

PSYCHODYNAMIC FEATURES OF DEPRESSED PATIENTS WITH DEPENDENT PERSONALITY DISORDER AND HYPOKALEMIA: A CASE REPORT

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ABSTRAK

Keywords:

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Depression is one of the most common mental disorders in society. Depression is influenced by several factors, including the personality of the sufferer and the existence of a comorbid disease that aggravates the symptoms. Several previous studies have not clearly reported on the psychodynamic picture of depressed patients with dependent personality disorder accompanied by hypokalemia. The study aims to provide a psychodynamic picture of depressed patients with dependent personality disorder accompanied by hypokalemia. A man, 26 years old, an Indonesian citizen, came with the main complaint of feeling helpless to do anything that has been burdensome for the last 2 months. The complaint was felt to be aggravating after he started working as a private employee. The patient feels insecure in his ability to complete the work assigned to him and feels that he is looked down upon by his peers and superiors. Patients often miss the figure of their deceased father. In addition, the patient has suffered from hypokalemia since he was in high school and has taken potassium supplements until now. The symptoms of depression experienced by patients are aggravated by the presence of dependent personality disorders and hypokalemia suffered by patients. Dependent personality disorder lowers the patient's confidence, and hypokalemia aggravates the vegetative symptoms he experiences, such as body weakness, decreased appetite, and palpitations. Dependent personality disorder and hypokalemia are very influential in aggravating the clinical symptoms experienced by depressed patients.

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INTRODUCTION

Depression is a mood disorder and is one of the most common mental disorders in society (Malhi and Mann, 2018; Roberts et al., 2019). Depression is characterized by a sense of sadness, pessimism, apathy, and loneliness (Korczak et al., 2023). Everyone experiences feelings of sadness at times, but these feelings of sadness usually pass quickly within a few days. Some people who experience depression do not experience sadness but experience feelings of emptiness, emptiness, and apathy. In depressed people, this feeling of sadness lasts for days, so it can interfere with work, studying, eating, sleeping, and pleasure (Malhi and Mann, 2018; Noetel et al., 2024; Pearce et al., 2022). The feelings of helplessness, hopelessness, and worthlessness sometimes last for quite a long time (Harrison et al., 2022).

Many factors can cause depression, including biological factors (genetics, comorbid diseases), psychological factors (personality traits, ego defense mechanisms), and social factors (the influence of environmental support). Several previous studies have reported the potential influence of these factors in inducing depression (Remes et al., 2021; Saasa and Miller, 2021). In fact, some studies report molecular biological mechanisms that are influenced by these factors (Anderson et al., 2022; Stretton et al., 2021; Tripathi et al., 2019). Unfortunately, it is very rare to find cases of depression accompanied by all of these

factors at the same time, and there is no research that clearly explains how the psychodynamic picture of depressed patients is affected by these factors (Xu et al., 2024).

In this case report, we reported on how the psychodynamic picture of depressed patients with dependent personality traits who also suffer from hypokalemia. This psychodynamic formulation is very important, especially in determining the right type of non-psychopharmacotherapy therapy for the patient (Iannitelli et al., 2019; Sørbye et al., 2019).

This study aims to provide a psychodynamic picture of depressed patients with dependent personality disorder accompanied by hypokalemia. The very complex picture of psychodynamics causes research like this to still be very rarely reported. This study is expected to be a reference for the psychodynamic picture of depressed patients and assist clinicians in determining the treatment plan of depressed patients with dependent personality traits who have comorbid hypokalemia.

Case Presentation

We have obtained consent from patients. The patient's details have also been kept confidential, and we have obtained the patient's written consent to publish the details of the case.

A 26-year-old man, accompanied by his mother to the Psychiatric Polyclinic with the main complaint of feeling helpless to do anything, has been aggravated in the last 2 months. Patients feel insecure and feel looked down upon by others. This has been felt almost every day since the beginning of work because patients find it difficult to adapt to their new work environment. The patient loses interest in doing his favorite activity. Patients also often feel empty and alone and think that no one cares about them. The patient feels himself or herself becoming sensitive and irritable. The patient feels pessimistic about his future life because the patient has no future plan, and the patient even had suicidal thoughts. Patients have difficulty focusing and concentrating. Patients also feel the absence of an emotional reaction to the surrounding environment. Patients experience sleep disorders where it is difficult for patients to start sleeping and usually wake up earlier than usual. There is weight loss due to decreased appetite.

The patient had a history of the same complaint about 6 years ago. At that time, the patient felt very sad, cried more often, locked himself in his room, and ate little for almost 1 year. This happened after the patient's father died. The patient can improve on its own at that point. The patient had been admitted to the hospital several times because he had hypokalemia. The patient had lost enthusiasm in completing his education at that time for several months. Until finally, the patient's emotional condition improved without treatment, assisted by emotional support from his family, who said that he had to continue his education to be able to realize his father's dream to see himself become a successful person.

