

Resilience as a mediator between positive psychosocial factors, psychological well-being, and depression among patients with major depressive disorder

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Abstract

Background: Major Depressive Disorder (MDD) is a mental health problem that affects people's lives. Although there are treatments that employ drugs and psychotherapy to decrease depression, there are a lack of studies on positive psychosocial factors, especially resilience, promotion of well-being and coping with depression.

Objective: This study aimed to investigate the positive psychosocial factors on psychological well-being and depression mediated by resilience.

Methods: A cross-sectional study was employed with a sample consisting of 250 MDD patients who had been diagnosed by a psychiatrist and met the Diagnostic and Statistical Manual of Mental Disorders criteria. Data analysis was conducted with path analysis.

Results: The results found that gratitude, mindfulness and perceived social support can predict resilience and resilience can predict psychological well-being as well as depression. Also, gratitude can predict depression.

Conclusions: Resilience is an important mediator between gratitude, mindfulness, perceived social support and psychological well-being as well as depression among MDD patients. Therefore, the results from this study can be used to provide care to MDD patients based on the concept of positive psychology, which emphasizes the growth and flourishing of human potential development.

Keywords: depression, positive psychology, resilience, well-being

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การฟื้นฟูทางใจในฐานะตัวแปรส่งผ่านระหว่างปัจจัยเชิงสาเหตุด้านจิตสังคม เชิงบวกกับสุขภาวะทางใจและภาวะซึมเศร้าในผู้ป่วยโรคซึมเศร้า

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บทคัดย่อ

บทนำ : โรคซึมเศร้าเป็นปัญหาสุขภาพจิตที่ส่งผลต่อการดำเนินชีวิตของบุคคล แม้จะมีแนวทางการรักษาด้วยยาและจิตบำบัด หากแต่ยังขาดการศึกษาปัจจัยด้านจิตสังคมเชิงบวกโดยเฉพาะการฟื้นฟูทางใจอันจะนำไปสู่การส่งเสริมสุขภาวะทางใจและลดภาวะซึมเศร้าได้

วัตถุประสงค์การวิจัย : เพื่อตรวจสอบปัจจัยเชิงสาเหตุด้านจิตสังคมเชิงบวกที่มีต่อสุขภาวะทางใจและภาวะซึมเศร้าในผู้ป่วยโรคซึมเศร้าโดยมีการฟื้นฟูทางใจเป็นตัวแปรส่งผ่าน

วิธีการวิจัย : เป็นการศึกษาภาคตัดขวางในกลุ่มผู้ป่วยโรคซึมเศร้า จำนวน 250 คน ซึ่งได้รับการวินิจฉัยตามเกณฑ์ของการจำแนกโรคทางจิตเวช และวิเคราะห์ข้อมูลโดยการวิเคราะห์เส้นทาง

ผลการวิจัย : ความซาบซึ้งขอบคุณ การมีสติและการรับรู้การสนับสนุนทางสังคมสามารถทำนายการฟื้นฟูทางใจในขณะที่การฟื้นฟูทางใจสามารถทำนายการเกิดสุขภาวะทางใจและภาวะซึมเศร้าได้ นอกจากนี้ยังพบว่า ความซาบซึ้งขอบคุณยังสามารถทำนายภาวะซึมเศร้าได้

สรุปผล : การฟื้นฟูทางใจเป็นตัวแปรส่งผ่านที่สำคัญระหว่างความซาบซึ้งขอบคุณ การมีสติ การรับรู้การสนับสนุนทางสังคม กับการมีสุขภาวะทางใจและภาวะซึมเศร้า ดังนั้นผลการวิจัยในครั้งนี้สามารถนำไปใช้ในการดูแลผู้ป่วยโรคซึมเศร้าตามแนวคิดจิตวิทยาเชิงบวกที่ส่งเสริมความเติบโตของงานด้านศักยภาพของบุคคลได้

คำสำคัญ: ซึมเศร้า จิตวิทยาเชิงบวก การฟื้นฟูทางใจ สุขภาวะ

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Introduction

Major Depressive Disorder is a chronic disease that causes suffering and disability, sometimes leading to suicide.¹ The current treatment for depression focuses on psychotherapy with cognitive behavioral therapy, and interpersonal psychotherapy.¹ However, these treatment practices are only aimed at reducing the severity of depressive symptoms. In addition, there are several previous studies on MDD that mainly examined the causal factors affecting the reduction of depression in patients with MDD. The study of factors which can explain or increase positive psychosocial constructs among MDD patients remains lacking. These positive psychosocial constructs not only reduce depression, but could also serve as protective factors against depression or the recurrence of MDD.

