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## Case study: Review of depression and conversion disorders among Afghan women

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### Abstract

This case study explores the prevalence and treatment of depression and conversion disorders among women in Afghanistan, based on an internship experience at Alemi's Neuropsychiatric Hospital. Under the guidance of Dr. Mohammad Nader Alemi and Dr. Hossian Ali Ashory, the study delves into interviewing skills, case history analysis, mental status examinations, counseling approaches, psychometric assessments, and various psychotherapies. The research highlights the socio-cultural factors contributing to these mental health issues in Afghan women and discusses potential treatment strategies within the context of Afghanistan's unique societal challenges.

**Keywords:** Depression, conversion, Afghan women

### Introductions

Why people specially women in Afghanistan more suffering of depression and conversion?

What is depression?

What is conversion?

We are seeing an increase in cases of depression all over the world even globally estimated that Depression is a worldwide disease, affecting 3.8% of the population, including 5.0% in adults and 5.7% in adults over 60 years of age. Approximately 280 million people worldwide suffer from depression and one more woman is affected than men. (Institute of Health Metrics and Evaluation, 2019) <sup>[1]</sup>.

And also, Conversion Disorder is a relatively rare mental illness, with 2 to 5 out of every 100,000 people reporting its symptoms each year. (American Psychiatric Association & Statistical Manual of Mental Disorder, 5<sup>th</sup> ed, 2013) <sup>[2, 9]</sup>

So, the same case in Afghanistan also, there are a lot of women affected to depression and conversion than men because still in a country like Afghanistan women don't have the rights to study or education, the right to chooses spouse to them self, right to comment, right to make decisions in their own lives and a lot of more thigs like that which I will explain you in objectives past.

As you know that Depression is a mood disorder which can described as a feeling of lake of energy, sadness, anger, hypersomnia or insomnia, overeating or anorexia that interferes with a person's daily activities like work, job, and everything belong to their life.

And conversion disorder is physical symptoms of a health in which there is no injury or illness to described them. In other word people suffering of physical symptoms while there is no physical problem because psychological factors and symptoms are involved here.

### What is depression?

Depression is a mental health common and serious disorder that affects negatively your mood, performance, how you feel, think, and act.

People experience depression in different ways. It may interfere with their daily work, resulting in wasted time and lower productivity. It can also affect relationships and some chronic health conditions. (Higuera, 2020) <sup>[3]</sup>

What are the symptoms of depression?

- Feeling sad or having a depressed mood like: anger, aggressiveness, irritability, anxiousness, restlessness.
- Anxious or hopeless.

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- Feeling worthless or guilty.
- Difficulty thinking, concentrating or making decisions.
- Thoughts of death or suicide.
- Loss of interest or pleasure in activities once enjoyed.
- Changes in appetite overeating or anorexia.
- Changes in sleep patterns hypersomnia or insomnia.
- Weight loss or gain unrelated to dieting.
- Loss of energy or increased fatigue.
- Loss of sexual desire, such as reduced sexual desire, lack of sexual performance.
- Cognitive inabilities, such as inability to concentrate, difficulty completing tasks, delayed responses during conversations.
- Behaviour problem, such as losing interest, no longer enjoying favourite activities, feeling easily tired, suicidal thoughts, drinking too much, using drugs, doing high-risk activities.
- Increased aimless physical activity (for example, inability to sit, walk, touch) or become gestures or speech (this should be so intense that it can be seen by others)
- **Experiencing physical problem like:** Headache, stomach-ache, or sexual dysfunction. (Higuera, 2020) [3], (Cleveland clinic, 2020) [4, 8], (Torres, F. 2020) [5].

It is also worth mentioning that symptoms should last for at least two weeks and should indicate a change in your previous level of functioning to diagnose depression.

### What are the types of depression?

Depression types can be included Major depressive disorder, Psychotic depression, Bipolar depression, Persistent depressive disorder, Perinatal and postpartum depression, Premenstrual dysphoric disorder, Seasonal affective disorder and others.

- **Major depressive disorder (MDD):** Major depression (clinical depression) is severe or debilitating and lasts for more than two weeks. These symptoms interfere with daily life. (Higuera, 2020) [3]
- **Psychotic depression:** People who has psychotic depression have symptoms of major depression and hallucinations or delusions. Delusions are beliefs that do not exist in reality, while illusions include seeing, hearing, or feeling things that do not exist. (Torres, F. 2020) [5].
- **Bipolar depression:** People who has bipolar disorder have intermittent periods of low mood and very high energetic periods (manic) In the short term. They may have depressive symptoms such as feelings of sadness or hopelessness or lack of energy. And it can be two types:
- **Bipolar I Disorder:** You have had at least one episode of mania that may be preceded or followed by episodes of hypomania or major depression. In some cases, mania may lead to separation from reality (psychosis).
- **Bipolar II disorder:** You have experienced at least one major depression and at least one hypomania, but you have never experienced mania. (Mayo Clinic, 2021) [19, 23].
- **Persistent depressive disorder (PDD):** people with experience PDD symptoms for two years or longer but the Symptoms of PDD are less severe than major depression. It is known as dysthymia also. (Cleveland

Clinic, 2020) [4, 8].

