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Rhythms of Healing: A Case Study

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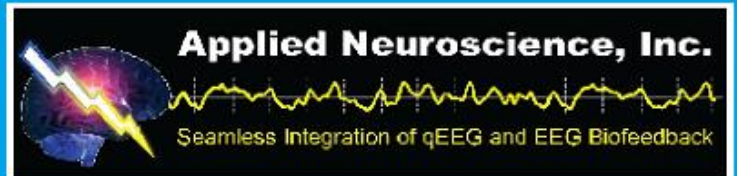
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PERSPECTIVES

Rhythms of Healing: A Case Study

Richard L. Jacobs, PsyD

Imagine for a moment living with a brain that cannot remember a simple tune or even a few words to a song, a brain that does not recall that there is music to life.

PRESENTATION

Woami (pronounced WOE-me) is a single Asian woman in her mid-60s employed by a local hospital for clerical work. She maintains a license as a physical therapist but has not worked in the field for decades as “it was too hard on my body.” She lives alone in an apartment and is reminiscent of one of those wooden Russian dolls, one doll within another within another. With a round face, glasses, and straight black hair cut at the chin line, this 5-ft woman wobbles into my office carrying a backpack, fanny pack, and other bags filled with things from her world. And she always carries her cassette Walkman to audiotape our sessions.

Woami was referred to me 5 years ago by a respected psychoanalytic psychiatrist in the area. He had worked with her weekly for 11

years but was no longer seeing insurance patients. Further, he felt he was not helping her and recently found himself fighting off sleep during sessions. She insisted she had Dissociative Identity Disorder, which he considered likely, so he felt she should see someone who had an expertise in DID. He believed she experienced some form of trauma in her childhood, perhaps in part because her mother had boundary problems. (“My mother doesn’t know the difference between you and me. She doesn’t understand why she can’t wear my T-shirt.”) Woami also participated in a long-term psychotherapy group.

Woami is the second of four children born to Asian immigrant parents. She has an older brother whom she feels has Asperger’s syndrome and a younger sister and brother whom she says have difficulty tolerating her. The older brother lives nearby, helps with chores, and often gets very angry with her, at which point Woami often decompensates.

I was immediately intrigued by Woami. In the first session, she spoke of having “three pieces: the baby-kid, the kid, and the one-who-goes-to-work. The baby-kid is the body

and she's in real trouble, and the work one is always angry with her. The kid's angry with the work one. . . . Can you help me?"

I felt initially hopeful, even though this woman did not report typical dissociative experiences that many others with this disorder do. Her Dissociative Experiences Scale (DES) was below the DID range. After being hospitalized in her 20s for a mental breakdown, she had seen a therapist who told her she had parts. This is quite remarkable in itself because 35 years ago therapists were largely unaware of DID. She liked this doctor, and I wondered if she took the diagnosis on to please him. Still, this was how she understood herself and made sense of her inner life. She was hospitalized again in her 30s. She later had a therapist for a while she says yelled at her, and then she was assigned to Dr. G, a supervising therapist at the hospital.

Dr. G had warned me that Woami could talk for hours on somatic complaints and worries to the point of psychosis, and I quickly encountered it. Many sessions were taken up with her logging doctor visits she'd had each week: neurology, rheumatology, internist, orthopedist, physical therapist, and so on. "My spine is crumbling. . . the toe's been dislocated. . . I'm gonna stroke out. . ." I spoke with her primary care physician, who said the ailments were subclinical. This diagnosis greatly angered Woami, and she was out to prove him wrong.

Yet Woami also had a gentle, childlike appeal, and a great interest in Eastern religion, especially Mahayana Buddhism. She had chanted for many years and believed it was helpful to her. Many of the few human connections she has are through this Buddhist chanting group. She also attended intermittent tai chi classes.

FIRST YEAR: TRYING TO REACH HER

Our first task was to deal with the loss of her previous therapist, Dr. G, whom she felt did not appreciate the need she had to coordinate her pieces. Simultaneously, Woami was very worried about the impending death

of her 93-year-old father, whom she deeply loved. She described him as a withdrawn, even taciturn, but loving man, someone "who lives in the Tao, who moves with chi, and loves nature and music."

Our sessions overlapped her termination sessions with Dr. G. In a moment of insightful clarity, she said, "There's trouble ending sessions. I don't want to hurt him, but I need to see someone who knows about trauma. I think he needs help ending with me. . . . Why didn't Dr. G want to learn about the dissociation? He said he wasn't going to feel guilty, but I think he does."

