ROLE OF POSITIVE PSYCHOTHERAPY ON SYMPTOM DISTRESS

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Abstract: Mental health and adjustment difficulties among the young owing to developmental demands and ecological stressors are on the rise. The effect of positive psychotherapy, which promotes the Complete State Model of Mental Health, in reducing symptom distress, difficulties in interpersonal relations, social roles, risk behaviours such as thoughts or acts of violence, substance abuse and thoughts on suicide, and improving overall life satisfaction, was explored. A sample 37 female young adults (aged 18- 29 years) were randomly assigned to the experimental and control group each, after fulfilling the inclusion criteria. The experimental group received ten sessions structured on positive psychotherapy, while the control group received two counseling sessions. Statistical analysis of pre-intervention and post-intervention assessment scores of the two groups on the Outcome Questionnaire 45.2, suggested the effectiveness of positive psychotherapy in reducing symptom distress, socio-emotional and occupational difficulties.

Keywords: Complete State Model Of Mental Health, Outcome Questionnaire 45.2, Positive Psychotherapy, Symptom Distress.

Introduction: Positive Psychology is the empirical approach of discovering people's positive individual traits and character strengths, promoting positive functioning and experiences, and the institutions that facilitate their development. It supports the belief that those with the burden of psychopathology or difficulties in adjustment are looking beyond symptom relief or supportive scaffolds in everyday living. This adjunct field in Psychology studies positive functioning [1], well-being [2] and health [3]. Positive psychotherapy rests on the hypothesis that psychopathology can be treated effectively not only by reducing its negative symptoms but also by directly and primarily building positive emotions, character strengths, and meaning, to possibly counteract negative symptoms, and also buffer against future relapses. The concepts in positive psychotherapy include working on positive emotions [4] based on the broaden and build hypothesis of positive emotions [5].

Definition of the 'young adult' is partially dependent on the life stage goals and development of the person, as well the national policies of the country of residence since the latter identifies the advancement of this cross-section, reflected in policy making. The UN thus defines the youth as those between the ages 15-24 years of age [6] while the National Youth Policy-2014 defines the youth in India as those between 15-29 years to enable policy-making and interventions.

Cultural traditions, as well as gender roles and expectations, can contribute to feelings of well-being and distress. Young adulthood is a phase for female young adults to make difficult life choices in the face of approach-avoidance conflicts (eg: career goals over family goals). Intimate relationships could become more stable and with cognitive, emotional and social development, the dynamics involved in relationships continue to evolve and move towards autonomy. Studies have confirmed that continual social changes and the demands made on young adults from the self and the culture, has increased the possibility of mental disorders. The present study explores a cross-section of female young adults to determine the current level of adjustment and the role of positive psychotherapy in symptom distress.

Literature Review: Two conceptions of health, the pathogenic approach and the salutogenic approach have now made way for the complete state model. Slade's [7] observation on reorienting mental service providers on the primary purpose of intervention models while treating psychological disorders, advances the principles of positive psychology. Boehm, Vie and Kubzansky [8] concluded that raising levels of perceived well-being in individuals can become a protective factor against physical and psychological disorders, instead of only working on phenomena individually to enhance subjective well-being; therefore, while feelings of optimism, happiness, self-worth and transcendence can enhance subjective well-being, targeting well-being can also affect the level of engagement, meaning and happiness felt in an individual's life. Mental health or emotional, social and psychological well-being requires as much attention as mental disorders. Keyes [9] reviewed that those with complete mental health reported better socio-occupational and psychosocial adjustment.

Positive interventions can have a lasting impact on increasing happiness and decreasing depressive symptoms [10], reducing levels of depression as well as possibility of relapse [11]. Beyond mood and anxiety disorders, substance abuse and dependence has also been successfully managed [12].

Singh and Gururaj's [13] survey identified health issues among young adults in India around the ages of 10-24 years and found them at risk for mental

health issues. Apart from physiological and neurological health issues, as much as twenty percent are at risk for psychological disorders such as depression, substance abuse and suicides. The Million Death Study [14] suggested higher incidence of suicides among female young adults in comparison to their male counterparts.

