

Case Presentation
The Need to Move from a Dissociative Place to Connect with the
Traumatic Event as Part of the Healing Process

Raya Reshef
(Trans. Aiton Birnbaum)

Amir is a 25 year-old student living at home with his parents and working as a waiter. On October 7, 2004 he was in Ras-e Satan, Sinai, at the time of the terror attack.

He presented for treatment four weeks after the event.

Upon arrival presented symptoms meeting criteria for post-trauma: fluctuating moods, hypersensitivity to noise (startle response)—but also difficulty tolerating silence, nervousness, fears (especially at night), sleep difficulties, flashbacks, concentration problems, and decreased functioning: difficulty getting back to his studies and work. He felt himself weak, lacking strength, spending his days doing nothing, sitting and staring.

In the attack itself he was not physically harmed except for a torn ear drum. A friend suffered superficial injury from shrapnel to the head.

The event raised in him existential questions like, “Why? Why am I alive? What are the chances of being in such an event and coming out unharmed? ...”—a sense of chance and destiny. Nevertheless, he expressed optimism reflected in his memory of the last picture from the event: “I’m looking out the window of the bus bringing us back to Israel watching the dawn and knowing that, that’s it, “it’s over.” This statement gave me the feeling that there are strengths, that Amir would come out of it.

Altogether there were 12 meetings over 15 weeks, including six sessions of EMDR. In addition to occasional checks on symptoms I used the IES-R questionnaire, a scale allowing a fast and simple check on the impact of an event on the life of a subject.

The work with Amir was not easy, and did not go “by the book.” The processing was accompanied by argument and philosophizing. Each session began with a low SUDs which increased, ending in an incomplete process. Sessions began with emotional distancing which increased without dropping. However, the process and processing continued

between sessions, symptoms declined, and functioning improved. Over time, the use Amir was making of the processing became increasingly clear.

Work began with finding a safe place. Initial difficulties began already at this point. Amir asks: “Safe place? On the one hand, anywhere, on the other hand—nowhere.” Before the event he would probably have chosen the sea. Amir loved the sea, loved surfing, just laying on the sand, feeling that nothing bothers you at the beach. The attack turned the beach into a dangerous and threatening place. The place that had been a symbol of quiet, peacefulness and security became a death trap. Therefore, “On the one hand, anywhere, on the other hand—nowhere.”

An attempt to strengthen resources and connect to past strengths also encountered difficulty: “There’s nothing special, neither of success or failure... never really satisfied with myself, on the other hand never disappointed... each day receiving its checkmark, in this grey area...” Not exactly an ideal beginning...

Nevertheless. Finally chose a room in his home as the safe place, more precisely, the porch adjacent to his room. There he could feel security, calm, peace. Installation of the safe place ended in feeling “neutral, relaxed, pleasant.” After this success we also succeeded in identifying a helpful resource: “being more robust in the face of frightening situations.” He chose the characteristic of brashness and chutzpah that helped him through an event at work. Resource installation evoked satisfaction and good feeling. “I succeeded,” he said.

Armed with our toolbox of relaxation techniques (breathing and muscle relaxation), the safe place, brashness and chutzpah, we set out to process the trauma of the attack.

As the first picture from the event Amir chose to work on the moment after the explosion, as he understands what has happened, looking at his friend and seeing the blood flowing from his head.

NC: I’m in danger, I’m not safe.

PC: I am safe and protected now.

VOC: 4-5

Emotions: Confusion. On the one hand, unsafe. On the other, compared to then, I’m safe, I’m here. Uncertainty. Anger.

Body location: chest.

Honing in on the NC/PC was not easy and required two sessions. Discussions around question such as, “I don’t know if I feel safe or unsafe,” “I’m alive this moment, but what about the next moment,” “I know I survived but do I feel safe...” bring up the difficulty, confusion and paradox which perhaps characterize any traumatic event of such magnitude, but in Amir’s case also reflect the developmental point in which the trauma occurred in his life. Unclear to himself, wondering where his life is going, unresolved in his choices about school, work, etc., feeling stuck, to some degree trapped, in a predesignated course, and now this event raising questions which before didn’t get so much room. These questions come up and are accentuated during the processing.

