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Effectiveness of Cognitive Behavioural Therapy: A Case Study of Depression

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This case study, carried out at the Institute of Professional Psycholoy, aimed to explore the efficacy of cognitive behavioural approach on a female suffering from depression. This case study aimed to see how cognitive behavioural approach can be a useful way to alleviate symptoms associated with depression and also improve client's functioning. The client in this case study was a 40 year old female. Interview and assessment tools were used as aids for the process. Techniques from the Cognitive Behavioural Therapy Manual for Depression were used for the client's negative thoughts and thinking biases which aimed at altering negative thoughts and in turn modify the client's behavior Cognitive Behaviour Therapy helped the client gain insight and have control over her negative thinking process. This helped improve the client's overall functioning and reduce depression symptoms remarkably. On the basis of the result, it can be ascertained that Cognitive Behavior Therapy is an effective approach to treat depression.

Keyword: CBT, case study, depression

"That's the thing about depression: A human being can survive almost anything, as long as she sees the end in sight. But depression is so insidious, and it compounds daily, that it's impossible to ever see the end. The fog is like a cage without a key." - Elizabeth Wurtzel (1994), *Prozac Nation*

A state of low mood and aversion to activity affecting a person's cognitions, behavior, feelings and sense of well-being is known as depression. People who are in this particular state of mind can feel sad, empty, hopeless, anxious, helpless, worthless, irritable, guilty, ashamed or restless. This also involves loss of interest in activities that one previously enjoyed. Loss of appetite or overeating, too much sleep or insomnia and even suicide attempts can be a part of depression. Feeling excessive fatigue is also common in people who are depressed (Salmans, 1995).

If one is to see why a person gets depressed or develops depressive symptoms, there are many explanations available in various psychological schools of thought.

Psychoanalysts historically believed that depression was caused by anger converted into self-hatred ("anger turned inward"). However, this theory has evolved with time and now a theory within Psychoanalysis known as Object Relations Theory explains it as being understood against the backdrop of relationships these people have experienced that can be seen in the moods and emotions including other parts of one's personality. The main assumption of this theory is that the early relationships and their experience are what set the standard for later relationships.

The behaviorist model in the 70s explained that depression is caused by stressors in the environment and a person's lack of skills combined. The environmental stressors available in a person's surroundings lead to lack of positive reinforcement. He argues that depressed people in particular do not know how to deal with the fact that they are no longer being positively reinforced like they probably were before and hence, this leads them to avoid situations. Sometimes this takes another turn altogether when these people are being positively reinforced for being 'sick' as they get special support and this then becomes how they behave. Because old behaviorists did not take into account feelings, cognitions and how an event is perceived, strict behavioural approach to treating depression is not followed today as such (Lewinsohn, 1975).

A combination of the way people think and behave, Cognitive behavioral theorists have explained that depressive symptoms and depression are a result of irrational thinking also known as faulty cognitions or distorted thoughts. These cognitions can be learned from the environment or lack of experiences that would develop cognitive skills in a person to perceive the event differently. The negative thinking and judgement makes these people view the world with a negative bias, thus resulting in self-hate, self-pity and self-blame and hence, looking at situations as being way worse than they actually tend to be (Nemade, Reiss, & Domebeck, 2007).

There are many approaches to treating depression. A combination of medication and psychotherapy works for many people while some get better using one of the two.

This case study looks at the Cognitive Behavior Therapy (CBT) to treat depression, which works on the negative cognitions and the irrational thinking to alter a person's behavior. CBT has proven to be effective in the acute treatment of depression and thus believed to provide a viable alternative to antidepressant medications (ADM) (Driessen & Hollon 2010). The CBT model suggests that individuals with depression exhibit what is known as the 'Cognitive Triad' of depression including a negative view of self, a negative view of the environment and a negative view of the future (Barlow, 2011).

Thus, in general, CBT for depression includes cognitive restructuring which is aimed at changing negative automatic thoughts as well as behavioral techniques like activity scheduling. CBT holds empirical evidence as being one of the most effective therapies for depression.

Case History

The client, Anum (pseudonym) is a 40 year old female. She has four children and got married at the age of 16. She came into therapy with complains of feeling low, paranoid and anxious. She felt that she would turn every little thing into a big deal. She also said she did not feel like doing anything and even her daily household chores felt like a burden. She would lie down to make herself feel better but that did not work for long. She had been to cardiologist and psychiatrists before this and has also taken a course of antidepressants. She said they made her feel very dry so she stopped taking them. Anum's relationship with her in-laws is the cause of all this according to her. Her mother in law has always encouraged her sons to insult their wives. She had always been the victim of physical and verbal abuse by her husband who according to the client 'takes pleasure' in insulting her; her brothers in law are the same.

