

# EXPLORING THE PSYCHOSOCIAL DYNAMICS OF PARENTAL PRESSURE, ACADEMIC STRESS, AND DEPRESSION: A CASE STUDY ANALYSIS

Sangeeta Gotewal<sup>1</sup>, Arif Ali<sup>2</sup> & Purna Sharma<sup>3</sup>

<sup>1</sup>Lecturer, Psychiatric Social Work, Department of Psychiatric Social Work, Institute of Human Behaviour and Allied Sciences, IHBAS, Delhi, <sup>2</sup>Associate Professor, Psychiatric Social Work at Center of Excellence in Mental Health, IHBAS, Delhi, <sup>3</sup>Associate Professor, Clinical Psychology at Center of Excellence in Mental Health, IHBAS, Delhi

**Correspondence:** Sangeeta Gotewal, E-mail: sangeetagetewal@hotmail.com

## ABSTRACT

This case study explores the complex interplay between parental pressure, academic stress, and depression. The study aims to assess psycho-social factors and evaluate the effectiveness of psycho-social interventions in managing depression. This single-subject case study assesses the effectiveness of the bio-psycho-social model in understanding depression and its treatment through psychiatric social work intervention. Employing pre- and post-intervention baseline assessments, the study utilizes various tools including the Family Assessment Device (FAD), Beck Depression Inventory (BDI), Beck Anxiety Scale, Self-Esteem Scale, Multi-Dimensional Perceived Social Support Scale, Perceived Stress Scale, a family questionnaire, Internet Addiction Scale, Brief Sex Addiction Screening Instrument (PATHOS), and the Five Facet Mindfulness Questionnaire (FFMQ). The case was referred for assessment and intervention. The intervention comprised Cognitive-Behavioural Therapy (CBT) and mindfulness-based intervention. Additionally, the family intervention was provided to address parental academic pressure towards the patient and educate the family members about the illness. Following psychosocial intervention, there were significant changes in pre- and post-intervention scores across various domains, stress, depression, anxiety, self-esteem, internet addiction, pornography addiction, and mindfulness. The study underscores the effectiveness of psycho-social interventions in addressing depression influenced by academic and parental pressures.

**Keywords:** Depression, Anxiety, Stress, Parental Pressure, Academic Stress

## INTRODUCTION

Adolescence is a critical developmental stage characterized by extensive changes and heightened vulnerability to psychological disorders such as anxiety and depression (Sawyer, Azzopardi, Wickremarathne, Patton, 2018 & McCance-Katz, 2018). This vulnerability is exacerbated by academic pressures and high-stress family environments, which contribute significantly

to the risk of mental health issues, including suicidal ideation. Parenting styles marked by inconsistency, harsh discipline, and emotional detachment further complicate adolescents' emotional and social development, negatively affecting their academic performance and social relationships. Despite the availability of treatments like cognitive-behavioural therapy (CBT) (Hofmann, 2012). and mindfulness-

based cognitive therapy (MBCT) (Goldberg et al., 2018 & Strauss et al., 2014) which have been proven effective in managing symptoms of depression and anxiety, there is a notable deficiency in interventions specifically tailored to address the unique challenges faced by adolescents dealing with academic and familial stress. The intervention intends to reduce stress and enhance overall psychological well-being by addressing the specific psychosocial factors that impact this age group. This approach is crucial for developing more targeted and effective mental health support for adolescents, thereby improving their long-term outcomes in both academic and personal spheres. Family interventions can play a crucial role in treating adolescent depression by addressing interpersonal dynamics that may contribute to the condition (Diamond & Josephson, 2005). Effective family psychoeducation, focusing on understanding depression through a medical model, educating on patient-specific issues, and teaching about stress vulnerability and coping strategies, has shown promising results. Such interventions not only reduce depressive symptoms in the short term but also enhance social functioning and improve relationships with parents and peers, contributing to long-term mental health benefits for adolescents. The effectiveness of existing interventions varies, and there remains a significant gap in targeted psychosocial strategies that address the specific needs of adolescents experiencing academic and familial stress. This underscores the importance of a tailored approach that considers the psychosocial factors influencing adolescent mental health. Therefore, this study seeks to evaluate the impact of a comprehensive psychosocial intervention designed to alleviate stress and improve the psychological well-being of the client.

