

## Original research

**Comparing the effectiveness of Logo therapy and mindfulness based on cognitive therapy on the psychological capital of depressed adolescents**Elahe Zangian\*<sup>1</sup>**Abstract**

**Introduction:** Promoting mental health in adolescents and determining a plan to promote the health of this at-risk group is of particular importance. Therefore, the aim of the present study was to compare the effectiveness of semantic therapy and mindfulness-based cognitive therapy on the psychological capital of depressed adolescents.

**Research Method:** This research was conducted using a semi-experimental pre-test-post-test-follow-up method with two experimental groups and one control group. The statistical population in this research was made up of all depressed female students in the second secondary level of Isfahan city, 45 of whom were purposefully selected and randomly divided into three groups of 15 (mind-awareness, meaning therapy and control group). After completing the questionnaires by all three groups, the first experimental group was subjected to mindfulness therapy by Kabat-Zinn (2005) in 8 90-minute sessions as a group, and during this period, the second experimental group was subjected to 8 90-minute sessions of Frankel's meaning therapy training. 1998) participated. The data collection tools in this research were Beck's depression questionnaires (2001) and Luthans' psychological capitals (2007). After the end of the intervention sessions, the questionnaires were completed again by all three groups, and a follow-up test was conducted 2 months later.

**Findings:** The results of repeated measurement variance analysis showed that both mindfulness and meaning therapy methods were effective on the psychological capital of depressed adolescents ( $P < 0.05$ ). Also, the findings indicated the same effectiveness of two treatment methods on psychological capital ( $P < 0.05$ ).

**Conclusion:** In order to increase the psychological capital of depressed teenagers, responsible institutions related to students and psychological centers should put awareness and training of meaning therapy and mindfulness skills at the top of their programs in working with depressed teenagers.

**Keywords:** depression, mindfulness based on cognitive therapy, psychological capital, meaning therapy

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**Introduction:**

During growth, in order to complete physical, cognitive and mental development, humans go through various periods and stages, and one of the important stages of growth that usually confronts girls and boys with various challenges is It is adolescence (1). If teenagers have few skills to cope with the stressful issues of this period, they will be less able to deal with these tensions and will show behavioral and psychological problems such as depression (2). Depression is a type of mood disorder that can affect a person's feeling, thinking and behavior and even lead to all kinds of emotional and physical problems, to the point where a person sometimes feels that life is not worth living (3). According to the report of the World Health Organization, the burden of depression will reach the highest burden of diseases in the world and the first rank and the years of life lost due to depression will increase a lot (4). Depression does not belong to a specific class, but teenagers are vulnerable to this disorder due to their age and special conditions (5).

But the cultivation of some capacities is effective in reducing the psychological and social problems of adolescents, including the symptoms of depression, and psychological capital, as one of these capabilities, can improve the coping power of adolescents and overall satisfaction with life increase in them (6). Psychological capitals have the characteristics of being committed and making the necessary effort to succeed in challenging tasks and tasks (self-efficacy), having positive citations about present and future successes (optimism), persistence on the way to the goal and if necessary. Changing the path to reach the goal is to achieve success (hope) and persistence when facing difficulties and problems to achieve success (resilience) (7). These four capitals give meaning to the lives of teenagers and prepare them to deal with stressful situations, prepare them to enter the practical scenes of life and guarantee resistance and tenacity in achieving their goals (8).

As a result, due to the serious personal, social and economic damage of adolescent depression all over the world, it is necessary to evaluate affordable and suitable treatment methods for this group of people in the society and to reduce depression and increase the ability psychological positives should be used (9). Of course, correct and practical prevention or treatment of adolescent depression will reduce inefficiency in various fields, and the more stable and appropriate these treatment methods are for adolescence, the more psychological capital and reduction of depression in this group. People will be accompanied (10). Therefore, since most of the past researches have dealt with crises, problems and mental and behavioral disorders along with the negative aspects of adolescence, attention should be paid to positive intervention approaches that try to first develop capabilities, abilities and It has become very important to increase the positive characteristics of people so that along with the increase of positive points in a person's existence, the negative traits also decrease.

