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# DEPRESSION AS A "COMORBIDITY" OF A DISORDER NOT RECOGNIZED IN ADOLESCENCE

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***SUMMARY***

*Depression is one of the most frequent mood disorders. The spectrum of its meanings is very complex. Symptoms of depression can be felt at every stage of life. Depressed mood states can, as for intensity, show the clinical picture that varies from mood changes to psychotic states. In this presentation, it is described a case of the patient who since early childhood showed the symptoms of ADHD that was showing as a comorbidity feelings of depression, which have significantly hindered the emotional maturation of the person. This etiological clarification has led to effective treatment, including the psychopharmacological and psychotherapeutic approach.*

***Key words:*** *depression – comorbidity - ADHD*

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## INTRODUCTION

Times change and we change with them, says the old Latin wisdom. Today these changes have gotten so much acceleration that it is difficult to explore all the symptoms of this phenomenon. In the human sciences, in general, we can say that the more we follow these changes in order to recognize and understand them more we are able to predict them. These changes, coming from the broad social spheres, have permeated the family and the individual, deeply influencing and changing the traditional ways. For example, with regard to serious mental disorders it is considered that in the population there is about 1% of people with disorders from the schizophrenic circle, and people with disorders of emotional regulation (bipolar, cyclothymic) 0.5%. However, it has been shown that affective dysregulation is much more frequent, so that depending on some new research it would represent up to 3.5% of the population. These data are not unexpected in the situation of increasingly demanding requirements that technological advances and scientific knowledge put before an individual, a family, a group and a society (Amihaesei & Zamfir 2016, Young et al. 2015, Daviss 2008).

For a human being it is increasingly difficult to respond adequately to the ever more complex needs and expectations of the environment and of him/her/self. One could imagine that such situation "haunts", putting a continuous pressure on us and that for this reason we often feel unhappy.

In Melanie Klein's conceptualisation such a situation would be called paranoid-schizoid (Segal 1986). When we experience that we can not accept everything and that we can not always respond adequately, appears the depressive position in which we need to feel sorry for what we lose and what we can not reach (Urlić 2013). This gives us the opportunity to evaluate the inner and outer reality more appropriately and to adapt to it. The followers of Melanie Klein this concept have extended to permanent oscillations between one and the other position, giving these concepts a meaning that is not only universal, but that holds true throughout life (Chronis-Tuscano et al. 2013).

There is not always a clear transition between mood swings and depression, depressive reactions, and depressive states that turn into a crisis, and even psychotic states. It is the merit of Emil Kraepelin to have introduced the term 'depression' between psychiatric and psychological concepts, which replaced the previous term 'melancholy' (Reus 1995). Today, 122 years after the publication of his capital work, the concept of depression that characterizes mood and thought is now part of usual terminology. Despite numerous clinical and neuroscientific research, the question of the complex and multifactorial etiology of depression can not yet be answered. In studying the causes of depression in recent years it has been widely recognized that not only is depression very poorly recognized and rarely treated adequately, but that the control of behaviour and attention disorders in children can continue later in life. This article focuses on such cases, where the symptoms of unidentified ADHD in children pass unrecognized during the adolescent period and continue into adulthood.

Because the etiology of ADHD is unclear, it is assumed that the genetic and neurophysiological basis is very important. Environmental factors are considered less important (Bond et al. 2012, Gerdes et al. 2007).

ADHD in adults is often recognized due to permanent anxiety and depressed mood that patients complain of, and that a number of patients describe this as the reason for the use of illegal psychoactive substances in order to alleviate the symptoms.

Difficulty in adjusting behaviour and impulse control, with greater distractibility, difficulty in controlling emotions, with increased anxiety, depression, easy mood changes, and the low self-esteem of people with ADHD is hard to bear. This is reflected in the difficulties of establishing and maintaining relationships with others (Bramham et al. 2009, Rostain & Ramsai 2006).

Studies show that ADHD appears in 3-5% of pupils, and in 2-4% of adults, and that is 2-3 times more common in males. The research shows that there are no significant differences in different cultures (Gerdes et al. 2007). In ICD-10 the disturbance is encoded as F-90.0.

