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# To Study the Effectiveness of Positive Affirmation on Stress, Anxiety and Depression of Cardio Vascular Disease Female Patients

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**ABSTRACT**

This research paper is an attempt to study the effectiveness of positive affirmation on stress, anxiety and depression of cardio vascular disease female patients. The sample was consisted of 30 female subject of age group 35-80 year of age suffering from cardio vascular heart disease from at least 6 months or before. In the present study case record Sheet cum blood pressure symptom Checklist, Perceived Stress Scale (Sheldon (1983), Sinha's Comprehensive Anxiety Scale (A.K.P) and List of Affirmations were used. Mean, S.D and t-test were applied for data analysis. The results reveal there is significant effect of affirmations on stress, anxiety and depression of cardio vascular disease female patients.

***Keywords:*** *Affirmation, Stress, Anxiety and Depression, Cardio Vascular Disease*

**S**tress is the process of adjusting to dealing with circumstances that disrupt or threaten to disrupt a person's physical or psychological functioning (Lazarus & Folkman 1984, Selye 1976). Stress involves a relationship between people and their environment- more specifically between stressors and stress reactions. Stress is a big problem in our society. Some 75% present of policy disease is said to be stress-related for example stress is often a factor in heart disease and cancer two of the leading causes of death. Stressors are events and situations to which people must react. Stress reactions are the physical, psychological and behavioral responses. In simple words stress refers to an individual reaction to a disturbing factor in the environment. A stress reaction begins with the same autonomic nervous system arousal that occurs during emotion.

### *Anxiety*

Anxiety is a mood state characterized by marked negative affect bodily symptoms of tension and apprehension about the future **(American Psychiatric Association 1994, Barlow 1988 in Press).** Anxiety refers to feelings of apprehension, dread or uneasiness. Anxiety is a physiological state characterized by cognitive, emotional, and behavioural, somatic, components.

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These components combines to create the feeling the use typically recognize as fear apprehensive or worry. Anxiety is often accompanied by physical sensations such as heart palpitations, nausea chest pain, shortness of breath, stomach aches or headache the cognitive components entails' expectation of a diffuse and certain danger. Somatically the body prepares the organism to deal with threat (known as an emergency reaction) blood pressure and heart rate are increased, sweating is increased, blood flow to the major muscle groups is increased and immune and digestive system function are inhibited. Anxiety is part parcel of human existence. All people feel it in moderate degrees and in moderate degrees it is an adaptive response. In the words of one researcher "without it we would probably all be asleep at our desks." **(Stephen M.Paul, quoted in schmeck 1982).** For these people it is not an adaptive response. It is a source of extreme distress, relievable only by strategies that limit freedom and flexibility.

Finally in obsessive compulsive disorder Anxiety occurs if the person does not engage in some though or behaviour that otherwise serves no purpose and infact be unpleasant, embarrassing and inconvenient.

***Depression***

Depression is the state of despondency marked by feelings of powerlessness and hopelessness, it is one of the most widespread emotional problems, and is undoubtedly has many causes. Depression covers a variety of negative moods and behavior changes. Some are normal mood fluctuations and others meet the definition of clinical problems. The mood change may be temporary or long lasting. It may range from a relatively minor feeling of melancholy to a deeply negative view of the world and an inability to function effectively. Many people use the word "depression" to explain these kinds of feelings, but depression is much more than just sadness. Some depressed people don't feel sad at all – they may feel lifeless, empty, and apathetic, or men in particular causes of Depression.

***Coronary Heart Disease (CSD)***

Coronary heart disease is the general term that refers to illness caused by atherosclerosis, the narrowing of the coronary arteries, the vessels that supply the heart with blood when these vessels become narrowed or closed. The flow of oxygen and nourishment to the heart is partially or completely obstructed. Temporary shortage of oxygen and nourishment frequently cause pain, called angina pectoris that radiates the chest and arm. When severe deprivation occurs, a heart attack (myocardial infarction) can result. Risk factor of cardio vascular disease includes high blood pressure, diabetes, cigarette smoking, smoking, high serum cholesterol level, and low levels of physical activity (American Heart Association 2009).

