

Effectiveness of Holistic Approach on Anxiety and Depression: A case study

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ABSTRACT

Background: A 50-year-old female, a widow with up to a 5th-grade education, belonged to a lower-middle socioeconomic status in a semi-urban area, came to the Mindful Mind Centre, with chief complaints such as disturbed sleep, altered appetite, uneasiness, apprehension, uncertainty, fearfulness, forgetfulness, low energy, low mood, poor attention and concentration, difficulty in work, and low self-confidence.

Aim: This study was conducted to evaluate the effectiveness of a holistic approach on anxiety and depression.

Methodology: clinical interview, BDI, and BAI were applied. Moderate levels of anxiety and depression were found. Process and Results: Twice a week, there were total number of 16 sessions were conducted, each lasting 50-60 minutes. The holistic approach in the therapy module included supportive psychotherapy, psycho-education, cognitive behavior therapy, and mindful formal exercise, reassessment and follow-up sessions were conducted. The significant improvement found. She was able to manage her life better than before and experienced increased happiness. Her worries and insecurities decreased.

Conclusion: The holistic approach effectively reduced the levels of anxiety and depression while improving cognitive ability and calmness.

Keywords: Anxiety, depression, holistic, CBT, mindfulness.

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INTRODUCTION

The latest World Health Organization (WHO) World Mental Health Report reveals that an astonishing one billion people (over one in eight adults and adolescents) globally suffer from a mental disorder. Depression (280 million individuals) and anxiety (301 million) represent the largest groups (World Health Organization, 2022). Earlier research indicates that one out of every nine people in the world had at least one of the anxiety disorders (American Psychiatric Publishing, 2013; Craske & Stein, 2016). Depression is a common psychiatric disorder in the world, affecting more than 300 million people worldwide (World Health Organization, 2017; Vos et al., 2016).

Holistic psychotherapy is an integrative approach to mental health treatment that considers the individual as a whole, addressing emotional, psychological, physical, and spiritual aspects of a person's life. This method emphasizes the interconnectedness of thoughts, feelings, and behaviors, advocating for a comprehensive understanding of a person's experiences and challenges. Holistic psychotherapists often use a variety of therapeutic techniques, including mindfulness, somatic practices, and creative therapies, to

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support healing and personal growth (Sussman, 2000). The cognitive-behavioural therapeutic approaches are one of the best psychotherapy approaches proposed to deal with stress, anxiety, depression and other psychological illness (Momeni et al., 2017; Kodal et al., 2018). The mindfulness finds its roots in ancient spiritual traditions, and is most systematically articulated and emphasized in Buddhism, a spiritual tradition that is at least 2550 years old. The word *mindfulness* may be

used to describe a psychological trait, a practice of cultivating mindfulness (e.g., mindfulness meditation), a mode or state of awareness, or a psychological process (Germer, Siegel, & Fulton, 2016). One of the most commonly cited definitions of mindfulness is the awareness that arises through “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994, p. 4). It helps practitioners cultivate the quality of consciousness and self regulation. The participant may control and improve his or her daily activity after learn the mindfulness skill (Kumar, Ranjan & Jahan, 2020).

Case Summary

MS A 50 years old, female, educated up to 5th class, widow, Hindu, Hindi speaking, belonging to lower middle socio-economic status, hailing from rural area of Gaya district of Bihar was came for psychotherapy with chief complaints including disturbed sleep & appetite, uneasiness, apprehension & uncertainty, fearfulness & forgetfulness, low energy & low mood, poor attention & concentration, difficulty in work, poor self confidence. The mode of onset was insidious, course of illness was continuous, progress of illness was fluctuation and precipitating factor was death of husband. Client was symptomatic for last 13 years. Her symptoms started gradually with disturbed sleep and appetite after death of her husband. After that she started thinking how I will take care of my children because she was not having sources of income. Gradually her pattern of living became disturbed. She started to feel uneasiness, apprehension & uncertainty and physical symptoms also. She started feeling headache, chest pain, suffocation and fear of dying most of the time. She would fear, anxious and irritable also. She stopped going outside to home due to excess felling of fear but she was not able to tell properly about the source of fear. She would become dependent upon her son and daughter for small daily household work. She lived with low energy and low mood. She was not able to attend on any things for long time. Gradually, she noticed that her day to day mental ability was bit impaired. Her forgetting problems started growing slowly. She used hopelessness and helplessness. She consulted to lots of psychiatric and general physician. Her drugs compliance was poor. She was taking pharmacological treatment from RINPAS and joined Mindful Mind Centre, Gaya for psychotherapy.

