

Short Report

An Attempt at Treating a Patient with Dysthymic Disorder and His Wife Using Naikan Therapy

Tomohisa SASANO*

(Accepted October 21, 2002)

Key words: Naikan therapy, dysthymic disorder, mood disorder, conflict type

Abstract

Naikan therapy was applied as treatment for a male patient with dysthymic disorder after pharmacotherapy proved ineffective and he was repeatedly absent from work. The wife of the patient was also treated. The patient had experienced conflicts with his father and wife. Through Naikan therapy, the negative image the patient had of his father was altered and the relationship with his wife became one of mutual understanding. The patient's mood has improved and he has started attending work regularly. Based on the experience with this patient, application of Naikan therapy may prove beneficial to subjects whose psychiatric disorders may be caused by conflict with family members.

Introduction

Naikan therapy [4][5][6][7] is a method of psychotherapy in which the therapist instructs the patient to intensely recall the relationship between him/herself and someone close to them. Naikan therapy includes the following steps: relating what actions the patient took toward the person in question, what actions were taken toward the patient by the person in question, and what problems the patient caused that person.

Naikan therapy was applied to a male patient with dysthymic disorder and his wife. The patient was in his 30s. Before therapy, pharmacotherapy had proved ineffective and the patient was frequently absent from work. Through Naikan therapy his mood has improved and he has started going to work regularly. This report describes the clinical progress and offers some discussion of the case.

Life history of the patient

The patient was the first born of two brothers in a family that ran a photo studio in a shopping arcade. As both parents worked in the family business, the patient was cared for by his grandparents while he was an infant. His premorbid character was introverted and he often became absorbed in thought.

His father has a history of psychiatric illness and was diagnosed with bipolar disorder, which developed when the patient was one year old and has recurred as depressive or manic states, interspersed with short intervals of stability. The patient developed antipathy to his father, who was frequently absent from work. He entered a university, where he studied law, experienced no specific problems during university life and graduated successfully. He obtained a full-time post in a real estate company when he was 22 years old.

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

History of the present illness

Soon after the patient started working for the real estate company, he started feeling uneasy in the morning before setting off to the office, and he eventually stopped going to work. After that, he developed a pattern of absenteeism for several days a month. When he was 25 years old, recurrence of the depressive state in his father triggered the patient's absence from work for a longer period of time.

The patient presented himself at the author's clinic, where, after consultation, maprotiline at a dose of 75 mg/day was prescribed. After three months of medication he started going to his office, yet he had not recovered completely from his sense of uneasiness.

After marrying at 27 years old, he started feeling unwell in the morning and tense at work again. About four months after he got married, he took a second long-term absence from work.

Over the course of seven years of treatment, seven long-term absences occurred, each lasting one to three months. In addition the patient was frequently absent for several days each month during the intervals between long-term absences. The causes of his long-term absences were the recurrence of his father's depressive state (twice), recurrence of his father's manic state (twice), marriage, a common cold and trouble between him and his superior. He regularly visited the clinic as an outpatient, even during the long-term absences, and no psychomotor retardation was observed. The author did not identify any serious clinical symptoms that might prevent him from attending work. He went to work although he was not completely well. The possibility of symptomatic neuroses was rejected.

Initially he was treated with maprotiline at 75 mg/day, but this antidepressant seemed ineffective, and concurrent administration of mood stabilizers such as lithium carbonate, clonazepam and carbamazepine was also ineffective. During his seventh long-term absence, concurrent administration of antidepressants such as maprotiline at 75 mg/day, mianserin at 30 mg/day and amoxapine at a maximum of 75 mg/day was attempted, but proved ineffective. These clinical aspects suggested a diagnosis of dysthymic disorder.

Breakdown of marital relationship

When the patient stopped going to work for the sixth time, his wife reached the limit of her patience. She said, "I'm fed up with my husband. He is living his life as usual and does not seem unwell, but he doesn't go to work. He has been absent for a total of 200 days so far during the intervals between long-term absences. And I think it's odd that it's always Monday when he is absent. I wonder if it is a flaw in his character."

Under these circumstances and anticipating the need for improvement in the marital relationship, the author suggested that both the patient and his wife try Naikan therapy. After being provided detailed information regarding Naikan therapy, his wife seemed convinced that it would help and said, "I feel like I have found what I want. I would definitely like to try Naikan therapy." As the patient had been put in an awkward position not only at home but also in his office, he also agreed to undergo Naikan therapy, although he was less receptive to the concept than his wife.

The author introduced Ms. Junko Miki and Mr. Yoshihiko Miki of the Nara Training Center of Naikan Therapy to the patient and his wife. As his wife was busy with child care, initially only the patient himself undertook Naikan therapy.

Progress during Naikan therapy

1) Progress of the patient

Through Naikan therapy, the patient achieved an altered image of his family. Specifically, he became more accepting of his father. The patient said after the therapy, “Ever since I started Naikan therapy, I was most impressed when I considered the relationship between me and my father.”

