

Hungry for Touch

A Journey from
Fear to Desire

Laureen Peltier

This book contains descriptions of molestation that may be triggering for those with a history of PTSD.

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All healing is essentially a release from fear. To undertake this you cannot be fearful yourself. You do not understand healing because of your own fear.

A Course in Miracles

Foreword

If you have picked up this book, you are looking for something. It might be entertainment. This memoir is engrossing, but it's not a light read, nor is it "fun." *Hungry for Touch: A Journey from Fear to Desire*, describes some very personal and difficult experiences of transformation.

If you are a therapist or helper, you might be looking for information. Ms. Peltier conveys honestly and candidly what she experienced in intensive therapy.

If you are a survivor, you might be looking for hope. The author offers her story of transformation as an example of what might be possible.

Personally, I found this book engaging, compelling, informative and enlightening. Ms. Peltier seeks to share with you her experience of a transformative time in intensive outpatient therapy. In doing so, she hopes to open your eyes to what is possible when it comes to healing psychological trauma. It's not meant to be a how-to book, nor does it prescribe a path or plan of action. It does take the reader along a difficult but rewarding journey. It's not an easy book, but it's an honest one. Some of the material is difficult, but it is treated in a matter-of-fact, non-sensational style. Please note: it may be triggering for some readers.

If you are still with me, I hope I have piqued your interest. Reading this story was an odd experience for me: you see, I am "Dr. Erickson." The work that we did was informed by EMDR (eye movement desensitization and reprocessing), ego-state therapy, schema therapy, inner-child work, object relations, and visualization and guided imagery. Some somatic techniques were also used when the information seem to be trapped in body memories. Some therapist readers might recognize techniques that are reminiscent of NLP (neuro-linguistic programming).

We also made use of the metaphors that the author presented in therapy. They came from dreams, drawings, and even the jewelry she chose to wear. The examples of therapy that are depicted come from her perspective as a client and not myself as a medical professional; thus the book does not convey enough information for the reader to fully understand what I was doing. It was enlightening for me to see our sessions from her personal perspective.

Ms. Peltier is an intelligent, ambitious, creative, and goal-oriented individual whose approach to therapy was informed by years of successful corporate experience. She was not looking to waste time or resources. Her needs fit with my ambition: I was looking to devise a method that would promote the kind of transformation I had experienced in my own psychoanalysis, but with more regularity and greater frequency than a handful of sessions out of hundreds.

Spirituality also informed my work as a therapist. Raised as a Christian, I understood the healing power of that metaphorical system. The archetypal energies do not seem to care about one's state of faith or doubt. To the emotional part of our brain, metaphor is reality. The symbol is the thing. The map is the territory. Changing the map is changing the territory. Explorations in shamanism provided me with a rich metaphorical system and ways of accessing healing that are very practical.

When I was fourteen years old, I decided I would be a therapist when I grew up. I wanted to be a psychiatrist because I was good at math and sciences, and I understood that psychiatry was the best-paid type of therapy, with the most options.

By the time I completed my training fifteen years later, the field of psychiatry had changed. It was becoming more and more preoccupied with biology, and the art of mind therapy was becoming a sideline, almost a joke—certainly not anything I would want to spend my life doing. I took extra training in psychoanalysis. As part of the training I went through personal analysis. In three years of twice- to three-times-a-week therapy, I had a few breakthrough sessions that were wonderfully healing, powerful, transformative and moving.

While this experience was extremely valuable, I came to understand that it was not economically viable. Out of some three hundred and fifty sessions, I experienced only a handful of memorable transformative sessions, and even those sessions were frustrating. We stuck rigidly to a 45-minute hour, even when I had been crying for thirty-five minutes of that time. Afterwards, I went to the lobby and cried for another thirty minutes.

It seemed clear that the pattern of healing did not conform to the convenience of hourly scheduling, which was an arbitrary artifact of Dr. Freud's schedule. My psychoanalytic instructors could not tell me why the session needed to be one hour or less. From my experience of hypnosis, I knew that we go through rhythms of alertness that last ninety minutes or more. And I know from EMDR and hypnotic work that this might be a better allotment of time to accommodate this kind of healing work.

