

ISTDP with a Patient Suffering from Longstanding Severe Somatic Complaints

By Jon Frederickson, MSW

Published in the Ad Hoc Journal of Short Term Dynamic Psychotherapy.

Copyright 2011 Institute for ISTDP Training and Research, Ltd.

www.istdpinstitute.com

The following transcript is the initial session with a 52 year old man who sought treatment for a variety of somatic complaints which had recently increased in intensity. This session has been chosen because it illustrates a nearly complete remission of the patient's symptoms following two breakthroughs of the sadistic impulse, guilt, and grief into consciousness and de-repression of oedipal conflicts.

Introduction

The patient called for an appointment reporting that he was suffering from a variety of somatic complaints which were being treated by his internist and a neurologist. He had been unable to sleep regularly for 13 years. A recent examination at a local sleep clinic was inconclusive because the patient, without medications, slept a total of 26 minutes during the entire evening! The patient also suffered from panic attacks, bowel complaints, headaches, shaking and trembling, and physical collapses at work and elsewhere. When he had these sudden physical collapses, he would have to be helped to a car and driven home. He was so disabled by these complaints that he was no longer able to go to work regularly, and was instead conducting office business by phone from his bed. In addition to these conflicts, he took a caretaker role with his wife who had been diagnosed with a bipolar mood disorder and he feared sharing anything emotionally intimate with her.

The patient regarded all of his somatic complaints as biological in origin and perceived no psychological precipitants. Those became clear only through treatment. At the beginning of treatment he had no idea when his symptoms had dramatically worsened, however, after a few sessions he realized his symptoms first worsened when a beloved male boss left his organization, and worsened further still when he and a mentally ill co-worker were assigned the joint responsibility of managing his division. This worsening of symptoms which made it extremely difficult to work led him to seek treatment.

The doctors had treated him for several years with a wide range of medications: Ambien, Restoril, Klonopin, anti-seizure medications, and medications used for Parkinson's disease. Their inability to diagnose his condition, and the possibility that he had Parkinson's disease left the patient fearing that he was going to die soon, because his condition was worsening. He asked to speak to me on the phone prior to our appointment when he told me of all his health issues. We agreed to meet and his wife drove him to the session since he had not been able to drive long distances for some time.

Transcript and Comments

The patient begins the session by describing a recent meeting with his physician. He told her he had made an appointment to meet with me, a social worker. He became upset when she suggested he see a psychiatrist instead and go on medications. We begin the transcript about three minutes into the session.

Vignette 1 (3 -5 minutes)

The therapist starts the interview by putting gentle pressure to the patient's feelings

Th Now, when you say you felt unhappy, what was the emotion you felt towards her?

Pt Well, I think the emotion I felt toward her was the fact that it was like, 'Well, a social worker's not good enough. You need a psychiatrist.' (*Defense: Intellectualization. The patient doesn't differentiate between his feeling and defense.*)

Th Well that was your thought, presumably, but your feeling towards her? Your emotion towards her?

Pt I think my emotion towards her, a lot of that came down to the fact that I had not had as much contact with her as I would have liked during this process, you know— [*Defense: rationalization. Patient cannot differentiate feeling from defense.*]

Th Well, that's your thought. [*identification of defense*]

Pt That's my thought.

Th But your emotion towards her? Because you said it was a hot button. The emotion toward her—

Pt I think the emotion toward her was that her questioning the fact that, well, you know, you need to see a psychiatrist. [*Defense: rationalization. Cannot differentiate feeling from defense.*]

Th Right. It sounds like that was the reason you had an emotion, but what was the emotion you had towards her? [*Differentiate feeling from defense then ask about feeling.*]

Pt What was the emotion I had toward her? I think it was...It was frustration. [*Defense: he confuses the stimulus (she frustrated him) with his feeling toward her for doing that.*] It was like, I have what I believe is a physical problem. You had raised this issue. The last time I had had the last bad physical event and had gone home and had called her and talked with her, the first thing out from her was, 'Do you need a psychiatrist?' [*Defense: rationalization.*]

Th Right, so she was obviously frustrating you, right? [*Point out the stimulus.*]

Pt Right.

Th And your emotion towards her for frustrating you?

Pt [*Sigh. Indication of access to striated muscle pathway of anxiety discharge.*] I was not—I don't think I was angry at her [*unconscious therapeutic alliance (UTA): emergence of anger through negation*], but I think it was a case of—I understood that she was—[hand opened up]

Vignette 2 (6-14 minutes)

The therapist continues his gentle pressure to the patient's feeling

Th But the emotion towards her?

Pt The emotion toward her was, 'You're not believing what I'm saying...'" [*Defense: intellectualization.*]

Th Well, that's certainly the thought you had. [*identifying the defense*]

Pt [Switched leg position and became animated] That was the thought, you know.

Th Yeah. But the emotion?

