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COGNITIVE BEHAVIOURAL THERAPY FOR DEPRESSION IN CANCER PATIENTS

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may be lost forever. But if a person has been sad for a long time or is having trouble carrying out day-to-day activities, that person may have clinical depression. In fact, up to 1 in 4 people with cancer have clinical depression.

Clinical depression causes great distress, impairs functioning, and might even make the person with cancer less able to follow their cancer treatment plan. The good news is that clinical depression can be treated.

There are many ways to treat clinical depression including medicines, counseling, or a combination of both. Treatments can reduce suffering and improve quality of life.

ABSTRACT

The present empirical investigation is an attempt to explore Cognitive Behavioural Therapy for depression in cancer patients. The sample of the research consists of 60 cancer patients randomly selected in Puducherry Cancer Trust Hospital and Research Center, Puducherry. Tools used for data collection are Beck Depression Inventory developed by Beck,(1996). The researchers contacted the informants individually and data was obtained through individually. The mean, Standard Deviation, ANOVA, and Pre and Post test were the statistical analysis done. Results

indicate that there is no significant difference between demographical with cancer patients. In this research it is also found that there is significant difference between Pre and Post test of Cognitive Behavioural Therapy for depression in cancer patients.

KEYWORDS: Empirical Investigation, Cognitive Behavioural Therapy, Depression, Cancer Patients,.

INTRODUCTION

It's normal to grieve over the changes that cancer brings to a person's life. The future, which may have seemed so sure before, now becomes uncertain. Some dreams and plans

SIGNIFICANCE OF THE STUDY

Present research in an attempt to know the impact of depression in cancer patients and to reduce the level of depression in cancer patients with the help of Cognitive Behavioural Therapy. Depressed mood is a feature of some psychiatric

syndromes such as major depressive disorder, but it may also be a normal reaction. As long as it does not persist for a long term, as long as it does not affect to life events such as bereavement there is nothing to worry. It may also be a symptom of some bodily ailments or a side effect of some drugs and medical treatments. depression has only recently begun to include more rigorous methods of empirical research focusing on identifying key factors and explaining the reduce the level of depression in cancer patients. However an empirical literature on the Cognitive Behavioural Therapy for depression in cancer patients and the influences of demographic variables is appear negligible in Indian context. Hence the present research is an attempt to assess the level of depression and reduce the level of depression with the help of Cognitive Behavioural Therapy.

METHODOLOGY

The sample for this study comprises of 60 cancer patients randomly selected from Puducherry Cancer Trust Hospital and Research Center, Puducherry.

TOOL USED

In order to test the hypotheses, the tools used are to test the rate of depression and their level of depression.

BECK DEPRESSION INVENTORY II

The level of the depression among the subjects is assessed by Beck Depression Inventory II (Beck,1996). It is a 21- question multiple choice self report inventory. It is the most widely used instrument for measuring the severity of depression. There are three version of the BDI- the original BDI, first published in 1961 and later revised in 1978 as the BDI-A and the BDI-II published in 1996. BDI-II was developed in response to the American Psychiatric Association's Publication of the Diagnostic and Statistical Manual of Mental Disorder, Fourth edition which changed many of the diagnostic criteria for major depressive disorders.

INTERVENTION

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is an effective treatment for insomnia and depression. At the heart of cognitive behavior therapy is an assumption that a person's mood is directly related to his or her patterns of thought. Negative, dysfunctional thinking affects a person's mood, sense of self, behavior, and even physical state. The goal of cognitive behavioral therapy is to help a person learn to recognize negative patterns of thought, evaluate their validity, and replace them with healthier ways of thinking.

Cognitive Behavioral Therapy focuses on specific problems. In individual or group sessions, problem behaviors and problem thinking are identified, prioritized and specifically addressed.

Cognitive Behavioral therapy is goal oriented. Patients working with their therapists are asked to define goals for each session as well as long-term goals. Long-term goals may take several weeks to achieve or even a couple of months. Some goals may even be targeted for completion after the sessions come to an end.

