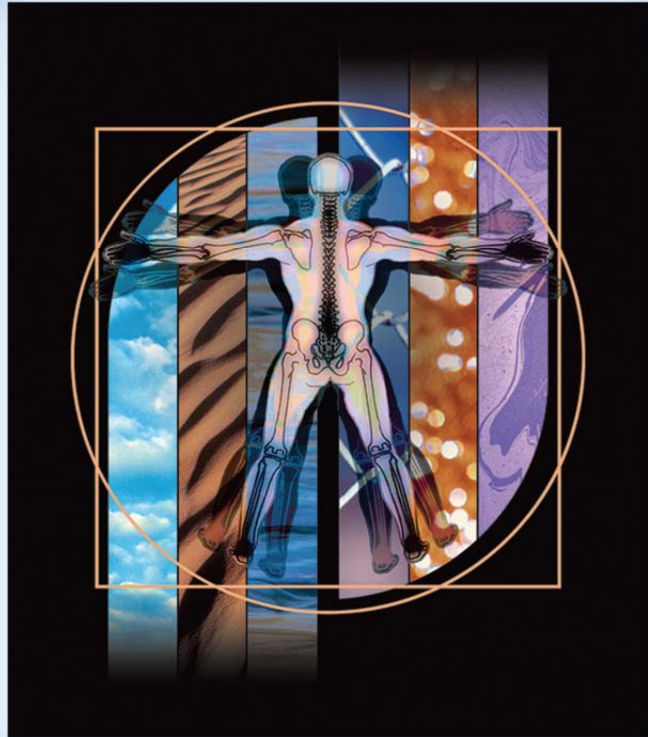
Within the *Heart* of PTSD

Amazing Stories of Gentle Psychotherapy and Full Trauma Recovery



Louise Gaston, Ph.D.

Within the ***Heart*** of **PTSD**

Amazing Stories of Gentle Psychotherapy
and Full Trauma Recovery

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, and he came out from hiding.
Jasmine struggled with self-destructiveness, yet she moved on.
Rose persevered in her search for love to face her murderous desires.
Nancy demanded repair, but she resigned herself to enjoy a quiet life.

Trauma recovery requires a solid therapeutic relationship.
Only then can a confrontation with the unbearable 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.

Within the *Heart* of PTSD

Amazing Stories of Gentle Psychotherapy And Full Trauma Recovery

LOUISE GASTON, Ph.D.

Copyright © 2015 Louise Gaston, Ph.D.

ISBN: 978-1-63490-765-1

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, recording or otherwise, without the prior written permission of the author.

Published by BookLocker.com, Inc., Bradenton, Florida.

Printed on acid-free paper.

BookLocker.com, Inc.
2015

First Edition

DISCLAIMER

This book details the author's personal experiences with and opinions about post-traumatic stress disorder (PTSD) and psychotherapy. The author is not your healthcare provider.

The author and publisher are providing this book and its contents on an “as is” basis and make no representations or warranties of any kind with respect to this book or its contents. The author and publisher disclaim all such representations and warranties, including for example warranties of merchantability and healthcare for a particular purpose. In addition, the author and publisher do not represent or warrant that the information accessible via this book is accurate, complete or current.

The statements made about products and services have not been evaluated by the U.S. Food and Drug Administration. They are not intended to diagnose, treat, cure, or prevent any condition or disease. Please consult with your own physician or healthcare specialist regarding the suggestions and recommendations made in this book.

Except as specifically stated in this book, neither the author or publisher, nor any authors, contributors, or other representatives will be liable for damages arising out of or in connection with the use of this book. This is a comprehensive limitation of liability that applies to all damages of any kind, including (without limitation) compensatory; direct, indirect or consequential damages; loss of data, income or profit; loss of or damage to property and claims of third parties.

You understand that this book is not intended as a substitute for consultation with a licensed healthcare practitioner, such as your physician. Before you begin any healthcare program, or change your lifestyle in any way, you will consult your physician or other licensed healthcare practitioner to ensure that you are in good health and that the examples contained in this book will not harm you.

This book provides content related to topics physical and/or mental health issues. As such, use of this book implies your acceptance of this disclaimer.

To all those struggling with PTSD.

May you seek.
May you be heard
and responded.

Acknowledgments

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

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

Contents

Preface ix
Introduction 1
Chapter 1 - The Story of John.. 3
Chapter 2 - The Story of Cassandra.. 35
Chapter 3 - The Story of Emmett 49
Chapter 4 - The Story of Philbert 69
Chapter 5 - The Story of Jasmine 87
Chapter 6 - The Story of Rose 105
Chapter 7 - The Story of Nancy 141
Epilogue.. 161
About the Author 163

Preface

When I was 17 years old, I read a book that changed my life. It was called *DIBS: In Search of Self* by Virginia Axline, and it described an intimate encounter between a psychologist and a very young boy. This was the most beautiful human relationship I had ever witnessed, and I did not even know then that such a deeply respectful and loving relationship could exist. For my entire life up to that point, I had longed for a similar relationship. I was inspired. I would become a psychologist.

Later the same year, I decided to enter psychotherapy because I had hurt someone I loved, again. This decision began a long journey of self-exploration, maturation, acceptance, and love. Psychotherapy changed me for the better, both myself and my relationships. Overall, I spent ten years in psychotherapy. Among others, two wonderful psychotherapists have particularly helped me, Marie and Nicole. They accepted me the way I was and they have loved me. They shared their understandings, and they 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.

***

Maybe the stories of this book will inspire you to seek a benevolent, knowledgeable psychotherapist. PTSD can be resolved, completely.

Beyond techniques, psychotherapy entails an intimate encounter with another human being. Real psychotherapy comprises the development of a secure attachment which, once internalized, allows for an easy departure.

Psychotherapy may take many forms. It may comprise diverse techniques, but it is a relationship, first and foremost. Knowing many theories and techniques offers the possibility of being flexible and thus responsive to a person's needs, but no real therapeutic change can emerge without love.

Throughout my life, I have met many human beings practicing psychotherapy. The most beautiful ones were those who offered care and attention to the human beings they welcomed in their office. Their capacity to love had brought them to spend years learning about the psyche and, beyond their outstanding knowledge, they were deeply dedicated to help others. Although few of them would dare to say out loud that they loved their patients, I firmly believe they did.

In psychotherapy, a balance between offering care and fostering autonomy has to be constantly sought. Whether it is relational or eventful, trauma brings us to a standstill -- at least, in some parts of ourself. Trauma impedes caring for oneself and striving toward autonomy. To avoid pain, we lose sight of parts of ourself, our traumatized self. Although painful, PTSD reminds us about these

parts, and psychotherapy can allow us to value them. This way, we become whole.

To help those suffering from PTSD with complications, it is my belief that psychotherapists need to be mature and well-balanced human beings. They also need to know the psyche and PTSD. To me, the seminal works of M.J. Horowitz, J.F. Masterson, J.M. Bowlby, C. Rogers, J.L. Herman, and D. Spiegel are landmark requirements.

Psychotherapists praising a particular technique, especially trauma-focused ones, are to me likely to be technical, not relational. I have heard from many people and psychotherapists that people can be deeply hurt by trauma-focused techniques. It seems that such techniques can unnecessarily and prematurely stir up traumatic memories or other emotional issues, overwhelming the person. Given that side effects can be provoked by trauma-focused techniques, please be careful. Also, I have experienced and heard that some trauma-focused techniques can lead to a kind of recovery, but only for traumatic memories to resurface over time while PTSD has worsened. Unfortunately, there is no rapid solution to trauma and PTSD. Recovery takes time. Establishing a therapeutic relationship with a caring and knowledgeable psychotherapist takes time.

***

This book reveals the intimate stories of human beings 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. I have not seen the human beings in these stories for many, many years. Yet I remembered them and

their journeys into recovery, vividly. They 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 any identification have been altered. Importantly, the therapeutic 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 your reading. You may also choose to stop reading a chapter or the book all together. If such reaction is yours, maybe a wound has been awoken. If so, I invite you to seek psychotherapy.

In order to identify a psychotherapist whom you will find most caring and knowledgeable, you could meet with a few psychotherapists. You should feel understood in the first encounter, and simple comments should allow you to readily see your situation from a different perspective, at least a bit.

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

***

Finally, I need to emphasize that I am not a writer. My profession is psychology and psychotherapy. My maternal language, French, transpires throughout the 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 stories. 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 wonderful human beings. May you travel with them, along their journeys to a complete PTSD recovery.

Louise Gaston

Introduction

This book can simply be read as short stories to be enjoyed. It is also a nonfiction book describing real psychotherapy encounters and journeys. To the attuned eyes, the stories may reveal the theories and models underneath. Overall, the sequence of the stories follows a rhythm.

***

Before you start reading, I wish to offer 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 all together.

The Story of John

John was 18 years old when he came to the clinic for psychotherapy. In late August, I welcomed John 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 using a structured interview for clinical research, such was my training. The evaluation proceeded with explanations about post-traumatic stress disorder (PTSD). Besides reassurance, I offered John empathic understanding and emotional resonance toward his shame and suffering.

John presented all symptoms of PTSD, very severely. He had flashbacks of the gun on his head a few times per hour. Terrifying nightmares almost prevented him to sleep. Every night, he could only lie down if his girlfriend was there, and the bright light of the ceiling had to remain on. John fell asleep at daybreak, waking up just a few hours later. Every morning, the 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 robber had put a gun on his head and the other robber had said, "*Pull the trigger. It will be one white bastard less!*" In response, the robber holding the gun pulled the trigger, but only half way. These men were having fun with John in a sadistic way. In the meantime, John said repeatedly, "*Don't kill me,*

guys. I'll give you the cash!" while banging his fists on the cash register. As the racial aspects of his story are crucial to understanding it, it is important that I mention that John was of European descent.

Inexplicably, the cash register opened. John gave the money, and the robbers left after having had a good time at his expense. The next day, John consulted his family physician, who then referred him to the clinic. After evaluating John's condition, I wrote a note to his physician that John had to stop working given that continuing such work at a high risk job would only aggravate his condition and interfere with his recovery.

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 stopping his car to repair a flat tire. It had been nighttime and the area had been deserted. While John had been changing his tire, he had been hit from behind with a crow bar. One man had beaten him up mercilessly while another had stolen his wallet. The second assailant had tried to get his car keys, but John had never let go; he had preferred to die than to be vanquished. Both of these attacks had been performed by people of color.

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 inert on the sidewalk. After a few minutes, John had forced himself to get up. At the first coffee shop, he collapsed on the floor, unconscious. Paramedics had brought him to the emergency room, and the medical personnel had

proceeded immediately. At one point, the physicians had considered John to be dead, but he eventually came back. Regaining consciousness, John had heard his grand-father call his name: "*John, John, come back, don't leave us*." Upon awakening, John started to fight with the nurses and it took five men to pin him down. On a hospital cot, John was fighting for his life.

Despite this first traumatic event, John had continued to act as if nothing had happened. He had continued to work part-time at the convenience store, to study in college, and to play basketball. He had not informed anyone of his difficulties except for his mother and girlfriend, but barely. John was already suffering from severe PTSD and he was struggling with many panic attacks a day. Despite his agoraphobia, John had pursued his activities, running everywhere rather than walking after parking his car. To top it all, John had also developed a conversion disorder in the form of pseudo-epileptic seizures which could not be explained medically. Out of the blue, John would lose consciousness while his body would convulse severely. This happened about once a week. After performing test after test, physicians had found no medical reason for these reactions.

John was now carrying a large kitchen knife in his car to defend himself in case of another attack. His rage would explode at times, but in circumscribed circumstances, thankfully. During basketball games and practices, John would fight with other players and his teammates. The only reason his coach kept him on the team was because he was the best player they had.

In life, John needed to perform and to be independent. Failure and needfulness were unacceptable. His conscious sense of himself

had made him inclined to seek both admiration and approval. Therefore, he was now in trouble…in big trouble.

Before the first assault, John had achieved only A's in college, but afterward his grades had sunk to D's and E's. In an attempt to evade flashbacks of the assault, John had thrown himself into studying, but his grades were still in a free fall. It was in this precarious condition that John experienced the sadistic armed robbery at the convenience store where he worked.

After this second traumatic event, John had seen his symptoms immediately worsen. In addition to PTSD, panic attacks, agoraphobia, pseudo-epileptic convulsions, John was now seriously depressed. Discouraged, John had a precise suicidal plan -- an exit. He decided that he would drive his car at full speed into a telephone pole in order to end it all. Luckily, realizing that he would not get out of this mess by himself, John sought help from a physician who referred him to psychotherapy for PTSD. Nonetheless, John continued outwardly to act as if he was stable, even though he was collapsing inwardly.

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

At this moment, John dared to present his genuine, deeply hurt, and needful self. 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 and I would then see him in psychotherapy. However, this was a teaching clinic and I would videotape the therapy sessions for training purposes, but only myself to protect his confidentiality. John agreed.

Two weeks later, John called me back in order to arrange his first psychotherapy session. For thirteen months, I would welcome John in psychotherapy, twice a week for nine months and then weekly.

In our first session, I asked John about how he was. Then, I inquired about what happened with the other psychotherapist. John told me that he had called her twice, but she had never answered her phone and he had never left a voice message. After 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 psychotherapy. Because such request was emerging from his genuine, needful self, 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 facade of performance. He had experienced me seeing him in his vulnerability and needfulness, without losing sight of her strengths. Contrary to his usual pattern of independence, John had then been able to recognize his deep-seated need to be helped by another human being.

This was very favorable to his recovery because John had a burgeoning alliance with me. Reciprocally, I experienced a willingness to care for John. However, I also knew that I harbored a negative reaction, not toward John but his symptomatology. Despite my expertise in PTSD, I felt somewhat overwhelmed by the extreme

symptoms, the pseudo-epileptic convulsions, and the risks incurred by his suicidality. Yet, I was reassured by his capacity to trust me and to function despite all these adversities. With my awareness of this negative reaction, I made sure to relate to John according to what touched me most deeply about him: 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 thus willing to trust him.

In our first sessions, I inquired about the happenings of his current states and symptoms. I further explored his childhood to gain a better picture of his inner world. I wondered about his relationships with his parents and his extended family, during both his early childhood and his teenage years. I also needed to know his functioning at school and his friendships prior to the 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 show the reality of a child to come. During the assault, his father had kicked John's mother in the belly, repeatedly. Recounting this story to me, he emphasized that his father had tried to kill him, and I agreed. John's father seemed to have decompensated before assaulting his wife, something which had never happened beforehand. After this day, his father had transformed from being a functional 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 she had left her husband for good.

John's grand-parents 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, John's mother had worked full-time during the day and she had studied part-time at night. Unfortunately, she had been hardly available to John during his formative years. As soon as she was able to do so financially, his mother had taken an apartment for herself and her son, while the nearby grand-parents had cared for John during lunch. To me, these grand-parents seemed to be have been very dependable, but little affectionate. After school, John had gone home to wait for his mother. Upon her return, his mother had been exhausted and overwhelmed. Thus, John had mostly raised himself, even though there had been dependable adults in his life. Throughout his childhood, John had known that he had to be a big boy in order to help out his mother. Mostly, it seemed that John had not relied on his mother emotionally.

John had succeeded at becoming self-reliant, more than he should have been. He had performed extremely well in school and he had had many friends. At 16 years old, he had already been working part-time, driving his own car, and performing as a basketball player in college. John told me that he used to score basket after basket. At 17 years old, he had already received an offer for a pending contract with a national professional team.

However, the assault with the crow bar had brought this dream to a halt because John's behavior on the court had dramatically changed. Consequently, John has lost the contract, along with his hope of becoming a professional athlete. We barely talked about it in psychotherapy; it was too painful to John.

In response, John had invested himself into another dream: becoming an engineer. He wished to earn millions as he would have as a professional basketball player. However, after the robbery at the convenient store, his psychological condition had worsened, which further impeded his capacity to pay attention in class. His dream of becoming an engineer was now fading away. Starting psychotherapy, John was haunted by the fear of losing his replacement dream. Worse, John was secretly afraid of becoming a violent man and a wreck, like his father.

John's attachment to his mother was insecure because his mother's limited availability during his formative years had left a mark. At the onset of psychotherapy, John even told me that his mother had a brain disease which rendered her susceptible to fall down and die at any time. John was thus constantly living with the possibility of losing his mother.

His mother had remarried and his step-father was kind but apparently distant, maybe in response to John's way of relating to others. It appeared that John was particularly good at relating to others by being witty and keeping others at arm's length. In his life, there were also his grandparents who had been stable caretakers and had given John the sense that some people can 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 her growing up, despite her best intentions. In response, John could say nothing about the emotional absence of his mother. He stated that his mother was a very good mother, which I

acknowledged. Given the circumstances, his mother had been a very good mother indeed.

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

In the first weeks of psychotherapy, I knew that John could not discuss the two traumatic events in depth as well as his relationship to his mother. John was already overwhelmed with symptoms, and his capacity to contain highly dysphoric emotions was 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 him to discuss, I gently suggested that his father had let him down and that John must have felt more alone in the world than he would have with a real father. In response, John simply nodded in agreement. I noticed, however, his hands lightly shaking. I knew then 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 appreciated that his abandonment and rage were too intense for John to consider this relationship without causing harm to his psychological structure. The issue was dropped.

In our first sessions, I also focused on learning about John's functioning at home and elsewhere. John was willing to share with me this information. Over the last year, John had withdrawn within himself, pushing away all his friends, with the exception of his girlfriend. Although it was clear he had to affirm his independence in life, he also reported spending almost all hours of the day with his girlfriend. He was incapable of falling asleep without her presence.

His mother was aware that John was not feeling good, but she had no idea about the severity of his symptoms and his difficulties. His grand-parents and step-father 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 ago because John had not been able to bring himself to say so.

His girlfriend stood by John even though he was now struggling tremendously. She had met him as a fan, waiting outside the players' locker room to cheer them on after a game. She had enjoyed John in his successes, but she was proving herself to be a reliable person in his life. She had stayed with John even though he had been falling apart. John knew that he could count on his girlfriend, which was instrumental to his recovery.

In psychotherapy, John needed to talk about how much he had become racist. In college, he used to have friends regardless of their race. Since the assaults, he could not trust anyone of *them* anymore. John had been assaulted twice, almost killed, by individuals of African descent. Consequently, he could not trust anyone who had a darker skin color than his; he feared them all. I knew that his anger and

contempt needed to be heard without any political correctness. John needed to be heard in his disarray.

In college, John could not pay attention to the lectures, partly because he was constantly checking out if his classmates of darker skin would attack him. With his back to the wall, he spent the whole time scanning the classroom, hypervigilant. He reported that he expected to be assaulted at any moment. Beyond his hypervigilence, my impression was that John was also waiting for any sign of hostility on their part because it would be an excuse to attack. Twice, people of color had almost killed John, and he had been unable to fight back. The warrior inside John wished to fight and he was waiting for opportunities.