Pt What's the emotion? I think, at that time... [*Sigh*] Like I said, was I mad? Yeah, I was mad, sure. [*emergence of the patient's anger.*]

Th Uh-huh, so you were angry with her then.

Pt I was angry with her. I had a perception that she could just close this off and say, 'This is psychiatrist territory. I'm an internist. You need a psychiatrist.'

Th And that anger? How do you experience it even now? [*pressure to experience of anger*]

Pt I'm in much more control, I think, of the situation. [*Defense.*]

Th Right, but if we don't control the anger now, if we let ourselves have a look at that right now, how do you experience that anger toward her right now?

Pt [Sigh] How do I experience it now. [Sigh].I really just didn't know exactly what to do at that point, I mean there was— [*Defense: rationalization.*]

Th Right, but the anger? How do you experience that right now?

Pt How do I feel about it right now? [*'Feel about it' is vague and allows him to go in many directions. Instead we focus him on the feeling toward her, not about the situation.*]

Th How do you experience this anger toward her?

Pt [Sigh] How do I—[Sigh] I'm going to go in a little bit different direction here.

The patient briefly describes how the doctor discusses his difficulties in a dismissive way.

[*Defense: diversification. Point out to the students how the patient's anxiety drops because I go along with the patient's defense rather than keep the focus on feeling.*]

Then we return to the transcript.

Th But, if we come back, because you were obviously feeling quite angry with her for saying, 'You need to see a psychiatrist,' for speaking to you in a clipped and dismissive manner...

Pt Right.

Th Yes, and how do you experience that anger towards her right now?

Pt [Sigh] I'm still frustrated, I mean--. [*Defense: confusing stimulus and feeling. Or we could call frustrated a "cover word."*]

Th Right, but the anger? How do you experience the anger physically?

Pt [Sigh] I have not made, you know—I go out, I walk, I try to steam it off, I just try to say, look, you know, she is who she is. She is trying to do her job, you know... [*Defenses: discharge, rationalization.*]

Th So let me just back up here. So that you feel angry with her. One of the ways you try to deal with anger is you try to walk it off, [*identifying and clarifying the patient's defenses*]

Pt Yeah.

Th ...and you say another way you try to deal with anger is to kind of steam it off,

Pt Yeah.

Th ...and another way you try to deal with anger is to come up with all kinds of rationalizations.

Pt Right, yeah.

Th And these are all mechanisms that you're using to deal with this very powerful emotion coming up inside you.

Pt Right.

Th So if we don't rationalize away the anger, if we let ourselves have a more honest look at that emotion right now, how do you experience that emotion of anger towards her? [*resume pressure to the experience of his anger.*]

Pt [Sigh] How am I experiencing?

Th Yeah, physically.

Pt Physically? Physically, how am I experiencing that anger toward her? [Sigh]

Th Yeah.

Pt [Sigh] I have difficulty saying, because, I think I'm— As you said, I put up these mechanisms, I'm throwing it up her, I'm throwing it up here, and I'm saying... [*Now the patient is becoming aware of defenses he uses against anger; evidence of rising unconscious and conscious working alliance.*]

Th Yeah.

Pt I'm not going to, you know, swear at the lady or go bananas and say— [*Defense: negation.*]

Th In reality, obviously you're not—

Pt In reality, I'm not—

Th But physically, if we just look, in the privacy of this room, as we're trying to understand this emotion, this is a powerful emotion, how do you experience this emotion, physically?

Pt [Sigh] I think I'd go back to this abandonment thing of, you know— [*Defense: cover word.*]

Th Well, clearly she abandoned you in a certain sense, and this makes you feel very angry towards her. And the anger, how do you experience that physically?

Pt How do I, physically?

Th Yeah, how do you experience that direct anger?

Pt [Sigh] I hardly feel anything, and that's the truth. [*Defense.*]

Th You hardly feel anything?

Pt I hardly...feel...anything right now. I mean, it's just hard to—I just really, right now, between this whole process, I've just kind of cut all the emotional stuff off. [*Defense: the patient is able to describe how shuts down his feelings.*]

Th Okay, so well it's so great you're so honest here, because what this shows is with the tremendous anger that you feel towards this woman, one way you deal with the anger is you almost, like, deaden your emotions, you try to deaden the rage. [*point out implicit relationship between his defense and his somatic collapses, i.e. his defenses are killing him*]

Pt Yes. [tears]

Th And then we see that another way is that you're tempted to go to kind of like tears as a way to kind of cover up this very heated emotion, right?

Pt Yes.

Th But, obviously, you've not come here to deaden yourself or to be dead, right? [*helping patient turn against his defenses, and communication to the unconscious therapeutic alliance.*]

Pt No.

Th So, if we don't deaden this anger, and if we don't wash it away with tears,

Pt Yes.

Th if we have a more honest look at that anger, how do you experience this anger towards her?

