Positive Opinion on the Effectiveness of Reducing the Symptoms of Major Depression

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ABSTRACT

Teaching effectiveness research aimed at reducing the symptoms of major depression in women positive thoughts on the city of Kermanshah. The research was quasi-experimental design with pre-test, post-test with control group, and included all women with Diagnosis of major depressive disorder patients in psychiatric clinics in Kermanshah, among them 40 patients with Sampling selection, and then randomly divided into two groups of 20 persons, 40 of them under the control and Education positively thought were. In this study, data analysis, descriptive statistics (mean, standard deviation, and frequency) and ANOVA, ANCOVA and t-test was used to calculate the data spss16 were used in the study of Beck Depression Inventory (BDI-II), respectively. The findings showed that education positively thoughts Recognizing depression depressive disorder affects females. Thus, we can conclude that education positively thoughts Recognizing depression is effective in reducing depression in females.

KEYWORDS: education, positive thoughts, depression, women.

INTRODUCTION

Depression is a common mental disorder, mental stress significantly to individuals and the community, resulting in decreased quality of life, morbidity and mortality (Metters, 2008). World Health Organization, the 2020 depression, the second leading cause of disease after heart disease, has forecast worldwide (Baron, 2007). 15 to 20 percent of the adult population may have different signs and symptoms of severe depression, to show (Sado, Kaplan and Sadok, 2007). At least 12 percent of the population in developed countries for the treatment of major depression during their lifetime, they are referred to mental health professionals (Sado, Kaplan and Sadok, 2007). Several studies in different ages and countries, have been associated with depression, and different results have also been reported (Aghayi, Abedi and Jamal Paqaleh, 2012; Castaneda, Tulio, Martonen, Sovisary and Lankoist, 2008). Depressed person may express the feelings of sadness, emptiness and worthlessness stems. For patients with depressed mood, often, a special quality that is different from normal sadness, some depressed patients describe it as an overwhelming emotional pain moved (Castaneda, Tulio, Martonen, Sovisary and Lankoist, 2008). The prevalence of depression in women, especially women, divorced (Riolv, Nguyen, Girden, 2005), and have lower socioeconomic classes is twice that of men (Helsen, Kraft and Ritsro, 2000; Mabry, 2002; Logsdon, 2004). Age of the patients was 30 years. The overall risk of developing major depressive disorder in community samples of 10 to 25 percent for women and for men varies from 5 to 12 percent. The prevalence of major depressive disorder in adults, in community samples from 5 to 9% for women, and varies from 2 to 3 percent for men (Sado and Sadok, 2007). Therapy the cognitive approach, the most important step, learning the importance of positive thinking and how to interpret events in the references. In this approach, the therapist must demonstrate to the authorities that opinion, Subjectivities, and attitudes, emotions and behaviors can be severe, and powerful build, and to reduce negative thoughts, ideas and Feedback client needs changed, logical thinking and attitudes, and to replace them with positive Try (Mack Molin, 2000). Positivism means having a positive way, and happy outlook on life, the positive Behavior establish positive relationships with others. In recent years, followed New from wave that emerged in psychology, psychiatry Positive thinking a new concept, a new and very important.

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This new approach by Martin Seligman (Seligman, Steen, Park & Peterson, 2005), have been proposed and developed, in fact, a form of protest against the opinion of Psychology (Alizadeh, 2011). Instead of focusing on the identification of positive psychology, the study of mental deficiencies and behavioral deficiencies, and to recognize and promote the positive aspects of healing or treatment of human strength, the emphasis is, they are the scientific study of in the recent times started (Robins, 2008). Positive emotions, intellectual properties and behavior of people towards positive change minds deals (Froman, 2009). Positive psychology interventions include therapeutic methods, or intentional activities to promote positive feelings and thoughts, positive behavior, cognition, perception, positive, enhance wellbeing and improve symptoms of depression (Sin, Laibomirsky, 2009). A study by Seligman, Steen, Park & Peterson (2005), was the same age is clearly indicated that they are entering treatment for depressed people, for a week, they increased their happiness, and symptoms of depression they destroyed (Seligman, Steen, Park & Peterson, 2005).

