

# Positive Psychology Interventions in Patients with Depression: A Review

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*Positive Psychology Interventions are a new branch of Psychology. Such interventions employ various techniques to improve psychological well-being and build positive feelings, behaviors, and cognitions rather than focusing on reducing negative emotions and negative cognitions. The broadening of positive emotions has been found to help in the development of long-term resources such as psychological resilience and flourishing. In this view, the review paper is aimed at exploring the impact of positive psychology interventions on patients with depression. The related literature was searched on PubMed and Google Scholar for all the available studies associated with Positive Psychology Interventions (PPI), Positive Psychotherapy, and PPI in depression. The search was restricted to 20-year-old studies, i.e., between 1998 and 2022. The review of studies shows that PPI is better or equally effective than Cognitive Behavior Therapy (CBT) or treatment as usual. PPI results not only in the reduction of depressive symptoms but also in enhancing wellbeing, happiness, satisfaction in life, and attention. It was seen that there is a dearth of Indian studies with a clinical population. Future research needs to be done with a larger sample size among diverse populations and conducted by trained therapists; standard protocols should be followed; and long follow-up assessments need to be done.*

**Keywords:** Positive Psychology, Intervention Positive psychotherapy, Depression dysthymia

## Introduction

Mental disorders in the recent years have been seen on the rise. One such disorder is depression, which is increasing and affecting individuals of all ages, genders, and socio-economic statuses. 57 million people have been found to be affected by depression in India. In 2017, 44.9 million people were found to be affected by anxiety-related disorders (Sagar et al., 2020). Both pharmacotherapy and psychotherapy have been found to be effective in treating depression. Cognitive Behavior Therapy has been found to be as effective as pharmacotherapy in treating patients with depression,

other than Interpersonal Therapy (IPT). Problems, negative emotions, and negative cognitions are the main focus of these therapies rather than the strengths of the individual.

Post-World War II, the focus was mainly on the assessment and management of mental illnesses. The focus was mainly on the deficits. Positive psychology, as propounded by Martin Seligman and Mihaly Csikszentmihalyi, focuses on positive emotions and building strengths and abilities. They have defined positive psychology as “the scientific study of positive human functioning and flourishing on multiple levels of life” (Seligman & Csikszentmihalyi, 2000). They believed that psychology is not concerned only with curing mental illness but also with preventing mental illness. The pleasant life, the engaged life, and the meaningful life are the three components on which it is based. The domains of positive psychology include positive emotions, engagement, relationships, meaning in life, and accomplishments, also known as the PERMA model. Happiness is said to be a result of all

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these domains. The therapy that emerged from this is Positive Psychology. Intervention which focuses on the strengths and abilities of an individual and ways in which they can live a more fulfilling and gratifying life. As per the broaden and build theory, increasing positive emotions increases our thought-action repertoire, which helps in increasing our psychological resources like resilience (Fredrickson, 2004). Creativity, flexibility, and openness to experiences have been found in individuals experiencing more positive emotions (Isen et al., 1984, 1987).

Positive Psychology Interventions (PPI) or positive psychotherapy (PPT) have been shown to have positive results. Changes in the structure of the brain as a result of brain plasticity have been seen to occur with an increase in positive emotions, and these results have been found to be sustained over a period of time with continuous effort (Garland et al., 2010). Savouring, character strengths, acts of kindness, gratitude, writing, and nature are some of the strategies of PPI (D'raven& Pasha-Zaidi, 2014).

