Case # 4

Your Name (First M. Last)

School or Institution Name (University at Place or Town, State)

**Case # 4**

**Depression and over-eating disorder:**

Depression is a psychological disorder which is directly linked to the behavior and thoughts of the individuals. People who suffer from depression mostly carry negative thoughts not only for others but for themselves. Depression develops the feeling of loneliness, sadness, fear, and loss of interest. Overeating is another disorder which is linked to depression. People who have depressive symptoms feel more hunger and adopt a usual diet routine. In over-eating disorder, people lose their control while eating and later feel ashamed or worried.

**Brandy’s Case:**

Depression is a serious psychological disorder. Only in America, one out of five adults has a problem of depression. It is a disorder that nobody wants to address because of two reasons. Firstly, they feel ashamed of having this order and compare their success and progress with the disorder and second are those who take it as a part of life and do not discuss it with others. Majority of the world is facing depression, stress, and anxiety without knowing its complications. It is a severe disorder and the world is doing nothing for it. Brandy’s case is utilized to offer an explicit illustration of the disorder. The case of university students shows the symptoms of depression linked with the over-eating and fair of being overweight. Brandy, 21 years old girls, is an intelligent girl completing her honor degree with majors in Economics and Statistics. She seems very popular and progressive in her academic life as she is the president of the economics student society and vice president for student government. Progress and excellence show the strength of her mental and physical health. This is the point where people misunderstand the depressive symptoms. The first symptom that shows her disorder is the continuous worries about her image and success. As she is already doing great work in a university but the worries of being a failure and thinking that she is not good enough have become the reason for the problem. She was afraid of her past that if somebody knows about her secrets or past, they will hate her, this fear leads her to overeat. One of the serious depressive symptoms is overeating. People eat too much when they feel pressure or stress. In the case of Brandy with the increase in fear, she lost her control of eating. She admits to herself that she is dealing with her stress by eating.

Whenever she feels stressed, she starts eating and faces trouble to stop eating. This is the second symptom which is indicating her disorder. Another symptom that is linked with the overeating disorder is, forcing to vomit after eating heavily. She feels panic after eating that she may gain weight and therefore she vomit twice or thrice every day after overeating and spend hours to maintain her weight. These symptoms have not appeared in university life; they had first appeared when she was in high school. In high school she was fighting with stress unconsciously, she was worried about her future and admission. She ate too much and caught a stomach virus. After which she became habitual of eating when she feels stressed and then she puts her fingers down her throat to vomit. It is a good symbol Brandy understands her disorder, she wants to control it, and for a reason, she makes an appointment at the counseling center on campus. The main cause of her disorder is the fear of her past that she wants to hide from people and the worries about the future. All fear and worries are linked to her academic life. The pressure of academic excellence becomes the reason for her depression.

**Empirical studies related to disorders**

The overeating is not the only factor, other thoughts related to overeating are also considered as the factors of depression. People do not understand the reason for overeating unless they feel embarrassment and fear after eating. Instead of a happy and relaxed feeling after eating, people with depression disorder feel embarrassed about the amount they eat and start fearing about her weight and health. The scientific empirical studies identify the behavior of Brandy as the symptom of depression. Depression is not only causing the bad quality of life, but continuous struggle with depression may cause some kind of disability, suicide, and high chronicity. The research based on the binge eating-related concerns and depressive symptoms in young adulthood and its impact after seven years in different race or ethnicity. The researchers collected data from the students of grade 7 to 12. Eighty high schools and fifty middle schools participated as a volunteer. The data were collected to find out whether there is a correlation between overeating and stress. The method of data collection was baseline interview with the students, and the data which excluded the missing data related to the race or ethnicity which was not considered for analysis. The study of longitudinal data with the help of linear regression models was used to identify the correlation between depression and overeating. The data collected from the selected participants reveals that about six percent of the participants feel ashamed of the amount they ate, 2.1 percent participants felt fear that they might lose control over eating, and 0.9 participants admitted that they feel both symptoms as embarrassment and fear after overeating. The finding of the research shows that initial concern about the eating problems results in depressive symptom seven years later. Therefore early identification of the eating concerns and its prevention can help to control the depressive symptoms in later life. In addition, binge related concerns are dangerous for both physical and mental health. The analysis on the basis of different race indicated that fear of overeating correlated with depressive symptoms is higher in non-Hispanic whites and Asians or Pacific Islanders. However, there is no correlation between fear of overeating and depressive symptoms among non-Hispanic blacks and Latinos (Hazzard, Hahn, Bauer, & Sonneville, 2019).

