



EFFECTIVENESS OF PSYCHOLOGICAL INTERVENTIONS IN DIFFERENT DISORDERS.

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Abstract Aim: - The aim of the study was to study the effectiveness of Psychological Interventions in different disorders **Methods:-** The first case study each of mixed anxiety and depression was taken in a corporate hospital. Mrs. X, 58 years suffered from mixed anxiety and depression for the last 40 years since she was 18 years. She was referred by a psychiatrist. Initially Hamilton anxiety and depression was given which fell in severe range. After 10 session of cognitive behavior therapy she started showing improvement. In the midst of the therapy the score came to be in mild level which motivated here as positive feedback when hiccups came in her psychotherapeutic journey. The second case of sexual addiction from the age of 14 years where Mr. X 42 years had frequently sexual encounters with his cousins. The feeling of feeling good converted into addiction which made him to have a low quality of life in terms of social life, marital separation and financial instability. At the intake session Hamilton depression, anxiety and sexual addiction scale was taken. He was given supportive Psychotherapy and then, mindfulness meditation was given. After 5 sessions, anxiety reduced and in turn reduced his addiction and depression symptoms. **.Result:** Eclectic approach of psychotherapy is very beneficial in anxiety disorders and sexual addiction.

Keywords: - Mindfulness Meditation, Cognitive Behavior Therapy, Mixed Anxiety and Depression, Sexual Addiction.

i.INTRODUCTION

Psychotherapy has travelled a long way since its inception imbibing many new hues into its ambit. Lot of changes started coming changing from third wave, fourth wave, fifth wave and so forth. Depression and anxiety are the most common neurotic problems faced by the psychotherapist among the affected population. Several definitions have been given nomenclature where “ICD-10” describes depression as “persistent low mood 2.Loss of interest, 3.loss of libido. Further classifying into Mild, Moderate and severe. Anxiety in likewise fear of unknown exhibiting itself into many physiological and psychological symptoms ICD-10 described anxiety as free floating anxiety with predominant symptoms of apprehension, motor tensions and heightened autonomic measures system. It can be further compartmentalized into Panic disorder, social anxieties and specific phobias.

Mindfulness meditation has its basis in Buddhist philosophy with special emphasis in the present. It emphasizes on the philosophy of mindfulness instead of mindlessness, in which mind wavers like a vagabond and the reaction to the chain of thoughts following through being mindful awareness is focused in the present which helps to overcome the resentment and the fear of something untoward to happen in future. Second advantage is increase in concentration by constantly focusing in the present. Second major trust of this meditation is non judgmental awareness of what is going in the mind. Kabat-Zinn (1994), as “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” This definition highlights the original Buddhist focus on “bare attention,” or the non-discursive attention to the ongoing stream of consciousness without evaluation or judgment.

Act is developed with the philosophy of functionalism centralism. It was acceptance and mindfulness strategies mixed in different ways with commitment and behavior change strategies to increase psychological flexibility. The object of act is to move towards valued behavior. It teaches people not to overreact to the thought and ignore the situation. It works on the concept of workability towards what matters towards values and goals. It teaches to be obsessed, experiences, with one’s feelings, Sensation but yet distinct to them. It helps to more clarify the personal values and work towards it.

It works on the acronym of ‘FEAR’ for psychopathology: Fusion with your thoughts, Evaluation of experience, Avoidance of your experience, Reason giving for your behavior instead, Accept reactions, Choose a valued direction, and Take action. The core principles followed in acceptance and commitment therapy are-Cognitive diffusion, Acceptance, Contact with the present moment, The obsessing self, Values, Committed action.

‘Addictions’ have been described as some impulsive compulsions activity which becomes a habit. These compulsions if not done generate anxiety and impulsivity increases till the activity is completed. Many types of addictions have been classified as Gambling mobile addiction; Drugs, Sexual addiction and so come and so forth. The American society of addiction medicine gave the definition in 2011 to include both behaviors and substance.

