

A THERAPEUTIC STUDY ON A CASE OF DEPRESSION

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IDENTIFYING INFORMATION:

Name:	ABC
Age:	25 years
Gender:	male
Qualification:	MBBS
Profession:	student
Birth order:	eldest
Number of Siblings:	two (one sisters and one brother)
Father alive/dead:	alive
Father's name:	MNO
Father's age:	50 years
Father's Education:	BDS
Father's profession:	doctor
Father's income:	65,000
Mother alive/dead:	alive
Mother's name:	XYZ
Mother's age:	45years
Mother's education:	B.A
Mother's profession:	housewife
Mother's income:	nil
Other sources of income:	pension
Married/unmarried:	unmarried
Socioeconomic Status:	upper middle class
Dependent/Independent:	dependent
Religion:	Islam
Cast:	Sunni
Name of the informant:	self
No. of admissions in hospital:	first time
Current date of admission:	30 th April, 2011
Patient was seen at:	Military hospital Rawalpindi

REASON FOR REFERRAL:

Presenting complaints:

Patient's verbatim:

Down rehta hun. Migraine hota ha jiski wja sy kuch karny ka dil nai karta. ajeeb si irritation rehti ha. I got anger even on minor things. Bhook b nai kgti. Kuch kha ln tou nausea si feelings hoti hain. Tired rehta hun aur sleeping m b problem ha.

Symptoms:

- Sadness
- Hopelessness
- Migraine
- Disturbed sleep
- Disturbed appetite
- Irritation
- aggression
- Nausea
- Fatigue

FAMILY HISTORY

The client's present family comprises of father, mother, one brother and one sister. He is the eldest among his siblings. They belong to upper middle class family. The subject's father's education is Bachelor in Dental Surgery and some other diplomas in that field. He was retired brigadier and now he has his own clinic. Father's role in the family is fair. Overall father's relationship with mother and children is fairly good. Patient's mother is very kind and good natured. She is very loving especially the subject is very much pampered by her. His younger brother has done Engineering and now doing a pretty good job and her youngest sister is studying BBA. He does care and love his siblings but he never gets back as much from them. He lives in a nuclear family system with a good furnished house with all basic facilities. His parent's marriage was arranged and within family. His sibling's attitude toward him is very caring and loving but not supportive. He was being pampered by his family so much. He is considered to be an adjusted and very brilliant child in his family. There is no financial problem in his family.

PERSONAL HISTORY:

The client is a male of 25 years of age and belongs to upper middle class family of Rawalpindi. It was reported by patient that he had a normal birth, there were no complications related to his birth and was delivered at hospital. He had no feeding problem and Patient achieved all her developmental milestones i.e. crawling, sitting, walking, and talking etc at appropriate ages. Patient's childhood was a good period. He was very pampered and over protected child. The home environment of patient is good. Except for minor temperature, flu and cough he had no any serious illness and injuries during her childhood.

At the age of adolescent he was being sexually abused by his uncle. During his education period he has many affairs with girls. When he was in the 3rd year of MBBS he fell in love with a girl of his college and she was saeed. When he talked about getting marry to her with his parents, they refused to say this that she do not belong to our cast. That was the second most critical incident of his life.

Educational History:

Patient started going to school at the age of four years. He was very brilliant and intelligent student and got positions. He did O'level from St. merry academy Rawalpindi, and F.Sc from Sir Syeed college Rawalpindi. After that he gave entry test for MBBS and came on merit list and got admission in medical college. During his education period he was very good student not only in studies but also in extracurricular activities, that's why he was the center of attention for teachers and other students. He has many friends of both male and female. But after the incident of refusal of his proposal he failed in 3rd year and also showed lack of interest in studies. Overall his attitude toward teachers and class fellows were obliging and cooperative. Teachers also considered his as a bright student. He never had a clash with any of his class mate. He was regular and punctual at his educational. He wants to become heart surgeon in future.

In his leisure time he likes to play football as he said that

"Football is my life"

He also likes to play cricket. He is the member of one musical band of his college and play guitar and drums. He goes to gym and swimming pool also in free time.

FAMILY'S MEDICAL HISTORY:

The subject's father is the patient of MI (Myocardial infection), grandmother is the patient of hypertension and Hepatitis C and grandfather is the patient of MI, diabetes mellitus and hypertension.

FAMILY'S PSYCHIATRIC HISTORY:

The patient's mother has depression and under treatment.

PATIENT'S PAST MEDICAL/PSYCHIATRIC HISTORY:

He has the history of chin injury which he got at the age of eight years. He is suffering from asthma. He has the history of depression episodes, suicide attempt, self-harm and one year dependency on Prozac. He also used to smoke cigarettes sometime.

