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INVESTIGATING DEPRESSION AMONG BREAST CANCER PATIENTS

NUR AZIERA BINTI WAHID

This project is submitted
in partial fulfilment of the requirements for a
Bachelor of Science with Honours
(Cognitive Science)

Faculty of Cognitive Sciences and Human Development
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The project entitled ‘Investigating Depression among Breast Cancer Patients’ was prepared by Nur Aziera Binti Wahid and submitted to the Faculty of Cognitive Sciences and Human Development in partial fulfillment of the requirements for a Bachelor of Science with Honours (Cognitive Sciences)

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ABSTRACT

Breast cancer patients are more likely to experience depression during or after cancer. This open study examined four respondents using Beck Depression Inventory as well as interviews to investigate depression among breast cancer patients. The result of the study showed that respondents were having depression after diagnosed with breast cancer and having emotional, cognitive, behaviour and physical changes symptoms. Findings from the study suggested reducing depression by taking psychological treatment, support from beloved one and taking medicines regularly.

Keywords: depression, breast cancer, mood, cognitive, behaviour, physical changes symptoms, psychological treatment, support, medicine

ABSTRAK

Pesakit barah payudara lebih cenderung untuk mengalami kemurungan semasa atau selepas kanser. Kajian terbuka ini meneliti empat responden menggunakan Inventori Kemurungan Beck dan juga temubual untuk menyiasat kemurungan dalam kalangan pesakit kanser payudara. Hasil kajian menunjukkan bahawa semua responden mempunyai kemurungan selepas menghidap kanser payudara dan mempunyai gejala perubahan dalam emosi, kognitif, tingkah laku dan perubahan fizikal. Dapatan daripada kajian mencadangkan cara untuk mengurangkan kemurungan dengan mengambil rawatan psikologi, sokongan daripada orang tersayang dan mengambil ubatan secara teratur.

Kata kunci: kemurungan, kanser payudara, emosi, kognitif, tingkah laku, gejala perubahan fizikal, rawatan psikologi, sokongan, ubatan

CHAPTER 1

INTRODUCTION

Overview

This chapter contains the background of the study, problem statements, and the objectives of the study, research questions, a conceptual framework and limitations of study. More than that, this study describes a definition of terms and includes a summary.

Background of the study

Cancer is a complex genetic disease that mostly cause by the environment. Cancer or usually call as a tumour can be found on peoples in various age. There are countless type of cancers such as brain cancer, blood cancer, breast cancer and many more. The ability of tumour cells to detach from the original mass turn into big tumour by spread it around the body (Sadat, 2004) . World Health Organization stated that, in every year, the case for cancer rises from 10 million to 15 million by 2025, 60 % will develop cancer in developing countries. Even though the main aetiology of breast cancer is still unknown, numerous factors may lead to the development of this disease such as hormonal, genetics, environment and many more factors that are related. Breast cancer is a malignant tumour that starts in the cells of the breast. A malignant tumour is a group of cancer cells that can grow into surrounding tissues or spread to distant areas of the body. The breast cancer disease occurs almost completely in women, but men can get it, too (American Cancer Society, 2014). This cell usually is from good cells but turn to damage cell to human body. The cell become out of control of abnormal cell then damages the breast.

Signs and symptoms of depression, such as a high level of distress, dejection, fatigue, sadness and hopelessness, are present in more than 40% of subjects with breast cancer. Furthermore, the dominance of a main depressive episode (MDE) in patients with breast

cancer ranges from 10 to 25%. Several investigations has addressed topics related to the occasion of depression in breast cancer, depression might be a complication of cancer, a direct consequence of physical suffering, or a co morbid condition between two disorders commonly reported in the general population. Chemotherapy, including long-term prophylaxis with tamoxifen, might be associated with a higher risk of developing depressive symptoms and cognitive dysfunctions. Moreover, depressive symptoms might interfere with patients' compliance with cancer treatment (Antonio Callari, 2013)

There are many factors that caused breast cancer. Most of the reason is alteration that happens in gen BRCA 1 and BRCA 2. Some patient get the disease from hereditary that happen to biological mother or sister that diagnosed with cancer which double the risk of getting breast cancer. In addition, drinking average amount of alcohol increases the risk of getting breast cancer than people that did not drink. The more amount of alcohol taken will increases the risk of developing cancer.