Over the next few years I would come to hear infrequent but impressive statements of clarity like this from her. They indicated to me that she had much greater capacity, a state of integration within her, but one to which she could not find her way with any frequency. They seemed to come out of nowhere. I also met with Dr. G. He spoke of her concerns about cruelty in herself, about her fear of intimacy, her terror, and a possibly sexualized relationship with her father. He was frustrated that they could get nowhere with these issues because of her constant somatizing.

In the second session, as she was exploring my office Woami commented on several stuffed animals I have, and told me about her own stuffed rabbit, Muchie, which she often slept with. She liked mine, so I wondered if she might like to buy herself a new one (that I hoped would be a representation of our budding relationship). At the next session she told me her horror story of the week. She had gone to FAO Schwarz and, while admiring all the animals, "I don't know, I got dizzy and lost my balance; I couldn't get over to the store person, couldn't walk. Maybe the baby-kid came out and she couldn't decide which one she wanted, and the work one got angry with her for wanting animals in the first place; and I froze. I sat down on a little wood stool and couldn't move. The sales people tried to talk to me, but I couldn't talk. They finally called an ambulance, and I was taken to the hospital. I had trouble forming words. The baby-kid freaks out with medical things. They thought I'd had a stroke and gave me a

neurological exam. I was there all night, and in the morning I could talk and walk and they sent me home.”

“There was conflict among the pieces over buying the bear—the piece who works would not have it in the house!” This gave me the opportunity to introduce my mantra to all dissociative clients: The three C’s: communication, cooperation, compromise. As I explained this, she seemed to be in a trance. We would continue to emphasize these concepts over the next 12 months. I also learned the lesson not to make any suggestions without careful forethought. She took in everything I said with childlike trust and literalness.

As the last session with Dr. G approached, she was able to say that he did the best he could. “When I started with Dr. G, I was a puddle. He kept helping me find words, keep functioning. He let the kid be. He did it first, now I’m doing some. . . . Maybe he has trouble with one of his pieces.” She wrote a very moving good-bye poem to Dr. G, and I was very surprised when she read it to me. This was the first of what would be many poetry readings in session. Woami would stand up, her posture would change, and she would appear taller, balanced, almost regal. Her voice completely changed into a mellifluous, musical, soft yet strong sound. She would recite her poems from memory like Maya Angelou at the White House! How can I help her access this state more often? was my initial response. How can I help her bring this person into the world rather than the fragile, fearful, confused child she often fell into? The good news was that she didn’t shatter when she and Dr. G ended.

Woami describes her decompensation as “trauma-ing out”: “It’s shattering; all the pieces go to pieces. You’re the only one who’s helped the baby-kid.” I wasn’t sure what I had done to help, besides appreciating the need for a stuffed animal, but I think now that my soothing tone and pacing spoke directly to her inner experience of shatter and helped reconnect the pieces.

Over the initial months of therapy I learned that doctors became frustrated with her, sometimes angry, perhaps because they

couldn’t help her physical complaints (which also included allergies and hypersensitivity to most medications). She complained that when taking Omega-3s she could feel the oil being exuded into her hair and thought they gave her rashes. Likewise, she thought she was allergic to Lipitor and was frightened to take it. For a while I encouraged her to pursue psychotropic medication, but she was too frightened of the side effects. I finally gave up on this path.

I was beginning to worry that I would get no further with Woami than Dr. G. had. Even if I understood the pieces, I felt discouraged by her unremitting somatic obsessions and could see no way to access the more integrated state. She was always taking off time from work to go to doctor’s appointments. She was behind in her taxes, her apartment was a mess, and always she feared shattering when her father died. I was sinking into despair, even though Woami assured me that I was one of her good doctors. I was troubled that maybe her goal was to amass a platoon of healers who could tolerate her and continue seeing her, rather than to get well and live a satisfying life. A year into treatment, other doctors concurred, including her primary care physician, that the medications route was more risky than beneficial. Dr. Bessel van der Kolk, with whom I consulted, said Woami was “like a patient at *La Salpetriere*, and would have been a challenge to Janet, too!” I was left feeling the best diagnosis was MDD-NOS, Multiple Diagnosis Disorder, Not Otherwise Specified. Though with hindsight, Complex Post-traumatic Stress Disorder is most apt (e.g., van der Kolk, 2002).

