

Session Transcript

“Accidental Gunshot #1” - Traumatic Memories

Therapist:

Now this is weird right?

Client:

Yes. So... what happens next?

Therapist:

Well, what happens next is I try and find out exactly what's happening with you and what we can do about that.

Client:

Well, I was perfectly okay until I went on a trip to Pakistan err, on the 23rd of June.

It is quite common for people to report this - *“Life was perfect until the traumatic thing happened.”* But this isn't always true.

Problems that arise post-trauma can be an exacerbation of problematic behaviours that existed prior to the trauma, except that prior to the trauma, the behaviours were below the threshold of what that person would experience to be a problem.

For example, anger. Prior to trauma, an individual's level of anger may be regarded as quite normal – or at least, normal for them, but post-trauma, this can exacerbate into something that is obviously a problem.

As part of everyday life, we are able to put aside all sorts of thoughts and feelings that if we allowed ourselves to dwell upon, might well become a problem. Our capacity to think about others things can become quite impaired with PTSD.

Therapist:

Hmm.

Client:

Arrived on the 24th. Stayed in a hotel the first day. Met some relatives at the airport, went to an hotel. And in the village we've got our own house, so we intended going the next day, cause we hadn't been for six years. So we went there the next day and we'd only been there ten minutes when my husband decided he wanted to get the gun out erm...

Therapist:

Like you do.

Client:

... to clean it and whatnot. So erm, he says, “Oh...” he says, “... *I've got a*

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friend what can act...” I said, “*Why don’t you take it to a gunsmith...*”

Therapist:

Hmm.

Client:

“... and get it done professionally?” He says, “*Oh...*” he says, “*... my friend in the village, he’ll clean it and load it and whatnot.*” So any road, we were sitting on the veranda, erm, there’s a table in-between... I’m sitting here, there’s a table and then there’s another chair opposite. And he brings his friend, he’s about eighty years of age. He said, “*Oh, he wants to meet you,*” which we don’t normally do that sort of thing over there.

Therapist:

Hmm.

Client:

You know, sort of men and women sort... Any road, he sat down and he didn’t say anything. He just kept laughing. Anyway, my husband give him the gun and he started cleaning it...

Therapist:

Hmm.

Client:

... and we’ve got babies. I’m holding a baby and erm, one of my erm, niece’s children and there’s children and babies and women around. I’m the nearest one to him and erm, well I didn’t know, but my husband told him to load the gun. Instead of doing it... we’ve got sort of a massive great big gar... court... courtyard...

Therapist:

Hmm.

Client:

... where he could have gone down the bottom to do it, and I’m thinking, this is a bit bizarre, but I was so go... pre... preoccupied with the baby...

Therapist:

Hmm.

Client:

... I was half... My concentration was half gone, you know I wasn’t really concentrating on what was going on. And erm, so he loaded and then all of a sudden I was talking and out the corner of my eye, I saw him lift the gun up and start pressing the trigger. Well, there was this almighty bang and erm, my

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nephew what was stood at the side of me, err, he got all this black smut on his erm, [unintelligible 0:02:43] err, from the gun.

Therapist:

Hmm.

Client:

Erm, bullet what must have come out.

Therapist:

Hmm.

Client:

So I was absolutely... well, I was in shock.

Therapist:

Hmm.

Client:

And erm, he shouted, you know he thought his leg had gone. And erm, I said, “*Right...*” I said, “... *I’m going.*” And they said, “*Oh no, no, it’s okay we don’t... you know it’s okay, you know.*” I said, “*No, I’m going,*” and it really sort of terrified me so, after about five minutes of him trying to persuade me to stay. I said, “*No, I’m going back to the hotel.*” And I’ve been to Pakistan quite a lot of times...

Therapist:

Hmm.

Client:

... and I lived there for two years and it’s fine, you know in the Punjab people are quite friendly.

Therapist:

But they don’t normally try and shoot ya, when you’re...?

Client:

No, but this time it was hostile, you know everybody was... I suppose they don’t like British people now or erm, Americans.

Therapist:

Hmm. So there’s tension in the background.

Client:

So there was tension.

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Therapist:

Yeah.

Client:

All... all the... all the erm... all the... the ordinary people coming and going, they were sort of giving dirty looks and...

Therapist:

Hmm.

Client:

... you know you felt that sort of hostile environment.

Therapist:

Hmm.

Client:

Which I'd never felt before in Pakistan. So we went back to the hotel and then erm, I decided that we were going to go home, because erm, even in the hotel they were quite, you know, looking at you and...