In childhood and adolescence the playfulness, the cheerful character, should be distinguished from ADHD by taking a detailed medical history. It is important to note that in the case of ADHD, the child or adolescent suffers greatly from symptoms of the disorder. So, the psychic functioning doesn't encompass only playfulness or cheerful mood. The suffering of a child or adolescent causes an unfavorable image of him/her/self, resulting in low self-esteem. The environment usually reacts in a restrictive and aggressive manner. Unawareness and inadequate approach to this disorder result in the absence of treatment or in inadequate treatment of the disorder, and in a very unfavorable effect on the development of the child or adolescent, exerting unfavorable impact on education and the formation of his/her personality.

There are three types of ADHD:

- combined type (inattention, hyperactivity – impulsivity);
- type predominantly distracted;
- predominantly hyperactive - impulsive type.

To demonstrate difficulties that an emotionally immature person with ADHD experiences and think on the consequences that may affect emotional maturation and the adaptation process for a lifetime, I will present a paradigmatic clinical example for this disorder, and the role it can have in the general framework of depression, anxiety and restlessness.

## CLINICAL EXAMPLE: THE CASE OF THE PATIENT SEMIR

The patient Semir comes in search of help for his symptoms, which have accompanied him since childhood. The psychotherapist's address he found on the Internet. He comes from Northern Europe and studies medicine in English in Croatia. He originates from the Middle East. When he was a young child the family had moved to Europe. The education of Semir and the company of the local peers developed in him a sense of belonging to the European culture, rather than according the impact of the traditional culture of his parents. He did not suffer from any diseases he could remember. He was a healthy boy. However, he was constantly restless and with difficulty in keeping his attention in comparison to his peers. For this reason he had lower grades and was aware of having to learn longer than his companions. He had been constantly warned to calm down, to behave decently and to be attentive in the school. Those warnings and criticisms echoed in the house, where his parents were warning him in the same way, as well as his friends. Because of constant restlessness and high distractibility he obtained mediocre school grades. He decided to study medicine to help others, but because of the grades he could not enroll at any university in his country and chose to study abroad.

In Croatia, the situation repeates itself, and the new environment has not diminished his despair because he could keep the newly acquired knowledge only with difficulty. In spite of the great efforts in learning he used to obtain a very mediocre grades in the exams. This situation helped motivate him to seek help from a psychiatrist in another country and a better understanding of what was happening to him. He said that he was often depressed and that his moods and thoughts had been sad since childhood. I will expose his moods, reflections and experiences not only through his story, but also through his dreams.

***The first dream***

*A student party. He does not like the atmosphere, does not find close friends, then goes out to the resting place of a large staircase. He passes through an open door of a school class and sees 15 dead pupils, lying on the benches and the floor ... He passed beyond this scene without feeling strong emotions, rather indifferently. Than he goes down the stairs and meets a solitary figure of an old man dressed in white, who appears as descended from the paintings of the ancient prophets ... This figure tells him nothing and does not look at him in his face ... He looks like his father... Semir continued to go down the stairs and behind a glass wall he sees a scene in his house - around the table there were sitting his mother and his younger brother, commenting on something. He can not hear what they say, and they do not even take no notice of him... he wakes up very amazed.*

In the first place Semir deals with an encounter with a person who looks like his father and says that it is not surprising that this person says nothing because his father is a very taciturn and withdrawn person. He still says it is strange that the mother and younger brother speak together, because the brother is very withdrawn too, spending a lot of time in his room, alone, listening to the music. With him it is difficult to establish any dialogue ... his mother is much more accessible. You can talk to her, but she does not seem to have much patience to talk to him, especially lately.

Then Semir fell into a long silence. He seemed anxious, worried, and remained motionless.

***Comment:*** I suggest that the initial image of a student party in which the patient does not find a place for himself and does not meet the people with whom he would have gladly entertained, perhaps transmits his experience that accompanies him from early childhood, that he is different from others and that others find it difficult to accept him. Probably, this also applies to the difficult acceptance of him not only on the side of others, but also others of him who is constantly resteless, anxious and absent-minded.

The following scene is an image of 15 students dead in a class. He passes by that class without any disturbed feelings, as if he were accustomed to the experience of losing. As if this number "15" represented the 15 years that he used to fight with the symptoms of inability to maintain the attention and physical expression of inability to control physical activity ... In the dream he remembered the figure of the father in relation to the white figure that he meets at the stairs. The dream describes his father as a solitary person, who did not know how to participate in the difficulties of Samir.

An image behind the glass follows, a family meeting between the mother and the younger brother. It shows that in his experience the mother is more oriented towards the younger child.

