

EFFECTIVENESS OF DIGNITY THERAPY IN REDUCING PSYCHOLOGICAL DISTRESS AMONG MENTALLY ILL PATIENTS ATTENDING LAUTECH TEACHING HOSPITAL IN OGBOMOSO

¹OYEDEMI, ADEJOKE DEBORAH, ²PROFESSOR AJIBADE B.L AND ³OIGENE SUNDAY MICHAEL,

¹LAUTECH Health Center Ogbomosho, Oyo State, Nigeria. ²Department of Mental Health and Psychiatric Nursing, Ladoke Akintola University of Technology Ogbomosho Oyo State, Nigeria. ³Department of Medical service, Federal Polytechnic Kaura-Namoda, Zamfara State, Nigeria.

Abstract

Psychological distress, which includes symptoms of anxiety, depression, and emotional suffering, is a prevalent concern among individuals with mental illnesses globally. This quasi-experimental study employed a pretest-posttest design with a sample of 60 participants diagnosed with mental illnesses, divided equally into experimental and control groups. The experimental group received dignity therapy, which involved structured conversations to help participants reflect on their lives, values, and achievements. The control group continued to receive standard psychiatric care. Psychological distress was measured before and after the intervention using validated tools: The Patient Health Questionnaire-9 (PHQ-9) for depression and

Introduction

Dignity therapy is an intervention focused on affirming an individual's sense of value and dignity, has shown promise in improving psychological well-being, especially in alleviating the stigma surrounding mental health conditions (Chochinov *et al.*, 2016; Hall *et al.*, 2020). Psychological distress in the context of mental illness refers to a range of emotional and psychological responses, such as anxiety, depression, and overwhelming feelings of helplessness, often associated with psychiatric disorders. These conditions significantly impact an individual's

the Generalized Anxiety Disorder-7 (GAD-7) for anxiety. Data analysis utilized paired t-tests and independent t-tests to assess changes in distress levels. The findings revealed a significant reduction in psychological distress among participants in the experimental group. Depression levels decreased substantially, with the mean PHQ-9 score reducing from 16.4 (SD = 3.2) pre-intervention to 8.5 (SD = 2.8) post-intervention ($t=5.67$, $p<0.001$, $t=5.67$, $p<0.001$). Anxiety symptoms also showed marked improvement, as indicated by a reduction in the mean GAD-7 score from 15.2 (SD = 3.5) to 9.0 (SD = 3.0) ($t=4.89$, $p<0.001$, $t=4.89$, $p<0.001$). In contrast, the control group showed minimal changes, with no statistically significant differences observed in their pre- and post-intervention scores. These results underscore the potential of dignity therapy as an effective tool for alleviating psychological distress and enhancing emotional well-being. This study highlights the relevance of dignity therapy in addressing the dual challenges of mental illness and societal stigma in resource-limited settings, by affirming patients' dignity and addressing existential concerns, dignity therapy provided a therapeutic framework that not only reduced distress but also empowered patients to engage more fully with their care. The findings have important implications for nursing practice, suggesting that dignity therapy can complement traditional psychiatric treatments, particularly in environments where stigma poses a significant barrier to care.

Key words: distress, anxiety, nursing, therapy

emotional well-being, behavior, and overall quality of life. The term psychological distress is commonly used to describe the discomfort or suffering individuals experience when they face mental health challenges, and it is a key determinant of the severity of mental illness (Henderson *et al.*, 2020).

The stigma associated with mental illness is a deeply rooted societal issue that compounds the challenges faced by those with mental health conditions. Stigmatization can manifest in both internal and external forms, leading to both social exclusion and negative self-perception (Corrigan and Watson, 2022). Internalized stigma is particularly harmful, as individuals begin to internalize society's negative stereotypes about mental illness, often leading to a diminished sense of self-worth and an aversion to seeking help (Mak *et al.*, 2019).

Dignity therapy, a therapeutic intervention designed to alleviate psychological distress, was developed to help individuals maintain a sense of dignity,

particularly at the end of life. It involves a series of guided conversations where patients reflect on their lives, achievements, values, and relationships, which has been shown to reduce psychological distress and promote emotional well-being (Hall *et al.*, 2020). The theory behind dignity therapy is that enhancing an individual's sense of dignity can promote psychological comfort, foster self-acceptance, and mitigate the harmful effects of stigma.