PPI has been demonstrated to improve overall wellness, happiness, compassion, positive emotions, and life satisfaction. It has also been demonstrated to lessen anxiety and depression. Positive emotions have been demonstrated to prolong life and enhance quality of life in people with chronic physical conditions. Numerous studies have been conducted to evaluate the efficacy of interventions in positive psychology. The effectiveness of PPI in clinical populations has been investigated by a number of thinkers who have contrasted it with conventional therapies like cognitive behavior therapy and dialectical behavior therapy, among others. When compared to control settings, a recent systematic review and meta-analysis of 30 studies conducted by Chakhssi et al. (2018) revealed a significant improvement in wellbeing and depression

with effect sizes of 0.24 and 0.23, respectively. Additionally, anxiety was discovered to have slightly improved ( $g = 0.36$ ). Improvements on follow-ups were also reported. Another meta-analysis of 40 articles by Bolier et al. (2013), which included 6,139 participants, revealed that interventions based on positive psychological therapy might effectively improve both the psychological and subjective well-being of people. The study also shows that PPT can be used to lessen depressive symptoms.

### Aims & objectives

The present study was aimed at reviewing the studies exploring the impact of positive psychology interventions (PPI) in patients with depression.

### Methodology

The related literature was searched on PubMed and Google Scholar for all the available studies associated with it. The search terms that were used included positive Psychology Interventions (PPI)', positive Psychotherapy (PPT)', depression, and dysthymia.

Databases were searched starting in 1998 because this was the year the positive psychology movement got started (Seligman & Csikszentmihalyi, 2000) up to 2022. Studies with adults with a diagnosis of major depressive disorder were included. Original research with or without a control group was included. The interventions that focused on techniques associated with positive psychotherapy, mainly focusing on enhancing positive emotions and strengths, were included. Papers not written in English were excluded. The reference lists of all included papers and any systematic reviews or meta-analyses were also screened. Data that appeared in more than one published study were included only once.

### Results

A total of eleven studies were found.

**Table 1: Characteristics of studies examining the effects of positive psychology intervention**

Authors (year)	Sample & intervention characteristics	Primary outcome measure	Key findings
Seligman et al. (2006);	Individual PPT (n = 11) PPT vs. Treatment as Usual (TAU; n = 9) & Treatment as Usual plus medication <b>Major Depressive Disorder (MDD)</b> 12-14 sessions	Depression (ZDRS & Hamilton), Overall psychiatric distress (OQ-45), Life Satisfaction (SWLS) & Well-being (PPTI)	The findings shows that depressive symptoms, overall psychiatric distress had reduced as compared to the control group. In the PPT group wellbeing was found to have improved.

	Authors (year)	Sample & intervention characteristics	Primary outcome measure	Key findings
2	Seligman et al. (2006),	Group PPT (n = 21) PPT vs. no-treatment control <b>mild – to -moderate depressive symptoms</b> 6 sessions	Depression (BDI-II) & Life Satisfaction (SWLS)	In the PPT group reduction was seen in depressive symptoms
3	Asgharipoor, et al., (2012)4	Group PPT (n = 18) CBT vs. PPI <b>MDD</b> 12 weeks, 2hr	Depression (Structured Clinical Interview for DSM-5& BDI-II), Oxford test of Happiness (OTS), Subjective Well-being (SWS)	As compared to the control group happiness scores were found to have increased in PPT group.
4	Pietrowsky & Mikutta, (2012)	Individual PPT (n=17) PPT vs. control group <b>Major Depressive Disorder (MDD) or dysthymia</b> 3 weeks	Beck Depressions Inventory (BDI II), Satisfaction with Life Scale (SWLS), Positive and Negative Affect Schedule (PANAS), Life Orientation Test-Revised (LOT-R), Resilience Scale (RS 11)	In the PPT group well-being and resilience was found to have increased and depressive symptoms had decreased more. In control group Pessimism was significantly higher
5	Chaves et al. (2016)	PPI Group therapy (n=96 women) CBT vs. PPI <b>MDD or dysthymia</b> 10 sessions weekly, 2hour	The Beck Depression Inventory-II - SCID interview - The Automatic Thoughts Questionnaire - White Bear Suppression Inventory - Positive and Negative Affect Schedule - Beck Anxiety Inventory - Emotion Regulation Scale - Behavioral Inhibition System and Behavioral Approach System Scales - Pemberton Happiness Index - Ryff's Psychological Well-Being Scales	Depressive symptoms were found to have reduced and wellbeing had increased in both CBT and PPI . There was no significant difference in other areas.
6	Celano et al., 2016	PPT (n=65) PP vs. CF (cognition focussed) <b>current major depressive episode reporting suicidal ideation or a recent suicide attempt</b> 6 week	-Beck Hopelessness Scale - Concise Health Risk Tracking scale -16-Item Quick Inventory of Depressive Symptomatology, Self-Report -Life Orientation Test-Revised -Gratitude Questionnaire-6 -Positive and Negative Affect Schedule	Hopelessness was found to have improved at 6weeks and not at 12 weeks in the CF group as compared to the PP group. Depression, suicidal ideation, optimism and gratitude were also found to have improved in the CF group.

