Qualitative Research

Name

Course

Tutor

Date

**Qualitative research: dysthymia and panic disorders**

**Introduction**

The similarity in both disorders is present. However, a bright look using scientific research shows a lot of differences in the disease situations. Careful consideration should be taken in handling the disorders since they're chronic which implies long-term involvement. The study engaged fourteen dysthymic patients alongside nine others for nine years. Methods of the study were natural and made use of psychotherapy as well as antidepressants. Interviewing the participants was one of the means for reassessment to determine the extent with which the remission was occurring.

**Methods**

*Design*

For this research, qualitative methods were applied from the onset that is the data collection stages. Reliance on qualitative data is the reason why there are results in this case. Selection of data was as by the sampling method was used. To shed light on that, consideration was limited to areas only known to have widespread cases of dysthymia. Diagnostic assessments were carried out as a means of patient evaluation alongside fascinating and in-depth interviews to understand the perceptions of the population that had been targeted for the study (Smith, 2015)

*Participants*

The people who took part were picked from previous natural treatment studies carried out between the years 1992–1996 within psychiatric care in Stockholm, Sweden. The conditions for inclusion into the study were that; if: (a) dysthymia or panic disorder the primary Axis I diagnosis was either, (b) illness duration was longer than two years when included in the original studies, and (c) only one disorder could be picked either dysthymia and panic disorder. Participants were 14 patients with dysthymia (aged 34–68, median 44 years), mainly with early onset, and nine patients with panic disorder (aged 32–51, median 40 years), mainly with agoraphobia whereas the other group is still out for considerations.

*Assessment*

The first author and self-reported psychiatric symptoms with the Symptom Checklist-90, using his SCID-I & II interviews used the two methods as a means of reassessment. For using for their tests, they have justified the average total score of the Global Severity Index (GSI), as an expression of overall mental disorder illness. Six months was the time allocated without follow-up at least according to a successful recovery, Remission, and partial remission: the participants of this test were found to be devoid of the DSM-IV criteria hence the chances that they have dysthymia or panic disorder are very slim if not nonexistent.

**Narrative data collection**

The author, a senior psychiatrist and a licensed psychotherapist in behavioral psychotherapy conducted the interviews. Detailed information over time that includes the discussion and the study helped the patients remember the interviewer and link the statements to the individual who said it. The historical data were collected after the life-charting interview. The means of collecting data was by open conversations that took up about half an hour and based on questions like;

(1) How are you?Are you feeling well?

(2) How long have you received treatment?

(3) What has been helpful?

(4) Have you changed?

The questions asked above had their answers.

**Conclusion**

A recovery model, generalized for both dysthymic and panic disorders is proposed, involving four aspects. Aspect 1) understanding self and illness mechanisms, 2) increased the openness of thought, and 3) change from avoiding situations to tackling them; and recognizing that a vehicle for this change is a helpful relationship with the healthcare provider. The specific treatment components advise of the essence of differentiating between early-onset dysthymia and secondary depressions.

**References**

Silverman, D. (Ed.). (2016). Qualitative research. Sage.

Smith, J. A. (Ed.). (2015). Qualitative psychology*:* A practical guide to research methods. Sage.