In the African context, mental health care faces unique challenges. The stigma surrounding mental illness is often amplified by cultural beliefs, societal attitudes, and limited access to appropriate care (Sorsdahl *et al.*, 2020). Mental health professionals in Sub-Saharan Africa frequently encounter barriers such as inadequate resources, understaffed facilities, and a lack of trained experts, all of which hinder the effective management of psychological distress (Adeniyi *et al.*, 2019). In this context, dignity therapy offers a promising avenue to reduce stigma and improve the psychological well-being of mentally ill patients. A growing body of research supports the effectiveness of dignity therapy in alleviating psychological distress and enhancing mental health outcomes across various patient populations. Initial studies on dignity therapy focused on terminally ill patients, showing its ability to reduce distress and improve psychological well-being. More recently, the application of dignity therapy has expanded to individuals with severe mental illness, where it has shown promise in reducing internalized stigma, enhancing self-esteem, and improving adherence to treatment (Hall *et al.*, 2020).

In sub-Saharan Africa, mental health systems continue to face considerable challenges, including underfunding and a shortage of trained professionals. Despite these barriers, the need for effective mental health interventions has never been clearer. In Nigeria, psychological distress is a growing concern, with increasing rates of anxiety, depression, and other mental health disorders. A 2019 study highlighted that a significant portion of Nigerians with mental health issues do not receive adequate treatment due to stigma, lack of mental health infrastructure, and financial constraints (Adebayo and Durojaiye, 2019). The aim of this study is to evaluate the psychological distress of mentally ill patients attending LAUTECH Teaching Hospital Ogbomoso post-intervention.

Materials and Methods

Method of Data Collection

Day 1

Data was collected at two points: pre-intervention (baseline) the two groups were given introductory i.e., control and experimental groups were introductive lecture.

Both groups were given questionnaire to fill out.

Day two

Experimental group were exposed to dignity therapy which was conducted by trained therapists in one-on-one sessions, each lasting approximately 45 minutes. The intervention focused on validating patients' lives, exploring their life stories, values, and accomplishments.

Counseling sessions had with the patients on past experiences

Day three

Post-intervention

Participants in both the experimental and control groups completed the PHQ-9 and GAD-7 assessments to assess their psychological distress levels.

Research Setting

The study was conducted at LAUTECH Teaching Hospital (LTH), located in Ogbomoso, Nigeria. LAUTECH Teaching Hospital is a tertiary healthcare facility with a large number of patients diagnosed with mental health disorders. It provides both inpatient and outpatient services for psychiatric care, making it an ideal setting for the study. The hospital's psychiatric department is equipped to handle conditions like depression, schizophrenia, and anxiety, and thus provides the necessary infrastructure for the study's implementation.

Research Design.

The study used a quasi-experimental two groups design to assess the effects of dignity therapy on psychological distress in mentally ill patients. A quasi-experimental design was selected because it allows for intervention evaluation in real-world clinical settings without requiring random assignment to groups. The design involved a pretest-posttest approach, where psychological distress was measured before and after the intervention. The experimental group received dignity therapy, while the control group received the standard treatment. This design allowed for comparing the effects of the intervention between the two groups.

Ethical Considerations

The study adhered to ethical guidelines for research involving human participants. Ethical approval was obtained from the institutional review board

at LAUTECH Teaching Hospital. Informed consent was obtained from all participants, ensuring they were fully informed about the study's purpose, procedures, and the voluntary nature of participation. Participants were assured of their confidentiality, and data was anonymised before analysis. Ethical practices were observed throughout the study to ensure the safety and well-being of participants, in line with international ethical standards for clinical research.

Data Analysis and Management

Data analysis was carried out using both descriptive and inferential statistics. Descriptive statistics were used to summarize demographic characteristics and baseline psychological distress scores. Paired sample t-tests were employed to examine the pre- and post-intervention differences within each group, while independent t-tests were used to compare the changes in distress between the experimental and control groups. Data were analyzed using SPSS Version 25, and any missing data were handled using imputation techniques to minimize bias.

Psychometric Properties of the Instrument

The PHQ-9 and GAD-7 were chosen for their excellent psychometric properties. The PHQ-9 has shown high internal consistency (Cronbach's alpha = 0.89) and validity in measuring depressive symptoms (Kroenke *et al.*, 2001). Similarly, the GAD-7 has demonstrated strong internal consistency (Cronbach's alpha = 0.92), along with excellent sensitivity (89%) and specificity (82%) in detecting generalized anxiety disorder. The dignity therapy protocol, although not a traditional psychometric instrument, was grounded in evidence-based principles and shown to reduce psychological distress in previous studies (Chochinov *et al.*, 2005).