Pt [Sigh] I'm trying. I guess it's hard to dig in here... [Sigh] I just want to talk. Tell me if I'm not there, ask questions please. [Sigh] I think she's searching for the right answers. I'm just not confident that she's there. [*Defense: rationalization*]

Th Well, that describes her, but if we take a look at the anger towards her? How do you experience that?

Pt What am I feeling out of this? I guess –

Th How do you experience this anger?

Pt What I'm feeling out of this anger is that [sigh]... I feel...that I'm fighting to stay alive right now. [*as the patient describes that he is fighting against his automatic use of defenses we see a rise in the unconscious therapeutic alliance.*]

Th Hm, fighting to stay alive. It sounds like you feel like you're alone in that fight.

Pt (Patient begins to cry, tries to say something, but can't.) [*Grief emerging as a result of the sudden rise of the unconscious therapeutic alliance over the resistance.*]

The patient continues to cry as he becomes aware of how he kills himself slowly. We return several minutes later to resume the pressure to his experience of anger followed by a summary of his defenses against the experience of anger, especially his use of immobility (deadenning his emotions and body).

Vignette 3 (16- 20 minutes)

In **this** phase of the session the therapist starts to invite the patient to turn against his defenses.

Pt [sigh] I think what's going on, like I said, is that [sigh]...

Th The anger?

Pt The anger, the anger is clearly, you know, [sigh] I want to live, I don't want to die, I want something done now, I don't want to wait two weeks, four weeks, six weeks, you know...
[*rise in unconscious therapeutic alliance*]

Th And the anger? How do you experience it, physically, right now?

Pt Physically, right now? I'm upset. There's no damn question, I'm upset. [*Defense: cover word.*]

Th Ah, but you're angry, right?

Pt I am angry.

Th And it's very important we help you with any of your conflict around anger, because you need access to all the anger you've got in your body, right, to fight for your life.

Pt Absolutely.

Th Right? Because if you deaden your anger, you could be dead. Right? It could be almost a form of suicide, if you deaden your anger, right? [*pointing out the literal price of his defenses, mobilizing the unconscious therapeutic alliance, turning the ego against the domination by the superego.*]

Pt Right.

Th Because you're in a position that you are having to really fight for your life.
[*mobilization of will and boosting the patient's ego to engage in the therapeutic task*]

Pt I have to fight.

Th So, if we don't deaden the anger, let's see if we can get to the bottom of what this is all about.

Pt Yeah.

Th Because you're needing to harness all the force within you to grab hold of your life.

Pt Yep.

Th and to fight for you. So, if we don't deaden any of this, how do you experience this anger toward the doctor?

Pt [Sigh] I'm doing everything I think I can do.

Th I suspect you are, but the anger?

Pt But the anger, we're back to the anger, we're back to the anger.

Th We don't want to avoid the anger.

Pt We're not going to avoid it.

Th How do you experience that anger?

Pt [Sigh] Okay... [sigh] not letting it out, that's one of the problems. [*sign of rising conscious and unconscious work alliance*]

Th Oh, well that's good that you can see that, okay? So, you're obviously here because you're wanting to help me get to the bottom of your feelings and try to look and see what this anger's about, and all the different feelings,

Pt Yes.

Th and yet finding that you have this temptation to not let it out. [*pointing out the conflict between facing his anger and obeying his punitive superego*]

Pt Yeah.

Th So, it suggests that, facing this anger right now is making you very anxious?

Pt Yes.

Th And we can see the anxiety, because it's like you're almost freezing your body. [Patient nods finally relaxes his previously frozen hands.] You notice that?

Pt Yes.

The amount, intensity and duration of the patient's somatic complaints indicates high superego pathology. In establishing the state of the patient's ego-adaptive capacity the therapist first assesses the channel of the patient's anxiety. In minutes 20 - 30 it appeared to be channeled mainly in the striated muscles with no cognitive or perceptual disturbances. The therapist continues the interview by gradually increasing the pressure to feeling and challenge to relinquish his defenses

Vignette 4 (30 -36 minutes)

Th So, if you didn't clench with those legs, if you didn't clench with those hands, if you let that anger rise up inside you, how do you experience that anger right now, if you don't clench down on it? Would you be willing to unbottle this anger here, so that we could help you overcome this tension?

Pt I'll try, I'll try. [Sigh]

Th 'Cause it's almost like you're also trying to let your body go limp and relaxed, [*pointing out immobility (deadening his emotions and body) as a defense*]

Pt Yes.

Th trying to make it go limp and relaxed as a way to keep the rage from rising up inside you. Do you notice that?

Pt Yeah, absolutely. [Patient shifted his position.] Yeah.

Th Ah, what did you just notice right here? How do you experience the rage right now inside you? If we don't go to the false relaxation?

