



The following account illustrates a moderately severe major depressive disorder.

→ **Connie** Connie, a 33-year-old homemaker and mother of a 4-year-old son, Robert, is referred . . . to a psychiatric outpatient program because . . . she has been depressed and unable to concentrate ever since she separated from her husband 3 months previously. Connie left her husband, Donald, after a 5-year marriage. Violent arguments between them, during which Connie was beaten by her husband, had occurred for the last 4 years of their marriage, beginning when she became pregnant with Robert. There were daily arguments during which Donald hit her hard enough to leave bruises on her face and arms. . . .

Before her marriage . . . she was close to her parents [and] had many friends who she also saw regularly . . . . In high school she had been a popular cheerleader and a good student. . . . She had no personal history of depression, and there was no family history of . . . mental illness.

During the first year of marriage, Donald became increasingly irritable and critical of Connie. He began to request that Connie stop calling and seeing her friends after work, and refused to allow them or his in-laws to visit their apartment. . . . Despite her misgivings about Donald's behavior toward her, Connie decided to . . .

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During the first year of marriage, Donald became increasingly irritable and seeing her friends after work, and Connie stop calling and seeing her in-laws to visit their apartment. . . .

Despite her misgivings about Donald's behavior toward her, Connie decided to become pregnant. During the seventh month of the pregnancy . . . Donald began complaining [and] began hitting her with his fists. She left him and went to live with her parents for a week. He expressed remorse . . . and . . . Connie returned to her apartment. No further violence occurred until after Robert's birth. At that time, Donald began using cocaine every weekend and often became violent when he was high.

In the 3 months since she left Donald, Connie has become increasingly depressed. Her appetite has been poor and she has lost 10 pounds. She cries a lot and often wakes up at 5:00 A.M. . . . She speaks slowly, describing her depressed mood and lack of energy. She says that her only pleasure is in being with her son. She is able to take care of him physically but feels guilty because her preoccupation with her own bad feelings prevents

her from being able to play with him. She now has no contacts other than with her parents and her son. She feels worthless and blames herself for her marital problems, saying that if she had been a better wife, maybe Donald would have been able to give up the cocaine. . . .

Source: Adapted with permission from *DSM-IV-TR Casebook: A Learning Companion to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (Copyright © 2002). American Psychiatric Association.

Connie's case clearly illustrates that a person with major depressive disorder shows not only mood symptoms of sadness but also a variety of symptoms that are more severe than those in milder forms of depression. Connie shows various cognitive distortions, including feeling worthless and guilty. She complains of a lack of energy and inability to play with her child. Her physical symptoms include loss of appetite and early morning awakening. The loss of contact with friends also occurs commonly with

Until very recently, she exhibited a recurrent depression history. A careful review of her records has shown that the estimates were 40 or 50 percent, according to Harkness, and recurrence in her case when the period is known about only suffer a development. The track record from a recent free. However, it became available