Validity of the Instrument

Both the PHQ-9 and GAD-7 have been extensively validated for use in mental health settings. These instruments have demonstrated strong construct validity in measuring psychological distress across various populations. The dignity therapy protocol has also been validated through clinical trials, showing its efficacy in reducing distress and enhancing self-esteem among patients in palliative care and mental health settings (Hall *et al.*, 2020).

Results and Discussion

Table 1: Effect of Dignity Therapy Protocol on Respondents level of Psychological Distress

	PRE-INTERVENTION					POST -INTERVENTION				
	Not at All (0)	Several Days (1)	More than Half the Days (2)	Nearly Every Day (3)	SIG	Not at All (0)	Several Days (1)	More than Half the Days (2)	Nearly Every Day (3)	SIG
1. Little interest or pleasure in doing things.	11.9%	40.9%	0%	52.4%	Sig	3%	20%	41%	16%	Not sig
2. Feeling down, depressed, or hopeless.	14.3%	10.2%	40.1%	42.9%	Sig	8%	31.2%	10%	26%	Not sig
3. Trouble falling or staying asleep, or sleeping too much.	278.7%	359.1%	12.9%	0%	Not Sig	37%	18%	10%	35%	Not sig
4. Feeling tired or having little energy.	38.7%	52%	5.5%	33.8%	Not Sig	40%	13%	25	22%	Not sig
5. Poor appetite or overeating.	67.5%	28.5%	7.5%	16.5%	Not Sig	20 52.5%	16%	8.5%	23%	Not sig
6. Feeling bad about yourself—or that you are a failure.	42%	13%	49%	36%	Not Sig	63%	24%	8%	5%	Not sig
7. Trouble concentrating on things, such as reading or TV.	55.1%	11%	21.5%	12.3%	Not Sig	32.3%	41%	8.1%	10.5%	Not sig
8. Moving or speaking so slowly that others noticed.	59%	11%	16%	14%	Not Sig	40%	23%	31.5%	4.7%	Not sig
9. Thoughts that you would be better off dead, or self-harm.	23%	20%	41%	16%	Sig	59%	26%	12%	3%	Not sig
	40%	19.5%	17%	25%		38.8	23.5	17.1%	16.1%	
	59.5%	42%		62.3%	33.2%					

Table 2: The Effect of Dignity Therapy Protocol on Respondents Level of Anxiety

	PRE-INTERVENT					POST -INTERVENTION				
	Not at All (0)	Several Days (1)	More than Half the Days (2)	Nearly Every Day (3)	SIG	Not at All (0)	Several Days (1)	More than Half the Days (2)	Nearly Every Day (3)	SIG
1. Feeling nervous, anxious, or on edge.	14%	8%	10%	25 68%	Sig	10%	41%	9.7%	32.3%	Not sig
2. Not being able to stop or control worrying.	23%	32%	34%	11%	Not Sig	41.8%	10%	10.8%	8.7%	Not sig
3. Worrying too much about different things.	26%	28.4%	42.5%	23%	Sig	81 21%	10%	15.5%	37%	Not sig
4. Trouble relaxing.	32.3%	46.7%	59.2%	11.8%	Not Sig	27%	25%	37 9.7%	26.2%	Not sig
5. Being so restless that it's hard to sit still.	32.3%	79.7%	41%	10%	Sig	25.5%	8.5%	23%	9.7%	Not sig

6. Becoming easily annoyed or irritable.	38.7%	10.3%	48.8%	32.2%	Sig	29.7%	8%	35.7%	40.4%	Sig
7. Feeling afraid as if something awful might happen.	37%	15.5%	26.2%	21%	Not Sig	6.3%	8.1%	8.9%	67%	Sig
	59.5%		42%			62.3%		33.2%		

Table 3: Level of Psychological Distress Among Mentally ill Patients Attending LAUTECH Teaching Hospital, Ogbomoso

Distress Level	Pre-Intervention (n)	Post-Intervention (n)	Total (N)	Chi-Square (X ² X ² X ²)	p-Value
Mild Distress	10	25	35	8.76	0.013
Moderate Distress	30	20	50		
Severe Distress	20	15	35		
Total (N)	30	30	60		

Table 4: Effect of Dignity Therapy on Reduction of Psychological Distress among Mentally Ill Patients Attending LAUTECH Teaching Hospital, Ogbomoso

Variable	Pre-Intervention Mean (SD)	Post-Intervention Mean (SD)	Mean Difference	t-Value	p-Value
PHQ-9 Scores (Depression)	16.4 (3.2)	8.5 (2.8)	-7.9	5.67	<0.001
GAD-7 Scores (Anxiety)	15.2 (3.5)	9.0 (3.0)	-6.2	4.89	<0.001

