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**Coping With Hearbreak: The Role Of Cognitive
Behavior Therapy in Addressing Cultural
Influnces on Breakup Induced Depression**

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Abstract

Having and building a romantic relationship is an important aspect of development in young adulthood. However, there are some challenges in relationships, including basic principle differences such as faith and culture that lead to fights and break-ups. Going through a break-up is not easy for some people and is considered to be one of the stress sources in people’s lives that often links to depression symptoms. It is crucial to focus on intervention aiming at the cognitive aspects, including negative thoughts and bias when dealing with depression, such as cognitive behavioral therapy (CBT). This paper presenting the case of a 27-year-old Pakistani female with depressive symptoms after a painful break-up due to cultural differences. The previous history of childhood abuse and problems in social adjustment and communication had also worsened her conditions. CBT was used for treatment as she developed many negative thoughts about herself and had maladaptive beliefs about her conditions and her future. This case study report shows the effectiveness of CBT intervention in decreasing depression symptoms, such as sadness and the thought of being unworthy, as well as increasing self-confidence in facing difficulties which ultimately helped her to cope with insomnia and social isolation.

Keywords: break-up; cognitive behavioral therapy; depression; romantic relationship; young adults

INTRODUCTION

The occurrence of various life events that cause negative and discomfort is unavoidable which may ultimately leads to depressive symptoms (Rhoades et al., 2011). Among various source of stress ending romantic relationship is one of them. The study of breakups highlight the psychological dynamics of separating with a partner and how it might result in reduced positive affect and developing the depressive symptoms (Verhallen et al.,2019). In young adults, establishing romantic relationship is a critical necessity and, therefore the development of issues related to romantic relationship in this stage, specifically breakups, may have significant consequences if not managed appropriately (Gilbert and Sifers, 2011). Negative self-perception, low self-esteem and self-blame are the examples of disturbances that are dealt with romantic breakups (Beolenand Reijintjes, 2009). Rajabi and Nikpoor (2018) explained that coping strategies aimed at negative thinking, negative self-views and self-criticism are considered highly correlated with effectiveness of an individual's coping during romantic separation.

Based on the above assumptions, the ability to cope with and process thoughts and emotions effectively following a romantic breakups is significant for individuals, especially for young adults (Creasey and Hesson-McInnis, 2001). Beck theory is an important approach in coping with depression is an individual's cognitive aspect (Beck et al., 1979). Perceptions, interpretations and memories of past experiences can be affected by negative biases, causing an individual with depressive symptoms to be more likely to focus on information that is consistent with their negative views. This condition is further interpreted and recollected as a negative event (Kring et al., 2014).

Among existing treatments, cognitive behavioral therapy (CBT) is known to have a solid evidence base for the treatment of depression. CBT targets particular thought patterns that appear as biases, aiming at altering such patterns that will generate more factual and balanced views and thus alleviate depressive symptoms (Dobson and Dobson, 2018). Research has proven the effectiveness of CBT for individuals suffering from depression (Butler et al., 2006). CBT has also shown to encourage individuals to be more involved in irrational thoughts, maladaptive thoughts pattern and indications of depression (Westbrook et al., 2011).

A meta-analysis by Hofman et al., (2012) discovered how CBT was a more superior treatment compared with other interventions in treating depression. This therapy can triggers changes in maladaptive thoughts that previously led individuals to emotional distress and problematic behaviors. A study by Cuijpers et al. (2013) also found that CBT helped clients to evaluate, challenge and modify their dysfunctional beliefs and enabled behavioral change as well as improvements in functioning. Dobson (2018) further asserted how CBT is proven

effective in helping individuals with a depression diagnosis in changing negative views about themselves , others and world.

BACKGROUND/CASE REPORT

Miss A is a 27-year-old female, belongs from Northern area of KPK, currently living in Peshawar, dentist by profession and having middle socioeconomic status. Miss A is currently suffering from breakup in romantic relationship which she get attached 1 year before in tie of engagement. At the time and after the engagement everything was perfect but gradually with the passage of time issues and conflicts get started which gets worsen day by day and relationship of happy and joy became toxic and painful. Despite this, arguments and uncertain conditions over 6 months caused miss A to decide to end their relationship and leave, which she did and according to her both them were satisfied with the termination of relationship. But as time passes she misses him and it badly affects her daily functionality, sleep and wellbeing. She reported that she don't want to be in the relationship again but want happy and peaceful life again as it was.

Miss A felt that she received more affection from her partner. After breakup, she was saddened and hopeless in ever feeling happiness again. She lost her motivation to work, and felt as though her condition had not improved and had thoughts about suicide. She experienced difficulty in moving on from her partner and felt the days ahead would be more unbearable. She then decided to consult a mental health professional after receiving advice from her office colleagues. She has no record of psychiatric admissions or treatment, familial psychiatric illness, no drug or alcohol abuse, or medical illnesses that may have contributed to the onset or severity of depressive symptoms.

DIAGNOSIS

After the above considerations, According to DSM- V, she was diagnosed with "Persistent depressive disorder with anxious distress",

ASSESSMENT

SUBJECTIVE DISTRESS SCALE

To measure the intensity of her problem, subjective distress scale was used to assess the severity. The results of the test shows intense and high level of distress and as pointed 9 by the client. This was consistent with her report on how frequently she felt bothered, uneasy, restless, sad and lonely. She also tended to feel excessive worry towards many things and felt that it required much effort to perform. She blamed herself and lost interest in many things, and also felt hopeless about the future. Physiological responses such as tremors, agitation, rapid heartbeat, tension, headaches and dizziness also bothered her in daily activities that past week.

