

Case Study of Major Depression

Muhammad Zafar Iqbal^{1*} and Sadaf un Nisa Awan²

¹Hypnotherapist and Psychotherapist, Islamabad, Pakistan

²M.Phil Psychology, Gujarat, Pakistan

*Corresponding author: Muhammad Zafar Iqbal, Hypnotherapist and Psychotherapist, Therapist, Private Psychology, House 39, Street 3, Park Avenue, Park Road, Islamabad 44000, Pakistan, Tel: +923349585399; E-mail: iqbal_708@yahoo.com

Received date: May 07, 2016; Accepted date: Jun 04, 2016; Published date: Jun 11, 2016

Copyright: © 2016 Iqbal, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

This document pertains to the case study of Major Depression. The subject of the disorder was Mrs. RJ (Initial instead of real name), 43 years old housewife and mother of four children. She visited my clinic along with her husband who informed that she feels burden on shoulder and at the back of her head most of time, feel weakness, facing lack of concentration on her daily work, disturbance with loud voices of anyone specially loud voice of males, shivering of body without any reason. He also informed about her weak memory, negative dreaming which disturb her sleep, fidgety and restless most of the time, aggressive behaviour and sometime weeping and shouting without any reason. Before visiting my clinic she visited some psychiatrists for treatment because she had become very aggressive and started to throw things and whatever was in her physical approach. One of those psychiatrists recommended ECT for treatment but ECT only affected her memory badly.

Assessment made after taking semi-structured interviews from Mrs. RJ and her husband. In light of assessment and DSM-IV, Mrs. RJ was diagnosed by Major Depression Disorder.

Keywords: Major depression; Fear stimuli identification therapy (FSIT); Assessment; Treatment

Introduction

Major purpose of this particular case study was to reaffirm and prove the efficacy of Fear-Stimuli Identification Therapy (FSIT) on empirical grounds. It was also intended to use FSIT in order to eliminate the symptoms of Major Depression Disorder in which Mrs. RJ was suffering from as the therapy was already successfully used to remove the symptoms of various disorders in different cases [1,2].

Hypotheses: "It is expected that the FSIT method would effectively cure the Major Depression Disorder from which the above referred person Mrs. RJ is suffering."

Fear Stimuli Identification Therapy (FSIT): Fear-Stimuli Identification Therapy (FSIT) is based upon the perception that some of the incidents (mostly the sudden incidents) in the early age of a child become stimuli for fear instinct which cast negative effects over the personality of a child and become reason for one or the other type of disorder. FSIT investigates and digs out such events from a person's unconscious which play as stimuli for fear instinct. Whenever effected person encounters the events in his/her life resembling to the stimulus/stimuli the specific incident which has stimulated the fear instinct previously is recalled.

Method

Participants: Mrs. RJ (client)

Materials: No any specific material used in this case study.

Procedure: In the first two sessions semi-structured interviews were conducted with Mrs. RJ and her husband. Assessment was made in the

light of these interviews and reasons/causes for disorder were dig out. DSM-IV was consulted to decide the nature or type of disorder.

In the subsequent of fifty sessions Mrs. RJ was asked to write on specific topics. Cross-questioning was carried out over the ideas mentioned in the writings.

Results and Discussions

Results: After diagnosis of Major Depression Disorder, treatment was started in the light of FSIT method. Five sessions per week were taken, total of fifty sessions were conducted. In the course of treatment, her husband reported about Positive behavioural change in different spheres of Mrs. RJ's life. Clinical observations during treatment also indicated a gradual positive change in his personality. The difference between pre-assessment and post- assessment confirmed precision of hypotheses and efficacy of FSIT. Feedback was obtained on weekly basis for a period of one month from Mrs. RJ's husband about any possible reappearance of symptoms of Mrs. RJ Disorder and this was confirmed that there was no reoccurrence of disorder's symptoms anymore.

Discussions: Before visited to the clinic, Mrs. RJ had already consulted a psychiatrist and was mostly treated by means of anti-depressants and ECT. This had no significant effects upon client's disorder. Anyhow this medication helped Mrs. M RJ to sleep little well, as she was not able to sleep before [3].

Prior to write about intervention/treatment, a brief description of patient's social and family environment is necessary in order to understand the main causes of Mrs. RJ's disorder.