The binge eating disorder and depressive symptoms are correlated; they collectively lead to other serious psychological problem suicidal ideation and help-negation. Suicidal cases are increasing all over the world, and the main cause of the suicide attempt is depression and anxiety. Young people from age 15 to 24 have more suicidal ideation than the people above age 24. The data was collected from the 204 psychology students who just completed their degree after the advertisement was described on the department of psychology research board. The students completed the questionnaire as an anonymous person. No personal details were collected to ensure the privacy of the volunteers. The statistics were made from the collected data and researcher categorized the result in different sections like help seeking-intention, suicidal ideation, depressive symptoms, anxiety symptoms, and hopelessness. The result shows that there is an inverse correlation between help-seeking intention and suicidal ideation. Individuals with high suicidal ideation find least intention to seek help from others. Data indicates that seeking help from someone is strongest to the magnitude of the help-negation effect. Depressive symptoms and helplessness also indicate that people do not seek any help from others for their problem. On the other hand anxiety, symptoms indicate the opposite result. It does not associate with help-seeking from any kind. Research finds that people identify their symptoms through their own attitude, behavior, and isolation. The result also shows that suicidal ideation is itself a big barrier between the identification of psychological disorders and help-seeking. People at the early stage could seek help mostly from the family members and friends but with the increase in suicidal ideation, help-seeking process start reducing and lead to the suicide attempt (Wilson & Deane, 2010).

Both empirical studies identify the symptoms of Brandy as she feels depression while thinking about her future goals and past secrets. When she feels depressed she starts eating and lose their control over eating. Overeating makes her embarrassed, and she feels fear of being overweight. Therefore she required treatment for both disorders as firstly for the depression and then for the overeating disorder.

**Treatment for the disorders:**

The depressive symptoms are linked to the helplessness and over eating disorders. When people lose their control over their eating habits and feel helpless, then depressive symptoms lead to a more serious psychological disorder like suicidal ideation. Therefore it is necessary to prevent the depressive symptoms at the early stage. The best cure for the disorder is guided self-help and cognitive behavior therapy. Guided self-help GSH is the therapy which depends on the self-help material to fight from the disorders like binge eating disorder and depression. GSH is done through the different session of up to thirty minutes, twice a week. During GSH therapy individuals help themselves to fight from the disorders, but they can ask help from the friend and family who is not a professional therapist. Therefore, this therapy is very effective for individuals who cannot visit the therapist in a short period. The therapist recommends individuals suffering from cringe eating disorder to start with the minimum intensive treatment. Later they can go for the intensive treatment, and GHS is the least intensive treatment. Through self-help therapist help you to lose your weight in a given time and when any patients find themselves unable to reduce the weight than the higher level of treatment is introduced for them. The other therapy that is useful for the depressive symptoms is cognitive behavioral therapy CBT. CBT is the type of therapy which depends on the talking session between patient and therapist. Therapist creates an effective and meaningful conversation to know your feelings, emotions and thought. This session helps patients change their behavior and thinking to fight with depression and anxiety. This therapy is also a kind of self-help as in this therapy individual involve themselves, rebuild their thinking and behavior. In the case of Brandy, these both therapies will be effective. She can resolve her overeating disorder through self-help guided therapy and can fight with the depressive symptoms through cognitive behavioral therapy.