HISTORY OF PRESENT ILLNESS:

When he was in medical college he fell in love with a saeed girl, they both loved each other and when he talked about his likeness towards her, his family annoyed and even his siblings cut off from him because of cast problem. As he was much pampered so the refusal from the side of his parents hurted him a lot and during that period he experienced first episode of depression and also attempted suicide. He took over dose of peracetamol and admitted in hospital for one week. After this incident a big communication gap came between him and his family and he thought that no one love me. To attain other's attention he often cuts himself. He also had been dependent on Prozac for one year. Though his parents and siblings started talking with him but still he feel restricted. These things disturbed his educational career very badly.

Last month when his final year result displayed, he found that he got a supply in medicine. He thought that all his friends and class mates would start house job and become doctors whereas he left behind and they will laugh at him. He catastrophize this thing which ultimately lead him toward sadness and again he is passing through the depression episode. He also becomes irritated and angry even on minor things and starts shouting even on his parents. These things contribute to his lack of sleep and appetite. He also complains migraine which is due to his tension. Now he is taking treatment at the psychiatry ward of MH under the supervision of Brig. Saleem Jahangir. He is taking Prozac 20mg and lextanils 4mg per day.

Now his condition is getting better and his symptoms are getting well gradually.

PSYCHOLOGICAL ASSESSMENT:

The entire interview's information and therapy were conducted in ten sessions. The duration of each session was thirty five minutes. The patient was both formally and informally assessed.

Informal assessment

Patient was informally assessed with the help of semi-structured interview and behavioral observations. Some notable points about the patient's appearance and behavior are stated below: The patient was a young and strong male, well dressed up. His gait was casual. Appearance wise he was fine looking, thin and of normal height. He has proper haircut and properly combed. Her nails were clean but not trimmed properly. Rapport was easily established with him. Though he maintained eye contact during the interview but he was rubbing his hands and chewing lips also sometime. The subject's speech was relevant and coherent.

A mood was low and sometime gets irritated. There were no obsessions or compulsions.

Attitude of the patient was very cooperative and openly told almost everything about him.

The immediate recall and retention of the patient was accurate and he has proper orientation of date, time, year and person. The attention and concentration of the patient was good. The judgment of the patient was adequate.

He has good insight about his problem and he has the motivation to get well. Overall the behavior of the patient during the interview was cooperative. He followed instructions very carefully and honestly does homework assignments. Both the interview and the behavioral observation revealed that the patient has low mood but he also has the strong motivation to get well.

Formal assessment

The patient was well oriented. He has good insight and orientation. His memory and ability to recall was also good as it is revealed from her Mini Mental Status Examination (MMSE) on which she scored 30 out of 30. Beck Depression Inventory (BDI) was also administered on him, on which he scored 27, which indicate moderate depression. His depression score shows that he has moderate level of depression.

PRE-MORBID PERSONALITY: Before his illness, he was able to care himself and socially warm. His stress tolerance level was normal. He was brilliant student as he always stood position in class.

He was over protected and pampered child of his family. He prayed and recited holy Quran. He was very easy going and cooperative man. He had no mood fluctuation and day dreaming history.

CASE FORMULATION

The client is a 25 years old male belongs to upper middle class family living in Rawalpindi. He is the eldest son of his parents. His father is retired officer and now has a clinic where he practiced. His mother is a house wife. He is doing MBBS and in final year. He came to the hospital himself because of his unstable condition since last month. The subject's state can be explained from following theories:

According to one *Depression theory*, Depression is often linked to 'bad' experiences. If something happens which leads to feelings of sadness, anger or hurt, it is possible that this could result in a more serious case of depression. But this doesn't mean that the situation is the 'cause' of the depression as such. The point is how we relate to an experience that we have had, not the fact that it has happened in the first place. It also does not mean that any of us are to blame for feeling depressed - it simply means that we all respond differently to life events and how we make sense of them has a knock on effect on our emotions, our behavior and on our physical well-being. As in his case he got supply which made him feel sad and worthless in front of family and friends.

Depression often triggered by stressful events (*Henn Vollmay, 2005; Paykel, 2003*). Infected researchers have found that depressed people experience a great number of stressful events during the period before the onset of their disorder. Constant physical, mental or emotional pain that goes on for a length of time also come depression. As in his case he suffered from a lot of stressful events like the refusal of his proposal, breakup with that girl and failure in examination.

Bowlby (1980) psycho dynamically studies the cause of depression and he said that people can become depressed if their parents failed to provide them stable and secure relationship. When the child grew older he overvalued his friends. In the case of him, he has restricted relationship with his parents after their refusal, as he was so much pampered in his childhood and perhaps he still wants attention from their parents but at this stage their parents cannot give as much.

