

Friday 2nd March 2018 Empathink Conferene

Some Reflections on Dr Joyce Chow's Presentation:  
The mystery of the 'something else'

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Dr Joyce Chow's Empathink-Conference presentation on Friday 2nd March 2018, Melbourne, was, by any standard, 'something else'. The title should have hinted at the experiences to follow, 'Composing a birthday song in the therapy room - a mutual nurturing journey with a patient with childhood trauma'. I should have been better prepared for what was to follow. After all Ron Lee, the moderator, had set a framework of thinking earlier in the day, Friday morning. His excellent overarching summary presented a context based in the four major 'Therapeutic Alliances'.

While I could be forgiven for expecting the standard format psychotherapy paper, instead, Joyce relived - enacted - a moving, harrowing, courageous and exquisitely nuanced presentation so far removed from a conventional therapist-patient journey as I've heard. She presented 'something else'.



Joyce's case followed the traditional pattern for a 'complex trauma' case, but it would be a misreading to settle for that summary of 'Jenny' a 21-year old woman whose presentation started with the sadly all-too familiar story a sexually abused teenager. She sought therapy and along the way, gave a testimony of what it is like to witness and at the same time to become a witness, to a therapist-in-the-making, through the therapist's evolving experiences for nearly a decade. The therapy is still in-progress.

Joyce traced Jenny's history with graphic slides, images and telling captions (see some below) of a four-track narrative: Jenny and Joyce in their real-relationship intersecting in complex ways with Jenny and Joyce in fragmented states of mutual dissociation.

This complex attunement and often severely dysregulated rhythm left me wondering after the first five minutes, how will I cope, how can I sustain my attention. I became drowsy, found it difficult to stay focused on the material and eventually, on the verge of disconnecting totally, I decided to take lots of notes as a way to stay present, in the moment, mindful.

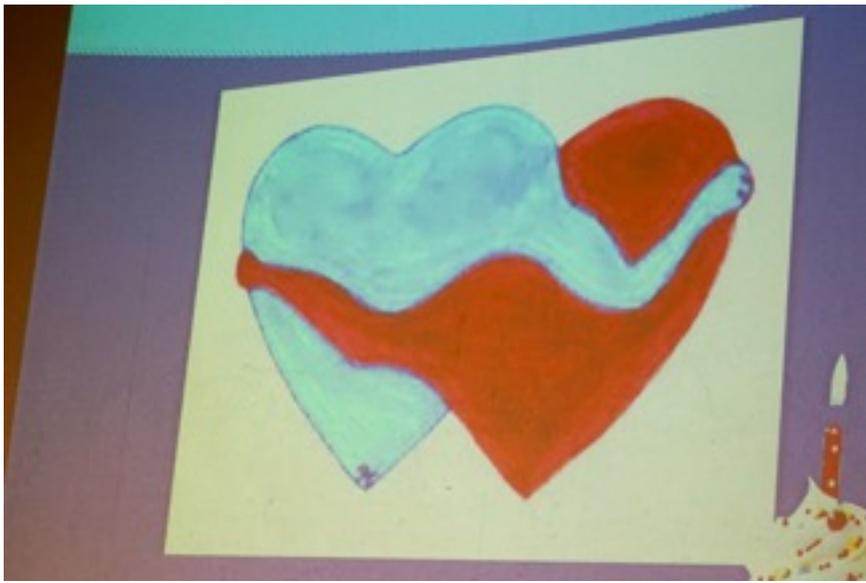
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To stay self-aware, my antidote to being totally discounted, I charted in my notes the major slide-headings: initial contact, keeping a distance, dissociation (see a graphic image below), family dynamics, relationships in childhood, schooling, friendships and peers, courtship, a formation of her 'discovery of her dark side', fears of 'being admired', police reporting and procedure, subsequent regular meetings and eating together, 2-years after 'mixed feelings', summing up as 'unexpected changes, miraculous, guardian angels' which brought us up-to-date.

But if I only re-read this outline, then I risk missing the essence of Joyce's heart-felt presentation - tear-filled, not only her tears, but joined by many in the audience. I only realised afterwards that Joyce had been a witness to a case of 'soul-murder'.

Joyce was partly the agent of the Divine, as she acknowledged God's help, at this level she was administering the metaphoric kiss-of-life, restoring Jenny's very breath, Divine inspiration, her capacity to breathe again and have a second chance at life.

Joyce dared to enter the uncharted theory and therapy zones of what it feels like to face, connect, engage and immerse in the sense of hapless humanity, repeatedly facing the void.



This tragic, yet hopeful on-going journey was tracing not only the family dynamics with a girl disbelieved in her own eyes, of being the victim of rape at the hands of her brother, but also the risk of such disbelief being perpetuated by the mental health professionals who initially cared for her. Until she met Joyce.

