

Case report**Pertinence of psychological formulations in psychotherapy: A case report**

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Abstract

Psychotherapy is best guided by theoretically driven individualized understanding of a patient's problems; essentially a psychopathology formulation. The manifestation of Separation Anxiety Disorder (SAD) in adolescence is unique in its presentation and implications for adult mental health. This paper presents a case report of psychotherapy with an adolescent girl diagnosed with SAD. The therapeutic delivery and processes were guided by a psychopathology formulation based on the object relations school. This case report highlights the pertinence of psychopathology formulations in clinical practice; thus, demurring the dominance of diagnostically driven psychotherapeutic practice.

Key words: Psychotherapy, Separation anxiety, Adolescence, Psychopathology formulation

Introduction

Separation Anxiety Disorder (SAD) is characterized by developmentally inappropriate, unrealistic, and excessive worry about imagined/real separation from attachment figure that interferes with normative functioning [1-3]. While diagnostic criteria with regard to age of onset vary across classificatory systems, adolescents with this disorder are noted to present with greater somatic complaints and school refusal than at younger ages [1-4]. Additionally, adolescents presenting with SAD have been found to be at greater risk for adult psychopathology [1].

While diagnoses facilitate categorization, psychopathology formulations guide interventions. These hypothesized conceptualizations elucidate probable causal and maintenance factors associated with reported behaviors, and mechanisms of influence of these factors in tracing the ontological development of problems [5].

This paper presents a case report of psychotherapy with an adolescent girl diagnosed with SAD; whose psychopathology was formulated under the object relations school.

Case history

Rita (name changed), a 14-year-old girl from middle socioeconomic strata, urban India who had completed schooling until the 6th grade was brought for consultation by her mother with complaints of disturbed sleep and refusal to attend school since the past 1.5 years. Rita's fears regarding attending school began in grade five when she started feeling "uneasy" about going to school. She would avoid school by pretending to be unwell. Parents often coerced her to attend school. However, her fears intensified, and Rita completely stopped attending school midway through grade seven. Subsequently, there was decline in her biological and social functioning. She found it difficult to fall asleep and slept for an average of four hours a night. She preferred being indoors, and expressed discomfort when asked to go out. During this time, Rita became excessively concerned about self and her mother's safety. She worried about mother's well-being and frequently checked on her whereabouts and activities, even within the house. She protested against her mother leaving home, and frequently phoned to ensure she was safe. It needs to be mentioned that during this time, Rita maintained adequate appetite and mood. When at home, she was active and did not display any distress when her mother was at home.

Rita attempted to restart schooling prior to being brought for consultation. She expressed being "excited" to attend school. However, in the school bus, on the first day, she experienced fear and a sense of "not knowing what was happening around me". She described

the sensation as being in a “daze”, and was unable to write, draw, play, or speak to anyone at school. The next day onwards, Rita refused to go to school.

In the last 1.5 years, Rita had been taken to various mental health professionals. She received varied diagnoses and medication. Compliance to medication was poor. However, she found three months of psychoanalysis to be helpful in expressing herself. Nonetheless, there was no symptomatic improvement.

In childhood history, mother’s reports suggested Rita to be temperamentally an easy child. However, she was allergic to various foods, which made it difficult for her mother to ensure adequate nutritional intake. Mother expressed it being a task to ensure that “Rita liked some food and was not allergic to it”. At the age of 8 years, Rita was diagnosed with Churg-Strauss Syndrome (CSS). She was prescribed heavy doses of steroids, which continued until the age of 11 years, when she was found symptom-free. The continued steroid use contributed to significant weight gain, and she was now clinically obese.

Rita’s upbringing was marred by family conflict. There was significant marital discord between parents, with periods of separation. Her father was reported to be dependent on nicotine and alcohol. In addition to marital discord, Rita also witnessed conflicts between her mother and her grandparents. Rita expressed being closer to her mother, and would support her during marital altercations. Relationship between Rita and her brother was lacking in warmth, and they were not very communicative with each other. She considered her brother to be “selfish”; causing distress to mother.

Psychological formulation

Donald Winnicott [6] emphasized two parallel processes for optimal psychological development: (i) infant’s progression from dependence to independence and (ii) provision of adequate maternal care. The infant’s progression is impacted by the environment that is provided by the mother in facilitating independence.

