

Prepublication Draft:

FINDING HUMANITY IN DARKNESS

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What is it like to be absolutely alone in your suffering? What is it like to be without strength or resource in an incredibly dark place where no one else cares to go?

This was exactly where Sergeant Joshua Brennan found himself on the night of October 25, 2007. While leading his troops through the Korengal Valley, Afghanistan, he walked into an ambush and was cut down in a storm of bullets. Having been hit by eight rounds, and separated from his fellow soldiers by a barrage of heavy fire, there seemed to be no hope for him. To make matters worse, two Taliban insurgents rushed in to drag him off, into the black of night. This was going to be the worst possible way to die. However, Specialist Salvatore Giunta, recognizing that his friend was missing, jumped up from his position of cover and ran into the crossfire. Cresting a hill, Giunta spotted Brennan and the two insurgents, whom he shot down as he sprinted through the heavy weapons fire. Dragging Brennan behind a rock, Giunta applied first aid and reassured his friend that he would hold off the insurgents until help arrived. Later the next day, Brennan died during surgery. His body was flown back to the States for a hero's burial, and Giunta became the first living person to receive the military's highest decoration for valor, the Medal of Honor.

As spectacular as Specialist Giunta's actions were, the person he risked his life to rescue still died. So, was it a meaningful endeavor? Given the fact that we are all

eventually going to die, and that suffering is an unavoidable aspect of living, can any of us really be rescued?

Seeing through Darkness

Knowing my role as a counseling psychologist, friends and acquaintances often applaud me for my work, saying things such as, "I do not know how you do it. I do not think I could listen to other people's problems day after day." It is true. I have listened to many horrible life events, some so disturbing that I will not repeat them in print. In some instances, I have witnessed terrible suffering for which there are few practical solutions. However, I do not view my work as a burden. My actions are not heroic, not in the same way that a soldier demonstrates courage, but to reach those who have fallen into psychological peril, it is necessary to leave a position of comfort and journey into some incredibly dark places.

While still a young graduate student, I fulfilled practicum requirements for my group counseling class by going to the county jail to meet with inmates. The meeting space for my group had a large concrete floor, cream-colored concrete walls, and an ominous two-way mirror behind which guards monitored all our interactions. My group members, 13 male inmates, were all dressed in misfit orange jump suits. I remember feeling threatened at this place, but it was not the incarcerated men who made me feel uncomfortable. Instead, it was the institution, the hopelessness that lingered in the corridors and the dehumanization that buzzed overhead in the artificial lighting. I also remember being surprised at how eager the men were to come in and talk about themselves. After listening for awhile to the group members describe the

disempowering circumstances in which they lived, and the impoverished childhoods from which they had come, I decided it might be helpful to teach some self-hypnosis. I wanted to show the group how to locate a self-determined, internal reality, a powerful subjective experience that, to some extent, would supersede the immediate sensory world.

Having everyone stand in a circle, with their eyes closed, I began, "You are about to go on a journey...to a very important place. You carry in your *right* hand a great deal of baggage, heavy baggage. *Unfortunately*, the train station you are standing in has a very long line, and there really is not a suitable place to set down your belongings...I am so sorry that you have to carry this burden alone...and even more sorry that time is moving so slowly...As your muscles tense up, you can notice the baggage becoming heavier. Right now, you want nothing more than to set it down." This type of suggestion, one that was likely to elicit a physical reaction, allowed me to scan the room and see who was listening. Almost all the men were leaning to the right and some had an uncomfortable look on their face. So I continued, "*Finally*, it is time, the time has come to set your baggage down. And it comes as such a relief! Now your body can relax. Now you can focus your emotional energy on other things." I then went on to describe a journey where new discoveries are made and important relationships are formed. This was the type of journey in which a person's sense of self is expanded and empowered. After ending the exercise, and returning to their chairs, most of the men expressed their enjoyment of the experience. As one man put it, "I was really glad when you told us we could set the bags down. My arm was starting to hurt!" However, off to

my left, I noticed one man was sitting motionless. The expression on his dark face was difficult to interpret. This being my first practicum experience, I was concerned I might have made some type of mistake. So I carefully asked him what was happening.

