

Research Paper

## Need for Positive Psychology Interventions in Patients with Major Depressive Disorder to Enhance Wellbeing

Meha Jain<sup>1\*</sup>, Madhurima Pradhan<sup>2</sup>, Sujita Kumar Kar<sup>3</sup>, Ayushi Bharti<sup>4</sup>

### ABSTRACT

Depression is one of the common mental disorders affecting individuals and has been increasing in recent years. It contributes to increased burden and decreases the quality of life, wellbeing, and satisfaction from life. Studies have shown that a negative relationship exists between depression and wellbeing, but on a literature search, few studies from India could be found. The present study was done to assess the psychological wellbeing of patients with depression and to study the relationship between the severity of depression and psychological wellbeing. This study was conducted on patients with major depressive disorder (MDD). Beck Depression Inventory-II and PGI General Wellbeing Scale were conducted to assess the severity of depression and well-being, respectively. Fifty-five patients with MDD were recruited into the study. Most patients were between 18 and 35 years of age (79.8%) and males (56.4%). The results show that the average wellbeing score was -0.205, indicating a low level of feeling of wellbeing. Further, there was a negative correlation between the severity of depression and wellbeing, which was significant at <0.001 level of significance. This study shows that with a decrease in depression, there is an increase in wellbeing. The therapies generally employed in depression focus more on the negative emotions and negative cognitions, but they should be more on positive emotions, wellbeing and strengths of the individual. Thus, positive psychology intervention will be more helpful in dealing with depression as its focus is mainly on enhancing wellbeing, happiness and satisfaction.

**Keywords:** *Depression, Wellbeing, Beck Depression Inventory, Positive Psychology Interventions*

The World Health Organization (WHO) highlights the idea that mental health cannot be just defined as the absence of any mental illness or impairment but also as the presence of wellbeing and happiness in one's life. One of the prevalent mental illnesses impacting people of all ages, genders, and socioeconomic levels is depression. An estimated 57 million people in India, or 18% of the world's population, suffer from depression. According to a study by Sagar et al. (2020), 44.9 million people in 2017 had an anxiety-related mental disorder, making up 197.3 million persons with a mental disorder

<sup>1</sup>PhD Scholar, Department of Psychology, University of Lucknow, Lucknow, UP

<sup>2</sup>Retired Professor, Department of Psychology, University of Lucknow, Lucknow

<sup>3</sup>Additional Professor, Department of Psychiatry, King George's Medical University, Lucknow

<sup>4</sup>JRF, Department of Psychiatry, AIIMS, Patna

\*Corresponding Author

Received: July 23, 2023; Revision Received: July 30, 2023; Accepted: August 04, 2023

## **Need for Positive Psychology Interventions in Patients with Major Depressive Disorder to Enhance Wellbeing**

overall. Depression is one of the leading causes of disability worldwide (WHO, 2012), and post-COVID-19 is also one of the most burdensome illnesses globally (Proudman et al., 2021). It results in reduced quality of life, decreased psychological wellbeing and satisfaction from life.

Subjective, social, psychological and health-related aspects are part of wellbeing (Spring, 2005). Studies have shown that depression results in reduced wellbeing. A study done by Tiwari & Tripathi, 2015 on students showed that there is a negative correlation between depressive symptoms and total wellbeing, and that is significant at 0.01 level of significance. In another pilot study by Malone & Wachholts, 2018, 60 Chinese residents found similar results, i.e., a significant negative correlation between depression, anxiety and wellbeing.

Studies have shown a negative relationship between depression and wellbeing, but on a literature search, few studies from India could be found that assess the relationship between depression and wellbeing. In view of this, the present study was done to assess the psychological wellbeing of patients with depression and to study the relationship between the severity of depression and psychological wellbeing.

### **METHODOLOGY**

We included a total of 55 patients with Major Depressive Disorder (MDD) in the study. Subjects between 18 and 60 years and willing to give informed consent were included in the study. The patients diagnosed with Major Depressive Disorder according to the International Classification of Disease Diagnostic Criteria for Research (ICD-10 DCR) criteria were considered. Those patients fulfilling current or lifetime ICD-10 DCR criteria of any other psychiatric disorder were excluded from the study. Subjects with ICD-10 DCR criteria of current or lifetime psychoactive substance use (except nicotine), a severe physical disorder, neurological disorder were excluded from the study.