TRYING NEW APPROACHES

Once the psychopharmacology route was closed, I decided to follow her lead in what she felt she could tolerate and what she thought helped her: that is chanting and tai chi. I asked if she’d teach me to chant, which she did. Beyond the initial *Namyoho-rencekyo*, she could chant from memory about five transliterated pages of a Buddhist sutra, to my amazement. She brought in the text,

which I began to chant with her at the beginning of every session. I purchased a meditation bell to ring at the beginning and end of every session, and I came to insist that this be an opening and closing ritual. Not only did I like the chanting myself, I found it a way to help her settle right at the outset, and for us to “get in synch with each other.” The number of repetitions varied from time to time, and I’d have to listen closely to her cadence to anticipate the end and stay right beside her. It was like walking together, making music, and was at the same time somewhat playful. The kid, she told me, was the chanter, the work one did not chant, and the baby-kid was helped by the tones. “The sound goes out to the edges of the Universe; it means that all people can be happy, that everyone is included.”

Before the chanting it was usually hard to find any point of connection with Woami. She’d often come in frantic, arms flailing, and ramble on about doctors and physical ailments and fears, and look to me to refer her to another doctor. I found sometimes when I spoke in a hypnotic voice—when she let me—she could calm down somewhat. But to ask her to talk about feelings was invariably blocked by more physical fears. I tried to mirror for her how scared she was, but to no avail.

Although now we had achieved a way to calm her, my worry remained that she just liked her sessions with me more. Doctors would find some problem—arthritis, for example, which Woami perseverated upon and magnified to life-threatening proportions. She would trip one week in a subway station and go to the emergency room and insist that her neck was dislocated. Her toe bones were sliding one under the other, and she feared she wouldn’t be able to walk or get to see me. More referrals were made, but she was also spending great sums of money out of pocket for doctors’ visits. She had paid for three different pairs of orthotics and twice as many shoes to try to help her toes and make her feet go straight, so she wouldn’t fall. Once, after seeing an orthopedist who told her she was hyperflexible, she told me, “That’s what’s wrong with my brain, too, Dr. Jacobs, hyperflexible!” I worried she would be fired for so many absences, but

somehow her boss tolerated her. I wondered if there were any other ways to help balance and coordinate her body.

Because Woami attended some tai chi classes and loved that her teacher took her seriously, I asked if she would teach me some tai chi. She gladly agreed, and soon we developed a tai chi sequence, which always followed chanting. I taught her a Reiki movement I knew, which she said was just right for the baby-kid. Woami took some pride in her teaching abilities, and how she could adapt tai chi to her frail body. She signed up for a tai chi teacher’s course, and I had the hope that maybe she could draw on some of her P.T. training and teach tai chi at nursing homes and senior centers. I was particularly worried about her job, because one week she had “trauma-ed out” at work when her boss yelled at her. “People like you have to take pills,” she mimicked tearfully.

So now, for the most part, the talk therapy part of our sessions was 20 or 30 min, and the rest of the time we chanted and did tai chi, paying attention to her posture and body tension. When she demonstrated various tai chi movements I was again struck with the beautiful poise and grace with which she moved, contrasted to her usual robotic body. To try to help her with her balance (and what I conjectured was a poorly functioning vestibular system), I introduced her to a Bosu ball, a rubber hemispheric ball about 24-in. in diameter upon which you stand to improve balance, and then do movements to build core strength. It also stimulates integration of the vestibular, visual, and motor systems, and for months we practiced balance and played games like tossing a stuffed bear back and forth while she balanced on the ball. I was also trying to work her attachment system in these exercises, asking her to focus on me, then look away, make a movement while maintaining balance, and then reconnect with me. I found myself getting re-energized about her therapy, again more hopeful as I had been at the beginning, the more creative we became.

It was during these years that Woami shared several of her other poems with me. She had written two very dark ones during her hospitalizations and worried they would

be too difficult for me to hear. One, "Be Near" begins, "Be near, go away, not touched, not felt, not even for a day..." (This author has changed Woami's poetry to protect her confidentiality.) Although I could resonate with the feelings of despair, and relate it to her shatter experiences, we never understood where it came from in terms of her history. Another was titled "Child in the Cellar." It was hauntingly dark and desperate, and the way she recited it gave me chills. She said the kid wrote these poems, she thought, and I asked who is reading them now. "I don't know, I don't know who I am when I read my poems," she responded with pleading in her eyes, hoping I could tell her who she was. I encouraged her to write more, and wondered if she would share a poem with my associate who covered for me and met with Woami on my vacations.

There were times when I'd interpret her somatic symptoms in feeling words, which almost always bombed. She would get angry with me and make me feel bad, saying that the kid never came to therapy with me because she didn't trust me. "The kid goes to see Dr. K (a psychiatrist she'd meet with once or twice a year); he's comfortable with his kid and says you're more comfortable with the baby-kid." The implicit challenge was not lost on me. Aside from the poems, though, how could I reach the kid?

