



COGNITIVE BEHAVIORAL THERAPY FOR ONCOLOGICAL PATIENTS

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ABSTRACT Cancer is one of the leading causes of death in India. Over the last decade, cancer cases in India have been surging at an annual rate of 1.1-2 percent. Cancer not only affects the physical functioning but also has drastic impacts on the emotional, psychological and mental well being of the individual. The study aims to examine the trials conducted to test the efficacy of Cognitive Behavioral Therapy (CBT) as a psychotherapeutic intervention for oncological patients. It was found that CBT does improve the overall functioning and quality of life. Moreover, it was found that majority of the trials and studies were performed in countries other than India, so it is important to understand that this study forms a base for the future trials to be conducted to test the effectiveness of CBT as a psychological intervention for oncological patients.

KEYWORDS : Cancer, Cognitive Behavioral Therapy, Quality of Life, Oncological patients, Psychotherapy

Introduction

Cancer is one of the most common immune diseases in India. Cancer of breasts, lungs and the mouth are most prevalent. In a recent study, it was found that 1392179 people were diagnosed with cancer in India in 2020 (Mathur et al., 2020). The incidence was found to be 94.1 per 100,000 men and 103.6 per 100,000 women clearly showing that women are more susceptible to cancer. Cancer treatment includes a variety of methods depending on the type of cancer and its severity. They include immunotherapy, chemotherapy, radiation, surgery and other various treatments. Cancer not only affects the physical functioning of the individual but also their psychological and emotional functioning as well.

Since cancer has multiple effects on the individual's life, it is important for the oncologists to frame a treatment that is not only pharmacological in nature but also includes non pharmacological interventions such as psychotherapy, mindfulness based exercises etc. One of the most effective psychotherapeutic interventions includes the use of Cognitive Behavioral Therapy (Brothers, Yang, Strunk, & Andersen, 2011; Greer, 2008; Lee, Lim, Yoo, & Kim, 2011; Tatrow & Montgomery, 2006)^{2,3,4}

About CBT:

It was given by Aaron Beck in the 1960s, as a treatment for depression. It included the cognitive triad- view of self, of the world and the future. Over the time its effectiveness was tested for other psychological disorders as well as in pain and immune related disorders (Anie & Green, 2012; Tatrow & Montgomery, 2006)^{5,6}

It is also called as talk therapy which emphasizes on how an individual's thoughts and beliefs affect their behavior and emotions. Generally, a typical CBT session is conducted for 30-50 minutes involving talk therapy where the therapists helps the patient form skills to manage, regulate and counteract irrational and problematic beliefs and thoughts (Aschim et al., 2011)⁷

In India, only a RCI registered clinical psychologist, psychiatrist or an individual with Mphil. Psycho-oncology must provide CBT sessions to an oncology patient. However, a mental health psychiatric team can also provide CBT sessions under the guidance of a psychiatrist.

A usual CBT process includes the first stage- rapport formation and initial assessment by the therapist, followed by main talk therapy sessions and ending with the last stage where the individual is well equipped with skills to manage their beliefs and behaviors.

Here is a typical session conversation of CBT between a psychologist and a patient:

Psychologist: You are just focusing on the negative aspects of your life. You have ignored all that you have accomplished during the last 1 year. This is a distortion of your thinking. This is known as a negative filter.

Pt: Okay

Psy: Just now you mentioned that there's no point in living because you're progressing towards your last stage. This extremity of believing

that you're good only when you're free of any illness or dead, is also a cognitive distortion. You are not acknowledging the stage you are in.

Pt: yes.

Psy: What makes you think that there's no point in living now?

Pt.: I'm going to die soon. What else is needed?

Psy: Your scans are looking good. The chemotherapy is showing its effects. What makes you think you'll die soon?

Pt.: All old cancer patients die

Psy: Is the treatment process for all the patients same?

Pt.: No

Psy: Then what makes you think that you'll die soon?

Pt.: Hmm. Maybe I will die or maybe not

Psy: Do you see the difference in your belief now?

Pt.: yes I do

Psy: Your family cares a lot for you. Your friends take out time for you and catch up with your treatment. Everybody looks forward to spend years with you ahead. Isn't that some kind of optimism?

Pt.: yes they are highly optimistic

Psy: and you?

Pt: I am a little optimistic.

Psy: Do you feel you want to be more optimistic?

Pt.: yes

Psy: then what is stopping you from being so? What do you think?

Pt.: I think that the treatment is working now, but won't work in the upcoming sessions

Psy: there are different treatment options available to you as you were told in the initial session. As of now, chemo is working perfectly fine and your scans are the proof of that. If there seems a need, we can shift to another modality of treatment right?

Pt.: yes we can

Psy.: and if we do, we might get good results from that also considering that you're not smoking and are taking a proper diet. Isn't it?

Pt.: yes that's quite possible

Trials in CBT

There have been a great number of studies that have been conducted to test the effectiveness of CBT for the psychological treatment of cancer patients. Most of the studies have indicated that CBT is a beneficial tool for psychological interventions. (Brothers et al., 2011; Greer, 2008; Lee et al., 2011; Tatrow & Montgomery, 2006) Majority of the researches have been conducted in West, a few in the Middle East and the least in India.

Lee et al. (2011) studied the effectiveness of CBT in patients with breast cancer and after 6 weeks it was found that the patients had a higher quality of life as compared to the control group and also were better at managing their fatigue levels.

In a study by Greer (2008) it was found that CBT helped ameliorate the side effects of cancer such as pain and distress. Pillai (2012) conducted a study on 10 married spouses of cancer patients. 60-minute sessions were held weekly for them. The study concluded that CBT may be an effective psychological treatment for caregivers of cancer patients.

Teo et al. (2018)⁹ performed a systematic review on 68 studies to explore the different psychosocial interventions available for cancer patients. Around 20 studies showed that CBT is effective in improving the QOL of patients and also other aspects of their treatment. It was also found that CBT brought about a positive change in the competence and attitudinal barriers of the cancer patients.

Limitations of CBT

- CBT is a complex form of talk therapy that requires expert skills by the therapist. Hence, unless a proper rapport between the therapist and the patient is formed, the therapy might not be successful.
- The patient might prioritize their physical treatment over psychological treatment.
- The patient is not in an appropriate physical condition to be able to attend therapy sessions.

Discussion

Cancer not only affects the physical functioning of the patient but also has an adverse impact on their psychological functioning. It is suggested that the oncologist must refer the patient to a clinical psychologist on being displaying of emotional and physical distress. A key role is played by the oncologist in connecting the patient to the therapist or even a psychiatrist. For this purpose, it is important that the oncologist has awareness and proper knowledge of the psychological support that can be offered to the patient. The studies that have been examined provide us with the evidence that CBT is a substantial psychological intervention that can work for psycho oncological patients.

In India, clinical therapy and interventions must be provided to the patient by a psycho-oncologist who has completed an M.phil in psycho-oncology or an M.phil in clinical psychology.

As far as the trials are concerned for the effectiveness of different psychotherapies for the patients, a lot of trials are being conducted to understand and explore which therapy modal is effective in relieving the stress, anxiety and depressive symptoms of patients with cancer. A few trials have tested the efficacy of CBT. Since none of the trials have been conducted in India, this study provides a base for future research in the area of psycho oncology and the need of CBT sessions provided by psychologists to the patients with cancer.

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