Regarding his anger and contempt, John needed to be heard, but his shame was almost overwhelming. Therefore, I did not present to him the other side of the coin because this would have entailed a serious lack of empathy and it would have increased his sense of abandonment, and thus his rage. Calmly, I simply stated to John that I understood that he felt this way given what had happened to him. In response, every time, John calmed down and moved on to discuss another topic. The more John felt understood, the more he became appeased, and the less likely he was going to assault someone.

At the beginning of psychotherapy, John could not report much vulnerability or lack of control, but he managed to do so after a month or two. One day, when I welcomed him in the waiting room, he was so burdened with shame that he could not even look at me. I knew something had occurred. After seating, I inquired what had happened to him and why he was in such a state. John reluctantly told me that he had beaten up a teammate during a practice. This

time, it had taken five other players to disengage John from his fellow player. After being harshly pushed in the back, John had become so enraged that he had completely lost control.

Of course, such happening was unfortunate. I knew, however, that John needed to be acknowledged, first and foremost. I suggested to him that it must have felt good to have been on top this time, rather than forced into helplessness as during the two assaults he had endured. Surprised that I was not scolding him, John looked at me and softly said, "*Yes, it did.*"

Because he now felt understood, John could acknowledge the other side of the story. Regrets were now apparent on John's face; he was sad that he had hurt someone else. I added that, obviously, he did not want to hurt his teammate because he had lost control over his rage, and he acquiesced. To subdue the shame, I focused on our connection and I emphasized again that I understood his reaction given the assaults he had suffered. I also shared my impression that he was now feeling worse than last time we saw each other because he had just assaulted a teammate. John conceded.

Thus, we went on discussing how another assault on a player could be prevented. This assault occurred because John had been pushed him in the back, but this was part of basketball. Therefore, the only solution I could see was that, unfortunately, John would have to stop playing basketball all together. When I shared my suggestion with John, he revealed that he had fought at almost every game over the last year.

Ceasing to play basketball meant facing for good the loss of his potential professional career in sports. John had cherishing such

career, as a dream and an identity, since he was a little boy and now it was really over. Facing his limitations, John quit playing basketball and let go of this dream. His decision was particularly sound because, as I had just learned, John often had a pseudo-epileptic seizure after a fight at a game.

Besides providing my presence with empathic resonance, I continued to gently interpret John's limitations. At times, I would suggest that he continued to engage in challenging activities such as mathematics because, otherwise, he would not feel as strong as he wished. At this point early in psychotherapy, I could not emphasize yet his sense of vulnerability because John withdrew whenever I mentioned it tangentially. However, he responded favorably, to any comments reflecting his need to be seen as strong. Gradually, I added hints about his vulnerability.

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

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. The agent called once a month to verify John's status in order to continue to pay his salary while he was on disability. As soon as the agent inquired about his condition, John had become enraged, shouting at the agent. Upon hearing about this, I knew that

such reaction was not good for anyone. The agent was a man, and being a man and having authority over John was a recipe for making John explode into rage.

With John's approval, I called the agent. I explained John's condition and the triggers of his rageful reaction. I suggested that, if the agent were a woman, John would not feel provoked and he could more calmly report about his condition. At first, the agent reacted, stating that he needed to do his job, but I persevered in my explanations and the agent ended up understanding John's predicament. Thus, the agent allowed to be replaced by another rehabilitation agent…a woman. Over the following months, John could report to this woman without losing control over his temper.

Because John's symptoms were so severe, I addressed again the topic of medication. John refused to take anything, stating again "*I will get out of this by myself, Dr. Gaston, and you will help me.*"

In an attempt to reduce his anxiety level, I decided to turn to cognitive-behavioral techniques to see if they could be of help. Firstly, I conducted a relaxation session of autogenic training with John, and I recorded it on an audiotape. Afterward, John felt a bit better and he brought the tape back home. At our next session, I inquired whether John had time to practice. He said that relaxation was stupid and it did not work anyway. I agreed that relaxation techniques can be quite limited and 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, but he had no dissociative symptom. In agreement with John, we attempted a few more techniques to see if they could attenuate his

PTSD symptoms. Every technique was presented to John only as a possibility, never as a panacea.

To subdue his symptoms, we tried another technique. This one involved John re-experiencing the hold-up, then following my moving fingers with his eyes as a distraction, and then reporting what came up inside. Within a minute, John saw a tire and he commented how stupid it was. We moved on. Soon, John was seeing his cousin in a coffin. His cousin had been killed by a criminal gang a few years earlier, and 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 side effects, I immediately stopped this technique. I listened to John's comments about this technique and he had not liked it at all.

I proceeded to try another technique with John, a more gradual one which I call introspective hypnosis. On an imaginary screen, John re-experienced scoring a basket, which felt really good to him. On another screen, John was supposed to relive the hold-up in a sequential fashion, but his awareness was immediately brought back to relive the moment when he was banging on the cash register with a gun on his head. John was repeating the same phrase over and over: "*I can do nothing! I can do nothing!*" I tried to help him to refocus his attention on his competent actions, but to no avail. Again, the only option was to stop to prevent a deterioration of his condition. I helped John to reset himself into his usual state of awareness and our relationship.

This technique had forced John to experience an overwhelming state of consciousness, and it had been risky again. For my own

understanding, it was helpful because it emphasized in no uncertain terms the depth of John's helplessness. In his inner world, feelings of helplessness were free-floating and they prevailed if anything was associated with the trauma.

Consequently, I suggested to John that we could try introspective hypnosis again but with a different purpose this time. We would aim at recognizing his feelings of helplessness and at associating where they belonged: the hold-up. To counterbalance John's helplessness, I would emphasize the competent behaviors he had demonstrated during the hold-up. John agreed again. After the relaxation portion of the session, I started to give John simple hypnotic suggestions of going down an imaginary staircase. As I counted backward from ten to one, John would go down deeper and deeper within himself. But before reaching the number one, John was already reliving the moment at the cash register, banging with his fists and pleading not to be killed.

Again, John had lost control over his inner world, overwhelmingly re-experiencing this traumatic experience. I tried to make John focus on his fists banging on the cash register, on the painful sensations in his hands, and on hearing his voice saying that he was going to give the money. Even though John could focus on his competent actions, he kept repeating, "*I can do nothing! I can do nothing!*" Nothing therapeutic could emerge in this state of panic because no link was created between helplessness and competency. As a wonderful supervisor had told me once, "There can be no psychotherapy as long as there is panic." Therefore, we stopped. As usual, 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, it appeared to be so. One thing was clear to me: these techniques had been risky. Luckily, John had been able to not lose complete control and, fortunately, I did not insist on continuing any one of them. Out of these risky endeavors, one good thing came out: John saw that I was making every effort to help him. Not only did John appreciate my efforts, but he witnessed my struggling and failing, without losing hope or impatience. We had tried together and we had failed together.

Together, we moved on. The only other therapeutic avenue I could envision was to assist John in working through his deep-seated abandonment depression. It would be the most painful option over the short run, but it was the best option therapeutically to promote both character change and symptom remission. John would have to change in his core, not in the periphery.

Thus, I resumed identifying the different ways in which John was protecting himself from his vulnerability. It was time to go to the core of his pain, and I centered my interventions on providing John with empathic interpretations.

I first recognized his sense of vulnerability by stating how he was not as strong as he wished. I mentioned that he focused on his competencies to avoid feeling vulnerable. John was now welcoming such comments, without showing signs of higher anxiety. Our relationship permitted this descent in distress. Consequently, I went on to suggest that John felt more vulnerable than he wished. Naturally, his depression deepened, but, this time it was abandonment depression, which was my therapeutic goal.

One day, I underscored to John how incredible it was that he had functioned so well for so long, given what had happened to him. With a soft voice, I conveyed to John how lost he must have felt as a little boy, waiting alone at home for his mommy to return. In response, he softly revealed a secret to me, "*Dr. Gaston, do you know why I am so good at basketball? It is because, as a little boy, I was seeing these beefs coming at me and I had to be so fast that they could not catch me.*" This time, John was able to receive empathy toward his vulnerability and his aloneness. He recognized it. Together, we acknowledged that, in life, John had been operating from a sheer sense of insecurity, constantly moving away from danger.

The more John recognized and embraced his vulnerability in psychotherapy, the more depressed he became. Although these depressive effects were unsettling, they were different from those of a major depression by which one feels cut off from oneself and other people. His genuine self was surfacing, and it was accompanied by an immense sadness due to emotional abandonment. His real self could not emerge into his consciousness without bringing along feelings of abandonment; they were linked together. Despite the uncertainty of such moments in psychotherapy, I knew we were on the right track. As I supported John with empathy, I continued to highlight that he was more vulnerable than he would like.

Soon, the month of December was going to end with the arrival of the holidays, and I was going to stop working for two weeks. This meant that John was also going to be without psychotherapy or homework to distract himself. We acknowledged the problematic situation, and we designed strategies to counter the aforeseen difficulties. In order to keep himself busy and possibly attenuate his

intrusive symptoms, John planned to learn one computer program after another. I reminded John that he could take clonazepam to reduce his anxiety, a benzodiazepine prescribed by his physician four months earlier. John declined this possibility. Knowing that suicide was still an option, I gave John my home phone number so he could call me if he felt that he could do something which could not be undone. He took my number, saying that he would not call. This little piece of paper was, however, a tangible reminder of my presence in his life, quietly stating that John was not alone in his distress. During the holidays, John did not call me, as expected.

Upon my return, John reported having had a very hard time, although he had learned a lot of computer softwares. He still had a good sense of humor. He reported having taken a clonazepam pill once. As I inquired as to its effect, John explained to me that he subsequently had a good sleep that night, 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 because it was John's decision, not mine.

I explained to John that there were two ways out of his condition. There was the harder way by going at it cold-turkey, and there was the easier way with a medication alleviating some of his anxiety. John was obviously choosing the harder way. In response, John revealed that he had once given himself an injection of pain killer after breaking his clavicle during a basketball game because he had wanted to return on the court for the second-half. Such was John's way. Given his answer, I paused within myself and I went along with his decision. Inwardly, I strapped myself to the hope that John could

cruise through his deep-seated despair with my accompaniment and that he would emerge centered within himself beyond abandonment anxiety and depression. We were entering the outer rim of the cyclone to reach the eye.

Given John's intensity, he rapidly arrived in the midst of the storm. Two sessions later, John was filled with despair, almost abandoning himself. He walked into my office without looking at me and without uttering a single word. He sat at the edge of the sofa-chair, dropping his backpack at his feet. I knew that John 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 movement from John. It seemed as though there was no more echo inside him. I was worried.

I continued the session beyond the scheduled time, telling myself that I would spend the entire evening with John if it were necessary. After two hours, I felt an immense sadness emerging in me because I had not been able to reach John. He had remained utterly unresponsive. My only recourse was to relate to him from my own vulnerable self, my humanity rather than as a competent psychotherapist. My sadness transpired in my voice and my words. I disclosed to John how I saw him as being hopeless, 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. I told John that I was so 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 him and love him, including myself. For a half hour, I told John how much I saw him as a beautiful human being, stating facts rather

than compliments. I would be deeply saddened if he was not in this world anymore, but I conceded that it was his choice. At one point, John glanced at me. I continued to talk to him with a tender voice and loving kindness, understanding hopelessness and helplessness. Inside my heart, I embraced all of John, his strengths and weaknesses. Most importantly, I did not ask John to do anything, even not to kill himself. I knew that, if John had decided to kill himself, it would be so. Simply, I experienced helplessness with John, while I could remain connected to life and hope.

John glanced at me a few more times, which indicated that he was reconnected, even at a deeper level than previously. Consequently, I asked John where he thought 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 to see how he would be. John agreed and gave me the phone number. That evening, I set up three alarm clocks for 10:00 am.

The next morning, I phoned John at exactly 10:00 am, and John picked up the phone after only one ring. Obviously, he was waiting for my call. His voice was again barely audible, but he was present. I inquired about his state of mind 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, John answered again after only one ring. Upon inquiry, John told me that he was feeling better. His voice was now audible. In his voice, I could hear a quiet joy at hearing mine.

I inquired if it would be fine if we were to simply see each other in two days, at our usual appointment. John 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. I bore the heaviness with him. In the next few weeks, John would come in psychotherapy feeling gradually lighter, stating that he did not know why he was feeling so much better.

Interestingly, John talked about his favorite foods, and I learned about the best places to get inexpensive lasagnas, hamburgers, smoked meat, pizzas, and more. I also learned the names of his favorite restaurants and the prices on the menus. Beautifully, John was now presenting himself to me in his genuine simplicity. It was as if he were a little boy, because children like to talk about food -- simple food.

I welcomed John as he was and I enjoyed being in the presence of his genuine self, especially given that John was now neither despairing nor performing. Amused, I wondered what the agent at the workers' compensation agency would say about psychotherapy sessions spent on discussing food: I did not write about this in my monthly report.

One day, stuck in traffic, I noticed that I was in front of the smoked meat restaurant that John had mentioned. I decided to park my car and to let the traffic go while I would have a sandwich. At our next session, I mentioned it to John, purposefully. He was deeply touched and so happy that I had done this, as if he was feeling that I had welcomed him in my life. John asked how I had liked the sandwich and I reported that, indeed, it was 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 limitations. He mentioned to me the times when he would lose control over his rage. For example, one day in college, he had been under the impression that another student was laughing at him with others in the cafeteria. John had gone over to the guy, had grabbed him by the neck, and had backed him up against the wall. Suddenly realizing his actions, John had let go of him, inaudibly apologizing.

John also reported about his pseudo-epileptic seizures. A few days earlier, John had had convulsions in a staircase. He had been 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 some details of his convulsions as reported by his girlfriend. He informed me that, during these 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, the assault with a crow bar. A year and a half ago, John had not been killed because his muscles had tremendously inflated, or so it had been explained by the emergency physician.

I wondered with John if something related to this assault could have triggered his recent seizure. To me, something must have felt, at least unconsciously, as if John was back being hit with a crow bar. John revealed more. Few hours before, he had argued with his girlfriend because she had accused him of having flirted with another girl in college. John was adamant that he had not done so because he had just talked to this girl. He mentioned that his girlfriend was jealous and regularly accused him of flirting. Therefore, I suggested to

John that he may have been angry at his girlfriend that night, especially given that she had accused him unjustly.

At first, John denied feeling any anger toward his girlfriend. Given 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 a circumstance. John retorted that he could never be angry at a woman, affirming that a man should never be angry at a woman.

I described to John the difference between anger, an emotion, and violence, a behavior. I informed John that emotions inform us of the saliency of an experience, calling our attention to to get the message. In contrast, violence is a way by which we attempt to gain an advantage over someone, by controlling or subduing. I also pointed out that research had shown that there was no association between anger and violence. Such an explanation made sense to John, who could then differentiate anger from violence. John acknowledged profoundly disliking being unjustly accused.

He was indeed angry at his girlfriend. Together, we came to understand that his pseudo-epileptic seizures resulted from repressed anger. In support, John added that he also had seizures a few hours after his mother would scold at him for not doing this or that, which he considered unfair. For a few sessions, we mostly talked about anger.

In the meantime, John had mentioned to both his girlfriend and his mother that he did not like it when they accused him unjustly. His mother was shocked and, consequently, she stopped this sort of behavior toward John. On the other hand, his girlfriend could not

control herself and she continued to accuse John of flirting with other girls.

At one point, I suggested to John that he could be so angry at times at his girlfriend that I would understand if he would wish to hit her. Appalled at my speculation, John replied, "*A man should never hit a woman, Dr. Gaston!*"

I certainly agreed with John, but I also mentioned that it was important to differentiate between wishing and doing. To normalize his situation, I disclosed to John that, upon hearing one violent story after another in evaluation, I often felt like killing some of the perpetrators, even though I did not do so. John conceded that I remained a decent person despite these desires. I proposed to John that his anger was mixture of helplessness and anger, which induced rage. His rage could at times be so intense that he could feel compelled to hit, even without doing so.

Given our relationship and John's new capacity to experience strong emotions without panicking or somatizing, I dared to add that a man should also never hit another man, referring to his own previous assaults on men. John conceded and agreed that he wanted to hit his girlfriend at times because she truly infuriated him. John was now able to recognize this fiery drive inside him, without sinking into a hole of shame or guilt. Together, we could now acknowledge that his rage, coupled with his desire to assault, that indicated his deep-seated desire to regain control.

Moving on, we explored how John could regain control in adaptive ways. The following week, a similar accusatory episode occurred, but John did not collapse afterward into pseudo-epileptic

convulsions. This was the first time. Instead, John punched his fist into the wall in front of his girlfriend. When he told me what happened, I wondered if he had hurt himself. Nothing was broken, but it did indeed hurt. I reflected to John again his anger and helplessness, while I also acknowledged his new capacity to recognize his anger on the spot.

The following week, a new argument arose between John and his girlfriend. He could again recognized being angry at being unjustly criticized, but this time he only punched through a door. I inquired whether if he had hurt himself, and John reported that it felt really good to punch through the door. While he was laughing, he told me how cheap these bedroom doors were, like cardboard. The following week, another accusation came his way from his girlfriend. This time, John got up, left the room, and went out for a walk. He knew fully that he was angry and that such accusation was unfair, but he also knew that he could not stop his girlfriend from accusing him.

The pseudo-epileptic seizures never came back. From now on, John could accept to be angry at the woman he loved. He could also embrace his imperfections and was becoming less dependent upon his girlfriend. Over the ensuing months, his girlfriend gave up her jealous accusations.

John was now experiencing himself from a new vantage point. He was allowed to be angry, helpless, and vulnerable, as well as strong, competent, and independent. Most importantly, his sense of vulnerability was now part of his awareness about himself.

In the meantime, his step-father had learned about a well-paying job and he informed John. The pay was good, but John quickly

identified that hold-ups could occur at this job because he would be left alone at night with a lot of money. He thus declined the offer, concerned about the risk of experiencing another violent encounter. Naturally, I supported his decision, underlining the dangers associated with such jobs, and I emphasized that John could now recognize his very human limitations.

John's college grades were back to A's, and he was telling me stories about a teacher he enjoyed because he paid attention to John, teasing him candidly. John resumed understanding mathematics and he excelled at it once more.

All of his PTSD symptoms soon disappeared, except for hypervigilance on the streets and a need to place himself against a wall in a public place. I emphasized that, given that he had been previously hit from behind, such alertness was understandable. His panic attacks vanished, and all depressive symptoms were lifting rapidly. It was time to assist John to go back into the swing of things.