**Affirmation:** Affirmation refers to the practice of positive thinking. It is a carefully formed statement that should be repeated to one's self and written down frequently."

**Anne et al. (2005)** conducted a study on anxiety, depression and psychosocial stress in patients with cardiac events. Results revealed that anxiety, depression and stress levels are significantly increased among cardiac patients.

**Day et al. (2005)** investigated the effect of anxiety and depression on heart disease. They conclude that mood state influences cardiac patients' beliefs about the causes of their heart disease.

**Esch et al. (2002)** investigated stress in cardiovascular diseases. They found Stress has a major impact on circulatory system and plays significant role in susceptibility, progress, and outcome of cardiovascular diseases.

**Kewley et al. (1987)** investigated psychological predictors of heart disease. Results revealed that not only depression but anger, hostility, aggression and anxiety also related reliably to coronary heart disease

**Nam et al. (2008)** findings showed the characteristic patterns of CBF changes in depressive ESRD patients having maintenance dialysis. Further investigations in brain blood flow and glucose metabolism are needed to elucidate the effect of dialysis itself and the difference of according to dialysis modality in patients having depression and ESRD.

**Pearson et al. (2012)** suggest that depression is not, at a sympathetic level at least, associated with insensitivity to infant distress and rather depression may be associated with and abnormally sensitive response.

**Robin (1986)** suggest that even among elderly people outside of nursing homes or other institutions a sense of personal control and optimistic outlook have been associated with resistance to disease.

***Kop and Krantz (1997) studied hostile men and women who were harassed while trying to perform a difficult mental task. The stress caused an unusually strong activation of the fight or flight response in these people and, when challenged they displayed significantly greater cardiovascular reactivity in the form of larger increases in blood pressure and greater outpourings of epinephrine, cortisol and other stress hormones.***

***Some studies have found stress as a direct cause of cardiovascular disorders, leads to higher rates of the risk factors for cardiovascular disease (Peter et al., 1998; Peter & Siegrist, 1997).***

**Abdou Elhendy, Arend F. L. Schinkel, Ron T. van Domburg, Jeroen J. Bax and Don Poldermans (2004)** suggested heart failure is a major cause of morbidity and death in patents with coronary artery disease (CAD). The aim of this study was to define the incidence and predictors of heart failure during long-term follow up in patients with suspected CAD referred for stress myocardial perfusion imaging

## METHODOLOGY

***Statement of Problem:-***

To study the effectiveness of positive affirmation on stress, anxiety and depression of Cardio vascular disease female Patients

### *Objective*

From the above research problem following objectives were constructed:

1. To study the effectiveness of positive affirmations on stress of cardio vascular disease female patients.
2. To study the effectiveness of positive affirmations on anxiety of cardio vascular disease female patients.
3. To study the effectiveness of positive affirmations on depression cardio vascular disease female patients.

### *Hypotheses*

In line with the above objective following hypotheses were formulated:

1. There will be no significant effect of affirmations on stress of cardio vascular disease female patients.
2. There will be no significant effect of affirmations on anxiety of cardio vascular disease female patient.
3. There will be no significant effect of affirmations on depression of cardio vascular disease female patients

### *Sampling*

The sample was consisted of 30 female subject of age group 35-80 year of age suffering from cardio vascular heart disease from at least 6 months or before.

### *Collection of data*

The subjects were taken from metro heart centre and locality of Meerut city after screening of case records of hospital and screening of blood pressure patients from locality. The selected subjects according to criteria of the research were randomly assigned to controlled and experimental groups of heart disease and blood pressure.

### *Measuring tools*

In the present study following tools were used for data collection.

- Case record Sheet Cum B P symptom Checklist
- Perceived Stress Scale (Sheldon (1983).
- Sinha's Comprehensive Anxiety Scale (A.K.P)
- List of Affirmations.

### *Description of tools*

**Case Record Sheet:** In the case record sheet general information about the patient like name, age, gender person etc were taken. In the blood pressure symptom checklist 10 items for low

B.P. and 15 items for high blood pressure were items were constructed on the basis of symptoms of B.P.

