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Case Study of Psychological Dynamics of Orphanage Children Suffering from Dysthymia

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ABSTRACT

Dysthymia is a condition characterized by chronic feelings of depression that are not severe enough to be categorized as major depressive disorder, and have lasted for several years. The purpose of this research is to know the psychological dynamics of orphanage children who suffer from dysthymia. Research participants were 12-year-old girls who experienced dysthymia. The approach used in this research is qualitative with case study method. The research was conducted using non-test methods (observation and interviews) and several psychological tests. The data analysis used in this study is a thematic analysis. Based on the research results, it is known that the dysthymia that the participants experienced was the result of the interrelationship of various factors such as the poor quality of the relationship between parents and children, as well as the parenting style the child received.

Keywords: casestudy, dysthymia, orphanage

Introduction

According to the ICD-10 (in Salloum & Mezzich, 2009) dysthymia is a condition characterized by chronic feelings of depression that are not severe enough to be categorized as major depressive disorder, and have lasted for several years. Dysthymia is also referred to as long-term depressive disorder, which is a mental/psychological problem that lasts for at least 2 years, characterized by mood swings in a negative direction, such as feeling sad, anxious, hopeless, and so on, which affects physical condition (NIMH, 2018). The process for diagnosing dysthymic disorder or persistent depressive disorder (PDD) is not easy; because many people have to battle persistent low-grade or mild depression, with a sad mood, and a lack of joy; sometimes it becomes a lifestyle for the sufferer (Melrose, 2017).

The criteria for dysthymic disorder in DSM V (APA, 2013) are depressed mood most of the day, for more days than not, as indicated by subjective reports or observations by others, for at least 2 years; in children and adolescents, the mood may be irritable and not always depressed, and the duration must be at least 1 year. When feeling depressed (depression), two (or more) of the following symptoms occur: (a) poor appetite or overeating. (b) Insomnia or hypersomnia. (c) Low energy or fatigue. (d) Low self-esteem. (e) Poor concentration or difficulty making decisions. (f) Feelings of hopelessness. WHO (2017) describes dysthymia as a persistent or chronic form of mild depression; Dysthymic symptoms are similar to those of depressive episodes, but tend to be less intense and last longer.

Data from WHO (2017) shows the prevalence of cases of depression (including dysthymia) that occur worldwide, the percentage is 18.4% and in the Southeast Asia region it is 27% of the entire population. Depressive disorders have begun to be experienced by children of pre-school

age and increase sharply during early adolescence (Wichstrm et al., 2012). The prevalence of dysthymia cases as a part of depressive disorder, which is experienced by children is 0.6 - 4.6% and in adolescents is around 1.6 - 8% (Nobile, Cataldo, Marino, & Molteni 2003).

The causes of dysthymia in children or adolescents include a family history of depressive disorders; low level of parental warmth and high level of family conflict; parental mental health problems; early or chronic adversity such as abuse, poverty or social disadvantage; temperamental or personality characteristics, such as anxious or self-critical children; events that trigger depressive episodes, such as stressful life events such as loss, failure, or disappointment; situations that maintain depressive conditions, for example family problems or problems with peers that occur continuously (Vogel, 2012).

Children and adolescents who experience depression (including dysthymia) are usually in special conditions, for example parental disharmony, parents' economic problems and those who are placed in orphanages (Nurmei, 2013) . The results of the study show that there is a relationship between depression and the child's current age, where the older the child is the greater the possibility of depression (Alfiati, 2003). Children living in orphanages have a tendency to be depressed because they are far from their parents and family figures, and are constrained by strict rules. This is in accordance with Furnamawati's research (2007) that most children who live in orphanages have a moderate tendency to high levels of depression.

Based on the explanation above, researchers are interested in knowing psychological dynamics orphanage children with dysthymia. In addition, researchers also want to know the factors that influence the emergence of symptoms of clinical depression experienced by participants.

Method

This research uses a qualitative approach with a case study method. Case studies are used so that researchers can process data in depth, understand the complexity of the problem, by involving various information that has been obtained.

