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PRESENTER INFORMATION

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Bioenergetic Society:

Trainee since 2014 at IABSP

Therapist Information:

Clinical psychologist. Training in Bioenergetic Analysis at IABSP. Specialist in Body Psychology (Centro Reichiano). Residence in Psychology (Reichian Analysis-Centro Reichiano). Master Degree in Human Sciences – Culture and Society (UTP / PR). Doctorate in Internal Medicine (HC-UFPR). Integrates the Group of Studies, Teaching and Research in Abusive Consumption and Toxic Behaviors: Objectal Relations in the Contemporary of the IABSP. Coordinate a research group of Psychology and Obesity at IPCAC. Technical Director of the Research Institute of Eating Behavior of Curitiba. Psychologist and researcher at the ambulatory of Surgical Obese in HC-UFPR. Bioenergetic Psychoterapist.

CLINICAL CASE PROPOSAL

Title of Presentation: **Obesity, compulsive behavior and bio-psychological outcomes in a hermaphrodite patient – clinical case report**

Complete androgen insensitive syndrome (CAIS) is a rare genetic condition, usually known as hermaphroditism, which affects the normal development of genitals and reproductive organs. Patient M., phenotypically female (46,XY karyotype), 27 years old, seeks body psychotherapy due to compulsive behaviors, including (but not limited) OCD and binge eating episodes. In this case, patients born with no external genitals, internally have testicles and uterus but no ovary. Persistent morbid obesity since infant, already had 2 gastric surgeries, being the first surgery a vertical sleeve gastrectomy with weight regain after 2 years. Patient starts therapy recommended by her surgeon 3 months after second surgery, now a disabsortive one (gastric bypass Y-Roux). Despite the gastric surgeries, M managed to have significant binge eating episodes diary. The obsessive thought usually was about dying, losing mind, getting any disease and the compulsive component in general was washing hands, counting or tapping 3 times. Patient lives with her mother and stepfather with absolute no share of things like towels, cutlery, plates, etc. The social skills at home are poor as well, patient was not able to take high education and cannot hold a job, due a high level of paranoia and aggressiveness. Have a major history of bullying in school and says that every time has anger of all people (including family) and the universe. The relationship

with the mother is symbiotic, infantilized and with a very intense polarization between love and hate, including physical aggression in both sides. Father abandoned home when patient was a baby and has no emotional connection with the stepfather. Depreciate herself in every moment, repeating mother discourse.

M looks like a big baby, including facial expressions of “asking for affection” – the oral fixation is very clear. Muscular tonus is weak and flaccid in all body, tensions in cervical, shoulders and arms, which segments the body. There is rigidity in the body that restraints movements (quite mechanical and uncoordinated) and spontaneity is missing. The chest is collapsed and usually is difficult to hold energy during bodywork.

This case will be submitted as a complete report clinical case for BA Journal, so because of that this information is only a summary.