

The Man who Awoke from a Coma: Treatment of a Dissociative Patient

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To treat patients with low ego adaptive capacity Davanloo designed a treatment format known as the Graded technique (Davanloo 2000; Whittemore 1996). In this technique the therapist focuses on building the patient's ego adaptive capacity (Ten Have de Labije 1999a, 1999b, 2001) and restructuring his pathway of unconscious anxiety discharge first before attempting any breakthrough into the unconscious. In the following case vignettes we will observe a variety of techniques that can be used to help build a patient's capacity for attention, anxiety regulation and affect experience.

The patient, 52, entered treatment suffering from what he described as problems with his attention. He had entered graduate school but was on probation, on the verge of being kicked out of school because of his late papers, poor judgment in his placements, failure on the comprehensive exams, and inability to concentrate while at home or in class. A psychiatrist had diagnosed him with attention deficit disorder and put him on strattera, cymbalta, and wellbutrin. However, the patient reported little benefit from the medications.

On entering the room for his individual therapy the patient brought in his wife, hoping I "wouldn't mind." I gestured to them to sit down and asked what he would like me to help him with. His eyes glazed over, his legs started to tremble as if he were about to flee, his body froze, and his words became somewhat disjointed. Obviously, something more than attention deficit disorder was at work.

Upon careful inquiry I learned that he was engaging in both primary and secondary dissociation (Van der Kolk 1996). The forms of primary dissociation he engaged in were somatosensory flashbacks of fragments of the sensory components of earlier traumas: visual images, kinaesthetic sensations, or intense waves of feelings. These were initially dissociated sensory fragments with no linguistic components. Over time we were able to integrate these dissociated fragmentary flashbacks into a coherent verbal narrative of his traumas. The forms of secondary dissociation he engaged in were an altered time sense, out-of-body experiences, and altered body image. In the vignettes which follow his periods of transient cognitive perceptual discharge were accompanied by the dissociative defense of out-of-body experiences. During these episodes he would feel as if he were up on the ceiling looking down or in back of his chair, not in his body.

For the first two sessions all I did was point out his anxiety symptoms and his dissociation. I worked constantly to mobilize an observing ego which could recognize signs of anxiety such as his tension headaches (due to chronically tensed trapezoid muscles), limpness [*although he had some access at times to striated muscle discharge, in early phases of treatment most of the time anxiety was channeled into the smooth muscle system and cognitive perceptual disruption. The headaches were not migraine and disappeared by the end of treatment*], tiredness, loss of word retrieval, drifting,

blurry vision, ringing ears, blanking out, and slowed thinking. In addition, I tried to mobilize an ability to observe his dissociative defenses such as how he peered out as if from behind his eyes, or sat as if he were a few inches behind where his body was.

He was shocked but also comforted that someone could see and describe his physical experiences of anxiety as well as his out-of-body experiences to him. In all his previous therapies over the past thirty years, no one had helped him recognize his symptoms of anxiety nor had anyone noticed his use of dissociation as a defense. I also spent a lot of time educating him about his anxiety symptoms, particularly what he called his “depression.” He did not suffer from a depressed mood. However, he felt extremely heavy and tired---evidence of a parasympathetic dominance in his autonomic nervous system (Scaer 2005). The dominance of the dorsal vagal system was manifest also in his flat affect, expressionless face and voice, and inability to maintain eye contact (Porges 1997, 1999, 2001). Through our discussions he came to recognize his anxiety and dissociation and he came up with a word to describe his dissociation: “blips.”

His history emerged only gradually over the course of treatment. He was brutally beaten by his father throughout his entire childhood. This relentless physical torture by the father had horrible effects on the family. The patient’s sister became a schizophrenic homeless woman who lives on the streets. He became a high school dropout and juvenile delinquent who was jailed a number of times for his illegal behaviors. At age 19, his father had him involuntarily hospitalized for several months during which he was administered *seventy* electroshock treatments. After this hospitalization the patient suffered from severe memory loss for the previous several years of his life and had to relearn mental and fine motor skills due to the brain damage he suffered from the electroshock therapy.

He went into the armed forces, did well, and on release was employed in a variety of jobs. His problems with judgment, concentration, and attention, however, sabotaged his work life for decades. And now, he was trying to finish graduate school so that he could go on to work in a field he had always loved.
level.

Sessions One and Two

Anxiety Regulation: From Observing Ego to decision/free will to Attentive Ego

He called me asking for individual therapy and we set up a time for our first appointment. He walked into my office and as his wife entered along with him he asked if it was alright if attended as well. From my psychoanalytic training I assumed this was his first “association” and invited her in as well, waiting to learn what meanings this would hold.

In session one I began as usual by asking what he would like me to help him with and he immediately froze and cognitively disrupted. I began immediately to label his symptoms of anxiety and enlisted his collaboration to work on regulating his anxiety. As we proceeded it became clear that although he had some access to striated muscle tension at times, most of the time his anxiety was channeled into the smooth muscle system and cognitive/perceptual disruption. In spite of over a decade of previous therapies the patient was unaware of his feelings, anxiety or defense. No observing ego was available. My first task was to work with him to notice his experience of anxiety and see what was

triggering it. As we continued during the first session I noticed peculiar shifts in posture and gaze. I inquired further and it turned out he was dissociating, having out-of-body experiences. By this point I outlined the triangle of conflict regarding complex feelings, anxiety, and the use of dissociation as a defense. Then I began to focus on his will to be present. This evoked a breakthrough of grief followed by his acknowledgement that he had problems with emotional intimacy. This work of mobilizing an observing and attentive ego continued throughout the second session as well.

As for the wife? Several meanings emerged. He was so paranoid in certain situations outside the office, I assumed he needed his wife with him initially in order to manage his anxiety with me. Eventually, he was able to work effectively alone with me. A second meaning emerged later. His experiences of dissociation and the traumas of his past had initially been impossible for him to verbalize in any coherent way. He hoped that by attending his therapy his wife would be able to understand him in ways he had not been able to explain to her. And indeed, this occurred on a very deep level.

Session Three: Correcting Time/Space Distortion

Pt: It's been a tough two weeks.

Th: Okay

Pt: After our session two weeks ago I was, for about the first three of four days I was, quite excited and frustrated that we couldn't hit the ground running, last Thursday.

Th: Yeah

Pt: But then it was like I went into a nose dive

Th: Okay

Pt: And I'm not sure what that was about. I have felt like...like I had sometime ago, some years ago when I felt real foggy lack of focus and concentration and more depression and also...and I think to try and compensate I've done more sleeping, and eating more and the masturbation.