Woami got herself into professional conferences on trauma and mind/body healing because she kept her P.T. license active. She had no hesitation in approaching expert presenters and asking questions that only superficially veiled her personal concerns. At one point she admitted to me that this was the reason she kept her license active. She knew she would never practice P.T. again, but the credential gave her unlimited access to some of the best minds in the country. I admired and was surprised by her shrewdness. Here again she demonstrated her capabilities, her reasoning, and higher function, albeit in the service of her somatic defenses.

The therapy went on like this for 4 years, with crises and ups and downs. I could see how Woami had ensconced me in a special position in her life. She felt I was indispensable, which concerned me, even though I saw

her self-esteem improving and her pieces definitely communicating and cooperating more. We had not achieved compromise yet, however. The work one still refused to chant. (Ironically, the therapy was changing me: I began doing tai chi and chanting even when I didn't see Woami, and as well took training in several other new approaches to reenergize my professional life.) Her father lived on amazingly, family conflicts persisted, Woami would trauma-out for shorter and less intense episodes, and I developed a certain complacency with her therapy. We began to talk about geriatric planning, living situations, and other life-stage issues. Woami went to a senior center, took a writing course, met some new people, joined a Unitarian Church, and decided to call herself a "Tao-Buddhi-tarian." Then I was introduced to neurofeedback.

ON BECOMING A PERSON: THE EGG THAT NEVER HATCHED

After 5 years of weekly treatment I had a patient who thought the world of me, who had taught me chanting and tai chi, and who forced me to extend my creativity in treating her. In the way of a demoralized therapist, I could say that she hadn't gotten worse or lost her job; she had a few new connections, albeit tenuous; she had made some progress cleaning her apartment, and her taxes were still overdue. Generally, I was approaching Woami as having DID; we had at best a fragmented and not very meaningful jumble of her history that included a "trauma-inducing" tonsillectomy at age 4½, the birth of her two younger siblings, a narcissistic mother, a kind but distant father, and separation anxiety on the first day of school, when she "couldn't stop crying so the teacher sent me to the bathroom for a very long time, and then I kept flushing the toilet over and over till they got angry with me." Again here was the theme of people losing their tolerance of her, not understanding, getting frustrated, and Woami retreating further into herself. Was this the fate to which we were headed? I would have hoped for more after 5 years and wondered if this was a wild goose chase.

In 2008 Dr. van der Kolk, who had tagged Woami as a descendent of *La Salpetriere*, invited me to attend an introductory training in neurofeedback (NF). I was very interested, and had impressive results on myself. Several months later, with more training, I introduced NF into my practice. I had not initially thought of trying it with Woami, but as many sessions with other clients confirmed its efficacy, I decided to introduce her to it. Right after my vacation, in July while her father was still alive but failing, I asked if we could try it. Woami was willing to cooperate.

Although I always do an extensive eight-page NF assessment to guide my initial decision on electrode placement and starting frequency, I chose to avoid this with Woami, anticipating that we would get mired in descriptions of the myriad biological symptoms and would risk her taking on even more symptoms as medical students do. Because of her hypersensitivity to substances, her autoimmune dysregulation, her general tendency to panic, and just a feel of an “unbalanced brain,” I chose to start with interhemispheric training. Because the session-to-session changes were so impressive, from here on I record notes from each session.

Session 1: T4-T3 reward 8–11 Hz, inhibit 0–6. Woami was interested and had many questions. She caught on quickly to the feedback. And after several minutes she commented on the colors, which I took as a good sign that she was engaged in a calm yet focused way with the feedback. Her associations to the pictures were pleasant. Dropping down to 7.5–10.5 she noted it was harder to breathe, and clearly liked 8–11 Hz better. 12 min total.

Session 2: T4-T3 8–11 “Ooh, the kid likes doing this. She likes the pictures. Before she was staring at it, now she is looking!” After 10 min I tried 8.5: “My right hand feels numb, and I feel muscles that are sore.” We went back to 8–11 and finished at 12 min.

Session 3: Same protocol for 15 min. “The kid’s here; she likes the pictures, except the one with the birds eating a fish.” I told her she could close her eyes when that one began to come on.

The content of the rest of these first three sessions was not much different. We

discussed geriatric planning, an appointment with a geriatric specialist, and an upcoming family reunion in New York City. She said she felt the NF helped her be “more organized and less like the trauma will get triggered off by my family.” I was interested to hear that the kid was here during the training. She also was terminating her therapy group at this time, and bearing it well.