	Authors (year)	Sample & intervention characteristics	Primary outcome measure	Key findings
7	Gomez et al., 2017	Integrative Positive Psychological Intervention for Depression (IPPI-D) (n= 128) IPPI-D vs. CBT <b>Women with MDD</b> 10 weekly 2hr session	Beck Depression Inventory II Automatic Thoughts Questionnaire (ATQ 30), Ruminative Response Style (RRS), White Bear Suppression Inventory (WBSI), Positive and Negative Affect Schedule (PANAS), Beck Anxiety Inventory (BAI), Responses to Positive Affect Questionnaire (RPA), Difficulties in Emotion Regulation Scale (DERS), Behavioural Inhibition System and Behavioural Approach System Scales (BIS/BAS trait version); Life Orientation Test Revised (LOT R); Ryff's Psychological Well Being Scales (PWBS); Satisfaction With Life Scale (SWLS); Enjoyment Orientation Scale (EOS); Pemberton Happiness Index (PHI; Hervas & Vazquez, 2013b; $\alpha = .79$ )	The percentage of increased in depressive symptoms and well being was significant in four assessment times.
8	Vazquez et al., 2018	Group PPI (n=75) Group PPI vs. Group CBT <b>major depression or dysthymia.</b> 10 weekly sessions	Beck Depression Inventory-II, eye tracking paradigm	There was reduction in depressive symptoms and improvement in attentional performance in both PPI and CBT group.
9	Gorges et al., 2018	PPI (n=81) <b>MDD</b> 7 week	German version of the CSQ-8 (Client Satisfaction Questionnaire), Inventory of Depressive Symptomatology, Patient Health Questionnaire, Short-Form-12, German language Inventory for the Assessment of Negative Effects of Psychotherapy	Overall satisfaction promised to be good. While participants appeared to be quite happy with many aspects of the programme, they were only significantly less happy with how it affected the issues they were trying to tackle. With mild to moderate effect sizes, the severity of the symptoms decreased over time. At the post-treatment and follow-up visits, there was a slight improvement in satisfaction with mental health.
10	Furchtlener et al., 2019	Group PPT (n=92) PPT vs. CBT <b>mild to moderate major depressive disorder</b> 14-week-, two-hours-per-week	Beck Depression Inventory, (BDI-II), Depression Happiness- Scale (DHS), Montgomery Asberg Depression Rating Scale (MADRS), Brief Symptom Inventory (BSI), Global Severity Index (GSI)	Improvement in PPT group was larger as compared to the CBT group. Patients in both CBT group and PPT group were satisfied with therapy.

	Authors (year)	Sample & intervention characteristics	Primary outcome measure	Key findings
11	Stemmler et al., 2021	PPI (n=38) PPI vs. TAU <b>In-patients with MDD</b> 4-week group PPI programme (one 45-min session per week)	Beck Depression Inventory-II, Positive and Negative Affect Schedule (PANAS)	There was improvement in positive emotional state and reduction in negative emotional state in the PPI group which was highly significant. Positive attitude towards therapy was responsible for overall treatment outcome (Beck Depression Inventory-II scores).