Therefore, in this research, by focusing on meaning therapy and mindfulness based on cognitive therapy, teenagers can be helped to ease the crises and challenges of this period (11). So that adolescents with mental-awareness skills try to become self-aware of thinking, emotion and reaction patterns and make the best choice to achieve the set goals (12). In fact, conscious people perceive internal and external realities freely and without distortion and have a great ability to face a wide range of thoughts, emotions and experiences (both pleasant and unpleasant) (13). Therefore, raising the level of people's mindfulness brings a wave of positive and cognitive effects, which are key elements of well-being and leads to the improvement of

people's positive psychological characteristics (14). Based on this, the use of mindfulness and conducting research in this field has increased in recent years, and the increasing evidence indicates the usefulness of mindfulness in clinical and non-clinical situations in different people, which includes researches Enayat et al. (15), Babakhani (16), Kumar-Sharma et al. (17), Perez Aranda et al. (18) and Madak and Blair (19) pointed out the impact of mindfulness on depression and mental health.

Another psychological intervention that can be used as a new way to create purpose in life when facing difficulties is meaning therapy. Meaning therapy is a philosophical method about man and his existence that gives meaning to the concepts and important issues of life such as death and freedom, responsibility, void of existence and suffering and deals with life without meaning (20). Therefore, in the stressful conditions of adolescence, meaning therapy, as an undeniable necessity, activates the fighting power of the spirit in them and makes them overcome difficult and negative situations in order to make a desirable change that is life-giving create in their lives and until adulthood (21). In fact, making meaning is an important part of adapting to the changes of adolescence, and numerous reports have also shown that meaning therapy as an intervention in improving mental disorders and positive mental structures (11, 22, and 23) and reducing the symptoms of depression and anxiety in teenagers (24) has a positive effect.

Therefore, taking into account that depression can affect various aspects of the personal and social life of teenagers and affect educational, educational, economic fields and then mental and physical health, the issue of improving mental health it is of particular importance in adolescents and planning to improve the health of this group at risk. As a result, due to the fact that the comparison of psychological treatments and the recognition of more effective and more efficient intervention on psychological capitals in adolescence and having a background of depression has not been specifically investigated, the present research aims to answer the question is whether there is a difference between the effectiveness of meaning therapy and mindfulness based on cognitive therapy on the psychological capitals of depressed adolescents.

### **Research Method:**

The current research design is among the semi-experimental methods with a pre-test-post-test-follow-up design with control and experimental groups. The statistical population in this research was made up of all female students with depression symptoms in the second secondary level of Isfahan city in 1400-1401, 45 of them were selected as a sample by purposive sampling and from them for cooperation. It was requested with the researcher. Then, these students were randomly divided into two experimental groups (15 people in mindfulness intervention based on cognitive therapy and 15 people in semantic therapy intervention) and a control group (15 people). The criteria for entering the research were suffering from depression based on a score higher than 18 in the Beck depression questionnaire, studying in girls' high school, willing to cooperate to participate in therapeutic intervention, not receiving any other psychological treatment besides attending current study. Also, the sample withdrawal criteria from the research included the teenager's lack of interest in continuing to participate in the research, the teenager's non-cooperation in doing homework and exercises in the sessions, and absenting more than two sessions. The measurement tools in this research were:

- **Beck depression questionnaire:** Beck depression questionnaire was compiled for the first time in 1961 by Beck et al. This questionnaire is one of the most reliable diagnostic tests for depression and includes 21 items that evaluate various physical, cognitive and emotional symptoms of depression. Each item has 4 options that are scored from 0 to 3 and the maximum score in this questionnaire is 63. The number of substances for physical, cognitive and emotional symptoms is 8, 5 and 8 respectively. In this research, the second edition of this test, which is the revised form of the Beck depression questionnaire, is used. Respondents to this test must be able to read at least at the fifth or sixth grade level to understand its materials. By adding the individual's scores in each of the subjects, the individual's score is obtained directly. Studies that have been conducted to evaluate the validity and reliability of this test indicate the validity of this tool. Beck et al reported the internal consistency of this questionnaire as 0.86 on average and Cronbach's alpha coefficient as 0.86 for the patient group and 0.71 for the non-patient group. In Iran, Mohammad Khani reported alpha coefficient of 0.92 for outpatients and 0.93 for students. In another study that was conducted on students of Tehran University and Allameh Tabatabai University to check the validity and reliability of the second edition of Beck's test, Cronbach's alpha coefficient was 0.78 and test-retest reliability was 0.73. A score of 18 has been suggested as the cut-off point of this questionnaire, and scores between 29 and 63 indicate severe depression (25).

