



Utilizing Eclectic Approach to Enhance Resilience in the Academic Transition of Early Adulthood: A Case Study

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Abstract

Life transition is a complex developmental process of interaction between situational and individual bio-psycho-social aspects (Waterman and Archer ,1990; Sokol, 2009). Adjustment difficulties arising from such transitions have been treated before with various evidence-based therapeutic modalities such as Bibliotherapy, Support groups, Cognitive-behavioural interventions and Mindfulness-based approaches (Nardi et al. 1994; Arends et al., 2012; Hoffman et al., 2012; Bos et al. 2014; Shah et al. 2014; Domhardt & Baumeister, 2018;). The current article sheds light upon a case study of a 27-year-old female outpatient diagnosed with Adjustment difficulties in her academic life transition with the help of eclectic approach of psychotherapy synthesizing various interventions in the tailor-made management. It attempts to elucidate upon how strengthening Resilience through Eclectic approach facilitated patient's motivation and decision making in her crucial academic transition. Finally, it establishes rationale for community level efforts in establishing psychosocial support for young adults for such crucial transitions.

Keywords: academic life transition, resilience, adjustment disorder, eclectic approach, early adulthood.

1. Introduction

1.1 Life transitions and human development

During the period of adolescence to adulthood, individuals go through the experience of increased self-direction and increased sense of responsibilities. These are essentially familial, academic as well as financial in nature (Arnett, 2000).

While we explore different components of life transitions in terms of academic and social aspects, a major component of social roles is explained by “Role theory” by Linton (1936) emphasizing social status as well as behaviours associated with it. It indicates the behaviours expected from a status occupant. At the same time, it talks about ‘role allocation’, the processes by which roles are assigned to individuals and to the everchanging complexities of role entry and exit. These are determined and facilitated by the process of socialization and are monitored by social sanctions (Brim, 1966). Apart from socialization, there are multiple factors that moderate and mediate the amount of stress experienced by the individual during the life transitions, this includes temperament or personality, economic resources, coping mechanisms, interpersonal relationships, and emotional support from the people around (Bridges & Bridges, 2019).

Apart from this sociological perspective, Erik Erikson’s developmental perspective of psychosocial stages talks about identity formation vs. identity confusion as well as intimacy vs. isolation during the period of this early adulthood transition (Schachter & Galliher, 2018). It talks about the newfound cognitive skills and physical abilities (Kroger, 2004). It enhances interaction with communities since confidence is gained. Giving attention particularly to career domain, he mentions that the inability to settle on an occupational identity disturbs most young people during this stage of psychosocial development. The personal coherence of self-sameness is through evolving time, social change and altered role requirements, and when one becomes unable to manage the matching of personal attributes to environmental outlets available for expression, role confusion occurs. According to Waterman and Archer (1990), most extensive advances in identity development occurs during college years, as students learn decision making regarding various aspects of life including work, lasting friendships and relationships as well as political beliefs (Sokol, 2009). Moreover, transitioning from young to middle adulthood, individuals of all genders frequently change their values, goals, things they find important in their lives and the aims they strive to achieve (Harkar & Soloman, 1996).

1.2 Adjustment difficulties: A clinical perspective

Among the mental disorders under the spectrum of Trauma and Stress-related disorders, Psychopathology emerging from the period of adaptation to a significant life change or to the consequences of a stressful life event is explained. The life change affects the integrity of an individual's social network through separation experiences or the wider social supports and values, for example, due to migration (International Classification of Diseases, ICD 10, WHO).