For the content and constructed to screen the patients suffering from high and low blood pressure. The face validity of the checklist the items were cross checked by MBBS and MD physicians Practioner.

**Depression:** Item Construction: The ADI is one such scale developed on the basis of symptoms and signs of the depression as manifested by Indian patients (Singh, et al. 1974). It consists of a total of 30 statements, which the subject has to tick as either present or absent. The total 'Yes responses reflect the presence and severity. It was therefore considered important to validate the scale against the HRS and soluble clinical assessment by a trained psychiatrist. Reliability calculated through split half method= 0.82 using N=60 subject. Validity was assessed by correlation with the clinical diagnosis worked out at 0.75 compared.

**Perceived Stress Scale:**

Perceived Stress Scale constructed by Sheldon Cohen in 1983. The scale has self-report instrument with a five point scale. 0= never, 1= almost, 2= some time, 3= fairly often, 4= very often. Scoring was done in reversing responses (e.g.0=4, 1=3, 2=2, 3=1, and 4=0) to the four positively stated items (4, 5, 7, 8) and summing across all scale items.

**Sinha Comprehensive Anxiety Scale:**

Sinha Comprehensive Anxiety Scale constructed by A.K.P.L Sinha and L.N.K. Sinha (Patna) this test is a self report instrument with yes and no response with 90 items. In present tests was done as 1 for Yes and 0 for No responses. The sum of the entire positive or yes responses would be the total anxiety scores of the individual. Reliability of the test was measured by test-retest method found (0.85) and by spearman brown formula found 0.92. Both the values ensure a high reliability to the test. The coefficient of validity was determined by computing the (coefficient between scores on comprehensive anxiety trust and on Taylor's manifest anxiety is significant beyond .001 level of confidence.

## RESULTS

The present study was an attempt to explore the effect of affirmation on stress, anxiety, depression of cardio vascular disease female patients.

For this purpose 30 female Ss of age group 35-60 year were selected. There Ss were divided into two groups of experimental (25 Ss) and enrolled group (20 Ss). Data were collected with the help of case record sheet and standardized tools. The experimental group was affirmation for one and half months and control group was kept void of it. Before given affirmation pre treatment data was collected from both groups and the post treatment data was analyzed by mean. S.D and t-test obtained result are shown in the following table.

***Table-1, Showing pre and post scores of experimental group***

| S.No. | | Pre-treatment | | Post-treatment | | t-score | Reduction |
|---|---|---|---|---|---|---|---|
| | | Mean | S.D. | Mean | S.D | | |
| 1 | Stress | 20.13 | 4.56 | 10.93 | 3.49 | 15.66** | 45.70% |
| 2 | Anxiety | 58.66 | 6.87 | 29.73 | 7.37 | 16.43** | 49.31 |
| 3 | Depression | 16.26 | 3.91 | 8.73 | 2.60 | 13.89** | 46.30 |

***Table-2, Showing the mean, S.D and t-scores of control group***

| S.No. | | Pre | | Post | | t-score | Reduction |
|---|---|---|---|---|---|---|---|
| | | Mean | S.D. | Mean | S.D | | |
| 1 | Stress | 21.46 | 2.92 | 21.06 | 3.53 | .79 | 1.86 |
| 2 | Anxiety | 52.00 | 10.26 | 52.46 | 9.99 | .529 | 0.88 |
| 3 | Depression | 17.26 | 4.16 | 16.93 | 3.19 | 0.572 | 1.91 |

## DISCUSSION

In the present study our findings suggested that there is significant effect of affirmations on stress, anxiety and depression of cardio vascular disease female patients. All results are shown in tables. From the table 1 it is obtained the mean pre treatment stress score of the experimental group the (M=20.13, S.D. = 4.56) was significantly higher as component to post mean stress score (M=10.93, S.D. = 3.49), which showing a percentage reduction of 45.70%. The obtained t-value indicated that the two scores (Pre treatment and Post treatment scores) differ significantly at .01 level of significance [t (df =14) =15.66, pZ.01] in reducing level of stress from 20.13 to 10.93.