With tears in his eyes Semir says that he could not imagine that his memory and his experiences were so intertwined in his inner world that even during the night he was experiencing all the difficulties he constantly was facing. The comparison with the images of the dream stimulates numerous associations of episodes from school and family experiences.

The dream seems to convey his experiences that no one understands him and that he is rejected because of his constant restlessnes and distraction, so everyone was always criticizing him.

The clinical image indicates a distraught, depressed, etiologically most likely young man with symptoms most probably associated to ADHD. The psychological tests and the lithium blood test were also indicated to exclude a possible cyclothymic type disturbance.

At the next session Semir brings the following dream:

***The second dream***

*Semir is not seen as a figure in the dream but is like an eye, like a camera, and he knows that it is he who sees the scene and experiences the event.*

*He is with a girl at a party. They seem to be separated from others, and he also feels he must pay special attention to her so as not to offend her, showing something like negligence... He is always busy with himself, he can not relax. He does not want others to perceive his difficulties in controlling his behaviour... Next scene: they are with friends in the café-bar. He has a sense of alienation and worry. He is not like other peers ...*

*Spontaneously he continues to talk that in the morning he woke up with a sense of dissatisfaction. He should travel home. There he should do the neuropsychological testing. He's worried about what his family and friends will say, because he's got very mediocre study results ... he wants to be a good doctor, help people, but he's afraid he will not succeed because he's not a particularly successful student...*

***Comment:*** Semir is followed by a constant feeling that is different from his peers, that he is often misunderstood, and that is not helped enough. These thoughts are accompanying him constantly. He feels envious of peers who do not have such disorders.

Semir says that he feels very excited when he hears the interpretation of the content of his dreams. He recognizes his experiences, and is surprised because he could never imagine that in his dreams, which he often perceives as absurd appearances, relive his profound experiences, fears and the sensation of not being properly understood.

After holidays that he spent at home, he came back quite disappointed. His parents and brother treated him very carefully. This made him feel very sad. He did a detailed neuropsychological examination. The results indicated that he is a very intelligent and very sensitive person, and that he shows a high level of anxiety and depression. As a fundamental diagnosis, the diagnosis of ADHD was outlined.

He says he felt very loaded at home. Relations between the parents were very tense. The mother was very active in her work and at home, while his father was coming home in silence, was locking himself in his room and was spending hours reading. The younger brother avoided contact and closed himself in his room. He was very patient. He expected that the psychological finding, which confirmed that it was an ADHD, will arouse greater interest in his psychic situation. However, everything remained on the critical comment of his mediocre study results, with the remark that he should be more diligent.

He returned sad and the morning of the day of the psychotherapy session dreamed of the following dream:

***The third dream***

*In his house he sees a big, old and very hairy dog. His family tells him that they bought the dog to eat it. He is very surprised because they do not eat dogs or cats ... he is very anxious and wakes up.*

*Spontaneously he continues to explain that in recent days, as in recent months, he was worried about relationships with friends and students. Some are very overwhelming, irritable, inaccessible. They tell him that he should not take medication and visit the psychiatrist because everyone will say that he is crazy, that he is lost his way ... Generally, some of his friends he feels to be very arrogant and that their company no longer satisfies him. He decided not to take care of them anymore and to find new friends.*

***Comment:*** In that dream, as well as in reality, he feels anxiety because he can not imagine absorbing, 'swallowing', the arrogance of old friends and their offensive behaviour. That hurts him. He will leave old friends because for him they have become 'indigestible' and will turn to new ones, and will keep only those that inspire joy and sense of satisfaction ... Maybe it is a shift of feelings of bitterness from parents to friends?

Semir says that his parents' behaviour is inadequate. As well as teachers in schools and doctors, they did not pay enough attention to his symptoms and left him alone with the symptoms of constant agitation and difficulty in concentration, which is why he always had fairly modest grades and he could not enroll in medical studies in his country. This make him feel badly, as well.

Asked to say something about his parents who so far he failed to express, he says that his father lost one leg in war, putting his foot on a mine. This happened before arriving in Northern Europe. The father is a man, helpless, distant, too quiet, with whom it is difficult to establish close contact. On a recent visit home he was very worried because his mother wanted to get divorced and "start to live".

According to some new data regarding his parents, especially that the father has been living with the artificial leg that goes back to above the knee, already for many years, and that he has probably developed the complex PTSD, with permanent personality change, and that trauma in him remain closed, encapsulated, in order to enable him to survive the most vulnerable part of his psyche. He probably does not talk about trauma, not even with his wife, and she does not even know how much pain he feels inside himself... "Try to imagine, when the parents are in intimate relationships, how he could appear when only the rest remains of the leg, a stump, remains in place of a leg..." (Boumans et al. 2017).

