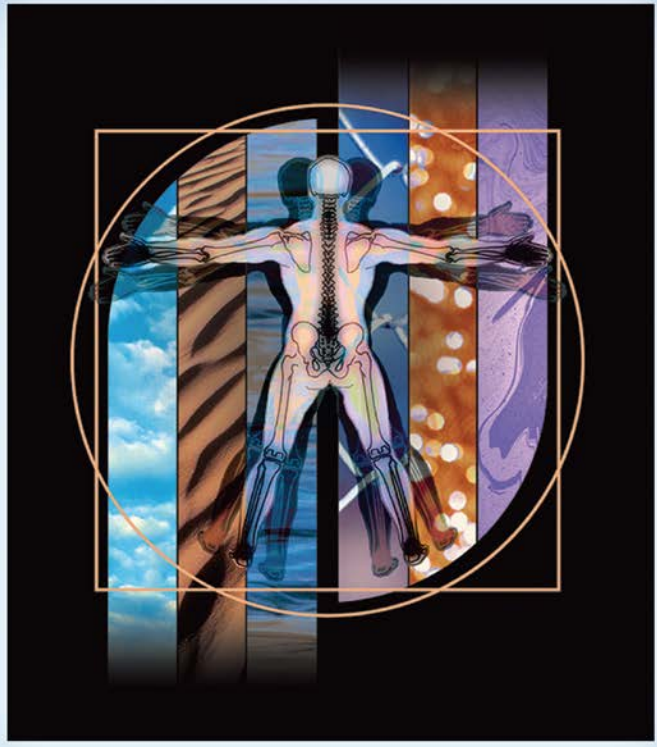
Within the *Heart* of PTSD

Amazing Stories of Gentle Psychotherapy and Full Trauma Recovery



Louise Gaston, Ph.D.

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Human beings can be deeply hurt and yet recover beyond belief.

John was geared toward performing, yet he embraced his vulnerabilities.
Cassandra was frozen in timelessness, but she dared to become alive.
Emmett was ravaged by guilt and dependency, yet he chose to live his life.
Philbert was forced to care for himself, so he came out from hiding.
Jasmine struggled with self-destructiveness, but she moved on.
Rose persevered in her search for love and had to face her own murderous wishes.
Nancy demanded reparation, yet she resigned herself to enjoy a quiet life.

Trauma recovery requires a solid therapeutic relationship.
Only then can a confrontation with the unbearable to be done.
Not alone anymore, we can face our greatest despair
and most incredible anger. Strengths and vulnerabilities
become allies as we get back In the flow of life.
We embrace our humanity, knowing pain and love.

This book was written to inspire
those struggling with PTSD
and those providing psychotherapy.

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Amazing Stories of Gentle Psychotherapy And Full Trauma Recovery

LOUISE GASTON, Ph.D.

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Second Edition

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To all those struggling with PTSD.

May you seek.
May you be heard.
May you be responded.

Acknowledgments

I hereby wish to thank all of those who have read the first drafts of this book, taking the time to provide some editing and sharing with me their reactions.

This book is also dedicated to all psychotherapists who have welcomed me, to all supervisors who have taught me, to all psychotherapists who have trusted me to supervise their work, and to all human beings who have trusted me to accompany them in psychotherapy. I am deeply grateful.

Contents

Preface

When I was 17 years old, I read a book that changed my life. It was called *DIBS: In Search of Self* by Dr. Virginia Axline, a psychologist. This book describes an intimate encounter between the author and a very young boy in play psychotherapy. This was the most beautiful human relationship I had ever witnessed. I did not know that such a deeply respectful and loving relationship could exist. Up to this point in my life, I had longed for such a relationship, but unknowingly. I was inspired. I would become a psychologist.

Later in the same year, I decided to seek psychotherapy for myself because I had hurt someone I loved, again. This decision began a long journey of self-exploration, maturation, acceptance, and love. Overall, I have spent over ten years in psychotherapy, which allowed changes, for the better, for both myself and my relationships. Among others, two wonderful psychotherapists helped me, Marie and Nicole. They accepted me the way I was and loved me. They shared their understandings and stood by me even though I was not easy.

Wonderful supervisors and teachers have also guided me through the workings of psychotherapy: Marie, Marc-André, Hélène, Jean-Charles, François, Annette, Mardi, Charlie, Daniel, Lyn, Jean-Roch, Candace, and Monique.

The word 'psychotherapy' literally means 'healing the human psyche'. Beyond techniques, psychotherapy entails an intimate encounter with another human being. A central element of the psyche is the quality of the attachment to parental figures. If the attachment was insecure, psychotherapy would need to foster the development of a secure attachment in the person to the therapist. Once internalized, such a secure attachment allows for an easy departure.

Psychotherapy may take many forms and comprise diverse techniques, but it is first and foremost a relationship. Knowing theories and techniques is a basic requirement for comprehensive effectiveness because such diverse knowledge allows for flexibility and thus a capacity to respond to the diverse needs and patterns of the person. However, real therapeutic changes cannot emerge without a deep relationship, without love.

Love involves an unselfish attitude on the part of the psychotherapist, with an intention of doing what is best to foster the person's healing and growth. Love confers presence, attunement, and compassion. Love resides in the core of our being and allows one to see and embrace. Love stems from the heart rather than the head, although the head can be put to service to the heart. The writings of Carl Rogers and Donald Winnicott give us a hint about love can be an essential part of psychotherapy. Rogers wrote extensively about genuineness, unconditional positive regard, and empathy, while Winnicott emphasized the need to provide a 'holding environment.' Although some words can at times convey love, love is beyond words. Love allows psychotherapists to constantly seek a balance between appeasing and challenging. Love is not about being affectionate or emotional.

Throughout my life, I have met many human beings practicing psychotherapy. The most beautiful ones were those who were capable of loving and who loved the persons they welcomed in psychotherapy. Their capacity to love had brought them to spend years learning about the human psyche in order to become competent. Nonetheless, beyond outstanding knowledge and technique, they were dedicated to help others to heal and grow. Although very few of these psychotherapists would dare to say out loud that they loved their patients, I firmly believe they did.

PTSD can be resolved, completely. Indeed, one does not have to 'live with it.' Maybe the stories of this book will inspire some to seek a psychotherapist, a benevolent and knowledgeable one.

Whether trauma is relational or eventful, it brings us to a standstill -- at least, in some parts of ourselves. To avoid pain, we lose sight of our traumatized self. Trauma impedes caring for oneself, but, to resolve it, we are forced to strive for individuation. Although painful, the intrusive symptoms of PTSD convey a message, reminding us of our rejected and suffering self. Psychotherapy can assist us in valuing our traumatized self, by embracing it rather than rejecting it. We can become whole.

In order to help individuals suffering from PTSD to recover, psychotherapists need to be mature and well-balanced human beings. They also need to know extensively about the human psyche and the dynamics of trauma, usually after years of personal psychotherapy and training. According to my experience, the seminal works of M.J. Horowitz, J.F. Masterson, J.M. Bowlby, J.L. Herman, and D. Spiegel are basic requirements.

Therapists who limit themselves to particular techniques, especially trauma-focused ones, are likely to be technicians, not psychotherapists. I have unfortunately heard that, from many persons and psychotherapists, human beings can be deeply hurt by trauma-focused techniques because they force the traumatized patients to relive the unbearable, unprepared. It seems that such techniques can prematurely stir up traumatic memories or other emotional issues, overwhelming the person and provoking severe side effects. Thus please be careful. I have also experienced and heard that some trauma-focused techniques can lead to seemingly favorable recovery, but the traumatic memories tend to resurface over time and the PTSD to worsen.

Let's be clear. There is no rapid solution to trauma and PTSD. Recovery takes time. Establishing a therapeutic relationship with a caring and knowledgeable psychotherapist takes time. Facing the seemingly unbearable takes time.

This book reveals intimate stories of human beings journeying in psychotherapy, leading to PTSD recovery and growth.

These stories have imposed themselves to me over just a few weeks, as if they needed to be told, even though I have not seen the patients in many years. These human beings have touched my life. May their stories touch yours!

Some have given me permission to tell their story, but others were no longer reachable. In any case, details possibly leading to identification have been altered in order to protect their intimacy. Most importantly, the psychotherapeutic journeys remain genuine.

Before you start reading, I wish to offer a few words of caution. If you were to find yourself disturbed by a story, you may wish to pace the reading. You may also choose to stop reading a chapter or the book altogether.

If such reaction is yours, maybe a wound has been awoken. If so, I invite you to seek psychotherapy with a caring and knowledgeable psychotherapist. In the first encounter, you should feel welcomed and the psychotherapist's comments should allow you to grasp a different perspective, at least a bit.

As the human psyche is fragile, know that it will take time to make beneficial changes within yourself and thus in your life.

Finally, I wish to emphasize that I am not a writer. My profession is psychology and psychotherapy. My maternal language is French, which transpires throughout these stories. You may enjoy the fragrance of a foreign language permeating an English text, however, your attention may also be called to focus on incorrect words or phrases, rather than the meanings. For this, I offer my apologies. I hope you will be able to disregard any distraction due to my limitations.

May you enjoy these ordinary and yet wonderful human beings in their struggles. May you travel with them in their journeys to a complete trauma recovery.

Louise Gaston, Ph.D.
San Francisco, California, 2015

Introduction

This book can be read as a series of short stories to be enjoyed. Their sequence follows a rhythm.

This book describes lived psychotherapy encounters and journeys. Only to the attuned eye will these stories reveal the therapeutic models underlying the psychotherapists' ways of relating and intervening.

Before you start reading, I wish to offer you again a few words of caution. If you were to find yourself unsettled by a story, you may wish to pace your reading. You may also choose to stop reading a chapter or the book altogether.

The Story of John

John was eighteen years old when he came to the clinic for psychotherapy. In late August, I welcomed him in the waiting room, but he could not look at me. Shame was all over him.

After the usual greetings, I conducted an evaluation with John, establishing diagnoses with a formal interview used in clinical research - such was my training. The evaluation proceeded with explanations about post-traumatic stress disorder (PTSD). Beyond reassurance, I offered him empathic understanding and emotional resonance, mostly toward his shame and suffering.

John presented all PTSD symptoms, very severely. A few times per hour, he had vivid flashbacks of a gun on his head. Every night, he could only lie down if his girlfriend was there and the bright light of the ceiling was on. Terrifying nightmares almost prevented him from sleeping. He usually fell asleep at daybreak, waking up just a few hours later. Every morning, his bed sheets were drenched with sweat. John had the worst PTSD I had ever seen.

A week prior to our meeting, John had been threatened during an armed robbery at the convenience store where he worked part-time. During the hold-up, one of the robbers had put a gun on his head while the other had said, "*Pull the trigger. It will be one white bastard less!*" In response, the robber holding the gun had pulled the trigger, but only halfway. These two men had had fun with John, in a sadistic way. Attempting to remain alive, John had said

repeatedly during the hold-up, "*Don't kill me, guys. I'll give you the cash!*" while banging his fists on the cash register. (Given that the racial aspects of this story are crucial to understand the unfolding, let's mention that John was of European descent.) Inexplicably, the cash register had suddenly opened. John had given the money, and the robbers had left after having had a good time at his expense.

The next day, John had consulted his family physician who had referred him to my clinic. After evaluating his psychological condition, I wrote a note to his physician stipulating that John had to stop working given that continuing such high-risk job would only aggravate his condition and interfere with his recovery. His physician soon complied with my recommendation.

This hold-up was the second traumatic event John had experienced within a year. Months prior, John had been assaulted in an industrial zone of the city after having stopped his car to repair a flat tire. It had been nighttime and the area had been deserted. Bent down to look at his tire, John had been hit from behind with a crow bar. While a man had beaten him up mercilessly, another had stolen his wallet. This assailant had also tried to get his car keys, but John had never let go of them, preferring to die rather than being vanquished. Both of these assaults had been performed by men of African descent.

That night, John had not been killed or rendered paraplegic because he was very muscular. An intense training as a basketball player had prepared him well. His muscles had inflated during the assault, protecting his back and neck from the repeated hits. The aggressors had left abruptly, leaving John on the sidewalk. After a few minutes, John had been able to force himself to get up. At the first coffee shop, he had collapsed on the floor, unconscious. The

paramedics had brought him to a hospital emergency room. The medical personnel had proceeded immediately.

At one point, the physicians had considered John to be dead. Regaining consciousness, John had heard his grandfather calling him in the ear, "*John, John, come back. Don't leave us*." Upon awakening, however, he had started to fight - it took five men to contain him. On a hospital cot, John had been fighting for his life.

After this first assault, John had continued to act as if nothing had happened to him. He had continued to work part-time at the convenience store, to study in college, and to play basketball. He had informed no one about his difficulties, except for his mother and girlfriend, but barely.

Already John had been suffering from severe PTSD and struggling with intense panic attacks. Despite agoraphobia, he had pursued his activities throughout the town. However, after parking his car, he had had to run to any destination in the city. To top it all, John had also developed a conversion disorder in the form of pseudo-epileptic seizures. Out of the blue, John would lose consciousness and his body would convulse severely. This would happen about once a week. After performing test after test, physicians had found no medical reason for such convulsions.

Following this assault on the street, John had carried a large kitchen knife in his car in order to defend himself. His rage would explode at times, but only in certain circumstances thankfully. During basketball games and practices, John would fight with players and teammates. The only reason his coach had kept him on the team was that John had been the best player they had.

Before the first assault, John had achieved all A's in college. Afterward, his grades had sunk to D's and E's. In an attempt to evade intensely painful flashbacks of the assault, John had thrown himself into studying, yet his grades had still been in a free fall.

It was in this precarious condition that John had experienced the last traumatic event, that is, the sadistic armed robbery at the convenience store where he worked.

After this second assault, John had experienced a worsening of all his symptoms. In addition to PTSD, panic attacks, agoraphobia, and pseudo-epileptic convulsions, John was now facing serious depressed states. Discouraged, he had designed a suicidal plan - an exit. To end it all, he would drive his car at full speed onto a telephone pole, but only if need be. Wishing to try an alternative solution before such an unalterable one, he realized that he would not get out of this mess by himself - he would have to seek help. He saw his physician, who referred him to psychotherapy. Although John had tried to act as if nothing had happened after the first assault, he was now collapsing inwardly. This was unbearable. He was in trouble - big trouble.

Upon finishing the evaluation, I informed John that I would now refer him to a psychologist of the clinic. Although he had been informed of this eventual referral upon making his appointment, he looked at me in dismay. His eyes showed both vulnerability and sadness. Softly pleading, he said to me, "*Dr. Gaston, please see me in therapy; you are the only person who has ever understood me.*"

At this moment, I understood that John was daring to present himself as deeply hurt and needful. During the evaluation, I had just learned that, in life, John needed to perform and be

independent, at all costs. Failure and needfulness were unacceptable to him. His sense of self had compelled him to seek both admiration and approval. My heart sank.

As I was already overloaded with work, I invited John to meet another psychotherapist at least once. If he would not feel comfortable, he could call me back. Although I would then see him in psychotherapy, I would also need to videotape the sessions for training purposes because the clinic was a teaching facility, but I would videotape only myself to protect his confidentiality. He agreed.

Two weeks later, John called me back to set up his first psychotherapy session. For the next thirteen months, I welcomed John in psychotherapy, twice a week for nine months and then weekly.

In our first session, I asked John how he was. Then, I inquired about what happened with the other therapist. He reported that he had called her twice, but she had never answered her phone and he had never left a message. After the passing of two weeks, he had called me back. I could immediately see how John had attempted to respond to my requirement while making sure that he would come back to be seen by me in therapy.

I considered that his maneuvering emerged from his genuine self. Thus I decided to continue with John.

In my understanding, John was making sure to be helped by someone who had been able to see him beyond his performing facade. He had experienced me as welcoming him with his vulnerability and needfulness, while not losing sight of his strengths. Contrary to his usual pattern of independence, John had

been able to recognize his deep-seated need to be helped by another human being. Thus I decided to respond.

Such disclosure of needfulness was favorable to his recovery because John had forged a burgeoning alliance with me. Reciprocally, I was willing to care for him and work with him.

Nonetheless, I also knew that I harbored a discomfort - not toward John but his symptoms. Despite my expertise in PTSD, I felt somewhat overwhelmed by the extreme severity of his symptoms, including pseudo-epileptic convulsions along with his suicidality. Yet, I was reassured by his capacity to trust and to function despite such adversities. With an awareness of my own negative reaction, I made sure to relate to John according to what touched me most deeply about him, that is, his courage to consult in psychotherapy despite his almost paralyzing shame and a pervasive need to handle everything by himself. As John was willing to trust me, I was willing to trust him.

In our first sessions, I inquired about his current states and symptoms. I further explored his childhood in order to obtain a better picture of his inner representations of self and others – his inner world. I wondered about his relationships with his parents and his extended family, during childhood and teenage years. I learned about his functioning at school and the quality of his friendships prior to these two traumatic events.

When John's mother was pregnant with him, his father had almost killed her in an outburst of rage. His father had attacked his mother, for the first time, when her belly had started to clearly show the reality of a child to come. During the assault, his father had repeatedly kicked his wife in the belly. Recounting this story

to me, John emphasized that his father had tried to kill him. I agreed. To me, it also seemed that his father had decompensated psychologically just before assaulting his wife, unable to 'lose' his wife to a child. After this day, his father had transformed from being a successful professional to a man without a job, having to rely on social welfare for the rest of his life. Subsequent to this assault, John's mother had taken refuge at her parents' place and had left her husband for good.

John's grandparents were living in a poor neighborhood, where a boy belonged either to a sports team or a criminal gang. John had obviously chosen the basketball team. In an attempt to get out of poverty, his mother had worked full-time during the day and studied part-time at night. Therefore, she had hardly been available to him during his formative years.

As soon as his mother had been able to do so financially, she had rented an apartment for them. The nearby grandparents had continued to care for John during lunch. After school, he had gone home where he had waited for his mother. Upon her return, she had been exhausted and overwhelmed. John had mostly raised himself, even though there had been dependable adults in his life. Throughout his childhood, he had known that he had to be a big boy in order to not overburden his mother. It seemed that he had not been able to rely on his mother for his emotional needs.

John had succeeded at becoming self-reliant, more than he should have been. He had performed extremely well in school and in sports. He had made many friends. At sixteen years old, he had been working part-time and driving his own car. In college, he had performed exceedingly well as a basketball player, scoring basket after basket. At seventeen years old, he had already received an

offer for a pending contract with a professional team. All of this success had happened before the first assault.

However, the assault with the crow bar had brought John's dream to become a professional player to a halt. On the basketball court, his behavior had dramatically changed. Consequently, he has lost the professional contract, along with the hope of becoming a professional athlete. In psychotherapy, we could barely address this topic because it was too painful to John.

In response, he had invested himself into another dream, becoming an engineer. He wished to earn millions as an engineer as he would have done as a professional athlete. However, after the robbery at the convenient store, his psychological condition had worsened, which had further impeded his capacity to pay attention in class. Even his dream of becoming an engineer was now fading away.

At the start of psychotherapy, John was haunted by the fear of losing his capacity to become an engineer. Worse, he was secretly afraid of becoming a violent man and a wreck, like his father.

John's attachment to his mother was insecure, most probably due to his mother's limited emotional and physical availability during his formative years. Early on in psychotherapy, he even told me that his mother had a brain disease rendering her susceptible to fall down and die at any time. Thus he was constantly living with the fear of losing her.

His mother had remarried. His step-father was kind but apparently distant, maybe in response to John's way of relating to others. John had been particularly good at relating to others by being witty and by keeping them at arm's length. Thankfully, both

his mother and grandparents had been stable caretakers and had given him a sense that people can somehow be relied on.

In psychotherapy, I wished to see if John could acknowledge his emotional abandonment, at least a bit. Given his mother's limited availability when he was very young, I explored this issue very gently, suggesting that his mother was not as available to him as he had needed growing up, despite his mother's best intentions. In response, John said nothing about the emotional absence of his mother. He simply stated that his mother was a very good mother, which I acknowledged. Given the circumstances, his mother had been indeed a very good mother.

John's relationship to his biological father was almost non-existent, externally, but it was very intense internally. Since his birth, he had seen his father on rare occasions only. In therapy, he made sure to give a clear picture of his father by providing me an example. His father had once come to see him play basketball. During the game, John had scored many baskets, but afterward his father had simply contemptuously commented, "*This is all you can do!*" Recounting this episode in psychotherapy, John became stern, emphasizing how his father was 'a no-good'.

During the first weeks of psychotherapy, I knew that John could not discuss the two assaults in depth, as well as his relationship to his mother. He was overwhelmed with symptoms, and his capacity to contain highly dysphoric emotions was thus quite restricted. To me, John would have to face abandonment depression in order to heal.

To verify if the abandonment by his father was a tolerable issue for John to discuss, I gently suggested that his father had let

him down and that he must have felt more alone in the world than he would have had with a real father. In response, John simply nodded in agreement. I noticed, however, his hands shaking slightly. With such physical reaction of anxiety, I knew that any comment about his relationship to his father would also be overwhelming for him. Before closing the topic, I asked John how it was for him to talk about his father, and he replied that he did not like it. I acknowledged to myself that his abandonment and rage were too intense for him to consider this abandonment without causing harm to his psychological structure. I dropped the issue.

In our first sessions, I also focused on John's functioning at home and elsewhere. He was willing to share with me this information. After the first assault, he had withdrawn within himself, pushing away all of his friends, with the exception of his girlfriend. Although John had to affirm his independence, he also had to spend almost all hours of the day with his girlfriend. He was incapable of falling asleep without her.

His mother was aware that John was not feeling good, but she had no idea about the severity of his symptoms and difficulties. His grandparents and step-father also seemed to think that John was simply going through a difficult period. His basketball coach did not even know that John almost died from being beaten up with a crow bar a year prior because John had not been able to bring himself to say so – too ashamed.

His girlfriend stood by him even though he was now struggling tremendously rather than being the star of the basketball team. She had met him as a fan, waiting outside the players' locker room to cheer them on. She had enjoyed John with

his success and she was staying with him during his trials. She was thus proving herself to be a reliable person in his life. She remained at his side even though he was now falling apart. John knew that he could count on her support, which was instrumental to his recovery.

In psychotherapy, John needed to talk about how much he had become a racist. In college, he used to have friends regardless of their skin color. I understood that he could now not trust any one of 'them' after the assaults, given that he had been assaulted twice, almost killed by individuals of another race. Consequently, he could not trust anyone who had a darker skin than his - he feared them all. I also knew that his anger and contempt needed to be heard with compassion, without any political correctness. He needed to be heard in his disarray in order to calm down.

In college, John could not pay attention to lectures, partly because he was constantly checking out whether his classmates with darker skin would attack him. With his back to the wall, he used to spend most of the time scanning the classroom. He expected to be assaulted at any moment. Beyond this hypervigilance, my impression was that John was waiting for any sign of hostility on their part to have an excuse to attack. Men of African descent had almost killed him twice and he had been unable to fight. The warrior inside John wished to fight, waiting for any opportunity.

John needed to be heard. As his shame was almost overwhelming, I did not present the "other side of the coin." Such comment would have entailed a serious lack of empathy on my part and increased his sense of abandonment, thus his rage toward these people. Calmly, I simply stated that I understood that he felt

this way, given what had happened to him. In response, John calmed down every time, feeling less abandoned. He was then able to move on and discuss another topic. The more John felt understood, the more he became appeased, and the less likely he was going to assault someone with darker skin.

At the beginning of psychotherapy, John could not acknowledge vulnerability or lack of control, but he managed to do so after a couple of months. One day, I found him in the waiting room overburdened with shame - again, he could not look at me and I knew that something had occurred to him. After seating, I inquired what had happened and why he was in such a state. John reluctantly told me that he had severely beaten up a teammate during a practice. Five other players had been needed to disengage John from assaulting his fellow player. Upon questioning, he said that, after being harshly pushed in the back, he had become so enraged that he had completely lost it - "I saw red, Dr. Gaston."

Of course, such happening was unfortunate, however, I knew that John needed to be first acknowledged in order to prevent him from closing up under overwhelming shame. I suggested to him that it must have felt good to be on top this time, rather than forced into helplessness as during the assaults he had endured. Surprised that I understood his inner experience, rather than not scolding him, he looked at me and softly said, "*Yes, it did."*

As he felt understood, John could acknowledge the other side of the event. Regrets were now apparent on his face. Indeed, he was sad and remorseful that he had hurt someone else. I emphasized that he had not wanted to hurt his teammate and had lost control over his rage. He acquiesced. To further subdue his shame, I focused on our relationship and underscored again that I

understood his aggressive reaction given the assaults he had suffered. I also shared my impression that he was now feeling worse than ever before because he had just assaulted a teammate. John also conceded the negative impact of his assaultive behavior, on the other and on himself.

Thus, we could discuss that a future assault needed to be prevented. It was damaging for all involved, except for the temporary relief he experienced in those moments. His assault on a teammate had occurred because he had been pushed in the back, that is, like he had been assaulted with the crow bar. However, being pushed in the back was an inherent part of basketball. It was clear to me that the only valuable solution was, unfortunately, that John would have to give up playing basketball for a while. When I shared with him my suggestion, he revealed that he had fought at almost every game over the last year, supporting the need to stop this activity triggering his rage.

Ceasing to play basketball meant, however, facing consciously the loss of a professional career in sports. John had cherished such career, both as a dream and an identity since he was a little boy. Now it was really over. Acknowledging his loss of control and his own limitations, John decided to quit playing basketball. He was letting go of this dream for good. His decision was particularly sound because, as he just reported to me, he often entered into pseudo-epileptic convulsions soon after a fight with a player.

Besides providing him with empathic resonance, I continued to gently interpret John's newly acknowledged limitations. At times, I would suggest that he continued to engage in challenging activities, such as mathematics, because he would otherwise not feel as strong as he wished to be. At this point in psychotherapy, I

could not yet directly emphasize John's sense of being vulnerable because he would withdraw whenever I had mentioned it, even tangentially. However, John responded favorably to any comments reflecting his desire to be seen as strong. He could now acknowledge this prominent aspect of himself. Gradually, I could add hints about his vulnerability.

We were now in the middle of the fall semester in college. I wondered if John could abandon some courses because he had reported failing them all. To me, this was paramount because he had previously mentioned that, if he failed college, he would run his car onto a telephone pole. Despite my invitation to drop few courses, mostly mathematics, John was adamant that he would complete them all. In a protective stance, he commented, "*I will get out of this by myself, Dr. Gaston, and you will help me*."

Soon another problematic issue arose. One day, John reported that he got really angry at the agent in charge of his case at the workers' compensation agency. Despite the fact that I would send him monthly progress reports regarding John's psychological condition, the agent wanted to be calling him monthly to verify his status in order to decide whether or not to continue to pay his salary. As soon as the agent inquired about his condition on the phone, John had become enraged, shouting at the agent. Upon hearing about this, I knew that such reaction was not good for anyone, especially John. I also recognized that the agent was a man and that he exerted authority over John, two factors comprising a recipe for John to explode into rage.

With John's approval, I called the agent. I explained him John's condition and the triggers for his rageful reactions, namely any authority exerted by a man. I suggested that, if the agent were a

woman, John would not feel provoked and could more calmly report about his condition. At first, the agent reacted by stating that he needed to do his job as he intended. I calmly persevered in my explanations and the agent ended up understanding John's predicament. We needed the collaboration of the agent in order to proceed in psychotherapy and for John to receive what was due to him, his salary. I made sure to remain calm even though I knew that the agent was overzealous in calling John in such a way. Fortunately, the agent became reasonable and allowed to be replaced by a woman. Over the next months, John could report to this woman on the phone without losing control over his temper.