Without lifting his head, he reached for his chest, and said, "It's gone. It's not there anymore." After a brief moment of staring into vacant space, as if in a state of absolute disbelief, he slowly turned my direction and explained, "After thirty days of horrible pain in my chest, while I slept, while I ate, this constant pain...now it is gone!" The look that swept over his face reflected such delight that, for a brief moment, I wondered if he was mocking the group activity. However, after hearing his story, his response made perfect sense. As the inmate recounted, "There was an intense *stabbing* pain...in my heart...the day the judge slammed down his gavel and sentenced me to ninety-nine years in prison. This all started when my fiancée told me she was ending it. She was the first person I had ever allowed myself to love, to really fully need. Now she was leaving me and it was so she could be with another man. So, without thinking, I went to the hotel where he worked...I had a knife in my hand...I saw him...jumped over the counter...and stabbed him, again and again. It was when the judge slammed down his gavel that I realized there was no hope for me, no hope for my life."

The pain reflected in his face, as he told his story, was not the type that is easily simulated. Feeling confident in his sincerity, I sought to learn more about what he had experienced during the group exercise, "Do you feel comfortable telling the rest of us what happened, why your heart stopped hurting?" He continued, "You started talking...and your voice was just sort of annoying, so I went in my own direction...I

wasn't listening to what you were saying anymore. I was absolutely alone...surrounded in complete blackness. I really did not want to be in this place. Then...really far in the distance, I saw a small glimmer of light. I walked in the direction of the light and when I got close enough, I could see that it was a tunnel. It was difficult to look in the tunnel, because it was so bright, but when I did, I saw an angel at the other end. Slowly, this angel came drifting toward me...and as she moved in, the darkness began to fade, it was replaced by light."

At this point, most of the men in the room were entering into their second trance. As he spoke, it was difficult not to follow the man's gaze up to the ceiling and look for the angel yourself. The expression on his eyes, forehead, and checks, was such that it seemed he must be looking at something divine. He then said, "The angel spoke to me. She told me that I am forgiven. She said, 'You can have a new life in Jesus Christ.'" Focusing his eyes on the rest of the group, he said, "That is exactly what I am going to do. The first thing, when I arrive at the state penitentiary, I am going to be baptized!" Though his physical history and sentence remained immutable, something significant had changed for this man during the course of this encounter. He was no longer surrounded by darkness. I had not rescued him. However, I did witness a self-transcendence that occurred not only for him, but for others in the room, including myself. This event confirmed for me that this type of work would be one of the most meaningful activities I could pursue.

Though not everyone is inclined to feel concern for a man who has committed a horrible crime, as citizens of humanity, we are inextricably bound through our common

capacity to suffer and to need others. This is especially true during childhood, a time when a person's vulnerabilities are more numerous. Childhood is a time when we so desperately need help from a mother, father, and the many others who come into a new budding life. My experience is that there are few who would be content to witness the suffering of an innocent child and do nothing. But at what point do we decide a person no longer possesses innocence, and is therefore no longer worthy of concern?

How does a universal human attribute suddenly disappear? According to Joan Didion (1968), innocence ends when one is stripped of the delusion that one likes oneself. This idea points toward the human need to form a positive relationship with one's self. How much of an impact can another person really have on the general knowledge of oneself and the experience of innocence and personal strength? And, assuming that outside relationships really do make a difference, how much exposure is needed to make a lasting difference? Is it a matter of days, weeks, months, or can something significant transpire during a brief moment of interaction?

One day a concerned father brought his 13-year-old son to me for help. Looking at the father, I was immediately aware of a remarkable contrast. This man had a strong bulky frame. His hands were large and his shoulders almost as broad as the doorway opening. Yet he sat in front of me with a look of helplessness and desperation.

He wanted to protect his son from a sinister force that was causing the child great distress. But there was nothing he could put his hands on. His child was living in fear of vicious attacks that occurred every single night, by a perpetrator who remained at large, and absolutely untouchable.

For the past two weeks, the boy had been experiencing a recurring nightmare during which he was being anally raped. According to the father, his son was now unable to sleep. He had become socially withdrawn, unable to enjoy time with friends or family. When asked, the boy gave me the following description of his dreams: "I am in what seems to be the back of a semi-truck. It is all metal and I am being raped, anally, by a guy (I only saw his face once). I am being raped and it just seems to go on and on." After saying this, the boy's face flushed with a look of pain and shame.