At the start of the processing Amir reports disengagement from the event: “somewhat amused... don’t feel anything...fairly neutral...confused... nothing.” Return to the event sharpens the picture and brings up difficult feelings. The picture is alive and sharp, accompanied by sounds and smells, but also the good feeling of seeing the friend alive, saying that perhaps it’s not such a difficult picture... “People go through worse things.” During processing the ability to be in the experience but also to disengage, the difficulty of disengaging together with the “will to leave and go, to escape from it, from everything...” The negative feelings increase: “I’m much less comfortable than before... see the picture even more clearly... I feel colder... I feel bad...”

We must end the processing before it is finished. Amir is glad, feeling relieved. We end with relaxation, combined with return to the safe place. SUDs at end of session – 7.

The next session finds him symptomatically unchanged, but more distant from the event: “Pretty much like a third person looking at the event from the side... I went over it during the week, checking over what occurred... natural feelings of ‘It happened’ and ‘too bad’ and such, no sudden anxiety attack...”

SUDs at start of session: 5.

Processing starts with an easier feeling: “I’m looking at it from the side...as if I’m there but also not there... a different feeling than last week, calmer, more whole... pretty much a cool analysis...” (And in the body?) “Pretty comfortable, nothing bothering me... less connected to it today than last week...”

The emotional dissociation leads him to general thoughts about himself: "... This whole thing of feelings in general, I'm pretty closed in myself and that's why it's hard for me to process it out... I feel blocked... a feeling of being quite stuck..."

The feelings about the picture connect to his feelings about his general situation at this stage in his life, stuck, unclear in what he wants from himself, unsatisfied. The processing leaves the event and associations turn toward his feelings about himself: "I'm a sad person... an old man in a child's body... everything is meaningless... waiting for something good to happen..."

Return to target event brings up a somewhat depressive response: "Nothing, fine—OK: it happened, it didn't happen, it doesn't matter... I don't know why all these feelings are coming now..." He continues to wonder: "I think if it happened, and the event brought it up, or it suddenly came up because of the event. How this event has screwed up my head, for good and for bad... it doesn't help me from day to day (these thoughts), but in terms of my "self" it has something... since the attack, this idea that you had better be complete within yourself..."

I bring him back again to the event, in an effort to focus. The response: "A lot of things I just didn't think about before... thinking about what's essential, which is good. Thinking about the difference between life and death and how life can go awry at any moment, for good or for bad..." This again leads to an incomplete session, with an elevated SUDs (8), and strong feelings of confusion, as I feel that it is important to legitimate all the thoughts and feelings that the event is bringing up for him. I have no doubt that these were present before, but perhaps not so openly. The session ends with a relaxation exercise which leaves him with "a kind of pleasant discomfort."

The following week was not easy. Amir was flooded by thoughts and questions about the event ("Why was I a witness?") and about his life ("What am I doing? Where am I going?"). No significant change in symptoms. Terror, fear, sensitivity to noise (especially at night), sleep difficulties, trouble returning to his studies and to work—though he is beginning a process of return. Mainly, many hours pass in "nothing."

Readministration of the IES-R shows only minimal improvement. Score at the start of treatment was 47 indicating moderate-severe disturbance, and a month later his score is 43.

He asks to work on a different picture from the event, which disturbs him greatly. As he defines it: “A strange, unnecessary picture that is nevertheless etched in my mind.” After the explosion, after they were already at a distance from the location of the attack, he returned to find some slippers he had forgotten there.

The picture: “I’m standing and looking around, standing and trembling. On the one hand cool-headed looking for my slippers, on the other hand—what are you doing here? Strange... why did I do it... standing and looking... out of curiosity, to see what happened. Everything was destroyed all round, everything was dead. I take my slippers and some cigarettes I found there, and return totally naturally.”

