

Case Study

## A Case Study of Depression among Affluent People: Clinical Progress, Challenges, and Multidimensional Management

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### ABSTRACT

This case study delves into the clinical journey of Mr. A 48-year-old man has been diagnosed with depressive disorder. His symptoms gradually revolved around fatigue, constant guilt, feeling worthless, inability to perform daily tasks efficiently, accompanied by physical and verbal aggression, suicidal thoughts, and social withdrawal. His study highlights the treatment history, including pharmacotherapy, and Cognitive Behavioral Therapy. The paper also explores how the effectiveness of these therapies has evolved over the years.

**Keywords:** *Depression, Affluent People, Clinical Progress, Challenges, Multidimensional Management*

Depression among affluent individuals is a frequently underestimated yet significant mental health concern. Many believe that being financially secure and surrounded by material comforts protects individuals from mental health issues. However, research indicates that having wealth does not guarantee happiness or emotional well-being.

Depression among affluent individuals may arise from distinctive challenges associated with wealth, including feelings of isolation, a sense of purposelessness, and the expectation to uphold specific social or professional norms.

These issues are frequently overlooked because of the stigma associated with them. Society tends to disregard the challenges faced by the wealthy, assuming that their financial status should enable them to effortlessly resolve any problems.

In reality, wealthy individuals may experience heightened levels of depression due to concerns such as the dread of losing their status, feelings of guilt, and the sense of isolation associated with their lifestyle. Numerous wealthy individuals might find themselves navigating intricate dynamics within their relationships with family and friends, grappling with the perception that they are esteemed more for their financial status than their personal traits.

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Received: November 04, 2024; Revision Received: November 07, 2024; Accepted: November 11, 2024

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The expectations and social pressures they experience can sometimes result in feelings of emptiness or an identity crisis, which in turn can increase the likelihood of depression.

The idea that having money solves all problems can sometimes hinder affluent individuals from reaching out for help.

Wealthy individuals might also find themselves grappling with societal opinions, concerned that their experience of depression could be disregarded or not taken seriously.

This isolation, coupled with a lack of understanding or empathy from others, fosters an atmosphere where depression can linger and deteriorate.

Moreover, research indicates that wealth can result in heightened stress due to the need to oversee financial assets, handle investments, and fulfill the obligations associated with substantial resources.

Wealthy individuals frequently experience elevated levels of chronic stress, a significant risk factor for depression. Addressing depression among wealthy individuals necessitates a change in perspective.

Instead of assuming that wealth eliminates emotional battles, society should acknowledge that mental health issues are intricate and widespread.

The key to grasping this matter is recognizing that money is unable to satisfy deeper psychological needs, such as belonging, purpose, and connection. These needs are essential for human well-being, irrespective of one's financial situation.

### **RESEARCH EVIDENCES**

Callan, M. J., Kim, H., and Matthews, W. J. (2015). This study delves into the relationship between wealthy individuals and their self-esteem being closely linked to financial success, potentially resulting in feelings of depression in cases where financial goals are not achieved.

The dependence on wealth to define one's self-esteem has been shown to elevate the likelihood of facing mental health difficulties.

Luthar, S. Please add two tags where a line break is needed for "S., and Barkin, S. " H. (2012). This study examines the occurrence of depression and anxiety in affluent adolescents. The research findings indicate that stressors associated with affluence, such as academic pressure and social competition, play a role in the elevated occurrence of mental health problems among affluent young individuals.

Piff, P. K., and Moskowitz, J. P. (2018). This study delves into the intricate connection between wealth, happiness, and mental health. The findings suggest that having wealth doesn't always lead to higher levels of positive emotions. Moreover, affluent individuals can struggle with feelings of depression as a result of social isolation and disconnection.

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Côté, S., House, J. and Willer, R. In the year 2015, please ensure to add a br tag where necessary for line breaks. This study delves into the correlation between higher social class, typically connected with wealth, and social isolation.

Findings suggest that affluent individuals may experience increased feelings of isolation, which could contribute to a higher risk of depression and lower levels of general well-being.

### *Tools and Instruments*

1. **The Beck Depression Inventory (BDI)** is a 21-item self-report designed to evaluate the presence and severity of depressive symptoms. High overall scores suggest greater severity of depression. Every matter is assessed on a scale ranging from 0 to 3. Given the frequent co-occurrence of depression, the BDI was used to assess signs of depression before and after treatment. The reliability and validity of the BDI have been extensively proven in clinical and research settings.
2. **The Hamilton Depression Rating Scale (HAM-D or HDRS)** is a clinician-administered questionnaire developed by Max Hamilton in 1960 to evaluate the severity of depression symptoms in individuals who have already been diagnosed with depression. The HAM-D is commonly utilized in clinical and research environments to assess the effectiveness of treatments and monitor changes in symptoms over time.

### *Aim*

The objective of this study is to provide a comprehensive case assessment of Mr. A representing an individual experiencing severe depression the document emphasizes their clinical history, progression of symptoms, treatment plans, and outcomes. It also demonstrates the effectiveness of a multidisciplinary approach, combining medication, cognitive behavioral therapy, and assessments, in managing severe depressive episodes.

### *Research Design*

The clinical testing and treatment of Mr. A In this case study design, a person experiencing severe depression is being examined using a qualitative, longitudinal methodology.

Clinical records, psychometric tests, observation of therapy sessions, and interaction with the patient were utilized to collect data.

The study offers a comprehensive understanding of symptom management and patient development over time by exploring the effects of medication, Cognitive Behavioural Therapy, and various assessments.