I asked John about the activities in which he usually engaged besides school. I learned that John was bored. He mostly watched television or learned computer programs. Given that he did not need to impress me anymore, he was even able to report that, last Sunday afternoon, he had watched bingo on television with his aunt. Upon hearing this, I knew that John was utterly bored and 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, but John was not ready to do so because he still carried the previous shame.

Nonetheless, John needed to be in the company of young men. I wondered which sport John had always wanted to try but he had

never practiced. Spontaneously, John answered rowing. There was a rowing basin in the city, but the membership at the rowing club was expensive. Once again, I called the agent at the workers' compensation agency and I explained the situation, highlighting that rowing would be a therapeutic endeavor for John at this point. The agent agreed to pay for half of it while taking the other half by increments of ten dollars at every pay check. John was delighted.

He registered at the rowing club and started lessons with other young men. Given that these 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. John quickly became the star of the team, and he enjoyed the company of older men. Through such rewarding experiences, his shame vanished. John called his old friends.

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

Over the summer, John worked full-time as a clerk at an engineering firm. He reported to me having problems because some of these adults were being dishonest, blaming him for their own mistakes. John was disillusioned, but he was learning about the painful reality of the adult world. He continued rowing and enjoying it. He also went camping with his girlfriend, and he planned to learn skiing in the upcoming winter.

In September, twelve months after psychotherapy began, John started university. There were many 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. Smiling, he told me, “You know, these people are OK.” I smiled. John went on explaining how his previous reactions had been based on fear and anger.

As he was re-engaging life, John was now telling me jokes in psychotherapy, and we laughed. He described some of the pranks the basketball players played on each other, and they were hilarious. John had a spark in his eyes.

All of John’s symptoms were now gone, except for an unnecessary elevated anxiety on the streets. Previously, his agoraphobia was based on an unconscious projection of his wish to assault. As such wish was unacceptable to him, he had projected it onto strangers, ending up imagining that he was going to be attacked in return. Now, his agoraphobia was no more a projection of his anger given that he fully accepted it. To me, his outside anxiety was now simply due to a conditioned response because, for two years, he had run from his car to every building. To help John get rid of this response, I suggested that we could walk together in the neighborhood of my office. It was a good place because there were people from all origins. John agreed and, one evening in October, we did so.

As soon as we were on the sidewalk, I invited John to stop to assess his anxiety, and he had a mild but noticeable anxiety. I asked him to look carefully at his surroundings to see if there was any danger and to inform me of anything suspicious. John looked around, but he could not see anything matching his anxiety, so he could lower his anxiety by breathing slowly and deeply. After moving on and doing

this a few times, John quickly regained a comfortable level of arousal. Twenty minutes later, we stopped at a coffee shop because I was freezing. The cold had arrived early that year. As John and I walked back to my office, John had no more anxiety and he was casually discoursing. Over the following months, agoraphobia remained in remission. John had stopped running everywhere.

However, John kept on sitting with his back against a wall in restaurants and theaters. He retained this strategy, but he reported that it created him no discomfort or functional difficulties. To him, it was a matter of being cautious. John was now enjoying a full PTSD remission.

Toward the end of psychotherapy, John confided that he did not understand what had changed him in psychotherapy. He could not explain to himself how he had gotten so much better. He had noticed that he was different from the way he used to be before these traumatic events, but, puzzled, he could only see that he was stronger but in a strange way. I explained that he was now more flexible in his ways of approaching situations. He was also more flexible in the ways he related to himself and other people. I explained to John that he was now considering 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 was his mother. I was surprised when he answered, "*Fine as always!*" I precisely inquired about her brain condition that he mentioned at the beginning of psychotherapy. Perplexed, John emphasized that his mother had never had any brain problem and had always been in good health. I

suggested to him that I must have understood wrongly. Quietly, I understood that his fear of losing his mother had gone. John was feeling secure inwardly.

Although we terminated our weekly sessions, I would see John every three months over the following year. Upon my suggestion, John came back to receive further support about his life issues in order to prevent any relapse and to dilute the loss of my presence in his life. In psychotherapy, John continued to appraise the various situations of his life from more mature and flexible standpoint, although he was still in need of support while facing the not-so-adult adult world. Even so, he was able to bear disillusionments. John cancelled a session, and I understood that he was now on his own, living life by himself, without needing my presence.

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

Five years later, I phoned John because the director of a valuable television program wished to interview crime victims who had recovered successfully. I thought of John because such endeavor may be conclusive for him. As soon as John heard my voice, he rejoiced.

"*Wow, Dr. Gaston! It is as if we have just talked yesterday!*" I was also enjoying hearing his voice. John proceeded to tell me how he was.

John worked at a large engineering firm. He was going to be married soon to his girlfriend, reassuring me that she had changed. I congratulated him. Without hesitation, John felt free to decline my invitation. This indicated to me that John had successfully internalized a strong, benevolent figure inside him. He had individuated from the person who had accompanied him throughout his yearlong recovery, and he felt free to decline. I was pleased for him. I asked him if any symptom had recurred, 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 had been present between us. 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 that John is being well within himself and with his loved ones. I hope that he has children, as he had wished. I hope that John 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 well 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 few professionals who had made quite incorrect statements. I understood her anger and her worries. In an effort to reassure Cassandra, I replied that I would definitively try to be faithful to her condition and that I 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 she 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. However, she was still willing to give another human being 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 would 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 the 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 was working as a book keeper in a hotel. One day, 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 given a statement to the police. Then, 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. She would just sit in a chair, gazing at nothing. 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 or ask specific questions. Cassandra had only told me that her parents were dead and she was estranged from her two brothers.

Previously, Cassandra had been married to a man who had been violent toward her and had 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 their father. She had escaped this miasma in the hopes to set up a new life for herself and then invite her daughters to 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 were to reveal the incest. In an unspoken agreement, she had not mentioned to the court the sexual abuse on her 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 question. Nevertheless, Cassandra had found her own way to protect 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 in his house in the country side. This man was not abusive, physically or sexually, but he was a retired army sergeant and he 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 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 were 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, and was starting to believe that she had gone crazy. I reassured her by explaining that she was simply reliving the traumatic event in action rather than in thought and images. Her body was repeating the same behavior she had enacted during the shooting, curling up in a corner as she had curled up underneath her desk out of sheer panic. I went on to explain that traumatized people keep on experiencing the traumatic event in one way or another, even though the event was over. Cassandra understood my explanation and it appeared to relieve her some 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 it go.

Thus, it appeared to me that Cassandra was able to recognize when a human being was geared toward helping her. She thus was in good standing to benefit from psychotherapy, despite her psychological limitations.

Given her past experiences of violence with men and that she had been able to trust me, I referred Cassandra to a woman psychotherapist. 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 decided I would supervise the psychotherapy. Cassandra was 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 in fright inwardly and had a tendency to distrust others, I suggested that questions about Cassandra's

symptoms and life conditions would be 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, in accordance to a 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 in her own right for her mother. Apparently, Cassandra was left with a submissive attitude as the only way to establish an attachment to another person, although her intimate relationships were highly insecure. Such attachment required that Cassandra would be subservient toward her significant one, which had brought many pitfalls in her life. Nevertheless, such an unstable attachment pattern prevented Cassandra from re-experiencing the emotional abandonment she had most likely suffered as an infant. Cassandra had no story to tell about her childhood and her parents, and her own daughters were referred to by "the eldest" or "the youngest", never by the name. 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 were taming a wild and wounded animal, afraid and yet in need. Trained to explore the inner world of her patients and to engage in emotional life, Catherine would have to hold back. 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 existing in order avoid expressing needs. To prevent physical abandonment and thus to survive as an infant, such a person has learned that the mother's needs were to be met, first and foremost. 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 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 somewhat rebel. At times, she could do things for herself and by herself. While mostly pretending to herself that she did not matter, Cassandra was willing to take risks and to challenge an abusive figure of attachment, such as her previous husband. This informed me that, at her core, Cassandra was in a state of conflict between protecting herself from feeling all alone in the world and wishing to engage in legitimate actions in order feel alive.

During the traumatic event, Cassandra had been afraid for her life. She had confronted death. The killing of another human being before her own eyes had awakened in her the core 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 to protect herself from abandonment or destruction. However, she had been able to activate herself enough to save her daughters from an incestuous father. Regrettably, she had gone back into submission in another marital relationship. With this traumatic event, the

imperative of life 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 emotions in Cassandra could be obvious at times. Cassandra's 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, which would trigger in Cassandra an unbearable sense of aliveness. Empathically reflecting emotions was strongly discouraged by me in supervision.

To Cassandra, if Catherine were to see her as having an emotion, it would feel dangerous because another human being would see her as existing, which would most likely induce a terror. Psychotherapy would have to proceed from offering a quiet presence to Cassandra while addressing external difficulties and avoiding any probing into her feelings. Catherine would wait for Cassandra to approach, on her own terms and at her own pace.

In the first two months of psychotherapy, Catherine mostly listened to Cassandra describing her previous husband. Cassandra often complained about him. She also complained that she was unable to stop the screaming of her new husband. In response, one could be tempted to share or to go into problem-solving for such difficulties. However, Cassandra could not have accepted any help of this sort despite her complaining. Instead, Catherine understood that Cassandra was remaining in this relationship because, otherwise, she would not feel safe. Cassandra felt appreciated in her conundrum as she was seen by Catherine but in the least threatening way.

Cassandra began to reveal more personal information. Naturally, her fears of being conned, abused, or abandoned were further activated. To verify whether Catherine would be trustworthy, her psyche offered to Catherine a test. One day, Cassandra became teary. Remembering her inner fear toward emotionality, Catherine did not focus on the expressed sadness; she simply asked Cassandra how she was. Cassandra responded that she was OK and she moved on.

Cassandra continued to reveal more personal information, rather than retreating within herself, which validated a cautious progression. Feeling safer, Cassandra's depression started to lift a bit and her curling up in a fetal position in the kitchen stopped. We were going in the right direction.

Soon, Cassandra shared with Catherine her concerns about her daughters. She also regretted not having called the protective services during the incest. Catherine understood Cassandra's hesitation, given that she would have most likely felt in danger 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 danger. Rather than mentioning to Cassandra that she would not have felt safe, Catherine went further by suggesting that she would have felt in danger, taking a closer step toward her fear. Catherine was gently recognizing the inner world of Cassandra in a way that Cassandra could bear. Cassandra responded favorably.

As Cassandra allowed herself to experience some intimacy with Catherine, the other side of her conflict emerged -- namely the fear of being intruded upon, controlled, or dismissed. This time, the psyche

would provide Catherine with a monumental test. At the following session, Cassandra opened by saying that she had had a dream, although she usually never dreamt except for nightmares of the shooting at her work place. The 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. Her oldest daughter was in the lake, drowning and screaming at her mother, "*Mommy, help me!"* Cassandra remained still, doing nothing, and her daughter drowned. Upon finishing the description of her dream, Cassandra asked Catherine what she made of this dream. Having been trained as a dynamic psychotherapist, Catherine had to restrain herself from interpreting such a vivid and meaningful dream. She remembered my quasi-injunction to stay away from Cassandra's inner world except for her feeling of not being safe or feeling in danger. Thus, Catherine simply said, "*Do you think it means anything?*" Cassandra answered, "*Ah, dreams are worth nothing anyway!*" She was smiling and obviously relieved at the response. Catherine then moved on to ask Cassandra how it had been last few days.

Cassandra could now reveal the important aspects of her daily life. Catherine learned that Cassandra 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. Something had to be done, but gently.

After addressing the issue of caffeine and its consequences, Cassandra agreed to drink decaffeinated coffee from now on. This move was wonderful because Cassandra was accepting to take care of herself, which was a major step forward for her. With respect to her immobility, it appeared that Cassandra was at loss at what to do. I

suggested to Catherine that the genuine self of Cassandra would need to become engaged in any initiated activity in order to be therapeutic in any way.

To assist Cassandra to participate in life without cleaning 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 rice pudding and to enjoy it. Cassandra was making progress, unbeknownst to her. This activation had created a breach in her fear of being abandoned or destroyed since she was able to do something for herself, by herself.

Cassandra was paying attention to herself and she was supported by Catherine in doing so. Cassandra was now relating to a human being on whom she could rely more and more. Catherine was on her side and respected her fears. In return, Cassandra was starting to care for herself.

Upon my suggestion, Catherine inquired about the activities Cassandra enjoyed doing as child or the activities she had always dreamt of doing. The answer came easily. Cassandra had always wished to be close to horses, but she had never approached one. Cassandra went on to talk about horses. Catherine listened. Given that Cassandra lived in the country side, Catherine inquired whether there was a horse farm nearby. There were a few. Before doing anything, Catherine and Cassandra considered the idea of approaching a horse for the first time.. They also discussed the possibility of asking the owner if Cassandra could be briefly trained to work as a volunteer with the horses.

Spontaneously, Cassandra drove to a stable nearby her house. She shyly introduced herself to the owner and quickly asked if she could help out at the stable. The owner accepted and showed Cassandra how to clean the horses' stalls, how to feed them, and how to brush them. 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, the depression of Cassandra lifted, along with her PTSD. Cassandra was now allowing herself to be alive and to feel alive. The PTSD symptoms were not needed anymore. Flash-backs of the shooting had brought her back to a desire to be alive, and she was now daring to feel alive.

Cassandra continued to go to the farm. Catherine and I knew that she needed time to firmly establish within herself 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 could have been felt a blow, worse as 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. She would work at the hotel during the week and she would take care of horses during the week-end. To prepare for Cassandra's return, no exposure to her work place was needed. The hotel management had enhanced the security system so that nobody could enter the administrative office without a password, which greatly reassured Cassandra.

Ahead of time, Cassandra briefly visited the hotel. She stayed in the administrative office for a while. As no anxiety or flash-back

occurred, Cassandra was indeed ready. This shooting belonged to the past, along with her old sense of self.

Given the lifelong fragility of Cassandra, psychotherapy continued after her return to work to ascertain that the PTSD and depression would not relapse. Cassandra needed to be supported to more firmly establish within herself 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, Cassandra 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 close to the countryside. They painted the apartment together, making it their own. Her youngest daughter began to volunteer at the stable and she received free horseback riding lessons in return.

In a joint decision, Cassandra and Catherine terminated psychotherapy. The goodbyes were unemotional. Mutual appreciation was apparent although unspoken. Cassandra was symptom-free, back at work, and functional. She was navigating through her new life, on her own and with 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 had been fulfilled by Catherine. In response, Cassandra’s fears had subdued, her enthusiasm had flourished, and she had engaged 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 so as to not destroy what is most delicate, such as feelings of aliveness. Cassandra offered Catherine an opportunity to witness her with her vulnerabilities and her core human desires. In return, Catherine witnessed Cassandra emerging from her hiding place from within herself.

Cassandra's feistiness was a precious quality. It assisted her in claiming respect during aversive moments and it gave her courage. I am glad that, in my waiting room, Cassandra dared to get angry at me and to warn me. At this very moment, Cassandra demanded respect from a professional who would have a decisive impact on her life. She took a chance, and she was responded.

The Story of Emmett

Emmett came to the clinic almost deshelled. Few weeks before, 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 started to beat up two teenagers ferociously. 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 they had quickly realized that they needed reinforcements. For each assailant, it had taken five policemen to apply successful physical constraint. This drug had given them exceptional physical strength and triggered unusual aggressivity.

After the attackers had been detained, Emmett had given his statement at the police station and then gone home. The next day, he consulted his physician, who put him on work disability and referred him to psychotherapy.

At the clinic, I evaluated Emmett's psychological condition before referring him. Emmett had all of the symptoms of post-traumatic stress disorder (PTSD) except for pseudo-hallucinations and pseudo-illusions. He also presented all the symptoms of a major depressive disorder, including acute suicidal ideations, but, fortunately, without a plan of action.

Regarding the recent traumatic event, Emmett would repeat: "*I did nothing to help these teenagers. I am a coward*". According to Emmett, he deserved to die because he had let these two innocent teenagers be senselessly beaten up.

At this point, Emmett could only view himself as a coward. During the evaluation session, I empathized with his pain and I underlined his compassion toward the teenagers for calling the police, but to no avail. Given that courage and fighting are characteristics salient to the masculine psyche, I referred Emmett to a man psychotherapist. From our brief evaluation meeting, I knew that Emmett had lacked a strong fatherly figure in his youth. Consequently, I thought that, if a strong man understood his lack of intervention during the assault, Emmett's image of himself might be more easily repaired.

Emmett saw Julian weekly in psychotherapy for about two months. Then, Julian left for a long vacation. Although Emmett had been taking an antidepressant for more than one month, his depression was not lifting. Instead, it got worse. 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.

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

Upon our first session, I explored whether there were people 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. Emmett could turn to them in need. I inquired as to when his depression started. It turned out that Emmett had been depressed for over a year when his wife had been diagnosed with a very aggressive breast cancer. She had undergone complete mastectomy and, for months, Emmett had bathed his wife and cleaned her wounds because they had not been healing as expected.

Despite a 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 anticipating her loss. 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.

In parallel, I had noticed my own inner reactions. Whenever Emmett came in my office, I experienced him as being heavy. He dropped his body in the chair before me and he leaned on his side as if he had given up 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 posture, his facial expressions, and his voice. Most importantly, I had the visceral impression that Emmett was relying heavily on me to take away his pain. This was impossible. To avoid feeding this attitude, I decided to relate to Emmett through his own wish to get better and to become autonomous. I still recognized his suffering pain, but in a restricted manner.

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

Emmett had strengths, but he had lost sight of them over the last year in order to cater to his wife's needs and dependency. Luckily, Emmett was willing to reveal them.

Although Emmett had bathed his wife and cleaned her surgical wounds for months, he had not liked 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, but he ended up displaying a capacity to be his own. Emmett went on to say that he had indeed been disgusted at the sight of these wounds. Daring to acknowledge his own experience, Emmett was allowing himself to be individualized at this very moment.

Capitalizing on his venturing, I went on to suggest that it may be hard for him to have a wife without breasts. This time, his surprise at my comment was apparent. Emmett took the lead, nonetheless, as if he did not know if he could say such a thing to a woman, but he admitted that he was missing her breasts given that she used to have big breasts and he enjoyed voluptuous ones. I conferred to Emmett that, indeed, breasts were important to men, and I understood his

loss. I then suggested that he may be looking at other women, but at this Emmet told me not to go so far. I smiled.

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

Following my inquiry, Emmett had left aside the idealized picture of his wife in order to talk more frankly about his daily life. Over the next sessions, a more realistic picture emerged of both his wife and himself. It turned out that Emmett met his wife when he was 17 years old while he was a gang member. He asserted that she had saved him from a life of criminality because, at one point, the leader of the gang started to shoot at policemen rather than just breaking and entering into houses as they used to do. Emmett had gotten scared and violence had been against his moral fiber. His girlfriend, now his wife, had confronted him with an unbending choice. It would be her or the gang. Emmett had chosen her. However, there was a price to pay: his independence.

