The Emergence and Working through of Preverbal Trauma in Short-Term Dynamic Psychotherapy

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Using a case illustration, the emergence and subsequent working through of memories and feelings surrounding preverbal trauma are discussed within the framework of Intensive Short-Term Dynamic Psychotherapy (IS-TDP). Extensive use of the transference and a focus on dreams, fantasy and bodily sensations are viewed as essential components for working through the terror, rage, pain and longing that are evoked in the treatment setting.

Introduction

The question of whether preverbal material can be retrieved, re-experienced and worked through has been debated throughout the history of psychoanalysis. On one end of the spectrum are the classical psychoanalysts like Anna Freud (1969), who was even more pessimistic about the possibility of gaining access to preverbal experience than was her father (S. Freud, 1953, 1958). Brenner (1977), articulating this conservative viewpoint, insisted that the psychoanalytic method depends solely on verbal communication.

On the other end of the spectrum are clinical theorists like Klein (1932, 1975) and her followers, including Winnicott (1965, 1975), Guntrip (1969), and Balint (1979), who assume that preverbal experience accounts for a significant amount of the material that will arise and be worked through in an intensive analysis.

If the original trauma is preverbal, then how is it expressed? Greenacre (1953) suggested that acting may represent expression of thought and affect which has never been cathexed to language. She recommended encouraging the patient to put the experience into words, which enables the ego to master the trauma retroactively. Mahler (1971) also reported being able, with the use of dream and fantasy material and special emphasis on body feelings, to help an adult...
patient put into words traumas from the separation-individuation phase of development (18–36 months).

More recently, Miller (1986) has emphasized how early trauma is enacted in the transference. All the patient’s behavior is viewed as a means of communication, rather than a manifestation of resistance. Stern (1985) stated that “before adequate symbolizing functions are available, the recall cannot be too abstract . . . it must involve at least some degree of reliving the experience.”

There seems to be some agreement, then, that preverbal experience, not being cathexed to language, is associated with physical sensations, sights, sounds, smells and affective experience. These sensations and feelings are experienced within the therapeutic relationship.

In psychoanalysis there is considerable divergence of opinion regarding transference and its technical management. On the other hand, the major short-term dynamic therapies (Strupp and Binder, 1984; Mann, 1973; Sifneos, 1972; Davanlooo, 1980, Malan, 1979) agree that working in the transference from the inception of therapy is the key to rapid movement into the unconscious. These approaches “share the assumption that current evidence of transference is primarily a beacon guiding the therapist toward interpretive reconstruction of childhood patterns of conflict (the core conflict or nuclear conflict)” (Strupp & Binder, 1984). Davanlooo’s approach places special emphasis on the experience of feelings being elicited in the therapy. It is the experience of feeling that ushers in the buried memories.

There is research to support the contention that affect influences both encoding and retrieval of memories. Bower (1981), in discussing his research on affect state-dependent learning, found that material is more likely to be recalled if the patient is in the same affective state (either manic or depressed, in this particular study) as when the experience was encoded.

Our chances, then, for helping a patient remember would seem to increase the more focus there is on the experience of affect, as in Davanlooo’s short-term dynamic psychotherapy. Yet, frequently the experience of affect is blocked by defensive operations. Kris (1956) felt that by uncovering defensive patterns, which is another central dimension of Davanlooo’s (1988) process of “unlocking the unconscious”, one could gain access to “forgotten” material.

While there is still debate about whether preverbal material can be elicited and worked through in psychotherapy, there is increasing agreement that it can be done if there is an emphasis on the experience of affect (especially in the transference), a focus on bodily sensations, work on patterns of defense, and use of dream and fantasy material. The case presented will illustrate the use of all these elements within the framework of Davanlooo’s Intensive Short-Term Dynamic Psychotherapy (IS-TDP).

The Case of the Sacrificial Lamb

The patient, a young married woman, was urged to seek treatment by her husband who was concerned about her emotional well-being. The patient reported that psychotherapy had been “a long time coming”. Her presenting complaints included anxiety, which was experienced as a knot in her stomach, tension headaches, trouble sleeping through the night, and what she called “oppressive thinking”. This oppressive thinking consisted of a highly critical internal dialogue which, at its most severe, involved the image of pounding herself into the ground. In this fantasy she is both victim and victimizer.

The Trial Therapy

As is typical of Davanlooo’s (1980) short-term dynamic psychotherapy, the patient was seen in a trial therapy, which consists of an extended (usually two to four hour) comprehensive diagnostic evaluation. During this initial session, the patient’s feelings toward her father were prominent and centered around a recent incident in which they clashed over a philosophical issue. As we examined this incident in detail, there was a breakthrough of rage toward the father, with the impulse to kick him in the stomach so that he would be doubled over in pain and unable to breathe. Then she wanted to pound him in the head. The patient made a spontaneous link between her repressed rage toward her father and her presenting symptoms of stomach pain, headache, and the image of pounding herself into the ground. This had a profound impact on the patient and she felt highly motivated to continue treatment.