The father was at a complete loss. As he put it, "This came out of the blue. We have not seen a movie with anything like that. We have not discussed anything like that." The father indicated that his first concern was that someone was touching his son. If so, he wanted to know who it was so he could eliminate the problem. Looking into his eyes, I had no doubt he would kill in order to protect his much-loved child.

With his father sitting next to him, I questioned the boy at length. Without any hesitation, he insisted that there was no recent trauma, no illness or accidents, and no other significant problems in his life. He only wanted the nightmares to end. When I asked for more details, the boy told me that every night he had the same dream. When I asked what happened on the day that the nightmares began, he could not recall anything of significance. However, the father suddenly made a connection: "He has a girlfriend. He found out that day [that the nightmares started] that she would be moving away." Hearing this, I suggested that the dreams might be a symbolic representation of a real-life experience, an emotional experience that was otherwise suppressed. The father was insightful, immediately catching my line of reasoning: "Such

as helplessness from his girlfriend moving away?" At this point, the father confessed his own feelings of helplessness. I acknowledged his dilemma: "It is hard to protect someone while they are sleeping," to which the father responded, "Amen!"

As mentioned earlier, I feel that an important part of my work with clients is my willingness to meet them at their core of darkness or distress, so I offered to the boy: "I may try to go into your dreams and help you...Have you seen the movie *Inception*? [He shook his head 'No']...Nonetheless, I will do it using hypnosis, if you are comfortable with this idea. If not, we will not do the hypnosis." This idea was followed with a few minutes of small talk and humor, so that my young client could get used to the idea of intentionally walking back into his nightmare. Then I questioned the boy a little further so that I could carefully tailor my suggestions: "To use hypnosis to make the nightmare go away, it would be helpful if I knew more about you. I need to know what you really like or what you are really good at, such as a particular sport." Without any hesitation, he replied, "I like baseball. I like hitting the ball with the bat!" This was perfect.

Next, I had the boy speak aloud as he closed his eyes and relived the nightmare, "The man is behind me...and I am just getting anally raped...feeling fear and shame as it is happening...I am screaming, sometimes for help, sometimes for him to stop." Then the boy suddenly opened his eyes. Having acknowledged his efforts, I offered a solution, "Okay. Let's see if we can make it so you don't have that dream tonight."

After instructing him to again close his eyes, and listen to me, I began to narrate the nightmare, "There is a man at the other end of the trailer. You see, through a flash of light, the look on his face. You realize he does not have good intention. And there is

just enough light in that trailer that you can look on the floor and see a baseball bat laying there. [pause] And, I would like you to see that you can get to that bat far quicker than he can get to you. [pause] And, you take that bat in your hands, and you hold it up above your shoulders, just like you are ready to hit a homerun. [pause] And, at that moment you feel the strength in your hands. [pause--switching to a deep serious tone] And, you know what damage that bat can do. [pause] And, you know what would happen if you landed it on his skull. [pause] And, you are a decent enough fellow that [long pause] you decide not to use it unless you have to. But you let him know that you are serious and that you are strong. So you say to him, 'Do not take one step closer to me. I am absolutely serious about this, not one step closer to me.' [pause] And you ready the bat, just to make certain he understands that you mean business. [pause] And, you see him backing away. So you take a few steps toward him, not to hurt him, just a few steady steps. And, he steps back, eventually falling off the back of the semi. And, then he picks himself up and you see him start to run away. Everything is now out in the day light. Now he is not only scared of you but he is also scared of being caught, of being identified. Everything has gone wrong for him. He is confused. And, you watch him run away."

Seeing a look of ease come over his body, I shifted from crisis intervention work to a focus on the boy's future development. "And at that very moment, as your muscles calm down and go back into a relaxed state, you loosen up your grip on the bat, and right then you make a new decision about who you are, that you are a person of power, and what you can handle in life, and how cool you can be in a crisis. It is hard to explain,

it is hard to describe, but there is some sort of good feeling that starts to build up inside of you. [pause] You are someone who has just won a really difficult game against an opponent that you shouldn't have been able to beat. And this feeling sticks with you. It sticks with you for the rest of your life! And, you can dream that dream, I just described to you, over and over again. That same dream can keep playing itself out. But your unconscious mind can elaborate on it. It can add new details about what happens, what you say. It can even change up the context, the location, and your unconscious mind can continue to develop the dream in a way that is pleasing, in a way that meets your needs. And, you can keep having that dream, again and again, as I continue to talk to you.”