Th: Mmhmm

Pt: And I'm not sure what all that's about what has been going on but it's been extremely frustrating because I need concentration and focus in order to work effectively at school

Th: For about a week or so after we met very excited and after that there's been this descent into depression and problems with concentration and so on.

Pt: Yes more or like four or five days I'd say after our meeting last time, said, 'wow that was really something' and I've been trying to recapture part of that to see when I'm gone and when I'm not and that's been-- [*Trying to recognize when he is dissociating, a pattern we focused on in our first two sessions.*]

Wife: He's also been dreaming more. He's been waking more frequently in the morning saying, 'I had very strange dreams last night', and he'll remember at least pieces of them, which is not common. And it's been very extraordinary in the past that he'd wake up and say 'I had a dream' and he remembers it, so there's...that's been since even the first time he's dreaming more and remembering it more.

Th: Good, good. Alright. Any sense what triggered the downturn four of five days ago?

Pt: No, I've just been scratching my head trying to figure out what happened. It's like I hit a wall.

Th: Yeah not sure quite what it was, but yeah.

Pt: But I want to move forward.

T: Yeah, what's that like? There's a real determination I sense there of wanting to move forward. [*Since being present with his will triggered dissociation in the first two sessions, I focus on his will to see if his capacity to tolerate being present with his will has increased.*]

Pt: Yeah there is a determination.

Th: Yeah. What's that like to experience right here, that determination, that umph?

Pt: It's intense. It's an intense state. It's. I don't think it's desperation. It feels more positive than that.

Th: Yeah, no, I see real determination in your jaw. Yeah, what's that like to just experience that kind of determination here?

Pt: A kind of strength

Th: Mmmmm, yeah. How do you experience that determination that strength right now, that determination, that strength right here?

Pt: In my shoulders. In my upper arms and shoulders. And just feels like I'm leaning forward even though I'm not

Th: Exactly. Yeah, and what's that like, leaning forward with strength letting yourself be here with me, leaning forward strength present.

Pt: It's...it's solid

Th: Yeah, yeah how do you experience that solidity physically, here?

Pt: I feel well grounded physically. I feel like I'm present and that I have energy to work with.

Th: Yeah. What's that like to be present right now? Because you are, you're here right now, you're present. You're not off somewhere else but you're right here. [*He is present instead of dissociating.*]

Pt: It's kind of a pure feeling

Th: Say more about that

Pt: It's hard to put into words. It's more like there's a...more like a pure connection between the two of us.

Th: I sense that yeah, pure connection, that you're here, you're present, there's not any fog between us, it's not like you're back on the wall but you're just right in this chair present, connected here.

Pt: The other thing that has been frustrating this past week, week and a half, has been...you were mentioning that, that you saw something come between us and between me and K. and I been trying to figure...trying to feel or figure out what that is and haven't been able to. [*The shift in focus is a defense, and, thus, a sign that his anxiety just rose.*]

Th: Uh-huh, that's okay. That's okay, we'll figure that out. What are you noticing feeling right now?

Pt: Anxious. [*Evidence of observing to attentive ego.*]

Th: Yeah, that's what I thought. Okay, that's good because I noticed that. Where do you notice that anxiety in your body right now?

Pt: In my chest and in my legs

Th: Yeah. What do you notice in your legs.

Pt: They're jumpy. [*Fight/flight response. The patient was experiencing an impulse to run from the room, an impulse we had touched on before.*]

Th: That's right, they are jumpy okay. So letting yourself have a pure connection with me, present, then we see anxiety come up. Okay and we know, we been talking about how the two of you can be even more connected and we're trying to help you with anxiety cause we saw last time there's connection, anxiety and then blip (dissociation) right?

Pt: Yes

Th: So right now this is progress because you're present with me and feeling anxiety without a blip.

Pt: Yes

Th: Okay so that's progress so right now you're feeling this anxiety as a jumpiness in your legs?

Pt: Yeah.

Th: How do you experience the jumpiness in your legs?

Pt: It's like a pressure in my legs. Yesterday I felt that same thing and I just had to keep moving my legs. I kept...they didn't feel comfortable in any position I put them.

Th: Right, right. When you say the legs feel jumpy, what are the legs sort of wanting to do?

Pt: Move

Th: Yeah. Are they wanting to jump, are they wanting to run? If they just did what they wanted to do, what would they do?

Pt: Well, if they were doing like last time I was here, they'd want to jump and then run

Th: They'd want to jump, uh-huh, they'd want to jump. Yeah, what do you noticing feeling right now?

Pt: Tension. [*He describes the automatic discharge of muscle tension involved in his action tendency of anxiety---wanting to run (J. Ten Have de Labije, 1999) which is blocked by a simultaneous freeze response (Levine 1997).*]

Th: Yeah. What you notice feeling your arms? Because you notice your arms are like this, [*grabbing position*] what's that? What are those arms wanting to do?

Pt: Not sure. They're...they're kind of locked into position

Th: Yeah. They're locking into position. What are those arms wanting to do?

Pt: Well the most comfortable position is like this. [*places arms to his side at rest—defense*]

Th: Yep but they're doing something else. Weren't they? There was this jumpiness in the legs and the arms. What do you notice in those arms?

Pt: They want to do something.

Th: Yeah. What is that...what is that doing? What is it they want to do?

Pt: Protect myself. I felt comfortable protecting myself like this and I think I was saying to myself I don't want to protect myself I want to move forward and if I protect myself I not going to be able to

Th: But you know what? You're body is telling us at some point in your life you had to protect yourself or you couldn't right?

Pt: Mmhmm

Th: And it's telling me that right now. And I want us to listen to your body cause at some point you apparently had to not listen to it. I don't know when that was, maybe you'll figure that out. But right now I'm seeing you're body's having this, as we have this

connection cause you know you're sitting here with me, mild mannered therapist on Connecticut Avenue, and with you. But we're seeing your body is having a different experience. You're body's not here with me, you're body is with someone else. You're body is with somebody where you're feeling like you've got to jump and protect yourself or jump and run. *[Addressing time distortion: now is not the same as the past (Rothschild 2003). At the same time we are differentiating the real relationship from the transference which has entered here as a defense against rising feelings.]*

Pt: Okay

Th: So it's sort of like we're having a relationship in stereo.

Pt: Okay

Th: We've got two tracks right now. We've got good connection, wanting to connect with me and I'm wanting to connect with you in a psychotherapy relationship. And right now your body is telling me you're having a relationship with someone who's apparently dangerous whom you want to protect yourself from or run away from. *[Distinguish therapeutic relationship in the here and now, from a physically lived transference based on past experience. (Bateman and Fonagy 2004; Fonagy et al 2002)]*

Pt: Right

Th: Right. Okay. And that's getting in the way...cause you've been talking about how you and your wife make love well it's hard if this protecting and running and jumping urge is coming up in bed right?