Cognitive Restructuring

The idea of Cognitive Behavioral Therapy is to learn to recognize those negative thoughts and find a healthier way to view the situation. The ultimate goal is to discover the underlying assumptions out of which those thoughts arise and evaluate them. One's the inaccuracy of the assumption become evident; the patient can replace that perspective with a more accurate one.

BEHAVIORAL ACTIVATION

Behavioral activation is another goal of Cognitive Behavioral Therapy that aims to help patients engage more often in enjoyable activities and develop or enhance problem-solving skills.

RELAXATION THERAPY

To overcome anxiety, phobias, or panic attacks and sleep disturbance it is of paramount importance to learn how to relax. It is impossible to feel relaxed and tense at the same time. People who live with high levels of

anxiety often do not know how to relax or to release the tension stored in their muscles that is contributing to the experiences of anxiety (Bourne, E.J., 1995).

PROGRESSIVE MUSCLE RELAXATION TECHNIQUE

Progressive muscle relaxation is a technique for achieving a deep state of relaxation. Tensing a muscle and holding it for a few seconds, then releasing that tension will produce a deep sense of relaxation, and will rid the body of the built up tension from living with high levels of sleep disturbances on a daily basis.

Result

Table 1. Comparing the Mean, S.D, and t-value of cancer patients on the basis of gender groups on the pre-test depression.

Gender	N	Mean	S.D	t	L.S
Male	34	53.56	2.414	.813	N.S
Female	26	53.04	2.490		

N.S-Not significant.

The mean of pre-test depression score for male patients is 53.56 and the mean of pre-test depression score for female 53.04. The 't'-value is 0.813 it is not significant. From the finding of the present study the formulated hypothesis that, "There is no significant difference between gender in their pre-test depression scores" is accepted.

Table 2. Comparing the Mean, S.D, and t-value of cancer patients on the basis of gender groups on the pre-test depression.

Gender	N	Mean	S.D	t	L.S
Male	34	15.76	5.315	0.68	
Female	26	14.65	6.864		

N.S-Not significant.

The mean of post-test depression score for male patients is 15.76 and the mean of pot-test depression score for female 14.65. The 't'-value is 0.68 it is not significant. From the finding of the present study the formulated hypothesis that, "there is no significant difference between gender in their post-test depression scores" is accepted.

Table 3. Showing the results of ANOVA of pre-test of depression scores of four levels on the basis age groups.

Age	N	Mean	S.D	F	L.S
20-30yrs.	10	52.10	1.729		
31-40 yrs.	15	53.67	2.690		
41-50 yrs.	18	53.61	2.223	1.066	N.S
Above 50	17	53.41	2.740		
Total	60	53.33	2.440		

N.S-Not significant

The depression of pre-test is highest for cancer patients between the age group of 31-40 years (53.67) followed by age groups of 41-50 years (53.61) followed by age groups of Above 50 years (53.41) respectively, for the age group of 20-30 years (52.10) relatively the depression was found to be least. However, the mean scores of different age groups leads to the conclusion that cancer patient do not differ in the cancer patients on the basis of their age. From the finding of the present study the formulated hypothesis that, "There is no significant difference between age subjects in their pre-test depression scores." is accepted

Table 4. Showing the results of ANOVA of post-test depression scores of four levels of age groups.

Age	N	Mean	S.D	F	L.S
20-30 yrs.	10	14.90	2.331	0.958	N.S
31-40 yrs.	15	18.80	8.703		
41-50 yrs.	18	14.89	9.821		
Above 50	17	18.24	8.243		
Total	60	16.82	8.268		

N.S-Not significant

The depression of post-test is highest for cancer patients between the age group of 31-40 years (18.80) followed by age groups of above 50 years (18.24) followed by age groups of 20-30 years (14.90) respectively, for the age group of 41-89 years (2.33) relatively the insomnia was found to be least. However, the mean scores of different age groups leads to the conclusion that cancer patient do not differ in the cancer patients on the basis of their age. From the finding of the present study the formulated hypothesis that, "There is no significant difference between age subjects in their post-test depression scores." is accepted

Table 5. Showing the results of ANOVA of Pre-test Depression scores of three levels of marital status.

