

Effects of Positive Psychotherapy on Depression, Resilience, Quality of Life, and Suicidal Behaviours in Women Population

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KEYWORDS ABSTRACT

Positive psychotherapy; Depression; Resiliency; Quality of life; Suicidal **Behaviors**

Background: Suicide is associated with feelings of despair and helplessness, high and unbearable stress, and the need to escape from the current situation due to the increasing rate of suicide among women in India and the lack of social support. This study aimed to evaluate Positive Psychotherapy on Depression, Resilience, Quality of Life, and Suicidal Behaviors in women population.

Material and methods: The research method used was semi-experimental which constitutes pre and post-test, and control groups. Statistical population was 15 to 35year-old women living in urban slums of Srikakulam city with attempted suicide in 2021 - 2022. Thirty women were chosen via accessible sampling and placed in the experiment and control groups randomly. Both groups completed the Beck Depression Inventory, the Connor and Davidson Resilience Questionnaire, and the WHOQOL Quality of Life Questionnaire at the pre and post-test stages. ANCOVA analyzed collected data.

Result: The average depression score decreases from 32.33 to 20.70, resiliency score increases from 47.93 to 59.53, and quality of life score increases from 6.22 to 7.33 in the test group. Positive psychotherapy on women with attempted suicide causes depression to decrease (eta square=0.542), resiliency increase (eta square=0.403), and quality of life improvement (eta square=0.375).

Conclusion: Positive psychotherapy causes a significant decrease in depression, but resiliency and quality of life significantly increase.

INTRODUCTION

Suicide is one of the most important personal and social injuries that is more common among addicts and mental ills. The suicidal person believes that he has not achieved his goals and aspirations and that life has lost its meaning, and death is considered better than that. (1) Depression is accompanied mainly by suicide. Depression is often associated with suicide. 50% of suicidal people have an early diagnosis of depression. (2) Depressed mood and apathy or lethargy are key symptoms of depression. The patient may feel sad, frustrated, hopeless, or worthless. About two-thirds of depressed patients think of suicide, and about ten to fifteen percent commit suicide. (3) Resilience can be a mediator between psychological health and many other

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variables. Promoting resiliency will help the person cope with stressors, anxiety factors and overcome many psychological problems (4). Low quality of life can affect the family relationship, and also, it can lead to ineffective coping and adjustment mechanisms in individuals and consequently increase stress in them. Increased stress is associated with physical factors and can increase the disease's severity in individuals. Individuals with an optimistic explanatory style are less likely to have physical health weaknesses, depression, disappointment, or committing suicide, while people with a pessimistic explanatory style are more likely to(5). Positive thinking can be known as using all positive, hopeful, and joyful capacities of mind in life, refusing negative mindmade factors, hopeless feelings, and being hopeful for finding solutions. The standard interpretation is being optimistic towards the world, human beings, and oneself (6).

Rashid and Anjum's study suggested a decrease in depression symptoms and an increase in life satisfaction in depressed students (7). In Seligman, Parkes, and Anjum's study, positive thinking intervention causes depression to decrease and increases happiness rate (8). Aside from the individualistic view, community suicidology is a targeted factor for demonstrating social status, social support, and mental health. In India house-wives accounted for 52.5% of female victims compared to the government sector servants with only 1.3% of total victims.(11). Although few studies on sociocultural predisposing factors, Aliverdinia et al. suggest social hyperregulation makes women more prone to suicide. (9)

Another study in Iran, on 50 women who attempted suicide describes family and marital problems as intensifying factors that increase the likelihood of attempting suicide. According to interviews with the women, the study also highlights social stigmas in synergy with other causes. (10)

According to the National Crime Records Bureau (NCRB), in 2022, the incidence of suicide in India was nearly 12.4 per lakh population, with 42.6 per 1 lakh in cities of Andhra Pradesh (11) Considering The economic status of victims, 65.4% of total victims in India in 2017 were having annual income less than 1 lakh. (12)

METHODS AND MATERIALS

This study is empirical in terms of purpose, and the method was semi-experimental which includes pre and post-test, and the control group. Dependent variables are depression, resiliency, quality of life, and the independent variable being the positive thinking approach's effectiveness. The Demographic research society is all women who committed attempted suicide in 2021-2022 in urban slums of Srikakulam city.

