

Short report

Naikan Therapy in a Patient with Borderline Personality Disorder Refractive to Treatment

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Abstract

This case report describes the experiences of a woman in her late twenties with borderline personality disorder who underwent Naikan therapy after ten years of ineffective outpatient treatment. She tended to inflict harm upon herself, including jumping from an upstairs room of her house and cutting her wrists, and was also violent towards her parents and sometimes broke furniture. Through Naikan therapy her emotions gradually became stable, medication was terminated half a year after the therapy began and treatment was completed two years after the therapy. She eventually became able to look back on her unpleasant past positively.

Introduction

Naikan therapy [1, 2, 3, 4, 5] 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, what actions were taken toward them and what problems the patient caused that person. This report describes the experiences of a female patient who, through Naikan therapy, has acquired social independence for the first time after 10 years of ineffective outpatient treatment. Since her high school days, she had found herself repeating the following pattern of behavior: she could not control a flood of emotions such as feelings of inferiority and anger, gave herself up to despair due to self-hate and then eventually hurt herself. There was even a time when she and her mother were convinced that committing suicide together would be the only solution, and eventually they sought Naikan therapy as a last resort; half a year after therapy the drug therapy was completely terminated. The patient slowly started interacting with society, finally established social independence and managed to live without treatment two years after Naikan therapy. The usefulness of Naikan therapy is discussed in this report, focusing on the transition of this patient's psychological patterns.

Family background

The patient was a woman in her late twenties with a serious, precise and delicate nature during periods of psychological stability. At the start of therapy, her self-evaluation was low and she had a generally negative outlook. She was living in a three-generation family, with her grandparents, parents and a younger brother.

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Her grandparents were prone to illness and occasional hospitalization. Her father was a handsome, energetic man working for a trading company, her mother was a pretty housewife of below average height and her brother was a college student. The patient got along well with her mother and could talk about anything with her, although at the same time she looked upon her mother as an obstacle to her independence. The patient disliked everything about her father, interpreting his words and behavior as unpleasant and obscene. She explained that this was the reason behind her fear of going out with her boyfriend. The relationship with her brother was friendly but not particularly close.

Life history of the patient

As a small child the patient was brought up by her grandparents because her mother had a part-time job. Although she had to change primary schools, no adaptation problems occurred. In junior high school, bullying was common and the patient was sometimes a target of bullying but her class room teacher, a young woman, provided adequate support and helped her to get over these experiences. Because bullying was so common at the school, the patient thought that such behavior was normal. In high school, the patient was bullied again and stopped going to school. At this point she consulted a psychiatric clinic (clinic A) for treatment. The patient was able to graduate from high school and enter an English language course at a junior college. Here, she experienced a relatively stable school life when compared to what she had experienced before, owing to the support of a female teacher who was in charge of the patient's seminars. After graduating from this college, the patient started working for a small magazine publisher. However, she soon resigned because she didn't consider her work performance to be efficient. After leaving this job, the patient did not work again and just stayed at home.

History of the present illness

Although there were slight differences in their degree, her symptoms were characterized by repetition of the same patterns. Once she started remembering those who bullied her, anger and irritation emerged and she could not control herself. She developed an inferiority complex about trivial matters and was thrown into despair. Moreover, she had a habit of inflicting injury upon herself, including cutting her wrists and jumping from an upstairs room of her house. She was also violent toward her parents, and sometimes broke furniture. On the other hand, during periods of depression she sometimes remained in bed for a few days. She attributed not being able to escape from this reclusive state to overprotection by her mother, and also accused her father of sexually offensive behavior. Furthermore, she felt abandoned by the female staff at her former college. During periods of extreme agitation the family had to ask her psychiatrist for home visits. She subsequently regretted these outbursts, however. When her mood was stable she cooked time-consuming dishes and helped with the housework and gardening. She was prone to become agitated when away from home and became reluctant to go out, sometimes becoming confused before going out. She showed a polite and modest attitude towards others and was well regarded by others. The clinical features thus appeared to suggest a diagnosis of borderline personality disorder.

