

**CASE STUDY****Psychological Assessment with Objective and Projective Techniques along with Self-Report: A Case Study of Young Widow with Major Depressive Disorder**SAIMA KHAN<sup>1\*</sup>, MARIA RAFIQUE<sup>2</sup>, SOBIA IKRAM<sup>3</sup><sup>1</sup>*Department of Professional Psychology, Faculty of Social Sciences, Bahria University Islamabad Campus*<sup>2,3</sup>*Lecturer, Department of Psychology, Riphah International University, Islamabad**\*Corresponding author: Saima Khan, Email: saimagul.khattak@yahoo.com***ABSTRACT**

The study investigated the psychological concerns of a young widow, who lost her husband just at the age of 21 and examined how psychotherapeutic techniques helped her overcome them in the present case study. Using a structured clinical interview and a complete report, we documented the impact of this significant loss on both temperament and emotional wellbeing. Including the Beck Depression Inventory (BDI), The Standard Progressive Matrices (SPM), Thematic Apperception Test (TAT), Rotter's Incomplete Sentence Blank (RISB), Bender Gestalt Test (BGT), and Human Figure Drawing Test (HFD). These studies were crucial in assessing a diagnosis as well as a treatment strategy. The girl had a significant depressive episode and met all the diagnostic criteria. In similar circumstances, this mixture of psychological testing could help establish an accurate diagnosis and comprehend the behavioral and psychological consequences of Major Depressive Disorder (MDD). The study also indicated that Cognitive Behavior Therapy (CBT) is an effective treatment option for people suffering from Major Depressive Disorder.

**Keywords:** objective and projective techniques, cognitive behavior therapy, major depressive disorder

**INTRODUCTION**

Depression is a prevalent form of mental illness. It is believed that 5.0 percent of adults in the world suffer from depression. Depression is a key cause of illness and death and contributes significantly to the global illness burden. Women are more likely than men to suffer from depression. Suicide can be caused by depression. Mild, moderate, and severe depression can all be effectively treated. Depression is a prevalent condition that impacts 3.8 percent of the population around the world, with 5 percent of adults and 5.7 percent of adults over 60 years old suffering from it. Around 280 million people worldwide suffer from depression.

Depression is distinct from normal mood swings and short-term emotional responses to ordinary difficulties. Depression can be dangerous to one's health, especially if it is persistent and has a moderate or severe intensity. It can make the individual who is affected suffer severely and perform poorly at job, school, and in the family. Depression can lead to suicide in the worst-case scenario. Every year, around 1.5 million people die by suicide. Suicide is the fourth highest cause of death among those aged 15 to 29. A depressive episode lasts at least two weeks and is marked by a depressed mood (feeling miserable, irritated, or empty) or a lack of pleasure or decreased energy in daily life activities for the majority of the day, practically every day. Poor focus, thoughts of overwhelming guilt or poor of self-worth, pessimism about the future, thoughts of dying or suicide, insomnia, variations in food intake or appetite, and feeling particularly weary or low in energy are all possible symptoms of depression (WHO, 2021).

The exact number of widows, their ages, and other SES aspects of their existence are unclear in many under developing nations. Widows make up a considerable share of all women almost everywhere, ranging from 7-6 percent of entire women population (UN Division for the Advancement of Women, 2000). Their percentage is, however, considerably greater in other developed regions and countries. Widowhood is generally experienced by elderly women in industrialized countries, but it also affects younger women in developing countries, many of whom are still raising children (Ibid). Girls in some areas become widows before they reach maturity. The loss of a spouse is second only to the death of a child in terms of terrible life occurrences (Bennett et al., 2005). When either a woman or a man loses their marriage, the disorganization and trauma that follows tend to be stronger in women than in men (Fasoranti et al., 2007).

**CASE STUDY**

Ms. Rehana Ghulam Rasool is a 21-year-old widow who lives with her in-laws in a joint family system in a government

accommodation, allotted to her brother-in-law, was brought to the hospital by her mother-in-law. She has a 13-month-old son. After family member found her to be losing control over her thoughts and unusual behaviors, she was referred by her consultant psychiatrist for a thorough examination with psychological test. These behaviors included insomnia, loss of appetite, restlessness, hopelessness, wish to die, decreased activity in daily life events, and frequent crying spells. She reported that she doesn't wish to live anymore as she has lost her purpose of life. She also mentioned that she likes nothing around her. Informant reported that she doesn't give any attention to the baby, nor she cleans, or dresses up him. Her personal hygiene was compromised. She was regular in her religious chores but now she doesn't want to pray.