- **Lutans Psychological Capital Questionnaire:** This questionnaire was designed by Lutans in 2007, which has 24 questions and 4 components. This questionnaire measures psychological capital based on a six-point Likert scale (from completely disagree to completely agree). The components of the questionnaire include self-efficacy (including questions 1 to 6), hope (including questions 7 to 12), resilience (including questions 13 to 18) and optimism (including questions 18 to 24). For the analysis based on the score of the questionnaire, the obtained scores will be collected, in this way, the lower limit of scores will be 24, the average limit will be 60, and the upper limit will be 120. The validity of the questionnaire in the research of Bahadri Khosrowshahi et al. was examined by experts in the field of psychology and social sciences, which was finally approved after minor modifications. Reliability was also obtained using Cronbach's alpha method of 0.70 (26).

To carry out this research, after obtaining permission from Isfahan city education, four girls' schools in the second secondary level were selected as available, and after coordinating with the officials of these schools and completing the Beck depression questionnaire by the students, from among the knowledge - 45 students who scored above 18 in the questionnaire were purposefully selected and asked to cooperate with the researcher. Then, these students were randomly divided into two experimental groups (15 people in mindfulness intervention based on cognitive therapy and 15 people in semantic therapy intervention) and a control group (15 people). After completing the questionnaires by both groups, the participants in the first experimental group received mindfulness training based on cognitive therapy based on Kabat-Zinn (2005) protocol during 8 90-minute sessions as a group, and the participants in the second experimental group; They underwent semantic therapy intervention based on the protocol of Frankel (1998) in 8 group sessions of 90 minutes. During this period, the control group did not receive any training. After the end of the training period of the experimental groups, the questionnaires were completed and collected again by the three groups, and finally, after two months, the questionnaires were completed again by all three groups to follow up the results.

To analyze the data obtained from the research, repeated measurement variance analysis was used.

**Table 1.** Frankel meaning therapy session content (1998)

Objectives of the meetings
<p>First</p> <p>Familiarizing the client and the therapist with each other, specifying the goals of the meetings, explaining the importance of meeting rules to achieve the treatment goals, specifying the time of the meetings.</p>
<p>Second</p> <p>Knowing the implicit and personal meaning of the meaning and concept of life and its definition from the client's point of view, expressing how to overcome problems through an ideal (only the meaning of life), expressing the value of self-knowledge along with the example of the future and getting to know one's strengths and weaknesses, expressing The necessity of communication with society and fellows and expressing the characteristics of people who are compatible in society, discussing the role of hope in life, expressing the characteristics of stubborn people, how to deal with negative events in life in order to understand the theory of happiness and attributing the cause of negative events to factors with The three characteristics of being external, transitory and specific.</p>
<p>Third</p> <p>Knowing the concept of meaning in life and expressing the different characteristics of people who have realized the meaning and concept of life and have the value of self-knowledge, its impact on the physical and mental states of people through examining the feelings and emotions caused by these actions. Explaining how to develop hope and expressing the importance and necessity of having hope in life and its impact on health (what a person wants and needs from life), identifying the goal and its types to the client and identifying the correct way to choose positive goals, using technology Creating an inner movie to take steps towards goals.</p>
<p>Fourth</p> <p>Correcting attitudes from negative to positive with the description of the example of the cleaning girl, the singer of the motherly feeling song, the example of the firewood man to fit the concept of the meaning of life. Discussing solutions to increase life expectancy and ways of thinking to achieve the goal. Presenting the concept of inexhaustibility and connection to eternal forces and expressing the spirit of forgiveness and sacrifice along with citing examples, using the fighting power of the client's spirit to positively change the current situation, identifying obstacles and removing obstacles and solvable problems in reaching goals and diagnosis Ineffective goals.</p>
<p>Fifth</p> <p>Getting to know the correct meaning of passing and strengthening the great spirit through breaking your spirit and its effect on material and spiritual life, paying attention to the future instead of paying attention to the past, getting to know the duties and responsibilities of life in order to make the life process more purposeful, finding The meaning of life through love, expressing the importance of having a sense of humor in life and having a</p>