During therapy the patient wrote in his diary, “I was embarrassed when I realized how much he has done for me, and how little I have done for him. I respect and admire him. I appreciate that he raised me with lots of love. Thank you very much, father. And I found that I was depending on my wife. I want to repay her for her kindness. I want to be nice to her.”

After Naikan therapy, the patient’s mood improved and he managed to start going to work again. However, the relationship between him and his wife had not recovered enough and he again started absenting himself from work. At this point, his wife had been expecting a dramatic change in his character as a result of Naikan therapy.

2) Progress of his wife

Half a year after the patient finished naikan therapy, his wife undertook Naikan therapy, and became able to accept her husband as he was. Furthermore, she managed to reach compromises in her conflicts with her father-in-law and her own mother.

She said after Naikan therapy, “I noticed that my father-in-law’s mood was unstable because I was helping in my parent’s family business; a licensed tax accountant firm. I despised my father-in-law because he had a mental disorder. But now I realize that he is trying to do his best in life. My bad impressions of my father-in-law have been erased. And I understand that my husband’s absence from work is somehow related to the mental state of my father-in-law. So everything began with my own attitude. Yesterday I told my mother that I would not be helping in the family business. I felt relaxed when I told her, because I was actually feeling too much pressure from helping them. When I told her, she didn’t complain, and was pleased that my facial expression had become warm!”

Progress after Naikan therapy

As soon as the patient’s wife completed Naikan therapy, the patient’s mood improved dramatically. He resigned from the company he had been working for and obtained a job caring for the elderly. That was two years ago as of the time of writing, and he now enjoys his work and has not been absent for even a single day. During these last two years, his father developed a depressive state again, but that did not affect the mood of the patient at all.

His wife said, “When I look at my husband while he is working, I find him more confident and more able to make reasonable decisions than me. I am now the one who depends on him. I respect my husband’s attitude of being reliable and hard-working.”

The patient evaluated himself as follows: “Since I was raised by my grandparents, I developed a sense of dependence on others. I take things more seriously than others and don’t seem to be able to change my mind easily once I get into one line of thinking. I think that’s the reason I couldn’t continue working. I regret that I was immature when I got my first job, and I was always feeling tired before. I very easily became fatigued at work and at home. However now I’m fine, even when I encounter events that would have depressed me before. Now I regard my family as very important and am able to cooperate with

my wife. I don't want to destroy the happiness in my family. And I am now able to be more forgiving, because I can better understand their situations. I can find solutions to problems without taking things too seriously."

Discussion

The patient had felt conflict with his father for a long time. This is supported by the fact that four of his seven long-term absences from work coincided with recurrences of bipolar disorder in his father. Kasahara and Kimura [1] classified depressive states into six types based on their clinical nature. Type III is the "conflict type" and applies to states developed by individuals who are psychologically immature and dependent or who are perfectionists but lacking confidence in themselves when they are involved in conflict. Since antidepressants are typically ineffective, specific psychotherapy is essential. The patient reported here was categorized as of conflict type.

The effectiveness of Naikan therapy has been reported in previous papers. Tashiro and Higashi [3] treated eight depressive patients of the conflict type using Naikan therapy, and reported successful treatment in five patients. Using Naikan therapy with depressive patients of the conflict type seems likely to prove beneficial.

Nishizono [2] reported that individuals in a depressive state become dependent on their spouses and behave in an immature manner. In response, the spouses also become stubborn and hence the patients' depressive phase becomes more prolonged. In the present case, the patient's wife once left him. However, the wife has come to accept and value her husband following Naikan therapy, and because of this acceptance, his mood has improved. Since the main purpose of Naikan therapy is to reconstruct relationships between family members, it proves most effective if not only the patient but also his/her spouse undergoes therapy in cases of troubled relationships.

Overcoming conflict with one's father is generally accepted as an important step towards social independence. Until our patient underwent Naikan therapy, he was holding negative feelings against his father and was unable to adequately overcome his conflicts, resulting in long-term absences from work soon after he began his first full-time job. Through Naikan therapy, the patient has managed to accept the way his father is. The patient was not adversely affected by the recurrence of his father's mental illness after starting his second job, and seems to have resolved all conflicts with his father.

References

1. Kasahara Y, Kimura B: Zur Klassifizierung der depressiven Zustände. *Psychiatria et Neurologia Japonica*, 77: 715–735, 1975.
2. Nishizono M: Pathologies of family-dynamics of depression and their treatments. *Japanese Journal of Psychotherapy*, 4: 149–157, 1975.
3. Tashiro S, Higashi Y: Naikan therapy for depression, in *Theory and Practice of Naikan Psychotherapy*, edited by Kawahara R, Tokyo, Shinkoh Igaku Shuppan, Inc., 1998, pp 124–132.
4. Sasano T, Watanabe S: A case of hysteria treated by Naikan therapy. *Seishin Igaku*, 36: 1049–1056, 1994.
5. Sasano T: *Practice of The Naikan therapy*. Tokyo, Fuyo Syobo Shuppan, Inc., 1992.
6. 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.
7. 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.