Pt: That's true.

Th: It's impossible right? So, we're trying to help you with what you're body does. So I want us to really listen because you're here wanting to connect with me. But your body is doing something different. And we're really having to listen to what happens because just connecting here got really jumpy, really jumpy. *[His anxiety drops in his body.]*

Pt: Okay.

Th: Okay good. So and then there's this urge to jump and then the arms are wanting to protect you. How are the arms wanting to protect you?

Th: More like, more like this. *[crosses arms in front of himself---defense]*

Th: There's this and then there's this, but I also saw your hands are doing this *[I enact his two defensive postures then the impulse posture]* and I want to pay attention, what's that? What are the arms wanting to do when they're like that?

P: Well the thing that comes to mind that doesn't make any sense is that I want to put my hands around my father's neck and choke the life out of him. *[Emergence of murderous impulse toward his father that was evoking the unconscious anxiety. He holds his hands in front of his face as if strangling his father.]*

Th: Okay.

Pt: But that's with my hands in this position.

Pt: Exactly. Do I have your permission for us to go there? So in fantasy if those hands went around his neck, how do you picture that?

He went on to have a portrayal of murderous rage toward his father, first strangling him then later taking an ax to his father's head and chopping it to pieces. Moments later the patient had a headache. I addressed the mechanism of turning the rage on himself, identifying with the victim of his murderous impulse. The patient began to see this mechanism and revealed that he felt this impulse when he returned home from the hospital where his father had committed him against his will.

Here we see that by helping him observe and deal with his anxiety, making him aware of his anxiety's action tendency and distinguishing it from his physical defenses, referring to his transference perception and separating past memories and present reality, his differentiation between the physical manifestations of anxiety and those of rage becomes much easier.

A common mistake made with fragile patients is to pursue a premature breakthrough (Ten Have de Labije). If the patient does not have the capacities of an observing ego, an attentive ego, affect tolerance, anxiety tolerance, anxiety discharge mainly into the somatomotoric and sympathetic nervous systems, a capacity to distinguish feelings, anxiety, and defenses, distinction between the healthy ego and the sadistic superego, the therapist is courting disaster. This example illustrates how a careful mobilization of the observing and attentive ego, separation of reality from projection, and cognitively distinguishing anxiety from rage enables the patient to have a smooth entry into the cognitive awareness of his impulse without cognitive disruption and with manageable anxiety.

Session Four: Link of Dissociation to Unconscious Cue

In the following segment from the beginning of the session the patient immediately dissociates but is unable to identify a trigger for his defense.

Wife: Go ahead.

Pt: I'm trying to fill my empty brain, I feel like my brain has kind of got a vacuum in it this morning. [*Cognitive perceptual disruption immediately in the session.*]

Th: Huh. A little vacuum here, hmmm.

Pt: Uhm....

Th: Anything else you notice with this kind of, this sort of blanked out or something.

Pt: Nods.

Th: Was it blanked out before you came in the room?

Pt: It was a little fuzzy.

Th: A little fuzzy.

Pt: I'm trying....I think part of it is the change in medication that I've had. [*Patient still doesn't recognize this cognitive fuzziness as a sign of anxiety.*]

Fifteen minutes later in the session.

Pt: It's almost how I feel when I meditate.

Th: Uh-huh. Just being present here with me, no chatter. Mmmmmm.

Pt: It is, it's like a meditation. That's how my body and my mind feel.

Th: Mmmmm...just very present and very still. Mmmmmmm.

Pt: I just blipped. [*Meaning he just dissociated.*]

Th: Good you noticed. Alright, terrific! That's what we're looking for. What do you notice feeling inside? Just emotionally, physically what do you notice? Let's see what the cue is.

Pt: My chest tightened a little bit, my breathing shortened.

Th: Yep.

Pt: Uhm, and my mind just took off. [*Patient now able to recognize the causality of anxiety (cognitive/perceptual disruption) and defense (mind taking off and him going out of his body) but not the cue which triggers the anxiety.*]

Th: Right. Okay. Very good. So present here together with me, here today 2005 and all of a sudden a little tightness in the chest and then your mind just took off.

Pt: And I can't think of anything that caused it from being...from being present and...

Th: Well that's what it is. That's all it takes is what we're learning...simply your being present here with me, present fully you here with me, another man, that's all it's taking.

Pt: That's interesting because I'm only working with one guy. All the rest are women.

Th: Yep.

Pt: And I work much better with women than I do with men.

Th: Yeah, well not surprising right. Because obviously you want to be in this chair here. You called me up wanting me to help you and I'm glad to do that. You're here to be present I'm hear to be present, we both know that in our heads. [*Reminding him of his will and the task.*] You're just simply being present with me---that's all it takes, is being present here with another man. It's as if your brain stem says, 'oh my god!'

Pt: Is my body telling that to my brain?

Th: That's what speaks here, right? Your body speaks first. You feel this tension.

Pt: Yeah.

Th: And then your ...tingle sensations that happen in your body and that's all it takes. Just a little physical clue like that and your brain is just running away from somebody.

Pt: Huh. Okay.

Th: That's all it's taking. Just being present here with another man. Boom. And you notice that there wasn't, that the anxiety you felt probably wasn't real intense was it? Just a little bit.

Pt: No.

Th: But if we sat here and we didn't notice this, your anxiety would just keep building and building. You'd be dissociating more and more and more. And if you were in a class or whatever you wouldn't be able to study. [*Pointing out the price of ignoring his anxiety: inability to regulate it leads to cognitive collapse.*]

Pt: That's true. That's a true statement.

Th: Mmhmm

Pt: ...about it building.

Th: It just builds and builds and builds because you're not aware that that's...that's ...because if we didn't notice just at that moment then it would just build and build and build. Because you're close to this man here who gets equated with, it'd be like sitting close to this father who beat you. And if you're sitting close to a person who beats you, it's like your anxiety is just going to mount and mount and mount. And you can't approach him to help you with your anxiety right? And you can't get away from the dinner table or you can't get away from wherever it is. And you have to be near this person who could hit you at any moment. And your anxiety just builds and builds and builds. And there's no relief and it keeps going skyward. It just goes through the roof. And you're having to dissociate, your mind has run out of the house to be somewhere else because it's too stressful being right there next to him.

Pt: So how do I break that?

Th: We just did. We just did a little bit just by your noticing that you blipped in our looking at things.

Pt: Okay.