Two days later, I got a call from Woami that her father had died. She was crying and sounded quite disorganized in her message. We spoke later that day for 30 min, and she was already reorganizing. When she started to discuss with me what she would wear to the funeral, I felt she was put together enough for now. I suggested she bring a recent poem with her possibly to read.

Session 4 (by phone): We spent the entire session on the funeral preparation, how she was going to cope with her family, logistics, and so on. She complained that her family was acting crazy, and felt “maybe a different kid part, who’s lost her daddy” inside herself.

Session 5: The following week, having returned from the funeral, Woami reported it went fine. She had read her poem, and chanted in front of the congregation, “even though only my cousin chanted with me.” Her nieces and nephews appreciated the grace in her readings: “You’re spiritual and spirited. You should read for books on tape—people will want to listen.” She spoke about the funeral in an emotional, yet controlled way, describing how she looked out the windows at the tall green trees and felt her father’s spirit was in them. “Do you think that’s crazy? Then we took the bus back to Manhattan, and the way the clouds and the sun was late in the day, I saw the skyline like I had never seen it, it was all silver and blue and gold, and I thought that this is for my father. If there are angels to welcome him, they are having this beautiful display. And everyone else on the bus was asleep, so I thought it was just for him . . . and me.” I was struck by her ability to hold herself together, to not shatter, and to be able to describe the experience in such poetic terms.

NF: P5–P6 8–11 and 4–7 for 20 min. I wanted to experiment with a protocol that has been helpful for sensory integration. Her response was markedly different. To help her differentiate the effects of lowering the frequency I dropped to 7.75: “It’s harder to breathe; I’m worried about dad.” Back to 8–11: “a little smoother, less emotional, more calm. The work one is evening out. It’s not as engaging as last week. More worry and a little neck pain.” I was very impressed with her ability to report and find language for the sensations she was experiencing, and decided that next week we’d return to the original protocol. I never expected the phone call I got about 4 days later.

Voice mail: “Dr. Jacobs [in an agitated tearful way], I think there’s a new part, she’s the daddy-kid. She’s the one that was crying because she lost her daddy. She speaks in baby Asian-ese. The kid says can you ask someone if there’s another frequency for her. The kid thinks the frequency we were using brought her out, and now she doesn’t know what to do with her.” I called back and reassured Woami that we’d figure it out, but I really wasn’t sure what to do.

Session 6: I had decided that since Woami was seemingly so sensitive to the NF, I would ask her for her thoughts on how to proceed. She was a step ahead of me: “The kid says go back to the first protocol we did—that was for the daddy-kid, she says.” I felt fine with that and we set up T3–T4 again. “The kid says you helped the daddy kid when you said we didn’t have to look at the bad pictures, now it’s OK to though.” I wasn’t sure what that suggested, but after 3 min, Woami (or the kid?) said, “We need to save some time to talk about the feelings.” (*What?* I said to myself), and I replied, “We can do that while you’re doing the NF if you like.”

“Maybe the daddy-kid trauma-ed out during the tonsillectomy.... Well, when [my next younger sib] was born, she [the daddy kid?] lost her mother, when I was 2, so my father took care of me, but he couldn’t hold me or talk to me. Then [the youngest sib] was born when I was 3, and my father would have taken care of him. My older brother couldn’t have held me because of his Asperger’s. Then, at 4½ I had the

tonsillectomy, that’s the daddy-kid, and daddy took her to the hospital, and she cried and cried when he left her there. There were no other Asian children or nurses, and she wasn’t treated very well. That’s when she felt she lost her daddy forever. That’s the trauma!” My jaw was already on the floor hearing such a coherent and sad narrative, but Woami just kept going.

“So she didn’t have her mommy or her daddy. There was an aunt they sent me to, and she gave me a jam jar with a pink spoon, I guess to play with. It wasn’t much, and all the brothers and sisters were home. Then there was that trauma the first day of school. Oh!... That was the daddy-kid, too; she cried and cried, and the teacher sent her to the bathroom. *Then*, that’s when the kid came; she wasn’t crying, she just started flushing the toilet to get rid of that daddy kid who was such a pain!” It had been 16 min of NF; I asked how she was feeling. “Kinda sad.”

“Yah, this is a very sad story,” I said seeing her eyes welling with tears. “Could we try another placement for a few minutes that may help the daddy kid?” She agreed. I tried T4–P4, at 7–10, reward to help settle the traumatic affect I feared was bubbling. A few tears spilled over and down her cheeks, then after 3 min, Woami said, “It’s OK now, we can stop.”

