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I. Abstract

From the outside, the life of Princess Diana seems perfect. She has a husband, two beautiful children, all the wealth she could imagine, a royal name, and overwhelming political and social influence. But behind the walls of Buckingham Palace, Princess Di is struggling with a psychological dysfunction known as Major Depressive Disorder. Her disease stems from a long history of childhood turmoil, marital chaos, and the constant pressure she is put under from being a part of one of the most famous families in the world. For many years Princess Diana has made a career out of pretending she is emotionally stable for the sake of the Royal Family, but unfortunately her attempt at normality appears to have worsened the effects of her disorder and she is becoming a danger to herself and her family. Her only solution is to confront her depression head on and get the treatment she desperately needs.

II. Case History

1. Background Information

At the time of her first visit, Princess Diana is thirty five years of age. She begins her session with an in depth description of her life. She claims that she grew up in a wealthy family and always had close ties with the royal family; her father was the eighth Earl of Spencer. She brings up the topic of her mother's affair and the subsequent divorce of her parents when she was only eight years

old. It is obvious that that event had serious emotional consequences and from the way she is speaking the scars are still very apparent.

When asked about her immediate family's mental history, Princess Diana responds that there is nothing out of the ordinary that she knows of. Her life straightened out during her teenage years, until she began dating and eventually married Prince Charles of Wales when she was barely twenty years old. Within a year of her marriage, Princess Di gave birth to her first son Prince William. She brought up the interesting fact that she did suffer from and previously diagnosed with postpartum depression after the birth of her son, a red flag for anyone trying to diagnose a psychological or emotional disorder.

Princess Diana began explaining that the media had a lot to do with her depression, and it even escalated to the point where she was mutilating her arms and legs because of the pressure she was put under on a daily basis. When asked if there were any other problems that were caused by pressure from society, she admitted that she had struggled with bulimia for several years, another red flag. She was obviously uncomfortable talking about her cutting and bulimia, signaling that the issues were still present. She insisted that her marriage was wonderful during Prince William's infancy, but that problems between her and Prince Charles began after the birth of her second son Prince Henry. She says that Prince Charles was having an affair with Camilla Parker-Bowles, but there really wasn't anything she could do. She claims that she felt worthless, and as if she was a failure and an embarrassment to the Royal Family.

Her depression escalated at this time, and only continued during the proceeding years. She talks of the death of her father and the complicated nature of her relationship with Prince Charles until they separated in 1992, but insists that their official divorce is only going to hurt the children. She is very melancholy during the questions regarding her failed marriage, showing that she is still plagued by the unhappiness it has caused.

2. Description of the Presenting Problem

When questioned about her current symptoms, Princess Diana states that she has difficulties both falling and staying asleep, despite feeling utterly fatigued on a daily basis. She mentions that the recent loss of her father has been very hard on her and left her in tears frequently. In regards to her very recent divorce, she replies that she considers her response "normal" – crying all the time and just feeling empty. She explains that she had wanted to stay with Prince Charles for the sake of her children; she didn't want them to grow up in a broken home like she had. Now, she just felt worthless and like a failure. When prompted, she reluctantly admits that she is once again struggling with her weight and body image and has resorted to bulimia once more. She denies current attempts at suicide, but her arms have been visibly cut.

In order to get an idea about the time length of her symptoms, Princess Diana is asked to return to the topic of her own broken home. She reveals her childhood feelings of abandonment by her mother and her hatred of her stepmother, explaining that she only wanted someone to show that sort of maternal love. Her stepmother, however, caused her to feel inferior and "did a

number” on her self-esteem. For example, her stepmother would constantly remind her of her failure to pass exams and subsequent lack of a college education. Princess Diana claims that it was in her teens, after not passing those exams, that she went through her first bout of bulimia, relying on food to fill her feelings of emptiness. She also mentions that she hated being alone and tried to spend as much time as she could with as many people as possible, for that is when she was most comfortable.

During her marriage, she reports that most of her feelings and insecurities were only exacerbated by the media. Ever more conscious of her figure, food was her “best friend and worst enemy.” But she reflects that her partner was not necessarily the best match. When all she wanted was some love or attention to prove her worth, he seemed preoccupied. As is already on file, she mentions going through postpartum depression after the birth of her first born. She admits that in light of her suspicions of Prince Charles’ (now much publicized) affair, she cut her arms and legs and even threw herself down flights of stairs in attempts to get his attention, but more importantly to get some help with what she described as endless sadness or to just end it once and for all. But instead of confronting Prince Charles with her concerns, she kept them to herself out of fear of losing him, and she got the love and attention she so desperately desired from affairs of her own. Princess Diana also explains that sometimes the pressures in her life are just too much to deal with and she confines herself to her darkened bedroom for a few days.