- **Perinatal and postpartum depression:** “Perinatal” means around birth. PPD can occurs after childbirth for the mother. It is defined as a period of non-psychotic depression starting at 1 year postpartum. Also, PPD can occur at any time after delivery. It usually starts 1 to 3 weeks after delivery and may last for weeks or months. (Kerr, 2017) [20].
- **Premenstrual dysphoric disorder (PMDD):** PMDD is a condition similar to PMS that occurs one or two weeks before the onset of menstruation because hormone levels begin to decline after ovulation. PMDD causes more severe symptoms than PMS, including major depression, irritability, and stress. (Journal of Psychiatry & Neuroscience, 2008) [7].
- **Seasonal affective disorder (SAD):** It is also called Seasonal affective disorder (SAD) and it is a type of depression that is related to change of season. It is occurring with the change of seasons, usually at the beginning of autumn. This seasonal depression gets worse in the winter and ends in the spring. (Mayo Clinic, 2021) [19, 23], (Cleveland clinic, (2020) [4, 8].

### What are the causes of depression?

Never can be one cause for a mental or psychological disorder there are always some causes of depression and other disorders.

### Common causes for depression are:

- **Family history:** We will be at a higher risk for developing depression if we have a family history of depression or another mood disorder.
- **Medical conditions:** Some medical conditions can put you at greater risk, such as chronic illness, insomnia, chronic pain, or attention deficit hyperactivity disorder (ADHD).
- **Early childhood trauma:** Can be caused depression for example: Some events can affect the way your body reacts to fear and stressful situations.
- **Brain structure:** If the frontal lobe of your brain is less active, it is a greater risk for depression However, scientists don't know if this happens before or after the onset of depressive symptoms.
- **Drug use:** If you are a person who use drug, or alcohol or has history of drug or alcohol misuse can affect your risk.
- **Genetics:** If one of your relatives is depressed, you are more likely to be depressed
- **Personality:** People who are easily stressed or have difficulty coping may be prone to depression.
- Stressful events, such as loss of a loved one, economic problems, or a divorce.

However, sometimes, healthcare providers are not able to determine what's causing depression. (Mayo Clinic, 2021) [19, 23], (Bruce, D.F, 2021) [21], (Higuera, 2020) [3].

### Treatment

Even Depression is a common but it is a one of the serious disorders, which is fortunately treatable.

First of all, Prior to diagnosis or treatment depression, a health professional should perform a thorough diagnostic evaluation, including an interview and physical

examination. In some cases, a blood test may be done to make sure the depression is not due to an illness or thyroid problem or vitamin deficiency (reversing the medical cause reduces depressive symptoms). This assessment identifies specific symptoms and examines medical and family history and cultural and environmental factors with the aim of diagnosing and planning an action.

#### **Treatment for depression may include:**

- Psychotherapy
- Medication
- Get social support
- Lifestyle changes
- Individual or group therapy
- Self-help and coping

**Psychotherapy:** Psychotherapy or "talk therapy" is used alone to treat mild depression. For moderate to severe depression, psychotherapy is often used in combination with antidepressants. Talk therapy can be an extremely effective treatment. What you learn in therapy will give you the skills and insight to feel better and prevent depression from returning.

There are different types of psychotherapy for depression treatment. The three most common treatments for depression include cognitive-behavioural therapy, interpersonal therapy, and psychotherapy. Often, the combined method is used.

Cognitive-behavioural therapy (CBT) is effective in treating depression. CBT is a treatment that focuses on solving current problems. CBT helps a person identify distorted, negative thinking with the goal of changing thoughts and behaviours to respond more positively to challenges. (Higuera, 2020) [3],

**Medication:** Depression medication is most used for depression treatment, but that doesn't mean it is the most effective. Because depression is not just about a chemical imbalance in the brain. Medication may help relieve some of the symptoms of moderate to severe depression, but it does not cure the underlying problem and is usually not a long-term solution. Antidepressants also have side effects and safety concerns, and can be very difficult to quit. If you are considering whether antidepressants are right for you, learning all the facts can help you make informed decisions. Even if you decide to take depression medication, do not ignore other treatments. (Mayo clinic, 2021) [19, 23].