Therapist:

Hmm.

Client:

You could feel the dislike, which I ne... I mean I've been to Pakistan so many times since about nineteen sixty four...

Therapist:

Hmm.

Client:

... and never had a problem. And erm, so any road... This sounds bizarre doesn't it? But erm, we went to the airport to try and change the tickets, erm, because we weren't going to go home till the eighteenth of July and erm, I just got a sense that we were being followed.

Therapist:

Hmm.

Client:

And erm...

Therapist:

So this turned out to be quite a stressful trip for you then by the sound of it.

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Client:

Very stressful, yeah. Erm, I felt like we was being followed...

Therapist:

Hmm.

Client:

... and got to the airport and erm, changed the tickets and then we got on the plane and that was the most... I don't know what happened on the plane, because erm, I just got the feeling, this is weird...,

Therapist:

Hmm.

Client:

... but I just got the feeling that erm... I wouldn't eat anything, I thought they was doing something to my food.

Therapist:

Hmm.

Client:

That's the... you know, sounds bizarre doesn't it, but... And erm, [laughs] and... and then we got this erm, religious man, massive great big fellow with a great big beard, sitting next to us and erm, I sees my husband going like this, you see, cut... And I was like, did I actually see that? So I jumped up and went and walked to the erm... you know where the erm... the ladies do the food...

Therapist:

Hmm.

Client:

... and I stood there and the captain said, “*Oh, you can't stay there.*” I said, “*But I'm going to. I'm not going back to my seats.*” Erm, so I stood there for about two hours and erm... and then some men came up and they were quite intimidating. So, I actually erm, locked myself in the toilet for five hours without any...

Therapist:

Was there a queue all the way down...?

Client:

No, they had to use the other one.

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Therapist:

Okay.

Client:

But five hours I was in the... in the toilets. Erm, and I had a feeling I'd never get off that plane alive. You know, I felt like there was... there were two or three people on that plane, going to do me some harm.

Therapist:

Hmm.

Client:

And erm, when it came into Heathrow, I said to the err, person what was near the door and ready to open it, I said, “*Can you open the door now, it's stopped.*” And he said erm, “*Not yet, not yet.*” And it was only for somebody at Heathrow, he banged on... there's a little window in the door and he banged on it, cause they were already late, and he had to open it then. So I shot out, and I do be... Well, I know I'm cracked right, I've got to be.

Therapist:

Hmm.

Client:

But erm, I felt erm, my husband had planned it...

As much as is possible, I do try to keep an open mind about things. But...

If you are a clinician reading/viewing this session it is worth checking in with your own reaction to this story.

Does it sound like the thing might have been a planned attempt to take her out to Pakistan in order to arrange for this “accidental” shooting?

It does to me, that is for sure!

But here's the thing, and this is common for any therapy situation...

When empathising with a client's situation, it is very easy to emotively side with their version of the story. Part of this client's problem is that she is paranoid that people are watching her, planning to kill her, intending her harm.

Naturally, even though she may be saying overtly, “*I'm cracked*” and emphasising that the story clearly isn't true, there is an element of filtering of information.

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This is the “*deletion, distortion and generalisation*” of communication written about in the early NLP books. We tend to naturally bias the story of our experience to match the kinaesthetic recall of events.

Here is what is important: our kinaesthetic recall may not necessarily match our more *factual recall* or knowledge of what happened.

In some instances (not this one, I should add) there is also the *preferred kinaesthetic recall* of events. This is the classic “man in the pub” scenario retelling his war stories from the workplace full with adversaries whereby he showed everyone “what for” and always came out on top.

We may not empathise with the man in the pub, instead preferring to avoid him. But not necessarily so for the client in the therapy session. As a result, the story will come out as a very compelling tale that may elicit a similar kinaesthetic outcome in us, the listener, the witness to the story.

Therapist:

Hmm.

Client:

... because of the gun and erm, he... everybody seemed to be nice with him on the plane...,

Therapist:

Hmm.

Client:

... but... and he started to be quite nasty with me. I thought, oh, there's something going on here. Erm, now when I got off the plane Peter was waiting and I went through... I went through customs and I left my husband to pick up the baggage, cause I...

Therapist:

Hmm.

Client:

... I couldn't stand being with him. Erm, but Peter wanted to wait for him and I do believe that there was somebody on that plane what actually followed... two or three of them followed us...

Therapist:

Hmm.

Client:

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... from there to Chelmsford and I think my husband's got... Well I... I... I know it... it's not true.

