



# Cognitive Behavioral Therapy for Major Depressive Disorder with Perfectionism: A Case Presentation

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## Abstract

The aim of this study is to reduce depressive symptoms caused by the client's perfectionist thoughts and to improve her quality of life. The assessment was conducted according to DSM-5 criteria. An eight-session therapy process was conducted with a 25-year-old, single female client who works as a teacher at a private school. The sessions were based on the Cognitive Behavioral Therapy (CBT) approach. It was determined that the client had been experiencing feelings of inadequacy, anxiety, and loss of motivation for the past six months; automatic thoughts such as "I am a failure" and "I must be perfect to be valuable" were identified. The ABC model, thought recording, relaxation, and role-playing techniques were employed. Perfectionist thoughts were challenged, and a reduction in depressive symptoms was observed. By the end of the process, the client had reduced her fear of failure, begun setting achievable goals, practicing self-compassion, and adopting a more accepting attitude. It is recommended that different therapeutic approaches be compared in similar cases.

**Keywords:** Depression Disorder, Major Depressive Disorder, Perfectionism, Cognitive Behavioral Therapy, Automatic Thoughts, Self-Compassion.

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## **INTRODUCTION**

Mood is a continuous process of feeling that an individual both subjectively experiences and can be observed by those around them. Individuals describe this state as happy, angry, or sad. Whether these emotions are elevated or depressed indicates an extreme, and if they persist, a disorder may be present (Özbay & İş Vardarlı, 2024).

Depression is a common disorder characterized not only by changes in mood but also by accompanying cognitive impairments. Symptoms of Major Depressive Disorder (MDD) include impairments in attention, memory, and executive cognitive functions (Aksoy, 2025).

Depression is a common disorder that affects mood. It is one of the most frequently observed mental health conditions. Epidemiological studies indicate that approximately 13% of women and 8% of men experience depressive symptoms each year (Kafes, 2021).

Research indicates that the factors causing depression are not limited to a single cause but involve the combined effects of multiple factors. The primary factors contributing to the development of depression include a predisposition to depression, being female, family problems, low educational attainment, daily stress-inducing events, loneliness resulting from an inability to form healthy relationships, physical illnesses, and ongoing treatments (Anber et al., 2021).

Major depression is defined as a type of mood disorder that can arise from environmental factors, genetic predisposition, and hormonal issues (Müftüoğlu et al., 2017).

In the DSM-4, Major Depression is described as the presence of five or more symptoms, accompanied by a change in the individual's previous level of functioning that lasts for at least two weeks. The symptoms—at least one of which must be a depressed mood or loss of interest—include changes in appetite and sleep, feelings of worthlessness, fatigue, difficulty concentrating, difficulty making decisions, and thoughts of death or suicide. These symptoms negatively impact the individual's functioning, leading to serious problems in their social and

occupational lives. These symptoms must not be attributable to substance use or a medical condition (Helvacı Çelik & Hocaoğlu, 2016).

In the DSM-5, Major Depression is defined as the presence of five or more symptoms, including a depressed mood or loss of interest, lasting for at least two weeks. These symptoms include weight gain or loss, sleep disturbances, fatigue, slowed physical movements, feelings of worthlessness, fatigue and lack of energy, concentration difficulties, difficulty making decisions, and recurrent thoughts or plans of death (Şanal Güngör & Güngör, 2024).

Perfectionism is defined as the need to demonstrate a level of efficiency approaching perfection in most areas of one's life. Perfectionism typically develops at an early age and may change over time (Karakulak et al., 2025).

Individuals' perfectionistic expectations of themselves form the basis of dysfunctional thoughts. Irrational beliefs and negative automatic thoughts play a decisive role in both depression and perfectionism. Burns examines perfectionism in detail; he notes that there is a cause-and-effect relationship between this personality trait and depression, and that perfectionism has a significant impact on emotional fluctuations. (Say, 2020).

