

Case Presentation – Shula Brin

Introduction: This case illustrates the use of Cognitive Interweaves and Resource Connection to facilitate the processing of an experience underlying a diagnosis of chronic PTSD in a Yom Kippur War veteran.

Background:

Eran was released from active service in the paratroopers six months before the outbreak of the Yom Kippur War. When the war broke out he was recalled and sent north to the Syrian battlefield with instructions to sterilize a village. During the operation he was seriously wounded in a sudden rain of bombshells. **Medics made several attempts to evacuate him, but were forced, by enemy air attacks, to retreat. Eran experienced repeated feelings of abandonment in the face of imminent death.** He eventually reached the hospital with wounds in both arms and both legs, which necessitated a long period of operations and medical treatments. Once his physical condition had stabilized, he returned to normal life. He was not aware of any emotional damage. He did have frightening dreams but thought that in time they would pass. Over the years his sleep became more disturbed, cut short again and again, with nightmares. While dreaming he would hit out at his wife.

Only after reading an article connected with the Peace for Galilee Campaign did he begin to understand that his condition required treatment. Psychotherapy brought him temporary relief from his symptoms. but they soon returned, with alternating periods of greater and lesser intensity. Following the current Intifada, his condition deteriorated even further.

Diagnosis: Eran conformed to the diagnostic criteria for PTSD: sleep disturbance, nightmares, outbursts of anger, high stress. He developed avoidance reactions to personal contacts, and began speaking cautiously. He did, however, manage to function at work where an obsessive bent to his personality enabled him to fulfill his duties. Eran's life at 51 had been significantly influenced by the trauma that he underwent at age 20.

Treatment

At the beginning of treatment, Eran 's avoidant tendencies were marked. His conversation was reserved and distant. The emphasis of our work was Kohutian with

cognitive elements to teach him techniques of affect control. After only a few months there was a marked improvement in interpersonal communications..

Addressing the Trauma:

Eran's childhood memories were positive, with many experiences of belonging and being protected. Throughout his childhood and adolescence he always knew that someone would look out for him. In contrast, during his traumatic war experience in Lebanon the repeated unsuccessful attempts at rescue left him with feelings of being abandoned to die.

Resource Connection:

I used Brurit Laub's procedure before processing began, in order to help him access his personal resources. His past resource ("PRC") involved the positive feelings around a meeting with a female friend whom he knew before the injury and with whom he was still in contact. The name which he assigned to the resource was "Meeting a Friend".

Processing:

From this place of empowerment Eran began processing. The traumatic picture was "I am lying in the dust, I can't move. People aren't coming to help, I've been abandoned in the battle".

The connection to his past resource (PRC) of friendship "promised" him that there would be resolution to this feeling of abandonment and that he would manage to survive and stay alive.

The SUDs at the beginning of the work was 9-10. The processing raised the sensation once more of physical pain and the terrible fear that he was going to die. The PC was: "I can survive"

The VOC – 2-3

The processing is stuck:

Many sets brought no reduction in the intensity of the distress.

First Cognitive Interweave: Eran repeated : "I thought I was going to die"

therapist: (cognitive interweave) "and did you?"

Eran: "There were moments I thought I was dead"

therapist: "but did you die?"

Eran: “no, I survived”.

This intervention allowed the processing to continue.

Eran: “When the bombing stopped I kept on shouting and someone said, ‘calm down, when the bombing is over the medic will come and take care of you’. It gave me a good feeling that I wasn’t alone, that someone was with me, maybe I would be rescued”.

BLS.

Eran: “After that people heard me and some of them came. A better feeling, still sadness and pain but a better feeling in my heart. A little encouragement that there’s hope”.

BLS.

Eran continued describing how they took care of him and how he was left again, this time on a stretcher following a further bombardment. Once more anxiety rose, despair and fear that he would not get out of this alive.

Second cognitive interweave.

therapist: “Put the Eran here today alongside the wounded Eran on the stretcher”.

The processing continued. Eran experienced again the intense fear of death. Again the processing stalled.

Eran: “A feeling of loneliness, no-one taking any notice of you, in pain all over, unable to move. Crying and shouting, literally dead scared. Pressure on my heart, maybe they won’t take me in time”.

Third cognitive interweave.

Therapist: “And did they manage to?”

Eran: “Yes”

Once more the momentum of the processing gathers pace and Eran remembered how the medical team took care of him. When the memory of the bombs surfaced again, he smiled and said, “We weren’t hit”. This time he is helped by the sentence “they’ll get me out of here in just a mo”. At this point he connected to another resource -“a meeting in the hospital with people who came to visit, laughing”. The accompanying cognition was, “I’m in company, not alone”, (present resource connection – PrRC).

Two more meetings were needed to get the SUDs down to 1. I don’t think it was possible to reach a 0 due to his invalidity. (I’ve seen many times that if there is an actual disability it stops the SUDs from going down to 0.)

The PC was changed from surviving into : “ I can cope with difficult situations”
His last “back to target” was: “I see a injured man but not abandon, there someone
Who takes care of him, treats him. He got to a safe place.
He’s rehabilitated. I feel optimist.

Closing RC

The PR.RC that we closed the session with was: I’m in rehabilitation center.
Pastoral view I enjoy. We have a good time all of us together. Lots of fun.
The verbal cue was: fun together.

Discussion

In this case history I have tried to emphasize the role of cognitive interweave and resource connections as supports to the natural healing process. Eran’s personal resources of friendship, support and connection with others, upon which he had always relied, were shattered as a result of the traumatic experience. He was stuck in the terror of abandonment and approaching death. The use of Laub’s Resource Connection procedure and the cognitive interweave enabled him to process the trauma to a satisfactory level.