

Psychotherapeutical Intervention in Depressive State of Detainee Women

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Introduction: Concerning the thematic of our intervention it can be said that there is a bigger susceptibility for woman to develop a major depressive episode after a life event that generates stress and which is related to her own life, or to what happens around her, determining a back stroke state. Plus, childhood experiences lived by women, like: “neurotic” features, defective relationship with the mother, maltreatment, may constitute factors that lead to depression. In the same time we can say that women are trice more affected than men by combined depression (major, plus the one of short duration) asking again ourselves: “is the woman very different by man?” In our configuration, the woman being in the detention state develops a certain behavioral state, different by the one that develops the man being in the same state. Even if the statistics show a lower feminine delinquency rate, we can remark though the positive fact that the woman is lees amenable to commit a delinquency act than man.

Materials and methods: In our intervention we used among intervention, conversation, observation, biographical dialogue also scales like: Beck’s scale of auto evaluating the depression – Woodworth test and tree test, all identifying the existence of depressive state.

Results: It was shown that the woman in detention it is more amenable to develop an increased adherence to the elements that release the apparition of depressive state and in consequence to depression itself. Identifying in/at the depressive state does not determine vindicatory the existence of correlation between: deed and detention; detention and depression; detention and therapy, even if there may be established some resemblances of concept and attitudinal-behavioral expression, all reporting to the initial context, but foreshadowing a new personality profile.

Conclusions: It is imposed: to recognize the existence of the phenomenon itself, practicing the psychotherapeutic centered programs, in our case depression, and also implementing some reintegration programs, re-socialization, reeducation and professional re-conversion, having as main character the detainee woman.

Keywords: depression, woman, detention, intervention, psychotherapy

Introduction

Our foray of identification of depressive state at detainee women start from what Marcus Aurelius said: “Nothing that is outside you can make you sad, but the judgment that you do upon everything that is outside you is the cause of your disturbances” [1].

Thus, the disposition is the internal emotional state, of variable duration that oscillates between sadness and happiness, which can be controlled by the individual (subject, client) and which is reflected in all aspect of our life.

As a concept, depression [2] is identified to be:

a) DSM-IV = hard to differentiate by usual sadness, as the majority of subjects try to explain their depressive state through the experience of some antecedent psycho-traumatizing events. The depression is persistent, not modified towards external factors and can’t be controlled by the subject. Each of us expresses depression through a personal equivalent: sadness, moral pain, anger, bad mood, despair and the list may go on.

b) Psychiatry Dictionary [3] = mental illness characterized by a profound modification of affective state, of disposition in the sense of sadness, moral sufferance and psychomotor deceleration. Associated generally with anxiety, depression maintains to the patient a painful impression of global weakness, of desperate fatality, and sometimes shows stated of delirium on the guilt of culpability, indignation, self-disvalue, which could lead to idea of suicide and sometimes even making it.

c) Psychology dictionary [4] = morbid state, more or less durable, characterized mostly by sadness and decrease of tonus and energy. Anxious, disgusted, discouraged, the depressed subject is incapable to face the smallest difficulty, having also no initiative. He suffers because of his weakness and has the impression that his intellectual faculties, mainly attention and memory, are degraded. The feeling of inferiority that comes as result leads to a growth of melancholia.

In this attitudinal periplus, the depression relates in the context of cause and effect, determining behavior that, needing to be decoded, involve, we can metaphorically say “variations on same theme”.

If we were talking about depression under various aspects, we can ask ourselves: Is woman very different by man? YES, and we said all, knowing that the differences between man and woman are multiple and more complex than they may seem at first sight. In the same time confessing the affects, personality structure and psychodynamics are not the same with the man’s.

Plus, the social environment which has a very well known role is also very different. Thus, in our civilization woman is not always equal with man, and discrimination can be found even in access to medical care or during the prescribed treatment for the same affection (twice more psychotropic substances prescribed to women).

In this context, at any age, depression is more frequent to woman than to man, regardless culture or geographical area of the studied population. The statistics show that

during life the possibility to develop major depressive disturbances is 5% to 12% at men and 10% to 25% to women, all those in the idea that they make out of depression the most important problem of world's public health [5].

Concerning the thematic of our investigation, we can say that, there is a big susceptibility to woman to develop a depressive episode, or not, after a life event that generates stress, which is related to her own life or to what happens in her entourage, determining a rebuff state. Plus, the childhood experiences lived by women, like: "neurotic" features, defective relationship with mother, maltreatment, may constitute into factors that lead to depression.

