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Case Report

Taking off the Shell: A Muslim Lady's Path to Recovery after the Breakdown of Her Marriage

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Abstract

Systemic approaches within the Older Adults population although reported to be valuable by clinicians has received limited attention in the evidence-base literature. The aim of this case study is to describe various systemic therapy approaches used with a Bangladeshi Muslim lady to support her to recognize her strengths and improve her quality of life in her new context after separating from her husband. A systemic approach was employed due to the relevance of context in the process of aiding Mrs Islam both to understand her commitments in the past and to help develop her current identity with both commitments from her past and present. Systemic tools included a genogram, atomic models and narrative therapy techniques. In total Mrs Islam had 15 sessions of systemic therapy. At the end of therapy Mrs Islam showed reduced levels of distress and improvement in her perception of her recovery. Conclusions and reflections are discussed.

Literature Review

The current older adult generation have experienced a life time of significant social turmoil. In particular Western cultures were affected by two world wars, a growth in women in the labour force and an increased level of educational attainment. An increase in divorce, cohabitation and remarriage has changed the family size and structure significantly [1]. In addition it has been suggested that there has been a drastic change in perception of older adults since the Second World War accompanied by a reduction in the more established social and cultural functions that older adults held in traditional populations [2]. The reconstruction of old age from a time of wisdom and productivity to a time of deficit and deterioration has been influenced by the advance in biomedicine, the beginning of compulsory retirement and the introduction of the welfare state [3].

Another cultural context to consider is that of migration. It has been reported that 13% of residents in England and Wales were born outside the UK [4]. The process of acculturation may influence many older adults and their relationships; this is particularly relevant for those individuals who have migrated to the UK.

These changing contexts provide opportunity for older adults to challenge negative stereotypes linked to older age. On the other hand these changing contexts can produce worry and uncertainty. These changes which have been occurring mean that older adults in the current generation have limited role models of 'healthy ageing'. The majority are trying to find new ways of 'being old' [1].

The use of narrative therapy with older adults is one way of exploring the different cultural contexts and changes they may have experienced and are continuing to experience [1]. Life review work using a systemic model can provide space to relish past successes and useful coping strategies. In addition it provides an opportunity to discuss family patterns or 'scripts' [5].

A recent review supports the effectiveness of systemic approaches for sleep, feeding and attachment problems in infancy; child abuse and neglect; conduct problems; emotional problems (including anxiety, depression, grief, bipolar disorder and self-harm); eating disorders; somatic problems and first episode psychosis [6]. Although the systemic approach of working with older adults is at its infancy a recent book titled 'Being with older people' written by Fredman, Anderson and Stott discusses their experiences of working with older adults systemically [7]. They talk about the significance of exploring older adult's contexts and their significant systems. A recent study [8] has also shown that systemic family therapy is as effective as individual Cognitive Behavioral Therapy (CBT) and psychodynamic psychotherapy in fewer sessions which makes it cost-effective with older adults presenting with mental health difficulties in an Older Adults Community Mental Health Team [8].

Systemic therapy

Context at the heart of systemic practice: Therapists who work from a systemic approach specifically focus on context. There are numerous contexts the therapist could explore including but not limited

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to 'scripts' about identity, family, culture, ethnicity, colour, race, religion, gender, class and age. All of these contexts give meaning to an individual's experience. In addition to the individuals contexts the therapist also considers their own context and its influence of both themselves and the individuals they work with. We all act 'out of' and 'into' multiple contexts [9].

Pearce (1994) developed the 'atomic model' which explores the question 'what is going on here?' This model demonstrates how even when we think we are in one context we are at the same time connecting to others [10]. Exploring one context with an individual will help the individual connect and understand the powerful stories or voices influencing the current context they are in. These stories can be about personal identity, gender, family, ethnicity, colour, class, religion, political, economic, sexual story and many more [9].

These different contexts are all interwoven and it can take time to disentangle them. Nevertheless, by welcoming unique voices and stories influencing the individual's 'self stories' the therapist can offer and provide space for the individual to acknowledge alternative ways of understanding their current and past feelings and decisions [9].

Narrative therapy: Narrative therapy draws on the idea that we all have many stories about both our lives and our relationships. These stories and the meanings we give to them are created simultaneously. The ways in which we create meanings to our lives are influenced by the wider culture which we live in. These different stories can influence our past, present and future in both positive and negative ways. Narrative therapists aim to work with individuals to explore the stories they have created about their lives and relationships. They explore the effects, meanings and contexts of these stories and the way in which they have been told [11].