According to the positive psychology concept, psychological well-being is one of a positive psychological constructs that can be described as a positive quality, affecting state of happiness, personal satisfaction, and the ability to build relationships with others as well as adjust to various life situations positively.² A study found that people with a low level of well-being were more likely to experience depression in the future.³ It can be assumed that psychological well-being serves as a protective factor against depression. More studies should be conducted to determine which variables

contribute to the development of psychological well-being and the reduction of depression. From past studies, it has been found that resilience, which is one of the important variables in positive psychology, is an important factor in promoting psychological well-being and reducing depression. Resilience is the ability of individuals to adapt positively when coping with stress.⁴ Resilience assumes the role of a protective factor for individuals facing various risk factors. A person with a high level of resilience also has a high level of mental health,⁵ and resilience is inversely correlated with depression.⁶ Moreover, the research conducted by Idris, Khairani, and Shamsuddin⁷ supported that resilience has the potential to predict psychological well-being. Based on these studies, it can be concluded that resilience can predict psychological well-being and depression. Patients with MDD who have high resilience are able to cope with various stressful situations better.

Previous systematic reviews of factors that can predict resilience can be divided into two groups: internal and external factors of resilience.⁸ The internal factors include mindfulness, which is the awareness and ability to accept an experience fully.⁹ The previous research has shown that mindfulness was a predictor to resilience.¹⁰ Another internal factor is gratitude. Gratitude is the appreciation of value for events, people,

behavior, or objects which increase positive emotions and leads to resilience.¹¹⁻¹² The external factors related to resilience include perceived social support from family, friends, relatives and various social groups, leading to resilience as well.¹⁴ Moreover, recent studies have found that mindfulness, gratitude and perceived social support might predict psychological well-being^{2,14,16} and depression.^{13,15-16}

As previously mentioned, this research aims to study the positive psychosocial factors including mindfulness, gratitude, and perceived social support that influence psychological well-being and depression among MDD patients mediated by resilience. This study will be essential in filling the gaps of knowledge concerning the effects of the positive variables in predicting psychological well-being and depression among MDD patients and building guidelines for providing care to MDD patients based on the concept of positive psychology.

Conceptual Framework

This study investigated the effect of positive psychosocial variables, including mindfulness, gratitude, and social support to predict psychological well-being and depression mediated by resilience that showed in Figure 1. The conceptual framework was created based on the literature review as following:

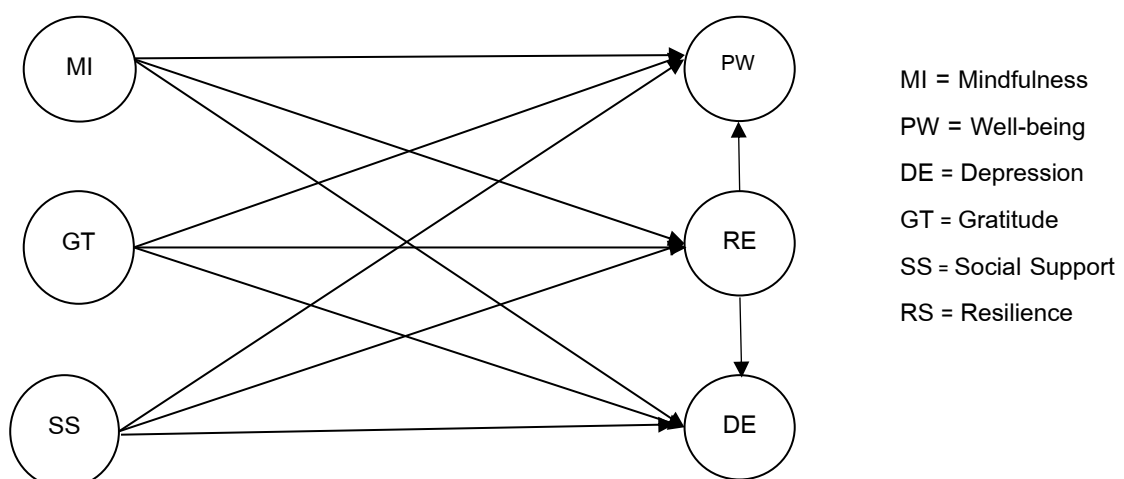
Mindfulness (MI) is a positive predictor of psychological well-being (PW)¹⁵, and resilience (RE)¹⁰, but has a negative effect on depression (DE).¹⁵

