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Obsession of Liminality: Religious and Cultural Contamination during Midlife Transition

Muhamad R¹, Yunus NA^{1*}, Asrenee AR² and Mohd Ali Z³

¹Department of Family Medicine, School of Medical Sciences, Universiti Sains Malaysia (USM), Kubang Kerian, Malaysia

²Department of Psychiatry, School of Medical Sciences, Universiti Sains Malaysia (USM), Kubang Kerian, Malaysia

³Centre for Modern Languages & Human Sciences, Universiti Malaysia Pahang (UMP), Malaysia

Abstract

Obsessive-compulsive disorder (OCD) is a common psychiatric disorder with a bimodal age of onset where the later onset is commonly associated with higher depressive and anxiety rates. We present a case of OCD during midlife transitional phase which was hiding inside the full-blown depression where religious and cultural factors had arguably shielded the presentation of OCD. The obsession of religion had been regarded as a normal change for aging; hence, its treatment was overlooked. In this paper, we argue that collaborative consultation between family physicians, psychiatrists and religious scholars would be crucial in providing holistic care for OCD patients. We also call for physicians to be more proactive in the assessment and prevention of mental illnesses by providing treatment and care for members of the society on how to live in liminal stages of life.

Keywords: Obsessive-compulsive disorder (OCD); Liminality; Midlife transition; Religion; Culture

Introduction

Obsessive-compulsive disorder is a neuropsychiatric disorder characterized by recurrent and persistent intrusive thoughts, and repetitive behaviors or mental rituals performed in response to the obsessional thoughts [1]. The lifelong prevalence of OCD is 2.3%, which is lower than that of other mental illnesses such as depression and anxiety [1,2]. There is a bimodal pattern for OCD age of onset where the young onset starts within the age range of 10–12 years old and the later onset, 20 and above [3]. While the symptoms appear gradually at the onset OCD during young age, in the later onset, the symptoms occur more abruptly and are usually been triggered by a certain stressor such as any negative life event. The later onset OCD is also commonly associated with higher comorbidity rates of depression and anxiety [3].

The late onset OCD is more prevalent in females and the themes vary from aggressive obsessions, contaminations, sexual and religious themes of thoughts. In this case report, we report a case of OCD with middle age onset presented with religious obsessions and major depressive symptoms.

Case Presentation

We report a case of a 54-year old Malay lady presented for examination for multiple mood disorders in early post-menopausal period. She felt sad and had trouble sleeping for more than one month after her menses had ceased. She kept on thinking about her three married children who live far away from her despite having good relationship with them. This is because they seldom pay her a visit due to busy life. As a consequence, she cried almost every day, had difficulty falling asleep, reduced appetite and felt lethargic. She was unable to do house chores and perform sexually. She also became socially withdrawn and refused to go out. However, she denied having any psychotic symptoms, or suicidal ideation.

Premorbidly, she was a confident and independent woman who had been engaged actively in partisan political activities since young adulthood. Not only that, she had also been involved in religious activities for the past 2-3 years prior to her multiple mood disorders. In addition, she also had diabetes mellitus, hypertension and hyperlipidemia, which were well-controlled with medications.

On examination, she looked sad and cried during the consultation. Her vital signs were normal.

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*Correspondence:

Yunus NA, Department of Family Medicine, School of Medical Sciences, Universiti Sains Malaysia (USM), Kubang Kerian, Malaysia.

Tel: +609-7676839/ +6013-9322107

E-mail: norakmayunus@usm.my

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Her mood was low but had appropriate affect. The speech was relevant with normal tone. Otherwise, systemic examinations were unremarkable. She was diagnosed with major depressive disorder as she fulfilled the DSM-5 criteria and was started on T. Fluvoxamine 50mg once at night and T. Zolpidem 10mg every other day.

One week later, she came for a subsequent follow-up accompanied by her husband. She did not cry anymore and was able to sleep well. Despite improvement in her conditions, the primary cause was still not settled. She suddenly disclosed additional history, although she felt very ashamed for sharing it. The patient had recurrent intrusive thoughts about physical appearance and attributes of Allah, which greatly disturbed her prayers and daily activities. She knew that the thoughts were wrong for a Muslim to have in terms of 'aqidah or Islamic creed; nevertheless, she could not control them. This made the patient feel extremely sad and afraid to go out beyond her house because of such sinful feeling.

