

Original Paper

A Case of a Person with Dissociative Disorder Who Managed to Overcome Mourning with the Help of Naikan Therapy

Tomohisa SASANO*

(Accepted May 8, 2001)

Key words : Naikan therapy, mourning, dissociative disorder, dissociation, hysteria

Abstract

This is a case report on a patient with a dissociative disorder who managed to overcome mourning with the help of Naikan therapy. The patient was a university senior when she began to suffer from strong tremors of her upper and lower limbs when she tried to walk. She became emotionally unstable and began having fits of hyperventilation. Sometimes she also experienced convulsions and fainted. After having been in this condition for two months, she came to see the author and was hospitalized for treatment. During interviews, her responses indicated that she had not yet fully overcome mourning for her mother who had died from cancer when the daughter was a third year high school student. The author recently used Naikan therapy with her with the aim of helping her overcome her mourning. After the therapy, she managed to accept the death of her mother and her symptoms of dissociation disappeared. She wrote in her diary, "I felt very much at ease as if something I had been carrying on my back for four years had fallen away with a crash" It is suggested that it would be worthwhile to actively introduce Naikan therapy in cases of illness in which the mourning of a loved one is the major theme.

Introduction

Naikan therapy is a method of psychotherapy in which the therapist instructs the patient to intensely recall the relationship between him or herself and someone close to them including what actions they took toward that person, and what actions were taken toward them, and what problems the patient caused that person. The author recently applied Naikan therapy to a female university student who had suffered from a dissociative disorder and whose treatment had been unsuccessful, with the aim of helping her overcome her mourning for a loved one. After the therapy was applied, she managed to accept the death of her mother and her dissociative disorder disappeared. Herein the author reports on this case and offers some analyses.

Patient's Life History

The patient, an only child, was the daughter of a family of a white-collar worker. She had a strong and willful spirit. During childhood she was loved by her parents. While in elementary school, she changed schools several times as a result of her father's job transfers, but she had no problem in integrating herself

* Department of Medical Social Work, Faculty of Medical Welfare
Kawasaki University of Medical Welfare
Kurashiki, Okayama, 701-0193, Japan

with her classmates. When she was a third year high school student, her mother died of cancer. She managed to divert her mind from her sorrow by absorbing herself in her studies and by carrying on with her ordinary daily life as if she were already an independent adult. After entering a university, she began to live alone. Having good friends and succeeding in her goal of taking part in a seminar, her university life appears to have been satisfactory.

Regarding her late mother she expressed the view that, "Those who have died have no worries after death. Those who are left behind must lead their lives until death, shouldering the fact that this important person has died. It is not my mother but I who feel more pain."

History of the Present Illness

When she was a senior at her university, she reached a deadlock in writing her graduation thesis, and as a result she was afraid that her supervising teacher, whom she respected, would no longer want to help her. In such a state of mind, seeing her close friend happily shopping with her mother, she felt strongly envious. Several days later the close friend caught an infectious hand, foot and mouth disease, and she herself also soon became ill. The patient felt anger towards the close friend because she had been infected by her. Around the same time she began experiencing strong tremors in her upper and lower limbs when she tried to walk. She became emotionally unstable and started to have fits of hyperventilation. Sometimes she experienced convulsions and fainted. After being in this condition for two months, she came to see the author as an outpatient. Having diagnosed her as having a dissociative disorder, the author hospitalized her and began treatment.

In-patient Treatment

When the author referred to the patient's mother during the first interview, she said with a smile, "Mother died in a very short time." Noticing that her cheerful behavior was rather unnatural, the author decided to avoid this topic during the following later interviews. The author continued to maintain a supportive attitude toward her without seeing any indication of improvement in her dissociative disorder symptoms. However, she sometimes embarrassed the hospital staff by trying to leave the hospital ward and kept a nurse near her bedside during the night by saying that she wanted to die. Regressive attitudes such as the hugging of a stuffed doll were also observed. During the interviews she repeated a pattern in which, after lamenting her own misfortunes and speaking ill of her close friend as much as she wanted, she recovered her composure for some time. The author could not make any progress in terms of her recovery.