Shortly before we ended this extended session she commented on her fear that now she would have to face all her mixed feelings toward her mother. Recently they have developed a close friendship but the patient was distressed to realize she had virtually no early memories of mother.

Some biographical data was also obtained at this time. The patient is the second of six children. All the children were closely spaced and the patient assumed a care-taking function for the younger children from an early time. The patient was successful at school and in extracurricular activities like sports but the picture was one of a shy and somewhat isolated girl. She remarked that, despite all her achievements, her parents rarely attended school functions. She did not date until college and, following graduation, married a man she met and fell in love with there. She followed in the career path set by her father. The patient’s positive response to the trial therapy and the lack of contraindications, such as ego fragility or a severe psychosomatic condition, suggested she was an appropriate candidate for short-term dynamic psychotherapy.

Early Sessions

In the session following the initial evaluation, the patient reported being much more aware of her “physical self” and realized that many of her anxiety symptoms were a product of “controlling my feelings” and internalizing them. We worked on the triangle of conflict (Menninger, 1958), which consists of differentiating between impulse/feeling, anxiety and defense. There was special emphasis on her tendency to become “mad at myself” as a defense against anger toward others. Aside from this there emerged a theme of loss, especially in regard to her mother.

Summer Vacation

As June drew to a close the patient’s anxiety began to mount and she said she thought it had something to do with the coming of July. In the session
which preceded her summer vacation she stated that she was “tired of it” (the anxiety) and indicated that she felt I hadn’t helped her with this. She declared anger toward me and there was an impulse to push me against the wall. She imagined I’d fall on the floor and crack my head. Then there was an outpouring of grief and remorse and the patient tearfully talked about wanting to hold my head together. Following this was the appearance of tender feelings and a terror of being left alone. At this point there was a spontaneous connection to her mother, who sent her away to the family farm each July and August. The patient experienced the agony of separating from her mother and said “Don’t you know I can’t leave”. It seemed quite clear that the feelings engendered by the upcoming separation from the therapist triggered the painful feelings and memories from these early separations from mother.

Emergence of Preverbal Trauma

The patient was 10 minutes late for our first session after her vacation. She began by saying she was confused about the time of our appointment, as I had changed it from our usual 3 PM time to 1 PM.

PT: I can’t believe I flubbed up – I thought it was at 3.
TH: You flubbed?
PT: We’ve switched a lot, it seems. It’s putting me out of sorts.
TH: It’s been upsetting to you. And who has been switching the time?
PT: You have.
TH: And is there a feeling toward me?
PT: I guess it’s (sigh) ... I don’t even think it’s really anger but I feel I’m second fiddle to whoever you juggled the session for.
TH: You imagined I switched your time to suit someone else?
PT: Yes.
TH: And you were sweet and compliant?
PT: Yes!
TH: There was a real event, I asked you to change the hour, but you react in your own way. You assume you are second fiddle to someone else and you resent it but cover up your real feelings with sweetness and compliance. Clearly there is a lot of feeling about this.
PT: (Began to recount an old movie she had just seen, Roman Holiday in which the message was you must give up pleasure, your own needs, for duty.)
TH: And that’s what you’re telling me you have done – give up your needs for duty – but what about your feeling?
PT: Oh! This was just what happened this week at the farm – it was utterly and completely duty. I was the dutiful daughter but the whole time I was facing rage at them – deep rage.

The patient went on to tell me about an incident at the farm in which she and her husband made love. She said the experience was “lovely” but when it was over she began to ruminate and find fault with herself for any number of things. She quickly recognized this as “beating herself up” and wondered what it was about. What emerged was a massive rage toward her father’s family (it was their farm). She imagined lining them up “like a firing squad”, from her paternal grandfather to her father and his sisters (who were the “maiden aunts” who took care of her during the summer months). The impulse was to punch them one by one and watch them fall. When it came to Aunt A., there was an impulse to kill her.

PT: Then there is the fantasy of lifting my mother up and taking her to a throne (sobbing) – she would hold me, like Mary and Jesus ... but then I get this pressure in my wrists and it's overwhelming, I can’t stand it – it's like they'll burst (patient is rocking with her hands between her legs).
TH: You want your mother but, even in fantasy, you don’t let yourself get to her. There is no comfort for you. Like what happened at the farm. You allow yourself a wonderful experience with your husband, then there is torture – you punish yourself, for what?
PT: I'd be happy if Aunt A. didn't exist. I hate her – she's so evil (begins squirming in her chair and rubbing her abdomen again).
TH: Again, as you talk about your Aunt you rub your abdomen and your pelvis is moving.
PT: Are you wondering if they did something to me? I don't remember ... I hate her – she's evil. She's voyeuristic - always looked in people's windows and used to spy on us. You can't get away from her. I was afraid of her. She'd be strange to us - said she raised us for three years. B. (brother) slept with her and she's proud of that. She tried to lure us from mother and would bribe us with sweets and trips. Oh yuck! I hate her.
TH: Let's look at your reaction – you are covering and look like you're terrified, you rub your abdomen and put your hands between your legs as you talk about your Aunt. What are you feeling inside?
PT: God, I hate her. Oh God. She's evil (weeping). She wanted to take me away from Mom. She used to say she knew us inside out.
TH: And now you're telling me that, inside, you wanted to kill her. How would that go?
PT: I'd punch her in the stomach until she fell backward. It's more gruesome now (than when she imagined it before). I'd cut her head off and her hands off.
TH: Where?
PT: At the wrist (smile of recognition - linking her experience of pressure in her own wrists with the impulse to cut off her Aunt's hands at the wrist). Then I'd set the house on fire and leave her burning in that house.
TH: So you can see her lying there?
PT: I'd hear her yell, screaming, that hysterical laugh.
TH: And then you want to do away with the body?
PT: She'd be on the kitchen floor – blood everywhere.