While there are many methods for treating depression, pharmacological methods, electroconvulsive therapy (ECT), and psychotherapy are the most commonly preferred approaches. Among pharmacological methods, antidepressant medications play a particularly important role in treatment. In cases where depression symptoms are mild or moderate, psychotherapy yields quite positive results instead of medication use. (Keskin & Karaaziz, 2024)

The most commonly used psychotherapy approach in depression treatment is cognitive-behavioral therapy (CBT), which was first introduced by Beck in 1964 as "cognitive therapy." Over time, influenced by behavioral theories, it came to be known as CBT. It was first used in the treatment of depression by Beck and his colleagues in 1979. Subsequent studies have also demonstrated the effectiveness of CBT in treating depression. In some cases, it is stated that CBT is as effective as antidepressant medication (Gökdağ & Tekinsav Sütçü, 2016).

CBT is a therapy whose effectiveness in resolving behavioral and emotional issues experienced by individuals has been extensively studied scientifically. This therapeutic approach addresses dysfunctional emotions, thoughts, and behaviors. CBT is shaped by core beliefs and automatic thoughts, structured toward specific goals, and is not long-term. It was initially developed for

the treatment of depression . Over time, the assumption that cognitive distortions—learned misleading thought patterns—cause depression emerges as the focal point of this approach (Altundal Duru & Yılmaz, 2022).

This case presentation describes the therapeutic process conducted with a 25-year-old single female client diagnosed with Major Depressive Disorder according to DSM-5 criteria. The client sought psychological support due to issues such as fear of failure, feelings of worthlessness, loss of interest in former activities, sleep disturbances, and a sense of being downcast. She had made academic success the primary determinant of her self-worth, and her inability to maintain the level of success she expected from herself in her first job experience led to an increase in depressive symptoms. The therapeutic process was structured within the framework of Cognitive Behavioral Therapy and spanned a total of 8 sessions (40 minutes each). The therapy addressed automatic thoughts, perfectionist thoughts, rigid beliefs, a lack of self-compassion, and coping strategies for dealing with feelings of failure.

The goal of therapy is to reduce the negative impact of the client's perfectionist emotions, thoughts, and behaviors on their life, as well as to alleviate depressive symptoms. All of the client's personal information will be kept confidential. All information included in this article has been shared in accordance with ethical principles and with the client's consent.

## **METHOD**

In this research article, the case report design, one of the qualitative research designs, was used. The primary purpose of case presentations is to share new clinical insights derived from a specific case with the scientific community. These are writings that share details regarding a patient's medical history, symptoms, diagnostic process, disease progression, and the treatment administered. They take place under real-life conditions, and thus have the potential to highlight cases that are difficult to observe using other methods. (Erol, 2023)

Eight individual sessions were conducted with the client. The first session lasted 60 minutes, and all subsequent sessions lasted 50 minutes. Information was shared in the article after obtaining informed consent from the client and ensuring their anonymity.

## **CASE**

E.A. was born in Ankara in 1999. He is the only child of a family with a middle-class socioeconomic status.

E.A.'s father is 59 years old. Since he works as a tour guide, he spends most of the year living abroad. For this reason, they generally live in Ankara with his mother. His mother is 54 years old and works as an English teacher. He mentioned that their financial situation was very good when he was young and that, during his childhood, his family would take vacations abroad whenever his father had time off.

E.A. stated that he was a wanted child and that his parents had a good relationship when he was young. He said that when he was six years old, his parents began the divorce process after his father cheated on his mother, and that he stayed with his mother during that time. His mother is an English teacher. His father, however, is a tour guide and spends most of the year abroad; the client recalls that even before the divorce, the family did not spend much time together. Especially after the divorce, the client's relationship with his father deteriorated significantly because his mother did not want him to see his father. Although he does not remember the details clearly, he mentioned that he went through very difficult times and that his mother changed a lot. E.A. currently lives with his mother.

E.A. was sent to preschool at age four and started elementary school at age six. She attended a private school starting in middle school. Academically, she began to excel during the last two years of high school. She also started smoking in her senior year of high school. She mentioned that she was not very happy with her social circle at the time and went through a rough patch, but later focused on the college entrance exam.

E.A. noted that he rarely remembered his father's presence, so the divorce—which occurred when he was very young—did not affect him much. However, after E.A. started middle school, the relationship between his mother and father began to become strained, and his mother was constantly expecting something from his father. This situation left the client caught in the middle and continued this way for years.