These addictions give socio occupational and psychological impairment. This reflects brain reward problem in circuitry.

ii. Case history

Mrs. X 58 years was referred by a psychiatrist for cognitive behavior therapy. As she was suffering from anxiety and depression for the last 40 years. Her premorbid personality was anxious, she got married earlier at age 16 years. She was totally dependent on her husband. Her husband too much secures her. She felt she does not belong to her society because she did not more educated. She had visited many psychiatrist and mostly all molecules were used but her agony was fluctuating all these years and the improvement was in the range of 40-50 % when asked for her visit to a psychotherapist she answered that she visited one or twice but dropped off as she saw no improvement. In initial intake session, 'Kanfer' and Saslow, sheet was taken where all the nuances of the problem as well as formulation of the problem was done. Beck depression and Hamilton anxiety was also taken to quantify the problem.

Second case is of Mr. X. 42 years who was suffering from sexual addiction since he was in middle school he had exposure with his cousins, which was out of curiosity and then he started masturbating. According to him only thing he liked were sexual thoughts, fantasy and sexual activity. His rumination becomes so intense that he couldn't concentrate in the science stream instead of being meritorious student. He also started doing certain occult practices which he required sexual vagaries. For this reason his parents got him married at the age of 21 with no proper career or income. His marital bliss stayed for three years and his wife walked out of the marriage perhaps because of his hyper sexuality leaving his daughter behind. His social life and his professional life was stagnated because of constant sexual ruminations. He started staying indoors because he says he had to do the compulsive act many number of times. He tried for treatment, but all the psychiatrists, pacified him by saying that this desire cannot be decreased you have to find a outlet in the form of marriage or similar arrangement which according to him was not possible because of his low income, where he had to take care of his daughter also. Other features which slowly set in like he had to constantly view porn movies to get ejaculation. This process started getting delayed to the tune that he had to do for one hour. At the intake Beck rating for depression and Hamilton rating was done and a detailed history was taken using Kanfer and Saslow record sheet. Accordingly sexual addiction screening test (revised) was also taken.

iii. Psychological intervention

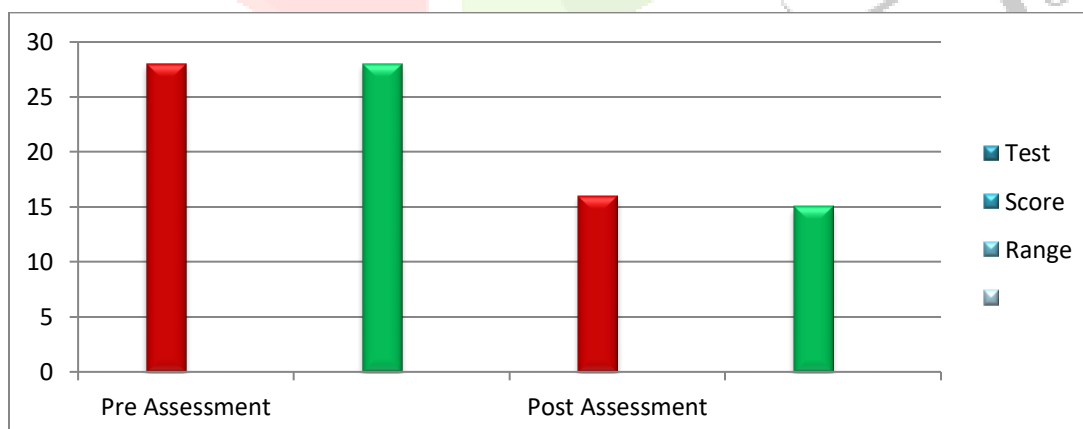
An eclectic approach in both the cases was used. As usual in all psychotherapies, psycho education was given, which was very much trusted upon. Awareness of the problem was given which if given properly is half way done.

This for **case 1** Mrs. X identify practicing mindfulness meditation daily twice a day, along with it applied relaxation was also taught. After she was also given acceptance and commitment therapy was also used to make her to identify her values of her life. Identifying the dysfunctional cognitions and rectifying them, behavioral interventions improving the behavior outcomes was done. The major steps taught were cognitive diffusion and then, acceptance and mindfulness skills, which reduced the fear status of the client thus making her emotionally viable in the state of heightened anxiety tasks, were also given in order to train the mind. When she become more psychologically flexible her values and commitments were explained with the help of tombstone exercise so that her exercise behavior and her quality of life improved which in turn improved her in thoughts in the long run.

iv. Result

Table 1 Showing Pre and Post Assessment Score of Case 1 after Psychological Interventions.

