APPLICATION OF COGNITIVE THERAPY AND THOUGHT STOPPING THERAPY IN CLIENTS WITH DEPRESSION:
SYSTEMATIC REVIEW

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Keyword: CT, TS, Cognitive Therapy, Thought Stopping Therapy, Depression

Abstract: Cognitive therapy is based on the cognitive model of emotion and one’s behavior is influenced by the individual’s perception of an event (Beck, 1995). Thought stopping therapy is one type of psychotherapy that emphasizes and enhances thinking ability. It also shows that each individual can have a different sense of being and have different ways of interpretation as well. Differences in perspective or interpretation are based on differences in core beliefs, a fundamental view of one’s belief / belief, which is global, rigid and overgeneral (Beck, J.S, 1995). Core beliefs will continue to influence intermediate beliefs (attitudes, rules / expectations, assumptions) will then generate a mind / image / shadow or a real word there is a person's mind called auto mind. Depression is a common mental health problem especially in the setting of primary care services, which until now remains a challenge for the health world to continue doing research. Depression is also a considerable contribution can be considered as The Global Burden of Disease, and according to WHO depression will be the most important disease by 2030. From literature studies conducted, found 15 articles that discuss about Cognitive Therapy and Thought Stopping Therapy in clients with depression. There are 12 articles that discuss about Cognitive Therapy given to clients with depression and provide a significant effect that can reduce depression. There are 3 articles that explain about Thought Stopping Therapy is given to clients with depression that can reduce depression in the client. The results of all these therapies were found to be effective for lowering depression scores. Therefore, research on depression therapy with a methodological approach is needed to generalize in all depression groups.

1 BACKGROUND

Cognitive therapy is based on the cognitive model of emotion and one’s behavior is influenced by the individual’s perception of an event (Beck, 1995). Something that the individual feels will relate to how he or she interprets and thinks about the event. The statement indicates that it is not an event that shapes a person's feelings, but how he or she thinks of events. It also shows that each individual can have a different sense of being and have different ways of interpretation as well. Differences in perspective or interpretation are based on differences in core beliefs, a fundamental view of one's belief / belief, which is global, rigid and overgeneral (Beck, J.S, 1995). Core beliefs will continue to influence intermediate beliefs (attitudes, rules / expectations, assumptions) will then generate a mind / image / shadow or words that there is a real thought someone called auto mind. The process will result in different ways of thinking, feeling / emotion and behavior in each individual against the perceived stimulus. The above reviews show different responses.

Townsend (2009) states that cognitive therapy is one type of psychotherapy based on pathological mental processes so that the focus of treatment is the modification of distortion of mind and maladaptive behavior. Cognitive therapy is a process of identifying or recognizing negative and destructive thoughts that can lead to low self-esteem and persistent depression (Boyd & Nihart, 1998). Understanding above implies that cognitive therapy is a therapy that focuses on changing the way thinking or perception of the client so that negative thoughts can be transformed into positive thoughts. If the client has positive thoughts then the
client is expected to be more adaptive in overcoming every event that happened. It also means that negative feelings or emotions and negative behaviors due to anxiety and depression due to cancer can be slowly eliminated to be replaced with positive thoughts and behaviors.

Thought Stopping Therapy was developed by Joseph Wolpe in 1990 (Townsend, 2009) which emphasizes. That mind control is essential for healthy mental development. A disturbing and anxious mind can result in a person being unproductive and experiencing psychological discomfort. The mind that causes this anxiety can eventually result in a maladaptive behavior. The condition shows that the focus of therapy is to control negative thoughts so as to reduce discomfort and anxiety.

Thought stopping therapy is one type of psychotherapy that emphasizes and enhances thinking ability. This therapy is part of behavioral therapy that can be used to help clients change the thinking process (Videbeck, 2008). Laraia (2009) explains that mind cessation therapy as a process of stopping disturbing thoughts. Cessation therapy is a technique used to minimize distress due to unwanted thoughts (O’Neill & Whittal, 2002). It was concluded that mind cessation therapy is a trained way to stop harassing or undesirable thoughts.

