

Case Study: Self- Help Manuals Based on Cognitive Therapy for Adult with Depression in China

Tiange Sui

Nanyang Technological University, 639811, Singapore

Abstract: The case study follows a 27 years old lady who suffers from depression, which provides an insight into the society and future studies that self-help can also enhance one's mental health. The patient was in a mild depression and performed violent behaviors and alcohol obsession. Due to the lack of mental health counseling in china's unique cultural environment, the research provides a self-analysis and self-healing method. Researchers play the role of instructors and observers who would not disturb the participant. The final depression score after six months returns to a normal range. The result also shows in life clues such as less antisocial behaviors and increased self-control. Thus, the case study provides a new idea for mental health education in developing countries or regions. Social workers can provide self-help for people with depression when counseling is not yet widely available in some areas or when people are very resistant to counseling services.

Keywords: Self-help, Depression, Counseling, Case report.

1. Introduction

China, the world's second-biggest economy, is predicted to overtake the United States as the world's largest economy in the next decade or two. China is also poised to emerge as the world's next superpower due to significant defense expenditure. However, its remarkable economic and military progress does not appear to be matched by its expansion of mental health services and resources (Lim, 2015). Moreover, psychological problem is still a sensitive topic in China's unique cultural environment. Especially in some relatively backward areas, people are more likely to attribute psychological problems to personal growth, parenting styles, or even evil souls. Most practitioners in the psychological profession still need time to make counseling available to the masses. Compared to the century-long history of psychology in western countries and the current level of sophistication of the discipline, it still takes time for Chinese people to adapt their perceptions, accept individual differences, and eventually use counseling services. However, it must be admitted that there is an urgent need for some people with depression to find a way to solve their psychological problems. Therefore, researchers can support those in society who need psychological assistance by popularizing self-help manuals based on the cognitive therapy. The cognitive therapy (CT), a psychotherapy system with a treatment protocol, is based on a well-developed theory of psychopathology and personality. According to the cognitive model, how people perceive their experiences impacts their emotional, behavioral, and physiological responses. Improved reactions result from correcting misconceptions and changing unhelpful thoughts and behavior (Beck,1989). The research (1989) found that fearful automatic thoughts about danger, risk, vulnerability, and inability to deal successfully to prevent or handle unpleasant occurrences preoccupied anxious patients. Furthermore, according to the research, Beck (1964) found that people with depression or anxiety usually show a symptom of thinking disorders such as chronic misunderstandings, distorted attitudes, inadequate premises, and unrealistic aims and expectations represented in the unique schema. Therefore, changing the inherent

mindset of depressed people and helping them understand the problem from multiple perspectives is one of the necessary tools to deal with their negative emotions. Moreover, evidence-based systematic reviews have found a variety of therapies for depressive disorders to be beneficial, and many have been included in clinical practice guidelines. China has a high yearly national suicide rate of 23 million people, and specific suicide trends are less well-known in the West. According to Lee's study (2007), suicide behaviors in urban China have grown or reduced in response to the country's fast socioeconomic transformation because there has not been any previous community-based study. Suicide idealization is more common in females than males due to a higher rate of depression in female's social disadvantage, a stronger desire to convey pain through the appeal function of non-lethal suicidal actions, or other unknown causes. Therefore, the case study was conducted on an adult women with depression and correlated behavior problems. The aim is to investigate in depth whether self-help based on the cognitive therapy can help Chinese women improve their emotional problems, reduce depression rates, and etc.

2. Case History and Symptomatology

The participant is a 27-year-old woman who lives alone in Beijing. She has a buzz cut and always wears a men's giant T-shirt and shorts. She always had a pack of cigarettes in her pocket and was playing with a lighter in her hand. Her language is incoherent and illogical. Even though her appearance and mannerisms were not under the social norm, she did show understanding and cooperation with the interview and was very respectful of the researcher. The participant has been an alcoholic for an extended period. Almost every day, she spent in a state of drunkenness. After every drink, even in a sober state, she still likes to get into verbal arguments with people, who can have quarrels with everyone, including her best friends, parents, colleagues, and strangers in the streets.

Her parents live in their hometown of Inner Mongolia and live a very loving life with average economic conditions. Thus, the participant grew up in a loving family where her parents always gave unconditional understanding and support.

She was also a top student from primary to high school. Because of her agreeable personality, both boys and girls loved to make friends with her. During college time, she was the head of the students' union and was the favorite student of professors. People around her, including herself, have held high expectations of her career life. Like all graduates in China, she wanted to achieve self-actualization and win others' respect at work. However, competition always exists primarily everywhere. She always failed job interviews and had been waiting for employment for three years. She has faced tremendous stress and barriers to goal achievement since she graduated from college. Drinking with various friends every day was the only thing that could fulfill her needs and balance her life expectancy.