E.A. noted that her mother was always overly strict and perfectionistic, and she believes this tendency intensified as the two of them lived together. She stated that throughout her life, she received intense reactions from her mother even for the smallest mistakes; at times, her mother would throw herself on the floor in anger and remain motionless, and she attributed all of this

to E.A.'s inability to do things the way her mother wanted. She became very exhausted from frequently seeing her mother cry and struggled to find a reason for it.

E.A. said that, especially during his senior year of high school, he focused solely on his studies and did not socialize at all, and that he worked very hard to repay his family for their efforts. As a result of the YKS exam he took, he was admitted to the Mathematics Department at Ankara TOBB University of Economics and Technology. He continued to live with his mother and said that he did not experience any adjustment period, noting that it was an easy transition for him. He had a girlfriend during his sophomore year of college, and their relationship lasted two and a half years. He mentioned that during the relationship, he often observed behaviors in himself aimed at correcting his partner, and despite feeling that this was not appropriate for him, he continued to do so.

After breaking up with her boyfriend after two and a half years, she went through a long period of depression. However, she said their relationship was very toxic, and they would frequently fight, break up, and then reconcile. After this long period, they reconciled again, and she mentioned that he is still a part of her life, but due to recent work problems and family conflicts, she hasn't made him a priority. Her partner moved to Eskişehir after receiving a good job offer, and they are currently in a long-distance relationship.

During high school, while her mother still did not want her to see her father, she began to turn a blind eye. Her father accepted fewer overseas assignments during her high school and college years and generally focused on his work in Turkey. Her father also noted that the difficulties he and her mother faced had made her life harder and that he understood her very well. She emphasized that her father's support was particularly meaningful to her during her high school and college years. She loves her mother as well, but believes she doesn't deserve some of her mother's reactions.

E.A.'s university years turned out to be better than she had imagined. In her second year of college, she had a boyfriend and found herself in a mature relationship for the first time. However, she soon realized that the relationship was very up-and-down. Finding herself suddenly in a toxic relationship, the client stated that she was aware most of the problems stemmed from her, but she didn't know what she needed to change about herself. Her boyfriend is 29 years old. According to the client, her boyfriend is four years older than her and should be in a much better position in life so that she can continue to be with him. Because, above all else, she must prove to her mother that she is with someone who is a good match for her.

Additionally, E.A. mentioned that she feels on edge because she still lives in the same house as her mother. Despite having grown up, her mother constantly meddles in everything, and she feels as though she is living to present herself as perfect to her mother and everyone around her. Her mother constantly speaks ill of her father, but in E.A.'s eyes, those events are in the past, and she has a good relationship with her father in every way; he supports her greatly.

Financially, especially during his university years, he managed to study and get by with his father's support; however, his mother tells E.A. to ask his father for money even when there are no expenses involved. The client realized that due to this and similar situations, he felt caught in the middle and, after pushing himself hard to become the top student in his department, he wanted a change. After getting a job and establishing a stable routine, she plans to move into her own apartment.

The client completed her university education with honors, and academic success has increasingly become an integral part of her identity. She has conditioned herself to believe that she must be the best at everything—the most successful, the most beautiful—and has stated that if she cannot achieve this, she hates herself and feels she doesn't deserve anything. Failing to achieve the success she expected in her first job led her to feel inadequate and unsuccessful; over time, this situation caused her depressive symptoms to worsen. The stress she experienced in her professional life, combined with her inability to perform up to her expectations and the problems she faced with her mother, further exacerbated her issues.

Client E.A. has been unable to distance herself from her perfectionist thoughts over the past six months and, in situations where she cannot meet her expectations, has been experiencing prolonged feelings of worthlessness, unhappiness, insomnia, a depressed mood, apathy, and lack of energy. She has tried to cope with these issues on her own but, realizing she could not manage them, sought psychological support of her own volition.

In particular, he has recently been afraid of what might happen with his mother, so he does not even want to go home; he is experiencing problems at work and generally describes himself as an inadequate person who does not deserve anything. He is aware of his perfectionist tendencies and believes that if he can reduce them, many things will fall into place both in his family relationships and in his daily life, and he will no longer feel this way.