Depression is a common mental health problem, especially in the setting of primary care services, which remains to be a challenge for the health world to continue doing research. Depression is also a considerable contribution to consider as The Global Burden of Disease, and according to WHO depression will be a disease most importantly in 2030. The prevalence of depression depends on the method and diagnostic criteria used at the time of the study. In the United States in 2012 as many as 6.9% of the age of 18 years or older (approximately 16 million people) suffered at least one episode of depression in one year. (SAMHSA, 2013 in Townsend, 2015). During their lifetime, about 21% of women and 13% of men will experience clinical depression. This is what some researchers call depression as “The Common cold of psychiatric disorders ”And the current generation as the “age of melancholia ”(Townsend, 2015) .In Indonesia based Basic Health Research Results (Risksesdas) in 2013 that the prevalence of emotional mental disorders such as depression and anxiety by 6% (about 14 million) for the age of 15 years and over. (Center for Public Communication Secretariat General Ministry of Health, 2014).

Many studies have been done that are related to depression problems, both about the causal factors, the relationship of depression with other health problems, depression with genetics, depression in some groups in the community and therapies to reduce the occurrence of depression. Therefore to see in detail about the problem of depression including risk factors, depression in various communities, as well as any therapy that has ever been done, so we try to approach with systematic review. The purpose of this systematic review approach is: 1) to identify risk factors and causes of depression in various groups in the community, 2) to examine the relationship of depression with other health problems, and 3) to review the therapies that have been done.

In the theory of depression explained that a person is said to be depressed when physical activity decreases, thinking very slowly and followed by mood swings. A depressed person has a negative thinking about himself, of the future, and their memory becomes weak, and difficulty in making decisions.

According to Suryanatha Chandra (2002: 8), depression is a form of mood disorder that affects a person's personality. Depression is also a synonymous feeling with feelings of sadness, moodiness, resentment, unhappiness and suffering. Individuals generally use the term depression to refer to a state or atmosphere that involves sadness, resentment, lack of self-worth, and lack of energy. Individuals who suffer from depression have decreased physical activity, thought very slowly, decreased self-esteem, lost enthusiasm and interest, extreme tiredness, insomnia, or physical disorders such as headaches, indigestion, chest tightness, suicidal desire (John & James, 1990: 2).

In this systematic review aims to determine the effect and benefits of Cognitive Therapy and Thought Stopping Therapy against depression levels.

2 METHOD

The first step in writing this systematic review is to formulate the PICOT Framework. The population is patients who experience anxiety and depression. The intervention is that all clients who are depressed by using Cognitive Therapy and Thought Stopping Therapy, the comparison is another type of therapy used to reduce anxiety and depression and outcomes are the effects of Cognitive Therapy and Thought Stopping Therapy on clients with depression. So it can be formulated in the research question is, how the influence of Cognitive Therapy and Thought Stopping Therapy dihelahap depression level?

Next is the search for scientific articles. The article search is done using Ebsco electronic database, science direct, google scholar, and Proquest. The search of this article is limited to English and Bahasa Indonesia articles published from 2005 to 2017. Searches are conducted from September to December 2017. The keyword
combinations used in article search are: CT, TS, Cognitive Terapy, Thought Stopping Therapy, Depression.

However, at the time of selection of inclusion and exclusion criteria is determined before the start of literature search. The inclusion criteria are: (a) the main research articles that deal with Cognitive Terapy and Thought Stopping Therapy on clients with depression (b) articles that are abstract and full text. The exclusion criteria are (a) articles that are not in English and Indonesian (b) articles that do not contain abstracts. The article chosen by the researcher is first by reviewing the search keyword in accordance with the search on the electronic data base, then determine whether the inclusion criteria is reached, followed by a review of the full version text.

3 RESULTS

From literature studies conducted, found 15 articles that discuss about Cognitive Terapy and Thought Stopping Therapy in clients with depression. There are 12 articles that discuss about Cognitive Terapy given to clients with depression and provide a significant effect that can reduce depression. There are 3 articles that explain about Thought Stopping Therapy is given to clients with depression that can reduce depression in the client. Thus, the second terpi can reduce the depression on the client.

4 DISCUSSION

Townsend (2009) states that cognitive therapy is one type of psychotherapy based on pathological mental processes so that the focus of treatment is the modification of distortion of mind and maladaptive behavior. Cognitive therapy is a process of identifying or recognizing negative and destructive thoughts that can lead to low self-esteem and persistent depression (Boyd & Nihart, 1998). Understanding above implies that cognitive therapy is a therapy that focuses on changing the way thinking or perception of the client so that negative thoughts can be transformed into positive thoughts. If the client has positive thoughts then the client is expected to be more adaptive in overcoming every event that happened.

Thought Stopping Therapy stopping is one type of psychotherapy that emphasizes and enhances thinking ability. This therapy is part of behavioral behavior therapy that can be used to help clients change the thinking process (Videbeck, 2008). Laraia (2009) explains that mind cessation therapy as a process of stopping disturbing thoughts.