Family history: Her father was employed in Pakistan Army in lower staff with low income level. Their family always faced financial problems but despite of their low level of income, her father spend

most of his income on himself and his own entertainments and ignored the necessities and basic needs of his family. Her grandfather and an uncle usually supported her family but as they were also not financially well off so her family has been remained in financially crisis throughout her life till she had to depend on her father's income. This scenario was somehow changed after her marriage because his husband was a teacher and she also started to teach in a school and income of both life partners helped them to fulfil their basic requirements of life. Her father always behaved badly, strict and harsh to client like traditional behaviour of most of the males to females in that backward area. Even her mother had also been facing her father's behaviour since her marriage with his father. Mrs. RJ remembers that she saw her mother mostly weeping and unhappy with her life and due to her own problems she also never tried to give due attention, love and care to her daughter (Client) and she also behaved badly to Mrs. RJ. Whenever her father visits his home after a month or more from his job, he never tried to spend his time with his family (client and her mother) and never tried to understand their basic needs and always like to spend his time outside the home as well as spend his money outside the home without considering the basic need of his family. On his visit to home, how much time he spend his home was a tough time for both of these females i.e., client and her mother because he behaved badly, strict and always looked in a mood to taunt them, yelling at them, scolding them loudly and insulting them. This behaviour of her father and even her mother towards her made her deprived personality. And feelings of being deprived and ignorance effected badly in her personality and sense of deprivation was developing in her mind. This sense of deprivation was increasing in her mind when she started to make comparison between her own father's behaviour with them and other families that how their father deal with their family. She thought that her father had worst behaviour as compared to others. Mrs. RJ has a younger brother who was also effected person of this atmosphere but as he was a male so he could go out and managed to have catharsis for his depression little bit although he has also a submissive behaviour.

Although after her marriage she had a happy life with a loving husband. She have not financially problems after her marriage as both, her husband and she, doing jobs and have enough income for their basic needs. Her husband is a loving person and both have been happy with each other. Her husband cares for her and tries to make her happy. When they got their first baby girl, her husband was also very happy to have a female child despite of traditional approach to have baby boy. He loves her daughter and very much caring for both of them. He usually spends time with them, plays with her daughter. Although her husband is a loving, caring and nice person but he has a bad habit that he also speaks loudly as this is the traditional habit of most of the males of their area so he also do the same. And his habit of speaking loudly again reminds her past life, before marriage in her own home, specifically pertaining to her father that how he speaks loudly. So, this was miserable position for her unconscious level of mind and her psychological problem kept increasing instead of being removed as to her husband behaves with her and their kids very nicely and in loving and caring manners.

Social History: Mrs. RJ belonged to a small village which was a backward area with low population and mostly people have very traditional and low mentality. They have strong religious believes. Most of the females of that village spend their time in their home without any entertainment and refreshing activities. Their males were very strict about going out alone and without covers for females. Most of the people were against the education of their females. So as the trend of

her village she was also compel to act like that. She was never allowed to go out to meet her friends alone so her feelings from her childhood were lonely. But her uncle fully supported her so she was sent to school for education. She had just two friends in school but this relation were also limited to school and after school she had to spend her time in her home only. Due to low population of the village, there were lesser gatherings or social events. Whenever there was any social gathering like marriage or any funerals, she went there with her parents or any elder family member. She never participated in any social activities.

Medical / Past psychiatric history: She has been using antidepressant medicines since 10 years from different physiatrists and one of those physiatrists recommended E.C.T which effected very badly to her memory even she lost her some memory for a specific period of one months.

Assessment: Since her childhood she was facing lots of psychological problem with behaviour of her father who used to behave badly, strict and harsh to client. Even her mother had also been facing her father's behaviour since her marriage with his father. Mrs. RJ remembers that she saw her mother mostly weeping and unhappy with her life and due to her own problems she also never tried to give due attention, love and care to her daughter (Client) and she also behaved badly to Mrs. RJ. On his visit to home from job as he was an army person, how much time he spend his home was a tough time for both of these females i.e., client and her mother because he behaved badly, strict and always looked in a mood to taunt them, yelling at them, scolding them loudly and insulting them. This behaviour of her father and even her mother towards her made her deprived personality. And feelings of being deprived and ignorance effected badly in her personality and sense of deprivation was developing in her mind. She was scared of loud voices and feels fidgety and uncomfortable whenever she hear loud voice and by some time her this problem started occurring to hear any loud voice of any male even except her father. An association of loud voice with cruelty was developed in her unconscious level of mind and loud voice became stimulus for fear instinct. She thought that her father had worst behaviour as compare to others.

