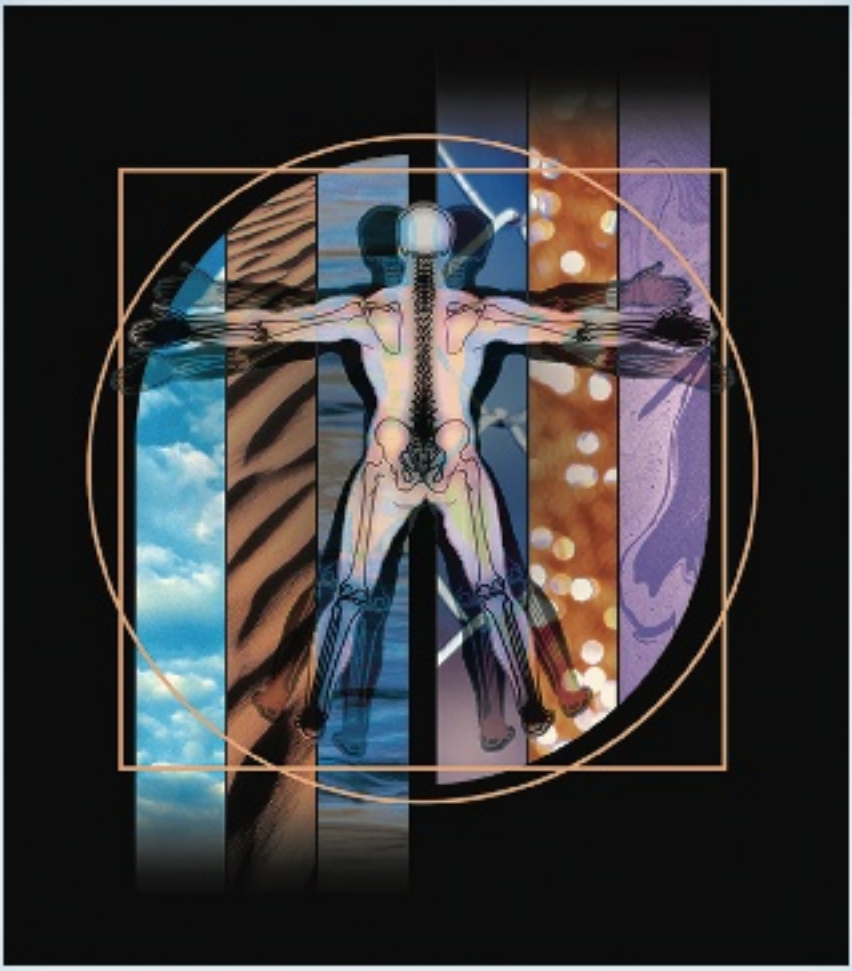
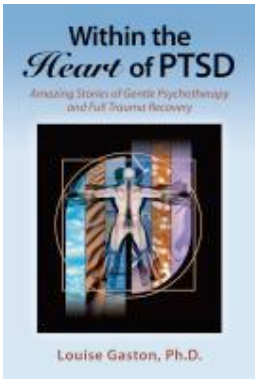
Within the *Heart* of PTSD

Amazing Stories of Gentle Psychotherapy and Full Trauma Recovery



Louise Gaston, Ph.D.



Entering psychotherapy with PTSD and much more, John was obsessed with performing, Cassandra was frozen in timelessness, Emmett was ravaged by guilt and dependency, Philbert was at a loss to care for himself, Jasmine struggled with self-destructiveness, Rose battled incest memories, and Nancy demanded repair. Despite incredible adversities, they fully recovered. They turned inwardly, and related to a caring and competent psychotherapist.

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And Full Trauma Recovery

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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 to 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 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.

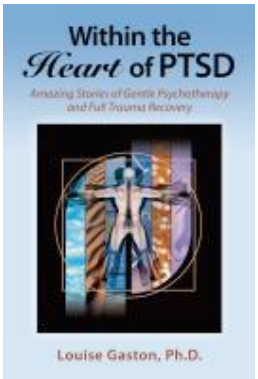
At their last session, Sophia shared with Jasmine how she had seen her change over the year, while Jasmine was quick to acknowledge the difference between her disposition now and a year ago. The goodbyes were sober, with Jasmine thanking Sophia and Sophia wishing Jasmine the best. "*Yes, wish me good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



Entering psychotherapy with PTSD and much more, John was obsessed with performing, Cassandra was frozen in timelessness, Emmett was ravaged by guilt and dependency, Philbert was at a loss to care for himself, Jasmine struggled with self-destructiveness, Rose battled incest memories, and Nancy demanded repair. Despite incredible adversities, they fully recovered. They turned inwardly, and related to a caring and competent psychotherapist.

Within the Heart of PTSD

Amazing Stories of Gentle Psychotherapy and Full Trauma Recovery