Performance process

To identify the target community, the social emergency, and the health network were referred. After coordination with the head of the social emergency and the expert in charge of the health network's mental health, a list of these people's characteristics was provided. They are available based on peer criteria: 1- not receiving medication and psychotherapy, 2- minimum age 15 years and maximum 35 years; Were selected and randomly assigned to test group and control groups (15 in each group).

The pre-test (depression, resilience, and quality of life) is performed for the test and control groups, after which the test group is subjected to positive psychotherapy. However, the control group is not subjected to any intervention method. Moreover, finally, both groups take the post-test.



Data collection tool

Collecting data method is self-report that is introduced below:

Revised Beck depression questionnaire

Beck's revised questionnaire consists of 21 items, and each question has four sentences, each of which shows a sign of depression from low (score zero) to high (score three). The overall score of each person is obtained by summing the scores in all aspects. 0.86 and 0.82, respectively, is the scale's reliability as reported, using Cronbach's alpha method and classification. (13)

Connor and Davidson resiliency questionnaire

This questionnaire has 25 questions according to the liker scale (always four marks, often three marks, sometimes two marks, rarely one mark, never no mark). 100 is the utmost mark, and 0 is the least. The cut point for ordinary people is 4/80 and in people with stress disorder occurred after an accident is 8/47. The more is the mark. The more is the resiliency. This tool's reliability is based on the Khordzanganeh study with 0/89 Cronbach's alpha. (14)

WHOQOL questionnaire

The short form of WHOQOL is 26 items, which is taken from 100 items original form. It measures four areas as environmental, social relationship, physical health and psychological health. Also, this tool can evaluate general health. Items have five choices. The highest mark shows a high quality of life. The marks in both short form and long form of the questionnaire are the same. This similarity reports until 95 %. (15)

RESULTS:

During the data collection period, 68 patients were identified, of which 27 pepole Not having the inclusion criteria and 5 people Not willing to continue .so 36 pepole was Initial evaluation and enrollment qt the end Overall, 30 patients completed the study (Figure 1).

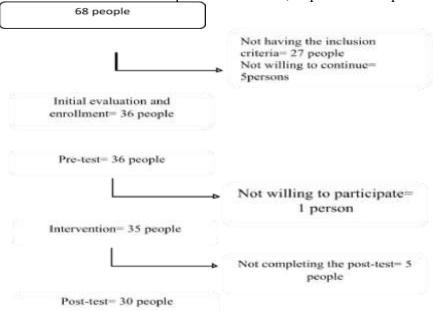


Figure 1: The process of selecting the participants

Descriptive measures like the least, the most, mean, and standard deviation are used to precisely the information according to variable measurement scale(table 1). In order to investigate



study hypotheses in inferential statistics, covariance analysis is used according to the variable measurement scale. It should be noted that covariance assumptions consist of normal numbers distribution, linearity, and homogeneity of regression slopes.

Table 1: Comparison of Pre-test and Post-test Scores Across Groups

Variable	Group	Test	Number	Mean	Standard
					Deviation
Depression	Experiment	Pre-test	15	32.33	7.594
		Post-test	15	20.07	10.11
Depression	Control	Pre-test	15	21.33	8.389
		Post-test	15	24.07	7.592
Resiliency	Experiment	Pre-test	15	47.93	19.348
		Post-test	15	59.53	20.096
Resiliency	Control	Pre-test	15	58.53	20.567
		Post-test	15	58.8	20.861
Quality of Life	Experiment	Pre-test	15	6.27	1.387
		Post-test	15	7.33	1.291
Quality of Life	Control	Pre-test	15	6.73	1.1
		Post-test	15	6.6	1.121

The depression, resiliency, quality of life of women with attempted suicide were analyzed in both test and control groups via covariance analysis. Results show that there is a practical difference between the two groups. In the test group, depression decreased, resiliency increased and quality of life improved (Table 2).