Under the sweetness of care, his girlfriend soon demanded complete surrender of his autonomy. To assuage his own fear of abandonment, Emmett had acquiesced, enjoying care in a way he had never received beforehand. Indeed, it could almost have been paradise at the beginning, but it quickly turned into a suffocating prison.

Early in their marriage, Emmett's wife welcomed him home every day from work with amazing care. She had prepared a bubble bath for him and, upon his arrival, she would sit him on a chair, unlace his shoes, take off his clothes, and bath him. Emmett enjoyed this part of their unspoken deal, but only for a while. Soon, he was slowly dying inside. Indeed, if Emmett were to arrive home late by fifteen minutes, a forceful interrogation would start, "*Where were you? What did you do?*"

While telling me the story of the surrender of his autonomy, Emmett was ambivalent. He looked as if he was unsure as to whether he had the right to reveal such details about his marital relationship. To me, his uneasiness was mostly based on the fact that Emmett was revealing an untenable situation to himself and, if he were to continue his revelations, he would have to face it. In response, I mentioned his ambivalence openly. He had enjoyed his wife's care and had indulged in it, but he was now paying the price by feeling controlled and suffocating. Emmett validated my suggestion and told me more.

After some time, Emmett had regained independence from his wife. To avoid her wrath, he had proceeded in subtle and evasive ways. To stop being under her constant control, he had volunteered after work to be the coach of any peewee sport team in his neighborhood he could find. Between work and coaching children, Emmett had rarely been at home. His wife would complain to him, but to no avail. Being dependent on him, she had waited at home all day long, cleaning the house and watching television. After many years, this situation had become untenable.

A few months prior to the onset of her breast cancer, Emmett's wife had threatened him to die if he were not to stop his volunteering activities. In response, Emmett had stood his ground, continuing his activities to escape her stranglehold on him. Few months later, his wife had developed an aggressive cancer, which almost took her life. Given that her surgical wounds had resisted to heal for months without any medical reason, I speculated to myself that she had found, unconsciously, a strategy to force Emmett back next to her. Indeed, since the onset of her breast cancer, Emmett had stopped all volunteering activities. He had been petrified at the idea of losing his wife. He had conceded his independence to preserve her well-being in fear of losing her.

In psychotherapy, I wondered what Emmett had been doing all day long at home since he was on disability leave. With a long sigh and some shame, Emmett answered that he was watching television all day long -- mostly soap operas -- with his wife. Not only that, but he had to sit on the coach next to her because she would complain of him as being uncaring if he sat by himself.

Given his subtle annoyance at her control, I allowed myself to share with Emmett the picture that had just popped up in my mind. I told Emmett that, to me, it was as if he were like a little dog following his master everywhere. He agreed. Given my support toward his strength and my recognition of his ambivalence about regaining 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 thus revealed sufficiently, to me and himself, his disagreement at being his wife's pet and that he was ready to act consequently. Psychologically, he

was stronger and more differentiated from his wife. Emmett was more his own man. Given that he acknowledged his desire to live his life, not his wife's, I could start confronting him directly about his ambivalence. Repeatedly, I suggested to Emmett 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 his PTSD remained unchanged, his depression started to lift. However, his depressive moods were like a see-saw, receding and relapsing. Emmett would make progress before he would revert to his suicidal thoughts, only to return again to feeling emboldened about his own life. Engaging into thoughts of independence gave Emmett anxiety about his aloneness, which sent him back into depressive mood.

Whenever depression reemerged, Emmett reported having suicidal thoughts, saying "I am a coward." He repeated these statements as if they came from a broken record. But, at least, there was movement in his mood. Emmett enjoyed recurring moments of being on his own when he did not feel depressed. Every reiteration of individuality would bring to Emmett a sense of being his own man. Each new episode lasted longer than the previous one.

To better understand Emmett, I inquired more about his childhood and his relation to his parents because 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?" As an answer, Emmett gave me an example.

When he was a preschooler, he used to have nightmares. From his bed, he would cry and call for his mother. Without getting up, she would scream back at him, "Go pee and go back to bed." To me, his mother appeared to be both negligent and controlling. His father was most likely depressed. After work, his father used to eat dinner silently with his family and, afterward, he had sat in the living room, doing nothing and saying nothing. The mother had obviously been in charge of the household.

To escape this situation of both aloneness and control, Emmett had joined a gang in the poor neighborhood where he had grown up. With this gang, he had belonged somewhere. However, when the gang had started to use revolvers, Emmett had been shocked and he had switched his allegiance. He had transferred his dependency from his gang to his new girlfriend. No longer under the control of his mother or the gang, Emmett had become under the control of his girlfriend. This situation had been reassuring to him, but there had been a cost: his autonomy.

Although apparently negative, belonging to a youth criminal gang had allowed Emmett to exert his independence from his mother for a few years. Emmett had changed while he had been with the gang. He had become more assertive and feisty. Belonging to a gang had allowed him to manifest these inner qualities, which were unacceptable at home even if they were appropriately expressed. Emmett had learned to fight physically and to 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 to win a possible fight, before asking questions. Otherwise, he would have been the

one being knocked down, lying on the sidewalk. Such was the neighborhood in which Emmett had been raised.

The assault at the youth center had thus been a particularly painful experience because Emmett had known that night that he could have helped the teenagers if he would have intervened. Given that he knew how to fight, but had avoided intervening to help the teenagers, Emmett felt like a coward. Even though I suggested to Emmett that his decision was reasonable given that he had not fought for about twenty years and that the two assailants were on PCP, these comments were not helpful. Such reappraisal of the traumatic event had no impact on Emmett's beliefs about himself. Therefore, we continued to focus on his autonomy toward his wife, at least inwardly for the time being. His depressive bouts were recurrent. 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. Emmett was angry.

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. Emmett went on to inform me that he had visited the inspector at the police station in order to understand

what was going on. The inspector had also been angry and had mentioned to Emmett that the two assailants had criminal files six inches thick.

During our next few sessions, Emmett could not talk about anything else. His discourse was now a broken record about the whole injustice of the situation and he wished to kill these two 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. He would fluctuate between ranting about the freedom afforded to these criminals and having suicidal thoughts. Emmett did not know what to do with his anger. He would either turn his anger into bravado or he would turn it against himself.

Given that no empathic or validating intervention on my part succeeded in helping Emmett move along, I decided to confront him. The inspector had casually showed Emmett the address of these men, and Emmett was telling me that he should kill them. Although Emmett was uttering such threat as a possibility, it was clear to me that he was not resolute because he was retaining a sense of caring for himself and for those he loved. Repeating a murderous possibility out loud made Emmett feel less helpless, but we were going in circles.

This possibility was to Emmett a defense against experiencing his own pain, and he clung onto it as a diversion. Emmett was caught in a vicious circle. He was not truly considering such possibility because he had no weapon and no plan. Therefore, I confronted him. I suggested that his focus on the possibility of killing these men was a protection against facing the difficult issues of his own life. I challenged Emmett to make a decision by the next session. Finally, 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 that he had decided to forget about these guys. The justice system was responsible for them and their future victims. Clearly, Emmett had reflected, and he did not want to cause any harm to either his wife or his son by acting in a violent way. I listened to Emmett's decision. Then, I verified whether he was very clear about it, appealing to his capacity to take a firm stand and make it very clear to himself. Emmett responded according to my expectation, stating that he was moving on.

Emmett refocused his attention back onto his own problems. Rather than using his pent-up anger in a defensive and possibly destructive way, Emmett was now using it as a useful energy. This enabled him to make his own choices and to act upon them. Naturally, the see-saw pattern of his moods was back into play. As Emmett moved toward autonomy, he soon reverted back into 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 one 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 I pushed him away from me. Calmly, I informed Emmett that this was not good for him; it would undo our therapeutic relationship and 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, Emmett had been able to move from an attitude of pleading for care to a more mature attitude.

In the meantime, his wife had felt Emmett's distancing toward her and she was attempting to exert greater control upon his activities. To not aggravate the situation, Emmett would say nothing while continuing to act more and more independently. He was not watching soap operas anymore or sitting next to his wife, and he was making his own food most of the time. Gradually, Emmett was testing his capacity to be separate from his wife -- away from her control. Maybe naively, Emmett hoped that his wife would stop attempting to control him and that she would 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 his presence in an attempt to explain that persons with PTSD fare better when they are not belated. His wife came to a psychotherapy session with Emmett. Sitting down, she started to complain loudly about him. 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.

So I raised my voice and she stopped talking. I explain that the situation must be difficult for her, but, given the way she was talking about Emmett, unfortunately, she was not helping him. She simply resumed speaking loudly, berating Emmett and affirming again and again that her husband was inadequate. Emmett said nothing because there was nothing to say. We simply ended the session. Although this encounter first appeared to have been futile, my understanding of Emmett's difficulties with his wife was greatly enhanced. It was almost impossible to talk with her, just as Emmett had previously reported.

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

Consequently, Emmett engaged himself more into life. He was now going 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 threw a plate at him while he was going out the door. In return, Emmett said nothing and closed the door behind him.

As to be expected, Emmett's depression came back. His sense of being abandoned in childhood strongly resurfaced. In addition, Emmett's situation was precarious at home. I speculated that his wife's cancer had been an unconscious maneuver on her part to control Emmett. In order to protect herself from losing Emmett again, his wife's cancer may relapse. It seemed she would rather die than face her own life as an autonomous, individualized human being. Her anxiety must have been tremendous, and she must also be struggling with abandonment depression.

After presenting this dilemma to Emmett, he seriously considered his conundrum. Emmett knew it, but he had not dared to admit it to himself at loud. Nonetheless, 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 depression. Although his PTSD was now mild, it was still present. While he was in a depressive bout with suicidal ideas, Emmett said again to me, "*I did nothing that night. I am a coward.*"

Therefore, I decided that something meaningful must have happened during the assault at the youth center, something which was still unconscious for Emmett. I proposed to him that we could use introspective hypnosis to review the traumatic event and possibly identify what had occurred inside him during the assault.

Emmett was now capable of experiencing intense negative emotions and bearing them. In addition, our therapeutic alliance was solid. These two prerequisites were in place. Upon hearing my proposal, Emmett refused at first. In response, I explained to Emmett candidly that I was at a standstill therapeutically because I did not know how else to help him go beyond this trauma. To me, more information was needed. Only then, Emmett agreed to such therapeutic strategy.

He missed the next session, and this was the first time since psychotherapy had begun. At the following one, I linked Emmett's absence with his anxiety about re-experiencing the traumatic event, but I also underlined that he may have anxiety about discovering something he would rather avoid. Emmett replied angrily, stating that I was going to hurt him with this re-experiencing. I stated that I would not be hurting him, but that it would indeed be painful. I went on to explain again that he would have the complete control over the procedure and he could stop at any time, especially if there would be a possibility that emotions were to become too intense for him… too

destabilizing rather than informing. Seeing my resolution and my expertise, Emmett agreed.

During introspective hypnosis, I started with a relaxation technique called autogenic training in order to help him his attention inwardly. Afterward, I used a simple hypnotic induction of imagining being at the top of a staircase and going down deeper and deeper within oneself while walking down the steps. At the bottom, I verified the conscious connection between Emmett and I by asking him to raise his right index finger. This would indicate to me that he heard me. I also reminded Emmett that he simply had to raise his index finger throughout the session in order to stop it, or say it out loud. In this first phase, all went well and Emmett was ready to relive the traumatic event as we had previously planned together. We would start at a safe place before the event, move through the traumatic event while pausing at crucial moments, and end at a safe place after the event.

At first, Emmett imagined himself back at the youth center, having a quiet evening with the teenagers. He could vividly see the recreation room and the people, and he could experience the joy as if he were there. Emmett described all this out loud. Then, I asked Emmett if he was willing to move on, and he answered that he was ready to go ahead.

Therefore, I asked him to tell me what happened next. Emmett described seeing two crazy-looking guys entering the premises. I asked him to block the image and to tell me about his reactions at their sight. Emmett informed me that, although these men were crazy-looking, it was not unusual to see funnies came in, so he did not give them more thoughts. Nonetheless, not knowing who they were,

Emmett kept an eye on them as he usually did in such circumstances. I then said, "*What happens next?*" Emmett was now seeing these two men furiously beating up two teenagers, out of the blue. Again, I asked him to freeze the image and to inform me about what went on inside him. Immediately, Emmett shared the fantasy he had had at this precise moment.

Emmett told me that he saw the metal bar on the wall, next to the fire extinguisher, and he imagined a scene in his head. During the assault, Emmett had imagined a plan of action. In his mind, he took the metal bar, he went back there, and he hit one assailant on the head from behind. However, the other one quickly stabbed Emmett with a knife, leaving him bleeding to death on the floor. At this point, I reminded Emmett that he had imagined this scene in his head and I asked him to block the image, which he did. Then, I proceeded to tell him that, the night of the assault, he had not become paralyzed, but he had made a decision. This decision had been based on a will to remain alive, on his will to live. Following my comment, Emmett got angry and even emitted a swear word. I told Emmett that I understood his anger because he had been repeating to himself and to me that he wanted to die while, in fact, he had decided to live the night of the assault.

Still under hypnosis, I continued to tell him he was imagining that he could end up bleeding to death if he were to intervene to help. I emphasized that Emmett decided to do nothing to stay alive. I stipulated that, in a way, he would rather forget his intense desire to live because it severely conflicted with his wife's desire to have him next to him. Emmett conceded. I went on to suggest that his dilemma was tremendous because he knew deep down inside that, if he were

to choose to live, his wife would most likely resume having cancer. He agreed. I went on to underline that, for the last twenty years, it was as if he had a knife on his throat, and he was choking to death.

We completed the sequence of the traumatic event as planned, but no new information emerged. We terminated with Emmett being at home the night of the assault, as he had previously chosen to end the session. To finalize, 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 the fact that he had chosen to remain alive the night of the assault. Again, I presented to him the conflict he was facing: either he would truly become alive and his wife would probably die of cancer, or he would remain in this closed circle of mutual dependency and he would probably end up killing himself due to psychological suffocation. Knowing his tendency to procrastinate, I engaged Emmett into making a clear decision before our next session.

Emmett arrived in my office with a lighter footing. He sat down and quickly told me about his decision to live his life. Emmett conceded at being sad at the idea of his wife dying, but this would not be her choice. I listened to Emmett and I understood.

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 consequently wished to do. Given the

circumstances, Emmett decided to stay with his wife until she would die for the sake of their companionship throughout all these years. She had no real friend and she was estranged from her family. She only had her son to accompany her into death, so Emmett faced his responsibilities and stayed with his wife out of gratitude, loving kindness, and generosity.

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

After one year, Emmett and I terminated psychotherapy. At this point, his wife had been admitted to a hospital because her cancer had entered the terminal phase. Although Emmett was on his own, he was well enough to stop psychotherapy at the same time that he was going to lose his lifelong companion. Emmett had deeply changed. Emmett was now an individual, especially that he was willing to face two major losses at once. Emmett was his own man.

Several years later, Emmett called the clinic to obtain a referral for a friend, asking to talk to me. I was delighted to hear from Emmett. I asked how he was and how his life was. Emmett joyfully said that I was not going to believe what he was going to tell me. As his wife was dying at the hospital, she had ended up receiving morphine to sooth her pain. Emmett had still remained confident in his desire to live his own life and he had pursued his autonomous

decision-making. As his wife had realized that Emmett would not submit into dependency anymore, her cancer had incredibly remitted within two weeks.

Subsequently, his wife had made a life for herself outside the confine of her home, and Emmett had decided to continue their marriage, ending the relationship with his girlfriend. After her complete recovery, his wife had started to work part-time and she had made few friends. She was now going out on her own with her friends, and she was letting Emmett have a life of his own. Their son had left the house, and 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. Emmett 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 his circumstances. All in all, Emmett and his wife showed me how much human beings can change. They taught me about our hidden capacities, even when we indulge into dependency.

Finishing this chapter, I just remembered that, at the conclusion of the psychotherapy with Emmett, I had faced him standing, taken him by the shoulders, and told him how beautiful he was. Emmett had 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 hair style similar to one adorned by many members of motorcycle gangs. As soon as he sat down in my office, it was clear to me 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 like this anymore. A serious traumatic event had happened to him in March and the threat of it was still ongoing. We were now in July.

As an accounting clerk, Philbert worked in a large grocery store. One day, 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, putting on his winter coat.

However, he had had no gloves and he did not want to ask anyone for gloves. Philbert had spent two hours carrying frozen food without them. When the job had been done, Philbert had realized that he could not feel his hands anymore. Yet he had finished his shift, neglecting himself.

Upon waking in the morning, Philbert's hands had become dark red. Being on 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, which had prompted him to return to see his father. Philbert had not consulted a physician on his own. Upon seeing his son's hands, the father had panicked and brought him to an emergency room.

At the hospital, the sole option physicians had been able to envision was a dual amputation. Before performing the undoable, the surgeon called in another specialist to assess the gravity of the situation and all 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, there had been a little hope left. The specialist had called a colleague for one last chance before proceeding to surgery. His colleague had reported that he had heard of a new treatment, a chemical therapy. It involved inserting long needles into the spine to inject a medication aimed at activating blood circulation at the extremities of the body. It was in the final research stage, 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, and he had accepted.

The treatment lasted several days because the spinal injections needed to be spanned over time in order to work. Every injection had been excruciatingly painful to Philbert, but the treatment had worked in the end. His hands had gradually regained their natural color and, after a week, they had resumed functioning as before. Philbert had been immensely relieved.

Philbert was warned, however, that he could never again get his hands frozen… not even cold. If it were to happen, the constriction of the vessels in Philbert's 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 after the day when he had frozen his hands. For the last three months, Philbert had been quietly terrified at the possibility of losing his hands.

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

Despite his character, Philbert would have to become resigned to having personal needs in order to protect his hands and to not kill himself. Yet, it seemed to me that Philbert was relieved that another

human being saw how badly he was affected; he was relieved that someone was seeing him in his suffering, talking with him.

In front of me, there was a young man intensely in pain, a young man who had kept his suffering to himself his whole life. He was now taking the risk of reaching out to another human being. It was as if the trauma had created a breach in his psychological armor, forcing him to show that he was sensitive and vulnerable. Philbert was quietly crying before me. It was against his whole character to show pain, especially sadness and despair, yet he still did it.

Desperate, Philbert welcomed my concern toward him, not as another patient to evaluate but as a fellow human being in distress. However tenuous it was, there was a budding connection between us. Consequently, Philbert opened up to me unexpectedly. He revealed aspects about his life that he had previously kept secret. Given my clinical training, I understood that Philbert had a one man way of relating to others: to be outwardly subservient and inwardly secretive. Now desperate, Philbert was risking going out of character.

