

## Dissociation vs. Seizure Activity

From: Rorschach\_List@yahoogroups.com [mailto:Rorschach\_List@yahoogroups.com]  
On Behalf of Rick Poll Sent: Monday, December 22, 2008 11:29 To:  
Rorschach\_List@yahoogroups.com Subject: Re: Réf. : [Rorschach\_List] dissociation vs.  
seizure activity

Any time I find myself thinking deeply about psychoanalytic theory in order to understand a case; the first thing that I do is review and verify every aspect of the history.

Rick

--- In Rorschach\_List@yahoogroups.com, hibpsych@... wrote:

Nice one, Gérald. When I first read Val's post, in addition to all neuropsychological problems, I was thinking to suggest the Adult Attachment Projective, for which one officially needs extensive training, but in the case of severe abuse sequelae, the defensive dissociative responses are usually glaringly apparent. These dissociative defenses are all efforts to remove the self from the experience of abuse, get out of the body, and disown the experience. You (courageously, I think), are suggesting another possibility, namely, being identified with the aggressor, such that fainting is an avoidance or denial effort, the denial of the guilt associated with this identification. I believe the key difference lies in use of a distinction that has gone out of favor in our literature, unfortunately, I think: If it is a dissociated reaction, it is because the abuse was totally ego dystonic; if it is fainting as denial and avoidance; it is because aspects of the abuse were or became ego syntonic. "Ego" does not mean conscious, of course, because there are unconscious parts of the ego. Those of us still involved in the study of defense must be indebted to Anna F., whose book of that title refers to "Ego Mechanisms . . .", but of course, defense mechanisms are all, by definition, unconscious. To say that a sexual experience of abuse or more properly the self representation issuing from it is ego syntonic is not at all to say that one in any way consciously enjoys it. What is seen or observed as fainting or like a petit mal, could be the concomitant of dissociation or could be the result of denial. One of my students is now finishing his report on a client with a year's long symptom of fainting who has been worked up by all the high tech stuff. His patient notably blocks herself in the case of any fall, and so she interprets her syndrome as allowing premonitory info, as I'm told, do many petit mal patients. Yet the MDs say her condition is most likely psychogenic. So we have interest in the case. I have said

enough, but these cases are very much of interest to me.

Steve

--- On Mon, 12/22/08, Gérald Lajoie <gerald.lajoie@...> wrote:

From: Gérald Lajoie <gerald.lajoie@...> Subject: Réf. : [Rorschach\_List] dissociation vs. seizure activity To: Rorschach\_List@yahoogroups.com Date: Monday, December 22, 2008, 8:24 AM

Val:

As part of a thorough assessment, the Rorschach is certainly indicated (differential diagnosis). Ruling out any neurologic problem is a priority (reminds me of "petit mal"). But something else might be investigated: he was abused as early as when he was 2 years old, and now he has a 19 month old daughter. Might it be possible that he unconsciously sees himself at the risk of enacting a role reversal?

Let us hear more as you progress.

Thanks

Gérald

-----Message original-----

Re : Val Daigen Date : 2008-12-21 20:34:51 A : Rorschach Mailing List Subject : [Rorschach\_List] dissociation vs. seizure activity. Could a Rorschach shed any light on this case? . . .

A 30-year-old man presents with a symptom he calls "visions": His wife observes that his eyes roll back in his head and/or his eyelids flutter. He then experiences what he calls a vision but what sounds like a brief dream. (The content is usually some everyday event, but sometimes he is afraid it foretells the future. As a child, he said, he had dreams that very specifically foretold the future.) He is unresponsive if his wife calls his name, but if she shakes him he comes out of it, with physical symptoms of anxiety or panic: sweating, pounding heart. One day he had so many of these, he said, that he couldn't tell what was real and what wasn't. He panicked, and his wife took him to the hospital. That's how he wound up referred to me for assessment. Since then he has had these episode somewhat less frequently. He admits that when his wife isn't present, he is unable to distinguish between a "vision" and an episode of sleep and dreaming. In fact, it seems that sometimes he infers such an experience from an experience of déjà vu (i.e., "This seems familiar. I must have had a vision of it"). He has never had an episode at work, but his doc has taken him off work because

of the danger of injury.

Here are some other possibly relevant pieces:

He was regularly physically and sexually abused by his father from ages 2 to 7. He did "leave his body" during these experiences, he said, although he hadn't thought about it until I asked. Otherwise, there were no significant dissociative symptoms, then or now, at least as identified by the SCID-D. He had a severe concussion in his teen years, when, drunk and stoned, he fell off the back of a car that he was sitting on when it started up. He has a stable life now - married, with a 19-month-old daughter he adores. A CT scan was clear. An EEG is scheduled for Feb. MMPI-2 result: an unambiguous 84 profile. There is also a lot of evidence of social disengagement. I plan to follow-up on this but am not sure how it might relate to the presenting symptom. He does NOT seem like a psychiatric patient. He seems baffled and frightened by his symptoms and eager to get treatment so that he can go back to work. Again: would a Rorschach help with this?

Thanks for wading through this long post.

Val Daigen