

# DAVE

Dave was admitted twenty years ago into a high security hospital for sexual offending and remains in treatment there. Dave and his therapists, Susan Mitzman and Dr Tanya Petersen, have generously agreed to have his story and diagram included here.

Susan Mitzman describes offending as 'always a relational process' and the relational structure of CAT helps offenders and their carers have an accurate description of the sequential processes and the underlying emotion, a first step toward containment.

Dave wishes to remain in conditions of long-term medium security *'until I die'*. He believes that he continues to be a risk to others and at risk from people wishing to cause him harm, he has no family to support him, and he is scared of having to form intimate relationships. For these reasons he does not believe himself to be safe *'outside of the wall'*. He says: *'if I got out I would offend again, I couldn't cope with life'*. When he becomes very stressed, he gets angry with himself, and everyone else, then feels overwhelmed and wants to get rid of his anger. In the past the only way he knew how to discharge his anger was to deliberately choose the vulnerable to offend against, those who would not fight back. He currently self-harms to discharge unmanageable guilt and emptiness.

Dave was born in 1969 and at three months was adopted by a couple who then separated and his adoptive mother remarried a man who already had children. Dave always felt that these other children were preferred. He remembers feeling shocked and angry with his adoptive mother for telling him, at the age of eight, that he was adopted. He also felt angry towards his birth mother for *'giving him up'* and was preoccupied with wondering what was wrong, or defective, about him to be given away by his mother.

He felt his mother regretted adopting him because of *'the trouble I gave her'*. Whilst others experienced her as kind, he found her unpredictable and invalidating of him. He described his step-father as a disciplinarian,

who believed that *'men do not cry'*. From the age of eight, his step-father sexually abused him, and *'passed him on'* to other men to sexually abuse him. He described that, throughout childhood, he felt *'lonely, dirty, on my own, unprotected, let down by the system and my parents'*; and also feeling *'lost, angry, attention-seeking, craving attention, disruptive'*. He felt desperate for the approval of his adoptive mother and step-father. He wrote a letter to his adoptive mother disclosing his step-father's sexual abuse, but instead of helping him it caused a rift between them.

One of the ways Dave coped with, and compensated for, his early trauma was by idealising, and fantasising about, his birth parents, that his birth mother would have been *'sensitive and loving, and would have given me lots of cuddles ....[and would have been] involved, protective'* and would have regretted *'giving him up'*. He fantasised a father who would have *'looked after'* him.

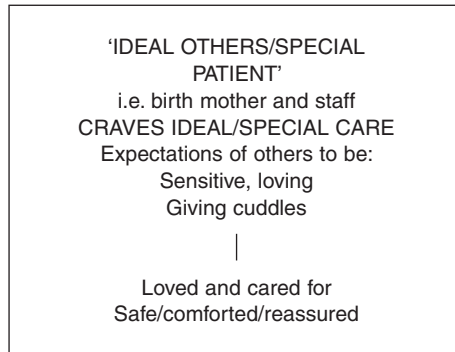
Dave's experiences of being sexually abused, as described on his diagram, created confusing and conflicting feelings. Whilst he did feel, *'powerless, confused, dirty and lonely'* he also at times felt *'strong and macho'* because although his step-father would allow other men to sexually abuse him, his step-father would not allow the men to physically beat him, which made Dave feel *'special and protected'* by his step-father. During, and after, the act of sexual abuse his step-father would *'love, praise'* and reward him with money. He described these *'positive'* aspects of being abused, however, he also talked of creating a *'cocoon'* for himself in his bedroom as a means of managing his trauma.

He began to rebel against his step-father and at age fourteen stood up to him and the abuse finished. But the abuse left him feeling *'physically hurt, it was bad tension, the abusers were dirty and [he] felt shitty and like mud'*. It made him feel *'bad, worthless, let down and punished'* and *'the only good thing'* was that he was given money by the other abusers, and although his step-father took most of the money, he would then *'shower'* Dave with gifts.

Dave spoke of his conflicting feelings towards his step-father, i.e. adult rage and anger at being abused by his father in childhood, but also of childhood feelings of being special and cared for as a consequence of this abusing/but *'chosen'* relationship with his father. Similar confused and paradoxical feelings relate to his victims, and his perception of himself as an abuser. His attempts to get angry with his step-father failed and so he *'pushed down his anger'*.