Research subjects were determined purposively (based on certain criteria). Subject criteria in this study were found based on theory and adapted to the research focus. The participant in this study was a 12 -year- old girl suspected of having dysthymia or persistent depressive disorder. The following is the identity of the participant:

Table 1.
Participant Identity

Full name	: Rose (pseudonym)
Gender	: Female
Date and place of birth	: Magelang , 01 September 2009
Age	: 12 years
Nation	: Indonesia
Religion	: Islamic
Ethnic group	: Java
Marital status	: Not married yet
Last Education	: Grade V SD
Work	: Student
Address	: Jogjakarta
What order do you come in your family-	: 1 of 2 siblings

Researchers use several methods to reveal the psychological dynamics of participants, among others; 1) interviews to gather information related to the participants' lives, past experiences, and relationships in the environment related to the psychological disorders they are experiencing. 2) Observations are made to observe the behavior of participants during the study. 3) Psychological tests which include the WISC test, graphic test, *Children Apperception Test* (CAT), and *Children Depression Inventory* (CDI), as well as a dysthymia diagnostic checklist (persistent depressive disorder) based on DSM-V (2013). The data analysis used in this study is a thematic analysis based on the overall results of the assessment.

Results

The results of the study showed that the participants met the criteria for dysthymia (persistent depressive disorder) listed in the DSM-V (2013). The following is a diagnostic table presentation based on the results of the study.

Table 2.
Diagnostic Results of Dysthymia (Persistent Depression)

Guide Symptom	Symptom Findings	Fulfilled	
		Yes	Not
A. Depressed mood most of the day, for more days than not, as indicated by subjective reports or observations by others, for at least 2 years. **Note:** In children and adolescents, mood may be irritable and duration should be at least 1 year.	- Often daydreaming, and suddenly crying for no reason since the pandemic in 2021. - He admits that he easily feels sad and offended by other people's words, but can't express it, so he prefers to cry alone and often stays silent.	✓	
B. When feeling depressed (depression), two (or more) of the following symptoms appear:			
1) Poor appetite or overeating.	- Have excessive appetite, often eat excessive portions which are usually for 2-3 people.	✓	
2) Insomnia or hypersomnia.	Not found		✓
3) Low energy or fatigue.	- Often feel tired when doing daily activities, such as cleaning, even if it's just sweeping or setting tables or benches, both at the orphanage and at school. - When setting up the benches in class before going home from school, he said " *ouch I'm so tired* ". - While at the orphanage, when he finished making up the bed according to the order of the head of the room, he said " *ouch sis, I'm tired, I'm going to rest first, OK* ?" - Seen frowning and rolling his eyes, when the chairman of the room ordered to immediately wash his dirty	✓	

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		clothes, then said " *just tomorrow, miss, I'm tired, I still have clean clothes* ".	
4)	Low self-esteem	- Several times he said " *Miss, I feel I'm ugly, um, I'm also not smart like other kids who could be 1st* place". - During the juz 'amma memorization lesson, I said several times " *why are there so many letters that have to be memorized, even though I'm stupid when it comes to memorizing ee* ". - Repeatedly said that he was not smart and not beautiful when praised . - When the results of her writing were accidentally seen, Mawar said " *don't look, sis, my writing is bad* ".	✓
5)	Poor concentration or difficulty making decisions.	- In the afternoon when the orphanage's friends were cleaning according to their respective picket schedules, Mawar seemed to be silent in the corner of the yard near the kitchen and stared blankly at the sky. - When invited to speak, attention was often diverted to the sound of the orphanage's friends running around , so they asked several times to repeat questions . - When the ustadzah ordered memorization, he looked frowning, and said " *confused to deposit which memorization* ", so he had to let other friends come first to deposit memorization. - When the teacher is dictating a problem, attention is often diverted to the noisy voices of friends , so it 's Mawar left behind writing a few questions. - When the teacher ordered the questions to be done, Mawar did them but repeatedly said " *oh, is this true or not , I think it's wrong* " until finally she changed her answer several times.	✓
6)	Desperate feelings.	- When I was in science class and the teacher asked me to do one question in front of me, Mawar refused and	✓