Pt Nah, we're not going to the false relaxation. We're going now to the area of 'fight back.' To come out of this. [*patient beginning to turn against this somatic defense of immobility against the experience of impulse*]

Th Yeah. How do you experience it right now, this anger in your body right now, physically?

Pt [Sigh] I just want to reach out, I want to fight with everything I have. -- Bah! [*emergence of impulse*]

Th Yeah, and physically, how do you experience that, if you let that go totally through your body? That rage goes right through the body. There's no relaxation, but you let it go through you. How do you experience that right now, that rage throughout your body?

Pt Yeah, the control stuff is still overriding it. There's no question.

As the patient reveals how he submits to his punitive superego, the therapist draws the patient's attention to its self destructive effect.

Th But we're seeing that when you try to turn off the anger, it's like you've almost tried to turn off your whole body. [*point out that he is turning murderous rage onto his own body*]

Pt Yes. That's been the frightening thing throughout this. It was like—

Th Turning off the rage turns...off...the...entire...body [both finish the sentence].

Pt It's like the only way you turn off any of this is to just say, 'Shut down. Shut down entirely.' Give up? No, we can't give up.

Th So, we can't.

Pt We can't give up!! We can't give up damn it! [*rise in unconscious therapeutic alliance*]

Th We can't give up, can we?

Pt No.

Th So, we can't, because turning off the rage turns off the body, which gives up.

Pt Yes.

Th Right, so we can't give up. We can't afford to turn off the rage; we can't afford to turn off the body. So, if we don't turn off the rage, if we don't turn off your body, can we see what

happens as you let the rage finally flow through your body? Can we see how you finally experience this?

Pt [Sigh.] I am so stinking mad. I am so damn mad!

Th Yeah. And if we take this whole lid of tension off, how do you experience that rage from your body right now? If you let yourself totally uncontrol it...

Pt Feel it... Feel it... The whole damn thing!

Th How do you feel it in your body?

Pt Head. I can't get below the head. Everything right now is [sigh] a little bit in the chest, a little bit in the hands, but you know, below that, it's like, you know... It's hard again to just not to control stuff. It's the same.

Th Yeah, but you see, the control is death. It's death. Control is death. Control is letting your body be dead.

Pt Yes.

Th Can you afford it? Can you afford to surrender?

Pt No, no.

Th So, what do you want to do about this control business?

Pt [Sigh] I want to get myself well. I want to get rid of this problem.

Th So, but what do you want to do about this tendency, you want to control your rage here now with me? What do you want to do about this tendency to control your rage? What do you want to do about this false relaxation? What do you want to do about this tendency to tense up your body and control the rage?

Pt This is an excellent question.

Th Huh?

Pt This is a good question. Yeah, I don't know whether it's better to just let things go, or to just say that you just have to fight your way through it. You have to ignore. You have to just deal with it.

Th But we see when you say, 'I have to ignore, I have to deal,' what you're saying is, 'I have to do false relaxation. I have to tense up. I have to bottle. I have to give up. I have to let my body go dead.' [*heightening the intrapsychic crisis between the UTA (the desire to live) and the dominance by the superego*]

Pt Yes, yes, yes, yes.

Th Can you afford to do that?

Pt I can't afford to do that.

Th So what do you want to do about this tendency to go to control and deaden your body? Controlling is inaction. Are we here to help you really become alive to your emotion and all the energy and force in you?

Pt Yes!

Th Uh-huh.

Pt We got to get back there. We got to get back.

Th Yeah. So if you let that energy, that rage, come through your body, can we see how you experience it?

Pt Uh-huh.

Th If you don't go to the deadness, if we take off this façade of deadness, can we see how you experience this rage underneath?

Pt Arrrrgh!

Th Physically, how do you experience that?

Pt Mad. Damn mad.

Th And physically?

Pt Physically, I'm not feeling as much as I'm feeling in my head.

Th And if you let that feeling in your head go to your arms? [*pressure to full experience of the impulse*]

Pt Arrrrgh! I just want to grab stuff. [*experience of impulse*]
 Th But who? Who is it you want to grab?
 Pt Arrrrrgh!
 Th If all that goes out to your hands, who do those hands want to grab?
 Pt I don't know if I want to grab the doctor, I don't know if I want to grab—who the hell I want to grab at this point, but I want to grab something, and I want to get hold of it, and I want to—
 Th But who?
 Pt Who? Who!
 Th Who do those hands want to grab?
 Pt Arrrrgh,
 Th If it goes totally out of your head into those hands, what—
 Pt Arrrrgh, arrrrgh, yeah! Yes!! Yes!!
 Th And who do you grab?
 Pt I grab the doctor, damn it!
 Th And where do you grab her? What do those hands do to her, if you just go totally berserk?

The first breakthrough of the patient's murderous rage is at 36 minutes into the interview. The patient tends to seek refuge in defenses of negation and immobility. The therapist maintains pressure to experience the sadistic impulse by asking for the patient's action tendency of his murderous rage.

