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Where Re-aligning Her Coping Strategies Eliminated 17 Years of Panic Attacks

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Abstract

BRAINSCANS don't lie. So when they consistently highlight an unpalatable clinical truth, this paper argues that all clinicians, whatever their speciality, need to update their everyday practice, lest iatrogenic harm increase. For several decades now, it has been shown that recalling trauma induces a transient ischaemic dysphasia – here linked with the twin clinical anomalies of flashbacks and re-traumatisation. Even tentative mention of past trauma can be followed by a marked paresis of Broca's area, thereby significantly distorting speech. And since adequacy of verbal description is paramount in every clinical context, this problem is not confined to psychiatry. A case report is described in which severe panic attack symptoms occurred only after an abusive father had died. The unreality of fearing a deceased abuser is here correlated with the aforementioned trauma-induced speechlessness. The analogy of peanut allergy is introduced to indicate how applying sub-triggering doses can, in appropriate circumstances, be used to overcome either chemical or emotional hypersensitivities. Verbatim dialogue, and video, of a 40-year-old patient overcoming otherwise impenetrable emotional barriers to speech in this way, is outlined. Implications of these points not only for psychiatry, but more globally, are reviewed.

Keywords: Van der Kolk's brainscans, child-traumas, flashbacks, Freud and Breuer's pre-1897 concept of 'cure', The Kolk-effect, agency, war.

Introduction

FLASHBACKS of especially toxic child-traumas take on a life of their own. They self-perpetuate. This case-report explores why. When this 40-year-old's violent father died, 17 years earlier, this should have ended all her troubles from him – instead, his death coincided, within the same week, with the onset of severe and debilitating panic attacks. Once he'd gone, why did the trauma he'd inflicted continue to fester? Initially, she could see no connection – the two events appeared to her to be entirely unrelated. Indeed, she actively resisted connecting his demise with her panics. Why? Happily, there is now non-subjective, reproduceable, scientific, neurological evidence, not only that such flashbacks do disable thought, but how.

Van der Kolk's brainscan work illuminates this whole issue, with compelling clarity, and is therefore worth quoting in some detail. He writes [1].

"We had visual proof that the effects of trauma are not necessarily different from – and can overlap with the effects of physical lesions like strokes."

"Broca's area is one of the speech centers of the brain, which is often affected in stroke patients when the blood supply to that region is cut off. Without a functioning Broca's area, you cannot put your thoughts and feelings into words. Our scans showed that Broca's area went offline whenever a flashback was triggered."

In the current case, the patient was initially and obviously, incapable of putting her "*thoughts and feelings into words*". Clinical experience will also confirm that Broca's area does indeed go "*offline whenever a flashback was triggered.*" This is known as 're-traumatisation'. Note the uncompromising tone – not 'sometimes', not 'occasionally' – but '*whenever*'. If mental health means thinking things through, and if traumatic events from long ago can disable Broca's area 100% in this way, even when only obliquely referred to – then an innovative approach is called for, such as described here.

It is encouraging to note at this point, that Breuer and Freud, in their 1896 paper (though not later), report success in cutting this Gordian knot. Indeed, Freud even goes so far as to use the unusual word 'cure' in his pithy summary of their earlier work

– "With our patients, those memories are never conscious; but we CURE them of their hysteria by *transforming their unconscious memories of the infantile scenes into conscious ones.*" [2]. It is interesting to speculate what method they used to achieve this – did it resemble the following?

Method

The method deployed in this case-report is the standard clinical approach, but with two additions. That is to say – take as careful a history as the circumstances will allow, while securing the patient's fully informed consent at every stage. The two additions that make the difference, and which might therefore be of wider medical interest are – firstly van der Kolk's finding that "Broca's area went offline whenever a flashback was triggered." The second is Breuer and Freud's use of the word 'cure'.

The first, here renamed the 'Kolk-effect', would seem to impose an impenetrable barrier on medical progress. Without Broca's area in full functioning order, it is not possible for the patient to speak coherently about their most toxic experience. The nearer the questioning comes to what really cut deep, the tighter the blocking becomes, thereby closing that channel down – a potent barrier to clinical enquiry. And of course, without ready and open clinical access to the most traumatic event in that person's life, the possibility of cure becomes remote. Could this account for why the notion of 'cure' is so unwelcome in today's conventional wisdom in psychiatry? It certainly highlights why Freud, with Breuer in 1896, was, in psychiatric terms, quite so exceptional. Could it really be the Kolk-effect that impedes us?

To understand where the Kolk-effect comes from, it helps to place it in a wider physiological context. What other circumstances might justify such auto-induced speechlessness? The obvious one is an emergency – if the house is on fire, don't talk – flee.

