

## The Effectiveness of Counseling on Depression among Palliative Patients

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### Abstract

### Original Research Article

**Background:** Cancer is life intrusive. It not only affects the patient with illness, but also distorts the familial and social structure at large. The present paper aims to assess the level of depression among stage-IV cancer patients undergoing palliative care, and to study the effectiveness of counseling in such scenarios. The emphasis is on the patient than the problem. The strategies employed in the present framework, harness the illness experience as a creative force, creating a pathway towards patient empowerment and wellbeing. **Materials and Methods:** We study with the application of a specific questionnaire, called- Short Form Health Survey (SF-36) pertaining 36 questions ranging from physical functioning, emotional wellbeing to general health. The scale was applied in two stages- (a) before counseling and (b) after a month of counseling sessions. In few cases their families were also counseled. **Results:** The counseling model in this paper has helped patients to better negotiate their emotionally charged situations. After a month of counseling, a statistical decrease in their depression level was found. We observed that steadily the same patients developed a more rational acceptance towards their lives. **Conclusion:** Results indicate that in case of stage-IV cancer patients, counseling therapy positively affects the emotional wellness and quality of life. However, there is no denial of the contribution of pain management and proper palliative care. Our study suggests that counseling reduces a significant level of stress, fatigue and anxiety, thus curbing down the levels of depression and unrest.

**Keywords:** Cancer, depression, counseling, palliative care.

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## INTRODUCTION

Cancer is considered as a life threatening disease. Despite phenomenal developments in oncology and the associated medical streams, cancer is yet to be grappled more comprehensively. The illness comes with an array of new physiological demands, along with mental and emotional needs. Thus, it not only challenges patients physically but, also hampers the economic and social structure of their families and social milieu. There's also a paramount risk of losing a loved one in the process. From a total of 58 million deaths worldwide in 2005, cancer accounted for 7.6 million (13%) of all deaths. More than 70% of all cancer deaths occur in developing and under developing countries [1]. In India, the estimated number of people living with the disease is around 2.5 million, with a whopping amount of 700,000 new cancer cases registered every year [2].

Between 15 and 40% of cancer patients develop clinical anxiety and/or depression [3]. Approximately 25% reveal depression at initial diagnosis and 75% develop depression subsequently [4]. Facing such diagnosis and with a risk of relapse

there's a continuous emergence of strong emotions that often seem to get out of control. The invasive nature of this disease and its treatments produce distressing physical symptoms such as pain, anorexia and fatigue. Accompanying these physiological changes, people experience a wide range of psychological stressors [5]. As a result the role of a counselor becomes evident with targeted psychological and psycho-social help for the patients and their environment.

The counselor is often approached only after the patient or family members have experienced a critical situation. The consideration of psychosocial factors that create distress, prompt health care utilization, and enhance adaptation to illness, can improve patient's quality of life and reshape medical care in a cost-efficient manner [6]. The therapeutic efficacy of psychological interventions for cancer patients is well-documented [7-9]. Many studies describe simple, safe, and relatively inexpensive interventions that can dramatically improve health outcomes and reduce the need for more expensive medical treatments [10]. Four major categories of psychosocial interventions most frequently described in

the cancer literature include education, behavioral training, individual psychotherapy, and group interventions [11].

The experience of living with a life-threatening illness fosters a unique shared partnership between the patient and the counselor. The desired outcome of this partnership is to reestablish and maintain the patient's sense of self, in spite of an unpredictable and chaotic illness course [6]. The objective of the present paper is to assess the level of depression among stage 4 cancer patients undergoing palliative care, and to study the effectiveness of counseling in such scenarios. It is studied with the application of a specific questionnaire dedicated to carcinoma patients, along with the intervention of counseling in several sessions with the individuals. In few cases their families were also counseled. Asking for help proves that you want to fight for your life and to be ready to deal with the situation [12]. Emphasis was to focus on the patient's quality of life during the tenure of the illness. Patients were encouraged to discuss their journeys, triumphs and trials during the course of this disease.

## METHODS & MATERIALS

### Methods

Our study aims at determining the effectiveness of counseling in palliative patients and their adaptation to illness. The role of a counselor is underlining during the last stage of the disease and the limited time that a patient is left with. During such time, patients look forward to a proper counseling, such that they can identify their expectations, emotional support, specific information, socializing and most importantly, their fading individuality. At this stage we emphasize on the quality of life in a finite time as opposed to treating the pathology. Patient's expectations are explored and their alternatives are discussed. Patients are the competent decision makers, and, at any stage of their progressing illness they are doing their best. This progress is subjective and may seem puzzling or non-existing to the observer.