I block several defenses: negation, talking over his impulse, discharging the impulse through his voice rather than let it go into his hands, and his defense of deadening himself. We resume about a minute later after the impulse arises to tear her to pieces.

Vignette 5 (38-42 minutes)

Th How do you tear her to pieces? If you're totally honest, how do you tear her to pieces?
 Pt Just like, you know, disassembly. It's just a disassembly issue, you know, [a tear-apart gesture]. And, again, it's like, you know, I would never do this.
 Th But this is the fantasy,
 Pt This is fantasy.
 Th If you go totally berserk,
 Pt This is fantasy.
 Th You disassemble her. How do you disassemble her? How do you tear her apart?
 Pt I just grab the arms and aaaaarrgh! [a tear-apart gesture]
 Th Tear her arms.
 Pt Tear her arms off, yeah.
 Th What else?
 Pt [Sigh] Tear her head off, yeah that was just—Tear! Tear! Tear! Tear! If that was just totally in fantasy, I would never, ever do this to anybody. [*remember how he had no feeling earlier below the head: an unconscious identification with the body whose head is torn off*]
 Th Obviously, but in fantasy you tear her arms off, you tear her head off, you—
 Pt Yeah, I just really rage beyond belief.
 Th And just picture that. You tear her arms off, you tear her head off. What else? What else do you tear?
 Pt Legs.
 Th Mmm-hmmm. Tear her legs off?

Pt I just grab 'em and just snap!! I mean, I just snap!! Snap!! Snap!! Snap!! Snap!! Yeah, it's just, you know,

Th Tear her legs off.

Pt Just brute force, snap! You know, no knives, no guns, nothing of that nature, it's just snap!!

Th It's just tearing.

Pt Just tear! Tear the body apart, because that's what's been happening to me. My body's been torn apart. [*patient makes link between sadistic impulse and his symptoms*]

From minute 47-56 he gazes at the head and eventually makes the connection to his mother, an emotionally disturbed woman so filled with pain she did not want to face the patient's feelings. I note that he was enraged with his mother and unconsciously wanted to tear her to pieces too, which led to a pattern of tearing himself to pieces. All of which reveals his love for her, his guilt, and his rage. After a brief passage of guilt, the impulse of rage emerges toward his mother. We resume at minute 56.

Th But if we're completely honest, because you've been tearing yourself to pieces for years,

Pt Yes.

Th and now we know who it's really been that you wanted to tear up.

Pt Yeah.

Th So, if we face this totally honestly,

Pt Yeah.

Th because we need to make sure that the right person—that the rage really goes where it belongs

Pt Yeah.

Th and not on your body

Pt Yeah.

Th Because if it keeps going on your body, you could get killed.

Pt That's true, that's true.

Th If you totally unleash—I know it's very uncomfortable to face this honestly, but if we really, for the first time, face it totally honestly and all the rage went on her body, how do you picture that, physically, if we're just totally honest. If it's all going on her body now, not yours. How do you picture it?

Second breakthrough of the murderous rage

Pt Arrrrrgh-arrrrrgh-arrrrrgh!! Same thing again. Want to grab, just want to shake, just want to say, Why don't you listen! Tell you I'm not feeling good. I don't feel right. Why don't you listen? Why do you just tell me there's nothing wrong, everything's okay. You're fine, you know, I'm the person who's sick. There's nothing wrong with you, you know. You're perfectly okay. Yeah. And look at the hands, look at the hands.

Th And what do the hands want to do?

Pt The hands just want to grab, they just want to grab. They want to bang... It's just like, you know... Why are you trying to control? Why are you trying to lie and tell me that you have to do this, people are watching you. Why are you making up stuff, you know, to say that you have to behave better, you have to do this, you have to that, you know. Why are you trying to control me so damn much!!

Th And so if all that rage in your head goes out to your hands onto her, how do you picture that? If there are no words, but just let your hands do all the talking? What do your hands do to her body? If you let yourself feel this completely...

Pt Arrrrrrrrgh! Arrrrgh, boy. Again, I just grab, I just grab, I just grab so hard, I just grab so damn hard and say, Why don't you let me go! You have to let me go!

Th So, if you don't hold onto your rage anymore, but let it go right into her, how do you picture your hands letting go of all that rage onto her?

Pt Just grabbing, just shaking, just saying, you know, Let me go! Let me go! Let me GO!!

While experiencing his murderous rage towards his mother, he spontaneously remembers his mother's death. Just before she died she yelled at him, accusing him of abandoning her when he had spent an afternoon seeing some friends. He sobs while remembering his pain and hers, and his inability to heal her of her pain. We then return to experiencing the full extent of his murderous rage.

Vignette 6 (62-73 minutes)

Th So, if you let all this pain in you go out through your arms onto her, how do you finally finish her off?