## **FINDINGS**

A total of 8 sessions were conducted with the client. Each session, except for the first one, lasted 50 minutes. The first session lasted approximately 55–60 minutes. Information was provided regarding how the therapy process would proceed and which approach would be used.

Necessary details regarding the client—such as —confidentiality, session frequency and duration, and fees were clarified. An analysis of the client’s past and current situation was conducted. The client’s expectations from therapy and potential shared goals were discussed. E.A. had previously been diagnosed with major depressive disorder; accordingly, a brief psychoeducational session regarding the client’s current condition was provided.

**Table 1:** Technical Summary of the Case History

<b>Early Life Experience</b>	His parents' divorce.
<b>Core Belief</b>	I will only be loved if I am perfect.
<b>Dysfunctional Assumption</b>	To be a good enough person, I must be perfect and successful, and I must be validated by others.
<b>Critical Life Event</b>	A negative experience at work.
<b>Negative Automatic Thoughts</b>	I am inadequate.
<b>Symptoms</b>	<p><b>Cognitive:</b> Persistent pessimistic thoughts, difficulty concentrating.</p> <p><b>Somatic:</b> Fatigue, insomnia, stomach pain.</p> <p><b>Behavioral:</b> Avoiding social situations, not wanting to go to work, procrastinating on responsibilities.</p> <p><b>Motivational:</b> Decreased desire to succeed, loss of enthusiasm, loss of interest and motivation.</p> <p><b>Emotional:</b> Intense anxiety, sadness, feelings of helplessness and guilt.</p>

**SESSIONS 1-2:**

The goal of the first session was to establish a therapeutic relationship with the client based on trust. First, the client’s expectations were discussed. The reason for seeking help, expectations,

and complaints were identified. Subsequently, information was provided about the sessions and the process. Topics such as confidentiality, session duration, frequency, and fees were clarified. The client completed an information form, and a life history and medical history were taken. Information was provided about Cognitive Behavioral Therapy. At the end of the process, the client was first asked to identify their own desired goals, and then a discussion took place to determine what common goals could be established. Since the client had been diagnosed with major depressive disorder a year prior, a discussion was held regarding what this disorder entails, how it can manifest, and coping strategies. Subsequently, the Beck Depression Inventory was administered to assess the level of depressive symptoms the client was experiencing and to enable comparison by the time of the final session. The result was 27 points, indicating moderate depression. The second session began with a summary of the previous session, and the topic of perfectionism was addressed. With this realization, the goal was to identify the client's negative automatic thoughts and their core belief. Questions were asked using the "from the outside in" technique. It was observed that the client experienced "all-or-nothing" cognitive distortions. At the end of the session, a thought recording assignment was given.

#### **SESSIONS 3-4:**

The session began by asking the client to rate their emotional state on a scale of 1 to 10. The client rated it as 9. The thought recording assignment given at the end of the second session was reviewed together. The session focused on the client's current issue—problems with their mother at home and their feeling of being on edge. The client's feelings of inadequacy and the tendency to view success as a determining factor of self-worth were clarified. The ABC model, believed to be helpful in this regard, was explained to the client. They proceeded by writing together, starting with the recent event that had been on the client's mind and led them to seek therapy. The client's triggering event was a difficulty experienced at work. He was criticized by the school principal, and this became his breaking point (A). The client's core belief stems from perfectionist patterns: "I will only be loved if I am flawless." The intermediate belief that disrupts their functioning is, "To be a sufficient person, I must be perfect and successful; I must be approved by others." Their negative automatic thought is, "I am an inadequate person" (B). The resulting symptoms include intense anxiety, feeling on edge, pessimistic thoughts, difficulty concentrating, loss of motivation, loss of interest, fatigue, insomnia, reluctance to go to work, and procrastination regarding responsibilities (C). The goal was to help the client

discover alternative thoughts following this awareness. It was explained that failing at a particular event does not mean one is entirely inadequate. The basis for these thoughts was examined. It was determined that the core issue stemmed from communication with her mother and that she felt this way due to her mother. A thought recording assignment was given again.

