Befriending the Tiger: Working with Dissociative Imagery

Trauma “forces itself tyrannically upon the conscious mind… It pounces like a … wild animal”

Carl Jung, 1928
Client details

- Name: Kamrun (not her real name)
- Age: mid 40s
- Country of birth: Cambodia
- Ethnicity: Khmer
- Religious affiliation: Buddhism
- Arrival in Australia: 1986
Genogram:
Grew up with “civil war”, bombings by the US, a refugee crisis and the Khmer Rouge;

In early May 1975: Father taken for re-education, Mother and brothers disappeared;

In late May 1975: Kamrun (aged 10) and her sister were marched to the nearest village.
Significant history

- Lived in a barn with sister and 50 other girls;
- Worked daily in the fields;
- Constant hunger.
Significant history

- Witnessed assaults on her “comrades”;
- Frequently found bodies on the roadside;
- After liberation, worked for several years teaching children in camps and orphanages.
Resettlement and Cultural Transition

- Sponsored to come to Australia by brother in 1986;
- Lived with brother and sister for several years, avoiding the local Cambodian community;
- Found employment in 1990;
- Made redundant in 2011.
Clinical presentation

- Reason for referral
- Initial presentation
- Formal assessment – Psychometric and clinical
# Psychological instruments

<table>
<thead>
<tr>
<th>TEST</th>
<th>SCORE</th>
<th>SIGNIFICANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopkins Symptom Checklist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>2.9</td>
<td>&gt;1.75</td>
</tr>
<tr>
<td>Depression</td>
<td>2.5</td>
<td>&gt;1.75</td>
</tr>
<tr>
<td>Harvard Trauma Questionnaire</td>
<td>2.4</td>
<td>&gt;2.5</td>
</tr>
<tr>
<td>DASS 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>10</td>
<td>7 – 10 Moderate</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7</td>
<td>6 – 7 Moderate</td>
</tr>
<tr>
<td>Stress</td>
<td>13</td>
<td>13 – 16 Severe</td>
</tr>
<tr>
<td>Dissociative Experiences Scale</td>
<td>39%</td>
<td>36 – 42 Dissociative Disorder NOS</td>
</tr>
<tr>
<td>Somatoform Dissociation Questionnaire</td>
<td>41</td>
<td>30 – 50 significant for somatoform dissociation</td>
</tr>
</tbody>
</table>
Kamrun’s experience of dissociation

- “a chill passed over my chest”
- “everything sounds dull”
- “I am looking through smoke”
- “I feel the whoosh of wind like in the subway”.
BioPsychoSocial Assessment (cont)

Somatic – sensation of not having emptied bladder;
Psychological – compulsive behaviours (speediness, toileting rituals)
  – symptoms of dissociation (derealisation, possible fugue states, absorption)
  – intrusive symptoms (nightmares and semi-hallucinations of dead bodies and tigers)
  – depressive/grief symptoms

Social – alienation.
Case Formulation: Complex Interaction

International event stressors

Protective factors (internal and external)

Trauma reactions

Exile, migration, resettlement stressors, cultural transition

Normal life cycle stressors

Recovery environment stressors

Aroche and Coello, 1994
“the actual cascade of defensive stages a survivor has gone through during the traumatic event will repeat itself every time the fear network … is activated again”.

- Maggie Schauer and Thomas Elbert (2010)
Recovery environment stressors

International event stressors

Normal life cycle stressors

Exile, migration, resettlement stressors, cultural transition

Recovery environment stressors

Trauma reactions

Protective factors (internal and external)

Cultural / Religious Aspects

Socio-Political Background

Aroche and Coello, 1994
Treatment planning

- Understanding of psychological healing
- Establishing priorities and goals
- Consent and contracting
## Initial Treatment Goals

<table>
<thead>
<tr>
<th>MEMORIES</th>
<th>SICKNESS</th>
<th>SADNESS</th>
<th>SENSITIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATURE</td>
<td>Daily, intrusive</td>
<td>Aches, bladder problems</td>
<td>Always present</td>
</tr>
<tr>
<td>PAST RX</td>
<td>Has not talked about them</td>
<td>Medical /surgical Relaxation Psychotherapy Self care</td>
<td>Medication</td>
</tr>
<tr>
<td>AIM</td>
<td>Stop them</td>
<td>Comfort</td>
<td>Feel hope</td>
</tr>
<tr>
<td>PLANS</td>
<td>Establish safety in the therapy; Narrative or imaginal exposure.</td>
<td>Physiotherapy.</td>
<td>Review history of loss</td>
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</tbody>
</table>
My goals:

- Stabilisation;
- Identify the triggers for dissociation;
- Identify and interrupt dissociation as it happens;
- Establish continuity of experience of self – I am always me;
- Identify protective figures.
The therapy – an overview

- 50 sessions of psychotherapy over nearly 2 years
- Modalities – supportive psychotherapy with increasing imaginal exposure through narrative and art;
- Focus on daily stressors, grief and intrusive memories
- Discussions with psychiatrist;
- Referrals to physiotherapy and occupational rehabilitation
- Transference/Countertransference issues
Managing dissociative shifts

- **Cognitive**: provide information about the dissociative process
- **Sensory**: present sensory stimuli
- **Motor**: activate skeletal muscles
- **Emotion**: reflect anger and sadness as it emerges
- **Somatic**: ensure adequate nutrition and hydration.
- **Language**: encourage verbalisation, active communication.
By containing within them sensory, imagistic, emotional and verbal elements, metaphors are believed to activate multiple brain centres simultaneously”

- Pally, 2000
Working with her imagery
Me/not me
Endings

• Going home

• Residual challenges – depression, unemployment, community alienation

• Outcome measures
The real outcome

“we visited graves and our old home. I cried and cried. I saw tigers at the family temple in the village. I walked slowly, like an adult. “
Some great readings

Thank you