Because John's symptoms were extremely severe, I addressed again with him the topic of medication. He refused to take any psychotropic pill, stating again, "*I will get out of this by myself, Dr. Gaston, and you will help me.*"

Nevertheless, his extreme level of anxiety needed to be reduced. In an attempt to do so, I decided to use cognitive-behavioral techniques to see if they would be of help. First, I offered John to learn a relaxation exercise called autogenic training, a technique providing suggestions of spontaneous relaxation sensations throughout the body. He tried it together. Afterward, he felt a bit better, less anxious. As I had recorded the exercise on tape, John brought it home with the intent to practice daily. At our next session, I inquired whether he had time to practice, but he said that relaxation did not work and it was stupid anyway. I agreed that relaxation techniques can be limited. I never mentioned it again.

Given the severity of his symptoms, I wondered if John had a dissociative tendency. I asked him to complete a questionnaire to

that effect. He had no dissociative symptoms. In agreement with him, I thus attempted a few more techniques to see whether they could attenuate his PTSD symptoms. Each technique was presented to John only as a possibility and never as a panacea.

The next technique we tried involved John having to re-experience the worst moment of the hold-up, then follow my moving fingers with his eyes as a distraction, and then report what came up inside of him. Within a minute, John saw a tire and commented how stupid this was, despite the fact that he had been assaulted while looking at the tire of his car to verify whether it was deflated. As we continued, soon John was seeing his cousin in a coffin at a funeral home. His cousin had been killed by a criminal gang a few years earlier. I knew that any focus on such trauma was going to be an emotional time bomb for John, especially given that his cousin was the only one who came to see him play basketball. To prevent unnecessary overwhelming affects, I immediately stopped the exercise. I listened to John's depreciative comments about it and conceded that this technique was not helpful.

I proceeded to try another technique, a gentler one called introspective hypnosis. On an imaginary screen, John would first reexperience an enjoyable moment. He chose to score a basket, which felt really good to him. On another imaginary screen, John would relive the hold-up in a sequential and gradual fashion. However, his awareness was immediately brought back to relive the worst moment of the hold-up, that is, when he was banging on the cash register while having a gun on his head. John started to repeat out loud the same phrase, over and over: "*I can do nothing! I can do nothing!"* I tried to help him to refocus on the competent actions he had done at this precise moment of the hold-up, but to no avail. "*I can do nothing! I can do nothing!"* The only option was

again to stop the exercise to prevent any deterioration of John's psychological condition. Afterward I helped John to reset himself into his usual state of consciousness, within the context of our relationship in my office.

Introspective hypnosis had forced John to experience an overwhelming state of helplessness, consciously. This had also been risky. To my understanding, however, this experience had been helpful because it emphasized in no uncertain terms the depth of his inner sense of helplessness, to both me and him. Inside him, helplessness was a free-floating and overwhelming feeling, which kept influencing his states of mind, especially when he was exposed to a cue linked to the traumatic events.

Given that helplessness was prevailing over almost John's entire inner world, I suggested to him that we could maybe try introspective hypnosis again but with a different purpose. We would aim at recognizing his feelings of helplessness and linking them with what they belonged, the hold-up. To counterbalance helplessness, I would emphasize the competent behaviors John had demonstrated during the hold-up. He agreed.

After relaxation, I gave John the simple hypnotic suggestion of going down an imaginary staircase, a suggestion which should have assisted him to immerse himself gradually within his psyche. As I counted backward from ten to one, John was expected to go down deeper and deeper within himself. However, before we reached the number seven, he started to relive abruptly the worst moment of the hold-up. In his imagination, he re-experienced having the gun on his head and banging with both fists on the cash register, pleading for his life.

Again, John had lost control over his inner world, overwhelmed and re-experiencing this traumatic moment. In an attempt to help him to regain inner control, I tried to help him to focus his attention on his fists banging on the cash register, feeling the hits and the pain, and on his voice saying out loud to the robbers that he was going to give the money. Even though John could focus on these competent actions, helplessness was not abating. He kept repeating to me, "*I can do nothing! I can do nothing!*" Coupled with panic, helplessness existed in him as a real phenomenon, overwhelming any other considerations. Therefore, I realized that no therapeutic effect could emerge in such a state of mind - no link between helplessness and competency to counter the former could be created. At this point, I remembered a comment of a wonderful supervisor of mine," *As long as there is panic, there can be no psychotherapy*". Therefore, I stopped the exercise, along with John's consent, because it had become pointless and dangerous. Naturally, I took the necessary time for John to reorient himself toward the outer reality and our relationship.

Whether these trauma-focused techniques were used in vain is quite possible. One thing was clear to me: those techniques had been risky. Fortunately, I did not insist on pursuing them to their completion. Luckily, John was able to not completely lose control inwardly. Out of these risky endeavors, one good thing came out: John saw that I was making every effort to help him. Not only did he appreciate my persistence, but he witnessed my struggling. He saw me trying and failing, without losing patience or hope. Indeed, we tried together and failed together. We moved on.

To me, the only therapeutic avenue left was dynamically oriented, inner work on emotional conflicts. Such a perspective

entailed assisting John to experience deep-seated feelings of abandonment depression. It was the most painful option, involving the core wound of his being, but it was the only therapeutic one. On a hopeful note, according to my training, working through abandonment depression would foster both character change and symptom remission. John would have to change at the heart of his self, not in the periphery.

To facilitate the emergence of abandonment depression, I resumed identifying the different ways in which John used to protect himself from feeling vulnerable. To counterbalance this unsettling pain, I provided him with many empathic interventions. Given the occurrence of two life-threatening events, John was already halfway into abandonment depression, but fully embracing deeply buried feelings would involve experiencing helplessness and vulnerability to their fullest.

Over the next sessions, I gently recognized John's sense of vulnerability by stating that he was not as strong as he wished. I also mentioned that he focused on his competencies in order to avoid feeling vulnerable. Thankfully, John was now welcoming these comments without showing signs of overwhelming anxiety. Maybe the quality of our therapeutic relationship now permitted his descent into such core psychological distress. Consequently, I pushed further and suggested that he felt more vulnerable than he wished. As he started to recognize his human vulnerability, depression deepened. This time, he was not clinically depressed, but he was falling into deep-seated feelings of abandonment, that is, a painful state reminding him of sheer loneliness in infancy. Abandon depression usually entails a mixture of aloneness, helplessness, and hopelessness. To counterbalance this sense of self, I acknowledged John's capacities and accomplishments.

One day, I underscored how incredible to me it was that John had functioned so well in life and for so long, especially given how oftentimes he was left alone as a young child. With a very soft voice, I conveyed to him how lost he must have felt at times, as a little boy waiting alone at home for his mommy to return. In response, almost whispering, he revealed a secret to me, "*Dr. Gaston, do you know why I am so good at basketball? Because, as a little boy, I was seeing these 'beefs' coming at me* (who were just other little boys really) *and I had to be so fast so that they would not hit me.*" After this deeply intimate moment, John became able to welcome empathic comments toward his vulnerability and to fully recognize his human fragility. Together, we acknowledged that he had been operating in life from a sheer sense of insecurity, even panic, constantly moving away from imagined dangers.

The more John recognized and embraced his vulnerability, the more depressed he became. Although such affects are unsettling, they are different from those of a major depressive disorder, that is, when one feels cut off from oneself and other people. His genuine abandoned self was now surfacing, accompanied by an immense sadness due to the emotional abandonment he had experienced in childhood. Emerging into consciousness, his distraught self was bringing deeply unsettling feelings of being all alone in the world.

Despite the uncertainty of such a moment in psychotherapy, I knew that we were on the right track. As I supported John's sense of self with empathic attunement to counter feelings of abandonment, I continued to highlight that, unfortunately, he was more vulnerable than he wished.

Soon, the month of December was coming to an end, with the arrival of the holidays. I would not work for two weeks, which meant that John was going to be without my presence during this period. He was also going to be without any homework from college to distract himself from intrusive symptoms. We discussed this reality. Together, we acknowledged the problematic aspects of the situation and designed strategies to counter the unforeseen difficulties.

In order to keep himself busy and possibly attenuate his intrusive symptoms, John decided that he would learn one computer program after another, something at which he excelled. I reminded him that he could also take clonazepam to reduce his anxiety, an anxiolytic medication prescribed by his physician four months earlier. John declined this possibility. Knowing that suicide was still an option, I gave him my home phone number; he could call me at home if he felt that he was going to do something inalterable. He took my number, but he emphasized that he would never call. Nonetheless, this little piece of paper was a tangible reminder of my presence in his life, quietly stating that he was not alone with such overwhelming distress. During the holidays, he did not call me as expected.

Upon my return, John reported having had a very hard time during the holidays, although he had learned a lot of computer programs. He kept his sense of humor, which was favorable. He reported having taken one clonazepam pill once. As I inquired as to its effect, John explained that he had had a good night sleep for the first time in over a year. However, he quickly underscored that he did not take another pill because "*Dr. Gaston, I am going to get out of this by myself, and you are going to help me*." My heart sank. I

had to contain my disappointment that he refused tangible help. However, I was clear that it was his decision, not mine.

I explained to John that there were two ways out of this situation. There was the hardest way, by going at it cold turkey, and there was the hard way, with a medication alleviating some anxiety. John was obviously choosing the harder way. In response, he revealed that he had once given himself an injection of a pain killer after breaking his clavicle during a basketball game in order to return on the court for the second half. Such was John's way. Given his answer, I paused within myself, knowing clearly that he had to choose the hardest way.

Inwardly, I strapped myself to the hope that John could cruise successfully through his deep-seated despair and would emerge centered within himself beyond abandonment depression. We were entering the outer rim of the cyclone to reach the eye.

In line with his intense character, John rapidly arrived in the midst of the storm. Two sessions later, he was filled with despair and helplessness, almost abandoning himself. He walked into my office without looking at me. He did not utter a single word for the next two hours. He sat at the edge of the chair, after dropping his backpack at his feet. I knew that, today, he had contemplated two choices, coming to psychotherapy or driving his car into a telephone pole.

Any comment on my part was left without a response or even any physical motion on John's part. It seemed as though there was no more echo inside him. I was deeply concerned because I could not reach him anymore.

Thus I continued the session beyond the scheduled time, telling myself that I would spend the entire evening with John if necessary. After two hours, I felt an immense sadness emerging in me because I had not been able to reach him in any way. He had remained utterly unresponsive and inert. Thus my only recourse was to relate to John from my own vulnerable self, my deep-seated humanity, rather than myself as a competent psychotherapist. I allowed my sadness to show in my voice and words. I disclosed to John how I perceived him as feeling almost completely hopeless, seriously thinking of killing himself. I shared my impression that he had come in today to see me only to give people a last chance. I understood that his despair had almost taken over him and that I was sad at the idea that he could end up taking his life.

I went on to say that his death would be a loss to those who know and love him. For a half hour, I told John how much I experienced him as a beautiful human being, stating facts rather than compliments. I shared that I would be deeply saddened if he was not in this world anymore, but I conceded that it was his choice in the end. At this point, John glanced at me. I continued to talk to him with a tender voice and loving kindness, understanding his sense of hopelessness and helplessness. I embraced all of him: strengths and weaknesses, hope and despair. Most importantly, I did not ask John to do anything, not even to not kill himself. Remaining connected to life and hope, I experienced helplessness with John. It surely hurt.

John glanced at me a few more times, signifying that he had reconnected to me and even at a deeper level than previously. Consequently, I asked him where he *might* be the next morning. Almost inaudibly, he replied, "*At my girlfriend's*." I inquired if I could call him at 10:00 am the next morning. John agreed and gave

me her phone number. In the evening, I set up three alarm clocks, making sure not to oversleep on this Saturday morning, as I knew I could do.

The next morning, I phoned John at exactly 10:00 am. He picked up the phone after only one ring. Obviously, he was waiting for my call. Although his voice was barely audible, he was there. I inquired about how he was and he replied, "*So, so*." I asked if I could call him again the following morning at the same time and he agreed. The next morning, he again answered after only one ring. Upon my inquiry, John told me that he was feeling better. His voice was now audible and I could even hear a quiet joy at hearing my voice.

I inquired if it would be fine if we were to simply see each other in two days, at our usual appointment. He answered, "*Yes, Tuesday at 7:00 pm, Dr. Gaston*." John was navigating through helplessness and despair, and he was arriving on the other shore. Over the following two sessions, John talked more openly about his depressed feelings, his helplessness, and his confusion. Again, I bore these heavy feelings with him. Two weeks later, John arrived in psychotherapy feeling lighter, stating that he did not understand why he was feeling so much better.

Interestingly, John started to present himself to me in a different way. He talked about his favorite foods for a few weeks. I learned about the best places to get inexpensive lasagna, hamburgers, smoked meat sandwiches, pizzas, and more. I learned the names of his favorite restaurants and the prices on the menus. John liked food and good deals. Beautifully, he was now presenting himself in his natural simplicity, his real self. It was as if he was a little boy - children like to talk about food, even simple food.

I welcomed John as he was. I enjoyed being in the presence of his genuine self, especially given that he was now neither despairing nor performing. Amused, I wondered secretly what the agent at the workers' compensation agency would say about psychotherapy sessions spent on discussing food.

One day, stuck in traffic, I noticed that my car was in front of the smoked meat restaurant that John had mentioned. I decided to park my car to let the traffic go by, while I would eat a sandwich. At our next session, I purposefully mentioned this to John. He was so deeply touched and happy that I had tried one of his favorite foods, as if he was feeling that I had welcomed him in my life. John asked how I had liked the smoked meat and I reported that it was indeed one of the best smoked meat sandwiches I had ever had. He smiled widely.

Better connected to his genuine self, John was able to admit his own limitations. He was now reporting the times when he would lose control over his rage. For example, one day at college, he was under the impression that another student was laughing at him with others in the cafeteria. John went over to this guy, grabbed him by the neck, and backed him up against the wall. Suddenly realizing his aggression, he let go of him, inaudibly apologizing. Reporting this incident to me, he was sad.

John also reported having pseudo-epileptic seizures again. A few days earlier, he was taken over by convulsions in a staircase. He was found at the bottom, unconscious and convulsing, by his girlfriend. This episode particularly scared him because he knew that he could have broken his neck tumbling down. He shared with me the observations of his girlfriend. During the pseudo-seizures, the muscles of his body inflated in a funny way, to the point that he

looked like an inflatable doll. This information triggered in me an association with the first traumatic event he had experienced, that is, the assault with a crow bar. A year and a half ago, John had not been killed because his muscles had tremendously inflated, as explained by the emergency physician.

I wondered with John if something related to this assault triggered his pseudo-epileptic seizures. In my understanding, something must have felt, at least unconsciously, as if John was being hit with a crow bar from behind, incapable to respond and protect himself. He went on to reveal more. Few hours prior to the convulsions, he argued with his girlfriend because she accused him of having flirted with another girl at college. John was adamant that he had not done so; he had just talked to this girl. He mentioned that his girlfriend was jealous, regularly accusing him of flirting unjustly. I suggested to him that maybe he was angry at his girlfriend that evening, especially given that she accused him unjustly.

At first, John denied feeling any anger toward his girlfriend. Given the fact that the link between his rage and his pseudo-epileptic convulsions was now clear to me, I persevered by stating that I would certainly understand why he would get angry in such circumstances. John retorted that he could never be angry at a woman, affirming that a man should never be angry at a woman. Inwardly, I remembered that his father severely beat up his mother and almost killed John her womb.

I described to John the difference between anger, an emotion, and violence, a behavior. I explained that emotions inform us about the saliency of an experience, calling our attention to it in order to get the message. In contrast, violence is a way by which

we attempt to gain advantage over someone, by controlling or subduing. I also pointed out that studies found no association between anger and violence. Such an explanation made sense to John and helped him differentiate anger from violence. He then acknowledged being angry at his girlfriend and profoundly disliking being unjustly accused.

He was indeed angry at his girlfriend. Together, we came to understand that his pseudo-epileptic convulsions resulted from repressing anger, which then expressed itself against him. In support, John added that he also had seizures a few hours after his mother scolded him, for not doing this or that, and he considered these reproaches unfair.

For a few sessions, we mostly talked about anger. John mentioned to his girlfriend and his mother that he did not like it when he was accused unjustly. His mother was shocked by the consequences of her recriminations. She stopped them. On the other hand, his girlfriend could not control herself. She continued to accuse John of flirting with other girls at college.

At one point, I suggested to John that he could be so angry at times toward his girlfriend that I would understand if he would wish to hit her. Appalled at my speculation, he replied, "*A man should never hit a woman, Dr. Gaston!*" I certainly agreed with him and emphasized the importance to differentiate wishing from doing. To legitimize such desire, I disclosed to John that, as a psychologist specialized in PTSD and hearing one violent story after another, I would feel at times like killing some of the perpetrators, yet I did not do so and remained a decent person. John conceded that I was a decent person despite having such desires. He had to agree that, if I were, so he was. I also proposed

to him that his anger was a mixture of helplessness and anger, which induced rage. His rage would be so intense at times that he would feel compelled to hit. John could now feel rage without defending against it. Thanks to our solid alliance, he developed a new capacity to experience intense emotions without panicking or somatizing.

In the midst of our discussion, I dared to add that a man should also never hit another man, referring to John's previous assaults on other players. He conceded, but without disappearing behind shame. He also acknowledged that he indeed wished to hit his girlfriend - she truly infuriated him at times. He was now able to recognize this fiery drive inside of him without sinking into a hole of shame or guilt, or turning rage against him. Together, we acknowledged that rage coupled with a desire to assault was a deep-seated desire to regain control.

We went on to explore how John could regain control in more adaptive ways. The following week, his girlfriend accused him again, but he did not collapse afterward into pseudo-epileptic convulsions. For the first time, he did not turn rage against himself. Instead, he punched his fist into the wall, in front of his girlfriend to show her how angry he was. Upon hearing about this incident, I asked him if he hurt himself. Luckily, nothing was broken, but the punching was indeed painful. I empathically understood his anger at being unjustly accused and his helplessness at being unable to help her girlfriend understand. I also acknowledged his newly found capacity to recognize his anger on the spot.

The following week, a new argument arose between John and his girlfriend. Again he recognized being angry from being unjustly

criticized, but this time he only punched through a door. As beforehand, I inquired as to whether he had hurt himself. He answered that it felt really good to punch through the door. He went on laughing, telling me how these bedroom doors were, like cardboard. He regretted though that it would cost him money to replace this cheap door.

The following week, another accusation came his way from his girlfriend. This time, John simply got up, left the room, and went out for a long walk to calm himself down. He knew that he was angry and her accusation unfair, but he also knew that he could not stop his girlfriend from accusing him, from being jealous. John was starting to accept helplessness as part of life. Pseudo-epileptic convulsions never came back.

From now on, John could accept being angry at the woman he loved. He could embrace his imperfections. Moreover, he became less dependent on his girlfriend, tolerating disagreements and absences. Over the ensuing months, his girlfriend gave up her jealousy as her accusations had no more impact on him.

John was now experiencing himself from a new vantage point. He allowed himself to be angry, helpless, and vulnerable in the same breath as he allowed himself to be strong, competent, and autonomous. Most importantly, his sense of vulnerability was now an inherent part of his sense of self.

In the meantime, his step-father had heard of a well-paying job which could be suitable to John. Although the salary was very good, John quickly identified the possibility of hold-ups at this location because he would be left alone at night with a lot of money. Thus he declined the offer, concerned about the risk of

experiencing another violent encounter. Naturally, I supported his decision, underlining the inherent dangers of such a job. I also underlined that John could now recognize, on his own, his human limitations and respect them.

After six months of psychotherapy, most of John's PTSD symptoms disappeared, except for hypervigilance outside and a need to sit against a wall in public places. Given that he had been hit in his back during the assault with a crow bar, such alertness was understandable. Almost incredibly, panic attacks never came back and all depressive symptoms lifted. His grades in college were back to A's. He resumed comprehending mathematics and excelled at it once again. In psychotherapy, he was now telling me stories about a teacher he enjoyed, who teased him candidly. Thus it was time for John to get back into the swing of things.

I inquired about the activities in which he engaged besides homework. I learned that John was royally bored. He mostly watched television or learned computer programs. Given that he did not need to impress me anymore, he was now able to report this aspect of his life and even that, on Sunday afternoons, he watched bingo on television with his aunt. Upon hearing this, I knew that John was at a loss as to what to do. Something had to be done about his social and leisure activities. Reigniting his old friendships could be a solution in my mind, but John was adamant that he not ready to do so. I understood that he would still feel ashamed before his friends because they had seen him lose control over the last year. Nonetheless, John needed to be in the company of young men.

I wondered which sports John had always wanted to try but had never attempted. Quickly, he answered rowing. This was very

good because there was a rowing basin in the city. He informed me, though, that the membership at the rowing club was too expensive for him. With John's consent, I once again called the agent at the workers' compensation agency. I explained the situation, highlighting that rowing would be a therapeutic endeavor for John at this point, getting him out of his social paralysis. The agent agreed to pay for half of the membership fee and to take away the other half from John's paycheck by increments of ten dollars only. Great! Upon hearing this solution, John was delighted.

He registered at the rowing club and started lessons with other young men. Given that these new companions were ignorant of his previous losses of control, John could enjoy their company without feeling ashamed. On his own initiative, John also went to play basketball with a group of older men, meeting weekly at a school gymnasium. He quickly became the star of the team and enjoyed their company and praise. Through such rewarding experiences, John was able to go beyond any residual shame and called his longtime friends.

By now, college was over. John had obtained his diploma with excellent grades in this last semester. He was accepted at the engineering school of his choice.

Over the next summer, John worked full-time as a clerk at an engineering firm. He reported having problems with the hierarchy because some of these adults were being dishonest and blamed him for their own mistakes. John was disillusioned, but he could manage his reactions. He was now learning about the painful realities of a working place. He continued rowing and enjoyed it.

He also went camping with his girlfriend, which was a first for him, and he planned to learn skiing in the upcoming winter.

In September, twelve months after psychotherapy had begun, John started university in engineering. There were hundreds of students and many were of a different race than his. At the beginning, John was a bit concerned but, a few weeks later, he reported having made a new friend, a young man from Africa. Smilingly, he told me, "*You know, Dr. Gaston, these people are OK after all*." I smiled. We went on to understand how his previous racist reactions were based on both fear and rage.

As he was engaging life anew, John was now telling me jokes in psychotherapy. We laughed a lot at times. He described some of the pranks basketball players played on each other, and these were hilarious. From now on, John had a spark in his eyes.

All of John's symptoms were now gone, except for hypervigilance on streets. Previously, his agoraphobia was based on an unconscious projection of his wish to assault. Given that such a wish was unacceptable to him, John had projected it onto strangers. Thus he ended up imagining that people wished to harm him and he could be attacked anytime. Now that he had accepted his anger and wish to assault, his agoraphobia was no more a projection of his anger but a conditioned response. For the last two years, John had run from his car to every building in the city.

To help him get rid of this habitual anxiety, I suggested that we could go out on the streets together to reconsider the outside dangers and reduce his anxiety. The neighborhood of my office was a particularly good place to expose John to his conditioned

fear because there were plenty of people of different races. John agreed.

One evening in October, we went out for a walk. As soon as we were on the sidewalk, I invited John to stop and assess the level of his anxiety. He already had a mild but noticeable anxiety. I asked him to look carefully at his surroundings to see if there were any dangers and inform me of anything suspicious. He looked around, but he could not see anything matching his anxiety. Therefore, I suggested that he could lower his anxiety by breathing slowly and deeply. After reappraising outer reality and reducing anxiety a few times, John regained a comfortable level of arousal on the streets. Twenty minutes later, John was comfortable walking outside, but I was now freezing cold so we stopped at a coffee shop to warm up. The cold had arrived early that year and I was not dressed for the occasion. As we walked back to my office, John had no more anxiety and was casually discoursing. Over the following months, his agoraphobia remained in complete remission and he stopped running everywhere after parking his car.

However, John kept on sitting with his back against a wall in restaurants and theaters. He retained this strategy to be cautious, he said. This behavior was not compelled by anxiety and did not induce discomfort or limitations. He now enjoyed a full PTSD remission.

Toward the end of psychotherapy, John confided that he did not understand what had changed in him over the course of psychotherapy. He could not explain how he had gotten so much better. He had noticed that he was different from the way he used to be before these assaults, but he could only see that he was stronger but in a strange way. I explained that he was more

flexible in his ways of being in the world. He was also more flexible in the ways he related to himself and people. I explained further that he now embraced both his strengths and vulnerabilities. John ended up telling me, "*In a weird way, Dr. Gaston, I am happy these bad things happened to me. I am better than ever*." I smiled because I understood.

Toward the end, I asked John how his mother was. I was surprised when he answered, "*Fine as always!*" Puzzled, I inquired about the brain condition of hers that he mentioned at the onset of therapy. Perplexed, John emphasized that his mother had never had any brain problem and had always been in good health. I thus suggested to him that I must have misunderstood. Quietly, I understood that his fear of losing his mother was gone and he was feeling secure on his own.

Although our weekly sessions ended after fifteen months, I saw John every three months over the following year. Upon my suggestion, John came back to receive further support about life issues in order to ascertain the maintenance of his gains and prevent any relapse. This also diluted the loss of my presence in his life, allowing him to grieve gradually.

In psychotherapy, John continued to evaluate various situations of his life from a more mature and flexible standpoint. Nonetheless, he was still in need of being supported in facing the not-so-adult adult world. He would bear disillusionment and move on. Over this follow-up year, John canceled a session. I understood that he was now capable of being on his own, without needing a therapeutic presence.

John showed up for our last session. We talked about his current life situation and his projects. Despite having had more disappointments, he kept on doing very well. No symptom had resurfaced. As we were saying our goodbyes, John knew that he could call me in the future if he ever needed. Upon leaving my office, I wished him the best, telling him how glad I was to have known him. In an acceptable show of affection, I patted him firmly on the shoulder a few times as he was passing in from of me. John smiled candidly and looked at me with affection. Then, he left. One year after a full remission, John remained symptom-free. I was glad for him.

Five years later, I phoned John because the director of a valuable television program wished to interview crime victims who had successfully recovered. I thought of John because such endeavor may have been conclusive for him. As soon as he heard my voice, he rejoiced. "*Wow, Dr. Gaston! It is as if we just talked yesterday!*" I was also enjoying hearing his voice. He proceeded to tell me how he was doing.

John now worked at a large engineering firm and was going to be married soon to his girlfriend. I congratulated him. Without hesitation, he felt free to decline my invitation to partake in a television documentary. His choice indicated to me that he had successfully internalized a strong, benevolent figure. Individuated from the person who had accompanied him throughout his recovery, he felt free to decline. I was pleased for him. I asked him if any symptom had reoccurred, and John was still free of all symptoms.

Over the years, I have fondly thought of John. He changed by relating with me, and I changed by relating with him. Love and

trust had been present. Before writing his story, I researched him on the internet. John is now the owner of a small engineering firm, hiring new professionals, so he is likely to be doing well professionally. I hope John is well, within himself and with his loved ones. I hope he has children as he wished. I hope he is loved and shares his love.