TENTATIVE MULTIAXIAL DIAGNOSIS

Axis I:	296.32	Major depressive disorders, recurrent, moderate
Axis II:	V71.09	No Diagnosis
Axis III:	493.90	asthma, unspecified
Axis IV:		Problems related to primary support group (communication gap between him and family) Problems related to social environment (loss of loved one) Educational problem (supply in medicine)
Axis V:	"GAF = 65"	(current)

PROGNOSIS

His prognosis is favorable because of his younger age and his insight about the problem. Though he has the history of psychiatric illness but he also has the strong motivation to get well. His family is very helpful and cooperative. Their role is also supportive towards his treatment. He is religious and his pre morbid personality also provides evidence that he could easily cope up with the problems. Because of his insight, motivation and good education and awareness we can say that his prognosis would be favorable.

THERAPEUTIC SESSIONS

Eight sessions have been conducted with the patient, each session of 35 minutes. Detail of each session is given below.

FIRST SESSION:

The first session was held on 2nd May, 2011. The patient was received warmly and seated comfortably. He appeared to be sad and tired. The session was started with simple introduction of myself and some informal discussion. He was being asked about his mood and feelings. And concern about his betterment was shown. After appropriate rapport building, information gathering was done. He was asked about almost every aspect of his life.

His brought up, family constellation; early childhood years and some salient features of his personality were explored. His attitude towards life and his reactions and coping of different situations were also discussed. As the patient was educated and great motivation to get well so he was easily replying. The precipitating factors of his disease were established and onset and course of illness was also discussed. The insight of his illness was also explored. Patient was asked to rate his present condition from 1 to 10 point, as 1 is improved and 10 is weakest state. The patient rates himself at 9th point. Supportive therapy was provided through reassurance and empathy. At the end of the session the patient was being instructed to make himself prepare for some psychological tests, which are going to be conducted in the next session.

SECOND SESSION:

The second session was held on 4th May, 2011. The patient was seated comfortably. He was neatly dressed and has expression of familiarity in his eyes. After asking how he has been doing in last days, the remaining history taking portion was completed and through probing some critical areas of his life were explored i.e.

Therapist: apka childhood kaisy guzra?

Pat: *It was the best time, laken sirf childhood hi acha tha.*

Therapist: how....?

Pat: *tub hur koi piar karta ta, care karta tha. I was so pampered.*

Therapist: aur apka adolescent period kaisa raha?

Pat: *acha nai tha... pathetic....deep sighs and looking down ward.*

Therapist: Uhmhhh, how?

Pat: *I don't know.*

Therapist: tou ap kaisy keh saktey hain k wo period pathetic tha?

Pat: *I don't like elderly males.*

Therapist: Why?

Pat: *They use children.*

Therapist: Uhmhhh, how?

Pat: *My uncle used me.... He abused me.*

After exploring and discussing that incident I let him free for catharsis for some time and then again start asking questions which were left to know his detailed history. His psychological assessment was done by using Psychological tools i.e., Mini Mental Status Examination (MMSE) and Beck Depression Inventory (BDI). His level of depression was assessed by using BDI and was found to be moderate.

THIRD SESSION:

Third session was held on 8th May, 2011. In this session detailed history of his love affair was explored. During this several techniques of Carl roger's therapy were being used i.e. paraphrasing, summarizing, immediacy etc.

Therapist: ap mjy us larki k aur apny affair k bary m kuch btaain?

Pat: *kia btaun!!!jub m ny apny ghar m us sy shadi k liay bat ki thi, tab mery parent, mri sister and brother, everyone get annoyed. Sub ko masla tha k wo sunni kiyun nai. Tub sy ghar m kisi sy baat karny ko dil ni karta, aur usi taish m aa k I commited suicide.....bus.*

Therapist: ap ny kaha k "jub ap ny apni pasandeedgi ka izhar kiya tau apki family naraz ho gai kiyun k uski cast different thi, jiski wja sy ap ny suicide commit ki".....phir kia howa?

Pat: *phir mera aur us larki ka breakup ho gya....us ki engagement kahin aur ho gai and now she is married.*

Therapist: uhmhhhhh aur?

Pat:hmm..... (Watery eyes)

Therapist: hmmm shabaash!!!! Aur kuch btain jo ap btana chahty hain?

Pat:.... sub mery parents kiwja sy howa(Weepy)

Else than that issue, some more information were gathered regarding impact of that event on different aspects of patient's life. The patient reported that because of this problem, he is having problems in his social life, educational career, and his self-esteem and sense of security is greatly damaged. He was given emotional support and reassurance that he can fight back these negative consequences of the event. At the end of the session deep breathing was exercised by the patient, to make him feel better and relax.