I knew that the sort of transformative work I wanted to do needed to be respectful of the natural rhythms of the psyche. We worked when we started and we worked until we were through. The arbitrary 45-minute hour was like having heart surgery in 45-minute weekly increments: your chest is laid open, then time's up and you're told to return in a week. Sorry, don't have time to close you up this week.

Standard therapy actually trains someone with a trauma history not to talk about it; because it's upsetting and time is so limited, a person learns not to venture there. The intensity and amount of processing that it takes to transform trauma into wisdom doesn't fit itself into the 45-minute hour. Models exist that advocate 90-minute and two-hour sessions.

EMDR, created by Francine Shapiro, is an accelerated information-processing technique. EMDR practitioners need to gain additional training and expertise in somatic techniques and ego-state therapy to treat complex trauma or dissociation safely. DNMS (developmental needs meeting strategy), a therapy developed by Shirley Jean Schmidt, is excellently organized and taught, and incorporates hypnosis, EMDR, CBT (cognitive behavioral therapy), ego-state therapy and some modified bodywork into an integrated and learnable process.

Eriksonian hypnosis (Milton Erickson) is taught through the American Society of Clinical Hypnosis; it supports longer sessions and has some excellent practitioners. NLP also draws heavily on the work of Erickson.

Shamanic counseling by Michael Harner's group, Holotropic Breathwork from Stanislav Graf, and sensorimotor psychotherapy from Pat Ogden all have ways of approaching trauma and its healing that incorporate spirituality, bodywork, or both.

Looking for practitioners with training in these methods will provide useful therapy that can hasten effectiveness. These methods are catalytic, meaning they can be intense and will move things along, and might be something you could pursue after you have mastered self-care skills and safety habits through DBT (dialectical behavioral therapy).

Ultimately, healing is the goal of psychotherapy. And healing can be defined as the process of transforming trauma into wisdom.

I should state here that "Erickson" is not my real name. For ethical concerns and for practical reasons, I believe it necessary to be an anonymous presence in this narrative. My practice does not currently include the methodologies that are described in *Hungry for Touch*. The book is my client's work; it is her memoir from her perspective, and her experience of our work together in the journey toward healing. It was not written to provide instruction on how to work this way.

Ms. Peltier has explained how personal and unique the experience of her therapy was for her, and I did not have input into the writing, editing, or production of her book. I also believe that, as a psychiatrist, it is necessary for me to avoid dual relationships with my clients.

I hope you find Ms. Peltier's journey engaging and enlightening, as I have. And, whether you are a therapist, in the helping professions, or someone seeking healing, I hope her personal account adds depth and richness to your journey.

Dr. Erickson
Psychiatrist

Introduction

My intention in writing this book is to share my recovery from post-traumatic stress disorder (PTSD) and educate people as to the complexities of trauma recovery. In doing so, I hope to change the way mental health is perceived and how medical professionals practice healing. Healing does not need to take time, but it does require commitment (both from the therapist and from the client).

It took me thirty years to decide to heal. In that time I was not physically intimate. I refused physical exams, and the mere experience of casual touch caused me great anxiety. This is how I lived my life—unconscious of my behaviors and convinced my life was by choice. I didn't realize there was something lacking until I found myself in the county psychiatric ward.

This was the turning point in my life, a moment when, after thirty years of hiding, I had broken. It was my bleakest and my greatest moment. It was the moment when everything lined up perfectly for me; I had the perfect psychiatrist, who practiced and understood holistic psychiatry, and time off work to heal.

Of course, I could have stayed where I was at, taken the anti-psychotic the psychiatrist had prescribed, and gone back to my life. But suddenly it felt empty and meaningless. I was given this incredible opportunity to choose, and I chose to heal without really understanding what was wrong or what healing would look like. In my typical fashion, I jumped in with both feet.

I completed this book a few months after therapy. Using copies of my medical records and my personal journal, I have told as accurate a story as I am able.

