Effectiveness of Cognitive Behaviour Therapy in Treatment of Depression :
A Study of Employed and Unemployed Downtrodden Persons

Dr. Prabhunath Prasad Saket

(M.Phil, PGDGC, Ph.D.), Dr. Hari Singh Gaur University Sagar, Madhya Pradesh, India

ABSTRACT

Depression is affecting people around the world irrespective of their age, region, religion, caste, creed, colour, nationality, occupation and gender. Almost everyone experiences depression at one or other time in their lives. According to the report based on a survey conducted in seventeen countries by the World Health Organization (2012), on an average about one in twenty people reported having an episode of depressive illness.

World Health Organization (2011) has expressed serious concern recognizing the deadliest association of depression with unemployment or loss of income and advised to and calls for the academicians, researchers, Nations of the world, and the public at large to chart out the measure to prevent and root out psychopathology during the periods of economic crisis especially unemployment. Depression is characterized by negative and dysfunctional cognition, sadness, withdrawal from social relationship, feeling of inadequacy, loss of interest, loss of appetite, low self-esteem, negative self-concept, disturbed social and occupation life and a set of psychological disturbances. Unemployment is a global problem, and people in developing countries suffer more socio-economically. Sen. (2000) has observed that unemployment has very serious repercussion on individual in particular and on family and society in general. The present researcher conducted study the effectiveness of cognitive behaviour therapy (CBT) in the treatment of depression for employed and unemployed persons.

Keywords : CBT, Depression, Unemployed, Employed, Downtrodden Persons.

Introduction

Depression is reported historically in literature and in medical field as well. Depression prevails since antiquity and description of depression, what we now call the affective disorder, can be found in many ancient documents. The Old Testament story of King Saul describes a depressive syndrome. About 450 B.C., Hippocrates, the father of modern medicine, used the terms of mania and melancholia to describe mental disturbances (Kaplan & Sadock, 1985). In modern psychology, depression refers to "An emotion characterized by sadness, crying, withdrawal from others, and feeling of inadequacy and hopelesness (Morgan et al., 1986)". Depression as a clinical term which is a syndrome that describes a cluster of symptom which is generally comprised of depressed mood, loss of interest, anxiety, sleep disturbance, loss of appetite, lack of energy and some time suicidal thoughts (DSM-IV, 1994; and ICD-10, 1994). In the context of these diagnostic manuals, the term 'depressed', and 'depression' refer to a clinical syndrome, covering changes in affect, cognition and behaviour that meets the diagnostic criteria for a major depressive disorder. Clinical depression is widespread; it has been called the 'common cold' of psychiatry (Seligman, 1975). During life time, 15-20 percent of adult suffer significant level of severe depressive symptomatology. At least 12 percent people experience depression which is severe enough to warrant (demand) treatment at some time in their lives; and depression has been estimated to account 75 percent of psychiatric hospitalization. So for not a single factor can explain the

occurrence of depression but it actually results due to interaction among bio-psycho-social factors. Its onset and course are related to biological, historical, environmental, and psychosocial variables. Biologically, the depression is the result of disturbances in neurotransmitter functioning. In the manifestation of depression, family history of depression, early parental loss or neglect, negative life events, critical hostile spouse, lack of confidence of relationship, lack of adequate social support, and low self-esteem are major risk factors. According to Gilbert (2000), symptoms of depression have been classified in five categories viz., emotional, motivational, cognitive, behavioural, and physiological symptoms. A review of psychological literature reveals five major theoretical approaches to understand depression – psychoanalytic, cognitive, behavioural, and rational-emotive behavioural, and biological.

In the present paper , The term 'Downtrodden' is used and which has base derived from D concise Oxford Dictionary (Sykes, J.B. 1986), as 'oppressed'; is used in India for people belonging to Scheduled Caste (SC) and belonging to Scheduled Tribes (ST) communities, which are considered as lower and devalued castes. The caste system is classified in 'Manu Smriti' (Dave's edition, 1972). Both these communities are considered as 'Oppressed People' in the length and breadth of undivided India. In the year 1911, British Government used the term 'depressed class' to describe people in India who were suffering from ritual exclusion and stigmatization as 'Lesser Hindus' (Anupama rao , 2009; p.22). Schedule Caste and Scheduled Tribe people are, for centuries, discriminated against and stigmatized by main stream society in all walks of life and at all levels of development. These downtrodden people were and are deprived of many opportunities in socio-economic, political positions and works.

Beck (1967) developed and empirically documented Cognitive Therapy in treating depression. Meichenbaum (1977) incorporated behavioural aspects in cognitive behaviour therapy which in turn took the form of cognitive behaviour therapy (CBT) as treatment modality for depression.
Methodology

In the initial phase of the study, 248 patients diagnosed with depression were drawn from the Department of Mental Health and Behavioural Sciences of the Max Balaji Hospital, Patparganj, Delhi, 88 patients were screened out initially due to their varying inability to meet the purpose of present research work. Out of the total 160 patients, 80 were employed and 80 were unemployed. The employed and unemployed participants were randomly assigned equally to the experimental and control group.