Case Description

Mrs Islam was a 68 year old Bangladeshi Muslim lady who was referred to the Psychology and Psychotherapy service for older adults by her consultant psychiatrist in the Community Mental health team for Older Adults. Mrs Islam had been referred in relation to her recent suicide attempt because of difficulties with her husband. She had also reported a long history of her him always having been domineering. She had had two previous suicide attempts which were also related to conflict with her husband. At time of referral she had decided to separate from her husband and was living with her son. She reported not being able to sleep well, feeling drained, having little energy, little appetite and fear and uncertainty about the future.

Therapist

The therapist is first author (JI) who was at the time a Clinical Psychologist in training within her second year on her Older Adults Clinical Placement. She was supervised by a Senior Clinical Psychologist who supported her in her work with Mrs Islam.

Aim of Case Study and Hypothesis

The aim of this piece of therapy was to reduce the level of resentment Mrs Islam was feeling towards her past, reduce her level of distress and help her to build a good quality of life within her new context. (Using a systemic approach it was hoped that she would be able to understand her previous commitments and move on to new commitments within her new contexts.) It was hoped that her level of distress would reduce (measured by CORE-10) and her sense of personal recovery (measured by the MHRM) would improve during therapy.

Choice of Intervention and Hypotheses

One of the main reasons for this choice of intervention was the multiple contexts which Mrs Islam would have been drawing on both in her past and in the present. In order to reduce the level of resentment she was feeling towards her past it was felt it would be helpful to explore what contexts had influenced her decisions in the past and how these had changed. Another reason for this choice of intervention was because Mrs. Islam did not have a formal diagnosis of a mental health problem; therefore it would have been difficult to fit her presentation and reasons for therapy into a cognitive behavioral model for a particular diagnosis. The systemic approach gives the individual an opportunity to shape their own recovery and form their own new positive meanings of their past, present and future stories.

A systemic formulation is based on hypothesizing, it is not based on a psychiatric diagnosis which would be considered as an 'ultimate truth', instead therapists form hypotheses which continuously evolve and change throughout therapy. Lang (2003) wrote that hypothesizing is the most fundamental feature of systemic therapy. Hypothesizing is important as it influences how we make connections with the individuals we work with. Hypothesizing is not accepted as ultimate truths about the client's life but requires on-going adaptation as we discover more information about the individual and their life [12]. Systemic therapists emphasize the concept of 'curiosity' in helping us understand the individual's unique stories; if we 'fall in love' or 'marry' our own hypotheses then we lose the sense of curiosity [13].

Following reading of the referral and the initial assessment session a number of hypotheses were developed.

Mrs Islam had not previously had the courage to have a divorce because of the social stigma attached to divorce in her culture and because no one else in her family had done so and her family may not support this. The aim of therapy for her would be to gain validation that ending her marriage was the right decision. She has previously been unable to share the difficulties she experienced within her marriage because she felt ashamed and did not want to be judged.

These hypotheses were continuously reviewed and tested. As one hypothesis was accepted or rejected others formed.

Assessment Measures

Two assessment measures were used to measure significant change in Mrs Islam's level of distress and perception of her own recovery. She completed these assessment measures at the beginning, middle and end of therapy.

Clinical Outcomes of Routine Evaluation-10 (CORE-10)

The Clinical Outcomes in Routine Evaluation- Outcome Measure is a 34 item measure which measures psychological distress. It is not associated with a particular model of therapy or a particular diagnosis [14-16]. The CORE-10 is a short version of the CORE-OM but only includes 10 items. Domains covered include anxiety (2 items), depression (2 items), trauma (1 item), physical problems (1 item), functioning (3 items- day to day, close relationships, social relationships) and risk to self (1 item).

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Table 1: Unique outcomes and the identified strengths and resources.

Unique Outcome	Strengths	Resources
Important decisions about progressing in her career	Strong Drive, motivation and determination	Ability to make decisions
Taking care of her father when he was unwell	Being able to put whoever is important to her first	Mother in law Cultural values
Leaving husband when she found out he had cheated on her	Brave Problem-solving Being able to cope	Identity values Education

Mental Health Recovery Measure (MHRM)

The MHRM was used to measure the recovery process [17,18]. The MHRM is a 30 item self-report measure scored with a 5 point Likert Scale (0-4) for each item. The total score can range from 0-120. The conceptual framework of the MHRM is developed from a particular theoretical model of mental health recovery that was derived from the experiences of individuals with mental health problems [19]. The conceptual domains include: Overcoming Stuckness, Self-Empowerment, Learning and Self-Redefinition, Basic Functioning, Overall Well-Bring, New Potentials, Spirituality and Advocacy/Enrichment [17,18]. A higher score is equivalent to a higher level of mental health recovery. Although the total score is not used with any particular ''clinical cut off" to state whom is or whom is not "in recovery" anyone scoring below 60 (i.e. one standard deviation below the mean of 80) could be described as having a recovery process that is below average in comparison to their peers.

