Research Article

Effectiveness of Motivational Psychotherapy on Depression in Adolescents

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Abstract

Background: The present study investigated the effects of motivational psychotherapy on depression in adolescents.

Methods: This quasi-experimental study utilized a pretest-posttest design with a control group. The research population consisted of all female students of the second grade of high schools in Birjand city in the academic year of 2022 - 2023. Thirty participants were randomly selected and allocated to the experimental and control groups. The intervention was performed on the experimental group for 12 weeks, while no intervention was performed on the control group during this period. One week after the sessions, the posttest was performed on both groups. Beck Depression Inventory (1961) was used to collect data and covariance analysis to analyze them.

Results: The mean age was 17.23 in the experimental group. The analysis of variance showed that motivational psychotherapy had a significant effect on reducing depression in teenagers.

Conclusions: These results emphasize the importance and effectiveness of motivational psychotherapy and can open a new way for psychotherapists to conceptualize and treat psychological disorders.

Keywords: Motivational Psychotherapy; Depression; Teenagers

1. Background

Adolescence, according to the definition of the World Health Organization (WHO), includes the age group of 10 - 19 years, which is the transition period from childhood to adulthood. This transition has biological, psychological, social, and emotional dimensions. Teenagers are exposed to much stress in this period (1). If we examine all the stages of human life in greater detail, it becomes evident that adolescence is one of the most challenging, tumultuous, and stressful periods, yet simultaneously one of the most rewarding stages of life. This is because it is at this stage that a person first becomes acquainted with issues, behaviors, and hypotheses that they may not have been familiar with in any of the preceding or subsequent stages (2). Adolescence is a sensitive age in creating and expanding coping behaviors and responding to environmental needs. In this period, adolescents are associated with a multitude of health problems due to rapid physical, psychological, social, cultural, and cognitive changes (3). These physical, emotional, and psychological changes, in most cases, confront the teenager with a crisis and can lead to mental and psychological problems, including depression (4, 5).

Much research has shown that the prevalence of de-

pression in teenagers has grown and even caused consequences such as suicide (6). On the other hand, depression during adolescence can cause abnormal behaviors and reduce academic motivation. Depression can lead to mental-motor slowness, a decrease in concentration and academic activities, and, as a result, academic failure (7). Depression plays a significant role in the quality of people's actions and behavior in all stages of life. Depression is one of the most common psychological disorders among students and one of the common symptoms of mental illnesses (7). The failure of students in lessons, the lack of responsibility among weak students, and dropping out of school are largely influenced by their low confidence in their abilities in education, which can be exacerbated by depression (8).

According to the literature, it can be said that nowadays, the need to perform psychological interventions on teenagers is felt more than ever. In this context, the new approach of motivational psychotherapy as a native approach has attracted the attention of researchers. Motivational psychotherapy believes that psychological disorders are the result of lies we repeat to ourselves. In this approach, by emphasizing the present tense and writing



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a life scenario, clients are helped to change their stereotypical roles and discard ugly lies. Motivational psychotherapy offers a new solution in which the clients get to know the origin of lies and how their illness is formed and try to gradually achieve changes with internal stability by changing their body language (9, 10). Motivational psychotherapy, emphasizing change and setting appropriate goals in life, can help teenagers to draw a specific goal for themselves and dedicate their activities to it. This can lead the teenager to turn away from dangerous and contradictory behaviors and also to form a suitable motivation to refer to lessons and school activities.

Motivational psychotherapy has so far shown its significant effect in dealing with depression (9). In motivational psychotherapy, depression is actually a role that a person accepts and performs. If, in a therapeutic process, a depressed person realizes their negative role, they can change it with the help of a therapist and play a better and more useful role. Considering the novelty of this approach and the important and effective role it has shown, it seems that the treatment is effective and useful for teenagers. Motivational psychotherapy can reduce risky behaviors in adolescents (11). Also, the effectiveness of motivational psychotherapy has been shown in suicide readiness in adolescents, mental health of adolescents, aggression in children, and depression in women with drug abuse spouses (6, 8, 12, 13).

