

PANIC, ANXIETY, PTSD, AND MY EXPERIENCES OF HEALING THROUGH
MULTIPLE AVENUES OF PSYCHOTHERAPY

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Introduction

I've been a marriage and family therapist for almost 30 years. I'm a 62-year-old mother of four, grandmother of six, and I've been married to my husband Peter, for over 40 years. Ours is a deeply connected, stable, affectionate marriage. Not that it's always been that way; it hasn't. There were years – just as our daughters were beginning college -- when our marriage required open heart surgery and extensive rehab: marital therapy, sex therapy, individual therapy, family therapy, group therapy, and hypnotherapy, in varying sequence depending upon what was going on.

The beginning

I initially sought therapy when I was in my late 20's, and at that time I had no idea that I would eventually become a therapist myself. I was suffering with panic attacks and agoraphobia, though I'd never heard of either. Errands as simple as running to the grocery store for milk and bread became terrifying. My heart would race, I'd break into a sweat, and then hyperventilate. My internist told me that if I'd stick my finger down my throat and gag, my heart would resume normal pacing, so I did that. My husband taught me that I could stop hyperventilating by breathing into a paper bag, so I carried one in my purse and lived in fear that despite following their suggestions something was horribly

wrong with me and the panic attacks would only happen again and again...which they did.

I had four young children who needed a responsible, loving mommy and were involved with various activities around town, so I forced myself to do things. But when I took our youngest to her pediatrician for a routine vaccination and the sight of the needle nearly catapulted me out of the room, I decided it was time to get professional help. I was afraid that I was going crazy or worse...dying of a brain tumor.

We were living in Auburn, Alabama at the time, and I made an appointment with a professor on the graduate school faculty of the Marriage and Family Therapy Program at the University. Looking back, it's remarkable that I had the courage to seek therapy. Though my father was a physician who had been taught by Carl Jung and Alfred Adler during psychiatry rounds in medical school, he was vehemently opposed to psychotherapy. I can still remember him leaning toward me at the dining room table, pointing his finger only inches from my face: "Let me tell you something, young lady," he said, "you'll be a lot better off in this life if you leave some things unexplored. And don't *ever* go near a psychiatrist or anyone connected with psychology in any way, if you know what's good for you." But now it was time to taste the forbidden fruit; there was too much at stake.

I was relieved when I first met my therapist, Mary Anne Armour. She was tall, had thick healthy-looking gray hair, and a strong yet gentle voice. There was a reverence about her tone, and an almost holy quality to the way she carried herself and listened to me. At the end of my first session she told me that she couldn't promise any guarantees about the outcome of therapy, but she could promise that she would do everything in her

professional ability to help me. When I asked how long it would take she said that when the time came, we'd know. The time came 16 years later, and I'll be forever grateful for every hour of every year I spent in her care, though if anyone had told me at that time that I'd be in therapy for 16 years, I'd have said they were nuts.

Background

My family of origin was nuts, a treasure-trove of psychopathology. My father was an esteemed ophthalmologist, gifted pianist, an untreated manic-depressive, and an alcoholic. My mother was artistic, had a college degree in French, a beautiful, first soprano operatic voice, hosted bridge parties, and was an advanced alcoholic by the time I became a teenager. I'd been a serious child, conscientious, parentified, lonely, though I had friends, and a brother three years older than myself, a sister three years younger, and a brother six years younger. We grew up in a large, elegant brownstone in Brooklyn, New York and went to parochial schools through high school. I also went to a Catholic women's college: Georgian Court, in Lakewood, New Jersey, where I majored in Elementary Education. Though many have experienced horrific abuse at the hands of Catholic clergy, that was not my experience. In fact, the Catholic influences in my life were, for the most part, positive for me -- nurturing, strengthening, inspiring. I began going to daily Mass when I was 10 and continued to do so through elementary school, high school, and college. Despite what might have gone on at home -- Mother's drunken stupors; Dad's despotic bursts of rage, deep depressions, or manic spending sprees -- participation in the ritual of the Mass soothed me and taught me about the power of love, through the teachings of Holy Scripture. Also, because I was aware that the same Mass

was being celebrated in churches throughout the world, I felt supported and encouraged by a large spiritual family. As Kathleen Norris puts it in *The Cloister Walk*:

“...I could dare to conceive of the Church as a refuge,
a place to find the divided self made whole, the voice
of the mocker overcome by the voice of the advocate...
and I could dare to imagine it as home...”