#### **SESSIONS 5-6:**

First, two agenda items were identified. The first was the negative automatic thought, core belief, and intermediate beliefs identified in the previous session; it had been determined that the basis for these thoughts and beliefs was the client's communication with her mother. Accordingly, using role-playing techniques, the client was explained how she could improve her communication with her mother. In this activity, the client took on the role of her mother and then returned to her own role, gaining a more realistic perspective on what she wanted to say. After the role-play, the client was asked what she felt and thought at that moment. The same scene was then reenacted using alternative thoughts. Regarding our second topic, realistic goals, after the emergence of "all-or-nothing" thinking, it was observed that the client's perfectionism led to setting extremely high goals, and when these were unattainable, the resulting disappointment caused an increase in depressive symptoms. For this reason, realistic and achievable goals were set together. The importance of the effort and development process was emphasized. The fear of failure was discussed. The client's most recent assignment was evaluated, and their progress was acknowledged; relaxation techniques were briefly discussed.

#### **SESSIONS 7-8:**

It was observed that the client had achieved most of the goals set at the beginning of therapy. To allow for comparison with the first session, the mood assessment was repeated, and the client rated their mood as 3. The Beck Depression Inventory was then administered again, and based on the client's responses, a score of 8 was obtained, indicating a minimal level of depression. The client's progress was acknowledged, as the score had dropped from 27 in the first session to 8. Finally, we briefly discussed simple relaxation techniques the client could continue practicing after leaving. We talked about breathing exercises. We also discussed what the client could do if future situations triggered them. The client stated that the sessions had been

sufficient for them, that their inner restlessness had disappeared, and that their relationship with their mother had improved. Finally, the follow-up session was discussed, and it was explained that therapy could be resumed at any time if desired. The client was given a first-aid kit, and it was explained that they could use this kit if they encountered difficulties again after therapy ended.

After the necessary explanations were provided during the first session and the required information about the client was gathered, the focus was first placed on the client's expectations. The client's expectations were identified and clarified. The expectation is to improve quality of life by freeing themselves from perfectionist thoughts and leaving depressive symptoms behind. In this context, a short list of goals was created together. After identifying the problem with the client, it was explained what their perfectionist thoughts, negative automatic thoughts, and fixed judgments might be, and how they could affect their life.

The Beck Depression Inventory was administered to the client. The client was asked to answer twenty-one questions regarding how they felt throughout the entire week, including today. Based on the responses provided, the client's score was determined to be 27. According to this result, it was determined that the client is experiencing moderate depression.

It was believed that these difficulties could be overcome through Cognitive Behavioral Therapy (CBT), and CBT was identified as the therapeutic approach. Information was provided on what CBT is, in what situations it is used, and how the therapy process unfolds. Subsequently, information was provided on what the feeling of perfectionism is, in what situations it arises, and how we can cope with it. The situations in which depressive symptoms related to perfectionism emerge have been analyzed. Subsequently, information has been provided on what major depressive disorder is, how it arises, and how it can be managed.

To help the client avoid feeling alone, it was explained that they are not the only person experiencing this situation. The general challenges faced by individuals diagnosed with major depressive disorder were outlined. The aim was to provide the client with insight and enable them to view their problems from an external perspective.

A mood assessment was conducted to understand the client's emotional state and observe its changes over time. The client was asked to rate their current mood on a scale of 1 to 10, and they rated the current severity of their problems and the extent to which they were affecting them as a 9. This assessment was repeated in the final session.

It was suspected that the client exhibited "all-or-nothing" cognitive distortions; however, it became clear that the client was not initially ready to open up about these issues, so the topic

was not pursued further.

**Table 2:** Technique for Recording Negative Automatic Thoughts

Date	Where	How	Negative Automatic Thought
Session 3	At home with his mother	This occurred after her mother, unable to find an item she was looking for,	No matter what I do, as long as I don't leave this house, I'll always feel inadequate.

		repeatedly said, “I’m going through this because of your disorganization.”	
Session 4	At home	This happened while he was talking on the phone with a friend, after the friend said he didn’t think highly of him.	I don’t know what I’m doing wrong, but I can’t do anything right and I’m failing.
Session 5	During a conversation with her mother	It came up when her mother told her she should be in a better place and needed to get her life together.	I thought I was doing my best, so I guess this is all I’m capable of— I’m inadequate.
Session 6	In class	This emerged when he felt he couldn’t fully commit himself while teaching the students.	If I can’t even teach the students, why did I become a teacher? I’m not a good enough teacher for them.