It was hypothesized that Rita was unable to successfully negotiate *towards independence* [6]. A necessary factor for facilitating independence in offspring is provision of an adequate *holding* environment by the mother [6]. Mothers accomplish this by enhancing scope for children's expression through delaying need for gratification while simultaneously sustaining and soothing the anxiety experienced by their child.

Rita's mother was significantly concerned about providing adequate nutrition to Rita, due to multiple food allergies. The development of CSS is likely to have escalated maternal anxiety, contributing to *primary maternal preoccupation* and lack of *good-enough* mothering. In essence, mother is liable to have accommodated her entire existence towards catering to Rita's needs and desires, failing to provide necessary distancing for facilitating independence in Rita. This would have reinforced Rita's *subjective omnipotence*, and denied realization of *transitional experiences* and *objects*. Hence, there is likely to have been a lack of differentiation in Rita's mind between self and mother. Inadequate individuation would have contributed to affective perceptions of mother and self as one, maintaining the infantile *symbiotic relationship* between mother and her.

Object relations theories consider *internal representations* as crucial mediators of behaviors and relationships in life [7]. For Rita, due to the symbiotic relationship, internal representations of self and mother is likely to have been of someone in persistent need of being cared for; incapable of being alone and taking care of self. Being alone would have triggered intense anxiety regarding safety, likely reflected in fears of attending school, leaving herself and mother vulnerable.

It is pertinent to note that fears of attending school appeared as she recovered from CSS. Her internal representations would have been triggered by the mandated distancing brought forth by school attendance. Coercion from parents, especially mother, is likely to have further enhanced threats to safety; thereby resulting in complete discontinuation of school.

Psychotherapy

Goals

Goals of therapy were framed bearing in mind presenting complaints and psychopathology formulation. Immediate goals of therapy were to (i) improve sleep pattern, and (ii) re-orient Rita to schooling and academic pursuits. Long-term goals of therapy were to (i) restart schooling, (ii) re-establish peer relations, (iii) decrease fears of harm to self and mother, and (iv) facilitate individuation from mother.

Approach

An eclectic approach combining elements of humanistic and behavioral schools was adopted. The therapeutic atmosphere was based on humanistic principles of genuineness, warmth, and empathy. Although Rita's potential for self-growth was acknowledged, significant impairment in functioning necessitated some directed therapy based on behavioral principles.

Structure

Sessions were carried out on an out-patient basis at a tertiary psychiatric hospital. There were a total of seven sessions, amounting to approximately seven hours. The first four sessions were held once a week; sessions five and six were spaced two weeks apart; and the seventh session was taken after three weeks. All sessions, except the last was planned with regard to timing. One-week delay between the sixth and seventh session was caused due to the therapist falling ill. Termination was brought forth by Rita dropping out from therapy after the seventh session.

Process

Initially, an activity schedule was collaboratively designed by the therapist and Rita; based on the principles of mastery and pleasure. Within this, the goal of re-orienting to academic pursuits was considered. The possibility of Rita attempting examinations within

school premises in few months was explored. While Rita was enthused by the prospect of taking exams within school premises, her mother expressed a pessimistic attitude. She found it unlikely that the school would grant permission, and/or that Rita would be able to manage taking exams. The mother's attitude was considered to be reflective of the *sybiotic relationship*.

Towards facilitating individuation from mother, therapist recommended that a tutor be arranged for Rita. It was premised that by the introduction of an alternate female figure, Rita's dependence on mother would subside. It would also function as a *transitional experience*. Concomitantly, a school teacher was identified and home-based classes were initiated. In the final schedule, activities comprised of Rita's interests, competence, and therapeutic requirements such as swimming, cooking, walking pet-dog, and studying.

Rita often complained about not being given things she wanted, such as stationery items, clothes, jewelry, and other accessories. The option of Rita being given pocket money was explored. This would reduce dependence on her mother, and thus enhance individuation. Rita was given the negotiated pocket money, and she demonstrated a sense of *agency* in managing all expenses for self, except for major purchases.

