



The effectiveness of solution-focused therapy on emotional, cognitive, motivational and biological symptoms of major depressive disorder

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ARTICLE INFORMATION

Article type

Original research

Pages: 123-127

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Email: avestaps@yahoo.com

Article history:

Received: 2022/06/03

Revised: 2022/07/30

Accepted: 2022/08/14

Published online: 2022/10/07

Keywords:

solution-focused therapy, emotion, cognition, motivation, depression.

ABSTRACT

Background and aim: Depression as the most common psychiatric and mood disorder affects many people in all parts of the world. Depression is associated with long periods, variety of symptoms, high rate of recurrence and many physical and mental disorders. The purpose of the present study was to compare the effectiveness of treatment focused on emotion and strategic treatment focused on emotional, cognitive, motivational and biological symptoms of major depressive disorder. **Methods:** The current research was applied in terms of the purpose of the research. The design of the quasi-experimental research was pre-test-post-test with a control group and a three-month follow-up. The statistical population of the research included all women and men who referred to the counseling and psychological center of the beautiful mind of Bojnord city in 2019-20, who referred to psychiatrists, psychologists and mental health specialists, and the specialists of the center gave them a diagnosis of major depressive disorder. The sample of this research includes 45 people from the mentioned society who, using simple randomization method, were divided into three groups of emotion-focused couple therapy (n=15), solution-oriented couple therapy (n=15) and control group (n=15) were assigned. The data was obtained using a depression questionnaire (made by the researcher). Mean and standard deviation were used in the descriptive statistics section, and variance analysis method with repeated measures was used in the inferential statistics section. **Results:** The results showed that emotion-focused therapy has a greater effect on the emotional, motivational and biological (vegetative) symptoms of major depressive disorder than solution-oriented strategy therapy ($P < 0.01$) and solution-oriented strategy therapy has more impact than focused therapy. Emotion has a greater effect on the cognitive symptoms of major depressive disorder ($P < 0.01$). The results of this research were also permanent in the follow-up phase. **Conclusion:** It can be concluded that emotion-focused therapy and solution-oriented strategic therapy focused on emotional, cognitive, motivational symptoms and biological symptoms of major depressive disorder were effective, and these treatments can be used to reduce the problems of people with major depression.



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How to Cite This Article:

Alavi, S. H., Ghasemi Motlagh, M., Esmaeili Shad, B., & Bakhshipour, A. (2022). The effectiveness of solution-focused therapy on emotional, cognitive, motivational and biological symptoms of major depressive disorder. *Jayps*, 3(1): 123-127

Introduction

Depression is the most common psychiatric and mood disorder that affects many people in all parts of the world. Depression is associated with long periods, various symptoms, a high recurrence rate, and many physical and psychological disorders (Albert, 2015). From the perspective of the emotion-focused approach, depression is formed when the memories of emotional schemas based on the limbic system and the responses of shame, sadness, fear, and anxiety related to them are activated. Depressed people cannot regulate these emotions; in processing them, they cannot use positive emotions to moderate the depressing experience. As a result, the hasty responses of shame, anxiety, and sadness affect their self-regulation and processing style. Subsequently, all cognitive and physiological processing are affected and makes the person continue feeling unpleasant and, as a result, leads to a cycle of depressive disorder (Smith, Armour, Lee, Wang, & He, 2018).

Solution-oriented therapy emerged as short-term psychotherapy in the last 15 to 20 years. This treatment is an intervention based on the strengths found in clients' trust, which is important for building clients' resources and motivation; because they understand the problems better and have the competence to create solutions to them (Greenberg, 2016). Recently, the Society for Solution-Oriented Short-Term therapy Research has developed a natural therapy to help standardize short-term solution-oriented treatment tools through exercises and enhancing the fidelity and honesty model of treatment. This committee has identified three components for short-term solution-oriented therapy: 1- Using a focus on dialogue for clients' concerns. 2- Conversations focused on the new reconstruction of meanings around the clients' concerns. 3- Using specific techniques for clients to help them create a vision for their future based on past successes and abilities to help solve their issues again (Kim & Franklin, 2015).

