

case study:

EATING DISORDER

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I. PRESENTATION OF THE PATIENT

We are presented with an adult married woman seeking therapy voluntarily for overeating and resulting obesity. The family is Christian, but seemingly only the patient herself is devoutly religious. The patient reports a history of sexual traumas. At the age of 13, she recalls vague memories of being raped by her drunken father. As a teenage girl, the patient reports being wild and presumably promiscuous. As a young woman, the patient reports becoming pregnant out of wedlock with her now oldest son, who is struggling with substance abuse and premarital sexual promiscuity. The patient had previously dated her present husband, but the courtship had broken off because her now husband had considered her not devout enough in her faith.

After becoming initially pregnant out of wedlock, the patient was rescued by her now husband via marriage to him. The couple then had 2 daughters together, both of whom are nominal Christians. The patient reports feeling overly insecure as a result of even mundane disagreements with her husband. She further reports overly controlling in laws, of which her father in law is a known sexual addict. Relief from sadness, control and conflict is sought by the patient with constant eating. Therapy improved the patient's ability to express herself to her husband, but the initial chief complaint of overeating and obesity remain unchanged.

II. ASSESSMENT OF THE PATIENT

The triggering traumatic event in this patient's life appears to be misplaced guilt for the sexual abuse and rape by her father at the age of 13. This misplaced guilt has apparently been suppressed by the patient - submerged into her subconscious self because of its painful nature - and resurfacing at various times in later life to produce acting out behavior as a teenager, sexual promiscuity as a young woman and overeating & obesity as a married adult. Therapy should expose the fact that the patient at age 13 was not responsible for, nor guilty of, the sexual assault upon her by her father.

III. THERAPY FOR THE PATIENT

Therapy should focus on recalling the presently foggy memories of the patient's childhood rape at the hands of her father and then bring our Lord JESUS CHRIST into those past events to bring about resolution of the misplaced guilt of the patient. Sexually abused children are typically often not aware of their hurt until they themselves become adults and enter into romantic relationships.

Caution must be taken in that past submerged traumatic memory fragments from childhood may not be completely accurate. Memories that are not rehearsed tend to disintegrate. Recalling the exact details of the past traumatic memories is not as important as how the patient's identity has been affected by those memories. In this case, the patient's unjustified guilt for her past childhood trauma is leading her to make herself sexually unattractive to her husband by overeating. Relieve this inappropriate guilt and the overeating & obesity should improve.

Closer emotional and sexual relations with her husband should ensue. Closer spiritual relations with GOD The Father and fellow Christians should follow. GOD's mercy and grace provides the release of this misplaced guilt. "He giveth power to the faint; and to them that have no might He increaseth strength. But they that wait upon The LORD shall renew their strength; they shall mount up with wings as eagles; they shall run, and not be weary; and they shall walk, and not faint." [ISAIAH 40:29,31]. "There is therefore now no condemnation to them which are in CHRIST JESUS, who walk not after the flesh, but after The Spirit." [ROMANS 1:18].

IV. PLAN OF CARE

Transactional analysis, modified to conform to the Christian worldview, offers a technique to help the patient understand and improve her self image. The patient's social and family systems are analyzed: a) ego state - how the patient sees herself; b) games - how the patient's roles relate to others; c) scripts - what central themes and purposes the patient lives by; d) strokes - what the patient wants from others in her relationships; e) ego games - how the patient's relationships are a reflection of herself.

This therapy technique offers that the macrocosm of the patient's family in her past life is a description of her present personality within her present self. Therapy will aim to change the internal balances of the maladjusted person into the well adjusted person: a) The patient's present Adult self is weak, fearful and insecure. Therapy will work to restore the patient's Adult self as the strong and confident Adult self; b) The patient's Critical Parent within herself is over dominant in the form of her abusive father. The magnitude of the patient's Critical Parent father can be reduced by relieving the patient of her unfounded guilt;

Further, c) The over dominant and spoiled Free Child within the patient that demands constant satisfaction via overeating is the response to the enlarged Critical Parent in the patient. Therapy to reduce the magnitude of the patient's Free Child can be facilitated with interventions to reduce food intake; d) The Nurturing Parent within the patient is presently suppressed in magnitude, showing itself inadequate in the patient's relationships with her husband and near adult children. As the overactive Critical Parent in the patient is reduced, therapy should yield a larger Nurturing Parent within the patient's self; e) The Adjusted Child within the patient is also presently suppressed in magnitude, showing itself in inadequate self control over food and self confidence. As the overactive Free Child in the patient is reduced, therapy should also yield a larger Adjusted Child within the patient's self.

V. BIBLICAL FOUNDATIONS FOR INTERVENTION

Therapy should also focus on improving the patient's self image to address the patient's initial chief complaints of uncontrollable overeating and obesity. Medical clearance with a physician should be initially obtained to rule out any metabolic disease states. Certain psychiatric medications may be considered by the psychiatrist to reduce the patient's urges to overeat. The patient should be referred to a Christian support group, such as "Overcomers in CHRIST." Care should be taken to avoid support groups that do not confess JESUS CHRIST and The Holy Scriptures as the central source of renewed life. The patient's husband and adult children should be sought out for individual and family counseling.

Support from the family's Church should be obtained. If the obesity becomes excessive, surgical interventions may be considered as a last resort. Regardless of the interventions for this patient, it must be remembered that GOD Himself alone is the only True Physician. "Is there no balm in Gilead; is there no physician there?" [JEREMIAH 8:22a]. Our Lord JESUS CHRIST said, "The Spirit of The LORD is upon Me, because He hath anointed Me to preach the Gospel to the poor; He hath sent me to heal the brokenhearted, to preach deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised, To preach the acceptable year of The LORD." [LUKE 318-19].

VI. FINAL OBSERVATIONS

In spite of the patient's devout Christian faith, her abusive father has occupied the throne of her heart since that trauma as the all powerful ruler, thus displacing the sovereignty of GOD in her life. The resulting misplaced guilt is thus, not because the patient did something wrong at the age of 13 to bring on this event, but rather due to the inability to recognize the sovereignty of CHRIST to overcome her pressing victim identity of powerlessness. "Ye are of GOD, little children, and have overcome them (false idols): because greater is He that is in you, than he that is in the world." [1 JOHN 4:4].

As Saint John declares by The Spirit of The Almighty, "Who is he that overcometh the world, but he that believeth that JESUS is the Son of GOD?" [1 JOHN 5:5]. As the patient makes progress in giving up her false guilt, and repenting of guilt incurred in her life for real sins, her eating disorder and marital relationship should show signs of healing. The same is incumbent upon the spouse and any other involved family members.