Assessment Tool

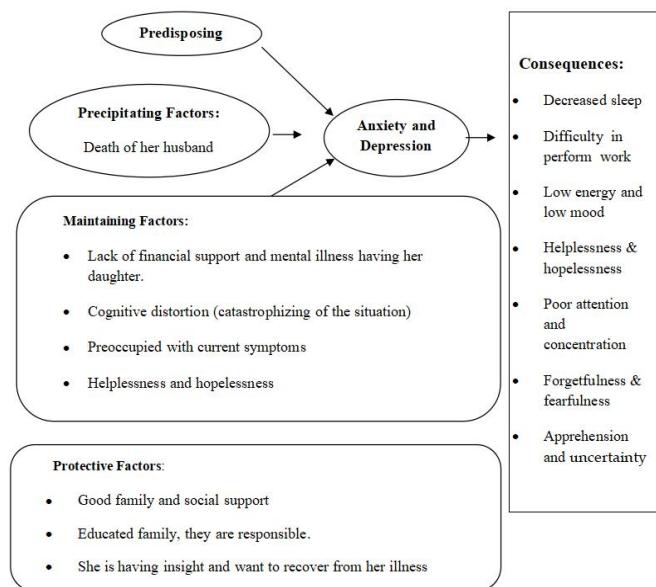
Beck anxiety inventory

(Beck, Epstein, Brown, & Steer, 1988): A four point (0 least, 3-severe) rating scale with a total summed score range of 0–63.

Beck depression inventory-II

BDI-II is a 21-item, self-rated scale that evaluates key symptoms of depression (Beck et al., 1993; Beck, Steer & Garbing, 1988). Individual scale items are scored on a 4-point continuum (0=least, 3=most), with a total summed score range of 0–63. Higher scores indicate greater depressive severity.

Case formulation



Procedure

Patient came by herself to the Mindful Mind Centre in Gaya for counseling and psychotherapy. She was diagnosed with mixed Depressive and Anxiety disorder according to the ICD-11 at RINPAS. After obtaining patient consent and information from their informants, data was gathered through socio-demographic details, history of illness, and a clinical interview. First, a clinical interview was conducted, followed by the use of the Beck Anxiety Inventory and Beck Depression Inventory-II to identify the severity of anxiety and depression. The patient was advised to attend regular psychotherapy sessions for effective treatment. After the initial assessment and detailed history were obtained, the therapist created an intervention package. The duration of the intervention was set for 16 sessions, with each session lasting 50 minutes. After completing the sessions, a post-assessment was conducted after a gap of days using the same tools that had been used earlier. The patient was re-assessed/followed up after 3 months.

Therapeutic Package

Supportive psychotherapy

Reassurance and ventilation, Externalization of interest, Psycho education and normalization: Educating about nature of illness, maintaining factor and treatment, Mindfulness

Behavior Analysis

| | | | | | |
|---------------------------|--|---|------------------------------|--|---|
| Behavior Excess | <i>feeling of helplessness</i> | <i>feeling of hopelessness</i> | <i>physical restlessness</i> | <i>Fearfulness</i> | <i>always saying no for every work.</i> |
| Behavior Deficit | forgetfulness | sleep | energy | attention and concentration | loss of interest |
| Behavior Asset | maintaining her personal hygiene | Small house hold chores | morning walk | Caring of your grandchild | |
| Motivational Analysis | financial achievement. | good health. | | | |
| Biological Analysis | decreased sleep | headache | weakness | | |
| Sociological changes: | Decreased social and family responsibilities | difficulty in talk and stopped going outside from house | | Her surrounding becomes sympathetic attitude towards her and her family members. | |
| Analysis of Self-Control: | Frustrated due to illness. | Controlling herself to maintaining family | | | |

