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A SHORT PSYCHOTHERAPEUTIC INTERVENTION ON DEPRESSION COMPLICATED BY A CHRONIC B VIRUS INFECTION: A CASE STUDY

Tudor-Ştefan Rotaru [*]
University of Medicine and Pharmacy "Gr. T. Popa" of Iaşi, Romania

Iuliana Petrov [**]
Alexandru Ioan Cuza University, Romania

Liviu Oprea [***]
University of Medicine and Pharmacy "Gr. T. Popa" of Iaşi, Roamania

Abstract
This study presents a psychotherapeutic intervention with a young man. The main complaints refer to the separation from his girlfriend and stress at work. The patient had identified his dysfunctional automatic thoughts and had tested them by confronting them with realistic alternatives. The main interventions targeted small behavioral changes, cognitive restructuring, clinical hypnosis and the empty-chair technique for ambivalence. The therapist took into account a virus B infection as a favoring factor for depression; the patient was properly informed. Therapeutic objectives were achieved thanks to the multiple resources available to the patient.

Keywords: case study, HBS infection, ambivalence, cognitive-behavioral approach, clinical hypnosis, short therapy

Correspondence concerning this paper should be addressed to:

[*] Ph.D., University of Medicine and Pharmacy "Gr. T. Popa" of Iași, Faculty of Medicine, Department of Preventive and Interdisciplinary Medicine – Behavioral Sciences. E-mail: *t_rotaru@yahoo.com*

[**] Master, Alexandru Ioan Cuza University, Faculty of Psychology and Education Sciences, Department of Psychology, Toma Cozma Street, no. 3, Iaşi, 700554, Romania. E-mail: *iuliana_petrov@yahoo.com*

[***] Ph.D., University of Medicine and Pharmacy "Gr. T. Popa" of Iași, Faculty of Medicine, Department of Preventive and Interdisciplinary Medicine – Behavioral Sciences. E-mail *liviu.oprea@gmail.com*

Introduction

The purpose of this case study is to describe the therapeutic interventions included in eleven therapy sessions that stimulated change in a young man who suffered from a depressive episode. The therapy took into account the HBS infection as a favoring factor for depressive symptoms. The separation from his girlfriend and perceived stress at work caused the difficulties brought up in therapy. The case was successfully solved due to patient's motivation and the investment in the therapeutic relationship.

Main complaints

The therapy began on June 9, 2012, after the client went through two weeks of illness characterized by extremely intense headaches, exhaustion, de-realization and hypersomnia. Investigations revealed that Ştefan was "*brought down*" by two main factors: the separation from his girlfriend, Larisa, the stress of a high workload in a managerial position and enrollment in a Master's program in economics. The conditions described in hindsight for the two weeks included: fatigue, severe headache, inability to cope with the entire work program, inconsistency, feelings of déjà vu, de-realization *("I remembered things that I thought I dreamed of"*), signs of what would be suspected as a mild case of paranoid ideation (*"suspicious of everybody"*), anhedonia, aboulia.

Ştefan is an intelligent man, courteous, thorough but somehow a hypochondriac, with emotional maturity in development. His appearance is always very stylish and clean. He is reserved regarding his personal life, but he has difficulties in saying *"No"* to other people's requests. The patient is very active, constantly on the go. He doesn't usually spend time alone: he has feelings of guilt when doing nothing (codependent of work). Stefan's resources include jogging, meeting with friends, reading, walking, the curiosity to learn new things, chilling out music and personal care.

Personal history of the patient

The relationship with Larisa, a twenty-year-old girl, seems to be central to the initial discussions. Ştefan is a spontaneous, sexually active, athletic man and a former athlete. Larisa is for Ştefan his first deep emotional experience.

After repeated accusations of infidelity toward him, the two partners split up. The separation took place two weeks before the depressive episode previously described.