Table 2: Techniques used for PPI/PPT

Intervention	Author
Best Possible self	Seligman, 2006 & 2006
Identifying strengths, appreciating positive affairs, meaning in life	<u>Ashgari poor et al., 2012</u>
Best possible self, three good things	<u>Pietrowsky &amp; Mikutta, 2012</u>
Identification of positive emotions, savoring, mindfulness, three good things, best possible self (optimism), positive relationships, kindness, strengths	Chaves et al., 2016, Gomez et al., 2017, Vazquez et al., 2017
Letter of gratitude	<u>Celano et al., 2017</u>
Happiness & gratitude journal, gratitude letter, kindness, mindfulness, signature strengths	Gorges et al., 2018
Strengths, good & bad memories, forgiveness, gratitude, satisfying & maximizing, positive relationships, savoring, hope & optimism, altruism, full life	<u>Furchlehner et al., 2019</u>
Gratitude, three good things, strengths, one door closes another door opens	Stemmer et al., 2021

## Discussion

The present narrative review aimed to explore the impact of positive psychology interventions (PPI) on patients with depression. On a literature search, we could find 11 studies that met the inclusion criteria. We will now describe in detail the characteristics of our studies.

As early as positive psychology interventions have been shown to be effective in reducing depressive

symptoms and increasing wellbeing in comparison to treatment as usual. Other studies have also shown that PPI is effective in comparison to treatment as usual or the waitlist control group. In comparison to CBT, PPI has the same results as CBT. PPI has not been found to be more effective than CBT in reducing depressive symptoms.

### Information related to intervention

The studies employed various exercises in positive psychotherapy. Some focused on 2-3 exercises, while others focused on more than 3 exercises (Table 2). Some of the common exercises used were identifying signature strengths (Ashgaripoor et al., 2012; Chaves et al., 2016; Gomez et al., 2017; Vazquez et al., 2017; Gorges et al., 2018; Furchtlehner et al., 2019); and writing a gratitude letter (Pietrowsky & Mikutta, 2012; Chaves et al., 2016; Gomez et al., 2017; Vazquez et al., 2017; Celano et al., 2017; Gorges et al., 2018; Furchtlehner et al., 2019; Stemmler et al., 2021). Mindfulness or savoring has also been used in a few studies (Chaves et al., 2016, Gomez et al., 2017, Vazquez et al., 2017, Gorges et al., 2018, Furchtlehner et al., 2019). Other exercises focused on generating positive emotions, finding hope and optimism, and finding meaning in life (Ashgaripoor et al., 2012; Chaves et al., 2016; Gomez et al., 2017; Vazquez et al., 2017; Furchtlehner et al., 2019).

### Intensity of intervention

The minimum number of weeks for which therapy has been given is 3 weeks (Pietrowsky & Mikutta 2012), and the maximum is 14 weeks (Furchtlehner et al., 2019). On average, most of the studies have given therapy for 8–12 weeks.

### Delivery of interventions

The PPI and PPT have been given both at the individual and group level. At both levels, it has been found to be effective. Two of the studies were conducted online or over the telephone.

In most of the studies, the therapy has been conducted by a trained clinical psychologist or licensed therapist (Seligman 2006 & 2006 Ashgaripoor et al., 2012, Furchtlehner et al., 2019 Gomez et al., 2017, Chaves et al., 2016, Vazquez et al. 2017). In the study by Celano et al. 2017, it was conducted by psychiatrists or licensed social workers along with a clinical psychologist. In the study by Gorges et al. 2018, it was conducted through an online app.

### Findings

Most of the studies have seen a decrease in depressive symptoms and an increase in well-being. Happiness and resilience were also found to have increased in patients receiving PPT. The studies by Chaves et al., 2016, Gomez et al., 2017, and Vazquez et al., 2017 showed that both PPI and CBT showed significant improvement in depressive symptoms, increasing wellbeing, satisfaction with life, and attention. While other studies by Ashgaripoor et al., 2012,

Pietrowsky & Mikutta 2012, Furchtlehner et al., 2019, and Stemmler et al., 2021 found that the PPI group induced higher improvement as compared to the CBT or control group. In one study by Celano et al., 2017, it was found that cognitive-focused intervention was better than the PPI group. Overall, it can be said that PPT is either equivalent or better when compared with CBT or the control group.