Session Details

| Session No. | Aim of the session | General description | Total time |
|-------------|---|--|------------|
| 1-2 | Reassurance, ventilate and psycho-education | <ul style="list-style-type: none"> • Reassurance and support to the patient. • Rapport established with patient. • Patient was educated to about her nature of illness and prognosis. Detail information provided about anxiety and depression and how therapy does work and its process. | 50 Minutes |
| 3 | Demonstration | <ul style="list-style-type: none"> • Review of previous session. • Activity scheduled • Demonstration of mindfulness formal exercise (Breathing and thought observing). • Home work | 50 Minutes |
| 4 | Training session | <ul style="list-style-type: none"> • Review of previous session. • Behaviour Therapy- Activity Scheduling, social skill training, graded task • Practices of mindfulness formal exercise • Feedback • Home work | 50 Minutes |
| 5-7 | Practice Session | <ul style="list-style-type: none"> • Review of previous session. • Behaviour Therapy- Activity Scheduling, social skill training, graded task • Practices of mindfulness formal exercise • Feedback • Home work | 50 Minutes |
| 08 | Practice Session | <ul style="list-style-type: none"> • Review of previous session • Cognitive restructuring • Practices of mindfulness formal exercise • Feedback • Home work | 50 Minutes |
| 09 | Practice Session | <ul style="list-style-type: none"> • Review of previous session • Cognitive restructuring • Practices of mindfulness formal exercise • Feedback • Home work | 50 Minutes |
| 10 | Practice Session | <ol style="list-style-type: none"> 1. Review of previous session 2. To challenging automatic thought; examine the evidence and verbal challenging 3. Practices of mindfulness formal exercise 4. Feedback 5. Home work | 50 Minutes |

| | | | |
|-------|------------------|--|------------|
| 11 | Practice Session | 1. Review of previous session 2. To challenging automatic thought; examine the evidence and verbal challenging 3. Practices of mindfulness formal exercise 4. Feedback 5. Home work | 50 Minutes |
| 12-14 | Practice Session | 1. Review of previous session 2. Behaviour and Cognitive approach 3. Practices of mindfulness formal exercise 4. Feedback 5. Home work | 50 Minutes |
| 15 | Termination | <ul style="list-style-type: none"> • Review of previous session. • Review of home work • Review of behaviour and cognitive approach • Review of mindfulness formal exercise • Review of informal techniques • Feedback | 50 Minutes |

formal exercise: Mindfulness Breathing Exercise and Mindfulness Meditation (thought observation), Behavior therapy: Activity scheduling, Graded task assignment, Social skill training, Cognitive therapy: Cognitive restructuring, verbal challenging to thought, examine the evidence.

There were total 16 sessions were given twice a week. The details of therapy work were following-

Supportive Psychotherapy-reassurance and Ventilation

This therapy was used for providing reassurance and support to the patient. After the long conversation with the client rapport establish and bring the patient to an emotional equilibrium. Initially patient was hesitating but when therapist was started listening her problems carefully then developed belief and she was reassured that she will be able to recover from her problem provides she remains patient and committed to the treatment.

Psycho-education and Normalization to the Patient and Family Members

This therapy was educated to patient about her nature of illness like onset, course and progress of illness as a cognitive conceptualization. Therapist explained to the patient about the factors that led to development of her problem and the factors that maintained her problem. She was informed that it results when individual is not able to cope effectively with stressful situations as a result there comes certain changes in her behavior, and emotions and personality which are temporary in nature. It was told that to patient that family support is essential to achieve positive results of treatment.

To Improved Sleep Pattern

Patient was explained about importance of sound sleep .She was told to wake up from bed at the same time each day and go to bed at the same time each day; to make the bedroom a

restful place to sleep that should not be distracted by outside noises.

Mindfulness Formal Exercise

Mindfulness exercise was taught to the patient to make their mind more balanced and flexible, improved concentration, self-awareness, and well-being, as well as reduced physical discomfort. She was encouraged to focus on a specific part of the breath cycle, fully attending to the sensations as she experienced deep breathing. Instructions included breathing slowly and paying attention to the feeling of the breath as it entered through the nostrils and trachea, the cool sensation above the roof of the mouth, or more commonly, the expansion and contraction of the lungs and abdomen. After 10 minutes of this breathing exercise, they transitioned into mindfulness meditation for 5 to 8 minutes, focusing on thought observation. During this meditation, she was guided to observe her thoughts and feelings from a distance, refraining from labeling them as good or bad. She was encouraged to notice the thoughts that came and went in her mind, as well as the feelings that arose in her body. The key was to observe these thoughts and feelings without judgment or the urge to change or avoid them. She was advised to practice this exercise twice daily.

Behavior Therapy

She was instructed on how to create an effective daily schedule and the significance of maintaining a daily routine. The therapist assisted him in developing a timetable of preferred activities for the day and advised her to adhere strictly to it within the designated time frame. She was informed that her daily routine should incorporate her interests alongside other household tasks. She was educated about graded task assignment. In each session, she was asked about her adherence to the daily activity schedule and received positive feedback.

Graded task assignment

She was instructed on graded task assignment. She was inquired if she had sufficient resources to manage household responsibilities. She also recognized that her high expectations and perfectionist mindset were leading her toward increased failure.