All patients with MDD attending adult psychiatry outpatients were screened on selection criteria. Diagnosis of MDD was confirmed as per ICD-10 DCR. Their sociodemographic and historical details were recorded on the semi-structured proforma. Mini International Neuropsychiatric Interview was administered to rule out any other co-morbid psychiatric disorder. Beck Depression Inventory-II was applied to assess for severity of depression, and PGI General Wellbeing Scale was administered to evaluate wellbeing.

#### ***Semi-structured proforma for sociodemographic and clinical details***

Semi-structured proforma was designed to record the sociodemographic data, chief complaints, history of present illness, past history, family history, personal history, premorbid personality, medical history, physical examination, mental status examination, and diagnosis.

**The Beck Depression Measure-II (BDI-II)** (Beck, 1996) is a 21-item self-report inventory that Beck developed in 1996. It evaluates the seriousness of depression. Dr. Aaron T. Beck first released the book in 1961. There are twenty-one multiple-choice self-report inventory items in it that ask the subject how they've been feeling throughout the previous week. One of the most popular tools for gauging the degree of depression has a set of questions with at least four answer options for each, varying in intensity.

## Need for Positive Psychology Interventions in Patients with Major Depressive Disorder to Enhance Wellbeing

**PGI General Wellbeing Scale** (Verma & Verma, 1989)- It assesses the general wellbeing of an individual. It consists of 20 items measured on a 4-point scale. It assesses domains, namely physical, mood, and anxiety; a higher score indicates a higher level of general wellbeing.

### *Statistical analysis*

Data were tabulated using Microsoft Excel 2010 software by Microsoft Corpn. and analyzed using IBM's Statistical Package for Social Sciences (SPSS) version 16.0. The data was summarized as mean  $\pm$  standard deviation, and Pearson's correlation was applied to see the correlation between the two variables. A two-tailed ( $\alpha = 2$ )  $P < 0.05$  was considered statistically significant.

## **RESULTS**

**Table 1: Demographic profile of the patients with MDD**

Parameters	Categories	N=55	%
Age	18-25	26	47.2
	26-35	18	32.6
	36-45	8	14.6
	46-55	3	5.5
	Mean Age	28.64 $\pm$ 8.8	
Gender	Male	31	56.4
	Female	24	43.6
Education	Senior Secondary	9	16.4
	Inter	13	23.6
	Graduation	26	47.3
	Post-graduation	7	12.7
Occupation	Unemployed	20	36.4
	Student	10	18.2
	Housewife	3	5.5
	Business	2	3.6
	Service	15	27.3
	Farmer	5	9.1
Marital status	Single	33	60.0
	Married	21	38.2
	Widower	1	1.8

Table 1 shows that most patients were between 18 and 35 years of age (79.8%), with a mean age of 28.6 years. Most of them were males (56.4%), graduates (47.3%), currently unemployed (36.4%) and single (60%).

**Table 2: Level of Wellbeing in patients with MDD**

Categories	Average T score	Interpretation
Total	-2.05	Extremely low-level feeling of wellbeing
Mild level of depression	-1.2	Below average feeling of wellbeing
Moderate level of depression	-2.0	A low-level feeling of wellbeing
Severe level of depression	-2.4	Extremely low-level feeling of wellbeing
Extreme level of depression	-2.3	

## Need for Positive Psychology Interventions in Patients with Major Depressive Disorder to Enhance Wellbeing

Table 2 shows that the average wellbeing score was -0.205, which indicates a low level of feeling of wellbeing across all levels of depression. Further, it showed that with an increase in severity of depression, there was a decrease in wellbeing. Extreme levels of depression had extremely low-level feelings of wellbeing, while mild levels of depression had below-average feelings of wellbeing.

**Table 3: Correlation between PGI General Wellbeing score and BDI score and age**

Variables	BDI score	Age
PGI General Wellbeing score	-0.491**	-0.072
BDI score		0.182

\*\* $p < 0.001$  level of significance

Table 3 shows that there is a negative correlation between the severity of depression and wellbeing which indicates with an increase in the severity of depression, there is a decrease in wellbeing. This correlation is further significant at  $< 0.001$  level of significance. Wellbeing is negatively correlated with age, although it is not statistically significant.