In the same time, we can say that, women are three times more affected by combine depression than men (major, plus the one of short duration) asking again ourselves: "is woman very different by man?"

In our configuration, the woman in detention develops a certain behavioral state, aside the man in detention.

Even if, statistics show a feminine delinquency more reduced, it is remarked also that woman is less believed to commit a delinquency act than man. That is why it is necessary in behavioral quantification of detainee woman to be aware of the three theoretical orientations, [6] as follows:

- 1) The bio-social theory = where the biological differences between woman and man explain the nature and amplitude of masculine and feminine delinquency. It is observed that woman is less aggressive. Also, it was recorded that woman has a greater empathic capacity than man and that often emphasizes with the victim when the letter one is known, repressing the aggressive manifestations, but it can have also aggressive manifestation when the victim is unknown. In the same time it is observed the fact that woman is more likely to develop an aggressive behavior in domestic space than in public, where man holds the lead.
- 2) The socialization theory = that affirms that there are major differences in the way a girl or a boy socializes. The girl is more under family control, her liberties being more reduced fact that determines her to be more subdued to authorities than the boy.
- 3) The free-feminist theory = where the main idea is that in the society there is a pronounced inequality between man and woman and than only changing woman's condition, will make her involvement in delinquency to gain a new structure and identity.

All this structural demarche is necessary because it accentuates the fact that the woman that gains a new social status and becomes the detainee woman will show an eloquent attitudinal-behavioral metamorphosis. Thus the detainee state brings to woman bio-psycho-social mutations, which makes her enduring not very well the detention period, and all the elements presented before are constituted in viable and pertinent arguments [7].

Thus when appears or is discovered the depressive state to detainee woman (easy, medium, major or severe), the

medical-psychological intervention is required in coding the elements and also decoding them.

Material and methods

To identify the depressive state to detainee woman and knowing the fact that depressions [8] are characterized by a deep sadness, accompanied by an inhibition of movement and psychic functions, we elaborated some tests that contained:

- a) The scale of depression auto-evaluating – Beck, that measures the severity of depression (easy, medium, severe);
- b) The multi-phase scale – Woodworth test – applied mostly in prisons not giving significant data concerning the psychopathologic tendencies of the detained person;
- c) The arbor test – from the category of projective tests, nonverbal, personality tests, offers the possibility of confronting the subject with different situation that this one responds at based on the suggested sense and what he feels related with the created situation.

These tests were applied to the target group formed by a considerable number of detainee woman (confidential) their coding and decoding being made after:

- nationality;
 - religion;
 - home address;
 - age category;
 - educational status;
 - marital status;
 - deed made;
 - delinquency state;
 - depressive state (after Beck scale);
 - depression and delinquency state,
- the study evolving on a six months period (March-September), where were implemented the specific therapies of the constant depressive states as follows:
- 1) easy depression (11–26 points):
 - sustaining therapy
 - therapy based on client
 - 2) medium depression (27–42 points):
 - cognitive therapy
 - cognitive-behavioral therapy
 - 3) severe depression (43–52 points):
 - interpersonal therapy
 - cognitive-behavioral therapy.

Results

1. Nationality does not have a direct bound with the deed or the depressive state developed by the detainee woman (the percentages being close), although statistically the results present as follows:
 - Romanian citizen of Romanian nationality – 45%
 - Romanian citizen of Hungarian nationality – 35%
 - Romanian citizen of Romany nationality – 20%

