



Research Article

Efficacy of Cognitive Behaviour Therapy on Depression: A Case Study

Authors

Ranjita Kumari^{1*}, Masroor Jahan²

¹Ph.D. Scholar, Department of Clinical Psychology RINPAS, Kanke, 834006

²Additional Professor, Department of Clinical Psychology, RINPAS, Kanke, 834006

*Corresponding Author

Ranjita Kumari

Ph.D. Scholar, Department of Clinical Psychology RINPAS, Kanke, 834006

Abstract

This was a case of a 30 years old Muslim female who was unmarried and employed in a government service at Ranchi. The patient had chief complaints of decreased sleep up to a serious level where she was not able to maintain sleep more than two to two and half hours at a stretch. The quality of sleep was reported to be very poor. The patient was feeling unusual tiredness along with heaviness and ache in the head. Feeling of hopelessness and helplessness was prominently present. The patient had started showing frequent agitation with an underpinning of self-defeating attitude. She was not able to focus on her work which usually accompanied aggressiveness and frequent crying. These all were significantly disturbing patient's daily routine and her productivity. The assessment on Beck depression inventory showed the presence of moderate level of depression. Cognitive behaviour therapy was used for the management purpose. The 15 weeks of cognitive behaviour therapy showed significant improvement in the patient.

Keywords: Depression, Moderate depression, Cognitive Behaviour Therapy.

Introduction

There is an estimate that depression would be the second most leading cause of disability adjusted life years only superseded by ischemic heart disease by 2020.^[1] The average lifetime and 12 months prevalence of major depressive episode for high income country were 14.6% and 5.5% respectively. For low to middle income countries, the average lifetime and 12-month prevalence were 11.1% and 5.5% respectively.^[2] Considering its seriousness, depression has always been area of interest for researchers and mental health professionals. Cognitive behavioural theory is successful theory for explaining the origin and

maintenance of depression. Besides it is a successful paradigm for its treatment.^[3-6]

Case Report

The index patient was younger of the three sisters and older to two brothers. Her father died 5 year back. The patient took the command of the family and devoted herself to the bringing up of the family. She was employed in a government service. The patient liked to do things in a perfect way since early adulthood. She was particular about many things and family members usually obeyed her wishes. Since last two year she felt that family members are busy in their lives and

she felt neglected. She had a thought that her family members do not like her and only tolerated her just because she earns money and give in the family. The patient did not get married as she rejected many persons. She liked a person since she was a student. But he never approached her and she could not collect courage to say this to that person. Now she had a conviction that the person whom she would marry should be equal to her status. And in this frenzy, she rejected many people in last 4 years. Her behaviour changed and she started doing lots of interfere with the personal life of the family members. Her sister lived with her and the patient started taking decision for her sister's children. She had a conviction that she always did right that's why all should obey her. But after sometime family members were not ready to go according to her every wish. Since last two year her sleep became disturbed as she did not feel fresh after a sleep. Then her appetite reduced significantly. She became more inactive along with more irritable. She felt weakness. She had headache and body ache most of the time. She became aggressive. She lost interest in job responsibility and day to day activities. She felt that her attention has been poor as she was not able to pay proper attention to the job assignments. She started feeling hopeless and feeling of worthlessness also crept into her mind. She had frequent crying episodes.

Assessment

At baseline the patient was assessed for the severity of her depression by using Beck depression inventory. The patient obtained a score of 47 on Beck depression inventory suggesting moderate level of depression in the patient at pre-assessment level.