Depression is a part of mood disorder, namely mood swings / mood swings that result in changes in performing tasks and roles that should be done (Stuart, 2009). Mood refers to a pleasant psychological feeling, on the contrary that may increase or decrease. When experiencing something less Improved mood usually occurs when a person experiences, something pleasant can lead to feelings of “down” or depression (Nevin, Rathus & Greene, 2008). Mood changes to maintain a balance of feelings and a person's response to the events experienced. Townsend (2009) defines depression as a mood change (natural feeling) expressed in feelings of sadness, despair and pessimism. According to DSM IV-TR, depression can be classified as major depression disorder and dysthmic disorder.

In the use of Cognitive Terapy and Thought Stopping Therapy give a significant impact on the 15 articles so it is in need of this therapy to deal with clients with depression disorder. This therapy can also be given in all age groups to address the problem of client depression. This therapy provides an indication for use in dealing with client depression. But from several studies illustrate that the need for continuous research. Where is the permasalhan that is in the sampling that may still be in the category of less and the time required so that the need for continuous research and can provide more valid results.

5 CONCLUSIONS

Although there has been a lot of research about depression but has not yet answered the problem of increasing depression in society. As for therapy on depression is still around Cognitive Terapy and Thought Stopping Therapy. The results of all these therapies were found to be effective for lowering depression scores. Therefore, research on depression therapy with a methodological approach is needed to generalize in all depression groups.

From all the above articles reviewed show that Cognitive Terapy and Thought Stopping Therapy greatly provide a significant impact to reduce the problem of client depression. However there are some articles that recommend to do research again.

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<th>Research purposes</th>
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<tr>
<td>Jeffrey R, 2017</td>
<td>Initial Steps to inform selection of continuation kognitif terapi or Fluoxetine for higher risk</td>
<td>Acute-phase cognitive therapy responders (A-CT) for major depressive disorder (MDD) often recur or</td>
<td>On the patient's pre-survival characteristics resulted in the reduction of relapse or absolute recurrence Risk by</td>
<td>A-CT risk responders can reduce the risk of relapse of MDD and recurrence substantially.</td>
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Jürgen Hoyer, 2017

**Title:** Manualized kognitiv terapi versus cognitive-behavioral treatementas-Usual for social anxiety disorder in routine practice: A clusterrandomized Controlled trial

**Research purposes:** This study tested the effectiveness of manualized cognitive therapy (mCT) after Clark-Wells approach versus cognitive-behavioral-non-manualized-as usual (CBTAU) treatment for social Anxiety disorder (SAD) in a routine exercise

**Results measurement:** Patients in both groups showed significant decrease in SAD severity after treatment (d ¼ 1.91 [MCT] and d ¼ 1.80 [CBTAU], group effect size, intent to treat analysis, LSAS observer ratings).

**Conclusion:** The current trial confirms the high effectiveness of CBTAU and mCT for SAD when practicable

Lotte H.J.M, 2017

**Title:** Exploring mechanisms of change in cognitif terapi and Interpersonal psychotherapy for adult depression

**Research purposes:** This study explores the temporal relationship between changes in the five causal mechanisms of the candidate. And changes in depressive symptoms in random comparison of individualized Cognitive Therapy (CT) and Interpersonal Psychotherapy (IPT) for adult depression.

**Results measurement:** Patient shows Improvements on all sizes. There is no differential effect on the pre-post-treatment changes observed between the two conditions, however, changes in interpersonal functions occur more rapidly in IPT. There is little empirical support for theoretical change models in CT and IPT.

**Conclusion:** Further research should pay particular attention to the timing of assessment and variance in the patient

Emma Warnock-Parkes, 2017

**Title:** Seeing Is Believing: Using Video Feedback in kognitif terapi for Social Anxiety Disorder

**Research purposes:** A more realistic impression of how they look to others, and this is associated with a significant increase in social anxiety

**Results measurement:** Ninety-eight percent of patients Shows that they find something better than they expect after seeing their social interaction video

**Conclusion:** Video feedback Strategies have evolved to help SAD patients cope with a range of possible processing biases

Jane Harley, 2014

**Title:** Bridging the Gap between kognitif terapi and Acceptance and Commitment Therapy (ACT)

**Research purposes:** This discussion paper will briefly review the similarities and differences

**Results measurement:** Cognitive Therapy and Acceptance and Commitment Therapy (ACT) which has been described as part of the ‘third wave’ Or ‘third generation’ from cognitive behavioral therapy. Current views on theoretical and technical similarities

