

Managing Depression with the Dynamic Therapeutic Intervention Approach Using Optimism Attitude Model (OAM) - Evidence Based Case Study

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Abstract

Optimism Attitude model as elucidated by Banerjee and Puri in 2016 has its varied usage on variety of issues with diverse populations. This article presents an interesting case in the dialogue format wherein it is clearly evinced that using optimism attitude model can be an effective intervention strategy in restoring peace, harmony and balance in the life of the individual. This model also incorporates seventh sense hypnotherapy which adds on to the effectiveness of them strategies used therein. OAM has become a panacea in times of COVID 19 Pandemic.

Keywords: *Optimism Attitude Model; Seventh Sense Hypnotherapy; COVID 19 Pandemic; Mental Health*

Introduction

Optimism attitude model as elucidated by Banerjee and Puri [1,2] has its multifarious usage amongst diverse populations of all ages, class and socio economic status. The key is the effectiveness with which the hope is reignited in the individual's heart so that he can take the next leap of faith with conviction [3].

Case Study

In this case, which is discussed - the following are the details.

The client Mrs. M was 35 years old, married female, home-maker, hails from middle socio economic status, urban background presented with five years history of relationship issues with insidious onset. The perpetuating factor was family environment.

History of present illness

The client was maintaining well till five years back. After her marriage in 2015, everything was going fine between the husband and wife for some time, but slowly as time passed the couple started having fights, arguments which happen between couples, but these became a problem when the fights became very serious, the husband stopped believing wife regarding her complaints for the mother-in law's ill treatment towards her, who in his absence, she would taunt the patient, would make her work etc. Since the beginning of the marriage the husband had high expectations from her, which had put a lot of pressure on her, according to his expectations, the wife should be working independently; he had tried to indulge her in various activities, working as a beautician, applying for various other jobs.

Mrs. M was not expected to do all this, by her parents but when after marriage she was asked to do all that she had never done it became tough for her to cope with all this and she end up fighting with him. The fight started taking place frequently and which led her to take steps to end her life and made her think that the husband did not love her.

She also started fearing her mother in law's visits as whenever she would visit, the husband would be a completely different person, he would not pay attention to her, would not care if she had her meals and she would have to do a lot of house work that time and nobody would help her in house course work. She tried to commit suicide two years back by jumping in front of the car and also tried consuming phenyl but was saved. She had made many other attempts to end her life but does not remember them clearly. The couple came to the clinic when all these fights, and suicidal ideations became very problematic and they could not handle it any more. From past six months she had lost interest in all pleasurable activities, she did not like to interact with any one, she did not talk to any of her friends, her appetite had decreased, she had disturbed sleep (early awakening), and she feels lethargic.

Management

- Pharmacological treatment
- Psycho education to patient and parents
- Induction of optimism attitude model.

Using the simple steps of OAM therapy, the relationship issue was resolved successfully for the client.

Therapeutic intervention

Session 1: Rapport building and psychoeducation

It is very much important to have good rapport formation with individuals, so that they are better able to disclose their problems with the therapist. In the initial phase therapist empathized with the patient and actively listened to her problem in order to build rapport with the patient. Patient was explained about the nature and the progress of therapy involving duration and number of sessions to the patient. After the informed consent, assessment was completed. Psychoeducation was done with the patient as well as with family members. After psychoeducation, the patient optimism level was assessed using optimism index scale.

Therapist: Mrs. M, I want you to share your thoughts and feelings...

Patient: My husband doesn't understand me and we have frequent fights due to this.

Therapist: Can you please elaborate more...

Patient: My husband wants and forces me to do a lot of things but my parents never forced me to do anything beyond my wish. He wants me to work and be independent. I don't want to work and we end up fighting. Now day she doesn't believe me and I feel like he doesn't love me like before.

Therapist: So, you mean that he doesn't understand and care about you?

Patient: Yes...

Therapist: I want you to respond few questions.

Patient: Yes sure, I would respond.

The individual scores were as follows.

The scores on the optimism index indicate low scores on all domains of optimism.

Session 2

In the second session with the patient, she was asked about the symptoms she wishes to work on. The index patient responded that she wants to work on her anger.

Therapist: in which situation, do you get very angry?

Patient: Whenever my husband forces me do new tasks.

Therapist: Can you please explain in detail through a situation.

Patient: In the past, he had forced me to join job, but I never wanted, he doesn't understand me and forces me to do tasks.