## The 'ideal state'

This state represents Dave's persistent striving to escape from the (borderline) *'emotionally empty gaping hole'* state - in the hope of



receiving 'ideal/special care' and, creating with others, what he never had, and craved, in childhood. This ideal state illustrates/represents:

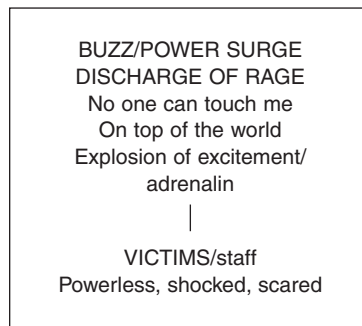
- the 'craved for' closeness with his uninvolved and rejecting mother;
- the partially experienced intimacy/'feeling' special derived from his father's sexual abuse;
- the fantasy that his birth parents would have cared for him perfectly and ideally, and if they had brought him up, his life would have been very different;
- the striving need for perfect/special care and 'tlc' from staff (but the safety and comfort derived from 'tlc' soon 'wears off' returning him to the emotionally empty 'gaping hole');
- his striving to be perceived as an 'ideal patient' on the ward, and in therapy.

Dave describes 'self harming' or 'playing up/acting out' when he 'doesn't get special care' from ward staff i.e. when he believes that others are 'rejecting, preferring others or giving him too little'. This dynamic strongly mirrors his early relationship with his adoptive mother who was perceived to have ignored and rejected him in favour of his other siblings.

When he fails to receive special care and attention from staff, and/or is challenged by others, this tips him into either the 'self harm' (to elicit attention/seclusion) or the 'play up/act out/punish others' pattern when he can become subversive, and physically and verbally abusive to staff. Both of these patterns can ultimately lead to seclusion and are sometimes strategically driven in order for him to access special care, emotional containment and attention or as a means of his attempt to 'engineer' a ward transfer following disillusionment with previously idealised staff/wards.

## The offending/assaultative state

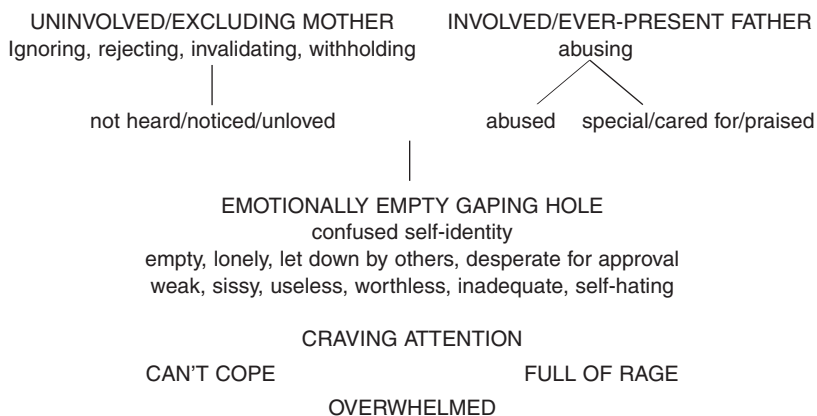
This represents Dave's offending state illustrating his relationship with his victims (in the act of offending against them) and this state, in part, mirrors his relationships with ward staff. In relation to his sexual



offending – he describes experiencing a sense of being 'top dog', i.e. 'strong and macho'/'no-one can touch me' (like his abusing father) in contrast with, and as a compensation against, his pervasive core state of 'weak, sissy, useless, worthless, inadequate/self/hating'. He describes that, in offending, his 'power surge' is fed by the victims' response of feeling 'powerless, shocked and scared' in response to his discharging of rage and frustration into his victims, through the act of sexual offending. Dave also states that on occasions, on the ward, he will subversively side with patients who are causing difficulties so that he is '*on the top pile of the top dogs*'. He becomes subversive when he feels under pressure, insecure or unsafe, as by joining with the top dogs he protects himself but also he 'gets an adrenaline rush'.

Dave was keen to experience CAT therapy and found the development of his diagram '*like seeing his whole life story laid out before him*'. His core state, which was behind all the ways he tried to cope with life and relationships, was a severe extension of The Void we saw in Chapter 7. Dave had a 'gaping hole'.