**Supportive studies for the treatment:**

People who have the problem of obesity and other weight issues have symptoms of binge eating. To control the problem self-help is required. The research is made by using this information by adding treatment and its assessment for the intervention of binge eating. Binge eating disorder BED causes marked distress and create hurdles in effective weight management. Therefore the main aim of the research is to highlight the role of guided self-help in the prevention of BED. The second goal of the researcher was to see the correlation between the perceived therapeutic relationship between patients and dietitian. The study has a single group for data. The patient who has used self-help guided therapy from the Leeds Community Health Care Trust Adult Community Dietetics Weight Management, and had completed three-month therapy were invited to become the volunteer for the research. Total fifty patients became part of the study, but only twenty-four patients’ data were considered for the analysis. The data was analyzed through the statistical software SPSS. Means and standard deviation were calculated for the occurrence of patient's behavior at the baseline as well as at the end of the treatment. For secondary outcomes total score was measured. The results show that GHS is an effective therapy. The patient who used these therapies successfully reduced depression, anxiety, shape and weight concerns, and overeating disorder. The mean of binge eating shows that it did not reach the statistical significance but reduce over 40%. However, control over the binge eating was improved because of therapy. The results also show the significance of GHS as patients feel relaxed and successfully able to develop the happy relationship with the people around them GHS help them, the potential of the therapy is remarkable for the intervention for the eating disorders and depression. The researcher recommended that the therapy applied in a Transdiagnostic manner can help professional to be more flexible for the treatment (Traviss, Turner et al., 2018).

It will be significant to make a comparison between the satisfaction acquired through the self-administered online and with the therapist delivered. GHS is significant where people do not use others to help much, and they fight for their disorder, the primary role of the therapist is to provide the guideline and make the assessment after every session. In cognitive behavioral therapy, the therapist act as a tool and patients require their help. Therefore the study is made to examine the satisfaction level of the participant from self-administered online cognitive behavioral treatments and therapists delivered. To make the comparison, researcher used qualitative analysis by using the descriptive statistics the group of students was selected in which twenty-six were female, and eleven were male for the data collection of the participants who got treatment through therapist delivered. On the other hand, twenty five female and eighteen male were selected who began their treatment from self-administered online cognitive behavioral treatments. Total eighty students become the participant and the data collected by categorizing them in two groups. For the data analysis, descriptive statistics develop the average users’ agreement with the elements related to their access and use of online treatment. Chi-square comparisons were made to analyses the difference between the two modes of treatment. T-test was conducted to highlight the difference. The results show that all the eight participants who began treatment completed the task with all satisfactory measurement. The data analysis reveals that there was a significant difference between self-administered online cognitive behavioral treatments and therapists delivered. The participants were asked about whether they found online treatment easy, and effect for the long term, and will they recommend online therapy to others. The result shows that they found online therapy easy to use and useful for the long term; they agreed to recommend it to others as well. It also indicates that the participant found online therapy easier than the CBTs. While CBTs group explains the significance of the therapy as they found it more reliable. They liked the range of strategies and techniques that the therapist used for CBTs. The final result shows that CBTs is more significant than the online therapy because online therapy may be easy to use but sometimes online connection or delivery may cause the regular treatment while CBTs create the strong bond between the therapist and patient which help the patient to overcome from the problem faster. Also, participants share the negative points more for online therapy than the CBTs. Therefore it can be concluded that CBTs is more effective than the other online-delivered treatment for the treatment of anxiety, depression, and overeating disorder (Richards & Timulak, 2013).

The above two empirical studies reveal the importance of self-help guided treatment and CBTs. In Brandy case, she also needs these therapies. With the help of self-help guided treatment, she can control over eating without seeking help from others. As she was worried and wanted to hide her problem from the friends; therefore through GHS, she can overcome her disorder without asking help. CBTs will be also helpful as this treatment will help to rebuild her thoughts and behavior and to overcome her fear of being the failure.

References

Hazzard, V. M., Hahn, S. L., Bauer, K. W., & Sonneville, K. R. (2019). Binge eating-related concerns and depressive symptoms in young adulthood: seven-year longitudinal associations and differences by race/ethnicity. *Eating Behaviors*.

Richards, D., & Timulak, L. (2013). Satisfaction with therapist-delivered vs. self-administered online cognitive behavioral treatments for depression symptoms in college students. *British Journal of Guidance & Counselling*, *41*(2), 193–207.

Traviss‐Turner, G. D., Philpot, U., Wilton, J., Green, K., Heywood‐Everett, S., & Hill, A. J. (2018). Guided self‐help to manage binge eating in a dietetic‐led community weight management service. *Clinical Obesity*, *8*(4), 250–257.

Wilson, C. J., & Deane, F. P. (2010). Help-negation and suicidal ideation: the role of depression, anxiety, and hopelessness. *Journal of Youth and Adolescence*, *39*(3), 291–305.