Identifying the Level of Psychological Distress among Mentally ill Patients Attending LTH Ogbomoso

The study identified moderate to high levels of psychological distress among mentally ill patients attending LAUTECH Teaching Hospital, particularly those diagnosed with anxiety and depression. Using standardized assessment tools like the PHQ-9 and GAD-7, the results showed that the pre-intervention scores for both anxiety and depression were considerably high. These findings are consistent with global reports that mental illness, especially depression and

anxiety, is prevalent in many parts of the world, including Nigeria, where the mental health system faces significant challenges (Gureje *et al.*, 2021). The psychological distress in the patient population at LTH may have been exacerbated by societal stigma, limited access to mental health care, and inadequate social support systems, all of which contribute to the burden of mental illness in low-resource settings. The analysis of psychological distress levels among respondents before and after the dignity therapy intervention revealed notable findings. Psychological distress was categorized into three levels: mild, moderate, and severe, based on scores obtained from validated tools such as the PHQ-9 and GAD-7. Mild distress indicated low psychological discomfort (e.g., PHQ-9 or GAD-7 scores ≤ 5), moderate distress represented intermediate levels of distress (scores between 6–10), and severe distress reflected high psychological discomfort (scores ≥ 11). These levels provided a structured understanding of the changes experienced by respondents throughout the intervention.

Before the intervention, a majority of respondents exhibited moderate (30 respondents) and severe distress (20 respondents), indicating significant psychological challenges within the study population. Mild distress was the least reported level, with only 10 respondents in this category. However, post-intervention results highlighted a marked shift in distress levels. The number of respondents with mild distress increased substantially to 25, while those in the moderate and severe categories decreased to 20 and 15, respectively. This shift suggests that dignity therapy positively impacted the psychological well-being of the participants by reducing their distress levels.

Statistical analysis further supported these findings. A chi-square test yielded a value of 8.76 with a p-value of 0.013, indicating a statistically significant reduction in psychological distress levels post-intervention ($p < 0.05$). These results confirm that the observed changes were not due to chance but were likely attributable to the dignity therapy intervention.

The study included 60 respondents who completed both the pre- and post-intervention surveys, ensuring that the data was comprehensive and free from missing values. This consistency strengthened the reliability of the results and allowed for a robust comparison of psychological distress levels before and after the intervention.

Psychological distress is shaped by a combination of personal, social, and systemic factors. These factors may include age, gender, socio-economic status,

educational background, and marital status, among others. Understanding these influences is critical for developing effective interventions, such as dignity therapy, aimed at reducing distress and improving mental health outcomes.

Evaluating the Effect of Dignity Therapy on Reduction of Psychological Distress among Mentally Ill Patients Attending LTH Ogbomoso

The study found that dignity therapy significantly reduced psychological distress among patients with mental illness. Participants who received dignity therapy showed a marked reduction in both depression and anxiety, with post-intervention scores showing significant improvements. The reduction in psychological distress was particularly notable in the experimental group, where PHQ-9 scores decreased from a mean of 16.4 pre-intervention to 8.5 post-intervention, and GAD-7 scores dropped from 15.2 to 9.0. This finding is consistent with previous studies showing that dignity therapy can significantly reduce symptoms of depression and anxiety by helping individuals reframe their life experiences, affirm their sense of self-worth, and create meaningful narratives.

Dignity therapy, by focusing on the individual's strengths, values, and life achievements, directly addresses the psychological distress caused by internalized stigma and self-perception. This therapeutic approach was effective in providing patients with a sense of purpose, emotional support, and a means to cope with the emotional burden of their mental illness. The study's results reinforce the growing body of evidence suggesting that dignity therapy is a valuable tool for enhancing psychological well-being in mental health care settings.

Conclusion

Dignity therapy has proven to be an effective intervention for reducing psychological distress in mentally ill patients, particularly by addressing the emotional and social dimensions of distress. This study provides strong evidence that dignity therapy can improve the psychological well-being of individuals in mental health care settings, even in resource-constrained environments. The results suggest that dignity therapy should be considered as a valuable tool for mental health professionals seeking to improve patient outcomes and provide holistic care; Nurses play a crucial role in the mental health care team, and incorporating dignity therapy into nursing practice can enhance the care

provided to patients with mental illness. By focusing on the patient's emotional needs and dignity, nurses can help reduce the stigma associated with mental illness, foster better therapeutic relationships, and improve patient engagement in care. Integrating dignity therapy into routine practice could be especially beneficial in low-resource settings like LAUTECH Teaching Hospital, where mental health services are often inadequate, and patients may experience heightened levels of stigma and distress.

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