The experience of 'uninvolved/excluding' care from his adoptive mother and 'involved/abusing care' from his step-father, culminate in a self-state that highly typifies the central borderline pathology, i.e. 'confused self-identity'/'emotionally empty gaping hole'. In his compensatory, abusing state, he felt like 'top dog', 'superhuman, and powerful', in contrast to his pervasive, non-offending core state of 'weak, sissy, useless, worthless, inadequate/self-hating'. Feelings of 'can't cope/full of rage/overwhelmed' are powerful drivers of offending, i.e. the discharging of rage and frustration into victims through the act of sexual offending.



On the day he offended he heard voices *'telling me to kill him most of the day'*. He had been hearing voices since he was eight, when he began to be abused, and the voices were still with him on the night of his offending. They were saying angrily *'kill the child, kill the child otherwise we'll kill you'* and that *'the voices were part of the offending but not the whole'*. He described his offending as anger-driven and was related to needing *'revenge, needed to hurt someone to get rid of the anger'* associated with the abuse by his father. It was also sexually charged *'the more I hurt, the more like a drug it was, the more I wanted it'*. At the time this *'was a release'* although he was scared of what he was doing. Within a minute he felt shame – and told his victim to report him to his adoptive mother, or to the police, because *'I didn't want to be like my step-father abusing God knows how many – I wanted to be imprisoned'*. He had thought that *'if he [step-father] can do it, I can do but I won't get caught'*. However Dave states that he was glad he got caught because he did not want to be like his step-father.

As part of the therapy Dave needed to understand what lay behind his offending, which had given him a buzz, and *'set off his adrenaline'*. Here was also excitement and a feeling of *'I am not going to get caught, feeling super-human and no one can touch me'*. He described the 'buzz state' as *'feeling powerful and strong and good, on top of the world, magnificent, an explosion of excitement and adrenalin'* and like a violently addictive power surge. The night of the offence was *'the night of all nights'*, and an *'explosion of the ticking clock which felt magnificent'*. He described his victims as being *'scared witless, pale, shocked and powerless'* in response to his abusing of them. He could contrast his 'offending state' with being in his 'non-offending state', i.e. when not offending, he generally felt *'weak, a sissy, physically useless, no good and inadequate'*. He could see that his sexual offending, in part, acted as a release of his

anger towards his step-father and also as release of sexual frustration. Dave says: *'I feel guilt because I did it, I hate myself for that because I know what it's like – I went down to the same level [as my step-father]'*. However, unlike his father he *'only offended once'* whereas his father was responsible for offending, and involving many different men, over many years. He describes conflicting feelings while sexually offending, i.e. he felt as if he was powerful and superhuman but at the same time he also felt *'this isn't me, what the hell am I doing?, and in an empty gaping hole'*.

As we can see from Dave's deeply sad story, his behaviour was a frantic attempt to escape from chronic emptiness and the work he and his therapists shared helped to identify his confusion, his intense interpersonal relationships, his unstable states and rage. His fantasies, of the bliss he might have had and the 'buzz' and power surge from rage were more powerful than alcohol or drugs. The shared diagram helped Dave to see himself as a whole rather than in either one of two distinct parts and the sixteen sessions with two therapists followed by follow-ups gave an opportunity for the gaping hole to be lessened. His diagrammatic formulation was shared with ward staff so that there was a multi-disciplinary understanding of his emotional world that would assist the ongoing ward management. His diagram offers a clear description of his internal emotional struggle with its resulting extreme behaviours. The 'observing eye' that will grow from making use of a map of this kind will help him manage trigger conditions for self-harming incidents. These arise when Dave feels not sufficiently worthy to ask for care or feels a need to self-punish for his offending behaviour and pay for his crimes.

Dave described his therapeutic goals as wanting to develop a sense of wellbeing, to gain *'a sense of who am I and what am I'* and to clarify his confusion regarding self, self-direction and self-identity (confused self being consistent with, and characteristic of, a borderline presentation).

The ongoing CAT-focused psychological work will help him to manage, tolerate and contain (for himself) his distressing and unmanageable feelings and the torment of the 'gaping hole'. This involves learning strategies for internal self-soothing and for tolerating difficult painful feelings for longer and longer periods.

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