You will find in reading this book that there are moments when I dissociated during therapy, or mixed up my memories. This is the normal process of trauma recovery. This book is unique in that I bring you into my therapy sessions and allow you to feel the process of recovery. To that end, some readers may find that the content triggers their own PTSD. I understand triggers to be signals to us to explore deeper, but this can be done safely and effectively with the help of a trained professional.

My experience will not be yours. We are all unique. I understand there are countless ways to heal and this is but one. My purpose here is to inform. When I entered therapy I didn't know what to expect and I hope this book will inform and enlighten, whether you are on your journey to healing, interested in the effect of trauma on the human psyche, or a medical professional intrigued as to how the client processes therapy. At the very least, this book is about overcoming life's events, taking responsibility for our lives and letting go.

Dr. Erickson, the psychiatrist in this book, is very real, but I have changed his name at his request. Also, my therapy sessions were two to three hours in length, and I have condensed them to make the book manageable. Even our phone sessions were over an hour.

Longer sessions were part of the reason I was able to heal successfully in one year. It seems impossible (and cruel) to me to expect people to do trauma-recovery work in forty-five minutes. This is what I hope to change. No other section of medicine has time limits, and mental health should not be an exception. If people want to live more peaceful lives, with healthy relationships, then psychiatry and mental health need to change. I hope my success story offers a model for better therapy.

The main core of this book is my therapy sessions, but I have alternated these chapters with short sections that paint a picture of what was happening in my life outside of therapy, and provide some background. I did not limit myself to Dr. Erickson in my healing, but searched other modalities to help me along the way. Some I found effective, some not. My strong need to succeed and heal guided me to try everything, from aromatherapy to acupuncture to meditation.

Introduction

While Dr. Erickson assured me that I did seven years of work in one year, I found the process slow and frustrating. Without medication to numb me, I was highly motivated to find my peace and get the change I wanted in life. That discomfort pushed me forward to do the work I needed to do to heal.

Dr. Erickson once told me that most people quit therapy when it gets too difficult. In my experience, people quit because they become confused and overwhelmed. I hope this book will “un-confuse” people and offer hope. My story is not unusual; millions of people share my experience of being molested. What makes my circumstances unique are both the healing journey I undertook and the peace I found at the end of that journey.

Be well and be safe.

July 17

I'm not hearing voices; at least not at the moment. It's small comfort as I sit on a hard chair in the corridor of the psychiatric unit waiting to see the psychiatrist on duty. I've come in voluntarily, I keep repeating to myself, as the unit settles in for the night. All the medication had been dispensed and still it's not quiet. Saturday night in the county hospital psychiatric unit ...

I don't belong here.

I'm a successful financial manager for a prominent, nationwide company. I'm intelligent, capable and articulate, hardly the type to end up in a psych ward, but I haven't stopped crying the entire day. My complete outer shell, the impenetrable veneer that's gotten me through life, has shattered and crumbled. My sister watched as I broke down in a pool of flailing flesh and tears. *Me*.

Stress, my family surmised. But it doesn't feel like stress. I didn't rise to an upper-management position by not being able to handle stress.

I'm suing my company for sexual harassment and I've just finished a two-day deposition that went into all the details of my childhood molestation, most of which, I would learn later, I have buried and hidden from myself.

July 17

I don't let situations control my life, and I don't let events define me. The fact that I'm thirty-seven years old and have never experienced sexual intimacy is easier for me to explain as a life choice than an after-effect of sexual abuse.

I have a good life. I have a great career, a beautiful house, excellent health (current situation notwithstanding), and am actively creative in the arts. What can possibly be wrong with my life?

It's a question I can't erase from my mind.

What am I doing wrong?

The opposing attorneys that my company has hired in defense have done a great job of pointing out everything my life lacks: sexual relationships, medical examinations, and my inability to tolerate the touch of others. In two short days they have defined me as someone to be pitied, a victim who was unable to say no to her father's abuse and who is incapable now of preventing her boss from feeling her up.

Two days of intensive questioning, no eating and no sleeping ... and I finally broke. I'd never broken before and didn't recognize that it was happening. I have no experience of what a breakdown feels like. Even sitting here now, waiting for the doctor, I don't understand what's wrong, what's happening to me. It's that confusion and fear that has prompted me to sign myself in. I need to know why.