So with regard to this material, and due to the specific conditions of depression, especially the cultural and environmental context, the present study was conducted in the city of Kermanshah, however due to deficiencies in the treatment of major depressive disorder can be seen, It goes Is that whether positive thoughts can be trained in the treatment of major depressive disorder in women Kermanshah city helpful?

**Research objectives:**
**The main objective:**
Positive thoughts of depression in females, with a diagnosis of major depressive disorder.

**Secondary objectives:**
1. The difference between the rates of major depression in women, according to their socioeconomic levels.
2. The difference between the rates of major depression in women, according to the employed and unemployed people.

**Research hypotheses:**
1. Education positive thoughts, depression in females, with a diagnosis of major depressive disorder is effective.
2 among depressed women, according to their socio-economic level, there is a significant difference.
3 among depressed women, employed and unemployed, according to them, there is a significant difference.

**METHODS**

The study was a quasi-experimental pre-test, post-test with control group. The study sample included all women with a diagnosis of major depressive disorder who were referred to a private clinic in the city of Kermanshah, two psychiatrists (doctor Nader Bazvand and the doctor Habibollah Khazayi) is, of which 60 were selected from the sampling, then the 40 patients randomly divided into two groups of 20 (20 in the experimental group and 20 in the control group), respectively.

The instrument used in this study: Beck Depression Inventory (BDI-II): The Beck Depression Inventory questionnaire revised form, which, in 1996, was designed to assess the severity of depressive symptoms. Beck Depression Inventory, one of the most widely used psychiatric diagnostic tools. Beck Depression Inventory 21 questions, and to assess the severity of depression in adolescents and adults, is designed. In a four-point scale range (from 0 to 3), characterized. This is not the reflection of a certain theory of depression, but only to assess the degree of depression, is selected. The maximum total score of 63 and a minimum of zero. If the subject of a question than a statement is selected, then the highest ranking for his scores to be calculated. In previous studies, internal consistency reliability coefficient of the questionnaire, 0/73, 0/86, with an average reported (Avsman, Barrios-Gutierrez, Williams and Bailey, 2008).
The correlation between the standard form, and the short form of the Beck Depression 0/61 (Karnaval, 2011). In this study, Cronbach's alpha reliability coefficient was 0/84.

Methods The study was performed in this study, all women referred with a diagnosis of major depressive disorder, two psychiatrists in private practice in the city of Kermanshah (doctor Nader Bazvand) within the research yourself, or else referred to the psychologist, evaluated and based on the observation of clinical interview based on DSM-IV-TR and the Beck Depression Inventory ((BDI-II), which were eligible and possible cooperation was possible for them, in place, they 40 patients were available for sampling, then these individuals will be randomly assigned to two groups of 20, the experimental and control groups. Group tested the skills of positive thoughts in 8 sessions (8 weeks), trained for 30 minutes, while the control group did not receive any training in the skills of positive thoughts after the meeting, the two groups using the Beck Depression Inventory test, was performed positive thinking skills, in this includes training of cognitive and behavioral skills that the two sources of optimism and positivism 1. Application (Koiliam, 2003), 2. Upbeat children's book (Seligman, 2000) were used. This means that the curriculum includes three general areas than their optimism, positive thinking than others, positive thinking to life (the world), respectively. Feedback on the part of the curriculum, eight sessions were:
- Sense of optimism and positive thinking skills, and positive thoughts and words, that the objectives of the meeting, which aims to reduce depression by learning to think positive thoughts.
- Self-awareness and self-knowledge.
- Self-acceptance and self-esteem and self-esteem.
- Identify responsibilities, and responsible behavior on their part.
- I looked at the others.
- Optimism and hope.
- Positive thinking and recognize its positive attributes, group discussion and practical manner.
- Introduction of participants and identify irrational thoughts that lead to pessimism, and negative thoughts about themselves, others and life.
- The impact of positive and negative self-talk, feeling and behavior.
- Characteristics of positive and negative retrospective and prospective.
- Limitation of optimism and positive thinking.
- The relationship between thoughts, feelings and behaviors.

At the end of the data analysis, descriptive statistics such as mean, standard deviation, and inferential statistics, analysis of covariance, correlation coefficient was used. To analyze the data, the software SPSS version 21 was used.

