



Impact of Psychotherapy and Cognitive restructuring on wellbeing of Geriatric Survivors of Covid-19 pandemic

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ABSTRACT: The present study documents the impact of Psychotherapy on wellbeing of geriatric survivors of Covid-19, who were dealing with post covid complications both physiological and psychological. Some were referred by counsellors and some by family members and some were referred through their physicians as they refused to continue medication and were emotionally shattered. This document is about twenty such elderly people. Present psychological condition was comorbid with pre-existing medical condition of chronic Diabetes, hypertension and Arthritis. Their routine medication as prescribed by their physicians continued and were not altered in any respect. They were only worked on the psychologically morbid symptoms that were affecting their wellbeing. A pre-test was done by administering WHO-5, a reliable and valid measure to screen wellbeing of individuals. The findings showed poor wellbeing. Psychotherapy and cognitive restructuring strategies were used in the intervention process. Psychotherapy helped in developing a deeper insight into the past events that were causing psychological turbulences in the present. Cognitive restructuring strategies were used to address the cognitive distortions. The findings indicated a significantly positive outcome and improvement in wellbeing when tested pre-post on WHO-5 scale. These techniques helped in alleviating symptoms of stress, depressive episodes, generalised anxiety and helped in regulating emotions, behaviour, and cognitions. They were also able to get to a functional state in dealing with loss of their loved ones. They moved on from helplessness to strength to self-acceptance. Conclusively, Psychotherapy and cognitive restructuring are effective in improving wellbeing of geriatric survivors dealing with psychological, affective and cognitive issues in post covid recovery period.

KEYWORDS: Psychotherapy, Cognitive restructuring, Wellbeing, WHO-5, Geriatric, psychological, comorbid, Covid-19, survivors, pandemic

1. INTRODUCTION

*Finding a breath for me and mine, will ever things be fine?
Air was hoarded, so was peace, mind was fractured, none
could sleep*

Dusk was rapid and was here to stay

Dawn seemed far, too far away. (Bhardwaj, 2020)

Covid-19 Pandemic resulted in an environment of fear, morbidity, fatality and grief. It erected polarities of hopelessness depression and guilt. Normalcy had changed face, it was masked. A terrible time has been witnessed by the entire humankind. We were losing people and losing hope. The covid survivors suffered

'survivor guilt', depressive and general anxiety symptoms. There was hopelessness and uncertainty all around. Some who had developed post covid complications like extreme tiredness, sleeplessness, drained energies, lack of attention, hair loss, digestive ailments, joint pains, felt highly dependent on others which again led to persistent emotional issues.

Concerned about the mental states of people, counselling services were started for everyone who wanted to get information on Covid and its management. Mental health Counselling services rendered by Government of India kindled a hope for those who had no way to go, no one to approach for help. These Mental

health services were available on cloud (Yadav et. al., 2021). Manodarpan was another mental health initiative from Indian government to address such issues.

Gradually people started gaining confidence and approached counsellors for their help in dealing with the psychological concerns. They wanted to be heard, they wanted to ventilate, let out their stress without fearing judgements. Presented research was conducted in Jyotirgamaya clinic, Delhi, that offered its services in mental health to help people deal with mental wellbeing concerns. The document provides empirical evidence about the effectiveness of psychotherapy and cognitive restructuring strategies in bringing positive changes in the wellbeing of geriatric suffering with psychological, affective and cognitive issues impacting their wellbeing.

2. METHOD

2.1 Research Design and sample characteristics

The present study is intervention research with pre post analysis. It was conducted with a random sample of 20 geriatric adults, 8 males and 12 females, between 68 -78 years, which were referred from geriatric population by the counsellors, family members and physicians. They had survived Covid-19 and had pre-existing chronic conditions of Diabetes, Hypertension and Arthritis. They were in recovery period when they developed psychological conditions like general anxiety, depression, survivor guilt, hopelessness, worthlessness, as reported by the referrals. Patients on psychiatric medicine and severe sensory disabilities were excluded. It was ensured that all participants could all understand English and Hindi language.

2.2 Tool used

WHO-5 is a five-item questionnaire having a Likert scale ranging from 0 to 5.

The raw score is obtained by totalling the numbers allocated to the answers. The raw score ranges from 0 to 25, 0 representing the worst and 25 representing best state of wellbeing. To obtain a percentage score the raw score is multiplied by 4. A percentage score of 0 is the worst and 100 is considered the best. It has a high validity for screening mental health wellbeing and depression in clinical trials. Item analysis in studies of adult and elderly persons indicate good construct validity. (Winther Topp et al., 2015). Cronbach's α for the WHO-5 is reported to be 0.91, indicating high internal consistency (Dadfar, 2018) It has satisfactory and adequate reliability across all countries for screening mental wellbeing and depression (Sischka, 2020).