I was stunned. She left the session smiling, wishing me a good week as she always does. An hour later I called her. She sounded fine. I asked if she would bring the tape recording of the session back with her next week, “because I think it was an important session.” “Yes, I think it was helpful,” she replied nonchalantly.

Session 7: We listened to that portion of the tape where she told her trauma narrative. It was hard to hear because of the beeping. The magic seemed gone. But Woami had a lot to say. She had a poem that the kid had written to the daddy kid. She spoke in Japanese what the daddy kid kept repeating. Without knowing a word of Japanese, I could almost understand: “Daddy don’t go, daddy don’t leave.” The kid translated and said this was baby Japanese, and she was working hard to understand. (This is real

cooperation between pieces.) She said the kid finds the daddy-kid surprisingly appealing. She'd been gone inside for 60 years after that first day of school. Everything was beginning to make sense, like a mess of pictures finally being put in the right order. A lively part of Woami had been "gone" and she lived her life as if in a bubble, a fragile bubble that without the energy of this daddy kid could break beyond repair.

Session 8: I am eager to do more NF with Woami, so at the beginning of the session ask how she thinks we should use the time. She has written another poem she wants to read me, and asks if I want to do NF. "Well, we could," I say. "Don't you think we should process more what the NF brought up before doing more of it?" which is less of a question than an admonition. I sat fully back in my listening seat. Woami had gone to a big Buddhist meeting that was on life and death, and in two small groups had read two of her poems about her loss, her pride almost shining through her somewhat blank face. Again I wondered aloud if she'd ever do a book. She recalled the artwork she had done while hospitalized, again with clarity and coherence never before heard. "There were finger paintings I did, very chaotic, like things were then. And, oh, isn't this interesting... I had drawn little people in the center! Little people." She was making the connection to her parts, and especially the daddy-kid, who was lost in the storm.

"Dr. C had suggested that maybe there was earlier trauma before 2 or 3. I was born at home, but then my mother was put in isolation because she was sick. She had taken laxatives, and thought that's why I came out (was her mother really psychotic?), and I was put in a broom closet... not really, but that's what they always said. I was isolated, too, in the hospital for the first week."

"You were separated for that long? In isolation?"

"That's what they say... Oh!... *'Be near... go away, never touched, never felt, not even for a day...'*" She recited the now-familiar poem as if for the first time. We both sat in awe, aware that she had discovered where that poem, so much the story of her life, may have come from.

I closed the session saying, "Remember how you've always asked me if we'd ever get to process the trauma? You're doing it now, you're really doing it!" There had been no overt somatizing for 6 weeks, now.

Session 9: (I never would have thought of writing up this case a mere 6 months ago. Now I feel as if I am witnessing and participating in something impressive, and I have to tell the story.)

Woami came in more anxious and obsessive than in the past 6 weeks. She was worried about taking statins, was looking for a specialty gynecologist to talk about her estrogen, and showed me that the skin on her hands was red and shiny (it was). But then she moved on; she thought we should try T4-P4 again, and maybe try chanting while doing NF to see the effect. Starting at 8–11 Hz, after 9 min she said there was still room for worry, she was still feeling "yidgety, and breathing is hard." We agreed to return to the original protocol, T4-T3, 8–11 and 4–7 Hz.

In three minutes she said there was another part here, because "she's felt mad at the birds (in the picture). That's not the daddy-kid, she only feels scared." I wondered to myself if this were a displacement of her feelings towards the gynecologist who could not see her for 9 months. Nevertheless, I made note of her ability to report her inner experience of anger in feeling words rather than physical symptoms. "Before the daddy kid was scared of them. Now someone's angry... The kid says this breathes better. It feels like it's going by itself, like we're not pulling, more like water." I thought this was good.

Then "Oh, she's started chanting!" We chanted out loud and the average reward band went up by 10. After 11 min she reported feeling much better and then she chanted on her own some more. We stopped at 15 min. Woami stood up, looking very calm and said, "Now we're not pieces. I don't know who I am, but I'm all one."

Session 10: Woami wanted to start on NF immediately and do the entire Sutra chant while training. Her average reward amplitude started at 20 microvolts which is where she ended last week. At the outset she said,

“We’re feeling a little sad about daddy. I miss him. . . . This feels like the right setting.” At 11 min she closed her eyes and appeared to go into a meditative state for the next 6 min. She opened her eyes and said, “There’s space in my brain to think about the lawyer. Sometimes there no space to think. . . . I’m not so tired now.”