Looking back, I can see that the mornings I prayed in front of the Blessed Sacrament as a young person, prepared me to recognize and be attracted to the reverence I heard in Mary Anne’s voice. And if you’ll please excuse the cliché, I can tell you that I took to therapy like a duck to water.

My experience as a psychotherapy patient

Seeing Mary Anne helped me to work through the issues that had created my symptoms. Her comments, interpretations, and questions revealed a depth of understanding about my family of origin and the family Peter and I had created. For the first time in my life I felt like I had found someone who heard me accurately, and cared. My anxiety symptoms abated.

Early in treatment she had Peter come in for a few marital sessions and she had the girls come in for a family therapy session. Our girls were ages three, seven, eight and nine at the time. One of my sweetest therapy memories occurred toward the end of that session when our youngest got up from her chair, walked over to Mary Anne, and asked if she could sit on her lap. Once there, she looked Mary Anne in the eye, smiled and said, “I like you.” I’ve always believed that three-year-olds are the best judges of character, so

in my estimation she had bestowed upon our therapist her seal of approval. Mary Anne could be trusted.

Insurance didn't cover Mary Anne's fee, so I got a part-time job with Servpro, washing clothes and linens from houses with smoke damage and hanging them outside on the line to dry. I shutter to think this given the dangers of today's society, but I also sold *World Book* encyclopedias door-to-door, in town and out in the country. Meanwhile, seeing Mary Anne weekly, my therapy developed a momentum and I developed an attachment to her. Though I knew nothing about Object Relations Theory at the time, Mary Anne Armour became all-important, my psychological mother, the internal object who would reorganize my whole history of internal objects. Through our evolving relationship, which was almost exclusively individual therapy at this phase, I began to feel as if I were being re-parented, as if she were picking up where my own mother had left off when I was about 10. She helped me to unravel unconscious conflicts, coached me into a systemic understanding of the function of my anxiety in my marriage, and influenced my mothering style with my children. She helped me to parent them differently, better, than I had been parented, and helped me to become a better person. Therapy was a constant quest for truth, a constant dose of reality, which I needed, after growing up in a psychotic, alcoholic family.

I had entertained thoughts of becoming a midwife from the time our youngest daughter was born, but because of my experience as a patient in therapy psychological processes had become as awe-inspiring to me as childbirth. I began to entertain thoughts of becoming a therapist myself. I also hoped that through doing so I might continue to learn things that would help Peter and I rear our own family.

The Marriage and Family Therapy Program at Auburn emphasized a Psychodynamic orientation at the time when I applied and was accepted, and students were required to be in therapy themselves. However, that soon changed as one professor resigned and another came on board, shifting the program to an Experiential perspective. At this point students were encouraged but not required to be in their own therapy, but even this was short-lived. Yet another professor left and two more came on board -- a purist Strategic therapist and a not-so-purist Ericksonian – both of whom discouraged students from being in therapy. Though I continued seeing Mary Anne and felt that it enhanced my work *as* a therapist, most of my classmates had never been patients themselves, which in my opinion, was unfortunate for both them and their clients.