After the passing of twenty years, I can still recognize that John lives in my heart as I must live in his. Deeply meaningful human relationships do just that.

The Story of Cassandra

Cassandra was on time, waiting to meet the professional who would have an impact on her life, and she was determined to make a point. In the waiting room, I did not even have time to greet her. Cassandra stood up and warned me, almost screaming, "*You better not write a report like the other psychiatrist, telling lies about me!*"

Although surprised, I was not taken aback. Unfortunately, I had read reports by a few professionals making quite incorrect statements. I understood her anger and her worries. In an effort to reassure Cassandra, I replied that I would definitely try to be faithful to her condition and understood her suspicions given that she had been misrepresented in the past. To counter her sense of helplessness, I offered Cassandra control over this aspect of her life. I suggested that she could read my report before I would send it to the agency and could suggest corrections if need be. Her whole demeanor relaxed. She softly replied "OK" and followed me. Sometimes trauma can force people out of their shell, and this was true for Cassandra. Despite her previous negative experience, she was still willing to give human beings a chance.

After sitting in my office, I proceeded to explain to Cassandra how the evaluation would unfold. She would describe to me the traumatic event she experienced, with as many details as possible, while making sure not to feel too much distress; she should tell me only what she could. I would also ask her questions about her symptoms in order to determine whether or not she has a post-traumatic stress disorder (PTSD) or other psychological disorders.

This would help me to determine the duration and prognosis of psychotherapy. I would also assess her need for medication, if any. Then I would inquire about her past and present situation in order to understand how her personal history was playing out with the features of this traumatic event. Finally, I would refer her to an experienced psychotherapist affiliated to the clinic, whose office would be as close to Cassandra's house as possible.

The day of the traumatic event, Cassandra had been at work as a book keeper in a hotel. Before her eyes, an older woman had been shot dead by a man attempting to rob the cash in the administrative office. At that moment, Cassandra had instinctively thrown herself under a desk, hiding in sheer fright while trying to be invisible. Curled up in a fetal position, she had stayed there, petrified, until someone had come to tell her that the robber had gone and all was safe. Half an hour had passed. Although still terrified, Cassandra had gotten out from under the desk and made a statement to the police. She had driven home as soon as she could.

The following week, Cassandra had gone to see a physician because she had been feeling bad … really bad. The physician had put Cassandra on sick leave from work, had filled out the paperwork for the workers' compensation agency, prescribed an antidepressant, and referred Cassandra to psychotherapy.

In the evaluation session, Cassandra was able to describe her present life conditions, but nothing about her past. She was completely elusive about her childhood, stating that she did not remember much. Whether she did not remember or could not go back there without becoming distressed, I did not know. I only knew that I was not going to push it by asking specific questions.

Cassandra had only told me that her parents were dead and she had not seen her two brothers for a long time.

Previously, Cassandra had been married to a man who had been violent toward her and committed incest with their two daughters. Almost frozen inside, Cassandra had only been able to leave this untenable situation by herself, leaving her two daughters behind with such a father. She had escaped this miasma in the hope of setting up a new life for herself and later invite her daughters to come live with her.

After one year, Cassandra had found a stable job as a book keeper, and she had furnished an apartment in which her daughters could come join her. She had gotten herself together enough to welcome them. Having regained strength and courage, Cassandra had finally filed for divorce and obtained the full custody of her two teenagers. The father had not fought back, knowing the dangerous situation he could be in if Cassandra or his daughters were to reveal the incest. In an unspoken agreement, she had not mentioned to the court the sexual abuse committed by the father on his daughters, maybe because she had felt too guilty or too responsible. To her, getting them out of harm's way had been sufficient. Obviously, Cassandra had fought for her life and her daughters' in a way that some people could find questionable. Nevertheless, Cassandra had found in her own way to protect both herself and her daughters. Nobody ever discussed the sexual abuse, neither Cassandra nor her daughters.

Soon after the arrival of her daughters, Cassandra had met a man who would soon become her new husband. After the wedding, Cassandra and the two girls had moved into his house in the country side. This man was not abusive, physically or sexually,

but he was a retired army sergeant and had a strong tendency to control everybody. Cassandra was able to reveal to me this sensitive information, which suggested that, although she was deeply wounded and distrustful, she was also willing to trust another human being and connect within a relationship. Such disposition was favorable to her psychotherapy and recovery. However, in Cassandra's way of telling me her story, there was no mention of feelings, whether it be hers or anyone else's. It was just a plain description of facts.

In terms of symptomatology, Cassandra presented all PTSD symptoms, including acting as if the traumatic event was reoccurring. Indeed, Cassandra would find herself again and again curled up in a fetal position in a corner of her kitchen. She was deeply puzzled and worried by this reaction, as she was starting to believe that she had gone crazy. I reassured her by explaining that she was simply reliving the traumatic event in behaviors rather than in thoughts or images. Her body was repeating the same movements she had enacted during the shooting, curling up in a corner on the floor as she had curled up underneath her desk out of sheer panic. I went on to explain to her that traumatized people keep on experiencing the traumatic event in one way or another even though the event is over. Cassandra understood my explanations which appeared to relieve some of her anxiety.

At the end of the evaluation session, Cassandra asserted that she did not need to read my report. She trusted me enough to let go of this extra step. It appeared to me that Cassandra was able to recognize when a human being was geared toward helping her. Thus, she was in good standing to benefit from psychotherapy, despite her marked psychological limitations.

Given her prior experiences of violence with men, I referred Cassandra to a woman, especially that she was able to trust me somehow. Taken together, these pieces of information indicated that Cassandra would have the best chances at resolving her painful and dysfunctional condition if she were to be seen in psychotherapy by a woman. Also, Cassandra lived in the country side and the psychotherapist who had an office closest to her house was Catherine, a mature and experienced psychologist.

I thought Catherine would be a good fit for Cassandra, although she would have to make some adjustments to her way of working in psychotherapy. Cassandra's deep-seated limitations and fears about relating to both herself and others would have to be respected. Catherine was mostly dynamically oriented and her focus was usually geared toward the psyche. Cassandra's inner world would have to be omitted from the therapeutic focus, at least for quite a while. Although Catherine understood the inner life, I would supervise the psychotherapy. Cassandra was made aware that Catherine and I would discuss her developments in order to give her the best chances of getting out of "this mess in which she found herself," as she had put it.

At the beginning of psychotherapy, Catherine reported that Cassandra was quiet unless she was asked questions. Knowing that Cassandra was somehow frozen by fear inwardly and had a tendency to distrust others, I suggested that questions about Cassandra's symptoms and life conditions would be most helpful, as we knew that questions about her inner world would be too threatening. As I presented to Catherine my understanding of Cassandra's inner world, she acquiesced with my caution. Capturing a good-enough picture of the inner world of Cassandra was, however, pivotal not to scare her away from psychotherapy.

Cassandra had developed a way of relating, to both herself and others, which was in accordance to the pattern displayed by children who have been neglected. She had chosen relationships with men by whom she had either been abused or controlled. At her core, Cassandra had probably never existed as a human being in her own right for her mother. Apparently, Cassandra had developed a submissive attitude as the only way to establish an attachment to another person, and her intimate relationships were highly insecure.

Such attachment required that Cassandra would be subservient toward her spouse, which had brought many pitfalls in her life. Yet, such insecure attachment had been successful at preventing her from sinking into the intense pain due to the emotional abandonment she must have quietly suffered as an infant and child. She had no story to tell about her childhood and her parents. She referred to her own daughters as "the eldest" and "the youngest", not by their surname. It was as if Cassandra and her daughters had not truly existed for anyone.

Consequently, I suggested to Catherine that psychotherapy should to proceed very gently, as if Catherine would be taming a wild and wounded animal, afraid and yet in need. Trained to explore the inner world of her patients and to engage in their emotional life, Catherine would have to hold back her therapeutic tendency. Above all, emotions were to be avoided with Cassandra. When an infant has not been recognized as truly existing by the mother, the rejection of one's first need has led the infant to pretend not to exist and avoid expressing any needs. To prevent physical abandonment and thus to survive as an infant, such a person had to learn that the mother's needs were to be met first and foremost, not theirs. Such an infant would grow into a

submissive child, subservient to the mother, making sure to be useful around the house. Cassandra had most likely learned to engage with others at a distance, by serving their needs and by presenting herself as having as few needs as possible. Maybe in this way, she would not end up all alone in life.

Nonetheless, Cassandra had enough feistiness in herself to oppose others and exist a bit. At times, she could do things for herself and by herself. While mostly pretending that she did not matter, Cassandra was willing to take risks and challenge an abusive figure of attachment such as her previous husband. This capacity informed me that, at her core, Cassandra was in a state of conflict between protecting herself from feeling all alone in the world versus wishing to engage in legitimate actions to feel alive.

During the traumatic event, Cassandra had been afraid for her life. She had been confronted by the reality of death. The killing of another human being before her own eyes had probably reawakened her deep-seated conflict between life and death. It appeared to me that Cassandra had pretended to be dead during the shooting, hiding under her desk without moving. In her life so far, Cassandra had also mostly pretended to be dead in order to protect herself from abandonment or destruction. However, she had been able to activate herself enough to save her daughters from an incestuous and violent father. Regrettably, she had gone back to submission in another marital relationship. With this traumatic event, the imperative of being alive was now knocking at her awareness. Forcibly, Cassandra had an opportunity to redefine her way of engaging in life.

While acknowledging the need of Cassandra to be seen, Catherine had to proceed very gradually. Naming any emotion

would have to be avoided, even though Cassandra's emotions could be very obvious at times. Her sense of security was based on pretending to herself and others that she did not exist, so the simple recognition of her having an emotion would be threatening to her. Emotions make us feel alive. This awareness could trigger in Cassandra an unbearable sense of aliveness. Empathically reflecting her emotions in therapy was thus strongly discouraged in supervision.

If Catherine were to see her as having an emotion, it would feel dangerous to Cassandra because another human being would be seeing her as existing, which could induce a sense of terror. Psychotherapy would have to proceed from offering a quiet presence to Cassandra while addressing external difficulties and avoiding any probing into feelings. Catherine would have to wait for Cassandra to reveal herself, on her own terms and at her own pace.

In the first two months of psychotherapy, Catherine mostly listened to Cassandra describing the problems with her previous husband. She also complained that she was unable to stop the screaming of her actual husband. In response, one could be tempted to go into problem-solving toward such difficulties. However, Cassandra would not have been able to accept this sort of help, despite her complaining. Instead, Catherine communicated to Cassandra that she remained in this difficult relationship because, otherwise, it would not feel safe for her. In response, Cassandra appeared to feel understood in her conundrum, being seen by Catherine in a least threatening way.

Feeling understood, Cassandra began to reveal more personal information, which triggered her fears of being conned, abused, or

abandoned. To verify whether Catherine would be trustworthy, her psyche offered a test.

One day, Cassandra became teary. Catherine did not focus on this sadness, remembering the fear of Cassandra toward being seen as emotional and thus vulnerable. She simply asked Cassandra how she was at the moment. Cassandra responded that she was OK and moved on.

Cassandra continued to reveal more personal information, rather than retreating within herself, which validated a cautious approach. Feeling safer, Cassandra's depression started to lift a bit and her curling up in a fetal position in the kitchen ceased to occur. Psychotherapy appeared to be going in the right direction.

Soon Cassandra shared her concerns about her daughters. She regretted not having called the protective services during the years of incest. Catherine understood her hesitation, suggesting that she would not have felt safe if she had done so. Cassandra became perplexed at her psychotherapist's response. With a subtle expression of surprise on her face, Cassandra appeared to be relieved that Catherine was not pressing the issue and that she could understand the reason for her inaction: a sense of lack of safety. Catherine went further by suggesting that she would have felt in danger if she would have exposed this violence, taking a closer step toward Cassandra's core sense of danger in life. Doing so, Catherine gently recognized the inner world of Cassandra in a way that she could bear. Consequently, Cassandra responded favorably.

As she allowed herself to experience some intimacy with Catherine, the other side of her conflict emerged, namely the fear

of being intruded upon and controlled. This time, the psyche of Cassandra would provide Catherine with a monumental test.

At the following session, Cassandra opened up by saying that she had had an unsettling dream. She usually never dreamt except for nightmares about the murder at her work place. This dream was heavily loaded with meanings and emotions, revealing a basic truth inside Cassandra.

In the dream, Cassandra was at the shore of a lake while her oldest daughter was in the water. Drowning, she screamed at her mother, "*Mommy, help me!"* Cassandra remained still, doing nothing. Her daughter drowned before her eyes.

Upon finishing the description of her dream, Cassandra asked Catherine what she made out of this dream. Having been trained as a dynamic psychotherapist, Catherine had to restrain herself from interpreting such a meaningful dream. She remembered my quasi-injunction to stay away from Cassandra's inner world, except for her sense of not feeling safe or feeling in danger. Thus, Catherine simply said, "*Do you think it means anything?*" Cassandra answered, "*Ah, dreams are worth nothing anyway!,*" smiling and obviously relieved at her therapist's response. Catherine then moved on to ask how Cassandra's last few days had been.

She could now reveal the important aspects of her daily life. Catherine learned that she spent all day sitting at the end of the kitchen table, drinking coffee. Drinking caffeine increases anxiety and standing still reinforces the impression of not existing. Thus, something definitely had to be done about this, but gently.

After addressing the issue of caffeine and its consequences, Cassandra agreed to try drinking decaffeinated coffee from now

on. This move was wonderful because Cassandra was accepting to take care of herself, which was a major step forward. With respect to her immobility, it appeared that Cassandra was at a loss at what to do. I suggested to Catherine that the genuine self of Cassandra would need to become engaged for any initiated activity to be therapeutic.

To assist Cassandra in participating in life without having her clean up the house like a slave, I suggested to Catherine that she could inquire about the foods Cassandra enjoyed. Rice pudding was her favorite treat. Catherine and Cassandra talked about rice pudding and the various ways of making it. One day, Cassandra allowed herself to make some rice pudding and enjoyed it. Cassandra was making progress, unbeknownst to her. Apparently trivial, this self-activation created a breach in her fear of being abandoned; she did something for herself and by herself while being supported by Catherine.

Cassandra was now paying a bit of attention to herself and was supported by Catherine in doing so. She could quietly relate to another human being and even rely on her a bit. Catherine was not insistent, respecting her fears. In return, Cassandra started to care for herself.

Upon my suggestion, Catherine inquired about the activities Cassandra used to enjoy as a child or had dreamed of doing. The answer came easily. Cassandra had always wished to be close to horses, but she had never approached one. In therapy, Cassandra talked about horses and her interest in them, while Catherine listened. Given that she lived in the country side, Catherine inquired whether there was a horse farm nearby her house, and there were a few stables. Before doing anything, Cassandra

contemplated the idea of approaching a horse for the first time. Catherine discussed with her the possibility of asking a stable owner if Cassandra could be briefly trained to work as a volunteer with the horses.

On her own initiative, Cassandra soon drove to a nearby stable. Shyly, she introduced herself to the owner and asked if she could help out at the stable. The owner gladly accepted and showed Cassandra how to clean the stalls, move the horses, feed them, and brush them. For a while, Cassandra went to the horse farm every day to care for the horses. In doing so, she was taking care of herself.

After a few weeks, her depression lifted, along with her PTSD. Cassandra was now allowing herself to feel alive. Thus, her intrusive symptoms were not needed anymore as a reminder of death. Flashbacks of the shooting had successfully played their role, bringing Cassandra back to a basic human desire to feel alive.

Cassandra continued to go to the stable. Catherine and I knew that she needed time to firmly establish an anchor into life. At this point, returning to work would have been premature. Forcing Cassandra to go back to work as soon as her symptoms had lifted would probably have been felt like a blow, worse a punishment for responding to her own needs. Therefore, Catherine and I waited as Cassandra became less and less anxious, more and more confident in herself.

Three months later, Cassandra announced to Catherine that she was ready to go back to work. In her plan, she would resume working at the hotel during the week and take care of horses during the weekend. For returning to her workplace, no gradual

exposure was needed, particularly because the hotel management had enhanced the security system; no one could enter the administrative office without a password, which greatly reassured Cassandra.

In preparation, Cassandra briefly visited the hotel and stayed in the administrative office for a while. As no anxiety or flashback reoccurred, Cassandra was indeed ready. The shooting now belonged to the past, her long-term memory, along with her old sense of self.

Given the lifelong fragility of Cassandra, psychotherapy continued after her return to work to ascertain that PTSD and depression would not relapse. Cassandra needed to be supported in order to firmly establish her new ways of engaging with life and others.

Few weeks after her return to work, Cassandra found the inner strength to discuss with her daughters the possibility of divorcing her husband. The daughters preferred indeed to live alone with their mother. Thus, she filed for divorce after announcing it to her husband, who screamed but to no avail. Soon Cassandra and her daughters moved into a new apartment. They painted it together, making it their own. Her youngest daughter began to volunteer at the stable and received free horseback riding lessons in return.

In a joint decision, Cassandra and Catherine terminated psychotherapy. The goodbyes were unemotional, although mutual appreciation was apparent, yet unspoken. Free of symptoms, Cassandra was back at work and functional. She was navigating

through life with her new sense of self, alongside her two daughters for whom she could now better care.

We never heard from Cassandra again. Hopefully, she is still doing well. She is probably struggling at times, like all of us. Cassandra's need to be seen as existing in this world was fulfilled by Catherine. Thus, Cassandra's fears subdued, her enthusiasm flourished, and she had engaged herself in life. Sometimes, the art of psychotherapy appears to be overly simple, and yet each move needs to be made with caution based on a deep understanding of a person's inner world not to destroy what is most delicate, such as the feeling of being alive. In doing so, Catherine was offered an opportunity to witness Cassandra in her most vulnerable self and core human desires, emerging from her hiding place from within herself.

Although disquieting at first, Cassandra's feistiness was a precious quality of hers. It assisted her in claiming respect for herself during aversive moments; it gave her courage. In my waiting room, Cassandra dared to show her anger and thus warned me about her fears and needs. At that very moment, Cassandra loudly demanded respect from a professional who would have a decisive impact on her life; she took a chance and, fortunately, she was responded.

The Story of Emmett

Emmett came to the clinic almost disheartened. A few weeks prior, two men on a drug called phencyclidine (PCP) had entered the youth center where he worked. Passing in front of Emmett, they had gone to the back of the room where teenagers were interacting and they started to ferociously beat up two teenagers. The assault had come completely out of the blue, without cause.

Emmett had called the police urgently. Then, he had stood still, not intervening. Within a few minutes, two policemen had arrived on the scene, but quickly realized that reinforcements were necessary. For each assailant, five policemen had been required to apply a successful physical constraint. This drug had given these violent men exceptional physical strength and unleashed wild aggression.

After the attackers had been detained, Emmett had made a statement at the police as a witness and then he had gone home. The next day, he consulted his physician who put him on work disability and referred him to psychotherapy specialized in PTSD.

As an evaluator, I assessed Emmett's psychological condition before referring him. He presented all the symptoms of a post-traumatic stress disorder (PTSD), with the exception of pseudo-hallucinations or pseudo-illusions. He also presented all symptoms of a major depressive disorder, including repetitive suicidal ideation, but he had not designed a plan of action yet.

Regarding the recent traumatic event, Emmett would often repeat, "*I did nothing to help these teenagers. I am a coward.*" According to him, he deserved to die because he had let these two innocent teenagers be senselessly beaten up. At this point in time, he could only accuse himself. During the evaluation, I empathized with Emmett's pain. I also underlined his compassion for the teenagers and his action of having called the police, but to no avail.

Given that courage and fighting are characteristics salient to the masculine psyche, I referred Emmett to a man therapist. From our brief meeting, I knew that he had lacked a strong fatherly figure in his youth. Consequently, I thought that, if a strong man understood his non-intervening during the assault, his self-image might be more easily repaired.

Emmett was first seen weekly by Julian in psychotherapy for two months. Then, Julian left for a long vacation. In parallel, Emmett was taking part in group psychotherapy with other men who also had PTSD. With a man as my co-therapist, I led the group which centered on how to recognize and cope with one's vulnerabilities. Although Emmett had taken an antidepressant for more than one month, his depression was not lifting; instead, it was getting worse.

Soon after his psychotherapist's departure, Emmett became acutely suicidal and he mentioned it in the group. Given these circumstances, I asked Emmett if I could talk with him after the group meeting. Indeed, he now had a plan about how he would proceed. I inquired whether he could postpone his suicidal plan if I was to see him in psychotherapy until his therapist came back. Emmett agreed, looking relived.

Upon our first session, I explored whether there was anyone in his life on whom he could count. Emmett had a wife, whom he described as loving, and a teenager son, whom he presented as well-functioning and solid. He stated that he could turn to them in need. I inquired as to when his depressive feelings started and it turned out that he had been depressed for over a year, that is, when his wife had been diagnosed with a very aggressive breast cancer. She had undergone a complete mastectomy and Emmett had bathed his wife and cleaned her wounds for months because they had not been healing as expected.

Despite almost perfect picture of his wife, I had the impression that Emmett and his wife were dependent on each other, which could have easily triggered depression in him by anticipating her loss. In addition, given that her surgical wounds could have been easily cleaned by herself, I suspected that his wife related to Emmett from a deep-seated need to cling onto another human being, and vice versa. So, I questioned Emmett regarding the whole story of their relationship.

To further understand Emmett, I paid attention to my own reactions. Whenever he arrived in my office, I experienced him as heavy. Every time, he dropped his body in the chair as if it was too heavy to carry and he leaned on his side as if he had given up on holding himself up. Subtly, Emmett was expressing a wish to be taken care of as if he could not do so on his own. This attitude, subtle and unspoken, was pervasive in his bodily postures, his facial expressions, and his vocal intonations.

Most importantly, I had the visceral impression that Emmett was hoping to lean on me to take away his pain. This was impossible, obviously, but the hope was present. To avoid feeding

this attitude, I decided to relate to him through his own wish to get better and become autonomous. Thus, I recognized his suffering, but in a restricted manner.

Soon, I noticed that Emmett presented himself as more helpless and discouraged each time after I reflected his distress. Thus, if I continued to share empathy, it would only fortify a relationship of dependency in him toward me. Such dependency would forfeit his recovery. For Emmett to have any chance at resolving his distress and trauma, I would have to adopt a different attitude.

Emmett had strengths, but he had lost sight of them over the last year while he had catered to her needs and dependency. Luckily, Emmett was willing to reveal them in psychotherapy.

Although Emmett had bathed his wife and cleaned her surgical wounds for months, he told me that he had not enjoyed doing so. Testing his capacity to allow himself to be apart from his wife's needs, I suggested that I would understand if he had felt disgust toward these surgical wounds oozing with puss. Subtly, Emmett looked at me with a different expression in his eyes. Surprised and perplexed, he did not know if he could acquiesce with my statement, yet he ended up displaying a capacity to be his own. He acknowledged that he had indeed been disgusted at the sight of his wife's wounds. Thereby, daring to recognize his own experience, Emmett was allowing himself to individualize.

Capitalizing on this venturing, I went on to suggest that it may be hard for Emmett to have a wife without breasts. This time, his surprise was quite apparent. Although he appeared not to know if he could say such a thing before a woman, he admitted that he was

missing his wife's breasts, especially given that they used to be big and he enjoyed voluptuous breasts. I conferred to Emmett that, indeed, breasts were important to men and so I understood his loss. I then suggested that he may now be looking at other women, but, at this statement, he told me not to go too far. I smiled.

Emmett was now sitting differently in the chair. He was straight rather than slouching. His voice now had some vibrancy. He was looking at me without pleading for salvation. I knew then that he had the inner strength to differentiate from his wife, and thus from the assaulted teenagers. I also knew that, in time, he could face the horror he had witnessed that night, along with his inner darkness. We were in business, Emmett and I.

After this session, Emmett left aside his idealized image of his wife. He was now talking more frankly about his daily life and, over the next few sessions, a more realistic picture emerged.

It turned out that Emmett met his wife when he was 17 years old at a time when he was a part of juvenile criminal gang. He asserted that she had saved him from a life of criminality. When the gang leader had started to shoot at policemen, rather than just breaking and entering into houses, Emmett had gotten scared and realized that such violence was against his moral fiber. In a helpful confrontation, his girlfriend, who now was his wife, had given him an unbending choice: he had to choose between her and his gang. Choosing his girlfriend, however, was embedded with a very high price to pay: his autonomy.

Under the sweetness of her care, she demanded that Emmett completely surrendered his independence. To assuage his own fear of abandonment, he had acquiesced, enjoying care in a way he

had never received beforehand. Indeed, it could almost have been paradise, but it quickly turned into a suffocating prison.

Early in their marriage, Emmett's wife had welcomed him home from work every day with amazing attention. She had prepared a bubble bath and, upon his arrival, she would sit him on a chair, unlace his shoes, take off his clothes, and bath him. He had enjoyed this part of this unspoken deal, but only for a while. Soon, he had realized that he was slowly dying inside. Indeed, every time he had arrived home later than usually, even by only fifteen minutes, his wife had engaged him in a forceful interrogation by starting with "*Where were you? What did you do?*"

In psychotherapy, Emmett told me the story of his surrender, but he was ambivalent. He mentioned that he was unsure as to whether he had the right to reveal such details about his marital relationship. Yet his uneasiness appeared to be mostly based on the fact that he was revealing an untenable situation to both me and himself; if he were to continue these revelations, he would have to face his current life situation and bring necessary changes. In response, I highlighted his ambivalence openly by stating that he had enjoyed his wife's care and had indulged in it, but he had paid the price by feeling controlled and suffocating. Emmett validated my suggestion and told me more.

After a few years of marriage, Emmett had started to regain his independence from his wife. However, to avoid her wrath, he had proceeded in subtle and evasive ways. To ingeniously stop her constant control, he had volunteered to be the coach of any peewee sports team in his neighborhood. Between working and coaching children, he had spent little free at home. His wife had repeatedly complained to him, but to no avail. Being dependent on

him, she had waited for him at home all day long, cleaning the house and watching television. After many years, this situation had become untenable to her.

A few months before her breast cancer, she had threatened Emmett that she would die if he was not to stop his volunteering activities. In response, Emmett had stood his ground by continuing his activities to escape her stranglehold. Soon, she had developed a very aggressive cancer, which almost took her life within a few months. Given that her mastectomy wounds had resisted healing for many months without any medical reasons, I speculated to myself that she had found, unconsciously, a strategy to force Emmett back next to her. Although utterly destructive and risky, such unconscious strategy had worked. At the onset of her breast cancer, Emmett had stopped all of his volunteering activities. Feeling unable to cope with losing his wife, he had reverted to clinging onto his wife. He had conceded his autonomy in order to preserve her life.

In psychotherapy, I thus wondered what Emmett was doing all day long since he was on a disability leave from work. With a long sigh and some shame, he answered that he watched television all day long - mostly soap operas - with his wife. Not only was this abhorrent for him, but he had to sit on the coach next to his wife to prevent her complaining about him as being uncaring if he sat in his chair by himself.

Although subtle, his annoyance at her overwhelming control over him was apparent to me. So, I allowed myself to share with Emmett a picture that popped up in my mind. I told him that, to me, it was as if he were like a little dog following his master everywhere. After a pause, he agreed. Given my support toward

his strengths and my recognition of his ambivalence about his autonomy, Emmett did not feel humiliated. Instead, he saw his choice more clearly, although with regrets. After a few months of psychotherapy, Emmett had revealed sufficiently to me and himself about his disagreement at being his wife's pet. He was ready to act consequently.

