

# A CASE STUDY OF MAJOR DEPRESSIVE DISORDER IN A UNIVERSITY STUDENT: A BIOPSYCHOSOCIAL PERSPECTIVE

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## ABSTRACT

Major Depressive Disorder (MDD) is one of the most common mental health disorders among young adults and university students. It is characterized by persistent sadness, loss of interest in daily activities, sleep disturbances, fatigue, feelings of worthlessness, and impaired functioning. This case study presents a 20-year-old male university student who developed severe depressive symptoms following repeated academic failures, family pressure, and interpersonal conflict. Psychological assessment included a Clinical Interview, Mental Status Examination (MSE), Subjective Rating Scale, Beck Depression Inventory-II (BDI-II), Human Figure Drawing (HFD), Standard Progressive Matrices (SPM), and Thematic Apperception Test (TAT). The findings indicated severe depression with negative thinking patterns, low self-esteem, and social withdrawal. The client fulfilled DSM-5-TR criteria for Major Depressive Disorder, Severe (F32.2). A cognitive-behavioral treatment plan combined with supportive therapy, psychoeducation, mindfulness, and coping skills resulted in improvement in mood, motivation, and daily functioning.

**Keywords:** Major Depressive Disorder, Depression, University Student, Cognitive Behavioral Therapy, Case Study

## Introduction

Major Depressive Disorder (MDD) is a mood disorder characterized by persistent sadness, loss of interest or pleasure, changes in sleep and appetite, fatigue, feelings of guilt or worthlessness, poor concentration, and reduced motivation that interfere with daily life (American Psychiatric Association, 2022). Depression affects millions of people worldwide and is especially common

among adolescents and young adults who experience academic stress, family conflicts, and relationship problems.

Depression is best understood through a biopsychosocial model, which explains that biological factors, personality characteristics, family environment, cognitive beliefs, and stressful life events interact to produce depressive symptoms (Beck, 2002). Individuals who

experience repeated failures or negative life events often develop automatic negative thoughts about themselves, their future, and the world, increasing their vulnerability to depression.

The present case illustrates how academic pressure, parental expectations, relationship difficulties, and negative self-beliefs contributed to the development of severe depression in a university student. The case also highlights the importance of early psychological assessment and cognitive-behavioral intervention in improving emotional well-being.

### Case Study

#### Identifying Information

Mr. H.A. was a 20-year-old unmarried Pakistani male studying in the fourth semester of a Bachelor of Laws (LLB) program. He belonged to a middle-class nuclear family and lived with his parents and siblings.

#### Presenting Complaints

The client presented with the following complaints:

- Persistent sadness
- Headache
- Restlessness and irritability
- Fatigue
- Difficulty maintaining sleep
- Loss of appetite
- Loss of interest in daily activities
- Feelings of worthlessness
- Lack of concentration
- Lack of motivation
- Loss of pleasure in activities

These symptoms had been present for approximately four weeks and were interfering with his academic and social functioning.

#### History of Present Illness

The client reported that his emotional problems first started four years earlier after failing to gain admission to a government medical college. His father strongly criticized him, leading him to feel guilty and believe that he had disappointed his family.

Following this event, he isolated himself, stopped meeting friends, experienced poor sleep, reduced

appetite, and persistent sadness. His symptoms gradually improved when he prepared for another medical entrance examination.

However, after failing the examination a second time and being forced by his father to study law instead of his preferred subject, Physics, similar symptoms returned. Initially, he struggled to adjust to university life but gradually improved with support from teachers and classmates.

Recently, a conflict with his girlfriend triggered another episode of depression. He became convinced that he would fail in relationships and life, leading to increased sadness, hopelessness, and withdrawal.

#### Family History

The client belonged to a family where his father was the primary decision-maker and was described as strict, controlling, and aggressive. The client reported feeling emotionally distant from his father and avoided interacting with him whenever possible.

His mother was caring, supportive, and emotionally available. She was the person with whom the client shared his feelings and personal concerns.

The client maintained good relationships with his siblings, particularly his sister, who helped create a positive atmosphere at home.

#### Developmental and Educational History

The client's birth and developmental milestones were normal. He described his childhood as pleasant and active.