3. Diagnosis

According to the Hamilton depression rating scale (HDRS), a score of 20 or higher indicates at least moderate severity that is usually required for entry into a clinical trial (Hamilton, 1960). The participant score is 23, which is in the

mild depression range. Furthermore, the Self-Concept Clarity (SCC) was utilized to measure the self-cognition of people, which is described as the extent to which self-beliefs are pretty consistent and stable (Campbell et al., 1996). The participant's score is 17 which means she has a negative value and recognition of herself. Moreover, the Brief Self-Control Scale (BSCS; Tangney, Baumeister, and Boone 2004) is a brief self-report assessment of overall self-control, containing 13 items. The sum of the raw scores of the patient is 16, which means a low self-control ability. The Situational Motivation Scale (SIMS) measures the participant's attitude and motivation toward job application (Guay, Vallerand, Blanchard, 2000). It rated the patient's intrinsic motivation (IM), identified regulation (IR), external regulation (ER), and motivation (AM) toward the activity of job seeking. After all, the self-Determination Index (SDI) can also be calculated through the formula: $(2 \times IM) + IR - ER - (2 \times AM)$. The final result shows that both intrinsic and identified regulation scores are pretty low, but motivation and external regulation are high, as well as the self-determination of the participant is below the average.

Table 1. Measures of BSCS, SCC, SIMS, HDRS

Measures	Before treatment	Follow up 3 Months	Follow up 6 Months	Follow up 12 Months
Brief Self- Control Scale (BSCS)	15	22	30	39
Self-Concept Clarity (SCC)	17	20	28	38
Situational Motivation Scale (SIMS)	-21	-15	10	22
Hamilton depression rating scale (HDRS)	23	20	18	15

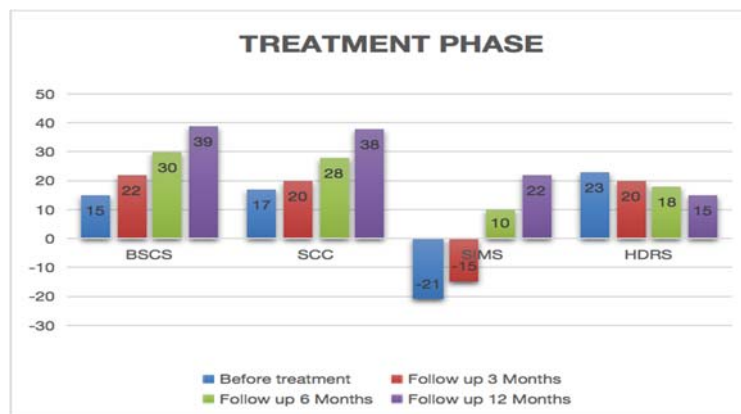


Figure 1. Different phases of treatment with self-help based on cognitive therapy.

4. Treatment

STEP 1: Enhance Self-Control

The first therapy session aimed at increasing the patient's cognition of self-control. According to Rehm's self-control model of depression, people with low self-control are easier to get depression than individuals with high self-control because of the deficit in self-monitoring, self-evaluation, and self-reinforcement (Rehm & Fuchs 1977). Rehm and Fuchs (1977) inferred the therapy based on Rehm's self-control model of depression, which contains three phases self-monitoring, self-evaluation, and self-reinforcement. In the self-monitoring phase, the goal is to assist the participant in gaining control in life. At first, she gets a log form to record her positive activities every day. And then, she evaluates her

mood from 0-to 11 (from worst feeling to most elated feeling) after every positive action. After every end of the week, she examines the data to see if positive activities are positively related to a euphoric mood. In the self-evaluation phase, she wrote down three realistic and achievable goals she wanted to accomplish. She then elaborated the three plans into detailed sub-goals and assigned a weight scale to her sub-goals from points 1-5 (Not hard to achieve at all, Most challenging to achieve). In the last stage of self-reinforcement, the patient is guided to establish a "reward menus" assigned with a specific price. The price in the reward menus initially is low but can be increased after her every achieved sub-goal. By assisting the patient to achieve more control in life from sub-goal, she could better increase her self-control and monitor her temperament.

