



Case Study: Core Lies Can Be Expensive and Invisible

My experience with suicidal ideation is a good example of how expensive and invisible core lies can be. Several lies tremendously increased the stress and pain of my entire academic career, and especially my medical training. One came from a near drowning experience when I was about eight years old. I was wading in a river on the edge of a fishing hole. There was a strong channel current through the middle of the fishing hole, and just as I realized that I should turn around because I was getting in too deep, the current pulled me into the deeper water. I almost drowned, and the panic in the middle of this memory is still dissociated (I'm working on it). Since that experience, whenever I am in a situation that feels like more than I can handle, I start to have the thoughts and feel the emotions from this eight year old memory: "I am going to get sucked in over my head and drown" with the accompanying emotions of helplessness, feeling overwhelmed, and intense anxiety.

I can see now that one of the tools I use to cope with these drowning memory lies and emotions is to be over-prepared for everything. In school, for example, if I was sure I knew everything I could feel safe and in control – the opposite of over my head and drowning. Unfortunately, anything less than complete mastery of the material would still trigger this drowning memory anxiety. The only time I really felt good about a test was when I could walk into the room knowing that I could answer any question on the subject, and this was extremely hard to do. I studied all of the time but still felt anxious most of the time. I would routinely go into tests feeling anxious and unprepared, but then get the highest score in the class. My cellular biology final exam in college provides an especially good example of my irrational thoughts and emotions regarding test preparation. It was the night before the exam, and although I knew the class notes pretty well there was still a lot of material in the text book that I hadn't mastered. I remember being seriously afraid that I would fail the exam – I was so anxious that I couldn't sleep until two or three o'clock in the morning. I ended up scoring several extra credit points over 100%. Triggered thoughts and emotions from this near drowning incident also made taking tests much more stressful. The worst experience I can remember is a pathology exam in medical school that triggered a full blown panic attack. In the middle of the exam I noticed that half of the four-hour exam period had elapsed, but that I had only completed a quarter of the essay topics on the exam. I immediately felt intense anxiety – not proportional to the realistic fear that I might get a 50% or 60% on this exam, causing me to get a "B" in the course, but rather panic that one would expect in a life threatening situation. I started to hyperventilate, my heart was pounding, I was sweating and shaking all over, I felt dizzy and nauseated, and I could feel my urinary sphincter spasming. I remember thinking "If I don't get this under control in the next 30 seconds, I am going to vomit on my desk, pee in my pants, and then faint and fall on the floor."¹ Needless to say, this kind of experience only reinforced my lie and fear that something terrible would happen if I was not over-prepared and in control.

¹"But what happened?" you may be asking. I somehow got my panicking nervous system under control and finished the exam. I only completed two-thirds of the questions, but ironically I scored 95% because the exam was graded on a curve (nobody liked this exam very much).

From being a white middle class American in a radical discipleship church in the 1960's I got "Everything is my fault, and therefore my responsibility to fix." From other childhood memories I got "Nobody (including God) is gonna help me if I get stuck" and "Nobody (including God) is gonna protect me from those who want to hurt me."

These lies teamed up to make my medical training especially horrible. I felt like it was ultimately my responsibility to care for my patients, and that it would be ultimately my fault if anything went wrong. I felt that at any time I could be confronted with a patient care situation that would be "over my head." And I felt like the Lord wouldn't help me, guide me, or protect me if I got into patient care situations that I couldn't handle.

My usual primary defense was disabled, since there was no possible way to feel adequately prepared, let alone over-prepared. This was especially true with training rotations – every three months I would get transferred to a new service where I felt like I didn't know anything. I would scramble desperately to get back in control, and just when I was starting to feel half-way comfortable, I would go to a different service. I always felt like something could happen on the unit that I wouldn't be able to handle (a seizure, heart attack, or other crisis that I wouldn't be able to handle correctly), so I felt like I was one step away from being over my head all day every day. I felt relief for about 30 minutes immediately after leaving the hospital each night, but then I would start dreading the next day and/or worrying about all of the unresolved situations with my patients.