	Pre Assessment		Post Assessment	
Test	BDI	HARS	BDI	HARS
Score	28	28	16	15
Range	Moderate	Moderate	Mild	Mild



For **case II-** Mr.-x was given psycho education along with awareness was given in stage 1. Intervention the 12 step programmed was reframed as acceptance and commitment therapy and incorporating from many fifth generation psychotherapies was used. Mean while, mindfulness mediation was taught along with morning exercises like jumping jack was incorporated, shame reduction was used also worked upon in the second phase of program the

root cause of delayed ejaculation which is causing distress and how to overcome it was addressed. The practice of overcoming of desire through individual self act rather than involving with some other person was agreed upon. With the all elevation of distress, the time taken for ejaculation got decreased and which acted as the trump card for the progress of the treatment.

Other aspect like, activity scheduling was also worked it. And a form of habituation process of continuously exposing oneself to the stimuli was also explained so, that the excitement level decreases. At the end of the extended sessions, carrier issues were also discussed upon which he had to harness his positive skills.

Result Table 2-A Showing Pre and Post Assessment Score of Case 2 after Psychological Interventions.

	Pre Assessment		Post Assessment	
Test	SAST	BDI	SAST	BDI
Score	19	28	08	15
Range	Severe	Moderate	Mild	Mild

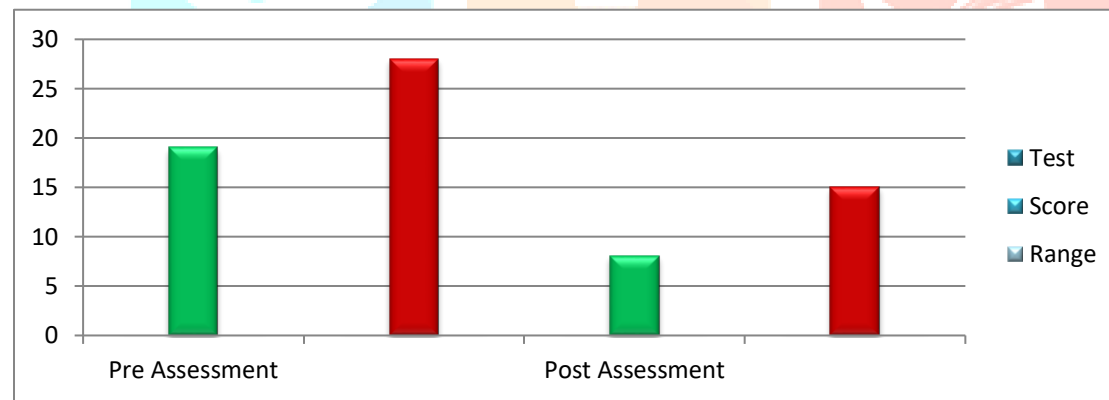
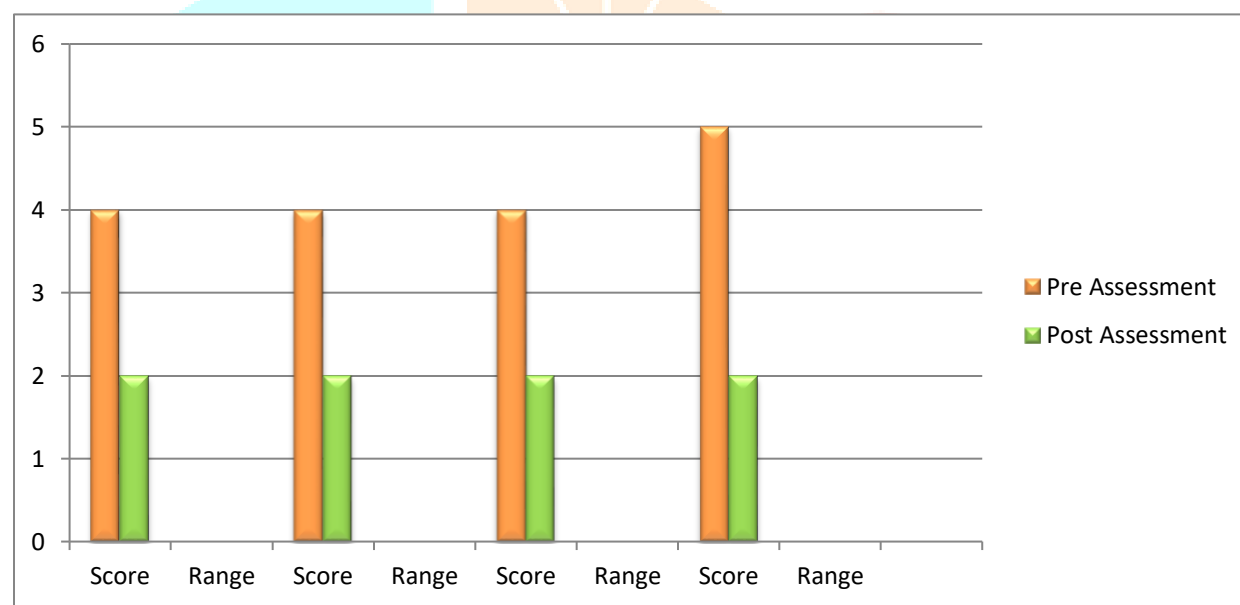