Therapist:

Well that's what I was now gonna ask you was that, how much of this actually is happening or how much of this is actually symptomatic?

Client:

Well it's actually true that I actually stayed in the toilet for five hours.

Therapist:

No, I get that bit.

Client:

Yeah.

Therapist:

But all the... all the surrounding...,

Client:

Yeah.

Therapist:

... the being followed, the hostile...

Client:

Yeah, that's right.

Therapist:

Did that really happen or was that...?

Client:

I don't know.

Therapist:

Ah.

Client:

I don't know. Erm, it felt as if it was real...

Getting a reality check/reality assessment from a client is important. There are a number of ways of doing, the easiest being to ask, “*well, is that actually true?*” or, “*Did this actually happen?*” as in this example.

A common mistake is to decide for yourself too early if something happened or not and announce your findings to the client. NLPers can be tempted to

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jump in there with a quick reframe, which does much the same thing and can be a real deal-breaker.

Here's an example of what I mean here. One time in the accident and emergency department, the team were just out of the resuscitation room and we were having quick meeting for debriefing. A common thing in the department which serves two purposes – to ensure all the staff are OK with each other as things can get a bit tense during a traumatic resuscitation and things get snapped and spoken harshly in the heat of it all, and also to serve as a quick de-stressor for the staff who will be getting stuck straight into the next incident within a few minutes.

The meeting was disrupted by a man who came running at full speed towards us screaming that people were try to kill him. He was pursued by three police officers.

He literally leapt into the arms of one of the senior nurses crying, “*Help me! Help me!*”

I got prodded, “*One for you, Andy.*” Fortunately, the police offers held back and one of the doctors held up his pen waving it at everyone shouting, “*Stay back!*” and ushered the man to follow him into a cubicle as he held everyone back with his pen (if you have ever seen the more recent episodes of the BBC television show “Dr Who” then you have seen similar scenes acted out.)

The whole scene was so absurd everyone just froze and did exactly what they were commanded to do. With me following the doctor's lead, we both then played out the scene whereby we understood that this man had people out to get him, body snatchers were in pursuit, various doctors and nurses had already been replaced, and that this man was onto “them” which is why they wanted to kill him.

This acute and serious psychotic episode was ended with 2.5mg of intravenous diazepam that we would not have been able to administer had we proclaimed to the man that he was merely ill and needed urgent medical intervention. For us to have done so would undoubtedly led to him fleeing the department.

And for me, here is an interesting aside detail. This man hadn't been brought to the hospital by the police. He was already on his way to the hospital on foot and it was his strange behaviour whilst running through town that had brought him to the police attention.

Body snatchers may have been trying to kill him, but this seriously unwell man still ran to the nearest hospital.

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Therapist:

Hmm.

Client:

... and it felt like erm... I mean was on the plane and erm, I saw one of the air hostess go like that as if... And, I just felt that I wasn't going to get off that plane alive...,

Therapist:

Hmm.

Client:

... which is bizarre.

Therapist:

Cause it's difficult when you're in a... a position of feeling paranoid. You can interpret anything and everything as being a sign...

Client:

Yeah.

Therapist:

... to support your paranoia.

Client:

Yeah.

Therapist:

Erm, but of course there's plenty of people who are paranoid for a really good reason.

Client:

But you see erm, since I've come back, I thought that it would finish when I came back. I'd get back home...

Therapist:

Hmm.

Client:

... everything would be fine, but now I'm absolutely terrified of everything.

Therapist:

Hmm.

Client:

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I've got a panic alarm button. I keep that with me all the time...,

Therapist:

Hmm.

Client:

... night and day. Erm, I barri... barricade myself in my bedroom...,

Therapist:

Hmm.

Client:

... lock the bedroom and I put thing a... against the door. Erm, because... and it... my husband's a trigger of it, because of the gun situation.

I can't help but notice the use of the word, “trigger” in relationship to her husbands behaviour.

The other thing I couldn't help but notice is that her husband was *not* present for this session.

Therapist:

Hmm.

Client:

So I really look at him in a different light, that he's trying to do me harm.

Therapist:

Hmm.

Client:

But it's gone further than that now. It's everybody.

Therapist:

Hmm.

Client:

Erm, I... we've been in the... in the pub up the... up the road and erm, I wouldn't eat anything.

Therapist:

Hmm.

Client:

Cause I think somebody's touching the food.

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Therapist:

Poisoned the food. Hmm.

Client:

And I had to eat some of Peter’s food.