As time was almost up in this session, a period of review and consolidation ensued, with special emphasis on her physical experience and linking of symptoms with repressed sadistic impulses. Essentially she was doing to herself what
she wanted to do to her Aunt. This formulation is consistent with Davanloo’s (1987) conceptualization of superego pathology. The patient ended by saying:

PT: I wonder if she did something to me. I can’t remember. It feels like something in my vagina, but I don’t think that happened. I don’t remember.

The Experience of Terror

The patient later reported that she woke up terrified that night at 3 a.m.

PT: I’m scared to face it – it’s awful. I want it to stop. I didn’t feel like myself last night. It was like going into something else.

TH: So things have been coming to you?

PT: I can’t get away.

TH: You’re feeling trapped?

PT: I keep moving around, but it doesn’t work.

TH: Like you do now?

PT: Yeah, I got mad when (husband) faced me last night. I wanted him to turn away. I wonder if that’s something. It feels like something. It came – Oh God – I woke up about 3 and I kept feeling it – Oh God (patient in considerable distress, grimacing and squirming as if trying to get free).

TH: Can you describe what you’re experiencing?

PT: Oh – I don’t know (hands between her legs, moaning, face in a grimace). Touching me – oh God – in my vagina – oh God – I don’t know (puts hands over her eyes).

TH: How does it feel?

PT: Rubbed – I don’t know. My back is toward her – oh God, oh God, yuck – and those eyes (braces herself with her hands on the chair and starts whimpering) . . . Wanting to get away but nowhere to go. I can’t get my body away (starts sobbing).

TH: You want to fight but can’t get her away? Could you put it into words?

PT: I can’t.

TH: But you woke up suddenly at 3 a.m. with this experience?

PT: (calmer now) All I see are eyes. That’s all I see. I’ll try to talk about it like a 28 year old. I think I feel touching. I feel it somehow. And eyes – in the dark – on me, from behind.

TH: That’s what came to you.

PT: Yeah. Am I faking it? (Husband) made me so mad. I told him what we were doing in session and he wondered if we could be wrong. What if it’s all wrong? What if he doesn’t want to face what happened?

TH: Let’s try to stay focused on your experience, so you will know. This is what you woke up with and what you experience again as you talk about it.

PT: I don’t remember.

TH: But you re-live it.

PT: Oh God, I want to throw up.

TH: The physical experience in your body is saying something.

PT: But I try to stop it.

TH: You have been keeping it all inside.

PT: I’ve been thinking about Levi’s concubine – it’s a story in the Bible I’ve been attracted to. The woman has no name – she never speaks. A man takes her, a priest – oh God, a priest (her father is a minister) and takes her as her concubine. She runs away and goes to her father’s house. The Levi and the father party it up. They go to the land of the Benjaminites, who are Israelites – part of the family. I just read it again. They finally – no one is nice to them. A man finally says you can stay with me. The Benjaminites are getting drunk and then come to the house. They ask the man to throw out the Levi so they can have their way with him. He says “no, here, take my virgin daughter.” They say no, they want the Levi. The Levi threw out the concubine and they raped her all night long. She went crawling to the door and put her hands on the threshold. The Levi came out and got her and cut her body into 12 pieces and sent them to the Israelites and a war started. Oh (turns her head away and cries).

TH: What is it about this story?

PT: I was thrown to the Benjaminites. My father threw me to the Benjaminites. He left me there.

TH: You became the sacrificial lamb.

PT: (Responds by sobbing, rocking and calling “oh, God” over and over again.) I’m just scared.

The patient was in considerable distress throughout the session, re-experiencing the terror of the attack, which she was now convinced happened. Making use of her physical experience was crucial in making sense of what was going on inside of her. Following the terror, rage toward the perpetrator, and then toward those (both mother and father) who left her unprotected, emerged.

Rage Toward the Aunt

Once again the experience of these buried feelings, in this case rage toward the aunt who molested her, was triggered by feelings and reactions in the transference. This session began by the patient discussing an insurance claims representative who seemed to want to deprive her of benefits, which would mean keeping her from continuing to come and see the therapist. She felt a murderous rage toward this woman. A parallel was drawn between this current situation and the original trauma in which an intrusive woman deprived her of mother.

PT: It makes so much sense now.

TH: It makes sense to you but what about your feelings?

PT: I have a hard time getting angry at (aunt). I know, I’m resisting, I’ve heard this before.