However, after that the following exchange occurred during an interview the author had with the patient one month after her hospitalization. She became especially excited that day, and after changes of topic, she began to talk about her deep attachment towards her mother. Sobbing almost all the time with her face covered with her hands, she made disjointed statements.

She said, "Ordinarily, when someone is in a hospital, his or her mother visits and takes care of them. But I don't have such a person, and I now want to have such a person. I think that if I had someone to support me without any conditions, my illness would improve a little. Since I was a third grade high school student, I haven't had a mother, and I've done everything alone, including preparations to enter a university. While everyone around me relies on their mother, I have to do my best for myself. Even when I saw my friend shopping with her mother, I couldn't voice the words 'I want my mother.' It's almost impossible for me to utter such words. Until now, I've been able to bear it, but I can't any longer"

With these words, she had indicated that she had not yet fully overcome her grief concerning her

mother's death. Believing that if this issue was not faced squarely, no improvement in her treatment could be expected, the author decided to introduce Naikan therapy.

When the patient showed some improvement from her regressive attitude and regained some mental composure, the author had her read, as a trial, a pamphlet about Naikan therapy. She read it in a short time and showed a good understanding of its contents. Next, the author had her read some accounts of experiences with Naikan therapy, and she showed great interest in the effectiveness of the therapy.

During the second month after hospitalization she recovered except for some trouble in walking. She entered into a phase where, although she needed to hold onto a handrail when going up and down stairs, she was able to take light exercise when she felt well. From around this time she began eagerly and repeatedly to ask with a smile, "Do you want me to undergo Naikan therapy, Doctor?" However, the author intentionally did not give her a direct answer. In the meantime, she began to say she wanted to receive the therapy by all means. To the author's question about the reason for this, she replied that she believed that it might help her to walk normally. In response to this remark, the author advised that by undergoing Naikan therapy she might be able to adjust her feelings towards her mother.

In the third month after hospitalization, as the patient eagerly wished to resolve a variety of feelings she had towards her mother by undergoing Naikan therapy, the author applied the therapy to her at the Nara Naikan Institution, which specializes in the therapy.

Naikan Therapy Applied

During a one-week course of Naikan therapy, the patient did deep meditation about her mother three times. She also meditated about her father twice, and once each about her maternal grandfather and grandmother, her paternal grandfather and grandmother, her close friend and her lies and stealing in the past. Referring to her diary, the author will introduce here the process by which her feelings towards her mother were gradually adjusted.

During the first meditation, she was aware of the feeling her mother must have had when faced with her own possible death. The patient wrote in her diary, "When I considered what my mother must have thought, realizing she must die leaving me behind, I was able to understand for the first time that it must have been really painful for her, and my eyes filled with tears. I realized my coldness. Until now, because it is accompanied by nothing but pain, I had been avoiding the thought."

During the second meditation, she became aware of the fact that she had been fully loved by her mother. She wrote in her diary, "I felt touchingly for the first time that I had been loved very much, and tears of joy wouldn't stop streaming down my face. When I felt pain during the meditation, the image of my mother standing in a garden of cosmos came to mind. And she called out to me, saying, 'You must feel pain now, but I pray you're doing your best.' I felt as if my mother was close at hand. I felt happy for being loved. It was really raining outside. However, I don't know why but I felt that flowers of various colors were in full bloom all over the fields." The patient continued to write, "I felt very much at ease, as if something I had been carrying on my back for four years had fallen away with a crash." To the author, this remark seemed to signify that she had overcome her mourning.

During the third meditation, she had already achieved mental composure, and it could be observed that she was then composed and was enjoying memories of her mother. She wrote in her diary, "I don't know why, but I truly enjoyed recalling the memories. My heart was warm, and I was feeling happy, as if I was wrapped up in cotton batting."

Developments after Naikan Therapy

After her return to the hospital, the author asked her for opinions about Naikan therapy. She said decisively with a refreshed look on her face, "Regarding my mother, I am fully satisfied." She also said that of course she also gained new awareness of the other persons about whom she meditated. After completion of Naikan therapy, she was able to go up and down the stairs without relying on the handrails. After another month in the hospital with intermittent overnight stays out of the hospital, she was finally discharged.