A second medical analogy which casts invaluable light on this method, is allergic hypersensitivity. Here the body's defence mechanism is triggered by what, in normal circumstances, would be non-toxic. Peanut allergies for example, have been cured by incremental exposure to the allergenic item, in sub-triggering doses, until the full dose no longer precipitates alarming symptoms. That is tightly parallel to the method adopted here. Direct confrontation is scrupulously avoided. Extreme care is taken to provide as safe, consensual and trustworthy a setting as possible. The aim is to allay all fears – with the overt objective of averting the Kolk-effect, which would otherwise close off Broca's area, inevitably, and virtually automatically, and with remarkably irresistible force. The aim is to avoid a paralysing emotional dysphasia which can be triggered so easily, merely by recalling the trauma – as happened, initially, here.

Once such a graduated exposure to the trauma-memory can be achieved, the logic that all such child-trauma is, by definition, obsolete (i.e. from a long-ago childhood), allows the patient themselves to reconnect. Once cognitively identified, once "thoughts and feelings" can again be put into words, only then can the person's own thinking eliminate today's morbidity, as the patient self-describes here.

Results

This case-report is of a woman, aged 40, presenting with a 17-year history of savage panic-attack symptoms – intractable and incurable because the explanations she gave herself as to where they came from, made no sense to her, and certainly did nothing to relieve them.

The first session was not videod. The second starts by asking the patient, here called 'Pat', to recall what she had learnt from the first. "Not a lot" is her almost surly reply (line 2). Normally this would discourage both doctor and patient. By contrast, taking the Kolk-effect fully into account, this initial 'denial' is here courteously brushed aside, as being entirely to be expected, with full confidence that it will also soon be gone.

The third and final session turns into more of a mutual celebration than requiring further medical input. So much so that the video recording was deemed informative enough to be shown at a forthcoming international conference, on trauma, due to be held in Dallas, Texas in October 1988. It is now available on the web, to which the timing of the excerpt given, relates [3].

At first, 'Pat' blocks any link between her devastating symptoms and her (now deceased) brutal father. Lines 10 and 26 in the verbatim dialogue, in the Appendix, testify to this. She maintains – "I can't understand how you can be frightened of somebody who's dead." (at 16 minutes and after in the video, loc cit.) This is her polite way of saying she thinks the idea is absurd. Her Broca's area will not allow her to acknowledge this crucial emotional fact. The Kolk-effect, namely the blocking of putting "*thoughts and feelings into words*", is in full sway.

However, gentle and knowledgeable support later enables her, by the third talk session, not only to verbalise, but to counter his malign influence, and so rid herself 100% of her psychiatric morbidity.

Verbatim excerpts of the dialogue are attached, and are available, as is the link to the video to which they refer as cited above. The relevant lines are – line 61 – "Well, I found out the cause of it, haven't I?" This is her understanding, now, of where these otherwise devastating symptoms came from. She has been empowered to reverse the Kolk-effect, and thereby cognitively reaps the advantage. I press her to describe what needed to happen. She explains her earlier blockage by saying, line 71 – "Well, I never would have thought it were my dad." Her self-defence mechanism prevented her linking her pathology with her toxic memories of him. When she was enabled to do this, she concludes, line 79, "I can see it now." Case solved, symptoms evaporated. The explanation she is now able to give herself makes sense, to her. It cuts through, and eliminates the pathology. Herewith the realignment of her coping strategies,

an empowerment of her own agency from which viewpoint she can now personally see, and feel, the benefit. For how many readers would this justify the term 'cure'?

Discussion

Re-traumatisation, together with its flashbacks, and the Kolk-effect which powers it, makes no sense whatsoever – it, in itself, is irrational, based on an unreality, and therefore strictly speaking 'insane'. Does it exist? Is it really a genuine medical condition that every clinician should be fully aware of? It is easy to blur it, to obscure its full relevance not only to psychiatry but to clinical medicine in general.

A closer look at re-traumatisation reveals a patient who is terrified of something that only they can see. In fact, it's as if the trauma they undoubtedly suffered in the past, had never gone away. It is still there, eating away at their peace-of-mind, their security, just as it did when it first occurred. No one need doubt that the originating terror was real, even life-threatening – but equally, no one else need continue to believe that it is still going on. No one, except the sufferer, can see the terror, feel the pains, anticipate 'the end'. It's no longer there in today's reality – unreal beliefs generally earn the label 'insane'.

So how can orthodox psychiatry explain re-traumatisation? It is obviously an *error in the mind*. It is a false belief. Something that isn't there – something that is no longer real is being believed by the patient, despite there being no longer any credible, objective evidence, in support.

Here, as mentioned in the introduction, the Kolk-effect resolves this otherwise inexplicable dilemma. And it does so in a way that is so unusual, it is perhaps unique. Where else in psychiatry do you find evidence that is at one and the same time – non-subjective, reproduceable, scientific and neurological?