According to Princess Diana, such feelings and symptoms would definitely last for more than two weeks at a time, but she does not experience severe mood swings. She has no known medical problems and is not on any drugs or medications. Blood tests confirm that Princess Diana does not have a case of an underactive thyroid.

3. Diagnosis

Princess Diana's account of her thoughts and feelings suggest that she suffers from recurrent Major Depressive Disorder (296.3x). In order to be diagnosed with Major Depressive Disorder, Princess Diana needs to show five or more of a set of symptoms for two or more weeks. According to the DSM-IV, her symptoms that are signs of the disorder are (1) depressed mood most of the day, almost daily, (2) significant weight loss or gain/ increase or decrease in appetite, which in this case connects to her Bulimia Nervosa, (3) insomnia nearly every day, (4) persistent fatigue, (5) feelings of worthlessness, and (6) repeated thoughts of death. Princess Diana's disorder would be classified as recurrent because it has not been an isolated or short-lived episode.

Princess Di's self-diagnosis of Bulimia Nervosa (307.51) is accurate based on her reports of overeating and self-induced vomiting in order to avoid weight gain out of her bodily concerns. While her prior diagnosis of Postpartum Depression is accurate, her previous psychologist missed the bigger picture, in that she suffers from Major Depressive Disorder. Because Princess Diana does not have five or more symptoms of Dependent Personality Disorder (301.6), she cannot be classified as having it. However, again according to the DSM-IV, she

does have the following symptoms and thus they should be monitored: difficulty articulating disagreement with others, feeling uncomfortable or helpless when alone, and urgently seeking another relationship as a source of care and support when a close one concludes.

Axis I: Major Depressive Disorder (Recurrent) with Bulimia Nervosa and Postpartum Depression

Axis II: Symptoms of Dependent Personality Disorder

Axis III: Not applicable

Axis IV:

- Mother's affair, divorce of parents
- Hated stepmother
- Educational problems
- Media intrusion
- Negligent spouse
- Affairs
- Royal pressures
- Birth of and problems agreeing on how to raise children
- Death of father
- Divorce