At this point, having revealed his marital situation, Emmett found himself to be psychologically stronger than he thought. He was more his own man than before. Given that he was now acknowledging a desire to live his own life, not his wife's, I started confronting him directly about this core ambivalence. Repeatedly, I suggested to him that he wished to sooth himself by remaining dependent on his wife, but, in parallel, he also wished to become autonomous. The former led him to feel suffocated, while the latter entailed enduring anxiety.

Although PTSD remained unchanged at this point, his depression was starting to lift. However, it was important to realize that his depressive moods were like a see-saw, receding and relapsing. Emmett would make progress and then revert to his suicidal pronouncements, only to return again to feeling emboldened about his own life. Engaging into thoughts of independence gave him anxiety about aloneness, which sent him back into a depressive mood.

Whenever discouragement reemerged, Emmett reported having suicidal thoughts again, saying "*I am a coward*." He repeated this statement as if it came from a broken record. But, at least, there was a movement in his mood and he enjoyed the recurring moments of being his own, when he did not feel depressed. Every reiteration of individuality would bring a sense

of being his own man. Each new episode of individuality lasted longer than the previous one.

To better understand, I inquired more about his childhood and his relation to his parents; he had not said much previously about them. I asked him specific questions such as "*What happened when you hurt yourself as a child, like falling and scraping your knee at 5 years old?*" To answer, Emmett gave me an example.

When he was a preschooler, he used to have nightmares. In his bed, he cried and called for his mother. Without getting up, she would scream back at him, "*Go to pee and go back to bed*." To me, his mother appeared to have been both negligent and controlling. By contrast, his father appeared to have been depressed and passive. After work, his father had used to eat dinner with his family but silently and then had sat in the living room by himself, doing nothing and saying nothing. His mother had been in charge of the household.

To escape his mother's affective neglect and control, Emmett had joined a criminal gang in the poor neighborhood in which he had grown up. In this way, he had felt as though he belonged somewhere. However, when the gang had started to use revolvers, he had been shocked and switched his allegiance. He had transferred his dependency to his new girlfriend. No longer under the control of his mother or the gang, he had put himself under the stronghold of his girlfriend. This situation had been reassuring to him for many years.

Although apparently negative, belonging to a youth criminal gang had allowed Emmett to exert his independence from his mother for a few years. Within this gang, he had changed as a

person. He had become more assertive and feisty. Belonging to a gang had allowed him to manifest inner qualities which were unacceptable at home. He had even learned how to fight physically and stand up for himself.

He told me that he had been a good fighter in his teens, even a good puncher. He had quickly learned to punch first in order to win a probable fight. He had punched before asking questions to avoid been the one knocked down on the sidewalk. Such was the neighborhood in which Emmett had grown up.

The assault at the youth center had thus been a particularly painful experience because he knew how to fight physically and did nothing of this sort to help the teenagers. Thus, Emmett felt like a coward. Even though I suggested to him that his decision was reasonable given that he had not fought for about twenty years and the two assailants were on PCP, these comments were not provoking any cognitive changes. Such reappraisal of the traumatic event had no impact on Emmett's beliefs about himself. Therefore, we continued to focus on regaining his autonomy, at least inwardly for the time being. His depressive bouts were recurrent and, emotionally, Emmett was on a roller coaster.

In the midst of changing his inner positioning toward his wife, Emmett was confronted with the necessity to be present at the preliminary hearing of the court case against the two assailants. Despite experiencing anxiety, Emmett showed up as a witness. The two culprits did not. Despite their violent assault, these two men had not been incarcerated and they had not even showed up at their preliminary hearing. They were roaming the streets. Not only that, but no policeman was sent to fetch them at their apartment

for the hearing. These violent and dangerous men were on the loose, and Emmett was angry about it.

At our next session, Emmett ranted about this situation. I understood his reactions and how unreasonable this situation was for the protection of the public. He went on to inform me that he had visited the inspector at the police station in order to really understand what was going on. The inspector was also angry at the situation. He mentioned that these men were criminals with files as thick as six inches and casually made sure that Emmett could see their address.

During our next few sessions, Emmett could not talk about anything else. His discourse was now a broken record about this whole injustice and that he wished to kill these men. I was not worried about any violent action on the part of Emmett given that he had not been violent for over twenty years and had no plan. He would fluctuate between ranting about the freedom afforded to these violent criminals and having suicidal thoughts. He did not know what to do with this overwhelming anger. He would either turn his anger into bravado or turn it against himself.

Given that no supportive intervention succeeded in helping Emmett move beyond this stance, I decided to use a confrontation because he kept on telling me that he should kill them. Although he was uttering such threat as a possibility, it was clear to me that he was not resolute in his homicidal desire because he was retaining a sense of caring for himself and those he loved. Repeatedly voicing his murderous intention in psychotherapy appeared to make Emmett feel less helpless. Nonetheless, he was going around in circles, leading nowhere.

It was quite possible that Emmett was using this focus as a defense against his own issues, clinging onto it as a diversion. He was caught in a vicious circle. He was not seriously considering any homicidal actions because he had no weapon and no plan. Therefore, I commented that his focus on the possibility of killing these men appeared to be a protection against facing the difficult issues of his own life and challenged him to make a decision by the next session. Emmett would have to decide whether he was going to kill these men or not. I did not tell Emmett what to do, but I took a stand about the need to stop going around in circles.

At our next session, Emmett immediately reported to me that he had decided to forget about these men. The justice system was responsible for them, as well as their future victims. Clearly, he had reflected by himself; he did not wish to cause any harm to his wife or his son by acting in a violent and criminal manner. I listened and then verified whether he was clear about it, appealing to his capacity to take a firm stand, making it very clear to himself. He responded according to my expectation, stating that he was moving on.

Emmett refocused his attention back onto his own problems. Then, rather than using his pent-up anger in a defensive and destructive way, he used it as an activating energy. This enabled him to make his own choices and act upon them. But, naturally, the see-saw pattern of his moods came back into play; as he moved into autonomy, he reverted to depression.

One day, he even checked if he could be dependent upon me by attempting to engage me in an amorous relationship. At the end of a session, Emmett took me in his arms as he was on his way to exit the room. I gently took his shoulders in my hands and slowly

pushed him away. Calmly, I informed him that this was not good for him as it would undo our therapeutic relationship. He needed me as a psychotherapist, not as a friend or lover. Emmett was able to recollect himself in a mature way. Although a bit bruised in his pride, he left my office with regained seriousness. Once again, he was able to move from an attitude of pleading for care to a responsible attitude.

In the meantime, his wife had felt Emmett's distancing toward her. In response, she was attempting to exert greater control upon his activities. Not to aggravate her moods, he would say nothing while continuing to act more and more independently. He was not watching soap operas anymore or sitting next to her, and he was making his own food at lunch. Gradually, he was testing his capacity to be separate from his wife - away from her care and control. Maybe naively, he hoped that she would spontaneously stop attempting to control him and engage in her own life. The inverse happened.

His wife grew angrier and angrier, putting him down verbally in an increasingly bitter fashion. When Emmett reported this to me, I suggested that maybe I could meet her in therapy, in his presence, to explain that people with PTSD fare better when they are not belated. His wife agreed to come to a psychotherapy session with Emmett. As soon as she sat down, she started to loudly complain about him and she would not pay attention to anything I would say. After a while, I decided that I had to raise my voice to bring her attention to me.

As I raised my voice, she stopped talking. I first stated that the situation must be difficult for her. Then I emphasized that, given the way she was talking about Emmett, she was unfortunately not

helping him. Without a beat, she resumed speaking loudly, berating him again and again. Emmett said nothing; there was nothing to say. We simply ended the session. Although this encounter first appeared to have been particularly futile and useless, my understanding of Emmett's difficulties at home was greatly enhanced; it was almost impossible to talk with his wife, just as he had previously reported.

At our next session, Emmett conceded that his wife was unwilling to collaborate and, therefore, he was on his own to bring about changes in his life. He admitted to realizing his aloneness. He even said that, if he were to pursue his stride toward autonomy, he would have to leave her. He was saddened by this anticipated loss, but he was willing to bear it.

Consequently, Emmett engaged himself more into own life, away from his wife. He went out with co-workers to have a drink, which his wife hated. He grew a beard, which his wife hated. He bought his own clothes, which his wife hated. He even started to get massages, which his wife did not know. One night, she even threw a plate at him while he was going out the door; Emmett said nothing and closed the door behind him. Consequently, his depression came back. His abandonment as a child was strongly resurfacing.

I speculated before Emmett that his wife's cancer might have been an unconscious maneuver on her part to control him. Therefore, her cancer may relapse; it seemed that she would rather die by cancer than face her abandonment depression. After presenting this dilemma to Emmett, he seriously considered the conundrum in which he stood. Deep down inside, he knew it, but he had not dared previously to admit this to himself. After

considering the risk, Emmett remained strong in his decision: he would remove himself from under the control of his wife.

Soon, he had a girlfriend, his massage therapist. The prospect of leaving his wife brought back depressive moods again. Although his PTSD was now mild, it was still present. In a depressive bout with suicidal ideas, he said again, "*I did nothing that night. I am a coward.*"

At this moment, it became clear to me that something meaningful must have happened to Emmett during the assault at the youth center, something which was still unconscious. Thus, I proposed to use introspective hypnosis to review the assault in an attempt to identify what had occurred inside him at the time.

Emmett was now capable of experiencing intense negative emotions and bearing them, and our therapeutic alliance was solid. As these two prerequisites were in place, an experiential revision of the traumatic event was possible without incurring much risk of provoking side effects.

Upon hearing my proposal, Emmett immediately refused at first. I explained to him that I was at a standstill therapeutically because I did not know how else to help him go beyond this trauma; more information was needed. Subsequently, he agreed to experiment with such therapeutic strategy.

In an avoidance maneuver, he missed the next session. This absence was the first since psychotherapy had begun. At the following one, I linked his absence to his probable anxiety about re-experiencing the traumatic event. I also underlined that he must have anxiety about discovering something he would rather not know, something perturbing. He replied angrily that I was

going to hurt him with this re-experiencing. I stated that I would not be the one hurting him, but that it would indeed be painful. To reduce his worries, I explained again that he would keep the complete control over the procedure, which he could stop at any moment, especially if there would be a possibility that emotions would become too intense for him … destabilizing rather than informing. Seeing my resolution and cautiousness, Emmett agreed and I started implementing the technique.

For inducing an introspective state, I started with a relaxation technique called autogenic training to help his attention turn inwardly. Afterward, I used a simple hypnotic induction of imagining being at the top of a staircase and going down deeper and deeper within himself as he walked down the steps. At the bottom of his imaginary staircase, I asked him to raise his right index finger to verify his conscious connection to me. This indicated that he was hearing me, present both with me and inside himself. I reminded him that he could raise his index finger during the session to stop it, or simply ask me out loud to do so.

In this preliminary phase, all went well; Emmett was ready to relive the traumatic event as we had previously planned together. He would start in a safe place before the event, move through the traumatic event while pausing at crucial moments, and end up in a safe place after the event.

Emmett first imagined himself back at the youth center, having a quiet evening with the teenagers. He vividly saw the recreation room and people interacting. He even experienced his joy at being there. As I requested, he described all this to me out loud. Then, I asked him if he was willing to move on. He answered that he was ready to go ahead.

Thus, I asked him to tell me what happened next and Emmett went on describing two crazy-looking guys entering the premises. I asked him to block the image and tell me his reactions at this sight. He informed me that, although these men were crazy-looking, it was not unusual to see 'funnies' came in the youth center, so he did not give them more thoughts. Nonetheless, not knowing who they were, he kept an eye on them. I said, "*What happens next?*" and he was now seeing these two men furiously beating up two teenagers, out of the blue. Again, I asked him to freeze the image and inform me about what went on inside him at this very moment, witnessing the assault. Immediately, he shared the fantasy which crossed his mind at this precise moment.

Emmett told me that he saw the metal bar next to the fire extinguisher on the wall and imagined a scene in his head. During the assault, he had imagined a plan of action. In his mind, he took the metal bar, went back there, and hit an assailant on the head from behind. However, the other one quickly stabbed him with a knife. He was then bleeding to death on the floor. At this point, I reminded Emmett that he had imagined this scene in his head during the assault. I asked him to block the image, which he did. I then proceeded to say that, the night of the assault, he had not paralyzed but made a decision based on a willingness to remain alive, on his will to live. Following my comment, Emmett got angry and even emitted a swear word. I told him that I understood his anger because he had been repeating to himself and me that he wished to die while, in fact, he was now forced to realize that had decided to live, which explained why he had not intervened during the assault. Still under hypnosis, I reminded him that he had imagined that he could have ended up death if he had intervened

to help. I emphasized to Emmett that he had decided to do nothing in order to stay alive.

I went on to stipulate that he would rather forget about his desire to live because it severely conflicted with his wife's desire to have him next to him. Emmett conceded. I pushed it further and asserted that his dilemma was tremendous; he knew deep down inside that, if he were to choose to live, his wife would most likely resume having cancer. He agreed. I underlined that, for the last twenty years, it was as if he had a knife on his throat, choking to death. He felt it.

We completed the experiential review of the assault as planned, but no other significant information emerged. We terminated when Emmett was back at home as he had previously chosen to end the session. Then I gave Emmett instructions to come back to his usual waking consciousness.

Upon opening his eyes, Emmett was soberly angry. He was more serious than I had ever seen him. There was a determination in his eyes. Although Emmett did not like this revelation, he could not avoid it anymore from now on. He had to admit to himself that he had chosen to remain alive the night of the assault. I reasserted the tremendous conflict he was facing: if he would become alive, his wife would probably die of cancer, yet if he would remain in this mutual dependency, he would probably end up killing himself due to psychological suffocation. Knowing his tendency to procrastinate, I strongly suggested that he needed to make a clear decision.

At our next session, Emmett arrived in my office with a lighter footing. As he sat down, he quickly told me that he had decided to

live his life. He admitted at being sad at the idea of his wife dying, but this would be her choice, not his. I listened to Emmett.

A few days later, Emmett informed his wife that he was going to leave her. Although she got enraged, he did not budge. One month later, her cancer was back, relapsing violently and metastasizing. I asked Emmett what he wished to do. Given the circumstances, he decided to stay to care for her until she would die, for the sake of their companionship throughout all these years, but he would continue to be with his girlfriend. His wife had no real friend and was estranged from her family. If Emmett would not be involved, she would only their son to accompany her into death. So Emmett faced his responsibilities as a father and a husband, but he also stayed out of gratitude, loving kindness, and generosity.

In the ensuing weeks, Emmett and I prepared his return to work because all of his PTSD symptoms had disappeared and his depression had completely lifted. Emmett first visited his work place and experienced no anxiety. He thus went back to spend a few days with the teenagers and his co-workers. As no symptom resurfaced, he resumed his work at the youth center in the following week. In the meantime, he continued his relationship with his girlfriend and accompanied his wife through her rapid physical deterioration.

One year after the onset, we terminated psychotherapy. At this point, his wife hospitalized because her cancer had entered the terminal phase. Although Emmett was on his own, he was strong enough psychologically to cease psychotherapy at the same time that he was losing his lifelong companion. In a year, he had deeply changed. Emmett was now an individual, especially that he was

capable and willing to face two major losses at once. Emmett was his own man.

Several years later, Emmett called the clinic in order to obtain a referral for a friend, asking to talk to me. I was delighted to hear from him. I asked him how he was and how his life was. He joyfully reported that I would not believe what he was going to tell me.

Even as his wife was dying, Emmett remained truthful to his desire to live own his life. She was thus forced to realize that he was not submitting to her control attempts anymore. Her cancer remitted within two weeks, to the incredulous eyes of the oncologists. Subsequently, she made a life for herself outside the confines of the home. Consequently, Emmett decided to continue their marriage and ended the relationship with his girlfriend. After her complete cancer recovery, his wife had started to work part-time and made few friends. She went out with her friends and let Emmett have his own activities. Their son had become an adult and had left the house to live independently. Emmett was now enjoying the company of his wife more than ever.

Upon hearing this turn of events, I was happily surprised, especially given this exceptional unfolding in Emmett's life. Neither the PTSD nor the major depression had ever shown any sign of returning after all these years. More importantly, Emmett had moved through his abandonment depression and ended up resolving his deep-seated dependency toward others. He had gained a well-deserved autonomy with a woman of his choice.

At the beginning of psychotherapy, Emmett used to indulge in whining. By the end, he was lively and even funny despite the circumstances. All in all, Emmett and his wife showed me how

much human beings can truly change. They taught me about our hidden capacities, even when we seriously indulge into dependency.

Finishing this chapter, I remember that, at the conclusion of psychotherapy, I faced him standing, took him by the shoulders, and told him how beautiful he was. Emmett smiled and left.

The Story of Philbert

One day, I got a call from a pharmacist I knew who was now a worried father. His 19-year-old son, Philbert, was suicidal and needed psychotherapy quickly. After listening and evaluating the risk presented by his son, I reassured the father with the possibility of seeing his son very soon. I indicated that his son needed to call me to schedule an appointment because he was now an adult. The next day, Philbert called the clinic and we scheduled an appointment.

When I greeted Philbert in the waiting room, I was taken aback. While his father was a professional, always well dressed, Philbert wore clothes as if he belonged to a criminal gang. He was dressed all in black, including a black leather coat with metal pins, with a hairstyle similar to one adorned by members of motorcycle gangs. As soon as he sat down in my office, it became clear that Philbert was depressed, yet he was still alert and conversing. After explaining the evaluation procedure, I asked Philbert what brought him in. He said that, although he had been in bad shape for the last three months, he did not know whether he could continue live like this anymore. A serious traumatic event had happened to him in March and the threat was still ongoing. We were now in July.

As an accounting clerk, Philbert worked in a large grocery store. One day in March, he had been asked by a supervisor to go work in the freezer to shelve products because they were short in

personnel. Philbert had acquiesced and gone to help, as usual. He had put on his winter coat, but he had forgotten his gloves and did not ask for some. Philbert had spent at least two hours handling frozen food without gloves. When the job had been completed, he had realized that he could not feel his hands anymore. Yet he had finished his shift, neglecting himself further.

Upon waking up in the morning, Philbert had noticed that his hands had become dark red. Being his day off, he had gone to see his father. The pharmacist had looked at the hands and told his son that he had frozen his hands, but they should come back to normal in few days. A week later, Philbert's hands had become dark blue, prompting him to return to see his father. Upon seeing his son's hands, the father had panicked and brought him to an emergency room. Philbert had not consulted a physician on his own.

At the hospital, the sole option physicians had been able to envision was a dual amputation. Before performing the undoable, the surgeon called in a specialist to ascertain whether there were no other medical possibilities. The specialist had acknowledged that the only possibility was to amputate Philbert's hands in order to prevent gangrene. Inwardly, Philbert had been floored.

However, in extremis, the specialist had called a research colleague before proceeding to surgery. His colleague had heard of a new treatment, a chemical one. It involved inserting long needles into the spine in order to inject a medication aimed at activating blood circulation at the extremities of the body. This treatment was in its final stage of research implementation, but it may be already available. There was one problem with this treatment: it was going to be extremely painful. This option had been presented to Philbert who had accepted.

The treatment had lasted several days as the spinal injections needed to be spanned over time. Each injection had been excruciatingly painful to Philbert, but his hands had gradually regained their natural color. After a week, they had resumed functioning as before. In the end, this novel treatment had worked. Philbert had been immensely relieved.

He had been warned, however, that he could never again get his hands frozen … not even cold. If this happened, the constriction of the vessels of his hands would most likely recur, and amputation would then be inevitable.

When I met with Philbert in evaluation, I learned that he had continued to work at the grocery store as if nothing had occurred. Nonetheless, for the last three months, he had been quietly terrified at the possibility of losing his hands.

Philbert had a post-traumatic stress disorder (PTSD), but not about his frozen hands possibly being amputated. His flashbacks were about the excruciatingly painful injections. Mostly, he was depressed, seriously depressed, and was actively thinking of suicide. When I shared my diagnoses with Philbert, he remained quiet, silently acquiescing with my diagnostic impressions while a few tears rolled down his cheeks.

Despite a strong tendency toward self-neglect, Philbert would have to resign himself to have personal needs in order to protect his hands and not to kill himself. It seemed to me that Philbert was secretly relieved that another human being could see how badly he was affected; he was relieved that someone was taking his suffering seriously.

In front of me, there was a young man in intense psychological pain, one who had kept his suffering to himself his whole life. By coming to psychotherapy, he was taking the risk of reaching out to another human being. This trauma had created a breach in his intrapsychic armor, forcing him to reveal that he was sensitive and vulnerable, if someone would be attuned enough. It was against his whole character to show any pain, especially sadness and despair, yet he was doing it. Philbert was quietly crying before me.

Given my clinical training, I understood that Philbert had a one way of relating to others: to be outwardly subservient and inwardly secretive. Now desperate, Philbert risked coming out of character. Philbert welcomed my concern toward him, not as another patient to evaluate but as a fellow human being in distress. There was a budding connection between us, however tenuous. Thus, Philbert opened up even more, contrary to his personality style, revealing aspects of his life that he had previously kept secret.

Before hearing his personal life story, I already knew that Philbert used to act as a slave because, at work, he had seriously compromised his physical integrity and hurt himself by obeying instructions. The day he had frozen his hands, Philbert had shown that he could dramatically neglect himself in order to remain in service to others, especially someone with authority over him. Given this disposition, I knew that Philbert was in danger of getting his hands cold again.

Philbert appeared to me as if he had tried to make himself invisible to others, to be unseen. The day he had frozen his hands, no one had paid attention to him, neither his coworkers nor his father. Worse, it was as if nobody cared about him. It was as

though he did not exist as a human being for anyone, and also himself.

I offered Philbert limited empathy in order to not be intrusive, but definitively not pity. My first therapeutic decision was to suggest that he should be on disability leave for this work-related injury. Rightfully so, he would be financially compensated and psychotherapy would also be covered by workers' compensation. I added that it might be uncomfortable for him at first to not be working and even unsettling a bit, but this was the best option for him. With subtle signs of relief, Philbert agreed, trusting me.

Philbert heard me beyond words, understanding that I wished to be caring toward him. My concern was, however, mostly about his subservience toward authority; I could not trust that he would protect his hands adequately. I believe that he acquiesced to stop working for a while because someone was willing to play a caring role in his life. For one reason or another, his parents had not played this responsibility. On his own, Philbert had not been able to play such a significant role for himself … not yet.

Philbert went on to reveal poignant details about his life. In doing so, I understood that Philbert had previously remained secretive about his past in order to protect himself from being seen in his suffering. Now that he was in almost overwhelming distress, such caution became obsolete. As if taking a leap of faith, Philbert was giving himself his best chance by self-disclosing.

The details of his growing up confirmed that Philbert had been, unfortunately, unseen as a needful person by his own parents. Consequently, he had neglected himself. With this precious information, I was quickly able to grasp his intrapsychic

dynamics and, therefore, relate to him in the least threatening way. I offered comments and suggestions which attempted to respect his way of being in the world; that is, mostly hiding from plain view. In response, he appeared to have gained some hope.

At the end of the evaluation, Philbert reported that he would not consider suicide anymore, willing to give psychotherapy a chance. I referred him to a solid, caring psychotherapist. The referral was to a man because the one parent toward whom Philbert had turned to his father, not his mother. The psychotherapist would need to be able to demonstrate a capacity to care for others in a gentle, non-intrusive way. Jason was as such person.

Before Jason met Philbert in psychotherapy, I spoke with him. I briefly described his childhood, along with my burgeoning understanding of his inner world. Jason and I would work together in supervision to best assist Philbert in his trauma recovery, although Jason was already an experienced psychologist. Jason was as willing to hear a second opinion and I was willing to consider Jason's input. Thus, Philbert had two professionals, human beings, interested in helping him.

Psychotherapy is an encounter recurring every few days or weekly. Ideally, the intimacy of this encounter deepens over time. Although Philbert was willing to give it a chance, he was not used to experiencing intimacy. For those foreign to intimacy, it can be unsettling at times. Therefore, Jason would need to proceed with caution. We agreed that the first goal was to increase the chances that Philbert would remain in psychotherapy and not flee away. We also concurred that developing intimacy with Philbert would take time. Therefore, psychotherapy would first need to focus on

the immediacy of Philbert's life and concerns, with careful hints about his inner life.

Philbert was a single child and his parents were hard-working people. At three months old, Philbert had been put in a nursery for ten hours a day. His father and mother had a pharmacy where they worked all day long. Thus, during his infancy and childhood, his parents had been mostly unavailable to him, leaving their son in the care of strangers, people who had to care for too many infants at once. In the evening, his parents had returned home, but exhausted and requiring quietness. Thus, growing up, Philbert had been mostly alone, on his own, trying to fend for himself and not knowing how to sooth himself.

According to the examples Philbert gave me, whenever he had asked a question or tried to relate to his parents, he had been met with either annoyance or dismissal. Enjoying a surge of life as a teenager, he had insisted at times to be answered by his parents. Consequently, the tenuous relationship between him and them had turned conflictual.

When I inquired about who took care of him as a youngster whenever he fell down and scratched his knees, Philbert commented that he did not recall such an incident. However, he remembered other reactions of his parents. As a teenager, he had naturally asked if he could go out in the evening with friends, but his parents' replies had been negative. They had not approved of his friends, understandably, because Philbert had been hanging out with young people committing petty crimes. Most likely, these delinquents had been the only youth willing to accept Philbert among their cohort, a quiet one obeying orders. However, sparked his teenage excitement, Philbert had insisted on leaving the house

in the evenings. At their sustained refusal, Philbert had grown angrier at his parents and left through his bedroom window.

At one point, his parents had had enough with this oppositional behavior and would try to prevent their son from becoming a criminal. In an attempt to seclude him, his father had run after Philbert throughout the house and, grabbing him by the shirt, he had tackled him down on the floor while his mother had brought a syringe. Pinned down, he had been injected with a tranquilizer by his own father, in concert with his mother. At this very moment, the unspoken message of his childhood had been forcibly reiterated. Philbert had had to be quiet, undemanding; worse, he had had to pretend not to exist. Following this parental injunction forcibly manifested in their assault, he had given up his opposition and reverted to his aloneness.

I suspected that Philbert had bonded with this gang as if it was a family. Despite his behavioral compliance, he had inwardly maintained this attachment. Upon learning this episode of Philbert's life, I understood the reason behind his black clothes. He was actively keeping an identity as a gang member by dressing up like them. At least, in this way, Philbert had a sense of belonging somewhere. It appeared to me that Philbert's sense of being alive was linked to this gang. At least, he was holding on to something.

Leaving the gang, Philbert had put a seal over his surge for life. He had gone back into hiding, within himself and from others. Philbert was now living alone, in a small apartment, and had no friends. The only people he visited were his parents.

In psychotherapy, this pattern of neglect had to be inversed, but this needed to be done in a way which would be acceptable to

Philbert. Jason and I agreed that his damaged hands represented his genuine self – the one who had been dismissed – the self which he had almost lost by neglecting himself. Thus, it was imperative that Jason would regularly pay attention to his hands and their care. Philbert's hands would be the doorway to care and intimately relate to him.