Th: Just noticing it because that skill is going to be something you can bring in all day long every day no matter where you are. Just checking that when you blip, saying, 'ok, what am I noticing, what's triggering that when that happens?' And right now being present with a man: that's our trigger. That's going to allow you when you're sitting there with men to notice, 'when do I blip? What triggers it?'

Pt: And some..some men trigger it more...more intensely than others.

Th: Oh yeah?

Pt: Yeah.

Th: What's an example?

Pt: My advisor at school, his name is E, uhm, wow I'm emptying again. [*Dissociation.*]

Th: Okay that's all it took was to remember his image. [*Identifying the cue that triggered the dissociation.*]

Pt: Yeah I can see his face, I can see his body and I can remember his first name but I can't remember his last name. [*Drop in cognitive function due to fast rise in anxiety.*]

Th: That's okay.

Pt: M_____

Th: But you just told me something important. Simply remembering his face, simply seeing him, was enough for your mind to empty.

Pt: That's strange.

Th: Right? Just like when as soon as you saw my face today your mind emptied.

[*Suggesting the cue that triggered his dissociation just before he entered my office.*]

Pt: I had an experience that I don't...that I don't remember any of the feelings from that I've told K about. That when I was about 7 or 8 years, old one of the things that my dad kept such tight control that on Saturday and Sunday we would, we would go for a nap. He made sure that the entire family laid down for about a two hour nap and here I am about 7 or 8 years old. I remember one time I was sick, I was coughing and he wanted total silence. And I tried very hard not to cough and I couldn't.

Th: Sure.

Pt: And I coughed and I remember trying to stifle the cough, and his head peering around the doorway glaring at me as if 'you quiet down or you're going to get beaten' and it must have frightened me. I don't remember, but it must have frightened me...and I've worked on a timeline. On my timeline I put, I wrote down that in that experience what I learned was it was not even safe to be sick

Th: You're saying, seeing his face was a signal of danger. [*Original cue to dissociation which has now generalized.*]

Pt: Yes absolutely.

Th: All you have to do is see my face when I come around the corner of my doorway and your brain empties. That's what happened today. You didn't cause that. It's not like you said, 'I'm going to empty my head'. As soon as Jon looks it's boom! That's just what happens. It's just kind of an automatic boom you know?

Pt: That's distressing.

Th: Well, the bad news is that it happens. The good news is we're figuring that out.

You know, I mean if just looking, seeing a man's face suddenly is enough to trigger that,

that's going to be helpful information. Just visualizing the face of your advisor here your mind emptied.

Pt: It's interesting that as we're talking I'm able to monitor when I'm in and when I'm out. [*Increased capacity to observe when he dissociates and when he does not.*]

Th: Good. What are you noticing?

Pt: That I have so little control over it.

Th: That the in and out happens a lot more frequently than you realized?

Pt: Yeah, it does and part of it has to do with eye contact. [*He identifies another trigger to dissociation---sign of an increase in self reflective function..*] Uhm....and it's like I don't have any control over it.

Th: Yeah.

Pt: I try and bring it back. And sometimes I'm successful for a short period of time.

Th: But what we need to pay attention to is that when you saw my face you didn't realize you had a flash of anxiety and your mind emptied out. You came in and your mind was empty. But you didn't realize that it was looking at my face and that there had been a surge of anxiety. All you're aware of is that your mind is empty. [*At this stage of the work, the patient was initially aware of the anxiety symptom of his mind emptying and his defense of going out of his body, but not the trigger.*]

Pt: That's right.

Th: You didn't see the causality. Seeing Jon's face, anxiety in the chest, and then blanking out or even when you mentioned visualizing your advisor's face. All you were aware of is, 'hmmm I can't remember his name.' Not realizing okay you had a flash of anxiety: that you visualize his face, flash of anxiety and your brain scattered for a second. So we're just helping you see the sequence. [*Helping him see the causality of trigger and anxiety.*]

Pt: And I have to work very, very hard to override that. I was able to override it for a short period of time to get his last name but it takes a lot of energy to override that.

Th: Right. Because you're trying to override it. Because you're not aware of the anxiety and that's what we're having to pay attention to. But the more we face these very powerful feelings with your dad the more that anxiety should come down, the more your body should settle down because each time we've done that we've seen that your body, it settled down.

Pt: I am more present today than I was the first time I came in.

Th: Oh, that's for sure that's for way sure. Absolutely.

Pt: I'm kind of proud of that.

Th: You should be. It's a hard won achievement, because we're just learning that sudden movement, appearance of a face, being present, that's all it takes to trigger the system.

Pt: Yeah. It's interesting when I'm present I am noticing your cues a lot better than when I'm blipping. When I'm blipping it's like you lose depth, you lose detail. And when I'm present I'm able to take in more information.

Th: And when you blip out let me know as soon as you notice. Because I'm pretty good at noticing, but I miss it sometimes. And if you notice it and I haven't, let me know. Because that's where we need to move in to help you with your anxiety.

Pt: There's like two types of blips. One is like a mini blip...uhm, that I come back from fairly quickly. And there's a major blip where I'm gone and my mind empties out and I'm someplace else.

Th: Yeah that's what happened at the beginning as soon as you saw my face.

Pt: Yeah.

Th: That was a major blip.

Pt: That was a major blip.

Th: Yeah and you weren't even aware of it until--

Pt: I just had a mini blip.

Th: Okay.

Pt: And I'm back again.

Th: Okay, so when I mentioned that there was a blip you weren't aware of, that caused a rise of anxiety and then you had a mini-blip. [*Showing the causality between the trigger and anxiety and dissociation.*]

Pt: Yep.

Th: Okay so that's also important. That apparently it's very scary to realize there's things happening you're not aware of.

Pt: Like I'm vulnerable.

Th: Exactly. Exactly anything having to do with vulnerability. Quick rise of anxiety and you blip. [*Outline the causality of vulnerability, anxiety, and dissociation.*] Which makes sense given what you described. You were very vulnerable, it sounds like with this father. So anything that touches on being vulnerable--what just happened?

Pt: I just remembered a conversation. I blipped and remember a conversation I had with my uncle last summer. I went down there. He's in his eighties. Since I've forgotten so much, I asked him what does he remember about me when I was younger. He and my aunt both related an experience where we were at my grandmother's house at the dinner table and I was about two and a half. And I had done something, knocked over a glass of milk or something or had said something, made some noise or something.

Th: Something that two year olds do.

Pt: And my dad reached over and slapped me so hard along the side of the head, that it knocked me out of the chair onto the floor about halfway across the room...and I don't remember that but it stunned me to hear that .

Th: My god!

Pt: So I know at least in putting together the pieces I know that it certainly...

Th: My god!