During counseling, the following emotional behaviors of the patients were considered normal: (a) he/she may have no deep insights about life and death (b) patient may have a long/short episode of jealousy, avoidance and fear (c) negative response, depression and anxiety (d) denial to death.

### Measures of inclusion of patients are

- Patient is an adult,
- is at 4<sup>th</sup> Stage Cancer
- under Palliative Care

### Measures of Exclusion of patients are

- Patient is a minor
- Is at 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> Stage Cancer
- Not under Palliative Care

### Materials

Our pattern data were collected from 40 palliative patients in stage 4 with age between 31 and 75 years who participated in (individual) counseling sessions for a month. We applied a scale called- Short Form Health Survey (SF-36) pertaining 36 questions ranging from physical functioning, emotional wellbeing to general health. The scale was applied in two stages- (a) before counseling and (b) after a month of counseling sessions. During this span each patient was counseled weekly, and each session lasted for about 45 minutes to 1 hour.

## RESULTS

### Findings related to clinical characteristics

One question that was posed before and after counseling for a month was 'How do you feel about your life?' Before the counseling sessions 30% said 'Good', 57.5% said 'Bad' and the remaining 12.5% responded as 'Don't know'. After 4 sessions of weekly counseling over a span of month the scores changed as- 79% felt 'Good' about their lives, 10% said 'Bad' and 11% said 'Don't know'.

**Table-1: How do you feel about your life? (Before counseling & after counseling)**

| Quality of Life | Before counseling (%) | After counseling (%) | Effectiveness (%) |
|-----------------|-----------------------|----------------------|-------------------|
| Good            | 30                    | 79                   | 49                |
| Bad             | 57.5                  | 10                   | 47.5              |
| Don't know      | 12.5                  | 11                   | 1.5               |

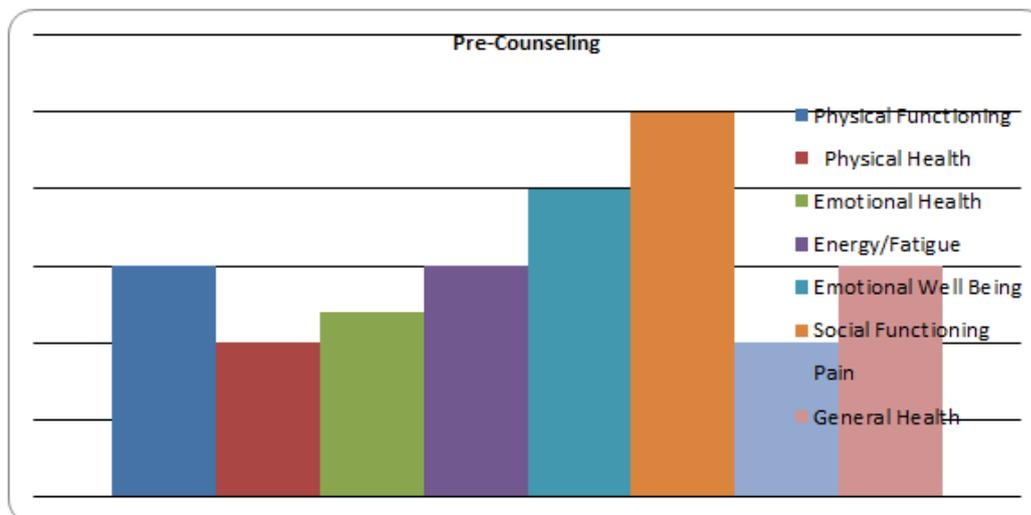
The common cancers of samples were Breast Carcinoma with bone metastases (55%), followed by Lung Cancer (30%), CA Larynx (10%) and remaining others as the cancers in gall bladder, tongue, parotid and osteosarcoma (summing up to 5%). On the account of palliative treatment, all the patients were treated with radiation therapy.