Findings

Table 1 - Beck Depression Inventory scores mean and standard deviation, positive thoughts in depression in females, with a diagnosis of depressive disorder group and the control group

<table>
<thead>
<tr>
<th>Group</th>
<th>Phase</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Pretest Positive Thoughts</td>
<td></td>
</tr>
<tr>
<td>Standard deviation</td>
<td>Average 20</td>
<td>Standard deviation</td>
</tr>
<tr>
<td>0/34</td>
<td>45/02</td>
<td>1/44</td>
</tr>
<tr>
<td>Experiment</td>
<td>Posttest</td>
<td></td>
</tr>
<tr>
<td>5/04</td>
<td>43/00</td>
<td>3/47</td>
</tr>
</tbody>
</table>

First hypothesis: positive thoughts of depression in females, with a diagnosis of major depressive disorder is effective.

Table 2. T-test results between the pre-test MDD group trained on positive thoughts and Control

<table>
<thead>
<tr>
<th>Error standard deviation difference</th>
<th>Mean different</th>
<th>sig</th>
<th>df</th>
<th>T</th>
<th>Loon test</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig</td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Emotional exhaustion</td>
</tr>
<tr>
<td>0/433</td>
<td>0/868</td>
<td>0/055</td>
<td>28</td>
<td>2/003</td>
<td>0/056</td>
<td>3/972</td>
</tr>
</tbody>
</table>
According to Table 2, significant differences between the scores of pre-trained MDD group, based on positive thoughts and Control ($T = 2.003$, $28 = Df$, $0.055 = Sig$) cannot be verified. Therefore, the differences between the scores of pre-trained MDD group, based on positive thoughts and control cannot be seen, it can be said is a significant difference between the two groups. The place is appropriate groups.

**Table 3.** T-test results between major depression and post-test scores of the group trained on positive thoughts and Control

<table>
<thead>
<tr>
<th>Error standard deviation difference</th>
<th>Mean different</th>
<th>sig</th>
<th>df</th>
<th>T</th>
<th>Loon test</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/646</td>
<td>-19/267</td>
<td>0.001</td>
<td>28</td>
<td>-11/705</td>
<td>0.402</td>
<td>0.723</td>
</tr>
</tbody>
</table>

According to Table 3, significant differences between the grades of major depression group trained on positive thoughts and Control ($T = -11/705$, $28 = Df$, $0.001 = Sig$), is confirmed. The significant difference between the grades of major depression group trained on positive thoughts and control can be seen. Analysis of covariance was used to compare the differences better than that, the results of which are reported below.

**Table 4.** Test results based on default during the equality of variance and covariance test the first hypothesis

<table>
<thead>
<tr>
<th>DF1</th>
<th>F</th>
<th>sig</th>
<th>DF2</th>
<th>The dependent variable index</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.739</td>
<td>0.397</td>
<td>28</td>
<td>MDD</td>
</tr>
</tbody>
</table>

According to Table 4, the results of these tests show that, for a significance level greater than 0.05 is obtained, so that the variance of the test and control groups did not differ significantly, so the default for ANCOVA is respected.

**Table 5.** Analysis of covariance grades positive thoughts, the depression in the experimental group

<table>
<thead>
<tr>
<th>Statistical power</th>
<th>Significance level</th>
<th>F</th>
<th>mean square</th>
<th>Degrees of freedom</th>
<th>Sum of squares</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.001</td>
<td>0.001</td>
<td>0.014</td>
<td>1</td>
<td>0.014</td>
<td></td>
<td>pretest</td>
</tr>
<tr>
<td>0.810</td>
<td>0.001</td>
<td>115/379</td>
<td>2431/172</td>
<td>1</td>
<td>2431/172</td>
<td>variance between groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21/071</td>
<td>27</td>
<td>568/920</td>
<td></td>
<td>variance within groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30</td>
<td>366/753/000</td>
<td>total variance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

According to Table 5, it is clear that due to the fact that, at a significance level of the variable (0.001), and this value is smaller than the significance level of a 0/01 basis, as well as the value of $F$ obtained (115/379), over much of the table. The hypothesis of the research, education and positive thoughts of depression in females, with a diagnosis of major depressive disorder affects confirmed. Based on ETA coefficient (extent and statistical power) 0/810 percent, and individual differences in variance between the groups was the result of training, positive thoughts, positive thoughts into words the extent of 81 per cent. The second hypothesis: the depressed women, according to their social and economic base, there is a significant difference.