Upon their first meeting, Jason had a clear impression that he could connect with Philbert, who could in time do the same increasingly. Jason saw how Philbert was wounded and alone, feeling unsafe beyond words. Jason could appreciate the need to be attentive to Philbert without imposing anything, especially not a therapeutic focus on his feelings of aloneness and abandonment. Such feelings would emerge by themselves, naturally, if a secure attachment would emerge within Philbert. At first, Jason would concern himself to reflect Philbert's sense of insecurity in the world, about this or that.

Psychotherapy sessions were undramatic, yet quietly intense. Philbert talked about his symptoms and other things, and Jason listened and commented in a cautious way. As discussed in supervision, Jason regularly inquired about Philbert's hands; how they had been over the last few days and whether any circumstances had entailed manipulating anything cold. Philbert was consciously concerned about losing his hands, but he did not talk his concern at heart. So, Jason did and, by doing so, Philbert received some of the care and attention he needed for his hands, and for himself via his hands. This approach was tolerable to him.

Gradually, Philbert became capable to better pay attention to his hands, which was a necessity if he was to keep them. By caring for his wounded hands, Philbert also attended to his wounded self.

Jason and I were acutely aware that Philbert was in danger to have his hands amputated whenever because he regularly dismissed himself. Therefore, this therapeutic focus was enhanced. Already at the end of August, Jason explored with Philbert which types of gloves and mittens he should buy in order to protect his hands in the upcoming cold. There could be surprisingly cold nights in September, and Philbert enjoyed walking outside. Putting his hands in his coat pockets was not enough, not anymore. Their discussion focused on the usefulness of gloves versus mittens, their thermal index, and other important qualities.

Philbert ended up buying many gloves and mittens for various weathers. In October, the freezing cold arrived. Thus, they discussed diverse strategies to ensure that Philbert would never be outside without protection for his hands. It was agreed that Philbert would attach a pair of thermal mittens to the wrists of each coat with security pins so he could never forget or lose them. Although such therapeutic moves may appear infantilizing for an outsider, Philbert always participated actively in the decision-making. Plus, he appeared to be secretly glad to have an ally helping him to protect his hands. Jason offered tangible care and Philbert welcomed it.

He also discussed his encounters with his parents. He visited them every Sunday because it was custom. He would report on how he had helped them do various chores around the house during the day. Such was their way of relating.

From time to time, Jason suggested to Philbert that he understood why he complied with his parents' requests by accomplishing chores after chores: he suggested that he only knew this way to relate to his parents. Jason added that, if he was not to

do these chores, he would not feel safe. Despite their limitations, Philbert's parents were the only people in his life and thus he was terrified at the idea of losing them; there would be no one else, and he would be without anyone to serve. Worse, Philbert would have to consciously face the tremendously painful abandonment he had experienced in his infancy and childhood.

Such an endeavor would need time. Philbert was not ready to do so alone. He did not have enough caring toward himself to do so, at least not yet.

In contrast to his childhood, Philbert now had an ally: his psychotherapist. Jason cared for him and his hands, without usurping Philbert's responsibilities. His hands were necessary to function in life and were pivotal for him to learn to care for himself. As Jason provided care and attention to Philbert, a corrective interpersonal experience took place. This time, he received attention from another human being, without having to do anything in return. Consequently, in Jason's company, buried feelings of abandonment emerged and Philbert timidly reported them from time to time.

Over the first six months of psychotherapy, Jason repeatedly expressed his understanding and quiet empathy toward Philbert's subservience and feelings of insecurity. In response, Philbert increasingly revealed additional moments of parental dismissal. Consequently, Jason could venture further and link Philbert's feelings of insecurity to the dismissive events of his childhood. Jason hinted at Philbert's feelings of abandonment, especially in relation to moments when his parents had forcibly indicted him into silence and invisibility.

In response, Philbert listened and showed more of his vulnerability before Jason. On a regular basis, he started to show tears of deep sadness, rather than depression. He did not feel cut off from life anymore. On the contrary, this deep sadness helped him to reconnect with his genuine, wounded self.

To support and foster this unfolding, Jason welcomed this sadness with quiet compassion and shared that Philbert may feel in danger by revealing intimate happenings. With his eyes, Philbert acknowledged harboring an ongoing sense of danger and welcomed the intimacy offered by Jason toward them. Philbert needed time before welcoming more empathy toward his deep-seated sadness and aloneness, but he was now able to receive empathy about feeling in danger.

As depressive symptoms gave way to sadness, Philbert talked more directly about the pain he had suffered during the injections into his spine. As this pain was heard by Jason and thus Philbert, symptoms of PTSD vanished; they were not needed anymore. Indeed, Philbert did not need to remember this excruciating physical pain via flashbacks because these symptoms had only served as reminders. Philbert was now remembering this pain with a caring other. Most importantly, Philbert was not alone while he remembered. As Jason was attentive to him and his suffering, post-traumatic reminders could go away. In turn, Philbert could disclose more pain.

In the midst of winter, Philbert reported that he was tired of doing chores for his mother. He reported driving her around town in her car so she could do her shopping. Not only that, but his mother required that he stayed in the car while she shopped in the heated mall. Philbert was annoyed at being an unpaid taxi driver.

He felt bored, lonely, and left out in the parking lot. Jason understood his disappointment and underscored that such activity could also put his hands in jeopardy. Although Philbert considered all of the above, he was not ready to disengage from being subservient to his mother.

Understanding the feelings of danger at stake, Jason did not offer problem-solving or mention that the mother could go shopping on her own. Jason simply conveyed that Philbert's conundrum was based on his need to be considered as a valuable human being versus his need to preserve his relationship with his mother. Jason suggested that Philbert kept on driving his mother around because unsettling feelings of being in danger would emerge otherwise.

Two weeks later, Philbert's hands became quite cold while he was waiting in the car for his mother. Subsequently, his hands turned red. Sufficiently shaken into action, Philbert informed his mother, on his own initiative, that he would not drive her around anymore before his hands had turned red. In response, his mother said nothing. To Philbert, her reaction was both a relief and a blow. He had successfully taken the risk of announcing to his mother that he would not serve her in this way anymore, but she had shown no concern about either his disengagement or his wounded hands. His mother's reaction was confirming, unfortunately, the impression that she could not care about her son.

In contrast, Jason was immediately concerned about the reddening of Philbert's hands. He paid attention to his worries and sadness, and investigated about the unfolding of this event. Being invigorated from having an ally and responding to his own needs, Philbert started to face the abandonment by his mother.

In his daily life, he was lonely. Now that he could acknowledge this core experience, Philbert was more able to consider his needs. Consequently, he looked at the classified ads to find a new apartment, one he would share with someone else. He visited a few and ended up moving into the flat of an older man. Rather than staying in his bedroom, Philbert ate his meal in the kitchen, talking to this man. This new companion took time to converse with Philbert. At times, they spent evenings together, talking around the kitchen table or playing cards. One evening, this man invited him to come to a concert and Philbert gladly went along. After nine months of psychotherapy, Philbert now had a friend.

Over the next few months, psychotherapy continued along the same themes. Philbert was more and more independent from his parents. He no longer visited them every Sunday, only from time to time.

Feeling stronger with almost all depressive symptoms abated, Philbert wondered what he could do for work and contemplated studying. He decided to go to college part-time in accounting. He applied for the fall semester and was accepted. He also applied to work at an accounting firm.

Before he went for the employment interview, Jason initiated a discussion about the type of clothes usually worn in such professional settings, suggesting to Philbert that wearing more professional-looking clothes would more likely lend him the job. Although with some uneasiness, Philbert bought himself new clothes and, delighted, he got a good secretarial position at the firm. Slowly, he changed his outer appearance, coming to therapy less and less dressed all in black. He was letting go of his

identification as a gang member. Philbert was changing in his depth.

Upon informing his previous employer that he was not coming back, Philbert learned from his co-workers that the store had hired three people to replace him. Having been dedicated to serving others, Philbert had been overzealous. From now on, he intended to do his new job well at the accounting firm, but only his job this tim..

At the beginning of summer, Philbert visited his parents to celebrate a birthday. The meal was composed of kebabs and, during the preparation, his mother asked him to put meat cubes and vegetable cuttings on skewers. Despite the fact that the meat came directly from the refrigerator, Philbert obeyed; expectedly, his hands reddened.

At the following session, Jason noticed that Philbert was sadder than usual. Philbert described the episode involving his mother's latest disregard toward him, along with his own dismissal of his wounds. Before anything, Jason inquired whether Philbert's hands were still hurting. Luckily, his hands had again already returned to normal. But once again, he had experienced his mother's flagrant lack of consideration toward him.

At this point, Philbert faced up to the fact that his mother would not change; this woman could not be a mother. His consequential choice was painful, however. He was more determined than ever to move on with his life without any closeness to his parents. Philbert was now more capable of caring for himself, being a parent to himself. He had a friend and thus did not feel so lonely anymore. Plus, he played cards with co-workers

on Friday evenings, enjoyed studying, and worked at a reasonable pace.

A month later, Philbert returned to his parents' house for a visit, almost as if he wished to test the waters to undoubtedly ascertain his parents' attitude toward him. Upon his arrival, his father negatively commented on Philbert's appearance. Turning to face his father, he informed him that he did not like receiving such pejorative comments. Rather than receding his attitude, his father criticized him further, "*How dare you talk to your father like this!*" Philbert had replied calmly: "*I would like you to understand that I don't like it when you comment about me like this*." His father became openly angry and ridiculed Philbert, who answered, "*Dad, if you do not stop insulting me, I will have no choice but to take my coat and go*." The father continued his verbal rampage, so Philbert took his coat and left. Upon hearing this newly found strength, Jason and I were glad for Philbert because he was now capable of requesting respect from others, even his father.

Psychotherapy terminated three months later, after Philbert had been coming only once a week. He was free of symptoms, but he had to grieve the loss of his parents in order not to relapse into depression. So, more time was devoted to this endeavor. He had to acknowledge that his parents were not as he would have needed them to be. For now, relating to his parents was not helpful, but maybe a limited relationship would be possible in the future.

Over the next few months, Philbert did not visit his parents and remained free of depressive symptoms. He studied part-time and worked full-time. He had at least one friend and enjoyed the company of few acquaintances.

Over the last month of psychotherapy, Philbert and Jason focused on stabilizing the changes that Philbert had embraced. At their last session, they said simple goodbyes to each other. Jason mentioned that he would welcome Philbert again if he would wish to come back in the future. In total, psychotherapy lasted fifteen months.

Neither Jason nor I ever heard again from Philbert. We do not know whether he has remained successful at protecting his vulnerable hands; we certainly hope so. Jason was a competent and caring presence, so Philbert gradually found a willingness and a capacity to face both his suffering and hopes. He learned to care for himself and succeeded at allowing himself to relate to others with some intimacy.

Human relationships are not easy. Loving kindness goes a long way in assisting us to bear the burdens of this world. Philbert now knows both pain and love. In psychotherapy, he developed the blueprint of an inner map to guide him through life and relationships. Hopefully, he continues to respond to his human needs and to relate to people who are respectful toward him. One thing remains: his wounded hands will always be an unavoidable reminder for Philbert not to lose sight of his own self.

The Story of Jasmine

Jasmine, a 17-year-old teenager, arrived at the clinic after having been raped at a party. Jasmine's memories of the rape were sparse and confused because she had been drugged. In the middle of the night, she had woken up in a bed with her pants down, bleeding. The house had been empty, except for a friend sleeping in a room. Jasmine had dressed herself with pain and walked home just a few streets away. In the middle of the night, her mother had kept on sleeping while Jasmine had washed herself. In order to fall asleep, Jasmine had taken two of her mother's sleeping pills. Upon awakening, she had swallowed the whole bottle, and her mother had found her half-conscious in her vomit.

Jasmine had been brought to the emergency room by ambulance and her stomach emptied. At the hospital, a psychiatrist was called to evaluate her suicidal condition. Jasmine had told the story to the psychiatrist. Jasmine had not filed a complaint with the police, especially that she had been unsure about who had raped her. No psychotropic medication had been prescribed, but the psychiatrist would see her monthly, as a follow-up, and referred her to the clinic for psychotherapy. The same day Jasmine had called the clinic to make an appointment.

The following week, Jasmine showed up on time for the evaluation session. When I met Jasmine, she had an expression of both self-pity and defiance. Obviously, she was deeply hurt, but her demeanor already begged for a complete take over rather than

therapeutic assistance. Yet her eyes announced that she was going to fight in order to undo any control attempt over her. She was intensely struggling within herself and I knew that I was treading on dangerous waters in terms of her well-being. As on a tight rope, I had to respond to her genuine needs, but not foster regression.

Jasmine already presented all the symptoms of a post-traumatic stress disorder (PTSD), except for the pseudo-hallucination. I was glad for her because the latter would indicate that her psychological structure would be seriously compromised. During flashbacks, she saw blurred faces and felt vaginal pain. Her nightmares were chaotic, but the main theme was being chased by attackers. Jasmine also had symptoms of a major depression. She felt sad most of the time, cried without knowing why, lacked concentration, had little appetite, felt worthless and guilty, and thought of suicide as an option to end it all. Although it was a bit too soon to make these diagnoses, it was clear to me that, given its severity, her symptomatology would not recede within few weeks. After completing this part of the evaluation, I asked questions about her life situation and upbringing.

Jasmine reported having done just fine before the rape. She was in her last year in high school and had friends along with a boyfriend. She lived with her mother and grandmother. The mother received financial aid from the government and, with her grandmother's pension check, they made ends meet. Jasmine reported having a good relationship with her family members. She also had cousins with whom she hung out. Although her father had abandoned Jasmine and her mother when she was eight years old, Jasmine visited him from time to time. Her father had remarried and had two younger children.

I asked Jasmine if she had ever experienced a traumatic event before the rape. She was not sure as to what I was referring to. Therefore, I gave her examples, including incest. Jasmine casually reported that, oh yes, her father had raped her many times. Given her demeanor, it was as if these rapes had occurred to someone else and were inconsequential.

At the end of the evaluation, I mentioned to Jasmine that she would need to apply to a governmental agency to cover the fees of psychotherapy. Given her psychological disposition, I knew that Jasmine could well start psychotherapy without ever applying to the agency. So I gave her the necessary information and emphasized that, within a week, all the paperwork had to be submitted and copies brought to us in order to be seen in psychotherapy. I gave Jasmine a deadline to both challenge and structure her. She needed to demonstrate her capacity to act responsibly in order to partake in her recovery. Within two days, Jasmine had completed the assigned task, thus demonstrating how capable she was, which was favorable to her recovery. So, I gave Jasmine the name and phone number of a psychotherapist, Sophia. However, this responsible act emitted by Jasmine in order to get into psychotherapy was going to be her last competent behavior for many months.

Sophia was an experienced clinician, but her work in trauma had been limited. Therefore, I supervised the psychotherapy. I knew that Sophia had first to be informed of Jasmine's character before welcoming her. I informed Sophia that she would have to be constantly aware of Jasmine's intense pull to force her therapist to take charge of her. Mostly, Sophia would need to understand Jasmine's conflict between regressing and maturing. Above all, I emphasized that Sophia should not give advice to Jasmine because

such input would only feed Jasmine's profound desire to rely on others and, conversely, her desire to rely on her own resources would be curtailed. Despite Jasmine's intense symptomatology and call for help, Sophia would have to refrain from attempting to save her from herself or any circumstances.

I also underscored that Sophia should not even wish for Jasmine to get better. Such attitude on the part of Sophia would obscure Jasmine's own desire to get better, and an unending struggle would ensue. If Sophia were to carry Jasmine's wish to get better, Jasmine would carry the other side of this conflict, regressing. As Jasmine would focus on trying to force Sophia into taking charge of her, Sophia would unnecessarily work hard to get Jasmine to act responsibly. Such a struggle had to remain within Jasmine, not between the two of them. I expected many destructive actions before Jasmine could steadily engage herself in getting better. Upon hearing my provisional understanding, Sophia accepted the challenges of the referral.

Jasmine showed up on time at her first session of psychotherapy and Sophia inquired about her functioning in daily life. Jasmine was a senior in high school and, although she had done just fine before the rape, she was now unable to concentrate during classes. Sophia wondered if this lack of concentration worried Jasmine, who answered that she would like to study but could not anymore. To improve her concentration, her anxiety needed to diminish. However, even the best anxiolytic would not be a possibility because Jasmine had suicidal ideas and attempted to kill herself with a similar drug. As Jasmine was willing to take an antidepressant with anti-anxiety properties, it was worth the trial. Jasmine was still a teenager, so her mother would have to approve such medication; she agreed to discuss the issue with her mother.

At the following session, Jasmine arrived thirty minutes late. Sophia wondered if there was a problem. Jasmine answered that she had slept in because she was tired. As the appointment was set for the first hour of the working day and people with PTSD often catch up on their sleep in the morning, Sophia offered her the possibility to come to therapy later in the day and Jasmine agreed. In the remaining minutes, Jasmine informed Sophia that her mother was rejecting the idea of medication. Sophia inquired whether Jasmine could invite her mother to come in for a session in order to explore the reasons for her refusal and possibly explain the seriousness of Jasmine's condition.

Along with her mother, Jasmine arrived on time the following week. Sophia greeted the mother and went on explaining Jasmine's symptoms, emphasizing her inability to concentrate in class. The mother was mostly unresponsive, but Jasmine participated by saying that she was willing to try medication. Having spoken a few words, the mother informed Sophia that her daughter would not be medicated and her decision was final. Not yet an adult, Jasmine had to comply with her mother's decision.

To Sophia and I, this session was quite instructive. It appeared that Jasmine's mother was passively interfering with her daughter's recovery. Worse, it was as if this mother wished for her daughter to remain incapacitated; thus, her daughter would stay next to her, which would allow her to further cling onto Jasmine. Unfortunately, this speculation would soon be confirmed.

Jasmine was annoyed at her mother's decision, feeling controlled and dismissed. Further irritated, Jasmine disclosed to Sophia that she was spending most of her time with her mother outside of school. Her boyfriend would visit from time to time, but

not much. The rape had shaken Jasmine in her confidence, who was now mostly spending her leisure time at her mother's side. Apparently, her mother enjoyed Jasmine's company more than she should have because a teenager needs friends to venture into the world, Jasmine talked about her boredom, along with her desire to see her friends again outside of school.

Being moved to action from a natural desire to grow up, Jasmine called a few of her friends, but they were not available. Her boyfriend was, however, happy to see her more often. Because she had dared to separate a bit psychologically from her mother, Jasmine started to have even more anxiety. Thus, Sophia invited her to consider this anxiety as a response of her fear of being abandoned by her mother because she was not passively staying at her mother's side anymore.

At this point, Sophia was going to learn that, when Jasmine struggled between clinging and self-relying, she would become defiant. Indeed, Jasmine was going to test Sophia, again and again, as to whether her psychotherapist was going to foster her dependency or her autonomy, and both responses would be met with defiance and crisis. Regrettably, Jasmine's defiance was self-destructive in an attempt to force a takeover by Sophia. The self-destructive behaviors started softly, but they quickly escalated into a crescendo.

Jasmine started by missing every other session. When Sophia addressed these absences, Jasmine put the fault on her lack of concentration. To correct the problem, it was agreed that Jasmine would buy a schedule book. Nonetheless, Jasmine did not show up again. Later questioned by Sophia, she answered that, as she was leaving home to go buy an agenda, her cousin arrived and,

therefore, she stayed. Jasmine had answered in such a casual way that such lame excuse appeared to be completely reasonable to her. Sophia brought up to her attention the consequences of missing psychotherapy, indicating that her absences diluted any possible efficacy. She also reframed the missing of sessions as reflecting the struggle inside Jasmine.

Sophia confronted Jasmine with her struggle; she seemed to wish to get better by coming to psychotherapy, but also wished to only feel better by avoiding the anxiety stirred up when she faced her life in therapy. Upon hearing this, Jasmine looked at Sophia with a serious gaze. It was as if Jasmine contemplated how she worked against herself and struggled inside.

Sophia informed Jasmine that she could not ally herself with a tendency to dilute the efficacy of psychotherapy. Therefore, next time Jasmine would miss a session, she would have to fill out a questionnaire by which she would reflect upon the consequences of her absences, and it would have to be completed before another session. No positive outcome could emerge from a half-attended, half-committed psychotherapy. Pleading, Jasmine countered, "*But, I am so lost at times. It is not my fault. I am so pinned down by all these things!*" Sophia knew that Jasmine needed to be reminded of her strength and said: "*I wonder why, Jasmine, you say this because you were able to complete all the paperwork and bring it to both the agency and the clinic within two days, which is almost a record, showing how capable you are and how more capable you are at times than you think*."

Promptly, Jasmine adopted a hostile attitude, "*You want to get rid of me!*". Sophia answered that she did not want Jasmine to lose her time by half-coming to therapy because it would not be helpful

to her in this way; worse, Jasmine would end up feeling that psychotherapy could not be a valuable option while it was.

Insisting on starting a fight, Jasmine continued by saying, "*So, I see. It's going to be tough love in here!*" Sophia said nothing, but remained attentive. A minute later, as the time allotted to the session was coming to a close, Sophia conferred that she would know Jasmine's decision at the next scheduled session; either she would show up or not. There was no guilt trip, no enforcement. Jasmine was free to decide.

Over the next month, Jasmine showed up on time and came to every session. Her back-and-forth between acting favorably and reacting irresponsibly would, however, intensify in her daily life and in psychotherapy. Simply stated, apparently unnecessary dramas started to occur.

Almost in panic, Jasmine reported one day to Sophia that, during flashbacks, she screamed at the top of her lungs and ran throughout the apartment, scaring both her mother and grandmother, and this behavior continued until the flashback receded. As we had discussed in supervision, Sophia expected such dramatic outbursts, which would be attempts from Jasmine to force Sophia to take charge of her. She knew that engaging in such situation, as if it was truly dramatic, would only exacerbate Jasmine's regression. Thus, as planned, Sophia said, "*Ah, ah*", with a calm voice, implying, 'So, it is.' Such intervention aimed at enticing Jasmine into self-reflection. Jasmine repeated her story more dramatically, but Sophia only repeated "*Ah, ah*" in a quiet astonishment.

Without having successfully engaged Sophia in her drama, Jasmine went on to say that she did not know what to do when she had flashbacks. Sophia suggested that, although flashbacks were indeed painful, they were temporary and ended on their own. Once a flashback was on a roll, there was not much to do besides toughing it out. Even though slightly, Sophia ended up advising Jasmine: maybe she could lie down on her bed until the flashback ended, rather than running and screaming.

As expected in supervision, Jasmine started the next session with an accusation. Sitting down, Jasmine informed Sophia that her advice was bad. She had done exactly what Sophia had suggested; having a flashback, she had run to her bedroom to lie down. However, the door was closed and she had run into it, falling on the floor and hitting her head. At this point, Sophia was supposed to feel guilty, at least according to Jasmine's unconscious expectations. Apparently, it was all Sophia's fault and she would have to do something about it.

In quiet astonishment, Sophia said "*Ah, ah*" to signify that she had heard Jasmine, but did not see any cause for an intervention. To further undermine the dramatic attitude of Jasmine, Sophia added, "*Maybe you can leave your bedroom door open.*" Jasmine moved on to discuss a real problem she had.

Jasmine painfully revealed that, every evening, she had to apply cream on her mother's genitals. She did not like this and could not see why she had to do such a thing. Jasmine had been asked by her mother to do this incongruous task since her father has left. The image of this daily ritual was strident, exposing the mother's dependency and lack of consideration for her daughter. It

was as if this woman unconsciously wished to revert to being an infant in diapers, in need for a protective cream to prevent rashes.

Before anything, Sophia took a deep breath and said, "*Ah, ah*." Then, she proceeded to ask Jasmine if she wished to do anything about this, given that she did not like it. Calmly, Jasmine simply said that she was going to tell her mother: she was not going to continue this routine anymore. Sophia listened.

During the week, Jasmine did as she proposed. Contrary to her expectations, her mother simply said, "*OK, Jasmine*." There was no drama and no accusation, maybe because Jasmine was clear within herself that she was not going to do this demeaning and inappropriate action anymore. In a way, Jasmine was forcing her mother to grow up. Having acted by herself and on her own behalf, Jasmine was now going to experience anxiety return like a boomerang. In response, she reverted to acting destructively.

At the following session, Jasmine began by stating emotionally that she had cut her labia with scissors. She had cut her pubic hair in the living room while watching television, and, not paying close attention, she had cut her labia. Jasmine was pushing the envelope, testing herself and Sophia further.

In response to such an action, one could be inclined to say, *"How in the world could you do such a stupid thing!"* This would be exactly what the regressive self of Jasmine would wish. This would be the start of an argument which would only allow Jasmine to cling with hostility. Such verbal fight would let Jasmine avoid the responsibility of facing her own behaviors. Thus, Sophia answered again with calm astonishment.

As Jasmine wondered warily whether her wound could be infected, Sophia reminded her about antibiotic cream. She also commented that Jasmine was at odds with herself, struggling between indulging and maturing. For Jasmine, indulging implied doing anything that came to her mind, not taking the time to reflect upon the possible consequences of her actions. Maturing involved thinking for herself and behaving in ways favorable to herself in the long run; in the meantime, she would have to bear the anxiety associated with growing up. Jasmine listened and became reflective.

Again and again, Jasmine continued to engage in thoughtless behaviors, behaving as if she was a child in need of rescue. Again and again, Sophia would remind Jasmine of her own strength, "*I wonder why you say you can't because, to get the help you needed, you were able to complete all the paperwork in a record time, bringing it to the agency and clinic within two days, which showed that you are more capable than you say at times*." Every time Sophia reminded Jasmine of her strength, she would listen, almost astonished as if she heard this statement for the first time.

Eventually, Jasmine geared herself again toward becoming more responsible for her psychological wounds. In an unprecedented maneuver, she mentioned the greatest scope of the violence committed by her father toward her. She particularly remembered one day when her father had thrown her down the staircase going to the basement for no apparent reason. Bleeding and in shock on the concrete floor, she had seen her father at the top of the stair with a large grin on his face; that day, Jasmine had clearly seen the sadistic side of her father.

Contemplating this reality in psychotherapy, Jasmine reverted to quickly assert that her father had been, however, the only one bringing her to the park a few times when she was a little girl. Given that her mother had never done such a caring thing, her father was not so bad after all. Sophia remained silent.

Almost in defiance, Jasmine resumed visiting her father. She reported about it in psychotherapy with a tone suggestive of a provocative attitude, sounding like "*Just dare to say something about this!*" Sophia simply noticed, for herself, that Jasmine was more defiant after every visit to her father.

One day, Jasmine revealed that she had done something quite shocking. Her little neighbor had visited with his mother. Alone with this 4-year-old boy in the living room, reading him stories, Jasmine had behaved in an abusive way, unzipping the pants of this young boy and taking his penis with her fingers. The little boy had reacted with fear and astonishment all over his face. Shocked by his reaction and what she had just done, Jasmine had put back his penis in the underwear. Quickly, the boy had run to the kitchen, screaming to his mother, "*Mommy, mommy, Jasmine touched my penis, she touched my penis!*" The next day, it seemed as if everyone on the street knew that Jasmine had done so.

Sophia wondered at loud if this sexualized behavior with this little boy could not be in relation to the recent visits to the father. Jasmine pondered this possibility, but mostly she was appalled at her abusive behavior and sincerely regretted having done so. She entertained remorse because she was able to see herself in the frightened eyes of this little boy. She could unequivocally see herself as the sexually abused child she had been.