Improve social interaction (Social skills training)

Social skills training were provided after identifying the areas of deficit. The patient was informed that due to prolonged suffering from her illness and living with its symptoms, she had diminished her ability to engage in conversations with others. She was made aware that this had negatively impacted her personal and social relationships. She was trained in assertive behavior through role-playing. A home assignment was given to practice these skills in her environment. Patients were encouraged to initiate conversations with family and other members. Specific skills taught included starting conversations, listening to others, using appropriate non-verbal cues, assessing whether the other person is engaged and willing to talk before initiating conversation, and avoiding over-ambition.

To Improve Cognition

The patient was informed about the role of healthy cognitions in maintaining positive emotions and behaviors. The therapist taught the following method to the patient to address her automatic thoughts.

Cognitive Restructuring

She was explained how her automatic faulty appraisals affected her. The therapist discussed the factors that contributed to the development of her problem and those that maintained it. She was provided with insights into how her depressive thoughts had been impacting her life. The patient inquired about her experiences of anxiety, nervousness, or fear, including how common she felt her anxiety was, the types of anxiety she experienced, coping strategies, and the outcomes. The therapist then asked the patient to observe others in various situations similar to her, rate their anxiety levels, and note the intensity of their anxiety, their coping methods, and the outcomes. Finally, she was asked to evaluate her anxiety experiences in comparison to others' monitored anxiety experiences and their outcomes. The patient's distress and triggering events were explored in light of the information provided to her. The activated faulty appraisals triggered by events were identified, shared with the patient, and then targeted session by session to challenge, change, and replace them.

To Challenge Automatic Thoughts

Initially, the therapist identifies the automatic thoughts that are problematic for the patient. Patient was having a

lot of automatic thoughts about their family and life like hopelessness & helplessness "itna din se ilaz krwa rahe h vaise ke vaise hi h, kuch nhi hone wala".

Examine the evidence technique used by therapist, and challenge his automatic thought. Therapist told to examine both the extent to which the thought is supported or disconfirmed by the available evidence and whether other interpretations would better fit the evidence. Other techniques have been used like challenging absolute and verbal challenging as per as need.

Analysis of data and Results:

| Tests | Pre assessment | Post assessment | On follow up |
|-------|----------------|-----------------|--------------|
| BAI | 32 | 09 | 13 |
| BDI | 29 | 08 | 10 |

After completing 16 sessions, a post-test was administered to measure various parameters. The analysis indicated that a significant level of improvement occurred across all variables. The patient's score on the BDI-II was 29 after therapy, this score decreased to 08, indicating improvement in several areas, including feelings of failure, guilt, self-punitive thoughts, body image, fatigue, somatic preoccupation, social withdrawal, mood, and pessimism. On the BAI, the patient obtained a score of 32, which lowered to 09 after therapy, indicating effective improvement in various anxiety-related areas, including nervousness, fear of losing control, feelings of terror, fear of the worst happening, inability to relax, indigestion, and forgetfulness. The therapeutic outcome was maintained until the follow-up. By the end of the third week, the patient showed many improvements. As the therapy sessions progressed, she gradually began to feel lighter in both mind and body. She expressed, "Right now, I feel relaxed and calm. I believe my quality of sleep has also improved. Previously, my mind was often occupied with irrelevant thoughts. But nowadays, I can think rationally and focus on what matters. I feel better throughout the day." In the first and second sessions, she struggled to understand anything. Gradually, she realized that her memory issues stemmed from constant over thinking. By the end of the sixth week, the patient began to concentrate better on her daily tasks than before. She and her daughter reported an increase in her overall well-being. Her irritability, uneasiness, low mood, and low energy all decreased, and she started to feel more energetic. She was able to perform her personal daily activities in a better way, such as cooking and maintaining her home. The client's apprehension and uncertainty levels decreased significantly by the end of the eighth week. She noted that her levels of negativity and worry also diminished. Overall improvements were observed in most areas. Follow-up scores indicated that the benefits of therapy were maintained.

DISCUSSION

The present study findings indicated that this holistic approach was effective in reducing the levels of anxiety and depressive symptoms. However, the use of this therapy approach was certainly challenging and more complex. The cognitive approach and mindfulness exercises were particularly difficult for individuals with lower educational backgrounds. The conclusions were positive after completing the sessions, despite some challenges.

