

INTRODUCTION

This is not science. This is not theory. This is my work of a lifetime. What I have learned from almost a thousand patients in nearly forty years I am going to present to you in fifteen minutes. Many techniques use visualization. But taking care of oneself in painful memory pictures and getting rid of bad introjects, that causes illness, by acting out in the inner world I have not found in literature.

The concept of “little me” refers to the fact that emotions evoked, and not possible to deal with, in the past, mostly is evoked today, if there is a similarity in the situation. I become “little me”, instead of taking care of myself, and my reactions. The painful memory pictures I try to hold back, and no growth is possible. Though I know intellectually that I can handle the situation today, the fact that I did not as a child, gives me no control in the situation.

And why did nobody help me, when I was a helpless little child? The answer is obvious. Either it was my own fault or was my surrounding incapable of caring for me. In the first case the shame and guilt feelings are overwhelming, in the second anger.

Having introjects that causes such a subconscious emotional conflict gives me a lot of trouble. Bodily reactions from stress and tension, anxiety and depression are some of the consequences.

I have worked as a Clinical Psychologist for almost forty years. Psychotherapy was easier then, not so much of a religion. There was, roughly, Freud on the one side, Pavlov, Skinner

and Eysenck on the other. There was not much of knowledge either, mostly case histories and experimental psychology, and I was lucky enough to have the opportunity to “experiment” with a wide range of patients; patients in pain, in despair, severely depressed and even some patients suffering from “hysterical convulsions”. I have always found it hard to divide “body and soul”. Physical reactions and mental processes, conscious and unconscious, have been so tight associated to each other in my thinking. Dividing them seems very artificial to me.

REFLEX IONS ON THEORY

The issue of arguing whether behaviour, thought or emotions are most essential for psychotherapeutic interventions seems also very artificial to me. The newborn infant has no language, and the concept of thought gets very theoretical. The baby acts out feelings of primary needs. No bodily sensation – no behaviour. No feelings means absence of drives for change, and that is death.

Growing up is very much a process of getting rational in ones thoughts and behaviour. If growing up is uncomplicated, the experienced pain is bearable and the surroundings are comforting in times of despair, you will manage to be rational most of the time. Feelings are then the spice of life, the little extra that makes you feel alive.

Growing up is often complicated; the experienced pain is often unbearable. The surroundings are often not the very least comforting. Still parents, school, relatives and friends have demands on the child to be more and more rational as times go by.

All theories I have met in books and articles seems to me very much as constructions, leaving out the essentials in what I have found being the most powerful cause of human illness: emotional irresolvable conflicts, conscious or preconscious. The dualism of love and hatred, the power of shame, guilt, fear and anger; these emotions and the conflict they arose seem to me the most important sources of human illness, physical or mental.

THE TECHNIQUE

I have tried the visualization technique on about 600 patients the last 9 years, registered for basic statistics, and surely more than a thousand the years before, unregistered.

The technique is especially useful when the patient has a low capacity for self-support, repressed aggression and posttraumatic disorders. The symptoms may vary, and is not important. The depth of the disturbance is of no greater importance either. The only factor very hard to predict, is the length of treatment needed. Mostly 2-10 sessions is enough, some psychosomatic or psychotic disorders take years, but not all.

One of my first patients was a woman who had found her husband hanging dead from the ceiling, when she opened the front door. She was picturing the sight of him every moment, and had not been able to sleep or eat or anything, for the last week. I asked her to look at him, instead of trying, in vain, to avoid the memory. In three sessions she focused on the picture of her dead husband, took him down, kissed the colour back on his cheeks, got his tongue back in his mouth and made him look peaceful. When she left my room after the third session, she took a huge step over the place she had looked at all the time, and she never came back. I never saw her face; she just looked at her dead husband.

This patient made me aware of the many different ways people visualize. They vary from a rather vague inner projection to an experience that the object is really there, in the room. Patients also vary in respect to how quickly the picture occurs. Some patients, who have spent many years suppressing painful inner pictures, are mostly not prone to look at them, just because I ask them to. But a simple suggestion like: “can you really avoid that picture to come?” often works, as paradox intensions often do. Being asked questions like: “and what is she wearing? ...which colour has her dress? ...describe her haircut...” and similar questions, not loaded with affect, mostly helps patients, who do not get a clear picture at once. (See manual, page.)

I have always been curious of “why”, not so much of “how”. My patients have taught me during the years, most of what I know today, much more than my formal education. How many times did I not hear a sentence like: “I would like to kill her” or similar expressions! It took me a couple of years before I dared to respond: ”then do it, the picture is there, it is all yours”. I learned that killing, in the inner world, kills the hope, kills the guilt-feelings, and make an end to the dependence. No killing, still lives the hope of a better parent, still rules the guilt-feelings, and still exists the dependency situation.

And why is it so?