Given Jasmine's abusive behavior toward a younger child, Sophia contacted the psychiatrist to discuss the situation. It was decided that the child protective services did not need to be called in because Jasmine was genuinely shocked at her own behavior, her neighbors were already alerted about her propensity, and she would simply be sent to psychotherapy anyway.

After curtailing her own sexually abusive behavior, Jasmine started to have flashbacks; this time, they were about the incest she experienced at the hands of her father. To divert herself from this suffering, she reverted to self-destructive behaviors.

At the next session, Jasmine commented how she and her boyfriend were so much in love with each other. Showing her back to Sophia, she lifted her t-shirt, saying, "*See, he even wrote this on my back!*" In large letters made of dried blood encrusted into her flesh was the word *FOREVER*. Jasmine was defiantly proud of this mutilation. Sophia knew that she was being provoked by the regressive and hostile self of Jasmine. As usual, Sophia simply said, "*Ah, ah.*" Disconcerted, Jasmine attempted to continue the drama, but Sophia simply mentioned that Jasmine knew what to do, that is, to apply an antibiotic cream if the wound got infected or go to see a physician. Jasmine regained her capacity to self-reflect, and Sophia underscored again how Jasmine was struggling within herself.

Indeed, Jasmine oscillated between diverting herself from psychological pain by inflicting physical pain onto herself versus facing her anxiety and needs in order to get better. Sophia mentioned to Jasmine that making herself feel better on the spot was digging a bigger hole of despair in the long run, while facing her situation slowly and painfully might help her get out of her

actual predicament if she persevered. "*You are really struggling within yourself, Jasmine, aren't you?*"

Six months within psychotherapy, Jasmine's hostility was now changing into genuine anger. Anger was now more and more directed at those who had deeply hurt her. Jasmine was angry at the boys who had raped her, as well as her father. Sophia understood.

Jasmine dropped her boyfriend and started to hang out with a few friends from school. She now avoided everyone who was at the party at which she had been raped, a maneuver which she had not cared to do previously. Jasmine was better protecting herself and engaging in more constructive relationships.

Aberrantly, Jasmine told Sophia that her mother was now hanging out with her previous boyfriend, spending afternoons playing cards in the kitchen. After Jasmine departed from her mother's side as well as her boyfriend's, they started to cling onto each other. It was as if her mother had previously used Jasmine as a teddy bear and replaced her with the previous boyfriend. In a way, Jasmine was relieved because these two stopped clinging onto her, which made it easier.

Feeling stronger, Jasmine was not so depressed anymore. Her PTSD symptoms were diminishing rapidly, while her anger at her father was maintained.

One day, Jasmine returned surprisingly to visit her father. This impromptu visit seemed to suggest that Jasmine needed to verify who her father really was. Was he the father she wished to remember as the one taking her to the park, or was he a sadistic and violent man who had repeatedly hurt her?

Seeing her father in the presence of his two young daughters, Jasmine flashed back to the time when her father sexually abused her as a girl. Listening mostly to her anger, Jasmine confronted this violent man by saying, "*You better not do to them what you did to me!*" Her father took her by the throat with one hand and squeezed, provoking her back, "*Oh, yeah? And what exactly are you going to do about it? Anyway, I give you permission to report me.*" She became terrified. When he finally let go of her, she abruptly left the house. Now, Jasmine was concerned with the safety of her two young half-sisters.

In psychotherapy, the responsibility of reporting the danger incurred by these two little girls was discussed. Jasmine decided to face her responsibilities and went to the police station to report the sexual and physical abuse her father had committed upon her. Ironically, she took her father's bravado seriously, even though the permission to report him was not his to give. Jasmine mentioned to the police investigator that she was doing so because she was worried about her little sisters. Now that she had done her part, the justice was responsible for protecting her sisters. There was nothing else she could do.

Although Jasmine had anxiety about it all, she was in full agreement with herself and her actions. In addition, her anxiety now had a focus: the fear of retaliation from her father. However, she knew that such vengeance would only aggravate his situation, and so he was unlikely to harass her. Soon, anxiety and anger gave way to sadness, a deep-seated sadness. Both her father and her mother had not been there to care for her. Her father had been either absent or abusive, while her mother had been clinging or indifferent.

Over the last few months of psychotherapy, Jasmine stayed in the driver seat of her life, with two hands on the wheel. She anchored herself in her own resolution to face her life as it was. She attended to issues as they presented themselves. More self-reliant, Jasmine's feelings of helplessness dissipated. She still had anxieties, of course, but she had also realistically based capacities. Better even, she could now acknowledge the growing evidence of her competencies. PTSD and depressive symptoms vanished.

Jasmine succeeded in terminating high school with passing grades, but she did not celebrate. She was at a loss, within herself and in life. As an attempt to start a new life, she called an aunt who lived in another big city, hours away. The aunt was a single woman who had moved a few years previously when her job had been transferred. After having thought it over, Jasmine asked her aunt if she could move in with her for the time it would take to find a job and establish herself in an apartment. Jasmine was welcomed by her aunt. So, in the middle of the summer, almost a year after the beginning of therapy, Jasmine took a bus with two suitcases.

At their last session, Sophia shared with Jasmine how she had seen her change over the year, while Jasmine was quick to acknowledge the differences between her new disposition and a year ago. The goodbyes were sober, with Jasmine thanking Sophia, who wished her the best. "*Yes, wish me good luck!"*

Six months later, Sophia received a call from Jasmine. She had a new boyfriend, but she was unexpectedly pregnant. Not knowing what to do and in a semi-panic, she had called Sophia. Jasmine wondered whether she should have an abortion or not. Sophia reminded Jasmine that she turned to others to decide for herself instead of taking her own responsibilities. Sophia also reminded

Jasmine that she resented others for deciding for herself. Being pregnant, this decision was serious and, to Sophia, Jasmine was the one responsible for it, not herself. As Sophia did not engage in giving any advice, Jasmine insisted that she was at a loss and panicked. However, Sophia persevered in remaining neutral. Pregnancy was probably bringing Jasmine's awareness to the responsibilities of being a mother, which appeared to terrify her. She had been ill parented and still tried to find her own balance. Also, her love relationship was not stable. Nevertheless, Jasmine had to decide by herself. Sophia simply commented how this decision could be only Jasmine's, who ended the call by saying, "*OK, then*."

Fragile, Jasmine was obviously still struggling within herself. She had found the courage to move away from her parents and extended family, to leave her natal city, and to establish her life elsewhere. Sophia did not know the aunt, but we knew that she was apparently caring enough to welcome Jasmine in need. Maybe this time, Jasmine had turned to someone who would be capable of encouraging her autonomy and supporting her endeavors without falling for her dramas.

As far as I know, Jasmine never called back, neither Sophia nor the clinic. Hopefully, this is a good sign.

The Story of Rose

I saw Rose in psychotherapy for four years, at first twice a week and then once a week. She needed the support psychotherapy was going to give her, along with a deep understanding of herself. In the end, Rose was able to move beyond the many traumatic relations and events she had experienced, both as a child and an adult. Given the predicaments she suffered, the story of Rose may be quite painful to some readers and even deeply disturbing at times. The story of Rose deals with violence and incest perpetrated upon children, so if these topics are sensitive ones for you, please do not insist upon continuing. You may want to pace the reading to sooth yourself, or you may wish to respect your sensitivities and skip this story. All is well.

When I first met Rose, I was impressed by how well dressed she was. In fact, she was better dressed than me, the professional. Apparently, it was imperative to Rose to maintain her composure despite what had happened to her. This was a personal asset of hers, of course, but such need for perfection would soon reveal itself to be an impediment in her life.

In evaluation, I learned that Rose had recently experienced two hold-ups at an automatic teller outside a bank. During the first hold-up, Rose had given the money. Although she had been shaken, no post-traumatic reaction had been triggered. At the very onset of the second hold-up, Rose had run away, screaming and possibly endangering herself. This threat had broken through her

psychological shield, and she had lost control. To Rose, it had been utterly meaningful that the same robber had come back. This particular feature had reawakened dormant wounds inside Rose, deep wounds stemming from her childhood. It was as if her incestuous father had come back to rape her again.

In her daily life, Rose had worked as a salesperson in a garment store, but she could not work anymore. Due to the nature of these two traumatic events, Rose could be compensated financially by a governmental agency in charge of helping crime victims, and her psychotherapy could be paid by this agency. As suggested by a policeman, Rose had applied for compensation and been accepted. This support was tremendous.

In the evaluation session, Rose used the word 'rape' rather than 'robbery'. In French, these two words are almost identical phonetically: 'viol' and 'vol'. To me, she felt as if she had been raped, but this impression was beyond her awareness. I suggested that these robberies may have reminded her of the sexual abuse she had endured during her childhood. At the end, I underscored that these robberies seemed to have triggered buried feelings associated with the incest she mentioned due to a simple fact: the robber came back to assault her again, just like her father came back to assault her again and again. Upon hearing this, Rose paid attention close to my early understanding; it made sense and resonated inside her. My clinical speculation contributed to attenuating her impression of becoming crazy. Although my comments were intellectual by design, Rose responded in a way suggestive of a capacity to self-reflect. Right away, I knew that Rose could most likely resolve the post-traumatic stress disorder (PTSD) induced by the robberies, but she would have to acknowledge her incestuous traumas in order to fully recover.

Rose came to me after reading an article about the clinic in a daily newspaper. For one reason or another, she had thought that, if someone could help her, I would be the one. Rose already idealized me in a way, and this was to be managed with care. She felt damaged in a special way and she was looking for a professional trained in a special way, which was reasonable. In those days, a specialization in PTSD was a rare occurrence. She reported that she was touched by the humanity with which I had talked about my patients in the newspaper article. Interestingly, Rose was able to recognize loving kindness and was able to act upon her needs, which were other important asset of hers. Mostly, Rose needed expertise, hope, and love. She had been actively looking for them.

Examining her symptoms, I determined that, since the last robbery, Rose was presenting a very severe PTSD with pseudo-hallucinations, complicated by severe major depression, panic disorder, agoraphobia, and severe somatization. Rose had been prescribed an antidepressant and an anxiolytic by her treating physician. This medication took off the edge of her almost overwhelming symptoms; without provoking side effects, Rose could now sleep a few more hours per night and do chores around the house. In addition, the intensity of her symptoms was brought down sufficiently so she could access her capacities to reflect in psychotherapy.

Rose had intrusive flashbacks of the second hold-up only, but the nightmares were about the incest perpetrated by her father. Rose was puzzled because she thought that her incestuous past had been resolved and was behind her. Given that she had not been bothered for many years by reminders of the incest, Rose had come to believe that this ordeal was over, for good. Unfortunately,

memories of incest had just been pushed away, successfully dismissed, and now they were coming back, galloping. A breach in her protective shield had been made by the second hold-up and could not be easily repaired. Rose and I would have to face it all, together; she could not do it alone.

Before I learned about the incest in evaluation, I asked Rose to describe the relationship with her parents during childhood. In one sentence, Rose simply told me that she had had good parents. When I inquired as to whether she had experienced traumatic events prior to the hold-ups, I listed several examples. Rose admitted that her father had had an incestuous relationship with her and her first memories were of being forced to give fellatio to her father while she was still wearing white booties, the practicing shoes worn by toddlers. Although Rose had always remembered the sexual abuse, she had moved on with her life, especially with her marriage.

The incest had come to a halt in her early twenties when Rose was pregnant with her first child. After an incestuous encounter with her father, she had bled and become worried about her child. She knew that the child was from her husband because her father had always used condoms. To protect her child, Rose had found the courage to confront her father for the first time in her life. She had told him firmly that it was absolutely the last time he would ever, ever touch her. She had even threatened a denunciation. This man would never touch her again, maybe because he had a reputation to uphold.

Her father had been a pillar of the community. A business man involved in municipal politics, he had sung at church every Sunday. As I came to learn much later, his violence appeared to

have always been calculated, never to be shown in public. While he had violated Rose sexually for about twenty years, he had also beaten up his sons physically.

She recounted a time when she had witnessed her father punching one of her brothers to the ground and then kicking him repeatedly in the face, saying "*That will teach you a lesson! Next time, you will listen to what I say!*" Hearing this, I wondered about her mother's reaction at this precise moment, and Rose stated that her mother had never done anything to protect her children because her husband had been a god to her.

The mother also appeared to have been an aberration. Not only she had let her husband commit such violence against her children, but she had overtly agreed with it. "*You just have to behave!*" she used to say.

According to Rose, her father had never been physically violent toward his wife. Actually, these two appeared to have formed a team, supporting each other. The mother had been also violent and abusive toward some of her children, especially Rose. As the eldest of the family, she had quickly been enlisted by her mother to do many household chores.

Already at 6-years-old, Rose had been forced to clean up after dinner before doing her homework. At seven years old, she had babysat her younger siblings on Saturday evenings while her parents had gone out for dinner. At ten years old, she had been in charge of the whole household during weekends while her parents had gone to relax at motels in the country side. At fourteen years old, Rose had been forcibly taken out of school by her mother and

put to work in a factory. Although Rose had enjoyed school, her mother had wanted more money for her marital excursions.

In addition, Rose had received an injunction to accept all extra work at the factory to bring in as much money back home as possible. Whenever she had stayed at work after normal hours, she would later arrive home when dinner was already over. Her mother would harshly tell her, "*You are late. Go the bed!*" In the morning, Rose had sometimes been sent to the factory without having eaten. Unsurprisingly, she had fainted at times. As the father had been forced to leave work to come to fetch her back home, the mother had accused her of having feigned to faint because she was just a lazy one. Every time, her mother had then proceeded to beat Rose up with a large stick and sent her to bed afterward.

I learned all these details over the first year of psychotherapy. The more unconditionally accepted Rose felt, the more she revealed the horrors of her childhood to me and faced them. Upon hearing these revelations, I told myself one day that Rose's life had been like the story of Cinderella, but worse because her father had not been dead but incestuous and she had been abused by her own mother, not a step-mother. Nonetheless, I saw clearly that Rose needed compassion, not pity, and would to come to terms in time with the fact that her parents were not good parents, contrary to the idea onto which she had clung for so many years in order to preserve herself from becoming completely destabilized.

Over these four years, I actively assisted Rose to acknowledge the emotional abandonment gradually, as well as the physical and sexual abuse she had endured as a child at the hands of her parents. Fortunately, these two were dead, which facilitated the

reversal of Rose's perceptions. If her parents had been alive during psychotherapy, they would have continued to relentlessly recruit Rose into supporting them and abiding to their lies about their parenting.

The facade had been thick, but the only one maintaining this fallacy was now Rose. Such delusion needs time and caring to be undone - brick by brick. If her wall of protection and false beliefs was to come tumbling down, Rose's psyche would be in jeopardy. To move beyond her disturbing past, she would first need to restructure her inner world and then face the remembered traumas, both relational and eventful. No emerging trauma would be excluded, but there would be no fishing expedition to retrieve memories.

Rose was desperate to be helped with this overwhelming task. Both her willingness and commitment were going to be favorable to undertake and complete her recovery. I would certainly do my part to help Rose extricate herself from this inward inferno, as she would do hers. Progressively, we would enter this hell together, but only as long as it remained tolerable to Rose. In support of her recovery, she had one solid ally in her life, Alejandro, her husband.

When she had been sixteen years old, new neighbors had arrived next door. The family had comprised many children, and the eldest had been a charming young man named Alejandro. He had quickly developed a fancy for Rose who had been pretty and always femininely dressed, which he had enjoyed. Although she tended to be bashful, she had subtly expressed to him her reciprocal interest. A few months later, they had been dating. Both Rose and Alejandro enjoyed music and dancing. They had married after two years of courtship. Finally, there had been someone who

had taken Rose outside of her house. She had found a new life with Alejandro, separate from her parental home, and intended to keep it so. He had been kept unaware of the molestation and violence occurring in her life.

Prince charming had arrived next door and fallen in love with Rose at first sight. Reciprocally, she had fallen in love. Having kept all wounds secret, dismissed and almost forgotten, had made it possible for her to enjoy marital and adult life. Only few years after the beginning of psychotherapy did Alejandro learn about the serious abuses performed by her parents.

Alejandro was a supportive and jovial husband. They enjoyed a healthy sexual relationship, making love according to their mutual desires. They had four grown children who were doing well, but no grandchild was born yet. In psychotherapy, Rose talked about her children with affection, mentioning them by their names and reporting on the major events of their lives. In her voice, I could hear how much she loved them.

I developed an understanding that Rose had successfully divided herself into two parts: her childhood life and her marital life. Such unconscious strategy had successfully worked for many years, but not anymore.

Given who she was, Rose challenged many of my psychological preconceptions about adults who had been abused as children, either violently or sexually. Despite her own terrible upbringing, she had loved her children and had not abused them. Apparently, they had become adults without any particular difficulties. Rose's worst behavior appeared to have been that, every day when her children were young, she had insisted that they should be well

dressed at the arrival of their father. In line with her character, she had made sure that their appearance was pleasing to the father. Nonetheless, her now grown-up children worked in stable jobs and were capable of sustaining love relationships as well as friendships. These are usually signs of adaptation.

Rose's psyche had been able to push aside her past traumas in a way that had allowed her to have a relatively normal life. However, parts of her had been missing all these years. She had enjoyed their illusory disappearance, but many rejected parts were now ferociously coming back up into her consciousness. Indeed, Rose would regularly have bouts of overwhelming anxiety and depression.

For months, in psychotherapy, Rose's anger was solely targeted at the robber, not at her parents. I understood that her anger at her parents was so immense that Rose was not ready to deal with it. So, for the first two years, Rose could not harness any feelings of anger toward her parents; we mostly avoided this issue.

With empathy and benevolence, along with a growing understanding of her own psychodynamics, I hoped that Rose could establish within herself a secure attachment to me. This would be possible as long as I would decently and competently manage the relational pitfalls between us. My main challenge was not to own either her anger or her helplessness. These experiences were hers to embrace, not mine. Nonetheless, I would have to hold them within me until Rose could fully acknowledge them. In the first years, anxiety and depression were in the forefront of her daily experience and thus the main topic in psychotherapy.

Physical pain was also part of Rose's life. After the second hold-up she had recently suffered, she had developed a very aggressive intestinal disease called ulcerative colitis. A causal link between this inflammatory disease and this recent trauma had been made by her specialist because she had successfully taken a complete intestinal check-up just one month before this hold-up; a procedure was performed because ulcerative colitis had been diagnosed in family members. Only few weeks after the hold-up, ulcerative colitis had quickly flared up within Rose's body, forcing her to have surgery during which her small intestine had been removed. She told me regretting having a scar and having to follow a diet, but she was happy to be alive.

Favorably, the adjusters of the agency compensating crime victims had recognized the ulcerative colitis as a consequence of the hold-up. This recognition was important to her because it meant that her pain was acknowledged and an attempt at repairing the damage was provided. In and of itself, the associated compensation was therapeutic. After her physical recovery, Rose had looked for psychological help, arriving in psychotherapy one month after her surgery.

In psychotherapy, Rose needed to talk. One of her main concerns was that she had a hard time cleaning up her house. I learned that she vacuumed every day the whole house, in the same way she had done since the beginning of her marriage. Unbeknownst to her, she had transferred performing household chores from her childhood to her marital adobe.

At the beginning, I refrained from sharing this understanding with Rose who, in the first months, could not stop herself from doing such activities. I understood because ceasing to do chores

would have meant that she was opposing her mother inwardly. She was not ready for such realization. I simply wondered if she could give herself a break and vacuum only every other day, especially given that she was recuperating from surgery. Rose gave me such a lame excuse to continue her exhausting daily chore that I could only say, "*I understand*." I knew, however, that I would have to come back to this issue, but only in a timely fashion. Before changing any behavior, Rose needed to develop a benevolent attitude toward herself. To dare not perform as much, she would have to be able to contradict and go against her demanding internalized mother. To do so, she had to internalize a benevolent mother figure.

During our sessions, Rose was comfortable at talking about her depressive moods. She often cried without knowing why and felt that she was going crazy. Quite worried at night, she saw the shadow of a man in the doorframe of her bedroom. She knew that nobody was really there, but still she was troubled. In a reassuring tone, I said that this was a pseudo-hallucination, a phenomenon experienced at times by human beings who had been traumatized, especially those abused as children. I also suggested that this outer image might reflect her deep-seated impression that her father was returning to abuse her again. Maybe her psyche showed her a childhood fear based on hypervigilance. In her bed at night as a little girl or teenager, she had been constantly worried as to whether daddy would come in to rape her. Such understandings reassured Rose and calmed her concern of becoming crazy, so they were helpful.

To further assist Rose to recognize that she had been amply traumatized growing up, I empathized with her distress and suggested that she had needed to protect herself from fully

remembering, from carrying the scars consciously. I hinted at her vulnerabilities, that were greater than she wished. Gradually, she went beyond paying lip service to her distress, revealing more of her genuine self and wounds. Her distress was immense.

Rose's chronic physical pain following surgery was also intense at times. She expressed at times discouragement about her physical condition, especially given that it prevented her from being interested in making love with her husband. When she had pain in her belly, naturally she did not care much about this. Consequently, she was concerned about losing Alejandro, even though her husband was supportive and caring toward her. However, he did not indeed understand Rose's distress and moods; he could not, really.

Rose was in an ongoing state of crisis. Her distress expressed itself in unfathomable ways to most people. For example, she kept repeating that she was going to die two years after the robberies. She shared this with me in psychotherapy, but she also regularly expressed her unfounded anxiety to her husband. Despite his reassurance, she would remain adamant that she was going to die, terrified at the prospect. From showing reassurance to annoyance, Alejandro was starting to be irritated, and his reactions disturbed Rose even more.

My sense was that Alejandro could not even start to understand the extent of Rose's distress. He still knew nothing about the abuses, having the impression that these parents had been good ones, thanks to their incredible ability at keeping up a façade of goodwill and Rose's secrecy. Alejandro was not even aware of the tremendous extent of her symptoms.

I thus suggested that Rose could invite Alejandro in a session during which I would listen to his own experiences and offer him explanations about his wife's condition. It was imperative that Rose's marital relationship would not deteriorate, and I would attempt to prevent any foreseeable damages. I emphasized to Rose that I would be empathic toward Alejandro's distress and anger about her predicament. She gladly accepted.

The following week, Rose showed up accompanied by Alejandro, who was smiling and well-disposed to being there. I asked how it was for him to see his wife in such a difficult condition. He shared that it was difficult for him because his wife was suffering so much and he did not know how to help her. It seemed to him that everything he did fail to reassure Rose. Alejandro also commented that she had a tendency to overreact, which irritated him.

I understood Alejandro and commented that it was not easy to see your spouse in such precarious psychological and physical conditions, full of helplessness. I explained that Rose had severe PTSD and depression, which brought her to have very high anxiety and despair at times, in ways that others could not truly understand. Then, I wondered if Alejandro could hold back from expecting her to be as reasonable as she used to be; he saw my point of view. I wondered if he could deal with her exaggerated statements simply by listening and not expecting himself to have a valuable answer. Still annoyed a bit, he conceded that there seemed to be nothing else to do. I underscored that he had lost his cheery and affectionate wife, and this was difficult for him. Alejandro nodded with some resignation. I pursued by saying that Rose needed his affection above all and Alejandro replied that he could give it to her, no problem.

Rose contributed to the discussion by saying that she was afraid that he would leave her. Alejandro looked at her in dismay. Evidently, he had never even thought about this option and was saddened that she could entertain such a thought. Obviously, Alejandro was a caring human being, capable of love and thus remaining in difficult times. He reassured Rose, that leaving her had never even crossed his mind and that he would never do such a thing. He had promised to stay with her, for the better and the worst, and so it would be. If she were to die in two years as she imagined, this was going to be the only way they would set apart, by death and not by divorce.

Rose's cheeks were wet with tears. Alejandro took her hand and reassured that he loved her. Rose could hear him, but I knew that somehow she was rejecting her husband's love and affection, right there and then. Thus, the wounded Rose could not deeply receive his tenderness, only at the periphery. She was like a glass without a bottom; water could be poured in, but it could not stay. The hole was caused by her deep-seated rejection of her own needs, ongoing caused by the internalization of her assaultive parents. In the next year or so, I would bring this forth to her awareness, again and again.

In the meantime, Alejandro was supportive to Rose on a daily basis. As a loving husband, he responded to her fears by reassurance and her sadness by affection. Over the next few years, she turned to Alejandro in her moments of despair. At times, she sat on his lap while he talked to her softly. When she recounted these moments to me, it seemed that he was paying attention to her need to be held rather than her words of anxiety. Rose had a beautiful husband, a well chosen one.

In my understanding, Rose could get over her symptoms and discouragement only if she were to face her past, which entailed her rejection of herself, in the same way her mother cruelly rejected her. Rose needed to put the pieces of the puzzle together in order to recover. The one crying and panicking was not the adult, but the little girl who had been abused and rejected. She was screaming for attention and care.

Rose was faced with the necessity to acknowledge her needfulness and vulnerabilities. She needed to let go of her pervasive attempts to be perfect, even though she had grown up trying to please her mother in the hope to gain her approval. She had tried to perfectly respond to her mother's needs. Now, she was urgently confronted by the need to change her ways by turning her attention to her wounded self. Alone, she could not truly pay attention to herself, not even with the help of Alejandro. Rose and I had to do this together.

Over the first year of psychotherapy, I gradually linked Rose's disturbing symptoms to her past traumatic experiences. Her reactions were two-fold. She could cognitively acknowledge the link between her symptoms and past abuses, but she clung to her tendency to say that her life was over and it was all the fault of the robber. According to Rose, her parents were dead and buried, along with their abuses.

After a year or so, the trust between us was solid enough for me to say, "*Rose, your parents may be physically dead, but I am afraid they are still living inside of you, still creating pain and chaos.*" After pausing, Rose acquiesced. They were inside her, screaming insults and shooting orders almost all the time. To

create a long-lasting impression in Rose, I shared that her growing up reminded me of the story of Cinderella.

Rose was puzzled, replying, "*But Cinderella had a horrible life!*" This confirmed to me that she was not grasping yet the horrors of her own childhood. I specified my statement by adding, "*Yes, but your life was worse, Rose. At least Cinderella's father did not commit incest with her for twenty years and it was a step-mother who was mean toward Cinderella, not her own mother*." Rose was shocked again, but in a different way.

She had grasped the picture of how terrible her childhood had been at the hands of these cruel parents. With a more serious expression, Rose reflected about her childhood. She could see the bigger picture. From this moment on, she stopped pretending to herself that her childhood was not so bad after all. The trusting relationship built together allowed her to do so. Her solid alliance and growingly secure attachment to me permitted Rose to face her life as it had been.

For the next months, psychotherapy focused on identifying the moments when Rose was being pushed around by these inner parents. I demonstrated how they sent her into states of panic. One by one, I reconstructed the inner parental assaults toward Rose in order to help her to see more clearly the workings of her parents inside of her.

Every time Rose became upset or particularly depressed, we identified what had happened in her outer and inner life beforehand. Any possibility of a conflict would send Rose into high anxiety. For most people, such situations would have been mundane, but she felt in danger.

