

Chapter #4

FACTORS RESPONSIBLE FOR THE ONSET OF DEPRESSION IN YOUNG ADULTHOOD: A CASE STUDY

Farheen Nasir

Dr., Basic Science Dept. King Saud bin Abdulaziz University for Health Sciences, Alahsa, Saudi Arabia

ABSTRACT

Aim: This case study aimed to determine the factors for depression in young adulthood and design effective remedial measures. It is a single case study based on a male client of 28 years. **Methods:** The methods used to explore the case included the usage of Beck Depression Inventory (BDI) and projective techniques, namely Human Figure Drawing (HFD), Thematic Apperception Test (TAT) and Rorschach (ROR). **Results:** The results indicated moderate depression on BDI and various themes on projective analysis linked to parental conflict, strained interpersonal relations, use of defence mechanisms with neurotic personality characteristics leading to depression. **Conclusion:** The intervention designs were based on Cognitive Behavior Therapy (CBT), Parental Counseling and Supportive Therapy for externalization of interests, which resulted in gradual improvement.

Keywords: case study, depression, factors, interventions, young adulthood.

1. INTRODUCTION

Young adulthood, as defined by the Public Health Agency of Canada, is the time between the ages of 18-34, although new demarcation is also being done with the concept of emerging adulthood from 18-25 years of age (Arnett, 2000); where young people know the responsibilities of adulthood but still are in an exploratory phase, this is found more in western industrialized cultures. The transition from adolescence to adulthood (Jekielek & Brown, 2005) is growing into an independent person by completing studies, gaining financial freedom, and gaining an adult role of a worker, citizen, spouse, and parent. The transition can be an experience of growth and accomplishment combined with emotional maturity. However, for some, this transition is not very smooth, and people face various hurdles, especially when their life circumstances do not train them to lead an independent life while dealing with various aspects of life. To achieve this, parents must have a strong bonding with their children to know about their thoughts, fears and desires, thus guiding them appropriately for the real world, where fantasy does not always mingle well with reality and to avoid reality shocks. Many times, adolescents have high aspirations, and they want to please their parents at all costs; in the case where there is no strong understanding between the two children/adolescents start to hesitate in discussing their problems which results in other adverse outcomes. A study by Arnett (1995) on 300 young adults from around the nation with an age range of 18-29 years was done to explore their feelings and emotions while approaching adulthood; he discovered that most of them wanted to achieve independence while still being close to their families to get any support when required.

Depression in adolescence and young adulthood is becoming standard day by day; its causes can vary from person to person, but it is observed that a term college depression is also emerging (Sparks, 2019), it is an adjustment problem with symptoms like that of depression. However, if it remains unaddressed and unchecked, then it can lead to full-blown depression. Newly inducted college students have many anxieties and pressures, like adjusting to a new place, probably living alone for the first time and feeling homesick, dealing with the workload, new friends, and sometimes adjusting to different cultural values. If they do not have proper backup support apart from the financial one, then simple emotional insecurity can also trigger symptoms of depression. Recently British Psychologists have explored the “quarterlife” crisis, between 25-30 years of age, where young adults experience insecurities, disappointments, loneliness and depression (Hill, 2011).

A meta-analysis of a study on the psychological factors for the onset of depression (Fu et al, 2021) states cognitive theories highlight the role of thoughts in the development of major depression and the way a person looks at himself, others around him and the world, whereas psychodynamic perspective emphasizes the importance of attachment and interpersonal relationships. Simultaneously the behavioral perspective speculates a decline in positive feedback results in withdrawal behaviour which leads to depression.

If one looks at the cultural differences than interestingly in Psychology Today (Pogosyan, 2017) it has been stated that in West depression is attributed to biological factors as a result of which people are normally advised to distance themselves from the distressing factors which makes them ignore the environmental factors. Whereas in East social networks are encouraged, another hypothesis is they promote regulation of emotions which can be more functional than others. In western societies there are not enough adaptive strategies like reappraisal; learning to retell a story so that one can have a different set of emotions.

In a research article by Driessen & Hollon (2011) it is stated that Cognitive Behavioral Therapy (CBT) was found to be most effective treatment for depression and can be feasible alternate to antidepressants. CBT may produce more enduring effectiveness after termination because it produces change in thoughts which thus mediate later depression or relapse.