A year and five months have passed since the patient left the hospital, and the symptoms of dissociation have already disappeared. While she appeared to have a willful nature in the past, it is easy to see now her introspective manner of thinking. She shows no anger towards her close friend. Concerning Naikan therapy, she said that it was very good because many feelings about her mother have completely changed. She also said that although she still had many problems, she managed to overcome them in one way or another by recalling what she had found while undergoing Naikan therapy.

Discussion

The life history of the subject of the case in question reveals a picture of the patient as a female university student who had apparently overcome her mother's death and had continued for four years through strenuous effort to appear to be a strong person. While her profile was that of such a strong woman, towards a close friend she assumed an attitude of justifying her jealousy by anger. In addition, as she had developed a dissociative disorder, it became proper for the author to question whether she had been successful in adapting herself to the actual world before she developed the illness. By analyzing her background, however, it seemed to the author that there were circumstances that compelled her to dissociate. At the time she developed the illness, she had reached a deadlock in writing her graduation thesis and was very concerned that she would be abandoned by her supervising teacher. Regarding this relationship, the supervising teacher was a woman, and the patient had decided to take part in her seminar because she had admired the teacher's character of being a serious researcher and popular with others. During the time she was in hospital, she often talked about this teacher, which led the author to believe that she had relied heavily on the teacher. In other words, it seems that this teacher was for her a person who could replace her mother. If this is the case, for the patient, being abandoned by the teacher would have meant losing her mother again. Therefore, the author believes that her sense of uneasiness had been inevitable. The author also believes that, under such psychological circumstances, the series of episodes, including those with her close friend, triggered the development of the dissociative disorder.

In the case in question, the patient, while harboring a deep attachment towards her mother, was not able to eliminate the feeling that she had been left behind by her mother. In short, her feelings towards her mother after her death had not yet become properly adjusted. Immediately after hospitalization, she did not speak of her feelings towards her mother, but within the first month she began to talk about her deep attachment to her for the first time. She may have been able to do so because she was in a regressive situation and, in addition, she was excited. Whether this analysis is accurate or not, it can safely be said that she instantly dropped her posture of denial. After seeing this change in attitude, the author revised the plan of treatment with the aim of helping her overcome her mourning for her mother. The author also considered that for that purpose Naikan therapy was most suitable. During the process of Naikan therapy, the patient to whom the therapy is applied is supposed to finally reach a reconciliation with the object of meditation, after going through feelings of atonement and other feelings, even if the object of meditation

is a person to whom the patient bears ill will or feels hatred. Therefore, the author believes that, if the object of meditation is a person who is close to the patient to whom the therapy is applied and that person has already died, then the process of Naikan therapy is the actual equivalent of mourning. For whatever reason, the patient in question managed to accept the death of her mother through Naikan therapy. And, as the result, her symptoms of dissociation disappeared. Based on his experience in treating the case in question, the author believes that Naikan therapy is a therapy worthy of being introduced actively for cases of illness in which mourning is the major theme.

Conclusion

- 1) In the case of the dissociative disorder, which had been difficult to treat, the author introduced Naikan therapy with the aim of helping the patient overcome mourning.
- 2) With the application of Naikan therapy, the patient managed to accept the death of her mother, and her symptoms of dissociation disappeared.
- 3) Naikan therapy is worthy of being introduced actively in cases of illness where mourning is the major theme.

References

1. Sasano T and Watanabe S (1994) A case of hysteria treated by Naikan therapy. *Seishin Igaku*, **36**(10), 1049–1056.
2. Sasano T (1996) Images of Naikan therapy - Principal component analysis. *Kawasaki Ikai Shi*, **22**(3), 157–166.
3. Sasano T (1996) A case of mental retardation treated by Naikan therapy. *Kawasaki Ikai Shi*, **22**(4), 287–294.
4. Sasano T (1998) *Practice of the Naikan therapy*. Fuyo Syobo Shuppan, Tokyo.
5. Sasano T (1998) Family therapy - Neurotic disorder. In Kawahara R, eds. *Theory and practice of Naikan psychotherapy*. Shinkoh Igaku Shuppan, Tokyo, pp69–77.
6. Sasano T (1998) A case study of a somatization disorder treated by Naikan therapy. *Kawasaki Medical Welfare Journal*, **8**(2), 303–310.