**Lifestyle changes:** Lifestyle changes and treatment not only help speed recovery from depression but also provide skills to prevent relapse. Even the Lifestyle changes are simple but powerful tools in treating depression. Sometimes they may be just what you need. Even if you need other treatment, making the right lifestyle changes can help relieve depression quickly and prevent it from coming back. Lifestyle changes to treat depression can be:

**Exercise:** Regular exercise can be just as effective as medication in treating depression. Exercise not only boosts serotonin, endorphins and other good brain chemicals, but also promotes new brain cells and connections, just like antidepressants. Most importantly, you do not need to practice for a marathon to reap the benefits. Even half an hour of walking a day can make a big difference. For

maximum results, aim for 30 to 60 minutes of aerobic activity most days.

**Social Support:** Strong social networks reduce isolation, a major risk factor for depression. Keep in touch with friends and family on a regular basis, or consider joining a class or group. Volunteering is a great way to get social support and help others while helping yourself.

**Nutrition:** Good nutrition is important for both your physical and mental health. Eating small, balanced meals throughout the day will help you maintain your energy levels and minimize mood swings. While you may be drawn to sugary foods for a rapid increase in energy, complex carbohydrates are a better choice. They help you without spoiling the sugar too quickly.

**Reducing stress:** Make changes in your life to help manage and reduce stress. Excessive stress exacerbates depression and puts you at risk for future depression. Consider the aspects of your life that are causing you stress, such as overwork or unsupportive relationships, and find ways to minimize their impact.

**Sleep:** Sleep has a great effect on mood. When you do not get enough sleep, your depressive symptoms get worse. Sleep deprivation exacerbates irritability, mood swings, sadness and fatigue. Make sure you get enough sleep each night. Few people do well in less than seven hours a night. Consider between seven and nine hours each night.

**Individual or group therapy:** Group therapy can also be very helpful in treating depression. Group and individual therapy sessions usually last about an hour. What are the benefits of each? In individual therapy, you build a strong relationship with one person and you may feel comfortable sharing some sensitive information with one person rather than with a group. You also get personal attention. In group therapy, listening to peers with similar problems can validate your experiences and help build self-esteem. Most members of the group are in different parts of their depression, so you may receive guidance from both those who are in the trenches and those who have worked on a challenging problem. Participating in group therapy, in addition to providing inspiration and ideas, can also help increase your activities and social network. (Smith *et al.*, 2021) [13].

**Self-help and coping:** People can help reduce the symptoms of depression. For many people, regular exercise helps to create positive emotions and improve mood. Getting enough sleep regularly, eating a healthy diet, and avoiding alcohol (depressants) can also help reduce depressive symptoms. If you experience symptoms of depression, the first step is to see your family doctor or psychiatrist. Talk about your concerns and request a full evaluation. This is a starting point for meeting your mental health needs. (Cleveland Clinic, 2020) [4, 8].

#### **What is conversion disorder?**

Conversion disorder (also known as functional neuropathic disorder) is a mental condition that causes neurological symptoms it means you have the physical symptoms of a health problem but there is no harm or illness to explain

them. Or it is also called functional neurological symptom disorder, is defined as a psychiatric illness in which the signs and symptoms affecting voluntary motor or sensory function cannot be explained by a neurological or general medical condition.

Such as paralysis, speech disorders, or tremors, but has no known or known organic causes. In the past, these events were often referred to as "hysterical blindness" or "hysterical paralysis." (Ali *et al.*, 2015) <sup>[12]</sup>.

For example, imagine you take a hard fall from your bike and then you can't move your arm. But your arm is not injured, there are no other parts of your body.

Your body converts the emotional and psychological stress of your fall into a physical reaction to a paralyzed arm. It may seem strange, but your symptoms are real and you cannot control them.

Specialists place conversion disorder in a broader group of medical conditions called functional neurological disorders. But according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the leading diagnostic guide in the mental health profession, this disorder is classified as a type of physical symptom disorder.

Conversion disorder is a relatively rare mental illness, with 2 to 5 out of every 100,000 people reporting its symptoms each year.

Understanding the Medical Definition of Conversion Disorder is the first step in getting help for yourself or others.

