

Case Report

Case of a female patient with eating disorder and major depression who was successfully treated by process-oriented psychology

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Abstract

Process-oriented psychology (POP) was developed by Arnold Mindell, a Jungian. This branch of psychology includes Taoism, Buddhism, shamanism, and quantum physics. POP can lead to the recovery of wholeness and provide a solution to psychosomatic problems by emphasizing awareness as the most important factor. This paper reports a case of female patients suffering from eating disorders and major depression, who were successfully treated by POP.

The case pertains to a female patient in her forties. She first visited our department two years ago, mainly complaining of hyperventilation. When the author took over the therapy from the in-charge, she confessed that she had been suffering from an eating disorder for about thirty years. Although the manifestation of depressive symptoms had ceased with the help of antidepressants and supportive psychotherapy and had obtained a license for practicing aromatherapy, there was no improvement in her eating disorder and in her habit of slitting her shoulders. By carrying out inner work directed at establishing a relationship channel with the author, she became aware that the desire for dependency was the manifestation of her "primary process," which was relatively close to her awareness; further, the power to act independently in the face of difficulty originated from her "secondary process," which was relatively farther from her awareness. Since then she has been able to adequately depend on the author, overcome her trauma, stop the habit of slitting her shoulders, and control her eating disorder.

Key words: major depression, eating disorder, process oriented psychology, Jungian

Introduction

Process-oriented psychology (POP) was developed by Arnold Mindell, a Jungian. It is a typical form of transpersonal psychotherapy that includes Taoism, Buddhism, shamanism, and quantum physics (Arnold Mindell; 1994, 1996). POP can lead to the recovery of wholeness and provide a solution to psychosomatic problems by emphasizing awareness as the most important factor.

The concept of a "process" in POP indicates "the major transpersonal flow of life, including that of the ego" in a broad sense and "the change of experience in the present moment."

Processes are divided into two types and are shown through six types of channels (Fig. 1). Primary process is the process that is relatively close to personal awareness and equal to the ego in psychoanalysis. On the other hand, secondary process is the process that is relatively distant from personal awareness and has been termed "dream body" by Mindell, that is, spiritual existence in deep consciousness. "Edge" divides the primary and secondary processes. Processes are shown through six types of channels: visual sense, auditory sense, somatic sense, movement, relationships, and the world. For example, the same secondary process may express itself through somatic symptoms

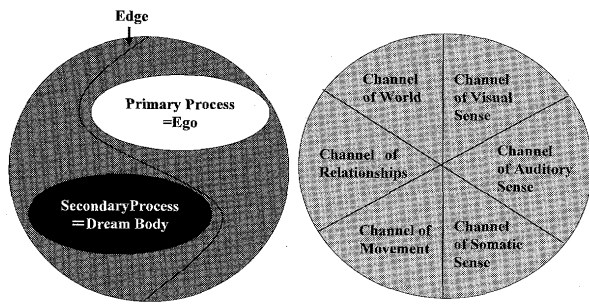


Fig.1 Two types of processes and six types of channels.

(channel of somatic sense) and nightmares (channel of visual sense) in a patient with psychosomatic disorder. In a case when the patient is aware of the existence of synchronicity between somatic symptoms and nightmares, he/she can experience the recovery of wholeness, that is, the integration of the primary and secondary processes. Consequently, this can often lead to a solution to psychosomatic problems. The authors of this paper report the cases of female patients with eating disorders and major depression who have been successfully treated by POP.

Case Report

Subject is a female patient in her forties.

(Chief Complaint) hyperventilation

(Present Illness)

The patient first visited our department two years ago. Her primary symptoms included hyperventilation, anxiety, depressive mood, sleeplessness, general fatigue, among other symptoms. She was diagnosed with major depression and was subsequently prescribed SSRI (selective serotonin reuptake inhibitor). However, this led to severe side effects, following which she refused to take other antidepressants as well. She was then treated by a former physician through minor tranquilizers, supportive psychotherapy, and homeopathy. When the author took charge of the patient's therapy and tried to support her, she confessed that she had also been suffering from an eating disorder for about thirty years. By then, although the depressive symptoms were no longer visible and she had obtained a license for practicing aromatherapy by supportive psychotherapy for three years together with SNRI (selective serotonin and noradrenalin reuptake inhibitor) from the middle, there was

no improvement in her eating disorder and she continued to cut her shoulders. As a result, the authors tried POP on this patient.