The treatment goals are also determined using what Deshazer calls the "Miracle Question". If changes in the individual's experiences, such as feelings, moods, or communication, are not easily observed, solution-oriented therapists also use "graded questions" (Reddy, Thirumorthy, Vijayalakshmi, & Hamza, 2015). This therapy

believes that an event has occurred in the client's life and organizes future events and experiences based on the meaning given to that event and experience (Franklin, Zhang, Feuerer, & Johnson, 2017). Although people's interpretations of life events are related to their personality traits, they change continuously from one event to another (Kim, Franklin, Zhang, Liu, Qu, & Chen, 2015). Therefore, the present study was conducted to compare the effectiveness of emotion-focused therapy and solution-oriented therapy on emotional, cognitive, motivational, and biological symptoms of major depressive disorder.

Method

The current research was a quasi-experimental type with a pre-test-post-test and follow-up design with a control group. The statistical population of this research included all those who referred to the counseling and psychological center of the beautiful mind of Bojnord city in 2018-2019, who referred to psychiatrists, psychologists, and mental health specialists, and the specialists of the center gave them a diagnosis of major depressive disorder. A total of 45 people were selected among the eligible people who volunteered to participate in the program after providing the necessary explanations from the therapist. Qualified people were selected using the purposive sampling method. Finally, those who met the criteria for entering the research were randomly assigned to three groups (strategic solution-oriented therapy, emotion-focused therapy, and evidence).

The sample size of the present study, considering the effect size of 0.7, the test power of 0.91, and the significance level of 0.05, it was determined that the minimum sample size for each group is 12 people, which due to the problem of attrition, 15 people assigned in each group. The available voluntary sampling method was selected using a simple randomization method. They were assigned to two groups solution-oriented strategic therapy (n=15), emotion-focused therapy (n=15), and control group (n=15).

Tools

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Results

The mean (standard deviation) age of the participants in the experimental group was 37.9 (8.5), and the control group was 38.6 (7.9). Also, the minimum and maximum ages in the experimental group were 22 and 48 years, and in the control group, 23 and 50 years.

Table 1. Average (standard deviation) of the research variables in the experimental and control groups

Variable	Control	Pre-test		Post-test		Follow-up	
		Means	Standard deviation	Means	Standard deviation	Means	Standard deviation
Emotional signs	Emotion-focused	57.05	15.52	48.34	11.01	47.75	10.37
	Solution-based	59.11	14.87	52.50	12.61	51.30	12.77
	Control	58.45	13.61	57.30	13.63	57.25	13.79
Cognitive signs	Emotion-focused	59.30	15.66	53.05	14.33	54.20	14.79
	Solution-based	57.15	15.52	48.45	13.12	49.35	12.74
	Control	58.40	5.04	58.10	5.02	58.00	5.26
Motivational signs	Emotion-focused	42.35	12.87	30.25	10.71	29.40	10.75
	Solution-based	44.55	11.19	38.45	10.14	37.90	9.33
	Control	42.60	10.18	41.05	10.19	40.60	10.14
Vegetative signs	Emotion-focused	21.80	7.38	13/85	5.33	14.05	5.57
	Solution-based	20.55	8.70	16.80	6.32	16.50	6.58
	Control	22.65	9.00	20.00	8.83	21.95	8.72

Analysis of variance with repeated measures was used to investigate the significance of the difference between the symptoms of depression in the two experimental groups and the control group. The results showed that emotion-focused therapy has a greater effect on emotional, motivational, and biological (vegetative) symptoms of major depressive disorder than solution-oriented strategy therapy ($P < 0.01$), and solution-oriented strategy therapy has a greater effect on symptoms than emotion-focused therapy. Cognitive symptoms of major depressive disorder have a more significant effect ($P < 0.01$). The results of this research were also permanent in the follow-up phase.