This paper presents the medical reader with two challenges – neither are obscure, both entirely rational even logical, but that doesn't necessarily make them easier. The first relates to the Kolk-effect – is it real? The second to Breuer's simple notion that child-trauma need no longer continue into adulthood – logically it should have faded with all other childhood memories. Since it manifestly hasn't – bringing the patient up-to-date actually rids them of unacknowledged left-overs, an achievement that could well merit the attribute 'cure'.

As for the first – the Kolk-effect can be reconfirmed anytime brainscan equipment is available, or by triggering the same effect, clinically. The challenge to the medical profession in all its branches is – if this impediment to comprehensive history-taking is as widespread as it could well be – then much of today's medical interventions, even surgical ones, would be misdirected, because based on an incomplete clinical reality.

The second is even harder to refute – the human infant is incomparably less capable than the adult – so what terrified the one, and prevented them putting their "*thoughts and feelings into words*" should in logic, be amenable to being melted away, merely by the acquisition of adult capabilities, adult agency, let alone physical size. (Note the references to 'giant' and to their respective sizes, in the dialogue.).

As an aside, for further consideration elsewhere, it is intriguing to note that following his own father's death in October 1896, and his woeful volte-face in September 1897, Freud himself had found it "*difficult to understand how you can be frightened of somebody who's dead*". Thus 41 years later, aged 81, in Moses and Monotheism, he describes paternal fears as being ongoing and unstoppable [4].

The case report presented here is intended to show the Kolk-effect in action, by providing verbatim dialogue, with video clinical evidence to support it. Other studies have linked this anomaly to violence, and even war [5]. A paper setting out a sound philosophical basis for this approach, with the title "*A rationale for irrationality, based on Breuer's 'momentous discovery*'" has recently been published [6]. And further verbatim dialogues are available elsewhere [7]. A training scheme for trainees has extended this approach to wider applications, which may lead to further publications anon.

Conclusion

In the 37 years since this case has been available to the public, how many patients have had their Kolk-effect (i.e. their *traumagenic dysphasia*) ignored, by-passed and overlooked? And who, instead of being empowered against it, have had it further aggravated, by its being actively 'blocked' and prolonged (for 17 'wasted' years and counting, in the present case), by the medical intrusion of psychotropics, electroshock, or invasive and inept brain surgery? In the decades since Pat was treated, the writer's clinical experience has found it operative in the full gamut of psychiatric afflictions – including addictions, anorexia, asthma, psychotic symptoms, all varieties of depression, obesity, psychopathy, violence and other anti-social pathology. If Breuer endorsed it 129 years ago – can we?.

Consent

In view of the 37 years that have passed since 1988, written consent is unavailable – the patients' faces have been pixelated in lieu.

Conflict of Interest

The author declares that he had no conflict of interest in reporting and publication of this paper.

Acknowledgment

I wish to thank Edwina Grosvenor for her support in this, without which this unusual video would have remained entombed in an obsolete technology.

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Appendix

PANIC attacks in a 40-year-old for 17 years, since her father died.		
Opening of the second session		
1	Bob	So what do you recall about last week, what we talked about?
2	Pat	Not a lot.
3	Bob	OK, what sticks in your mind?
4	Pat	You saying that it was abused childhood and that I was frightened of my father.
5	Bob	Uh-huh.
6	Pat	And it's as if he's stopped me from growing up.
7	Bob	Right. Do you think that that's true?
8	Pat	I don't know, to be honest.
9	Bob	Are you frightened of your father?
10	**Pat**	**I can't understand how you can be frightened of somebody who's dead.**
11	Bob	It's not easy, but it's possible to do it. I meet a lot of people who do it. And how did he stop you growing up, do you think?
12	Pat	I don't know.
13	Bob	So what are your feelings about your father, would you say?
14	Pat	Well, both my mother and my father now, I resent them.
15	Bob	Do you?
16	Pat	Yeah.
17	Bob	Does that surprise you?
18	Pat	No.
19	Bob	What do you resent them about?
20	Pat	They held me back in every way. They were just for my two brothers and not me.
21	Bob	It's true, isn't it?
22	Pat	Yeah
23	Bob	And do you think you're frightened of them now, or what?
24	Pat	I don't think so.
25	Bob	Yeah, you could be?
26	**Pat**	**I can't understand how you can be frightened of somebody who's dead.**
27	Bob	So where do these panic feelings come from?
28	Pat	I don't know. They are terrible.
29	Bob	I think they come from your father.
30	Pat	I don't know. Is that possible?
		EXCERPT FROM THE THIRD, and final, SESSION

