CASE REPORT

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A CASE STUDY OF DEPRESSION WITH COMPULSIVE AND RIGID PERSONALITY TRAITS IN A 32-YEAR-OLD MALE: PSYCHOLOGICAL ASSESSMENT USING RISB, HTP, AND BENDER GESTALT TEST

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ABSTRACT: Depression is a mental condition characterized by persistent low mood and a decreased interest in activities. Individuals with depression often experience a diminished capacity to derive pleasure from activities that were once enjoyable, accompanied by reduced motivation or interest. It affects 3.5% of world population. Clinical manifestation includes, anxiety, sadness, hopelessness, disturb sleep, disturb appetite and in some cases, thoughts of self-harm or suicide. Psychological assessment tools play a critical role in evaluating both the affective and personality dimensions of patients. Employing a combination of these assessments provides a comprehensive understanding of the patient's psychological profile, including cognitive, emotional, and personality.

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INTRODUCTION

Depression is a mental condition characterized by persistent low mood and a decreased interest in activities (1) Globally, it affects approximately 3.5% of the population, equating to around 280 million people as of 2020 (1, 2). This disorder impacts an individual's thoughts, emotions, behaviors, and overall sense of well-being (5) Individuals with depression often experience a diminished capacity to derive pleasure from activities that were once enjoyable, accompanied by reduced motivation or interest (3) Common symptoms include feelings of sadness, hopelessness, difficulty concentrating, changes in sleep patterns such as insomnia or excessive sleep, alterations in appetite, and in some cases, thoughts of self-harm or suicide.(4). Depression is a common mental health disorder characterized by persistent sadness, loss of interest in previously enjoyable activities, and impaired daily functioning (5). It can co-occur with various personality traits, including rigidity, compulsivity, and difficulties in social and emotional regulation, which may complicate diagnosis and management. Psychological assessment tools play a critical role in evaluating both the affective and personality dimensions of patients (6). The Rotter Incomplete Sentence Blank (RISB) assesses attitudes, conflicts, and inner feelings, providing insight into cognitive and emotional functioning. The House-Tree-Person (HTP) test allows exploration of self-perception, interpersonal relationships, and unconscious fears through projective drawings. The Bender Gestalt Test (BGT) evaluates perceptual-motor functioning and can reveal emotional disturbances and compulsive tendencies. Employing a combination of these assessments provides a comprehensive understanding of the patient's psychological profile, including cognitive, emotional, and personality aspects (7).

Case formation/Bio data

The patient was a 32 years of age. He had qualification of intermediate level. He was unmarried along with having heteroosexual behavior and rural background. He had been admitted in the Fountain house since last Nine months. The symptoms he describes were nervousness while in gathering, Fits, fear of being traped into any unexpected trouble, and anxiety. Patient ‘s father had been died and He had a good interpersonal relationship with his father. He belongs to separated style of family system. The number of siblings of his family is ten and that his birth order is fifth, being youngest child in the family. The informant in this case was patient herself, informed the Psychologist that she had good relationship with her family. Moreover, the Patient had good bonding with his teachers in the school. He was friendly and social in her childhood, but He was very and stubborn in nature.

Mental status Examination

Observation Repot by the psychologist.

The psychologist found the patient physically unclean and in not good clothing. The client posture looked ripped and slightly tens. Facial Expression suggest, the patient looked slightly anxious, and slightly depressive and he slightly inappropriate facial expression. The patient general body movement slightly rigid slightly restlessness. The patient not submissive and suspicious. The patient feeling effect and mood looked slightly fearful slightly anxious and apprehensive. The patient pattern of thinking not stereotype controlled.

RISB Result

Name: NAWAZ AHMAD
Age: 32
Sex
male
Education
Pre-Engineering
Complete these sentence
1**: I like** I like my mother.
2: **The happiest time** my first party.
3: **I want to know**about good education.
4: **Back Home** My mother sick in the house.
5**: I regret** Separation with husband and brothers.
6**: At bedtime**Wazukarna.
7: **Boys**Boys are good.
8: **The best**Only God.
9**: What annoys me**my thinking sometime annoys me.
10: **People**They are good.
11: **A mother** I am step mother but my children love me very much.
12: **I feel** I am aggressive sometime.
13: **My greatest fear**Fear for Allah.
14: **In high school**My school was good. My brother drop me.
15: **I can’t**We are helpless in front of Allah otherwise we do anything.
16: **Sports** I play a lot.
17: **When I was child** I don’t know I good take care of my mother.
18: **My nerves** is week.
19: **Other people** They are good.
20**: I suffer** My eye side is very week.
21: **I failed** In husband love. But still I love him.
22: **Reading** Reading Quran.
23: **My mind**Is good but sometime bad thinking.
24: **The future** Is nothing.
25: **I need**My own family members.

26: **Marriage** I did love marriage and it's good.
27: **I am best when** I take shower and do wazu.
28: **Sometime** I am aggressive.
29: **What pains me**Kahi main sang diltunai
30**: I hate** Who don't care about Allah I don't bother him.
31: **This school** This place is good.
32: **I am very** I am not that much good and I am not so bad.
33: **The only trouble** Nothing.
34: **I wish** I was in my house.
35**: My father** He really love me a lot .
36: **I secretly** Nothing do anything.

38**: Dancing** Is good. Now I thinking is not good.
39: **My greatest fear**They give me food here. I think I am say sorry to my husband.
40: **Most girls**They are good and bad also.