Before hearing his personal life story, I already knew that Philbert was acting as a slave at work because he had seriously 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, almost anyone. Given this disposition, I knew that Philbert was in danger of getting his hands cold again.

Philbert appeared to make himself invisible and unseen to others because no one seemed to have really paid attention to him, his coworkers and his father included. Worse, it was as if nobody cared

about him. It was as though he did not exist as a human being, to himself or others.

After providing Philbert with some empathy (and definitively not pity), my first therapeutic decision was to suggest to Philbert that he should be on disability for his work-related injury. Rightfully so, he would be compensated financially. Furthermore, psychotherapy would be covered by the workers' compensation agency. Philbert agreed, showing subtle signs of being relieved. I emphasized that it might be uncomfortable for him to not work and that it may even feel unsettling to him, but it was the best option for now.

Philbert heard me beyond my words. He understood that I cared for him. I also added that he was too depressed to work. This assertion was true, but my concern was really about Philbert being too subservient to trust that he could protect his hands adequately. Philbert acquiesced as there was now someone willing to play a caring role in Philbert's life. For one reason or another, his parents had not played this necessary role. On his own, Philbert had not been able to play such a role for himself…not yet.

Philbert went on to revealing many 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 intense distress, it was as if such caution had become obsolete. By taking a leap of faith with me, Philbert was giving himself his best chance.

The details of his growing up exemplified that he had been unseen by his parents, unfortunately. Consequently, he had neglected himself. With this precious information in my mind, I was able to

quickly grasp Philbert's inner dynamics and, therefore, I tried to relate to him in the least threatening way possible. I hoped to offer Philbert comments and suggestions which would be in line with his way of being in the world. In response, Philbert appeared to gain some hope.

At the end of the evaluation, Philbert reported that he would not consider suicide anymore. He was willing to give psychotherapy a chance. I referred Philbert to a solid, yet caring psychotherapist. I referred him to a man because the parent toward whom he had turned to was his father, not his mother. The psychotherapist would need to be able to demonstrate a particular capacity to care for others, and gently. Jason was as such.

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

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

Philbert's life and concerns, with only some hints about his inner life and distress.

Philbert was a single child. His parents were hard working adults. At three months, Philbert was put in a nursery for ten hours a day. His father and mother had a pharmacy where they worked almost all day long. Thus, his parents were mostly unavailable to Philbert during his infancy and childhood. Early on, Philbert was left in the care of strangers, people who had to care for too many infants at once. Growing up, Philbert had been mostly alone, trying to fend for himself. At night, when his parents had returned home, they had been exhausted and required peace.

According to examples given to me, whenever Philbert had asked a question or tried to relate to his parents, he had been met with annoyance and dismissal. As a teenager, Philbert had enjoyed a surge for life. At home, he had insisted on getting answers from his parents. Consequently, the tenuous relationship between Philbert and his parents had become conflictual.

When I inquired about who took care of him as a youngster when he fell down and scratched his knees, Philbert commented that he did not recall such an incident. However, he remembered other reactions from his parents.

As a teenager, whenever he would ask them if he could go out in the evening with his friends, their reply had been negative. His parents had not approved of his friends because Philbert had been hanging out with young people committing petty crimes. Sparked by his teenage excitement, Philbert had insisted to leave the house. At the sustained refusal of his parents, Philbert had grown angrier

One time, his parents had had enough with his opposition and they were going to prevent their son from becoming a criminal. His father had run ran after Philbert throughout the house. Grabbing him by the shirt, he had tackled him down on the floor, while his mother had brought a syringe. His father injected him with a tranquilizer. To Philbert, the unspoken message of his childhood had been forcibly reiterated. Philbert had to be quiet and undemanding; worse, he had to pretend to be non-existing. Following this injunction, Philbert had given up his opposition and reverted back to his aloneness.

Philbert had bonded with this gang as if it were his family. Despite an outer severance, he had inwardly maintained the attachment. Now I understood the reason behind his all black clothes. Philbert was actively keeping a gang identity by continuing to dress like one of 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 as he affirmed some aliveness through his outer appearance. At least he was holding onto 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 living alone in a small apartment and he had no friends. The only people he visited were his parents.

Jason and I agreed that Philbert's hands represented his genuine self -- his dismissed self -- which he had almost lost. To me, it was thus imperative that Jason would regularly pay attention to Philbert's hands and their care. His hands would be the doorway to care for Philbert and the human being he was.

Upon their first meeting, Philbert and Jason had a good encounter. Jason had a clear impression that he could connect with Philbert and, in time, Philbert could also do so 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 an intimacy focused on feelings of aloneness and abandonment. Such feelings would emerge naturally by themselves if a secure attachment between them would emerge within Philbert. At first, Jason would reflect to Philbert‘s sense of insecurity.

Psychotherapy sessions were undramatic, yet quietly intense. Philbert talked about his symptoms and other things, and Jason attentively listened. 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 something cold. Philbert was consciously concerned about losing his hands, but he did not talk this core concern. So, Jason did and, by doing so, Philbert received some care and attention he needed, for his hands and himself via his hands. This approach was tolerable to Philbert.

Gradually, Philbert was brought to pay attention to his hands, which was a must if he were to keep them. By paying attention to his wounded hands, Philbert was also paying attention to his wounded self.

Jason and I knew that Philbert was still in danger to have his hands amputated because he was regularly dismissing himself. Already at the end of August, Jason explored with Philbert the gloves and mittens he would buy in order to protect his hands in the

upcoming cold. There can be surprisingly cold nights in September, and Philbert enjoyed walking outside. Putting his hands in his coat pockets was not enough, not anymore. Discussions focused on the usefulness of gloves versus mittens, their thermal index, and other important qualities.

Philbert ended up buying gloves and mittens for various weathers. In late October, the freezing cold had arrived. Jason and Philbert discussed the diverse strategies to ensure that Philbert would never be outside without protection. 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 and he was secretly glad to have an ally helping him protect his hands. Jason offered care to Philbert, and Philbert accepted it.

Philbert was also talking with Jason about his visits to his parents. He visited them every Sunday because it was custom. He would report on how he had helped them do various chores during the day. Such was their way of relating.

From time to time, Jason suggested that he understood why Philbert accomplished these chores: he only knew to relate to his parents in this way. Jason added that, if Philbert were not to do 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 then to consciously face the tremendously painful abandonment he had experienced in his infancy and childhood.

Philbert was not ready to do so alone. He did not have enough caring toward himself to do so, at least not yet.

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

Over the first six months of psychotherapy, Jason expressed a quiet empathy toward Philbert's subservience and his feelings of insecurity. In response, Philbert revealed more and more moments of dismissal by his parents. Consequently, Jason could venture further and link Philbert's feelings of insecurity to the dismissive events of his childhood. By doing so, Jason gradually acknowledged the emotional abandonment of Philbert, especially when his parents forcibly indicted Philbert into silence and invisibility.

Philbert listened intently and became more vulnerable than ever before Jason. Philbert started to show tears of deep sadness on a regular basis, rather than depression. He did not feel cut off from life anymore; his deep sadness reconnected him to his genuine self.

Jason welcomed Philbert's sadness with quiet compassion. He shared that Philbert may feel in danger at revealing such intimate happenings. Philbert welcomed the intimacy Jason offered him. Jason knew that Philbert needed time before he could welcome more

empathy toward his 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 suffered from the injections in his spine. His physical pain was heard by Jason. The symptoms of PTSD vanished as they were not needed anymore. Indeed, Philbert did not need to remember this excruciating physical pain via flash-back 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. His memories attenuated into the background. Jason was attentive to Philbert and his suffering, so the post-traumatic reminders could go away. In turn, Philbert disclosed even more.

In the midst of winter, Philbert reported to Jason 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 had told him that he had to stay in the car while she was shopping in the mall. Philbert tired of being an unpaid taxi driver. He was bored, lonely, and left out in the parking lot. Jason understood Philbert's disappointment and underscored that such activity could also put his hands in jeopardy. Philbert considered all of the above, but he was not ready to disengage from serving his mother.

Understanding the deep feelings at stake, Jason did not offer any problem solving. Jason did not even mention that Philbert could inform his mother that he would not drive her anymore. Jason simply conveyed that Philbert's conundrum was based on a core conflict opposing his need to be considered as a valuable human being versus his need to preserve his relationship with his mother. Jason shared

that Philbert drove his mother around because, otherwise, unsettling feelings of danger would emerge.

Two weeks later, Philbert's hands became quite cold while he was waiting in the car for his mother. Subsequently, his hands turned red. On his own, Philbert informed his mother that he would not drive her around anymore. 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 his withdrawal or his hands. His mother's reaction was confirming Philbert's fear that she could not care about him.

In contrast, Jason was concerned about the reddening of Philbert's hands. He paid attention to Philbert's worries and sadness. While he was invigorated by a greater sense of having an ally and by responding to his own needs, Philbert had to face his abandonment by his mother.

In his daily life, Philbert was lonely. Now that he could acknowledge this, Philbert considered his needs and looked at classified ads. He visited a few apartments where people shared the rent. He ended up moving into an apartment he would share with 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 at the kitchen table or playing cards. One evening, his new friend invited Philbert to come to a concert with him, and Philbert gladly went along. After nine months of psychotherapy, Philbert 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, but instead only from time to time.

Philbert wondered what else he could do for work and he contemplated studying. In the end, Philbert decided to go to college part-time for accounting, and he applied for the fall semester. He was accepted. Philbert also applied for work at an accounting firm. Before Philbert went for an interview, Jason initiated a discussion about the usual type of clothes worn in such professional setting, informing Philbert that clothes looking more professional would be more likely to lend him the job. With some uneasiness, Philbert bought new clothes and slowly changed his physical appearance. Philbert was letting go of his identity as a gang member. He was changing in his depths. Delighted, Philbert got the secretarial position at the firm.

Upon informing his previous employer that he was not coming back, Philbert learned from his coworkers that the store had to hire three people to do Philbert's job. Having been dedicated to serving others, Philbert had been overzealous. Now he intended to do his job well at the accounting firm -- but, this time, only his job.

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

At the following session, Jason noticed that Philbert was sadder than usual. Philbert told him about the episode involving his mother's disregard toward his hands, along with his own dismissal. Before anything, Jason inquired whether Philbert's hands were still hurting or not. Luckily, his hands had again returned to normal.

Once again, Philbert had experienced his mother's flagrant lack of consideration toward him. He was now facing up to the fact that she would not change; his mother could not be maternal. The consequent choice was painful, but Philbert was more determined than ever to move on with his life without any closeness to his parents. Philbert was now more capable of being a parent to himself. Indeed, Philbert was taking care of himself, but he had a friend. He was also engaged in playing cards at times with co-workers, he enjoyed studying, and he 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 in order to ascertain his parents' attitude toward him. Upon his arrival, his father had negatively commented on Philbert's appearance. Turning to face his father, Philbert had informed him that he did not like such comments. Rather than presenting apologies, his father had criticized him further, "*How dare you talk to your father like this!*" According to Philbert, he had replied calmly: "*I would like you to understand that I don't like it when you comment about me like this*."

His father had then become openly angry and had ridiculed Philbert. This time, he said, "*Dad, if you do not stop insulting me, I will have no choice but to take my coat and go*." The father only continued his verbal rampage, so Philbert had taken his coat and left.

Upon hearing Philbert's newly found strength, Jason and I were glad for him.

Psychotherapy terminated three months later, after Philbert had come only once a week. Although he was free of symptoms, Philbert had to grieve the loss of his parents in order not to relapse into depression, so more time was devoted to this therapeutic endeavor. Philbert 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 to Philbert, but maybe a limited relationship would be possible in the future.

Over the next few months, Philbert did not visit his parents, and he remained free of depression. Philbert studied part-time and worked full-time. He had at least one friend, and he enjoyed being in 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, and Jason told Philbert that he would be welcomed again if he were to need in the future. In total, psychotherapy lasted fifteen months.

Neither Jason nor I ever heard from Philbert again. We do not know whether he remained successful at protecting his vulnerable hands; we certainly hope so. Jason was a competent and caring presence in Philbert's life, so Philbert gradually found a willingness to face his fears and his pains. Philbert learned to care for himself. He also succeeded at allowing himself to relate intimately to people and himself.

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, Philbert developed the blueprint of an inner map guiding him through life. Hopefully, he continues to respond to his human needs and to relate to respectful persons. One thing is certain: Philbert’s hands will always be an unavoidable reminder to not lose sight of himself.

The Story of Jasmine

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

Jasmine had been brought to the emergency room by ambulance. Her stomach had been emptied and she had been seen by a psychiatrist. Jasmine had told her story to the psychiatrist, who had referred her to the clinic. Jasmine had not cared to file a complaint with the police, especially that she had been unsure who had raped her. Still a teenager, no psychotropic medication had been prescribed, but the psychiatrist would see her monthly.

Jasmine called the clinic and, the following week, she showed up on time for her evaluation. When I met Jasmine, she had an expression of both pity and defiance. Obviously, she was deeply hurt, but her demeanor begged for a complete take over rather than therapeutic assistance. At the same time, her eyes announced that

she was going to fight to undo any control over her. Jasmine was struggling within herself, and I knew that I was treading on dangerous waters in terms of Jasmine's well-being. 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 pseudo-hallucination. I was glad because the latter would have indicated that her psychological structure was overwhelmed. During flashbacks, she saw blurred faces and felt vaginal pain. Her nightmares were chaotic, but the main theme was about being chased by attackers. Jasmine also had symptoms of a major depression, including ideas of suicide. She felt sad most of the time, cried without knowing why, lacked concentration, had little appetite, felt worthless and guilty, and had several thoughts about 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 her symptomatology would not recede within few weeks. After completing this part of the evaluation, I asked Jasmine questions about her life and up-bringing.

Jasmine was in her last year in high school, and she reported doing fine before the rape. She had friends and a boyfriend. She lived with her mother and grand-mother. 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 had visited him from time to time. Her father had remarried and had two other 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 in order to get her psychotherapy paid for. I gave her the necessary information, emphasizing that she had one week to get all the paperwork completed and submitted. In addition, I needed a copy before psychotherapy could start. I gave Jasmine a deadline in order to challenge and structure her to see if she could come up to the plate. Given her psychological disposition, I knew that Jasmine could well start psychotherapy without ever applying to the agency. However, Jasmine needed to become responsible for her recovery. Within two days, Jasmine had completed the assigned task, thus demonstrating how capable she was. This was favorable to her recovery, but this was going to be the last competent behavior she would do in months. I gave Jasmine the name and phone number of a psychotherapist, Sophia.

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 pull to taking charge of her. Mostly, Sophia would need to understand Jasmine's conflict between regressing and maturing. Above all, 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 had to refrain from attempting to save her from herself or any circumstances.

I even emphasized 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 her conflict. Jasmine would regress and try to force Sophia into taking charge of her, while Sophia would work unnecessarily hard to get Jasmine to act responsibly. Such a struggle had to remain within Jasmine, and not between the two of them. I expected many destructive actions before Jasmine could steadily engage herself in getting better. Upon hearing my understanding, Sophia accepted the challenges and the referral.

Jasmine showed up on time at her first session of psychotherapy. Sophia inquired about her functioning in daily life. Jasmine was in 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 study but she could not anymore. To improve her concentration, her anxiety needed to diminish and Jasmine was willing to take an antidepressant with anti-anxiety properties; it was worth a trial. Even the best anxiolytic would not be a possibility because Jasmine had suicidal ideas and she attempted to kill herself with a similar drug. However, Jasmine was a teenager and

her mother would have to approve. Jasmine was going to discuss this issue with her mother.

The following session, Jasmine arrived thirty minutes late. Sophia wondered if there was a problem, and Jasmine answered that she had just slept in. Indeed, the appointment was set at the first hour of the working day, and people with PTSD often catch up on their sleep in the morning. Consequently, Sophia offered to Jasmine to come later in the day from now on, and Jasmine agreed. In the remaining minutes, Jasmine informed Sophia that her mother has refused medication for her. Sophia inquired whether Jasmine could invite her mother to come in a session so she could explore with her mother 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 she explained Jasmine's symptoms, emphasizing her incapacity to concentrate in class. However, the mother was mostly unresponsive. Jasmine participated by saying that she was willing to try medication in order to get better. Having spoken few words, the mother said that she did not want her daughter to be medicated. Because she was not yet a legal adult, Jasmine had to comply with her mother's decision.

To Sophia and me, the mother appeared to be passively interfering with her daughter's recovery. Worse, it was as if Jasmine's mother wished her daughter to remain incapacitated and she was clinging onto Jasmine. Our speculation would soon be confirmed, unfortunately.

Jasmine was annoyed at her mother's decision. She felt controlled and dismissed. Further irritated, Jasmine disclosed to Sophia that she was spending most of her time with her mother outside school. Her boyfriend would visit from time to time, but not much. The rape had shaken Jasmine in her confidence, and she was now staying at her mother's side. Apparently, her mother enjoyed Jasmine's company more than she should have. As a teenager needs friends to venture into the world, Jasmine revealed her boredom to Sophia, along with her desire to see her friends again.

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

Sophia was going to learn that, when Jasmine struggled between clinging versus 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, while both would be met with defiance and crisis. Regrettably, Jasmine's defiance was self-destructive in an attempt to force a takeover. Her self-destructive actions started softly, but they quickly escalated into a crescendo.

Jasmine started by missing every other session. When Sophia addressed her absences, Jasmine simply put the fault on her lack of concentration. To correct the problem, it was agreed that Jasmine would buy a schedule book. However, Jasmine did not show up again.

When she was later questioned by Sophia, Jasmine answered that, as she was leaving her home to go buy an agenda, her cousin arrived and, therefore, she stayed home. Jasmine had answered Sophia in such a casual way that such lame excuse appeared to be completely reasonable to Jasmine. Sophia brought up to Jasmine's attention the consequences of missing psychotherapy, indicating that her absences diluted any possible efficacy. Sophia also reframed the missing sessions as reflecting the struggle inside Jasmine.

Her gentle confrontation suggested that Jasmine seemed to want to get better and, therefore, came to psychotherapy, but, Jasmine also wanted somehow to simply feel better and avoid the anxiety associated with facing her life to get better. Upon hearing this, Jasmine looked at Sophia with a serious gaze, for once. It was as if Jasmine was contemplating how she had worked against herself and how she struggled inside.

As her psychotherapist, Sophia informed Jasmine that she could not ally herself with Jasmine's tendency to dilute the efficacy of psychotherapy. Therefore, next time Jasmine was going to miss a session, she would have to fill out a long questionnaire in which she would reflect upon the consequences of her absences, and this would have to be completed before Jasmine could come back for a session. Jasmine conceded. No positive outcome could come out from a half-attended, half-committed psychotherapy.