Axis V: Based on periods of self-mutilation and attempted suicides - 9

III. Intervention

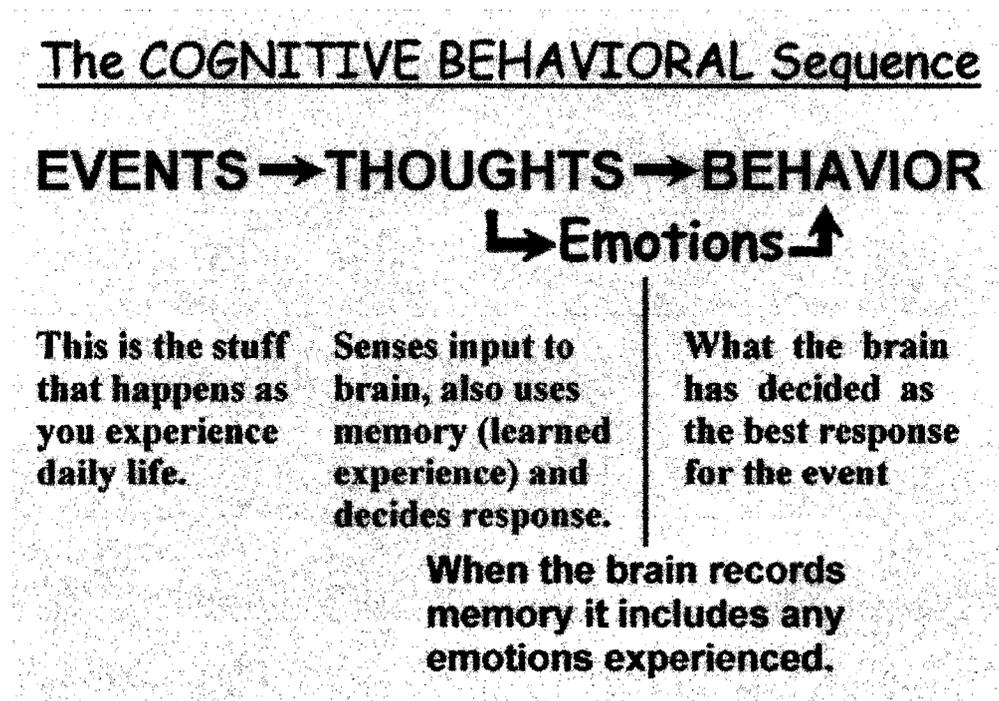
1. Psychoanalytic Approach

A psychoanalytical approach to a psychological disorder involves understanding the patient's unconscious thoughts and early childhood experiences. Freud's psychodynamic and psychosexual theories will help explain some of the reasons behind Princess Diana's struggles throughout her life and bring to light the true causes of her pain. Psychologists are able to access the unconscious mind of a patient through techniques such as dream analysis, free association, hypnosis, transference and resistance. Many people are skeptical of the powers of psychoanalytical therapies because there is often a lack of evidence supporting the treatment.

It is clear that Princess Diana's problems began when she was developing her ego, the part of the personality that balances the moral and idealistic standards of an individual. The ego typically forms during childhood, a time of true hardship for Princess Diana. Her parents were getting divorced, and her father remarried a woman that she hated and constantly tore Princess Di down both mentally and emotionally. Because of this, she was never able to fully develop her superego and struggled throughout life to obtain strong morals or a clear understanding of what was expected of her from society and her own self. The attention she received from being a member of the Royal Family gave her a distorted perception of what was the norm among regular people and she found it difficult to feel like she fit in, explaining why she always complained of being lonely and worthless. Princess Diana's depression most likely stemmed from the unconscious thoughts she constantly had regarding her social status, failing marriage, and the duties she had as a princess.

Princess Diana's therapy will be very time consuming, especially with the amount of problems she is dealing with, and will mainly focus on her thoughts concerning her psychological condition. She will be asked to describe in detail some of her feelings so her unconscious mind will be easier to understand. With the proper amount of therapy and a willingness from Princess Diana to implement certain uncommon therapeutic techniques, a psychoanalytical approach to treating her disorder could be a very positive and helpful experience.

2. Cognitive-Behavioral Approach



The cognitive-behavioral approach focuses on how our thoughts, not people or events, govern our emotions and behaviors (as depicted in **The Cognitive-Behavioral Sequence**). Through psychotherapy, the goal of this approach is to teach clients how to identify how they think about stressors and how that affects how they cope with them. More importantly, this approach

concentrates on *changing* the negative ways of thinking to more positive, or at least neutral, thoughts. Each session is typically an hour and has a client-set goal that the client and therapist discuss. Cognitive-behavioral therapy utilizes homework as a way to keep the clients focused on implementing what they are learning in their sessions. Like any other lesson, the skills learned in therapy must be practiced. Unlike other therapies, the cognitive-behavioral approach has a set end, usually around ten to twenty sessions, depending on the client's progress of course.

In the case of Princess Diana, her problems have gone unresolved and unattended to for nearly her entire life. She would most likely require twenty (or more) sessions in order to cope with her problems and learn to rewire her brain from the way she has been thinking since childhood. Between her suicidal thoughts, self-harm, bulimia, need for others, low self-esteem, the presence of the media, the death of her father, and her divorce, Princess Diana's road to recovery will be a more difficult one. However, the cognitive-behavioral approach has been known to have particular success with depression, marital issues, past problems, and self-esteem issues.

Princess Diana's treatment sessions would begin with addressing her thoughts of suicide and acts of self-harm, as that is clearly most pressing. Her homework would be to keep a journal of her thoughts and feelings as she works to separate emotion and actually think about her situations and responding in a positive and/or appropriate manner. The other issues would be dealt with in the order of the client's choosing as it is up to her to set her sessions' goals.

Fortunately, the techniques Princess Diana will learn in each session can most likely apply to her difficulties coping with stress and her low self-esteem.

Potential difficulties with Princess Diana's treatment include the fragile state she is starting in, which will make the sessions particularly draining. Also, one of Princess Di's biggest stressors, the media, is not going anywhere any time soon. In order for this approach to be more effective, she may need to be prescribed antidepressants. With such medication and a therapist that Princess Diana is comfortable with, she should be able to successfully adopt new, healthier ways of thinking.

IV. References

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