Semir's reaction was a painful grimace and tears.

We talked about the possibility of talking with the mother because the father does not remain without being understood, as Semir was feeling from his early childhood.

After the diagnosis of ADHD was confirmed Semir reacted positively to the introduction of methylphenidate therapy. He took the pill with a prolonged effect very early on Sunday morning, fearing unknown effects. After two hours he felt a wave of relaxation and encouragement towards a more cheerful mood. He could sit and study, and he could concentrate on the content.

He was very happy and continued with the same activity in the afternoon. The next day, in the classroom, he could sit still and concentrate on the lectures. While the days were passing on, he was feeling more and more relieved of unrest, fears and loss of concentration. His friends noticed the changes. An even better result was reached with the median dose of the drug. He reported this with some uneasiness, because he thought that our psychotherapy sessions would be interrupted because the result had been achieved.

However, from the first dream through the contents presented persists the experience that the patient is not understood and that is not helped, and that he has not deserved a constant critical attitude towards his behaviour and his results of mediocre grades. He did not feel able to do more about his studies than he was trying to do, but the result was quite modest. Now he was about to return home with a desire for recognition of change and to get the support and praise for the calm attitude and good grades that he started to obtain in the Medical School.

***The fourth dream***

*Semir claims to have talked with his father in the dream. He has not seen himself. His father was sitting in his chair with a book on his knee, silent, looking in front of himself. Semir asked him what he was feeling, but his father did not give any answer. He felt a deep pain within himself and woke up in tears ...*

He continues that he talked with his mother about the possibility that the father suffered from PTSD. For holidays he was planning to go home. When he talked to her mother she no longer mentioned divorce and about father she spoke with more empathy and understanding... Previously he was going home hoping for recognition in relation to the change in behaviour related to the results of the treatment, but nothing like that happened. Now he awaited for a different atmosphere in their relationship.

***Comment:*** I say that the images of this brief episode of dream that he had brought was impressive in the sense that he could empathetically approach his father, identifying himself with his unrecognized pain, closed in his inner world... Semir remained silent and in tears he finished that session.

## FINAL CONSIDERATIONS

Depressive feelings, accompanied by feelings of futility and inferiority towards other peers, which in the patient's eyes were confirmed with constant critical warnings, now had to be psychologically, emotionally and rationally elaborated and understood in depth. His memories the patient expressed with great bitterness, and complained of many years of suffering and difficulty due to unrecognized disorder. This was reflected significantly on his life and relationships, with a constant desire for better understanding and love. He wanted to study medicine because he wanted to help others. In fact, he seemed to have had a preconscious desire to help himself, but he received only warnings and criticism. However, he did not give up. Becoming a student in another country, he sought help (Bramham et al. 2009).

The ever better understanding of the neurophysiology of the brain, the psychodynamics of development, and the functioning of the personality, whose consequences can create disturbances especially on the emotional side, are at the center of psychiatric research. Work in the field of mental health assumes that psychological phenomena must be approached in a complex and comprehensive way.

This means that we must always remember that psychiatry is based on three pillars: biological, psychological and social (Gerdes et al. 2007, Rostain & Ramsay 2006). The ever better understanding of the components of mental functioning, which even Freud as a neurologist assumed that essentially are based on neurophysiological processes and relationships with the environment, require a thorough psychological analysis of feelings, experiences and relationships, in order to be able to evaluate a person's capacity for intrapersonal, interpersonal and social functioning (Goodman & Thase 2009).

The popular saying of the Native Americans states that no one should ever judge a person if he has not been in his shoes for at least three weeks. This recognition of the importance of empathy and partial identification is the basis for access to people suffering from mental pain. This is especially true for people overwhelmed by anxiety and depressive feelings, which must be addressed and presented. Or, as Marie Curie said: "Nothing in our lives must be feared, we just have to understand."

The assessment of the importance of some etiological factors in the appearance and development of depressive disorders requires the search for specific elements that lead to mental decompensation. The only reconstruction of the traumatic experiences is not enough (Herman 1992) to elaborate the trauma and its consequences. First of all, it is necessary to elaborate the sense of loss, to raise trust in oneself and to open new perspectives (Urlić et al. 2013).

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