Distribution of participants

	Unemployed	Employed
Experiment Group	40	40
Control Group	40	40
Total	N=80	N= 80

The subject were randomly put in two groups. One group was called experimental group which received cognitive behaviour therapy (CBT) and another group called as control group did not receive the CBT. Experimental group consisted of 40 unemployed and 40 employed patients.

Likewise, out of remaining 80 control group patients, 40 belonged to unemployed and 40 employed group. Participants fell in any of the two groups randomly, stayed in the same group throughout the period of this research work. Employed patients in this study were those patients who were working regular in any private or government organization and drawing the salary. While unemployed patients were those who were drawing no salary from any government or private organization.

Materials:

The tests and questionnaire used in the present study were as follows: two psychological tools have been used viz., (i) Beck Depression Inventory (BDI-II), in order to know baseline assessment of depression symptomatology, and (ii) A self constructed Interview Schedule was used by the researcher to collect demographic data and the basic information related to the participants during the data collection.

The Beck Depression Inventory-second edition (BDI-II) is a 21- item self report instrument developed by Aaron Beck (1996) for measuring the severity of depression in participant groups. BDI-II was developed for the assessment of symptoms corresponding to criteria for diagnosing depressive disorders listed in Diagnostic and Statistical Manual of Mental Disorders; fourth edition (DSM-IV,1994).

The composition of BDI-II items have been carefully constructed which are related to depressive symptomatology such as hopelessness, irritability , guilt feelings, fatigue, lack of interest in sex , loss of pleasure, and feelings of suicidal thoughts/wishes etc.

Criterion of BDI-II:

Score	Interpretation
0-13	No depression
14-19	Mild depression
20-28	Moderate depression
29-63	Severe depression

Design of the study

The present investigation has followed a pre-test and post-test design i.e., the employed and unemployed participants in the study were randomly assigned into two groups namely experimental and control group. Both groups of participants were equivalent in all respect, except the intervention of CBT for the experimental group. Baseline assessment i.e., pre-test of depressive symptoms was taken in the beginning of the study of both the groups. The further assessment was done after the intervention of CBT, that is post-test assessment of

depression. The follow-up of subjects was done as the third level of analysis to assess the treatment effect of CBT.

Assessment and intervention:

Condition	Level I	Intervention	Level II	Level II
Experimental Group	Pre-test Assessment of depression	CBT Intervention	Post-test Assessment of Depression	Fellow-up After three months
Control Group	Pre-test Assessment of Depression	No CBT Intervention	Assessment of Depression	Follow-up after three months

Firstly the Experiment group has to undergo pre-test assessment of depression on BDI-II test. This group was taken for the Cognitive Behaviour Therapeutic intervention. After CBT intervention, the same group had to undergo post-test and follow-up assessment of depression.

In the same manner, control group also has to undergo pre-test assessment of depression on BDI-II test. This group is to be kept as control. This group would not receive the CBT intervention. After three month of gap, the control group had to undergo post-test assessment of depression.

Data Collection

Data collection was completed in four phases. In the first phase, each participant in experiment and control groups who were diagnosed with the depression were investigated individually and briefed about the study. Interview schedule was administered on all subjects so as to collect their primary and symptomatic information. BDI-II was administered on all of them so as to obtain their score on depression inventory, as part of 'pre-test assessment of depression'.

In second phase, patients in experimental group were taken for CBT intervention. They were given CBT for six sessions individually within a period of three months. During therapy session, their negative thinking and behaviour were recorded so as to monitor progress of the same. After 3 months CBT sessions were stopped.

In third phase, both the groups viz., experiment and control groups were again given BDI-II as part of 'post-test assessment of depression' so as to collect their score on the test after period of three months. The score indicates the level of depression among both groups.

In fourth phase, finally both the groups viz., experimental and control groups were measured third time on BDI-II as part of follow-up assessment of level of depression in order to obtain their score on the test in follow-up period. This phase was basically administered to check the efficacy of CBT.

CBT session Schedule for Experimental Group

Total patients	Session Per patients	Total Sessions	Session Duration	Session per day	Session per week	Session per month	Period
80	06	480	1Hour	6+	36+	160+	3 Months

In all, initially two hundred forty eight persons with depression were selected whose depression levels were assessed. Out of these, only one hundred sixty with equal number of unemployed and employed participants having moderate level of depression were finally selected for the present study.

The experimental group (N=80) was given six CBT session individually. Hence the total number of sessions comes to 480. Every session for each patient was kept for about 1 Hour duration. Every day, around six or more session were given to the all patients. Hence, more than 36 sessions per week were given, so as to make 160 sessions in a month to meet the session target. The CBT session schedule was continued for 3 months.