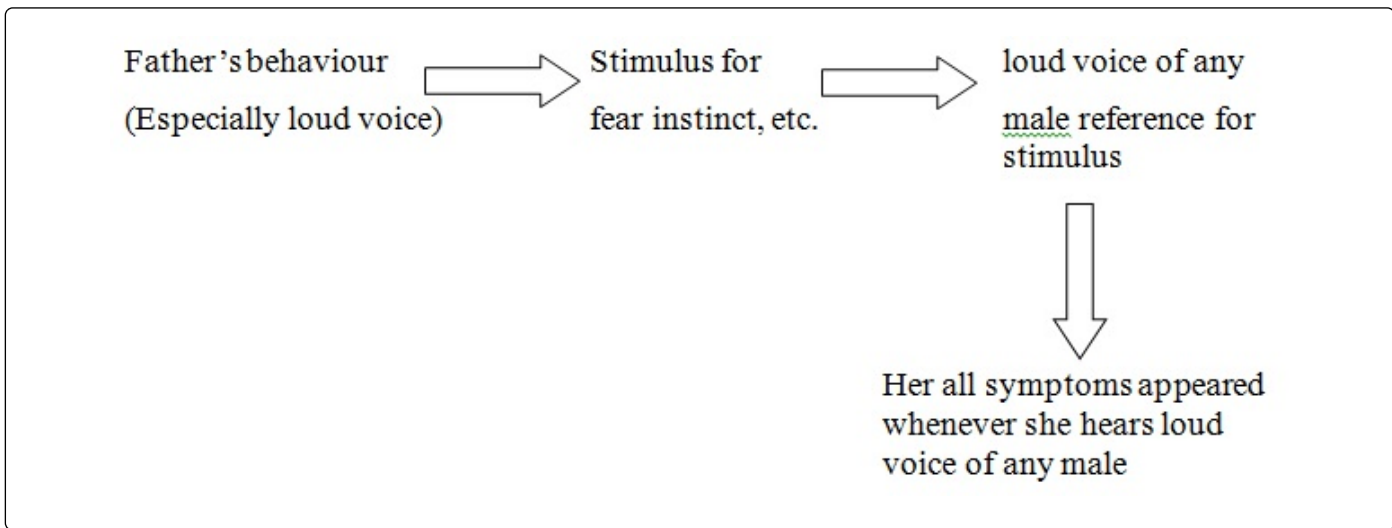
Treatment: In first 7 sessions, I made cross questioning with her about her past history of her childhood and I focused behaviour of her father specially in her childhood (1 year to 7 years) and it was clearly known that her father had much insulting and harsh behaviour with her mother and even with my patient also which affected my patient's personality and she started to face some psychological problem since her early childhood. It was also explored that whenever her father used to come back from his duty, patient was much conscious (careful) till her father remained present in home. During the period of her father's presence in home, my patient was extra conscious and careful, definitely, this consciousness increased pressure on her nervous system and she felt burden on her shoulder although she felt much relax after her father again go to his duty. So the problem just occur only when her father remain present at home.

In next 7 session I analyzed her behaviour during presence of her father in home and emotional effects during her father's presence in routine as well as due to scolding, snubbing (in loud voice) or harsh behaviour of her father with her or her mother. I also analyzed that how her unconscious level of mind perceives her father's behaviour and how it affected her unconscious level of mind. After cross questioning and analyzing it was found that her father's harsh, insulting behaviour and scolding them in loud voice was become a stimulus for her fear instinct. Although this has become a stimulus for

her fear instinct but as well as it created the sense of deprivation, humiliation and indignity for which her unconscious level of mind reacted due to her feelings of anger and being humiliated but her these feelings was suppressed by her conscious level of mind due to same stimulus so she could never be able to express her anger and used to sob and weep in low voice when she was alone.

In next 7 sessions I asked her to write about two topics specifically, one is her father and loud voice of males. So initially I asked her to write about her father and while she was writing, she felt very difficult to write about her father because her all symptoms were appeared like burden on her shoulder which showing resistance of her unconscious level of mind. Next day when I made cross questioning after analyzing her writing and her behaviour, during this session of cross questioning, her all symptoms were again strongly appeared although consciously she tried to avoid any negative remarks about her father (this because of traditions, customs and religiously most people can't be able to say anything negatively about their parents). In next session, I continued cross questioning with her about her father and at last she admitted that she did not like her father at all since her childhood. She also admitted that she disliked her father since her childhood and she has been keeping negative feelings and hate about her father since

childhood even sometimes she had in her mind some abuses in very bad wording but she never expressed these sought of feeling to anyone else tried to get rid of these negative feelings consciously. After this I asked her to write about loud voice of males specifically. During writing the about loud voice of males, same symptoms were appeared as appeared during writing about her father. After analyzing her writing, I made cross questioning to her in next session and it was known that the loud voice of males has been associated with her father being a stimulus by her unconscious level of mind because her father used to scold and humiliate her in loud voice so whenever she hear any male speaking anything in loud voice her symptoms were appeared. Her husband is very loving and caring husband for her and father for their kids but unfortunately her husband also use to speak in loud voice in routine not to show any anger but even he speaks in loud during normal and routine conversation. So loud voice of males has become a reference for her stimulus and her unconscious level of mind always used to associate every loud voice of any male with her stimulus. The loud voice of any other male, except her father, at any place even on road has become a reference for her stimulus. This reference also brings all symptoms which are associated with stimulus.