2. BACKGROUND

2.1. Case Introduction

The case is based on a young male adult named Ahmed (pseudonym), of 28years old, belonging to an upper-middle-class family. He was an only child to parents who did not have an excellent understanding between themselves. Mother had blamed the client for not listening to her pieces of advice earlier. Since his mother was a Psychology graduate, he asked her to take him to a psychologist who could help him overcome his problems.

2.2. Presenting Complaints

The young man had completed his studies of medicine but was very low in spirits to practice it. He showed a complete lack of interest in life and work, often being isolated and lazy without productive work. His problems were based on bodily symptoms along with cognitive distortions. He complained of being low in energy, often feeling lethargic, with a sad mood, he hardly practised his previous enjoyable activities, mostly liked to be isolated and avoiding friends and colleagues, with serious complaints against his parents.

2.3. History

Ahmed was an only child whom his mother highly pampered throughout his childhood. However, he has never been close to his father, who used to be more involved with his siblings than his son. His father was previously married but divorced and had a daughter from his earlier marriage which his son came to know later. During most of his childhood and early adolescence, Ahmed's family was financially stable, and he had enjoyed all the perks of that life. He was a studious child, and his mother had always emphasized good education and thus getting good grades. Finally, when the time came to enroll in a professional college, he was unable to get admission in his city. Despite his father's promises that he would try to get him enrolled in his city, he had to leave for a rural city that was quite different from the cultural, social and economic points of view.

He lived in a hostel there, but as he was highly pampered till age 18 and was neither educated nor trained for hostel life, he started developing problems. Initially, he was expected to be transferred back during his stay, but after 4-6 months, he got a reality check, and he was already lacking behind as half of the academic year had passed. Apart from that, he was also suffering from depressive symptoms as he was still unadjusted in that place, with no close friends and family to share anything. By the time he had to give the 1st final professional exams, he was in a panicky situation due to being unprepared; as a result, he failed and had to repeat 1st year of medical studies. When he went to his home on vacation, he did not share this with his parents. However, slowly and gradually, he started to feel low in self-esteem because achieving good grades had always been a sign of prestige and good self-esteem. He started to feel a lack of confidence and did not feel courageous enough to share his problems with his family. Although he had never been a talkative child, he started to become quieter, according to his mother.

Due to his current state, he could not perform well and again failed the 2nd year professional exam. After that, he was given the warning to clear the papers or would be expelled from the medical college. He had made a few friends in his class who were also there with him in the hostel by that time. He was able to clear the papers but not with flying colours. In this way, he continued his studies, and after this, he never failed any year completely, although sometimes there were few retakes of some of the papers, he was able to clear. His parents learned about his academic downfalls through a family friend, and they scolded their son for not telling them firsthand. Due to the lack of understanding within the family, Ahmed could never share his problems and frustration. During his medical studies, he had also tried to switch to computers, but after studying it for a few months, he returned to his previous field.

Once he had completed his five years of medical studies, he was supposed to do 1-year house job/residency; for this, he had the option of selecting the hospital of his own choice; therefore, he opted to return to his city. Nevertheless, he was not very confident about his knowledge as a medical graduate. After returning and meeting some of his old college friends, he realized that they all were working somewhere or had applied abroad for specializations as it had been two years since they had graduated; this further made him feel low. In the meantime, his father had suffered some financial losses, and his family had to give up some luxuries; they had to use public transport due to the non-availability of the family car. After wasting at least, a year, he decided to do his house job, and even in that, he took maximum time. Later, when he completed it, he kept on procrastinating in getting his certificate.

Meanwhile, his parents were worried that he was wasting his time instead of starting his professional life. Since in the East, there is a collectivistic culture, parents depend on their male children in old age, and as he was their only son, they wanted him to enter the work field as his father was retired now and his family was already facing some financial issues.

3. METHODOLOGY

3.1. Study Design

It is based on a single case study design.

3.2. Sample

Sample was based on a male client of 28 years age, unmarried and a medical graduate.

3.3. Assessment Tools

The client was assessed on BDI to assess his depression level and on projective techniques of HFD, TAT and ROR for the thorough exploration of his symptoms and personality traits from a psychodynamic perspective, since outwardly, his situation had improved a little as he had cleared his professional medical exams. However, he still found himself unwilling to do the house job or get involved in any other social interactions.

Beck Depression Inventory (BDI): It is used to screen and measure the severity of depression. It is a 21 items self-report inventory with multiple-choice response options, used for ages 13 to 80.