Termination of Cognitive Behaviour Therapy
Termination of psychotherapy is the last phase of psychological mode of treatment to depressive patients. Expressing 'Good Bye' at both sides (from side of therapist and patients) is emotional due to good rapport but it is a part of therapeutic journey.

Result

The present study attempted to explicate remedial role of Cognitive Behaviour Therapy (CBT) to patients with Depression and mediating role of employment status thereof.

The first condition was the pre-test in which the levels of depression were measured of all the participants without administering the cognitive behaviour therapy. In the second condition that was a post-test condition, the levels of depression of the participants were measured after all the participants underwent the Cognitive Behaviour Therap. In third and last condition, the levels of depression of all the participants were measured after follow-up of a period extending three months. The nature and direction of the levels of depression of participants were measured and to note the effects of Cognitive Behaviour Therapy and the employment status ranging from pre-test, the pot-test and the follow-up measured and compared to.

Mean Depression Scores and SDs of participants in experimental and control conditions on Pre-test Measure

Condition	N	MEAN	SD	df	t	P
Experimental	80	27.44	1.90	158	1.44	NS
Control	80	27.01	1.83			

Mean Depression Scores and SDs of the participants in experimental and control conditions on Post-test Measure

Condition	N	MEAN	SD	df	t	P
Experimental	80	15.39	2.34	158	36.38	.01
Control	80	28.25	2.13			

Mean Depression Scores and SDs of participants in experimental and control conditions on Follow-up Measure

Condition	N	MEAN	SD	df	t	P
Experimental	80	14.89	2.38	158	30.08	.01
Control	80	26.15	2.36			

The table above showing pre, post and follow-up scores on BDI-II with t value. Above statistic show that BDI-II scores showed that CBT is efficient in reducing level of depression.

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Discussion

The present study supports the effect of the Cognitive Behaviour Therapy which is strongly moderated by the employment status of the participants which is clearly evident in the three measures i.e., the pre-test, the post-test and the follow-up, under which the depression scores were taken for statistical analysis. The objects of the study to assess and compare the levels of depression and effect of CBT in participants undergoing experimental and control group conditions. The value of t-test evinced that the participants allotted for experimental condition did not differ significantly as compared to the participants who were assigned randomly for the constitution of the control group condition as the t-value did not reach the desired level of statistical significance. The second objective of the present study was to assess and compare the levels of depression in unemployed and employed participants on the pre-test measure. Cognitive Behaviour Therapy for depressive disorder is combination of behavioural and cognitive techniques which emphasize on altering ways of thinking. Beck (1960) developed the first effective form of the cognitive therapy. Then meichenbaum added behavioural aspects in cognition. as result (CBT) turn into an effective and main-stream technique of treatment for many emotional and behavioural problems. The role of cognitive behaviour therapy and its efficacy in the treatment of psychotic conditions, dysthymia, obsessive-compulsive disorder, personality disorder, hypochondrias, post-traumatic stress disorder, and alcoholism have also been reported to be satisfactory (Kuruvilla, 2000,and Revar (1993). The present research also pointed out that with unemployed, the employed participants also demonstrated moderate levels of improvement in depression.

World Health Organization (2011) has expressed serious concern recognizing the deadliest association of depression with unemployment and advised to academicians, researchers, Nations of the world and the public

at large to chart out the measures to prevent and root out psychopathology during period of economic crisis especially unemployment. As the association of unemployment with psychopathology, especially depression and suicide, has been established and well documented in many researches it calls for immediate concerted research efforts to chart out help programmes.

Conclusion

Depression is globally causing psychological disturbance in human race. Sen, (2000) stated that unemployment can play havoc with lives of the jobless persons and cause intense suffering and mental agony.

Kuruvilla, (1980) asserted that CBT has had its positive impact on the Indian scene also. There are a few psychiatrists and many psychologists practicing it, but publication in this field in Indian journal of Psychiatry have been few. The present study tried to fill that gap in such research.

Aron Beck's cognitive therapeutic approach is designed primarily for the depression. Its effects with moderately depressed patients is at par with antidepressant drugs (Rush et al., 1977; Blackburn 1981).

Cognitive Behaviour Therapy changes the negative ideas, and behaviour,unrealistic expectations, and overtly critical self –evaluation that creates depression and sustain it. Cognitive therapy helps the depressed person to recognize which life problems are critical, and which are minor. It also helps patients to develop positive life goals and do a more positive self assessment (Goldberg, 2012), to gain relief from depressive symptomatology.

The present study recognizes limitations because of inclusion of only downtrodden persons with depressive disorder, limited area of the national capital territory of Delhi, lack of use of other psychotherapeutic intervention techniques, limited samples, excluded children, old aged and people with varied physical disabilities. The present research replicated the efficacy of CBT in treatment of Depression. As par American Psychological Association (APA).

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