2. Religion also does not constitute a priority, everyone being presumable to make mistakes, but statistics show that our subjects were:
 - Orthodox – 55%
 - Catholics – 25%
 - Reformed – 20%
3. Environment demonstrates this time that the woman that comes from city (70%) develops a stronger delinquency state than the one from rural habitation (30%)
4. Age between 20–40 years seems to be “favorable” for women to be in detention – 50%, 25% between 40–50 years, being lower at old age 50–60 years – 25%
5. Educational status brings generally behavioral lacks, in our case, seems interesting to underline that this delinquency “predispositions” develop to women the graduated gymnasium (Vth–VIIIth grades) – 29% and high school (IXth–XIIth grades) – 37%, the rest being: illiterates – 11%, primary school – 14%, college – 3% and university graduates – 6%
6. Marital status appears to create incertitude by concubinage appearance as an alternative to marriage that supposes responsibility and certitude for creating the family, this state 53%, puts the mark on the development of a behavior with conflict risk and major deviance, not married – 11%, married – 11%, divorced – 11% and widows – 14%.
7. The deed made by detainee woman may include a large range of delinquencies, still, in our case, mostly appeared robbery – 46% and contravention – 20%, existing also dilapidations, frauds, brigandage going even to killing – those having as percentage – 34%.
8. Society/community through its impact upon the social actors makes that, for our study, to observe a significant increase of detainee women non-recidivists 61%, completed with frauds 14%, recidivists being 25%, percentages that show the structural-educational involvements in social environment to which every side appertains, all representing the functional state.
9. Detention state (punishment years) concerning the detainee woman is generally “oriented” towards, in our case medium detention (over 5 years) 53% and short duration detention (up to 5 years) 40%, long duration – 7%, important being the social inactivity period, but mainly, the following reintegration in society and reporting to this one.
10. After applying the test to the target group, there were discovered depressive states decoded as follows:
 - easy depression – 34%
 - medium depression – 49%
 - severe depression – 17%
 - serious depression – 0%
 observing the necessity of involvement in solving the case by the doctor, psychologist and psychotherapist, together with the client – detainee woman- as main actor of our specialized intervention.

In what concerns depression and delinquency state, it is interesting to observe that, recurrence percentage decreases with the aggravation of depressive state, which involves a “reversal” of behavioral state, leading to new motivations discovery which a “recurrence” state involves or not, gathers with depression aggravating it, being decoded as follows:

- a) easy depression:
 - non-recurrent – 84%
 - recurrent – 16%
- b) medium depression:
 - non-recurrent – 48%
 - recurrent – 52%
- c) – severe depression:
 - non-recurrent – 15%
 - recurrent – 85%

to mention that in 16%, 52% and 85% percentages were included among recurrent state the contravention one (which took a small percentage).

Referring directly to our group of detainee women that we studied, it can be seen that [9]:

- a) Beck’s auto-evaluation scale for depression – brought into evidence the depression state at a certain point putting an accent on the: easy, medium and severe fazes.
- b) Multiphase scale – Woodworth Test – brought into evidence the depressive and hypochondriac, of instability, antisocial and even impulsive and aggressively tendencies, starting sometimes paradoxically, from a simple emotivity reaching to inhibition, to release after that an ambivalent state; easy and medium tendencies characterized the group of detainee women included in our group.
- c) The arbor test – certificated through it interpretation the elements discovered by the former two instruments used, investigating on its turn: psychical immaturity, infantilism, rigidity, affective lack, suicidal tendencies, opacity, pessimism and affective instability – seen in most of the cases, but existing some cases of manifestation of a certain equilibrium through: receptivity, vivacity, wish to draw attention, bravery, benevolence and gentleness, even if the detention environment is/can be hostile to such perceptive and conjectural states.

The sum of indexes former mentioned, were traced depressive states to adult woman, which released the initiation of psycho-therapeutic programs, centered on the observed fazes, and their applicability lead, through efficiency, to ameliorating the existent and manifested predispositions.

Thus, for easy depression:

- a) Sustain therapy – was generally based on pursuing the adaptability mode of detainee women in case, those being able in a very short time to find their place in practical activities (ironing, cooking, washing, professional trainings – tailoring).

- b) Client centered therapy – it was identified the problem that was leading directly to self esteem problem and self acceptance, a special place for detainee women, non-recidivists, representing the time – as perception of the effect of cause.

Related to the tracked problems for easy depression, were underlined:

- the need of being understood;
- the need of being listened;
- the need of having friends;
- the need of help,

all centering towards the need of resisting and not altering what is still clean and untouched in a friendship, relation in/or with family.

It is remarked after the period of applied therapies the improvement and increase of self esteem being able to figure the way in which, positively talking, detainee women can solve their problems, finding the optimum solutions demonstrating the viability of the accepted and followed therapeutic process.