Intervention

This section will describe the variety of different systemic therapy tools which were used during the course of therapy.

Genogram

After a clinical assessment and choice of intervention was made it was felt important to explore the important people in Mrs Islam's life. A genogram is a 'family' tree drawn jointly with the individual and therapist to map out the individual's network including family, friends and professionals. This helps the therapist ask questions about relationship 'patterns', myths, rules, family culture and critical life changes [9].

A genogram is thought to be fundamental in work with older adults; their long and complex life history provides opportunity for crucial information to emerge [20-22]. A genogram provides the opportunity to talk about the older adult's childhood, and any cultural shifts which may have happened (such as migration). This approach also supports the beginning of life review work and makes connections of difficulties to a context and to the individual's history [22].

Drawing a genogram with Mrs Islam at the beginning of therapy was important to begin creating a context of the voices of significant people. In particular their stories about 'divorce' as this was the significant life event in Mrs Islam's life; this would provide an opportunity to reveal any cultural, religious or family rules about divorce. This process would also provide an opportunity to explore who would be supporting Mrs Islam in her recovery.

Drawing a genogram unraveled a number of different stories about divorce in her family. There had been a number of people having a divorce and getting married again in her husband's family. Her niece had also had a divorce. Through the genogram it was also evident that a number of significant people in her life were supportive of her divorce. These individuals were her sister, mother and her niece.

Further discussions also began to reveal reasons about why she had not been able to end the marriage previously despite the difficulties. Mrs Islam mentioned she had always been frightened she would not be able to take care of herself. She had lost her confidence because her husband would underestimate her and 'put her down' continuously. Mrs Islam thought she would never be able to leave her husband and was very surprised she had been able to do this. She reported that her sister had also been surprised that she had been able to leave her husband.

Life review and identifying unique outcomes

Mrs Islam reported feeling resentful about her marriage and the years that she had 'wasted'. She disconnected herself who had been married for 44 years, from who she was before marriage and now that she had ended her marriage. Reviewing Mrs Islam's life provided the opportunity to identify her strengths and the things which she had achieved even whilst being married. When therapists use the narrative approach they listen to the stories individuals tell in therapy and try to hear those that fit in with the dominant problem story and those which do not. In this case Mrs Islam's dominant problem story was that she had 'wasted' 44 years. A unique outcome is anything that does not fit with the dominant story [11]. Therefore for Mrs Islam, this would be anything which was evidence that she had not 'wasted' 44 years of her life.

Mrs Islam was asked several questions to help identify unique outcomes and stories which did not fit with the dominant problem story; how did she stop the problem from getting worse? Were there any times when the problem was not so bad? Were there times the problem did not stop her from having what she wanted when it could have? How did she do this and how did she prepare?

By reviewing Mrs Islam's life in detail and using the above narrative questions a number of unique outcomes were identified. From these unique outcomes we were able to talk about her strengths and resources. Table 1 shows examples of unique outcomes and the identified strengths and resources as a result of them.

Atomic Models

The Atomic Model was used to explore different parts of Mrs Islam's life; before marriage, during marriage, after marriage and the future. Different contexts that Mrs Islam was relating to at each part of her life were explored. The main question explored whilst completing the atomic model was; what were her commitments? Mrs Islam was also asked to label each different part of her life which also reflected the voices she was connecting to table 2 summarizes the different atomic models.

Table 2: Shows Mrs Islam's atomic models for different parts of her life.

Name of period in life	Commitments and Roles	Contexts and Voices
A wonderful time	Independence Education Family and Cultural Rules Daughter Caring	Mother being forward thinking and not wanting her to rely on anyone else. Her mother also reinforced education being fundamental. Her mother was also very caring. It is wrong to ask for things. Parents allowed her to make her own decisions and were forward thinking.
The shell (the snail inside the shell)	Mother and Wife Education/Career Freedom and Independence Cultural and Family Rules	Mrs Islam had a huge commitment to her son and had been bought up to believe that families should stick together no matter what. Held onto being really caring and education being really important therefore continued to make independent choices.
Freedom	Freedom and Independence Religion Support Trust Family Rules	Opportunity to do things like she used to before getting married. Allah had given her another chance to live. Supported by both family, professionals and friends Mother would always say "Even if you are going to get punished you must always speak the truth" (Husband had lied about having a relationship with another woman which was what led to her breaking up with him)
My new life	Mother Caring Intelligence, strength and courage Cultural, religious and family rules	Mother had let her be free and make her own choices Caring for her mother and volunteering Education was a gift from Allah Visiting Mecca (five pillars of Islam) Freedom to not freedom from

