

Case Study

Navigating Grief and Depression: An Integrative Method to Treating Complex Emotional Disorders

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ABSTRACT

The case study of Mrs. G, a 28-year-old lady with major depressive disorder, is examined in this study. Her symptoms were made worse by unresolved sadness following a family bereavement. The case study looks at how acquaintances, a sense of self and productivity at work can all be negatively impacted by grieving, which can intensify depression symptoms. The study monitored Mrs. G's development over the course of a treatment plan that combined CBT) and (EFT), using evaluation instruments such as Beck Depression Inventory. EFT urged her to deal with grieving in a healthy way, while CBT assisted her in confronting negative thoughts and self-blame. Notable gains resulted from this dual-therapy strategy, underscoring the necessity of customized treatment strategies for depression associated with bereavement and demonstrating efficient procedures for handling complicated MDD cases.

Keywords: *Emotional Health Actions, Individualized Therapy, Self-Esteem, Unprocessed Sorrow, Emotional Resilience, Symptom Intensity, Cognitive Errors, Bereavement-Related Sadness*

Depression as "a widespread and also how real ailment that intensifies over time, altering the way you are feeling, think" (APA). Due to the many problems, it might cause, an individual's capacity to function emotionally in their own home and at profession may be significantly reduced. distress that interferes with everyday activities due to persistent grief and indifference.

Those who are grieving often avoid social gatherings, which can exacerbate symptoms of sadness and increase feelings of loneliness. This social disengagement may hinder coping strategies that rely on community support (Stroebe et al., 2005).

An intense and complex response to loss is grief-related misery. When people loses something they love or experiences a comparable major life disaster, they may experience a strong emotional response that goes beyond the typical mourning processes and turns into what is commonly known as grief-related depression. Bereavement-related depression affects a person's overall health, social relationships, and ability to perform everyday duties.

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Unlike normal grief, which appears to pass, bereavement-related melancholy persists and may even get deeper with term.

The hallmarks of this kind of despair include persistent sadness, feelings of worthlessness, inability to sleep, changes in desire, difficulty concentrating, and in some cases, extreme guilt or self-blame. Although grieving is a normal and necessary process, prolonged or untreated mourning can lead to profound depression, a disease in which debilitating feelings prevent a person from moving forward.

A prevalent and debilitating illness, significant depression (MDD), also referred to as gloom, is characterized by a continuously low mood, a sense of desolation, and a lack of excitement for routine daily chores. It is one of the primary causes of disability and affects an estimated 5% of people worldwide (World Health Organization, 2023). The characteristics of depression, such as its intensity, duration, and substantial impact on mental and physiological functioning, set it apart from temporary melancholy (American Psychiatric Association, 2022).

A multitude of sentimental, neurological, ecological, and genetic predispositions are among the several causes for sadness (Fried & Nesse, 2015). For instance, studies suggest that cerebral biochemical imbalances, such as low levels of both dopamine and serotonin, may be crucial in establishing the illness, even though the exact mechanisms are still unclear and complex (Mayo Clinic, 2022).

Treatment approaches for depression are evolving, emphasizing a personalized, biopsychosocial strategy that includes medication, counseling, and lifestyle modifications (Cuijpers et al., 2020). For example, one of the most effective behavioral treatments for major depressive disorder (MDD) is cognitive behavioral therapy (CBT), which targets unhelpful beliefs that contribute to depressed symptoms (Beck Institute, 2023).

To help people regain their spiritual and mental well-being, a holistic method is required to address the complex and multifaceted manifestations of this disorder. Understanding the many elements and the customized nature of intervention can be useful in effectively managing despair and reducing its substantial influence on world health.

Grief-related mania can be treated with therapies that focus on both processing the loss and addressing the underlying depressive symptoms.

Interventions that can help people cope with the grieving process, develop resilience, and recover their sense of fulfillment and purpose include cognitive behavioral therapy, grief treatment, and various other beneficial methods.