As her condition remained unchanged, even at 25 years of age, her parents brought her to the author's psychiatric clinic (clinic B). In her words she was fairly satisfied with the treatment at the previous clinic, but was, however, unable to achieve her goals or to make progress towards recovery after a long period of treatment. Although she recognized that she could not remain in her present state, she did not see the point of attending if treatment was ineffective. On assessment, her behavior was unremarkable but her expression was blank, giving an impression of regression to others. The mother reported that she even

had thoughts of killing herself and her daughter. Both parents and the daughter seemed at a loss and I felt their desperation to discover a clue to break the deadlock. The patient was taking an anti-psychotic (bromperidol, 2mg/day), anti-depressant (clomipramine, 50mg/day), anxiolytic (bromazepam, 7mg/day) and hypnotic (flunitrazepam, 2mg/day). These medications also suggested that her case might be difficult to treat.

After four or five consultations at clinic B, the patient was given an introduction to Naikan therapy and was asked to undergo the therapy with her mother. However, the patient strongly insisted, "I want to undergo Naikan therapy on my own at first. If I do it with my mother, I will be dependent on her, so I want to receive the therapy on my own". Therefore, a program of Naikan therapy was initially developed for her alone and was subsequently developed for her parents. The author introduced Ms. Junko Miki and Mr. Yoshihiko Miki of the Nara Naikan Center to the patient and her parents.

Progress during Naikan therapy

During the course of Naikan therapy the patient's feelings towards her parents, which represented the cause of her mental conflict, changed in a positive direction. Recognition of the experience of being bullied was somehow corrected and her awareness changed during Naikan therapy as follows:

Day 2: "I am surprised by how deeply my mother loves me. I realize that my attitude towards my mother has been cruel and ugly and I feel angry at myself."

Day 3: "Even when my father was going through difficult circumstances, he went to work for us and he cheered me up. I feel respect for his calm love and deeply appreciate it. I was feeling disgusted by him for small, trivial events, but I have noticed that I was blaming him to justify my own cowardly attitudes."

Day 6: "I now realize that I was troubling myself because I could not discard the memory of being bullied."

Day 7: "I want to spend everyday calmly with my family for a while. Then I want to find a job and slowly but steadily become independent. I want to continue daily introspection."

Progress after Naikan therapy

After a course of Naikan therapy, the patient was requested to visit our clinic every week. She was also asked to keep a diary and the contents of the diary were examined and discussed at the interview. She continued writing a diary until she completed the therapy.

Until one or two months after completion of the therapy she often became agitated and was aggressive to her parents. However, she required a shorter period to calm down than previously and was able to recover within about half a day. She became more decisive, was able to act as soon as she had an idea and started going to a job center to look for a job. However, she remained unable to determine the career she wanted and held somewhat unrealistic aspirations, such as wanting to become a designer or journalist.

Three months post therapy: Because her emotions had stabilized, administration of all medications other than hypnotics was discontinued. No aggravation in her condition was observed in response to this.

Four months post therapy: The patient reported, "This was the first time that I was able to feel tired and fall asleep naturally. I feel very happy. I wish I could feel the way I do now, everyday". She started attending a computing class and felt a sense of achievement with regards to this.

Six months post therapy: She said, "I've noticed that I have been doing stupid things. I am ashamed

of myself". At this time, the impression of regression was noted to have disappeared. As she continued to be able to sleep well, the administration of a sleeping tablet was discontinued and she has remained unmedicated since then. Although she still experienced some reluctance to go out, she was able to go to department stores and enjoy shopping. Although she experienced some setbacks, such as being fired from a temporary job, she did not become agitated and she could control her emotions to a certain degree.

Eight months post therapy: Although she was not particularly aware of it, the chronic upper back pain and feeling of her body being squeezed had disappeared. These sensations appear to have been somatization reactions. The patient reported, "It was a great surprise to me that they disappeared". Regarding a job, she said, "Considering my current condition, I had better start with a part-time job". She seemed to have started to develop the ability to analyze herself.

Ten months post therapy: She hardly ever became agitated and stayed calm. Even during occasional periods of depression, she did not go further than grumbling.

Eleven months post therapy: The patient began to think that she wanted to participate in and play a role in society so she joined a training course to become a home helper for elderly people.

Twelve months post therapy: "I could not remember what happened in the past but now I can remember it little by little. I am remembering each event one by one. I can now clearly remember even things that I could not remember during the course of Naikan therapy," she said. Her somatization generalized amnesia thus seemed to be disappearing.

Thirteen months post therapy: She reported finding some old furniture at a bargain price in a recycling shop. Her words, "The furniture was so cute that I bought it and colored and polished it, and it became a nice telephone table" were symbolic of her current condition.

