

Breakup and psychiatric evaluation: when & why

Volume 14 Issue 1 - 2023

Saeed Shoja Shafti

Emeritus Professor of Psychiatry, USA

Correspondence: Saeed Shoja Shafti, Emeritus Professor of Psychiatry, New York, USA, Email ssshaft@gmail.com**Received:** March 02, 2023 | **Published:** March 14, 2023

Opinion

As is known, in every realm, the nuclear family, including father, mother and children constitutes the core of society. Thus, at this time, watching the mental health of families may be accounted as one of the most important tasks of mental health services in every nation. In view of that, different methods of psychotherapy, like counseling, marital therapy or family therapy, in general, try to modify or resolve tensions or inconsistencies among family members to provide a more balanced situation, a happier environment and fewer conflicts. Nonetheless, while a lot of couples have beautiful interaction, some spouses may not compromise with the present situation and eventually may decide to break the current relationship due to a number of comprehensible or unintelligible reasons; though, it is supposed that the said relationship had been started, initially, with enough trust, interest and love. However, sometimes among a number of reasonable or unreasoning causes or accusations there are concealed factors, as well, which are not inconsequential. For example, fluctuations in mood may easily impact the cognition and judgement of everybody, even the most intellectual, logical, or realistic persons. Among the mood fluctuations, except for mania, which usually has dramatic changes that are diagnosable by experts or relatives, depression, with its different clinical syndromes, like major depressive disorder, dysthymia, or its atypical features, may change the internal tolerance, subjective judgement and personal perspective so slowly and greatly that no body may doubt regarding the genuineness of complains or accusations. In such a situation, and based on negative cognitive bias that is induced automatically by depression, every common or unimportant mistake, deficit or gaffe may become a serious complication or unforgivable error that deserves punishment, separation or retaliation. Therefore, intolerance of deficits or slipups, if it is not due to innate impulsiveness, morbid jealousy or characteristic traits, may be due to cognitive distortions which have been induced or reinvigorated by a disturbed mood, especially depression, which on many occasions is not diagnosable by the individual or relatives, because, as is mentioned in literatures,^{1,2} around half of patients with major depressive disorder do not acknowledge its presence, and many of them may never receive the proper diagnosis, care or treatment. On the other hand, the phenomenon of depressive equivalent in youngsters, which involves atypical conducts or symptoms, which is not in accord with the known clinical symptoms of depression that has been formulated by standard diagnostic criteria in DSM³ or ICD,⁴ may complicate the situation worse than before. In addition, problems like adjustment disorder with depressed mood, which lacks the complete clinical profile of depression and is reactionary to common daily stresses, may assist in the said confusion. Anyway, while the subjective inference re peripheral stresses is so important that it may induce post-traumatic stress disorder in susceptible persons, it is not surprising that such a subjectivity may influence, remarkably, personal decision or judgment. If unconscious mental activity is preceding the conscious part of the mental system, then the emotive compartment of mental structure, as well, is preceding the logical part of mentality; a process which is usually more evident in hoi polloi. for example, a couple who had been referred to an outpatient psychiatric clinic due to exaggerated

aggressiveness in husband, who had filed for divorce, as well, did not follow his requested divorce after diagnosis of mild depression in husband and prescription of 25 - 50 milligram imipramine for him by the psychiatrist; a decision which remained constant during the next 18-months in follow up period. Likewise, another couple, who had filed for divorce, had been referred to a psychiatric clinic for evaluation of suicidal ideation in the wife, who had also threatened her husband's families that she would finally kill her husband and children as a retaliatory act (namely, she was contemplating an extended type of suicide). Consequently, after a mental status examination, she was prescribed fluoxetine, 20 milligrams a day, due to evident depressive symptoms. They were also referred to an expert counselor in another mental health facility, for probing into their numerous problems in interpersonal interactions, communications, cultural values and lifestyles. The end result of such an approach was also survival of marriage, for at least a few years during the follow-up period, though not without trouble. Therefore, it seemed that antidepressants could provide the necessary circumstances for application of counseling and helpful assessment of imaginable problem solving strategies. As a third example, another couple may be mentioned, who filed for divorce due to long-standing conflicts and encounters. While both the husband and wife were traditional and had similar cultural values, they were intolerant of each other and had frequent daily arguments with respect to everything. After the primary visit and mental status examination in both of them, disregard for some obsessive traits in the husband, a diagnosis of mild depression had been put forward for the said wife and, so, she was prescribed sertraline, 50 milligrams per day, and was referred for marital counseling. After such management, they, also, cancelled the divorce plan and agreed to pursue the therapeutic recommendations more eagerly, which continued during the next two years. Accordingly, while negative cognitive bias, which seems to be induced in the individual's mentality by a depressed mood, may increase or potentiate hopelessness and helplessness with respect to daily problems or conflicts, fatigue may increase intolerance and lower concentration may increase distractibility, impulsiveness and nervousness in depressed person; problems which may be intensified greatly in persons with narcissistic, paranoid, borderline, obsessive, negativistic and other typical or atypical characteristic traits. All these are disregard to sexual problems and a decrease in libido that may be started due to depression. On the other hand, it is not important that such a depression is a primary disorder or a secondary syndrome, because both of them, whether they have been initiated before marriage or after that, may produce similar consequences. As a result, it seems that, when there is no conceivable, understandable, or reasonable judgement among one or both of partners, a professional assessment with respect to prevalent psychological problems, like