## **METHODOLOGY**

This study employs a single case study design to assess the effectiveness of a psychosocial intervention based on the biopsychosocial approach for individuals with moderate symptoms of depression and anxiety. Pre and post-intervention baseline data are compared to evaluate changes in the client's condition. The present case was purposefully selected from the Outpatient Department of tertiary care institute in Delhi. Before the commencement of the study, informed consent was obtained from the client's father, mother, sister, and teachers, as well as from the client himself. Participants were assured about the confidentiality of their information and were provided with detailed information about the nature and purpose of the study. Baseline data were collected before the commencement of the psycho-social intervention. Using a standardised scale. Family Assessment (FAD) (Epstein, Baldwin, & Bishop, 1983) Beck Depression Inventory (BDI) (Beck et al., 1961), Beck Anxiety Scale (Beck, Steer, 1990), Self-Esteem Scale (Rosenberg, 1965). Multi-Dimensional Perceived Social Support Scale (Zimet, Dahlem, Zimet & Farle, 1988). Perceived Stress Scale (Cohen, Kamarck & Mermelstein, 1983). Internet Addiction Scale (Young, 1998). Brief sex addiction screening instrument (PATHOS) (Carnes et al., 2012) and the Five Facet Mindfulness Questionnaire (FFMQ) (Baer, 2006) were administered. Ethical guidelines and principles were followed throughout the study to ensure the rights, dignity, and confidentiality of the participants.

## **CLINICAL HISTORY**

Mr. X an 18-year-old single male, currently pursuing his Bachelor's degree from IGNOU while simultaneously preparing for civil services exams, was brought to Tertiary care centre by his father. He presented with chief complaints of anxiousness, low mood, lack of

interest in work, chest pain, restlessness, overthinking, stomach pain, and preoccupation with health concerns. Mr. X hails from a middle socio-economic status rural background, with both parents engaged in farming and cattle rearing. His parents held high expectations for him to succeed in the civil services exams, leading to his enrollment in coaching classes in Delhi. Despite facing difficulties in keeping up with his studies and enduring a daily five-hour commute to and from the coaching centre, Mr X did not communicate his struggles to his parents and continued attending classes regularly. Described as introverted, Mr.X refrained from expressing his problems to his family and preferred solitude in his room. During study breaks, he began watching pornography videos on his mobile phone, eventually developing an addiction. This behavior change was noted by his family, along with complaints of headaches, stomach pains, and chest pains. Concerned about his well-being, Mr. X's father sought professional help. Upon assessment, Mr. X was diagnosed with moderate depression, and treatment was initiated alongside a referral for psychosocial intervention. In response to his condition, a comprehensive treatment plan was developed, which included both pharmacological and psychosocial interventions. Therapy sessions were initially scheduled on a monthly basis for one year to establish a foundation for treatment and address his immediate needs. Following this period, sessions were planned bi-monthly to continue addressing his mental health concerns and support his ongoing recovery. The therapeutic approach help the client to manage his depression, cope with stress more effectively, and address his pornography addiction while gradually improving his overall well-being and quality of life.

### **1. Psycho-social Formulation**

Mr. X exhibits symptoms of depression and anxiety, including low mood, somatic complaints, poor sleep, and decreased appetite. These symptoms suggest dysregulation of neurotransmitters and the autonomic nervous system, potentially contributing to his mental health struggles. Mr.X's introverted personality, poor coping and problem-solving skills, and low self-esteem further exacerbate his mental health challenges. These psychological factors may hinder his ability to effectively communicate and manage stressors, leading to maladaptive behaviours such as excessive mobile use and addiction. Family dynamics play a significant role in Mr. X's mental health. The pressure from his parents to excel academically, combined with a dominant father and submissive mother, contributes to communication difficulties and feelings of inadequacy. Additionally, maladaptive parent-child communication and a high degree of aversiveness in the family environment further impact Mr. X's emotional well-being. Mr. X's mental health struggles arise from a complex interplay of biological, psychological, and social factors. Biological factors such as neurotransmitter dysregulation contribute to his symptoms of depression and anxiety. Psychological factors, including introversion, poor coping skills, and low self-esteem, exacerbate his distress and hinder his ability to manage stressors effectively. Social factors, particularly parental pressure and communication difficulties within the family, create a stressful environment that perpetuates Mr X's mental health challenges.