Usually patient that suffered from breast cancer will faced slump and unable to adapt the fact that they are having one of chronic diseases in their life. The patient usually happen to pressure thoughts about money, support, their life and leads them to dispirit and changing the way of life by being unaccompanied because they believe they might burden others. Previous investigation reported that depression is the psychiatric syndrome that has received the most attention in persons with cancer (Thapa, 2010).

The study of depression has been a dispute because symptoms occur on a broad range that ranges from sadness to major affective disorder and because mood change is often difficult to evaluate when a patient is confronted by repeated threats to life, is receiving cancer treatments, is fatigued, or is experiencing pain. Although many research groups have assessed depression in cancer patients since the 1960s, the reported prevalence (major depression, 0%–38%; depression spectrum syndromes, 0%–58%) varies significantly because of varying

conceptualizations of depression, different criteria used to define depression, differences in methodological approaches to the measurement of depression, and different populations studied (Massie, 2004).

Problem Statement

Breast allegedly is a valuable asset especially for women. It is one of the main body organs that produce milk and often call as a sex symbol for women. However, breast cancer brings huge effects to women whom diagnosed with breast cancer with distress and weary feeling and sometimes leads to depression. Breast cancer is the number one women cancer in Malaysia. According to the Malaysia Cancer Association, there are 3738 cases reported in 2003 in West Malaysia. Breast cancer incident in Malaysia is about 46.2 % for per people around 100 000 population (Noor, 2008).

This shows breast cancer is the main disease for women around the world. An analysis of cancer may lead to a sense of personal inadequacy, and diminished feelings of control, and increased feelings of vulnerability (Antonio Callari, 2013). Alexopoulos (2005) recognized that depression increased with age, which was associated with one's depression inclination due to the increased age. Breast cancer survivors (BCS) may experience elevated prevalence of depression for a number of reasons. These include the upsetting effects of a cancer diagnosis, metabolic endocrine and emotional follow-up of treatment, fears of recurrence or living with a challenged sense of invulnerability, and job/financial repercussions. Depression is the most common mood disorder in cancer and can have a significant impact on the patient's quality of life (Bardwell & Fiorentino, 2012). Many patients become overwhelmed when facing the diagnosis and cure trajectory, and for some this exposure is so hard to cope with that they become depressed. In general, some 20 percent of cancer patients experience a clinical depression during the first five years as cancer survivors (Doheny, 2014).

Depression in cancer populations is estimated from 1.5% to 50% with anxiety estimates ranging from 20% to 50%. Depression and anxiety are concurrent highly in women with breast cancer, and many women undergo from both types of symptoms (Terry Badger, 2007). Firstly, the patients with breast cancer will faced an emotional period. Past studies stated that mood symptoms as one of the main reasons on the past studies that lead to depression (Bardwell & Fiorentino, 2012). Women in their < 50 years had more depression, moody and stressful symptoms than women in > 60 years old and above. However, women who have obesity and currently not married reported have more depressive symptoms (Bardwell & Fiorentino, 2012). The second factor that may lead to depression among breast cancer patients is patient's behaviour during their time struggle with treatment. During the course of cancer, patients report having continuing emotional distress, fatigue, lack of energy, fears, depression, and interpersonal difficulties, in addition to added financial, health insurance, and employment problems (Giti, 2009). Optimistic thinking really helping patient a lot since they can think well and helping them to overwhelm the struggle phase in their life.

A physical symptom is also factor that has found to contribute to depression. Because, the breast cancer patients that also diagnosed with other sickness become more depressive and being more depressed. Last, the psychosocial functioning. Less depression was linked to better sleep, fewer stressful events in life and also support from family and friends. Breast cancer patients usually become low self esteem, tension and lost their interest in everyday activities. In addition, the cancer treatments become the major reason why the patients become depress. This is because, the effect of the cancer cure made their loveliness changed. For example chemotherapy treatment resulted in patient losing hair and it can make women lose confident, inferior and shy to meet others.

The symptoms of depression scope from mild to severe. Severe depression also recognized as a major depression gives such a huge impact to patients' daily activities, responsibility and

relationship. Patients whom under mild depression be able to carry out daily activities since they do not really know they were beneath depression but think that as only normal daily stress. If this situation continued, the patient might end up their live thoughts that there are no use to still living if the life is become worse. However, this research is limited to highlighting depression among breast cancer women. Besides, the study is about how depression affected breast cancer patients and the way how to cope with depression.

Objective

This research is carried out to achieve both general and specific objectives of the study as given below.

General Objective

This research is conducted in order to investigate depression among breast cancer patients.