Pt: It manifested a lot earlier than I can remember.

Th: Jeez!

Pt: I blipped big time and then I came back.

Th: Just now?

Pt: When I described that just now at the end.

Th: What triggered that big blip just now?

Pt: Anxiety.

Th: So there must be a lot of feeling.

Pt: I'm not sure there's feeling attached to that but. [*Notice he is aware of anxiety but not the feeling which triggered the anxiety.*]

Th: Trust me, trust me.

Pt: Okay.

Th: I mean, I'm just stunned, there's a lot of feeling in me, a lot of feeling in you (to wife).

Wife: Oh yeah.

Th: I know we're not anomalies here. There's a lot of feeling. And I understand you're not so aware of it because with a family like this, you are going to shut down any feeling, any vulnerability, because it's dangerous to have an emotion if you're going to get hit or attacked for having any kind of a feeling, vulnerable human being right because you're saying if you're vulnerable, if you need help, if you're sick, you're going to get beaten right?

Pt: Mmhmm.

Th: So what's the feeling toward this father that assaulted this two year old? I mean as you look at the now, what is your feeling towards him?

Pt: I mean I'm not looking...I don't have any emotion from...from that I can remember.

Th: I know you don't remember then. I'm just saying as you look at that scene in your mind now and you see this man hitting that little, little baby.

Pt: I'd kick his ass is what I'd do. [*Emergence of his rage.*]

Th: How do you experience that urge to kick his ass right now physically.

Pt: Uh, it...I just blipped.

Th: It's good you saw that.

Pt: I feel it in the front portion of my head.

Th: This rage.

Pt: Yes.

Th: How do you experience this rage towards him physically? This wish to kick his ass.

Pt: It's just a rising feeling that goes into my head.

Th: Just let it rise, let it go through your head out to your arms. How do you experience that rage, if you let it go through your body, because you're here today 2005. We can let all the rage go through. Your wife's right here with you. I'm here with you. If you let this rage towards this father go completely through you. [*Grounding him in the present so he can face the rage in the past.*]

Pt: If I let it go completely through me I would grab him by the neck and hit him right in the nose.

Th: How do you picture that?

Pt: I picture that. I picture myself getting up from the, from the table. Because I would be present there as part of the family and getting up from the table and, very angry, I'd grab him by the back of the head and I'd hit him as hard as I could right in the nose.

Th: And then what if you just unleashed, went berserk?

Pt: That's all I felt like I'd want to do. I want him to think about it. Nobody should treat another human being that way.

Th: Nobody.

Pt: Especially a child.

Th: Nobody.

Pt: So my...I blipped.

Th: Okay what's happening inside right now? What do you notice feeling physically emotionally?

Pt: It's strange, I feel like I'm shutting down

Th: Now that's important that as soon as you feel this wish to punch him in the nose and shut down his rage system so he can't beat the little boy you shut yourself down instead. Do you see that sequence just now? [*Showing the triangle of conflict in the here and now and the activation of the superego.*]

Pt: Yeah

Th: Okay. That's very important. Because we saw in the second session you felt this enormous rage towards your father and then you put yourself in the casket. You felt enormous rage towards him in the third session. All this rage came out. You put this hatchet in his head then you got the headache. We're seeing this constant... obviously it's a little pattern... repeatedly feeling this murderous rage, wanting to murder your father and having to turn it on yourself. Right? Having... the rage had to go somewhere and you turned it on you repeatedly. And here we see you feel this enormous rage towards your father, a wish to punch his nose, you hold yourself back, you turn it on you and—

Pt: That would make... I blipped again, but that would make sense why I got in so much trouble with the law too because I couldn't express... I'd go dead around my dad but I would, I would express my anger outside the house. [*He makes a spontaneous connection to the past showing a beginning understanding of the mechanism of self attack.*]

Th: So the rage was going out everywhere else?

Pt: Yep.

Th: Yeah so if the rage doesn't go out every else and it doesn't go back onto you, because we can't be doing to you what he did to you. Right?

Pt: That's right.

Th: Yeah. We can't do to you what he did to you. So if you feel all this rage towards him that he's just hit this two year old boy. If you turn all that rage onto his body in your imagination, how do you picture that if you just go berserk?

Pt: This is strange. I keep blipping in and out.

Th: Okay. It's good you noticed. Good you can see it.

Pt: It's like bouncing in and out.

Th: Okay. It's good that you can see that. So as soon as you imagine turning your rage towards him and not on you the blipping starts to happen right?

Pt: I'm blipping big time.

Th: Yep. Because what we see here is a pattern. This is breaking the law of the family. To actually feel it towards him instead of you is like breaking the law. Because the anxiety goes up and you're really blipping big time as you say right? Because it's like breaking a major rule to not turn this on you but to feel it all towards him.

Pt: I'm trying so hard to be present. [*Anxiety has risen too high to allow a passage of the impulse. Therefore, further building of ego adaptive capacity is necessary at this point before we can go further.*]

Th: Okay. Pay attention to the anxiety. Where do you notice the anxiety right now? [*Mobilize attentive ego toward anxiety.*]

Pt: In my head, and in my breathing and my foot.

Th: Yeah. The foot. What do you notice in the foot?

Pt: It's just twitching.

Th: Twitching. If the foot was going to do whatever it wanted, what would it do?

[Mobilize attentive ego to impulse. Premature intervention by therapist.]

Pt: (long pause) This is frustrating. I'm blanking out. [Patient cognitively disrupts, indicating the need to further build ego adaptive capacity.]

Th: Okay. So just paying attention to your foot and what it wants to do you blank out.

So you see there's the rage, anxiety, blip. Foot urge, anxiety, blip. Feeling the rage towards your father, anxiety, blip. Do you see the pattern that's emerging here?

[Mobilize attentive ego toward the pattern of causality.]

Pt: I do.

Th: Right. Because it makes total sense from what you describe. Obviously to feel rage towards this father would have been suicidal. Right? [Empathize with the origin of what were originally healthy defenses which have become automatized, generalized, and therefore unhealthy.]

Pt: Yep.

Th: You would have gotten beaten or whipped or whatever. And so obviously you say boy, as soon as you felt that rage towards your father for doing something terrible to you, you would have had this wave of anxiety, going oh my god what could come at you and then you would blip right? You could go dead and the rage would disappear and there'd be no danger.

Pt: I keep...As you're talking I'm half hearing you and I'm half...half remember things. [Brief buildup of ego adaptive capacity allows recovery of traumatic memories.]

Th: What are you remembering?