Whatever has been happening with my patient since her childhood lead her defence mechanism of unconscious level of mind to make a shelter against fear instinct and this shelter is over consciousness about cleanness. She always remain over conscious about cleanness for example if she has cleaned her kitchen and after some time when she visits kitchen next time she was usually of the view that may be there is some insect in kitchen so she again started to clean everything in kitchen unnecessarily and if she has cleaned her home but she sees any little piece of litter/dust or garbage on anywhere in floor she must clean whole house anyway although her mother was not much conscious about cleanliness so she never try to instruct her about cleanliness and never ask her to clean her house or anything else since her childhood. When I asked her to write about cleanliness and make cross questioning, she feel all problems and appears all symptoms as appeared during writing about references. During last 9 session of first stage, I made cross questioning in broad view repeatedly about stimulus, references and shelter to strike her fear instinct again and again. Her behaviour was getting rude and harsh and aggression level was much increased even in a session her unconscious level of mind resisted as much that her some senses like sense to hear and talk was

suspended for almost 1 minute. She was not been able to listen and talk anything during this minute and this was a clear sign that when I tried to repeat it during cross questioning that her all problem/ symptoms caused by her stimulus, references and shelter and when I insisted to make her realize the fact, her unconscious level of mind resisted much forcefully and halted her senses for a while.

In next twenty sessions, I asked her to write about her stimulus, references and shelter again but this time I asked her to write only positive possibilities about her stimulus and references as there are many other reasons why a person can speak in loud voices so I tried to make her understand and write that what can be other possibilities of her stimulus and references and on the other side I asked her to write some negative aspects about her shelter that why she was so conscious about cleanliness and what happened if she does not repeat this practice again and again and why she felt so uncomfortable with a little bit dust on floor and what if she just clean that part of floor not the whole floor or when she sees an insect on any item in kitchen so what happens if she only clean that item not the whole kitchen. Basically these negative associations with stimulus and reference, associated with the stimulus, are the main cause which suppressed her real

personality and when with the help of writing and cross questioning, she explored the all other positive possibilities and her conscious level of mind have griped the positive aspects of stimulus and reference, the negative associations of stimulus and reference were removed from unconscious level of mind and when her unconscious level of mind became realistic about stimulus and references then automatically her unconscious level of mind don't need any shelter anymore which it has made against those stimulus and reference and this scenario made her personality at normal.

Complicating Factors

There was no extra factor occur or create problem during the assessment or treatment process it was only resistance of unconscious level of mind.

Follow up

Follow up was made during the time of treatment and after treatment for feedback and about progress of the client from her and her husband. It was good during the entire course of treatment and after treatment.

Conclusion

Mrs. RJ was a patient of Major Depression Disorder.

Basic reason was behaviour of her father (Specially speaking in loud voice which became stimulus for her fear instinct).

Loud voice of any male became reference for her stimulus.

Unconscious level of mind (defence mechanism) made a shelter against stimulus and reference that is "over conscious about cleanliness".

Treatment could not be possible without deep analysis of her unconscious level of mind that what was the stimulus and references for fear instinct.

It was necessary to explore all positive possibilities about her stimulus and references (loud voice) to make her personality unsuppressed and make it at normal.

When all other positive possibilities were realized by her unconscious level of mind and negative association with stimulus and reference removed so there was no need of any shelter so the role of shelter was also wiped out.

Minimum 5 sessions per week required for treatment because if there was gap between each session and next session may not be conducted on consecutive day, the fear which was explored in one session may again suppressed and resistance level of the client may also again suppressed. So continuity in sessions without having gap is very important in treatment for proper cure.

Access and Barriers to Care

Only resistance of unconscious level of mind was a barrier but when it was sought out by free writing and cross questioning that barrier was also removed successfully.

Recommendations

- It is recommended that study should be done on Fear instinct.
- FSIT should be used for the treatment when the patients problem led to the fear instinct.
- Therapist should focus on the reason of the problem for the treatment.

References

1. (2000) American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (5th Edn.).
2. Ejaz M, Iqbal MZ (2016) Case Study of Major Depressive Disorder. J Clin Case Rep 6: 698.
3. Iqbal MZ, Ejaz M (2016) Case Study of Functional Neurological Disorder (Aphonic). J Psychol Psychother 6: 243.