15.05
Borderline Clinical	1	5	3	Median	14
Moderate	6	30	2	Mode	6
Total	20	100			

Table 2 presents the frequency, percentage, rank, statistic measure and verbal interpretation of the respondents' levels of depression after the treatment. It can be gleaned from the table that in the entire percentage of the post-test outcome, frequency count of 13 or 65 percent of the respondents belonged in the normal level that makes it 1st in the ranking. Moderate level of depression ranked 2nd for it obtained 6 or 30 percent of the respondent's condition and in the 3rd and last position, borderline clinical depression consigned for it has frequency count of 1 which is 5 percent.

All verbal interpretation for each depression level is normal by having a mean score of 15.05, median of 14 and mode of 6. This denotes that after the treatment, all of the respondents' condition became normal, they may have ups and downs and mild disturbances but it is considered normal in accordance to the interpretation of Beck Depression Inventory

Table 3 confirms the result and difference between the Pre-Test and Post-Test of the respondents. This was exploited to answer the statement problem 2 and to see the significant effect of the treatments. It can be seen that before the treatment, the mean of the respondents' level of depression was 25.15, an

indication that the experimental subjects suffers moderate depression.

Table 3. Level of Significance and Test of Difference between Pre-Test and Post-Test

Difference Between	N	Mean	T Stat	P-Value	HO
Pre-Test	20	25.15			
Post-Test	20	15.05	5.415	0.000032*	Reject

*p-value < 0.01 Highly Significant

Thereafter, 6 consecutive weeks of treatments given to the 20 quasi experimental subjects, the mean level of depression declined with the obtained difference of 10.1, this can be verified from the table that after the treatment, the computed mean turned into 15.05.

From table 3, it can be gleaned that the T Stat or Test of Difference is 5.415397; this implies a large difference between the means of pre-test and post-test. Moreover, the computed P-Value or Value of Probability of 0.000032 which was found to be significant at 5 percent level of significance was shown in the analysis, furthermore at 0.01 marginal error, the stated P-

Value is highly significant. Hence, the null hypothesis that "The positive psychotherapy has no effect on the level of depression among the 4th year high school students" was rejected.

These findings were supported by Terjesen, et al. (2004), he affirmed that enhancing the strengths and virtues of children can accomplish effective prevention. Focusing on children's strengths can increase the chances that they will successfully manage difficulties they confront in the present and how they will cope with future battles.

Seligman and Peterson (2000) also suggested that amplifying the target individual's strengths rather than focusing on repairing their weaknesses may lead to more effective treatment. That is, nurturing human strengths such as optimism, courage, future mindedness, honesty, and perseverance serve as more efficacious buffers against mental illness as compared to medication or therapy.

This implies that Positive Psychotherapy rests on the hypothesis that it greatly affects depression. The adolescents' 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 successfully counteract negative symptoms and may also buffer against their future reoccurrence.

CONCLUSIONS AND RECOMMENDATIONS

The findings in the pre-experimental research found out that the post test has high significant difference with the pre test after conducting the positive psychotherapy intervention among the selected adolescents. The findings signify that positive psychotherapy greatly affects the level of depression of the respondents which rejects the hypothesis drawn in the first chapter.

Parents and family members should be informed that their child is suffering from depression; this may help them to better understand the emotional needs of the child and make them aware of what is happening to their child. Proper guidance, more attention and care should be given by the family.

The institutions and schools should also be aware of this case to help them deal with the problems their students have. In compliance with this, guidance counselors should have regular test and evaluation to their students' level of depression that may help them improve the social abilities of the students and perhaps the students' academic performance.

Depressed adolescents should better focus on activities that lessen their depression. They should manage to keep on doing the positive psychotherapy in maintaining the level of depression that is considered normal or if they will experience depression again. Depending on the severity of the depression, treatment can take a few weeks or substantially longer. However, in many cases, significant improvement can be made in 5 to 10 sessions. Do positive and happy things that will strengthen your being. Hope for greater and worthy things and explore your potentials.

It was highly suggested to future researchers who are interested in this study to explore and invent new kinds of

positive psychotherapy if they desire to conduct another experiment on this matter. Seek other ways of happy deeds that will buffer and maximize positive thoughts to people by in depth investigation or just by talking to cheerful contented people.

The researcher also recommends to future researchers to consider other variables such as physical, environmental, financial, emotional, social and spiritual aspect that may have significant relation between depression and other treatments. They may consider the duration as one factor that will affect in treating the depressed persons, perhaps the gender or age, anything they would like to correlate with this research.

Depression is never normal and always produces needless suffering. With proper diagnosis and treatments that will help individuals see their potentials and capabilities, achieve belongingness and satisfaction and will make people feel better about themselves, about life, the vast majority of people with depression will overcome it. An important task for positive psychologists is to collect and consolidate ideas about how to build positive emotion, engagement, and meaning—ideas that may have their roots in philosophy, religion, or education—and then put them to rigorous empirical test.

REFERENCES

- Bloomfield, Harold. (2001) Differential relapse following cognitive therapy and pharmacotherapy for depression. *Arch Gen Psychiatry* 1992;49:802–808.
- Csikszentmihalyi M, Larson R. (1987). Validity and reliability of the Experience Sampling Method. *J. Nerv. Ment. Dis.* 175(9):526–36
- Csikszentmihalyi M, Rathunde K, Whalen S. (1993). Talented Teenagers. London: Cambridge Univ. Press
- Lyubomirsky S, Sheldon KM, Schkade D. (2005). Pursuing happiness: the architecture of sustainable change. *Rev. Gen. Psychol.* In press
- Lyubomirsky S, Sheldon KM, Schkade D. (2005). Pursuing happiness: the architecture of sustainable change. *Rev. Gen. Psychol.* In press
- Myers, D. G. (2000). The funds, friends, and faith of happy people. *American Psychologist*, 55, 56–67.
- Nolen-Hoeksema, S. (2007) Abnormal Psychology.
- Terjesen, Mark D. et al. (2004). Integrating Positive Psychology into Schools: Implications For Practice. DOI: 10.1089/acm.2011.0139
- Seligman, Martin E. P., Rashid, Tayyab and Parks, Acacia C. (2006). Positive Psychotherapy Positive Psychology Center, University of Pennsylvania.
- Seligman MEP. 2011 Flourish: A New Understanding of Life's Greatest Goals—And What It Takes to Reach Them. New York: Free Press.
- Seligman MEP, Peterson C. (2003). Positive clinical psychology. A Psychology of Human Strengths: Fundamental Questions and Future Directions for a Positive Psychology, ed. LG Aspinwall, UM Staudinger, pp. 305–17. Washington, DC: Am. Psychol. Assoc.