Think for a minute of countries with a terror system or ruled by a dictator. That is a matter of dependence or a matter of life or death. The life of each individual could be described in the same way. If your parents, or one of them, or anyone else, rule your life, and you feel that every step you take is watched and disapproved of, your freedom is very limited. There must

be a revolution, and you cannot lose the battle; if so, you will never feel adult and make your own choices. And how can I compare a national war of independence with the individual struggle that should always occur in the time of adolescence? Because that struggle is often won, not by the growing-up, but by emotional blackmailing and guilt as weapons, by parents. Fortunately no blood has to be floating. Family fights seldom end happily, and violence in any shape should be avoided. But, violence in the inner world does not harm anyone, (if you are not an expert on voodoo-practice of course) and patients can solve their emotional conflicts not needing to raise their voice.

Many techniques use memories from childhood. Some techniques use the empty chair to act out aggressions. But it seems as I am the only one to ask someone to literally walk into a childhood memory picture and get contact with ones "little self", i. e. be two copies of oneself; one adult as today, one as the person in the past, 40 or more years past or just yesterday. We all love our parents, do we not? Many of us do not like our parents. This conflict causes shame, guilt and overall distress. You live your life to make your parent(s) love you, you think that if you only could be the child he/she wanted you to be, they would be the parents you wanted to have, and needed to have. And of course, that is not the fact. And somewhere in you, or in your body, you know it!!!

But the idea of being a better parent to your self than the ones you have had, is not easy to agree to. Most patients have such a strong longing for being taken care of, at last, that the idea seems repulsive!

The idea to become the king or the queen in your inner life by killing your parents, or the one of them that has the power to rule your entire life, is a method difficult to anticipate, as I have

understood. Not by the patients, but by the psychotherapists. Everything that I have ever suggested, ever put in words in a treatment situation is initially suggested by patients. I remember a situation with a supervisor, when I said that a patient visualized her mother and expressed “I would like to kill her”. My Supervisor asked me what I said and my reply was: “then, just do so”. “How ingenious“ my supervisor said, and never mentioned my intervention again.

So, I continued working on my own, improving my technique. I have tried it on more than a thousand patients during the years, and most of them have had benefit from it. For more than half of them the patient’s life has changed dramatically to the better. There are many dropouts after one or two sessions. One or two had come back, wanting another therapist. Ten or so have come back after a couple of years wanting just another session to finish a job they have made by themselves, just wanting my courage to do it proper. Quite a few had come up to me in a public place, thanking me for what happened, expressing that they wanted to get along with their lives, postponing to get in touch till no proportion remained concerning the time which has passed.

And why is murder a necessity? Why is it not enough with saying all the words that have not been said? I honestly do not know exactly. But I think a good reason is that the body is involved to the extent that nothing but the ultimate gives any relief. If words have been enough, I think they should already have been said. If a slap in the face had been enough, it had been acted out in reality. And of course, had evoked guilt-feelings, hard to bear. If someone has acted out in reality, it is always harder to get a reconciliation concerning the past.

Most patients have their inner life scenery crowded with relatives, bosses, friends and authorities. Mostly it is enough to present the technique; thereafter the patients take care of all irrelevant persons themselves in a relevant way. But, of course, that imply a certain amount of intelligence and courage. What is of most importance, I do not know. Because the visualization technique mostly almost immediately gives the patient the feeling, here and now, the memory picture evokes, intelligence is of minor importance than in other psychotherapeutic techniques, out of my experience.

I asked before why murder is a necessity. Let us start with the “little me”-concept. That concept implies that you should yourself take care of yourself, here and now, and in the past. Mostly patients become “little me” when the same feelings are evoked. Just the thought of taking care of “little me”, instead of being the helpless child from the past, evokes mostly an enormous rage. Why did the ones who were responsible not take care? Being “little me” instead of taking care of that “little me” is, as I see it, always a cry for help and comfort from the persons in the past, who have failed.

Capability to take care of oneself is a very rare quality that few of our patients possess. The wish to be taken care of, be loved without demands, comforted and be respected as an individual is almost universal.

But killing parents, and not be a good enough parent oneself is not a solution for feeling okay. Just think of a revolution, and not being able to function by your own afterwards, wanting somebody else to set the rules again, but the rules that you can accept, not only as law and order, but emotionally.

The issue of making contact with your “little me” is often very hard. That struggle between the patient and the therapist naturally is a struggle for concern. The patient wants the therapist to take responsibility, to take care, to comfort, to pity, and to make everything well. And that’s not what the therapist should do. Not more than I think that the therapist should wait for the patient to find his/her own solution to problems; however much I believe that containing and being assistant courage is essential in the process. Not for one moment I believe that lowering the demand for self-caring gives any help to the patient.

On many occasions throughout my life I have felt like a little schoolgirl. Many are the persons who have put me in that position. It is very rare that my psychiatric patients succeed to do that, but it happens. And when it comes to psychosomatic problems, that personality is common. I do not know what will happen here today, whom of you will try to put me in a “little me” position, and of course, I will not be able to just strangle him/her in my fantasy and get on with an intact self-esteem. But, if I get the idea of doing such an act in my inner world I will be much more mentally equipped to go on in a discussion. Do join me in the following workshop, and I hope that I will be able to give you a new experience, or else, you already know my technique and have used it, or you are a psychophobic!!