

Cognitive Behavioural Therapy for Depression among Institutionalized Elderly in Kerala

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ABSTRACT

Aging is a social problem and is often studied from the point of view of one or more of the basic perspectives. From the functionalist perspective, aging is a problem because institutions of modern societies are not working well enough to serve the needs of the dependent aged. The extended families which once allowed elderly people to live out their lives among kin has been weakened by greater sociomobility and a shift to the nuclear family as the basic kinship unit. As grandparents, for example, once played an important role in socializing the young, teaching them the skills, values, and ways of life of their people. Now these functions are performed by schools and colleges, for it is assumed that the elderly cannot understand or master the skills required in today's fast changing world. Instead, they most often are cared for either at home or institution such as old age homes, which free the productive member of society to perform other functions. Purpose of the current study was to examine effect of cognitive behavior therapy for depression among institutionalized elderly.

Keywords: *Cognitive behavioral therapy, depression, institutionalized elderly*

The term 'aged' not only describes individuals but is also used as collective noun, and once individuals are identified as 'old' they are perceived exclusively as such. Hazan (1994, p.16) observes that there are several ways of defining aged, "one way is seemingly unproblematic self-definition: an 'old person' is someone who regards him or herself as such... Another definition of 'aged' is socially constructed, composed of an infinite number of overlapping points of view with regard to a given person. Changing circumstances and the dynamics of social relationships make it difficult if not impossible to use such a definition vigorously".

The phenomenon of large aging population has become one of the most dramatic and influential developments in the 20th century. This situation has profound significance for the society in both the 'developed' and 'developing' nations. As per the Global Population Profile: 2002 by U.S. Census Bureau, the estimated population of the world was 6.2 billion. Of this, about seven percent people could be classified as elderly, that is, those who were 65 year old and above.

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It is the duty of the society to provide comfort, medical care and happiness to the old persons who are without family care. The lonely, desperate grandfathers and grandmothers really need our attention and care. The opinion and suggestion of the aged people are precious to the society because they originate from the totality of their experience and knowledge, which they acquired from various fields. But many people do not lend their ears to the aged. A few even ignore the old people and do not give due respect and care to them.

Institutional services for older persons are not new. In the second half of the nineteenth century, charity experts began categorizing the poor and moving people into specialized institutions. Those judged to be lunatics were confined to asylums for the insane. Destitute children were placed in orphanages. Homes for the deaf and blind were established (Rosenberg, 1987). As other categories of paupers were moved into specialized institutions, the almshouses increasingly became de facto old age homes for the impoverished elderly. By the end of the nineteenth century, one third of almshouse residents were aged; by 1923, 67 percent were (Haber & Gratton, 1994).

LITERATURE REVIEW

Chadha (1994) attempted to see the impact of institution allocation and the psychological well-being and depression in older people. Samples were taken from institutionalised and non-institutionalised settings. Results indicate that older person in non-institutionalised setting are better on psychological well-being and also their depression level is low as compared to older persons in institutionalised settings. Family support is found to be the important factor in this study for psychological well-being.

Shyam, Yadav, Sharma, and Sharma (2000) conducted study on 60 elderly (60 years and above) subjects; institutionalized (n=30) and non-institutionalized (n=30) were administered measures of well-being. Results showed that non-institutionalized subjects reported significantly more on scores on depression, whereas, life satisfaction was significantly higher in institutionalized elderly.

METHODOLOGY

Sample

One hundred and seven (N=107) institutionalized elderly served as subjects for the present study. The purposive sampling technique was used to draw the sample. Subjects were selected from eight institutionalized homes of the elderly (both private and government) situated in Kerala State, India.

Sex-wise break up

Sex	Number
Male	50
Female	57
Total	107

Age-wise break up

Age	Number
Young old	61
Old	46
Total	107

Tools

Depression was measured by using Beck Depression Inventory (BDI). It is a 21-question multiple-choice self-report inventory, one of the most widely used psychometric tests for measuring the severity of depression. Its development marked a shift among mental health professionals, who had until then, viewed depression from a psychodynamic perspective, instead of it being rooted in the patient's own thoughts. The test was also shown to have a high one-week test-retest reliability (Pearson $r = 0.93$) and also has high internal consistency ($\alpha = .91$).

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Cognitive behavioral therapy (CBT) used as a therapeutic intervention for managing depressive symptoms among institutionalized elderly.

Procedure

The data were collected individually from the subjects through face-to-face interview method. Each subject was contacted in the homes of the elderly. Prior to interviewing the subjects, the investigator introduced himself and explained the purpose of investigation. Each subject was interviewed and assured that his/her responses would be kept strictly confidential and would be used for research purpose only.

The data were collected in two phases. In the first phase the investigator identified the depressive symptoms of the respondents with the help of Beck Depression Inventory (BDI).

In the second phase, subjects were met individually and psychological counselling done on the basis of cognitive behavior therapy in order to restructure their negative thoughts, hopelessness, helplessness and cognitive distortions. Investigator utilized various techniques of cognitive behavior therapy for enhancing well-being of the subjects. The duration of each session was 50 minutes per week and the therapy continues for eight weeks. Finally assessed the scores on BDI after three months. In this way assessment was done in three phases.

Careful monitoring was done with respect to improve depressive features of the institutionalized elderly. All instructions were given in a language familiar to the elderly people. After the lapse of eight weeks, investigator assessed the effect of cognitive behavior therapy on depressive symptoms of each subject.

Data Analysis

Data were analyzed by means of Kruskal-Wallis test (H-test) to know the significant difference between young on and old subjects in the three phases of assessment.

RESULTS AND DISCUSSION

Do the institutionalized young old differ significantly in three phases of BDI assessment?

Table 1 shows BDI scores of subjects in three phases

Phases	N	Mean rank	H	P
LW1M	40	62.41	49.3299	P<0.05
LW2M	40	85.33		
LW3M	40	128.24		

Do the institutionalized old differ significantly in three phases of BDI assessment?

Table 2 shows BDI scores of subjects in three phases

Phases	N	Mean rank	H	P
LW1M	40	45.26	38.8112	P<0.05
LW2M	40	67.79		
LW3M	40	95.44		

Tables 1 and 2 show the level of depressive features of young old and old subjects. Significant differences were found to exist among the mean scores of young old subjects (H = 49.3299, $p < 0.05$), old subjects (H = 38.8112, .05 in three phases of assessment).

The dropout rate was 12.5%. The average BDI score decreased from 31 to 20 from pre-treatment to post-treatment and remained stable at 3-months follow-up. The effect sizes at

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post-treatment and follow-up were large ($d = .91$ and $d = 1.10$, respectively). At post-treatment, 58% of the patients showed a significant improvement in depression, including 25% who recovered; at follow-up, the proportions increased to 55% and 38%, respectively.

The findings of the current study suggest depression prevention program based on cognitive behavior therapy has positive effects in the mental health of institutionalized elderly.

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Conflict of Interest

The authors colorfully declare this paper to bear not conflict of interests

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