

An overview of eclectic intervention in emotional disorders. A case study

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Abstract

In clinical practice, the concept of depression describes clinical states and disorders. In this context depression is characterized by strong feeling of moral pain, of uselessness and of devaluation. In psychiatry, the term is used to signify an exceptional state akin to the sadness, unhappiness and anger generated by daily experiences. The case study in the article shows a possible eclectic approach to depression in psychotherapeutic practice. Even if the therapeutic approach combines techniques and methods that belong to different schools of therapy giving apparently a feeling of lack of unity and coherence to the strategy applied in resolving the case, at the level of the deep psyche it makes sense for the client and acquires efficient healing values.

Keywords: *depression, emotional disorder, therapeutic metaphor, hypnotic trance*

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I. INTRODUCTION

Disorders of emotional life are characterized by an extremely varied polymorphism. These disorders can be recorded as “reactions”, which, according to Lyons and Schneider (2005) are “the emotional - affective response of the individual to the events in his life “.

From the point of view of causality, they can have an exogenous cause as a result of the action of factors outside the human being, or on the contrary, an endogenous cause connected with a certain constitutional frame of mind in which case they appear spontaneously.

One of the characteristics of emotional life disorders, particularly in the case of those of endogenous nature, is, as a means of expression, their cyclic dynamics which lead to periodical variations of mood (Barlow, Allen, & Choate, 2004). In psychopathology, affective disorders are judged according to the following criteria: nature (polarity), intensity, force, liability, content and emotional fitness. Affective disorders (Millon, 1987) can also be analyzed in terms of quantitative modifications (hyper and hypothimia) as well as in terms of qualitative changes (parathimia).

Depression can be defined as any transient or durable weakening of the state of mind or the psychic tone (Horowitz, 2012). Also depression can be considered as a negative hyperthimia as it supposes the collapse of the basal mood. According to “The New Encyclopedia Britannica” (the 15th edition), depression is “a mood or emotional state that is characterized by sadness, inactivity and a reduction of the ability to enjoy life”.

II. THERAPEUTICAL PERSPECTIVES ON DEPRESSION

In psychoanalytic theory, the forces of the unconscious influence human behavior each and every moment and interfere with the elements of the psychic (Freud, 2005). A patient possesses a number of purposes in life, of attitudes, motives, opinions about himself of which he is unconscious and which he tries to follow, as well as a set of motivations and unconscious conflicts that have their origin in his childhood experiences and relationships (Malan, 1979). In adulthood the presence of these contents of unconscious nature may be harmful to the patient.

Starting from this premise, the psychoanalytical perspective on emotional disorders (anxiety, depression) considers that their formation is based on a series of psychological processes of unconscious nature which contribute to the personality structure and to the formation of adaptive mechanisms (Kernberg, 1994). According to psychoanalysis, the therapeutic approach aims at the patient discovering the sources and hidden motives that lie at the basis of his behavior and problems (Høglend, Bøgwald, Amlo, Marble, Ulberg, Sjaastad, & Johansson, 2008). It is also believed that these sources and hidden motives were built up in childhood and are of unconscious nature and inaccessible to the person (Kernberg, 1970).

Beck (1979) asserts that negative thoughts play a central role in maintaining the depression. From this point of view it is considered that depression may be treated if the patients are helped to identify and modify negative thoughts.

According to Beck, in a depression, the roots of negative thoughts must be sought in the attitudes acquired during early childhood and subsequently. During the therapy sessions, the patient will learn to call into question automatic negative thoughts and test the dysfunctional postulates that determine them. It is good to know that depressive thinking is not the cause of depression, but may be a part of it (Abela & D'Allesandro, 2002).

In accordance with Beck's model, there are three psychological levels at which functional alterations of the cognitive capacity appear: cognitions, cognitive processes, and cognitive depressing schemes. It is specific to patients with depression to have interior monologues consisting of automatic or dysfunctional thoughts.

III. CASE STUDY

1. Short Presentation

Corina, aged 27, married, high educated person, requests therapeutic help because she feels discouraged, isn't able to make decisions and is convinced that she lives her mother's life.

2. List of issues

The fact that her mother died of leukemia at the same age as Corina is now convinces her that she lives her mother's life scenario and that she will soon die of the same disease, too.

Her greatest wish is that her mother had been living to tell her what to do. The results are: discouragement, inability to adapt to her environment, but most of all, and an unsolved mourning reaction.