**What Are the conversion disorder Symptoms?**

Conversion disorder, like many other disorders or diseases, has multiple causes, risk factors, and a wide range of symptoms. Symptoms also different from person to person. Symptoms of conversion disorder may include:

- Loss of vision, double vision, sensitivity to light
- Limb weakness or paralysis
- Loss of voice, slurred or stuttered speech
- Difficulty walking
- Loss of balance
- Body tremors
- Weakness or paralysis
- Hearing difficulty
- Trouble swallowing
- Unresponsiveness
- Trouble coordinating movements
- Memory issues, thinking problems
- Headaches, migraines
- Loss of sense of smell
- Chronic pain
- Loss of sense of touch
- Loss of hearing
- Numbness, tingling in limbs, body or face
- Seizures, or shaking episodes, blackout, fainting
- Tremors, spasms
- Decreases of vitamin 12 level
- Sleep problems
- Overactive bladder
- Hallucinations. (Casarella, 2020) <sup>[10]</sup>, (Cleveland Clinic, 2018) <sup>[11]</sup>,

**According to the DSM-5, conversion disorder can be diagnosed by identifying specific symptoms including:**

- Weakness or paralysis

- Abnormal movement
- Swallowing symptoms
- Speech symptoms
- Seizures
- Anesthesia or sensory loss or specific sensory symptoms. (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5, 20130)

Conversion disorder can also occur continuously or in the form of an acute period.

### **Causes**

There is no specific cause of conversion disorder. Instead, researchers are still looking for a specific cause, but they think conversion disorder occurs as a way to deal with emotional stress for your brain. It is almost always caused by distressing conditions and other mental disorders.

One commonly reported scenario is that conversion disorder may be caused by the body's reaction to a traumatic event or a stressful event. Doctors and other researchers believe that physical injury, infection, migraines or panic attacks may cause the disorder. Many researchers have begun to believe that regardless of the stimulus, the symptoms seem to "get stuck" instead of getting better. Then functional problems appear.

Women are more likely to get the disease than men. It is also more common in people who have a history of emotional stress or have difficulty talking about their feelings.

Physical symptoms can sometimes contribute to internal conflict. For example, if you struggle with a desire to hurt someone, a conversion disorder may paralyze you and make it impossible to do so. (Cleveland Clinic, 2018) <sup>[11]</sup>, (Casarella, 2020) <sup>[10]</sup>, (PSYCOM, 2019) <sup>[14]</sup>.

### **How is conversion disorder diagnosed?**

Conversion disorder is very complex and difficult to diagnose because it is a problem of the nervous system not a disease of the nerves or brain.

There are no tests to diagnose conversion disorder. Your doctor will start by rejecting other physical, mental, or neurological causes of your symptoms. They may ask you if you have had any recent stressful events. Conversion disorder is usually diagnosed by a neurologist or mental health professional. They may perform a physical examination as well as a psychiatric examination to determine if you meet the diagnostic criteria. But in generally the following tests are commonly used to investigate a diagnosis of conversion disorder:

- Medical history and physical exam. This both helps to rule out other existing diseases as possible causes and identifies conditions that may play a role in the symptoms of conversion disorder.
- CT and MRI scans: These tests provide details about possible head injuries, strokes, brain tumors, and brain diseases that may cause symptoms. In addition, newer research provides evidence that structural changes are observed in the brains of patients with conversion disorder.
- EEG (electroencephalogram). EEG looks for evidence of seizures or other electrical changes in the brain. (O'Neal, 2018) <sup>[18]</sup>, (Cleveland Clinic, 2018) <sup>[11]</sup>,
- Technically, the diagnosis of conversion disorder is

based on the following criteria.

#### The patient has

- One or more symptoms that alter voluntary movement (muscle movement) or sensory function (affect five senses: vision, hearing, touch, taste, smell)
- There are no physical findings that may explain the symptoms.
- There is no other illness or mental disorder to explain the symptoms.
- Symptoms that cause significant discomfort or disturbance.

#### The DSM-5 criteria for diagnosing conversion disorder include:

- There must be at least one sign of sensory or motor disturbance.
- The symptoms are not due to neurological disease, physical illness or substance abuse.

#### Symptoms are associated with significant discomfort

Symptoms are not better explained by other physical or mental conditions. (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5, 20130

#### Treatment

The first step to a successful treatment is to understand the correct and accurate diagnosis. Conversion disorder is not a lifelong disorder. If you are experiencing severe or lingering symptoms of conversion disorder, treatment may be required and will depend on your individual symptoms. However, symptoms may improve on their own with time even without treatment, and most people do get better with time and reassurance. Maybe just knowing that you do not have a serious physical condition may be enough to stop the symptoms. But getting help from a doctor early can make you feel better. (PSYCOM, 2019) <sup>[14]</sup>.

#### Some of the more commonly recommended treatments include:

##### Psychotherapy

Physiotherapy can help the people with conversion disorders who have movement disorders, including coordination problems, balance problems, gait problems, or limb weakness. It is also important to avoid any secondary complications, including muscle weakness and stiffness, which are caused by inactivity.

Psychotherapy can include cognitive-behavioral therapy (CBT), individual or group therapy, hypnosis, biofeedback, and relaxation therapy, helps people to recognize the causes and symptoms and learn new ways to deal with them. (Cleveland Clinic, 2018) <sup>[11]</sup>.