TH: Is there some feeling toward me? You want to avoid the feeling and I’m focusing on it. What is the feeling?

PT: I know I’m resisting.

TH: And if I stick to our goal of getting to the bottom of this? What’s the feeling?

PT: I want to push you away.
The patient went on to describe a full fantasy of torture in which she would punch her face, poke out her eyes, tie up her hands around a chair and ram something hard into her vagina. She would then smash her head and beat her so that every inch of her body would hurt. Then she’d cut off her head and burn the house down. There were no guilt feelings following this attack. Rather, she imagined her family watching and witnessing this. Somehow they are all relieved and can start a new life. The pain that emerges is that no one did that for her.

Rage Toward Parents

At the start of the next session the patient reported feeling strong and empowered when she left the previous session, but some conflicts at work got her “bent out of shape” and she had trouble sleeping. The conflict was between her and the elders of the church who, like father, put buildings (the church and the farm) before the needs of people. Once this parallel became clear to her, that she experienced the elders as being like her father. The following material emerged:

PT: His (father) priorities are screwed up. I have this fantasy of telling my parents about what happened. I’d start by telling them about my symptoms of anxiety and self-hatred which brought me to therapy and then about what I’ve discovered. They’ll see me in torture, as you did when it all flooded. They’d see I was in great pain, that it’s tearing me apart. They’d see what I felt. I see Mom crying and wanting to take care of me. I see Dad saying that we’ll have to hear (aunt’s) side of it.

PT: (with a great deal of emotion) I’d have to leave the house – I couldn’t stay there one more minute.

PT: Why? What would happen if you didn’t leave?

PT: Oh, that’s a good point. In my mind I go to saying “Then you think I’m crazy” and it would go into me – I’m crazy.

PT: But the feeling toward him?

PT: I’d have to kill him too.

PT: You would be that enraged, that you pour out your heart and tell him about this trauma and he would go to his defense? It’s so painful that he wouldn’t come to your aid.

PT: The impulse is an out of control rage. I would just attack him and punch him and punch him.

PT: Where?
feeling. She'd be afraid of me and she wouldn't be able to cut me with her words again.

TH: So how would this go, in your imagination?
PT: Choking would make her weak. She'd fall back against the wall and I'd punch her in the stomach. I'd punch her right in the stomach — right in the stomach.
TH: You seem quiet and still. Are you feeling it?
PT: I feel it. It's scary (covers). I don't think I ever, even with (aunt), I hit her with something and felt the vibration but this is with my hands.

So when it's real contact and wanting to do some damage which would send her...

PT: Into a corner — trying hard to breathe.
TH: As soon as you face this impulse to lash out and hurt her, you shrink away.
PT: My arms start to hurt.
TH: The feeling?
PT: All I can think is sad, that I'm not at the point of wanting to do something like that.

TH: It is sad — it seems you feel you have to go to extreme lengths to get through to her and then you have to face these intense angry impulses toward her but there are other feelings too.

PT: Oh (crying) the feeling of her skin. I can even smell her!
TH: There's such an enormous longing to touch her skin, for close contact.
PT: I'm hating her and needing her at the same time.
TH: And they're intimately connected. All your needs to be cared for and protected went unmet. Then you got angry.

PT: (crying)
TH: There's painful longing which is hard to face.
PT: I see her as so closed and unable to do it, I can't even imagine her caring for me the way my friends did the other day.

So here we see that being cared for now evokes all the pain, grief, rage, and longing for what she didn't get, in this case from mother (Alpert, personal communication, 1990). Once again, her reaction in the transference brought the buried feelings toward mother to the conscious level to be worked through.

**Victim and Victimizer**

In the treatment of those patients having been traumatized as children, Davanloo (1990, personal communication) has outlined a process in which the patient goes from being victim to victimizer. As the feelings regarding the trauma and those involved surface, the patient comes face to face with the devastating effect this has had on their lives and is filled with reactive rage and a desire for revenge. The patient is encouraged to experience this rage and express it in fantasy, which is thought to help drain the reservoir of sadism that has been built up throughout the years. Frequently, these feelings from the past are triggered by current events which are viewed in distorted ways, based on the patient's projections. The next vignette will illustrate these two points. The patient entered the hour declaring a massive anger toward her secretary, who came quite clearly to represent her aunt.

PT: I felt used (by secretary). It's like with (aunt). If I reconstruct things, even if I don't actually remember, she'd say "Oh, I'll take care of (patient)," when my brother was born (started to cry).
TH: So, under the guise of caring for you, she got her own needs met. So, then, how do you feel? This was all part of her twisted plan?
PT: She's the personification of the devil. I hate her and want to expose her.
TH: How?
PT: It's hard. It might be easier toward (secretary) than toward (aunt). The image is of hanging her in the sanctuary. That's a terrible use of a sanctuary.
TH: But that's what you're talking about — an unspoiled child who is contaminated. The impulse is to do it back to her.
PT: I'm afraid I'll go home and remember something (starts to squirm). Thump you're scared?
PT: Yeah, because I went home that first time and experienced the feelings in my body (starts to sob).
TH: So the fear is of these feelings now.
PT: I remember playing cards and going on trips with her but partly I just don't want to look at her.
TH: If you see her, the feelings come.
PT: The biggest physical sensation is of being molested. I can feel it in my vagina (grimace). I can turn it around and imagine hurting her, in her uterus or something, but it's more like wanting to take a club and ramming it inside her.
TH: How would that be?
PT: Tie her hands — her disgusting hands with those yucky fingers — tie 'em up behind her back, push her down and keep her down. I'd give her a real whack in the face. She'd tumble. She's afraid of falling. I'd have a club there and WAM! inside her, between her legs. Thinking I'd kill her, actually — want to whack off her head with a machete.