Pleading, Jasmine replied, "*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 her of her strengths. So she said: "*I wonder why, Jasmine, you say this because you were able to complete all the paperwork and bring it to the agency and the clinic within two*

days, which is almost a record, showing how capable you are and how more capable than you think you are at times."

Suddenly, Jasmine adopted a hostile attitude, accusing Sophia: "*You want to get rid of me!*" Sophia answered that she just did not want Jasmine to lose her time by half-coming because psychotherapy would not be helpful to her in this way. Worse, Jasmine would end up feeling that psychotherapy could not be a valuable option for her, 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. A minute later, as the time for the session was over, Sophia conceded that she would know Jasmine's decision at their next scheduled session. Either Jasmine 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 destructively would, however, intensify in both her daily life and in psychotherapy. Simply stated, apparently unnecessary dramas started to occur.

Almost panicky, Jasmine reported to Sophia one day that, when she had a flashback, she screamed and ran throughout the apartment, scaring her mother and grandmother. This 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. Sophia knew that engaging in this situation as if it were dramatic would only exacerbate Jasmine's struggle. As planned, Sophia calmly said to Jasmine, "*Ah,*

ah", implying 'So, it is', which aimed at enticing Jasmine into self-reflection. Louder, Jasmine repeated her story, but Sophia only repeated "*Ah, ah*" in 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 are indeed painful, they ended on their own. Once flashbacks were on a roll, there was not much to do besides toughing them out. It was so far so good, but Sophia ended up giving an advice to Jasmine: maybe Jasmine could lie down on her bed until flashbacks ended.

As expected, the next session started with an accusation. Not even sat down, Jasmine dramatically informed Sophia that her advice was bad. Jasmine had done exactly what Sophia had suggested. Having a flashback, she ran to her bedroom, however, the door was closed. Jasmine had run into the door and fallen onto the floor, hitting her head. At this point, Sophia was supposed to feel guilty, at least according to Jasmine's unconscious expectations she was. It was all Sophia's fault and she would have to do something about it.

In quiet astonishment, Sophia said "*Ah, ah*" to signify to Jasmine that she had heard her while she did not see anything dramatic. To undermine the drama, Sophia added, "*Maybe you can leave your bedroom door open*", minimizing the drama. Jasmine moved on to discuss a real problem she had.

Jasmine painfully revealed that, every evening, she applied cream on her mother's genitals. Jasmine did like it and she did not see why she had to do such a thing. Jasmine had been asked by her mother to do so since the departure of her father. This image was strident,

exposing her mother's dependency and her lack of consideration for Jasmine. It was as if this woman unconsciously wished to revert back to being an infant in diapers, in need for a protective cream.

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

Jasmine did so. She told her mother and, contrary to her expectations, her mother simply said, "*OK, Jasmine*." There was no drama and no accusation, maybe because Jasmine was so clear within herself that she was not going to do this anymore. In a way, Jasmine was forcing her mother to grow up. Having acted by herself and on her own behalf, Jasmine was going to experience the return of her anxiety like a boomerang. Her anxiety indeed returned in force and, in response, Jasmine reverted back to acting destructively.

At the following session, Jasmine commenced by stating dramatically that she had cut her labia with scissors. In the living room, Jasmine had been cutting her pubic hair while watching television. Not paying close attention, she had cut her labia. Unconsciously, Jasmine was pushing the envelope even further, testing Sophia and herself further.

In response to such an action, one could be inclined to say something like, *"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. A verbal fight would let Jasmine avoid

her responsibilities toward herself. Thus, Sophia answered again with calm astonishment.

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

Nonetheless, Jasmine continued to engage in thoughtless behaviors, again and again, presenting herself to Sophia as being helpless, in need of rescue. Again and again, Sophia would remind Jasmine of her own strengths: "*I wonder why you say this because, in order to get the help you needed, you were able to complete all the paperwork in a record time and bring it to both the agency and the clinic within two days, which shows that you are more capable than you say at times*." Jasmine would listen, almost astonished, as if she heard this for the first time.

In a daring maneuver, Jasmine mentioned to Sophia the greater 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, Jasmine 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 was quick to assert that her father had been, however, the only one who had brought her to the park when she was a little girl. Because her mother never did such a 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 of voice 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 to Sophia that she had done something quite shocking. Her little neighbor had visited with his mother. Alone with this four year old boy in the living room, watching television, Jasmine had behaved in an abusive way, unzipping the pants of the boy and taking his penis in her hands. 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 his 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 what Jasmine had done. Sophia wondered at loud if this sexualized behavior with this little boy could not be in relation to her visiting her father recently. Jasmine pondered this possibility. She was mostly appalled at her behavior, and she sincerely regretted having done so. Jasmine was able to see herself in the eyes of this frightened little boy.

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 Jasmine would simply be sent to psychotherapy anyway.

After curtailing her burgeoning sexually abusive behavior, Jasmine started to have flashbacks of the incest perpetrated by her father. Maybe to sooth herself, she reverted back 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, Jasmine lifted her t-shirt, saying "*See, he even wrote this on my back!*" In large letters made of dried blood incrusted 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 to Jasmine that she knew what to do: apply an antibiotic cream if the wound got infected. Jasmine regained her capacity to reflect, and Sophia underscored again how Jasmine was struggling within herself.

Indeed, Jasmine oscillated between diverting herself from psychological pain by inflicting onto herself physical pain versus facing her anxiety and her needs so she could get better. Sophia continued by mentioning to Jasmine that making herself feel better on the spot was digging a bigger hole of despair for Jasmine 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. Her anger was now directed at those who had deeply hurt her. Jasmine was angry at the boys who had raped her, as well as at her father. Sophia listened and understood.

Jasmine dropped her boyfriend and started to hang out with few friends from school. She 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 now better protecting herself and engaging in more constructive relationships. Aberrantly, Jasmine told Sophia that her mother was now hanging out with her ex-boyfriend, spending afternoons playing cards in the kitchen. After Jasmine had departed from her mother's side as well as her boyfriend's, they were clinging onto each other. It was as if her mother had used Jasmine as a teddy bear, and she had replaced her with the ex-boyfriend. In a way, Jasmine was relieved because they had stopped clinging onto her, which would have made it harder for her.

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

One day, Jasmine returned to visit her father. This impromptu visit seemed to indicate that Jasmine needed to verify who he 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 Jasmine by the throat with one hand and squeezed, confronting her back, "*Oh yeah? And what exactly are you going to do about it? Anyway, I give you permission to report me.*" Jasmine became terrified. When he finally let go of her, she abruptly left the house. Now, however, Jasmine was concerned with the safety of her sisters.

In psychotherapy, the responsibility of reporting the danger incurred by these two little girls was discussed. Jasmine decided to face her responsibilities and, the next day, she went to a 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, she had done her part and the justice was responsible for protecting her sisters. There was nothing else Jasmine 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, so he was unlikely to harass her. 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 problems as they presented themselves. More self-reliant, Jasmine's feelings of helplessness dissipated. She still had anxieties, of course, but she also had capacities and she considered the growing evidence for her competencies. Her PTSD and depressive symptoms vanished.

Jasmine succeeded in terminating high school with passing grades, she did not celebrate. She was at 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 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 took to find a good job and to 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 psychotherapy, Jasmine took a bus with her two luggages.

At their last session, Sophia shared with Jasmine how she had seen her change over the year, while Jasmine was quick to acknowledge the difference between her disposition now and a year ago. The goodbyes were sober, with Jasmine thanking Sophia and Sophia wishing Jasmine 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 remembered that Jasmine turned to others to decide for herself instead of taking her own responsibilities. Sophia also remembered that Jasmine resented others for deciding for herself. Being pregnant, this decision was serious and, to Sophia, Jasmine was the one

responsible for it… not her. Because 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 into Jasmine's awareness the possibility of becoming a mother, which appeared to terrify her given that she had been ill-parented and she was still trying 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 and how difficult a decision it was. Jasmine 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, Sophia or the clinic. Maybe 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 and, 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 protections, and she had lost control. To Rose, it was utterly meaningful that the same robber had come back. This particular feature had reawakened dormant wounds inside Rose 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 there anymore. Due to the nature of these two traumatic events, Rose would be compensated financially by a governmental agency in charge of helping crime victims, and her psychotherapy would be paid by this agency. As suggested by a policeman, Rose had applied for compensation and she had been accepted. This support was tremendous.

In the evaluation session, Rose talked about violation rather than robbery. She felt as if she had been raped. I suggested to Rose that the robberies may have reminded her of the sexual abuse she had endured during her childhood. They may have triggered the buried feelings associated with the incest due to a simple fact: the robber had come back just like her father used to come back, again and again. Upon hearing this, Rose paid attention to my early understanding because it made sense to her. My clinical speculation attenuated 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 also 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 the same way. In those days, a specialization in PTSD was a rare occurrence. In evaluation, Rose reported that she was touched by the humanity with which I had talked about my patients in the article. Interestingly, Rose was able to recognize loving kindness, which was another important asset of hers, and she was able to act upon her needs. 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 presented a very severe PTSD, along with pseudo-hallucinations, a severe major depression, a panic disorder with agoraphobia, and severe somatization. Rose had been prescribed an antidepressant and an anxiolytic by her treating physician, which took off the edge of her almost overwhelming anxiety. Without side effects for her, these medications allowed Rose to sleep a few more hours per night so she could do her chores around the house during the day and she could reflect in psychotherapy.

Rose had intrusive flash-backs 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 that it was behind her. Given that she had not been previously bothered by reminders of the incest, Rose had come to believe that this ordeal was over for good. Unfortunately, the memories of incest had just been pushed away -- successfully

repressed -- and now they had come back galloping. A breach in her protective shield had been made by the second hold-up, which could not be easily repaired. Rose and I would have to face it all, together, because she could not do it alone.

Before I learned about the incest in evaluation, I asked Rose to describe to me her relationships with her parents during her 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 fellatio when she wore little white booties, thus most likely when she was a toddler. Although Rose had always remembered the 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. She knew that her child was from her husband because her father had always used condoms. After an incestuous encounter with her father, she had bled. To protect her child, Rose had found the courage to confront her father for the first time in her life. She had firmly told him that it was absolutely the last time he would ever, ever touch her. She even threatened a denunciation. This man never touched 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 used to sing 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 Rose's father had

violated her sexually for about twenty years, this man had also beaten up his sons physically.

Rose recounted a time when she had witnessed her father punching one of her brothers to the ground, then kicking him repeatedly in the face, saying "*That will teach you a lesson! Next time, you will listen to what I say!*" 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 for her.

The mother herself had been an aberration. Not only did she 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 toward her children, in particular toward Rose. As the eldest of the family, Rose had quickly been enlisted by her mother to do many household chores.

Already at six 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 nights while her parents had gone out for dinner. At ten years old, she had been in charge of the whole household during week-ends because her parents had gone to relax in the country side at motels. At fourteen years old, Rose had been taken out of school by her mother and she had been forcibly put to work in a factory. Although Rose had liked school, her mother had wanted more money for 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!"*

The next morning, Rose had sometimes been sent to work without eating. Naturally, Rose had fainted at times, forcing her father to come fetch her. Back home, her mother had accused Rose of having feigned to faint because she was a lazy one. Her mother would proceed to beat Rose up with a large wooden stick, sending her to bed afterward.

I learned all these details over the first year of psychotherapy. The more unconditionally accepted Rose felt by me, the more she revealed and thus faced the horrendous conditions of her childhood. Upon hearing these revelations, I told myself one day that Rose's life had been like the story of Cinderella, but even worse because her father had not been dead but incestuous and she had been abused by her own mother, not a step-mother. Nonetheless, it was clear to me that Rose needed compassion, not pity. In time, Rose would to come to terms 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 the years, I assisted Rose to acknowledge gradually the abandonment and the abuse she had endured with her parents. Fortunately, these people were dead, which facilitated the reversal of her conscious perceptions, because alive, her parents would have continued to be relentless at recruiting 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 Rose. Such delusion needs time and caring to be undone -- brick by brick. If her wall of protection were to come down tumbling, the psyche of Rose would be in jeopardy. To move beyond her disturbing past, Rose would first need to restructure her inner world. This therapeutic work would have to include the remembered traumas, both relational and eventful. No emerging trauma could be excluded, but there would also be no expedition of fishing them out of her unconscious.

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

When she was sixteen years old, new neighbors arrived next door. The family had many children, and the eldest was a charming young man named Alejandro, who was then 18 years old. He quickly had a fancy for Rose. She was quite pretty and she was always femininely dressed, which he enjoyed. Although she tended to be bashful, she subtly expressed to Alejandro her reciprocal interest. A few months later, they were dating, and they married after two years of courtship. Both Rose and Alejandro enjoyed music and dancing. Finally, there was someone who took Rose outside of her house. Alejandro was unaware of the molestation and violence occurring in Rose’s life. Rose had a new life with Alejandro, completely separate from her home, and she intended to keep so.

Prince charming had arrived next door and he had fallen in love with Rose at first sight. She had also fallen in love. Keeping all wounds secret made it possible for Rose to have an enjoyable marital and adult life. Alejandro came to learn about Rose's past abuses from her parents only few years after the beginning of psychotherapy. As a husband, he was supportive and jovial. They had a healthy sexual relationship, making love regularly. They had four grown children who were all doing well, but no grand-child yet. In psychotherapy, Rose talked about her children with affection, mentioning them by their names and reporting on the events of their lives. In her voice, I could hear that she loved them.

In my understanding, Rose had successfully divided herself into two parts: her childhood life and her marital life. Such unconscious strategy worked for a while, but it was not effective anymore. Given whom she was, Rose challenged many psychological preconceptions I had about people who have been abused as children, violently or sexually. Rose was loving toward her children, despite her own upbringing, and she had apparently not abused them. As adults, they were apparently without any particular difficulties. The worst behavior of Rose toward her children of which I knew was that, every day when they were young, she had insisted that they would be well-dressed before the arrival of their father. In character, she had gone to great lengths to make things appear as if they were perfect. As grown-ups, her children worked in stable jobs and they were able to sustain long-term relationships, which are usually good signs of adaptation.

Rose's psyche had been able to push aside her past traumas in a way that allowed her to have a relatively normal life. However, parts

of her had been missing all these years. Rose had enjoyed their temporary disappearance, but many rejected parts of Rose were now coming back up into her consciousness. Indeed, Rose would regularly become overwhelmed with anxiety and depressed moods.

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 in psychotherapy, Rose could not harness her anger toward her parents, and we more or less avoided this issue. With empathy and benevolence, along with a growing understanding of her own dynamics, 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 were hers to acknowledge and to embrace, although I would need to carry them within me somehow until Rose could deal with them in their entirety. In psychotherapy, anxiety and depression were in the forefront of her daily experience.

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

Favorably, the adjusters at the agency for compensating crime victims recognized Rose's ulcerative colitis as a direct consequence from the second hold-up, which was important to her. It meant that her pain was acknowledged by other people and that an attempt at repairing the damage was provided. In and of itself, this compensation was therapeutic. After her physical recovery, Rose had looked for psychological help and she had arrived in psychotherapy one month after her surgery.

Rose needed to talk. One of her main concerns was that she had a hard time keeping up with cleaning her house. She vacuumed the whole house every day 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 of psychotherapy, could not stop herself from doing such compulsive activities. I understood her performance because ceasing to do chores would have meant that Rose was opposing her mother inwardly. Rose was not ready for such anxiety and individuation.

At first, I simply wondered if Rose could vacuum only every other day and maybe give herself a break, especially given that she was recuperating from surgery. Rose gave me such a lame excuse to continue her daily exhausting chore, that I could only say, "*I understand*." I knew, however, that I would have to come back to this, but in a timely fashion because Rose first needed to develop a benevolent attitude toward herself in order to dare not to perform so much, as was demanded by her inner mother.

During our sessions, Rose was comfortable at talking about her depressive moods. She often cried without knowing why and she 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. I reassured Rose by saying that this was a pseudo-hallucination, a phenomenon experienced at times by people who had been sexually abused in childhood. I suggested that this outer image might reflect that a feeling that her father was returning to abuse her again. Maybe her psyche presented her deep-seated, childhood fear. Maybe as a child, in her bed at night, she had been worried as to whether daddy would come in that night to rape her again. Such understandings reassured Rose, so they were helpful.

To further assist Rose to recognize that she had been traumatized, I empathized with her distress and I suggested that she had protected herself from fully remembering. I hinted at her vulnerabilities, which were greater than she had wished. Gradually, Rose went beyond paying lip service to her distress, revealing more of her genuine self. Her distress was immense.

Her physical pain was also very intense at times. Rose expressed her discouragement at her physical condition, especially given that it prevented her from being interested physically in her husband. When she had pain in her belly, naturally she did not care much about making love. Consequently, she was concerned about losing Alejandro, even though he remained supportive and caring toward her. However, Alejandro could not indeed understand Rose’s distress and moods.

Rose was in crisis and her distress expressed itself in unfathomable ways to most people. For example, Rose repeated that she was certain that she was going to die in two years. She shared this with me in psychotherapy, but she also regularly expressed this to her husband and family. Despite his reassurance, Rose would remain adamant that she was going to die. She was terrified at the prospect. From reassurance to annoyance, Alejandro was starting to become irritated with Rose, 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 her past, having the impression that her parents had been good ones , thanks to Rose's secrecy. Alejandro was not even aware of the extent of her symptomatology. I suggested that Rose could invite Alejandro in a session, during which I would listen to his reactions and offer him explanations about her condition. To me, it was imperative that Rose's marital relationship would not deteriorate, and I was attempting to prevent any foreseeable damage. I also emphasized to Rose that I would be empathic toward Alejandro's reactions about her predicament. Rose accepted.

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

I understood Alejandro and commented that it was not easy to have your spouse in such a precarious condition. 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 easily understand. I wondered if Alejandro could hold back from expecting Rose 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. Still annoyed a bit, he conceded that there seemed to be nothing else to do. I recognized that he had lost his cheery and affectionate wife, and this was difficult for him. Alejandro nodded. I pursued by saying that Rose needed his affection above all. Alejandro said that he could give this to her.

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

Rose's cheeks were wet with tears. Alejandro took her hand and he reassured that he loved her. Rose could hear him, but I knew that a part of Rose was rejecting her husband's love and affection. The rejected, wounded part of Rose could not receive such tenderness. It was as if Rose was like a glass with a big hole in the bottom. Water could be poured in, but it could not stay. The hole was caused by her deep-seated rejection of her own needs. 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 to her sadness by affection. Over the next few years, Rose went back to Alejandro in moments of despair. At times, she sat on his lap and he talked to her softly, not paying attention to her words but to her need to be held. Rose had a beautiful husband and a very well-chosen one, too.