I worked my way through graduate school with a teaching assistantship and developed a ravenous appetite for learning, devouring the writings of Klein, Mahler, Winnicott, Whitaker, Napier, Boszormenyi-Nagy, Bowen, Framo, Minuchin, Stierlin, and others. Their concepts awakened insights about my clients' families as well as my own, while the drum roll of the feminist movement lured me into the march for women's rights. As mother of four future women, I was ripe for the writings of Betty Friedan, Gloria Steinem, Letty Cottin Pogrebin, and Adrienne Rich. Meanwhile, my work with Mary Anne helped me to integrate all that I was learning, to renegotiate my relationships with Peter, my parents and siblings, to continue to be attuned to the developmental needs of each of my daughters, and it gave me a deepened appreciation for the sacredness of life and the power of relationship, particularly the therapeutic relationship.

PTSD: The siege of symptoms that bombarded my life

Ten years into my therapy, there was a major crisis. Mary Anne was diagnosed with breast cancer and went into the hospital for a mastectomy. When she returned from medical leave I had a flashback, while making love with Peter, of being raped by my father when I was 10 years old and Mother was in the hospital.

I had studied about flashbacks, had worked with clients who'd accessed long-repressed memories through the trigger of a sight, a sound, a feeling, or a constellation of factors. I had been intrigued and respectful of the psyche's power. But now, in the wake of my own flashback, I was deeply grieved, and flooded with insights and questions. Devastated, I was soon plagued with intrusive thoughts, images, feelings, flashbacks of more sexual abuse, and nightmares. By this time Mary Anne had moved to Macon, Georgia, and Peter and I had moved to a suburb of Atlanta, where I'd developed a full-time private practice. I needed to reorganize my personal and professional life to accommodate to the demanding process of recovery from my new diagnosis: post-traumatic stress disorder (PTSD).

I reduced my client load to less than half, referring out people for whom I felt I might be psychologically compromised. I consulted with a psychiatrist well-versed in the nuances of trauma recovery for supervision of my clinical work, and I developed a peer supervision group -- modeled after Carl Whitaker's cuddle groups -- with three colleagues who, like myself, were committed to examining how their personal lives affected their clinical work and vice versa.

My need for therapy intensified. I got into a therapy group in Atlanta for incest survivors, and continued seeing Mary Anne for individual therapy weekly. Because she

was on the faculty of Mercer University School of Medicine, and practiced there in Macon, for me, this meant a two-and-a-half -hour drive south of my suburban Atlanta home. I'd rise at 5:00 and depart ahead of the Atlanta rush hour traffic to make my 8:00 appointment, then return home in time to rest and reorient myself to the needs of my family before school let out. When I was having flashbacks, horrible nightmares, was plagued with vivid memories and suffering from the emotional fallout of these ordeals, my relationship with Mary Anne provided a holding place, and helped me to extricate the poison of shame and repressed rage that tipped me into the depressed side of my emotional landscape.

Expanding the therapeutic terrain

Mary Anne and I consulted with a hypnotherapist sporadically, for the purpose of helping me manage flashbacks and nightmares. I benefited also from two intensive weekends of Psychodrama with a therapist trained by Moreno, intermittent sex therapy with another therapist, and marital and family therapy with Mary Anne and a co-therapist. It was a tough time for me, for my husband, and for our daughters, and it was expensive. These were the hell years. They were also years of tremendous personal growth.

Clinical literature on trauma recovery emphasizes the importance of assigning language to experience. As my need for self-expression grew, I wrote journals, letters, prayers, songs. I also needed more therapeutic help and practical support than my husband, treatment team, friends and family could provide. By this time my siblings had left the burden of care for my parents, who had become destitute and ill, on Peter's and

my shoulders, our daughters were working at their own separation-individuation processes, which presented us with challenges characteristic of adolescence, and though earlier in my life the Church had been a source of strength, I could no longer tolerate active participation in Catholicism once I understood how patriarchal systems breed sexual abuse.

