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Relationship Disappointment Stress Syndrome as a Cultural and Post-Trauma Phenomenon in Sub-Saharan Africa: Case Report

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ABSTRACT

This report presents the case of a not yet well-researched condition referred to as relationship disappointment stress syndrome (RDSS). This syndrome appears to be linked to cultural norms that romanticize marriage and unresolved post-traumatic sequelae, both of which may contribute to overly optimistic relationship expectations. When these expectations are unmet, individuals may experience the profound effects of disappointment. This case study highlights the experience of three selected patients out of 10 cases who underwent psychotherapy at the Baho Smile Institute in Rwanda. We observed three patients over a 3-month period; we conducted 12 sessions using compassion-focused therapy that emphasizes restoring humaneness. The results showed the patients to have the following main symptoms: somatic, interpersonal, and purpose-related issues, such as headache, backache, neck pain, pseudo-paralysis, losing trust and interest in others, diminished sexual desire, loss of humanism, excessive preoccupation with relationships, and feelings of failing in life's purpose. Further empirical studies are needed to confirm the findings of this case report.

1 | Introduction

> I am not depressed or traumatized, I am only disappointed.

Traumatic experiences are linked to different types of expectations, including ideal, normative, and predicted [1–3]. Ideal expectations, including visions and desires, are linked to optimism [4, 5], while normative and predicted expectations are associated with hope, involving anticipation and planning for the future [6]. Research indicates that optimism and hope are essential in helping trauma survivors recover from adversity [5, 7, 8].

However, optimism can be a double-edged sword, as shown in the Janus-faced model of post-traumatic growth [8]. For trauma survivors still in distress, optimism can act as a self-soothing mechanism, reflecting the illusory side of post-traumatic growth (PTG), which may hinder life purpose and contribute to psychopathology like depression and PTSD [9–11]. Traumatic events often reduce life purpose by affecting personality openness and vitality, hindering resilience [10, 12–14]. As a result, trauma survivors may rely on passive optimism, creating illusory future expectations instead of focusing on concrete plans for success [11]. This occurred with the trauma survivors in this case study, who believed their healing depended solely on future marriage, narrowing their

Summary

- Relationship disappointment stress syndrome (RDSS) represents a newly identified potential syndrome within Sub-Saharan Africa, linked to cultural norms and post-trauma sequelae. This warrants further investigation to better understand its implications.
- Compassion-focused therapy like that focuses on cultural values like "Ubuntu" shows promise in assisting individuals grappling with RDSS, yet additional research is warranted to fully explore its effectiveness.

purpose to this goal and creating illusory expectations without a clear and open plan for life.

Moreover, cultural norms and beliefs can serve as contributing factors in the amplification of ideal expectations among individuals who have experienced traumatic events [15]. For instance, trauma survivors in Sub-Saharan Africa often report cultural views that regard marriage as a symbol of paradise, power, and success [16, 17]. During therapeutic sessions, trauma survivors in Africa disclosed that despite enduring numerous traumatic events since childhood, they held a strong belief that marriage or relationships would offer them solace and serve as a form of compensation for what they perceived they had missed out on in life, as instilled by their cultural teachings. They regarded a partner as a healer and placed the purpose of their life in their future marriage or relationship. Consequently, many young people with a history of traumatic exposure in Africa enter into early marriages without a clear plan for marriage [16, 18]. This coheres with research results in Africa and other collective communities that reflect a complex interaction between cultural norms, depression, PTSD, and marital experiences among individuals who have experienced traumatic events [19–21].

From this standpoint, one could argue that traumatic exposure, coupled with entrenched cultural beliefs, may inhibit the functionality of the openness aspect of personality, thereby fostering a tendency to embrace palliative expectations in relationships [8]. Therefore, when survivors' expectations in relationships go unmet, they become more susceptible to experiencing profound relationship disappointment. This can manifest as a distinct syndrome that clinicians may mistakenly confuse with depression or PTSD or neurological conditions, as illustrated in the following case study. The disappointment undermines their sense of *Ubumuntu* (humaneness) as a centerpiece of existence, and "Ubuntu" as the greatest quality of human beings in African cultures [22, 23].