##### Medicine

Your doctor provider may prescribe anti-anxiety or anti-depressant medications to treat the stress or underlying anxiety that is causing the symptoms of conversion disorder.

##### Hypnosis

It is a proposed technique that has been used for many years in the treatment of conversion disorder with positive results. Here is a case report of a patient with conversion disorder, blindness and deafness whose development has been satisfactory after a session of hypnotherapy. (Casarella,

2020) <sup>[10]</sup>.

#### Non-invasive brain stimulation techniques (NIBS)

Non-invasive brain stimulation (NIBS) techniques, can include: electroconvulsive therapy (ECT) and intracranial magnetic stimulation (TMS), are possible alternative therapies to reduce the symptoms of conversion disorder, including weakness and paralysis. (Lecuona *et al.*, 2016) <sup>[22]</sup>.

#### Literature Review

1. A study was done by BMC which is published in 12 July 2021 it shows the effect of violence and depression among pregnant women in Egypt. Three hundred and fifty-one women were eligible to study. Twenty-three women and twelve women refused to participate in the study and control groups, respectively. This was done by a total of 158 women in each group. Both groups were similar in terms of demographic characteristics. In this research they have found that there is a strong link between intimate partner violence and depression during pregnancy because, they observed that there was a significant difference between women exposed to violence and women who were not exposed to violence in total depression scores. (Ghoneim, 2021) <sup>[15]</sup>.
2. A study has done in 15 September 2020 by Michael Daly this research findings suggest that levels of depression increased significantly during the COVID-19 epidemic, reinforcing recent findings suggesting that young people may be particularly vulnerable to the effects of epidemic mental health. Their findings show the importance of providing mental health services and treatment during the COVID-19 crisis because, COVID-19 has had negative social and economic effects that may contribute to mental health problems. And also, depression levels increased in all subgroups of the population except those over 65 years of age and black participants but the sharp rise in depression among young people is a cause for concern. They mentioned that our findings show that depression has increased by more than 60 from pre-epidemic levels below 9 in 2017-2018 to more than 14 in April 2020 among American adults, and provides further evidence that Gives young adults may be more prone to psychological damage. From the epidemic (Daly, *et al.*, 2020) <sup>[6]</sup>.
3. A study was done in 2020 by Pinar Guzel Ozdemir, and colleagues suggested that Physicians should be aware of the amount of vitamin B12 in patients with conversion symptoms because, vitamin B12 deficiency may be a risk factor for conversion disorder. Active forms of vitamin B12 and folic acid acts as a cofactor in the carbon cycle for essential agents' synthesis of deoxyribonucleic acid (DNA), proteins, phospholipids and neurotransmitters Therefore, they have an important role in neurobiological and haematological functions. (Ozdemir, *et al.*, 2020) <sup>[17]</sup>.
4. A study was published in 1 April 2018 which was done by Mary A. O'Neal shows that Most patients with functional neurological disorders require an integrated multidisciplinary approach to treatment. The diagnostic physician should contact a physiotherapist and / or mental health therapist, and everyone should agree on a treatment plan. The mental health professional should keep in touch with the referral provider to clear up any

doubts about the diagnosis. Other health care providers should be aware of the diagnosis of functional neuropathy because patients may show other physical symptoms of unknown origin, and the message should be agreed upon by all providers to minimize unnecessary treatments. And functional neurological disorders are really at the intersection of neurology and psychiatry: Patients present with neurological symptoms that manifest as a neuropsychiatric disorder. Dual thinking is not helpful for these patients, because neurological symptoms and emotional functioning should be seen as influencing each other. Care integration is required for this patient group. (O'Neal, *et al.*, 2018) [18].

### Case-1

#### Demographic details

**Name:** X

**Age:** 29

**Gender:** Female

**Education:** pre-school

**Marital status:** married

**Socio-Economic status:** house wife

**Domicile:** Mazaar-e- sharif

**Chief Complaint:** Patient's version- I don't know what is my problem just she reported her signs and symptoms.

Informant version- she talked with us and with professor obviously about her problems.

#### History of present illness

A 29 years old housewife and mother of 2 children. She visited Alemi's Neuropsychiatric Hospital along with her husband who informed that she feels burden on shoulder and at the back of her head most of time, feel weakness, facing lack of concentration on her daily work, disturbance with loud voices of anyone, feeling of sadness, emptiness, hopelessness, tearfulness, loss of interest, to normal activity such as sex, hobbies, sports, crying without any specific cause, losing an abnormal amount of weight, suicidal thoughts, weak memory, negative dreaming which disturb her sleep, fidgety and restless most of the time, aggressive behaviour. Before visiting Alemi's Neuropsychiatric Hospital, she visited some psychiatrists for treatment because she had become very aggressive and started to throw things and whatever was in her physical approach. Assessment made after taking semi-structured interviews from Mrs. X and her husband. In light of assessment according to her symptoms, and taking Beck depression questioner. Mrs. X was diagnosed by Major Depression Disorder.