Marital Status	N	Mean	S.D	F	L.S
Unmarried	7	51.86	1.952	1.525	N.S
Married	51	53.55	2.283		
Widow	2	53.00	7.071		
Total	60	53.33	2.440		

N.S-Not significant

The depression of pre-test is highest for cancer patients between the marital status of married (53.55) followed by widow (53.00) followed by unmarried (51.86) relatively the depression was found to be least. However, the mean scores of different marital status groups leads to the conclusion that cancer patient do not differ in their marital status. From the finding of the present study the formulated hypothesis that, "There is no significant difference between age subjects in their pre-test depression scores." is accepted

Table 6. Showing the results of ANOVA of Post-test depression scores of three levels of marital status.

Marital Status	N	Mean	S.D	F	L.S
Unmarried	7	14.86	2.410	1.498	N.S
Married	51	13.65	2.834		
Widow	2	16.50	2.121		
Total	60	13.88	2.805		

N.S-Not significant

The depression of post-test is highest for cancer patients between the marital status of widow (16.50) followed by married (13.65) followed by unmarried (14.86) relatively the insomnia was found to be least. However, the mean scores of different marital status groups leads to the conclusion that cancer patient do not differ in their marital status. From the finding of the present study the formulated hypothesis that, "There is no significant difference between age subjects in their post-test insomnia scores." is accepted

Table 4.5. Comparing the depression level of the patients before and after cognitive Behavioral Therapy.

Group	N	Mean	S.D	t	L.S
Pre-Test	60	41.83	6.16	20.22**	0.01
Post-Test	60	18.72	6.32		

*Significant at 0.01 level

The result of 't'-test shows that level of depression in the pre-test is 41.83 (S.D=6.16) and in the post test is 18.72 (S.D=6.32). There is difference between pre-test and post-test. The mean of the post test scores is lower the mean of the pre-test scores. The level of depression was found to be reduced in the post test. The 't' value (20.22) reveals that this difference is significant at 0.01 level. The result reveals that the depression level of the subjects reduced by the cognitive behavioral therapy. Therefore the cognitive behavioral therapy had significant effect to reduce depression level of the cancer patients. From the finding of the present study the formulated

hypothesis that, “there is significant difference between pre-test and post-test depression scores of the cancer patients” is accepted. Present study was supported by previous study by Sangeeta S. Patil et al (2016) stated that intervention was significantly more effective in reducing the depression.

FINDINGS OF THE STUDY

The present study also found that patients significant by differ in their depression level between pre and post-test after applying cognitive behavioral therapy. Pared t-test proved that there is a significant effect in reducing depression between pre and post-test. The Depression experienced by the cancer patients was found reduced due to the Cognitive Behavioral Therapy. The Present study was supported by previous study by Sangeeta S. Patil et al (2016) stated that intervention was significantly more effectively in bringing about changes in their depression level. The test of significance was done to find out the influence of demographic variables upon the depression in cancer patients. The results revealed that of the 3 demographic variables in this study explicitly, gender, age and marital status were not significant in influencing depression has been illustrated in many prior empirical findings.

Hence, it can be concluded that the Cognitive Behavioral Therapy intervention programme was effective of the cancer patients who received it.

Further Suggestion for Research of Study

Studies using psychological intervention may be conducted on cancers of other body systems. Studies using individual component of the psychological intervention package may be done to understand which is more effective. The effectiveness of different relaxation techniques can be studied among cancer patients. Psychological intervention can be conduct among palliative care patients of different types of cancers Studies may be conducted using music therapy for relaxation in cancer patients. Studies may be conducted in different parts of TamilNadu. The effectiveness of cognitive behavioral therapy and relaxation can be studied among the cancer patients.

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