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 now faced with the necessity of acknowledging her needfulness and her vulnerabilities. She had to acknowledge that she was not perfect, even though she had tried to please her mother in order to gain her approval and to prevent physical abuse along the way. Rose had tried to perfectly respond to her mother's needs. Now, Rose needed to change her ways by paying attention to her wounds. She could not do it alone, not even with Alejandro. Rose and I were doing it together.

Over the first two years, I attempted to gently and gradually link Rose's disturbing symptoms to her past experiences of abuse. Her reactions were two-fold. She cognitively acknowledged the link between her symptoms and her past abuses, but she clung to her tendency to say that her life was over and it was only 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.*" Pausing to reflect, Rose acquiesced. They were inside her, screaming insults at her and shooting orders almost all the time. To create a long-lasting impression in Rose, I shared with her that her childhood reminded me of the story of Cinderella.

Rose was appalled, replying "*But Cinderella had a horrible life!*", which confirmed to me that Rose was not grasping yet the horrors of her own childhood. I responded, "*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 cruel 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 on her face, Rose reflected about her childhood. She could see more of the bigger picture of her life. From this moment on, Rose stopped pretending to herself that her childhood was not so bad after all. The trusting relationship we had built together allowed her to do so. Our alliance allowed 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 showed to Rose how they would send her into states of panic. One by one, I reconstructed these inner assaults with Rose in order to help her see, more and more clearly, the inner workings of her parents. Every time Rose had become upset or particularly depressed, we tried to identify what had happened in her outer and inner life beforehand. Any possibility of a conflict would send Rose

into high anxiety. For almost anyone else such situations would have been mundane, but Rose 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 I exposed to Rose's consciousness their destructive workings. Rose collaborated with me. She would reveal how she felt and what she thought during situations which had been unsettling to her. I understood her anxieties although they were seemingly exaggerated. Again and again, I pointed out to Rose that her reactions were based on previously powerful admonitions from her parents, but these only existed in her psyche now.

Together, we linked her actual reactions to her past predicaments. Gradually, a clearer picture emerged for Rose. After more than two years of psychotherapy, Rose could now acknowledge the cruelty and neglect of her parents toward her without minimizing them. Rose had stopped blaming it all on the robber, as she now recognized the main culprits. She also acknowledged how these inner figures continued to perpetuate violence inside her. However, before Rose could fully acknowledge her suffering and respond to it with loving kindness, she would need to inwardly cancel these cruel parents.

The cruelty of Rose's parents had been particularly hurtful because these people had especially targeted Rose. For example, Rose's grandmother had enjoyed her and she had visited from time to time. Her grandmother had taken time to play with Rose or to read her a book. One day, her grandmother had brought Rose an unexpected gift, a nice pair of shiny black shoes. At six years old, Rose had wanted these shoes, which the other little girls had been wearing

at church. That day, when the grandmother had left, Rose's mother had taken the pretty shoes away from Rose's hands and she had given them to a younger sister, informing every one that Rose was too ugly to wear such pretty shoes. Naturally, Rose had been hurt by the loss of her shoes and the intentional comment of her mother. Rose admitted to me that her mother had always praised this younger sister, who was never in the wrong, while Rose was always at fault for her mother.

Both parents appeared to have been sadistic, and the father had possibly been a well-functioning psychopath. Growing with these parents had been like living in hell, impossible to reveal to anyone because her parents had been much appreciated in the neighborhood. Appearances had been good, which had left no room to be believed if Rose would have ever attempted to escape. In addition, repeated threats had been provided by her father to ascertain that Rose would remain mute. After every rape, her father had told Rose that, if she were to tell anyone, he would kill her dog and no one would believe her. Therefore, Rose had said nothing and she had complied. None of the children had said anything, neither among themselves nor to caring adults.

The sun had shined for Rose the day she met Alejandro. Incredibly, Rose 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 Rose to hold onto an experience of love and to 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 see it.

Although Rose looked for love, she could not maintain it within herself. 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, as well as Alejandro. Rose and I had spent many times discussing issues distressing her, and I attempted to sincerely provide her with caring and competent understanding. Again and again, I also enticed Rose to be more caring toward herself in simple ways.

The infamous deadline of two years had passed, and Rose had not died. On the contrary, she felt more alive and more certain of herself. Rose was starting to behave in a benevolent way toward herself, both inwardly and outwardly. She was now vacuuming the house only once a week, not once a day. Having internalized a benevolent figure at the core of her psyche, Rose was now facing more and more the nightmarish figures of her childhood. Our therapeutic focus could thus be centered on her sufferings at the hands of her parents.

In parallel, Rose was active in providing herself with some relief. She took part in a group discussing psychological issues at a community center near her house. She also went to a massage therapist to relieve the tension in her body and to assuage her physical pain. Her surgery had left her with adhesions, growths of flesh inside her belly, and they were pulling, provoking pain.

Overall, things were going in the right direction, therapeutically speaking. However, the counselor at the community center was limited, and the massage therapist had unresolved issues about her own incest. In an unfortunate turn of events, these two women

would intervene in ill-informed ways, sending Rose rolling down the hill of crisis.

One day, Rose reported to me that she was confused after a group meeting. They had addressed how to deal with fears using one's imagination. In the group, Rose had revealed something that we had not discussed together because she was concerned that I would immediately bring her to a psychiatric ward. Rose had said to the counselor that she saw rats crawling all over her house. Naively, the counselor had suggested that 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 also felt that others were not so well put together also, including this counselor, which elicited in Rose a greater sense of danger.

Indeed, the solution offered by the counselor was facile and it dismissed the intense drama happening inside Rose. To appease Rose, I said that I understood Rose's confusion and I told her that such recommendation was naïve and ill-placed. I also reassured Rose's concern about me sending her to a psychiatric ward, stating that the rats were again only pseudo-hallucinations. Her symptom was not psychotic because she knew they were outer images only, even though they scared her a lot.

I inquired as to what these rats might represent. For Rose, rats were filthy and aggressive. In support, I emphasized that rats indeed destroy sound places, just like her parents had done so with her. I suggested that, symbolically, her psyche had presented these images to her because it could well be that her parents felt like rats inside her. They were dirty and destructive. This made sense to Rose. Having

grasped a possible meaning embedded in these pseudo-hallucinations, the outer images of rats crawling around her house disappeared.

Rose was facing more and more the extent of the destructiveness of her parents. Ready, she exposed them to other people, including Alejandro and her massage therapist. Alejandro was shocked when he learned about the incest committed by her father and the beatings coming from her mother, but he mostly remained concerned about Rose. With the massage therapist, it was another story.

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

This woman was part of an association concerned about forgiving abusive parents. Such was the therapy offered at this association. This woman had learned to forgive her father and, to her, anger brought victims at the same level of perpetrators. At first, Rose argued with her, but then she sank further and further within herself.

At our next session, I could barely believe my ears when Rose reported to me what had just happened. I told Rose that I was sorry that she had been dismissed in such a way and I emphasized that her anger was legitimate. Still struggling with her anger, Rose had become afraid of becoming a monster like her parents. In my

understanding, forgiveness would happen in Rose on its own, if at all, and such attitude could never be forced. Beforehand, Rose would have to fully recognize her anger and let go of it. As one patient told me once, *“It is not up to me to forgive. It is up to God.”* The way the massage therapist had embraced forgiveness appeared to be yet another protection against pain and anger.

Rose could see my points. Consciously, Rose was relieved to not be a monster because she was angry, but the damage had already been done. Since this last massage, Rose had severe cramps in her belly. She felt accused and, in turn, she had become even angrier. As her rage was more than her psyche could handle at this point, Rose was living her emotions in her body again.

Few days later, I received a call from Alejandro. Rose had to be urgently hospitalized, and surgery had been performed. Her large intestine had been completely removed. Rose was doing well, apparently, but she needed weeks of convalescence. I was very sad.

The following week-end, while I gave a course on trauma to health professionals, tears came rolling down my cheeks when it was time to give clinical examples. I thought of Rose and her predicament. I briefly shared my sadness with the participants and I continued the lecture. To me, Rose had been pushed beyond her capacities, and her psyche had unconsciously put into her body the unbearable. She was suffering intensely and needlessly.

Rose resumed psychotherapy two weeks later. She was discouraged as she was now wearing a bag attached to her belly in order to excrete her food she would only half-digest. Things were worse than previously thought.

Before the surgery, an epidural injection had been performed into her spine, but inadequately. A nerve had been hit by the needle, and Rose had awakened at the hospital with a swollen leg hurting like nothing before. The intense pain was shooting down from her lumbar region to her toes. In front of me, there was Rose, physically damaged and exhausted. To adapt to Rose's new condition, psychotherapy would have to become more supportive.

When Rose had been a little girl and had fallen hurting herself, she had not turned to her mother for soothing and care. She had run into her bedroom to listen to music and to engage in her fantasy world to divert herself from pain. This strategy had worked for many years. Now, Rose needed caring attention more than ever, and not in fantasy. The physical pain in her leg was so bad at times that Rose would faint and fall unconscious on the floor at home. Standing and walking were 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 Rose could possibly end up paraplegic. Rose told me that she could not tolerate the possibility of either finding herself in a wheelchair or suffering pain like this for the rest of her life. Rose became suicidal.

I understood her despair, and 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 to Rose that she probably felt that she had been punished for being angry at her parents and for having told about them. Addressing these unconscious issues with her brought them up to the surface, and Rose

recognized that she indeed had the impression that she betrayed them, and thus had deserved to be punished. This interpretation would alleviate her self-attacks and psychological suffering, but not her physical pain. The life of Rose was now centered on this issue.

One day, Rose came in psychotherapy feeling particularly suicidal. She asked me to hear how much she wished to die because she was very serious and she needed to tell someone. I informed Rose that, if she were seriously contemplating killing herself, we would have to go the hospital together in order to prevent the irreparable. She calmly pleaded with me not to do so, asking me to accompany her instead. She needed to talk it through with someone, and I was the only one who could listen.

While Rose was requesting the non-permissible, her genuine self was more present than ever before me. Seeing how Rose was asking to not be left alone, I accepted to listen to her and not to call the emergency services. At this moment, Rose was daring to present herself in her most desperate state, although without panic. Most importantly, Rose was hereby living from her deepest wound -- her deepest sense of abandonment. She wished not to be rejected and she requested my presence in her despair. To me, acquiescing to Rose's request was the only therapeutic offer I could give her at this point. If Rose were to survive, she would have to embrace her deepest void, filled with hopelessness and helplessness. Of course, I was willing to stay with her, and I listened.

Rose proceeded to tell me how much she desired to die. She had suffered enough and she felt that she could not take it anymore. I offered Rose the only thing I could offer her; I suffered with her. However, I also kept a grasp onto life, something Rose could not

afford at this point. As Rose left my office that afternoon, I knew that she was over the hump of suicidality. At our next session, Rose was indeed less depressed, with much relief to me, and her despair was more tolerable. As her suicidality quickly vanished, we resumed facing her wounds and her anger.

Over the weeks, Rose was now becoming even more benevolent toward herself. She had stopped cleaning the house all together. Alejandro did not like, however, to see 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. Alejandro would vacuum the house from now on.

Rose was also affirming herself before her grown children. For example, she stipulated to her son that he needed to ask before he could take another bottle of wine from her cabinet. These were all signs that Rose was psychologically separating from her loved ones in a way indicative of a mature growth. In simple yet effective ways, Rose risked conflicts to respect herself. At first, her loved ones were surprised, but they quickly complied because Rose 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 devotion.

Given that Rose was stronger, her psyche delivered to her consciousness the murderous anger which she was still concealing inside. Rose reported that she regularly saw a tiger roaming around her living room. She was petrified with fright whenever the tiger appeared because the tiger was on the prowl. I suggested to Rose

that the tiger, being a ferocious hunter, may be a projection of her own anger. I suggested that Rose was possibly ready to face both her tremendous anger and her boiling desire to get rid of her father.

Rose responded that she did not understand how she could have visited her father daily at the hospital 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 also underscored how she had still hoped to have a real father. While taking care of him at the hospital, Rose had still hoped that her father would miraculously become a true father. I underlined how such hope was very, very hard to die.

Rose recognized that she had indeed hoped for such a reversal in her father's way throughout her life. Apparently naïve, this hope had been tremendously useful, at it had been preventing her from killing herself, killing him, or going crazy. I commented that Rose was now able to care for herself and embraced the love offered by her family, therefore, she may well have the inner resources to face the unacceptable. 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 kill this inner father living in her psyche.

I proposed to Rose that, under light hypnosis, she could imagine doing to her father whatever she would wish to do, while he would unable to do anything. Given that it would be in her imagination, this would have no outer consequence, whatsoever. Also, I emphasized that she would retain complete control over the imaginary session. She could stop it anytime, and I would accompany her with my presence and my understanding. She would not be left alone because

I would remain with her, consciously. If Rose accepted, I could make suggestions at times when she would be perplexed or at a loss, but my comments would only be suggestions and she would have the complete freedom to follow none of them. Mostly, I would simply ask her questions such as *"What happens next?"* Rose 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 else. To me, such a scene would counterbalance Rose's inner world because manifesting anger intensely was most likely to be destabilizing. After reflection, Rose chose to relive a moment during which she took care of her three-month old daughter. When her daughter was hospitalized, Rose spent as much of her time as she could be taking care of her. Rose remembered holding her infant in her arms and singing to her.

This moment was a very good one because Rose was in full agreement with her actions, and she acknowledged that she had been a benevolent person, indeed. After reliving this moment, Rose would face a 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 in order to end the session on a positive note. Ideally, Rose's benevolent and murderous parts would be integrated.

Rose was very responsive to hypnosis. She first relaxed her body and mind by following 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 if she was comfortable 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, and she answered in the affirmative. Rose was deep within herself, and she was also with me.

As planned, Rose relived the caring moment with her infant. In her imagination, she held her in her arms, gently pressing her daughter 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. In my office, I saw 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 further. I asked Rose if she was willing to go into another screen of her imagination in order to encounter her inner father who would be completely helplessness. Rose 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 to go into this screen. Rose told me what was happening.

In imagination, Rose was now in front of her father, but she was only a little girl. Her father figure was telling her that she was angry and scared, and that she could not hurt him. Physically, he was towering over her. Shocked, Rose told me that her father had special powers because he could read her thoughts, which scared her even more. I needed to step in at this point to assist Rose. I suggested that Rose could come out of this little girl in order to see what her father saw on her face. Rose had no problem navigating in her inner world, and she was now seeing her face. She reported looking scared and

angry. I firmly commented that, consequently, her father had no special power whatsoever; he was simply reading her facial expressions. I also reminded Rose that she was not a little girl anymore, but a grown woman.

Rose could now be in her imagination as a grown woman. I asked her to describe her father, and she emphasized that he was smiling at her in mockery. I asked Rose how she felt about this. 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 had a shovel and was hitting him already with it. I asked how her father was reacting, and he was smiling even more, which infuriated her even more. Now Rose was hitting him with a metal bar and his blood was spurting all around. I asked her to freeze the image to tell me what she saw and how she felt.

Her father was not smiling anymore. He was in serious physical pain, and his facial expression reflected both disbelief and fear. Asking her again what she wished to do, Rose told me that the rats had arrived on the scene and they were eating him alive. I wondered how she felt about this, and she said that he was simply getting what he deserved. Rose was fine with serving her father his own medicine. In her imagination, Rose was embracing her own shadow.

However, her mother's figure arrived on the scene, and she accused Rose of murdering her husband. As Rose put it, 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 imagination, she reverted back to being a scared little girl. Then her mature self finally appeared, holding her and consoling her.

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 got. I mentioned that she did not need a father like the one inside her. However, Rose was unsettled by the fact that she had to deal with the accusations of her mother. Over the next few days, the inner mother created havoc inside Rose.

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

I proceeded to ask Rose if she cared to keep this inner figure inside herself. No, she wanted to get of rid of this mother. Given her high ability to be hypnotized, I suggested that Rose could simply close her eyes and we would go straight to encountering this inner mother, face to face in her imagination. Rose agreed. No relaxation or hypnotic induction was necessary because Rose had demonstrated previously how easily she could engage her imagination.

Spontaneously, I had the idea that Rose may be more comfortable at encountering 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 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. Her mother was

scolding and insulting Rose. I asked Rose to stop the image, reminding Rose that she was imagining it all. Rose stopped the image and I asked her how she felt in this precise moment. Rose said that she had had enough of her mother's ranting. I thus inquired what she wished to do.

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 insisted on criticizing Rose. In response, Rose then led her mother to the top of the staircase. There, her mother started to hit Rose, who defended herself physically. Rose ended up pushing her mother down the staircase at the entrance of my office. Now, her mother was not moving at the bottom of it. I asked Rose to stop the image and tell me what she felt 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, Rose withdrew from her mother while looking at her straight in the eyes and not buying her fearmongering. In no uncertain terms, Rose told her mother to leave for good and to never come back. The mother simply left.

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

police otherwise. The mother left without saying a word. Rose had found her own capacity to disengage from this cruel and attacking mother. At the end of the session, Rose came back to her usual state of consciousness, and we talked about what just had happened.

Rose recognized that she had also hoped that her mother would finally behave like a mother. She had felt guilty previously to assuage her mother and not lose her. Through her fantasy, Rose had just realized that her inner mother was simply unmotherly and attacking. After three years of psychotherapy, Rose had been able to stop looking for love from her abusive parents. This deep withdrawal rendered Rose free to disengage from them. Afterward, these inner figures more or less disappeared, along with the chaos they created inside Rose. She was free to care for herself without being inwardly attacked on an ongoing basis.

Despite her physical pain and limitations, her depression almost completely lifted. Her post-traumatic stress disorder was gone, although she continued to startle at loud noises, which was very expectable given the neurobiological damages incurred by repeated assaults. Rose had no more panic attacks, and the agoraphobia had receded. Rose was now even enjoying short walks outside of her house with Alejandro.

The timing of events was good. At this point, my life was going to change dramatically, which would impact Rose. In nine months from now, I was going to move to California. Although Rose was much better, it was not time yet to announce my departure to her. An important trauma feature remained: her free-floating helplessness. Indeed, Rose was now confident and competent at recognizing her

needs and vulnerabilities, but she still had moments during which she became overwhelmed with a sense of psychological paralysis.

Months earlier, I had identified this as helplessness. Feelings of helplessness were floating in Rose's inner world, attaching themselves to diverse situations. These feelings dawned on her as if it came out of nowhere. I proposed to Rose that we could try to associate the helplessness where it belonged: the sexual abuse perpetrated by her father and the second hold-up. Rose agreed to undergo hypnosis for a third time.