I was reminded of a situation many years ago in psychiatry, and it was a situation I'd read about in psychiatric books and also seen played out in television dramas.

An elderly Asian patient was admitted to the unit with acute paranoia. She was suspicious that her family were trying to poison her. She was brought in by what would now be known as the community mental health team, deposited unceremoniously into a side room and the staff then held a meeting. None of them had actually met the patient prior to the discussion of her “treatment plan.” It was left to the other patients to orientate her to the ward and let her know how things worked.

I found this odd at the time, but later learned that this is fairly typical.

No one actually asked or mentioned the fact that maybe, just *maybe*, the patient isn't truly paranoid and that maybe her family *are* trying to poison her.

“*Is anyone going to do a toxicology screening?*” I asked. I was later 'spoken to' for speaking out of turn.

Of course, the treatment for this state of sad affairs was to forcibly drug her.

Therapist:

Hmm.

Client:

Erm, I even think my sons are involved....

Therapist:

Hmm.

Client:

... in trying to do me harm.

Therapist:

Have you asked ‘em have you...?

Client:

Yeah, I’ve asked ‘em...

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Therapist:
Are you?

Client:
Peter.

Therapist:
He denies it.

Client:
And I'm thinking, what the heck is going wrong with me? Erm...

Therapist:
Right.

Client:
So, you know I'm... I'm in a bad state basically.

Therapist:
So I understand. Okay. So let's just try a few things out. Now I don't if... whether I can do anything here.

Client:
Yeah.

Therapist:
Let's just see what works, err, if at all. Let's just see what we can do. When you... So when you... If we go back to the original... the trigger, what appears to be the trigger.

Client:
Yeah.

Therapist:
Now, it sounds to me there were precursors to that moment. So the trigger being the... the gun going off.

Client:
Hmm.

Therapist:
But before then you were detecting, what you had experienced as hostility and tension.

Client:
Yes.

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Therapist:

So you were already possibly in a state of alert...

Client:

Yes.

Therapist:

... and watching out for stuff.

Client:

That's right.

Therapist:

And then the next thing you know, you're in a dangerous situation, you try and say something about it and you were right, the gun went off.

Client:

Yeah.

Therapist:

Nearly taking out other people. You were doing the ladies stuff with the baby.

Client:

Hmm.

Therapist:

They were doing the boys' stuff with the guns and being typical blokes, they don't listen.

Client:

Hmm.

Therapist:

So there's two elements to that, so the lead up. There's the pre-existing tension, which in this way effects you and then there's the... the gun going off.

Client:

Hmm.

Therapist:

Start off with the gun going off, cause that's the easiest thing to go for. When you think about that moment, how vivid is that in your mind?

Client:

Oh, very vivid.

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Therapist:

Is it like you're actually there kind of thing?

Client:

Yes, hmm.

Therapist:

Hmm. And when you... when you think about it, is it like you see the whole thing through like it's a movie in your mind, or is it like a still picture?

Client:

No, it's like a movie.

Therapist:

Close your eyes for a second. Now think about that event now and run the movie through. What I want you to do is to notice where the movie begins and where the movie ends, because memory is episodic. It's almost like it has a start point and a stop point.

Client:

Hmm.

Therapist:

Do you know what I mean? Roughly how long is the movie, would you say?

Client:

About six or seven minutes... about five minutes I suppose.

Therapist:

Okay, okay. Now, it's weird as well, because you can experience that five minutes or so in just a moment.

Recall of the events don't appear to create any emotional reaction or noticeable effect, so what I had in my mind at this moment was the consideration of extending the movie adding on what happened next, and next, and next... etc. to connect up with the present moment.

I changed my mind though.

Client:

Hmm.

Therapist:

It's like the... the... the way you can experience time in your mind isn't matched line... you know in a linear fashion to what's on the outside.

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Client:

Hmm.

Therapist:

Okay and it's... and it's a vivid memory.

Client:

Hmm.

Therapist:

Open your eyes for a second. What I want you to do is very simple. I want you to look at my finger and I want you to keep thinking about the memory of... of that moment, of the gun going off. Hold that memory in your mind and follow my finger. Over here. And keep thinking of that memory. [Short pause]. Just keep thinking of that memory. [Short pause]. What happens when we do that?

Client:

Erm, don't know really. Sorry.

Therapist:

Hmm.

Client:

Erm, takes the tension away a little bit.

Therapist:

Hmm.

Client:

Hmm.

Therapist:

And as you're thinking about the memory and moving your eyes, what's happening there?

Client:

It's moving it from one place to another.