Pt: I'm remembering two things...I'm remembering, I'm remembering, I'm remembering, I'm flipping through several experiences when my dad decided that the belt wasn't enough so he wrapped a rope around the back, the end of the belt that made it like a flexible club and beat me with that. And I went from that to when I was in my early to mid teens he decided that that didn't work. So he would make me stand still while he hit my head with his knuckle several times, and that hurt. And I can remember there was one time when he did that and I felt enormous rage and he brought his hand down and I brought my head up and it shattered his little finger in three places. He had to go to the hospital and it was the last time he laid a hand on me. I couldn't, I could not face him and protect myself directly but I found a way to express my rage.

Th: Exactly. And what an achievement that was.

Pt: Yeah.

Th: I think it's very important to pay close attention to your words. You couldn't face him and protect yourself. Remember. As soon as you saw my face you blipped. As soon as you envisioned the face of your advisor you blipped. And now we understand. you couldn't face someone and protect yourself. If you saw their face you had to dissociate but in this case you were able to protect yourself and you felt that self protective impulse in you and as a result he never laid a hand on you again. You broke his finger in three places. [T-C-P link.]

Pt: Yep. Boy did I feel good.

Th: I bet. How do you experience that right now?

Pt: Relief. It's a good feeling.

Th: Yeah. Physically how do you experience that?

Pt: I feel it...it's kind of a cool tingling in my hands. And I feel like my face is looser.
[*Drop in anxiety with the acknowledgement of his impulse and pleasure with it.*]

Th: It is.

Pt: And the threat level isn't quite as high.

Th: No. Because as soon as you feel your rage and your power, the threat disappears.

Pt: I just blipped another thought. It's like when I blip, one of two things occurs: either a thought comes in or I go totally blank.

Th: But this time something came up.

Pt: As I have worked in therapy with another therapist. The term I used with her was that I felt like I had a nuclear power plant inside. And I just had another thought and it went.

Th: So your mind kind of blipped out just as soon as you became aware of your internal power. Your power, as an internal nuclear plant.

Pt: Yeah.

Th: That's what we're trying to help you hold onto.

Pt: I blipped and another thought: I feel like in a given situation, I could kill somebody.

Th: Oh of course.

Pt: I feel like there's an enormous amount of rage inside that would be triggered by a survival situation.

Th: Of course you would. Of course you would. And that's not a problem. That's not a problem. The problem is that you felt that with your dad and it could've gotten you killed. And it imposed an impossible problem for you then, because at a very young age, at a much too early age, even starting at two you said, had your rage mobilized and you felt that internal nuclear power plant that wanted to just kill and that was a problem because to save your life you would have to kill your own father.

Pt: That makes sense. That makes sense. Because I started acting out even in kindergarten. I was a behavior problem even when I was in kindergarten.

Th: You were a nuclear power plant ready to explode and if you exploded in that house you could get killed. It was kill or be killed.

Pt: No it was kill or be killed or shut down.

Th: That's right. So naturally you shut down. And the way you shut down ...turn the rage back on you and go dead.

Pt: That makes sense.

Th: Perfectly understandable.

Pt: I don't have any images intruding.

Th: Uh-huh right now, what do you notice right now?

Pt: I'm more present right now. I'm not...I don't feel as agitated.

Th: So if we put this together what we're seeing is. That when you for instance saw my face...suddenly as when I opened the door it was as if you were with your father; this dangerous face, this threatening face who was going to beat you if you were sick. And part of you felt this tremendous wave of murderous rage, this power plant, wanting to go off to protect yourself. Because at any time we experience a threat, as mammals we respond with a fight or flight response. And you felt that fight but that would really provoke a father and so then you'd have to blip. Kind of disappear, have your mind empty so there was no anger for him to see. And you saw how that just got lived out here because you saw my face, you came in here. I was kind of wondering what you wanted

to talk about and your mind was empty. And we can see with a father like yours if your mind was empty there was nothing for him to beat, nothing for him to get angry at.

Pt: Nothing to feel.

Th: Nothing to feel. There was no one here in you. There was nothing for him to feel towards you.

Pt: There was nothing for me to feel.

Th: Mmmhmm. There was nothing for you to feel and yet it was clear you were feeling an enormous amount

Pt: And shutting it down.

Th: And having to shut it down for years and years and years.

Pt: Boy I've got to dismantle that.

Th: That's what we're here to do. How are you feeling right now?

Pt: I think...I think I feel like I, like there was a sense of relief...like I had already..like I had already gotten there.

Th: You'd already gotten there...meaning?

Pt: There was just a brief feeling that we had already dealt with it, even though I know we haven't.

Th: But we have in a way. And there's some relief you're feeling just as we put the pieces together.

Pt: I'm also noticing that even though I'm more present....my body feels like it's almost immobile. [*For the first time he is able to identify a freeze reaction.*]

Th: Yeah there's still a little bit of a freeze reaction that's happening. Exactly.

Pt: It's not a tense.

Th: No it's not quite a tense freeze but it's kind of an immobilization of yourself.

Pt: Yeah.

Th: Yeah. And that's common when you're with a predator and that gets activated. Because you saw me and all you had to do was see the face and boom you sit there and then there's this kind of immobility. But that just tells you how much your danger system gets activated.

Pt: If my danger system is being activated that much then I'm on like red alert all the time.

Th: All the time. All the time, yeah. We've just sort of gotten you down to orange but yeah. No, you're on red alert all the time, which is why you have the concentration problems. That's just helping you see when you blip, but yeah it's just a face. I'm sure that all kinds of subtle cues are enough to get you on red alert. That your whole autonomic system is just very activated a lot of the time would be my guess.

Pt: No wonder I have so little energy.

Th: Yeah you're exhausted...this is hard work to be this activated all the time and be on red alert. It's exhausting and your body is tuckered out beyond belief.

Pt: It is.

Th: But the good news is that when we help you start to experience that rage underneath you really start to feel mobilized, you feel good, you feel powerful and you feel calm. So we know where we...what it is that's helping you right now.

Pt: How do I begin to feel that rage?

Th: Oh you did a little bit today. We're going to do it bit by bit just like we did today, just bit by bit. Because as you felt that rage towards your father you had that image of

moving your head up and breaking his finger, you felt better. It helped you be in touch with that.....and with your rage and power. Once you're in touch with your rage and power and we get the blip away you'll be able to hold onto your power and your concentration and really start to see your real potential without this other stuff that's always gotten in the way.

Pt: You can actually see that?

Th: Yeah, mmmm. Because you're already more present. Your anxiety has lowered down. Your ability to think while you're here with me is much better. You're able to see when you dissociate. You didn't even know you dissociated when you came in here and now you're able to note and you're able to say the two different kinds of dissociation you see. That's we've had what, 4 visits, 5 visits?

