

COGNITIVE BEHAVIORAL THERAPY FOR CAREGIVERS: SLAYING GRIEF AND LOWKEY BOOSTING SOCIAL SUPPORT

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ABSTRACT

Caregivers of terminally ill patients often face high levels of grief, anxiety, and emotional exhaustion, with studies showing up to **50%** affected by severe grief. Lack of social support worsens their mental health and increases feelings of isolation. Cognitive behavioural therapy (CBT) is beneficial by improving coping mechanisms and altering harmful thought patterns.

Materials and Methods:

This quasi-experimental study involved 60 caregivers participants from Rajiv Gandhi Government General Hospital, Chennai. Participants were divided into an experimental group, which received cognitive behavioral therapy as interventions, and a control group, which received routine care. Assessments of grief and social support were conducted at baseline and post-intervention using standardized scales. Data were analysed using SPSS v26, with descriptive and inferential statistics at a 5% significance level.

Result:

The experimental group showed a major decrease in grief scores, especially in behavioral (from 28.57 to 18.30) and emotional reactions (from 20.57 to 9.10), with a total score reduction of 21.73 points ($p = 0.001$) and total social support score rising from 33.67 to 52.60 ($p = 0.001$). The control group showed minimal changes in grief score and social support score.

Conclusion:

The study highlights the critical role of nurses in implementing CBTs to be effective in reducing grief and emotional distress and enhance social support among caregivers of terminally ill. Overall, it promotes emotional resilience and improves the caregiving experience.

INTRODUCTION

Caregivers of terminally ill patients frequently experience intense grief, anxiety, and emotional exhaustion, with research indicating that up to 50% suffer from severe grief. The absence of adequate social support further deteriorates their mental health and contributes to a sense of isolation. These emotional burdens can impair their ability to provide effective care. Cognitive Behavioral Therapy (CBT) has proven beneficial in such contexts. It helps caregivers develop healthier coping mechanisms and reshape negative thought patterns. By addressing both emotional distress and social disconnection, CBT offers a comprehensive approach to improving caregiver well-being.

MATERIALS AND METHODS:

This study utilized a quasi-experimental design to evaluate the effectiveness of cognitive behavioral therapy on grief and social support among caregivers of terminally ill patients from Rajiv Gandhi Government General Hospital, Chennai. Approved by Institutional Ethical Committee (No.IEC-MMC/48112024), the research featured 60 caregivers who full-filled the criteria of sample selection about the setting, the cooperation of the people, and the availability of the samples, the study was found to be feasible. Participants were then divided into two groups: experimental and control groups. The experimental group receive CBT includes Cognitive Restructuring, Destruction and Mindfulness Techniques and psychoeducation over 4 weeks, while the control group received routine care. Data were collected using tools like the socio demographic questionnaires, Anticipatory grief scale and Multidimensional scale of perceived social support, pre- and post-intervention, and analyzed using SPSS version 26.0.

RESULTS:

Socio-demographic characteristics

Most participants were aged 36-45 years (50% experimental, 56.66% control), with nearly equal gender distribution—more females in the experimental group and more males in the control group. The

majority were married (73.33% in both groups) and had attained secondary education (33.33% experimental, 30% control). Most were employed in private jobs (63.33% experimental, 53.34% control) and belonged to joint families (60% experimental, 66.67% control). A large proportion had been caregivers for 1-3 years (76.67% experimental, 73.33% control). Most were either parents or spouses of the patient. The highest number of participants had a monthly income between Rs. 10,001 and Rs. 25,000 (50% in both groups).

Anticipatory Grief

In terms of grief levels, more than half (56.67%) of the experimental group had high grief scores, while 46.67% of the control group also reported high grief. Moderate grief was observed in 43.33% of the experimental group and 53.33% of the control group. None of the participants in either group had low grief levels.

Social support

Social support, measured by the multidimensional scale of social support, the majority of caregivers in both groups reported low support—63.33% in the experimental group and 60% in the control group. Moderate support was seen in 36.67% of the experimental group and 40% of the control group.

Comparison: Pre-test and post-test level of Grief and Social Support

In the pretest, both experimental and control groups had similar scores with no significant differences. Post-test results showed a significant reduction in grief scores in the experimental group, with behavioral reactions dropping from 28.57 to 18.30 and emotional reactions from 20.57 to 9.10 ($p = 0.001$). The total grief score reduced by 21.73 points. Social support scores also significantly increased in the experimental group after CBT, rising from 33.67 to 52.60 ($p = 0.001$). The control group showed no significant changes in either grief or social support.

Table 1: Correlation between posttest mean grief and social support score (experimental)

	Correlation between	Mean gain score Mean±SD	Karl pearson Correlation coefficients	Interpretation
Experimental group	Grief score Vs social support score	27.40±2.16 52.60±4.37	$r = -0.37$ $P = 0.01^{**}$	There is a significant negative fair correlation between posttest grief score and posttest social support score. It means grief decreases their social support score also increases fairly.

Table 2: Correlation between posttest mean grief and social support score (control)

	Correlation between	Mean gain score Mean±SD	Karl pearson Correlation coefficients	Interpretation
Control group	Grief score Vs social support score	47.30±3.70 34.43±5.25	$r = -0.18$ $P = 0.28(NS)$	There is not significant negative poor correlation between posttest grief score and posttest social support score. It means grief decreases their social support score increases poorly

Association between post-test level of grief and social support

The study revealed significant associations between post-test grief and social support scores and caregivers' demographics in the experimental group. Younger caregivers (18-35 years) and males showed lower grief levels ($p = 0.01$). Joint family structure and higher income (Rs. 25,001-50,000) were linked to better social support ($p = 0.05$ and $p = 0.01$, respectively). No such associations were observed in the control group.

DISCUSSION

The study evaluated the effectiveness of Cognitive Behavioural Therapy (CBT) on grief and social support among caregivers of terminally ill patients. The experimental group showed a 33.43% reduction in grief and a 22.54% improvement in social support, while the control group had minimal changes. This highlights CBT's significant impact on emotional well-being. The findings align with those of Lacasta et al. (2023), who found CBT effective in reducing complicated grief and improving mental health scores in caregivers. Their study used tools like ICG, BDI-II, and GHQ-28. Additionally, Nannan Wanga et al. (2024) found that a family dignity intervention enhanced adaptability, cohesion, and

reduced anticipatory grief. Overall, CBT proves beneficial for caregiver support.

CONCLUSION

This study shows that Cognitive Behavioral Therapy reduces grief and enhances social support among caregivers of terminally ill patients. The experimental group showed significant improvement through mindfulness and cognitive restructuring. Psychiatric nurses play a key role by providing personalized, nonjudgmental care. Despite limitations, the study supports further use of Cognitive Behavioral Therapy in both clinical and community settings. Overall, the study promotes the use of evidence-based, nurse-led strategies to enhance recovery outcomes and emphasizes the possibility of nursing interventions in addressing caregivers of patients who are near death.

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Conflicts of interest

There are no conflicts of interest.

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