REVIEW OF LITERATURE

(Bonanno et al., 2002) Experiences of grief, nothingness, and sadness are some of the inner tolls of bereavement that might resemble the symptoms of sadness. Studies have shown that those who are grieving the loss of a loved one may experience significant symptoms of depression that persist for a long period of duration.

(Lund et al., 2010) Because depression and sadness have similar traits, grief can also affect cognitive function, leading to problems with concentration, memory, and making choices. It

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has been demonstrated that these cognitive flaws contribute to the development of mood disorders and make grieving more difficult.

(Muench & Hamer, 2010) Melancholy can be influenced by both inherited characteristics and biochemical changes. According to research, alterations in the neurotransmitter networks, such as those involving serotonin and norepinephrine, have a major impact on how depressed diseases manifest.

(Kessler, 1997) Extreme life stressors, such as losing one's work, a failing connection, or a persistent health condition, can cause mood swings. Studies show that those who are under a lot of interpersonal stress are more inclined to feel worried.

(Beck, 1976) Cognitive interpretations of sadness emphasize negative thought patterns, such as worrying about the and thinking about nothing at all. Research indicates that persons who experience depression often make cognitive mistakes that worsen their symptoms and make recovery more challenging.

METHODOLOGY

Aim

The purpose of this case study is to examine the intricacies of Mrs. G's serious mental illness, paying particular attention to her indicators, medical history, economic circumstances, and therapeutic approaches. Her current clinical strategy, including therapy, medications, and changes in habits, is thoroughly examined as part of the examination. In order to better understand how individualized characteristics affect treatment success, this study combines clinical observations with real-world tasks. The ultimate goal of the results is to shed light on efficient methods for treating major depressive disorder in medical settings.

Research Design

The evaluation and management of Mrs. G, who has been diagnosed with serious depression, over a predetermined period of time is examined in this longitudinal case study. The study will monitor her symptom progression using psychometric measures such as the (HDRS) and (BDI), as well as clinical records, inquiries, and notes from medical care sessions. Frequent interviews with Mrs. G will provide qualitative information about her coping mechanisms and opinions regarding the effectiveness of therapy. This all-encompassing strategy seeks to shed light on her control of symptoms and personal development while offering insightful information on the most effective methods for treating major depressive disorder.

Tools and Instruments

- 1. Beck Depression Inventory (BDI):** Each of its twenty-one pieces symbolizes a unique the test consists of 21 items, each of which reflects a different negative symptom, such as sadness, hopelessness, impatience, or a lack of enthusiasm for activities. Patients rate each item on a scale of 0 to 3 according to how bad their illnesses have been during the past two weeks. The overall score ranges from 0 to 63, with higher numbers denoting more severe sadness. The BDI is widely used in clinical and academic settings to evaluate treatment outcomes and symptom severity.
- 2. Hamilton Depression Rating Scale (HDRS):** Clinicians use the HAM-D to measure the severity of depression in people who have previously been diagnosed. As to the version, the scale comprises 17–21 items that concentrate on several

markers such as mental condition, regret, difficulty sleeping, annoyance, or intellectual incapacity. Each item's rating, which may vary from 0 to 52 or higher, is determined by the intensity of the sensations. The HDRS is widely used in therapeutic settings to monitor alterations in the severity of clinical depression over time and assess the efficacy of therapies.

CASE PRESENTATIONS

The client is a 28-year-old married Hindu woman who lives in Delhi and is pursuing an advanced degree in teaching. She comes from an extended family. The customer appeared to be settling into her social, private, and work lives very well until about five years ago, when she started to have some negative thoughts. The client would talk about thoughts like "I am not conscientious and will ultimately harm things" and "I will never be able to do every task without mishap." The patient reported that she would experience these types of ideas throughout the day, followed by depressive symptoms.