Conclusion

This study aimed to compare the effectiveness of emotion-focused therapy and solution-oriented strategy therapy on emotional, cognitive, motivational, and biological symptoms of major depressive disorder. According to the obtained

findings, it can be seen that the solution-oriented strategic treatment affects the cognitive, emotional, motivational, and biological symptoms of major depressive disorder. The results of this finding with Oraki, Mehdizadeh, and Dortaj's research (2017), Azizi and Ghasemi (2016); Karimi, Jamali, and Karimi (2014); Javid, Ahmadi, Mirzaei, and Atghaei (2019); Amini Nesab et al. (2018); Akpatsa and Segovia (2018); Habibi, Qadri, Abedini and Jamshid Nejad (2016) agreed.

In explaining this finding, it can be said that, in fact, in solution-oriented strategic therapy, it is believed that the emotional symptoms of major depressive disorder are not external realities but realities in the mind of the clients. For this reason, there is no unique solution to any problem. A solution-oriented perspective helps clients create solutions by looking at their behaviors and interpretations of behavior and situations. Solutions are possible because change

is permanent. Based on the point of view of solution-oriented consulting, change and transformation are inevitable, and constructive changes are possible. Therefore, this treatment focuses on issues that are likely to change, not difficult and unchangeable (Gang & Hesa, 2017). Also, solution-oriented therapy can be effective in helping people use words as a way to deal with the emotional symptoms of major depressive disorder. In the solution-oriented approach, with a non-pathological view, attention is paid to the problems, and the communication factor that causes warmth and acceptance is used as a foundation. As people realize the effect of speech and conversation in solving problems and use it to reduce conflicts, cooperation and empathy improve the emotional symptoms of major depressive disorder in people. (Kim, Kelly, & Franklin, 2017).

In explaining this finding, treatment focused on emotion is relational, experimental, and humanistic. It has been shown that client-therapist moment-to-moment interactions and the therapist's companionship with the client's emotional state predict the treatment results. Approaching bitter mental and emotional experiences is often a difficult and exhausting process for clients. In addition to creating an efficient relationship, the therapist's mission in this field is to teach skills to regulate emotions. The originators of emotion-focused therapy believe that emotion regulation is a process rather than an educational program with a specific protocol. In this sense, a therapist's work is more like a coach's work than a teacher's (Pavia & Angus, 2017). Therefore, the treatment method focused on emotion, which encourages emotional expression and improves the methods of dealing with one's emotions, will positively affect one's psychological state. Based on emotion-focused therapy, what stabilizes emotional access and responsiveness is creating safe bonds. In emotion-oriented therapy, people are taught to avoid causing attachment injuries and provide a safe relationship for each other. This change leads to the improvement of the physical symptoms of major depressive disorder. It is possible that study subjects were affected by the test conditions due to multiple answers to the questionnaire (pre-test and post-test). As a result, their accuracy in answering was reduced. Despite the researcher's efforts in the exact implementation of the treatment plan, it cannot be ignored that he faced some challenges in

working with people with major depressive disorder, which was one of the limitations of the present research. The measurement of the variables in this research has been done in self-reporting, and the results should be cited with caution. Due to a large amount of information requested, some subjects may not have answered the questions carefully or unconsciously filled the questionnaires in the direction of self-verification. Behind the many promises of some people with a major depressive disorder to attend the meetings due to not observing the meetings' intervals was another limitation. Also, the impossibility of controlling variables such as family support or lack of support for people with the major depressive disorder was one of the limitations of the research. The current research was conducted cross-sectionally. It is suggested that researchers conduct qualitative and longitudinal research in the future. Moreover, It is suggested to control demographic variables such as economic status, religion, religion, and ethnicity in future studies. Considering the cost-effectiveness, importance and harmlessness of solution-oriented counseling methods, it is suggested that workshops be held for people with major depressive disorder to teach the basic skills and techniques of this counseling method.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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