		said " *I'm sorry I can't, the others are smart, ma'am* ". - When asked about her goals, Mawar said that it seemed she could not achieve her dreams because she thought that she was only an orphan, did not have much money to go to college.	
C.	During the 2 year period (1 year for children or adolescents) of the disorder, the individual has not been asymptomatic in Criteria A and B for more than 2 months at any time.	- Experiencing these symptoms has started since the 2021 pandemic, during the past two months the most common symptoms in criteria A and B have appeared.	✓
D.	Criteria for major depressive disorder may appear continuously for 2 years.	- Experiencing some of these depressive symptoms has started since the 2021 pandemic.	✓
E.	There has never been a manic episode or a hypomanic episode, and never met criteria for cyclothymic disorder.	- There were no manic or hypomanic or cyclothymic episodes.	✓
F.	The disturbance is not better explained by persistent schizoaffective disorder, schizophrenia, delusional disorder, or a specific or unspecified spectrum of schizophrenia and other psychotic disorders.	No psychotic disorders were found.	✓
G.	The symptoms are not due to the physiological effects of a substance (eg, drug of abuse, medication) or another medical condition (eg, hypothyroidism).	No problems were found due to the physiological effects of a substance.	✓
H.	The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.	Experiencing impairments in learning that affect academic achievement, impairments in social functioning (limiting social interactions, no emotional closeness).	✓
Conclusion: Meets the symptoms of persistent depressive disorder (dysthymia) 300.4 (F34.1) in DSM V.			

Based on the results of interviews and observations, it was found that Mawar was the first child of two siblings. Mawar comes from a family that has middle to lower economic conditions. Currently, Mawar lives separately from her parents and younger sibling, because she lives in an orphanage.

When she was <7 years old, Mawar lived with her parents, but her place of life was not fixed. Mawar must adjust to parental decisions. Parenting tends to be permissive, focusing more on the physical needs of the family and ignoring the fulfillment of psychological needs. This made Mawar's relationship with her parents not familiar, because the interaction was not warm. As a result, Mawar experienced problems in terms of calistung because it was not sharpened.

Then, at the age of 8, Mawar began to live in an orphanage. The management of the orphanage focuses on Mawar's need to be able to perform calistung. Parenting provided with control and reinforcement helps Mawar's ability to improve and improve calistung. However, as time goes by, the parenting style of the orphanage tends to change because the caretaker's focus on helping Mawar for calistung has been fulfilled.

In addition, based on the results of psychological tests, it was found that cognitively, Mawar has intellectual abilities in the average category as indicated by an IQ score = 102. This is supported by good analytical thinking skills and visual-motor coordination. While the ability to count, language, absorb information, and problem solving is average, but the ability to think systematically and concentrate is still lacking.

Emotionally, Mawar is a quiet, anxious, scared and indecisive person. This is caused by a sense of insecurity (insecurity), not stable within oneself, so easily depressed and anxious. This condition was influenced by traumatic experiences in the past, which made him feel depressed.

Socially, Mawar has a need for affection, a sense of security, with a parental figure, but not living together. This makes him feel lonely, feel abandoned, feel neglected. Roses want to receive attention, affection, in the form of warm care and care. However, the pressure outside the home is greater, making Mawar still experience obstacles in carrying out social relations, because she is closed so it is difficult for her to put herself in the environment.

The parenting style of the orphanage has begun to be less controlled and strengthened, because the caretaker's focus is also on many children, not just Mawar. In matters relating to religious worship, controlling and strengthening are prioritized, as well as the obligation to obey parents and prioritize worship. Regarding school assignments, Mawar is accompanied by studies, but not always until they finish because there are fewer administrators than the number of orphans. This makes Mawar often does not complete assignments, or is done but not thoroughly and does not affect her grades optimally. Then, Mawar's attitude that often does not pay attention to, or ignores her obligations, does not get too much attention, so Mawar continues to develop this habit.

While at the orphanage or school, Mawar easily felt exhausted during her activities. Mawar felt very tired after arranging school benches after school. While at the orphanage, Mawar also felt exhausted after making the bed. Finally, when Mawar was asked to wash the clothes, Mawar refused to do it because she felt tired.

Mawar also have low self-esteem or lack of self-confidence. When at school Mawar is praised, Mawar repeatedly thinks that she is neither smart nor beautiful. Mawar also refused to be seen by other people, because she thought that her writing was bad. In addition, when at the orphanage, Mawar also thought that she was not as good as other children who could get first place. Mawar also considered herself stupid because she had difficulty memorizing the letters in juz 'amma.

Mawar also have poor concentration or difficulty making decisions. When at school, Mawar's attention was diverted several times from the loud voices of her friends, so that Mawar missed some of the questions dictated by the teacher. Mawar also changed her answer several times because she was unsure of the truth. When at the orphanage, Mawar seemed to be daydreaming, and when she was spoken to, her attention was also diverted to the sound of her friends running. When it was Mawar's turn to deposit memorization, Mawar also had difficulty deciding which letter to memorize, so another friend had to take turns on the subject.

