



MANAGING STATE OF DESPAIR IN CARDIAC PATIENTS BY INCREASING THEIR DIGNITY AND SPIRITUAL WELLBEING THROUGH PEACE THERAPY

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Abstract

This study investigates the impact of PEACE therapy (Positive Emotions after Acute Cardiac Events) on psychological outcomes in hypertensive heart disease patients. A repeated measures design was employed with a sample of 20 outpatients aged 42-53 from the Institute of Cardiology, Multan, Pakistan. Participants were randomly assigned to either an intervention group (n=10) receiving PEACE therapy sessions or a control group (n=10). Pre- and post-therapy data were collected on measures of dignity, spiritual wellbeing, depression, hopelessness, and desire for death. Results indicate significant improvements in the intervention group compared to the control group. Specifically, patients in the intervention group reported decreased levels of depression, hopelessness, and desire for death, alongside enhanced dignity and spiritual wellbeing. Conversely, the control group exhibited increased psychological distress over the study period. These findings advocate the efficacy of PEACE therapy in enhancing psychological wellbeing among cardiac patients. By addressing psychological factors such as depression and hopelessness through dignified and spiritually-focused interventions, PEACE therapy proves beneficial in mitigating psychological distress associated with cardiac illness.

Keywords: Depression, hopelessness, desire for death, sense of dignity, spiritual wellbeing.

Introduction

Despair can be defined as a state of profound hopelessness and distress, often characterized by symptoms of depression and anxiety. In the context of cardiac patients, despair is a critical psychological factor influencing quality of life and health outcomes (Smith et al., 2019). The literature is abundant of evidence for the dire requirement of psychological rehabilitation needed by the cardiac patients who combat their poor physiological health as well as the stress that accompanies their disease (Bunker et al., 2003).

Cardiac patients suffer from inevitable possibility of dying which makes a person depressed and hopeless (Baumeister et al., 2011). Stress, depression, anxiety, and hopelessness exacerbate the symptoms of heart disease. Recently, hopelessness; one peculiar aspect of depression has become popular among cardiac patients. Depression also predicts future cardiac events in patients with heart disease and hastens mortality (Shao et al., 2020). Prevalence of death in women is more prominently caused by heart disease as compared to men, and the psychosocial protective factors that might

account such as low socioeconomic status, poor employment status, chronic troubling emotions, lack of social support and bereavement (Farhangi & Jahangiry, 2020; Sarfraz et al., 2022).

Hopelessness was linked with accidental demise and it has been found that hopelessness and heart diseases are inter-related (Eslami et al., 2017; Robinson et al., 2020). Hopelessness is found to be associated with poor health, so the maintenance of a positive living environment; the one that fosters self-reliance, freedom and independence can counteract its occurrence (Maas et al., 2010). Psychosocial factors lead to cardiac diseases among women (Rafia & Naumana, 2012).

Dignity in healthcare settings refers to the respect for patients' inherent value and autonomy, crucial for maintaining their sense of identity and worth amidst illness. The study explores the concept of dignity in terminally ill patients, providing insights into its importance and potential applications in chronic conditions like cardiac illness (Chochinov et al., 2002). While focused on older adults, the systematic review discusses theoretical frameworks and empirical evidence regarding dignity in healthcare settings, applicable to various patient populations, including cardiac patients (Elliot, 2013). Patients with advanced level of illness start to desire the termination of their life to overcome or get relief from the misery, pain and agony accompanied by their illness (Mushtaque et al., 2022). They usually start thinking in terms of dying earlier with dignity as compared to dying later at the expense of their exacerbated illness (Richards et al., 2017).

Spiritual wellbeing encompasses a sense of purpose, connection, and existential peace, which are vital for coping with chronic illnesses like cardiovascular disease. It also examines the role of faith-based coping strategies in enhancing spiritual wellbeing and postoperative functioning among cardiac surgery patients (Ai et al., 2006). Meaning-making coping strategies contribute to spiritual and existential wellbeing, relevant to cardiac patients facing chronic illness (Lundberg & Klinteberg, 2014).