smile in life and defeating suffering, introducing the component of hope to patients and raising motivation in the component of hope.
<p>Sixth</p> <p>Searching for the meaning of life in suffering, not creating it, describing the ways of searching for the meaning of life, describing and describing the characteristics of a healthy human being (human willpower, freedom and responsibility), expressing the law of conservation of energy, teaching the technique of de-reflection and culture. Smiling, raising hopeful thinking through collaboration between therapist and client.</p>
<p>Seventh</p> <p>Teaching three sources of meaning: creative values, experiential values and attitudinal values and explaining them using examples in the client's life, maintaining and maintaining hope. Teaching the technique of calling and using the power of suggestion to achieve goals, the need to have goals in different areas of life such as health, family, love, work, education, creating commitment towards responsibilities and goals.</p>
<p>Eighth</p> <p>Summarizing and summarizing the contents of the past meetings and concluding the meetings, completing the questionnaires</p>

Table 2. The content of mindfulness sessions based on cognitive therapy Kabat Zain (2005)

Objectives of the meetings
<p>First</p> <p>Acquaintance and communication</p> <p>Explaining the rules and regulations of meetings,</p> <p>Introducing exercises and how to do them</p>
<p>Second</p> <p>Talk about being more aware of feelings, moment-to-moment thoughts, and experiencing being in the moment</p> <p>Practicing raisins and checking the body</p> <p>Determining mindful tasks to do in between sessions</p>
<p>Third</p> <p>Review the assignments of the previous session</p> <p>Paying attention to feelings, thoughts and expanding acceptance of unpleasant thoughts and feelings</p> <p>Practice non-judgmental listening and relay between members</p> <p>Practice yoga skills</p>
<p>Fourth</p> <p>Reviewing the homework of the previous session, responding skills to unpleasant thoughts or feelings</p> <p>Sitting meditation practice with emphasis on bodily sensations.</p> <p>Conscious walking practice</p> <p>Explanation of psychophysiological symptoms of stress response</p>

and assigning homework including body inspection, yoga, sitting meditation, walking meditation

#### Fifth

Reviewing the assignments of the previous session, preventing the establishment of negative thoughts

Reading the table of unpleasant experiences of each member and its relationship with emotions

Feedback to clients' problems in doing homework

#### Sixth

Practicing changing old thinking habits and increasing the power to accept unwanted things

Practice meditation

Also, in this meditation, the participants were asked to hold their breath in the abdomen at the beginning

Practice eye contact and constructive and accepting communication between members

Focusing on the here and now and practicing freeing the mind

Assignment of homework

#### Seventh

review the assignments of the previous session,

Awareness of minor changes in mood, and bodily sensations

Feedback and solving problems of clients in doing exercises.

#### Eighth

Group discussion about members' feelings at the end of the meetings

An overview of the changes made and the dimensions of mindfulness,

Planning for the future and using present techniques to continue living

Generalizing them to the whole flow of life

### Research findings

First, the descriptive indices including the mean and standard deviation of the research variables are presented in Table 3.

Table 3. Descriptive indicators of social health and its dimensions

Variable	stage	meaning therapy		Mindfulness based stress reduction		control group	
		Average	standard deviation	Average	standard deviation	Average	standard deviation
<b>Psychological Capital</b>	pre- test	57/66	9/77	58/53	9/81	57/40	9/01
	post-test	66/66	10/20	67/53	9/46	57/80	9/08
	Follow-up	64/86	10/01	60/53	9/73	50/53	8/96
<b>Efficacy</b>	pre- test	13/86	2/32	14/13	2/44	13/80	2/33
	post-test	16/00	2/23	16/26	2/52	14/00	2/29