"Laureen?" The voice is low, soft and gentle.

I look up to see a man standing a good distance from me. I've never met a psychiatrist. The nurses told me how lucky I was to be seeing this particular doctor, that he was the best they'd ever worked with, one who took a lot of time with his patients.

I had come with a mental picture of someone clean cut and well attired, a kind of cross between an intellectual genius and Gandhi. The man who's staring at me now looks more like a throwback to the sixties. His dress is casual; Saturday-night fare, not the shirt and tie the emergency-room doctor had worn. This man's long blond hair is pulled back into a ponytail, and his mustache and goatee are neatly trimmed. He seems a little too far out of the box for my taste.

I realize I'm staring at him and reluctantly I uncurl from the chair. They took my clothes when I was admitted, and I feel inadequate and vulnerable in the oversized gown the nurses fished out of a closet for me. Slowly, and with great hesitancy, I follow him to the end of the hall, where he stops and sorts through the enormous ring of keys attached to his belt.

All the doors in the unit are locked, except the patient rooms. Those doors are left conspicuously open for the rounds the nurses conduct every fifteen minutes. There isn't any pretense of privacy. I suddenly have a wild vision of a scene from *One Flew Over the Cuckoo's Nest*.

You're not actually going to go into a locked room with this man, are you? It's the first sane thought I've had all day.

He's busy unlocking the door, but I know he's watching me and sensing my hesitation. I've waited hours to speak to him in the hope of understanding what's happening to me, and to get something to help me sleep. I'm the type of person who needs information. If I can understand it, I can deal with it. And, quite frankly, he could be Dr. Zhivago as long as he has his prescription pad.

"Do you want someone to go with you?" a nurse asks me, seeing my apprehension.

I immediately think: Do I need someone with me?

I calm my thoughts. The door's open, and the doctor is waiting. What will he think if I say yes? That I'm so shattered and crippled that I can't manage a brief meeting with a psychiatrist? I don't want to have to stay here for the night under evaluation, tagged as a high risk.

I shake my head at the nurse, even though I'm not at all certain of what I'm about to do.

The doctor lets me enter first. The room is small and filled with exercise equipment. It looks like a catchall room, with a small table and chairs; it's not exactly therapeutic.

I curl into one of the chairs, tucking my bare feet under the hem of my gown. I feel unreasonably small.

He sits down. He watches me and I watch him, wondering when he'll speak. He has all the advantages: keys to the doors, shoes on his feet. I don't know what to say or how to start. Shouldn't he offer me comfort?

"You had a court proceeding recently," he says finally.

I nod.

"That was difficult."

I like the sound of his voice; it's almost enough to soothe my uncertainty about his appearance. He just doesn't look like a doctor.

"They asked me lots of questions about being molested as a child." I had stopped crying only an hour ago. My eyes are sore and red, my voice thin and frail. "They wanted to know everything that happened to me and my sisters, and why I never said no to my father. I don't know why they wanted to know all those things."

"Couldn't your attorney have objected?"

"He did, but it didn't stop the deposition. I had to answer the questions."

He sits utterly still, his papers forgotten on the table in front of him. "Feels kind of like a rape, doesn't it?"

I say nothing. My body is drained and empty.

"Karma," he says, nodding in a knowing way.

I wonder how many times the doctor has seen women like me, broken into disparate pieces that no longer connect. How many legal proceedings have delivered their victims to him? There is a worn look to him, a quiet and unassuming look that says he sees something only too familiar in me.

"I don't understand why I reacted this way today," I tell him. "I'm not the kind of person that cries easily. I'm not the kind to crumble."

"The human mind isn't made to withstand that kind of attack. Everybody has things they put away, tuck into storage chests in their minds and bury. Occasionally, items will surface and we're forced to deal with them. But these attorneys went rummaging around in your chests and stirred everything up, things you had put neatly away. That's an assault."

I turn this over in my mind. I do have my childhood abuse buried deep, so deep that it's hardly a part of me anymore. It's a footnote in my life. Or so I think.