The family's genogram includes both parents aged 52, an older brother married and abroad (31) and an older sister (28) who still lives with their parents. Ştefan is the youngest of the three brothers in the family. Early on, he practiced football, he had success locally but had to give up sports because of a foot injury and because of B Hepatitis detected at the age of 17 (infected, it seems, iatrogenic). The patient finished the Faculty of Physical Education and left three times through Work and Travel program in the United States, a place that Ştefan is now very attached to (e.g.: his e-mail is signed both by the number of Romania, but also with a number in the USA). In the United States, Ştefan had an extreme work program (with just three hours of sleep per night). On return, he obtained a managerial position in a distribution company. He is highly appreciated by his employer, and in the meantime, he finished the first year of Master's program. The HBS viraemia seems to be under control, in collaboration with an infectious disease doctor. Therapist took into account the probable involvement of this disease in his general state of depression.

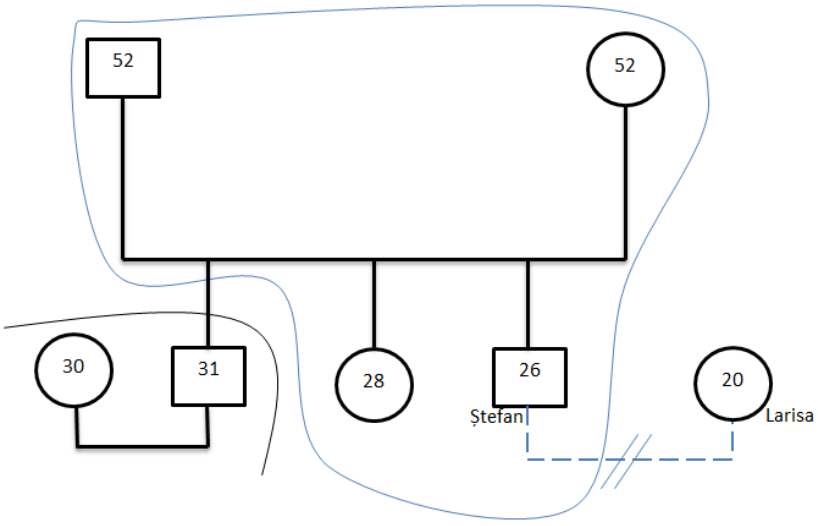

Figure 1. Ştefan's family genogram

Chronic B virus infection

A chronic infection of hepatitis B and hepatitis C are considered as the most important infectious diseases, which leads to drastic consequences, such as liver dysfunction. Depression is a psychiatric disorder, which is concomitantly present in these patients and decreases the patients' quality of life. There is a high prevalence of depression among patients with the hepatitis B and hepatitis C infection; hence, these patients should be repeatedly evaluated for depression (Aktug Demir et al., 2013; Alian, Masoudzadeh, Khoddad, Dadashian, & Ali Mohammadpour, 2013). Research suggests that both infections can lead to some degree of depression. Patients with hepatitis C seem to be prone to more depressive features than CHB (Qureshi, Khokhar, & Shafqat, 2012). On the other hand, some findings suggest that not only chronic hepatitis B patients, but also HBsAg carriers need emotional support. Therefore, on-going collaboration between hepatology and infection clinics as well as a psychiatric liaison is needed (Altindag, Cadirci, & Sirmatel, 2009; Keskin, Gumus, & Orgun, 2013).

The therapist advised Ștefan for continual medical check-ups and was aware of the depression-favoring effects of the chronic virus B infection. However, despite emphasizing the need for close medical surveillance and the fact that an untreated infection could lead to depression, the therapist preferred to leave out that the infection itself may have led to a particular psychological sensitivity (Altindag, Cadirci, & Sirmatel, 2009). This was part of the therapeutic strategy and was meant to avoid negative expectations the patient might have about his own emotional state, without neglecting the continual need for medical care.

Elements of clinical evaluation

Ștefan manifests a clear ambivalence regarding his relationship with Larisa: *"My ambivalence is extreme", "I met her and have concluded to let things happen", "I feel that something has remained unfinished with Larisa ","" I, honestly, think we will be together in the near future.... ","If I know it is painful, why do I keep going? Why do I cling to a thread that will not break? Or why I do not succeed to break it?"* Although Larisa is for the patient, his first experience that he emotionally invested in, she managed to implant

important self-doubts into Ştefan, sexual invalidation from her part being a major cause of the difficulties of the couple: *"If she fails to overcome the sex problem, I will give up. Sex is important in my life; it makes me feel good, and so if Larisa does not understand that, I can't live without it".*

In addition, Ştefan presents a lack of assertiveness and self-confidence*: „I wish I was more sure of myself", "I am introverted", „I attract a lot of things and do not know how to put them to good use"*. The Dysfunctional Attitudes Scale reveals an average score of dysfunctional attitudes. High scores were obtained for the items*: "If I fail to get it right every time, I will not be respected by others," "If I want to be a good person, moral and valuable, I should help anyone in need",'' It is better to give up your own interests in order to please those around you"*.