In the mental status examination, a man of medium height was observed sitting listlessly in front of the examiner; the patient's face looked suitable for his age, his face looked lethargic, and self-care made a good impression. Awareness of the quantity of mentis compositivity and good quality. The psychomotor is quite calm; the body movements slow down slightly, and during the interview, the patient looks down more often. Speech is less spontaneous, slow, and relatively small voice volume; articulation is clear, intonation is monotonous, and answering according to questions. Attitude towards cooperative examiners. The results of the intellectual function examination obtained general knowledge and intelligence of the patient in accordance with their level of education. Orientation of time, place, and good people. Long-term and immediate memory is good, and the medium and short-term are quite good. Concentration and attention are quite good. Abstract thinking is good, creative talent is absent, and self-help skills are quite good. In the affective examination, a sad mood, depressive affect, harmony, and palpable mood were obtained. No impairment of perception and self-experience was found. In the thinking process, sufficient productivity is obtained, relevant and coherent, and no language skills are found. The content of the mind is in the form of preoccupation about feeling helpless and useless and feeling that he has not succeeded in realizing his father's dream; there are irrational ideas in the form of labeling and jumping to conclusions, and there is a history of suspicious ideas and suicidal ideas. During the interview, the impulse control ability was good, the value power was good, and the patient had a degree 5 insight.

In the physical examination, good nutritional status was obtained, and internal and neurological examinations were within normal limits. Psychometric examinations obtained a PHQ-9 (*Patient Health Questionnaire-9*) score of 20 (severe depressive symptoms), HDRS (*Hamilton Depression Rating Scale*) score of 24 (very severe depression), and HARS (*Hamilton Anxiety Rating Scale*) 27 (moderate anxiety). The results of the IQ assessment were obtained, and the patient was classified as intelligent. Laboratory results of blood potassium levels of 2.2 mmol/L

RESEARCH METHODS

This study uses a qualitative method with a case study approach to explore psychodynamic characteristics in depressed patients with dependent personality disorder and hypokalemia. The case study method was chosen because of the nature of the research, which focuses on an in-depth understanding of the individual in a particular clinical situation, allowing for a thorough exploration of the patient's experience.

Research Design

The study was designed as a descriptive case study, in which researchers conducted an in-depth analysis of a single patient with a diagnosis of depression, dependent personality disorder, and hypokalemia. This approach allows researchers to understand the relationship between psychological dynamics, personality, and physical condition of patients more comprehensively. The main focus is to explore the psychodynamic mechanisms, attachment patterns, and emotional responses of patients to the conditions they are facing.

Research Subject

The study subject was a hospitalized patient with a comorbid diagnosis of major depression, dependent personality disorder, and hypokalemia. Patients are selected based on relevant clinical criteria, including significant depressive symptoms, strong patterns of emotional dependence, and the presence of a medical condition of hypokalemia.

Research Instruments

The instruments used in this study include semi-structured, in-depth interviews and participatory observation of patients during treatment. Interviews were conducted to explore the patient's emotional experiences and patterns of interpersonal relationships, while observations were conducted to understand the dynamics of behavior and emotional expression in the clinical setting.

Data Collection Techniques

Data was collected through face-to-face interviews conducted several times over a period of time, as well as clinical records of patient interactions with medical personnel and families. All interviews are recorded and transcribed for further analysis. Secondary data such as the results of a patient's medical examination are also used to provide additional context in psychodynamic analysis.

Data Analysis Techniques: The analysis was carried out using a thematic analysis approach, in which the main themes emerging from interviews and observations were identified and linked to psychodynamic theories. This process involves data codification, categorization, and in-depth interpretation of the dynamics of the patient's relationship with others, self-defense mechanisms, and emotional responses to his or her medical condition.

RESULTS AND DISCUSSION

Here, we formulate a psychodynamic picture of the patient as a man, 26 years old, the second child of three siblings, unmarried, comes with the main complaint of feeling helpless to do anything accompanied by physical complaints such as heart palpitations. The onset of these symptoms is associated with stressors that are appreciated in the form of a new work environment, not having a permanent job, and dependence on the figure of the father.

Some of the predisposing factor hypotheses that can be associated with the disorder experienced by the patient are personality traits that lead to dependence, low self-confidence, and the patient's deceased father. The mental problems experienced by patients have the potential to continue due to perpetuation factors in the form of patients having a history of hypokalemia, the absence of a father surrogate, and a lack of interpersonal relationships with the surrounding environment. However, patients have protective factors in reducing their psychological constraints, namely good intellectual function, no history of psychoactive substance abuse, no family history of mental disorders, quite responsive to therapy, good level of education and understanding of religion and *Support System* the good of the family.

