

Chronic Pain, Stress, Depression, Attempted Suicide

Summary

This patient, a 34 year old policewoman, was referred to us as "an emergency" by her therapist who feared another suicide attempt by her. She had already been hospitalized for one nearly successful suicide attempt. The therapist sent us an in-depth analysis of the patient which depicted an extremely disturbed person. She had clinically significant levels of Hysteria, Hypochondriasis, Paranoia, and Depression, the most serious being acute Depression.

The patient was suffering from a work-related injury which had left her disabled (unable to perform police work), and plagued by unremitting pain and its attendant psychological stress for seven years. The Patient presented us with her own typed list of over 40 somatic complaints. The patient was bitter, angry, and hostile almost to the point of physical attack as a result of the "Catch-22" situation in which she found herself regarding her employment. The Police department found her too disabled enough to be retired with a pension. In what appeared to be an effort to avoid the expense of paying her a disability pension, the department had shunted the patient from one evaluation to another by the department's own "experts". The patient had only bitter things to say about doctors and psychiatrists.

The patient arrived at our treatment facility discouraged, depressed, withdrawn, and in constant pain. She cried continuously the first two days, complaining of constant pain, dizziness, and despair at never getting well. She seemed unaware of those around her and was totally self-absorbed. By the third day of training she began to acknowledge the presence of others and to cry less. By the fourth day of training she began to be playful with the training staff, and by the seventh day of training she stated, "I cannot remember back, ...I cannot remember that far [back] when... was the last time I felt peace: and all the psychiatrists that I've seen... and all those other people couldn't understand what I really wanted when I told them I wasn't looking for a handout, or this or that. All I wanted was peace, and yesterday on the way home I felt peace... just total and complete peace. In the past 5 years, even on good days, I never felt as good". (Ref. S.S. Transcript, session 7)

By the end of the 10th training session, the patient was using the words "optimistic" and "joyful" to describe her state of mind (Ref. S.S Transcript, session 10). The battery of personality tests administered after the 7th day of training showed that the clinical scales mentioned above had all dropped to well below the level of clinical significance, with an especially significant drop in depression.

A few weeks after the training, the patient came back for a visit glowing with enthusiasm and happiness. She told us that friends and therapists alike could not fathom the sudden and remarkable change. A few weeks later she scheduled another member of her therapy group, also a disabled police officer, for our brain energy training program. A few months after the training, the patient returned to school, receiving all "A's" her first semester. She continues to express the hope of being able to work with us one day when we expand our facilities and need more training assistants.

Data Analysis

One of the best ways of determining the existence of a relationship between treatment outcome and learned changes in brain energy is to perform correlations (Pearson product moment correlations) on data which relates EEG changes to mood and personality changes. Left and Right Occipital Alpha changes were separately computed and correlated with changes in the patient's mood and emotional state. The Clyde Mood Scale showed increases of "Friendliness" when the patient increased her right occipital alpha. "Aggressiveness" was reduced significantly by increased right occipital alpha ($r = -.55, p < .05$), and this tendency was also seen with left occipital alpha increases. Both right and left occipital alpha increases had significant ability to pull her out of the "Sleepy" state into which she retreated for pain relief. The left occipital alpha energy correlated negatively with "Sleepiness" ($r = -.72, p < .01$), as did the right occipital alpha ($r = -.61, p < .03$). In addition "Unhappiness" tended to be reduced in proportion to increases in right occipital alpha.

The Profile of Mood States (POMS) also showed that mood changes were linked to changes in brain energy. Increases in right occipital alpha were linked to reductions in "Tension/Anxiety", "Depression/Dejection", "Confusion/Bewilderment", "Anger/Hostility", and "Fatigue". Increases in left occipital alpha had an even stronger tendency to reduce "Fatigue," but failed to reduce "Confusion" or "Anger". Some of the greatest effects were seen during the first four days when the patient was choosing life over suicide. Increases of both right and left occipital alpha correlated positively with increased "Vigor".

The Multiple Affect Adjective Check List (MAACL) measures Anxiety, Depression, and Hostility. All three of these bad moods tended to correlate negatively with changes in right occipital alpha. Thus when right occipital alpha increased, there were decreases in Anxiety, Depression, and Hostility, as measured by MAACL.

Perhaps the most remarkable measures of the changes occurred on the clinical scales of the Minnesota Multiphasic Personality Inventory (MMPI). The scales are measured

in percentiles, with anything above the 70th percentile indicating a clinically significant degree of personality disturbance. The patient's changes after her training were extraordinary. Her Depression dropped from the 100th percentile to the 57th (a drop of 43 percentile points!); this change moved her from maximally disturbed to "normal". Her Psychopathic Deviancy (PD) dropped from 71 to 54, to "normal". Her Paranoia (PA) dropped from 76 to 59, again to "normal". She also became less Socially Introverted (SI) dropping from 79 to 55. Her Schizophrenia (SC) and Psychasthenia (PT) both dropped to 61 from initial values of 72 and 73, respectively. A psychiatrist who had interviewed her right before and just after her training described the results as, "truly a transformation, ... miraculous". Before the year had ended, this psychiatrist himself had become a Trainee and had completed the seven day Level 1 Training Program for the purpose of managing the stress which had led him into heart surgery.