Human Figure Drawing (HFD): A test in which the person is asked to draw a human figure indicating that it is not a drawing test, and later, the drawing is analyzed for the parts, features and details to assess the personality.

Thematic Apperception Test (TAT): It is based on the concept of free association where the person is asked to make a story based on the ambiguous black and white scenes on cards. The story has to be based on what is happening, how the characters are feeling and what will happen in the end. Later the examiner analyzes the needs, motivation and insecurities/anxieties.

Rorschach (ROR): It is inkblot test based on ten cards; where the person has to respond to what he sees, and his gestures, tone of voice and verbatim is recorded, and the result is scored according to the selected scoring system.

3.4. Ethical Consideration

Informed consent was taken from the concerned client where he was shown the draft of the case study paper and all the identifying information was kept confidential.

3.5. Procedure

Initially, during the assessment and history taking, the client was called a week thrice to finish the assessment process quickly (in one week) with a precise diagnosis to start with the formal therapy sessions.

4. RESULTS

4.1. Case Conceptualization

Ahmed was given a safe environment for catharsis, free association and cognitive emotive exploration to reveal his current mental, physical and emotional status. He had the realization that he was suffering from depression and had asked his mother to take him to a psychologist as he wanted to overcome his problem. Thus, he showed some level of motivation which is highly important in treating psychological disorders. His main concern was the lack of emotionality for things, and he mostly felt numb and lethargic. He had several complaints against his parents as a result of which he felt angry with them. He was in a constant sad mood and had lost the sense of positive self-confidence. On initial assessment in BDI, his score was in the moderate level of depression, and his Global Assessment of Functioning (GAF) level was 61-70.

4.2. Outcome of the Projective Analysis

The assessment through projective techniques of Human figure Drawing, Thematic Apperception Test and Rorschach revealed a neurotic depressive personality with low energy and inadequate virility. His perception of the environment appeared to be strict, where parental figures were seen as highly controlling. He showed parental conflict, feelings of loneliness, with a need for affection. He showed proneness to introversion, where he used his inner life for basic gratification, resulting in emotional distancing and communication gap with significant others.

In order to deal with his anxieties and conflicts, he used the defences of internalization, fantasy and intellectualization. He felt guilt with a cry for help, where he linked with a higher authority (God). He also showed aggressive tendencies.

The overall personality structure was based on the need for perfectionism and high aspirational ideas with low behaviour output, resulting in a sad mood and low energy for work. The person had shown excessive imagination based on his past and expected future outcomes whereas, on the contrary, the present was not according to his internal desires. Therefore, instead of realistically facing the reasons and their consequences to work out for a better outcome, he had given in to his depressed mood and pessimism.

5. DISCUSSION

5.1. Course of Treatment and Assessment of Progress

The targeted symptoms were sad mood, parental conflict, low confidence and lack of energy for work. The applied interventions included Cognitive Behavior Therapy, Parental Counseling and Supportive Therapy for externalization of interests. Thesis research by Sharma (2002) showed that patients who received CBT showed more improvement in their depressive symptoms as compared to those who were just receiving the medications. *CBT*: The client was helped to make the fundamental connections between his assumptions/expectations and reasons behind his problems to overcome his feelings of negativity, isolation, low mood and low self-esteem. *Parental Counseling*: He was encouraged to build a healthy communication style with his parents to convey his concerns and listen to theirs. Both the parents were called separately with his informed consent to listen to their side of the story and make Ahmed's condition understood by them. *Supportive Therapy*: He was given small tasks of physical exercises to gain some energy through activity to overcome his lethargy. After getting positive results, he was asked to

make a list of doable tasks that he could manage to build up his confidence in his working ability. As he believed in the higher authority of Allah (God) as a Muslim and wanted to restart on prayers, therefore from spirituality/religiosity perspectives, he was encouraged to start prayers 1-2 times a day in the start and gradually go towards all the five-time prayers of the day. Since one of the used defence mechanisms was intellectualization, he was encouraged to read books; when he showed interest in doing it, he was guided towards some aimed to increase his psychological growth. The positive energy was further directed towards more demanding tasks like completing his house job, getting his certificate of successfully finishing his medical education, and later finding a job.

5.2. Follow-Up (How and How Long)

Once the initial phase of therapy had started, he used to come twice a week. Later after a gap of three months, gradually, the sessions were reduced to once a week for two months, and after noticeable progress in his symptoms and complaints, the client used to have a follow-up session first twice a month (for two months) and later once a month till one year. All sessions were of 45 minutes each. Gradually the client was terminated from the therapy with mutual consent as he was adjusting adequately with positive future aspirations. At the time of termination, his BDI score was in the range of ups and downs being considered as normal.