Ms. Rehana was born as normal delivery in a lower middle-class family. She has two more sisters younger than her. Father is a security guard and mother is a house wife. They were living in a two-bedroom small single-story home of a dhobi colony in G-6/2 Islamabad, in which only basic life necessities were provided. They basically belonged to Lahore. She was an average student and failed twice in metric board exams. Client reported herself to be a very social person and made a lot of friends in the school. She fell in love with her husband(late) when she was in class 10, her age was 18 at that time. She was deeply and emotionally connected with him to the extent that they had elicit relationships. The boy sent his parents with a proposal to marry her but due to religious concerns Rehana parents refused it, as they were Sunni Muslims while boy was a Shia Muslim. This led her to give up on her family and go for court marriage in the age of 19. This act made her parents disown her although her in-laws accepted her, and they were always very kind and nice to her. She had very closed bond with her husband and their marital relationship was significantly very strong. After a year of marriage, they were blessed with a baby boy. She gave this good news to her mother therefore her father allowed his family to visit her and take some gifts along, though he himself didn't want to see her. Her husband was fond of making Tik Tok videos and was always eager to have more follower on Tik Tok. For the purpose he used to make adventurous clips. This time he had a loaded gun with him, and he mistakenly shot himself in the head while recording and died on the spot. This huge loss disturbed the whole family and manifested negative impact of the personality of the client. Symptoms started occurring soon after the death of her husband but were going severe therefore the family got worried about her mental and physical health and so is the baby. Mother-in-law reported that she lost weight for about 4 kilograms in a few weeks and still doesn't crave for food. Her husband was working as a General Relationship

Officer (GRO) in a well reputed restaurant and was making 45000 rupees per month. After his death, his father and two brothers are running the expenses of the client and her baby. She didn't mention anything about unavailability of resources and facilities. Job from the same restaurant has been also offered to the widow and no restrictions have been applied from in-laws.

Moreover, along with detailed psychiatric evaluation, she was assessed with many psychometric instruments to evaluate her intellectual functioning (SPM), level of depression (BDI), neurological function (Bendar Gestalt Test), personality, values, or attitudes (TAT), adjustment problems (RISB), and emotional problems (HFD test). In order to overcome all the above-mentioned presenting complaints, Cognitive Behavior Therapy (CBT) was used to identify the cognitive errors and modify them by using cognitive and behavioral approaches of therapy. Following section include the description of reason for utilizing the above-stated measures

**Standard Progressive Matrices (SPM):** The advanced version of the matrices has 48 black and white items, divided into two sets of 12 (set I) and 36 (set II). As you progress through each set, the items become more complicated. These are set of items that are suitable for adult population (Raven, Raven, & Court, 1998).

**Beck Depression Inventory (BDI-II):** It is a subjective measure to access level of dismay and sadness indications in adults and adolescents. Client showed related symptoms therefore BDI was used to measure her level of depression (Beck et al., 1996).

**Bendar Gestalt Test (BGT):** BGT is used to measure visual development, sensorimotor integration skills, response style, tolerance for ambiguity, ability to repair errors, management and organizational abilities, and ambition. (Lauretta Bendar, 1938).

**Thematic Apperception Test (TAT):** Individual differences in the strength of needs such as the need for achievement (the motivation to survive and thrive), the need for affiliation (the motivation to form, preserve, and reestablish favorable emotional interactions with others), and the need for power (the motivation to exert control over the means of impact) are measured using TAT content analysis. (Murray, 1943). Cards number 1, 2, 3GF, 3BM, 4, 6GF, 7GF, 9GF, 11, 13GF were applied on this client.

**Rotter's Incomplete Sentence Blank Test (RISB):** This measure is a semi structured projective technique, used to find out the adjustment difficulties of an individual in a current setting (Rotter's & Julian, 1950).

**Human Figure Drawing Test (HFD):** The use of sketching figures as a means of self-expression is widespread. The HFD test was created with the goal of evaluating a variety of psychological states, particularly the psychic status, which includes psychiatric illness and personality state. As a result, it must be demonstrated that the reliance on the drawings is free of bias due to mental distinction between individuals. Drawing exams are influenced to some extent by the individual's cognitive style, according to the findings of this study. The results imply that the Test's reliability limits should be re-examined, notwithstanding the study's limitations.