FOURTH SESSION:

Fourth session was held on 10th May, 2011. The patient was received with a warm smile and was made comfortable. He appeared to be comparatively more comfortable and relax than last sessions. After asking about his wellbeing, the main event leading towards his disability was focused. The session was devoted to role playing, in which he played the role of his parents. During the session, therapist encouraged the patient to keep going on and tell about the experience. Behavioral observations of the patient were made by the therapist. After the patient ended up with role playing, he was asked to describe the feelings he had inside him while he was playing the role of parents. He did not express any positive feelings toward his parents but he admitted that communication gap was being created by him. He was asked to offer prayers regularly and recite Quran to attain internal satisfaction. He was given progressive muscular relaxation exercise to feel relax and was reassured for his improvement.

FIFTH SESSION:

Fifth session was held on 12th May, 2011. The patient was received with warmth smile and seated comfortably. He appeared to be fresh and smile is visible on his face. The patient was asked about his regularly in offering prayers. He was being appreciated over his attempts. In this session the main focus was given toward his anger and irritation. For this therapist give a chart, that was a kind of homework assignment for him. Therapist instructed him to fill this chart and bring it with him in next session (see appendices). Therapist discussed Some points to keep him cool when he feels anger or irritation. He was given deep breathing exercise and he was being told that he can do this exercise at home as well to make him feel relax. At the end he was given reassurance for his improvement.

SIXTH SESSION:

Sixth session was conducted on 18th May, 2011. The patient was received with warmth smile. Apparently he was looking better. After asking about his wellbeing and his routine, therapist asked about homework assignment. Therapist appreciated him to done this assignment and then it was being discussed with the client. Some anger management techniques were also told to the client so that whenever he gets angry he would use these techniques. He was encouraged what he is doing for his improvement and reassured for his betterment. At the end he did himself deep breathing exercise.

SEVENTH SESSION:

Seventh session was conducted on 22th May, 2011. The patient was received with a smile. In this session he started talking by himself and told about the days between sessions. He appeared to be a little anxious. After discussing this therapist relax him by exercising him progressive muscular relaxation. After doing this therapist asked about his family environment and his interaction with family members. When he was telling therapist showed empathy and encourage him by saying that it is not easy to say thing and talk openly as you are doing. The task of this session was doing work on client's cognition. And also make him realize about his cognitive errors, because these cognitive errors contributed toward the communication gap between him and his family. i.e,

T : ap ny jub ghar m rishty ki bat ki tou parents ny kiyn inkar kiya tha?

P : *because she beloned to different cast. Aur shyd wo nai chahty thy k m love marriage karun.*

T: ap ny bola “shyd wo nai chaty thy”, tou matlub uno ny khud ye nai bola? Ye apka apna point of view tha?

P : *no.....long pause...yes; uno ny nai bola tha.*

After discussing on cognitions patient was asked to do this activity at home and write his thoughts on a paper and then read them and evaluate whether they are right or wrong, if wrong then correct them. By doing this he will be able to find out his cognitive errors. At the end reassurance was given for his improvement.

EIGHTH SESSION:

This session was conducted on 26th May, 2011. The patient was received with warm smile and seated comfortably. After discussing his routine the patient was asked about the activity given to him. He picked some cognitive error on which he was being appreciated and encouraged to make them correct so that the conflict between him and his family could be resolved. In order to check his family point of view, one of his family members was called for next session. The patient was asked to keep the record of all activities and designate each mastery experience with an *M* and each pleasure experience with a *P*, the purpose of this mastery and pleasure technique is to increase their awareness of positive experiences. Supportive therapy was provided through reassurance and empathy.

NINETH SESSION:

This session was conducted on 28th May, 2011. The patient and his mother was received with warm smile and seated comfortably. After some informal discussion patient was sent outside for some time and then some questions are asked from his mother. After some time patient was called inside and then some basic things were discussed in front of them. Patient was asked to check the mastery and pleasure technique, which he did not do. In spite of this therapist reassure him and encouraged him to do this at home and bring it for the next time.

TENTH SESSION:

This session was conducted on 3rd June, 2011. The patient was attended with smile. He was looking relax and fresh. On asking about his wellbeing he smiled and asked about his better health and control over his anger. When he was asked to rate his present condition from 1 to 10 point, as 1 is improved and 10 is weakest state. The patient rates himself at 6th point. Therapist appreciated him on this great achievement. Therapist asked about his relationship with family members. He replied

“Good but not as much as I want.”

On his response therapist discussed about his beliefs and tried to modify his negative false belief. At the end deep breathing was exercised and reinforced him on his strong motivation to get well.

REFERENCES

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