	Follow-up	۱۵/۴۰	۲/۴۱	۱۵/۵۳	۲/۹۲	۱۳/۰۶	۲/۶۸
<b>Hope</b>	pre- test	۱۴/۷۳	۲/۴۹	۱۴/۸۰	۲/۴۲	۱۴/۵۳	۲/۴۱
	post-test	۱۷/۰۰	۲/۸۷	۱۷/۱۳	۲/۴۴	۱۴/۶۶	۲/۴۱
	Follow-up	۱۶/۴۰	۲/۹۹	۱۶/۴۶	۲/۶۶	۱۴/۰۶	۲/۶۳
<b>Resilience</b>	pre- test	۱۴/۳۳	۲/۵۲	۱۴/۵۳	۲/۶۶	۱۴/۲۰	۲/۲۴
	post-test	۱۶/۶۶	۲/۷۶	۱۶/۸۰	۲/۷۵	۱۴/۴۰	۲/۵۰
	Follow-up	۱۶/۳۳	۲/۹۹	۱۶/۴۶	۳/۰۴	۱۳/۹۳	۲/۵۷
<b>optimism</b>	pre- test	۱۴/۷۳	۲/۶۸	۱۵/۰۶	۲/۷۱	۱۴/۸۶	۲/۴۱
	post-test	۱۷/۰۰	۳/۰۰	۱۷/۳۳	۲/۷۹	۱۴/۷۳	۲/۵۷
	Follow-up	۱۶/۷۳	۲/۹۳	۱۷/۰۶	۲/۷۶	۱۴/۴۶	۲/۵۸

According to the findings of Table 3, the average scores of social health and its components in the mindfulness test group and the control group have changed in the post-test stage compared to the pre-test stage. These changes confirm that in the experimental group, the post-test scores of the participants in social health and its components have increased.

Before analyzing the data related to the hypotheses, to ensure that the data of this research, the underlying assumptions of repeated measurement analysis (assumptions of normality of data distribution, assumption of sphericity, hypothesis of homogeneity and similarity of variance) were investigated at different times of measurement. Shapiro-Wilk test was used to check the assumption of normality of distribution of variables and the results showed that the significance level of Shapiro-Wilk test is higher than 0.05, so the assumption of normality of distribution of variables has been met ( $P > 0.05$ ). The results of Mochli's test for checking the sphericity of psychological capitals and its components indicate the confirmation of the assumption of sphericity. The results of the homogeneity of variance test (Levin) showed that there was no significant difference between the studied groups in psychological capital and its components in the three stages of measurement at the level of 0.05 ( $P > 0.05$ ), which means that Homogeneity of variance is maintained.

Table 4 shows the results of multivariate variance analysis (Wilks' lambda statistic) comparing the effect of independent variables on psychological capital and its components.

Table 4. The results of multivariate variance analysis (Wilks' lambda statistic) comparing the effect of independent variables on the variable of psychological capital and its components

Variable	source	amount	F	Degrees of freedom	P	Effect size
<b>Psychological capital</b>	Time	۰/۰۸۵	۲۲۰/۴۹۳	(۲, ۴۱)	<۰/۰۰۱	۰/۹۱۵
	Interactive effect	۰/۱۸۱	۲۷/۷۰۴	(۴, ۸۲)	<۰/۰۰۱	۰/۵۷۵
<b>Components of</b>	group	۰/۸۸۸	۰/۵۹۶	(۸, ۷۸)	۰/۷۷۹	۰/۰۵۸
	Time	۰/۰۵۰	۸۲/۳۶۳	(۸, ۳۵)	<۰/۰۰۱	۰/۹۵۰



<b>psychological capital</b>	Interactive effect	۰/۱۲۲	۸/۱۶۰	(۱۶,۷۰)	<۰/۰۰۱	۰/۶۵۱
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According to Table 4, the result of multivariate analysis of variance shows that the within-subject effect (time) in the variable of psychological capital and its components was significant, which means that during the time from pre-test to follow-up at least One of the independent variables of the mean has been associated with change, and also the results show that the interactive effect of time  $\times$  group on the variable of psychological capital and its components is significant and it means that over time (pre test to post-test and follow-up) variable mean of psychological capital and its components in one of the independent groups has been associated with change. Table 5 shows the results of repeated measurement analysis of variance to investigate the difference between groups in the variable of psychological capital and its components.