Taking this symptom into consideration, the diagnosis of major depressive disorder was reviewed. This case was discussed with a psychiatrist and diagnosis of obsessive-compulsive disorder (OCD) with comorbid depression was made. A religious teacher from the hospital's Islamic Unit was also approached to obtain to appropriately counter the false thoughts according to the Islamic teaching. Then, a mutual discussion on further management was held with the patient and her husband. Fluvoxamine was continued. The patient agreed to follow our advice to counter the thoughts with spiritual therapy and gradually begin to engage in activities with members of the society with the full support from her husband. On subsequent follow-up, she had shown tremendous improvement. The dose of Fluvoxamine had then started to taper down after a six-month period and was totally stopped after a duration of two years.

Discussion

Middle life is regarded as the transition period between young and older adulthood while midlife crisis is a concept describing middle life transition [4]. This period of life, although a normal life process, can pose many challenges to an individual as a consequence of the bio-psycho-spiritual complex interplay [5]. The biological changes associated with midlife include physical aging, changes in health status and the presence of menopausal symptoms. Psychosocial issues that are commonly related to midlife are self-reflection, empty nest syndrome, multiple roles as parent and caretaker of elderly relatives and preparing for retirement. Understanding these crises is very crucial as the life course transitions may cause stress and lead to various mental illnesses [5].

In 2012, Wong et al. reported the findings of their study on Malaysian women's perceptions and experience of midlife crisis, and the correlates of midlife crisis and sociocultural influences [6]. From their study, they have found issues that trigger midlife crisis among Malaysian women which include empty nest syndrome, impact of aging on sexual and reproductive function, extended parenthood, caring for aging or ill parents and career challenges [6], some of which were evident in this case report. While sexuality was not a topic discussed thoroughly during the consultation, the patient's inability to experience intimacy with her husband after menopause might have also triggered the OCD symptoms [7]. Furthermore, even though sexual topics are rarely discussed openly in the Malay culture, the patient admitted having sexual problem with her husband. This led to a feeling of guilt as in Islam, a wife's reluctance to fulfill her husband's

sexual needs without any valid reasons maybe regarded as a sinful act and precipitated the OCD onset.

In addition, self-reflection and re-evaluation of life achievement have been found as important agenda when people reach middle age [4]. These kinds of evaluations have provided the answer to how the patient's experienced OCD. Patient's had done a self-evaluation and regarded her religious practices as not up to the desired standard as a Muslim. This cognitive process had initiated a significantly new stressful experience which was dealt with mental disorganization process [5]. Inability to reorganize this process may lead to serious mental illnesses. As a result of her obsession of being a sinful belief, the patient changed her role from an active politician to an elder who was now focusing on religious matters. This was in line with Islam which teaches that one should prepare for the afterlife and death could come at any time [8,9]. As an elderly, the preparation of the after life would become a key agenda as there may not be adequate time to repent for the sins committed.

Moreover, the intrusive thoughts that had been experienced by this patient were related to her connection with Allah as she kept thinking about the physical appearance and attributes of Allah even though these thoughts are regarded sinful in Islam. Hence, this explains why our patient did not develop typical compulsive behavior such as excessive praying and asking forgiveness from Allah. Instead, she developed sadness and fear because of her sinful thoughts which later on led to full-blown depressive symptoms. Patients with OCD often have feelings of shame and secrecy [1]. That was why our patient took several weeks before disclosing her obsessive thoughts. This shameful feeling may lead to self-stigmatization that could exacerbate mental health problem.

OCD and major depression frequently comorbid with each other [1]. In this case, the patient's depressive symptoms were deeply rooted in her sexual inadequacy/ inability and guilty feeling regarding her sinful thoughts both conditions of which were related to her connection with Allah. While the treatment with selective serotonin reuptake inhibitors (SSRI) helped to tackle both conditions, spiritual advice from religious personnel was effective in eliminating the symptoms. Hence, the religious elements incorporated in the management of this patient were helpful in providing cultural-based holistic care that met her needs.

Conclusion

Although middle age is regarded as a natural phase of human life, some people might experience difficulties in dealing with the challenges during this phase. Mental disturbances are common consequences. Thus, family physicians should have a high index of suspicion in which appropriate screening of high risk patients should be carried out. It is also important to co-manage with psychiatrist or even religious personnel to offer holistic care to patients.

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