Method: The aim of the present study is to explore the effect of positive psychotherapy on symptom distress. Symptom distress has been defined as anxiety disorders, affective disorders, adjustment disorders and stress related illness, in this particular study. The Symptom Distress subscale of the Outcome Questionnaire 45.2 [15] is composed of items that have been found to reflect the symptoms of these disorders. A high score indicates disturbances owing to symptoms, while low scores indicate either absence or a denial of the symptoms.

Participants were purposively sampled from colleges and work institutions that allowed students/ employees to participate in studies related to mental health. Participants, between the ages 18- 29 years of age, were screened for current levels of functioning using informed consent for participation Those with current active symptoms, undergoing individual or group psychotherapy and with a history of psychopathology in the last three years were excluded. The selected participants were then randomly allocated to the experimental or control group. Both groups were further assessed for current levels of functioning using the Outcome Questionnaire 45.2. The experimental group was exposed to a ten session intervention based on the principles of positive psychology [16], [17]. The participants of the control group was given two counseling sessions based on psychoeducation of the implications of the assessment results as well as possible ways to modify certain behaviours to bring about a sense of ease and improved coping in everyday life. The experimental group was reassessed for changes following positive psychotherapy intervention. The control group was re-assessed after two months following the last counseling session. The results of the statistical analysis of the pre-post assessment have been discussed below.

Results: The independent samples t-test was conducted to determine the effect of psychotherapy on the experimental group, in comparison to the control group. It suggests that there was a significant difference in the scores for the experimental group (M=20.45, SD=7.17) and the control group (M=28.32, SD=10.54) for symptom distress; t (72)=3.75, p = 0.000. This suggests that positive psychotherapy helped decrease the level of symptom distress in participants of the experimental group, in comparison to the control group.

There was a significant difference in the scores for the experimental group (M=9.24, SD=4.65) and the control group (M=16.08, SD=5.42) for interpersonal relations; t (72)= 5.81, p =0.000. This suggests that positive psychotherapy helped improve the quality of interpersonal relations and reduce the level of difficulties in relationships, for participants of the experimental group, in comparison to the control group.

There was a significant difference in the scores for the experimental group (M=7.78, SD=3.35) and the control group (M=13.72, SD=3.35) for social roles; t (72)=7.03, p =0.000. This suggests that positive psychotherapy had an effect on decreasing the level difficulty in social role in participants of the experimental group, in comparison to the control group.

There was a significant difference in the scores for the experimental group (M=0.64, SD=0.85) and the control group (M=1.78, SD=1.61) for risk; t (72)=3.77, p =0.000. This suggests that positive psychotherapy had an effect on decreasing the level of risk factors in participants of the experimental group, in comparison to the control group.

There was a significant difference in the scores for the experimental group (M=37.51, SD=13.40) and the control group (M=59.81, SD=16.74) on total score/ life satisfaction; t (72)=6.32, p =0.000. This suggests that positive psychotherapy had an effect on life satisfaction, improving the level of life satisfaction in participants of the experimental group, in comparison to the control group.

A paired sample test suggested that was a significant difference in the scores post intervention (M=20.45, SD=7.17) as compared to pre-intervention test scores (M=35.24, SD=8.89) in symptom distress; t(36)=11.84 , p=0.00, suggesting that positive psychotherapy helped reduce levels of symptom distress in participants.

There was a significant difference in the scores for interpersonal relations in the experimental group post intervention test scores (M= 9.24, SD=4.65) in comparison to the pre-intervention test scores (M=15.54, SD=5.65) for; t (36)=7.37, p =0.00. This suggests that positive psychotherapy had an effect on interpersonal relations, specifically, decreasing the level of difficulties faced in interpersonal relationship in participants of the experimental group.

There was a significant difference in the scores for the experimental group post intervention test scores (M=7.78, SD=3.35) in comparison to the pre-intervention test scores (M=12.21, SD=3.56) for social role; t (36)=7.22, p =0.00, suggesting that positive psychotherapy had an effect on social role, reducing the level of difficulties faced in social roles and related socio-occupational functioning in participants of the experimental group.