The founder of PEACE therapy, also known as Positive Emotions after Acute Cardiac Events, is Dr. Jeff C. Huffman. PEACE therapy as an intervention aimed at promoting positive emotions and psychological wellbeing in patients recovering from acute cardiac events. It focuses on integrating mental health interventions into the care of patients with cardiovascular disease to improve overall outcomes and quality of life. PEACE therapy has contributed to understanding how positive emotions can play a crucial role in cardiac recovery and long-term health management (Huffman et al., 2015).

PEACE Therapy is derived from Positive Psychology which focuses on improving the emotions through the practice of simple exercises such as identifying and using one's personal strength, appreciating pleasant events during a day, performing petty acts of kindness and using past successes to accomplish the future goals (Khayyam-Nekouei, 2013). Patients who receive stress reduction interventions show much improvement in rehabilitation outcome than those who do not receive these modalities (Bunker et al., 2017). Patient's quality of life, anxiety, awareness of the disease and its treatment, body physiology and satisfaction with care given to them can be improved modestly through psychological interventions (Tully & Baumeister, 2014).

Depression can be changed into optimism after early diagnosis and treatment among cardiac patients (Rutledge et al., 2006; Sawangchai et al., 2022). A well designed controlled study is needed to ascertain the role played by various psychological interventions in alleviating depression in patients with Heart Disease (Berhe et al., 2020). Psychological interventions showed a beneficial effect on depression among coronary artery disease patients using pharmacological and psychological interventions for depression as compared to the usual care given to the patients (Reid et al., 2013).

The rationale behind this experimental research is to address the pressing need for integrated mental health interventions in the management of CHD. By implementing PEACE Therapy (Positive Emotions after Acute Cardiac Events), which emphasizes enhancing dignity and spiritual wellbeing, this study aims to empower cardiac patients in Pakistan to better cope with the psychological toll of their condition. PEACE Therapy, developed by Dr. Jeff C. Huffman, focuses on fostering positive emotions and resilience among patients recovering from acute cardiac events, thereby potentially alleviating despair and improving overall quality of life. This research not only aims to contribute to

the scientific understanding of psychosocial interventions in cardiac care but also advocates for the integration of holistic approaches that consider the emotional and spiritual dimensions of health.

Method

Participants

The present study was completed with 20 outpatients of hypertensive heart disease approached at Institute of Cardiology Multan from December 2017- October 2018 after obtaining all institutional approvals and participants' informed consents. This sample was recruited from an initially contacted sample of 231 different cardiac patients on the basis of their similar characteristics of cardiac disease (hypertensive heart disease), age (42-53years), gender (males), education (graduation) and income status (middle). The inclusion criteria of the sample was outpatient having reasons of aneurysm and high blood pressure; all were male in gender and were married; and were found high on depression and hopelessness. The status of inpatient, female, unmarried and disease other than hypertensive heart disease were the exclusion criteria of this study.

Instruments

Prior to the employment of PEACE therapy, pre data were collected on Urdu translated measures of dignity, spiritual wellbeing, depression, hopelessness, and desire of death. The sense of patients' dignity was measured using The Palliative Patients' Dignity Scale (PPDS). It has eight items rated on 0-9 Likert scale wherein a high score indicates high sense of dignity. The alpha reliability of Dignity Scale was found .81 (Rudilla et al., 2016).

Spiritual wellbeing was assessed through Spiritual Well-Being Scale; Functional Assessment of Chronic Illness Therapy – (FACIT-Sp) comprising 12 items rated on a 5-point Likert scale. The alpha reliability of spiritual wellbeing scale was found .79 (Cella, 1997; Peterman et al., 2002).

Patients provided data for their state of despair; depression, hopelessness, and desire for death on the following measures respectively; Hamilton Depression Rating Scales (Hamilton, 1960) comprising 17 items rated on 0-7 rating scale with internal consistency of .82, Beck Hopelessness Scale (Beck, 1988) containing 20 items responded on (true/false) scale with reliability coefficient of .83, and Schedule of Attitudes toward Hastened Death (SAHD) consisting of 20 items rated on (true/false) scale with alpha reliability coefficient of .80 (Rosenfeld, 2002).