The ABC technique, thought recording technique (homework), and role-playing techniques were used. In addition to these, relaxation techniques were frequently discussed, and it was explained how to apply them outside of sessions.

**Table 3:** ABC Model

TRIGGERING EVENT (A)	BELIEF/THOUGHT (B)	CONSEQUENCE/SYMPTOMS (C)
Being criticized by the school principal.	I am inadequate.	Anxiety, feeling on edge, pessimistic thoughts, lack of concentration, loss of motivation, fatigue, insomnia, not wanting to go to work.

The client's triggering event is the distress experienced at work. He was criticized by the school principal, and this became his breaking point (A). The client's core belief stems from perfectionist patterns: "I will only be loved if I am flawless." The intermediate belief disrupting their functioning is, "To be a sufficient person, I must be perfect and successful; I must be approved by others." Their negative automatic thought is, "I am an inadequate person" (B). The resulting symptoms include intense anxiety, feeling on edge, pessimistic thoughts, difficulty concentrating, loss of motivation, loss of interest, fatigue, insomnia, reluctance to go to work, and procrastination regarding responsibilities (C). The goal was to help the client discover alternative thoughts following this awareness. It was explained that failing at a task does not mean one is entirely inadequate. The basis for these thoughts was examined. It was determined that the core issue stemmed from her communication with her mother and that she felt this way due to her mother.

In particular, it was explained that success is not only linked to perfection but also to effort and growth. The client was taught that even if they are not perfect at a task, the effort they put into it and the fact that they completed it also constitute success.

As the sessions progressed and the client began working on the thought recording assignment, role-playing—another technique believed to help E.A. address her experiences with her mother—was employed. In this activity, the client took her mother's place and then returned to her own role, enabling her to see more realistically what she wanted to say. After the technique was explained, a specific situation was selected. The memory in question is her mother telling her, "If you keep going this way, you won't get anywhere; you need to do better." At first, the client plays herself, and the scene is acted out. Later, the client reenacted the incident and expressed what she wanted to say to her mother. After the reenactment, the client was asked what they felt and thought at that moment. The client realized they had been bottling things up and said, "If I had expressed myself better, maybe this wouldn't have happened; we've been having communication issues." The same scene was reenacted one last time with alternative thoughts. It is believed that the client now has the knowledge to navigate similar situations in the future.

At the end of the sessions, relaxation techniques were also beneficial in improving the client's stress levels in daily life. These techniques helped the client manage their anxiety levels and cope more effectively with stressful situations. Additionally, simple relaxation techniques the client could practice were recommended up until the final session. Techniques such as deep breathing exercises were explained.

As a result, the client has made significant progress throughout the sessions, and a marked reduction in depressive symptoms has been observed. Instead of rigid, perfectionism-based thought patterns, the client has begun to develop more flexible and healthy ways of thinking. When asked to rate their mood on a scale of 1 to 10, the client rated it as a 3. Compared to the assessment conducted in the first session, a noticeable improvement can be observed.

As the sessions progressed, it was observed that the client began to approach the fear of failure in a more realistic manner, stopped viewing success as the sole most important factor, and adopted a more accepting attitude toward themselves. Additionally, depressive symptoms such as loss of motivation and low mood have decreased significantly. Thanks to the coping skills she has learned, the client has begun to respond more healthily to the problems she faces in her work and personal life. Her relationship with her mother is better than before, and she and her boyfriend have planned a nice vacation during their annual leave.

## **DISCUSSION**

According to the findings of the study, Cognitive Behavioral Therapy (CBT)-focused interventions offer a moderately effective approach in reducing depression symptoms. In alleviating anxiety symptoms, however, they demonstrate a more limited yet statistically significant effect. (Lucien et al., 2024)

In comparisons, CBT has been shown to have a statistically significant advantage over other types of psychotherapy; however, this advantage remained at a very low level and lost statistical significance in many sensitivity analyses. No significant difference was observed between CBT and pharmacological treatments in short-term evaluations. On the other hand, in long-term follow-ups, it was determined that CBT provided greater effects compared to pharmacological treatments; however, this difference was not considered statistically significant in some analyses. (Cuijpers et al., 2023)