There was a significant difference in the scores for the experimental group post intervention test scores (M=0.64, SD=0.85) in comparison to the pre-intervention test scores (M=2.56, SD=2.03) for risk behaviours; t (36)=6.97, p =0.00. This suggests that positive psychotherapy had an effect on risk behaviours, helping reduce the level of risk behaviours such as violence, suicidal thoughts and substance abuse in participants of the experimental group.

There was a significant difference in the scores for the experimental group post intervention test scores (M=37.51, SD=13.40) in comparison to the pre-intervention test scores (M=63.24, SD=16.15) for life satisfaction; t (36)= 11.09, p =0.00, suggesting that positive psychotherapy had an effect on life satisfaction, helping improve the overall level life satisfaction of in participants of the experimental group.

Symptom distress (-4.54), difficulties in interpersonal relations (-2.41), social roles (-2.07) indicate reliable improvement, suggesting that overall distress owing to symptoms of depression, anxiety and somatization significantly reduced post intervention, and that this change is reliable. The negative sign indicates direction of change, suggesting that from the presence of difficulty, there has been a trend towards lowering of that symptom. For certain variables, the negative direction is indicative of a positive change in reduction of certain phenomena. Likewise, the RCI values in interpersonal relations and social roles suggest significant decrease in conflicts within relationships and socio-occupational roles and related stressors, suggesting reliable improvement following positive psychotherapy. No reliably significant change has occurred in Risk behaviours such as tendencies for violence, substance abuse and suicidal thoughts. There has been a reliably significant change in overall life satisfaction (-5.83) post intervention.

Discussion: Apart from Risk, the effectiveness of psychotherapy on reducing symptom distress, and conflicts in interpersonal relations and social roles and improving life satisfaction has been indicated. Positive psychotherapy thus aimed at symptom alleviation as effectively as it attempted to enhance meaningful engagement, generation of positive emotions and the capacities for optimizing personal resources. The theories of broaden and build, undoing, and flourishing, among the theories of positive psychotherapy, was well-reflected in this and throughout the course of the sessions. Increased use of specific character strengths is associated as a protective factor against clinical symptoms of depression or anxiety disorders [18] [19] and also in decreasing stress and increased vitality and positive affect (although it does not reduce the experience of negative affect [20]. The use of strengths on a consistent basis is also associated with better therapeutic outcome [21], [22]. Positive psychotherapy thus aimed at symptom alleviation as effectively as it attempted to enhance meaningful engagement, generation of positive emotions and the tendency for optimizing personal resources.

Identifying character strengths that were in use, disuse, or not yet identified, and encouraging regular use garnered a sense of confidence, especially since it was seen as an adjunct to successfully use talents and improve skills. The principles of the strengths theory [23] was thus put into practise, whereby the focus was on strengths that could be nurtured to become better. The gratitude journal helped work on generating positive emotions and working through attributional biases such as the fundamental negative bias. The ABCDE disputation identified explanatory factors behind decision making, worked in tandem to the session on improving active-constructive responding styles. The theories of broaden and build, undoing, and flourishing, among the theories of positive psychotherapy, was well-reflected in this and throughout the course of the sessions. Increased use of specific character strengths is associated as a protective factor against clinical symptoms of depression or anxiety disorders [18], [19] and also in decreasing stress and increased vitality and positive affect (although it does not reduce the experience of negative affect [20]. The use of strengths on a consistent basis is also associated with better therapeutic outcome [21], [22].

Conclusion: The study thus suggests that positive psychotherapy was effective in reducing symptom distress and improving interpersonal relations and social roles and reducing the frequency of risk behaviours. There were indications that it improved overall satisfaction with life.

The primary focus was not only for reducing symptom distress but also the overall life satisfaction of the participants, moving them towards a more flourishing level of adjustment.

The present study could have considered the following: Increasing sample size for further statistical analysis of data to improve interpretation of the present study, and enable generalizability. Audio or video recording of sessions would have enabled more intensive qualitative analysis to explore mediating mechanisms for change. Influence of gender, if any, on young adults of both sexes, could enhance understanding of mediator variables contributing to the efficacy of therapy. The possibility of researcher/ therapist bias could have been better controlled.

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