



Contemporary Mental Health- Case Study

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Case Study:

“Presentation

Blossom is a 20-year-old telesales operator who feels that she is ‘going mad’ with anxiety.

Past history

Blossom has no significant past medical or mental health history.

On examination

Blossom describes feeling anxious most of the time. The problem started when she was studying for her GCSEs, when she describes being incapacitated with anxiety. Despite wanting to enter higher education she felt that she would be unable to cope with the pressure and left school aged 16. Her family was disappointed about this. Blossom describes not being able to make decisions as she worries too much about what would happen if she made the wrong decision. She also describes a low mood but has no suicidal thoughts.”

So what is anxiety?



- Body responding to stress.
- Feeling of apprehension or fear.
- Extreme feelings of anxiety lasting a longer period of time (6 months) and affecting life- anxiety disorder.
- Can affect everybody at any age
- Different types of anxiety disorders

(Healthline, 2018).

(Craske, 2016, p.3049)

Theories of Anxiety:

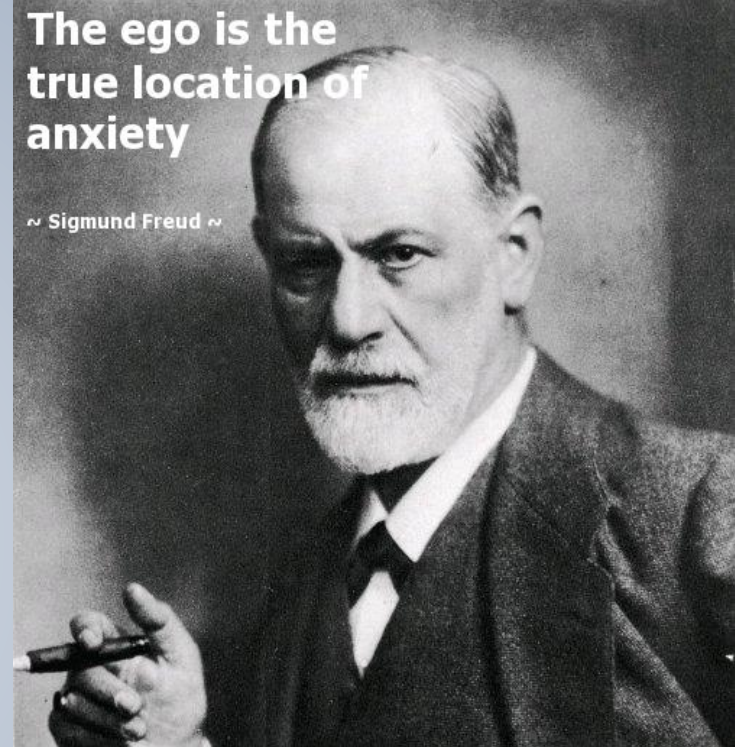
Freud's *Danger Signal Theory*

Three basic types of anxiety:

- Objective anxiety
- Neurotic anxiety
- Moral anxiety

Freud described anxiety as...

“a specific state of unpleasure accompanied by motor discharge along definite pathways . . . a signal of danger. . . Symptoms are created in order to remove the situation of danger”