Pt Arrrrgh! Ah-haaaah! Ahhhh! Tear her apart. Just tear her apart. I don't even see any blood, it's just yank! Tear! Just get out of my life! Get over with! Get rid of it!

Th How do you tear her apart?

Pt Just grab the arms, grab hard, and just yank! Just yank! Just yank! Just pull hard! Pull hard! Pull hard!... Pull really hard.

Th What have you yanked off?

Pt Arms. Yanked the arms off. Yanked the head off. Yeah, got the head off. Arrrrgh.

Th Anything else?

In the following several minutes the patient has a fantasy of murderous rage toward his mother which is also linked to fantasies of sexual impulses toward her. This is followed by memories of his mother and grandmother who both forbade him to date girls while he was in high school. After another surge of rage, his body relaxes.

Pt Yeah, yes, yes, yes, yes, yes! Whew! Thank you. This has been really wild. But I had to talk about it.

Th Sure.

Pt Had to talk about it.

Th And so as we look at her body now on the floor, her legs are torn off, her breasts are torn off, her arms are torn off, her head is torn off... What does her face look like, after all this?

Pt Shock. Like, how could you do this? How could *you* do this? How could *you* do this?

Th And what's the feeling inside you, as you look at her eyes?

Pt Why did you do this to me? I'm going someplace here, and stay with me.

Th Um-hmmm.

De-repression of the oedipal conflict. (minute 69)

Pt I think something was going down here and why the frustration. With my father not there, because of his illness, I think she was expecting me to be the husband. She was expecting me to be the husband. I wasn't her husband, I was her son! You are not my wife, you are my mother! I'm your son, not your husband! You take your problems to your husband! You trust your husband. So he didn't go when the doctor told him you were dying the first time. So, he didn't tell you and you didn't find out until later. You just don't cut him off and say, you know, I don't go to you anymore. Now M becomes the substitute husband. M gets to deal with me. M gets to deal with all my issues. I have to end up talking to M. No, I'm the child here! I'm not the adult! I'm not the husband! It's not my responsibility to have to deal with you!

Th Just let it out. There's a lot of painful feeling here. Just let it out.

Pt Yes. Yes, yes, yes! I'm still....My childhood is not there. It disappeared. It was—God!
[Begins to cry.]

Breakthrough of Grief

The remainder of the session is a series of breakthroughs of grief over numerous losses (father, mother, sister and his own childhood).

Th Just let it out.

Pt I never—gone—I was supposed to have a childhood.

Th Just let it out. There's a lot of grief, just let it out.

Pt I was just an adult from too damn young! I had to be there! I had to watch my father have that seizure when I was eight years old. I had to be the one who had to stand up. You were there, but I had to be the damn adult! I had to start taking over! I had to do so damn much! So damn much! Nobody here to do anything for me.

Th For you. Just let it out. You were all alone. Just let the grief out. There's tremendous pain.

Pt Nobody there to do anything for me, damn it. I just have to take care of myself. Always have to take care of myself.

Th By yourself.

Pt By myself! Always by myself, damn it!

Th Just let it out.

Pt Always by myself!

Th Just let it out. You don't have to talk over the pain.

Pt Always by myself! No damn help! You go and try and get help and you get told, 'Well, you know, take some drugs, go away.' No damn help! *[he makes a spontaneous link between his frustration with the female doctor and murderous rage toward his mother: two women who were of no help]*

Th Just like your mom.

Pt Yep, no help! No help. Can't get any help here, you know. Got to go elsewhere.

In the midst of deep grief he reveals that after the death of his parents at age 19, no family members offered any help. Indeed, several ran off with family assets! He recounts how his doctor underestimated his toughness. I return him to the scene of his mother's dead body and how he pictures burying her. He says he never really had a chance to say goodbye, because the last time he saw her mother in the minutes before she died, she was yelling at him. He pictures being able to finally tell her of his love. His grief and guilt pour out as he recounts his regrets over not being able to undo her suffering. We return at 1:21 during another wave of grief.

Vignette 7 (81 - 105 minutes)

Pt I just wanted to help you so damn much. I didn't want you to go through what you went through! I didn't want that to happen to you! I didn't want that to happen to you. I didn't want my father to be sick. I didn't want you to have to go through so much damn pain! But I couldn't do anything to help! I couldn't do a damn thing to help! I couldn't stop it.

Th You couldn't stop her pain.

Pt I couldn't stop her pain. I couldn't help. I could not help!

Th Just let it out. You couldn't stop her pain.

Pt I couldn't stop her pain. I could not help. I could not help.

Th What else would you say to her, as your final goodbye?

Pt Only believe in me. Believe that I will succeed.