"They wanted to know why I'd never had sex, or a gynecological exam. They made it seem like there was something wrong with me for not having sex and not wanting to have a relationship. I don't think there's anything wrong with my life. I don't think I have to have sex."

"Not if it's not a goal of yours." He pauses, studying me. "As you heal the wounds inside of you, you can have a more whole life—if that's what you want."

What I want is to feel better. I want to feel like I felt before the last two days. I want everything back in the locked chest at the bottom of my mind. I want my life back—neat, orderly, and controlled. But as much as I want that, I know I cannot have it, not anymore. I've crossed over into unknown territory and there's no going back.

He asks me if I've been to a therapist before and I tell him I'm seeing one at Five County Mental Health.

His expression brightens into surprise and pleasure. "I'm the psychiatrist there," he says.

Two months earlier, when I was arguing with my company, I took a month's leave of absence to get some help because I hadn't been sleeping. I asked my insurance company to recommend a female therapist who specialized in sexual assault. She was easy to talk to, but it didn't really help. I felt as if I were talking to a girlfriend, not a therapist. I left those sessions feeling vindicated.

This man was different. He seemed deeper, more intense.

"There are only a few things I remember about being molested," I say. "It's always been something in the far past for me. I don't think it's affected my life. Those lawyers just made me feel ... less of a person, and then today I couldn't stop crying."

He's silent for a long time as he watches me. "When you think about that, where do you feel it inside?"

It's a strange question. I don't like to feel my body. I hardly ever get sick and so have little cause to take inventory of aches and pains.

When I do get sick, I discipline myself to ignore the discomfort. What he's asking me is the equivalent of asking a blind person to describe color, and yet I find myself looking inside to answer his question.

"My stomach."

"If you were to look inside your stomach, what does it look like? Is there something in there that's making you sick?"

"Metal shavings." They line the inside of my stomach like one of those magnetic toys where you move the wand and collect the shavings into shapes.

"You can open an imaginary hole in your middle and let them flow out," he says. "There's a healing white light that comes from high above. This can only comfort you; it can't hurt you. Let the metal shavings flow into the healing white light."

The metal shavings lining my stomach flow out of me and into a stream of white light.

"Is there anything else in your stomach?" he asks.

Beneath the metal is a yellow liquid. "Yellow liquid, sour liquid," I tell him. It's easy to see when I turn my eyes inward.

"Bitterness," he says. "Do you want to keep that?"

"No."

"Let that flow into the light. When it's all gone, seal up the opening in your middle so that nothing comes back inside. We can send away from you all those things the light took from you. How do you feel now?"

"My chest is tight, like something's squeezing my heart."

"Can you see what it is?"

Thick bands are wrapped around my heart, bands that have been there for years. "Something wrapped around my heart."

"Do you want to let that go, or do you need it for something?"

The thought of unwrapping my heart makes me fearful. I feel instinctively that it wouldn't be a good idea. "I need it."

"It's protecting you," he says with a nod. "Check the rest of your body and see if there's something else you need to attend to."

There isn't. I feel empty, but not undone. Somehow the veneer of myself is still in place, and I feel calm and reassured. I've gotten back something of what I've lost and my thoughts suddenly turn to the question that I've been asking myself all day. "Why do I feel this way?"

"You're having flashbacks," he says simply. "With post-traumatic stress they can be pretty powerful."

"I haven't slept in two days."

He nods. "There's something called Seroquel. It's an anti-psychotic."

Psychotic. I'd been reality tested when I was admitted. I'm fairly certain I answered that I wasn't hearing voices. I take a moment to validate my conviction. No, I haven't heard any voices. My mind spins. I'm trying to figure out how I went from PTSD to psychotic when I realize he's finished speaking.

"I don't like taking drugs," I say.

I don't like the idea of going on antidepressants and anti-anxiety medicine, pharmaceuticals that dull the sensations enough to let people move like shadows through life. But at the moment I'm not opposed to a small dose of Valium.

"Seroquel is the best medication for flashbacks. It should help you get some sleep."