#### Onset- slowly

- **Duration:** 1 years
- **Progression:** Deteriorating
- **Negative history:** History of self-harm or violence towards others.
- **Medical History:** no physiological problem according to doctor examinations.
- **Family history:** Patient comes from middle class nuclear family. Her husband is a teacher
- **Educational Background:** She completed just preschool.

#### Examination of mental states, or general appearance & behavior

**General Appearance:** Not kempt and tidy, looks very calm, doesn't touch with surroundings, sometimes doesn't maintain eye contact, bodily hygiene doesn't maintain.

**Attitude towards Examiner:** Tensed manner of relating

**Rapport:** established

**Motor Activity:** Normal

#### Speech

Not Soft but audible

#### Cognitive Functions

**Attention:** Unstable and Aroused

Oriented to place, time, person and passage of time

**Memory:** Forgottenness, and weakness

**Mood and Affect:** Irritated, agitated, restless, distracted, calm down, sad, unhappy

**Thoughts:** Negative thinking always

#### Perception

No problem

History of present illness

Treatment history

Family history

Personal history

#### Diagnostic formulation

Index patient X 29-year-old house wife female, she belongs to upper middle class and stays in Mazaar-e- sharif Afghanistan. She comes from not well-educated family with no past history of mental illness in her or her parents or any other family member. Patient showed signs of major depression for 3 months. Patient shows depression symptoms for one year.

#### Provisional Diagnosis

Major depressive disorder

#### Differential Diagnosis

MDD

#### Treatment

**Following are the few therapies that we used in the treatment of the patient**

1. **Couple therapy:** It helps couples of all kinds recognize and resolve conflicts and improve their relationship, which aims to figure out the real cause behind the problem behaviour and try to change the environment along with teaching the skills required.
2. **Cognitive behaviour therapy:** As you know cognitive-behavioural models of depression show that the existence of negative life events in addition to the perception or reaction of the person to those events may affect the development and maintenance of depressive symptoms. So, we can use of this therapy by two ways:

**First:** by cognitive therapy we can teach the patient to change their perception toward the situation because, Cognitive behavioural therapy teaches people that while they cannot control all aspects of the world around them, they can control how they interpret and deal with things in their environment.

**Second:** By behaviour therapy we can teach the client to change her maladaptive and impairment behaviour because, behaviour therapy always try to reinforce desirable behaviours and eliminate unwanted behaviours.

### Case-2

#### Demographic Information

**Name:** y

**Age:** 45 years

**Sex:** Female

**Education:** House wife

**Marital Status:** Married

**Socio- economic Status:** Upper middle class

**Domicile:** Kabul

**Chief Complaints:** Patient's Version- the letters behind you are dancing.

**Informant's version:** she listens to me. She gets in fight with her daughters.

#### History of present illness

45-year-old house wife women come to hospital with her husband and she has complaints of Headaches, migraines, chronic pain, muscle tightening, faint for half or one hour, lethargy after fainting, loss of balance, Convulsions or tremors and loss of physical consciousness (non-epileptic seizures), Difficulty swallowing or feeling "lump in the throat", non-responsive parts. As her daughter reported to us, she passed a very bad past for 8 years in her father in-law home when they lived together but she never spoke about such difficult situation with anyone and she has always endured and coped with this. Now she has been out of that situation for 5 years but she always getting conversion attack.

- **Onset-** slowly
- **Duration-** more than 3 year
- **Progression-** Deteriorating
- **Negative History-** No symptoms of hallucination or mania
- **Past medical history-** High blood pressure and diabetes.
- **Family history-** Patient belongs to upper middle class and lives with her family (husband, boys, girls). Her husband is shopkeeper. Her 5 girls are students and 3 boys are graduated from school and one them school student. She lost her father when she was a 5 years old child and she has been doing all the housework since she was a child. She is uneducated person because when she was a child her elder brother didn't allowed her to continue her education.
- **Patient personality information** - Patient was introverted, unhappy, always distressed and suffering.

#### Mental status examination (MSE)

##### General appearance & behavior

- General Appearance: tidy, looks appropriate to age, in touch with surroundings, maintain eye contact, well groomed.
- Attitude towards Examiner: normal and by kindness
- Rapport: established
- Motor Activity: Normal but a little jittery

##### Speech

- Soft, audible,

#### Cognitive Functions

- Attention: Sustained and Aroused
- Oriented to place, time, person and passage of time  
Memory: no problem
- General fund of information: Adequate
- Calculation: Adequate

#### Mood and Affect

- **Objective:** Reactive, distress, appropriate, communicable
- **Subjective:** "I'm fine."