According to Freud's psychosexual development and Erick Erikson's psychosocial development (Knight, 2017; Lantz and Ray, 2024; Orenstein and Lewis, 2024), no problems were identified from the oral phase to the beginning of the anal phase. When entering the anal phase, the patient began to be trained in toilet training by his mother at the age of 2 years, and the patient already understood if he wanted to have a bowel movement or defecation at the age of 3 years. Even at the moment, *Toilet Training* is quite good. However, patients rarely interact with their parents because of their parents' busyness and that of other caregivers (*babysitters*). The caregiver also rarely accompanies the patient when interacting. Therefore, the patient's desire to have something can rarely be expressed by the patient and tends to be less fulfilled by the patient's parents, so the patient grows up to be a shy and doubtful child (Chen et al., 2021; Corradi, 2024).

In the *phallic*, parents limit and control the patient's association more because the patient's parents are worried that something will happen to the patient. The patient was only allowed to play in the house, so the patient did not have the opportunity to play with other children in the neighborhood around his house. All the needs of the patient are prepared and arranged by the parents at this age so that the patient does not get the stimulation to learn to prepare simple needs for himself. The patient's initiative is also not achieved well, so the patient grows into an excessive child in guilt (Corradi, 2024; Lantz and Ray, 2024; Rabeyron and Massicotte, 2020).

Entering the latent phase, the patient fails to develop his competencies because everything is regulated and determined by his parents. The patient's interpersonal relationships and socialization skills are very lacking due to overprotective behavior from his parents. This makes patients less free to explore and

more likely to feel inferior. The foster care and interaction between parents and children form personality traits that are dependent on the patient. Because patients are not confident in their competence and are always afraid to make mistakes at work or make decisions, this makes the patient always return all decisions to his parents (Tarzian et al., 2023; Zhang and Guo, 2018).

In his development, the patient is very close to his father and makes his father his ideal figure. In addition, the patient, as the only son in the family, made his father have high hopes for the patient so that he would become a person who could be proud of his family in the future. This makes the patient very dependent on his father. Even when choosing a major while in college, the patient asks and follows his father's advice without thinking about other considerations. During college, the patient's father was always there to help with all his problems during college. According to *Object Relations Theory*, depression is caused by the problems a person experiences in developing healthy representations of relationships. A person's mood and emotions can only be well understood based on the background of the relationship experienced by the person (Caligor et al., 2023; Shahar, 2021). Furthermore, depression is a consequence of the constant struggle experienced by depressed people to try and maintain emotional contact with the desired object (Caligor et al., 2023).

Based on the analytical pattern, the patient felt very dependent on the relationship with his father and felt very deep grief over the loss of the relationship when the patient's father died. This is caused by the disruption of the parenting relationship with the main object and is characterized by feelings of helplessness and weakness (Marfoli et al., 2021; Quirin et al., 2022). A person with analytic depression experiences a huge fear of being abandoned and struggles desperately to maintain direct physical contact with the object of need satisfaction (Marfoli et al., 2021).

After his father's death, the patient felt that he had failed to meet his father's standards of expecting the patient to be a successful person and have a permanent job as the only son in the family. Introductory depression arises from a harsh, relentless, and highly critical superego that gives rise to feelings of worthlessness, guilt, and failure. A person with introspective depression experiences an intense fear of losing the approval, recognition, and love of a desired object (Quirin et al., 2022).

The patient's current condition does not have a permanent job, and the patient considers himself unable to be like his father as a result of the patient's failure to establish *self-worth*, *self-regard*, and a *sense of wholeness* that is hampered (Batchelder and Hagan, 2023; Muris and Otgaar, 2023). What happens to the patient is a *deficient self*, which is very vulnerable to *self-fragmentation* (Martínez et al., 2021). Condition *self-fragmentation* This puts the patient in a very sad condition because he wants to be perfect by doing his best to gain good recognition and acceptance from others. This can be seen when studying and working; patients enter college through the achievement path and try to complete their education in order to realize their family's expectations, adapt, and enjoy their work. Through this pattern, patients gain affirmation and empathy when they achieve, and patients then develop their confidence. However, *Self-esteem*, which was built along with *self-cohesiveness*, is lacking where the patient always needs gratuities and recognition from those around him (Baptista et al., 2021; Martínez et al., 2021; Muris and Otgaar, 2023). Therefore, patients are always worried about how others perceive them.

CONCLUSION

In conclusion, dependent personality disorder and hypokalemia are very influential in aggravating the clinical symptoms experienced by depressed patients. Personality disorders are also greatly influenced by parents' parenting of children. Therefore, hopefully, this report can be a lesson for every parent who is raising their children. This case report could also be the basis for further research on hypokalemia-related depression linked to neurotransmitters in the brain.

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