Unlocking Psychological Well-Being: Harnessing Therapeutic Communication to Empower Adults' Adaptive Coping: A Case Study

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Abstract
The significance of Therapeutic communication emerged early in medicine however the term was much prominent during the pandemic period.
This study stresses the vitality of therapeutic communication in shaping human emotions and behaviour. Therapeutic Communication encourages the patients not by just healing their psychological disorder and behaviour modification but also encourage the patients to review and develop communication skills, focusing for example on their listening skills, their approaches to questioning, and to opening and closing of conversations to achieve maximum information exchange in a variety of situations.This study aimed to overview several practices of therapeutic communication by the communication experts across the globe and proposes a framework for monitoring the emotional & behavioural build out of the patients. The study also obtains clarity with regard to the client's presenting problems, role impairment and interpersonal relationships.

Keywords: therapeutic communication, psychological disorders, adaptive coping, behaviour modification, mental health and communication.

1. INTRODUCTION

The term "psychological well-being" describes a person's general level of happiness and mental health. It entails having a good outlook, experiencing a sense of fulfilment in life, and being able to deal with stress and hardship well. Emotional, cognitive, and social well-being are only a few of the many facets that make up psychological well-being. It entails having a sense of self-acceptance and self-worth as well as good emotions like happiness, satisfaction, and joy. The capacity to control one's emotions, think clearly and reasonably, uphold good relationships, and partake in meaningful activities is also necessary. People need to be psychologically healthy if they want to live fulfilling lives.
Through therapeutic communication, which entails employing diverse communication tactics and strategies to support healing and constructive change in individuals, psychological wellness may be attained. In order to make people feel heard and understood, therapeutic communication entails actively listening, empathetic support, and the use of effective communication techniques. Reflective listening, open-ended questions, and paraphrasing are a few of the methods employed in therapeutic communication. A patient may express their sentiments about their condition or their feelings about their dependence on others if they are encouraged to do so. A patient's transitory, hazy ideas must, of necessity, become exact words and well-structured phrases in order to openly express himself and describe how he feels to another.[1]
To demonstrate that one comprehend what the speaker is saying, reflective listening requires reflecting back on their words and emotions.[2] Asking open-ended questions entails prodding the speaker to expound and offer more details. To assure understanding and show empathy, paraphrasing includes repeating what the speaker said in your own words. Individuals can enhance their overall sense of well-being by using therapeutic communication to help them build resilience, learn coping mechanisms, and learn problem-solving techniques. For people who are struggling with stress, anxiety, depression, trauma, or other mental health issues, it may be extremely helpful. [3]Adults can benefit from a variety of therapy approaches that aim to increase adaptive coping. These treatments are made to aid people in finding healthy coping mechanisms for stress, anxiety, depression, trauma, and other mental health issues. Adults may benefit from cognitive behaviour therapy (CBT),

mindfulness-based therapies, acceptance and commitment therapy (ACT), psychodynamic therapy, and group therapy, among other therapeutic approaches.[4,5]
Both anxiety and depression are prevalent psychological diseases that can have a serious negative effect on a person's quality of life and mental health.[1]
Depression is a kind of mental illness characterised by enduring feelings of melancholy and despair and a lack of interest in once-enjoyable activities. Changes in eating or sleep patterns, poor energy, trouble focusing, and suicidal or self-harming ideas are examples of other symptoms.[6,7]
Excessive concern, dread, or trepidation over commonplace events characterises anxiety, which is sometimes accompanied by bodily signs including shaking, sweating, and a quick heartbeat. Panic episodes, which are characterised by severe physical symptoms such as chest discomfort, breathing difficulties, and dizziness, can also occur together with anxiety.[8]
Biological, environmental, and genetic influences can all contribute to the development of both depression and anxiety. A combination of medicine and treatment, such as cognitive-behavioural therapy (CBT) or psychotherapy, is frequently used to treat them.

2.BACKGROUND OF THE STUDY

The researcher's doctorate research includes the current study. Therapeutic interaction is just as crucial to the treatment of illnesses, especially psychological ones, as pharmaceutical intervention. The most crucial topic to talk about right now is therapeutic communication since our psyches are more prone to absorbing neurotic issues than ever before. When treating emotional disorders, cognitive understanding techniques become essential. The cognitive comprehension of thoughts may thus be appreciated by using this study whenever necessary.