Together, we dug out her inner parents from their hiding places inside her psyche. I spotted them from behind the veil of secrecy and exposed to Rose's consciousness their destructive maneuvers. She collaborated by revealing her emotions and thoughts during situations which were unsettling to her. I understood her reactions, even though they were seemingly exaggerated. Again and again, I pointed out that her reactions were based on previously powerful admonitions and accusations from her parents, but these only existed in her psyche; they had no basis in outer reality.

Together, we continued to link her actual reactions to her past predicaments. Gradually, a clear picture emerged for Rose. After more than two years of psychotherapy, she could acknowledge the cruelty and neglect coming from her parents toward her, without any minimization. She had stopped blaming it all on the robber; she was now recognizing the main culprits. She also acknowledged how these inner parental figures continued to perpetuate violence inside her. However, before she could fully acknowledge her suffering and respond to it with loving kindness, Rose would need to annihilate them inwardly.

The cruelty of Rose's parents had been particularly hurtful because they had especially targeted Rose. For example, Rose's grandmother had enjoyed her, visiting from time to time. Her grandmother had taken time to play with her or read her a book. One day, her grandmother had even brought Rose an unexpected gift, a nice pair of shiny black shoes. At six years old, this little girl had dreamed of such shoes, like the ones other little girls had worn at church. When the grandmother had left, Rose's mother had taken the pretty shoes away from her daughter's hands and given them to a daughter, informing everyone that Rose was too

ugly to wear such pretty shoes. Naturally, Rose had been hurt by the loss of her shoes, but mostly by the demeaning comment of her mother. She added that her mother had always praised this younger sister, who was never in the wrong, while Rose was always at fault.

Both parents had shown sadistic sides to themselves, yet the father had possibly been a well-functioning psychopath. Growing with such parents had been like living in hell, a nightmare impossible to reveal to anyone because these parents had been much appreciated in the neighborhood. Appearances had been good and well maintained, leaving no room to be believed if Rose would have attempted to escape and denounce them.

In addition, repeated threats had been provided by her father to ascertain that Rose would remain mute. After every rape, he had told her that, if she were to tell anyone, he would kill her dog and no one would believe her. He had also added in a seductive tone that she was his best, his little mistress. Well trained and well threatened, Rose had said nothing to anyone, complying all these years. None of the children of this family had dared to report anything, neither among themselves nor to caring adults.

The sun had shined for Rose the day she had met Alejandro. Incredibly, she had been able to recognize love when she had encountered a human being capable of it. Maybe the love coming from her grandmother had been sufficient for her to hold on to an experience of love and thus look for it outside her house. Maybe Rose was a soul capable of love on her own, knowing love from beyond and grabbing onto it whenever she could.

Although Rose looked for love, she could not maintain within herself the loving kindness given to her. Her husband's affection could sooth her distress on occasions, but the soothing was partial and quickly vanished. The assaults by her inner parents always came back to destroy any sense of being loved. Nonetheless, Rose knew that her psychotherapist was an ally. Again and again, we spent time discussing issues distressing her. Many times, I provided her with expert understanding and sincere caring. Repeatedly, I gently encouraged her to be benevolent toward herself, in simple ways.

After the infamous deadline of two years had passed, Rose had to realize that she was not dead. On the contrary, she felt more alive. Also, she was starting to seriously acknowledge the inner malevolence inside herself and not encouraging it anymore by believing its accusations. In parallel, she was acting in more caring ways toward herself, both inwardly and outwardly. She was now vacuuming the house once a week only, not once a day.

Having internalized a strong, benevolent figure at the core of her psyche, Rose was now facing her nightmarish parental figures and gradually disengaging from them. Our therapeutic focus could thus be centered on her suffering at the hands of her parents.

Rose became more active. Attempting to get companionship who would understand her situation, she took part in a group discussing psychological issues at a community center near her house. Also, she went to a massage therapist in order to relieve the physical tension in her body and assuage her chronic pain. Her surgery had left her with adhesions, growths of flesh inside her belly, which were provoking pain.

Overall, things appeared to be going in the right direction. However, the counselor at the community center was limited in her understanding of the human psyche, and the massage therapist had serious unresolved issues regarding her own incest. In an unfortunate turn of events, these two women intervened in an ill-informed manner, sending Rose rolling down the hill of unending crisis.

One day, Rose reported to me that she was confused following a meeting at the community center where they addressed how to deal with fears using one's imagination. Rose had presented a new symptom of hers, one not yet discussed in psychotherapy. She had refrained from doing so because she was concerned that I would have her institutionalized on a psychiatric ward. In the group, she had revealed that, since the last weeks, she had repeatedly seen rats crawling all over her house. Naively, the counselor had suggested that, in imagination, Rose could simply kick the rats out of her house. Rose was confused and distressed by this suggestion. She did not know how to do this and it seemed like folly. Rose was feeling helpless and crazy, but she was now feeling that others were not so well put together also, including the counselor, which elicited in her a greater sense of danger.

Indeed, the solution offered by the counselor was facile. When Rose attempted it, it was ineffective as she continued to see the crawling rats. Moreover, such cognitive strategy dismissed the dramas happening inside of Rose. I shared my understanding of her confusion regarding the suggestion of the counselor because such recommendation appeared to me to be both naïve and ill-informed. I also saw the necessity to counter her concern about being sent to a psychiatric ward, stating that the rats were pseudo-hallucinations only; this new symptom was not psychotic because

she could easily recognize that these were images emanating from inside of her, even though they scared her.

Then, I inquired as to what rats might represent for Rose. She answered that rats were filthy and aggressive. I added that rats were known to soil sound places, just like her parents had done with her. I suggested that, symbolically, her psyche had presented such images to her consciousness because these inner parental figures might just feel like rats: invasive and destructive. This made sense to Rose. Having grasped a possible meaning for these pseudo-hallucinations, the rats crawling around her house disappeared.

In response, Rose now had to face even more the extent of the destructiveness of her parents. Doing so, she became ready to expose these parents, for whom they had really been, to Alejandro. Her husband was shocked upon learning about the incestuous abuses committed by her father and the beatings coming from her mother. Nonetheless, he mostly remained concerned about Rose. Emboldened, she revealed her incest story to the massage therapist, but the response was another story.

Rose shared with this woman that she was physically tense because she was working through emotional issues surrounding incest. The massage therapist stepped over the boundary of her role and attempted to become Rose's psychotherapist. First, she stated that she had gone through incest herself. When Rose told her that she was angry at her father, the woman proceeded to rebuke Rose, saying that she should not be angry at him because her father had most likely been a victim of incest.

This woman was part of an association focused on forgiving abusive parents. Such was the therapy offered at this association. Apparently, this woman had learned to forgive her own incestuous father. To her, anger in victims only brought them at the same level of perpetrators. At first, Rose argued with her, but then she just sank further and further within herself as the woman was adamant that victims needed to forgive.

At our next session, I could barely believe my ears when Rose reported what had happened. I told her that I was sorry that she had been dismissed in such a way and emphasized that her anger was legitimate given what had been done to her. Still struggling with her anger, Rose had become afraid of becoming a monster like her parents. In my understanding, forgiveness would happen on its own accord, naturally, if at all, and such response could never be forced. Beforehand, Rose would have to fully recognize her anger, grasp its meaning, and then let go of it. As one patient said once, *"It is not up to me to forgive. It is up to God."* The way the massage therapist had embraced forgiveness appeared to me to be yet another protective layer of defenses against pain and anger.

Rose could see my points. Consciously, she was relieved not to be seen as a monster by me because she was angry, but the damage had already been done. Since this last meeting with the massage therapist, Rose had to endure severe cramps in her belly. She felt unjustly accused and, in turn, became angrier. As her rage was now more than her psyche could handle, Rose was sending the overwhelming emotions in her body, somatizing again. The ulcerative colitis was now raging throughout her abdomen.

Few days later, I received a call from Alejandro because Rose had to be urgently hospitalized and surgery performed. Her large

intestines had to be completely removed. Rose was doing okay, apparently, but she would need several weeks of convalescence.

Upon hearing this turn of events, I became sad. The following weekend, I gave a course on trauma to health professionals. When I gave clinical examples, I thought of Rose and a few tears rolled down my cheeks. Thinking about her predicament, I briefly shared my sadness with the participants and then continued the lecture. Clumsily, she had been pushed beyond her capacities and her psyche had put away the unbearable in her already fragile body. She was suffering intensely and needlessly.

Rose resumed psychotherapy two weeks later. Discouraged, she was now wearing a bag attached to her belly into which half-digested food was excreted. Her condition was even worse.

Before the surgery, an epidural injection had been performed into her spine, but inadequately. A nerve had been hit and Rose had awakened at the hospital with a swollen leg, hurting like nothing before, with intense pain shooting from her lumbar vertebras to her toes. These pangs of shearing pain were now regularly shooting down her leg.

In front of me, there was Rose, physically damaged and exhausted. To adjust to this new condition, psychotherapy would have to become more supportive.

I inquired how it was for Rose when she hurt herself as a child. When she was a little girl and fell down, she did not turn to her mother. She ran into her bedroom to listen to music and engage in her fantasy world to divert herself from pain. This strategy had worked for many years, but now Rose needed caring more than ever, not fantasy. The physical pain in her leg was so bad at times

that she would faint and fall unconscious on the floor at home. Standing and walking were now painful endeavors for her. She was almost confined to a sofa chair. Consequently, her depression resumed dramatically.

The medical specialists could only offer Rose another surgery as an attempt to alleviate the physical pain. The surgery would be uncertain in terms of its success, and she could possibly end up paraplegic. Rose told me that she could not envision finding herself in a wheelchair or suffering this amount of pain for the rest of her life. She quickly became suicidal.

Understanding her despair, I invited Rose to rely on the love she received from her husband and her children. The physical pain was, however, too much of a blow. I interpreted that she probably had the impression that she had been punished for being angry at her parents and having told about their cruel misdeeds. Addressing these unconscious issues with her brought them up to the surface of her consciousness. Rose recognized that she had the impression of betraying her parents and thus deserved to be punished. This interpretation helped to alleviate the inner self-attacks from her parental figures and thus her psychological suffering, but not her physical pain. Her life was now centered on this issue.

One day, Rose came to psychotherapy feeling particularly suicidal. She asked me to hear how much she wished to die; she was serious and needed to be heard by someone. I informed her that, if she was seriously contemplating killing herself, we would have to go to the hospital together to prevent any irreparable actions. She calmly pleaded with me not to do so, asking me to

simply hear her and accompany her. She needed to talk it through with someone, and I was the only one who could listen.

While Rose was requesting a prohibited stance from me, her genuine self was more present than ever. Seeing how Rose was asking not to be left alone, I accepted to listen to her and not call emergency services. At this moment, Rose dared to present herself in her most desperate state, yet without panic, which was a tremendous stride. Most importantly, Rose was hereby living from her deepest wound, her deepest sense of abandonment. She wished not to be rejected and requested my presence in her despair. Acquiescing to her request was the only therapeutic offer I could give her at this point. If she was to survive, she would have to embrace her deepest anguish and despair, a void filled with hopelessness and helplessness. Of course, I was willing to stay with her, so I listened.

Rose proceeded to tell me how much she desired to die. She had suffered enough and felt that she could not take it anymore. I offered her the only thing I could; I suffered with her. I also kept a grasp onto life, something she could not afford at the moment. When she left my office, I knew that Rose was over the hump of suicidality.

At our next session, she was indeed less depressed, with much relief to me. Her despair was more tolerable to her. As her suicidality quickly vanished, we resumed facing her deep wounds and immense anger.

Over the weeks, Rose reverted to become benevolent toward herself, even more. She stopped cleaning the house altogether. Unsurprisingly, Alejandro did not like to see big fluffy dust balls

floating on the wood floors. Accustomed to have a perfectly clean house, he made few comments. Rather than feeling guilty or angry, Rose informed him that he could vacuum himself if he did not like the dust balls. Thus, Alejandro would vacuum the house from now on. She was also affirming herself before her grown-up children. In one instance, she stipulated to her son that he needed to ask her before he could take another bottle of wine from her cabinet.

These were signs that Rose was psychologically separating from her loved ones in a way indicative of a mature growth. In simple yet effective ways, she risked conflicts with loved ones on order to respect herself. At first, her loved ones were surprised, but they quickly complied because she was reasonable in her requests and they loved her. Unaccustomed to her new limitations, her family had not fully realized that Rose could not be there for them as she had used to be. Rose was helping them to stop leaning on her past devotional stance.

Given that Rose was stronger, her psyche could now deliver to her awareness her murderous anger. In a new chapter of her life, she reported to me that she had regularly seen a tiger roaming around her living room in the last few days. She was petrified whenever the tiger appeared. I suggested that the tiger, being a ferocious hunter, could be a projection of her own anger, her own destructiveness. I indicated that she was possibly ready to face both her tremendous anger and her boiling desire to get rid of her inner father.

Rose responded that she did not understand how she could have visited her father at the hospital daily, for a whole month, before he died. How could she have cared so much for this man? I understood her dismay at her subservience, but I underlined that

she then still hoped to be loved by him. By taking care of him at the hospital, she had hoped that her father would miraculously become a true father. Such childlike hopeful dream is very, very hard to die, especially when parents have misbehaved so badly.

Rose contemplated how much she had hoped for a reversal in her father's way, not only at the hospital but throughout her whole life. According to my reading, this apparently naïve hope had been tremendously useful because it had most likely prevented Rose from either killing herself, killing her father, or going crazy. I added that she was now able to care for herself and embrace the love offered by her family. Therefore, she may have the inner resources to face the seemingly unacceptable within herself.

In my understanding, Rose was so angry that she wished to kill her father. To recover from her wounds, it appeared inevitable that she would have to annihilate this inner parental figure still living in her psyche and creating chaos.

I proposed to her that, under light hypnosis, she could imagine doing to her father whatever she would wish to do to him, while he would be unable to do anything. Given that this would happen in her imagination and in my presence, she would have full control over the unfolding and any outcome would have no outer consequences whatsoever. I also emphasized that she could stop at any moment, and I would accompany her with my presence and understanding. She would not be left alone because I would remain with her and she would remain conscious of this. If Rose accepted interventions on my part, I would make suggestions at times when she would be at a loss, but my comments would only be suggestions because she would be left with the complete freedom to follow them or not. Mostly, I would ask her questions

such as *"What happens next?"* or *"What do want to do next?"* She agreed to attempt this therapeutic strategy with me.

Knowing that Rose was still fragile, I offered that she could first relive a moment during which she had felt good about herself, perhaps a moment when she offered love and care to someone. Such a scene would counterbalance her inner world; manifesting homicidal anger was most likely going to be destabilizing. Rose chose to relive a moment during which she took care of her daughter when she was hospitalized at three months old. At the hospital, Rose spent as much time as she could in order to take care of her sick infant. She clearly remembered affectionately holding her baby in her arms and singing to her softly. This moment was a very good one because Rose was in complete agreement with her such behavior and attitude, which were consistent with a loving person. After reliving this positive moment, she would face a negative scene in which her father would be helpless before her and she would do whatever she wished to do to him. Afterward, we would come back to the caring encounter with her daughter and pair it in consciousness with the negative scene. Ideally, Rose's benevolent and destructive stances would become inwardly integrated, balancing each other.

From the beginning, Rose was very responsive to hypnosis. She relaxed her body and mind with the instructions I gave her. Then, she followed the hypnotic suggestion of going down a staircase while I counted backward from ten to one. At every number, she went down a step in her imagination, along with going down deeper and deeper within herself. At the bottom of the stairs, I asked Rose to tell me if she was comfortable at this very moment by lifting her right index finger, and she did. Then, I asked her to indicate with her voice whether she was ready or not to

relive the moment with her daughter at the hospital and she answered in the affirmative. Rose was both deep within herself and with me.

As planned, Rose relived the caring moment with her infant. In her imagination, she held her baby in her arms, gently pressing her body to her chest and softly singing to her. She looked at her child who seemed to be resting. To Rose, it felt as though she was back there. I could see Rose's face being tender and smiling. I asked if she felt good about herself at this precise moment, and she did. Therefore, we could proceed. I asked Rose if she was willing to go into another screen of her imagination in order to encounter her inner father; he would be completely helplessness and she could do whatsoever she wished. She lifted her right index as a signal for her readiness. Consequently, I asked Rose to imagine another screen in her mind's eye where her father was and go into this screen. Rose proceeded to inform me what was happening.

In imagination, she was now in front of her father as planned, but she was only a little girl, unexpectedly. Physically, he was towering over her. Her father said that she was angry and scared, but she could not hurt him. Shocked, Rose told me that her father had special powers because he could read her thoughts, which scared her even more. Thus, I needed to step in to assist Rose. I suggested that her consciousness could come out of her body as a little girl in order to see what her face, namely, to see what her father read from her facial expressions. As she had no problem navigating in her inner world, she was now seeing her own face from outside. Upon my request to describe her facial expressions, she reported looking scared and angry. I could then affirm that her father had no special powers whatsoever and simply read her

facial expressions. I also reminded Rose that she was not a little girl anymore, but a grown woman.

Rose could now be a grown woman in her imagination, facing her father. I asked her to describe his facial expressions and she went on to say that he was smiling at her in mockery. I asked how she felt and she answered that she was infuriated because he was still laughing at her, even dead. I asked her what she wished to do. She responded that she now had a shovel and was hitting him with it. I wondered how her father was reacting and she reported that he was smiling even more, which infuriated her even more. In response, she was now hitting him with a metal bar and his blood was splashing all around. I asked her to freeze the image in order to to tell me what she saw precisely and how she felt about it.

Now, her father was not smiling anymore. He was in serious physical pain and his facial expressions reflected both disbelief and fear. After asking her again what she wished to do, Rose told me that the rats were now arriving on the scene and were eating him alive. Blocking the image, I wondered how she felt about this and she answered that her father was simply getting what he deserved. Rose was fine with serving her father his own medicine. By doing so in her imagination, she could fully embrace her own shadow, her own destructiveness.

In the meantime, her mother figure arrived on her imaginary scene. She accused Rose of murdering her husband. As Rose put it then, there was nothing her mother could do “to save her god”; he was dying and the rats were finishing the job. Nonetheless, Rose left the scene feeling guilty and pitiful. Still in her imagination, she reverted to being a scared little girl. To provide soothing, her mature self was brought in, holding and consoling.

When Rose came back to her usual state of consciousness, she was surprised at the unfolding of the session. She remained determined that her father deserved what he had gotten. I commented that she did not need a father like the one inside of her. Nonetheless, Rose was unsettled by the fact that she now had to deal with the accusations of her inner mother. Over the next few days, the latter created havoc inside of Rose.

In a semi-panic, Rose arrived at the next session informing me that her mother was now haunting her. I reframed her impression by stating that it was only her inner mother which had been reactivated. Incredibly, these inner figures seemed to have a life of their own. Nonetheless, I proposed that she had to somehow agree with her mother in order to react with such panic. We discussed how Rose had embraced her mother's accusations to feel guilty because she was still hoping to be loved by her mother, as she did with her father. She was able to see her ill-placed hope and withdrew from it.

I proceeded to ask Rose if she cared to keep this inner figure inside herself. No, she wanted to get rid of this mother. Given her high ability to be hypnotized, I suggested that she could close her eyes in order to allow encountering this inner mother, face to face, in her imagination. She agreed. As she had previously demonstrated how easily she engaged her imagination, no relaxation or hypnotic induction was necessary.

Spontaneously, I suggested the idea that she may be more comfortable to encounter her mother in my presence. Rose thought it was a good idea. She closed her eyes and we proceeded. I suggested to Rose that her mother was now knocking on the door of my office. As I was going to ask Rose whether she wished to let

her in or not, Rose told me that her mother had just barged in, uninvited, and was now scolding and insulting her. I asked her to stop the image, reminding that she was only imagining it all. As she blocked the image, I asked her how she felt at this precise moment. Rose said that she had had enough of her mother's ranting and I inquired what she wished to do next.

She responded that she was going to throw her mother out of the office. In imagination, Rose got up and firmly told her mother to leave the premises. The inner mother persevered at criticizing Rose who, in response, led her to the top of the staircase. There, the mother started to hit Rose physically, who defended herself. She ended up pushing her mother down the staircase at the entrance of my office. Her mother was not moving at the bottom of it. I asked Rose to block the image and tell me her reactions about this. She answered, "*Oh, my God, I just killed my mother!*"

I countered her statement by affirming that it was just in her imagination. If she did not like the ending, we could start it all over again. Rose agreed and we started over. This time, rather than pushing her mother down the staircase, she withdrew from her. She looked at her mother straight in the eyes, not buying her fearmongering. In no uncertain terms, she told her mother to leave for good and never to come back. The mother left.

To ascertain Rose's newly found stance toward her inner mother, I suggested that she would now imagine being at her home tonight. As she did, I suggested that the doorbell was ringing and it was her mother again. I asked Rose how she felt and whether she wanted to do something about it. She felt annoyed. I reminded her that she was in her house and could do whatever she wished. She told her inner mother that she better go away

because the police would otherwise be called to remove her from the premises. The mother left without saying a word. Rose had found her own way to disengage from this cruel and attacking inner mother. At the end of the session, Rose came back to her usual state of consciousness and we talked about what had happened to her.

Rose recognized that she hoped that her mother would behave like a mother. She had previously felt guilty to assuage her mother in order to not be abandoned. Through her fantasizing, she had been able to realize how much her inner mother was non-maternal and attacking.

After three years of psychotherapy, Rose was now able to stop looking for love from her abusive parents. This deep withdrawal rendered Rose free to disengage from them. These inner parental figures more or less disappeared, along with the chaos they created inside of Rose, who was freer to care for herself and feel loved without being inwardly assaulted.

Despite her physical pain and limitations, Rose's depression lifted almost completely. Her post-traumatic stress disorder was now gone. Although she continued to startle at sudden noises, this was expectable given the neurobiological damages incurred by the past repeated assaults and no distress or dysfunction was consequent. Rose ceased to experience panic attacks and her agoraphobia also receded. She was now enjoying short walks outside of her house with Alejandro.

The timing of events was good. At this point in time, my life was going to change dramatically, which would impact Rose. In nine months, I was going to move to California. Although Rose was

in a much better standing, it was not time yet to announce my departure to her. An important feature of her traumas remained operative: free-floating helplessness. Indeed, Rose was now confident and competent at recognizing her own needs and vulnerabilities, but she still had moments during which she became overwhelmed with a sense of paralysis.

Months earlier, I had identified with her this psychological paralysis as feelings of helplessness, free-floating inside of her inner world and attaching themselves to diverse situations. These feelings dawned on her as if they came out of nowhere. I proposed to her that we could try to associate these feelings of helplessness where they belonged: the sexual abuse and the second hold-up. Rose agreed to undergo hypnosis for a third time.

To counterbalance these traumatic experiences, Rose would first have to relive moments of assertiveness and competence. She could only remember having been assertive with Alejandro, thus we identified two moments with him: an assertive moment at the beginning of their courtship, in order to counter the helplessness endured during a sexual abuse committed by her father, and a recent moment of assertiveness in order to counter the helplessness experienced during the hold-up.

Under introspective hypnosis, Rose re-experienced these moments, one by one, and I emphasized her feelings of either competence or helplessness depending on the scene. At the end, Rose could see the four imaginary screens, allowing her to grasp that there was both helplessness and resourcefulness inside of her. She could also attach these previously free-floating feelings of helplessness where they belonged: childhood and adulthood traumatic events.

Rose was now quite solid in many aspects of her life. Despite her physical pain, she managed to enjoy herself and her family. As life kept on flowing, events kept on occurring. Her son got married, and one of her daughters had her first child. Rose was now a grandmother, which brought joy to her. Alejandro remained involved and cared for her as needed.

Given the conditions in Rose's life, I could now announce to her my departure in four months. Of course, she was saddened, but she was not destabilized. She was even happy for me because this move to California was my choice. Rose could be seen by the psychologist who had welcomed her during my absences over the last four years.

Afterward, Rose and I met only once a week. During sessions, we reviewed the incidents of her week and discussed how she had fared. Doing so, we were insuring that she continued to react to life events, people and herself according to her new sense of self - an integrated one. Her physical pain still provoked moments of intense distress, however, and thus depressive moods. The medical specialists were looking into a solution.

We had time to work through the loss of the relationship. Before ending therapy with me, Rose attempted to stop taking medication, but a serious withdrawal symptom emerged when she ceased the antidepressant: she could not stop crying. In my understanding, it would thus be premature to stop this medication. Maybe Rose would need to take it for much longer. Rose agreed, especially that she had no negative side effects. She had wished to cease taking it only because she wanted to feel normal.

Alejandro and Rose were close again as spouses, enjoying each other physically despite her colostomy bag. She was able to go beyond her disfigurement to receive physical love from her husband and also give love to him.

Given the uncertainty of her physical condition, I referred Rose to a psychotherapist of the clinic before I left for California. Over the previous years, this psychotherapist had seen Rose during the difficult periods when I was away. Rose was comfortable with her and accepted to continue with someone else.

At the last session, upon leaving, Rose and I embraced. I was relieved that the timing of my departure was suited to Rose's psychological condition. I was also glad to have journeyed with her, and I told her so. In gratitude, Rose gave me a present. She offered me a marble sculpture, one made of two separate parts. The bigger one represented a mother, with roundish edges and no discernable features. The mother sat, with her head tilted toward her lap, where a hollow could hold the child. A sphere represented the child; it was removable, completely separated from the mother and yet resting on her lap.

With this gift, Rose summarized the deepest outcome of her psychotherapy: she now had an inner mother, caring and available, from whom she was separate while she could also enjoy her comfort. Rose had internalized a secure attachment in psychotherapy, allowing her to extricate herself from her parental enmeshments and achieve the difficult stage of separation-individuation.

Two years later, Rose was still being seen by the other psychotherapist of the clinic from time to time. As she had given us

a written permission to share information, I learned that her physical pain was now quite attenuated. A team of medical specialists had found the right dosage of morphine, which was delivered through patches on her skin, providing a constant supply. Alejandro had retired from his job, and they traveled under easy conditions.

Almost incredibly, however, Alejandro died unexpectedly in the following year. They had traveled to an exotic country and he had contracted a rare bacteria. Although serious, the ensuing illness was usually quite treatable by antibiotics, but Alejandro died within days to the dismay of the physicians who had hospitalized him. This was fifteen years ago.

Writing this chapter, I remembered discussing with Rose her beliefs about death and spirituality. She had spontaneously told me that she did not believe in religion, having witnessed too much hypocrisy. However, she loved Mary, the mother of Jesus Christ. As a child, to fall asleep, she would pray to Mary at times. Nowadays, I think of Rose with tenderness and love whenever I listen to the Ave Maria rendered by Inessa Galante - it sounds like a prayer.

Still dear to my heart, I hope Rose lives with one of her children. If she has passed away, I can only imagine that she is in the arms of her Eternal Mother.

The Story of Nancy

At fifty-eight years old, Nancy was robbed again for the twenty-second time as a bank teller. She had worked for the same bank for over thirty years, but enough was enough! This last robbery had been the most violent one of them all. Five men had entered the branch where she worked, covered with masks and armed with semi-automatic weapons. They had gone from one teller to another, screaming and terrorizing everyone. When the robber grabbing the money had stopped in front of Nancy, she had done nothing.

Out of fear or rage, Nancy was not giving him the money. A colleague next to her had touched Nancy on the shoulder, trying to bring her back to her senses, "*Give the money for God's sake!*" The robber had already put his weapon on Nancy's head, screaming, "*Give me the money right now, you bitch, or I'll blow your head off!*" Nancy had come back to her senses and given the money. The robber had moved on. When it had been all over, everyone had stayed to give their statement to the police, both clients and employees, but Nancy had been sent to the hospital due to major chest pain.