Which would be kind of like Valium, I reason. I am, after all, in the hospital. I checked in to get help. It's been months since I slept through the night. The thought of a drug-induced sleep is intoxicating, but I can't get past the psychotic part.

"What will it do?"

"It calms the emotions, helps to dull the emotional impact of the images." He waits. "Does that sound like something you'd like to try?"

I need sleep. I need to be able to think, neither of which I've been able to do in days. "Okay."

"You can follow up with me at the clinic next week and we'll see how things are."

I look around the room. Things can only improve, can't they?

CHAPTER 1

You may be wondering how a successful woman who managed dozens of people and millions of dollars ended up in the psych ward because a man put his hand under her shirt. I certainly wondered that as I was released from the hospital at midnight. My younger brother picked me up, looking at me as if I might break into a thousand pieces at any moment. And maybe I would have, except the Seroquel had taken effect and I just wanted to sleep.

The next day was my birthday, and that night my sister, with whom I shared my home, threw a party for me. It was too late to cancel, and the house filled with my friends as I rode the numbing effects of the Seroquel, plastered a smile on my face and tried to put the previous night's events in the hospital behind me. If I looked a little too serene and anesthetized, my friends didn't mention it.

I was good at putting things away. In fact, I'd made a career of putting on a stoic mask and playing whatever role suited me at the time: competent manager, unbreakable woman, independent provider. I prided myself on my independence and inability to get hurt. Even as a child I was strangely stoic, impervious to the taunts of other children and never allowing a tear to be shed. I could no longer say those things about myself. I'd been in a lock-down psychiatric unit, stripped, searched and medicated, hardly the experience of a strong woman.

Hungry for Touch

Other women faced much worse and managed to keep themselves out of the hospital. The thing of it was, I'd faced adversity my entire life. Why did I break now? I'd spent a year building a two-story home on ten acres of land. My sister was physically disabled and I supported us, which was a strange reversal of roles considering I was the youngest of five girls and, up until a few years before, she had been the one taking care of me.

My sister had been a surgical scrub tech before an accident on the job disabled her. She had worked hospital trauma centers and loved the fast-paced thrill of emergency surgery. While she was saving lives, I was counting numbers and learning about the financial world. Because she made more money than me, she paid for our vacations and always picked up the tab when we ate out. I deferred to her with ease and without prejudice.

We had been in a good rhythm, sharing the rent and living comfortably in our assigned roles. Then she got an infection from a total knee replacement that almost killed her. She spent months in a hospital bed, and more months restricted to a chair in the living room, her leg bound by an external fixator. She was in and out of the hospital over the years with numerous surgeries.

One day the hospital fired her because she had been on disability too long. Policy, they said. Nothing personal.

Everything changed after that. Slowly our roles shifted.

She couldn't drive and relied on me for transportation. Her wages were cut and I paid more and more of the expenses. I wanted to own a home, and so we talked about building a house together. One thing led to another and the next thing I knew we were drawing up plans and buying land.

We built a house together over the course of a year and made plans like a married couple. She was the one who took care of the house and made the meals while I made the hour-long commute to work each day. I called her Pleasing Sister.

Our dad had also molested Pleasing Sister, long before I was born. She had gone through the physical pain of reconstructive knee surgery, therapy, and loss of her independence and her career, and she'd never faltered. One man put his hand up my shirt and I broke like day-old meringue.

CHAPTER 1

Was I broken now? Would I be able to return to my job with my high salary? Could I continue to support the two of us? Would I be able to put this behind me as I had done with all the other things in my life that had upset me? Could I just carry on, take my Seroquel, and have a happy life?

Maybe.

But I didn't want that, either.

August 3

I have an image in my mind I can't seem to get rid of," I tell Dr. Erickson. "A snapshot of a memory that's always there, and I can't stop looking at it."

His office is dimly lit. On the wall facing me are two pictures of shamans, medicine men who heal spiritually. I had thought a psychiatrist might decorate with pictures from the masters, Van Gogh, Monet, maybe a classical artist like Michelangelo. Below the shamans, on an end table, is a Kokopelli statue set in a dish of smooth stones. Next to that are two huge bookcases filled with copies of publications from the American Psychiatric Association. At least he seems well read.