Gratitude (GT) is a positive predictor of psychological well-being^{2,12} and resilience¹¹⁻¹² but it is a negative predictor of depression¹⁶

Social Support (SS) is a positive predictor of psychological well-being,¹⁴ and resilience¹³, but has related to lower depressive symptoms.¹³

Resilience (RS) is a positive predictor of psychological well-being⁷ but has related to lower depressive symptoms.⁶

Figures 1 Conceptual Framework of this study



Methodology

Study design

This research involved a cross-sectional analysis of MDD patients diagnosed by a psychiatrist based on DSM-V criteria in Thailand between 2019 and 2020.

Sample and setting

The sample included 250 MDD patients diagnosed by a psychiatrist based on DSM-V criteria in the outpatient department of a high-capacity psychiatric hospital in Bangkok, Thailand and volunteered to join this study. The samples were selected randomly and calculated by the rule of thumb, which indicated the minimum sample in path analysis around 200¹⁷. To prevent incomplete responses or loss during transportation, which may lead to a problem with data analysis, the researchers added the samples to 250 participants who volunteered to join.

Measurements

The Depression Inventory: The depression inventory used in this research is a Thai version developed from the Beck Depression Inventory.¹⁸ The depression inventory consists of twenty-one items with a four-point rating scale, which measures the symptoms of depression related to behavior, feelings and emotions in the past week. The researcher re-evaluated the reliability of this inventory by using Cronbach's alpha coefficient among 111 MDD patients before using it in this study and the result was .93.²

The Thai version of the Psychological Well-being Scale: The research team translated the scale from the brief psychological well-being scale by Diener et al.¹⁹ The scale consists of eight items on a Likert-type seven-point rating scale. The researcher re-evaluated the reliability of this inventory by using Cronbach's alpha coefficient among 111 MDD patients before using it in this study and the result was .91.²

The Resilience Scale: The resilience scale was developed by the Department of Mental Health of Thailand. It measures emotional tolerance, courage and coping skills for problems. The scale is a self-report scale, consisting of 20 items in a four-point rating scale. This scale was used to evaluate the reliability among Thai patients with depression and the result of Cronbach's alpha coefficient was .92.²⁰

The Gratitude Questionnaire: The gratitude questionnaire is translated from the Brief Gratitude Questionnaire by McCullough, Emmons, and Tsang.²¹ It is a self-reported, Likert-type five-point-rating scale consisting of six items. The researcher re-evaluated the reliability of this inventory by using Cronbach's alpha coefficient among 111 MDD patients before using it in this study and the result was .77.²

Mindfulness Scale: The Thai version of the Philadelphia Mindfulness Scale⁹ measures the level of mindfulness. The scale consists of two components, which are

awareness and acceptance. Each component includes 10 items and the scale total is 20 items. The scale was used to evaluate the reliability among 106 patients with residual symptoms of depression and the result of Cronbach's alpha coefficient was .84 and .91 for the subscale of awareness and acceptance respectively.²²

Multidimensional Scale of Perceived Social Support: The multidimensional scale of perceived social support was translated from the scale by Zimet et al. into Thai by Chanapan et al.²³ The scale measures the perception of sufficient social support from family members, friends and the people around them. The scale consists of 12 items on a seven-point rating scale. The scale was used to evaluate the reliability among 152 Thai patients with depression and the result of Cronbach's alpha coefficient was .87.²⁴