Mawar also experienced a feeling of hopelessness. When at school, Mawar refused the teacher's order to come to the front of the class to do science questions because she thought that she was stupid and could not answer. Mawar also thinks that she cannot achieve her dream because she comes from a poor family.

The environment's reaction to Mawar's behavior mentioned above was that there was no party to rebuke her. In this case the administrator just let the subject's behavior. The attitude of the caretaker and the teacher becomes reinforcement so that it strengthens and becomes a consequence for Mawar's maladaptive behavior to be repeated.

The formulation of the antecedent, behavior and consequence in the behaviorism approach can reveal the causes of the behavior that appears, the behavior that arises and the reinforcement so that the behavior always occurs (Feist & Feist, 2008). In Mawar's case, the behavior shown was aloof or daydreaming, easily tired, difficulty concentrating, and lack of confidence. The management tends to let it happen so it becomes a habit for Mawar. Even so, when at school, Mawar received a warning because of her behavior, but the warning given was not firm so that Mawar's maladaptive behavior tended to persist.

Discussion

The problem that Mawar is currently facing is that she easily feels tired during activities; frequent negative mood swings; often daydreaming or solitary; often loses concentration, easily distracted by external stimuli; have low self-esteem, give up easily, and feel hopeless; have an excessive appetite. The persistent depressive disorder (dysthymia) that Mawar faced was included in the average category based on the results of the Children Depression Inventory (CDI) test. Dysthymia is included in the category of depressive disorders, its causes are influenced by several interrelated factors (Bembnowska & Josko-Ochojska, 2015). Based on the results of the study, this also happened to Mawar. There are several factors that cause Mawar to experience dysthymia, the following are the factors:

Parent-child Relationship

The quality of the relationship between parents and children influences children's development, especially in emotional development (Bowlby, 1982). Several studies have shown that the quality of the relationship between parents and children is poor, causing anxiety and depression in individuals in adulthood (Bifulco et al, 2006). Vermulst, Ha, and Engels (2007) said that children's experiences with their families are an important factor in children's social-emotional adjustments in the future. Negative relationship quality can cause various social and emotional disturbances, while adverse relationship quality will cause children to be less able to build and maintain satisfying love relationships (Ainsworth, 1989).

Low relationship quality was found in Mawar and her parents. The relationship that existed between the two parties tended not to be warm because Mawar's parents had to focus on meeting economic needs, so that interactions to establish emotional closeness were not met. This caused Mawar to experience emotional problems because her need to get love and attention was not met, the impact on the behavior that Mawar displayed was that she was more alone, less able to engage in deep interpersonal relationships with her social environment. This is in line with research from Vermulst, Ha, and Engels (2007). Research by Bradford, et al (2016) also shows that children who do not have a secure relationship with their parents will also feel less able to handle stress, be inconsistent in relationships, and have low self-esteem so that it can hinder children's social functioning.

Parenting

The results showed that the parenting style adopted by Mawar's parents was permissive, without firm control and reinforcement and lack of warm interaction. Economic problems that forced Mawar to live in an orphanage and finally separated from her parents at the relatively young age of 8 years, also affected the way Mawar viewed her parents. Mawar feels abandoned, so she develops feelings of anxiety and always feels alone.

During childhood, they do not yet have the ability to socialize with the people around them so what happens to children who grow up from parents with permissive parenting is that children will stay away or separate themselves from other people (Fadhilah, Aisyah, & Karyawati, 2021). Another study by Prastyawati, Aji, and Soraya (2021) also shows that permissive parenting has a negative influence on the formation of children's prosocial behavior, which affects the way children build relationships with the social environment.

Conclusion

Based on the results of the research and discussion, it can be concluded that the dysthymia that occurred in the participants was caused by various interrelated factors. These factors are the quality of the relationship between parents and children, as well as inappropriate parenting styles that further strengthen the appearance of symptoms. The psychological impact of the participants feel like feeling, unloved, ignored, and unable to build relationships, if you meet a situation or condition that makes participants feel the impact again and cannot resolve it, this will trigger the reappearance of dysthymic symptoms.
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Acknowledgments

Limitations in this study are related to the number of single participants. This results in the absence of comparative data that provides a broader picture of the psychological dynamics of people with dysthymia (persistent depressive disorder). So, it is necessary to carry out further research by increasing the number of participants so that the exposure to the data obtained is richer and more diverse.

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