"Are you sure it's a memory?" He sits near the opposite wall, filing my evaluation form into a folder. Today he's wearing a shirt and tie. If it weren't for his long hair and ponytail he would seem every bit a doctor.

"Yes. It's something the attorneys brought up during the deposition. Something I haven't thought about in a long time."

He stares at me and says nothing. I realize he isn't going to prod. It seems a strange way to communicate, not asking questions.

"When I was nine I told kids at school that I'd seen my father's penis," I tell him, "that I'd touched it. Only I didn't know to call it that.

They stared at me in shock. That's when I realized there was something wrong with what I was doing. You only know what you're told when you're a child. I didn't know that other kids weren't touching their fathers that way." I pause. "They stopped playing with me after that."

He's quiet for a moment. "That's the image in your mind?"

"Yes, swinging on the playground, laughing. I remember the looks on their faces when I admitted what I was doing. It was all so ... innocent."

"How does that make you feel?"

How does it make me feel? The memory is so old, almost thirty years have gone by, but it still seems like yesterday. It's the kind of memory I store in one of those chests at the bottom of my mind, but now I can't seem to put it back.

"Ashamed, sad, like I've done something wrong."

"Do you feel that in your body?"

Another strange question. The memory is in my head. My emotions are in my head, glued to that image of swinging happily, chattering with my friends and having no idea of the impact of my words. My emotions are not imprinted in my body. But I think about the question anyway because I have so much anxiety these days, a tightness in my stomach that feels like a descending roller coaster. Even my nightly dose of Seroquel isn't alleviating it.

"In my stomach," I say.

"Images come forward in your mind to help you get what you want. Your subconscious wants to heal. This is its way of communicating that to you."

"There's something for me to learn from this memory?"

He nods. "There's something called EMDR—eye movement desensitization reprocessing. It's a therapy-like hypnosis that can help speed the processing of memories. It's very effective for PTSD. Once you process the memory, the picture goes away, along with the emotions associated with it."

I'd like to get rid of the snapshot memory, and the sadness and shame it brings with it. It was different before; it was a private memory I could easily tuck away. I could convince myself it was a single incident barely worth my energy to consider. But I had admitted it during the deposition;

I had exposed my shame to a team of attorneys who simply stared at me, stoic and apathetic. I had mirrored their apathy, determined not to allow them to see my pain. I can still see their unimpressed expressions.

“How do I do that,” I ask Dr. Erickson.

“I move my hand in front of you and you follow it with your eyes as you think about the memory. Emotions will come to the surface. As you process the emotions, they will be released. The memory will lose its emotional charge.”

“Will the image go away then?”

“It should.”

Is that what the memory wants—to be felt? Have I tucked away so much of my life that it stubbornly refuses to be hidden any longer? Or is this just a byproduct of the deposition, the aftermath of stress?

What I know is that the memory bothers me. I don't like looking at those faces of my schoolmates staring in shock, and me realizing I did something wrong. I don't like being made to feel bad when the onus should be on someone else. Maybe that's been the problem; the guilt belongs to someone else and not me.

“Okay,” I say.

“Okay what?”

“Okay, I want to try that. I want the image to go away.”

He moves our chairs closer together, so his left arm will be next to my left arm. We're sitting side by side, but facing in opposite directions. He lets me sit close to the door so I don't feel boxed in. “An escape route,” he says. Then he stands back from the chairs like an artist appreciating his work.

I know his deliberate manner is meant to make me feel more comfortable, but his ceremonial style has the opposite effect. I hesitate and glance at the door. Am I going to need an escape route? Do his patients routinely flee the room and he's learned to anticipate it? Or is this merely a psychological strategy?

Nothing will happen with me standing in place, and if it's all been set up by design then I'm failing and the image will remain.

Unwilling to leave and uncertain of how to move forward, I take my seat, knowing that I feel part of the scene rather than an observer.