Once again, I turned to authors – Mary Anne called it bibliotherapy. I devoured memoirs by Maya Angelou, Louise Wisechild, Nancy Venable Raine, Patricia Weaver Francisco, Carolyn Knapp, Kay Redfield Jamison, Jacki Lyden, Alice Walker, Jill Kerr Conway, Kaethe Weingarten, and Sue William Silverman. The writings of Matthew Fox, Elizabeth Johnson, Rita Nakashima Brock, Joan Chittister, Rosemary Reuther, Judith Christ, and Megan McKenna nourished my spiritual life. To borrow author Kennedy Frazer’s words:

“I needed all this murmured chorus, this continuum of true-life stories, to pull me through. They were like mothers and sisters to me, these literary women... more than my own family, they seemed to stretch out a hand...I was looking for directions, gathering clues.”

Soon, out of gratitude and a sense of solidarity with other abuse survivors, I felt compelled to write my own memoir. Through the story of what my father did to me, I hoped to show the world what horrors are inflicted on children, and through the story of my experience as a patient in therapy, I hoped to show how healing happens. I also wanted to illustrate how the wounds of incest can reveal themselves in a long-term monogamous marriage, and how a couple grapples to heal those wounds through the hard work of love. I wanted the intimacy of my story to inspire hope in readers, along with resolve to do their part in making the world a safer place for children.

The writing and publishing of my memoir took 10 years. People often asked me during that time if writing it was cathartic, but it wasn't. I began writing the memoir after terminating therapy, and for me, catharsis came during the therapy. What came as a result of the writing was deeper integration. Southern author Rosemary Daniell, in a writing group of hers that I was in, often said that "revision revises the writer." Now I understand the powerful truth of that statement, and something more: the gift of publication, a profound sense of liberation gained by giving my testimony to the world.

When the Piano Stops: A Memoir of Healing from Sexual Abuse was released by Seal Press in 2009 and the European print, *Never Tell: The True Story of Overcoming a Traumatic Childhood*, was released in the UK and all the countries of the British Commonwealth by a division of Random House in 2010. It was on the London Sunday Times Paperback Non-fiction Bestseller List for four weeks in the Spring of 2010. This has been a source of great joy for my husband and I. In fact, I experience a burst of joy even as I sit here at my computer recounting the events to you.

I've received many emails and Facebook fan page messages from readers all over the world, which is deeply touching, gratifying, inspiring, and humbling. In truth, the writing and publication of my memoir has itself been a therapeutic process for me – an unexpected continuation of therapy and healing.

Concluding comments

These days I rarely suffer from symptoms of PTSD. When symptoms do get activated they're usually circumscribed around a particular event, like the day I was scheduled to fly to New York to visit one of my daughters and became so panicked by a

heightened terrorist alert that I couldn't get on the plane. I've learned to reach out to Peter or a close friend since that episode, or to get into therapy with another trusted therapist for a brief period of time, who's trained in EMDR (Eye Movement Desensitization Reprocessing), a therapy modality that has been particularly helpful to me in recent years.

When I first entered Mary Anne's office so many years ago, I hoped that she could help me, but I had no idea about how that might happen, or how long it might take. I had not the faintest glimpse into how our therapeutic relationship would enrich my life, my marriage, my family, nor did I have even a hint about what it would require from either of us. Long-term, in-depth work requires from both the patient and the therapist, a dedicated commitment to healing, and the ability to endure. Kaethe Weingarten (2010) articulates it well, when she notes that "trauma is a circumstance in which the invitation to withdraw from the partnership – on either side – can be great, and the willingness to remain in partnership is ultimately rewarding for both."

I am now a seasoned therapist myself with many years of clinical experience, and Mary Anne is retired, in her 80's, and though experiencing the painful realities of her physical decline, she still exudes compassion. We visit several times a year, and enjoy a deep affection and mutual admiration for each other. She keeps a copy of my memoir on her nightstand; I keep a prayer for her in my heart, and a sense of gratitude for this therapist's journey of healing through multiple avenues of psychotherapy.

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