Procedures

The researcher proposed the project to receive the permission of human research from the Ethics Committee of Somdet Chaopraya Institute of Psychiatry. When the project was approved, the researcher contacted professional nurses to collect information from MDD patients diagnosed by a psychiatrist based on DSM-V criteria in Thailand. The nurses were trained by the researcher on how to approach and ask for permission from the patients following the ethical procedure from Somdet Chaopraya Institute of

Psychiatry ethics committee that the patients have the right to participate or deny to join as volunteers in this study. The patients were given the research information sheet to read before they made a decision. The research information sheet described the research objectives and gave the information to confirm that the patients can deny participating in the study and this decision would not affect the treatment they received as usual. Also, the patients had the right to withdraw from the study at any time. After the patients decided to participate in the study, informed consent was given to sign a name. The data collection period was from 15 December 2019 to 31 March 2020.

Statistical analysis

The above six measurements were used to collect the data and analyze by path analysis using LISREL version 8.72 in order to test the hypothesis concerning the positive psychosocial variables that affect psychological well-being and depression mediated with resilience. There was no missing data in this study because the research team re-checked all items in each scale after receiving all measurements from participants and follow-up the data by telephone if necessary.

Ethical considerations

This research has been approved under ethical consideration of human

research by the Ethics Committee of Somdet Chaopraya Institute of Psychiatry, including the research proposal, detailed documents for the research participants, and a consent letter for participation in the research project dated 18 November 2019, certification number 004/2563.

Results

The general information from most samples revealed that most samples were female, aged between 19-35 years, and had graduated with a bachelor's degree. The duration of their treatment for depression was between one to three years, as shown in Table 1.

Table 1 Socio-demographic characteristics of participants (n = 250)

Characteristic	n	%
Gender		
Male	58	23.20
Female	184	73.60
Gender diversities	8	3.20
Age Group		
12 – 18	23	9.20
19 – 35	136	54.40
36 – 60	79	31.60
60 +	12	4.80
Education		
Uneducated	1	0.40
Primary school	14	5.60
Secondary school	72	28.80
High school	16	6.40
Bachelor's degree	126	50.40
Postgraduate	21	8.40
Duration of treatment		
Less than 1 year	79	31.60
1 – 3 years	92	36.80
More than 3 years	79	31.60

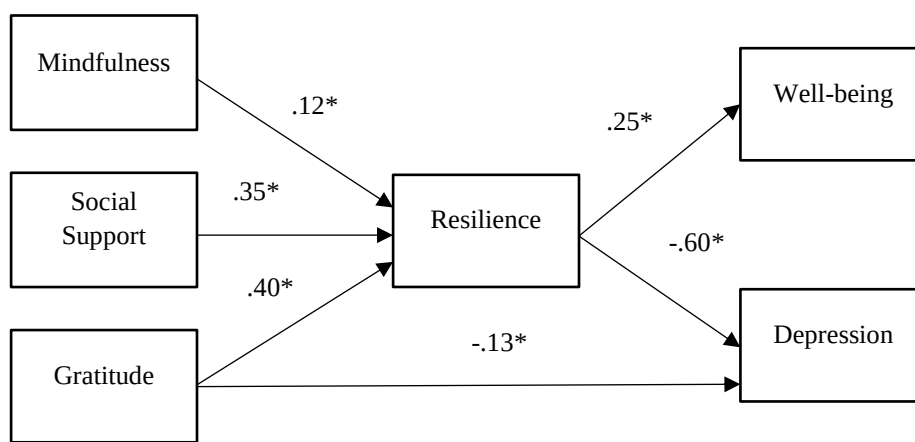
Based on the path analysis, it was found that mindfulness, perceived social support, and gratitude directly affected

resilience with a standardized effect coefficient of .12, .35 and .40, respectively. On the other hand, resilience directly

affected psychological well-being and depression, with a standardized effect coefficient of .25 and -.60, respectively. Gratitude also had a direct effect on depression, with a standardized effect coefficient of -.13. This path analysis model can predict

resilience (47%), psychological well-being (15%), and depression (46%) with the congruence of the empirical data. (Chi-square = 4.16, df = 1, p = .04, GFI = .99, RMSEA = 0.02, SRMR = .02, CFI = .99), as in Figure 2.

