



## Cognitive Distortion and Personality in The Patients of Remitted Unipolar Depression Between Hindu and Non Hindu Patient.

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### ABSTRACT

*Introduction: Depression is a serious mental health problem, which has been very vital in this fast era and which can affect individual's cognition and personality pattern as well.*

*Objective: to see the cognitive distortion and personality in the remitted unipolar depression between Hindu and non Hindu patient.*

*Method: 30 patients from the clinical population of remitted unipolar depression diagnosed as per I.C.D.X criteria by purposive sampling and administered CDS & TCI.*

*Result & conclusion: it was found that hopelessness of CDS group ( $p < .05$ ) and self directedness of TCI was significantly high in others ( $< .05$ ). The score of other subscale was insignificant.*

**KEYWORDS :** Remitted unipolar depression, Cognitive distortion, Emotional intelligence, & Personality.

### Introduction:

Depression is a serious mental health problem, with significant consequences in terms of human suffering, lost productivity, and even loss of life. It is a general principal of psychology that people operate in the world based on, to a larger extent assumption about themselves, other, the environment, and the future .when these assumptions or attributions are inaccurate, unnecessarily negative, and interfere with optimal functioning, they often are referred to as cognitive distortion or dysfunctional thinking pattern. The relationship between personality and depression is extremely complex: personality features may predispose an individual to depressive disorder; and finally the personality can be conceptualized as a subclinical manifestation of a depressive disorder.

### Method:

Aim of current study was to assess the cognitive distortion and personality in remitted unipolar depression.

In the present study assessment of subject was done cross sectionally, the participants were comprised of 30 remitted unipolar depression in which Hindu =22 and non Hindu=08. Diagnosis of remitted unipolar depression was clinically done as per International Classification of Diseases 10<sup>th</sup> edition (WHO, 1992). Individuals duly matched on the basis of various socio demographic parameters (age, sex and education) with the remitted unipolar depression. In this study clinical variables like onset of illness, duration of illness and diagnosis were included.

### Tools

Diagnosis of Unipolar Depression was made according to Diagnostic Criteria for Research of ICD-10 (ICD-10-DCR). Unlike most of the studies that have used DSM-IV to include the patients for making a diagnosis of Unipolar Depression, ICD-10 DCR was used.

For the purpose of assessment of the patients, standardized and modern tools were used. To ensure that patients selected were in remission phase the Hamilton Depression Rating Scale (HAM-D, Hamilton-1960) was applied

Cognitive Distortion Scale- CDS (Briere, 2000) was used in the present study to assess cognitive distortion of unipolar depression patient who were in remission phase CDS is a 40 items scale for dysfunctional cognition

Temperament and character inventory- TCI (Cloninger, 1994) was reported to be very useful tool which provides a quantitative measure and related level of personality and used in various researches

(Kawashti et al., 2006; Bailey et al., 1998). It's a 240 itemed inventory which majors personality on seven dimensions that are- Harm avoidance, Novelty seeking, Reward dependence, Persistence, Self directedness, cooperativeness, and self transcendence.

### Venue:

This study was carried out in Central Institute of Psychiatry, Kanke Ranchi Jhrkhand.

### Result and Discussion:

In this study it was found that hopelessness of CDS group ( $p < .05$ ) and self directedness of TCI was significantly high in others ( $< .05$ ). The score of other subscale was insignificant (table no. 1).

Comparison of scores of cognitive distortion scale (CDS), Temperament and character inventory (TCI), between Hindu and others remitted unipolar depression-

Variables	Hindu (N=22) Mean ± SD	Others (N=08) Mean ± SD	t	df	P
CDS-Self Criticism	49.22±12.72	49.00±6.25	.048	28	.962
CDS-Self Blaming	60.31±9.06	53.00±6.30	2.09	28	.045
CDS-Helplessness	54.86±10.97	52.50±5.04	.582	28	.565
CDS-Hopelessness	53.95±9.72	55.75±4.02	2.29	28	.029*
CDS-Preoccupation with denser	47.95±12.59	46.37±5.62	.340	28	.737
TCI-Harm avoidance	60.72±19.55	57.37±28.71	.584	28	.564
TCI-Novelty seeking	31.36±27.34	15.12±11.45	1.61	28	.118
TCI-Reward dependence	28.81±18.72	37.00±32.57	-0.862	28	.396
TCI-Persistence	43.13±48.81	41.50±37.59	.139	28	.891
TCI-Self directedness	42.45±24.43	63.25±20.57	-2.14	28	.041*
TCI-Cooperativeness	27.13±17.07	34.37±16.35	-1.03	28	.308
TCI-Self transcendence	40.13±25.16	31.87±18.21	.847	28	.404

Table shows the comparison of scores in domains of cognitive distortion scale, and temperament and character inventory of remitted unipolar depression between Hindu and others patients. The score of hopelessness of cognitive distortion scale was significantly high in others group ( $p < .05$ ) and the scores of self directedness of temperament and character inventory was also significantly high in others ( $< .05$ ). The score of other subscale of cognitive distortion scale and temperament and character inventory was insignificant between Hindu and others.

In the present study it was found that patients who were from remitted unipolar depression scored higher in the domain of hopelessness of cognitive distortion scale and self directedness of the Temperament and character inventory. That may be due to small sample of size and this study need to replicate on a large population so that findings can be generalized.