### Outcome measure

The studies tried to assess the effect of PPI \ PPT on the severity of depression and wellbeing (Furchtlehner et al., 2019; Chaves et al., 2016; Ashgaripoor et al., 2012; Seligman, 2006). These two were major outcomes of the studies. The most common scale used to measure the severity of depression was the Beck Depression Inventory II (BDI II). Other outcome measures included hopelessness, suicidal behaviors (Celano et al., 2017), the eye tracking paradigm (Vazquez et al., 2017), satisfaction with life, the ratio of positive to negative affect, optimism, and gratefulness (Pietrowsky & Mikutta, 2012).

### Population studied

The studies assessed the efficacy of patients with major depressive disorder. In most of the studies, patients with mild to moderate depression were included. Patients with severe depression were not included. The severity of depression was assessed using a clinical scale like the Beck Depression Inventory (BDI-II), which was most commonly used. Three studies also included patients diagnosed with dysthymia other than depression. One study included patients with suicidal ideation.

### Control groups

In most of the studies, Cognitive Behavior Therapy (CBT) has been given to the control group. CBT is the gold standard therapy for patients with depression, and assessing the effect of PPI or PPT in comparison to CBT gives more authentic results. One study used a cognition-focused (CF) intervention for the control group (Celano et al., 2017). In this, the participants were trained to systematically recall life events. The first study on PPI done by Seligman took treatment as usual for the control group (Seligman 2006).

### Limitations of studies

The major limitation mentioned was the small and limited sample size and the absence of follow-up results at 6 and 12 months (Seligman 2006 & 2006, Pietrowsky & Mikutta 2012, Chaves et al., 2016, Celano et al., 2017, Vazquez et al., 2017). Short duration of intervention (Pietrowsky & Mikutta, 2012; Ashgaripoor

et al., 2012) and a standard protocol not available for PPI (Chaves et al., 2016) were some other limitations mentioned in the study. The lack of involvement of a trained therapist in the study by Pietrowsky & Mikutta 2012 was another limitation, as it used an online app for therapy.

### PPI in Indian perspective

The aim of positive psychology and Indian psychology is the same, i.e., achieving happiness, wellbeing, and life satisfaction. The strategies of positive psychology like forgiveness, gratitude, wisdom, and meditation have been present in Indian psychology since ages (Pradhan & Jain, 2020). Since positive psychology activities are quite similar to Indian psychology, Indians can more easily identify with and profit from these tactics. Application of these strategies by the Indian population will not be very difficult, as most of them are part of their tradition. In addition, we can modify these strategies in a more culturally accepted way, which is more difficult with therapies like CBT and IPT. To date, few Indian studies have been done to assess the effect of PPI on healthy children and adults, and no study could be found assessing the effect of PPI on clinical samples.

long term, which can prevent relapse. They can be employed as non-stigmatizing preventative strategies.

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Upadhyay, 2020, conducted a study on 75 children with Specific Learning disabilities and found that there was improvement in positive affect and life satisfaction and a decrease in negative affect. In another Indian study, Vaishnavi et al., 2022 on 10 emerging adults found PPI to be effective. More Indian studies need to be conducted as they are effective in improving overall wellbeing, life satisfaction, and quality of life..

### Conclusion

The research shows that positive psychotherapy reduces depressive symptoms and improves wellbeing at a rate that is comparable to or better than negative psychotherapy. Small samples and non-standard PPT methods are used in the majority of western studies, which makes it challenging to generalize the findings. Additionally, there aren't enough studies using evidence-based therapies like CBT and IPT or randomized control trials.

The development of long-term resources like psychological resilience and flourishing is assisted by positive psychology interventions. These treatments not only lessen depression symptoms but also improve wellbeing, life satisfaction, and positive emotions over the

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