Witnesses and future stories

Although it was not possible to bring every supportive individual in Mrs Islam's life to the session, Mrs Islam was able to collect information from significant people in her life about the changes which they had observed in her since beginning therapy. Similar themes were recorded from each witness. The main emerging story was that Mrs Islam was no longer 'locked up' and had the freedom and courage to do whatever she wished to do. They talked about her confidence improving and that she was much happier than she used to be.

When discussing future stories Mrs Islam reported that she would like to spend time with her mother and sister. She said this would involve a lot of travelling and that she would enjoy this. She said she would also like to do volunteering and help others. Mrs Islam reported that eventually she would like to buy her own flat and move out from her son's home.

Therapeutic documentation

Within narrative therapy, letters are often written and used in a variety of ways [23]. Therapeutic documentation reflects the new preferred stories and commitments so that the individual can remind themselves of these at any point in the future [11]. A 'goodbye' letter was written to Mrs Islam from the therapist to summarize therapy, her discovered commitments and highlight her strengths.

Outcomes

Mrs Islam completed the CORE-10 and MHRM at the beginning, middle and end of therapy. Results of the CORE-10 are presented in figure 1, and the results of the MHRM are presented on figure 2, further breakdown of individual scale scores for the MHRM are presented in figure 3.

Mrs Islam's score at the beginning of therapy for the CORE-10 fell within the low level of distress category. At the end of therapy she was presenting within the healthy level of functioning.

Mrs Islam's scores on the MHRM indicate a greater sense of recovery from the beginning to the end of therapy. The average recovery score for the non-clinical population is 80. By the end of therapy Mrs Islam was scoring almost two standard deviations above the non-clinical population in her perception of recovery.

Ms Islam scores demonstrate a greater sense of recovery in all domains. Biggest differences were observed in the self-empowerment, learning and self-redefinition and basic functioning scales.

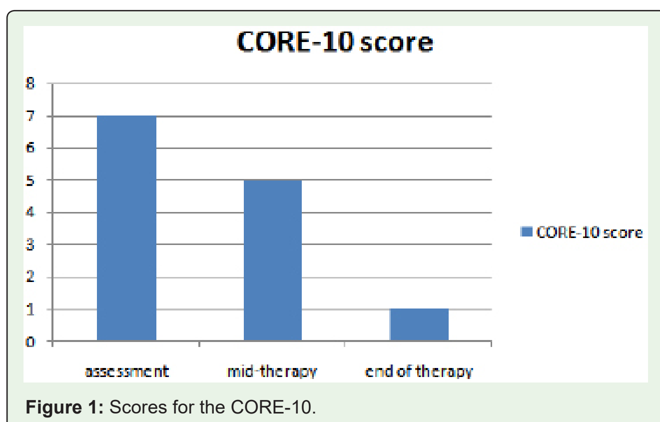

Figure 1: Scores for the CORE-10.

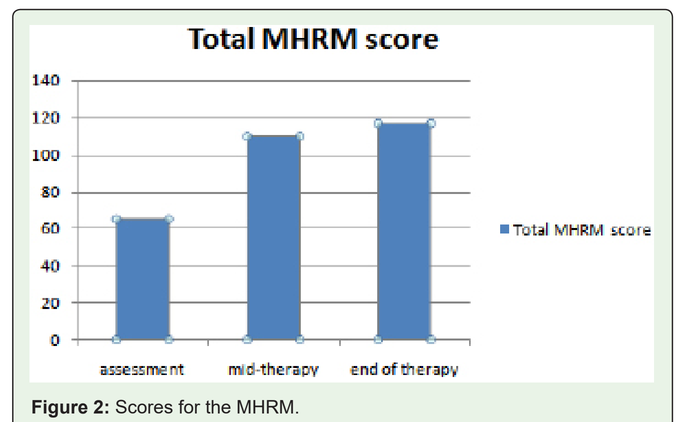

Figure 2: Scores for the MHRM.