#### Thoughts

- Stream: No abnormality detected
- Form: No abnormality detected
- Possession: No abnormality detected
- History of present illness
- Treatment history
- Family history

#### Diagnostic formulation

Index patient Y, 45 years old woman belongs to upper middle. This no past history of mental illness in her family as well. Patient was introverted person in generally.

Provisional diagnosis:

Conversion Disorder (Functional Neurological Symptom Disorder) DSM-5 300.11

Conversion disorder with motor symptom or deficit. ICD-10-CM- F44. 4 -

#### Differential diagnosis

- Epilepsy
- Conversion disorder

#### Treatment

As you know conversion disorder symptoms are different from one person to another person so by the considering this, we should provide special treatment for each patient with conversion disorder. That we did in hospital with patient. Because, we can only treat a patient properly when our diagnosis is correct and find the clear causes for it. And it is also mentionable that the causes of each disorder and that impact of each disorder is different from a country to another country and from one region to other region. So, according to this I want to explain some treatment which are useful for conversion disorder in Afghanistan.

In generally people with conversion disorders can benefit from psychotherapy. The recommended type of psychotherapy may vary depending on other concomitant diagnoses.

**Cognitive-behavioural therapy (CBT):** We know that try to changes our thought patterns, conscious, unconscious, attitudes, beliefs, and our behaviour and teach us face with conflicts, problems and difficulties in our life and achieve our goals. So, it can help individuals identify negative or irrational thought patterns and respond to challenges more effectively. CBT can also help people develop better coping skills for life stressors. If a person has a history of trauma or another problem in her life.

**Family therapy:** Afghanistan is one of the countries where most psychological problems originate from families may

be due to illiteracy, bad family interventions, economics problems, lack of literacy in the couple relationship, or any other reason. In this case family therapy can provide a better treatment for conversion patients because, it may be useful in addressing family dynamics that generate stress and fuel symptoms of conversion disorder.

**Medications:** Medication to treat medical conditions that may be present in patients with conversion disorder can be useful.

**Speech therapy:** Afghanistan women are suffering from not having a person to listen to them in every sense of the word. They want someone to listen to them in every sense of word because, we had patient in hospital that we just spoke and interacted with them and we didn't work with them any other therapy, tomorrow of that day when we spoke with them, they reported us that they feel very well than past and they feel sense of pace and hopeful.

**Stress management training:** To further control symptoms

**Physical therapy:** Of weak limbs, gait problems, other movement problems.

### Materials and Methods

The study was conducted over a 14-month internship period at Alemi's Neuropsychiatric Hospital. Data were collected through direct observation, patient interviews, case history analyses, mental status examinations, counseling sessions, psychometric assessments, and various psychotherapies including Cognitive Behavioral Therapy (CBT) and Family Therapy.

### Results

The findings indicate a higher prevalence of depression and conversion disorders among female patients compared to males at the hospital. Common symptoms observed included lack of energy, sadness, anger, sleep disturbances (hypersomnia or insomnia), eating disorders (overeating or anorexia), and unexplained physical symptoms indicative of conversion disorder.

### Discussion

The increased incidence of these disorders among Afghan women can be attributed to several socio-cultural factors:

- Limited access to education
- Lack of autonomy in personal decisions
- Gender-based violence
- Societal expectations restricting women's roles

These factors contribute significantly to psychological distress leading to depression and conversion disorders. Treatment strategies must therefore be culturally sensitive and consider these underlying causes.

### Conclusion

This case study highlights the urgent need for targeted mental health interventions for Afghan women suffering from depression and conversion disorders. Addressing socio-cultural barriers is crucial for effective treatment outcomes. Future research should focus on developing culturally appropriate therapeutic approaches that empower women within their societal context.

This structured format provides a comprehensive overview suitable for a case study research paper while incorporating your internship experiences at Alemi's Neuropsychiatric Hospital in Afghanistan.