NC: I could have died.

PC: I’m a survivor.

VOC: 3-4

Emotions: Confusion, the contrast.

SUDs: 2-3

There is no doubt that the low SUDs is unrealistic and reflects a dissociative state. Amir requires processing in order to safely connect to the feelings raised by the picture. And indeed, as previously, the SUDs goes up during processing, and “refuses” to drop. Processing connects him powerfully to the picture, but the feelings are mixed. Not anxiety, not panic, but the opposite, wanting to connect to the picture, to take in all its details, to internalize. “...thinking about the picture, see it beyond my eyes... managing to get the sense of what exactly... trying to reconstruct what my eyes saw there... to let it back into my brain, to let those pictures stay, to look around, to look, to look... trying to think of the sensations that went along with it then, it was pretty... a comfortable shudder, something unpleasant yet something I want to absorb more, I don’t know why... because it’s not something I wanted, but I wanted to internalize more and more information...”

At the end of the session, another incomplete session, Amir refuses relaxation. “I don’t like that abrupt disengagement from the sensations, I prefer to slowly continue and not think of anything. It will continue like this till evening, very unlike me, actually a good feeling.”

I am not calm, but feel it is correct to reinforce his will to proceed according to his inner pace, his meaning to find and give meaning to the

event, and not let things dissipate too quickly, and centrally, to allow the event to take him to new places for him, from which there is no telling where they might lead him, and which most importantly are non-threatening.

At the next session, Amir reports that the original picture bothers him at the level of 1-2, while the second is at 4. He chooses new cognitions:

NC: I am not in control

PC: I can choose my response to an event that was not under my control

VOC: 3

SUDs: 4

We continue processing. Amir continues to process the paradoxes of the event, the meaning of his return to the site: "...I'm starting to wonder if it was reasonable to return to take those slippers at all..., can't explain, trying to think about that type of curiosity... that kind of dissociation as if I'm coming to see what happened, as if not as someone who was there... sensations of heaviness, sadness, discomfort..." The image begins to distance, "I think of the picture, it's full of details alright, but it's as if I can't touch it... I don't know if I should think about it, try to think about it and not think about it at once..." Again the dilemma, the conflict, to let the event go or hold it tight. Amir receives validation of his sensations from me, legitimacy for his desires, the desire to stay with the event as something significant that happened to him, but to let go of the terror that accompanies that memory. Memories that can be accessed under control will not need to be experienced as intrusive. They can be lived with.

At the next session Amir reports a SUDs of 1-2 about the entire event, including both pictures. Evaluation of his status using the IES-R reveals the surprising result of 29, reflecting significant change to the status of "clinically insignificant." We are three months from the event. He reduces the frequency of sessions in order to study for final exams, and reconnects to strengths and competence.

When I meet him a month later, his sleep is improving, flashbacks are gone, terrors almost entirely absent, the event is taking up less and less space in his life, whole days pass without him thinking about it. Level of disturbance: 0-1. And to complete the picture, he tells how his physician informed him that the tear in his ear drum has healed and he can go back to the beach.

Amir feels he can put the event behind him.

Discussion

Treating Amir and processing his trauma with EMDR brought up several issues during and after therapy.

One issue has to do with premorbid personality. The numerous existential questions that emerged during processing raise the possibility that Amir may have suffered from masked depression.

Until the attack, Amir functioned in an entirely normal fashion, characteristic of many in his age-group: army, trip to South America, studies, being a waiter, living with his parents. He was unsure whether his choice of studies was accurate, but since he had already switched once, and for practical reasons, he decided he ought to finish the subject he had chosen. He saw himself in the future completing his studies, working some job, probably getting married, apartment, mortgage, kids, etc., not really with any true enthusiasm or joy of living, more going with the flow than choosing his destiny, but not stopping too much to ask questions, to check possibilities for change, for a different approach. In my opinion, there was no depression here. This was simply being dragged along in a worldview of: “That’s how it is for everybody, isn’t it?”