Table-2-B Showing Pre and Post Assessment of Sexual Addiction Screening Test

Addictive Dimensions	Preoccupation		Loss of Control		Relationship Disturbance		Affect Disturbance	
	Score	Range	Score	Range	Score	Range	Score	Range
Pre Assessment	04	Severe	04	Severe	04	Severe	05	Severe
Post Assessment	02	Mild	02	Mild	02	Mild	02	Mild



v. Outcome and Discussion

In both the cases the anxiety as well as depression decreased to the tune of 60-70 % at the end of the first month. Although the course was fluctuating for case 1 Mrs X when she used to meet the therapist when her anxiety and depression escalated apart from scheduled sessions. She improved with supportive psychotherapy. At the end of second month the Hamilton scale and Beck depression inventory was taken and it tilted towards the mild range.

The outcome for second case of Mr. X was very encouraging as the frequency of masturbatory activity decreased to 50% at the end of first month itself. Slowly the ruminations decreased by the end of second month and he started following his daily routine more nicely in the form of daily work, walks and his regular yoga practices.

The main aspect of improvement was the awareness and psycho education where more number of sessions was devoted in the explanation. And as they very well understood the concept of non-judgmental awareness of the thought tremendous improvement could be seen at the end of first month itself.

Another important aspect for the success outcome was the cooperation and faith of the client of the psychological intervention. Naturally when the distress decreased the room was there for the positive activities and the process which completely the therapeutic intervention. Mr. X also improved because of his increase in the mindfulness and non-judgmental awareness of the thoughts coming and going which reduced the distress levels and in turn decreased the time for achieving the orgasm which the main cause of the concern for him.

Second process of habituation, which was taught to him helped him not to be excited at mere sight and in turn also improved his daily routine and quality of life. Previously he was not having any social as well as professional life because of his constant absorption into these sexual urges and compulsive activity and his not going out because of his fear of getting excited. The main focus of acceptance and commitment therapy is not to reduce symptoms but to make it psychologically friendly

Acceptance and commitment therapy and positive psychology inputs also improved the results which were given in the second phase of treatment. According to Hayes acceptance means to be mindful to the present moments and change the behavior accordingly in the both case study the processes of acceptance, values and mindfulness in the treatment to treat the anxiety and negative thoughts related with experimental avoidance, which is a main feature of additions, and the distress caused in the heightened anxiety.

In both the cause it helped to come to terms with distress. Second principle of cognitive diffusion helped both the clients to observe and accept the thoughts. These practices helped them to separate themselves from the thoughts and go towards a valued behavior.

vi. Conclusion: -

In conclusion proper understanding of the problem as well as psychotherapeutic techniques are key note for the success of depressive anxiety as well as addiction therapies.

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