HUMAN FIGURE DRAWING TEST

The above result was also supported by a projective assessment such as Human figure drawing test. Based on the test, she showed a negative self-image, low self-esteem and low motivation. She tended to view herself as small and worthless, and tended to compare herself with her friends. She also had problems in adaptation and social area, due to the feeling of incompetence interacting with others and having a negative view of the world.

In facing difficulties, she had a tendency to behave helplessly and negatively. She also had hard time in finding strategies and alternatives in problem solving for which she also moved to hostel in an effort to give her time for recollecting her broken parts.

COUNSELING INTERVIEW

After measuring psychological distress, a clinical-based interview was conducted to assess her condition. According to DSM-V, for the past 2 months she had shown episodes of MDD that were (1) daily depressed mood (feeling sad, empty, hopeless), (2) loss of interest in many things almost daily, (3) weight loss without diet attempts, (4) fatigue and loss of energy, (5) feelings of worthlessness and guilt almost daily, (6) difficulty concentrating in doing many things and disturb sleep. She also often chosen to repress her negative feelings during these hard times. She is also experiencing difficulty in developing romantic relationship and attachment with someone else.

COURSE OF TREATMENT

SESSION I

This session was aimed at helping her gain an understanding of how thoughts influenced her mood and behavior, and specifically identify the pattern of issues on what triggers or weigh a situation down in a detailed manner. This was done by discussing and writing down various disturbing thoughts, emotions, and displayed behavior, changes, or the existence of physical symptoms when feeling low. This session also eventually attempted to facilitate or encourage her to engage in daily activities that could generate a positive mood and become more active in her life.

SESSION II

This session was aimed to encourage her to become aware of facts and other alternatives (more open) rather than focusing on her negative, irrational and narrow thoughts that affected her mood. Alternate positive thoughts were created together with her in this session to help her remember better and easily link with facts, every time the negative automatic thoughts came out.

SESSION III

This session focused on evaluating the past week’s activity schedule. This session’s purpose was to encourage her to have more control over her life by letting her evaluate her previous activities and plan for harder activities. Evaluation of the previous week carrying out the activities was also discussed to help her find solutions in engaging in daily activities.

SESSION IV

This session focused on connecting with other people, so she could enhance the feeling of having control over her life and current problem. In this session, the therapist explained how relationships could affect mood, and having social support could help giving comfort in difficult situations. Having relationship problems with significant others could affect her mood. Discussion and brainstorming were tried in this session to help her in feeling of control.

IDENTIFICATION OF PROBLEM PATTERNS

Thoughts:	Helplessness, useless, incapable of enduring her troubles, wished for sadness to disappear, not knowing what to do, not understanding self.
Emotions:	Feeling sad, fallen apart, sorrowful, anxious, uneasy, and restless.
Behavior:	viewing social media, physical isolation
Triggers:	Viewing pictures of her partner, listening to sad songs, old pleasant memories and viewing partner’s social media.

Session	Goals	Actions
I	Acknowledgment of thinking pattern and triggers, influencing mood, behavior and physical Symptoms	Discussion and writing down disturbing thoughts, emotions, behavior and physical symptoms Identification of thinking pattern (problem)
II	Found facts and alternative thoughts Creation of alternative thoughts for daily life encouragement	Introduction and discussion about client’s ABC pattern Dispute process: evidence and comparison approach
III	Scheduled harder activities and gain more control during the planning	implementation of scheduled activities Dispute process (other possible alternatives) to improve the client’s way of thinking and engagement on scheduled activities

IV	Understanding of how relationships affect mood	Explanation of how relationships affect mood way of thinking and motivate action/control in problem
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THERAPEUTIC INTERVENTION

The therapeutic intervention was done using eclectic approach. Rapport Building was done in order to better formulate the child’s problem and to increase the adherence in therapy.

ABC MODEL

The client had somewhat insight regarding problem, but how the interconnection of thought, feelings, and consequences were elaborated to the child using ABC model of Cognitive Behavior Therapy (CBT, Beck, 1995).

DEEP BREATHING

Deep breathing. As whenever she encountered with stressful situations and comments she felt physically charged like racing heart, sweaty palms, flushed face, and headache, so to soothe his physical symptoms, deep breathing was taught to the client.

USE OF COPING STATEMENT

Whenever the she faces a stressful situation, an automatic negative thought came on the surface and induced anxiety that led to uneasiness. Therefore, coping statements were used to put a stop and to replace those thoughts with realistic and rational thoughts. She was informed that when these rational self-statements are practiced and learned. Client was guided to remember the negative memories and clues related to her partner in order to get rid from the problem-as she misses all the most her partner.

MOOD JOURNALS

Encouraged the client to keep a mood journal where she can record their emotions throughout the day. By using a simple scale (1-10) where 1 is very bad mood and emotion and 10 is very well mood or to describe in simple words (happy, sad, anxious) to rate his mood at different

SLEEP HYGIENE

For disturb she was guided to practice the sleep hygiene steps to promote her sleep quantity. She was also instructed to not use the screens during bedtime and avoids triggers that accelerates her emotions.

DISCUSSION

CBT was a useful treatment for miss A, a patient with depressive symptoms resulting from a break- up. Focusing on thoughts, activities and relationships with others that affected her mood significantly improved her well-being. Adaptation techniques such as alternate positive thought, mood chart, relaxation exercises and sleep hygiene were used.

The treatment decreased her depressive symptoms and made her learn to new ways to overcome the problem and return her to productive life and challenges faced in relationship.

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