



Battling In Silence: A Case Study On The Mental Health Challenges Faced By A 19-Year-Old Syrian Woman

Ajaz Ahmad Sofi* Bhuvaneswari.S**

*Clinical Psychologist

**PhD Research Scholar, University of Madras.

Abstract

This case study explores the life of a 19-year-old female from Syria who, at a remarkably young age, has already undergone three marriages, each ending in less than a year. Confronted with symptoms of depression and anxiety, she grapples with challenges such as disturbed sleep and a significant loss of appetite. Compounded by an unsupportive familial environment, a comprehensive assessment leads to the diagnosis of Major Depressive Disorder and Generalized Anxiety Disorder. The proposed treatment plan involves a nuanced combination of pharmacotherapy and psychotherapy, specifically Cognitive Behavioural Therapy (CBT), with overarching goals to mitigate symptoms, enhance sleep and appetite, strengthen social support, and ultimately elevate her overall quality of life.

Key words: Syrian women, Depression , Anxiety, Psychotherapy.

I. Theoretical and Research basis for treatments :

CBT, also known as cognitive-behavioral therapy, is a type of psychotherapy that aims to assist individuals in recognizing and altering negative thought patterns that contribute to unhealthy behaviors and emotions (Hoffman et al., 2012). During times of stress, individuals may experience pessimism and encounter difficulties in problem-solving. CBT promotes more balanced thinking, thereby enhancing the capacity to cope with stress. The origins of CBT can be traced back to the application of learning theory principles, such as classical and operant conditioning, to clinical matters. The initial form of behavioral therapy, referred to as "first-wave," emerged in the 1950s (Blackwell et al., 2021). CBT is widely acknowledged as one of the most evidence-based psychological interventions for various psychiatric disorders, including depression, anxiety disorders, somatoform disorder, and substance use disorder. Its applications have also expanded to encompass psychotic disorders, behavioral medicine, marital discord, stressful life situations, and other clinical conditions. Numerous studies have been conducted to examine

the effectiveness of CBT in treating depressive disorders. A comprehensive meta-analysis of 115 studies has demonstrated that CBT is an effective treatment strategy for depression. Moreover, the combination of CBT and pharmacotherapy has been found to be significantly more effective than pharmacotherapy alone. These findings underscore the efficacy of CBT as a therapeutic approach for individuals grappling with depression (Fennel, 2012).

In response to the prevalent symptoms of anxiety and depression observed in the current case study, this research aims to utilize and assess the effectiveness of cognitive-behavioral therapy (CBT). The primary objective is to emphasize and bring attention to the enduring value of CBT in addressing these complex mental health issues. Through a comprehensive evaluation of CBT's application, the study seeks to provide assurance regarding its continued significance as a valuable and effective approach for managing symptoms associated with anxiety and depression. This research contributes to the ongoing discourse on mental health interventions, highlighting CBT's pivotal role in offering impactful solutions for these prevalent and impactful mental health concerns.

II. Case Introduction:

The purpose of this case study is to provide a detailed assessment and treatment plan for a 19-year-old female from Syria who has been married three times. The patient is currently experiencing depressive and anxiety symptoms, including difficulty sleeping and a significant reduction in appetite. She is living with her parents, who do not provide adequate support for her. The objective of this case study is to provide an evidence-based treatment plan that addresses the patient's mental health needs and improves her overall quality of life.

III. Presenting complaints:

- I am sad most of the time
- I feel nervous and worried everyday
- I am not able to sleep properly
- I don't feel hungry
- I have lost my hope for future
- I am not worthy enough
- I feel guilty and ashamed of myself
- I am worried about my future
- I am irritable all the time
- I feel restless for most of the time

IV. Case History and Symptomology:

The patient is a 19-year-old female from Syria who has not received formal education. She has been married three times. Her first two husbands have died, and the third husband abandoned her after learning about her mental health symptoms. She was only 14 years old when she got married for the first time. After around 8 months, her husband died due to cardiac arrest. She started to remain sad and alone for most of the time. She also started to have nightmares and disturbed sleep. Gradually, she developed irritability towards her in-laws. She was brought back to her parental house after the incident. Her parents sought support of traditional faith-healers who claimed that she was possessed by a demon. She was given spiritual treatment for 6 months and she started to improve gradually. After that her parents remarried her to another man. However, after a year of their marriage, her husband got killed in a cross firing during the armed conflict between Syrian rebels and security personnel. After the death of her husband, she faced indifferent behaviour from her in-laws and eventually she returned to her parents' house. She again started to have the same mental health signs and symptoms. Her parents consulted traditional healers but no improvement was observed. When the symptoms deteriorated, she was taken to a general physician and she was put on Serotonin. After a few weeks, her symptoms improved to some extent.

Earlier this year, her parents remarried her to a man from Turkey. After the marriage, she went to her in-laws' house in Turkey with her husband. They lived together for around 3 months. During this period, she stopped her medication. Gradually, she started to remain sad and lost her interest in most of the pleasurable activities. She found it difficult to sleep properly and her appetite also reduced. Her husband inquired about the previous history of her mental health from her relatives in Syria. When he learned about her previous episodes of mental health complaints, he decided to abandon her and she was sent back to her home in Syria around 8 months back.