Considering the Diathesis-stress perspectives (Butcher, 2019), individual predisposition or vulnerability plays a greater role in the risk of occurrence and the shaping of manifestation of adjustment difficulties. The onset is usually 1 month and the symptoms rarely persist post 6 months. The presence of life transitioning event or stressful situation posits as clear evidence of psychological distress and impairment establishing a clear temporal connection with the change happening within less than 3 months of the symptoms. Both anxiety and depressive features may be quite prominent during the distress. However, other emotions may also emerge including anger, guilt, worry leading to either aggressive behaviour or a complete passive approach reflecting from significant social isolation and contemplative patterns. A prolonged clinical distress is also coded under the same clinical diagnosis with the specifier of prolonged depressive reaction. The material as well as social and emotional transitions in terms of independence as well as interpersonal effectiveness pose a possibility of such psychological distress through daunting pressure on the available resources, as well as the opportunities to grow in the context of the difficulties, what Positive Psychological paradigm calls 'Resilience' (Baumgardner, 2014).

1.3 Role of resilience

In the face of such adverse stressors or life-altering events, Keyes & Lopez (2002) state that the six factors that are predictive of resilient responses are self-acceptance, personal growth, purpose in life, environmental mastery, autonomy and positive relations with others (Ryff & Singer, 2003). Thus, foundation of Resilience includes these psychological resources such as a flexible self-concept that allows people to alter key aspects self-definitions in response to changing circumstances, sense of autonomy, self-direction, environmental mastery as well as competence. On a similar note, social resources of Resilience include quality interpersonal relationships providing warmth, intimacy and social support. Quoting a rubber-band metaphor, resilient individuals are able to regain the composure and confidence, and move forward with their lives despite the stressful circumstances (Baumgardner, 2014).

Thomas and Revell (2016) highlight this flexibility in their conceptualization of resilience. They define it as the ability to overcome adversity and cope effectively in problems faced which also includes how one learns to develop stronger flexibility from situations encountered. Thus, resilience acts as a psychological insulation that protects against the psychological problems that may arise as a result of a life-altering event or circumstance.

As a psychological variable, resilience is studied as one of the strengths of human life in the realms of Positive Psychology. In layman terms, it can be explained as the capacity to recover from extremes of trauma and stress (Truffino, 2010). Levin et al. (2013) mention that it is an approach that explains complex human adaptive systems that emphasizes socio-ecological systems in the field of research. Initially proposed by Holling (1973), it is a way to understand eco-system's capacity to absorb change. Folke (2006) explains it as the cultivation of capacity to sustain development in the face of change, incremental and abrupt, expected and surprising. Van Breda's Resilience theory (2001) states that it is a dynamic process balancing risk and protective factors in the face of adversity.

The Theory of Resilience and Relational Load (TRRL), a new theory of stress and resilience in close relationships is built to bridge the gap between theory and practise providing ways to individuals in social systems to become resilient and thrive under stress (Afifi, Merrill & Davis, 2016). Similar to this theory, researchers Norris et al. (2008) also define it as a process linking a set of adaptive capacities to a positive trajectory of functioning and adaptation after a disturbance, which emerges out of the adaptive capacities. Additionally, Fiksel (2006) defines it as the capacity of a system to survive, adapt and grow in the face of change and uncertainty. Charney (2004) identified ten individual characteristics that have been shown to be correlated with resilience. These include optimism, altruism, having a moral compass, faith or spirituality, humour, having a positive role model, social support, facing fear or being able to leave one's comfort zone, meaning towards life, and being open to challenges in life.

1.4 Proven therapeutic modalities

A step-by-step psychological care approach of treatment includes watchful monitoring of the symptoms initially by a general practitioner and low intensive initial self-help psychological interventions such as Bibliotherapy, taking help of e-mental health interventions such as software apps of psychological support as well as participating in the support groups that enhance healing in the community set-ups (Domhardt & Baumeister, 2018). Bos et al. (2014) as well as Shah et al. (2014) state the greater significance of mindfulness-based

relaxation interventions being associated with improvement in psychological symptoms, Quality of Life and mindfulness skills. These include mindfulness-based breathing exercises as well as autogenic training. Ekers et al. (2014) finds behavioural activation as one of the promising treatments to curb depressive features associated with adjustment to life transitioning events. With an overarching goal of symptom reduction, with different behavioural and emotion-focused techniques, Cognitive-behavioural therapy has been proven to be an excellent therapeutic modality to curb anxiety and depressive features associated with adjustment by modifying the dysfunctional core beliefs activated by specific environmental events (Nardi et al. 1994; Arends et al., 2012; Hoffman et al., 2012).