Procedure

The study was completed in two phases. In phase 1, all the study measures were translated into Urdu language using Back Translation Method for the better understanding of patients. Translation process was completed following four steps; in first step all the statements were examined in terms of their cultural relevancy by asking from three educationists. They carefully examined each item in every measure according to participants' cultural values. All the items on all scales were found fairly relevant to the participants' culture.

In second step three bilinguals were contacted to translate all scales into Urdu from English. They translated the statements in such a way that Urdu translation of each statement was able to convey the same meanings as the statements in English do.

In third step a single Urdu-version was derived from all translated Urdu-versions with the help of two other bilingual experts. Then this finalized Urdu-version was again back translated into English by two other bilinguals. To check the authenticity of Urdu translation it was back translated into English. Back translation technique was used as a method of reducing errors and biases in translation.

Finally, in forth step the original versions and translated versions were compared in a way whether items provide the same meanings as in the original version. The closest translation with highest frequency was selected for final version. Lastly, split-half reliability was determined by administering the measures to a sample of 50 participants. All the scales were found valid and reliable.

In phase II, intervention and control groups were formed through random assignments of patients in both groups. The PEACE intervention derived from Positive Psychology which focuses on improving the emotions through the practice of simple exercises was administered to the patients assigned to experimental group (n=10) while the patients in the control group (n=10) remained only on their due medications. PEACE therapy included 8 sessions lasting 30- 45 minutes; each completed after a detailed meeting with the clients in the hospital.

The first three sessions focused on the mood boost up activities such as the clients were addressed to pay or feel gratitude for the positive events in life, to find their positive strengths and to write what they feel good about. The next three sessions helped in maintaining a positive outlook of clients' lives like exercise of meaningful and enjoyable activities and remembering past successes, they also performed little acts of kindness.

The last two sessions covered a follow up for the positivity inculcated in clients' lives throughout the prior sessions over a period of two weeks, the clients were given a choice to practice any exercise of their choice. The baseline hope, contentment and satisfaction were marked before each session. This assessment of their mood and level of happiness was also taken after the completion of each session.

Upon the completion of all sessions of PEACE therapy given to hypertensive heart disease patients of intervention group, patients of both groups provided the data again on all study measures.

Results

Statistical analyses, independent sample t-test and paired sample t-test were performed through SPSS-20 for the comparisons between and within the groups at level of significance 0.05.

Table 1: Intragroup comparison of pre and post-therapy scores of each group for depression, hopelessness, hastened death, dignity and spiritual wellbeing

| | Control Group | | | Experimental Group | | |
|----------------------|---------------|-------------|--------|--------------------|-------------|--------|
| | Pre | Post | P | Pre | Post | P |
| Depression | 18.3 ± 5.07 | 22.0 ± 4.83 | .000** | 22.6 ± 4.42 | 14.2 ± 4.63 | .000** |
| Hopelessness | 6.40 ± 2.83 | 9.20 ± 1.93 | .000** | 6.80 ± 2.44 | 3.40 ± 1.50 | .000** |
| Death desire | 3.90 ± 1.52 | 6.00 ± 1.05 | .000** | 3.40 ± 3.47 | 2.10 ± 2.68 | .004** |
| Dignity | 36.0 ± 1.49 | 31.0 ± 3.05 | .001** | 32.0 ± 5.61 | 36.5 ± 5.44 | .000** |
| Spiritual- wellbeing | 19.1 ± 8.11 | 15.0 ± 5.03 | .027* | 18.6 ± 5.83 | 21.9 ± 5.93 | .000** |

*p< .05, **p< .001

Table 1 shows intra-group comparisons of sense of dignity, spiritual wellbeing and state of despair for both groups separately. Findings reveal the significant differences in pre and post scores of control group who received no therapy during study. These results suggest that CHD patients from control group reported the higher levels of depression, hopelessness, and desire for death; and low levels of dignity and spiritual wellbeing in post-testing compared to pre-testing. Findings for intervention group who received PEACE intervention also show the significant differences on all measures. These findings demonstrate that CHD patients from intervention group experience low levels of depression, hopelessness, and desire for death, and high level of dignity and spiritual wellbeing in post-testing compared to pre-testing.