Pt: I'm not sure.

Th: 5 I think, yeah. No, come a long ways. This is going very quickly. You've got a lot of capacity. We just have to help with the anxiety that will cause systems to shut down.

Pt: Okay.

Th: All right, well we'll continue next week

Sessions five to 36 continued to build his ego adaptive capacity, helping him develop a deeper visceral experience of his feelings, the ability to see the causality of feeling, anxiety, and defense. And then we worked a great deal on ego syntonic defenses of passivity and helplessness with his wife, defenses of which both he *and* his wife (!) had not been aware of. Particularly moving were several sessions where he was out of touch with the pain of his early experiences, but his wife was weeping as she listened to his story of abuse. I had him turn and look into her eyes and see his pain in her eyes. I kept inviting him to look into her eyes to see his own pain. As he did so, after several minutes he began sobbing with her, feeling his pain and her empathy for his pain as they embraced one another. Afterwards when I asked what he was experiencing he said it was "like silver going through my brain." Gradually, he was integrating his understanding of his past, his experience in the present, and his feelings which had never been faced.

Session 37: Coming out of the Coma

Pt: I said...what were the terms I used...I said...I said, when people would see me at the conference, they would see somebody who dressed differently, that had a flat top, that was on fire.

Th: Exciting.

Pt: Very exciting. I've always told [his wife]...I've always told her that we have a brilliant future in front of us. And I'm beginning to see it that now instead of just have optimism. I'm beginning to see it.

Th: You're actually able to picture this brilliant future. Picture your being brilliant in front of other people.

Pt: Yeah.

Th: Yeah what's that like to be able to picture that.

Pt: It's a good feeling. [*Breakthrough to grief. He cries freely for four minutes without the dissociation of the past, now experiencing the free flow of feeling throughout his body..*]

Th: Just let it go through. Just let it go through. That's right. That's it. Let this brilliance to go through you now. Just embrace this brilliance going through you now. Just embrace the brilliance going through you now. Just embrace this brilliance, love this brilliance going through you now. This is you.

Pt: Can I have a Kleenex. It's very similar to the feeling. It's not...it's not brilliance...it's things flowing, the beauty of things flowing.

Th: The beauty of *you* flowing.

Pt: Yeah.

Th: The beauty of you flowing. Yeah.

Pt: Yeah.

(Next segment)

Th: But what are yours as you reflect on what's happening in you and what's happening here between us. What are your reflections right now as you notice and reflect on what's going on?

Pt: Part of why I ask for perspectives is because there are so many things that happen in therapy that don't have words, that I'd like an extra perspective, perceptual, an extra set of eyes and ears. I know something different is occurring this morning. I'm not sure what's fueling it or what it is. It's a different experience, a positive experience.

Th: How do you describe that difference? What do you notice?

Pt: I'm more alive.

Th: Mmhmm. Yeah. Definitely more alive.

Pt: I'm more alive.

Th: And openly alive. It's not just a secret aliveness inside you but openly alive, here.

Pt: And seeing a... and I'm thinking since this...we're about at the one year mark of working together and I reflect back where I was a year ago and I dimly see this person who is sitting back in their chair dissociating the hell out of everything. Practically unconscious, comatose and compare that with where I am now and it's astounding.

Th: What's the difference you see now as you look back to who you were then and who you're becoming right now?

Pt: I was dead. I was halfway on my way to being dead. Dimly lit. To use a term from a channeler I heard once. Uhm...dimly lit as opposed to being fully lit.

Th: Fully lit. Yeah. In here letting yourself be fully lit, on fire, right? And letting yourself flow here and letting yourself emotionally flow here with me, openly letting this burst of tears come out and just emotionally flowing and being open to you, open to me, just be open and flowing here.

Pt: It's a new experience

Session 42: De-repression of a Traumatic Memory

In the earlier part of this session I explored the patient's feelings. He reported feeling "torqued." When I invited him to show me, he twisted his torso to his left facing away

from me. Another feeling was experienced as “leaning forward.” So I invited him to demonstrate that movement as well. We alternated between these two action tendencies as I invited him repeatedly to engage in these two different movements and let me know what he was feeling as he explored these two experiences. As he did so he began to experience some anxiety as well as a faint tingling “like an electrical energy.” We enter at 27 minutes into the session.

T: How do you experience that electrical energy now?

Pt: It’s not as much. But I feel like I want to dissociate. It’s like I move from thing to thing. [*Notice his progress. He can see the temptation to dissociate but is able to make a different choice in the face of his feelings.*]

T: Let yourself pay attention to this electrical impulse. As you notice this in your body, tell me what you notice. Tell me everything you notice. [*Directing his attention to the sensation of electrical energy.*]

Pt: I feel tingling in my fingers, a little bit of tinnitus.

T: Anything else?

Pt: Twitching in my toes, tightness in the back, and a real yucky feeling in the front of my forehead but I can’t, there’s no word to describe it.

T: That’s alright. Just pay attention to the yucky feeling in the front of your forehead. Just keep noticing it until it gets clearer to you how you would describe it.

Pt: I can focus on it. I don’t know how to describe it.

T: That’s alright. Just notice it because there’s a tingling in your fingers, tingling in your toes, and a yucky feeling in your forehead. So just keep noticing.

Pt: It’s almost like my head is in a vice and there’s a mild amount of pressure applied to the forehead. [*Although the other symptoms he reports can be understood as anxiety, this symptom clearly is not. A somatic memory is emerging.*]

T: And so the pressure is applied in this area?

Pt: Across the forehead. From about here to here. [*Gestures to the sides of his forehead.*]

T: And feeling like it’s getting pressed down a little bit?

Pt: Feels like it’s being pressed in.

T: Pressed in this way. Yeah. Like a band here.

Pt: It stops at the end of my eyebrows like a band that goes above the bridge of my nose, across my eyebrows, to the end of my eyebrows, and extends up to my hairline.

T: So feeling tingling in the fingers, twitching in the toes, and pressing in happening with a band across the front of the forehead. Not a tingling, not a twitching, feeling more like a yucky feeling and a pressure pushing in.

Pt: And a tight back.

T: And your back is tight.

Pt: All the way from my neck to my tailbone

Eight minutes later:

T: And that other times you would dissociate rather than see this and dissociate rather than pay attention to this strange aversive experience.

Pt: It is. That’s a good way of putting it. It’s an aversive experience.

T: Anyone would want to torque away from that and yet you're feeling this aversive experience of tingling, toes, back, and almost like a band that's pushing in on your head. What's happening?

Pt: I'm a little frightened at the similarities to what I am describing and ECT [Electroconvulsive therapy]. A lot of similarities there.