He performed well academically throughout school and actively participated in sports and extracurricular activities. Although he wanted to pursue engineering or physics, family pressure led him to study pre-medical subjects and later Law, which reduced his academic satisfaction and motivation.

#### Premorbid Personality

Before the onset of illness, the client described himself as social, friendly, ambitious, and hardworking. He enjoyed football, movies, music, and spending time with friends.

He tended to suppress anger and was highly concerned about fulfilling the expectations of others. Although confident socially, he often worried about his future and doubted his abilities.

### Psychological Assessment Findings

#### Mental Status Examination

The client appeared appropriately dressed and maintained good personal hygiene. His speech was

normal, although he took long pauses before answering emotionally sensitive questions.

His mood appeared depressed and anxious, while affect was consistent with his emotional state. Thought processes were logical, and no hallucinations or delusions were observed.

Orientation, attention, concentration, memory, and insight were intact.

#### Subjective Rating of Symptoms

Before treatment, the client rated his symptoms on a ten-point scale.

Symptom	Rating
Headache	10/10
Loss of pleasure	10/10
Hopelessness	10/10
Sadness	10/10
Lack of concentration	9/10
Lack of motivation	9/10
Sleep difficulty	9/10
Irritability	8/10
Worthlessness	8/10
Poor appetite	7/10
Fatigue	7/10



#### Beck Depression Inventory-II Findings

The client obtained a raw score of 42, indicating Severe (Extreme) Depression.

The results showed significant symptoms of sadness, hopelessness, insomnia, low motivation, self-blame, and loss of interest in daily activities.

**Table 1**

#### Psychological Assessment Findings

Measure	Findings
Presenting Symptoms	Sadness, hopelessness, insomnia, low motivation
Mental Status Examination	Depressed mood, intact cognition and insight
Subjective Ratings	Severe emotional distress
Beck Depression Inventory-II	Score = 42 (Severe Depression)

Measure	Findings
DSM-5-TR Diagnosis	Major Depressive Disorder, Severe (F32.2)

**Table 2**  
**Outcome of Therapy**

Outcome Measure	Pretreatment	Follow-up
Sadness	10/10	4/10
Hopelessness	10/10	3/10
Motivation	9/10	3/10
Sleep Problems	9/10	4/10
Concentration	9/10	4/10
Daily Functioning	Poor	Improved

### Discussion

The present case demonstrates how academic stress, parental expectations, relationship difficulties, and negative thinking patterns can contribute to the development of Major Depressive Disorder. The client's repeated failure to gain admission to medical college created feelings of guilt and inadequacy. Being forced to study a subject against his personal interests further reduced his sense of control and satisfaction. According to Beck's Cognitive Theory, depression develops when individuals repeatedly interpret life events in a negative way and develop automatic thoughts such as "I am a failure" or "I have no future" (Beck, 2002). The client consistently blamed himself for academic and relationship problems and believed that he could never succeed.

Family dynamics also contributed to his condition. The authoritarian parenting style of his father limited emotional expression and increased pressure to meet unrealistic expectations. In contrast, emotional support from his mother served as an important protective factor that helped him seek professional help. Psychological assessment confirmed severe depressive symptoms without evidence of psychosis or cognitive impairment. The client's good insight and willingness to participate in therapy positively influenced treatment outcome. Treatment focused on rapport building, psychoeducation, supportive counseling, mindfulness exercises, cognitive restructuring, coping skills, and future

goal setting. These interventions helped the client challenge negative beliefs, improve emotional regulation, and gradually return to academic and social activities.

### Conclusion

This case highlights the important role of family environment, academic pressure, interpersonal relationships, and cognitive distortions in the development of Major Depressive Disorder among university students. Comprehensive psychological assessment and early intervention allowed accurate diagnosis and individualized treatment planning. Cognitive-behavioral techniques, supportive therapy, psychoeducation, and mindfulness significantly reduced depressive symptoms and improved the client's motivation and functioning. The case supports the biopsychosocial model of depression and emphasizes that addressing emotional, cognitive, and environmental factors together can promote recovery and improve quality of life.

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