Specific Objectives

1. To identify breast cancer patient with depression.
2. To identify factors that leads to depression among breast cancer patients.
3. To identify possible strategies to reduce depression among breast cancer patients.

Research Questions

1. What factors lead to depression among breast cancer patients?
2. Why breast cancer patients become depress?
3. How breast cancer patients overcome the depression?

Conceptual Framework

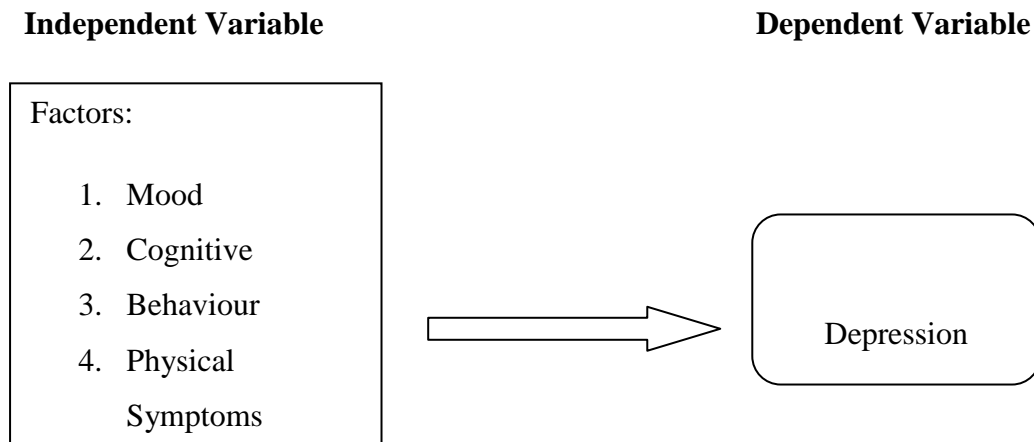


Figure 1: Conceptual Framework

Limitation of Study

This study only focuses on patients suffered from breast cancer and depression. It is only conducted at Kuala Terengganu, Terengganu. The method use in this research is qualitative study by which the researcher by make interview with four respondents and by audio recording.

Definition of Term

Depression

Operational Definition

Mental illness that causes a constant feeling of sadness and lack of interest which effect how the person feels, behaves and thinks. The symptom of depression include depressed mood, sleep or appetite disturbance, tearfulness, nervousness and anxiety, irritability, weight gain or lost and thoughts of harming themselves (Rue, 2009).

Conceptual Definition

A feeling of grief and lack of concern of patient diagnosed with breast cancer.

Breast Cancer

Operational Definition

Breast cancer is a malignant tumour that starts in the cells of the breast and can grow into surrounding tissues or spread to distant areas of the body. (American Cancer Society, 2014)

Conceptual Definition

A disease of tumour that is occurs almost in women. In this study, women patients whom have been diagnosed with breast cancer.

Significance of Study

Knowledge and theory

Woman who are able coping with themselves from depression during the period of time. This study could give contribution to the body of knowledge on how and what are the factors that can lead to depression when diagnosed with breast cancer.

Practice and practitioner

The knowledge on depression when diagnosed with breast cancer can be a guide for women to cope with the depress impact throughout the period of time.

Summary

This chapter explains type of research that will be conducted and the basic aspects that need to be taken into consideration before going on with this study. The important aspects are background of study, problem statement, and objectives of study, definition of term, significance of study, research questions and limitation of study.

CHAPTER 2

LITERATURE REVIEW

Overview

This chapter contains the review of the connected literature on depression among breast cancer patient. The review of the literature is based on the theoretical acquaintance concerning factors that leads to depression among breast cancer patients.

Depression

Depression is one of the mood disorders. It is an illness that immerses its sufferers in a world of self-blame, confusion, and hopelessness. It is an illness of the mind and the body. Some could argue depression is a way of coping with life's pressures (Havva Tel, 2013). Clinical depression is a serious illness that affects most, if not all, facets of a depressive's life. The main part of depression is a loss of interest in activities once found pleasurable. For some depressives, there is even a loss of interest in life itself. Each year, an average of 5,000 Americans take their own lives. How many of these people were suffering from depression is not known, but it is believed a vast majority of them were depressed (Antonio Callari, 2013). Depression can be very acute to the point where the patient can no longer function in their laborious life.