T: Tell me.

Pt: A lot of similarities to what I have learned and I'm wondering if I'm remembering any of this.

T: What are the similarities you're noticing?

Pt: Like having my head secured with a band across my forehead. The tension in my back.

T: What does that tell you?

Pt: These are all experiences I might have had in ECT. And so I think that it's a low level fighting frightening feeling.

T: Right. So a low level frightening feeling, just like in ECT. There would have been a low level electrical sensation.

Pt: There would have been a high level.

T: And the band across your head.

Pt: I don't know why I'm making these associations. I've never done that before.

T: And there would be the tingling in your toes.

Pt: And fingers. Wow! Kind of blow-mind!

T: What do you notice feeling now?

Pt: Tension. Fearful. Tension as I connect the dots.

T: What's that [I imitate his jaw which is revealing his rage.]

Pt: That's more like thinking. As I'm connecting the dots and thinking, "oh shit!"

T: But what's that in your jaw?

Pt: That's what I do when I'm thinking. I bite my finger. [*He has no conscious awareness of his emerging rage.*]

T: If you don't bite your finger. Oh, and that's something you have to worry about when you have ECT.

Pt: Yeah.

Two minutes later:

T: And that your body is wanting to turn away? So if we imagine now in that ECT situation, how do you picture yourself fully torquing, ripping all this stuff off because the torque would have been an attempt to get out, right? Because the normal human response is not to lay there dead and say, 'yeah do it again.'

Pt: Nods. That's true.

T: What's the normal human response?

Pt: To want to escape.

T: Yes. It's an aversive response. We have an aversive response to ECT and we turn away.

Pt: Nods. That's true.

T: So as you imagine that table and that you're strapped down, how do you picture it if you just totally remove it, totally twisted away, ripped it all off, act that out.

Pt: I'm having a problem staying with it. I'm really struggling with it. [*He is reliving the memory rather than portraying an alternative version.*]

T: Oh. I'm urging you not to stay with it. I'm urging you to rip that band off. I'm urging you to imagine twisting off that table and ripping those shackles off. See the difference?

Pt: I do. I'm having a hard time. I feel like I'm stuck.

T: Can you imagine tearing the band off?

Pt: Yeah, I can do that.

T: How do you imagine that?

P: Just grabbing it [gestures] and ripping it off even though I imagine myself having the energy to do that.

T: So you imagine ripping that band off.

Pt: I can even use a metaphor to help me. Did you ever see the Matrix? There's a scene in there I can use.

T: So if you use that scene, how do you imagine ripping that band off your head?

Pt: I see myself grabbing one end and ripping it off. [Gestures as if ripping it off.]

T: Yeah and what's the next restraint that you pull off?

Pt: The scene wants to fade. I'm trying to keep it in focus.

T: That's alright. So you rip the head restraint off first.

Pt: Nods.

T: So do you take foot or a hand restraint off next?

Pt: I've already released a hand restraint.

T: So you release the other hand restraint.

Pt: Yeah.

T: How do you do that?

Pt: The same way I did the first one. I pull my arm out of it [gestures].

T: And what's the next restraint you take off?

Pt: [fist drops and relaxes]

T: Oh! Do this a couple times. [I squeeze my fist and he does the same] What do you notice as you do that? [*Counters him suppressing the physical symptoms of his anger/rage brings him back into visceral contact with the experience of his rage.*]

Pt: A lot of power flow.

T: So what's the next restraint you take off?

Pt: The one on my chest.

T: How do you rip that off?

Pt: I grab it and I pull it off [gestures]

T: What's the next restraint you pull off?

Pt: The next thing I do is nail [hit] the technician that's beside me [gestures fiercely with his arm and fist]. So he can't put things back on me.

T: How do you picture that?

Pt: Oh I do! I just did! [gestures again] Nail him!

T: And what happens to him?

Pt: He goes unconscious.

T: And what's the next thing you do?

Pt: I sit up and I grab the restraint around my leg and I pull it out as I'm lifting my leg at the same time.

T: And next?

Pt: Next is the one around my ankle because I'm sitting on the table and I pull the one that's around my right ankle off and I pull the one that's on my left ankle off.

T: And then?

Pt: Makes no sense at all. I see someone coming toward me and I just feel like I am focusing all of my energy forward and just burn a hole right through his forehead.

T: Just burning a hole through his forehead.

Pt: Yup.

T: Through *their* forehead. And what happens when you burn a hole through their forehead? [*Now the ECT damage is done to the technician instead of my patient.*]

Pt: He drops dead. And then I swing myself around on the table and I'm sitting on the table and I realize that I'm free. And I realize that anyone that comes toward me I can take care of.

T: Mhmm. So what do you do? What's next?

Pt: Getting the hell out of there. Getting up off the table and walking out.

T: Where do you go?

Pt: I walk out the door. Boy! I've never had a vision like that before!

In our later meetings we discussed the devastating impact of the ECT treatments on his memory and functioning, his rage at his father for hospitalizing him, and his grief over the lost years of low functioning that resulted. In response to our treatment, however, his cognitive functioning grew by leaps and bounds. In sessions 43 to 50 further working through of his rage toward his mother and father occurred as well as work on emotional closeness with his wife. A pivotal session was session 45 when we learned that the husband of the wife's daughter had molested their daughter. Both the patient and his wife were enraged at the son-in-law. When the wife began a portrayal of murderous rage toward the son-in-law the patient burst into uncontrollable sobbing as he finally faced the emotional impact of the abuse he had suffered, emotions he felt precisely because of his empathy for the granddaughter who was abused.

Although more consolidating work could have been done the patient and his wife decided to terminate at session fifty due to financial reasons. However, he felt he had a new lease on life, now functioning at a higher level than ever before in his adult life.

Conclusion

When the patient began treatment he was on three medications: strattera, cymbalta, and wellbutrin. When treatment concluded he was off all medications. At the beginning of treatment he was on probation in his graduate school and on the verge of expulsion. He went on to pass his comprehensive exams in flying colors and became the top student in the program, the one chosen by faculty to work together with in demonstrations for other students. Although his judgment had been poor and impulsive in previous work settings, he became a very valued team member and had several job offers from prestigious companies when he finished his degree. He no longer suffered from cognitive perceptual disruption or dissociation. As for his anxiety regulation, the parasympathetic symptoms decreased, while the sympathetic manifestations increased

and the velocity and spread of his somatomotoric symptoms decreased. One of the consequences of these changes was that he had the energy to exercise and he lost thirty pounds during therapy. His wife, who attended and observed his therapy, reported that she had never felt so deeply loved by him as she did now and noted that she herself had changed greatly through the treatment.

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