Despite her family's support, Corina feels that she is unable to make decisions, which leads to automatic negative thinking and a self-image in decline ("If I take action, I will fail"; "It's useless to try").

3. Conceptualizing the issues from the point of view of several theories

The cognitive behavioral theory postulates that people harbor negative and unrealistic thoughts and beliefs with respect to themselves and the circumstances they face in life and they will develop dysfunctional and perturbing emotional states (McGinn, 2000).

Erickson's theory emphasizes that each person has the necessary resources and skills to resolve his/her problems (McGinn, 2000).

Constructivist and narrative therapies (Etchison, & Kleist, 2000) hold that a specific factor lies at the root of a psychological problem, such as: a scenario of threat, failure or helplessness, which not only gives meaning to the past but also determines the direction of the future.

4. Therapy Objectives

- Resolving the mourning reaction with effects on the adaptive issues of the client.
- Regaining her sense of self- control.
- Gaining self-efficacy in making decisions, with effects on improving her self-image.
- Restoring the client's relationship with those who can offer her emotional support.

5. Therapy Plan

After the interview and the informal data collection, I applied Beck's Depression and Anxiety Questionnaires (BDI and BAI) to the client, obtaining a score that indicates a severe depression (Beck, Steer, Garbin, 1988). Therefore, I chose the therapeutic metaphor as a basic method of therapy. The reasons for using the metaphor were: on one hand the great resistance of the client- knowing that the greater the client's resistance, the more adequate the use of the metaphor – on the other hand resolving the client's mourning reaction. I associated the metaphors used by the client with hypnotic induction into which I inserted progressive tasks, thus enhancing the client's responsiveness to hypnosis.

I used standard hypnotic induction with relaxation suggestions whereupon I focused my attention on the past resorting to age regression:

“You can go back in time and relive the events of your life in the reverse direction. You are going back in time, more and more, and you remember all the events that were important for you and took place weeks, months, and years ago. Thus, you can remember certain important things which are related to your present situation. Look “with your mind's eyes” and you will observe how the story of your life stops suddenly in a significant moment. When you get there, look attentively and memorize every detail to tell me afterwards.”

Corina described memories linked to the death of her mother and expressed her regret that she had not been able to talk to her or to say goodbye to her the way she would have wished.

In the following sessions, I used the same hypnotic induction, whereas the metaphor associated with the trance included this time changes that had to be introduced by the client.

It was the right moment for Corina to express her deep pain and it was then that she realized how much she missed her mother. For this reason, I suggested more imaginary conversations

during which Corina collaborated with her mother to write a new scenario in which she learns from her own mistakes as well as from her mother's.

In this way, I succeeded in appeasing her mourning reaction and was about to approach the next objective: regaining her sense of self-control and abandoning automatic negative thoughts that invaded her mind. This was the objective that was well under way now. In the beginning, Corina had to make a list of all her negative thoughts as homework, and then I analyzed each thought to see how real it was and took down every component from the list. As the psychic structure allowed, for the successful use of mental imagery in which suggestions are centered round body and mind relaxation, round the inside resources and accessing them, I used trance to regain her self-control.

Since Corina achieved important inner healing, the last two objectives will be accomplished in a smaller number of sessions.

III. CONCLUSIONS

The therapeutic metaphor as the instrument used in approaching the present case, offers the possibility to make the journey from the present to the past or future, from the conscious to the unconscious (Robert & Kelly, 2010). It provides an opportunity to open cognitive and emotional doors behind which the healing solution can be easily identified.

Another important role of the therapeutic metaphor is to reduce the client's resistance. The moment he/she surrenders we can meet him/her on his/her territory or always stay in touch with his/her: needs, vulnerabilities, personality structure and expectations from a precise perspective as well as from a general perspective (Kopp & Eckstein, 2004; Kopp, 1995).

Understanding the mourning reaction from the psychoanalytical point of view as being "a reaction to the loss of someone loved, includes painful mood, loss of interest in the outer world, loss of capacity to choose a new object of love-as it would mean replacing the departed one-lack of interest in any achievement not connected to the deceased", gives the opportunity to build a metaphoric scenario more adapted to the needs of the client and also to raise awareness of the limitations and inhibitions of the person's ego (May, 1961).

Once the client has got out of the mourning blockage, he is able to gradually regain his inner liberty and his motivational force in order to set out to seek the meaning of life as it is viewed in the existentialist paradigm (Yalom, 1981).

An eclectic approach will always be accompanied by challenges on both parts (the client's/the therapist's), by ups and downs but also by an authentic healing process.

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