STEP 2: Self-Determination

Most people are either driven by intrinsic or extrinsic motivation when pursuing a goal. Intrinsic motivation is regulated with inner interest and self-fulfillment, while extrinsic motivation is regulated with external reward pursuit and punishment avoidance. (Ryan, 1995). In the self-determination theory, people's essential needs for competence, autonomy, and relatedness can lead to motivation in goal pursuit and direct psychological well-being (Deci & Ryan, 2000). People desire to take control of activities and need to experience a sense of psychological freedom. For example, if people feel more power in schoolwork than play basketball, they will undergo greater autonomy and satisfaction in schoolwork than in sports. (Ryan, 1995). As Ryan stated (1995), autonomy is an essential element in the function of people's psychological well-being. Education, sports, health, religion, or work can contribute to the function or dysfunction of people's needs for autonomy. Therefore, treatment aims to fulfill her needs, satisfaction in her capacities, effecting, and social connectedness. The participant could change her amotivation status when spontaneous and autonomous behaviors cause her sense of intimacy and competence. During the second stage of self-help, she took time to consider and list down five characteristics of an employee a company wants to hire and record her goal processes. She can prove her capacities, effectance, and relatedness as she accomplishes more goals. Therefore, participant engaged in goal-directed behaviors that could be controlled or autonomous to attain competence and relatedness.

Step 3: Enhance Self-Concept

Self-concept refers to academic evaluation from schools, and non-academic concept from social relationships and physical attributes. A positive self-conception can establish one's confidence and increase one's capacity for performance. Hence, the healthy development of self-concept is crucial for people's psychological well-being and self-achievement. For the patient, deviance occurred as her academic self-concept stagnated in the past, and she failed to adapt to environmental changes.

From primary school to college, the patient had been a spotlight among students. At the same time, she had an excellent academic self-concept, which caused her depression in the future. According to the Big-Fish- Little-Pond Effect (BFLPE), students' academic self-concepts would be high when their classmate's average ability is low compared to students whose classmate's average capacity is high. People tend to compare themselves with familiar others, such as classmates. They will selectively use different comparison standards in different situations to better achieve the purpose of self-evaluation (Marsh, 1987). However, once the situation dramatically changes, they cannot make immediate accommodations, profoundly impacting students' mental development and academic performance.

The BFLPE and the social comparison profoundly impact people, making it hard to intervene with outsiders. The core solution for individuals is to change their self-concept (Marsh, 1987). On the other hand, in Chinese society, parents and society always advocate the advantages of competition. They believed that everyone should fight for their future, attach to power, and become elites. Therefore, from generation to generation in China, all young graduates are boldly immersed in metropolitan areas like Beijing or Shanghai regardless of their own needs, ability, and norms. As Marsh referred (1987) that being a big fish in a small pond is not correct or wrong,

while "successful elites" are as much as "losers" under competition. Socrates' mother discussion approach was used in the third stage. The difference was that she was the one who put this method into action. Whenever she had an unreasonable belief, she had to chronicle it, debate it, and show a rational justification for it. Therefore, during this phase, the participant need to keep a diary every three days to record their irrational beliefs and refute them from a neutral perspective.

5. Discussion

At the end of each phase of treatment, we have a short interview. Usually, we meet in cafes, bookstores, and parks with beautiful views. We talk about recent mood changes and task completion, and the patient says that it can be difficult to change old patterns of thinking and long-standing habits during the self-control phase. However, when she finds that every little bit of progress makes a big difference in her mood and life. In the second stage, by setting different small goals for herself and accomplishing them, she found that the sense of accomplishment from completing the goals was much greater than the short-term pleasure from drinking. Through almost months of self-help, she made substantial improvements in her life and work. The third stage applied Socrates' maternal debate technique. The difference was that she was the implementer of this technique. Whenever she had an irrational belief, it was necessary to document the belief and challenge it and provide a rational basis for it. In the third phase of implementation, she found a job. Her new life and new relationships also had a complementary effect on this experiment. Fortunately, however, the prolonged consolidation of the previous two phases effectively strengthened her psychological capacity. She could use the three self-healing tools very skillfully. Therefore, the use of the third stage was extraordinarily smooth.

During the one-year-long study, the changes in the patient's cognition were dramatic. The researcher plays a supporting role, but the real change or decisive role is played by herself. Through each post-self-healing interview, the patient's changes were evident both on the outside and on the inside. She became confident, stopped looking at people with averted eyes, began to read, cut down on useless socializing, and gradually changed the role of alcohol from avoiding stress to enjoying life. The change from three years of joblessness to finally getting a satisfying job is equally apparent. In fact, like most young people in this society, the participant encounters problems in life and seeks redemption in confusion to find answers. However, society is often harsh on young people; they define young people as the so-called young who will have to work hard to become elite. Once they are lost and do not know why the road ahead has to stop and want to take a break, the older people will create more pressure on them. Moreover, the current social disapproval of counseling has forced most young people to extinguish themselves.

China's counseling industry still has much room for development, and people will one day accept the normalization of psychological problems. This research will hopefully provide a way for people in society who are deeply affected by psychological problems to heal themselves. In China, people are embarrassed to admit the existence of their mental illness. Thus, they struggle in life day to day and are overwhelmed by stressors. However, people are different from birth. Whether intelligence, family economic background, or cultural environment are vital determinants of

one's future. Social comparing, sometimes, is a process of self-consuming and will lead to mental illness. Once patients could reconstruct self-belief and self-concept, they would be able to monitor their behaviors better and give themselves a positive evaluation.