Absence from work or school is common, for the severely depressed individual does not have sufficient energy or motivation to get out of bed. Many depressive individual will describe his or her illness to have a large and heavy weight on his or her back. Often that heavy weight is an accumulation of stressors, and sometimes the weight is unexplainable (Robbins, 1993)

According to Wetzel (1984), depression is irritable and agitated. Patients will usually like to perform recurring motor tasks, like pacing or rubbing their hands together. Feelings of failure may lead a depressive to attempt to leave from family and friends. Feelings of inferiority may eventually lead to feelings of hopelessness. Nothing can go well and nothing will ever improve, they believe. Often time's feelings of inferiority are a result of the depressive's demanding expectations of him or herself (Schwartz, 1993).

Depression among Breast Cancer Patient

Negative mood along with low energy, poor concentration, loss of interests, memory disturbances, low self-esteem, guilt feelings, hypochondriac preoccupation, sleep and appetite disturbances and hopelessness are the most common symptoms that leads to depression among cancer patients (Purohit Samit, 2010).

Patients with the breast cancer differ significantly in time of deterioration despite the fact that character of tumours was similar at admittance of breast cancer. These differences in time of deterioration has led to the thought that determinants of breast cancer survival are much broader then assumed by medical framework. A outsized body of research has been dedicated to comprehend the role of psychosocial factors in determination of clinical outcomes of breast cancer. Research evidences showed that psychological morbidity like helpless/hopelessness , hostility and guilt , chronic stress , extroversion and cognitive disturbance , lack of joy and negative mood , stressful life events , lack of perceived social support , obsessive compulsive symptoms adjustment problems , are experienced by the patients (Kiran, 2013) .

Although depression is more familiar among people with cancer, it should not be considered a usual part of living with cancer. Depression lowers a person's quality of life, deterioration the emotional and physical strength often required to experience cancer

treatment. It may also meddle with a person aptitude to make choices about cancer treatments. Identifying and then managing depression are important parts of coping with cancer (Oncology, 2014).

From the research done by Kiran (2013), she stated and found that depression and anxiety was found from the early stage of cancer. Women with well benign tumour reported to have a slump but it was slightly low. In addition, depression was found in patients who were in process of receiving chemotherapy as well as those who completed their chemotherapy. This indicate that the characteristic of the disease give impact to on level of the depression. Patients with breast cancer and low quality of life also showed depression symptom in early stage of breast cancer.

Table 1

Methods and Outcomes of Studies Examining Prevalence of Depression and Anxiety in Patients with Breast Cancer

Reference	Study site	Type of study	Study population	Psychological factor	Measure	Results
Schou et al. [44]	Norway, Europe	Longitudinal study	165 women newly diagnosed with breast cancer	Depression Anxiety	Hospital Anxiety and Depression Scale	12% depression at diagnosis and 9% after 1 year, 34% anxiety at diagnosis and 26% after 1 year
Kissane et al. [38]	Australia	Cross sectional comparative study	Overall 503 women with breast cancer (303 with early breast cancer and 200 with advanced breast cancer)	Depression	Structured Clinical interview for Depression	9.6% depression in early stage breast cancer, 6.5% in advanced stage breast cancer
Love et al. [42]	Australia	Descriptive Cross sectional study	227 women with stage IV breast cancer	Depression	Structured Clinical interview for Depression	32% depression
Badger et al. [33]	USA	Longitudinal study	169 women with breast cancer	Depression	Side Effect Checklist-Depression Burden scale	27.2% depression
Burgess et al. [30]	London, UK	Observational cohort study	222 women with early breast cancer	Depression, anxiety or both	Structured Clinical interview for Depression Structured Clinical interview for Anxiety	33% at time of diagnosis 24% at 3 months after diagnosis
Rodgers et al. [62]	England, UK	Descriptive Cross sectional study	110 patients with breast cancer at 6 months post-chemotherapy	Depression Anxiety	Hospital anxiety and depression scale	10% depression, 46.4% anxiety
Ell et al. [57]	USA	Descriptive Cross sectional study	472 women with stage 0-III breast cancer	Depression	Patient Health Questionnaire-9 (PHQ-9)	30% depression
Yen et al. [65]	Taiwan (Republic of china)	Cross sectional comparative study	Overall 97 patients with breast cancer (73 having malignant tumor and 24 having benign tumor) receiving active therapy	Depression	Center for Epidemiological Studies-Depression scale (CES-D)	38.4% depression in malignant group, 20.8% depression in benign group
Lueboonthavatchai [43]	Thailand	Descriptive Cross sectional study	300 women with breast cancer	Depression Anxiety	Hospital anxiety and depression scale	9% depression (16.7% depressive symptoms), 16% anxiety (19% anxiety symptoms)
Yan-li et al. [63]	China	Correlational study	124 breast cancer patients at first postoperative stage	Depression	Self-rating depression scale (SDS)	59.7% depression at postoperative stage

From Table 1, the result show from the past study done by Kiran (2013), women in develop country and most leading country having depression and anxiety toward their breast cancer. Women who stay in leading country have higher depression symptoms than women in develop country.