2.3 Procedure

Subjects were explained about the research and therapy process briefly. The prescribed medication for their medical conditions of Diabetes, hypertension and arthritis continued as suggested by the physician. There was no alteration of any medication schedule. A consent

was obtained from them. They were given appointments as per mutually agreeable days and time. There were 12 sessions of 90 minutes each, for each of the participants. Before starting the psychotherapy sessions, WHO-5 (1998) screener for wellbeing was administered on the participants to obtain their levels of wellbeing.

All subjects scored borderline or less on wellbeing index, indicating poor wellbeing and depressive symptoms. The sessions were initiated by developing a good rapport with the subject to reduce resistance and increase the comfort in conversation. An intake and history were taken. Once the subjects were comfortable, the subjects were led psychotherapeutically to facilitate sharing. The conversations helped identify cognitive distortions, which were strategically challenged, helping the client to increase awareness and restructure the disturbing thoughts. Their pre-existing beliefs were identified, and used carefully and metaphorically. Those beliefs and cognitions that were maintaining the unproductive and negative states were challenged and restructured. Distortions in cognitions were identified and worked upon. After the sessions, subjects felt much better than before and said that they were feeling stronger to move on with their lives, with newer hopes and feeling of worth. Improvement was felt by all the participants after the sessions were over. They were advised to journal their feelings and have follow up sessions. They were also asked to come for a post-test after a month's time. Post-test on WHO-5 was administered on the sample after a month of intervention. The scores were carefully noted. The pre and post data was evaluated and analysed.

3. ETHICAL CONSIDERATIONS

Informed Consent was obtained

There was voluntary participation

There was no alteration of any medication.

There was no financial conflict with the participants of the study.

4. DATA ANALYSIS

The data was analysed on SPSS. Descriptive and inferential statistics were used. T test was used to compare means of the paired samples, pre and post intervention.

Results: Significant improvement ($p < 0.01$) in wellbeing of the subjects was found post intervention.

Table 1 shows significant difference in the means of pre and post wellbeing

Wellbeing	N	df	Mean	SD	t	Sig (p)
Pre-test Well being	20	19	11.95	0.88		
Post-test Well being	20	19	15.35	1.22		
Pre-Post Well being	20	19			13.8	0.00 *

5. CONCLUSION

The findings in the pre-test conducted on the geriatric sample showed poor wellbeing on WHO-5 scale. The intervention included Psychotherapy and cognitive restructuring, which helped in improving their wellbeing and making them feel stronger, worthy and productive. Post-test findings clearly showed that these modalities of intervention, that is Psychotherapy and cognitive restructuring are effective in improving wellbeing of adult survivors of Covid-19 pandemic.

6. DISCUSSION

Mental Health and wellbeing refer to a state of mind in which the individual feels equipped to cope with the stresses of life, can work productively, and is able gel with his or her community in a contributory and productive manner (WHO, 2004). A person can be called truly healthy if his/her mental health is good. Wellbeing is a state that may mean different to different people but a person who does not feel well would certainly know internally. Such conditions must be dealt on priority to relieve stress and reduce the emotionally morbid symptoms. The first and the second wave of covid-19 pandemic left people extremely deserted, shattered and low. People struggled to deal with the loss. There was helplessness and guilt. Present research is a document from the files of such issues and their intervention that proved to be significantly useful for emotional restoration.

Psychotherapy as a treatment modality with post-trauma patients has been proved effective in alleviating the symptoms of depression and anxiety (Sheldler, 2010). Researches have shown its efficacy in improving quality of life in chronic disease patients (Shamsunder, 2008; Bhardwaj, 2010). There were episodes of transference which were dealt empathetically. There were moments of catharsis, which helped a great release of bottled-up emotions. Revival of hope finding certainty in the chaos were facilitated by the awareness of dug up conflicts and distorted cognitions. The technique greatly helps elderly to reveal and relive with a thought clarity towards purposeful living and psychosocial contribution (McElreath, 1994). Psychotherapy has also been found effective in dealing with depressive symptoms in elderly (Arean & Cook, 2002). It has been seen in developing insight into the past and help in creating awareness of the present symptoms. Findings of the present research also agree with previous researches about the efficacy of psychotherapy in improving wellbeing.

This research is empirical evidence that psychotherapy and cognitive restructuring are instrumental in improving wellbeing of geriatric adults with pre-existing chronic medical conditions and psychologically comorbid symptoms.

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