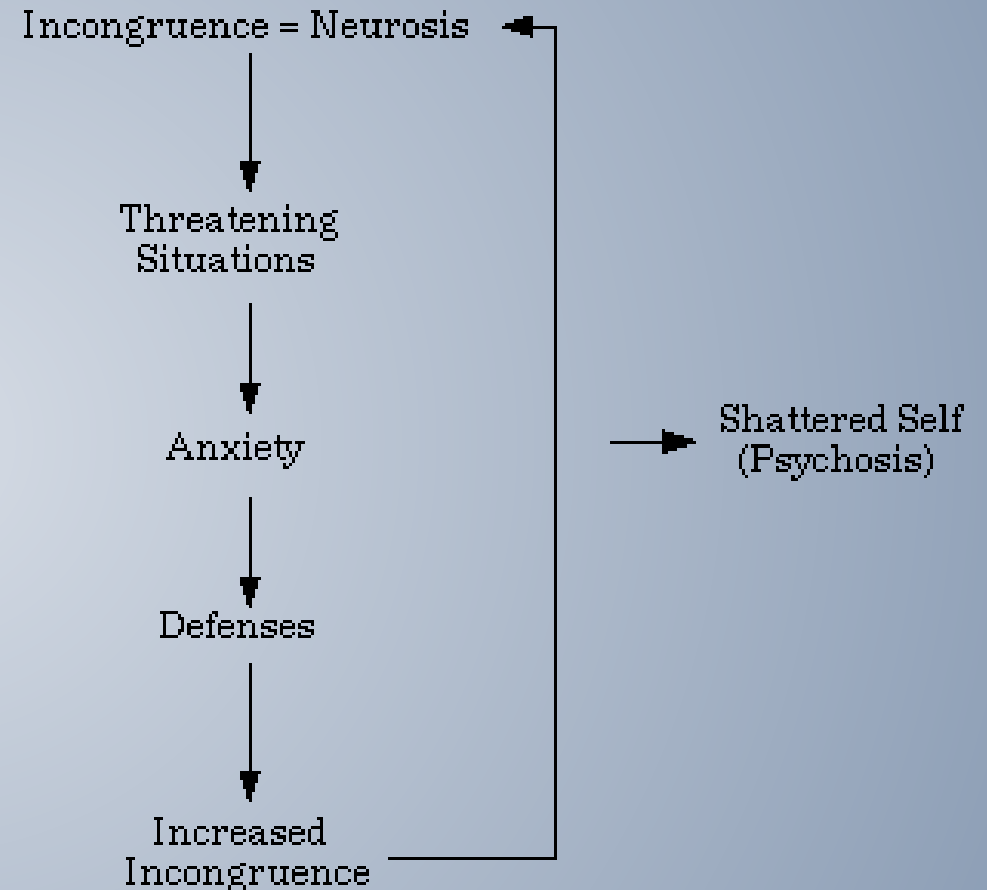


Theories of Anxiety:

Neo-Freudian Theory

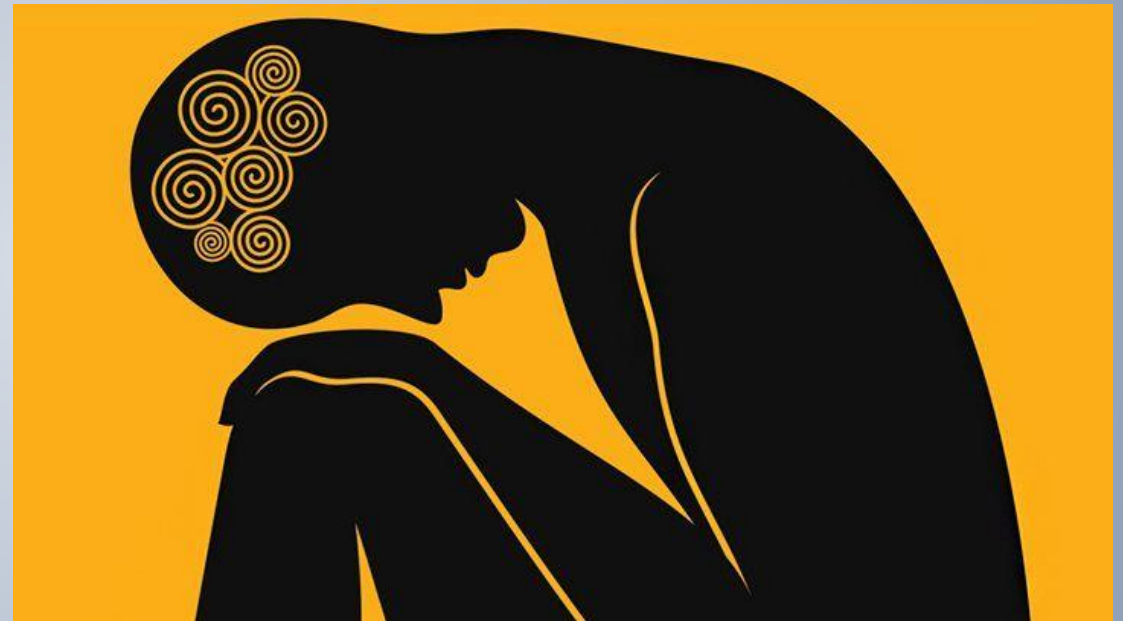
Karen Horney's Neo-Freudian Theory of Personality:

“Basic anxiety refers to the maladaptive patterns that develop when children are exposed to basic evil or any environment that does not meet their basic needs. Basic anxiety results in the formulation of interpersonal strategies of defence, or rigid ways of relating to others that may be understood in terms of whether they move toward, against, or away from others”.



A Current Theory on Anxiety (Psychodynamic & Cognitive)

- Conflict between ID & EGO
- Objective of understanding underlying conflict
- *“tendency to overestimate the potential for danger”*



(Bhatt, 2019)

Modern Approaches Used to Help with Anxiety:

Cognitive Behavioural
Therapy (CBT)

E-interventions (computer
assisted/ internet based
treatments)

Early prevention

Medication

Mindfulness



Medication VS. Therapy for the Treatment of Anxiety:

- Pharmacological treatment VS. Psychotherapy
- Mostly cognitive behavioural therapy
- “*NICE (National Institute for Health and Care Excellence) guidelines provide recommendations for evidence based psychological and pharmacological treatment for anxiety disorders*”

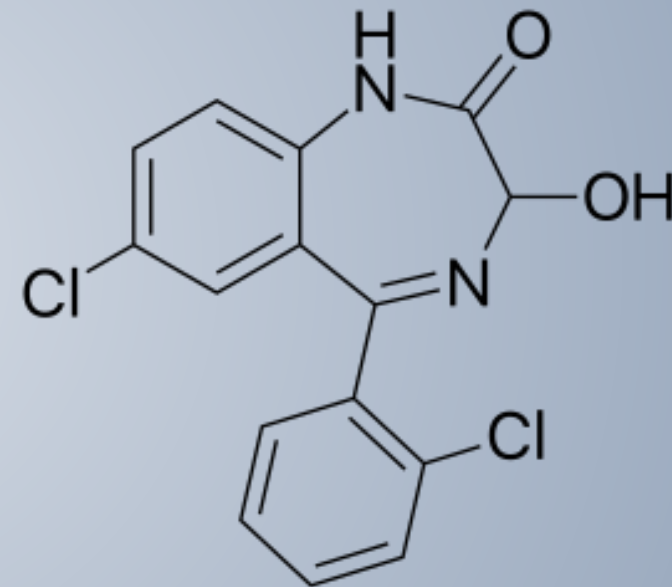


(Craske, 2016, p.3054)

The Effects of Medication on Therapeutic Relationship:

Side effects:

'light-headedness
blurred vision
drowsiness
confusion
unsteadiness
muscle weakness
dizziness
slurred speech
memory problems
dry mouth
constipation
nausea'





So, back to blossom...

What approaches would be acceptable, appropriate and effective for Blossom suffering with crippling anxiety?

Medication VS. Therapy for blossom
or both?

What factors must be taken into consideration?

What are the risks for blossom?

Helping Blossom:

Marijuana...

Medication

Self Help

Exercise frequently
Avoid caffeine
Learn to relax
Support groups
smoking/ drinking

Therapy

Cognitive
Behavioural
Therapy

(Anxiety.org, 2019) (Cognitive Behavioural Therapy Los Angeles, 2019)

Thankyou for listening to my presentation...
any questions?





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