Although Ştefan admits that, he was a spoiled child regarding his little desires: *"I was always taught to have what I wanted",* his parents did not talk too much with him, encouraging the child's avoidant attachment. Moreover, it is possible that Ştefan has projected the ideal family on Larisa's family: *"The thing that attracted me the most... I saw her parents holding hands ...it seems to be a cohesive family... she had what I didn't have in a family".* This projection might be the source of ambivalence towards Larisa, oscillating between revenge and a desire for healing.

The patient has a low tolerance to frustration, which he often manifests: *"I become displeased with all the small things"*. The meetings with Larisa are causing him headaches. His body reacts in response to the quarrels with her. However, the patient has a pattern of distrust and suspicion of others: *"I cannot really trust a girl", "My brother ... he does not trust me in order to tell me everything", "I'm irritated that others judge me by the way I think"*.

Medical aspects

DSM-IV diagnosis

1. *Axis I (clinical disorders):* 296.26 Major depressive disorder, single episode.
2. *Axis II (personality disorders):* there are no significant elements of a personality disorder.
3. *Axis III (general medical conditions):* HBS infection.

4. *Axis IV (psychosocial and environmental factors contributing to the disorder):* relational problems, stressful professional environment with a high workload.
5. *Axis V (Global Assessment of Functioning):* 6.10 Relational problems.

Cognitive-behavioral conceptualization

This case was conceptualized from a cognitive behavioral perspective, emphasizing dysfunctional thinking, especially when it comes to the interactions with others. The cognitive behavioral therapy is a set of techniques based on learning theories and cognitive psychopathology findings (Dafinoiu &Vargha, 2005).

The Dysfunctional Attitudes Scale (David, 2006) revealed an average score (128) of dysfunctional attitudes, located in quintile 3, with higher scores representing the pattern in relations to others (e.g. "*I can be happy even if nobody loves me"* - disagreement, *"The isolation of others leads to unhappiness"*- agreement). The dysfunctional and unrealistic thoughts regarding the relationship with others generates feelings of dissatisfaction, frustration, shame and anger. According to Beck's theory, the depressed person suffers from a negative self-image, experiences and future expectations (Leahy & Holland, 2010). On this line, cognitive restructuring techniques were used to observe and identify the dysfunctional thoughts and cognitive schemas in order to assess and modify them. According to the cognitive model of depression proposed by Aaron Beck, the negative thoughts of depression are not just a symptom but play a central role in maintaining depression (Dafinoiu & Vargha, 2005). They are based on attitudes acquired in infancy and afterwards. Such thoughts will decrease the general disposition, which, in turn, will increase the likelihood of automatic negative thoughts, causing a vicious circle that tends to maintaining depression. The therapist breaks this vicious circle, teaching the patient to question their negative automatic thoughts, and to test the dysfunctional postulates that are causing them. In this regard, the patient's cognitive restructuring sheet demonstrates that, in general, after identifying realistic alternatives to dysfunctional thinking, the confidence in the initial unrealistic thought still has a high percentage. The lack of confidence is clearly represented in his statement: *"Why should I be satisfied with myself? What are the reasons? None".* Also, Ştefan has a slight hypochondriac pattern,

with a certain fear of feeling bad*:" I'll feel tired all day... I will wake up and not be able to do anything "*. This pattern of suspicion and mistrust in others affects Ștefan by experiencing the emotions of embarrassment and anxiety*: "My experiences are only mine, and I cannot share them with anyone ... Those around me will not give me good advice for my own good, but on the contrary"*.