At that point, I began to tell the young boy several stories. I told him about a girl I knew in high school, who was nearly raped in her home. Fortunately, her mother was able to frighten-off the intruder, almost immediately after he forced his way into the home. I told other similar stories of dangerous individuals being stood-down by courage alone. With the boy still slumped over in a trance-like posture, I explained to him, "When you take these things head-on, an interesting thing happens, the threat itself tends to back down. Anxiety tends to runaway when you face it head-on. And that is something you can do in real life, at school, on the baseball diamond, while you are with your friends, or later on when you get a job. And it is something you can do in your dreams, at night, this very night! You can be surprised by how much personal power and strength you find inside yourself.”

After the boy awakened, I asked him how the experience was for him. His one-word reply was, "Interesting." The father gave a more enthusiastic response: "That is the weirdest damn thing I have ever seen! So how...when....when did he go under? That was tremendous! Does he need to come in and see you again?" I told the father that there was no need to bring his son back to my office, not unless he still had problems with nightmares.

It has been over a year since this meeting. I have not heard from the father or his son. Fortunately, the mother decided to send me an email and provide me with some follow-up. She wrote, "I wanted you to know [her son] has not had any more nightmares. He is back to his wonderful, funny self. He turned 14 yesterday and it was a great day!" This email was a delight for me. It allowed me to know that, in this instance, I had done something to help reduce human suffering. Because of his age and vulnerability (especially in regard to identity development) there is the possibility that my moment with him may have far-reaching consequences. He now has a set of protective ideas that may stay with him for the rest of his life.

A Gateway to Compassion

Though I mostly do clinical work, I have occasionally volunteered my services for foreign-born children seeking protection or asylum inside the United States. Once, while testifying as an expert witness in such a proceeding, I found myself listening to a convincing attorney argue all the reasons why a boy, who was seeking asylum in the U.S., needed to be returned to his own country, Guatemala. She made a compelling argument for why more American tax dollars did not need to be spent on a child who

had illegally slipped through the borders just so he could have a more comfortable life. Her main argument was that this person was already 16 years of age, and not speaking a word of English, was probably better off growing up in a culture to which he was accustomed, surrounded by people whom he already knew.

I had been invited by the court to provide my testimony by speaker phone. This put me at a disadvantage. I could not see the faces of the people that I was wishing to engage. The boy had someone there as his advocate but she was an inexperienced law student, volunteering her time. Her English was slightly broken and she spoke with a thick Asian accent.

When it was finally my turn to speak, the judge let me know he had read my affidavit and that he was curious about a statement I had made indicating that there were no indications of malingering. To clarify, I explained, "Of course it is impossible to know with absolute certainty if someone has given an accurate accounting of events. However, there are some types of responses, coming from the autonomic nervous system, that come from exposure to trauma. Most of these are outside a person's conscious control and some can be easily observed." During the forensic interview I had done with the boy at the detention center, I had taken the approach of asking questions about symptoms unrelated to trauma, to see if the young boy was simply endorsing all the questions I asked about possible difficulties. On the contrary, he had insisted that many of the symptoms I described he had not experienced. He was an uneducated Guatemalan Indian, living up in the mountains, who had not even learned to speak Spanish, much less English. (We had a translator on a speaker phone at the detention

center.) There was no way he could have trained himself in the nosology of the *DSM* in order to fake the symptoms associated with Post Traumatic Stress Disorder (PTSD).

As I spoke to the court, I used a voice that was monotone and unemotional. I did not want to be dismissed as a “bleeding-heart.” I did want everyone in the courtroom to hear the boy’s story. So with the defendant listening to my testimony, as it was translated into his native tongue, I continued: “In order to make sense of the unusual behavior demonstrated by this child at the detention center, you have to know something about the precipitating events. For instance, during my interview with him, the boy begged me for permission to stay at the detention center. The boy told me that the staff treats him very well. In his words, ‘I feel safe here. No one is beating me. I want to learn how to read and write.’ Allegedly, his mother began beating him with heavy sticks and ropes when he reached ten years of age. These beatings, that were reported to have occurred as many as 2 or 3 times a day, provide some explanation for the scars and rope-burn marks you see on his arms and face. If he was, in fact, only allowed to attend elementary school for three years, before being forced to go work in the fields, then it would help explain why the detention center is viewed by the boy as some sort of home. However, more interesting to me was his explanation for the vertical scar you see on his right elbow.”