6. FUTURE RESEARCH DIRECTIONS

It is generally recommended for building a healthy parent-child relationship; from an early age, parents should try to build a strong bond with their children; simply by being available for the child's needs and making him feel secure. Bonding generates a close, safe connection between the two parties where no one should feel isolated in times of need or some emotional crisis. In the modern world, where people are already relatively isolated, especially after the Covid-19 pandemic, people need human connections to feel safe and secure both physically and emotionally.

When children are growing up parents, need to keep them realistic in dealing with different practical situations rather than creating dependency where children feel traumatized without the availability of their parents. At the same time, every child's personality strengths should be explored, and he/she should be motivated for those potentials of his/her to make important life decisions. All these ideas can be highlighted with practical examples through parental workshops in schools or clinics. Longitudinal research can be designed where childhood patterns and parental relationships can be explored and later rechecked in adolescence and young adulthood for any anxiety or mood disorders plus life satisfaction/adjustment.

7. CONCLUSION

In the light of the case mentioned above, it is determined that parents need to understand the personality aspects of their children from the growth and development viewpoints. Children need to be seen as separate entities of beings that need to get mature and adjusted in their chosen lives, and parents need to prepare them gradually in different phases starting from childhood to adolescence and then to young adulthood. However, parents need to establish bonding which is an attachment phenomenon and adequately happens only during the initial five years of life; if for some reason that time is lost, and then a close attachment between the parents and the child cannot be expected to be very

strong. Children need to be raised with realistic expectations so that the bridge between the expectations/aspirations can be crossed with realistic achievements. A healthy communication pattern among the family members is also something crucial for good parenting with optimistic outcomes.

Relationships in a family are built brick by brick early in life, and if one does not lay a sturdy foundation, then the built building will not sustain the rough weather of life circumstances and will collapse under just a few storms.

REFERENCES

- Arnett, J. J. (1995). *Emerging adults: The in-between age*. Retrieved from <https://www.apa.org/monitor/jun06/emerging>
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469-480. Retrieved from http://www.jeffreyarnett.com/articles/ARNETT_Emerging_Adulthood_theory.pdf
- Driessen, E., & Hollon, S. D. (2010). Cognitive behavioral therapy for mood disorders: Efficacy, moderators and mediators. *Psychiatric Clinics of North America*, 33(3), 537-555. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2933381/>
- Fu, Z., Brouwer, M., Kennis, M., Williams, A., Cuijpers, P. & Bockting, C. (2021). Psychological factors for the onset of depression: a meta-analysis of prospective studies. *BMJ Open*, 11(7). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8323350/>
- Hill, A. (2011, May 5). The quarterlife crisis: young, insecure and depressed. *The Guardian*. Retrieved from <http://www.guardian.co.uk/society/2011/may/05/quarterlife-crisis-young-insecure-depressed>
- Jekielek, S. & Brown, B. (2005). *The transition to adulthood: Characteristics of young adults ages 18 to 24 in America*. Retrieved from <https://ilscertification.com/resources/transitiontoadulthood.pdf>
- Pogosyan, M. (2017, December 6). How culture affects depression? *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/between-cultures/201712/how-culture-affects-depression>
- Sharma, S. C. (2002). *Efficacy of cognitive behavior therapy in patients with major depressive disorder*. (Master's thesis, Tribhuvan University, Nepal). Retrieved from https://www.researchgate.net/publication/202543418_Efficacy_of_Cognitive_Behavior_Therapy_in_patients_with_Major_Depressive_Disorder
- Sparks, D. (2019). College Depression: What parents need to know? Retrieved from <https://newsnetwork.mayoclinic.org/discussion/college-depression-what-parents-need-to-know-2/>

AUTHOR INFORMATION

Full name: Farheen Nasir, Dr.

Institutional affiliation: King Saud bin Abdulaziz University for Health Sciences

Institutional address: King Abdullah Military City, Alahsa, Saudi Arabia

Short biographical sketch: Dr. Nasir is a PhD Clinical Psychologist from Karachi, Pakistan. Currently working as an Assistant Professor of Psychology in Saudi Arabia. She had worked as a psychologist in private practice for few years before getting engaged in full time teaching and research activities. She has numerous publications in various journals. She supervises the graduate and PhD level researches of the students.