

Case Study: Psychoanalysis and Lifestyle Change

By

James Pearl, Ph.D.

The following case presentation indicates that psychoanalysis in combination with evidence based integrative health and lifestyle interventions increases the likelihood for positive changes within the therapeutic process. An emphasis on physical changes is concurrent with psychological ones. It can be stated that each of these intervention styles can stand alone in the fostering of therapeutic change. This is clearly an evidence-based statement that is difficult to dispute. The hypothesis that is presented in this paper is based on anecdotal observations that significant changes occurred with the combination of both therapeutic styles. My purpose is to demonstrate how both methods can work in conjunction in order to heighten the indicated therapeutic effects.

A case method was utilized in order to show how depression with concurrent dissociative states, were significantly reduced with the introduction of health and lifestyle interventions into the therapeutic process. The initial therapeutic goal was to utilize the analytic process in order to alleviate depressive states. Empathetic dialogue and articulation on emotions and feelings that arise through the analysis are some important variables that have had an effect on the change process. I also described various non-beneficial patterns of behavior that could potentially be changed with the introduction of a health and lifestyle model.

The final portion of this paper will be based on a discussion of the particular and concurrent changes that occurred with the combination of the two therapeutic interventions. The specific interventions will be discussed that support the stated hypothesis. Some models for future research will also be indicated.

Keywords: Integrative health and lifestyle, depressive disorder, dissociation, agency, childhood trauma, REM sleep, IBS.

A fifty-eight year old Argentinian Caucasian male patient presents with symptoms of IBS, poor sleep, and depression for a period of twelve months. Blood panels were taken twice during the year with no significant results. Four months ago, his primary care physician

prescribed an endoscopy due to significant weight loss over an undisclosed period of time with no remarkable results. This individual is single, lives alone, and resides in Brooklyn, New York. He was born in Venezuela and his family (mother and father) moved to Argentina with him when he was four years old. The patient was severely injured by a falling branch at two years old with hospital treatment for an undisclosed period of time. His one-year old brother died due to head trauma during the same incident.

The purpose of this report is to present a thesis that long-term physiological and psychological change can be fostered by utilizing a combination of psychoanalysis and integrative and lifestyle approaches. An observation of this case indicates that psychoanalysis and integrative and lifestyle orientations in combination, can enhance the process of physical and emotional change. A specific hypothesis is that this therapeutic combination heightens the possibility of physical recovery that is concurrent with lasting positive psychological change. I use the term recovery, as indicated in observable abatement of the presenting physical symptoms. This case also indicates psychological change in relation to the lifting of continual depressive states of mind. The evidence in this case is purely anecdotal. Some researchers use the CES-D Scale, (Radloff, LS, 1977) as a possible measurement tool. This scale has been utilized by the NIMH in epidemiological studies for the quantitative measurement of depression. I mention this measurement scale only as a research tool as psychoanalytic therapists customarily do not utilize quantitative measurement techniques.

After the inconclusive results of the medical workups, both the patient and I mutually determined that the IBS and concurrent physical symptoms were related to psychological stressors. This determination pointed to the observed goal of therapeutic process, which was based on physical symptom resolution concurrent with psychological change. I define

symptoms as somatic physical expression directly related to traumatic experience that cannot be emotionally metabolized and articulated. One's inability to emotionally cope with the severity of the trauma such as this individual experienced as a child, can lead to a phenomenon that I am labeling dissociation or psychological detachment. (ICD 10), Butler LD et al. (July 1996). I have observed that dissociative patterns are directly associated with bodily awareness. One of the most important goals in the therapeutic process is the lessening of dissociation both psychological and physical. Allan Schore at UCLA eloquently has developed a model on relational trauma and the developing right brain (2012). His model shows the possible mechanism where the infant right brain may internalize the affect-regulating functions of the mother in neural tissues. The affect related infant research and applicability to adult treatment by psychoanalysts, Beatrice Beebe and Frank Lachmann at Columbia University, is also highly applicable to this case (2005).

As the treatment progressed, I observed that there was noticeable lessening of dissociation in the therapeutic setting concurrently with the reduction of some physical symptoms such as IBS. Van der Kolk, BA et al. (1996). I observed this change occurring simultaneously with the patient's heightening bodily awareness. Bonanza, GA (2004). An example is his reporting a change (slowing) in breathing patterns when emotional material was being experienced in our interactive process. Health and lifestyle interventions such as the introduction of dietary changes were highly efficacious. Some examples are eating slower, and eliminating foods that worsen gas, bloating, diarrhea, and constipation. A food log was encouraged in order to note physical changes. A second goal was increasing REM sleep and changing lifestyle obstacles, which interfered with sleep hygiene. Third, the reduction of stress, both externally and internally generated became an important goal throughout the therapeutic process. The research on stress reduction demonstrates how

physical symptoms can be lessened with an integrative health approach. Chrousos (2009), McEwen (2008), and Szabo (2012). Next, an increase in exercise involving weight-bearing and cardio had an observable effect on his presence and focus. It was particularly noticeable during painful emotional sessions. This change significantly increased after three months of regular exercise (four times weekly). The observation here suggests a direct relationship between physical and emotional change that adds support to the thesis of this paper. Spending more time outdoors became integral in his reduction of mood swings as well. The fifth goal was changing dietary and nutritional patterns. An anti-inflammatory diet was introduced based on CRP levels that were indicated in his blood work. His initial blood panels indicated low vitamin D3 and B12 levels that were never addressed. Appropriate whole foods were introduced into his diet as well as supplementation of D3 (2,000 iu. and B12 5,000 mg.), Low Dog (2010). A tailored diagnostic approach was utilized that was outlined by the Center for Disease Control. (CDC Table 5).