In the next session there was a similar scenario. This time, the boss of one of her friends became a stand-in for her aunt.

PT: I felt this intense rage at this woman's boss — absolutely enraged!
TH: Like what?
PT: I wanted to strangle her so her eyes pop out. "See how vile you are?"
TH: Do you know this woman?
PT: No.
TH: So what is your image of her?
PT: My friend said she shook her finger at her. I wanted to grab her finger and pull it. I'd be saving my friend, going to her rescue. I would surprise her, "I know you for the vile and despicable human being you are". Before she knows it I'd choke her to death, choke the life right out of her so she can't say anymore stupid, oppressive things. I also want to kick her.

TH: Where?
PT: In the vagina . . . even though that’s not what’s going on with this woman.

TH: How do you see her?

PT: Dark, curly hair, in pain and horror. I’d put her in a room, in the basement and let her scream, let her scream (burst of feeling). I just imagined the basement at the farm.

TH: What comes to you?

PT: I had a strange encounter with (aunt) this summer. Uncle is a racist. I was down doing the wash — I just thought about what it was, a towel — the one I had spread on the bed when (husband) and I were making love. I remember holding that and thinking “I know what I’m holding and you don’t” (waves of painful feeling). Thinking of me as a little girl with white underpants or a diaper — the towel is like a diaper (another wave of grief).

TH: Can you describe your feeling?

PT: Real sadness for myself as a child. It’s like I was quietly washing and hiding the evidence. I think of doing that as a little girl, that’s the association for me. I’m amazed at these intense feelings. Here I was, angry at this racist uncle. Now here it is, something else the family ignores, this Christian family, no one says anything.

So the process has now come through terror and rage to real grief over what she lost. The loss was not just in relation to her parents and being separated from them, but the loss of innocence and a care-free childhood. Earlier, the patient had expressed contempt for herself and no empathy for herself as a little girl. Now she was beginning to connect with herself as a child and to mourn for her. This process was difficult and, outside of the treatment session, the patient continued to push herself to do an enormous amount both at home and at work and never seemed satisfied with her own performance. She remained critical of herself and quite unforgiving. In addition she remained emotionally isolated, and let very few people really close to her. It seemed that making the unconscious conscious and draining the reactive sadism through repeated fantasy with past, current and transference figures was not sufficient to bring real character change. We began to focus on the ways in which she maintained an emotional distance from me and was essentially doing the treatment on her own, with the therapist as observer. The focus shifted from the intrapsychic to the interpersonal.

The patient was a few minutes late to her session and began to criticize herself for it (“I’m always late. I hate that about myself”, etc.). As we explored this reaction (she is, in fact, rarely late) she revealed the chronic anticipation of criticism and rejection. As she was coming to the session and realized she’d be late she imagined I’d be angry and would scold her. Based on this assumption, she essentially beat me to it. While this strategy does, in fact, prevent the rejecting response she fears from occurring, it also prevents the opportunity for a different kind of response. In this way, it becomes a self-fulfilling prophecy and no new experiences are possible (Strupp, 1984). During this phase of the treatment I employed many of the techniques developed by Alpert (1991), in particular the empathetic interactive analysis of the transference. These techniques include pointing out the self-defeating nature of holding onto old solutions (criticizing herself to fend off anticipated attack), “checking out” the reality of these assump-

tions in the current situation, and encouraging the patient to experience what it’s like to be treated differently. This process aids in the distinction between the real relationship and that based on transference distortion. Since one of the hallmarks of short-term dynamic psychotherapy is to use the transference to gain access to the unconscious but simultaneously preventing the development of a transference neurosis, this work is vital. The following vignette is an example of this process of clarification.

The patient began this session wondering “How do we go on in the aftermath of war?” She was struggling to try and put all that had happened in the Middle East conflict into perspective.

TH: I’ve been wondering too, how can I help you go through all of these conflicts and come to some peace with it in the aftermath. This is what we’ve been struggling with, how to put back the pieces and put it all in perspective now that it’s over.

PT: That’s a resurrection experience, that’s what that is — what the death and resurrection Jesus goes through, is that human experience.

TH: You mean to survive and even triumph?

PT: He goes into hell first before resurrection but I’m feeling I don’t want to move.

TH: You can’t get out of the desert?

PT: I went to a seminar in which the focus was a kind of spring cleaning — what do you keep and what do you want to leave behind? I want to leave it behind — give up the torture, but how? I’d like to give them up.