On the whole, the subject showed a marked decrease in anxiety and depression-related symptoms such as apprehension, uneasiness, indigestion, fearfulness, insecurity, low confidence, low mood, low energy, and worry after a 10 weeks intervention program that utilized a holistic approach, including supportive psychotherapy, CBT, and formal mindfulness exercises. The outcomes of therapy were maintained up to a three-month follow-up. These findings are consistent with previous research conducted by Sharma and Malviya (2020), which suggested that holistic approach can easily integrate into the daily lives of individuals, where the initial post-traumatic recovery begins for many. Mental health treatments should not be limited to psychoactive drugs; there is a need to systematically incorporate holistic approach that is supported by scientific evidence to benefit individuals and communities. The outcome of the present study was also similar to the research conducted by Rentala et al. (2019), which suggested that holistic group health promotion interventions effectively decrease stress, depression, and anxiety among educationally stressed adolescent girls. This improvement was sustained for three months. The findings of the present study align with previous research indicating that mind-body or mindfulness interventions significantly reduce stress, anxiety, and depression in adolescents and adults (Deckro et al., 2002; Johnstone et al., 2016; Gallegos, 2015). This study revealed that anxiety was more prevalent among women, individuals with lower income, those with less education, the unemployed, the uninsured, and widows. These findings align with the results of the Noorbala et al. study, which indicated that the risk of mental disorders increases with age, illiteracy or lower education, divorce, widowhood, unemployment, and chronic illness (Noorbala et al., 2004 and 2015). They are also consistent with the findings of the study of Mirzaei et al. (2019), which showed that women experienced 11.8% more stress than men. Additionally, moderate to severe stress intensity was significantly higher in women. The levels of depression and anxiety were elevated among those who were less educated, unemployed, uninsured, and widowed. This present study indicated that a significant impact was observed in the levels of anxiety and depression through the use of supportive psychotherapy. This finding is consistent

with the results of Mukherjee et al. (2017), which showed that after psychotherapy, the mean scores (\pm SD) for anxiety were 11.7 (\pm 3.45) and for depression were 12.80 (\pm 4.05), both of which decreased. Analysis using a paired t-test revealed a significant improvement in both anxiety ($P < 0.001$) and depression ($P = 0.026$).

This finding aligns with the research of McAvoy et al. (2019) and Rith Najarian et al. (2017) regarding the effectiveness of CBT in treating anxiety and depression. Cognitive-behavioral therapy combines cognitive and behavioral approaches. This treatment assists patients in identifying their distorted thinking patterns and dysfunctional behaviors. To facilitate the change of these distorted and dysfunctional thoughts, regular discussions and well-structured behavioral tasks are employed (Erickson & Newman, 2005). Consequently, training in CBT, focusing on strategies such as problem-solving training, visual exposure, and recording thoughts and worries, as well as recognizing unpleasant and uncontrollable thoughts, empowers individuals to manage their concerns and view ambiguous situations as less catastrophic (Wenzel, Dobson & Hays, 2016).

Mindfulness formal exercise helps practitioners cultivate consciousness and self-regulation. Participants may control and enhance their daily activities after learning the mindfulness skill (Kumar, Ranjan & Jahan, 2020). These findings are consistent to outcome of present study. The present study showed that clients felt calm and relaxed after completing each mindfulness exercise. It helped decrease levels of stress, anxiety, and depression, consistent with the findings of Cordon, Brown, and Gibson (2009), which indicated that participation in MBSR resulted in a greater reduction in perceived stress for individuals with an insecure attachment style compared to securely attached individuals. The present study is also related to the results of MBCT, which is effective in reducing depressive relapses among remitted depressed patients with a history of three or more depressive episodes, but not among those with two previous episodes (Teasdale et al., 2000). This study aligns with the findings of Pal et al. (2023), which showed that mindfulness improved anxiety, depression, and quality of life for Indian adults.

CONCLUSION

In today's era, stress anxiety and depression remain a very main problem. This type of problem is seen more in people who are weak from inside, whose confidence is low and they have a sense of insecurity towards the future. Especially when less educated people and those who come from the rustic area do not see positive about mental problem. It seems that it is a physical or other type of disease that cannot be cured. Therefore, by adopting holistic approach type of

psychotherapy and techniques, we can help such people and different symptoms of mental problem can be reduced. Supportive psychotherapy helps to reassurance and support whereas psycho-education helps to understand that onset and prognosis of disease as well as how to improve wellness. Through Behavior Techniques, a person can improve his personal life and activities thoroughly and experience peace and happiness along with his inner confidence. With the help of various techniques of cognitive therapy, a person helps to reconstruct his/her false beliefs and maladaptive thinking again. Constant Mindfulness Practice, especially breeding exercise and meditation creates spontaneity, simplicity, peace and stability in the person. Lightness and calmness starts to experience in the mind and body, which causes automatic reduction in stress, anxiety and other mental problems automatically.

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