During the first session, she was experiencing symptoms of depression and anxiety, including difficulty sleeping and a significant reduction in appetite. She is living with her parents, who do not provide adequate support for her in terms of food and other necessities. The patient has no history of substance abuse and has received minimal psychiatric treatment. The patient's socio-cultural background is important to consider, as she comes from a region that has been affected by conflict for many years.

V. Assessment:

The patient underwent a comprehensive clinical interview and mental status examination. She reported feeling hopeless and worthless, with feelings of guilt and shame related to her failed marriages. She also reported experiencing significant anxiety symptoms, including worrying about her future and feeling irritable and restless. Psychometric assessment using standardized tools, including the Beck Depression Inventory (BDI) and the Generalized Anxiety Disorder Scale, supported the diagnosis of moderate depression and severe anxiety. The patient was also evaluated for potential medical causes of her symptoms, and laboratory investigations ruled out any underlying medical conditions.

VI. Diagnosis and Formulation:

Based on the assessment findings, the patient was diagnosed with Major Depressive Disorder (MDD) and Generalized Anxiety Disorder (GAD). The depressive symptoms, such as feelings of hopelessness, worthlessness, and guilt, along with the significant reduction in appetite and difficulty sleeping, align with the diagnostic criteria for MDD. The presence of significant anxiety symptoms, including excessive worrying, restlessness, and irritability, meet the criteria for GAD. It is hypothesised that factors like early-marriage, lack of opportunity for development of social skills, multiple unsuccessful marriages, and absence of support from her family members may have contributed to the development and persistence of her mental health symptoms.

VII. Treatment Plan:

The proposed treatment plan for this patient includes a combination of pharmacotherapy and psychotherapy interventions, with a focus on addressing the patient's depressive and anxiety symptoms, improving her sleep and appetite, and enhancing her social support network. Family involvement in the treatment is also recommended, along with strategies for addressing cultural and social factors.

Goals:

- Ensure patient's safety and wellbeing
- Reduce the patient's depressive and anxiety symptoms
- Improve the patient's sleep and appetite
- Enhance the patient's social support network
- Develop assertiveness skills in the patient
- Improve the patient's overall quality of life

a) Safety Plan:

This safety plan is supposed to ensure that the patient is supported and protected in case of any crisis:

- Collaborative Safety Planning: Patient's close family members, including her parents and one brother, were involved in the patient's safety plan. Potential warning signs and risk factors were discussed to create a helpful safety plan.
- Emergency Contacts: Emergency contact details of two trusted individuals were obtained from the patient, including the names and phone numbers. Consensus was made so that the patient can contact these persons in case of a crisis.
- Regular follow-up: One Counsellor would regularly assess the patient's safety throughout the treatment process. She would look for any thoughts of self-harm or suicidal ideation and determine the level of risk and report to the Supervisor on daily basis.
- Safety Education: Provide the patient with education about safety measures she can take to protect herself. This may include strategies for reducing access to lethal means, such as securing medications or other potentially harmful items.

b) Psychoeducation:

Recognizing the crucial role that parents and the wider family play in influencing these decisions, it was deemed essential to provide them with sessions focused on understanding the impact of early marriage on the social and mental wellbeing of a female child. The sessions were designed to be informative, interactive, and culturally sensitive, aimed at fostering open dialogue and addressing the underlying factors fuelling early marriages.

c) Pharmacotherapy:

The patient will be started on a selective serotonin reuptake inhibitor (SSRI) antidepressant: Fluoxetine, at a lower dosage of 20mg per day. SSRIs are considered first-line treatment for MDD and GAD and have shown efficacy in reducing depressive and anxiety symptoms. Follow-up appointment with psychiatrist after 3 weeks will be scheduled to monitor improvement.

d) Psychotherapy:

Cognitive-Behavioural Therapy (CBT) will be the primary psychotherapeutic intervention for the patient. CBT has been shown to be effective in treating both depression and anxiety disorders. The therapy will focus on identifying and challenging negative thought patterns, developing coping strategies to manage distressing emotions, and improving problem-solving skills. It will also include developing assertiveness skills in the patient. Additionally, the patient will be encouraged to explore and process her experiences of unsuccessful marriages and the impact they have had on her self-esteem and psychological well-being.

e) Sleep Hygiene Education:

The patient was provided with education on good sleep habits, including maintaining a regular sleep schedule, avoiding stimulating activities before bed, and creating a relaxing bedtime routine.

f) Nutritional Assessment and Support:

The patient's reduced appetite and lack of adequate support for her basic needs were addressed during the treatment phase. A nutritionist was assigned to assess her dietary intake and provide guidance on meeting her nutritional needs. Family members were also educated about the patient's nutritional needs.

f) Social Support and Community Resources:

Given the patient's lack of financial support from her parents, efforts were made to connect her with community resources and support networks. This included referring her to local organizations that provide financial assistance to individuals from conflict-affected regions. Building a support system and providing access to resources can help alleviate the patient's feelings of isolation and provide practical support for her basic needs.

g) Cultural Sensitivity:

Keeping the patient's socio-cultural background in view, the treatment plan was prepared to be culturally sensitive. This involved incorporating cultural beliefs and practices into therapy, considering the impact of cultural factors, and being aware of potential language barriers. Senior Clinical Psychologist collaborated with interpreters or cultural mediators to ensure effective communication and understanding between the patient and the team of healthcare providers.