2. Case Scenario

A 27-year-old single female, unemployed, with education till graduation in computer engineering, from urban upper middle socioeconomic background and having elder brother, presented with complaints of confusion, low mood, loss of energy, loss of pleasure, disturbed sleep, disturbed appetite, poor concentration, hopelessness and worthlessness and a history of spondylitis-related health complaints as well as history of PCOD. The onset of the disorder was insidious, the course was continuous and the progress was fluctuating. She was under a psychiatrist's treatment for clinically alarming anxiety symptoms in 2019 for 3 months and she stopped the treatment on her own without consulting the doctor. Her mother took her to the clinic for psychotherapy where she was offered individual therapy.

Among the significant pre-disposing factors were significant discord with her maternal grandparents as well as physical illness history as mentioned above. It was noted that the precipitant was getting an acceptance from a UK based university for further education around 15 days before the day she booked her 1st session with the psychotherapist. Since then, the patient started to see a significant drop in her confidence, and as a result, her mental and physical health suffered. After repeated rejections in multiple university applications abroad since past 3 years, a sudden acceptance and speeded-up process for Visa had put her into significant pressure, confusion as well as heavy self-doubt. The perpetuating factors were the patient's worry towards mother's poor health as a result of mother's repeated fights with patient's maternal grandparents and their lack of respect and care towards patient's mother even after her caring and supportive nature towards them. Moreover, patient had stopped indulging in her regular leisure activities as a result of depressive features including reading, Zumba,

Yoga, Gym, and watching drama. Multiple cognitive distortions causing erroneous thinking were another important perpetuating factor.

3. Psychosocial Assessment

For a tailor-made management plan, a standardized scale to rate the severity of the depressive and anxious features among the patient was crucial which could accurately gauge the prevalent psychopathology. With the same rationale, Beck's Depression Inventory-II (Beck, 1996) was administered to the patient. The questionnaire consists of 21 items mapping sadness, pessimism, past failures, loss of pleasure, guilty and punishment feelings, changes in sleep and eating patterns, self-criticalness, suicidal thoughts, crying spells, agitation, loss of interest, deficit in decision making, worthlessness, loss of energy, self-dislike, irritability, concentration difficulties, fatigue as well as loss of libido. The test shows good test-retest reliability ranging from .7 to .9, with an excellent internal consistency of .90 (Beck, Steer & Brown, 1996).