After waiting a brief moment for everyone to gaze over at the boy, I continued: “When I asked him if this was from the beatings, he corrected me explaining that it was from a bicycle accident at the detention center. When asked to provide more details, he recounted that he had been riding his bicycle feeling very happy but then he had

thoughts of his uncle and was no longer able to stay balanced on his bike, thus sending him crashing to the ground. This type of sudden loss of muscular coordination is known as 'freezing.' It is an automatic response triggered during traumatic events or during the recollection of such experiences. Although the boy seemed to be blocking much of his traumatic memories during our interview, and therefore unable to explain many of the scars on his body, when I urged him to tell me more about his uncle, he recalled an episode during which the uncle came to his house with a machete. This uncle allegedly made the threat, 'I will cut your head from your body,' at which time the boy ran into the jungle to hide. According to the child, the uncle came to the house more than once seeking to kill him. Allegedly, because the boy's father is dead, there is some disputed property that the uncle does not want the child to inherit. But as I was saying, the boy would stay out in the jungle for as long as twelve hours, without food or water. On several occasions, he would begin to vomit. After one such episode of vomiting he felt tremendous pain in his body and nearly lost consciousness." At this point, my testimony was interrupted by the judge. "Doctor...doctor, there is something happening here...the child is shaking. He does not look well. What do you think is happening to him?"

Maintaining my dispassionate tone, I replied, "For us, this is another day of doing business. At the end of the day, we will go home and everything will be fine. But for the boy, this is a discussion about whether he will live or die. I believe he is convinced that if the court decides to send him back, he will find no one in Guatemala to defend him. He fears that his uncle will eventually kill him. He also seems to be fearful of the people in the village, to whom he owes money."

Knowing the child's emotional triggers, I pushed on ahead. "If you look on his arms and neck, you will probably see evidence of muscle spasticity. This boy responds with unusual distress and hypersensitivity to touch, especially on his left leg." During my previous interview with the child, he had recoiled and suddenly started rubbing his leg at the first mention of his uncle. This suggested that this part of his body contained strong implicit memory associations. It was this type of obvious somatic reaction that I believed would be the court's most compelling evidence. So I continued: "This part of his body was probably..." but before I could finish my sentence, the judge again cut me off. He said, "Doctor, you can not see this, but something is seriously wrong with this child. He is not well. I am stopping the proceedings."

This was a welcome outcome. I did not want the child to suffer any more than necessary. It had been difficult enough to watch him decompensate during the forensic interview.

That interview had taken place a few weeks before the court date. Having been allowed only sixty minutes to establish rapport and gather the necessary clinical data--information that would determine the course of this child's life--I worked relentlessly and without delay. These were the types of disturbing memories that I would normally allow a client months to piece together and slowly integrate into conscious awareness.

To make matters worse, as a forensic investigator, I was not to do therapy with the boy. After taking him to a point of absolute psychological vulnerability and distress, I was supposed to simply end the interview and leave. For me, this was unacceptable. So at the end of our encounter, I did my best to humanize the process. After the child

became reoriented to his immediate surroundings, I asked the interpreter on the speaker phone to say to the boy, "I am very sorry these bad things happened to you. You are a good person. You did not deserve to be treated this way." As the interpreter spoke, I looked deep into the boy's eyes. I did not dare say much else. I was being monitored by the prison staff and did not want to say anything that could be misconstrued as creating false testimony.

Now the courtroom proceedings had not lasted even half as long as the forensic interview. After the judge spoke, the prosecuting attorney made a brief frustrated response. She had not been given the opportunity to cross-examine me and she had not been told on what date the court would reconvene.

Three days later, I received a call from the boy's pro-bono attorney. She was happy to report that the judge had determined that no further evidence was needed. He had decided to grant the boy asylum inside the United States. She told me that another nonprofit organization was stepping in to help his transition to foster care and to provide him therapy for trauma.