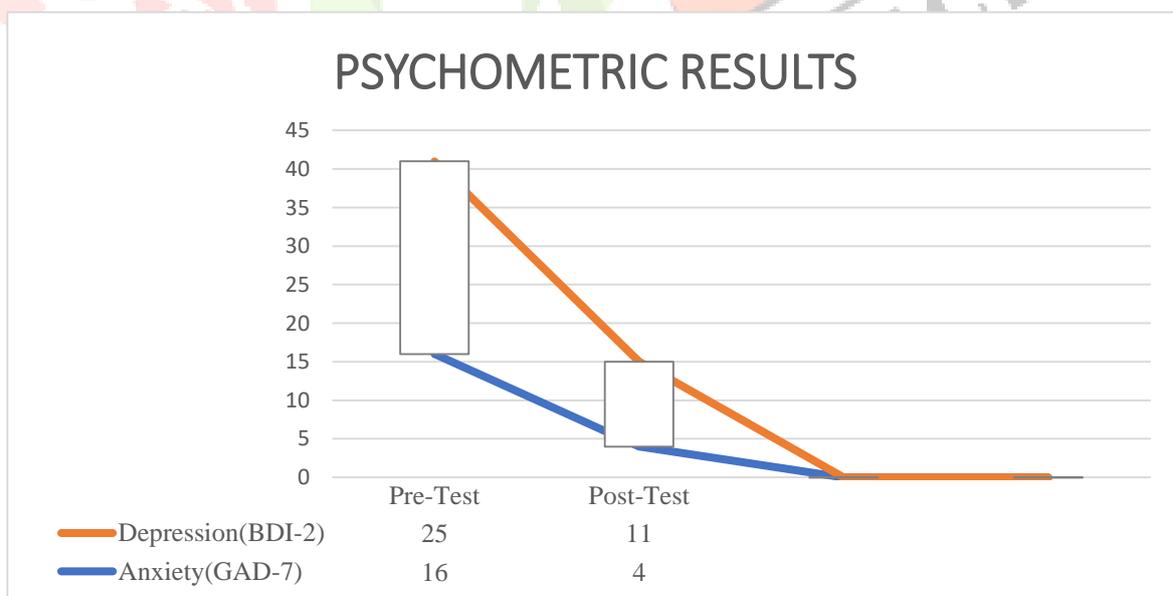
h) Monitoring and Follow-Up:

Regular monitoring of the patient's symptoms, medication response, and therapeutic progress will be conducted throughout the treatment. This will involve regular check-ins, symptom rating scales, and open communication with the patient. Adjustments to the treatment plan can be made as needed based on the patient's progress and any emerging challenges.

VIII. Treatment outcomes

The pre-test conducted during the initial session and a subsequent post-test administered at the 11th therapy session, portraying a marked reduction in symptoms related to anxiety and depression, as visually depicted in Figure 1. The illustrated temporal progression underscores the substantive efficacy of the applied therapeutic intervention. The cognitive-behavioural strategies implemented throughout the sessions emerge as pivotal contributors to the observed positive outcomes. These findings not only validate the intervention's effectiveness but also add empirical evidence to the discourse on alleviating anxiety and depression symptoms through structured therapeutic modalities in an Asian context.

Figure 1:



IX. Conclusion:

In conclusion, this case study emphasizes the pivotal role of a comprehensive assessment and an evidence-based treatment plan tailored for a 19-year-old female from Syria grappling with symptoms of depression and anxiety. The holistic approach, integrating pharmacotherapy, Cognitive-Behavioral Therapy, social support, and cultural sensitivity, aimed not only to alleviate immediate mental health concerns but also to elevate her overall quality of life and instill a renewed sense of hope and resilience amid challenging circumstances. Crucially, the implemented interventions successfully highlight these objectives, offering valuable insights for similar cases and showcasing the effectiveness of Cognitive-Behavioral Therapy in addressing complex mental health challenges.

References

- Blackwell, S. E., & Heidenreich, T. (2021). Cognitive behavior therapy at the crossroads. *International Journal of Cognitive Therapy*, 8, 1–22.
- Fennell, M. (2012). Cognitive behaviour therapy for depressive disorders. In M. Gelder, N. Andreasen, J. Lopez-Ibor, & J. Geddes (Eds.), *New Oxford Textbook of Psychiatry* (pp. 1304–1312). New York: Oxford University Press.
- Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 36, 427–440.