In the awareness stage, the patient was made aware about her problems using psychoeducation and confrontational therapeutic model. She was made aware of the symptoms she was going through. The anger symptom was first taken for the session.

In the visualization stage

Therapist: Sit in a comfortable position, close your eyes and take three deep breathe. Now visualize that your husband is forcing you to do new task, you are able to calmly explain him that you are not comfortable doing this task and wouldn't do and he is patiently listening to you and understanding you. Now slowly rub your palm against each other and place on your eyes and slowly open your eyes.

Third session

Therapist: How are you doing Mrs. M?

Patient: I'm bit better but not able to manage the situations at home

Therapist: Okay. Let's work on your anger issue

Patient: Sure...

In the third session, the patient was again made to visualize a positive situation.

In the visualization stage

Therapist: Sit in a comfortable position, close your eyes and take three deep breathe. Now visualize that you are able to communicate your feelings and thoughts to him and he is able to understand and believe in whatever you share with him about your feelings. The trust between you and him started to build up.

In the cognitive priming stage

Therapist: Whenever he talks to you, respond to him politely every time and was made to read motivational books and motivational videos through which she was able to get motivated to maintain her relationship with husband and mother in law. She was also asked to read motivational books.

Patient: Sure, I will read books and would respond to her politely.

In the fourth session

Therapist: How are you doing Mrs. M?

Patient: I'm bit better and able to manage the situations at home.

Therapist: Sit in a comfortable position, close your eyes and take three deep breathe. Now visualize that your mother in law is asking you to do work in a polite manner without any taunt and you are able to do all the work happily. You and her spending more time together and able to understand each other better by sharing feelings. Now slowly rub your palm against each other and place on your eyes and slowly open your eyes.

In the cognitive priming stage

Therapist: Whenever your mother in law taunts you, respond to her politely every time and was made to read motivational books and motivational videos through which she was able to get motivated to maintain her relationship with husband and mother in law. She was also asked to read motivational books.

Patient: Sure, I will read books and would respond to her politely.

In the mindfulness meditation stage

Therapist: Sit in a comfortable position, close your eyes and take three deep breathe. Now just focus on your breathing process, how you inhale and exhale breathe and now slowly shift your attention from breathing to listening to environmental sounds, focus on the sounds present in the environment and keep on breathing. Now gradually bring your attention towards bodily sensation, feel any bodily sensation taking place in your body, if you get distracted bring your attention back. Now gradually focus on your thoughts, focus on the themes of the thoughts and let it pass away and now gradually bring your attention back to breathing process. Now slowly rub your palm against each other and place on your eyes and slowly open your eyes.

Therapist: Practice this at home, twice daily.

Patient: Yes, I will do. I felt relaxed after doing this.

Fifth session

Therapist: How are you doing Mrs. M?

Patient: I'm doing well and fights between us have reduced.

Therapist: That's good to hear. Are you able to do meditate?

Patient: Yes, it's helping me.

In the fifth session, the mindfulness meditation was carried out to make the patient achieve a tranquil state.

In the mindfulness meditation stage

Therapist: Sit in a comfortable position, close your eyes and take three deep breathe. Now just focus on your breathing process, how you inhale and exhale breathe and now slowly shift your attention from breathing to listening to environmental sounds, focus on the sounds present in the environment and keep on breathing. Now gradually bring your attention towards bodily sensation, feel any bodily sensation taking place in your body, if you get distracted bring your attention back. Now gradually focus on your thoughts, focus on the themes of the thoughts and let it pass away and now gradually bring your attention back to breathing process. Now slowly rub your palm against each other and place on your eyes and slowly open your eyes.

Attitude formation

Her strengths were that she was intelligent and insightful about her issues and therapeutic process and with periodic sessions she was able to realize that they could have family conversation with accusations and in a polite manner. She learned to listen more without getting into confrontational arguments and fights with husband. This new found attitude was making her more confident, calm.

Self-efficacy

After five sessions, she was more confident with her abilities as an individual, experienced less stress and was doing well. The relationship improved between the couples and with family members. She was more content, peaceful and in tune with her own self.

Subsequent periodic follow ups also revealed sustenance of positive demeanour and relationships [4-19].

Conclusion

Thus, one can safely say that Optimism Attitude Model is very effective therapy for managing relationship issues between the couples or within the family members. This incorporates the best from other therapies and add on the factor of optimism as the seventh sense which if developed properly and appropriately can go a long way in making the individual more in harmony and in syn with his surroundings.

This model is limited not only to India but can be equally effective in diverse populations. Much more extensive research work is needed to be done in this regard.

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