Table 2- Effectiveness of positive psychotherapy on depression, resiliency, and quality of life of women with attempted suicide covariance analysis

Variable	Group	Sum of squares	Degree of freedo m	Mean squares	F	Significance level	Eta squares (effect measure)
Depressio n	Pre- test	1432.208	1	1432.208	47.998	0.0001	0.640
	Group	952.678	1	952.678	31.927	0.0001	0.542
	Error	805.658	27	29.839		0.0001	
Resiliency	Pre- test	10493.92 8	1	10493.92 8	226.270	0.0001	0.893
	Group	845.475	1	845.475	18.230	0.0001	0.403
	Error	1252.206	27	46.378		0.0001	
Quality of life	Pre- test	26.456	1	26.456	49.340	0.0001	0.646



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Group	8.682	1	8.682	16.191	0.0001	0.375
Error	14.477	27	0.536		0.0001	

DISCUSSION

The current study's primary focus is the effectiveness of positive thinking psychotherapy on depression, resiliency, and women's quality of life with attempted suicide. Results suggest that positive psychotherapy leads to decreased depression, increased resiliency, and quality of life improvement. Moreover, they are equivalent to prior similar studies. For example, Rashid and Anjum's study proved decreased depression at a weak to medium rate. (7) Seligman, Rashid, and Parkes suggested that positive thinking intervention decreases depression symptoms and increases joyfulness. (8) Wong and Lim, working on 334 high school students in Singapore, realized that gaining goal resources and optimism predicts students' life satisfaction, and pessimism predicts depression in them. (16) Joobanian research shows that positive thinking has a significant effect on resiliency increase. (17) A person who has committed suicide and suffers from severe depression experiences few successful feelings, somehow his constructive styles are inactive, and many negative schemas and beliefs are activated instead. The same negative loads that result from his attitudes keep the depressed, negative mood going. To activate the constructive style, the client needs to feel a sense of success.

It implies that focusing on attainable short-term goals leads to women's good feelings rise. If they are inspired to do new and creative works, their mental energy will grow up. Gratitude in this study raises positive emotions and lowers negative ones, and women's depression decreases.

Gratitude is a positive emotion and positive thinking technique that plays an essential role in physical and psychological welfare and creates a pleasant feeling in women—However, the likelihood of developing good perceptions increases with attention to the strengths and good experiences of the past. This enables people to take more responsibility for their credibility and value and achieve a fuller and better understanding of themselves .

Tailor et al. state that if an individual's common perceptions accompany a positive conception of oneself and self-control, even a fake one, it helps to deal with the ups and downs of life and helps to deal with stressful and menacing life events such as losing a partner and divorce. Eventually, if depression and hopelessness thoughts decrease, suicide thoughts decrease as well. (18)

The most important practical result which arises from significant resiliency researches is the effect of raising individuals efficiency in a way that they achieve the feeling of identification, the ability to make a decision, lifelong ambitions and aims, through which they can obtain their first human requirements like kindness, relationship, challenging and power, and use them in challenging situations as preventive, educative, and individual developing central interventions.(19) To increase resilience, in the present study, clients were informed of positive psychotherapy techniques. These include Close relationships with family and friends, positive self-esteem and confidence in one's abilities and strengths, ability to manage solid and impulsive emotions, good communication, seeing oneself as a flexible human (not as a victim), coping with feelings Negative by controlling thoughts and positive thinking, finding a positive meaning in one's own life and spirituality despite complex events and problems and purpose in life. According to Bonano's research, these are among the factors that increase resilience in the individual. (20) Despite other approaches that focus on weaknesses and problems, the positive thinking approach focuses on increasing positive emotions and improving life meaning. According to the positive



psychology perspective, psychologists should solve people's problems and help them have a more perfect and happy life. The purpose of positive psychology is to change the viewpoint to improve life quality. (21)

In current study treatment sessions, patients learn positive psychotherapy techniques like increasing happiness and positive emotions with others. Women were asked to have fun, tell jokes, do hobbies, act their interests, and aid each other with their parents and siblings. Such reflections and positive relations from others lead to social relationships improvement, loneliness, decrease, and more cooperation with others. On the other side, women become aware that others accept them with all their weaknesses. With these supporting experiences, the women's activity rate and energy rise, and they will assess themselves highly and reach a positive mood and self-respect. Self-respect and self-esteem will increase the quality of life.