Table 2: Intergroup comparisons between control and experimental group for their scores on pre and post-depression, hopelessness, hastened death, dignity and spiritual wellbeing

| | Pre-therapy | | | Post-therapy | | |
|----------------------|-------------|----|------|--------------|----|--------|
| | t | df | p | t | df | p |
| Depression | -2.01 | 18 | .02* | 3.68 | 18 | .001** |
| Hopelessness | -0.33 | 18 | .36 | 7.48 | 18 | .000** |
| Death desire | 0.41 | 18 | .34 | 4.27 | 18 | .000** |
| Dignity | 2.17 | 18 | .02* | -2.78 | 18 | .007** |
| Spiritual- wellbeing | 0.15 | 18 | .43 | -2.80 | 18 | .006** |

* $p < .05$, ** $p < .001$, $p = \text{non-significant}$

Table 2 indicates insignificant differences on all the measures before therapy across both groups; while findings illustrate the significant differences on same measures after receiving the PEACE therapy across both groups. Results pertaining to intergroup comparison demonstrate significant differences in post therapy scores of both the groups which manifest the importance of the role played by the PEACE therapy in the experimental group.

Discussion

Keeping the higher state of despair experienced by CHD patients, the current study first examined the depression, hopelessness, and desire for death; and then examined the effectiveness of psychological intervention if is given to CHD patients along with their pharmacological treatment to manage their higher state of despair. The study affirmed the significant differences for both control and intervention groups in their pre and post testing. Findings pertaining to control group on their pre and post testing demonstrated that patients were found more depressed, hopeless, and desired for death in post testing than pre testing. However results related to the patients of intervention group implied that they were found less depressed, less hopeless, and low desired for death (Ahmed et al., 2023). The reasons for these findings can be located in the effectiveness of PEACE therapy that they received during study. PEACE therapy has contributed to understanding how positive emotions can play a crucial role in cardiac recovery and long-term health management (Hauffman et al., 2015). The findings were in line with the previous studies as psychological and pharmacological interventions were found effective in reducing depression in patients with coronary artery disease (Baumeister et al., 2011). A rigorously designed controlled study is necessary to determine how different psychological interventions contribute to reducing depression in individuals with heart disease (Berhe et al., 2020). Research indicates that psychological interventions, including both pharmacological and psychological approaches, have been beneficial in alleviating depression among patients with coronary artery disease compared to standard care practices (Reid et al., 2013).

The PEACE intervention worked for the improvement of sense of dignity and spiritual wellbeing that in turn lower the state of despair. Spiritual peace predicts 5-year mortality in patients with congestive heart failure and suggesting that experiencing spiritual peace, in conjunction with adherence to a healthy lifestyle, emerged as stronger predictors of mortality risk among the heart failure patient sample (Park et al., 2016).

Limitations and Suggestions

The study was completed only with CHD male patients therefore gender analysis cannot be observed. Further study should be conducted with inclusion of female sample so that the efficacy of PEACE therapy could be investigated well in terms of gender differences. Moreover, controlled conditions are needed to perform the intervention so that the internal validity of intervention could be assured.

Conclusion

The study examined the effectiveness of PEACE therapy in improving the psychological wellbeing of cardiac patients. PEACE therapy significantly reduced levels of depression, hopelessness, and desire for death among participants by increasing dignity and their spiritual well-being. These results emphasized upon the importance of addressing psychological factors alongside physiological symptoms in cardiac care. Future research should further explore the long-term benefits and broader application of PEACE therapy in improving overall quality of life for cardiac patients.

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