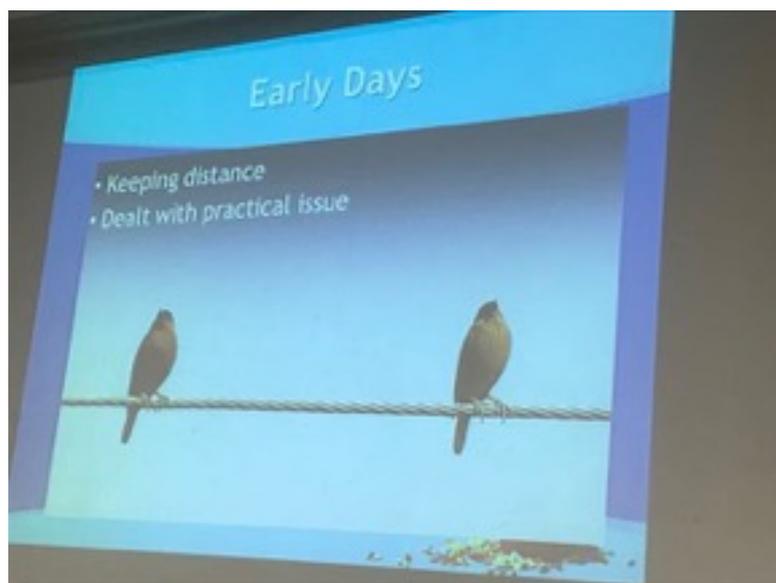
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As such, Jenny's harrowing ordeals, hospitalisation, medications, evolving and changing diagnosis from schizophrenia to anorexia to depressive and other disorders, the very traumatic nature of her repeated experiences both directly as a victim of her brother, and the betrayal trauma of parents and the wider society and culture could be easily by-passed.

But Joyce's tear-filled, moving emotional presentation highlighted what it feels like to be at the edge of empathy, the edge of despair, the edge of distress, the edge of hopelessness, surrendering to phases of hopelessness of not-knowing what, if anything, she might do to alleviate the devastation she confronted in Jenny's life. How could she make this situation bearable. Bearable for the patient. Bearable for the therapist. And as we listened in suspended awareness, bearable for us, the audience.

I struggled to listen. My mind was switching on-and-off, numb to partial awareness. I took pages of notes. I did the only thing that could keep me focused, in between my own tears.

I also took pictures. One slide really struck in my mind, the need to keep a distance in the initial assessment. The picture says 1000 words... two birds, on a tight rope perched together, yet isolated, two lonely birds at either end perched on a tightrope. Suspended in mid-air... destined, fated, ever to fly?



Such distancing - the precursor to full-blown dissociation - was necessary, both for Jenny and Joyce, in order to survive. Dissociation is known as the bottom-line-defence (see Allan Schore) in cases of relational and complex trauma, which this case clearly was, at times, enacting. Enactment, according to P. Bromberg is, of course, a two-person enactment. In another language such distancing could also be the precursor to dissociation. The bottom line defence. The only condition available to live through and to survive such massive trauma.

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From this perspective, I heard this case echo and embody a century of psychoanalytic debate on the nature of sexual abuse.

I listened as Freud might have initially proposed the actual molestation and rape of children in Vienna at the end of the 19th and beginning of the 20th centuries. I was witnessing Joyce's struggle with Jenny, to be sure, but in the wider historical contexts, Joyce was engaged in the titanic struggle for the soul of psychoanalysis itself: how to resolve the civil-war in psychoanalysis, where all brands, from Freudian, Kleinian, Kohutian, Mahlerian, and many others, struggled to come to terms with real trauma, and thus with vicarious trauma.

However I reminded myself, we were listening at the start of the 21st-century. And here in Australia, the wider culture was driving a new 'trauma informed care' approach to sexual abuse, following December 2017, the Royal Commission into Institutional Responses to Child Sexual Abuse.  
(<https://www.childabuseroyalcommission>)

I reflected: where, alongside the obvious 'love' and maternal instinct, in the counter-transference, was the traditional response of 'hate and fear' as Winnicott documented over 70 years ago ? (see attached). Where were the safety measures to protect Joyce from the onslaught of related and repeated attacks on therapy? Where were the safety measures instituted to protect Jenny from her own fragments of rage and shame? She was a victim of soul-murder, after all.



I was reminded that the current view of transference - countertransference beyond the realm of empathy, which, in cases of relational trauma triggers our core survival instincts - fight, flight, freeze, faint and of course uncontrolled crying, the helplessness of the infant-self.

I was reminded that in such cases the 'transference' needs to also be extended, to include these 'instinctual' responses, as they are universally triggered when there is a reliving of a 'threat to life', as Jenny relived over the years.

I was reminded that in such cases, to overlook the power of trauma is to place at risk the patient, the therapists, and the therapy relationship itself. (See RANZCP webinar Dr Gabriel Feiler: 'The worst day at work: vicarious trauma, transference and countertransference'. Co-presented by Dr Gabriel Feiler, Dr George Halasz, Associate Professor Josephine Beatson).

So, is there anything to do other than to bear witness?

Finally I was reminded that in such cases, the transference needs to be organised, beyond empathy, to include the four-sided trauma-scene, the therapists being recruited into one, some or all the following roles: perpetrator, victim, witness and rescuer. Each of these roles may be separated into 'compartments' by the process of dissociation - in which case the therapist may be numbed into believing that they are treating a patient, Jenny, who has by-passed the possibility of a dissociated identity disorder. If that is the case, which I think was likely, a different frame of therapy is indeed needed. A frame of therapy so different from the traditional approach to the 'psychic trauma' of sexual abuse as to call into question the ethics of 'perpetuating the error' of such an approach.

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Once the presentation concluded, a question from the audience prompted my own follow-up. The questioner asked: if you had your time over again, would you be considering doing the same thing, or something different?

Joyce's response was an equivocal 'yes-and-no'.

My own summary offered some other options to consider.

At the end of my summation Ron asked if anyone had recorded my response. I also now ask, if anyone did record what I said, could they please let me know, as I would

like to complete this amazing Conference experience with some of the ideas that followed, as we all have so, so much to learn about how we should proceed in our psychotherapy practice, an ethical practice where we should, first, do no harm.



Ron Lee with Joyce Chow after the presentation, Friday, 2 March, 2018.

Photos from Joyce Chow's slides all photos taken by George Halasz