### DISCUSSION

The present study aimed to assess the level of wellbeing in patients with depression and to see if there is any relationship between the severity of depression and wellbeing.

The results show that overall, patients with depression have extremely low-level feelings of wellbeing. It is also seen that with an increase in severity of depression, there is a decrease in the level of feeling of wellbeing (Table 2). Further, it is seen that there is a negative relationship between the severity of depression and feeling of wellbeing, and this is significant at  $< 0.001$  level of significance. Similar results have been found in other studies. Wersbe et al., (2018) found a low level of wellbeing in patients with major depressive disorder and social phobia. In another study by Lagnado et al., (2017), found low subjective wellbeing and the prevalence of depression have a strong association. Most of the earlier studies have studied the association between mental illness and quality of life, which has shown a moderate association with major depressive disorder/ dysthymia (63% & 56%) (Rapaport et al., 2005). A study from India done by Pande et al., (2013) found that patients with depression and anxiety had low quality of life. Our study has tried to study the association between well-being and depression, a part of quality of life. Patients with MDD have low mood, anhedonia, hopelessness, helplessness, and worthlessness which impact the individual's wellbeing. No association has been found between wellbeing and other demographic variables like age, gender, education, occupation and domicile. This may be because our study population were mostly young, educated, employed and from urban area.

The findings of our study emphasize the importance of focusing on holistic management of patients. Even the definition of mental health by WHO talks about wellness, happiness. The non-pharmacological management of depression should focus not only on alleviating the problems (Ryff & Singer, 1996), which is a focus of traditional therapies like Cognitive Behavior Therapy (CBT), Interpersonal Therapy (IPT) etc., but also on enhancing strengths, abilities, happiness, life satisfaction, wellbeing. In recent years not just symptom reduction but also enhancement of hope, meaningful life, wellbeing has been included in recovery. Mental health and mental illness are considered as two different continuum which are interrelated by the complete state model given by Keyes, (2005). It states that if a person is not having any mental illness then it doesn't mean that he is mentally healthy. This indicates

## Need for Positive Psychology Interventions in Patients with Major Depressive Disorder to Enhance Wellbeing

that a treatment approach is needed which focuses on both reducing symptoms and enhancing wellbeing. Positive Psychology Interventions (PPI) are such interventions which focus on the positive emotions, strengths and abilities of individuals. Studies on PPI have shown that it results in a reduction in depressive symptoms and an enhancement in wellbeing (McTiernan et al., 2021). PPIs not only cultivate positive emotion but also substantiate the bitter experiences of life faced by the clients instead of only highlighting the deficits of the disorder (as followed in the standard psychotherapies). Studies on positive emotions are also showing immune modulation (Pressman et al., 2012). It has emphasized the overall wellbeing of the client. It focuses on preventing psychiatric disorders, promoting mental health as a whole; protection from distress as it has broadened the scope of traditional psychological therapies. Thus, positive psychology intervention will be more useful in dealing with depression as its focus is mainly on enhancing wellbeing, happiness and satisfaction.

### **Limitations**

The sample size was small, which limits the generalizability of the results. There was no control group to compare the results. The questionnaires used were self-report inventories which can result in socially desirable responses by the subjects. This was a cross-sectional study.

## **CONCLUSION**

To conclude, in the study, we found that there was a negative correlation between depression and wellbeing that is, with an increase in the severity of depression, there was a decrease in the feeling of wellbeing. The findings highlight the importance of focusing on enhancing wellbeing as part of non-pharmacological treatments as it will result in a reduction of depressive symptoms. Traditional therapies like Cognitive Behavior Therapy focus on alleviating problems, and negative cognitions, whereas Positive Psychology Interventions focus on enhancing positive emotions, strengths, happiness, wellbeing. Non-pharmacological treatments should include strategies of PPI to enhance wellbeing, happiness and life satisfaction.