**Diagnosis:** 296.22 / 296.23 Major Depressive Disorder, Single Episode, Moderate- Severe with Anxious Distress

**Differential Diagnosis:** Symptoms of persistently high mood, increases in goal-directed behaviour, or symptoms in criterion B persisting a week (Bipolar I – Manic Disorder) or four days (Bipolar II – Hypomanic Disorder) are not included in Ms. Rehana's complaints. As a result, any diagnosis associated from any of the above-stated experiences was ruled out right away.

Mood Disturbance Another medical problem was eliminated as there was no previous history of health conditions such as diabetes, bp, strokes, neurological disorders, or thyroid problems, and her main doctor's recent medical exams revealed no recent new condition.

Substance/Medication-Induced Depressive or bipolar disorder was also ruled out as there was a no report of using drug and medication was reported at the onset of symptoms.

Ms. Rehana fits the criteria for MDD diagnosis, which include severity (five or more symptoms), duration (for the most of the day, virtually everyday for a minimum of 2 weeks), and medically notable decrease in functionality (APA, 2013).

**Cognitive Behavior Therapy (CBT):** CBT is a type of treatment that involves changing your thought patterns and removing unreasonable and negative ideas. It means that your thoughts have an impact on your emotions and conduct. CBT offers ways to manage distress sensations, which might damage your optimistic thinking. Nine most effective techniques were used with the client such as 1) Journaling, 2) unmasking cognitive biases, 3) restructuring of thoughts, 4) ERP 5) imaginal acquaintance, 6) night terror acquaintance and rescripting, 7) play the script until the end, 8) relaxation exercises like PMR, and 9) deep breathing were all used in conjunction. "This simple idea is that our unique patterns of thinking, feeling, and behaving are significant factors in our experiences, both good and bad. Since these patterns have such a significant impact on our experiences, it follows that altering these patterns can change our experiences" (Martin, 2016).

## RESULTS

On psychological testing, the scores on BDI test were 39 which indicates the severe depression. Visual motor perception was assessed by psychoneurological test BGT, her raw score was 5 and standard score was 41 that depicts adequate adjustment and integration of personality, no indication of organicity was shown through this protocol. The intelligence test SPM showed that the client's capacity for nonverbal abstract reasoning abilities falls at above average range. TAT showed need for affection, power, and achievement. On RISB she scored 97 which doesn't show significant maladjustment. Her HFD shows guilt feelings, depressive thoughts, negative tendencies. CBT techniques worked effectively throughout the sessions.

**Prognosis:** The prognosis is reasonably favorable as the client has good insight of her problem and her in-laws are very cooperative.

## TREATMENT PLAN

Based on the format of Prochaska model

**Pre-contemplation:** Impairing insight, Psycho education, Goal making, Therapeutic alliance by addressing client's problems, Positive and negatives of taking therapy, Discussion, or requirement of medication if any, psychological assessment

**Preparation:** Little introduction of therapeutic techniques, Identification of barriers and problem, Targeted symptoms of discussion, Misconceptions, and eradication of confusion regarding therapy if any

**Action Techniques:** Deep breathing, Progressive muscle relaxation, Anger management, Positive reinforcement, Motivational enhancement therapy

**Maintenance:** Re-assurance of working performance of client, Addressing the concerns, if any

**Relapse:** Relapse assistance, Checking the pre-cursors for possible relapse

## SESSION REPORT

Four sessions have been conducted with the client up till now, in the beginning rapport building was the goal which made history taking easier. Client was then comfortable, he orientation to time, person and place was intact. No obsessions or compulsions were observed or reported. Clients was dressed properly. In the second session, comprehensive assessment was done. TAT ruled out her needs and presses. Client showed interest in visiting the therapist which showed insight of her towards the illness. In the third session client shared a lot of information about interpersonal and intrapersonal relationships which enabled me to understand the actual individual self of the client.

**Recommendations:** Different therapeutic techniques are being followed for the betterment of the client. Homework assignments

and activity scheduling is being done through proper plan. Follow-ups are very essential to continue with the procedure as compliance will make improvement to her mental health.

### CONCLUSION

Ms. Rehana Ghulam Rasool is 21 years old mother of a 13-month-old child. BDI, TAT, RISB, BGT, SPM & HFD were administered. The tentative diagnosis is that client has Major depressive disorder. The prognosis of the client is favorable. Cognitive Behavior Therapy, Psycho educating, family counselling and talk Therapy collectively will be used to treat the problems of client.

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