Mr K
first episode

(From Plagnol, & Mirabel-Sarron, 2009; Ward & Plagnol, 2019)

Mr K is 37 years old when he consults for a driving phobia. A senior executive, Mr K has been married for 8 years. He and his wife are a happy couple, even if they have wanted to have a child for a long time. The disorders have been going on for 10 years. Initially limited to the anxiety of passing heavyweight trucks on a highway, the phobia has spread to non-urban driving, with the anticipation of panic attacks leading to significant avoidance.

Two years earlier, treatment with antidepressants and anxiolytics relieved symptoms. Mr K maintained this treatment, without psychotherapeutic follow-up. After a promotion, confronted with an increase in his disorders, he decided to undertake cognitive-behavioural therapy.

In addition to the phobia of driving and panic attacks, Mr K presents multiple symptoms of the agoraphobic type: phobia of public places, crowds, planes, boats... There are also elements of the social phobia type, with anxiety about the look and judgment of others. In addition, Mr K has always lacked confidence in his relationships with women. Finally, a feeling of detachment from reality, with fear of losing oneself in a "parallel world", is sometimes pervasive. Some of these symptoms date back to adolescence, with Mr K mentioning his older sister's marriage as having triggered one of the first attacks.

Despite his phobias, Mr K shows sometimes an attraction for "heroïc" risk-taking, like engaging in risky manoeuvres on main road. Likewise, he admits to appreciating the relationships of erotic seduction that he nevertheless explicitly associates with the risk of "drowning".

Mr K is much younger than his four brothers and sisters (6 years apart from the nearest one). The father was a senior engineer and company manager, while the mother had devoted herself to the household. No family problems are mentioned. Mr K is surprised at his symptoms, for which he finds no "objective" reason.

Behavioural work is first proposed, with relaxation techniques and a hierarchy of exposures. The symptoms at the origin of the request decrease: Mr K can again overtake heavy trucks and regain almost complete freedom of movement, while the frequency of panic attacks declines significantly. His wife is expecting a child.

However, the therapist has the impression that the problems are not solved in depth: Mr K shows mentalization skills but does not seem at all ready to do without the antidepressant-anxiolytic treatment (even if it has been reduced). Relationship difficulties remain significant, related to fear of others' judgment and the induction of multiple control strategies.

Mr K
second episode

Mr K (continued)

Faced with the therapeutic blockage in Mr K, a cognitive approach is proposed, with consultations being spaced 4 to 6 weeks apart, due to practical constraints.

Several schemas are gradually unveiled: schemas of control, judgment, vulnerability related to anticipatory fears of distress, and, more in the background, a schema of recognition that seems associated with the fear of detachment from reality.

The schemas of control, judgment and vulnerability are addressed: Mr K is asked to analyse situations at the ages of 10, 20, and 30, confirming or invalidating these postulated schemas.

A different image of Mr K's family then began to emerge. The father becomes a rigid and self-centred “heavyweight”; the mother is described as devalued, always “stressed” and without a deep emotional relationship with her children. However, parental images remain relatively protected, being “excused” by the “hardness” of their children.

15 months after the beginning of cognitive therapy, while Mr K is working on the vulnerability schema, he recounts an episode from his childhood, around 6-8 years old, an event “forgotten” but of which he “knew full well that it would go back up”: during a Sunday meal, Mr K's mother had almost choked by swallowing “the wrong way” a large piece and had only just been saved.

The evocation of this scene constitutes a turning point in the therapy. Mr K writes abundantly, reveals multiple associated memories. Mr K recovers “what he had put aside mentally”, has the feeling of “opening a forgotten drawer” of his story, and can recognize that his disorders are much older than what he indicated at the beginning of the therapy.

In fact, there was a heavy atmosphere in the childhood home, with paternal violence against the older siblings, while the mother, negated by her husband, in return adopted a passive-aggressive attitude. Against the backdrop of a threat of separation of the parental couple, everyone lived in isolation, without exchanges with the outside world (no friends, no outings, no shared entertainment...). Mr K would have been protected from the father's violence by his older siblings. Since that time, only Mr K has maintained a link with all the family members who have news of each other through him.

Mr K
third episode

Mr K (continued)

… After the revelation of the scene of his mother's suffocation as a child, Mr K's symptoms have disappeared, particularly in terms of relationship difficulties.

However, not everything is cloudless. Mr K does not seem to be able to do without low-dose treatment. Mr K's professional instability continues to affect him, while giving the impression of a certain “pleasure” of failure to achieve a more sustainable situation worthy of his skills…

In the therapeutic relationship, Mr K still gives an impression of a “smooth surface” and “screen strategies”, remaining in control of the encounter. The scenario of his story is “too coherent”, leaving a paradoxical feeling of confusion, as if pieces of the puzzle had not yet been put together.

The schema of recognition remains present, associated with the fear of switching to a parallel world. (The film *Matrix* [Wachowski & Wachowski, 1999] is used as a metaphor.) Mr K no longer presents the phases of depersonalization that could occur during panic attacks, but a partition between several universes (and between several aspects of himself) still seems to threaten him.

This schema, which seems to be the most central, cannot be tackled directly for long, as Mr K remains in avoidance.

Mr K
provisional conclusion

Mr K (continued)

… The therapist hypothesizes that the *dark side*, which permeates the deepest layers of Mr K's inner world — as it is often the case in complex and resistant phobias — underlies the persistent weight of the recognition schema and contributes to a new therapeutic blockage. Can an approach of the dark side in the therapeutic setting allow Mr K to overcome this blockage and open the way to even more decisive progress for a lasting recovery?

During a session in the 30th month of therapy, the problem of recognition associated with the *dark side* is confirmed: Mr K evokes the suffering in his childhood induced by his parents' indifference, as if he were “transparent” for them, otherwise it would go wrong. He remembers with emotion his successes in kung-fu competitions, congratulated by everyone, except his parents who never came to see him. For a long time, he had the feeling of being a “spectator” of the “painting" offered by a world in which he was not.

A few days after this session, Mr K carries out a project that has matured over the past six months: Mr K organizes a weekend with his four brothers and sisters, ending with a meal at his parents' house. Mr K devotes a lot of energy to bringing them together on this project, prepares the trip very carefully, shows creativity to solve the many difficulties raised by one or the other. And it is a success, leading to the first reunion in the family home since adolescence.

After the family reconciliation meal, Mr K feels that “everything is in place”. He develops projects to achieve professional stability at the level he can expect. The consultations, which are held every three months, show no sign of relapse, against a background of a refined quality of exchange. From now on, Mr K only takes an anxiolytic in exceptional cases.

Admittedly, the path to recognition still seems fragile. However, Mr K now seems to assume his story in its most painful aspects and the active appropriation he shows of his life demonstrates his ability to generalize what he has discovered in the therapeutic space.