He gives me a moment before taking the seat next to mine. We're too close for my comfort. I have pretty strict boundaries; I've never been able to allow people to get very close to me physically. It always feels like they're suffocating me with their proximity, as if they've wrapped their arms around me in a crushing embrace.

I can see the ring he wears and the tiny hairs on his arms, and it makes my body tense. He's sitting only a few inches from me; I can feel his gaze studying me, and I become self-conscious and begin to fidget in the chair.

"Think about the image," he instructs. "Think about being on the playground with your friends. Hear their laughter. Think about how you feel as you talk to them. You feel ashamed, sad."

I hate this already. What kind of therapy begins like this?

He moves his left hand horizontally in front of me. I follow it with my eyes, but I don't see his hand.

The playground is noisy. I'm swinging with my friends. It's a Catholic school, and we're all in uniforms: replicas of one another.

"I've never seen a boy's wiener before," Kathy says. Her voice is filled with laughter.

"I've seen my father's. It looks like a bratwurst."

"You have not!"

"Yes. I touched it."

"That's right," Dr. Erickson says in a soothing voice. He's reading the emotions that play across my face. "Stay with it. Let the emotions build and then let them go."

I don't know how to let go. I don't know what I'm supposed to learn from this. It's all old news, pain long past. It doesn't belong with me. I'm an adult now, a grown woman who's made her own way in the world and crafted her own successes. I'm a million years from that little girl on the playground, but the pain is so fresh.

The transformation is rapid. The expressions on the girls' faces morph from playful amusement to confusion, settling on prudence. They're judging me. They know something I don't know. For the first time in my memory, I feel like an outsider, a pariah.

Dr. Erickson stops EMDR. I can feel his eyes on me, but I don't look at him. I stare, without seeing, at the carpet.

"I have a question," he says gently. "Whose shame is it?" He moves his hand in front of me, and the image switches.

I'm touching one of my sisters, kissing her on the neck. On Wednesday nights we played a game my father made up, where we had to select small pieces of paper from a hat. On each piece of paper was written something we were supposed to do: kiss a butt, lick a breast, touch a crotch. Each of us would then choose one of our siblings and go into a room with them.

"Where are you?" Dr. Erickson asks. He's stopped his hand movement and is studying me.

"With one of my sisters."

"On the playground?"

"No." Pause. "Every Wednesday my mother would go away and my father would have us sit in a circle, naked. He made up this game." When I finished explaining the bizarre game, I said, "I'm with one of my sisters in a room ... kissing her."

"Go with that," he instructs, and begins EMDR again.

It's all giggles and little-girl fun. It doesn't feel sexual, just playful. We're both naked because that's the way our father wanted it.

I don't like touch. It's a mantra I say to myself and it has defined my life. I don't have relationships and I don't let people near. But some part of my brain is wondering why I'm not afraid with my sister, why I don't feel apprehension. I say as much to Dr. Erickson.

"You're judging her as an adult with rights and wrongs. She's feeling the comfort of her sister."

"I liked when we were touching." It's the only time I can recall liking touch, when caressing was comforting and nurturing.

What happened to that feeling? Darkness falls on me as tears well in my eyes. An enormous sadness overwhelms me.

“I like touching my sister, but I don’t like touching other people. Men. What kind of a person does that make me?”

“Human.”

What I hear is “different.”

I like the softness of my sister’s skin and the sense of freedom, and I like the closeness as if nothing were going to separate us. Sitting in a psychiatrist’s office, trying to come to terms with my life, liking to touch my sister seems wrong.

I’ve never had a sexual relationship with anyone, male or female. I stopped dating a decade ago; I long since gave up trying to let someone get close. And yet there I was at the tender age of nine, exploring my sister’s body. Was that what was wrong with me?

“I want you to think about the healing white light,” Dr. Erickson says softly. “It’s coming from high above and surrounding you. A brilliant white light taking away all the pain.”

The light bathes me with a warm glow. It calms my breathing, eases my tension and, like a drug, dulls the pain the memory created.

“Let those images go. You don’t need them anymore.”

The memories fade, but they don’t disappear. I like the light surrounding me. It takes me far away from my feelings of guilt and shame.