TH: For some reason it’s difficult to part with. You seem at a loss.

PT: Yeah, yeah.

TH: What does this torture connect with what you’re so afraid to give up?

PT: My blanket comes to mind. I had one as a very small child — that’s the connection somehow (becomes tearful).

TH: Security. But when did you have to give it up? You lost your mother at an early age and she insisted you give up your thumb when you turned two. What about the blanket?

PT: I don’t know. (Brother) had a blanket and I remember them putting it away. ‘It’s time to put it away.’

TH: So, in general, your parents would decide rather than let the child give it up when ready. This has been a theme for you. Events are not determined by your readiness.

PT: I even thought of that this morning. I’m wondering how many sessions I have. Will I be tossed out? If I give up the torture I won’t . . . I won’t need it.

TH: And that is very different than having to give it up before you’re ready. So you are afraid of having things taken away and may hold onto them in a prolonged way.

PT: Yeah. I start to wonder, why am I taking so long.

TH: Yet you were left alone with the torture and anxiety without any way to calm yourself.

PT: I’ve re-lived a lot of what I felt and experienced as a little girl. I’ve realized I’m re-living it to a different future now. I wonder, when I get caught in
those feelings, will I just re-live it or will I go beyond in a different way. It’s how I used to stay under the covers. I just stay there.

TH: What would help you come out?
PT: People (start to cry).
TH: Who comes to your mind?
PT: (Husband). Maybe that’s why it’s been so hard (he has been traveling a great deal on business).
TH: And when he is home, can you let him be there?
PT: It’s still hard, especially at night in the dark. I had a strange dream which was upsetting. The dream was about being chased. There was a conspiracy. Some man was trying to capture me. Everyone was part of the conspiracy. I went to friends and family and I realized they were all part of it. They believed him. But then I was attracted to him, this man I had been terrified of.
TH: What’s your option? No one is on your side. If you can’t beat ‘em, join ‘em. How do you, as one lone individual, fight this massive conspiracy?

The Healing

The rest of the session was spent talking about differentiating this feeling, of being the sacrificial lamb, from the current reality of her life. She said she knows now, who the good guys are (therapist, husband, several friends) and who the bad guys are and wants to be able to behave in accordance with this knowledge. This conflict, between what she knows and what she still feels, continues to be worked through in the following session. The therapist began to use selective disclosure of her own internal state to facilitate this process of differentiation (Alpert, 1991). It is the emotional recognition of my real, as opposed to distorted, reactions that ushers in the healing process. Prior to this, the patient viewed me as an emotionless observer who was not affected in any way by her pain and torment. She reported that my comment, early in the session, about my concern regarding how I could help her had a big impact on her. Before this, she hadn’t imagined I really thought about this but, like mother, was just interested in getting her out of my hair.

PT: I had a terrible dream. We were all in the farm house. It was the first time I’ve consciously dreamed about my aunt. She was just a big blob, a big head, like a character in Through the Looking Glass. As I got closer she was lying face down on the bed, then turned to me and was herself. She said, “I’ve been expecting you. I knew you’d come back, it was just a matter of time before you’d want me too.” (put her hands up on each side of her face). I kind of think, in the dream, I’m going to hyperventilate. (Pause) My God, she’s admitting it but at the same time she thinks it’s good or that I wanted it. So I, I called my parents (husband) and said “You’ve got to come and take care of me”, and they did. My voice was real childish.

TH: So, in the dream, you were an adult going back, you were married, but the voice was yours as a child?
PT: Right, right. I wanted to show them. There was chaos and she didn’t know what was happening. We all cornered her in the bathroom. We almost planned it like they knew they were coming to my rescue or something – to hear the truth. There was a big image of a drain, in the bathroom. Then I realized, she didn’t even know what was going on and she was absolutely trapped – I absolutely trapped her – absolutely trapped her and I almost didn’t want to go through with it and even woke up without going through with it.