To counterbalance these two traumatic re-experiences, Rose would first relive moments of assertiveness and competence. As she could only remember having been assertive with Alejandro, we identified two moments with him: one at the beginning of the courtship with Alejandro to counter the helplessness endured during a sexual abuse by her father, and an adult moment of assertiveness 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 she had both helplessness and resourcefulness inside herself. Rose could attach helplessness where it belonged: the traumatic events, past and recent.

Rose was now more solid in every aspects of her life. Despite her psychical pain, she managed to enjoy herself and her family. As life kept on flowing, events occurred. Her son got married, and one of her daughters had her first child. Rose was a grandmother, which made

her happy. Alejandro was still involved and caring toward Rose. Her life conditions were such that I could now announce to Rose my departure in four months. Although she was saddened, Rose was happy for me because this move was my choice.

Afterward, Rose and I met only once week. We went over her week and discuss how she had fared. Together, we were insuring that Rose was continuing to relate to life events, others, and herself according to her new sense of self -- an integrated one. The physical pain was still provoking pain and thus depressive moods, but her medical specialists were looking into it. We had time to say our goodbyes to each other.

Rose attempted to stop taking her medication, but serious withdrawal symptoms emerged when she stopped the antidepressant: she could not stop crying. In my understanding, it could be premature to stop this medication. Maybe Rose would need it to take for much longer. Rose agreed, especially that she had no negative side effects. She had wished to cease it only because she wanted to feel normal.

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

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 Rose, and I told her so. In gratitude, Rose gave me a present. She offered me a marble sculpture of mother and child, made of two parts. The bigger one represented the mother, with roundish edges and no discernable features. The mother sat, with her head tilted toward her lap, where a hollow welcomed the child, resting. A sphere represented the child, and it was removable, completely separated from the mother. With this gift, Rose summarized unconsciously the deepest outcome of her psychotherapy: she was free and she had an inner mother who was caring and available. Rose had extricated herself from the enmeshment with her parents to achieve individuation.

Two years later, I knew that Rose was still seeing the other psychotherapist of the clinic for support from time to time. Rose had given us a written permission to share information, so I learned that her physical pain was quite reduced. A team of medical specialists had found the right dosage of morphine for Rose, which was delivered through patches on her skin, providing a constant supply. As Alejandro had retired from his job, he and Rose traveled under easy conditions.

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

Writing this book, I remembered discussing with Rose her beliefs about death and spirituality. Rose had spontaneously told me that she did not believe in religion, having witnessed hypocrisy. However, she loved Mary, the mother of Jesus Christ. As a child, to help herself to fall asleep, Rose had prayed to Mary. I remember Rose nowadays with tenderness and love, especially when I hear the Ave Maria rendered by Inessa Galante because 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 Rose 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 moved on. When it had been all over, everyone had stayed to provide statements to the police, clients and employees, but Nancy had been sent to the hospital due to major chest pain.

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

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

During flashbacks, she had been hearing the robber screaming at her as if the hold-up was reoccurring. The panic attacks had been 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 angry and anxious that she was beside herself. After completing the diagnostic portion, I informed Nancy 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 that one might feel like dying or going crazy at these moments, even though they were different for every person.

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 disability because she would only get sixty percent of her salary. To her, 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 responded that I understood her anger at being left unprotected because other branches had security guards or security systems (such as the

necessity for customers to ring a bell before being allowed onto the premises). Nancy's demeanor calmed down a bit.

I added that Nancy 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 also do so. The benefits would be ninety percent of her salary and her psychotherapy would be paid by this agency. Such conditions were acceptable to Nancy, although she was still hesitant to lose ten percent. Thus, we discussed the pros and cons of this possibility, and I offered empathy toward the fact that she was being forced by events to do what she did not want to do. Nancy agreed to apply at the worker's compensation agency.

Behind her anger and unreasonableness, I saw how deeply hurt and scared Nancy was. She was clinging to her old self, the ones that used to function as if she were invulnerable. I further informed Nancy that, given the severity of her condition and the multiple hold-ups she had endured, she should not expect to return to work for at least six months. For Nancy, such duration was like an eternity. Therefore, I reemphasized the severity of her condition, which was shattering for Nancy. She conceded.

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

as her psychotherapist, Nancy would be better prepared to face the reality of her condition.

I also discussed the issue of medication with Nancy. Favorably, she never had any addiction to any psychoactive substance such as alcohol or drugs. Therefore, she could take a benzodiazepine, clonazepam, which takes an hour to take effect and would help her to sleep. This medication would also lower her anxiety level, which was almost constantly at a panic level. This would help her to think more clearly and function more effectively. The benzodiazepine would only be prescribed at the lowest dosage possible and there would be no increment of 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 better.

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 it 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, but many people took this medication without resolving their issues in psychotherapy. Her situation was different. I explained how PTSD tends to worsen over time and becomes 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 her 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 brain and her whole nervous system appeared to have been overly sensitized. When I talked to Nancy about protecting her brain, she agreed to take a new type of antidepressant because clinical research had shown that neurons could be repaired after several months of taking this medication.

Nancy would have refused if it would have been only to sooth her distress, but, to protect her brain and possibly heal it, she could forego her negative prejudice against antidepressants. I knew that, for Nancy, needing an antidepressant meant being vulnerable and she was struggling with this realization. Nonetheless, I was relieved for her because I knew that Nancy was not able to access all of her reflexive abilities with such intense anxiety. Nancy was not fully capable of thinking straight for the moment although she was legally competent. A relief from anxiety would be welcomed.

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

I decided on a woman as a psychotherapist for Nancy because her husband had been physically abusive at times toward her over the years. He had assaulted her when he was inebriated, never to cause injury but enough to cause serious distress to Nancy and a breach in their marital relation. Otherwise, their marriage appeared to be satisfactory. While reporting about the physical violence she had endured at the hands of her husband, Nancy announced to me that he better never touch her again. I suggested that she may find ways in psychotherapy to help cease such behavior. Her facial expression showed discouragement and aggravation.

Besides her husband and her work, Nancy had three grown children. They were apparently all healthy and functioning. She reported having a good relationship with each of them, although they did not visit often because they were very busy establishing a career. Her husband was a certified accountant so they had a comfortable life financially. Every weekend for decades, they had gone to their home in the country side, a place where Nancy was happiest.

Throughout her life, Nancy has had no financial needs forcing her to work. She had worked only to pay for her country house, a place she enjoyed particularly because her father brought her fishing and hunting when she was a little girl. She grew up in a relatively loving family of upper middle class. She was particularly close to her father, who would bring Nancy and her brother along with him to enjoy leisure activities in the outdoors. Her parents were now dead. Her father died when she was in her early twenties and she had not developed depression afterward. Nancy seemed to have sufficient psychological capacities to withstand losses in life.

Unfortunately, her only brother lived far away, rendering their relationship difficult to maintain on a regular basis. When I inquired about her friendships, Nancy responded that her few neighbors in the country side were good friends, and they met regularly. All these factors were in favor of Nancy's recovery although her symptomatology was very severe.

In psychotherapy, I saw Nancy twice a week. She attended every session and she was always on time, which reflected her sincere engagement toward getting better. Two months after the evaluation, I happened to talk with her psychotherapist, inquiring about Nancy's condition. The psychotherapist informed me that she was worried because Nancy had been carrying a gun in her purse for the last two weeks. She intended to use it to kill one of the vice-presidents of the bank.

Given that Nancy's psychotherapist had failed to consult with me previously about this precarious situation, I decided *in situ* that Nancy had to be offered to come back to be seen by me in psychotherapy. Clearly, her psychotherapist was unable to assess the dangerousness of the situation and she was obviously overwhelmed by Nancy's anger. In my opinion, Nancy's 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 unrepairable would occur.

Nancy accepted the referral back to me. The following day, I met with her. After asking how she was, I directly addressed the problem of carrying a gun. In my mind, Nancy did not really want to kill anyone because, otherwise, she would have already done so. 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 Nancy, she was in this terrible condition because the vice-presidents of the bank had refused all these years to protect the employees and clients. Nothing was done, ever, despite many complaints. Now Nancy was sinking, losing her mind, and 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 Nancy in the eyes and I spoke to her out of concern for all involved. Firstly, I shared that I understood her rage. Then, I called upon Nancy’s 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 who were waiting for them at night. 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, and 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 told her that her anger was understandable because she had been deeply hurt, repeatedly, and even somehow damaged by the hold-ups. However, killing anyone would not fix anything; it would just make things worse, much worse. Given that Nancy was attentively listening to my words, rather than arguing and justifying herself, 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 were to get out of this mess, she had to accept her own part of the 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 mentioned to Nancy, very empathically, that she felt helpless deep down inside and she was considering killing someone who was partly responsible for this mess in order to counter such unbearable feeling. Such attempt at making herself feel less helpless would fail because it was an illusion. Her psychological condition would not get better out of this mess and killing would make everything worse, for herself and her family. In sum, I highlighted what Nancy had failed to consider by herself.

Nancy was able to recognize 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. In response, I underscored to Nancy that there were ways to climb out of the hole in which she found herself, even though she could not see them now. I would help her in psychotherapy 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. In an atmosphere of resignation, Nancy agreed to put the gun back in its locked case and give it to her husband who would put it away. In psychotherapy, Nancy's murderous intentions were not met fear, but with concern. They never came back.

While rage was still at the edge of Nancy's awareness, we examined what triggered her anxiety and anger. I learned that Nancy went again and again to a shopping mall. She would sit in the atrium, at the center of the shopping mall, where she would wait for the increasing anxiety to subside. Nancy was adamant that she should not have such anxiety. She was affronted at feeling so weak and she 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 by anxiety. Incredibly, Nancy was spontaneously forcing herself into *in vivo* exposure and it was not working. She was damaging herself and her nervous system.

Such was the demanding attitude of Nancy toward herself, violently excluding her human vulnerabilities. I knew that it was important to intervene in a manner that would help Nancy to reduce her anger toward herself. To do so, I empathized at Nancy's annoyance about her anxiety, and I highlighted that her strategy had worked for her in the past, but not anymore. Facing such anxiety head on and attempting to deal with it with all her strengths was

obviously not working this time. On the contrary, her old strategy was aggravating 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. This, in turn, 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 such activity. In turn, her anxiety somewhat diminished.

The following weeks, Nancy reported her symptoms, and we identified the situations or thoughts preceding her flashbacks and nightmares. We also tried to identify the situations which provoked distress 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, Nancy had to face her vulnerability again and her consequent limitation. I even explained to Nancy that research had shown that the people watching the evening news were more depressed and anxious than others.

To protect herself from unnecessary anxiety, Nancy had to stop watching the news. I reflected to Nancy that she insisted to continue her normal activities in order to protect herself from realizing how much she was affected by the hold-ups. Nancy was upset at the situation, but she conceded to herself that she had to cease engaging

in such anxiety-provoking activities. From now on in the evening, she played solitaire at the kitchen table while listening to music. Nancy was starting to take care of herself.

During our sessions, I recognized Nancy's vulnerabilities, along with her disappointment toward herself. Throughout her life, she had prided herself in being strong, but her conscious self-image was now eroding quickly. Gradually, Nancy was moving from inwardly insulting herself to caring for herself. She 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 attempted to titrate the bad news about her psychological condition. Nancy maneuvered between acknowledging her psychological wound and becoming overwhelmed by such realization.

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

After four months of psychotherapy, Nancy was now losing weight at an alarming rate. Her physician had mentioned to her that, if she were to continue in 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. Nancy was going at it with an attitude of vengeance and defiance. Her destructiveness was now geared toward a hunger strike. When Nancy reported to me her physician's conclusion and warning, I described to her what it would mean to find herself on a psychiatric ward, and it was not going to be pleasant.

Furthermore, 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: to hurt someone or something…anything. However, the only one going to be hurt was her. Nancy became resigned again to a defeat as she conceded hating how she had become, as she was now afraid of almost everything.

Over the subsequent weeks, we continued to discuss her anger and her self-destructive tendencies. Again, I empathically suggested that getting angry was one of her ways to avoid her distress and vulnerability. I also empathized with the fact that Nancy 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 Nancy would find a new strength in becoming more flexible and more 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 she was functioning without problems of her own. She was either worth being starved to death or her ex-employer was completely responsible for her condition. The greys zones were difficult for Nancy in the midst of intense emotionality.

One day, Nancy declared to me that she had lost everything she cared about and life was abysmal. She was reverting back to her previous attitude. I knew that, every time Nancy became dogmatic, it was simply her way to call for help to be appeased. Therefore, I encouraged Nancy to write down her losses and her 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. The task was simple enough: for each negative one, Nancy had to find a positive one. It turned out that Nancy 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 into extremes. She needed a daily reminder about the things for which she could be grateful. I suggested that she could carry this piece of paper in her purse so she could look at it every time she would feel angry or desperate. Nancy liked the idea. Over the weeks, she reported having looked at the two columns in fits of despair, and it had calmed her down. In psychotherapy, I could see that Nancy was indeed calming down.

I wondered how Nancy reacted inwardly whenever she startled or had a surge of anxiety. Nancy 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 she was harsh with herself, but she dismissed my comment. I knew that I had to put the point across to

Nancy in a stronger way for her to be able to see it. Thus, I conveyed to Nancy that she did not need the robbers anymore to yell at her in order to feel scared and anxious because she was doing it on her own. The violent events had stopped, but the violence continued inside. 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 her anger. From now on, Nancy was going to pay attention to her inner dialogue and she would change her thoughts whenever they attacked or despised her. Nancy could do something about her inner reactions, not about the outer world.

Gently, I proposed alternative views and possibilities. Along the way, I also dared to point out her previous choices, such as continuing to work in a bank despite the recurrence of hold-ups while she was in good financial standing. I also reminded Nancy of her present responsibilities toward herself.

I pointed out to Nancy her tendency to persevere into any decision she had made, despite subsequent hurtful consequences. When Nancy made up her mind, she stuck to her decision. This was a valuable temperamental quality at times, but it was also a hindrance at other times, as it impeded necessary changes. I empathized with Nancy again that these violent events were not supposed to happen and that things did not turn out the way she expected them. With empathy toward her distress and disappointments, along with interpreting her vulnerability and confronting her with her responsibilities, Nancy came to see things in a more flexible manner. Over the months, Nancy 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 also 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 the 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, Nancy's husband got drunk at a party. Back at home, he threw her on the floor. She screamed at him to stop, and he did. Afterward, Nancy was angry at him, understandably. In psychotherapy, I empathized with her anger and how she did not want to endure such violent behaviors anymore. I also acknowledged the fear she may 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 and enraged as she used to be. She told me that she was ready to throw him out of the house if he were to do this again.

Consequently, 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 were 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 her determination, her husband became pensive and then apologetic. Nancy was not giving 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 now 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 all together. As he said to Nancy, she was more precious than a few drinks. Nancy's calm assertion 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 her strengths. The triggers of her anxiety were constantly identified, and she brought more amendments to her behavior. Nancy's psychological condition continued to improve. Nonetheless, it was clear that her nervous system was damaged from all the hold-ups she had endured. 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 this violence and that she was stronger than she was in truth.

Over the years, her previous attitude had contributed to the deterioration of her psychological condition and her nervous system had become hypersensitive. Although she was taking an anxiolytic and an anti-depressive, Nancy continued to startle at loud noises and to have sleep difficulties. In an attempt to reduce her permanent arousal, we did a relaxation exercise together, and I gave her the audiotape to bring home. She listened to it from time to time, reporting that it was soothing.

I later discovered that Nancy had stopped going to her country house in the forest after the last hold-up. It was as if she had been frozen in timelessness. After we discussed her withdrawal from the place she loved, Nancy resumed going 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 gradually stop taking medication as it was recommended by me, but two PTSD symptoms of hyper arousal came back: her sleeping difficulties and her startle reactions. Together, we acknowledged that, regrettably, she may have to take an antidepressant for the rest of her life in order to keep her nervous system under check, although there was a chance that this antidepressant could bring about some repair over the long run.

Feeling so much better, Nancy made the decision to retire rather than staying on the benefits of the workers' compensation agency. They sold their house in the city and they 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. Therefore, it was officially declared that she could

never resume working as bank teller. Nancy was now sixty years old and she was ready to stop working all together.

Given her age, the workers' compensation agency gave her a decent portion of her salary until the age of retirement, according to regulations, when Nancy would get a pension check for which she had paid through all her years of hard work. This deal was satisfactory to her, and she went along with the limits of reality. What Nancy most desired now was a peaceful life. Soon, we terminated psychotherapy.

When we ended her psychotherapy, I was pregnant. Nancy bought me a goodbye gift, which was a pendant for my child. On a small gold coin, "90% angel, 10% devil" was inscribed. Nancy was pleased with herself when I opened the box. Symbolically, Nancy described herself with this gift. Consciously or unconsciously, Nancy was now accepting her shadow, within the context of the greater picture of who she was. Nancy was a very decent human being. Indeed, 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 she was now embracing it all with kindness and humor. Therefore, her shadow was not taking over 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. Nancy was writing to share with me good news. She thought 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 medication. She had gradually ceased taking the antidepressant, following instructions in order to reduce the likelihood of withdrawal symptoms. Wonderfully, Nancy had had

none. Best of all, no symptom of PTSD or depression had resurfaced. Nancy remained fully remitted on all aspects.

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 was also certainly pleased about her own success. She was enjoying her recovery and she wished to share it with me, with a huge hint of love between the lines.

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 Nancy still being full of life and laughter, because I laughed a lot with Nancy in the last few months of psychotherapy.

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 colleague encouraged me to contact John in order to verify if the post-traumatic, depressive, panic, agoraphobic, and pseudo-epileptic symptoms had returned. I had previously hesitated by concern of unnecessarily bringing John 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. John called me the next morning. I did not recognize him right away because his voice had changed; it was more mature. As John told me, his sideburns were already turning grey. He was going to be forty years old in the fall. John was still married to his girlfriend, and they have children. He spoke tenderly of his wife and children, but he mentioned working too much, like many of us.

A few times during our conversation, John told me how much psychotherapy had helped him and how grateful he was. *"Anything you need, Dr. Gaston, please do not hesitate."* In the same vein, John was now helping a young student in engineering, one who was hard working and came from a poor neighborhood, just like him. He called it "sending back the elevator."

Over the last eighteen years, John has never again experienced any of the symptoms he had at the beginning of psychotherapy. On the phone, he emphasized, however, that he was more cautious than before.

As I inquired further, John remembered a tricky moment. Last year, traveling by car with his family, John has had to stop in a neglected neighborhood because his tank was going on empty. At a gas station, John had found himself surrounded by several men seriously looking him down while he was fueling his car. John had been acutely aware of the need to leave the premises as rapidly as possible, but no anxiety or flashback had returned. After eighteen years, John remained free of PTSD, along with all the other disorders he had to bear for almost two years.

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

About the Author

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

For more information, visit:
www.traumatys.com