MORAL INCONGRUENCE, SPIRITUAL DISTRESS AND GUILT ASSOCIATED WITH DEPRESSION: A STUDY OF 2 CASES

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Aims and Hypothesis

We present two cases of young, educated males with major depressive disorder and prominent themes of guilt and spiritual distress. We explore the relationship between moral incongruence, spiritual distress, and feelings of guilt with major depressive episodes

Background

More attention needs to be paid to the psychological and societal factors which precipitate, prolong, and cause relapse of depression in high achieving young individuals.

Methods

A case study of two high achieving students. The severity of depressive episode was measured using the Hamilton Depression Scale (HAM-D)[1]. Themes of guilt and shame were measured measuring State of Guilt and Shame Scale (SSGS)[2].

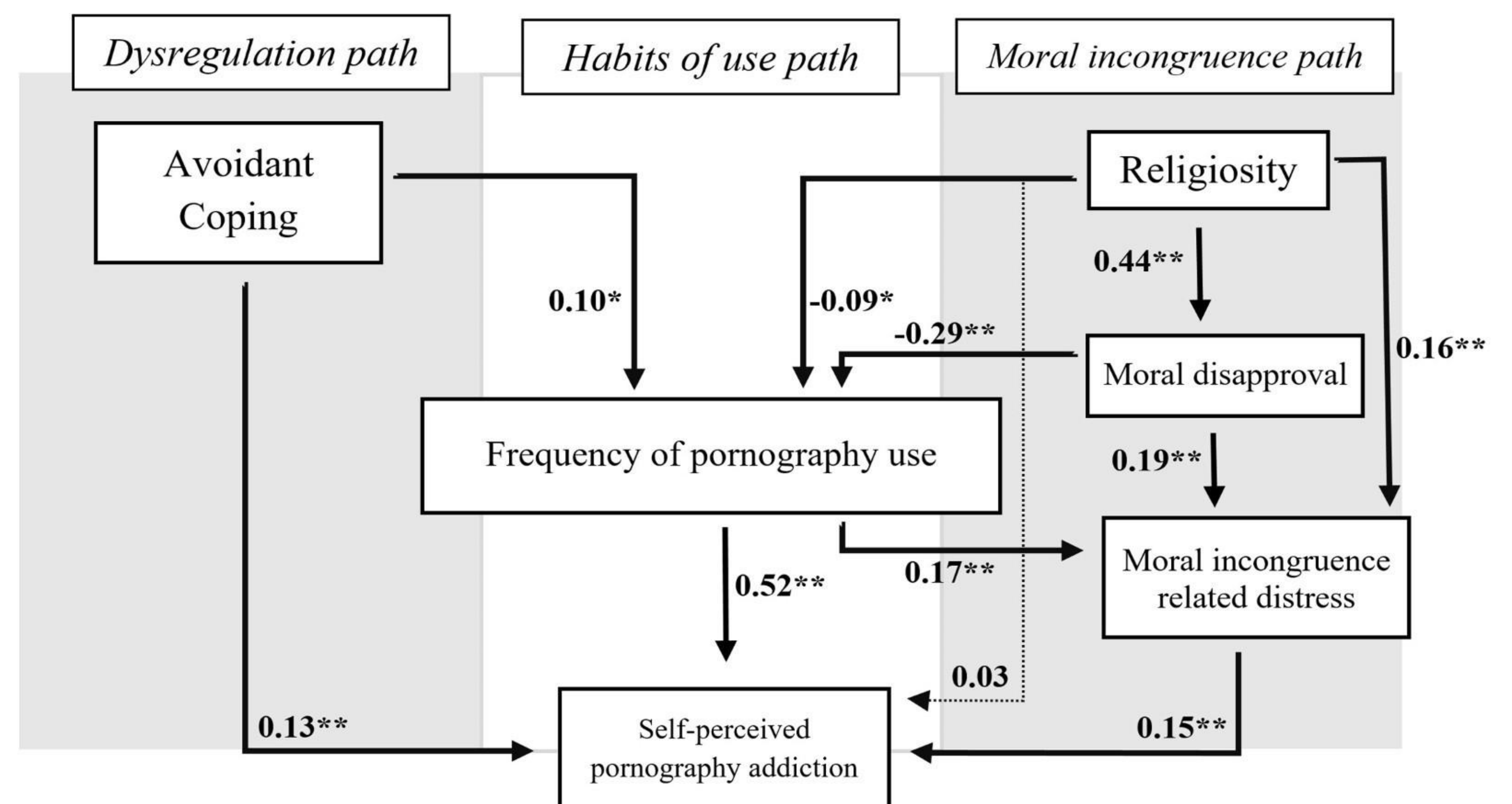

Figure 1. A proposed model of the relationship between moral incongruence, pornography use, and perceived addiction. Standardized path coefficients are shown on the arrows (**P <.001, *P <.05).[3]

Case One

A 25 years-old-male with one month history of excessive weeping, social withdrawal, decreased oral intake, and decreased verbal communication. On mental state examination (MSE), psychomotor retardation and mutism was seen. His HAM-D score was 28 (very severe). He was started on tablet sertraline 50 mg/day and tablet olanzapine 5 mg/day. On further exploration, he expressed distress due to feelings of excessive guilt and shame due to moral incongruence secondary to internet pornography use (IPU). His SSGS score was high on both shame and guilt domains (14/25, 20/25, respectively). He was discharged after a cycle of 6 electroconvulsive therapies (ECTs), psychotherapy, and psychoeducation of patient and family.

Case Two

A 21 years-old-male with four months history of low mood, low energy, weeping spells, decreased oral intake. On MSE, psychomotor retardation and mutism was seen After thorough medical and neurological examination and investigation to rule out organicity, a diagnosis of severe depressive disorder was made. He was started on tablet mirtazapine built up to 30 mg/day and tablet lorazepam 2 mg/day. His score on HAM-D was 24. On further sessions, he opened up regarding stressors pertaining to psychosexual domain, spiritual distress, and feeling of moral incongruence regarding his masturbatory behavior. On SSGS he scored high on both shame and guilt domains (16/25, 21/25, respectively).

Conclusions

Both cases presented with low mood, psychomotor slowing, and selective mutism. Upon detailed history, spiritual distress and feelings of guilt due to IPU and the resulting self-perceived addiction and moral incongruence were linked to the initiation and progression of major depressive episodes (Figure 1).[3] High expectations from family were also a source of stress. Hence, it's important to keep these factors in mind while managing mental health problems in young individuals.

References

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