2. Objectives

According to the mentioned issues and the need to pay attention to the problems of teenagers and to use local approaches in this field, the present study was conducted to investigate the effectiveness of motivational psychotherapy on adolescent depression to answer whether motivational psychotherapy reduces adolescent depression or not.

3. Methods

This quasi-experimental study was conducted with a pretest-posttest design and a control group. The research population consisted of all female students of the second grade of high schools in Biriand city in the academic year of 2022 - 2023. In order to select the sample, a purposive sampling method was used. The conditions for entering the research were being a volunteer and obtaining a high score (one standard deviation higher than the average) on the Beck Depression Scale. In this way, 30 people were randomly selected from those who met the conditions to enter the study (52 people) and were placed in the experimental group (15 people) and control group (15 people). The intervention was performed on the experimental group for 12 weeks (one 90-minute session per week), while no intervention was performed on the control group during this period. One week after the sessions, the posttest was performed on both groups.

Beck Depression Inventory (1961) was used to collect data (14). This questionnaire has 21 questions; the scoring for each question is between 0 and 3. These items are in areas such as sadness, pessimism, feelings of helplessness and failure, guilt, sleep disturbances, loss of appetite, and self-loathing. Beck et al. have reported the psychometric characteristics of this questionnaire as favorable (15). The summary of treatment sessions is described in Table 1.

Table 1. Summary of Treatment Sessions (Taken from Sahebdel and Tahan, (10))				
Session	Content			
1	Initial familiarization, discussing the goal, communicating, and building trust			
2	Talking about problems, building trust			
3	A new look at depression as a lie, description and explanation of the nature of the lie, homework			
4	Reviewing the previous session, identifying the lies we were told, analyzing our role in the life script, homework			
5	Reviewing the previous session, re-discussing and analyzing more deeply your role as a depressed person, homework			
6	Reviewing the previous session, explaining the concept of rich mind and group discussion, homework			
7	Reviewing the previous session, explaining the concept of enclosure, trying to break the first wall, and homework			
8	Reviewing the previous session and breaking unhealthy habits, I can practice breaking ugly lies, changing from outside to inside, changing appearance, homework			
9	Reviewing the previous session, breaking the walls of depression, external change, trying to get unstuck from the enclosure, homework			
10	Reviewing the previous session, trying to reach higher levels of rich mind, finding bigger goals, homework			
11	Reviewing the previous session, practicing new roles, committing to bigger goals, homework			
12	Reviewing the previous session, celebrating success, committing to change			

4. Results

The mean age was 17.23 in the experimental group and 17.36 in the control group. In the experimental group,

4 people were studying in the 10th grade, 3 in the 11th grade, and 8 in the 12th grade. They were 5, 3, and 7 in the

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control group, respectively. The demographic information of the participants is explained in Table 2.

Table 2. Demographic Information				
Variables	Experimental Group	Control Group	Total	
Mean age	17.23 ± 0.32	17.36 ± 0.28	17.29	
Grade				
10	4	5	9	
11	3	3	6	
12	8	7	15	

The mean scores of the experimental and control groups in the pretest and posttest are presented in Table 3. Also, the covariance analysis was used to analyze the

data. First, to ensure that the assumption of homogeneity of variances between two groups is established, Levene's test was used (Table 4).

Dependent Variable and Group)	Mean ± SI)
		Pretest	Posttest
Depression			
Experimental		25.12 ± 3.78	9.34 ± 2.09
Control		24.89 ± 3.48	23.68 ± 3.22
Table 4. Levene's Test of Homoger	neity of Variances		
F	Degrees of Freedom 1	Degrees of Freedom 2	P-Value

	F	Degrees of Freedom 1	Degrees of Freedom 2	P-Value
Values	3.15	1	28	0.089
As seen in	Table 5, motiva	ational psychotherapy signifi-	confidence level.	