TH: What was the feeling when you woke up?
PT: Somewhere in that she admitted this. I’m not wrong or making this up.
TH: Confirmation that you’re not crazy? It happened. You know it and others know and are willing to come to your defense. She is trapped.
PT: Yeah and I didn’t like that. I really didn’t like that. Yeah . . . and even though, if I had been alone and when I was alone I was scared to death, at the same time I was seeing her so cornered and so unaware of what she did was wrong.
TH: She was confused, had no clue, and when you see her like that you can’t do it to her, shove her down the drain?
PT: Yeah. Right.
TH: You can feel for her. You know what it’s like to be trapped and frightened.
PT: And so crazy to even know what she did was wrong.
TH: That’s a big change.
PT: Yes it is and I’m not even sure about it, in reality. It’s interesting to dream her that way. I see her as crazy but I think she knows it was wrong . . . I don’t know . . . but if I cornered her.
TH: Right, because you say everyone has been afraid to confront her and her craziness. If she was confronted?
PT: She would lose it, absolutely. I don’t want to do that.
TH: So what is your reaction when you see her this way?
PT: Repulsion. I knew I needed, I mean, when she came onto me it was repulsive, just like the head on the bed was distorted and repulsive and weird. Everybody was there so it didn’t frighten me. She just became crazy and pathetic and I, I couldn’t do it to her.
TH: You didn’t want to torture her back?
PT: Right (heavy sigh).
TH: I wonder how that feels for you because you’ve progressed from utter terror to rage toward her and the flipping between being the victim and the victimizer – wanting to do it back to her. Yet with that you remained very much alone. People would watch but not really . . .
PT: But in this dream, people are with me.
TH: There’s been a shift – feeling other people are there for you and you’re not the one who’s crazy. Now you see her as pathetic and demented. Not to say it was alright, but the grudge and the need to seek revenge has diminished.
PT: I realized too, when I woke up from that dream, that when I called out to people I was using a constricted and childish voice and I was about to say it, “Okay, say it (to the aunt) – you molested me” and I was still in that childish voice, but then I realized I couldn’t use it – it didn’t make sense to use it, even. It didn’t feel right.
TH: Somehow you’re moving beyond that point? You’re taking hold of it as an adult is not the same. Not just a terrified child who has no way of understanding what’s going on. I also notice you look much calmer. How are you feeling?
PT: Something else interesting. Yesterday was a bad day, after this dream . . .
was hard to get going, I didn’t do the day very well. What happened is what sometimes happens, I imagine my wrists bursting open or slashing them or someone else slashing them because I’m so bad. The wrist thing started when I first imagined killing (aunt) that first night and they haven’t stopped. I want to hold my wrists together. If I get angry at myself, I imagine slashing them.

TH: This happened after the dream? What happened when you woke up?
PT: I wasted the morning (she wasn’t working until the evening).
TH: Which means what?
PT: I slept late, watched a stupid TV program, didn’t... just laid on the couch. When I go into a rut like that I start to list all the reasons I’m a terrible person.

TH: You didn’t let yourself relax but began to criticize?
PT: Right. Then I had the feeling in my wrists and remember feeling, before I started counseling, that I wanted to die and it was close to that feeling. Then I realized, no, it’s not that I want to die, I just don’t want to feel like this anymore. And I, I don’t want to die, I just don’t want to feel like this anymore, and I thought – I’m still bad but I know (husband) doesn’t want me to die. He doesn’t think I deserve to die. He wouldn’t slash my wrists for this. Nor does Dr. Della Selva think I’m bad and deserve to have my wrists slashed or to die or kill myself or be killed (becomes tearful). That was new for me.

TH: It’s as if, in your young mind, there was no distinction between these feelings and action. You wanted to murder your aunt and burn down the house. It made you feel you were bad and should be punished by death. What’s different now is having the adult perspective and understanding how a child could feel.
PT: Maybe even as an adult, just because I’m not perfect doesn’t mean I should be punished by death.

TH: And when you’re feeling the pressure in your wrist, the impulse is to slash them?
PT: Or that they will burst.
TH: And as you imagine that, is there some relief or what?
PT: No, it gets worse and then I find myself wanting to escape into TV or sleep.
TH: So there is no relief with the bursting but wanting to be held together.
PT: Yeah, then I hold them and sometimes have (husband) hold them together.
TH: Just your wrists? But do you feel, in a more general way, a need to be held together so you don’t fall apart? Because here, you hold yourself together (patient is holding onto her own wrists).
PT: Yeah.
TH: So, just as you were both victim and victimizer, you are both the one in need of care and the one providing it.
PT: (Smiles) That’s even physically impossible.
TH: The thought that there might be other people (husband and therapist), who you could turn to, is soothing.
PT: Yeah, it definitely was.
TH: You don’t have to hold yourself together, you can relax and let someone else be there for you.
PT: Then I feel less vile. I’m not worthy of that fate (death). Right, right, yeah (waves of emotion).
PT: Because I feel it so intensely, it makes me think something happened.

TH: So it’s like the feeling in your vagina that you used to get which was actually a re-experience of what happened and a way to communicate that?

PT: Oh goodness. I image her hands, how I used to watch her file her nails to a point and how she used to go like that (digging nails into her wrists) to show me how sharp they were.

TH: So she would literally dig them into you and sharpen them in front of you?

PT: Yeah. She was really into them and it was a real ritual. I can’t help but think there was something more.

TH: Like what?

PT: Someone actually holding them – her holding them.

TH: How do you see it?

PT: (Nodding her head) I can see her one hand could hold my two wrists.

TH: Is there some feeling now?

PT: Yeah... dread. Something is coming, just realizing, I was having that... ugh (cringes) her other hand was free.

TH: Which hand?

PT: Her hand that’s behind me. We’re cupped, spooned – she’s behind me – we’re on our sides. One arm is beneath me and holding my wrists... I think keeping me from stopping her. Moles me with her other hand (nodding). So I also couldn’t do anything.

TH: Trapped?

PT: But you know what I also think? I did try to stop her. I really did try to stop her... I did try to stop her (crying).

TH: But she was too big.

PT: Yeah, she was too big, but I did, I tried. That’s really important to me. I didn’t want it (adament).