However, case studies always have their limitations. Self-help based on cognitive therapy is limited in helping people with severe mental illness. And this case study is not representative of the majority of the population. For example, self-help can be helpful for different people with different personalities. Therefore, there are too many unknowns to be proven in future studies. However, for some people who reject counselling, self-help often becomes one of the only ways to alleviate or even solve the problem. Therefore, until people are genuinely open to counselling and psychotherapy, self-help may not be effective in helping them out of mild mental illness.

References

- [1] Beck, A. T., & Weishaar, M. (1989). Cognitive therapy. In *Comprehensive handbook of cognitive therapy* (pp. 21-36). Springer, New York, NY.
- [2] Lim, B. K., & Lim, S. L. (2015). Counseling in China. *Counseling around the world: An international handbook*, 75-86.
- [3] Lee, S., Fung, S. C., Tsang, A., Liu, Z. R., Huang, Y. Q., He, Y. L., ... & Kessler, R. C. (2007). Lifetime prevalence of suicide ideation, plan, and attempt in metropolitan China. *Acta Psychiatrica Scandinavica*, 116(6), 429-437.
- [4] Beck, A. T. (1964). Thinking and depression: Theory and therapy. *Archives of General Psychiatry*, 10, 561-571.
- [5] Jorm, A. F., Christensen, H., Griffiths, K. M., & Rodgers, B. (2002). Effectiveness of complementary and self - help treatments for depression. *Medical Journal of Australia*, 176(10). <https://doi.org/10.5694/j.1326-5377.2002.tb04508.x>
- [6] Lau, S., & Kwok, L. K. (2000). RELATIONSHIP OF FAMILY ENVIRONMENT TO ADOLESCENTS'DEPRESSION AND SELF-CONCEPT. *Social Behavior and Personality: an international journal*, 28(1), 41-50
- [7] Gerring, J. (2004). What is a case study and what is it good for?. *American political science review*, 98(2), 341-354.
- [8] Hamilton, M. (1960). A rating scale for depression. *Journal of Neurology, Neurosurgery and Psychiatry*, 23, 56-62.
- [9] Ryan, R. (1995). Psychological Needs and the Facilitation of Integrative Processes. *Journal of Personality*, 63(3), 397-427. <https://doi.org/10.1111/j.1467-6494.1995.tb00501.x>
- [10] Cheung, N. W. T., & Cheung, Y. W. (2010). Strain, Self-Control, and Gender Differences in Delinquency among Chinese Adolescents: Extending General Strain Theory. *Sociological Perspectives*, 53(3), 321-345. <https://doi.org/10.1525/sop.2010.53.3.321>
- [11] Rehm, K. (1987). Cognitive and Behavioral Targets in a Self-Control Therapy Program for Depression. *Journal of Consulting and Clinical Psychology*, 55(1), 60-67. <https://doi.org/10.1037/0022-006X.55.1.60>
- [12] Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. M., Lavallee, L. F., and Lehman, D. R. (1996). Self-concept clarity: measurement, personality correlates, and cultural boundaries. *J. Personal. Soc. Psychol.* 70, 141-156. doi: 10.1037/0022-3514.70.1.141
- [13] Fuchs, C. Z., & Rehm, L. P. (1977). A self-control behavior therapy program for depression. *Journal of Consulting and Clinical Psychology*, 45(2), 206-215. <https://doi.org/10.1037/0022-006X.45.2.206>
- [14] Ryan, R. M. (1995). Psychological Needs and the Facilitation of Integrative Processes. *Journal of Personality*, 63(3), 397-427. <https://doi-org.libproxy.nie.edu.sg/10.1111/j.1467-6494.95.tb00501.x>
- [15] Deci, E., & Ryan, R. (2000). The "What" and "Why" of Goal Pursuits: Human Needs and the Self-Determination of Behavior. *Psychological Inquiry*, 11(4), 227-268. Retrieved November 4, 2020, from <http://www.jstor.org/stable/1449618>
- [16] Situational Motivation Scale (SIMS): F. Guay, R. J. Vallerand, and C. Blanchard (2000). On the Assessment of Situational Intrinsic and Extrinsic Motivation: The Situational Motivation Scale (SIMS). *Motivation and Emotion* 24 3 175-213.
- [17] Tangney, June, Roy Baumeister, and Angie Boone. 2004. "High Self-Control Predicts Good Adjustment, Less Pathology, Better Grades, And Interpersonal Success." *Journal of Personality* 72:271-324. doi:10.1111/j.0022-3506.2004.00263.x
- [18] Marsh, H. W. (1987). The big-fish-little-pond-effect on academic self-concept. *Journal of Educational Psychology*, 79, 280-295.