2.1 Research objectives:

This research is intended

- To understand the adaptive coping in adults through therapeutic interventions.
- To obtain clarity with regard to the client's presenting problems, role impairment and interpersonal relationships.
- Empowering the client's sense of self-worth and self-acceptance and making her more independent of her psychosocial matrix

3. RESEARCH METHODOLOGY

To conduct this research the case study method is used. In this method, the case study is analysed and in-depth investigation is done using different parameters on specific subject, such as a person, organisation, or event.[9]
Using the case study method requires acquiring qualitative data from a range of sources, including written materials, observations, and interviews.[10]
The researcher analyses the data and identifies relevant themes and patterns in order to draw conclusions regarding the case under examination. Case studies may be used to look into a range of issues, such as how individuals decide what to do or how a certain event turns out. The technique is particularly useful for analysing complex and numerous occurrences because it allows for a thorough examination of the factors that contribute to the event. The case study technique has the advantages of being able to give rich and thorough information, analyse complicated phenomena, and provide research ideas.[11] The approach does have some drawbacks, though, including the possibility of researcher bias, the difficulty of extrapolating results to other situations, and the difficulty of guaranteeing the quality and dependability of the data gathered.

4. CASE STUDY OF THE CLIENT

4.1 Case History

Mrs. Geeta **(Name changed),** 4l year old married female, educated up to 8th, MSES, Hindu from Bihar. The client is the eldest son of four siblings from a non-consanguineous union. premorbid well adjusted; nil significant past history, nil significant family history, personal history- divorced in first marriage, marital discord in second marriage, marital discord and poor interpersonal relationship with in-laws, there is event of leaving husband house for 3-4 months and living at one Ashram. She presented to ...with chief complaints of insidious onset, continuous course characterized by pervasive sadness of mood, easy fatigability, decreased energy, crying spells, decreased social interaction, lack of interest in appetite, suicidal wishes, heaviness & pain in head since 1-2 years. No history suggestive elated mood, features of formal thought disorder. No history of specific or social phobia, history suggestive of substance abuse, No history of organicity. A diagnosis of depressive disorder with somatic symptoms was made.

4.2 Reason for Referral
The client was referredto identify and work through interpersonal and intrapersonal issues that have plagued the client since her married life and to facilitate a more adaptive coping and to enhance the psychosocial well-beingof the client

4.3 Rational for Therapy
To plan individual psychotherapy to facilitate an exploration and understand the client's problems and the context in which some of them have emerged and are maintained. To identify strategies by which she could cope with the situation at hand and also strategies for empowerment to enhance her overall level of satisfaction with herself.
The test findings and observations regarding the initial phase of therapy will be presented, followed by a psychopathology formulation.

4.4 Plan of 'Treatment:
There was a need for a better understanding and clarification ofthe client’s problem, how they were interlinked and manifested. Baseline assessment of depression with this in mind a Beck depression inventory @ BDI) and Thematic apperception test (TAT), was planned that would help in a better understanding of the symptomatology and also facilitate an exploration of the client's interpersonal world and experiences, her basic needs, which in turn would also help in the establishment of rapport.
As the test firings total BDI score was 55, indicative of severe depression ant TAT threw light on the interpersonal dynamics it was felt that therapy should be conducted on along a supportive framework focusing on empowering the client and on enhancing self-worth in individual session and later involve husband and work on marital and interpersonal relationship.
The plan was to see the client on regular basis. Initially sessions lasted for t hour to I hour 20 minutes, with crying spells frequently in the client.

4.5 Broad Goals of Therapy
The broad goal of the therapy is to obtain clarity with regard to the client's presenting problems, role impairment and interpersonal relationships. Empowering the client's sense of self-worth and self-acceptance and making her more independent ofher psychosocial matrix.

4.6 Process of Therapy
The client was seen on a daily basis. Fifteen sessions have been conducted till date, inclusive of intake, assessment and therapy. The duration of therapy as specified earlier varied from one hour initial phase and later lasted for about an hour 20 minutes in conjoint sessions with husband.
In the initial phase the goals of therapy were clarification of the client's symptom profile and psycho diagnostic assessment to aid the same, establishment of rapport, explore her past experiences, and interpersonal experiences both in her family of origin and procreation and to focus on the emotional and cognitive experiences, to link the feeling and emotional aspects ofthe experiences the client was narrating at the thinking level.

During this phase a psycho diagnostic evaluation ofthe client was done. The obtained test results on BDI suggestive of severe depression ant TAT revealed preoccupation with lacking a child, uncertainty about future, hopelessness, helplessness, worthlessness.