Figures 2 Positive psychosocial factors affecting psychological well-being and depression among Thai patients with major depressive disorder



*p < .05

Discussion

This research affirmed that resilience is a positive psychological variable that plays an important role developing psychological well-being and reducing depression. Resilience is the ability of an individual to adapt effectively in coping with stressful situations.⁸ Therefore, resilience serves as a protective factor for patients with MDD to adjust into recovery from MDD and developing psychological well-being. The results were consistent with the findings of previous studies.⁶⁻⁷ Moreover, the results of this research demonstrated that internal

factors, such as gratitude and mindfulness, and external factors, such as perceived social support, have a direct effect on resilience. Thus, it is consistent with the protective factors of resilience, which includes both internal and external factors.⁸ Each variable can be explained in detail, as follows. Firstly, gratitude is the appreciation of events, people, behavior, or objects as valuable. Also, gratitude is a positive emotion that encourages an individual to explore resources, which leads them to resilience and reduces negative emotions, such as depression. The process is in accordance

with the Broaden and Build theory¹² and the results from McCanlies et al.²⁵ This evidence explained that gratitude was correlated to resilience and depression reduction. Perceived social support is the awareness of individuals to assistance, care, and services provided by their acquaintances. Such perception helps individuals to recover from difficult situations they have encountered and increase their level of resilience. This is consistent with a review by Southwick et al,¹³ which collected various studies to show that environmental and social conditions generally foster resilience. Lastly, mindfulness refers to a state of awareness within the present, letting go of the past, and not thinking of the future. A person with a high level of mindfulness is present in the moment without worry and able to cope with distress. This aligns with the study by Keye and Pidgeon,¹⁰ which examined the correlation between resilience, mindfulness and academic efficacy. It was found that mindfulness and perceived academic efficacy were variables that could predict resilience with a statistical level of significance.

On the other hand, the research also found that mindfulness and perceived social support did not directly affect psychological well-being or depression. Moreover, gratitude did not directly affect psychological well-being but only have a negative direct effect on depression, which aligns with the

assumption that if persons have high gratitude, they will have a less chance to develop depression.¹⁶ These non-significant findings are contrary to the results of previous research papers. This may be because previous studies often applied the effect of positive psychosocial variables among the general population, but did not include patients with major depressive disorder¹³⁻¹⁵ or the previous studies showed only correlation between variables that did not imply to the casual relationship.² Therefore, results may vary when taking the relational model to explain the positive psychosocial variables among the samples of MDD patients. In the future, there should be additional studies to uncover and explain the causes.

Limitations

This study was not without limitations. For example, the samples in this study were selected from only one psychiatric hospital in the central region of Thailand, which may not be well representative of all patients with major depressive disorder. Therefore, the study could be confirmed by assessing participants from other hospitals or areas of Thailand to more accurately reflect patients with major depressive disorder within the Thailand culture.

Conclusions

The results indicated that resilience is the most important variable affecting the

development of psychological well-being and the reduction of depression in patients with major depressive disorder. Therefore, psychologists and mental health staff should pay closer attention to the development of resilience, which will result in alleviating symptoms of depression and increasing psychological well-being among MDD patients.

Recommendations

The development of resilience may utilize activities to strengthen gratitude, such as by assigning patients to record something for which they are grateful daily, assisting patients to receive social support from those around them and practicing mindfulness through meditation. These practices are in line with the lifestyles and religious beliefs of Thai people. The integration of these positive activities as mentioned would be beneficial and likely lead to increased psychological well-being as well as reduce depression among Thai MDD patients.

Abbreviations

MDD: Major depressive disorder, DSM-V: Diagnostic and Statistical Manual of Mental Disorders (DSM–5)

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