## **CASE PRESENTATION**

### *Patient Profile:*

Mr. A is a 48-year-old male, who holds the position of CEO at a thriving multinational corporation, boasting a net worth in the upper percentiles.

He is happily married, has two children attending private school, and resides in an upscale community. He has no previous psychiatric history, however, he mentions experiencing occasional "stress" related to work. Mr. A was recommended for a psychiatric assessment by his family doctor as he had been experiencing ongoing fatigue, low spirits, and a lack of drive.

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*Over the past six months, Mr. A reported the following symptoms:*

- Persistent low mood and feelings of sadness.
- Chronic fatigue and lack of energy, especially in the mornings.
- Decreased interest in activities he previously enjoyed, such as golfing and spending time with family.
- Feelings of isolation, despite being surrounded by people in his personal and professional life.
- Thoughts of guilt, feeling that his wealth prevents him from “deserving” sympathy or help.
- Difficulty sleeping and waking early in the morning, with thoughts of dread about the day.
- Occasional thoughts of meaninglessness, though no suicidal ideation.

Mr. A's family mentioned that he had started to become more isolated, choosing to spend the majority of his time either at work or by himself.

They observed irritability and a lack of enthusiasm for family activities and social events.

### **Psychiatric evaluation and diagnosis:**

During the psychiatric assessment, Mr. A was initially reserved, showing worry about being perceived based on his wealth and hesitant to talk about his mental well-being.

After delving deeper into our discussion, he revealed that he was experiencing a sense of disconnection from those around him. He expressed his suspicion that people, even some of his friends, may be valuing him more for his financial achievements rather than for who he truly is. He depicted himself as feeling "trapped," constrained by the obligations of his role and financial duties, leaving scarce chances to follow his passions or establish fresh, significant relationships.

### **Contributing Factors:**

**1. Social Isolation:** Mr. A feeling of loneliness was expressed, with a sense of disconnection from both friends and family members.

His financial success created barriers, as he felt judged or envied, leading to mistrust in relationships.

As a CEO, he had internalized the necessity of maintaining an aura of success and control, which limited his ability to show vulnerability or acknowledge weaknesses. of Purpose and Fulfillment: Although financially successful, Mr. A individual expressed a sense of unmet fulfillment. He sensed a lack of purpose in his work, which added to his deep feeling of hopelessness.

### **Family dynamics and expectations:**

Mr. A's family had grown accustomed to depending on his wealth and status, which increased the pressure to uphold his high-achieving image.

He was afraid of disappointing his family if he were to open up about his mental struggles.

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### *Mental Status Examination*

Mr. A revealed that despite his well-groomed appearance, he exhibited signs of nervousness and occasional anger, especially when discussing his unwelcome ideas. He spoke clearly, yet quickly, a sign of mounting nervousness. He displayed congruent affect, showed signs of agitation and nervousness, and became emotional, shedding tears while discussing suicidal thoughts. He possessed a logical mindset and persistent concerns about irritability and stress.

### **Treatment Plan:**

1. Medication: Mr. A had initially begun treatment with a low dose of an SSRI, sertraline, to aid in coping with his depressive symptoms. His dosage was slowly adjusted according to his tolerance and response.
2. Cognitive Behavioral Therapy (CBT): To tackle feelings of guilt, worthlessness, and perfectionism, Mr. A embarked on Cognitive Behavioral Therapy with an emphasis on reshaping negative thought patterns. He acquired strategies to challenge the idea of worth being solely linked to success. Consequently, he embarked on reshaping his self-worth autonomously from external validation.
3. In addressing his depression, Interpersonal Therapy (IPT) sessions proved valuable due to the significant role of social isolation. These sessions guided him in exploring and rebuilding trust in relationships.

*Table 1 summarize the evaluation of Mr. A progress*

SCALE	EVALUATION	TREATMENT/ ASSESSMENT TOOLS	SCORES
<b>SymptomSeverity</b>	Fluctuated between mild and severe, particularly during time of stress.	Beck depression inventory	Mild:12, Severe:24
<b>Aggressive behaviour</b>	With treatment, the initial violent outburst decreased, however, they still happen periodically	Pharmacotherapy & CBT	N/A
<b>Intrusive thoughts</b>	Add Data		
<b>Sleep And paranoia</b>	Sleep Disturbances and paranoia about others discussing him persist, with slight improvements noted in sleep pattern	Pharmacotherapy	Improvement
<b>Insight</b>	Good insight into his condition, understanding the impact of depression in his life.	Clinical assessment	Good
<b>Medication</b>	Good adherence	Medication Management	Good adherence

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### CONCLUSION

During a span of six months, Mr. A's depressive symptoms slowly started to get better. The SSRI contributed to easing his fatigue, low mood, and anxiety.

Therapy, on the other hand, provided him with the opportunity to develop coping strategies and confront his negative self-perception. He began rebuilding connections with his family, opening up about his challenges, leading to stronger bonds and increased mutual understanding among his loved ones.

Moreover, his work-life harmony saw enhancements as he commenced entrusting tasks to others and concentrating on impactful initiatives beyond his duties as a CEO. He mentioned feeling more purposeful and less isolated. Although he still had perfectionistic tendencies, he was able to control them, understanding when they added to his stress and adapting as needed.

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### Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### Conflict of Interest

The author(s) declared no conflict of interest.

**How to cite this article:** Negotra, S. (2024). A Case Study of Depression among Affluent People: Clinical Progress, Challenges, and Multidimensional Management. *International Journal of Indian Psychology*, 12(4), 1119-1124. DIP:18.01.103.20241204, DOI:10.25215/1204.103