We then had about 20 min left for talking and she spoke very cogently about her estate planning, talks with her family about inheritances. I commented that the family seems to be communicating better than in the past. Her face darkened momentarily, then brightened and she hesitantly spoke about how it’s easier for everyone now, in a way, that dad is gone. Even her mother is “being more herself.” I could see her struggle with admitting to this since she had spoken earlier about missing him. But it appeared she was doing the work of grieving. She spoke for a minute or two about her neck “being out” and her fears of having a stroke, but quickly returned to the discussion at hand, as if this was just an echo in her mind that didn’t merit much discussion.

She closed saying that the kid doesn’t understand how she and the daddy-kid are connected, “how can they both be? But the daddy-kid has the feelings, has her own poetry, and her own resonant chant that is different from the kid’s, and the kid appreciates it.”

Session 11: T3-T4, 8–11 and 4–7, 18 min. Woami now begins sessions with how she wants to use the time, in contrast to our first several years where she asked me to keep track of the time and let her know every 15 min how much time we had left. So today she said, “Let’s talk for 5 minutes, then do the machine for 30, and have about 15 to wrap up.” She led with some somatic concerns, but quickly moved to reporting that her older brother had yelled at her twice during the week, and she found she didn’t get so upset or “trauma-ed out. Part of me spoke up and it wasn’t so bad.”

During training she wanted to chant again. (Her average reward can double while chanting, and does so more easily when she chants silently to herself.) “I’m feeling calmer. It (the feedback) didn’t flow as well

until we started chanting.” She closed her eyes for several minutes and appeared to go into a light trance. After the 18 min she looked calm and cheerful.

For the rest of the session, Woami described in lucid detail her meetings with a geriatric lawyer. She learned about various trust arrangements, and had spoken individually with each of her three siblings and her mother about financial planning for the future, having raised with them difficult emotional issues of who has greater needs, etc. I was so impressed with her coherence and emotional equilibrium about such difficult subjects. At the end of the session I shared that with her. She looked pleased and said “I sort of thought so too.” In a way I imagined her right brain felt the change, but it took my putting it into words for her left brain to recognize it.

Session 12: T4-T3, 7.875–10.875, 4–7, 21 min. Woami began by showing me a photo of the extended family which she had gotten at her father’s funeral, taken when she was 2½. “What do you think of these people?” she asked me as if it were a test. I shared my impressions: she looked very sad in the photo; her older brother looked frozen and scared. Her father had her propped up against his arm but was not really embracing her. Her mother looked pleasant but stiff in contrast to her two sisters (Woami’s aunts) who looked more naturally relaxed. She agreed with all my comments. “This was when my sister had just been born, and I lost my mother to her. My father really couldn’t connect with me. My brother was diagnosed with Asberger’s and was not emotionally present. My aunts . . . well, we really don’t want to talk about them.” I was curious but respected her boundary. We moved to NF.

Woami said she thought the last training “hyped me up a little, it was harder last session. Last time I *had* to chant to feel good inside.” So I lowered the frequency just slightly. After 9 min we chanted together. For the first time the reward average exceeded the low inhibit. At 14 min she commented, “Nothing reached the daddy-kid till we chanted inside melodically. The daddy-kid was held by it. Then she was just floating

like on the waves, like when my daddy took me to the beach. When she's not floating she's sad. We have to chant." And she resumed again, the reward average frequency went back up, and she looked calm and relaxed. She will be going to New York City this weekend to see her mother, and then next week will meet with a New York lawyer to work on the family finances. As she left I noticed that her face, her skin particularly, looked a bit older, but in a good way, more appropriate to her age, more weathered, as if this was skin that had really lived in life, rather than just served as a protective coating. I realized that prior to this her skin and face had a wooden or plastic appearance (like the dolls).

Sessions 13 and 14: Woami has become almost business like when she comes in, going immediately to the NF chair to start. She has planned what she wants to talk about later in the sessions, too. For the first 6 min, each time the kid or daddy-kid comes forth, enchanted with a small bear hanging on the bookshelf. She is chattering on about it, and then begins to settle. We chant the sutra, and then she closes her eyes and later says it is like TM. In #14, I dropped the frequency to 7.25. "Daddy is gone . . . the kid's sad, but now I'm getting ready for the mommy to go." Her mother has been declining, and Woami has been very involved in her care, even directing the medical staff in resuscitating her.

Woami also reported that her Asperger's brother has yelled at her more, "and I told him to stop yelling at me. Some people think I have some useful things to say." This is truly remarkable for her to have done. She had not reported being triggered, nor has she had any physical complaints for these 2 weeks. She has remained impressively cogent about what she is learning from meetings with the family lawyer, learning about how to deal with her mother's long-term care, and, as well, thinking about what her own needs may be in the future, and what steps she should take to insure her own care.