**Table 5.** The results of repeated measurement analysis of variance to investigate the difference between groups in psychological capital and components

Variable	Sources of changes	MS test	MS error	Degrees of freedom	F	P	Eta squared
<b>Psychological capital</b>	Groups	۶۵۱/۸۳۰	۲۶۵/۹۱۲	(۲, ۴۲)	۲/۴۵۱	۰/۰۹۸	۰/۱۰۵
	levels	۶۱۳/۸۷۱	۶/۵۳۴	(, ۶۰/۱۴۸) (۱/۴۳۲)	۹۳/۹۴۷	<۰/۰۰۱	۰/۶۹۱
	Stages interaction with the group	۱۷۹/۸۷۰	۶/۵۳۴	(, ۶۰/۱۴۸) (۲/۸۶۴)	۲۷/۵۲۷	<۰/۰۰۱	۰/۵۶۷
<b>Efficacy</b>	Groups	۳۷/۸۹۶	۱۶/۱۸۷	(۲, ۴۲)	۲/۳۴۱	۰/۱۰۹	۰/۱۰۰
	levels	۴۳/۷۰۳	۱/۹۰۲	(, ۴۷/۹۳۸) (۱/۱۴۱)	۲۲/۹۷۲	<۰/۰۰۱	۰/۳۵۴
	Stages interaction with the group	۱۲/۶۶۸	۱/۹۰۲	(, ۴۷/۹۳۸) (۲/۲۸۳)	۶/۶۵۹	۰/۰۰۲	۰/۲۴۱
<b>Hope</b>	Groups	۴۱/۷۵۷۶	۱۷/۸۱۲	(۲, ۴۲)	۲/۳۴۴	۰/۱۰۸	۰/۱۰۰
	levels	۳۳/۸۴۱	۱/۵۰۷	(, ۷۰/۵۵۰) (۱/۶۸۰)	۲۲/۴۵۷	<۰/۰۰۱	۰/۳۴۸
	Stages interaction with the group	۹/۱۸۱	۱/۵۰۷	(, ۷۰/۵۵۰) (۳/۳۶۰)	۶/۰۹۳	۰/۰۰۱	۰/۲۲۵
<b>Resilience</b>	Groups	۴۲/۴۹۶	۲۰/۵۶۷	(۲, ۴۲)	۲/۰۶۶	۰/۱۳۹	۰/۰۹۰
	levels	۴۲/۰۷۵	۰/۷۱۶	(, ۶۲/۸۳۷) (۱/۴۹۶)	۵۸/۷۸۱	<۰/۰۰۱	۰/۵۸۳

	Stages interaction with the group	۱۰/۴۹۶	۰/۷۱۶	,۶۲/۸۳۷) (۲/۹۹۲	۱۴/۶۶۴	<۰/۰۰۱	۰/۴۱۱
<b>optimism</b>	Groups	۴۱/۲۶۷	۲۱/۲۸۹	(۲, ۴۲)	۱/۹۳۸	۰/۱۰۷	۰/۰۸۰
	levels	۳۴/۰۳۹	۰/۶۱۰	,۶۷/۷۸۱) (۱/۶۱۴	۰۰/۸۱۹	<۰/۰۰۱	۰/۰۷۱
	Stages interaction with the group	۱۱/۸۹۷	۰/۶۱۰	,۶۷/۷۸۱) (۳/۲۲۸	۱۹/۰۱۰	<۰/۰۰۱	۰/۴۸۲

Considering the values of epsilon in Table 5, the results of the analysis of variance of repeated measurements have been reported to investigate the difference between the research groups in the three stages of pre-test, post-test and follow-up. The results show that the test and control groups are significantly different from each other in terms of the variable of psychological capital and its components in the three stages of pre-test, post-test and follow-up. Also, based on the findings, the main effect of the intragroup factor (stages) on psychological capital and its components is significant at the 0.05 level. Therefore, regardless of the group, psychological capital and its components have improved in depressed adolescents over time.

In order to investigate the effectiveness of meaning therapy and mindfulness training and to compare these two methods, a follow-up test was used, the results of which are reported in Table 6.

**Table 6.** A significant comparison of the interactive effect of the group over time in two groups on the variable of psychological capital and its components.