Hence, we formulated a working definition of relationship disappointment stress syndrome (RDSS) as a distressing emotional state stemming from unmet relationship expectations. It manifests in somatic, interpersonal, and purpose-related symptoms, such as headache, neck pain, pseudo-paralysis, losing trust and interest in others, loss of humanism, excessive preoccupation with relationships, and feelings of failing in life's purpose. To restore a sense of purpose and trust while addressing the influence of cultural beliefs, we utilized techniques grounded in compassion-focused therapy (CFT; [24]) with a focus to revitalize the humaneness and Ubuntu (I am because you are) values.

VIDEO 1 | Chadia's film transcription. Video content can be viewed at https://onlinelibrary.wiley.com/doi/10.1002/ccr3.70448

2 | Case History

Chadia is a 25-year-old woman. She faced severe hardship and abuse in her childhood. She believed that marriage would bring peace and a better life and heal the past traumatic wounds, a view she learned from her peers and elders. She married at 21, but after a year, she felt deeply disappointed. Her husband was unsupportive, neglectful, and abusive, both emotionally and physically. She had an abortion due to abuse, and soon began to experience bitterness, loss of trust in human beings, suffocation, and stomach pain. One month later, she suffered temporary paralysis of her legs, unable to walk (see Video 1), headache, neck pain, and sleeping problems. She was constantly preoccupied with her relationships and had lost interest in being intimate with her partner. Chadia returned to her biological family, as her husband was unsupportive. Medical tests such as radiotherapy of the legs, magnetic resonance Imaging (MRI) of the brain, and blood tests like complete blood count (CBC) revealed no neurological cause for her condition. She was prescribed medications such as prednisolone 5 mg and tramadol, along with physiotherapy sessions, but only minimal improvement was observed. After 2 weeks of hospitalization and physiotherapy, she was discharged before fully recovering, as it was believed that the symptoms would gradually resolve, given the absence of any neurological condition. At that moment, the family turned to traditional healers, believing her symptoms were caused by witchcraft. When her condition worsened, Chadia was brought back to the hospital. The medical doctors decided to refer her to a psychotherapist, as she had been unable to speak since the beginning of her treatment. She relied on body language and gestures to communicate. After three psychotherapeutic sessions of CFT, the therapist helped Chadia regain her voice and trust. She eventually opened up, revealing feelings of helplessness, disappointment, bitterness, loss of purpose in life, and powerlessness due to her marriage.

3 | Differential Diagnosis

The differential diagnosis included PTSD, complex PTSD, depression, and neurological conditions. However, neurological assessments revealed no evidence of any underlying disease. She scored 3 on the Patient Health Questionnaire-9 [32] and 5 on the core symptoms of PTSD as assessed by the International Trauma Questionnaire [33], without meeting the criteria for Complex PTSD, as her functional impairment score was 2. These results revealed no significant symptoms of depression, PTSD, or complex PTSD. Additionally, the clinical assessment did not reveal any symptoms of these disorders. Chadia believed that rebuilding a supportive relationship with her husband, healing emotional wounds, and finding life purpose would restore her well-being. This became the focus of therapy.

4 | Conclusion and Results

Based on the clinical and physical examinations, along with the patient's history, we concluded that the patient is suffering from RDSS. Therefore, we have initiated intensive CFT treating the RDSS. Within a week of therapy, Chadia regained her ability to speak, laugh, and walk with minimal support. After a month, she successfully applied for a job, though she chose not to return to her husband due to communication difficulties. Two weeks after stopping therapy, Chadia experienced a relapse, feeling powerless and having difficulty walking again. She resumed therapy, and with her husband's involvement, her recovery progressed. Although her job ended after 6 months, Chadia started her own successful business, feeling more fulfilled and purposeful. She said: "there was no difficulty in transitioning from quitting my job to starting a new business because I am fully recovered." I have found my purpose in life and feel truly fulfilled. My husband is supportive, and I am now looking forward to the birth of a child after my recovery. For similar cases please see Supporting Information.

