

Case Study A:

A 22 years old girl, unmarried, student of BSc hons 2nd year, hailing from urban background, came to the mental health unit with her mother with the complaints of history of repeated self-injurious behavior, aggressive behavior towards family members, feelings of emptiness, lack of interest to all activity and sleep disturbance. Patient and her mother stated that patient was reasonably well three years back. Her problem started after she completed her HSC exam. It started with history of repeated self-injurious behavior like cutting her own hands by blade, taking sedatives, try to hang herself. All incidents were happened after quarrel with her friends or family members.

She was very short tempered, demanding, reckless, irritable, occasional aggressive. She had difficulty to control her anger and intense emotional fluctuation. Relationship with her friends and family were not good. She was a good student but her academic performance gradually became deteriorated. She had started with multiple relationship with different boys but those were very superficial. She had feeling of insecurity and fear of rejection. So, she never made those relationship very close. Those events made her lonelier. She was feeling empty inside her own. According to her mother she has ran away from home several times and lived with his boyfriend's house. She tried to show people that she was very happy and a smart girl. So, she demands money from her parents and sometimes from her friends and boyfriends. Regarding her family history she belonged to a middle-class family. The family environment was described by the patient as very chaotic, hostile and distressful. Family rules were harsh, rigid and inconsistent. There was poor bonding with her father. History of parental confrontation and wrangling in early childhood. She took treatment from psychiatrist previously and had been hospitalized for herself injurious behavior. She also had history of drug noncompliance. Because she believed that her mother has given those drugs intentionally and her family is the main reason for her relationship breakup. She was a smoker

and occasional drinker of alcohol. She took this for relieving her distress. She also had low mood that remain most of the day. She felt no interest to do her activity. She had sleep disturbance. She could not sleep at night because she continuously thought about her past events. She can only sleep for 2-3 hours at night and woke up early in the morning but did not feel refreshing.

On interviewing, she was cooperative, coherent, kempt, cooled, wearing salwar kamiz which was culturally and socially appropriate, no psychomotor abnormality. She wanted a cigarette from the interviewer during interview. Her speech was well organized. She was generally dysphoric with a constricted affect, had persecutory delusion but no suicidal ideation, no abnormal perception, attention was focused but not sustained.