**Table 6.** ANOVA pretest scores of depression, according to the social and economic base subjects

<table>
<thead>
<tr>
<th>Significance level</th>
<th>F</th>
<th>mean square</th>
<th>Degrees of freedom</th>
<th>Sum of squares</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.001</td>
<td>11/128</td>
<td>10/159</td>
<td>2</td>
<td>20/23</td>
<td>between-group variance</td>
</tr>
<tr>
<td></td>
<td>0/913</td>
<td>27</td>
<td>24/65</td>
<td></td>
<td>variance within groups</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>44/97</td>
<td>total variance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
According to Table 6, it is clear that, due to the variable level of significance between the groups (0/001), and this value is smaller than the significance level of a 0/010 basis, as well as the value of F obtained (11/128), over much of the table. The hypothesis, that a significant difference between women with major depression, according to their social and economic base is confirmed. To determine the maximum and minimum difference, LSD post hoc test was used at a conclusion by reference to the significance level, the difference can be stated that the difference between the socio-economic base of their economic and social well (1/682), and the average socio-economic base and poor socio-economic base (1/653) is significant at a significance level of 0/05. The third hypothesis: the depressed women, according to their working conditions there is a significant difference.

Table 7. T-test results between the depressed women, according to their working conditions

<table>
<thead>
<tr>
<th>Error standard deviation difference</th>
<th>Mean different</th>
<th>sig</th>
<th>df</th>
<th>T</th>
<th>Loon test</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>-1/462</td>
<td>-0/001</td>
<td>28</td>
<td>-3/882</td>
<td>0/151</td>
<td>2/185</td>
<td>MDD</td>
</tr>
</tbody>
</table>

According to Table 7, the third hypothesis that a significant difference between women with major depression, according to their working conditions (T = -3/882, 28 = Df, 0/001 = Sig), is confirmed. The significant difference between women with major depression, according to their working conditions there is a significant difference.

**DISCUSSION AND CONCLUSION**

Since an investigation, only to help clarify those aspects of reality, and it is incapable of describing and also with respect to that, sometimes several questions to clarify one thing, and that creates a variety of responses telling them requires new research and surveys, the results of research in this area, according to the data collected, and the test is given, and then offers the following restrictions on the research findings, and recommendations for research comes the next offer.

Based on the research result of positive thoughts, depression in females, with a diagnosis of major depressive disorder had an impact. This means that the positive thoughts of depression in females, with a diagnosis of major depressive disorder reduces it. And measure the impact of drug treatment was 40%. This finding is consistent with research results (Mack Molin, 2000; Seligman, Steen, Park & Peterson, 2005; Alizadeh, 2011; Robins, 2008; Froman, 2009; Sin, Laibomirsky, 2009) aligned and consistent. Aspinval (1998; quoted Ferdikson and Branigan, 2005) showed that positive affect and positive thoughts and opinions of the people, to deal with adversity and tribulation raise. Ferdikson research results and Branigan (2005) also showed that participants in both the positive emotion (happiness and satisfaction), to identify further actions. Norman (2003) found that there is something interesting, positive people and creates good feelings, and therefore less likely to be depressed. According Ferdikson (2003), to explain recent findings it can be stated that, when a person is threatened, the Treasury limited thought and action, and causes rapid and decisive action of the people. When negative emotions in a person develop a special performance of his desire to show that the representation of the type of activity that, in similar circumstances likely to save the lives of human ancestors, is improved, and opinions of the excitement of positive because happiness, optimism, hope and life threatening situations do not happen, so in a situation where the individual emotions, positive thoughts and experiences, the psychological process that Treasury and the reason for the person's thinking, limited, and swift and decisive response to the cause, not a requirement. Also, emotions and positive thoughts to accelerate the improvement of cardiovascular and body tissue is more appropriate to expand the pool of thought, action, and the thoughts and actions of a person who comes to mind is ready, and less depression (Ferdikson, 2003).

The population of the city of Kermanshah was limited to women, it is suggested, further investigations with regard to sex and level of education, positive thoughts about the comparison
with other methods, the treatment of depression in action. And repeating the study with patients with mental disorders, such as anxiety disorders, personality, sex research proposals.

REFERENCES