It is pertinent to note that despite improvements in sleep, Rita's mother started her on sleep medication of her own bidding. Although this was not encouraged by the therapist, mother's act may have been reminiscent of the hypothesized *primary maternal preoccupation*. Midway through therapy, Rita began maintaining a personal diary of her own decision. She subsequently initiated sessions by showing diary entries to the therapist, and insisted that the therapist read them herself. When therapist reflected the content and feelings expressed, Rita openly expressed her thoughts and feelings. Possibly Rita's ego capacities were not strong enough to face the anxiety provoking content by herself. The therapist in appears to have functioned as an *auxiliary ego*, and provided a *holding* environment in facilitating ventilation.

The diary writing and subsequent discussions revealed predominant themes of being protective of mother, ambivalence towards father, thoughts about family, and struggle to transcend own limitations. These were not delved in detail, as it was likely to have been too anxiety inducing for Rita's presumably fragile ego functioning. Instead, a humanistic-supportive therapeutic stance was adopted, while simultaneously rooting therapy in the reality of Rita's current life. The latter was ensured through the lens of the behavioral approach.

Outcome

Across seven sessions, Rita showed and maintained positive changes in terms of regularizing her routine, initiating individuation from mother, and developing a sense of independence. Her mood and sleep improved and she began pursuing educational pursuits. She felt better prepared about taking her exams within school premises. She exclaimed, "I am really looking forward to going to school again!"

The most remarkable change was with regard to separation from mother. She organized and managed a stall at a carnival her residential complex by herself without the mother's presence for a whole day. She befriended her tutor's daughter, and spent a night in their house. Additionally, she began showing normative adolescent behaviors, inclusive of benign interest in heterosexual relationships. In tracing accomplishments made over the course of therapy, Rita related that her fears regarding being left alone and mother's safety had decreased. She elaborated that mother could "take care of herself and did not need my help". Mother concurred with Rita's reports. Rita did not phone as often or prevent her from going out. Rita concluded that she was doing "very well" and described her mood state to be "very happy". Thus, individuation was being accomplished.

Although Rita did not come for further sessions, a follow-up phone conversation with her mother revealed that she had re-started schooling. She was regular to school and therapeutic

gains were maintained. Mother did not perceive the need for further sessions, and she did not follow through on the therapist's request to speak with Rita.

Discussion

Psychotherapy was facilitated by a detailed case history, and ensuing psychopathology formulation. The formulation of psychopathology provided a grounding framework to comprehend the dynamics in therapy, which further guided therapeutic efforts. Eclectic approaches in psychotherapy are suggested to offer greater benefit than purist approaches, as they draw from the best concepts and techniques across psychotherapies [8]. Given the multitude of contextual and personal variables, an eclectic approach was best suited for therapy with Rita.

Humanistic approach to psychotherapy enhances scope for expression and validation for the client, thereby facilitating understanding and acceptance of self [9]. At its core, Rita's problems stemmed from an absence of adequate emotional boundaries between herself and her mother. Thus, it was pertinent therapy facilitated an opportunity to experience her own self as independent, yet in relation with another, i.e. the therapist. However, there was necessity for therapist guided structure to facilitate rapid amelioration and distress alleviation, thereby incorporating behavioral principles of change.

An interfering factor was the *symbiotic relationship*, reflected in Rita's mother's attempts to undermine therapeutic efforts. She was pessimistic regarding her daughter's ability to take exams at the school; initiated sleep medication counter to professional advice; and took the decision to terminate Rita's therapy. It is likely that the anxiety associated with *primary maternal preoccupation* stemming from the *symbiotic relationship* directed these behaviors. The mother is likely to have been insecure regarding intrusion of any other person in Rita's life, seeking to keep her to self; at least psychologically. It is surmised that mother's attempts to sabotage therapy were beyond her conscious control, probably sourced from her own

internal representations. These however can only be ascertained in individual therapy sessions with the mother.

This case report highlights the pertinence of psychopathology formulations. They facilitate both to conceptualize the presenting psychopathology, and therapeutic processes. The relatively quick improvement noted over the course of therapy with Rita is a likely to be a consequence of this formulation-guided therapeutic process. The technique of therapy is only as effective as the psychopathological formulation that determines its use.

Conflict of interest: None declared

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