Also in line with cognitive-behavioral principles, therapy is the therapeutic relationship based on the collaboration with the patient. The therapist assesses the sources of problems and helps the patient clarify their objectives (Dafinoiu & Vargha, 2005). The establishment of collaborative objectives, the identification of behaviors and dysfunctional cognitions, the development of rational alternative beliefs and adaptive behaviors are the main aspects of the therapy, where the therapist and patient meet as authentic partners. The statements above are illustrated by the fact that Ștefan told the therapist: "*If I had got to the psychologist when I was still playing football, I would have become a great football player",* stressing the perceived effectiveness of the therapy and the confidence invested in the therapist.

Therapy's objectives

The way that Ștefan felt every half day was quantified using a scale from one to ten. Grade 1 corresponds to the way Ștefan felt the time before starting therapy (the worst physically and spiritually, according to Ștefan). Grade 10 corresponds to a happy moment in life (how he felt on the beach in Miami, Florida). The client was supposed to record a note from 1to10 to reveal his mood at home for each half-day. Ștefan's psychotherapy's objective was to get his mood to slightly fluctuate around grade 8.

Although they are not formulated as therapeutic targets, Ștefan's inventory therapy of desires formulated in therapy include: *have more confidence in myself, be more sure of myself, know how to defend myself, take care of myself, be more open-minded, extroverted, trust a woman again, learn to say „No", be more resistant to frustration if I do not get what I want at that moment (especially emotionally), be less influenced by others*.

Steps in therapy

Although, initially, we made no prediction concerning the therapy's duration, the therapeutic team worked together over a period of eleven

meetings. These proved sufficient, from the patients' point of view when it came to attaining the therapeutic goals. The first meetings were focused on Stefan's concerns about his relationship with Larisa.

The First session (9th of June 2012)

Ştefan came to therapy after a period of two weeks in which he had undergone many medical tests because of his symptoms of exhaustion: *"I woke up one morning, exhausted"*, *"I needed to sleep"*, headaches, dizziness, inconsistency: *"I was not consistent"*, feelings of déjà vu, anhedonia and derealization: *"I remembered things that I thought I dreamed of"*.

The separation from his girlfriend favored the emergence of these symptoms. Ştefan says that*: „She is very possessive"*, *"I'm more spontaneous; she is more organized"*. Moreover, the sexual differences are mentioned: *"The sex wasn't good at all".* However, the patient states: *"I have made many sacrifices for her"*, his major regret being: "*I'm sorry that she didn't give me the right to reply"*. The task requested by the therapist for the next meeting was to run as this activity had made him happy in the past.

The 2nd session (16th of June 2012)

In the meeting the patient said, *"In the morning I felt tired ... I didn't sleep very well"*. Furthermore, there were thoughts about his work, accompanied with high stress: *"I wasn't myself again after I had come from America ... I feel the need for change"*. Ştefan received homework for the following session: he would bring a photo of Larisa in order to perform a farewell ritual. From the second session, the tracking of mood by the procedure described above began, registering grades in an Excel™ Sheet and allowing a pre-set graph to build on.

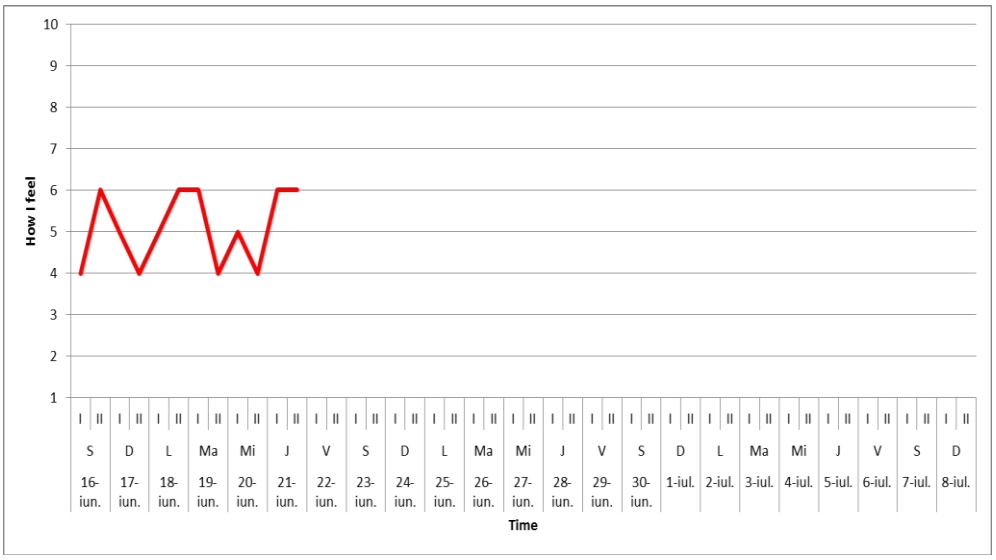

Figure 2. The beginning of the graph measuring Ștefan's mood for each half of day