**Conclusion:** Cognitive Therapy and Acceptance and Commitment Therapy (ACT) which has been described as part of the ‘third wave’ Or ‘third generation’ from cognitive behavioral therapy. Current views on theoretical and technical similarities

Abby D. Adler, 2015

**Title:** What Changes in kognitif terapi for Depression? An Examination of kognitif terapi Skills and Maladaptive Beliefs

**Research purposes:** This study examines the cognitive and fundamental abilities Maladaptive beliefs among patients treated with cognition Therapy (CT) for depression

**Results measurement:** Results show That the degree of decreased symptoms between patients

**Conclusion:** That the degree of decreased symptoms between patients Participate in CT is related to changes in patients. The acquisition of coping skills requires deliberate effort and Reflective thinking, but not related to depletion

Nicholas R. Forand, 2016

**Title:** Positive extreme responding after kognitif terapi for depression: Correlates and potential mechanisms

**Research purposes:** It has been associated with recurrent depression after cognitive therapy (CT)

**Results measurement:** The results show two potential mechanisms connecting PER for relapse: cognitive limitations and coping deficits / cognitive avoidance

**Conclusion:** The results show two potential mechanisms connecting PER for relapse: cognitive limitations and coping deficits /
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<tr>
<td>Nik Rosila Nik Yaacob, 2013</td>
<td>kognitif terapi Approach From Islamic Psycho-Spiritual Conception</td>
<td>The purpose of this paper is to highlight the cognitive therapy approach of psycho-spiritual conception of Islam.</td>
<td>Cognitive therapy is about how an individual thinks, processes and evaluates such problems in a way that can help him calm down and reduce his inner tension.</td>
<td>In conclusion, cognitive therapy is about how individuals think, process and Evaluate such a problem in a way that can help it calm down and reduce the inner tension.</td>
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<tr>
<td>Gerard E. Brudera, 2017</td>
<td>A Quick Behavioral Dichotic Word Test Is Prognostic For Clinical Response To kognitif terapi For Depression: A Replication Study</td>
<td>to see if someone will benefit from cognitive therapy (CT) for depression.</td>
<td>The right ear patient has an advantage Greater than average for healthy control has an 81% response rate to CT, whereas those with a lower performance than mean for control have a 46% response rate.</td>
<td>The dominance of strong left hemisphere languages, may be better at utilizing cognitive processes and left critical frontotemporal areas for the success of CT for depression</td>
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<td>Karim Babayi Nadinloyi, 2013</td>
<td>Efficacy Of kognitif terapi In The Treatment Of Test Anxiety</td>
<td>This study examines the efficacy of cognitive therapy in Reducing test anxiety.</td>
<td>Analysis of one-way variance shows significant differences between the experimental group and the control group in Indonesia. The anxiety test variable The Tuky test shows that cognitive therapy is effective in reducing test anxiety.</td>
<td>Demonstrate that cognitive therapy is more effective in reducing test anxiety in introverted students</td>
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<td>Johs D., 1977</td>
<td>Effect Of Thought-Stopping On Thoughts, Mood And Corrugator Emg In Depressed Patients*</td>
<td>The immediate effect of thought-stopping is applied to the thinking of depression</td>
<td>The result increases the likelihood that Stopping the mind may be slightly different in reducing the frequency of the unwanted mind.</td>
<td>EMG Corrugators are significantly associated with spontaneous depressive frequencies</td>
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<td>Makram Samaan, 1975</td>
<td>Thought-Stopping And Flooding In A Case Of Hallucinations, Obsessions, And Homicidalsuicidal Behavior</td>
<td>Thought stop is used to overcome hearing and visual hallucinations; And floods to quell thoughts that produce chronic fear, depressive behavior</td>
<td>Finally there is mutual reinforcement training to reciprocally establish family interpersonal relationships</td>
<td>Follow-up for 20 months did not show any relapse.</td>
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<td>Ann Hackmann And Carole Mclean</td>
<td>A Comparison Of Flooding And Thought Stopping In The Treatment Of Obsessional Neurosis</td>
<td>thinking stopped over in obsessive patients Neurosis, in cross-over design.</td>
<td>A valuable clinical finding is that considerable improvements occur after only eight outpatient sessions</td>
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Prof. Dr. Musthafa Fahmi, *Kesehatan jiwa dalam keluarga, sekolah dan masyarakat, jilid II*, (Jakarta: Bulan Bintang), 29
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