

A Case of Severe Depressive Episode Resulting from Complex Trauma: Its Presentation and Management at a Tertiary Care Centre

¹Radhakrishnan M, ²Mishra R

¹Manju Radhakrishnan, Psychiatry matron, Practitioner in trauma and grief management, Department of Psychiatry, MH Ahmedabad

² Dr Ritwik Mishra, Assistant Professor, Department of Psychiatry, MH Jammu

Corresponding author: [Radhakrishnan M](#)

Abstract: Depression secondary to complex trauma presents unique diagnostic and therapeutic challenges. Complex trauma, resulting from repeated interpersonal adversities, disrupts emotional regulation and identity development, often leading to alexithymia and chronic mood disturbances. This case report describes a 37-year-old male with a severe depressive episode following prolonged psychosocial stress and unresolved trauma. The patient demonstrated significant improvement through combined pharmacotherapy and individualized cognitive-behavioural psychotherapy. The case underscores the importance of trauma-informed approaches in the management of depression resistant to conventional treatment.

Keywords: Complex trauma, depression, alexithymia, cognitive distortions, psychotherapy.

Introduction

Complex trauma involves exposure to repeated or prolonged interpersonal events, often beginning in childhood, such as repeated emotional neglect, abuse, or episodes of domestic violence. The ICD-11 defines complex post-traumatic stress disorder (CPTSD) as arising from “events of an extremely threatening or horrific nature, from which escape is difficult or impossible,” such as torture, slavery, or prolonged domestic abuse [1].

It differs from single-incident trauma by its chronicity and profound impact on attachment and emotional regulation. Individuals exposed to complex trauma frequently display persistent sadness, anxiety, guilt, and difficulty identifying emotions (alexithymia). Early trauma alters neurobiological systems regulating stress and affect, increasing susceptibility to depression [2,3]. Recent studies indicate that long-term exposure to interpersonal trauma significantly increases risk for depressive and anxiety disorders, particularly when compounded by ongoing psychosocial stressors such as protracted legal disputes or social isolation [4,5].

This case illustrates the presentation and management of severe depression following complex trauma, highlighting the interplay between long-term adversities and therapeutic recovery.

Case Report

History of Present Illness

A 37-year-old male government employee presented with persistent sadness, restlessness, loss of appetite, disturbed sleep, irritability, and poor concentration for two months. These symptoms emerged after discontinuing antidepressants prescribed for a previous depressive episode.

He had initially presented in June 2023 with low mood, crying spells, hopelessness, and suicidal ideation triggered by marital discord and his mother's illness. Despite initial pharmacotherapy, he experienced four relapses - precipitated by interpersonal stress, alcohol use, and medication non-compliance.

He described himself as "extroverted but mentally exhausted," with declining occupational performance. He reported ongoing distress from a 15-year unresolved divorce case, intrusive distressing thoughts, and insomnia.

Developmental and Psychosocial History

Using Erikson's framework, multiple adversities were identified:

- **Childhood:** Raised by a single parent, frequent relocations, and emotional neglect.
- **Adolescence:** Academic failures and apparent betrayal-related financial losses.
- **Adulthood:** Exposure to traumatic rescue operations involving war victims; brief marriage followed by a prolonged court case; past suicide attempt; and workplace disciplinary action due to poor functioning.

There was no family history of any obvious psychiatric illness or medical comorbidities. He denied substance use apart from occasional past alcohol consumption.

Mental Status Examination

He appeared dishevelled but cooperative, with intermittent eye contact. Psychomotor activity and speech were normal. His mood was "distressed" with dysphoric affect. Thought content revealed guilt and worthlessness without delusions or hallucinations. Attention and recent memory were impaired, and insight was partial.

Psychometric Assessment

- **Beck Depression Inventory-II:** 30 (Severe Depression)
 - **Beck Anxiety Inventory:** 27 (Moderate Anxiety)
 - **PTSD Military Scale:** 57 (significant trauma-related symptoms)
- Routine investigations were normal.

Treatment and Progress

The patient was restarted on an SSRI and a short course of benzodiazepine for sleep. Concurrent psychotherapy focused on behavioural activation and relaxation training. Cognitive distortions—overgeneralization, personalization, and mental filtering—were addressed using guided discovery and ABC (Activating events–Belief–Consequence) analysis. Given his trauma history, therapy also included emotional

identification and reprocessing of unresolved experiences using role-plays, stop-card, and validity-testing techniques.

Over three weeks, he showed significant improvement in mood, motivation, and sleep. During therapy, a favourable legal verdict provided additional emotional relief, further supporting recovery.

Discussion

Complex trauma has enduring effects on emotional regulation, self-concept, and interpersonal functioning. Recent meta-analyses have demonstrated that trauma survivors exhibit persistent activation of the amygdala and hypoactivation of the prefrontal cortex, leading to affective dysregulation and impaired executive function [6,7].

The patient's history revealed cumulative trauma across life stages—childhood instability, exposure to death, and chronic marital conflict—all contributing to maladaptive schemas and depressive cognition.

Evidence supports cognitive-behavioural therapy (CBT) as an effective and safe treatment for trauma-related depression, improving both emotional regulation and resilience [8,9]. A 2021 meta-analysis confirmed that psychotherapy, especially CBT-based approaches, yields sustained benefits for trauma-linked depression and PTSD when combined with pharmacotherapy [10]. Moreover, trauma-focused CBT has shown robust results in reprocessing maladaptive cognitions and reducing emotional numbing even in chronic presentations [11].

The rapid clinical improvement observed underscores the necessity of individualized, trauma-informed therapy in managing complex, treatment-resistant depression.

Conclusion

This case exemplifies how unresolved complex trauma across developmental stages can culminate in severe depression with emotional blunting and executive dysfunction. Early identification of trauma-related factors and a trauma-informed, multidisciplinary approach integrating pharmacotherapy and individualized psychotherapy can significantly improve recovery, functionality, and overall quality of life.

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