The World Health Organization statistics show that depression is the leading cause of disability. Some of the related symptoms the DSM V indicates for a depressive disorder diagnosis are difficulties with sleep, appetite, fatigue, poor concentration, anxiety, and suicidal thoughts. The patient in this presentation has manifested all these symptoms at various times within a two-year period. Naomi Lim, MD. states: "An integrative mental health goal in working with depressive disorders is to minimize chronic stress, sedentary lifestyle, and poor nutrition". (2014). Her statement concurs with my observation that alleviation of chronic stress and poor nutrition, as well as increased exercise, reduced my patient's depressive tendencies. His depressive and anxiety states were worked with via a psychoanalytic method and not clinically measured. Increased energy and concentrated focus was the observed result.

Chronic stress and poor nutrition are clearly two areas that a focus on lifestyle change has had a demonstrable and positive effect. I view this work as helping the patient with the inculcation of personal agency that is indicative of an increased sense of personal worth and value. The patient significantly lessened his depressive disorder with his expressed subjectivity on higher self worth. I am not clear at this time whether it was integrative health and lifestyle introduction or psychoanalysis that catalyzed the change. I did observe that he became increasingly more articulate regarding his positive feelings and feelings in general. I observed that his sleep, appetite, fatigue levels, and anxiety states changed in relation to his positive feelings of worth and person agency.

This case has clearly demonstrated that the use of health and lifestyle approaches in conjunction with psychoanalytic therapy, have had a positive effect on the reduction of depressive states. The additional symptoms that frequently appear concurrently with the main disorder were significantly reduced as well. As I previously stated, no psychological measurement scales were utilized in this case. My point is that there was an observable reduction of symptoms. Further research is needed in terms of specific measurements both psychological and physiological as the process of behavioral change occurs. I want to point out at this time that depth therapy may be needed for neurobiological long lasting change in conjunction with the heavily researched areas presented in the University of Arizona's medical fellowship program. Significant research done in the field of neuroscience has demonstrated the neurophysiological foundations of emotions, attachment communication, and self-regulation. (S. Porges, 2011).

In summary, I am reiterating a hypothesis that psychoanalysis in combination with integrative health and life style change heightens and thus becomes an effective therapeutic process. It is known that both of these intervention styles can stand alone on their own therapeutic merits,

however, it is my desire to show how both methods work in conjunction as well as heighten the therapeutic effects. The addition of evidence based health care interventions, such as meditation, movement, relational, and environmental focus added to the change process as well as to a reduction in anxiety. Deeper depressive states based on his previous traumatic experience as a child, were worked with psychoanalytically. The scope of the therapeutic process included early attachment and increasing his ability to articulate emotional eruptions (trauma) when they occurred in his therapeutic process. Psychoanalytic work with this patient required twice weekly analysis in order to deepen his internal changes. The therapeutic goal was initially to alleviate his depressive states through a process of empathetic dialogue and the articulation and reflection on emotions and feelings that arise in the process of the analysis. I soon became aware that various non-beneficial patterns of behavior were illuminated that could be changed with the introduction of a health and life style model. I observed that in the course of analysis, concurrent disease mechanisms such as inflammation (CRP) indicated by blood panels as well as poor sleep patterns, were greatly reduced integrating the health and lifestyle approaches into the analytic process. It is possible that either model could stand alone in efficacy. My hypothesis is that the combination described in this paper fosters lasting change. This definitely is an area for future research.

The demonstrated results of the integration showed that regimented exercise patterns with weights and cardio positively affected mood swings. Introducing a specific dietary and nutritional plan such as an anti-inflammatory diet, reduced symptoms of IBS and increased his bodily awareness. This yielded an enhanced sense of personal satisfaction that significantly lowered anxiety levels. His tendency toward personal isolation was reduced based on an analytic focus on personal agency. These changes positively affected his sleep patterns with reports

of deeper sleep and more dream content. Various studies have demonstrated that deeper REM sleep patterns are positively correlated with the reduction of anxiety and depression. (Kryger, 2005, and Johnson et al. 2006).

It is my desire that that the case material presented in this paper, demonstrates how integrative health and lifestyle can be combined with psychoanalysis in order achieve positive change results. I am aware that there is conclusive research that indicates that health and lifestyle focus stands on its own merit, as does psychoanalysis. In conclusion, this case suggests that there is an inherent compatibility with the use of both in presentations of depression and/or anxiety.

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