CONCLUSION

Based on the results of previous research and the present study results, authors believe that positive psychotherapy can be considered a practical approach to the psychological characteristics of individuals by mental health professionals, especially for people who have attempted suicide and those who are depressed and have little resilience to life's problems.

REFERENCES

- 1. Mosharraf S, Mousavi G, Roohafza H, Reyhani M, Shoshtarizadeh S. Suicide atempt and the last year stresses (Falavarjan 2012-2013). J Res Behav Sci. 2014;11:1-12.
- 2. Eslami Nasab A. The Crisis of Suicide. Tehran, Ferdos Publication. 1992.
- 3. Kaplan BJ. Kaplan and sadock's synopsis of psychiatry. Behavioral sciences/clinical psychiatry. Tijdschrift voor Psychiatrie. 2016;58(1):78-9.
- 4. Nezhad MAS, Besharat MA. Relations of resilience and hardiness with sport achievement and mental health in a sample of athletes. Procedia-Social and Behavioral Sciences. 2010;5:757-63.
- 5. Forster JR. Facilitating positive changes in self-constructions. International Journal of Personal Construct Psychology. 1991;4(3):281-92.
- 6. EBAD N, SODANI M, FAGHIHI A, HOSSEINPOOR M. The study of effectiveness of positive thinking training with emphasis on the signs of Quran on increasing hope to divorced women's life of Ahvaz city. 2009.
- 7. Rashid T, Anjum A. Positive psychotherapy for young adults and children. 2008.
- 8. Seligman ME, Rashid T, Parks AC. Positive psychotherapy. American psychologist. 2006;61(8):774. 9. Aliverdinia A, Pridemore WA. Women's fatalistic suicide in Iran: a partial test of Durkheim in an Islamic Republic. Violence against women. 2009;15(3):307-20.
- 10. Keyvanara M, Haghshenas A. The sociocultural contexts of attempting suicide among women in Iran. Health care for women international. 2010;31(9):771-83.
- 11. National Crime Records Bureau. Accidental deaths & suicides in India—2022; 2022. https://ncrb.gov.in/uploads/nationalcrimerecordsbureau/custom/adsiyearwise2022/17016 1093707Cha pter-2Suicides.pdf.
- 12. National Crime Records Bureau. Accidental deaths & suicides in India—2017; 2017. https://ncrb.gov.in/uploads/2022/July/11/custom/adsi/chapter-2-suicides-2017.pdf.
- 13. Beck AT, Steer RA, Epstein N, Brown G. Beck self-concept test. Psychological Assessment: A Journal of Consulting and Clinical Psychology. 1990;2(2):191.



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- 14. Khordzanganeh F, Heidarie AR, Naderi F. The relationship between emotional intelligence, happiness and resiliency with mental health in male and female high school students of ramhormoz city. Indian Journal of Fundamental and Applied Life Sciences. 2014;4(2):633-41.
- Skevington SM, Lotfy M, O'Connell KA. The World Health Organization's WHOQOL-BREF quality of life assessment: psychometric properties and results of the international field trial. A report from the WHOQOL group. Quality of life Research. 2004;13(2):299-310.
- 16. Wong SS, Lim T. Hope versus optimism in Singaporean adolescents: Contributions to depression and life satisfaction. Personality and Individual Differences. 2009;46(5-6):648-52.
- 17. Hossein Sabet F, Joobanian F, Farahbakhsh K. Effectiveness of positive psychology based training on resiliency and anger control on female high school students of Yazd. Journal of Counseling Research. 2015;13(52):5-23.
- 18. Taylor SE, Kemeny ME, Reed GM, Bower JE, Gruenewald TL. Psychological resources, positive illusions, and health. American psychologist. 2000;55(1):99.
- 19.. Tugade MM, Fredrickson BL. Resilient individuals use positive emotions to bounce back from negative emotional experiences. Journal of personality and social psychology. 2004;86(2):320.
- Bonanno GA. Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? American psychologist. 2004;59(1):20.
- 21. Karwoski L, Garratt GM, Ilardi SS. On the integration of cognitive-behavioral therapy for depression and positive psychology. Journal of Cognitive Psychotherapy. 2006;20(2):159-70.