### **2. Psychosocial intervention**

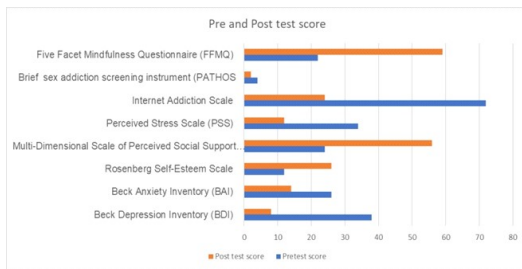
A total of 24 individual and 4 family therapy sessions were conducted as part of the intervention. Rapport was established with the client and their family, and informed consent was obtained before the commencement of

therapy. Clear goals were set collaboratively between the therapist and the client, and detailed information about the therapeutic process, including the timing and duration of sessions, was provided. This ensured that the client and their family were fully informed and engaged in the therapy process, promoting a supportive and collaborative therapeutic relationship. In the cognitive-behavioural therapy (CBT) sessions conducted for Mr. X the ABC model was employed to address his depression. The ABC model framework was used in CBT to help the client understand the connection between their thoughts, emotions, and behaviours. During the CBT sessions, the focus was on modifying underlying schemas or core beliefs that were contributing to Mr. X's depression. By identifying and challenging maladaptive schemas related to self-worth, achievement, and coping, Mr. X learned to adopt more adaptive ways of thinking. Throughout the CBT sessions, a rapport was established between Mr. X and the therapist, creating a safe and supportive environment for exploration and change. Clear goals were set collaboratively between Mr. X and the therapist, providing direction and motivation for the therapeutic process. Regular assessments were conducted to track Mr. X's progress and adjust the treatment plan as needed. Overall, CBT proved to be an effective intervention for Mr. X offering practical strategies for reducing depressive symptoms, modifying underlying beliefs, and improving coping skills. By addressing the cognitive and behavioural aspects of his depression, Mr. X was able to manage his mental health and enhance his overall well-being.

We addressed internet addiction and pornography use through cognitive restructuring techniques within Cognitive Behavioral Therapy (CBT). The client was introduced to cognitive restructuring, which helps in recognizing and modifying distorted thought patterns that influence behavior. We

discussed how the client might use online activities as a substitute for real-life self-esteem boosts and encouraged them to identify when they use the internet as an escape or to satisfy unmet needs rather than addressing these needs directly. The session focused on evaluating the rationality and validity of the client's current beliefs about internet use and pornography. We also worked on recognizing patterns of faulty thinking, which will aid the client in challenging these thoughts outside of therapy. The discussion highlighted the difficulties in justifying excessive internet use once the client becomes aware of these thought patterns and emphasized finding healthier ways to meet unmet needs and build self-esteem without relying on the internet. Techniques for stress management and urge reduction, such as deep breathing and progressive muscle relaxation, were introduced. Additionally, mindfulness strategies were taught to increase awareness of emotional and behavioral patterns. By integrating these mindfulness practices into their daily routine, the client was encouraged to build resilience against depressive and anxious thoughts, ultimately enhancing their emotional well-being. We developed a plan for better time management to decrease online time and boost real-life engagement. The client demonstrated a willingness to engage in cognitive restructuring and is beginning to understand the link between their thought patterns and internet use. Family Interventions were provided focusing on building parenting skills and promoting positive parenting practices that can help to reduce stress. Education was provided about child development, his mental health status, and realistic expectations of parenting that can help reduce stress by aligning parental expectations with reality.

## RESULT



**Figure 1**

Figure 1 illustrates changes in pre- and post-score in the Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Rosenberg Self-Esteem Scale, Multi-Dimensional Scale of Perceived Social Support (MSPSS), Perceived Stress Scale (PSS), Internet Addiction Scale, Brief sex addiction screening instrument (PATHOS) and Five Facet Mindfulness Questionnaire (FFMQ).

## DISCUSSION

Psychosocial interventions were provided to the patient, the session was mainly based on cognitive-behavioural therapy (CBT), which significantly improved the overall well-being of the client. These interventions led to a noticeable reduction in symptoms of depression, anxiety, and stress. The psychosocial intervention specifically addressed behavioural addictions such as internet gaming and pornography in the client by utilising CBT and mindfulness techniques, the client saw notable improvements in post-session. Mindfulness-based strategies were also implemented to help manage stress more effectively. These comprehensive approaches not only targeted the reduction of problematic behaviours but also enhanced the client's ability to cope with daily stressors, contributing to their mental health recovery and improved quality of life. Cognitive-behavioral therapy (CBT) offers a potent remedy for managing such stresses by helping individuals identify and modify harmful thought patterns that adversely affect their behavior and emotions. Mindfulness-based cognitive therapy (MBCT) also significantly