For 18-20 years she has suffered and kept all this inside of her which made her very weak and this has made her cry all the time and be afraid of little things.

When Anum came in for therapy, she had been living in Karachi with her children whereas her husband was posted in Nowshera. Her in-laws have not been living with her but she mentioned she was always afraid that they would come and stay with her and cause problems again. She also said the reason for her silence all these years has been her children as she did not want them to be from a broken family. Anum also mentioned being treated like she's worth-less by her husband.

Anum's BP stays high and she mentioned feeling too much pressure in her head because of this. She even mentioned feeling breathless at times. She suffers from gastrointestinal issues as well as abnormal vaginal bleeding which could be the start of her menopausal phase.

According to Anum, all her sadness, fatigue, hopelessness, anxiety, fear is also accompanied by a sense of regret and guilt which has been with her from a long time as she often asked herself why was it only her who had to be married off in such a family where her in-laws have not even spoken to her nicely once.

The client described her normal day as one in which she did not feel like doing anything at all; she said she would lie down all day and did not even wish to do things for her children. She would only wake up and even miss prayers which she used to be very punctual in.

Client's Behaviour

The client was well-oriented to time, place and person. In the initial two sessions, the client's tone and mood both were low. She complained of physical pain during sessions and that she felt lethargic because of these aches. She was well-kept and was co-operative and motivated to get better.

Assessment

Beck Depression Inventory-II, Thematic Apperception Test (TAT) and House Tree Person (HTP) were used in the assessment process.

The results revealed that the client's score for BDI-II was lying in the moderate depression category and the pattern of stories in her TAT revealed the need for autonomy, aggression, death, succorance, achievement with press of aggression (physical and verbal), hopelessness, compliance, and feelings of dejection and hopelessness. The HTP protocol revealed anxiety, sadness, rejection, obsessive thoughts, guilt, immaturity and withdrawal.

Treatment

Analysis of the Problem

For the analysis of the problem, the client was asked what made her sad or cry daily and what incidents would lead her to feel anxious or get scared, to which it was revealed that anything related to her in-laws would make her really sad, worried and tensed. She also got really worried whenever any of her children was traveling or got even 10 minutes late as she kept saying her children are all she has and she has sacrificed so much for them. On a daily basis when she was sitting alone or even sometimes with a few people, she mentioned thinking about her life and blaming herself for getting married. This regret would make her cry and she would not feel like doing anything except lying down and this in turn made her feel lethargic and useless. This led to more negative feelings about the self, the environment and the future.

Case Conceptualization

A negative pattern of thoughts was observed as the client mostly jumped to negative conclusions/assumptions about every little thing. She kept saying she keeps thinking about what if something happened to her children? What if someone says bad things about her daughter? How will she survive?

The predisposing factors in this case were the fact that the client got married at an early age of 15-16 being exposed to physical, verbal and social abuse by not just her in-laws but also her husband. She had come from a very loving family and then being married to a family that did not hold the same values made her perception about the world and herself negative.

Constant abuse by her husband and his family made her feel completely worthless, which was also the precipitating factor as this had been going on for more than 18 years. This led the client to develop all the symptoms she came complaining with. Another contributing factor was the hormonal changes she was going through, which may have aggravated the situation as when she came in for therapy.

She mentioned her coping techniques as lying down or going to a neighbor's house to talk about this issue as these helped her anxiety and sad mood to get better. Along with the two mentioned protective factors, the client would also call any of her sisters and talk about how she was feeling. This only helped her for a little while as she spoke about her past and all that she had been through with these people coming back to the same feeling of regret and sadness going back to lying down.

Because the client has been exposed to abuse from a very long time, she developed a sense of fear about general everyday things in the form of thoughts like "what if my children get hurt? What if someone says anything to my children? What if my mother in law comes back? What if my husband starts hitting me again?" She had assumptions like "if my daughter behaves in a certain way, people won't say anything about her", "if I don't do a particular thing, my husband won't hit me", and her beliefs were "bad things happen to me", "I am worthless".

The vicious cycle that the client maintained her depression with, was that she would have negative thoughts about herself that she is bad, worthless, useless and would feel a lot of regret and sadness which would make her head feel heavy and she would feel breathless sometimes. She would then go lie down to make herself feel better or she would not do the housework which in turn, made her feel worse and more lethargic.