Since her brother-in-law died in a car accident in 2012, the customer has been afraid that something similar would happen to her. She complained of sleeplessness, low appetite, and trouble focusing. The customer said that she was unable to fall asleep at twilight after lying in bed for more than an hour. Her daily consumption of rotis has also decreased from 4-6 to 2-3. Every time these thoughts crossed her mind, it was likely to believe inadequate, which made it difficult for her to concentrate on any other task. The client also talks about how raising kids has caused her to feel stressed out and cry at times.

She claimed that the boy's poor grades were caused by her incapacity to properly dress him, teach him, and sometimes neglect him since she was too busy taking care of herself. According to the client, she also gets upset easily, fights with her partner, and then feels bad about it afterwards. Because she thought she wouldn't be able to cope with the obligations of the job, would have difficulties focusing, and would be dealing with people, she also lacked courage and avoided working. The recipient's spouse claims that she is likewise susceptible to the opinions of others.

To gauge the intensity of her depression symptoms, she was asked to self-report on 21 items from the Beck Depression Inventory (BDI), which gauges several aspects of her affective and cognitive states. Given her history of unhappiness, including weeping fits, low self-esteem, and discontent with her responsibilities, her BDI shows moderate to severe depression, accompanied by significant emotional distress and impairment in her daily tasks.

History: no notable medical or surgical conditions in the past

- **Family History:** The client is from an urban, nuclear household and currently resides in Delhi with her family. The individual in question is the second of three siblings and is from a non- consanguineous marriage. The family members all get along well with one another. They believe the client has a mental condition and are looking for therapy to help her get better. No family members have a history of substance misuse, mental or neurological illnesses, or suicide.

Personal History

- **Birth history**— Unknown

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- **Academic History:** The customer started school at the age of five and earned 68 percent of the potential points upon graduating. She is currently working toward her post-graduation (M.Ed.) degree.
- **Work History:** In 2015, the client resigned from her position as a primary school teacher due to negative beliefs such "I won't be able to concentrate as I won't have what it takes to do a job."
- **Marital History:** The patient currently resides in a nuclear family after getting married in 2010.

Personality prior morbidity

- **Social relationships:** She has tended to remain reclusive in most of her relationships, even though she gets along well with everyone in her social circle.
- **Interpersonal Relations:** She gets along well with all of her intimate family members and is nearest to her mother.
- **Attitude toward oneself and others:** She has consistently shown obedience to others. The person's religious beliefs have been merely average.
- **Ability to think:** liked to read and listen to music

Mental Status Examination

The client was an adolescents with a normal build who walked into the interview room normally and sat down on the sofa, according to MSE. She was dressed adequately and had good personal hygiene. Her speech was spontaneous, relevant, and understandable, and the reply duration, tone, volume, and pace were all typical. Due to her pressures, she got diagnosed with depression and acute distress. She discussed stressors in her work environment, career, and personal life. She denied any abnormalities of perception. She received a score of 1V/VI for insight.

Diagnosis: Major depressive disorder (F32.1)

DISCUSSION

This case serves as an example of how unresolved sorrow can worsen MDD, affecting the client's everyday functioning, sense of self, and career. Despite the assistance of friends and family, the client's roles as a teacher and student were interrupted by her ongoing melancholy, low self-esteem, and feelings of failure following the unexpected death of her brother-in-law. Her emotional barriers and cognitive distortions were addressed with integrative therapy that combined emotion-focused therapy (EFT) and cognitive behavioral therapy (CBT). While EFT allowed her to process loss and unpleasant emotions, enhancing her resilience and ability to handle future problems, CBT assisted her in reframing blame oneself and adopting positive attitudes.

CONCLUSION

The combination of CBT and EFT assisted the client recover depression caused by grief by satisfying their emotional and logical needs. This dual technique has helped her sort through and identify complex thoughts, replace negative viewpoints with positive ones, and ultimately recover confidence, allowing her to re-engage with her life and work goals. As she grows, her resilience and self-efficacy give her a positive foundation for conquering future challenges and maintaining her sense of purpose outside of treatment.

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Conflict of Interest

The author(s) declared no conflict of interest.

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