The event demanded that he stop, raised question marks, caused him to wonder whether change might be possible, or at least that there was room for questions: about accepting life as a banality to be taken for granted, following what was expected of him, priorities, pace, choices. These issues came up during processing, and they received much attention in meetings between EMDR sessions. Much support and legitimation was provided to ask questions, even if there were no simple answers; and Amir was referred to philosophical sources that have long dealt with such issues. He had come from the field of exact sciences, and was used to seeing things clearly, axiomatically. The trauma, like any trauma, upset the foundation of his life, widening unconscious cracks within, bringing up the lack of confidence about his path, weakening what had been taken for granted before. EMDR allowed these issues to come to the surface for processing. Existential questions about the meaning of life are characteristic of people who have been in life-threatening situations.

Other questions relate to the process itself, especially the assessment and processing stages.

For instance, accepting the NC “I could have died.” Theoretically, this is an inappropriate NC, because it is in the past and describes a factual description of the situation. Yet it was given in the context of a picture that raised an incomprehensible question from his point of view: “Why did I go back there—I could have died.” An attempt to bring the NC into present form, as in ‘I might die, I am going to die,’ etc., encountered resistance and pseudo-philosophical argument in the form of: “I know I am not about to die now, I don’t feel that I am about to die now.” But emotionally connecting to the picture led to the very strong feeling of having committed a foolhardy act that might have gotten him killed. The irrationality of the action together with the danger it might have placed him in were precisely expressed in these powerful words: “I could have died”—and that is why I accepted that as the NC.

One of the questions that came up for me during the work was how much to press for processing the image to SUDs of 0-1, since stage 4 was never completed. When I checked with Amir what might help the SUDs go down, or when I attempted to end an incomplete session with relaxation, I got the clear message from him that he needed to stay with the strong feelings, to internalize them and allow them to dissipate gradually—that this is the only safe way for him to connect with the experience not from fear but out of choice. This may be considered a blocking belief, but it allowed him to stay connected to the feelings, which was significant to him in itself, and he needed to go at his own pace in order to let go of them gradually. I didn’t always feel relaxed about it, but when the process repeated itself, I felt that it was right and that I could trust him to do the processing at his own pace (and I only verified that he had my phone number).

Another question that arises is non-completion of stages 5-7. In point of fact, there was no check of the VOC and no installation for either of the two images. This was where life intervened. A cancelled session... Amir’s final exams that he took off to prepare for. When we met again, he reported a drop in his original symptoms, the event took up less and less place in his life, and I felt that going back to the picture would take him back to a place that was no longer relevant. Was I correct? It’s a question. The reality is that the symptoms disappeared and his feeling improved. Is that enough?...

Summary

I attempted to share with you the journey that Amir and I took in processing the traumatic event of a terror attack leading to signs of post-trauma. However, during the processing Amir discovered that the event was too significant to simply be put aside. It allowed him to connect to sensations and feelings which he had been cut off from before, and to questions and thoughts of consequence to his life. The processing was never complete, and I was often left at the end of sessions worried and troubled about the significance of his need to hold onto the event, feeling that “he wasn’t letting me” complete the process. But Amir used the process and took it to the place he needed it to go. He felt that the attack represented a significant event in his life, and that it would be wrong to get rid of it, even if this brought pain, disquiet and discomfort. He chose more than once to give up faster processing in order to stay with the experience a moment longer, before disengaging from it. At the end of the process, after I allowed him to stay with the experience, he was able to separate from it.

A month ago there was another terror attack on the promenade in Tel Aviv. Amir saw it on TV. He felt shock, identified with one of the young men who was interviewed, with the shock he was in. He returned to “his” event for about two days, and then went on with his life. Life sends us tests. Amir certainly passed the test sent his way.