Subject: *Re: A panic disorder parable: Hardware and software glitches and treatment*
Date: Thursday, October 16, 1997
From: Robert E. Most
To: Tomkins-Talk

These ARE parables, and I've been printing them out and using them with my patients, after a bit of editing to further confuse identities. I also use the beautiful passage from Proust that Eve gave us in June. My patients nearly always respond with parables from their own lives. This has lent a metaphorical richness to the therapy, and from their lives to mine, and (when I don't just leave over-tired and angry) I am often astonished at how much I love my patients.

Yesterday, I was working with a woman, Tessa, who had experienced three to four isolated panic attacks over 20 years. At the age of 46, she suffered a dissection of the left carotid artery (that's when the inner lining of an artery splits off from the outer, muscular layer, thereby blocking circulation), which rendered her right arm numb, and made her dysarthric/ dysphasic (I can't quite tell which—could have been a transient Wernicke's aphasia.) She recovered well from this incident, nearly completely, according to her neurologist, who has de-fined the episode a Transient Ischemic Attack. I believe she retains a very subtle speech impairment.

Whatever! When the dissection occurred, Tessa was in her bathroom putting on make-up. She was able to sit to the floor, her head slumped forward a bit, and she told herself that this was another one of those panic attacks. Then she realized that her hand could not move, and she tried to call out to her fiancé. She couldn't; she was helpless, and shame loaded onto the terror.

Sixteen months later, tired, and "stressed-out" from work, she had the same pain. It was a piercing, pounding sensation localized left and front of center at the top of her head. This time, however, the left arm went numb. The neurologist diagnosed Conversion, but the first consulting Psychiatrist diagnosed Panic and sent her to me. I prescribed Prozac and Klonopin in very low doses for a few months, and worked with her very intermittently for another year. She did well, quickly, without the Klonopin, and taking only Prozac 10 mg. Then she stopped the Prozac, and one month later, had a return of the "Dissection Headache," this time with the anatomically correct right arm numbness.

After re-stabilizing with the same medications, I suggested that Tessa try EMDR for the obvious Post-Traumatic disorder. (For the record, my DSM Dx was Anxiety Disorder-NOS.) I gave her some literature on EMDR. She came back to discuss the "procedure," the term I use in the medical chart for EMDR, though it's really just another therapy technique, notable for eliciting *attack-other* responses from Academic Grand Pooh-Bahs, and over-idealization from recent converts of the EMDR tent revivals. (Will someone in DC please give a copy of this post to John Hertz? He will understand further implications of my metaphor.) I demonstrated the eye movements to her, to check out her comfort with the mechanics of the technique. Inadvertently, I started this demonstration just seconds after I had asked a question about the location of a mild headache she was starting to have in my office. I often give my patients headaches, but what occurred next was most unusual.

After no more than 7 passes of my fingers, during which she tracked well, she looked intensely (for her!) distressed. I stopped, used some relaxation techniques, and sent her home when she reported feeling calm. Tessa continued to have a now moderate headache, and by the time she was home, had the intense "Dissection Headache" for 28 hours. The following day, 2 days after therapy, she was fine. She has had no recurrence in 10 weeks.

When she came in for the intended EMDR, I could not elicit anything. I do think that the post-traumatic conversion headache was about 90% treated. We did use EMDR for another, very much related scene, from her senior year in High School.

My time is too short to complete the story now, so I will jump ahead to the conclusions. I found that my patient had no memory of ever crying as little girl. She never cries now, except at funerals. And then, only tears come, silently flowing down her cheeks. No sobbing, no upward turn of the inner brow. When her father died, she only cried when she saw his body in the casket. Sometimes, it turns out, she may cry when she sees that another person is distressed. When we discussed this, her cheeks flushed a bit.

She has another kind of other headache, quite distinct from this one, WHENEVER she cries. I explained to her how she suppresses the natural affect, by tensing opposing muscles. I explained that, when her father died, she went numb, because shame shut down the distress-anguish. She felt empty, dazed, confused. Earlier in this our third EMDR session (2nd intended session), I had worked with multiple cognates of shame—confused, etc.—and had demonstrated to her that the fatigue we produced in the session did not come from the eye movements. By this time, her affect was much more lively, showing the usual interest-excitement that accompanies successful therapy, and seems so enhanced by EMDR. She also showed more shame, as a shame bind of shame itself had lifted a bit.

I concluded that her few lifetime panic attacks were produced by a shame-bind of distress-anguish. I don't know yet if my hypothesis is correct. I do know with complete certainty that her usual headaches are produced by a shame bind of distress.

There are yet more facets to this story. I just want to note that my reading of the Panic Disorder literature has led me to conclude that about 40% of patients have some biological diathesis, with extraordinary sensitivity of the carotid body to carbon dioxide involved as the trigger for fear-terror. (Silvan's story about euphoric oxygen deprivation may be partly incorrect, since the trigger is CO_2.) About 8% have some vestibular abnormality, and get scared when they sense their subclinical vertigo. About 50% are "psychodynamic."

The scene from High School? When Tessa was senior, her mother called her downstairs one morning. Her father, age 46, had just died of a stroke. She went numb.

Comment from Donald L. Nathanson:

Distress-Anguish and Anger-Rage are both capable of causing a steady state headache simply because they are analogic amplifiers of a steady state stimulus. Often I've been able to "cure" a persistent pathological headache for which the individual had seen famous headache clinics by drawing this analogy and allowing the patient to scan his life for whatever steady state misery had afflicted him and been shunted to the background because of a scripted "need" to remain visibly cheerful.