As seen in Table 5, motivational psychotherapy significantly reduced depression in the sample group at the 95%

Table 5. Covariance Analysis of Dependent Variable by Removing Pretest Effect					
Statistics	Total Sum of Squares	df	Mean of Squares	F	P-Value
Pretest	167.87	1	167.87	19.35	0.000
Group	2678.45	1	2678.45	308.92	0.000
Error	234.26	27	8.67	-	-
Residual	2917.95	29	-	-	-

5. Discussion

The results of the analysis of variance showed that motivational psychotherapy significantly reduced the level of depression in the sample group. The results of this research are in line with the results of Gheisari et al. (11), Rahmanpour et al. (6), Sahebdel (16), Sarvari et al. (8), and Fakoor et al. (17). In explaining these results, it can be said that group counseling by creating a rich environment and social support can have a positive effect on the morale of the members, and the participants can experience positive feelings of empathy and support (18). In motivational psychotherapy, clients are helped to get a proper understanding of their life situation by fully describing themselves in the treatment session and also by doing homework. During therapy, they realize how they have defined themselves based on the mentalities of others and trapped themselves in harmful pressures (10). The participants in the present study, with the help of the therapist, searched for bigger goals for life, and by practicing the rich mind, they were able to facilitate the change for themselves. They considered their problems very big and insoluble. Because of small issues, they would get angry and fill their minds with useless and unimportant issues. They saw depression as a strong foreign being that was impossible to overcome. The rich mind helped them to experience a different way of looking at their problems.

In motivational psychotherapy, external changes are very important. External change is much easier than internal change. Therefore, in order for the sample group to overcome their lies and break free from their roles, they were helped to change their appearance at first. Verbal changes, the way of dressing and appearance, gradually change the environmental feedback. Changing the tone of the speech helped them to feel more powerful (12, 17). They had gradually changed from weak and withdrawn characters to active and self-confident characters who could express their wishes with an expressive voice and dared to pursue their goals. In the motivational psychotherapy sessions, the students were helped to identify the enclosure in which they were trapped. These enclosure in motivational psychotherapy have three layers (10).

In the primary layer, people describe themselves with special attributes that are the result of developmental stages and the effect of the environmental mind. For example, in the present sample, teenagers described themselves with traits like I am bored, I am restless, I want to end my life, and I do not deserve to be happy. At the most basic level, they were helped to know that these traits are the result of environmental mentalities and can only be their mental beliefs and have no external reality. According to the principle of lying, they were helped to realize that these attributes are not absolute and to create fundamental doubts about these descriptions. In the second layer, which is the "I cannot" layer, they were helped to experience the feeling of empowerment against change. This layer is the feeling of powerlessness against change, and breaking it equals the feeling of empowerment. In the third and last layer, people usually experience fear. They may still be afraid of change despite feeling empowered. In the fear layer, people were helped to face their inner fear of change and achieve liberation. Techniques for facing fear in motivational psychotherapy are very helpful at this stage (9, 10). In this way, the members of the sample group managed to break the false walls and overcome the belief in depression.

This research also faced limitations, such as being limited to teenage girls and the absence of a follow-up phase in the treatment. The results of this research at the theoretical level can help expand the concepts of motivational psychotherapy as a local approach, and at the practical level, it can provide psychologists and counselors with a suitable treatment model. This study emphasizes the importance and effectiveness of motivational psychotherapy and can open a new way for psychotherapists to conceptualize and treat psychological disorders.

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conflict of interest: Authors declare no conflict of interest Authors contribution: Ali Kazemi, first Author: Responsible for Data collection and Original Draft. Hosein Sahebdel, Corresponding Author: Responsible for monitoring treatment implementation and interpretation of results. Majid Ebrahimpour, Advisor: Responsible for statistical analysis of data

Ethical Approval:

Birjand University of Medical Sciences ethics committee approved this study (IR.BUMS.REC.1401.452). Furthermore all the confidentiality conditions of the participants' information have been observed.

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