Variable	Comparison of groups		MS test	MS error	Degrees of freedom	F	P	Eta squared
<b>Psychological capital</b>	meaning therapy	Mindfulness	۰/۱۳۱	۵/۳۰۵	,۴۲/۷۸۰) (۱/۰۲۸	/۰.۲۵	۰/۹۴۸	۰/۰۰۱
		Control	۲۸۲/۲۳۵	۷/۰۷۴	,۳۸/۷۸۶) (۱/۳۸۰	/۹.۰۰	۰/۰۰۱	۰/۵۸۸
	Mindfulness	Control	۲۷۶/۱۱۲	۷/۳۵۸	,۳۸/۷۰۰) (۱/۳۸۲	/۵.۲۵	۰/۰۰۱	۰/۵۷۳
<b>Efficacy</b>	meaning therapy	Mindfulness	۰/۰۷۵	۱/۶۹۴	,۳۳/۳۲۹) (۱/۱۹۰	/۰.۴۴	۰/۸۷۴	۰/۰۰۲
		Control	۲۱/۰۰۶	۱/۹۹۶	,۲۹/۹۴۷) (۱/۰۷۰	/۵.۲۳	۰/۰۰۲	۰/۲۷۳
	Mindfulness	Control	۱۸/۱۰۰	۲/۰۵۴	,۳۲/۲۱۲) (۱/۱۰۰	/۸.۱۰	۰/۰۰۴	۰/۲۳۹
<b>Hope</b>	meaning therapy	Mindfulness	۰/۰۱۱۳	۱/۷۴۸	,۴۹/۰۶۴) (۱/۷۷۰	/۰.۰۷	۰/۹۸۸	<۰/۰۰۱

		Control	۱۳/۹۸۴	۱/۳۳۸	,۴۵/۵۶۴) (۱/۶۲۷	/۴۴۹	۰/۰۰۱	۰/۲۷۲
	Mindfulness	Control	۱۴/۹۵۶	۱/۴۷۹	,۴۳/۹۷۴) (۱/۵۷۰	/۱۱۵	۰/۰۰۱	۰/۲۶۵
<b>Resilience</b>	meaning therapy	Mindfulness	۰/۰۱۵	۰/۷۱۷	,۴۰/۸۶۳) (۱/۴۵۹	/۰۲۱	۰/۹۴۸	۰/۰۰۱
		Control	۱۶/۰۱۵	۰/۷۵۲	,۴۲/۴۲۶) (۱/۵۱۵	/۲۹۲	۰/۰۰۱	۰/۴۳۲
	Mindfulness	Control	۱۵/۹۵۶	۰/۷۱۸	,۴۰/۰۴۹) (۱/۴۳۰	/۲۲۳	۰/۰۰۱	۰/۴۴۲
<b>optimism</b>	meaning therapy	Mindfulness	۰/۰۰۱	۰/۲۶۳	,۵۵/۴۷۲) (۱/۹۸۱	/۰۰۱	۱/۰۰۰	۰/۰۰۰
		Control	۱۹/۱۹۸	۰/۸۱۱	,۴۲/۰۰۴) (۱/۵۰۰	/۶۸۷	۰/۰۰۱	۰/۴۵۸
	Mindfulness	Control	۱۹/۱۹۸	۰/۸۱۱	,۴۲/۰۰۴) (۱/۵۰۰	/۶۸۷	۰/۰۰۱	۰/۴۵۸

Table 6 shows that compared to the control group, meaning therapy has affected the variable of psychological capital and its components at a significance level of 0.05. Therefore, semantic therapy training is effective on the variable of psychological capital and its components. Also, compared to the control group, mindfulness has affected the variable of psychological capital at a significant level of 0.05 and it is effective on the variable of psychological capital and its components. In addition, these findings show that the two methods of meaning therapy and mindfulness based on cognitive therapy have no significant difference on psychological capital and its components in depressed adolescents at the 0.05 level.

### Discussion

The results of the present study showed that two methods of meaning therapy and mindfulness based on cognitive therapy were effective on psychological capital and its components in depressed adolescents and also over time (three stages of pre-test, post-test and follow-up). Two methods of meaning therapy and mindfulness had the same effectiveness on psychological capital and its components in depressed teenagers. Therefore, the results of the present study are in agreement with the research results of Enayat et al. (15), Babakhani (16), Kumar-Sharma et al. (17), Perez Aranda et al. Cognitive therapy is aligned on depression, mental health and mental distress. In addition, the results of this study are in agreement with the research findings of Shariat et al. (22), Ain Beigi et al. (11), Faruzandeh et al. (23) and Chen et al. And the reduction of depression disorders is consistent.