Therapist:

Hmm. Okay. And when you think about the memory now, is it the same?

Client:

Not as bad.

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I think this clients looks almost *disappointed* with this. This might be because she is expecting something spectacular to happen, or that she is experiencing disappointment about the change occurring. Or maybe something else.

Fundamentally, the client's reaction set to the events that she described is a problem of beliefs. In order to help her change the situation I am essentially going to be making her wrong.

I've noticed that people don't like much being wrong and people tend not to like their beliefs being taken away from right under their nose.

This is possibly why some clients give the appearance of not wanting to actually change, or to even resent the change that is being offered. This is natural when the presented problem that of beliefs.

Therapist:

Okay.

Client:

Hmm.

Therapist:

Hold it there again. Keep thinking of the memory. And hold that memory for as long as you can. [Short pause]. Except this time, if your mind tries to wander off and other stuff comes up, just notice where your mind wanders too. [Short pause].

Client:

Hmm.

Therapist:

What happens?

Client:

It seems a little bit better, not as drastic.

Therapist:

Okay. So that... that's, the sort of the effects of what we're doing there. But when we're mov... when you're moving your eyes in that way, what is happening as you think about the memory?

Client:

I'm re... re-living it.

Therapist:

Hmm.

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Client:

Yeah. Hmm.

Therapist:

Okay. Go back to the memory again.

Client:

[Sighs].

Therapist:

Okay. [Short pause]. Go on, keep thinking of that memory, but if your mind wanders, just notice where it wanders too. [Short pause].

Client:

It's better.

Therapist:

Hmm.

Client:

Hmm.

Therapist:

Close your eyes and I want you to pay attention now to the memory, but in a different way. I want you to notice how it's different to before.

Client:

It's not as intense.

Therapist:

Okay now, why not intense, can we just see if we can clarify that? Does that mean it's... it's like it's blurrier?

Client:

It seems a bit more faded.

Therapist:

Okay, anything else?

Client:

I'm not getting as erm, anxious about it.

Therapist:

Hmm. Okay and in terms of how you think about the memory? So if we look at say, so it's faded, is there anything else about the qualities of how you

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experience that that's different?

Client:

Erm... [short pause]. It doesn't seem as sinister.

Therapist:

Hmm. I want you to try and get it back to what it was before.

Client:

[Short pause].

Therapist:

What happens?

Client:

It's getting... it's not erm... it's not as... it's not sort of... it's not as strong. Erm... It doesn't feel as threatening.

Therapist:

Hmm. Okay, you can open your eyes. So we know that moving your eyes around in that way works for that kind of memory.

Client:

Hmm.

Therapist:

Now are there any other moments around that time that are really vivid in your mind?

Client:

Well erm, as I say, it felt like we was under... I felt like I was under threat all the time, that we were being followed.

Therapist:

Hmm.

Client:

And then, on the plane, that was an absolute nightmare, erm, because I couldn't eat or drink anything.

Therapist:

Hmm.

Client:

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And err...

Therapist:

Are any of those particular aspects of memory particularly vivid?

Client:

Especially when I was in the toilets, because I kept looking at my watch, thinking, if I gu... if I come out of here, they're going to kill me.

Therapist:

Hmm.

Client:

[Laughs]. So I stayed in the... in the toilets for five hours.

Therapist:

Hmm.

Client:

And erm, I was hoping and praying that erm, I would be able to... when it landed, I would be able to get out before anything happened.

Therapist:

Hmm.

Client:

Erm, so I... you can imagine how... how err, tremendous it was to be sitting in the toilets...

Therapist:

Yes.

Client:

... that length of time, watching your watch...,

Therapist:

Hmm.

Client:

... and every minute [laughs], you know...

Therapist:

Knowing there are people out to get you, they'll be queuing up for the loo. Yeah, when is she ever coming out of there?

Client:

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[Laughs]. Yeah. So erm, yeah it was horrendous.

Therapist:

Hmm.

Client:

Hmm. Hmm. Yeah, and as I said, I thought when I got home everything would be fine, but it's not.

Therapist:

Okay. So now let's try something a bit different, using the same... the same kinda process. You feel... when you were on the plane you felt under threat?

Client:

Yes.

Therapist:

And I'm getting the... the feeling of under... being under threat was there before the plane, from what you were telling me before.

Client:

Yes. Yes, yeah, because...

Therapist:

And it just got stronger and stronger as you were...

Client:

Yeah, cause we were being followed up to the airport. Then I changed the tickets and I thought, oh well we're gonna be fine now. We're going to go into the airport lounge, you know.