5 | Discussion

The objective of this case report was to shed light on a likely clinical syndrome identified as a potential cultural and post-trauma phenomenon in Sub-Saharan Africa. Some studies conducted in Africa and other collective communities had revealed a nuanced interplay between cultural norms, mental health outcomes, and marital experiences among individuals who have undergone traumatic events [19–21]. For instance, research has revealed that the legacy of Apartheid and the societal norms surrounding marriage are intricately intertwined with depression among couples [19]. A study conducted in South Asia revealed that within patriarchal and patrilineal societies, marriage can significantly increase the risk of major depressive symptoms in women at a rate three times more than in men; moreover, traumatic exposures served as a backdrop to these associations [25]. Similar research conducted in Malaysia had found that multiple exposures to life-threatening events could result in various mental health challenges and indirectly influence the dynamics of marriage among those affected [20]. However, RDSS differs from depression, as its core symptoms include somatic, interpersonal, and purpose-related issues, such as losing trust and interest in others, diminished sexual desire, headache, paralysis, loss of humanism, excessive preoccupation with relationships, and feelings of failing in life's purpose. In contrast, depression is primarily characterized by central symptoms of fatigue, feeling down, and hopelessness. Additionally, the PHQ-9 assessment did not reveal a significant cutoff value for depression [26]. Similarly, although most individuals with RDSS symptoms were trauma survivors, they did not exhibit clinical signs of PTSD like avoidance, sense of current threat and re-experiencing or symptoms of complex PTSD. Often, patients ask therapists not to confuse their current illness with their past traumatic history or symptoms. This distinguishes RDSS from PTSD or complex PTSD. Furthermore, the patient's symptoms initially suggested a neurological condition; however, the neurological examination revealed no underlying medical issues. Therefore, with caution, this could confirm that RDSS is a specific syndrome that requires further investigation. As shown in the present case study, RDSS can be associated with optimism and cultural beliefs that create palliative expectations in marriage, this in relation to previous research

that had indicated the illusory side of PTG can be associated with mental disorders [9, 27]. In the same vein, cultural beliefs and value orientations can influence the onset of mental disorders [15, 17, 28].

The African concept Ubuntu translated as "humanity towards others" has been shown to revive individuals, families, and community [29]. Therefore, in this study, we implemented CFT [24] with emphasize on recovering their sense of humanness and Ubuntu. Patients' testimonies indicated that this therapy is beneficial because it emphasizes the revival of cultural values like Ubumuntu (humaneness), encompassing compassion, generosity, and humanism, while fostering openness and purpose in life. This aligns with previous research suggesting that integrating humanistic cultural values and techniques into psychotherapy is particularly beneficial, especially within collectivist communities [30]. CFT has proven effective in treating transdiagnostic psychopathological symptoms, particularly in collectivistic communities [31].

However, this case study is subject to several limitations. First, this might be the first time this phenomenon has been formally analyzed in an African context and globally. However, within 10 cases received so far, eight of the patients were from Rwanda. Therefore, future studies would need to explore this issue with many participants from other countries. Although the patients with probable RDSS did not meet the conventional criteria for depression, PTSD, or CPTSD, future empirical studies need to explore the relationships among these disorders. Also, many of the patients were female. This could be related to the cultural background in which men are not encouraged to talk about their suffering [17]. Future studies should explore gender dynamics and RDSS more.

Despite the limitations of this case report, our findings have several implications. First, clinicians, particularly in Sub-Saharan Africa, must consider the impact of disappointing relationships in their daily work, especially when working with people exposed to traumatic events. Also, premarital counseling for couples before marriage might be more strongly encouraged, where people learn the pros and cons of a relationship, as well as the responsibilities of each partner. As expressed by the participant, the "heart wounds" caused by the previous experiences had reinforced her unenlightened expectations. Therefore, a community program might be developed to help young people heal their emotional wounds before marriage. Overall, future research is needed to further explore the mechanisms and emergence of RDSS, develop an RDSS questionnaire with standardized psychometric features, validate CFT in a fine-grained way, and implement randomized controlled trials to evaluate its effectiveness and expand its use.

6 | Conclusion

The prior clinical work in collectivist communities had mostly focused on already defined disorders such as depression or PTSD. Because some people have been exposed to cumulative trauma, especially in Sub-Saharan Africa, clinicians, researchers, and policy makers usually recommend trauma-related interventions. However, the findings of this case report demonstrate the need to open the horizon to other symptoms and syndromes, such as RDSS, which can get overlooked by mental health professionals in other contexts.

Author Contributions

Celestin Mutuyimana: conceptualization, data curation, formal analysis, funding acquisition, investigation, methodology, project administration, resources, software, supervision, validation, visualization, writing – original draft, writing – review and editing.

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Ethics Statement

The patients signed a consent form prior to data collection and accepted the anonymous publication of the case study.

Consent

Written informed consent was obtained from all three patients to publish this report in accordance with the journal's patient consent policy.

Conflicts of Interest

The author declares no conflicts of interest.

Data Availability Statement

The qualitative data that support the findings of this study are available to the first author for ethical reasons, and they can be made available upon request.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.