Looking back, the greatest reward I took away from this experience was the lesson this sixteen year-old child taught me. During the interview, I was intrigued by the boy's gratitude and subsequent happiness. Though severely traumatized, he was not a depressed child. He had not lost his positive sense of self. He was grateful for his new life in the Arizona detention center. He was grateful for the opportunity to attend educational classes. He was grateful for his haircut and the food he was given. He was grateful for my help. And I, in turn, was grateful that I had the opportunity to meet him.

Love: Shining Light into Darkness

As mentioned in the opening paragraphs, pain and death are relatively inescapable aspects of the human condition. The extension of life and the reduction of suffering are, of course, worthy objectives. In many instances, I have seen psychotherapy succeed to this end. However, unlike medicine, a poignant human encounter will not only bring reprieve, but will also address the human need to make sense of one's suffering.

It is true that to understand the client's subject reality, it is necessary to feel some of what he or she feels. However, it is also necessary to remain partially dissociated from the client's reality so that one's own ability to create new perspectives is not curtailed. More simply put, I do not want the client's disturbing reality to become my own. Although I truly care, if I am fully empathetic while dealing with traumatized clients, I am less able to help. That is because my own perspective would be contained within their narrative of helplessness.

This is an important means of protecting oneself from secondary traumatization. While listening to a highly distressed client, I will allow myself to feel physically a small amount of what he or she is feeling, perhaps at 25% of the intensity they experience. Depending on how disturbing their experiences are, this may only last for brief moments, followed by full detachment. This way my problem solving is not inhibited by fear, anger, shame, or whatever it is that has been dominating the client's awareness. Rather than being overwhelmed by highly challenging situations, I find this allows me to then take delight in the opportunity to exercise my problem-solving abilities.

Since I have been writing about a willingness to journey into dark places, I should also make some mention of how to re-emerge, unharmed. As mentioned above, I intentionally maintain a partial dissociation from the client's realities so that my own psychological resources are protected. I also limit the number of hours I spend with clients during a given day. Six hours is my preference; however, I can handle seven without having my defenses start to weaken. Anything past seven hours will cause me to run the risk of emotional contamination. My resilience has limits and I have learned to recognize when I am reaching the edge.

Another important strategy for those who do this work is having someone else to talk to. Fortunately, there are several therapists in my office suite. On occasion, we will consult with one another or, if needed, we will debrief after hearing something difficult. For those who do not have this type of resource, I strongly recommend finding a therapists' consultation group. Just 90 minutes, once a month, can do a great deal to preserve one's health.

The third strategy that has been essential for my own peace-of-mind is the collection of outcome data. This way I have physical evidence of the good that is accomplished. By collecting and studying outcome data, I am able to continue my professional development in a way that cannot be achieved by reading books or attending lectures. In order to closely monitor the transformation process, I make an attempt to collect written feedback on a session-by-session basis. The forms I use have been designed to illuminate what is needed and most helpful for each individual client. (These assessment tools are available for free at my website: www.lamDrShort.com.) In this

way, I learn more about doing therapy with each and every session I conduct. Any data collection device can be a useful tool, but more importantly my clients know that I really care how things turn out for them. It is this felt human connection that causes the individuals I see to send me cards or call me on the phone, sometimes years later, so that I continue to share in the good that has been accomplished.

While looking for a way to conclude this chapter, I asked my 9-year-old daughter, Elise, “What do you think a hero is?” After thinking a moment, she said, “A hero is someone who is so kind they can give up themselves to help someone else, even though they may get hurt. You don’t have to have super powers or anything like that. You just have to be brave and really kind.” I think this definition fits well for those who have dedicated their professional pursuits to the practice of therapy or counseling. The designation of hero is especially applicable for those who work in shelters, community mental health centers, refuge camps, or any other psychologically demanding setting in which financial gain is clearly not the individual’s primary motivation. The fact that there are some people willing to voluntarily journey into dark places and potentially expose themselves to secondary traumatization does not fit with the ordinary logic of self-preservation. It might even seem crazy to some. However, we not only help others experience safety and love by meeting them in their dark places, but we as care providers discover strength within ourselves as we participate in our species’ quest for humanity.

Reference

Didion, J. (1968) On self-respect. In *Slouching Towards Bethlehem* (pp. XXX-YYY; first published in *Vogue*, 1961). New York: Farrar, Straus and Giroux.