Sessions 15 and 16: We continued to use the same protocol at the beginning of each session for 18 or 21 min. Woami has noted

that the pieces feel different. Her mother has been failing, and Woami is trying hard to keep her alive, talking with caregivers several times a day. She easily takes in my comment, however, that she can't be responsible for keeping her mother alive, that it is her mother's decision.

While training Woami has wanted to talk more about her history, to understand when the various pieces came to be. She especially asked me about the first year of life, and did I think the isolation was traumatic. I explained some about newborn's needs from caretakers, drawing on attachment theory. She then became very thoughtful and said her mother was under stress at her birth, may have been ill. Her (mother's) father died 2 weeks later, and that was very tough for mother. She was entertaining the idea that maybe her mother wasn't to blame for the shortcomings Woami experienced. "Maybe it was my karma, like they say, to come into the world this way. Then that means I feel different about mom. Maybe it's important for me to understand this before she goes, even though I won't talk to her about it."

Sessions 17–20: During this month Woami has been occupied with the care of her failing mother. She has maintained an emotional equilibrium that I have never seen in her before. She is often calling doctors and other caretakers to intervene on her mother's behalf, and has "led the charge" amongst her siblings in advocating for the best care her mother could receive. She seems well prepared for her mother's passing, and has been very insightful about her mother's needs in the final phase of her life. "My mother is missing her mother; she never got to say goodbye when she died. So I placed my hands over her heart and told her, 'She's right here.'"

When I commented on how well she was coping, and that the NF seemed to be helping, she added, "It was finishing that poem [for the daddy-kid] that helped first, then the NF; then I could use the rhythms. It's like when my mother plays on the piano—the rhythm helps her brain. So does the chanting." However, in a phone session I remarked to myself how Woami was really unable to relate to me except as a sympathetic

ear; the ability to allow space for another still needed development.

After a month of not doing NF due to vacations and snow, we resumed with the same protocol. I experimented with changing the frequencies, but she preferred the same one without even knowing where I had “set the dial.” Within 9 min she was calm and clear. Later in that session as we spoke again about how she well she was coping, she noted with curiosity that for the first time in her life she was able to carry a tune and the words to a song (“You’ve Gotta Have Confidence”) in her head. She was quite amazed by this, and so was I. I thought about Levitan’s book *This is Your Brain on Music*, and the central role the temporal lobes play in helping for memories of tunes and lyrics, similar to speech, and that we were training points on both temporal lobes with NF.

POETIC MOVEMENT

Six months have passed. Woami requested we stop neurofeedback after the 24th session, saying she felt it was making her “yidgety.” For the first time in our relationship, she took me to task: “You think that machine is God!” she said angrily. “Do you remember what things I have to work on in therapy?” I responded, saying the accusation about God was unfair, but she had a point that we had lost some of the thread of her treatment. We resumed talk therapy full-time, and to my amazement, it was no longer like treating someone with multiple diagnosis disorder. Woami stopped somatizing completely, and although she sometimes made reference to the pieces, basically she spoke of herself as one person with a multifaceted self. There were no indications of

regression to a more fragmented state or to the somaticizing defenses. Occasionally she noted some physical problem, but quickly moved off it to discuss real-life matters. And she made space for me to be a separate person; we even had some disagreements.

Almost imperceptibly Woami was putting her energies into living, spending less and less time with doctors. She organized another writing group at a church, took a course in dating, and met with a gynecologist to discuss sex. She was determined to have a relationship with a man. She began producing more poetry and found places and people to whom she could recite her work and be greatly appreciated. And five months’ postNF she said, “I don’t think I want to be a patient anymore.”

I think her therapy may be drawing to a close. Perhaps stemming from the movements of tai chi, Woami says that now her life is about “poetic movement.” It seems that the NF embedded itself within a therapy about movement, rhythm, and music. The rhythm and workings of this woman’s brain clearly changed. She knows it and I know it, and now the music that is playing is seeking out others with whom she can harmonize. What has persisted is that we chant every session beginning and end: *Namyoho renge kyo*. Woami tells me this can roughly be understood to mean “with devotion to the universal law, the lotus flower blooms eternally out of the muddy swamp.”

REFERENCE

- van der Kolk, B. (2002). The assessment and treatment of complex PTSD. In R. Yehuda (Ed.), *Treating trauma survivors with PTSD*. Washington, DC: American Psychiatric Press, Inc.