This study demonstrated that there is no statistically significant difference between short-term psychodynamic psychotherapy and CBT in any of the measured outcomes. Both therapeutic approaches demonstrated strong levels of effectiveness. With its large sample size, this study provides results relevant to real-life conditions and makes significant contributions to the literature. The data obtained support existing findings that short-term psychodynamic therapy may be as effective as CBT in alleviating depression symptoms, reducing anxiety levels, and improving quality of life. However, the findings also indicate that not everyone benefits from the short-term therapy process to the same extent. (Malkomsen et al., 2025)

In a study conducted in 2019, two different methods for treating depression were compared. One group received pharmacological treatment with selective serotonin reuptake inhibitors (SSRIs), while the other group underwent CBT. The results showed that while the medications were effective, there was less improvement in symptom reduction compared to the group receiving CBT. However, it is emphasized that CBT is effective in reducing the likelihood of relapse in individuals diagnosed with major depressive disorder (Karaaziz & Yücel, 2023).

The number of therapy sessions conducted varied depending on the rate of improvement in participants' depressive symptoms. It was observed that individuals receiving Meta-Cognitive Therapy required, on average, one fewer therapy session and had recovery rates more than twice as high as those in the CBT group. These results suggest that Meta-Cognitive Therapy may be a method that is both more effective and more cost-effective (Callesen et al., 2020).

Findings in the literature indicate that Cognitive Behavioral Therapy is as effective as pharmacological methods in the treatment of depression (Altundal Duru & Yılmaz, 2023).

In a study investigating the relationship between CBT and Schema Therapy in the treatment of depression, it was found that both methods were similarly effective in reducing symptoms. While CBT has been shown to have a positive effect in various psychopathologies, there is not yet a clear consensus on whether it is more effective than other approaches (Güven & Gökçe, 2018).

Numerous studies have indicated that perfectionism based on societal expectations increases depressive symptoms and anxiety levels and can also lead to suicidal thoughts. Additionally, it has been found that depressive symptoms intensify when perfectionist thoughts combine with the stress of daily life (Aktepe & Çakmak-Tolan, 2021).

## **CONCLUSION AND RECOMMENDATIONS**

In this case presentation, major depressive disorder rooted in perfectionism was addressed using cognitive-behavioral therapy (CBT). The client, who was unable to cope with rigid perfectionist thoughts, exhibited significant changes in their emotions, thoughts, and behaviors throughout the therapy process; the mood score, initially rated as 9, decreased to 3 by the end of therapy. Through the use of cognitive techniques such as the ABC technique, thought recording, role-playing, and relaxation, the client became aware of their negative automatic thoughts and developed alternatives, flexed their entrenched perfectionist beliefs, and began setting more realistic goals by overcoming their fear of failure. A significant improvement in quality of life

is evident. In conclusion, major depressive disorder is a severe mental disorder that significantly impacts a person's quality of life, and early diagnosis is of great importance. This case presentation demonstrates that CBT is an effective method for individuals diagnosed with major depression rooted in perfectionism.

It is recommended that mental health professionals incorporate the Cognitive Behavioral Therapy (CBT) approach and its techniques when working with cases of depressive symptoms rooted in perfectionism, particularly to address cognitive distortions, automatic thoughts, and dysfunctional beliefs. In psychological counseling centers, it is recommended to use scales that measure perfectionism when working with individuals diagnosed with major depression. To enhance the generalizability of the findings, future research is encouraged to examine the effectiveness of different therapeutic approaches in perfectionism-based major depressive disorder.