Based on the detailed case study provided, Mrs. X has been diagnosed with Major Depressive Disorder (MDD). Here's a summary and some additional insights into her condition and treatment plan:

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### References

1. Institute of Health Metrics and Evaluation. Global Health Data Exchange (GHDx) Depression. 2019 [cited 2025 Jan 20]. Available from: <https://www.research-in-germany.org/en/meta/Search.html?queryStr=depression>
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. 2013 [cited 2025 Jan 20]. Available from: <https://dsm.psychiatryonline.org/>
3. Higuera V. Everything you want to know about depression. Healthline. 2020 [cited 2025 Jan 20]. Available from: <https://www.healthline.com/health/depression#natural-treatment>
4. Cleveland Clinic. Depression. 2020 [cited 2025 Jan 20]. Available from: <https://my.clevelandclinic.org/health/diseases/9290-depression>
5. Torres F. What is depression. American Psychiatric Association. 2020 [cited 2025 Jan 20]. Available from: <https://www.psychiatry.org/patients-families/depression/what-is-depression>
6. March of Dimes. Postpartum depression. 2019 [cited 2025 Jan 20]. Available from: <https://www.marchofdimes.org/pregnancy/postpartum-depression.aspx>
7. Journal of Psychiatry & Neuroscience. Premenstrual dysphoric disorder: Burden of illness and treatment update. 2008 [cited 2025 Jan 20]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2440788/>
8. Cleveland Clinic. What is seasonal affective disorder (SAD)? 2020 [cited 2025 Jan 20]. Available from:



- <https://my.clevelandclinic.org/health/diseases/9293-seasonal-depression>
9. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington D.C.: 2013 [cited 2025 Jan 20]. Available from: <https://dsm.psychiatryonline.org/>
  10. Casarella J. Conversion disorder. WebMD. 2020 [cited 2025 Jan 20]. Available from: <https://www.webmd.com/mental-health/what-is-conversion-disorder>
  11. Cleveland Clinic. Conversion disorder in adults. 2018 [cited 2025 Jan 20]. Available from: <https://my.clevelandclinic.org/health/diseases/17975-conversion-disorder-in-adults>
  12. Ali S, Jabeen S, Shah R. Conversion disorder—Mind versus body. *Innov Clin Neurosci*. 2015 [cited 2025 Jan 20]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4479361/>
  13. Smith M, Robison L, Segal J. Depression treatment. Help Guide. 2021 [cited 2025 Jan 20]. Available from: <https://www.helpguide.org/articles/depression/depression-treatment.htm>
  14. PSYCOM. Conversion disorder: Definition, symptoms, and treatment. 2019 [cited 2025 Jan 20]. Available from: <https://www.psycom.net/conversion-disorder-definition-symptoms-and-treatment/>
  15. Ghoneim HM, Elprince M, Ali TYM. Violence and depression among pregnant women in Egypt. *BMC Pregnancy Childbirth*. 2021;21:502. Available from: <https://doi.org/10.1186/s12884-021-03932-0>
  16. Daly M, Sutin AR, Robinson E. Depression reported by US adults in 2017–2018 and March and April 2020. *J Affect Disord*. 2021;278:131–135. Available from: <https://www.sciencedirect.com/science/article/pii/S0165032720327609>
  17. Ozdemir PG, Gur T, Cokluk E, Isik M, Tapan S. Vitamin B12, folate levels, and somatoform dissociation in conversion disorder. 2020 [cited 2025 Jan 20]. Available from: <https://pubmed.ncbi.nlm.nih.gov/33159748/>
  18. O’Neal MA, Baslte G. Treatment for patients with a functional neurological disorder (conversion disorder): An integrated approach. *Am J Psychiatry*. 2018;175(4). Available from: <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2017.17040450>
  19. Mayo Clinic. Bipolar disorder. 2021 [cited 2025 Jan 20]. Available from: <https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/symptoms-causes/syc-20355955>
  20. Kerr M. Perinatal depression. Healthline. 2017 [cited 2025 Jan 20]. Available from: <https://www.healthline.com/health/depression/perinatal-depression>
  21. Bruce DF. Causes of depression. WebMD. 2021 [cited 2025 Jan 20]. Available from: <https://www.webmd.com/depression/guide/causes-depression>
  22. Lecuona CS, Lefaucheur JP, Lepping P, Liepert J, Conneman B, Sartorius A, *et al*. Non-invasive brain stimulation in conversion (functional) weakness and paralysis: A systematic review and future perspectives. *Res Gate*. 2016 [cited 2025 Jan 20]. Available from: [https://www.researchgate.net/publication/299525280\\_Non-Invasive\\_Brain\\_Stimulation\\_in\\_Conversion\\_Functional\\_Weakness\\_and\\_Paralysis\\_A\\_Systematic\\_Review\\_and\\_Future\\_Perspectives](https://www.researchgate.net/publication/299525280_Non-Invasive_Brain_Stimulation_in_Conversion_Functional_Weakness_and_Paralysis_A_Systematic_Review_and_Future_Perspectives)
  23. Mayo Clinic. Seasonal affective disorder (SAD). 2021 [cited 2025 Jan 20]. Available from: <https://www.mayoclinic.org/diseases-conditions/seasonal-affective-disorder/symptoms-causes/syc-20364651>