Therapeutic Process

In the **first session**, the client's assessment for CBT was done and her symptoms fit the criteria for DSM 5 diagnosis for depression.

In the **second session**, the client's formal assessment through psychological testing was done using Beck Depression Inventory II, Thematic Apperception Test and House Tree Person Test. The client was aware of her thoughts and motivated to get better. She was educated about Cognitive Behavior Therapy and how it works.

Over the next two sessions (**sessions three and four**) the client was firstly told how our irrational way of thinking affects our views about the self, the environment and the future. She was psycho-educated about the model of thoughts, feelings and behavior briefly to get an understanding of why she had been feeling this way as she kept on asking this question. She was taught relaxation techniques particularly deep –breathing to help ease her anxiety symptoms. She was asked to keep a thoughts and feelings diary to record how she feels over the days. She was unable to read and write so she was told to record it with the help of stickers and smiley faces which she really liked doing as it made her feel like she could still communicate to the therapist even though she did not know how to write.

She was psycho-educated about her problems, case formulation was explained to her in the form of a diagram making it easier for her to understand what has led to her thinking pattern and how it is maintained through the vicious cycle.

One important thing here was that the client needed a lot of cathartic release as she always had a lot to talk to the therapist about most of which was about all that she has been through with her in-laws. The therapist would let her talk in the first two sessions but then kept 10 minutes aside every session so she could talk about whatever she wanted to discuss.

It was observed here that the client had somatisized her anxiety and depression as she kept saying she had backache, headache or pain in her legs but over the next few sessions as cognitive and behavioral techniques were used, it was seen that these complaints went down and eventually stopped completely without being addressed. As her feelings of depression and anxiety went down.

In the **fifth session**, socratic questioning was used to address the client's 'What if' thoughts and through this guided discovery, the client was able to understand the whole thing so well that after two sessions of 'what if' and the 'worst case scenario' techniques, she came in the sessions saying she did not really worry much about what would happen in the future.

In the **sixth and seventh sessions**, the client was also introduced to activity monitoring and scheduling which was first practiced in the session so the client could get an understanding of what it is. She was also asked about the achievement and pleasure she felt out of each activity including sleeping and taking a shower. It was seen that the client liked being encouraged and praised for the things she did when she was asked to do them (homework).

The client was also asked to do an activity only for herself every day that she previously enjoyed to which the client started cooking a favorite meal of hers and enjoying it every day, she then changed it to cleaning her wardrobe and wearing new clothes which made her feel a lot better.

It could therefore be seen that there was a great reduction in the client's depressive and anxiety symptoms after the first few sessions only. She reported feeling better and that she had on many occasions not bothered about what people would think about her. According to her, doing things for herself made her feel a lot better. It could therefore be said that the CBT techniques including cognitive and behavior work both, had worked on the client effectively as the therapeutic alliance was a strong one in this case. The client mentioned feeling comfortable in therapy and looked even more confident as each session went by.

The client was going to Nowshera to her husband with her children for three months so the therapist revised all the techniques taught in the 8^{th} and 9^{th} sessions for relapse management. The client seemed confident and was positive she would be able to handle her anxiety.

Outcome

With the help of CBT techniques, the depressive and anxiety symptoms of the client alleviated to a great extent. She would herself report feeling better and even her daughter who accompanied her to the clinic mentioned how she sees a positive change in her mother. The client, Anum, started getting involved in activities that she previously enjoyed and hence, learned to cope with anxiety and depression to some extent through deep breathing, exercise, and walk. She was also taught to identify her negative thoughts and how to stop them. She practiced it many times and concluded that she was able to do it most of the times. The thoughts and feelings diary that the client maintained showed a big difference from how she reported feeling before. She was asked to rate her anxiety and sadness every time she felt it and it could be seen that in the beginning (first two sessions) she would report feeling sad to an intensity of 8 out of 10 which was reduced to 3 in her diary when she came for her last session. She was going to

Nowshera to her husband and she felt much better now she knew how to deal with her anxiety and depression.

Conclusion

The present case study highlights a case of a 40 year old woman suffering from depression and how Cognitive Behavior Therapy successfully treated her problem. Through the help of cognitive and behavioral interventions, the client's negative thoughts and beliefs were modified which also produced a change in her behavior. It can hence, be said that the use of CBT can be very effective in treating depression and anxiety.

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