Fifteen months post therapy: She reported going on a trip to Kamikochi with her mother. She said "I felt a bit gloomy before we went on the trip but I really enjoyed traveling. I slept very well at night. It was nice and cool and the hotel was clean, it was like another world. I walked many kilometers but I enjoyed it a lot". This seemed to signify reconciliation with her mother. Later on, she started working temporarily in a care facility. Although she subsequently made a big mistake at work, she did not lose her temper and managed to continue working.

Sixteen months post therapy: "Before, I had attacks in which it was as if all my feelings were leaving my body when I was looking out of the car window, but now I noticed that I don't have such feelings anymore," she said. This seemed to indicate that she was recovering from somatization generalized amnesia depersonalization.

Nineteen months post therapy: The patient suffered from sexual harassment at work and at one point became obsessed with resigning from her job. However, she found the courage to report the incident to her superiors and managed to obtain an appropriate solution to the problem. She said, "Before, I was trying to eliminate all my emotions and I was thinking that could be easier for me. Now I feel comfortable in being able to express my emotions. I now realize that I was deeply suppressing my intentions. I have now noticed that there are things that I should be patient about and others that I shouldn't be". This seemed to represent recovery from the trauma of being bullied.

Twenty months post therapy: She had become employed full-time in a care facility. During this visit, she talked about her father, "There was a time when he looked like he was severe but now he is more moderate. He said that his work was not going well at that time and I think that was reflected in his attitude to my family. The problems at work are now solved and he seems to be enjoying going to work". These insights indicate reconciliation with her father.

Twenty-four months post therapy: Since the goal of treatment seemed to have been achieved, outpatient follow-up was discontinued. She said, "Although I still am depressed sometimes, I can change my mood. I

can spend time meaningfully. I often envied others before, but now I can keep calm. I think I've tried my best. I feel fine and think I've grown up mentally. I think I've done what I wanted. I feel very satisfied".

Discussion

Naikan therapy gave this patient the opportunity to settle the severe psychological symptoms that she had experienced for 10 years. Four months after the course of Naikan therapy she became sleepy naturally for the first time and slept well. Half a year after the end of therapy medication was completely discontinued and the follow-up itself was completed after two years. Needless to say, Naikan therapy played a great role in her recovery.

The words she expressed at follow-up consultations indicated a significant improvement in her mental outlook. She managed to look back on her unpleasant past and noted that her face was taut in a picture taken in the past. She said that she felt ashamed of the silly things she had done. However, she also admired herself for having tried her best and having improved psychologically. The conflict with her parents was also resolved, as possibly indicated by her evaluation of her father and of a trip she went on with her mother. She appeared to have reached reconciliation with both parents and to have eliminated the conflict. The episode of buying old furniture at a recycling shop and restoring it appears symbolic and may imply her rebirth. During recovery, certain psychological symptoms attributed to borderline personality disorder were resolved. For instance, on presentation, the patient reported having completely forgotten events in the past. Such generalized amnesia could be considered as a dissociative symptom, which disappeared after treatment. Other chronic psychological symptoms also disappeared, including the sudden onset of depersonalization when she was looking out of the car window and somatization symptoms of upper back pain and a feeling of the body being squeezed.

This patient might have used the recognition obtained through Naikan therapy to deepen insight into herself and to make progress in integration of her personality. It is possible that Naikan therapy was responsible for the origin of all the insights obtained into this patient's life after therapy.

Postscript

To protect the privacy of the patient, her family background and life history were changed within reasonable limits. Permission to make public this case report was obtained from the patient in advance.

References

1. Sasano T, Watanabe S: A case of hysteria treated by Naikan therapy. *Seishin Igaku*, **36**: 1049–1056, 1994.
2. Sasano T: *Practice of the Naikan Therapy*. Tokyo, Fuyo Syobo Shuppan, Inc., 1998.
3. Sasano T: Family therapy: Neurotic disorder, in *Theory and Practice of Naikan Psychotherapy*, edited by Kawahara R, Tokyo, Shinkoh Igaku Shuppan, Inc., 1998, pp 69–77.
4. Sasano T, Miki J, Miki Y: A case of a person with dissociative disorder who managed to overcome mourning with the help of Naikan therapy. *The Japanese Journal of Naikan Association*, **7**: 47–52, 2001.
5. Sasano T: An attempt at treating a patient with dysthymic disorder and his wife using Naikan therapy. *Kawasaki Journal of Medical Welfare*, **8**: 81–84, 2002.