The therapist used these leads to explore the client's perception of interpersonal relationships and conflicts with regard to tie same. The initial sessions were kept open ended and the client expressed her difficulties through her vivid experiences from 1stmarriage when she was at the age of 12 years. On first day of manage she had stomach pain she reported when husband's family knew about it they divorced her. Marriage lasted only 3 days. She reported after that she had crying spells, low mood and preoccupation of how bad her luck for 2-3 weeks. After 3 years she married with a person who used to take alcohol. She reported initially she was not agreed for marriage but latter she accepted by force of family member. She reported he was unemployed and used to steal thing from other homes and one day he was caught and punished by society in front of whole villagers. She felt embarrassing living with him and left him. For few months she had low mood but she was able to do house work and no consultant or medication from psychiatrist. After 3 -4 years she married with current husband whose wife died and he had two girl from that relationship. She reported that elder girl is mentally retarded and has psychiatric illness and second girl last year diagnosed with having schizophrenia. She reported that she doesn't have her own biological child, they living in a rented house, there is no security about future, life and she started crying also while telling this. The therapist observed that the client described her negative experiences vividly and in depth. She perceived herself as being an outsider in family, which deliberately tried to keep her only shake of family care and complete disregard for the client. The client narrated how she had tried often, but unsuccessfully to win their affection. The family's reaction to her prevented her from exploring other relationships outside for fear that she would meet with rejection in those as well. She sums up her as being.

characterized by an all-encompassing sense of loneliness, worthlessness, hopelessness, helplessness and uncertainty about future from which she sought escape by way of leaving home and went to join a Ashram. How long was the client there? Why did she return home? The client also noted that there is no help. Neither her husband, husband's family nor her origin of family. She still had ambivalent feelings towards her? which were unresolved.

The client expressed that her spouse was a far cry from what she had hoped for. The husband treated her with little regard, and is described by her as a ,,miser',, who would rather that his wife starve than spend money on her. His treatment of his own mother was however remarkably different in that it was characterized by benevolence. The husband unlike other husbands did not dote on her following marriage, nor buy her clothes during festivals, taking care of her during when she ii being ill. The client was constantly overlooked as a person by him, like where her feelings were discounted. Her role was to care aged mother-in -law, father-in law and two daughters who have psychiatric illness. Her overall experience was that ofbeing used as a maid.

The therapist's observation was that, though the initial sessions the client was emotionally disturbed and crying spells but later seemed comfortable talking about her experiences. The initial brushing aside of her experiences was replaced by the expression of sadness and hopelessness. The client expressed that it was the first experience in her life where someone was interested in her and her thoughts; she had "voices" who would discuss about and with her. When the client was given the task of trying to visualize how she could become more liberated and independent and try to set future goals she seemed evasive and anticipated failure at every time.

Over the sessions, the client reported a reduction in the frequency of crying spells as well as her somatic symptoms. At this juncture the therapist faced difficulties with the client showing resistance to move from a retrospective framework to focusing on how things could be made different in the future. It was felt that an exploration regarding resistance ought to be made and reflected to aid in the movement of the therapy process.

4.7 Psychopatholocy Formulation

The client's psychopathology may be conceived along the framework of Seligman's learned helplessness model, wherein since at the age of 12-13 years the client has had to face aversive

emotional experiences ofabuse from which there was no escape. This occurred in her all the three marriage with her husband, which then led to her developing the belief that she is helpless and unable to control these aversive outcomes, setting in depressed mood and feelings of worthlessness and the lack of initiative to overcome the situation as previous attempts had met with failure. The lack ofsocial support exacerbated the symptoms as there was no alternative source of positive reinforcements to help the client develop a sense of mastery and efficacy.

4.8 Middle Phase

The primary focus of this phase was to explore and to help the client identify skills that she may be able to put to use to become more independent of the husband and family of origin. Secondly, to help the client identify certain positives in her life situation and herself, and to appreciate the same.

The goals of therapy in this phase were:

- To provide the client with a mind- body explanation for her symptoms.
- To explore her perception of her marriage and options for gaining supports from family members.
- To identify positives in her life.
- To explore how she would like her life to be different and how she could make it so. This also involved the identification of skills in the client that could be used to make her getting support from her husband.