In explaining the alignment of these results, it can be said that Shariat et al. (22) believe that meaning therapy makes a person aware that although he cannot change certain events in his life, he can learn how to deal with them. to change and react appropriately to that event. Therefore, participating in meaning therapy sessions made teenagers feel that they have personal responsibility in dealing with all life events, even unfortunate events, and by finding meaning in life, they can adapt to the difficult conditions and problems of adolescence. In a study, Faruzandeh et al. (23) also concluded that people who feel meaningful in their lives and have meaningful relationships with others face traumatic life events due to their adaptive attitude. They have a certain calmness and coolness that makes them try to solve the problem

logically by looking at their problem from different angles and without losing behavioral and emotional control. As a result, instead of being defeated by critical situations, these teenagers try to increase their resilience and overcome the existing conditions with a sense of responsibility and freedom of will, and if they fail, they learn from their failures and follow logical solutions to improve their current conditions. Therefore, meaning therapy by emphasizing the positive aspects and various aspects of teenagers' lives, causes the emergence of thoughts and ideas indicating purposefulness in life and strengthens this feeling in people that their lives are purposeful and meaningful. And it is valuable and leads to an increase in the feeling of satisfaction, independence, purposefulness, value, proper communication with others, mastery, personal development and optimism and hope in depressed teenagers. In general, meaning therapy is widely used for situations where a person may feel hopeless and worthless in finding the truth of life, and therefore for working with depressed teenagers who feel futility in their actions or have many problems. And lives devoid of value and meaning are very effective.

Also, according to Enayat et al. (15) in the treatment of mindfulness, teaching the right and appropriate ways of managing emotions and developing interpersonal skills and problem solving skills to teenagers can improve its adequacy and mental health be effective. In fact, these skills increase a person's self-awareness, increase self-confidence and call out hidden talents, and then lead to higher levels of endurance and resilience in challenging tasks. Show and perform more effectively. Kumar-Sharma et al. (17) also came to the conclusion in their research that teenagers intentionally monitor their cognitive structure and processes through repeated practice of mindfulness skills during the learning process. Instead of using automatic patterns and usual processes, they create new habits and thought patterns, and finally recognizing negative thoughts and challenging them leads to the formation of an insight that inefficiency and incompetence in teenagers are countered, and by teaching them to distance themselves from self-critical thoughts and observe thoughts without judgment, they overcome self-criticism, and this increases their optimism and self-efficacy. In general, it can be said that mindfulness helps teenagers to understand that negative emotions may occur, but they are not a fixed and permanent part of the personality, and it gave them the possibility to instead of Respond to events involuntarily and without reflection. Respond with thought and reflection. Acquiring this ability made depressed teenagers feel more in control in all matters of their lives and relationships and instead of negative automatic responses, they respond with more control, calmness and awareness, more resilience against the challenges of adolescence show and deal with problems better and by reducing negative emotions, improve different aspects of psychological capital.

The present study, like any other study, had limitations, such as one can say that the purposeful sampling method was used to select the statistical sample, and the non-use of random sampling methods is one of the limitations of the present study, as well as the role Moderation of demographic factors is not considered in this research. Therefore, it is suggested that, if possible, in future studies, for more comprehensive studies on the effectiveness of mindfulness based on cognitive therapy and meaning therapy and comparing these two interventions on depressed teenagers, the moderating role of demographic factors such as gender, age, Parents' education level and socio-economic status should be considered and random sampling methods should be used. Finally, it is suggested that in order to increase the psychological capital of

depressed teenagers, the responsible institutions related to students and psychological treatment centers should expand awareness and train the skills of meaning therapy and mindfulness at the top of their psychological programs in working with depressed teenagers.

**Ethical consideration:** In order to comply with the ethical considerations in the current research, a brief explanation about the purpose of the study, the way of cooperation, the benefits and advantages of participating in the study, the purpose of completing the questionnaire was provided to all the participants, and a written consent form was completed by the participants to participate in the study. . Also, the participants in the research were assured about privacy protection.

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