

Q & A Mindline



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Q One of my friends appears to be quite cut off and there is reduced interaction with most people that previously mattered to him, including his family. He seems upset, looks low and is disinterested. He has always been strong-willed and difficult. Hence, he is resisting attempts to talk or seek help from a mental health professional. So how does one deal with egoistic people?

Keep making efforts to speak to him about the matter (s) that may be bothering him or that has hurt his ego. And while doing so, refrain from unsolicited advice, especially one where psychological status is called into question. Untimely mention of possible mental health problems that may need professional intervention will only increase resistance to interact openly. Instead, listen deeply and affirmatively. Being affirmative is approving of something which is opposite of being negative or contradicting and allows for flow of conversation and introspection. In addition, practice deep listening, a process of listening with temporary suspension of judgment, and a willingness to receive new information - whether pleasant, unpleasant, or

neutral. Both affirmative talk and deep listening can be difficult for many but with practice it can be a priceless skill in initiating meaningful conversation.

Equally, it's important to differentiate between depression and a depressed mood. Many of us experience a transient depressed mood in context of life-changing events, which is quite different from depression. Clinical depression is a medical condition wherein, one would experience features such as continuous depressed mood, loss of interest, poor energy levels, reduced sleep with early morning wakening, reduced appetite, weight loss, impaired concentration, irritability, negative thinking including self-harm or suicidal ideation.

Four or more of these features would be present continuously for at least two weeks, will affect functioning and the individual would have difficulties in getting out of it. Both depressed mood and depression respond to talking, but with professional training it can be much more effective. Perhaps your friend needs a good talking through and awareness building. And in the process, he may look deeper into the matters in question and feel equipped to consider an option for resolution or seek formal help.

Q My husband suffers from repeated doubts and often checks and rechecks the things he does. He fears causing harm to others and therefore, makes sure that he locks the door, has turned off the gas and lights etc. He is very particular about cleanliness and order too. Since we had our son a year ago, he is quite irritable and we often fight over trivial matters. We have been married for two years now and I am already finding it hard to cope with him. Please help.

It seems your husband may be suffering from Obsessive-Compulsive Disorder (also known as OCD), a form of anxiety disorder wherein unwanted, unpleasant thoughts, images or urges (obsessions) repeatedly enters a person's mind and causes anxiety. These obsessions are followed by compulsions, wherein the act is carried out to prevent that obsession. For example, your husband has obsessions about contamination and harm and he acts on those, to prevent feared harm to others.

This condition may run in families, but certain environmental influences like upbringing in an overprotective and strict family could increase the chances of developing OCD. This condition can be disabling (especially if untreated) and is known to cause distress and problems for individual and families. Perhaps your husband is finding it difficult to adapt with the new entrant in your family. Indeed, children can be messy, at the best of times and this may prove to be distressing for him, especially since some of his obsession revolves around cleanliness.

OCD is best treated with a behavioural therapy approach called exposure and response prevention (ERP). Here in, a patient and the therapist collaboratively select some task that exposes the patient to situations that triggers anxiety, but at a level that is tolerable. The patient will then practice these exposure activities without carrying out anxiety-relieving compulsions (the actions usually taken to help cope with the situation).

Other therapies such as Psychodynamic or CBT may also be helpful. In addition, medicinal treatment of baseline anxiety and associated depressive symptoms will help in better engagement with formal therapy process. Conclusively, I think he needs a professional consultation and behavioural therapy. You also need to be patient and supportive as this is a treatable condition.