She had had a panic attack, not a heart attack. Her husband had come to fetch her at the hospital. For two subsequent nights, Nancy had been unable to sleep, despite medication. Nevertheless, insisting on being unstoppable, she had returned to work the following week and continued to do so for a whole week. However,

she had been terrified every time the door had opened and her eyes had barely lost sight of it.

During flashbacks, she heard the robber screaming at her as if the hold-up was reoccurring. The panic attacks were increasingly frequent. Desperate and exasperated, Nancy had consulted her physician who had diagnosed a post-traumatic stress disorder (PTSD) and a panic disorder. He referred her to the clinic. The fact that the clinic was specialized in PTSD was very important to Nancy because she was not going to have just any treatment, as she told me later on.

When Nancy came into my office, she was so anxious and angry that she was beside herself. After completing the diagnostic portion, I informed her that she had a very severe PTSD, a panic disorder, and a major depression. She was mostly aware of the panic attacks because, as she told me, 'These things were really nasty.' I certainly agreed that panic attacks were painful and someone might feel like dying or going crazy at these moments.

I emphasized to Nancy that her PTSD was so severe that she could definitively not go back to work without damaging herself. Her reaction was surprising. She asserted that she would not be put on a disability leave because she would then only get sixty percent of her salary. That was not going to happen! She had worked all these years, tolerating this violence without any protection from the bank, and she was not going to accept any further insult. I understood her anger at being left unprotected because some banks had security guards or security systems such as the necessity for customers to ring a bell before being allowed onto the premises. In response, her demeanor calmed down a bit.

I explained to Nancy that she would not be put on disability because her condition was work-related. She had to apply to the workers' compensation agency. Her employer was obliged to orient her adequately in order to do so, or my secretary could give her the necessary information. The benefits would be ninety percent of her salary, not sixty percent as on disability. Plus, her psychotherapy would be paid by the workers' compensation agency. Such conditions were acceptable to Nancy, although she was still hesitant to even lose ten percent of her salary. Thus, we went on discussing the pros and cons of this possibility. Seeing distress beyond her stubbornness, I offered empathy toward the fact that she was being forced by events to do what she did not want to do. Finally agreeing, Nancy would apply to the worker's compensation agency.

Behind her unreasonableness, I could see how deeply hurt Nancy was. With anger, she was clinging onto her old self, the one geared toward functioning as if she was invulnerable.

I further informed her that, given the severity of her condition and the numerous hold-ups she had endured, she should not expect to return to work for at least six months. For Nancy, such duration appeared to be an eternity. Therefore, I reemphasized the severity of her condition, which was shattering for her. She conceded to take the time needed.

Without saying so, I knew that it would take at least a year before Nancy could really start feeling better. I also seriously doubted whether Nancy would ever go back to work, at least at a bank where hold-ups can occur. Given her disposition, I could not share with her my prognosis, not yet, because she was already outraged, even discouraged. I estimated that, after having

established a solid alliance with her psychotherapist, Nancy would be better prepared to face the reality of her psychological condition.

In evaluation, I also discussed the issue of medication. Favorably, Nancy had never had any addiction to a psychoactive substance such as alcohol or drugs. Therefore, she could take clonazepam, a unique kind of benzodiazepine, which takes an hour to take effect. This medication would lower her anxiety level, which was almost constantly at a panic level. This would help her to think more clearly and function more effectively. It would help to sleep better and for longer periods. To prevent dependence, this benzodiazepine would be prescribed at the lowest dosage and there would be no increase in dosage in the future. As I stated to Nancy, we simply wanted her overwhelming anxiety to subdue enough so she could regain control over herself. Nancy was pleased with this option. She mentioned that, otherwise, she was most likely going to burst if she would not sleep more.

Given the severity of her condition, I also recommended for Nancy to take an antidepressant with anxiolytic properties. It would contribute to taking the edge off and would lower her emotional reactivity. At first, Nancy refused, stating that she did not need an antidepressant like all the other crazy people. I acknowledged that such an impression was prevalent and many people seemed to take this medication as a panacea without resolving their problematic issues. Her situation was different because she would participate in psychotherapy.

I explained how PTSD tends to worsen over time and become chronic: we did not wish for this to happen. Nancy had already enough on her plate, I commented. Of course, her physician would

be the professional prescribing the medication, but I would give him these recommendations as suggested by a psychiatrist who was a pharmacological researcher.

My recommendations were that Nancy would take medication and come to psychotherapy. After resolving her issues, she could gradually cease the medication. Nancy paid sufficient attention to realize that I was not forcing anything onto her. I was simply concerned about her well-being and capacities to recover. I added that this medication would work by providing chemicals to her brain which were depleted for now because she had suffered so many hold-ups and her brain was on overdrive. These traumatic events had had a negative impact on her neurobiological system, which appeared to have become overly sensitized. When I talked to Nancy about protecting her brain, she agreed to take a new type of antidepressant with anxiolytic properties, especially when I mentioned that research had shown neurons being repaired after several months of taking this medication.

Nancy would have refused to take this medication if it would have been only to sooth her distress, but she could forego her negative prejudice against antidepressants to protect her brain and heal it. I knew that, for her, needing an antidepressant meant being vulnerable. She was struggling with this realization and was not ready to acknowledge hers.

I was relieved for Nancy because I knew that she was not able to access all of her reflexive abilities with such intense anxiety. She was not fully capable of thinking straight for the moment. A relief from anxiety would be welcomed.

At the end of the evaluation, I referred her to a woman psychotherapist. She accepted the referral even though she would have preferred to stay with me, which I understood because we had a good connection. I commented that, given she had the ability to relate to someone as she had done with me, she would be able to create a good relationship with another therapist.

I decided on a woman as a psychotherapist for Nancy because her husband was physically abusive at times toward her. He assaulted her when he was inebriated, never to cause injury but enough to cause serious distress in her and a breach in their marital relation. Otherwise, their marriage appeared to be satisfactory. While reporting about this physical violence, Nancy announced to me that he better never touch her again or else. I told her that she would most likely find ways in psychotherapy to deal effectively with this unacceptable behavior of his. Her facial expression showed discouragement and aggravation.

Her husband was a certified accountant so they had a comfortable life financially. For decades, they had spent weekends at their home in the forest, a place where Nancy was happiest. Besides her husband and her work, Nancy had three grown children. They were apparently healthy and functioning well. She reported having a good relationship with each of them, although they did not visit often because they were very busy establishing their lives and a career.

Throughout her life, Nancy had had no financial needs forcing her to work. She had grown up in a relatively loving family of upper middle class. As an adult, she had worked only to pay for her country house, a place she enjoyed because her father had brought her and her brother fishing and hunting. She had found

pleasure in leisure activities in the outdoors. Her parents had both died many years ago. Her father passed away when she was in her early twenties. Given that she had not developed depression afterward, Nancy seemed to have sufficient psychological capacities to withstand significant losses in life.

Unfortunately, her brother lived far away, rendering their relationship difficult to maintain. When I inquired about her friends, Nancy reported having few neighbors in the country side who were good friends and they met regularly. All these factors were in favor of her recovery although her symptomatology was very severe.

The following week, Nancy started psychotherapy. Two months after the evaluation, I encountered her psychotherapist in the corridor of the clinic and inquired about Nancy's condition. She revealed being worried because Nancy had been carrying a gun in her purse for the last two weeks, intending to kill one of the vice-presidents of the bank.

Given that the psychotherapist had failed to consult with me about this dangerous situation, I decided *in situ* that Nancy had to be offered the possibility to come to psychotherapy with me. Clearly, this therapist was unable to assess the dangerousness of the situation and overwhelmed by Nancy's anger. In my opinion, her rage was flaring up and she needed more structure than she was receiving. Nancy was a life force, like a hurricane, but she was turning this intense energy into a destructive endeavor. Something had to be done quickly before the unreparable would happen.

Nancy accepted the referral back to me. The following day, I met with her. After asking how she was, I directly addressed the

carrying of a gun. In my mind, she did not really want to kill anyone because, otherwise, she would have already done so; I started with this assertion. Then, I asked Nancy to explain her reasons for carrying a gun. She started by telling me that she knew I was going to intervene on this issue. According to her, she was in this terrible condition because the vice-presidents of the bank had refused to protect employees and clients. Nothing had been done, ever, despite many complaints. Now that she was sinking, losing her mind, she was not going to let them have a free ride: one of them had to pay.

Obviously, Nancy and I were going to have a serious talk. I looked at her in the eyes and spoke out of concern for all involved. Firstly, I shared that I understood her rage. Then, I called upon her sense of compassion toward these men, even if they were in the wrong, and mostly toward their families; most likely, they had a wife and children waiting for them in the evening. Almost blinded by her rage, Nancy had not given one thought to these people. I also mentioned that her actions would have a terrible and permanent impact on her own children and her husband, not to talk about herself going to prison. Now Nancy was reflecting on the fact that killing someone would have repercussions on other people. She was calming down a bit.

I bluntly added that she was not a killer and the little I knew of her indicated that she was a person of honor and decency. I commented that her anger was understandable, of course, because she had been repeatedly hurt and even damaged by the numerous hold-ups. However, killing anyone would not fix the damages; it would only make things worse, much worse. She was attentively listening to my words rather than arguing and justifying herself, so I decided to help Nancy see her share of responsibility.

Nancy had chosen to continue working as a bank teller all these years despite the recurring hold-ups. If she was to get out of this mess, she had to accept her own part of responsibility, however difficult this may be. I understood her knee jerk reaction of blaming it all on others, but I could also see that she knew better.

I suggested very empathically that she must feel helpless, deep down inside, and was considering killing someone who was partly responsible for this mess in order to counter the unbearable feeling of helplessness. However, such attempt at making herself feel less helpless could only fail because it was an illusion. Her psychological condition would not get better and killing would make everything worse for herself and her family. In sum, I highlighted what Nancy had failed to consider by herself.

Recognizing her feelings of helplessness, she confided to me that she was out of solutions to stop the crisis inside. She admitted not wanting to do anything that could not be undone and killing could not be undone. To give her hope, I underscored that there were ways to climb out of the hole in which she was, even though she could not see them. I would help her in therapy to do so.

Nancy was listening and further calming down. Her whole body was relaxing. Somehow, she needed to scream her despair by carrying a gun and telling about it. Someone had to hear her and respond appropriately. She was not alone anymore with her overwhelming rage and distress. She admitted to me, "*You are right, Louise. I could not see it this way*." I then knew that Nancy had given up her murderous fantasy.

Together, we discussed how she would dispose of the gun. She was willing to bring it to me or the police station, but this gun had belonged to her father. Given that Nancy was sincerely recognizing her mistake in carrying a gun in her purse, I was now reassured that she would not act impulsively. With resignation, Nancy agreed to put the gun back in its locked case and give it to her husband to put it away. Nancy's murderous intentions were not met with fear, but with concern, and never came back.

In psychotherapy, I saw Nancy twice a week. She attended every session and was always on time, reflecting her sincere engagement toward getting better.

While rage was still at the edge of her awareness, we examined what triggered anxiety, anger, and helplessness. I learned that Nancy had recently gone to a shopping mall, again and again. She would sit in the atrium at the center of the shopping mall, where she would wait impatiently for her increasing anxiety to subside. Nancy was adamant that she should not have such anxiety. She was affronted at feeling so weak and was going to force it out of herself. Contrary to her expectations, her anxiety culminated into panic attacks, one after another, for an hour. She withstood them, sitting in the atrium, with the firm intention of not being vanquished. Incredibly, she was spontaneously forcing herself into *in vivo* exposure and it was not working. In my book, she was only further damaging herself and her nervous system.

Such was her demanding attitude toward herself, violently dismissing her human vulnerabilities. I knew that it was important to intervene in a manner that would help her to reduce the anger toward herself. To do so, I needed to empathize with her annoyance about her aggravating anxiety, but I also highlighted

that her strategy of intensely confronting her fears was not working. Maybe it had worked in the past, but not anymore. Facing such anxiety head on with all her strengths was obviously not working this time. On the contrary, her old strategy was further damaging her condition.

At first, Nancy insisted that she had to stop being so afraid and, therefore, she had to face her fears and go beyond them. I reiterated that the heightened anxiety provoked by being in a mall was probably flooding her nervous system with neurotransmitters and hormones. In turn, this was probably hypersensitizing her brain even more, possibly further damaging it. The actual loss of her mental peace was regrettable, such as the loss of her strong self, but exposing herself to more anxiety was counterproductive. Trusting me, Nancy resigned herself to stop this self-imposed exposure treatment. In response, her anxiety diminished.

The following weeks, Nancy reported more about symptoms and we identified situations and thoughts preceding flashbacks and nightmares. We also tried to identify the situations which provoked distress in her and heart palpitations. It turned out that she watched the news every night on television. If there were stories about violent events, Nancy would have palpitations on the spot and a nightmare in the ensuing hours. Upon realizing the connection between the two, she had to face her vulnerability anew and her consequent limitations. I even explained to Nancy that it was shown that the people watching the evening news were more depressed and anxious than others. Thus, to protect herself from unnecessary anxiety, Nancy had to stop watching the news.

I reflected that, apparently, she insisted on continuing her usual activities, as if nothing had happened, in order to protect

herself from realizing how much she had been affected by these hold-ups. She was legitimately upset about this, but conceded that she had to cease engaging in such anxiety-provoking activities. In the evenings, she would now play solitaire at the kitchen table while listening to music. Nancy was starting to take care of herself.

During our sessions, I recognized her vulnerabilities, along with her disappointments toward herself. Throughout her life, Nancy had been proud of being strong, but her conscious self-image was now eroding quickly. Following therapeutic interventions, she was now moving gradually from insulting herself inwardly to caring for herself.

Nancy came to recognize that she was more wounded than she could have ever imagined. She did not like it - not at all - but so it was. For my part, I titrated the bad news about her psychological condition in an attempt not to overwhelm her. In parallel, she maneuvered between acknowledging her psychological wound and becoming unsettled by such realization.

Getting a glance at the scope of her vulnerabilities, Nancy would revert into anger. When she felt angry, she had the impression that she was stronger, more in control, and protecting herself from hurt. Somehow, anger was less unsettling to her than vulnerability.

After four months of psychotherapy, Nancy was now losing weight at an alarming rate. Her physician had mentioned that, if she were to continue this way, she would have to be hospitalized in psychiatry. This time, Nancy's rage was engaging on an anorexic path. She had found a new way to express her anger, but it was now turned against her. She was going at it with an attitude of

vengeance and defiance. Her destructiveness was now geared toward a hunger strike. When she reported to me what her physician had said, I described what it would really mean to find herself on a psychiatric ward; it was not going to be pleasant, not at all.

I suggested to Nancy that her anger was so intense that she did not know what to do with it. In her desperation, she was now going to kill herself by starvation. In the meantime, the road was going to be more painful than she could ever imagine because a psychiatric ward was a whole other world. She was gambling with her life. I was almost as if she had the desire to hurt someone, something … anything. However, the one who was going to be seriously hurt this time was her, and her family. Nancy resigned herself again to a defeat as she conceded hating how she had become, as she was now angry at almost everything and how she did not know what to do about it.

Over the subsequent weeks, we continued to discuss her anger and self-destructive tendencies. Again, I empathically suggested that getting angry was one of her ways to avoid feeling distress and vulnerability. I also empathized with the fact that she had lost her previous strong self. Slowly but surely, Nancy allowed herself to feel more vulnerable and needful before me, without resorting to rage as a cover-up.

From now on, Nancy would never be as strong as she used to be, or at least as she had thought she was. She did not like it. She was struggling, immensely. For my part, I remained confident that she would find strength in becoming flexible and vulnerable.

Nancy was so hurt and angry at times that she could only perceive reality in terms of black and white. She was either a mental case or functioning without problems. She was either worth being starved to death or her ex-employer was completely responsible for her condition and deserved to die. The gray zones were difficult for Nancy in the midst of such intense reactivity.

One day, she declared to me that she had lost everything she cared about and life was abysmal. Here again, she was reverting to her previous attitude. I knew that, every time she became dogmatic, it was simply her way to call for help to be appeased. Therefore, I encouraged Nancy to write down both her losses and assets in two separate columns. I gave her a piece of paper and we spent the whole session identifying her losses, which were at the tip of her tongue, and her assets, which I had to remind her of. The task was simple enough: for each negative one, she had to find a positive one. It turned out that she still had a home she enjoyed, plus a country house she loved, a supportive husband even though he was imperfect, good physical health, solid finances, happy adult children, and a wonderful cat as a companion.

Nancy went on to acknowledge that her mind had a tendency to go to extremes. Thus, she needed a daily reminder of things to be grateful for. I suggested that she could carry this piece of paper in her purse and look at it every time she would become angry or desperate. Nancy liked this idea; it was tangible. Over the weeks, she reported having looked at these two columns in fits of despair and such maneuver had successfully calmed her down. In psychotherapy, I could see that she was indeed calmer.

I wondered how Nancy reacted inwardly whenever she startled or had a surge of anxiety. She gave me an example. Last

week, she had told herself, "*That's enough reacting like that, like an idiot!*" when she had startled and screamed after a plastic bowl had fallen out of her cupboard upon opening the door.

I underscored to Nancy that she was harsh with herself, but she dismissed my comment. I knew that I had to put the point across in a stronger way for her to be able to appreciate it. Thus, I conveyed to her that she did not need robbers anymore to yell at her in order to feel scared and anxious because she was doing a fine job at it on her own. I added that the violent events had stopped, but the violence continued inside of her, committed by her. I also suggested that she would not find peace as long as she continued to attack herself.

These additional comments shocked Nancy sufficiently for her to pay attention and realize that her attitude perpetuated her anxiety and anger. Afterward, she paid attention to her inner dialogue and would change thoughts whenever they attacked or despised her. She could do something about her reactions, not about the outer world.

Gently, I proposed alternative views and possibilities. Along the way, I also reminded her of her previous choices, such as continuing to work in a bank despite the recurrence of hold-ups while she was in good financial standing, and her responsibilities toward herself. I pointed out her tendency to persevere into any decision she had made, despite subsequent hurtful consequences. When Nancy made up her mind, she stuck to whatever decision she had made. This was a valuable temperamental quality at times, but it was also a hindrance at other times because this impeded necessary changes.

To counterbalance the shock, I empathized with Nancy again that these violent events were not supposed to happen and things did not turn out the way she expected them. With empathy toward her distress and disappointments, along with interpreting her vulnerabilities and confronting her with her own responsibilities, Nancy was able to come to see things in a flexible manner. Over the months, she ended up accepting her vulnerabilities.

Her depression lifted, along with her PTSD. As daily events happened, we discussed her thoughts and emotions, and how she responded to them. I commented that she needed more serene environmental conditions in order to further reduce her anxiety level. Nancy decided to avoid going to loud places because noise would trigger anxiety in her. She asked her husband to do the grocery shopping and banking transactions in order to avoid the anxiety induced by being in places where hold-ups could happen. The more Nancy protected herself, the less anxious she became, and the less symptomatic she was.

In the midst of her recovery, her husband got drunk at a party. Back home, he threw her on the floor. She screamed at him to stop, and he did. Afterward, Nancy was angry at him, understandably.

I empathized with her anger and her desire not to endure such violent behaviors anymore, of course. I also acknowledged the fear she must have had when she was thrown on the floor. Nancy had enough of this marital violence, but she was not enraged this time. She did not feel helpless as she used to be. She told me that she was ready to throw him out of the house if he was to do this again.

The same day, she asked her husband to sit down for a talk. She seriously disclosed to him that his violent outbursts hurt her.

She emphasized calmly that, if he was to act violently again, she would have no other choice than to call the police and file charges against him. In addition, he would have to leave the house. In response to such quiet determination, he became pensive and then apologized.

Nancy was not making empty threats this time. She was serious and determined. Given her calmness and seriousness, her husband took her seriously. It was as if he woke up and was able to consider the gravity of his behaviors and the impact of his violence upon Nancy. Although his violent fits were rare, her husband gave up drinking alcohol altogether. As he said to Nancy, she was more precious than a few drinks. This assertive stance toward her husband occurred one year after the beginning of psychotherapy. During the ensuing year, Nancy's husband did not drink any alcohol and he remained supportive toward her.

Over the second year of psychotherapy, Nancy gained a newly found capacity to experience life from both her vulnerabilities and strengths. The triggers of anxiety continued to be identified and she was able to bring changes to her behaviors. Her psychological condition continued to improve.

Nonetheless, it was clear that her nervous system was damaged from all the hold-ups she had experienced. Not only did she live through twenty-two hold-ups, but she had previously adopted a counterproductive attitude, affirming that she was not bothered by violence and was stronger than she was in truth.

Over her adult life, this overconfident attitude had contributed to the deterioration of her psychological condition and nervous system. Although she was taking an anxiolytic and an anti-

depressive, Nancy continued to startle at loud noises and have sleep difficulties. In an attempt to reduce her permanent arousal, we did a relaxation exercise together. I gave her the audiotape to bring home and practice. She listened to it from time to time, reporting that it was soothing.

I casually discovered that Nancy had stopped going to her country house in the forest since the last hold-up. She had stopped most pleasurable activities. After we discussed her withdrawal from the place she loved, Nancy resumed going there with her husband. She found herself more at peace with life in this natural environment.

In the forest, Nancy would walk in the woods, collecting moss and branches. She would listen to the birds singing and the wind ruffling leaves in the trees. In winter, she would walk outside on very cold days to listen to the snow cracking underneath her steps. In the company of her husband, she resumed fishing, but hunting was out of the question.

Her husband retired, which allowed them to spend more time in the forest. In response, her anxiety lowered to an unnoticeable level. With depression and PTSD in full remission, Nancy attempted to stop taking her medication gradually, as it was recommended by me. Two symptoms of hyperarousal came back: sleeping difficulties and startle reactions. Thus, we acknowledged that, regrettably, she may have to take an antidepressant for the rest of her life in order to keep her nervous system well-functioning. Nevertheless, there was still some chance that this antidepressant could bring about some repair over a longer run.

Feeling so much better, Nancy made the decision to retire rather than staying on the benefits of workers' compensation. They sold their house in the city and moved permanently to their country home. Along with her treating physician, I determined that Nancy presented a permanent disability from the numerous hold-ups she had endured. It was officially recognized that she could never resume working as a bank teller. Nancy was now sixty years old and ready to stop working altogether.

Following regulations, the compensation agency would give Nancy a decent portion of her salary until retirement, that is, when she would get her pension check from the government. This deal was satisfactory to her, going along with the limits of reality. What she mostly desired now was a peaceful life.

Soon, we terminated psychotherapy. When we ended, I was pregnant. Nancy bought me a goodbye gift, which was a pendant for my child. On a small gold coin was inscribed "90% angel, 10% devil." She was pleased with herself when I opened the box. Symbolically, she was describing her realization about herself. Consciously or not, she was now accepting her shadow, within the greater picture of who she was. Nancy was a very decent human being. We all have a shadow and most of us struggle with it. Nancy had come to terms with hers. She had faced the darker side of herself and was now embracing it all with kindness and humor. Therefore, her shadow was not taking charge of her life anymore. When she left my office, it was a joyful departure.

Many years later, Nancy wrote to me at the clinic. She started her letter by stating that I must be surprised to hear from her, and indeed I was happily surprised. She wrote to share with me some good news, as she stated in the letter, thinking that I would be

happy for her. After many years of living a peaceful life in the forest, Nancy had finally been able to stop taking an antidepressant. She had gradually ceased taking it, following instructions, in order to reduce the likelihood of withdrawal symptoms. Wonderfully, she had had none. Best of all, no symptom of PTSD or depression had resurfaced. Nancy remained fully remitted on all counts.

In her letter, Nancy informed of her full recovery because she knew that I would be pleased to hear that she was doing well without any medication. She also was certainly pleased about her own success. She was enjoying her recovery and wished to share it with me, with a huge hint of love between the lines. I remember sending a short note back to Nancy.

As I write this book, Nancy is now 80 years old, if she is still alive that is. Given her fiery temperament, I can picture her still being full of life and laughter. Although it did not mention this above, I laughed a lot with Nancy over the last few weeks of psychotherapy. We even briefly checked out a parade from the balcony of my office because the brass ensemble was too loud anyway to continue to talk. Seeing Nancy's youthful enjoyment at watching this parade, I knew that she was herself again and was going to be just fine.

In my imagination, I can picture Nancy walking in the forest, picking up moss and building arrangements on her windowsill, just as she used to enjoy during the last months we met.

Epilogue

After reading a draft of this book, a friendly colleague encouraged me to contact John in order to verify if any post-traumatic, depressive, panic, agoraphobic, and pseudo-epileptic symptoms had ever returned. Previously, I have hesitated by concern of unnecessarily bringing him back to a difficult moment of his life. Maybe my hesitation was ill-founded.

On a Sunday, I send John an email at his work address, leaving my phone number. He called me the next morning. At first, I did not recognize him because his voice had changed; it was more mature. As he told me, his sideburns were now already turning gray. He was going to be forty years old in the fall. He was still married to his girlfriend and they have children and he spoke tenderly of his wife and family. He mentioned working too much like many of us.

A few times during our conversation, John told me how much psychotherapy had helped him. *"Anything you need, Dr. Gaston, please do not hesitate."* Of course, I would never call upon his generosity, but such was his way of expressing gratitude. In the same vein, he was now helping a young engineering student, a poor and hardworking fellow just like he was. He called it 'sending back the elevator.'

Over the last twenty years or so, John has never experienced again any of the symptoms present at the onset of psychotherapy.

He emphasized, however, that he was still more cautious than before.

As I inquired further, John remembered a tricky moment of last year. Traveling by car with his family, he had to stop in a neglected neighborhood because his tank was going on empty. At a gas station, John found himself surrounded by several aggressive-looking men looking him down while he was fueling his car. Although he was acutely aware of the need to leave the premises as rapidly as possible, he did not reexperience heightened anxiety or flashbacks. For two decades, John remained free of PTSD as well as the other disorders he endured for almost two long years.

Mostly, it was lovely talking with John. His voice was deeper, but his heart was the same. Love is still present.

"… looking out between the words is the bond of love that belongs to all that exists. This bond of love is what really matters, … It is a bond that can never be broken - otherwise the worlds would fall apart."

Llewellyn Vaughan-Lee
For Love of the Real:
A Story of Life's Mystical Secrets

About the Author

Louise Gaston, Ph.D., psychologist, is the author of many clinical and research articles. She has taught about trauma and PTSD throughout North America and Europe. Previoulsy at McGill University, she has founded a specialized clinic for PTSD, TRAUMA*TYS*, in 1991 in Montreal, Canada. She lives near San Francisco and manages her clinic from afar.

This book was mostly written for individuals who have been traumatized and wish to get a glimpse at what effective and comprehensive psychotherapy for PTSD might look like.

Mental health professionals can find in this book unique descriptions of psychotherapy for PTSD considering pre-existing personality patterns. These psychotherapies were provided according to a synthesis of the seminal works of Horowitz, Masterson, and Bowlby, including the contributions of Spiegel and Herman.

For clinical and research documents written by the author, visit the internet site of her clinic below.

For more information, visit:
www.traumatys.com
www.withintheheartofptsd.com