## REFERENCES

- Aksoy, G. E. (2025). *Cognitive impairments in depression: A narrative review on attention and executive functions. International Social Sciences Studies Journal*, 11(4), 686-700.
- Altundal Duru, H., & Yılmaz, M. (2023). The role of the psychiatric nurse in cognitive-behavioral therapy applied to patients diagnosed with depression: A literature review. *Mersin University Journal of Health Sciences*, 16(1), 131–146.
- Akar, T., Anber, T., & Altun, F. (2021). Depression and community mental health. *Turkish Journal of Health Literacy*, 2(2), 99–103.
- Müftüoğlu, S., Kızıltan, G., & Akçil Ok, M. (2017). Adaptation of the “Excessive Food Craving” Scale for Patients with Major Depression to Turkish Culture: A Validity and Reliability Study. *Türkiye Klinikleri Journal of Health Sciences*, 2(1), 13–22.
- Karakulak, İ., Yavaş, Ö., Eyuboğlu, E., & Erkan, D. (2025). Culture-specific perfectionism patterns: Child athletes, their parents, and coaches. *Journal of Sports and Performance Research*, 16(1), 89–106.
- Helvacı Çelik, F., & Hocaoğlu, Ç. (2016). Definition, etiology, and epidemiology of major depressive disorder: A review. *Contemporary Medicine Journal*, 6(1), 51–66.
- Kafes, A. Y., & Yavuz, B. (2021). A review of depression and anxiety disorders. *Humanistic Perspective*, 3(1), 186–194.

Özbay, A., & İş Vardarlı, C. (2024). Mood disorders: A brief review. *Journal of Health Academics, 11*(1), 157–163.

Say, G. (2020). Perfectionism in major depressive disorder. *Current Approaches in Psychiatry, 12*(4), 562–574.

Keskin, C., & Karaaziz, M. (2024). Treatment of major depressive disorder with cognitive-behavioral therapy: A case report. *International Journal of Social Sciences, 9*(38), 36–54.

Şanal Güngör, B., & Güngör, A. (2024). Gene-Environment Interaction in Major Depressive Disorder. *Journal of Clinical Psychiatry, 9*(1), 12–25.

Aktepe, İ., & Çakmak-Tolan, Ö. (2021). Examining the mediating role of emotion regulation difficulties and intolerance of uncertainty in the relationship between perfectionism and depression-anxiety-stress. *Kalem Journal of Education and Human Sciences, 11*(2), 557–593.

Karaaziz, M. & Yücel, İ. (2023). “A Case Presentation on Cognitive Behavioral Therapy (CBT) and Major Depression,” *International Academic Social Resources Journal*, (e-ISSN: 2636-7637), Vol. 8, Issue 51; pp. 2942–2946.

Güven, E., & Gökçe, G. (2018). How effective are efficacy studies?; An evaluation in the context of cognitive-behavioral therapies. *Turkish Journal of Psychiatry, 29*(1), 54–66.

Erol, A. (2023). Basic principles of writing case reports. *Archives of Neuropsychiatry, 60*(1), 1–2.

Callesen P, Reeves D, Heal C, Wells A. Cognitive Behavioral Therapy versus Metacognitive Therapy in Adults with Major Depression: A Parallel, Single-Blind, Randomized Trial. *Science Representative* 12 May 2020;10(1):7878.

Gökdağ, C., & Tekinsav Sütcü, S. (2016). The long-term efficacy of cognitive-behavioral group therapy in the treatment of major depressive disorder: A systematic review. *Current Approaches in Psychiatry, 8*(Suppl. 1), 23–38.

Lucien, A., Francis, H. M., Wu, W., Woldhuis, T., & Gandy, M. (2024). The efficacy of cognitive behavioral therapy for depression and anxiety in multiple sclerosis: A systematic review and meta-analysis. *Multiple Sclerosis and Related Disorders, 91*, 105858.

Cuijpers, P., Miguel, C., Harrer, M., Plessen, C. Y., Ciharova, M., Ebert, D., & Karyotaki, E. (2023). Cognitive behavior therapy vs. control conditions, other psychotherapies, pharmacotherapies, and combined treatment for depression: A comprehensive meta-analysis including 409 trials with 52,702 patients. *World Psychiatry, 22*(1), 105–115.

Malkomsen, A., Wilberg, T., Bull-Hansen, B., Dammen, T., Evensen, J. H., Hummelen, B.,

***Cognitive Behavioral Therapy for Major Depressive Disorder with Perfectionism: A Case Presentation***

Lovgren, A., Osnes, K., Ulberg, R., & Rossberg, J. I. (2025). Comparative effectiveness of short-term psychodynamic psychotherapy and cognitive behavioral therapy for major depression in psychiatric outpatient clinics: a randomized controlled trial. *BMC Psychiatry*, 25(113) .