31	Pat	He can't hurt me anymore. I've got a barrier up now and I just can't be hurt anymore.
32	Bob	What's the barrier?
33	Pat	It's not my kids. It's just something inside me. You're not getting in and niggling at me anymore.
34	Bob	What is it? This barrier?
35	Pat	Well, it feels like cast iron, steel, I don't know. I'm just numb to it. I'm numb to the thoughts of him and numb to the memory of him. Does that make sense?
36	Bob	Well, yes, it does. But I prefer something like – you're an adult and you can tell him that. What I want to do is bring him down to your size. Because he hasn't been your size, has he?
37	Pat	He's been a lot bigger than me for years. [*small laugh*]
38	Bob	He has, hasn't he? He's been enormous. And I want to bring him down like any other human being, which he is, that's all he ever was. He happened to be your father, and you were very much smaller than him at the time.
39	Pat	He seemed like a giant at the time.
40	Bob	And he's seemed like a giant up till recently, hasn't he? Is he still a giant?
41	Pat	No. No.
42	Bob	So when did he stop being a giant?
43	Pat	I think the last time I came. And when I went home, I really analysed things. I couldn't stop thinking. Probably sounds wrong, but I just couldn't stop thinking I was analysing everything.
44	Bob	For the first time, I may say.
45	Pat	Yeah. And the more I analysed, the more I went calmer, I thought, no, you're not doing it no more. And I have been a hell of a lot calmer, haven't I?
46	Bob	See, if you're wandering through life with a giant around, that's going to knock you off, then you're in trouble. Which is what your position was. You couldn't see it and you didn't know anything about it, but that's how you were behaving. You were behaving as if there was a giant there that was going to eat you. No problem. Squash you, just walking over you, whatever.
47	Pat	It's awful to think that it's happened though, isn't it? I mean, there must be a lot more kids a lot worse off than what I was, but... What they must be going through in their life, I don't know, but... You know my heart really goes out to them. I mean, I used to say, when I married Bill, I used to say, oh, you'd have loved me Dad – if you'd have met him. But now – it's a whole different ballgame, you know. I'm saying if, you know, if you had met him, you'd have probably seen through him before I did.
48	Bob	Amazing, isn't it? Fancy telling him that?
49	Pat	I did. But now I've took it back. And I've also talked to my kids about it, especially my eldest daughter. And she said, well, how can you blame my granddad? I said, well, he's dead. I said, your dead – your dad is dead, but he's not dead in your mind and my dad weren't dead in my mind, in my subconscious mind. You know, I've talked to everybody about it, and it's done me the world of good.
50	Bob	It has, hasn't it? Did your father ever sex abuse you?
51	Pat	No. Not that I can remember, no.
52	Bob	There's nothing like that?
53	Pat	No.
54	Bob	I mean, that's in the news now a lot, as you know.
55	Pat	Yeah
56	Bob	And I think it's more the fear and the violence that I'm going for. I mean, that's what I see in people. That's why I didn't mention sex abuse to you, because I don't think it's that important. I think it's the fear. And then the people I have talked to about it, it's the fear over and above the sex abuse. But your father was a giant. He was a murderous giant. Yeah. Lethal.
57	Pat	He always seemed a lot bigger than me anyway. Although he was only small, he always seemed a lot bigger than me and more powerful. But I'm as powerful as him now, more powerful.
58	Bob	And bigger?

59	Pat	Yeah. Because I've got more sense than what he had. I'd never frightened my kids to the extent he frightened me. I mean, for 17 years I've been struggling with this. I've seen umpteen psychiatrists and not one of them has hit the nail on the head.
60	Bob	So how would you describe to them what we've talked about and what's made the difference to you?
61	**Pat**	**Well, I found out the cause of it, haven't I? At one point.**
62	Bob	What is the cause?
63	Pat	It's my dad. The fear that I had of my dad and growing up that he was still there and I was still frightened of him.
64	Bob	He was fixed, wasn't he?
65	Pat	Oh, definitely.
66	Bob	So how have you managed to get rid of him?
67	Pat	I've talked him out of my system. It might sound silly, but I have talked him out. I mean, the last time I came, I went home, and we did have a little chat, didn't we? And then all night and all the day after, because I do analyse things, but I would have never come to this conclusion.
68	Bob	Do you know why you would never have come? Why would you never have come to this conclusion?
69	Pat	I suppose because you're an outsider and you could see it.
70	Bob	So why would you never have come to it?
71	**Pat**	**Well, I never would have thought it were my dad.**
72	Bob	You wouldn't have started there, would you?
73	Pat	No
74	Bob	You'd be looking in the wrong direction all your life.
75	Pat	Yeah.
76	Bob	Yeah, haven't you?
77	Pat	I have, yeah. I put it down to watching my dad die and watching my first husband die. I put it down to them. But it's not. It goes further, a lot further back than that.
78	Bob	Certainly does.
79	Pat	I can see it now.