(Past Illness) Not particular

(Family History) Father: alcoholism; ischemic heart disease; cerebral infarction; Younger brother: congenital heart disease

(Physical Attributes) height 158 cm; body weight 45.2kg (BMI 17.4); other physical examinations were not particular

(Psychosocial Background)

The family of the patient consisted of her parents and a younger brother. As her father was short-tempered and would often resort to violence and verbal abuse in his interactions with her, especially during mealtimes, she began suppressing her emotions, desire for dependency, and appetite. The patient's mother concentrated on caring for her younger brother who suffered from a heart disease; thus, the patient could not depend on her mother as well. She has obtained a license for a swimming trainer during the time when she accompanied her younger brother to his swimming training classes.

(Clinical Course)

By carrying out inner work on her overeating habit, she noticed that the urge to overeat originated from her desire for dependency that was related with trauma. However, she felt that she could not overcome her strong desire for dependency on the author, so she continued to punish herself by slitting her shoulders.

The patient reported to us that she had been having similar recurring dreams since childhood. She dreamt that she was being chased by someone who resembled a monster but was never caught. The author obtained the consent of the patient and referred her case to Mindell who enacted her dream through a role-play, where Mindell played the patient and author played the chaser. Initially, the patient (Mindell) ran around trying to escape, but eventually he turned around to confront the chaser (author). This made the author realize that the patient could show courage in the face of a crisis. In the subsequent medial examination, the author reported the results of the supervision of the patient, in the context of POP. The patient's primary process appeared to be ineffectual in helping her control her desire for dependency, while her secondary

process appeared to be provide her with the power to act independently in the face of difficulty, owing to which she became aware that she could objectively notice and observe both processes in herself. After this medial examination, the patient manifested instability in spontaneous bursts; however, she could recover from these bouts and gradually began to understand the author's explanations as she began to be aware of the synchronicity among her past experiences. When her father was hospitalized for cerebral infarction, she administered aromatherapy to him despite the trauma that she was experiencing. In addition, she accompanied him on his regular visits to a doctor for his alcoholism. Since then, she has been able to adequately maintain dependency on the author, stop her habit of slitting her shoulders, and control her overeating tendency.

Discussion

There are reports that various psychotherapies, including cognitive behavior therapy, are effective for patients with eating disorders (Hall A et al., 1987; Fairburn CG et al., 1993). However, it is often difficult to take corrective measures for eating disorders when such disorders coincide with other psychosomatic symptoms such as depression and the slitting of bodies.

In this case, the patient identified herself with the primary process; that is, initially she could not control her desire for dependency. As shown in Fig. 2, nightmares wherein she would be endlessly chased by someone resembling a monster; overeating; shoulder cuts; and depressive symptoms were thought to be expressions of the secondary process. The power to act independently through various channels in the face of difficulty stemmed from this process. Once she gradually became

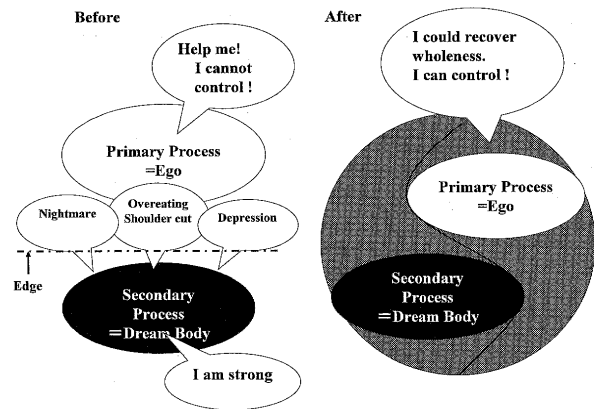


Fig. 2 The change of processes before and after POP with regard to this case.

aware of the existence of synchronicity in her past experiences, by establishing a relationship channel with the author, she was able to exhibit courage, overcome her trauma, stop the habit of slitting her shoulders, and control her eating disorder. Thus, POP can be regarded as an effective form of psychotherapy for patients with eating disorders and psychosomatic symptoms — one that enables the recovery of wholeness and provides a comprehensive solution to psychosomatic problems.

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