OMIT:

This brings to mind one of my favorite case experiences (see Short, 2010, for many more). My client was a 78-year-old European-American male who had been persuaded to come to therapy by his attorney, in order to prove that he had done “due diligence.” Throughout the majority of the intake interview, he argued emphatically that his suffering was produced entirely by events outside his control. Using a victim’s lens, he viewed himself as a stubborn man who had spent his life dogged by injustice, only to lose in the end.

To help me understand why he could not tolerate the feeling of being trapped, he shared his story of growing up in Switzerland during the Nazi occupation. In my client’s words, “I got pissed-off at the Germans. So I broke into the German Embassy with a friend. We found the propaganda room, took all of the materials and tossed it onto the street, in front of the Embassy. Then we lit a fire to it and watched it burn. We were very pissed off.” This action landed him on a Nazi list of 100 most wanted, forcing him

to remain in hiding for the duration of the war. Though he had the sympathy of the local Swiss police, his life remained in danger and he was unable to leave his apartment building. During this time, he began to develop extreme claustrophobia and paranoia. As he recounted in a shaking voice, "I was constantly under siege. Night after night, I dreamt the same dream. I was in my apartment building, which had two elevators, with big cages in them. I dreamt that I would be trapped in one of these cages, and that I could not get out. At that age, you do not want to be confined!"

Now he felt he was living a more terrifying nightmare. He was trapped in an aging body, with a pacemaker attached to his heart, his wife was becoming increasingly crippled, and his retirement condominium had been surrounded by an iron fence. The fence belonged to the home owner's association. This was who he was taking to court. The removal of the fence was a cause he was ready to die fighting for.

I wanted to help him but he was not open to any advice or emotional redirection. He did not want to be told what to do by a young therapist, or anyone else, not even God's emissary to mankind. As he explained, earlier in his life, while chaperoning a group of boys invited to perform at the Vatican, my client gave the Pope a warning, "Your Holiness, [following the performance] I will not kiss your ring, because you are not my Pope." To which the Pope replied, "I would not want you to." This story was told early in the session, as a means of letting me know who I was dealing with.

Not having any invitation to speak, I sat silently and listened as he recounted the injustice of his first wife's death to cancer. As he put it, "I watched her die as a vegetable on morphine." Now his second wife suffered chronic pain and neuropathy,

presumably caused by exposure to radiation during the atomic testing of the 1950's. As my client explained, "Because of this injustice [to her] and because of my experience during World War II, I reacted very irrationally [to the construction of the fence], and still do. I can't help it...I have hypertension and with my PTSD I become very upset. Then my blood pressure goes up! It is an acceleration. The situation is intolerable! [Many years ago] I was forced to take beta-blockers. They failed to check it out and it destroyed my heart. And she, on the other hand, because of her neuropathy, she goes from anxiety attack to anxiety attack. And I see that, which makes it worse on me. It's a vicious cycle!"

After listening for 45 minutes to a variety of stories, all following the same theme, my client finally seemed ready to allow me to speak. With a defiant glance, he confessed, "Someone mentioned, you have to see a head shrink and get him to tell you what you can do, to get out of this situation, short of killing yourself. And so that is why I called you. I am here! I need you to understand what it is all about. I don't know what you can do. I don't know what anybody can do!" Eager to meet the challenge, I interjected, "So I have about 45 minutes of you telling me your story. And you have lived an interesting enough life that 45 minutes does not really do it justice, in explaining who you are. So I have to take the little bit that you gave me and I have to fill it in with a lot more that I can guess and that I can assume. But, since our appointment is scheduled to be an hour, and I only have 15 more minutes, I probably should start talking at this point." He did not dispute my logic, and seemed ready to listen. However, all that I was

able to say was, "You came here for me to do something, right? So I will do something..." and then he interrupted with a continuing set of narratives.

