Case Study: Catastrophizing

Name of Writer

Affiliations

Kristen was a 38-year-old woman with two teenage girls. She is enjoying a successful career in upper-level management. Despite working for the same company over the past six years she is very insecure and always fears the worst-case scenario. This situation has led her into a state of mind where she is constantly worried about losing her job. Her worries and insecurities are not limited to just her profession since her parents are getting older, she is worried that they might suffer diseases like Alzheimer's or cancer. Both of her daughters are good in studies and sports, they also are never involved in trouble. However, she was still concerned and worried that they might get spoiled and may indulge in drugs and other criminal activities as they grow up. Ever since this situation has started to begin, she is feeling restless, tired and tense. She has also started to space out in many meetings and presentations which led her to face many embarrassing moments. When she often can’t sleep because before sleeping every night, she rethinks all the worst scenarios that can happen to her and because of such situations she only gets two to three hours of sleep. Despite the support of friends and family Kristen herself stated that she is unable to ward off any undesirable thoughts. The reasons for her worries are also not specific and she is only worried about the downward turn of the economy.

# **Diagnostic Impressions**

Thinking about the worst-case scenario comes under catastrophizing or catastrophic disorder and borderline personality disorder. Catastrophizing comes under the broader umbrella of depression as well as an anxiety disorder. Catastrophic way of thinking can be defined as continuous thinking of worst-case scenarios before starting anything. It can stop or hinder the thought process of people at the time of taking decisions. The symptoms of this disorder include a depressed and sad mood for the majority of the day. These mood swings and depressed feelings can even occur daily. A person usually loses interest in daily life activities as indicated by Kristine that she is single yet she has no interest in involvement in a romantic relationship. One of the major symptoms in insomnia and hypersomnia which is also visible from the case of Kristine since she is unable to sleep properly. There is also a feeling of restlessness and being slowed down. Other symptoms may include fatigue, indecisiveness, recurrent negative thoughts, and inability to concentrate (Association, 2013). Thinking about the worst-case scenario is also a cognitive process in which a person is likely to experience negative thoughts without him being thoughtful about it. This means that if a person is anxious or depressed about something, his perception or outcome about something he predicted might change because of his attitude. The negative thought process or always worrying about the worst-case scenario can affect people’s day to day activities. For example, if someone is walking through a roadside and found some money, if he is not suffering from any disorder, he will pick it up ang might give it to the nearest homeless person. However, if the person is suffering from severe anxiety, depression and continuously has negative thoughts he might think that this money was put there just to test his honesty. This means that when a person is depressed the results or outcome of a thought process is likely to be catastrophic. People who are depressed and anxious feelings that catastrophic result is the only possible outcome of the situation they are thinking about. While for a borderline personality disorder, a person suffering from it might feel that his life is a little bumpier than normal people because of who he is and what his surroundings are. People suffering from this personality disorder may feel that his likes and dislikes are changing frequently and there is always a fear of losing someone.

# **Treatment recommendations**

 There are certain things that if a patient manages properly, he or she is likely to minimize the roller-coaster of emotions and extreme negative thoughts about something. The first thing is recognition of certain emotion that is going through your mind. Try to notice whether there is systematic repetition over the emotions you are going through and whether these events qualify as a catastrophe or not. The next step is to associate the emotions with certain descriptive words like terrible, extreme, worry, awful, etc. For a therapist, the main purpose is to recognize between an annoying situation and a truly disastrous one and then treat the patient accordingly. The main goal of a therapist is to take control of the situation and find its complexity. The therapist should aim and try to find the exact situation through which a person is suffering. The first thing that should be properly advised is to help the patient in getting better sleep, set a proper diet plan for him, practice him to do relaxation techniques (Kvam, Kleppe, Nordhus, & Hovland, 2016). The therapy that should be used for the treatment of the patient should be cognitive behavioral therapy. The goal will be to bring positivity and cheerfulness in her life. Involve her more in daily life activities. Bring her closer to her children and parents to realize that it is only natural for people to get weak when they and suffer through diseases when they get old. As for her children, they are very competitive and intelligent there is no reason to worry about any future mishap that is a possibility and not certainty. As for the medication treatment of the disorder, there are a lot of antidepressants available, however, only a certain level and type are required for treatment. Some of the medicines for the treatment of depression include Paxil, Celexa, Savella, Wellbutrin, etc. (Miller et al., 2018).

**References**

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