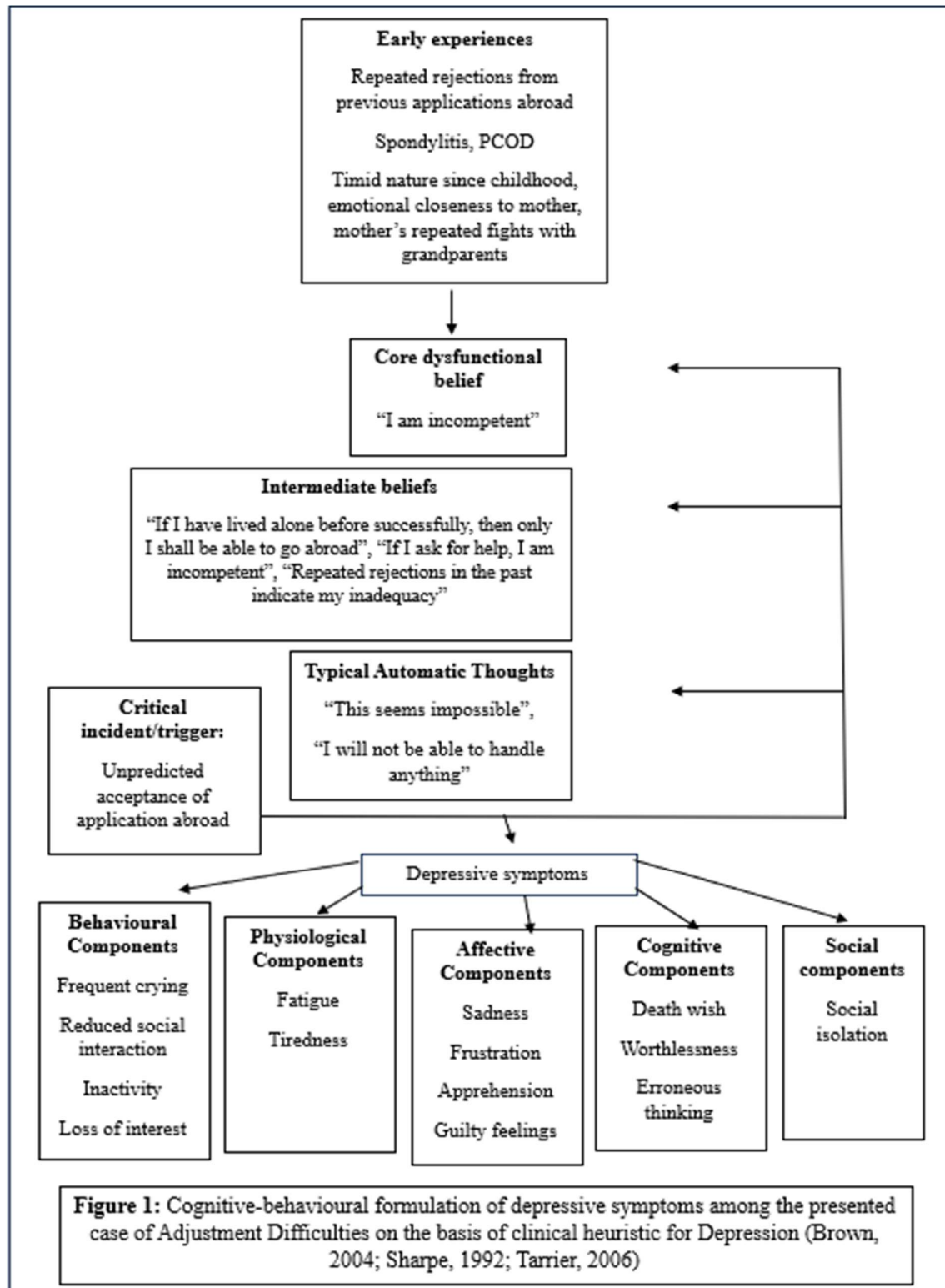
On the assessment, the patient showed the total raw score of 29 which falls in the range of 19-29 indicating moderate severity. Her severe distress was observed on the domains of agitation, indecisiveness and fatigue & tiredness. Moderate distress was observed on the domains of low mood, pessimism, rumination over past failures, sleep disturbance, worthlessness, loss of energy, and self-dislike. Mild distress was observed on the domains of concentration, loss of pleasure, guilt, self-criticalness, death wishes, crying, and loss of interest. Disturbance among the domains of punishment feelings, irritability, and loss of libido was absent.

In the family dynamics, her major support has been her mother. Overall, family conflicts with grandparents and history of repeated rejections from earlier university applications deteriorated the self-worth among the patient, left her questioning her abilities to opt for the opportunity to study and live by herself abroad.

4. Therapeutic formulation and goals:

Figure 1 below explains the complex interaction of the bio-psycho-social elements of the patient's clinical heuristic with the help of cognitive-behavioural therapeutic formulation. Such therapeutic formulation is a crucial step in psychotherapy as it builds a strong foundation for tailor-made interventions-selection for the patient considering his/her personality, environment, unique coping mechanisms as well as complaints.