During this phase the focus was on providing the client with information regarding her symptoms using the explanatory model of there being a link between the mind and the body. The client was open and accepting of the same. It was observed that the client was quick in making connections herself, and also cited at this point that her initial hesitation on not talking with husband and other family member because of past experiences she had. She reported that she brought a stitching machine for getting some financial independence but husband did not allowed her to go outside for getting material and stitching cloths because if she will involve she will not care daughter and parents. They are too much critical towards her and when she gets any physical illness they not caring her. She also took family therapy at NIMHANS last year about 27 session and after came back home no significant changes she perceived in husband.The therapist took these reflections by the client as an opening by which inroads could be made regarding her ambitions for herself and her future goals.

4.9 Terminal Phase (conjoint with husband):

'The therapist used the same? to facilitate a means by which the client could achieve these in the future. The very fact that she had managed to circumstances as she does not have any other support resources. Discussed with husband as he and client are only healthy person who can look after two daughter and aged grand father and mother, despite the husband's lack of interest in her, how he can run the household on the pittance given by client, also in the face of difficulty tried to generate a small income independently were reframed and reflected to the husband to help him reappraise his situation and his evaluation of himself. The client was also sure that she wanted to continue in the marriage, due to the psycho-social matrix to which she belonged. Attempts were then made to get her to identify facets ofher husband apart from his frugality. The client expressed experiencing both anger and sorrow towards him. She was however able to cite somepositive qualities: in essence she could reflect on the fact that although he wasperhaps not the best husband, neither was he the worst.

Give husband's version of the problems and difficulties and client's reactions to them.

The therapy sessions at this time were more directed towards fostering insight and acceptance of her own feelings and emotions, and also towards considering strategies for empowering the client. The client expressed her disappointment in inter-personal relationships; an ambivalent attitude towards the mother in particular and a lack of respect and willingness to try and change this. She had begun considering activities like preparing good food stuffs or caring daughter and father and mother in Laws. Other alterative were being discussed since The client had finally become open to the idea since she felt that it would enhance the quality of life ofher.

The client however continued to have somatic complaints although they had reduced in both intensity and frequency. The client sought returned back home at this point of time stating that the husband has necessary work and sessions had to be terminated.

5. CLINICAL OBSERVATIONS AND FINDINGS

Individual therapy with this particular client seemed very difficult for the therapist, particularly when there was a feeling of having reached a dead end. The client having come from such an aversive psycho-social environment and her initial hesitation and unwillingness to try and free herself to the extent possible from the chains that bound her seemed a hopeless plight for the therapist! The treatment of the client by the family seemed difficult to conceptualize as well as their indifference to her suffering. With the sense of hopelessness that would often creep into the therapist, the task of therapy would have been a Herculean one but for the discussions with the supervisor and the constant reminder that empathy, unconditional positive regard and a supportive stance would get the client through.

There was a sense of incompleteness in the therapist with the ending sessions earlier than planned. There was however, some satisfaction in knowing that although the goal of empowerment had not been attained; one step had been taken towards it.

A consolation in knowing that although she was flung back inexorably into her old life, the sights being the same as it were in every way, except that it was informed with new wisdoms, and the hope that she will look differently.. as the therapist had herself learned through the client's sharp deprivation.

The client could conceptualize that her depressive symptoms were predominantly due to psychological factors and not some major incurable medical illness.

The client had been able to develop a trust in the therapist and feel that her concerns were valid and important. She was more open to the idea of cultural change is not possible? and she has to face it in more adaptive way. The client was able to reconceptualize herself as being a victim of difficult circumstances. She was able to identify her strengths in her struggles and at having survived them, although not overcome them.

6. SUMMARY AND CONCLUSION

The client Mrs. Geeta **(Name changed),** a 4l year old married woman, educated up to class viii, a homemaker from middle socio economic status, Bihar, presented with complaints of low mood, crying spells, decreased energy, heaviness and pain in head. Nil significant family history, personal history of emotional neglect and marital discord. There is past history of multiple depressive episodes and abandon of family . The client was taken up for individual therapy. She w.rs seen for fifteen sessions (inclusive of intake) on an OP lP basis. Predominantly a supportive approach was utilized with the focus being on empowering the client. The client was found to show some improvement in the problems that she initially presented with.

Therapeutic communication not only helps cure psychiatric diseases effectively, but it also helps clients understand themselves better and improve their emotional and behavioural patterns.[12] Although there are several forms of psychotherapy therapies, the focus of the current study is organised verbal communication. This study comes to the conclusion that organised conversation has a therapeutic impact. Therefore, psychological phobias and emotional problems can be modified and shaped by therapeutic conversation.

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