Therapist:

Hmm.

Client:

And then it started all over again.

Therapist:

Right.

Client:

So...

Therapist:

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Now when you think about the feeling of under threat...

Client:

Hmm.

Therapist:

... on a score out of ten, how strong is this feeling?

Client:

Err, eight.

Therapist:

Now that's quite strong.

Client:

Hmm.

Therapist:

How familiar is this feeling, this eight out of ten?

Client:

Sorry?

Therapist:

How familiar is this feeling?

Client:

Erm, what do you mean sorry, familiar? Erm, do you mean erm, how often do I think about it?

Therapist:

Uh-mh. Some things have a... are more familiar than others, it depends how often you think about it.

Client:

Well I... I think of it regularly and I don't think there's a day go by and it...

Therapist:

Right. When's the first time that you can remember feeling this feeling? Now, it may not be the first time it ever happened and it may not even be attached to this particular time that we're referring to, it may precede that. But when's the first time that you can remember feeling this feeling of under threat?

Client:

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Erm, I think from the gun. The gun incident.

Therapist:

And when you think about that, how vivid is that?

Client:

Quite vivid, yeah.

Therapist:

Hold that memory in your mind and follow my finger. Keep thinking about that memory. [Short pause]. Here. [Short pause].

Client:

Hmm.

Therapist:

What happens there?

Client:

[Short pause]. It sorts of shifts it around and erm, it doesn't feel as erm, intense. It doesn't feel...

Therapist:

Hmm.

Client:

... as threatening.

Therapist:

Now when you think about the feeling that was eight out of ten, how strong is that feeling now when you think about that feeling?

Client:

About five, six... five.

Therapist:

Okay, and how familiar is this feeling that's five out of ten? You see I have a little theory...

Client:

Hmm.

Therapist:

... that this is the same kind of feeling. It's in the same category of experience....

Session Transcript

“Accidental Gunshot #1” - Traumatic Memories

Client:

Hmm.

Therapist:

... but it's not the same feeling, because if it was the same feeling it would feel the same. This feels different, cause it was eight, now it's five and because it feels different, so that's a different feeling.

Client:

Hmm.

Therapist:

So with that in mind, how familiar is the five out of ten feeling?

Client:

Not as... not as bad... not as bad as the other one.

Therapist:

When's the first time that you can remember feeling this feeling, and again, it may not be the first time it ever happened. It's just the first time that you can remember feeling this feeling?

Client:

Erm... [short pause]... at the airport.

Therapist:

And how vivid is this memory?

Client:

[Short pause]. Erm, well the plane one, that's the worst. That's the... that's the one what's quite vivid. Erm, cause that was an absolute nightmare...,

Therapist:

Hmm.

Client:

... erm, cause you... once you're on the plane you can't get off.

Therapist:

Hmm.

Client:

Erm...

Therapist:

Hold that memory in your mind.

Session Transcript

“Accidental Gunshot #1” - Traumatic Memories

Client:

Hmm.

Therapist:

Look at my finger. Keep thinking of that memory. Follow my finger. Okay, follow my finger. It's here. [Short pause]. Keep thinking of that memory. Let's try that one again. Keep thinking of that memory. [Short pause]. Down here. [Short pause].

Client:

This actually takes the edge off.

Therapist:

Hmm.

Client:

And it doesn't seem as... before it was like a nightmare. Now it doesn't feel like a nightmare.

Therapist:

Hmm.

Client:

It feels erm, a bit more even keeled, you know and...

Therapist:

Yeah.

Client:

Hmm.

Therapist:

Okay, so now when we go back to the original feeling that was eight out of ten...,

Client:

Hmm.

Therapist:

... now what comes up for you when you think about the feeling of under threat?

Client:

[Short pause]. Erm, you mean on the plane when I was under threat. Erm, I

Session Transcript

“Accidental Gunshot #1” - Traumatic Memories

don't feel as in... I don't feel as if it's erm, as much of a nightmare...,

Therapist:

Hmm.

Client:

... it feels a bit silly really.

Therapist:

Hmm.

Client:

You know, erm... Hmm, it feels a little bit silly.

Therapist:

Hmm, that's usually a good thing by the way.

Client:

[Laughs].

Therapist:

Well when the things that basically scare the, you know life out of us, start feeling silly, then you know...

Client:

Yeah. Hmm. Peter's asleep. [Laughs]. Did I miss anything Peter...?
[Recording ends abruptly].

[Recording ends 0:24:00]