Th Believe that I will succeed.
Pt Believe that I will succeed.
Th Please believe me.
Pt Believe.
Th Please believe in me.
Pt Yes, yes, yes.
Th Anything else you want to say to her as a final goodbye?
Pt Don't be afraid. Don't be afraid. God is with you. Don't be afraid.
Th God is with you. What would you say to her that you would want her to carry with her for eternity that she could never forget?
Pt I am always with you.

From 1:24-1:44 He continues to grieve as he shares the details of her death and funeral and his abandonment by his family. He pictures giving her the kind of funeral she would have wanted, not the drab one she actually received. And he sobs as he imagines singing at her funeral, something he was not allowed to do by his family. He then recounts how, after his mother's death, his younger sister never got a chance to live up to her potential. He mourns the life she never had and the one he lost too.

As we near the end of the session, I check on how he is feeling physically. His face has color now, he is no longer a pasty white. He reports his anxiety and tension is down by "at least 50%." I drive home the insight that repressing his emotions led to the tension and bodily complaints, whereas experiencing his emotions led to a drop in tension and much relief. We resume at 1:45

Vignette 8 (105-115 minutes)

The therapist uses the rest of the time for the phase of consolidation and summary of the interview.

Th You were obviously feeling enraged with the misdiagnosis, failure to diagnose, failure to be really aggressive on the parts of the doctors,
Pt Right.
Th and obviously you're feeling very enraged, which is not your problem, interestingly.
Pt Right.
Th Your problem is not that you were enraged. Your problem was that when you felt this enraged, it aroused tremendous anxiety.
Pt Yes.
Th And now we see that the situation with the doctors was echoing the situation with your mother, with your sisters, with family members that again it was a situation of someone who was not there for you.
Pt Right.
Th You know, someone who has abandoned you, who's supposed to be responsible, caring for you, abandoning you, not taking care of you, being neglectful—like your mother.
Pt Yep.
Th And what we saw was this tremendous, murderous rage really wanting to tear this doctor apart, which aroused tremendous anxiety. But we also saw that this rage that you felt actually had to do with your mother, and that you loved your mother greatly, but that there's this tremendous rage over her demand, her control, her denying your feelings, not wanting to know your feelings, wanting to control and suppress and hold down any of your feelings, any of your initiative,
Pt Yeah.
Th to be doing what she wanted.
Pt Right.

Th But we see that underneath that, you felt this tremendous rage, murderous rage, wanting to tear her to pieces.

Pt Sure.

Th And it sounds like you felt such guilt about this, because it's clear from the scene of the funeral, that you loved your mother dearly

Pt Yeah.

Th had a powerful love for your mother

Pt Absolutely.

Th and that you felt such tremendous guilt about wanting to tear your mother to pieces, that you were tempted to tear yourself to pieces

Pt Sure.

Th with very harsh self-criticism, and with very harsh self-judgment.

Pt Yes.

Th And then we're understanding too, that in this murderous rage really wanting to tear her to pieces the way you would verbally tear yourself to pieces for years,

Pt Yeah.

Th that there was in this rage, there was also this wish to sexually assault her, which helps us understand some of your difficulties over the years about sexuality and the difficulty of being able to ejaculate.

Pt Yep, yep, yep.

Th So we see that that got tangled up in there, too.

Pt Sure did.

Th And we see also that with all this rage towards your mother and the guilt and the self-punishment, and the getting tangled up with love and so on with women that we see also that another element. You'd always actually really loved your mother

Pt Yes.

Th and you had this terrible situation with your mother that even in the death scene you're imagining wanting to tell her that you loved her and wanting her to believe that you loved her

Pt Yes.

Th that her inability to believe in your love has been a source of tremendous pain.

Pt I think so.

Th And we see, then, that, in a way, you were left with the sense that any emotion, whether it was your rage, whether it was your grief, whether it was your success, whether it was your joy, all of these, you got the impression, would hurt your mother. She said don't bring me a feeling; quit doing that. And we see how this has influenced your relationship with your current wife.

Pt Yes.

Th I'm not convinced, actually, that her diagnosis really requires you to hold back emotions so much. I think in a way this is the template you brought to that relationship.

Pt Yeah.

Th That you were brought up with a sense that your emotions have to be held back from a woman, because you learned with your mother that that was the way you were supposed to love her; that if you really loved your mother, you would hide your emotions.

Pt Yeah.

Th Whereas, in fact, in most relationships, we achieve closeness by sharing emotions

Pt Yes.

Th that sharing emotions is how we get close. And yet you got the impression that sharing emotions would hurt someone, rather than give them an opportunity to feel closer and know you more intimately.

Pt Yeah.

Th And we see that even here today part of what we were struggling with is sharing these emotions with me. Because in a way that template was there: How close am I wanting to really

be with Jon? And do I really have permission to actually reveal all these emotions and have the relief and comfort of having someone truly be with me, wanting to know my emotions.

Pt Sure.

Th Because remember also when you were killing your mother, there was a sense of, you don't want to know what my feelings are.