TH: This is very important. If we look to how you respond to these other figures in your life who you consider cruel and sadistic in some way, you stand up and fight back. When you get frantic is when you’re trapped or hooded over. They go on anyway (a reference to an incident she relayed early in this session in which her wishes at work were ignored and the secretary did things her own way), despite your protest.

PT: That’s right. Just like in the dream – she thinks I, I’m just thinking she said that. I’m thinking she said that.

TH: That you want it?

PT: Yeah. Yeah, but my hands tell me differently. My hands tell me differently. So they tried, my hands tried for me (waves of painful feeling). They are the center of my struggle.

TH: You get back in touch with the part of you that wants to break free.

PT: Yes, yes, yes... Yeah.

The process of healing and the emergence of the true, spontaneous self continue in this next session, which began with a question regarding insurance. In the past, the patient has never asked for any help with the insurance company and had been afraid to do so based on her father’s exaggerated and angry responses to her requests for help in filing for scholarships, etc. It emerged that, even though he did not support her financially in anyway after high school, he continued to declare her as a dependent on his taxes. This was not only illegal but put the patient at a real disadvantage when she tried to obtain financial aid in graduate school. She confronted him at that time and he became enraged and gave her the cold shoulder for months.

PT: I cling to hopes (that father will change).

TH: It’s not to say that may not happen but you can’t make it, you have no control over him.

PT: (Shakes her head) You know, that’s a really important distinction. I always think I need to try more. With father’s birthday coming up, I picked out a card and I didn’t want to be fake, just didn’t want to be fake... Your distinction is important. I’ve tried, I’ve tried, I’ve tried.

TH: So you feel freer to be true to yourself and express what you feel. Whatever comes back, comes back. You’ll deal with it.

PT: Then what about mother. It was always us versus them. Then my wrists start. It’s a confined feeling (breaks away with her arms). I want to be free, to burst free.

TH: But does this mean being torn apart and having to bleed? Can you be free and intact?

PT: I’ve been wanting to say something. I’m feeling really good the last couple of days. Not like I had such great – there were difficult things but I felt honestly good, strong, energetic, and able to handle things that came up. I felt interested in what I was doing – involved. I was busy and, when I had free time I did nice things, I baked, and I felt good.

TH: More in touch with the life in you?

PT: Yes, yes, yes. It was a really nice feeling. A very nice feeling (smiles). It was a nice feeling (Patient looks very touched, smiling and with tears in her eyes). (Pause) I even felt I wanted to make love to (husband). I wanted to. I wanted to and it was a natural result of my feeling.

TH: Not just a reaction but a welling up from the inside? As you talk about this alive, spontaneous feeling, I notice your eyes well up. There is a smile and good feeling but is there a sadness too?

PT: If I feel that way, I leave a lot behind.

TH: There’s a lot that’s been lost. So rarely have you been free to experience this inner exuberance and to have feelings emerge spontaneously.

PT: Yeah (tearful).

TH: Only once you experience that you realize what you’ve been missing.

PT: There’s a qualitative difference. Not that what I do in my day is any different, it just feels different. They weren’t particularly great days, I just felt good.

TH: So it’s not just a reactive thing but a change in your internal state?

PT: I’ve been doing visitations, which are generally very hard for me and I avoid them. In the past few days they haven’t been so hard but I now understand why I wouldn’t like visiting some of these narrow, bigoted, angry old women. I can’t talk, I just have to sit there and take it.

TH: So in your position you can’t pick and choose, you must go and endure but do you have to take it in?
berate herself, would be viewed as a means of punishment for underlying violent and murderous impulses. The process of exposing and experiencing these buried impulses, along with the accompanying guilt and grief, are thought to result in a decrease in the need to punish oneself. The symptoms, therefore, should disappear.

In the case presented here, there were repeated experiences of the patient's rage toward her aunt and her parents, as well as figures in her current life, including the therapist, who came to represent genetic figures. Despite the experience of her buried sadistic impulses, the guilt and grief which followed, as well as intense longings for love, support and protection, many of her torturous symptoms continued and the nature of her attachments did not change significantly. It was only when her symptoms and her feelings were understood as reactions to real trauma that a sense of healing began. Then all of her symptoms, including the self-flagellation, which had been most tenacious, were significantly reduced and mature, mutually satisfying relationships began to flourish. When asked, the patient said she attributed these changes, which included a vast qualitative change in her ongoing sense of internal goodness and strength, to the empathic interaction with the therapist.

References


Editorial

We are pleased to announce a new feature in the International Journal of Short-Term Psychotherapy which will be instituted with the next issue. We have given a great deal of thought as to how best to solicit new and different thoughts, and ideas in the field of short-term psychotherapy.

Accordingly, we hope that a column called "Dialogues", akin to "Letters To The Editor", will facilitate the exchange of ideas, and provide a vehicle for clinicians, theoreticians and researchers to offer their agreement, disagreement, support or simply a cogent thought or two about the articles in the journal, or other subjects of interest to short-term psychotherapy.

We hope many of you will take advantage of this innovation to increase communication in the field and engage in more public dialogue.

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