

Cognitive Behaviour Therapy in the Treatment of Neurotic Depression

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Abstract

The objective of the present study was to assess the effectiveness of cognitive behaviour therapy (Beck's approach) in reducing depression and negative thoughts in neurotic depressives. The sample consisted of 25 clients diagnosed as neurotic depressions who were seen over 25 sessions. The analysis of data of pre and post assessment on some measures revealed that the therapy was significantly effective in bringing about a reduction in depressive features as well as negative thoughts from pre to post assessment period.

Key words -

**Cognitive behaviour therapy,
Neurotic depression**

The cognitive view of behaviour assigns primary importance to self-evident fact that people 'think'. Cognitive therapy, proposed by Beck [1] is defined as an active, directive, time-limited, structured approach devised for modifying the negative conceptions of the self, the external world and the future, which are the defining features of depressive reactions. The approach blends cognitive introspection, rational re-evaluation and empirical hypothesis testing in order to evaluate the accuracy of existing beliefs [2].

In the western set-up cognitive behaviour therapy has been found to be atleast equivalent to and possibly although less unequivocally superior to standard and anti-depressant drug treatment alone not only in terms of short-term improvement but also in terms of dropouts and post treatment stability of therapeutic gains [3]. The present study was conducted to find out the applicability in the Indian clinical setup as there is a paucity of research in this area.

Material and Methods

The sample consisted of 25 clients diagnosed as Neurotic Depression (300.4) on the basis of ICD-9 criteria [4], who were selected from the NIMHANS out patient centre and the Victoria hospital, Bangalore.

The measures used are as follows:

1. Information Schedule.
2. Dysfunctional Attitude Scale (DAS) [5].
3. Beck Depression Inventory (BDI) [6]
4. Hamilton Rating Scale for Depression (HRSD) [7].
5. Crandell Cognitions Inventory (CCI) [8].
6. Hopelessness Scale (HS) [9].

A pilot study was conducted to get acquainted with the technique and applicability of the scales. The study was conducted over a period of 10 months. Among the causes referred to the Behaviour Therapy Unit, 7 cases diagnosed as Neurotic Depression were selected out of which 4 were completed and 3 dropped out of therapy.

The characteristics of the 4 cases are as follows:

1. Sex: Male: 2; Female: 2.
2. Age (yrs): Mean: 30.
3. Marital Status: Single: 2; Married: 2
4. Education: Mean: 15 yrs.
5. Employment: Employed :2
Unemployed: 1
Housewife: 1.
6. Duration of illness: Mean: 16 yrs.

In the main study, the clients were initially interviewed to collect the demographic details and about the illness, during which period the DAS was administered. Their willingness to attend for therapy was obtained in an 'Informed Consent Form'.

The clients were seen for 25 sessions over a period of 3 months. The Socio-demographic and clinical details of the 25 clients seen in the main study are as follows:

1. Sex: (in No.) Male: 13; Female: 12.
2. Age (in yrs): Mean: 36.84
S.D.: 17.85
Range: 20-62
3. Marital Status (in No.): Single: 6
Married: 18
Divorced: 1
4. Education (in yrs): Mean: 11.56
S.D.: 4.96
Range: 7-18
5. Employment: Professional: 10
Housewife: 11
Unemployed: 1

Retired: 1

Student: 2

6. Duration of illness: Mean: 5.3 yrs.

The cognitive behaviour therapy proposed by Beck et al has 3 main targets covering both behavioural and cognitive oriented techniques.

1. Daily activity schedule, consisted of maintaining a dairy activities. On the basis of this the client and the investigator together involved in activity schedule making, selected and evaluated strictly depending on how effectively they helped the client in evaluating the mood.
2. Discussing about the day-to-day problems. After deciding on the priority of the problem areas, they were formulated in terms of thoughts and images evaluated.
3. Testing of the dysfunctional cognitions in the cognitive triad- the self, environment and the future. This involved monitoring the negative thoughts, recognition of connections, examination of the evidence, substitution, assisting the client to learn to identify and later the dysfunctional beliefs which predispose him to distort his experiences.

Follow-up was conducted for all the 25 clients, though the duration ranged from 1 month to 2 years.

Results and Discussion

The analysis of data was conducted to establish the homogeneity of the sample. Comparison of the pre and post therapy assessment measures assessing depression and negative thoughts was made [10].

The results revealed that the group is homogeneous on the socio-demographic variables that is sex, education, marital status, job status and medication.

The analysis of the effectiveness of cognitive behaviour therapy in reducing depression in clients is depicted in Table I. It reveals that at the end of 20 sessions of therapy, there has been a significant reduction in depressive features both cognitive as well as vegetative symptoms as indicated on client's (BDI) as well as clinician's reports (HSRD). Nearly one-fourth of the total sample showed none or minimal depressive features after therapy, compared to the severe degree of depression manifested prior to the therapy. The results are supported by studies of Rush et al [11], Rehm et al [12] and Elkin et al [13].

Table I - Comparison between pre and post assessments for reduction in depression

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The analysis conducted to find out the effectiveness of the therapy in reducing negative thoughts is depicted in Table II. The mean values on the DAS have markedly reduced from pre to post therapy assessment. The automatic, idiosyncratic, negative cognitions in the predetermined value systems like perfectionism, autonomy etc. have reduced as a result of cognitive behaviour therapy. The data on CCI indicate that the frequency of negative thoughts with regard to the component of detachment, self-rated inferiority, helplessness and hopelessness have significantly reduced from pre to post therapy assessment. On the third measure that is the Hopelessness Scale for affective, motivational and cognitive factors there is again a significant reduction on negative thoughts. The results supported the

motion that deep cognitive structures may function as vulnerability factors in the development of depression. The improvement in the present group of clients strengthens the cognitive model which is based on the belief that thoughts, attitudes and interpretations mediate feelings and behaviour. The group reveals a marked reduction in negative cognitions at the end of therapy which was also found by Zettle and Reins [14].

Table II - Comparison between pre and post assessments for reduction in negative thoughts

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Note:

CCI

Factor I: Detachment

Factor II: Self Rated inferiority

Factor III: Helplessness

Factor IV: Hopelessness

HS

Factor I: Affective

Factor II: Motivational

Factor III: Cognitive

Most of the clients maintained improvement, gained during the post assessment period as the follow-up finding revealed. The significant improvement in depression and reduction in automatic negative thoughts suggests that the directive therapy has helped the clients in our clinical set up. However the present study has certain limitations in terms of having a single group, small sample sizes and absence of measures assessing the behaviour of clients. Future research can be conducted in light of the above limitations.

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