Pt Right.

Th And in a sense, that template, you've always had the sense that no one really does want to know my emotions. It's okay for me to know other people's emotions, and so on and so forth, but it's not okay for me to know mine.

Pt Right.

Th It suggests that, in a way, one thing to really look at is to explore in a sense, with your wife, how much of your emotions she would like to know. It will allow her a certain kind of closeness.

Pt Yeah.

Th Because in a way it's probably scary for her not knowing what you feel, and wanting a closeness of knowing what you feel.

Pt Yes, yes.

Th So, you can see, this all comes together in a very powerful way. So, although we don't know, of course, what's causing the sleep difficulties and the sudden energy losses and so on that are happening at work, we're certainly seeing how the suppression of emotion through the pseudo-relaxation and through the tension, holding that down, has probably been very exhausting.

Pt I should note that the energy loss was not starting at work. It happened outside of work. It's been random.

Th Right. But we can also see how suppression of the emotion and the tensing up that you've been doing would be very exhausting, very exhausting.

Pt No question. No question!

Th And that now we're also able to see that you're actually able to feel and experience a lot more emotion than you ever gave yourself credit for before

Pt Right.

Th And we're seeing that by experiencing those emotions as deeply as you did, you're feeling much less tense.

Pt Yeah, no question. No question.

Th Have any other connection been occurring to you as a result of what we just said?

Pt: [Sigh.] You're right, that I've got to talk to [his wife] more and, you know, I know that she's going through some health problems of her own. I know that one of the reasons I've held back is that we've been investigating some thyroid issues and I felt guilty during this—part—I knew things were wrong. I shoved off my stuff, saying, Let me get you fixed first and as soon as you're fixed, then... Well, it didn't quite work out that way, but, you know, that certainly ticked on—

Th Because that helps us understand that, in a way, you were abandoned as a child in so many ways, and yet, with [your wife], by not revealing your emotions, you leave yourself in an abandoned position, because you don't give yourself a chance to see how much of your emotion [she] could stay with, and how much emotional closeness the two of you could have to let your relation develop into a much more emotionally intimate way. So that you don't have to repeat the past of simply being a caretaker with [her], but that you could actually have emotional closeness with her. That wasn't possible back then.

Pt Right, I've got to get out of the caretaker thing. I mean, she's doing the best that she can. She does drive some, she does do things. It's not like she's not housebound, but there's probably some resentment on my part that I am picking up some stuff, but I'm probably over blowing it at this point in time.

Th Well, it's probably quite strong, and maybe that's something we could come back to, because it would make sense that there are probably mixed feelings, and that the more we face them here, the more we can help your tension level go down.

After the patient describes his work situation briefly, the therapist continues:

Th It sounds like, in winding up here, that obviously the more we help you deal with all the stuff that's been backed up underneath, that when you're dealing with these tensions, you won't be feeling such a pressure from underneath.

Pt: We're going after the big stuff, which is what we've got to do.

Outcome and Course of Treatment

Following this session, the patient's somatic complaints ended. His sleep disorder of 13 years ended. His sleep returned to normal, his shaking stopped, his physical collapses stopped, his headaches lessened dramatically, and there were no further reports of bowel complaints. His headaches ended completely after session seven. His wife had to drive him to this first session. He drove by himself to the next session two days later---the first time he had driven for a long distance in months. And he did this after having returned to work that morning. He never lost another day of work to physical collapse.

The treatment continued for a total of ten sessions. Many breakthroughs of murderous rage, guilt and grief towards toward the mother occurred. However, the major work later in treatment involved transforming pathological mourning over multiple losses into normal grief, and through the grieving overcoming his resistances to emotional closeness.

At the beginning of treatment, he was so crippled by his somatic collapses that he was doing his work from bed at home. At the end of treatment, he was promoted to the highest professional position he ever had. His doctor exclaimed, "this is the best you've ever looked in years." His blood pressure had dropped 31 points (the higher level of the blood pressure). All medications were stopped as well as neurological treatment. His headaches stopped after the seventh session. He reported that he had formerly thought of himself as "introverted", but now he says, "that's out the window." Cognitively, he said, "it's like the lights are back on." His relationships with his wife and family were closer. He described himself as more open and friendly with people than he had ever been. "I've got my life back. More than back. I've got something different." "I'm a happy man. I never had this level of happiness. This is a new peak level. Not there in 52 years....I'm going to have a lot more happiness and pleasure in my life. I got the tools. Life is going to be different from this point forward."

About the author

Jon Frederickson, MSW, is co-chair of the Advanced Psychotherapy Training Program and faculty member of the ISTDP Training Program at the Washington School of Psychiatry, Washington, D.C., Chair of the ISTDP Core Training Program at the Norwegian Society for ISTDP, and faculty member of the Italian ISTDP Society and the Psychological Laboratorium in Warsaw, Poland