The immediate goals of the individual sessions were to provide psychological support, psycho-educate to enhance illness awareness among the patient, to enhance her self-worth as well as mood, and facilitation of organized problem-solving. The short-term goal was to evaluate the patient's symptom severity and concerns, to improve motivation, enhance self-image and develop better emotion regulation strategies. The long-term goal was to enhance adaptive thinking through modification of erroneous thinking patterns to address ongoing health disturbances.



5. Discussion

The cardinal features of mixed anxiety depressive features in adjustment disorder, as per ICD-10 diagnostic guidelines, include subjective emotional disturbance interfering with social functioning and performance arising in the period of adaptation to significant life change, which are fulfilled in the clinical picture of the current patient. As per the health belief model, it can be seen that the perceived threat levels among the patient were significantly affected, which reflected in high tension levels (Hochbaum, 1958; Rosenstock, 1966). The cognitive-behavioural formulation was applied to understand the clinical picture of the patient.

The beginning stage focused on building rapport with the patient, validating her emotional experiences and the disturbances that manifested from significant cognitive distortions, enhancing motivation and self-image, and offering supportive therapy to acknowledge her distress. The therapist offered a safe space for the patient to express her feelings and concerns. Empathic active listening with an unconditional regard towards the patient facilitated sharing of her concerns. As she started feeling better clinically, further sessions focused on restructuring the internal erroneous thinking regarding her capabilities and career success. Using activity scheduling as an exercise, she made daily notes of the activities enhancing her mood as well as her confidence, chose a few tasks that showed a significant rise in both mood as well as confidence and tried to reflect upon her dysfunctional thinking patterns. She wanted to reduce her frequent pessimistic thought processes and wanted to step towards progress for a better future. She was made aware of the relevance of clinical assessment in accurate management plan as well as the significance of psychotherapy in enhancing the effectiveness of dealing with life stressors. Eclectic approach of Psychotherapy was utilized since it is a well-developed integration than facing issues due to inadequacies of any one theoretical perspective. It has become the mainstay in the practice of Psychotherapy since the 1990s and thus allows the practitioners to synthesize diverse methods to treat the patient.

Session Phases	Objectives	Techniques Used
Initial phase (Sessions 1-3) Duration 30-45 min	• Detailed clinical interview Establishment of rapport And addressing the death wish of the patient • Psycho-diagnostic assessment • Enhancing illness awareness mood and confidence • Identification of strong reasons to bring positive change	• Psycho-education based on George Engel's Bio-Psycho-Social model • Behaviour activation • Daily Mood Chart • Motivational Enhancement Therapy Phase 1 [Cost-benefit Analysis]
Intermediate phase (Sessions 4-7) Duration 30-45 min	• Strengthen Motivation to Change • Enhance healthy decision making • Enhance healthy self-concept • Enhance Emotion regulation	• Planful Problem Solving Exercise from Reducing Cognitive Overload module – Problem Solving Therapy • Dialectical Behaviour Therapy - Healthy Self-image Worksheet (Self-affirmations), credit listing • Motivational Enhancement Therapy Phase 2 [Filling Change Plan Worksheet] • Dialectical Behaviour Therapy – Feelings Model worksheet
Termination phase (Sessions 8 to 10) Duration 30-40 mins	• Reflect upon and modify cognitive distortions • Discuss, review and renew commitment to change	• Dialectical Behaviour Therapy – REASON mind and shifting thoughts worksheet

	• Facilitate healthy stress inoculation • Preparing the patient for termination by revising and discussing skills and interventions	• Positive vs Negative Problem solving orientation Exercise - Reducing Cognitive Overload module –Problem Solving Therapy • Counselling to schedule booster sessions, if required in future
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With an eclectic approach, Motivational Enhancement Therapy and Dialectical Behavioural Therapy interventions focused upon enhancing motivation to change, Emotion regulation, and planful problem solving (Problem Solving Therapy intervention) were utilised.