depression, in addition to other important maladies, like personality traits or psychotic disorders, may be valuable by an expert. In a clinical study on patients who had been admitted in coronary care unit of a general hospital due to acute cardiovascular problems, it was revealed that 75% of registered psychosocial stresses, which was predominantly familial in female patients and economical in male patients, were concentrated in patients who had comorbid depression, as well; which was statistically meaningful in comparison with other concurrent comorbidities, like anxiety disorders, substance abusers or psychoses.⁵ This may show that subjective inference regarding daily stresses and common problems might be more dependent on mood than other mental parameters. On the other hand, psychological problems with acute or identifiable onset are usually more diagnosable by folks, as well, because their symptoms, like panic attacks, obsessions, delusions or manic episodes are erratic or disturbing enough for labeling the person and attribution of current misinterpretations to them, while depression usually starts slowly and covertly and there is a gap between its initiation and its clinical presentation, which is not uniform or synchronized, as well, and its diagnosis, typically, demands skill of experts, especially when it is mild, moderate or atypical. Now, if there is any depression, then available psychological management, like pharmacotherapy or psychotherapy, may help to normalize judgement or make it as objective as possible. Amongst the different procedures, antidepressants have the fastest and steadiest effects, especially when the situation demands rapid intervention. Likewise, an apt combination of counseling and pharmacotherapy may deliver the best result for tired couples who really wish for a romantic or reasonable relationship, but are incompetent to attain that. Anyway, the present discussion does not mean that antidepressants can reverse calamities or resolve real conflicts. It only suggests that maybe some of the struggles in family circles may originate from biased judgments or unfair outlooks, which may be caused by emotional conditions, not rational evaluations, and, so, are out of control, because they will escalate or continue autonomously. Therefore, sometimes, an antidepressant may halt or postpone an impending divorce or separation, and may turn it again into a warm family, so fast that neither the partners nor the therapist may actually expect it. Hence, it seems that psychological or psychiatric counseling and evaluation may be an important step before radical decisions, which could be based on demanding, or better to say, melancholic, judgment. Anyhow, it should not be ignored that if there is any imbalance in mentality and emotionality, the morbid pattern can be repeated ceaselessly, independent from new subjects or milieus. Thus, without normalization of basics, no stabilization of the atmosphere can be expected, especially when the problems revolve around interpersonal interaction, communication and behavior. In such a situation, psychotropic medications, especially antidepressants,

may act as cheap catalyzers between mistrust, hate and misjudgment, on one hand, and trust, love and fairness, on the other hand. Also, the said class of medications, in addition to other groups of psychotropic drugs, may enhance the outcomes of major psychotherapeutic procedures, like cognitive, interpersonal, behavioral and even some insight-oriented methods by provision of a better therapeutic alliance, communication, comprehension and insight. Simple, major or hybrid psychotherapeutic methods demand at least a minimum of motivation in clients for provision of therapeutic cooperation and prevention of formation of counter-transference in therapist or negative transference in the help-seeker. A morbid mentality may not absorb aptly the delivered recommendations, requests or suggestions, even if it wishes to do so. In such a situation, antidepressants may help a lot by decreasing negative cognitive bias, irritation or exaggerated desperateness, and indicating available assets or social support. Declining the gap between imaginary deficits and real shortages can be considered as a valuable task of antidepressants. Though many people may resist against labeling or medications, proper description of status qua and side effects of prescribed preparations may mitigate their fear of a device which may assist them, easily, to save their valuable relationship. Many times, regret is not enough for regaining lost objects, or modifying inadvertent errors.

Acknowledgments

None.

Conflict of interest

None.

References

1. Markowitz JC, Milrod B. Mood Disorders: Intrapsychic and Interpersonal Aspects. In: Sadock BJ, Sadock VA, Ruiz P, editors. Kaplan & Sadock's Comprehensive Textbook of Psychiatry. 2017. p. 4263–4275.
2. Shoja Shafti S. Evolutionary Psychiatry and Higher Prevalence of Depression in Females: A New Opinion. *On J Complement & Alt Med.* 2020;4(4).
3. American Psychiatric Association (APA). Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington, DC: American Psychiatric Association. 2013.
4. World Health Organization. International Classification of Diseases 11th Revision. 2019.
5. Shoja shafti S. Prevalence of Psychiatric Morbidities in Acute Coronary Heart Disease. *Cardiovasc Psychiatry Neurol.* 2014;407808.