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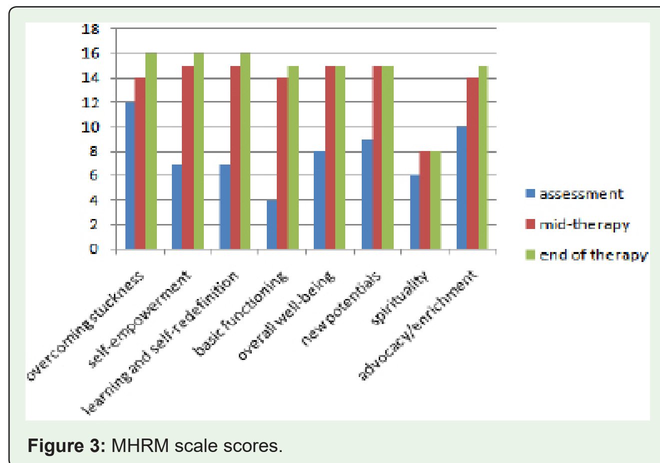

Figure 3: MHRM scale scores.

Reviewed hypotheses

Mrs Islam had not previously had the courage to have a divorce because she thought she would not be able to take care of herself and did not want to hurt her mother, her sister had always known about these difficulties

Mrs Islam had not previously asked for support because she had commitments to her son and wanted to keep her family together

Figure 4: Reviewed Hypotheses.

Discussion

In total Mrs Islam completed 15 sessions of systemic therapy which included a number of different systemic therapy techniques and elements of narrative therapy in particular. Mrs Islam reported an increased sense of recovery and a reduced level of overall distress by the end of therapy. She reported that therapy had been very useful and felt that she had been able to build on up her strength and confidence to adjust to the new commitments. She showed a greater sense of recovery for the self-empowerment, learning and self-redefinition and basic functioning scales. This is both consistent with the aims of the systemic approach in particular narrative therapy [11] and the goals she had for therapy. She was also discharged by her Consultant Psychiatrist as she was no longer felt to have symptoms of depression.

The hypotheses formed at the beginning of therapy were reviewed and edited as new stories were revealed. Figure 4 shows new hypotheses which were formed by the end of therapy.

A fundamental part of therapy for Mrs Islam had been exploring her commitments at different parts of her life. At the beginning of therapy Mrs Islam resented her marriage. She talked about this part of her life as having to wear this shell. As therapy unraveled multiple contexts at each part of her life, it was possible to see the overlaps and that the identity she now connected with was present throughout. The metaphor of the 'shell' was useful to understand that her strength was always there, but was used for different commitments. This gave Mrs Islam the opportunity to see her life during her marriage as different commitments to before and after her marriage such as being a mother and not as resentments. Exploring unique outcomes also highlighted that even when she was wearing the 'shell' throughout marriage at times she was able to take the 'shell' off and make her own decisions. This further thickened the story that she had not 'wasted' 44 years of her life. Exploring different contexts provided Mrs Islam the opportunity to understand her past decisions in a different light [9].

One of the limitations acknowledged during therapy was that one of the stories which were developing was that because Mrs Islam had separated from her husband this had given her the opportunity to be her old self and be happy. It was important to explore this story as should Mrs Islam decide to continue with her marriage in the future, this should not mean she should lose the strength she had recognised and built. Mrs Islam was able to accept that there was a possibility of this happening in the future but that this did not mean she would have to wear the 'shell' again. The concept of having freedom from something (i.e. her husband) was contrasted with having freedom to something (i.e. doing things she wanted to do). Exploring the latter helped her to strengthen the story that even if she did get back together with her husband she could still continue having the freedom to do the things she wished.

Self-Reflexivity

One of the most helpful concepts within systemic therapy is self- reflexivity. Being able to understand how our knowledge, stereotypes and preferred stories affect our therapeutic work is a crucial part of therapy. By exploring the contexts we are acting 'out of' we can understand how we may influence the individual and our stance of curiosity [24]. Mrs Islam and I were acting 'out of' some similar contexts, for example we were both educated Muslim women who were largely influenced by cultural and family values. These similarities were often leading to conversations which were outside of the therapeutic context and about cultural dilemmas. Although this led to a strong therapeutic alliance it also led Mrs Islam to wanting to keep in contact with me after therapy had ended. This was addressed through two different ways. I provided Mrs Islam with an opportunity to write me a goodbye letter and said she would be able to contact me and let me know how she is for a year. The fact that we were acting 'out of' similar contexts had also influenced me at times during therapy. The opportunity to discuss these with my supervisor and in my own reflective space helped me to explore and address these.

Conclusions

This case study provides further support for the fundamental role of cultural contexts within the older adult population previously highlighted [1]. Systemic therapy was helpful in identifying past successes. Exploring the multiple contexts in particular provided an opportunity for Mrs Islam to develop alternative ways of understanding her past decisions [9,11].

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