Case Conceptualization

The patient had observed that her success had won her a kind of dominance on others. Eventually she associated her success to the medium of gaining value as well as justified tool to dominate others and feel powerful. Her life experiences had taught

her that she has a rightful authority to make other obey her as she plays the role of fulfilling figure at home. It was evident that patient's self-worth was completely based on the condition of her being successful. She was nurturing core beliefs like she is not lovable and valued. Which were associated to intermediate belief of doing something so that she will become lovable. Experience had taught her that doing good at academics and success is the only way she can become lovable. So, failure in producing expected quality of work was directly reinforcing her core belief that she is not lovable and valued. This core belief tended to generate negative automatic thoughts like no one likes her, people don't understand her, she is losing power, she is betrayed etc., in the situations where she thought she was not performing up to the mark. Her self-worth in her own eyes was depended on people's appraisal of her success, performance and abilities. Besides, it was associated to her feeling of being rightful dominating figure. When she would appraise, she was below the mark, she apparently felt unloved, weak and that people betrayed her. It was so because she was doing them favour and expecting rightful power on them in return. The patient was using mental filters to see only negative sides of her performance. Cognitive distortion of catastrophizing made small issues to be serious for her. She was feeling guilty for so many things too.

Course of Treatment

The Patient was referred for psychological intervention. The patient showed interest in her therapy and she was not under medication. She gave her consent for the collaboration in the therapy. Cognitive behavior therapy was started in collaboration with the patient. CBT was introduced to the patient. Patient was taught to recognize the negative automatic thoughts. Patient was taught to challenge her dysfunctional thoughts and finding the alternative thoughts to replace. Behavioural experiment technique was used to modify some of the dysfunctional thoughts. One of the major negative thought, "My

family doesn't love me" was challenged by first, making the underlying core belief, "I am unlovable" evident to the patient by using downward method which was later challenged by using Socratic questioning and behavioural experiments. The patient was learning to form alternative explanation for any incident with each passing session. Thought recording method helped her identifying NATs as well as replacing them with alternative explanations. She learnt to see the evidences both for dysfunctional thoughts and alternative beliefs. When she was made engaged into finding the evidence for the belief that she is lovable only when she is successful at some work, she came up several evidences suggesting how mental filters were working. Later, she was asked to form an alternative belief and finding evidences for that. The patient's production of evidences bewildered her also after some session and she admitted that she never thought in other directions. She reported that this experience was quite relieving for her. Initially she took such alternative explanation only at face value but with progression of the sessions, she had learned to consider the alternative explanation as a possible true explanation. This helped her cultivating a balanced point of view for the events and reduced the catastrophizing error in her thinking style. One another major negative automatic thought was that people in her life are neglecting her as she found people to be busy in their respective lives and denying to obey her. As she was habitual of commanding others, such change activated the core belief "I am weak" and "I am unlovable" because she had latent belief that she is lovable only when she is successful. Then, success has made her believe that she has right to command others. So, for her success was a medium to get love and power. When people disobeyed her and got busy in their lives, she inferred it to be reduction in her power and eventually she felt weak and incompetent. Such beliefs were challenged and they modified eventually to such a

degree that she was acknowledging a fresh change in her thinking frame. A total of 15 sessions were given to the patient. One follow-up session was conducted.

Conclusion

The post treatment score was 14 on Beck depression inventory suggesting low level of severity of depressive symptoms. Cognitive behaviour therapy proved to be successful with this patient.

Acknowledgement: None

References

1. Lopez AD, Mathers CD, Ezzati M, Jamison DT, Murray CJ. Global Burden of Disease and Risk Factors. Washington: The World Bank; 2006
2. Bromet E., Andrade L.H, Hwang I, Sampson N.A., Alonso J. and de Girolamo G., et al. Cross-National Epidemiology of DSM-IV Major Depressive Episode. BMC Med,2011; 9:90.
3. Beck AT, Rush AJ, Shaw FF, Emery G. Cognitive therapy of depression. New York, USA: Guilford, 1979: 425.
4. Beck AT. Cognitive models of depression. Journal of Cognitive Psychotherapy, 1987; 1(1): 5-37.
5. Butler AC, Chapman JE, Forman EM, Beck AT. The empirical status of cognitive-behavioral therapy: a review of meta-analyses. Clinical Psychology Review, 2006; 26(1): 17-31.
6. Beck JS, Tompkins MA. Cognitive therapy. In: Kazantzis N et al. Handbook of Homework Assignments in Psychotherapy, New York, USA: Springer, 2007: 51-63.