reduces depression symptoms in current sufferers and is as effective as other established treatments like group CBT (Hofmann et al., 2012 and Strauss et al., 2014). Family interventions, too, play a crucial role. After such interventions, there is often marked improvement in mental health, with significant reductions in depression, anxiety, and stress observed. These interventions also help families understand the illness better and provide more supportive environments for the patient. Support systems, particularly through parental involvement and fostering positive home environments, are vital for mitigating academic stress. Adolescents with strong parental support and minimal negative interactions are better equipped with coping skills (Klootwijk et al., 2021). illustrating the importance of a nurturing home in combating the adverse effects of academic pressures.

## CONCLUSION

The findings highlight the efficacy of psychosocial interventions, particularly Cognitive Behavioral Therapy (CBT), in managing depression and behavioral addictions, such as internet gaming and pornography, in the client. These interventions play a crucial role in alleviating the impact of academic pressure and addressing the underlying mental health issues. Psychosocial approaches, including CBT, Mindfulness-Based Cognitive Therapy (MBCT), and family therapy, are essential in navigating the complex interplay of academic stress, family dynamics, and mental health challenges. By integrating these therapeutic modalities, the treatment effectively mitigates the negative effects of academic and familial pressures, supports the client in overcoming behavioral addictions, and fosters overall emotional well-being. The comprehensive nature of these interventions underscores their importance in addressing multifaceted issues and promoting sustainable recovery.

## REFERENCES

- Baer R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13(1), 27-45.
- Beck, A. T., & Steer, R. A. (1990). *Beck Anxiety Inventory Manual*. San Antonio, TX: Psychological Corporation
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventor for measuring depression. *Archives of General Psychiatry*, 4(6), 561-571.
- Carnes PJ, Green BA, Merlo LJ, Polles A, Carnes S, Gold MS. PATHOS(2012) A brief screening application for assessing sexual addiction. *J Addict Med*.6(1):29–34.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385-396.
- Diamond G , Josephson A (2005) Family-based treatment research: a 10-year update . *J Am Acad Child Adolesc Psychiatry* . 44 : 872 – 887 [PubMed] [Google Scholar] [Ref list]
- Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster Family Assessment Device. *Journal of Marital and Family Therapy*, 9(2), 171-180.
- Goldberg SB, Tucker RP, Greene PA, Davidson RJ, Wampold BE, Kearney DJ, Simpson TL(2018). Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis . *Clinical PsychologyReview*59:52–60. [PMC free article] [PubMed] [Google Scholar]
- Hofmann SG, Asnaani A, Vonk IJ, Sawyer AT, Fang A(2012). The efficacy of cognitive behavioral therapy: a review of meta-analyses. *Cognit Ther Res*.36:427–440.
- Klootwijk CLT, Koele IJ, van Hoorn J, Gürođlu B, van Duijvenvoorde ACK.(2021) Parental Support and Positive Mood Buffer Adolescents' Academic Motivation During the COVID-19 Pandemic. *J Res Adolesc*. Sep;31(3):780-795. doi: 10.1111/jora.12660. PMID: 34448292; PMCID: PMC8456955
- McCance-Katz E. (2018) The substance abuse and mental health services administration (SAMHSA): new directions. *Psychiatr Serv*. 69:1046–8. 10.1176/appi.ps.201800281 [PubMed] [CrossRef] [Google Scholar]
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Sawyer SM, Azzopardi PS, Wickremarathne D, Patton GC.(2018) The age of adolescence. *The Lancet Child & Adolescent Health*.;2(3):223–8. [https://doi.org/10.1016/S2352-4642\(18\)30022-1](https://doi.org/10.1016/S2352-4642(18)30022-1)
- Strauss C, Cavanagh K, Oliver A, Pettman D( 2014). Mindfulness-based interventions for people diagnosed with a current episode of an anxiety or depressive disorder: A meta-analysis of randomised controlled trials. *PLoSOne*. 9(4):e96110. [PMC free article] [PubMed] [Google Scholar]
- Young, K. S. (1998). Internet addiction: The emergence of a new clinical disorder. *CyberPsychology & Behavior*, 1(3), 237-244.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30-41.

**Conflict of interest:** None

**Role of funding source:** None