It means affirmation was significantly effective. Thus the null hypothesis that there will be no significantly effect of positive affirmations on stress of cardio vascular disease patients is rejected and the substantive hypothesis that there would a significant effect of positive affirmation on stress of cardio vascular disease patients is accepted.

### *Anxiety & Affirmation*

In the same table-1 obtained mean pre treatment anxiety score of experimental group was significantly higher than the (M=58.66, S.D. = 6.87) and post mean anxiety score (M=29.73; S.D.=7.37) and the obtained t-value show a significant which difference between the pre & post treatment score at .01 level of significance with a percentage reduction of 41.30%.

It means that positive affirmation was also significantly effective for reduction of Anxiety of cardio vascular disease patients. Thus, the null hypothesis that there will be no significantly effect of positive affirmation therapy on anxiety of blood pressure and cardio vascular disease patients is rejected and it held that there would a significant effect of positive affirmation on anxiety of cardio vascular disease patients.

***Depression & Affirmation***

Table-1 also express the mean pre treatment depression score of the experimental group was (M=16.26, S.D = 3.91) which was quite higher than mean depression score (M=8.73, S.D=2.60) and obtained t-value showing a significant difference between pre & post scores at .01 level of significance with a percentage reduction of 46.30%. (t=(df=14=13.89; P<.01).

It means that positive affirmation was significantly effective in reducing depression of in cardio vascular disease patients. Thus, the null hypothesis that there will be no significantly effects of positive affirmation therapy on depression of cardio vascular disease patients was rejected and the hypothesis that there would a significant effect of positive affirmation on depression of Blood Pressure and cardio vascular disease patients is accepted.

From table-2 it was obtained that mean pre stress score of the control group was more or less equals to (M=21.46, S.D.=2.92) and post mean score (M=21.06, SD= 3.53) and obtained t-value was showing on insignificant difference between the two score (t (df=14) .79) with the poor percentage of 1.86%.

It means that no reduction in the level of stress was obtained in cardio vascular disease patients in other words pre and post score of control group were more or patients. Continued with similar stress level after on half months thus, the null hypothesis there will be no significant changes in level of stress of cardio vascular and the substantive hypothesis that there would a significant changes in level of stress in control group of cardio vascular disease patients is rejected the obtained t-value [t (df=14) .79, P> .01)]

From table -2 it was obtained that mean pre anxiety score of the control groups was more or less equals to (M=52.00, S.D=10.26) and post mean score [M=52.46, S.D=9.99] and obtained t-value was showing on insignificant difference between the two score [t=(df=14) .529] with the poor percentage of .887.

It mean that no reduction in the level of anxiety was obtained in cardio vascular disease patients groups were more or less similar and in the absence of affirmation cardio vascular disease patients continued with similar Anxiety level after one and half months. Thus the null hypothesis there will be no significant changes in level of Anxiety of cardio vascular disease patients will be

observed accepted and the substantive hypothesis that there would a significant changes in level of anxiety in control group of cardio vascular disease patient is rejected the obtained it value [t=(df=47)=.79, P>.01].

From table -2 it was obtained that mean pre depression score of the control groups was more or less equals to (M=17.26, S.D=4.16) and post mean score [M=16.93, S.D=3.19] and obtained t-value was showing on insignificant difference between the two score [t=(df=14) .572] with the poor percentage of 1.91.

It mean that no reduction in the level of depression was obtained in cardio vascular disease patients in other words pre and post score of control group were more or less similar and in the absence of affirmation cardio vascular disease patients continued with similar depression level after one and half months. Thus the null hypothesis there will be no significant changes in level of Depression in control group of cardio vascular disease patients is rejected the obtained t-value [t(df=14= .572; P>.01].

## CONCLUSION

The present study was aimed to investigate the effectiveness of affirmation on stress, anxiety, and depression of cardio vascular disease female patients. Through the results and discussion it can be concluded that affirmation was significantly effective therapy for reducing stress anxiety depression of cardio vascular disease female patients.

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***Conflict of Interests***

The author declared no conflict of interests.

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