## **REFERENCES**

- Sagar, R., Dandona, R., Gururaj, G., Dhaliwal, R. S., Singh, A., Ferrari, A., ... & Dandona, L. (2020). The burden of mental disorders across the states of India: The Global Burden of Disease Study 1990–2017. *The Lancet Psychiatry*, 7(2), 148-161.
- World Health Organization. Depression (N°369) [Fact sheet]. 2012 Oct. Retrieved from <http://www.who.int/mediacentre/factsheets/fs369/en/>
- Proudman, D., Greenberg, P., & Nellesen, D. (2021). The growing burden of major depressive disorders (MDD): implications for researchers and policy makers. *Pharmacoeconomics*, 39, 619-625. Doi- 10.1007/s40273-021-01040-7
- Tiwari, P. and Tripathi, N., 2015. Relationship between depression and psychological well-being of students of professional courses. *The International Journal of Indian Psychology*, 2(3), pp.139-146.
- Malone, C. and Wachholtz, A., 2018. The relationship of anxiety and depression to subjective well-being in a mainland Chinese sample. *Journal of religion and health*, 57(1), pp.266-278.
- WHO. The ICD-10 Classification of Mental and Behavioural disorders. New Delhi: A.I.T.B.S.; 2007. p.86.

## Need for Positive Psychology Interventions in Patients with Major Depressive Disorder to Enhance Wellbeing

- World Health Organization. (1993). *The ICD-10 classification of mental and behavioural disorders: diagnostic criteria for research* (Vol. 2). World Health Organization.
- Beck A, Steer R, Brown G. *Beck Depression Inventory*. Second ed San Antonio, TX, E.U.: Psychological Corporation; 1996.
- Verma, S.K. & Verma, A. (1989). "PGI general wellbeing Questionnaire". Agra: National Psychology Center.
- Wersebe, H., Lieb, R., Meyer, A. H., Miche, M., Mikoteit, T., Imboden, C., ... & Gloster, A. T. (2018). Well-being in major depression and social phobia with and without comorbidity. *International Journal of Clinical and Health Psychology*, 18(3), 201-208.
- Lagnado, A. M., Gilchrist, K., Smastuen, M. C., & Memon, A. (2017). Is subjective wellbeing associated with depression? A cross-sectional survey in southeast England: Anjum Memon. *The European Journal of Public Health*, 27(suppl\_3), cxx187-719. doi:10.1093/eurpub/ckx187.719
- Rapaport, M. H., Clary, C., Fayyad, R., & Endicott, J. (2005). Quality-of-life in depressive and anxiety disorders. *American Journal of Psychiatry*, 162, 1171-1178.
- Pande, N., Tantia, V., Javadekar, A., Saldanha, D. (2013). Quality of impairment in depression and anxiety disorders. *Medical Journal of DY Oatil University*, 6, 229-35
- Ryff, Carol D., Singer, Burton. (1996). *Psychological Well-Being: Meaning, Measurement, and Implications for Psychotherapy Research*. *Psychotherapy and Psychosomatics*, 65(1), 14-23. doi:10.1159/000289026
- Keyes, C. L. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of consulting and clinical psychology*, 73(3), 539. doi: 10.1037/0022-006X.73.3.539.
- McTiernan, K., Gullon-Scott, F. and Dudley, R. (2022). Do positive psychology interventions impact on the subjective well-being and depression of clients? A systematic methodological review. *Journal of Contemporary Psychotherapy*, 52(1), pp.1-13.
- Pressman, Sarah, D., and Lora L. Black. (2012). 'Positive Emotions and Immunity', in Suzanne C. Segerstrom (ed.), *The Oxford Handbook of Psychoneuroimmunology*, Oxford Library of Psychology (2012; online edn, Oxford Academic, 21 Nov. 2012). Doi- 10.1093/oxfordhb/9780195394399.013.0006.

### **Acknowledgement**

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### **Conflict of Interest**

The author(s) declared no conflict of interest.

**How to cite this article:** Jain, M., Pradhan, M., Kar, S.K. & Bharti, A. (2023). Need for Positive Psychology Interventions in Patients with Major Depressive Disorder to Enhance Wellbeing. *International Journal of Indian Psychology*, 11(3), 1467-1472. DIP:18.01.142.20231103, DOI:10.25215/1103.142