Medium depression contained:

- a) Cognitive therapy – sustained first the perceiving of reality and of the situation in cause, accepting the responsibility of own life, detainee women being in the situation of reflecting over their own beliefs about themselves, reported to the deed, appearing more pronounced the problem of time – perceived as a distortion of it utilization, which shaped a new way of treating those, insisting on self knowledge and the wish of recovery and mutual aid.
- b) Cognitive-behavioral therapy – started from liberation of the symptom and solving the life problems, giving an important role to time, having here a mark on accentuating and “filling” it, detainee women agreeing that “all black, bad and heavy thoughts” appear now and is harder and harder to release from the “net of time”. Also getting ready for leaving home started from mental renewal of perceptions about home and freedom and than family and reintegration. The accent was put on eliminating the state of tension, stress, anxiousness and nervousness found before leaving home as fear and helplessness.

Under surveillance the detainee women that manifested medium depressive states, managed to ameliorate their behavior through participating to the psychotherapeutic program initiated especially for them, releasing the tension from their affective-volitional states and eliminating the comportments of behavioral risk.

Severe depression was traced to detainee women with medium and long duration detention, convicted for: robbery, brigandage, complicity and voluntary homicide.

- a) Interpersonal therapy – brought into evidence the problem of adapting to the new environment and accepting it, being removed for a certain period of

time: apathy, sadness and isolation state, having an accent on analyzing self dissatisfaction and relational norms, getting in time to appearance of communication, acceptance and understanding gestures, the activity needing to be continued.

- b) Cognitive-behavioral therapy – was addressed to detained women convicted for homicide, where the hardest problem remains the time, its perceiving, manifesting apathy and psychological breakdown when they witnessed the liberating if their colleagues. It was taking into consideration the discharge of uselessness feeling, trying to sole and give to the problem a solution, reducing the depression state through a change of time perceiving and self person found at a loss.

Discussions

After this strategic and methodological incursion we have to underline the fact that the detainee women which were part from our group of study validated the premises of identification and initiation of therapeutic programs, centered first on the developed depression and than on the deed.

All this, starting from the depressive triad – Beck [10] which underlines that to detainee woman has to represent a starting point in going over the states in cause and finding the proper psycho-therapeutic program. Thus, the triple negative vision consists in:

- a) negative vision upon own person: “I am not good enough.”
- b) negative vision upon the world: “The world is tough and unfair.”
- c) negative vision upon future: “For me and my loved ones there’s nothing good.”

determining the entire logistic-behavioral demarche through this attitudinal-cognitive formula with an impact upon the detainee woman.

Conclusions

Concluding, we could start from the presumption that you are not allowed to lecture to a depressed person, we admit that our demarche underlines the fact that the depressive woman in detention needs a special attention and care, because her attitude may release deviating chain behaviors which sustained by ignorance and indifference may put in danger woman’s life more being the given fact that she is in detention.

Starting from the premise that the woman accepts easier the change and new, being receptive to a psycho-therapeutic program and not only, it is necessary to give help to the depressive detainee woman, to get over the state, elaborating viable instruments, implementing in time, educational systems based on: reintegration, re-socialization and professional re-conversion having her as main character and shaping in time her personality [11].

In this context the study brought to our attention concerning the psycho-therapeutic intervention upon depres-

sive state to detainee woman certifies the need of a special attention for this problem, involving the credibility of medical- psycho-social transformations which appear under the detention state, the one in cause, making viable, why not, the depressive triad Beck, when indifferent, uninvolved and impersonal we go on, unresponsively and having no constructive professional reaction.

References

1. Ionescu G – Psihoterapie. Ed. Științifică, București, 1990
2. Georgescu M – Psihiatrie – ghid practic. Ed. Național, București, 1998
3. Dicționarul de psihiatrie Larousse. Ed. Univers Enciclopedic, București, 1998
4. Dicționarul de psihologie Larousse. Ed. Univers Enciclopedic, București, 1996
5. Lelord F, Andre Ch – Cum să ne purtăm cu persoanele dificile. Ed. Trei, București, 1998
6. Godfroid I – Psihiatria femeii. Ed. Dacia, Cluj- Napoca, 2000
7. Florian Gh – Psihologia penitenciară. Ed. Oscar Print, București, 2001
8. Huber W – Psihoterapiile. Ed. Științifică și Tehnică, București, 1999
9. Holdevici I – Elemente de psihoterapie. Ed. All, București, 1999
10. Malini T, Wadeley A – Perspective în psihologie. Ed. Tehnică, București, 1999
11. Pașca MD – Infractorul minor și reintegrarea sa în comunitate. Ed. Ardealul, Tîrgu Mureș, 2005