As he spoke, I realized my first statement had missed the target. I had been seeking to appeal to his capacity for logic, yet he had already explained that he was not conducting himself according to logic. At this moment in time, it was the emotional side of his brain that I needed to engage. So I recalculated my approach, and when he paused long enough for me to speak, I took an all-or-nothing shot at his resistances. Humorously I quipped, "What you are telling me is that all you need to do is to be here, in order to accomplish what you need to accomplish." As he affirmatively shook his head, I continued, "I could sit here and babble like a moron, and you would still accomplish what you need to accomplish! Because you just need to do due diligence." This emotionally evocative statement took aim at numerous objectives, simultaneously. By directing the word "moron" at myself, I was able to assuage his anger at being referred to a therapist. My acceptance of speech that is mere "babble" made me someone less likely to judge him for what he had to say. And my transformation of this uncomfortable situation into a win/win scenario for him (i.e., "all that you have to do to succeed is to simply be here"), foreshadowed my ability to transform highly stressful situations by purely psychological means. As I sat laughing, unabashedly at my own remarks, my client joined the laughter and finally submitted, "You are absolutely right!"

After this, he sat and listened as I told my own series of stories. In the same way that he had indirectly communicated his needs to me, I used a narrative to indirectly communicate my readiness to respect his need to remain independent during the

problem-solving process. In one of my short stories I described a trip to Basel, Switzerland: “We were riding the train into Basel when a young man got on [the train] with his rifle. Our friend, Ugenie, recognized that my children were staring at the weapon, so she said, ‘This is the way the Swiss are. We are a very independent people. This is why no one has ever conquered Switzerland. Because every man, going back hundreds of years, has joined the army. And they assign him his rifle and his bullets. So if ever there is a time of war, every man is armed. And we will fight to the last man to defend our country. And that is the way it has been. That is the way the Swiss are.’” My client responded enthusiastically, “That is exactly it!” Then he again took charge of the conversation: “You know, when my father died...” This began another set of stories, but interestingly, these stories contained some positive elements, especially in regard to the goodness of the family relations he has enjoyed. Having run out of time, I tried to secure his commitment to return for a second visit: “When you come see me, this is a test. It is a test of whether you want to come see me a second time. You can go to a different psychologist and still prove you have done due diligence. There is nothing forcing you to come here. Do you agree?” He responded, “Yes, yes.” Because we had established that no one was telling him what to do, I was able to offer my first direct suggestion: “Then we will continue the dialogue [next week].” In an effort to be polite, I added, “I apologize that I interrupt.” Warmly, he responded, “No apology needed! I feel like a cry-baby, because all of my life, I could take care of myself. But for the first time in my life, I have to admit, I can not.”

The second session began in the same manner as the first. For 40 minutes I sat and listened as he told me stories. However, these stories were more focused on immediate circumstances. He now trusted me and was therefore willing to share more incriminating details. He confessed to using excessive amounts of alcohol to sedate himself. This attempt at self-medication occurred daily. Because I believed it only enhanced his experience of depression and helplessness, this was the keystone behavior that needed to change. (A *keystone behavior* is one that holds together pathological patterns of behavior and therefore its removal tends to initiate other positive changes.) So I devised another emotionally charged message, one which contained a line of logic he was likely to accept.

“Isolation is the most terrible form of torture known,” I told him. “And the worst death imaginable is to die alone, with no one caring.” This statement was an imitation of the reoccurring theme underlying his narratives, with just slightly different implications. Having captured his interest, I continued, “For me to help you, I need you to recognize the value and importance of your relationship with your wife. She cares very deeply for you; therefore, the calmer and more okay you are, the less stress she will suffer.” He agreed, saying, “This is true. When the fence went up, I went completely berserk and probably aggravated her condition. I spent all my time thrashing about, so at two in the afternoon I got drunk and stayed drunk until I fell asleep.” Using his earlier comments to make my point, I explained, “That is probably very sad for her, because it would be like you watching your first wife die on morphine.”

His response was immediate, “You are exactly right. And this is the second time I thank you.”

Next, I explained how he was to internalize his power. “Your thrashing about comes from feelings of powerlessness, but you have a great deal of power to make your wife’s life good and to promote justice. You must realize that you being *not* angry and *not* drunk is important to her well-being. It is not fair for your wife to lose you at two o’clock every afternoon and watch you become a vegetable. It is not just for your wife to hear that you want to kill yourself. That is not fair! And the person in control of this justice is you. You create [justice] through compassion and love.”

The man sat quietly for a moment, and then spoke up. “I did not see that because I’ve been drunk.” He followed this confession by pointing his finger at me and smiling warmly, “That is the third one! [Thank you].”