The 3rd session (22nd of June 2012)

At the third meeting, Ştefan spoke about a sudden improvement on his mood: *"I feel more relaxed, more confident; I am myself again", "I woke up in a good mood and made myself smile", "I think now I can do things more easily"*. However, the therapist didn't trust this apparent positive change because *"Real change, one that lasts, is that which occurs slowly; only in this way such changes occur deep within each of us"* (Dafinoiu, p. 193, 2007). Regarding his ex-girlfriend, the patient stated that *"I rarely think of her"*, his ambivalence of his former relationship being camouflaged.

The 4th session (29th of June 2012)

In the fourth therapy session, the therapist put Stefan though a hypnotic trance. The imagery was directed by memories of the beach in Miami. It was suggested that the client dig in the sand next to him and find an object with special significance. He was urged to remain curious about the answers that the object would bring.

After seeing Larisa before that very session, feelings of exhaustion resurfaced. Ştefan declared on June 29 *"I feel I left something unfinished with Larisa"*. This way, ambivalence about the ex-girlfriend is recognized.

The 5th session (7th of July 2012)

At the fifth meeting, Ştefan said that he had visited Larisa on her birthday with a bouquet of flowers. His ambivalence consisted mainly of a desire of rapprochement and revenge. After seeing her, the headaches reappeared. While integrating ambivalence in his life, Ştefan has decided to let things go *"I had a weird sensation before I met her ... seeing her didn't have the desired effect ... a question mark remained"*. Furthermore, the patient refused to go to football, showing an improvement on his ability to say no to colleagues inviting him to long, tiresome games: *"I stopped playing football"*.

The 6th session (14th of July 2012)

At the sixth meeting, the patient stated: *"My ambivalence is extreme", „I have concluded to let things just happen"*. While suggesting that he feels better: *"My soul is more peaceful now"*, Ştefan has difficulties at work. Regarding Larisa, the patient says their main problems were her entourage, the fight for power, the lack of sexual desire and the accusations of infidelity against him. Ştefan's low tolerance to frustration has its origins in primary socialization: *"I was always taught to have what I want"*. It is this moment when the patient asks the therapist to be *"more practical"*.

The 7th session (18th of July 2012)

At this meeting, Ştefan spoke about how he had spent his spare time with his friends: *"I was at the pool with my friends"; "I began to speak about myself with other people"*. Concerning Larisa, her accusations were related to Ştefan's lack of care and selfishness: *"She accused me of selfishness ... that I was not caring"*. On the other hand, he stated *"I, honestly, see us together in the future"*, proving that he still has feelings for Larisa.

The cognitive restructuring's steps were initiated in the seventh meeting. After the explanations referring to the way that thoughts influence his feelings, Stephen respected the therapist's instructions precisely. A fragment of Ştefan's tables of cognitive restructuring can be seen below:

Table 1. Fragment of Ştefan M.'s table of cognitive restructuring

Date	16th of July
Time	20:44
The concrete situation	I have decided to give our relationship a chance.

Table 1. Fragment of Ştefan M.'s table of cognitive restructuring - *continued*

The unrealistic thought and confidence in it (0-100%)	I am unsure of what I did and what I do. Larisa minimizes my qualities. It is a waste of time. I am inferior and incapable. 70%
The emotion felt and the intensity of the emotion (1-10)	Anxiety 8 Reluctance 6 Fear 8 Guilt 6
The realistic alternative to the original dysfunctional thought (0-100%)	If it does not work, it means I deserve something better. It is normal to put myself in different situations and think twice in order to take the best decisions. Nobody can take my qualities. I'm proud of what I do.
The confidence in the initial unrealistic thought	20%
The emotion felt and the intensity of the emotion (1-10)	Acceptance 3 Disgust 4 Regret 3

The task for the next meeting was the inventory of the wishes expressed during therapy.