### Effectiveness of Counseling on Depression

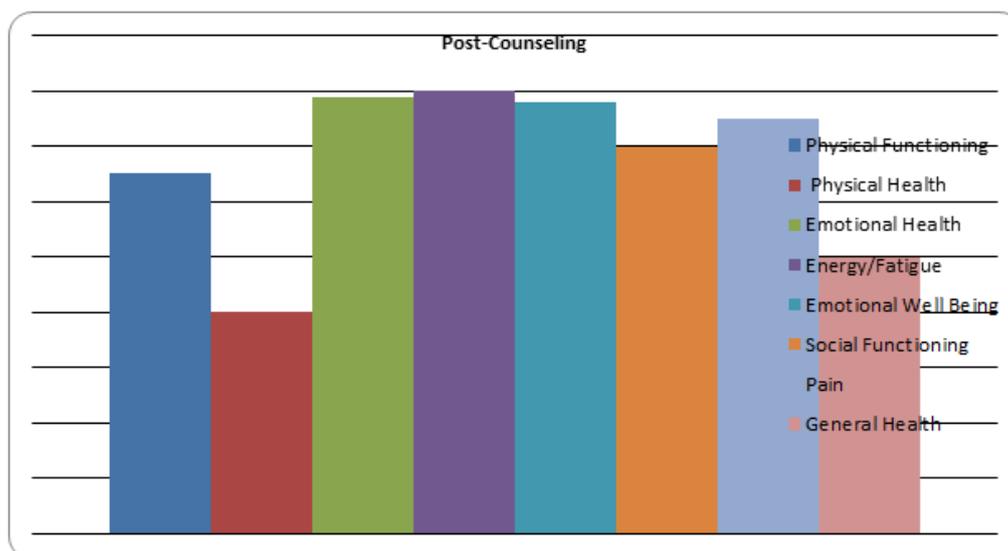
The major challenges faced by our patients before counseling were- role limitations due to physical health (10%), role limitations due to emotional problems (12%), low energy/fatigue (15%), social functioning (25%) and emotional wellbeing (20%) among others. Post 4 weekly sessions of counseling in a span of 1 month, there were significant changes in all the above mentioned parameters and the scores were greatly improved ( $p < 0.05$ ). They are scored (in %age) as:

**Table-3: Effectiveness of Counseling over the Areas of Disturbances**

| Area of Disturbances                     | Pre Counseling (%) | Post Counseling (%) | Effectiveness (%) |            |
|------------------------------------------|--------------------|---------------------|-------------------|------------|
| Physical Functioning                     | 15                 | 65                  | 50                | (p < 0.05) |
| Role Limitations due to Physical Health  | 10                 | 40                  | 30                |            |
| Role Limitations due to Emotional Health | 12                 | 79                  | 67                |            |
| Energy/Fatigue                           | 15                 | 80                  | 65                |            |
| Emotional Well Being                     | 20                 | 78                  | 58                |            |
| Social Functioning                       | 25                 | 70                  | 45                |            |
| Pain                                     | 10                 | 75                  | 65                |            |
| General Health                           | 15                 | 50                  | 35                |            |



**Fig-1: Pre Counseling Scores (%age)**



**Fig-2: Post Counseling Scores (%age)**

## DISCUSSIONS

The approach of the present model was to enable patients make better mental and emotional choices during the last stages of their lives. Patients were supported to emerge as active partners in managing and promoting their health. Every life has a finite time, but in case of palliative patients, their days

become less and numbered. As a result, the primary concern was to empower them within these confined premises. For example, enhancing quantity of life in this stage is difficult, but improving the quality of life during the same, is. The counseling model in this paper has helped patients to better negotiate their emotionally charged situations. They were encouraged to speak their

minds. And their approval or disapproval to the ongoing treatment was considered normal. After a month of counseling therapy, we observed that the same patients developed a more rational acceptance towards their lives. Although, this therapy intended a problem solving approach for palliative patients, it could not discount the affective component of the cancer experience.

Many counseling models are rooted in cognitive-behavior therapy [17, 18] and emphasize more on the patient than the problem. Ronna. *et al.* found that counseling focuses on normalizing and, if possible, managing emotional responses, by asking the question, "How are you planning to manage the fear or the anger?" The normalization of emotions is, in itself, helpful. Patients are often relieved to know that it is normal to experience a myriad of feelings when life is disrupted by cancer [6]. Vimala G *et al.* discovered that such therapies show a significant reduction in level of depression and there are significant differences in various aspects of problems [13]. Barg F. *et al.* have found changes in psychological health status among cancer patients. Barg has recognized that many cancer patients suffer appreciable rates of psychiatric morbidity; importantly, about two-thirds of cancer patients have reported various unmet psychosocial needs [19]. Rehse B, has also studied effects of counseling in cancer patients and concluded that there has been increase in coping and reduction of the depression and significant improvement in the Quality Of Life [20].

## CONCLUSIONS

Based on the above results we conclude that counseling palliative patients have positively affected their emotional wellbeing and quality of life. It has also reduced a significant level of stress, fatigue and anxiety thus curbing down the levels of depression and unrest.

We also find that this has enhanced patient's emotional wellbeing (up to 58%) and social functioning (up to 45%). It can be thus concluded that counseling allows a framework to identify the emotional needs of palliative patients- in the final stages of their illnesses and lives. It helps the emergence of a peaceful acceptance of their present situation. Patients were able to reduce their fears, anxiety, prejudices and misconceptions of their present condition. As such, the present study underlines that counseling provides an opportunity of encouraging and finding a way unique to each individual dealing with the last stages of illness and his/her life- thus adding more meaning and dignity to it.

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