Depression is a gruesome disabling syndrome that affects approximately 15% to 25% of cancer patients. Depression is believed to affect both men and women. Persons who face a diagnosis of cancer will experience varying levels of stress and emotional upset. Depression in patients with cancer not only affects the patients themselves but also has a major negative impact on their families. The patients usually distress with the fact of themselves having cancer and cannot cooperate with others that want to help them because of ego and thought that they becomes a burdens to others especially for loves one. In addition, the patients also cannot endure about lose some activities that they need to forget because of cancer and leads them to become stress and cannot control from whining and crying.

A survey in England of women with breast cancer showed that among several factors, depression was the strongest predictor of emotional and behavioural problems in their children. Fear of death, disruption of life plans, changes in body image and self-esteem, changes in social role and lifestyle, and financial and legal concerns are significant issues in the life of any person with cancer, yet serious depression or anxiety is not experienced by everyone who is diagnosed with cancer (Institute, 2014).

The first year after diagnosis of breast cancer may be when patients are at highest risk for depression. The effect of chemotherapy on fertility, sexuality and menopause –associated health problems also lead to higher levels of distress and depression (Jesse Fann, 2007). Depression has significantly effect and given side effect as well as multiply the burden of tiredness, fatigue and anxiety in women in breast cancer. Past research by Jesse Fann (2007)

also state that patients with breast cancer and diagnosed with depression that untreated also give significance problems to their family where depression leads to caregiver and family members burden and stress at level similar that caused by patients. There is theory that related to the study about depression among breast cancer patients. The theory below will discuss about past research that use same theory in the previous research.

Social Cognitive Theory

Bandura (1977) stated that social cognitive theory identifies human behaviour as an interaction of personal factors, behaviour and the environment. Social cognitive theory holds that behaviour is determined by expectancies and incentives.

Expectancies

For heuristic purposes, expectancies may be divided into three types:

- I. Expectancies about environment cue (beliefs about how events are connected or about what leads to what. In this case how breast cancer leads to depression).
- II. Expectancies about the consequences of one's own action which means that opinion about how individual behaviour is likely to influence outcomes. For instance, how these breast cancer patient reduce the depression.
- III. Expectancies about one's own competence to perform the behaviour needed to influence outcomes for instance efficacy expectation.

Past study about Depression among Breast Cancer Patients using Social Cognitive Theory

In a study conducted by Purohit Samit, Kumar Pankaj and M.S Bhatia (2010) on depression in cancer patients, social cognitive theory has been applied. It provides a frame for understanding, predicting and varying human behaviour. First, is the **interaction between**

the person and behaviour involves the influences of a person thoughts and action (expectancies about the consequences of one's own action). Secondly, the **interaction between the person and the environment** (expectancies about environment cues) involves human beliefs and cognitive competencies that are developed and modified by social influences and structure within the environment. The third interaction is between the **environment and behaviour**, (expectancies about one's own competence) involves the person behaviour formative the aspect of his or her environment.

To sum up, the three factors- environment, people and behaviour are constantly influenced one another. The application of this theory involves understanding the interrelationships between personal factor (e.g. cognitive, affective and biological events) and the external environment. The social cognitive theory is relevant to health communication since it deals with cognitive, emotional aspect and aspect for behaviour for understanding behavioural change.

Cognitive Model of Depression

At the time when Beck (1963) began to formulate the theory, psycho analytically oriented psychotherapy was the predominant treatment approach. However, when Beck (1963) attempted to study depression from the perspective, he noted that stereotypical patterns of distrustful and self critical thinking and distorted information processing were crucial characteristic of depression which finally leads to development of a cognitive model of depression.

The negative Cognitive Triad; the primary feature of depression

Beck's most central assumption is that depression is principally a cognitive disorder divided by three negative. First, self relevant beliefs that is a **negative view of the self**. This can be seen when a depressed person tend to believe they are defective, deficient and worthless. Secondly, **a negative view of the world**; when depressed, people are dissatisfied