The 8th session (22nd of July 2012)

At the eighth session, the therapist read the inventory of wishes expressed by the patient during therapy. Through the empty chair's technique, the therapist socialized Ştefan's ambivalence regarding his relationship with Larisa. The part that he loved and wanted to stay with him was put into a dialogue with the part he hated and wanted to separate from. Following this exercise, Ştefan decided to leave things as they were and to postpone any decision*: "whether the future is bright for us, or if not, it isn't so important"*. This moment was accompanied by tears, a sign of contact with the deep emotions of love and loss.

The 9th session (4th of August 2012)

In the ninth session, the patient said he felt much better: "*I have become more relaxed ... the things have settled down"*. In addition, Ştefan had talked about Larisa's relationship with a former colleague, an aspect that greatly disturbed him. The fact that she sometimes lied was tolerable now.

The 10th session (18th of August 2012)

In the tenth session, a personal development exercise was conducted. Ştefan wrote his traits on small sheets of different color paper (blue for positive traits and yellow for negative traits, colors chosen by the patient himself) and put them in a jar bearing the label "Ştefan". The patient had the chance to realize if he attributed too many negative traits toward himself, what these traits were, and how they came into his mind. Among the qualities identified by him were outgoing, strong, intelligent, spontaneous and polite; the flaws included reserved, angry at ironies and insecure. Another task he received was to spend one hour with himself just by reading a book or listening to music.

The 11th session (25th of August 2012)

In this session, Ştefan stated that he had failed to do his homework. The escape in the mountains with Larisa had made the emotional ventilation of the patient possible: *"I told her how I felt (I learned this in therapy)"*. Furthermore, he stated that he felt wonderful with his friends: *"I laughed as I had never laughed before"*.

Unfortunately, Ştefan remembered that he might still be infected with HBS, and he didn't use protection with Larisa. The therapist directed the client to the doctor in order to seek solutions in this regard. The psychotherapy ended the sessions after the 11th meeting, when the therapist observed that the patient's mood chart was around a grade of eight.

The client's post therapy evolution and follow up

In subsequent conversations with Ştefan, the last one occurring in June 2013 (nine months after the end of therapy), the client said he felt great and that the therapy helped him a lot. He goes to the gym regularly, broke up with Larisa and is now in a relationship with a 26 year old woman, who is *"more mature"*. He opened with his former employer and current associate two lines of business and has consistent incomes. A trip to the United States is the plan, in order to bring new ideas and methods from out there. From the point of view of health, things are under control. There have been some short periods of low intensity depression.

Limits

The main limitation is that the illustrative and exploratory value of this case study doesn't allow for generalizations, like in the case of a quantitative systematic research. The purpose is to reflect over the various explicative models used in conceptualizing this case, so they serve as a source for new hypothesis and alternative conceptualizations, in order to offer insights on the efficiency or inefficiency of certain techniques as well as to draw from some of the fine and idiosyncratic nuances that are particular to psychotherapy (Sava, 2003). Alternative conceptualizations, better explanations and intervention ideas can be proposed for this case and ones used in similar situations in psychotherapy.

Conclusions

A strong point of the therapy was Ştefan's unconditional commitment. Ştefan came to his therapy sessions regularly; he agreed did his homework and respected the instructions. Moreover, Ştefan was very talkative and did not repress his emotions during therapy. The cultural experience in the United States has proved to be an advantage regarding his cognitive flexibility. The therapist believes that Ştefan insisted too much on the relationship with Larisa, given that he was not ready to make a decision, and this lengthened the therapy session up to eleven. In conclusion, during the sessions Ştefan mobilized his resources. The main interventions were behavioral tasks (e.g. running, listening to music), cognitive restructuring, clinical hypnosis, by rediscovering his good feelings, the empty-chair technique for ambivalence. The therapeutic objectives were successfully achieved through the multiple resources available to the patient.

Ethical aspects

All names used in this study are fictitious. Some information has been slightly modified to make it impossible to identify the real people from the real case.

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