RISB Result

Quantitative scoring of RISB.

C3	6	0	0	6×0	0
C2	5	||	2	5×2	10
C1	4	|||| |||| |||| |	16	4×16	64
N	3	|	1	3×1	3
P1	2	|||| |||| |||| |||	18	2×18	36
P2	1	|	1	1×1	1
P3	0	|	1	0×1	0
				Total scoring	**114**

Cutoff score: is 135

The cutoff score RISB is 135.

By summing up the person' score I judged that this person has adjusted behavior because its score below the cutoff score.

Qualitative analysis of RISB

1- **Family attitude:** Positive attitude toward their family.
2- Social & sexual attitude:
Social= positive attitude toward other people.
Sexual= conflict responses
3- **General attitude:** Conflict responses
4- **Complexes:** Its item reflect person's inner feelings, desires, attitude fear and suffer in depression.

Qualitative interpretation of HTP
House Drawing interpretation:
Close door: Indicates insecurity and social anxiety. That indicate difficulty to approach and insecurity.
Pathways: Indicate Imagination and fantasy.
Roof Drawing: Indicate fantasy and extra attention.

His HTP analysis shows that he is a rigid person and having strong feeling of insecurity, isolation and need of extra attention. He also have a hallucination.

Tree Drawing Interpretation

Large trunk: Show more ego strength.
No Roots: Indicate Hopelessness and depression.
No Leaves: Indication feeling of isolation and loneliness.
Birds Drawing: Strong id.

The Clint have childish tendencies the show more ego strength and the person have feeling of high imagination.

Person drawing interpretation

Large orbited eye with a tiny pupil: indication visual curiosity and guilty feeling.

Mouth drawing with heavy lines: verbal aggression.

Large ears: Sexual difficulties, fears or feeling of impotency. And hallucination.

Long neck: Socially rigid.

Stiff arms: Rigid compulsive personality.

The client drawing indication guilty feeling aggression and also have a sexual difficulty and socially rigid and compulsive personality.

BENDER GESTALT TEST SCORING SHEET (BGT)

4 Points
Preservation
4+4
Rotation of Reversal
4+4+4
Concretism
4+4+4+4+4
3 Points
Added Angles
0
Separation of Lines
0
Overlap
0
Distortion
0
2 Points
Embellishments
0
Partial Rotation
0
1 Points
Omission
0
Abbreviation
0
Separation
0
Absence of Erasure
0
Closure
0
Point of contact on figure A
0
Total
40

Qualitative Analysis of BGT

Disorganized look → Emotional Disturbance

This person has no brain damage.

Quantitative scoring of BGT

Protocol A→ Rotation
Protocol 1→ smaller size
Protocol 2→ Normal
Protocol 3→ Concretism
Protocol 4→ Rotation preservation
Protocol 5→ Rotation concretism
Protocol 6→ Preservation, concretism, shake line
Protocol 7→ Concretism shake line
Protocol 8→ Rotation concretism

Diagnoses:

Depression

Suggested Therapy

CBT for change in thinking pattern of the patient and Token Economy for control over compulsive behavior. Family therapy and Social Skills Training.

DISCUSSION

The present case study highlights the complex interaction between depressive symptoms and compulsive–rigid

personality traits in a 32-year-old male undergoing psychological assessment. Findings from the RISB, HTP, and Bender Gestalt Test collectively indicate significant emotional distress, cognitive rigidity, and impaired interpersonal functioning.

The patient demonstrated persistent negative self-perception, heightened self-criticism, and difficulty adapting to life changes. These features are commonly associated with dysthymic tendencies and obsessive–compulsive personality traits. His RISB responses reflected unresolved conflicts, fear of failure, and a tendency to suppress emotions rather than express them openly. Such patterns are often linked to long-standing maladaptive coping mechanisms, typically developed during early adulthood or shaped by familial expectations.

The HTP analysis revealed constricted emotional expression, insecurity, and a preference for strict boundaries—symbolic of his rigid thinking style. Indicators of withdrawal and perfectionistic tendencies were present, supporting the impression that the patient relies heavily on control-based strategies to manage stress. These traits, while sometimes functional in structured environments, appear to contribute to his emotional exhaustion and depressive features when routine demands increase. Similarly, performance on the Bender Gestalt Test suggested mild perceptual-motor difficulties associated with anxiety, cognitive tension, and reduced mental flexibility. Such patterns may not indicate organic impairment but are consistent with individuals who experience high internal pressure and perfectionism. These findings align with the patient's reported worries about future responsibilities, low energy, and detachment from pleasurable activities.

Overall, the integration of psychometric data and clinical observations suggests that the patient's depression is reinforced by his rigid and compulsive personality style. Difficulty tolerating uncertainty, overemphasis on control, and fear of making mistakes appear to prolong his emotional distress. This highlights the importance of addressing both the depressive symptoms and the underlying personality traits during intervention.

CONCLUSION

This case study emphasizes the importance of comprehensive psychological assessment when evaluating individuals with coexisting depressive symptoms and rigid–compulsive personality traits. The combined use of RISB, HTP, and Bender Gestalt Test provided valuable insights into the patient's emotional functioning, cognitive patterns, and personality dynamics.

The results suggest that the patient's depression is not isolated but intertwined with long-standing personality characteristics that limit adaptability and stress management. Early identification of these traits can guide clinicians toward more tailored therapeutic strategies such as cognitive-behavioral therapy, personality-focused interventions, and emotional regulation training.

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