Patient's increased adaptive thinking helped her to balance the social sanctions related to her role entry and exit as a daughter and as a student facilitating healthy life transition which is supported by Linton's Role theory (1936). Her consistent efforts towards flexible self-concept through dialectical behavioural exercises helped her to gain better self-acceptance, reflect well on her purpose to succeed and be independent by opting for the course abroad, gain autonomy and self-direction as the motivational enhancement interventions strengthened positive changes among her, problem-solving interventions helped her stay realistic in decision making facilitating environmental mastery and modification of cognitive distortions helped her participate socially with an open mindset. This finding is supported by Ryff & Singer's understanding of factors contributing to enhance emotional resilience (2003).

Commenting on the relevance of eclectic approach, Norcross & Goldfried (2005) mention eight interacting, mutually reinforcing factors have fostered the development of integration. This includes rapid growth of various orientations of therapies, at the same time the inefficiency of single theories and treatments. This means that no therapy or therapist is immune to failure. Multiple external socioeconomic contingencies and increased short-term, problem- focused treatments stand as a base for utilizing diverse interventions for effective therapeutic outcomes. Eclectic approach provides an opportunity to observe various treatments and also recognizes that therapeutic commonalities heavily contribute to outcome. Identifying specific therapy effects and evidence-based treatments which simultaneously facilitate the development of a professional network for integration makes eclectic approach most promising for a patient-centric system. Taking this into consideration, various tailor-made therapeutic interventions were utilized, including healthy self-image, cognitive modification and emotion

regulation worksheets from the dialectical-behavioural approach, core cognitive-behavioural interventions as well as problem-solving therapy interventions which strengthened the therapeutic process and gave significantly better therapeutic outcomes in the follow-up sessions with the patient.

6. Outcomes

Across the termination phase, no fresh complaints were noted from the patient. She regularly wrote the daily mood chart and was able to deal with erroneous thinking in an adaptive manner. As a result, she showed significant mood improvement, reduced restlessness, reduced fatigue and increasingly active decision making. She showed marked increase in self-confidence and tried asking for help to others in the documentation, visa interview and travel arrangement, accommodation plans which she was afraid to ask for due to heavy erroneous thinking and inferiority, eventually improving her initiative-taking. This also helped her enhance her interpersonal effectiveness as the reduction in erroneous thinking of mind-reading and inferiority increased her social interaction. The patient successfully started her academic course in the UK with an optimistic mindset after the termination of the therapy.

7. Challenges and strengths

The major challenges were patient's worry towards mother due to grandparents which made the decision to go abroad quite difficult considering her emotional closeness with the mother, at the same time, her own heavy cognitive distortions including jumping to conclusions, labelling, catastrophizing and should statements. Major strengths and factors that indicated good prognosis were the patient's level 5 insight i.e. intellectualization. She was aware that upon modifying erroneous interpretations and emotion regulation, positive changes are possible. This eventually improved to the true emotional insight reflected in her consistent compliance to the therapeutic interventions. Support from her father as well as brother was another protecting factor.

8. Conclusion and future recommendations

On a concluding note, the eclectic approach of integrating various techniques from motivational enhancement therapy, dialectical-behavioural therapy, problem-solving therapy as well as core cognitive-behavioural techniques facilitated the therapeutic process and resulted

in successful and smooth life transition among the patient's academic as well as social aspects of her life. These interventions led to remarkable positive change in the resilience levels among the patient with a shift towards healthy coping. This case study thus recommends to combine techniques from different therapeutic modules suitable and tailor-made for the patient's therapeutic needs. Further, it establishes the rationale to enhance community level efforts to grow healthy student communities wherein psycho-social support can be provided through initiatives like support groups, mental health initiatives for the family members of the students opting for studies abroad and creating platforms where they can share their stories to inspire and support others.

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