Being on night call for our psychiatric program was even worse. It seemed perfectly designed to trigger my lies, especially "I will be sucked in over my head and drown." The resident on call was responsible for any problems that arose on any of the three psychiatric units at the University hospital and also for any problems on either of the two units at the VA hospital. In addition to this, we had to deal with any psychiatric emergencies in the University hospital emergency room and the VA hospital emergency room. This situation was incredibly effective in triggering my dissociated part carrying the memory of my near drowning. When several problems would arise at once, I wouldn't just feel stressed as an adult, but would get at least partially triggered into a child ego state on the edge of panic. I would feel like I was on the edge of the fishing hole, about to be "sucked in over my head and drown." Even when things were quiet, I knew that it would only take a minute to get calls from both emergency rooms and a couple of the psychiatric units. I felt like I was on the edge of something terrible happening every minute I was awake while on call, and I was just about as tense even during the occasional hour I would sleep. When I got called, I would be wide awake, sitting up, feet on the floor, and with the phone in my hand before the second ring. I was so tense when sleeping that I felt like you could have punched me in the stomach and it wouldn't have hurt me. I felt a lot like what my combat vets described about being in the jungle – feeling like they could die at any moment (which is exactly the lie I was believing internally). The result is that on the one to two call nights every week I would spend the entire night with little sleep and constant intense anxiety while awake.

The reality was that I had unlimited back-up if I needed it. If too many patients came into the ER, I could call for more help. Cognitively I knew this was true because I had tested it. One night things kept getting more and more intense. I called both my medical students, then I called the third year "back-up" resident, then I called the senior resident, and finally we called the back-up staff physician. We could have called the program director and the rest of the residency faculty if we had needed to. The reality was that if I didn't know how to deal with a medical

problem on one of the psych units, I could call the internal medicine team. The reality was that it wasn't ultimately my responsibility to take care of my patients (and the whole world) – it was my responsibility to do my best, and God's responsibility to take care of the rest. The reality was that the Lord was with me, guiding me and protecting me every day (I have many amazing stories). The safety net was there. I had actually used it. I fell and it caught me. But even though it provided real protection for me and my patients, it didn't help my chronic anxiety because I couldn't hold onto the truth that it was there and that it would catch me. My lies made it impossible for me to “use” this truth experientially. I “knew” all of this in my head, but emotionally I still felt everything was my responsibility, it would be my fault if anything went wrong, that I could be overwhelmed at any moment, and that nobody would help me if I got stuck/in trouble. The feelings came from what felt true (the lies I believed), not what was true.

One of the most amazing pieces of this whole picture is that these lies could be so huge but at the same time so invisible – it's hard to find words to describe how invisible the lies were, and how valid and reasonable my perspective on the world seemed.² Most of the time it just seemed totally reasonable that anybody in my situation would be equally stressed – “Somebody is going to die if I make a mistake;” “Of course I am feeling overwhelmed, I am responsible for psychiatric care for the entire medical center!” I never realized that these perceptions were distorted.

Occasionally I could see clues that something didn't fit. For example, I noticed that others weren't as crazy/stressed as I was. Mostly I figured they just weren't as conscientious, careful, responsible, etc., but sometimes this didn't quite fit. Some of the other doctors were incredibly competent, careful, and responsible – they did their jobs very much like I did mine as far as any observable results were concerned – but they just didn't stress out about everything and they didn't seem to worry all the time. The test-taking thing also made me wonder if something were the matter with me, but I couldn't see or sense the faintest clue regarding how I could be different, so I would usually eventually decide “I guess this is just the way I am, I guess I'll just have to live with it.”

I had used the expression “I'll get sucked in over my head and drown” for most of my life, but had always thought it was just a figure of speech. I had NO awareness that my intense anxiety was often coming from an internal dissociated part that was eight years old and standing on the edge of a fishing hole. I had always remembered the event, and can remember thinking “Isn't it strange how I was so unaffected by such a scary near death experience – isn't it strange how calm I was within seconds of being pulled into the boat.” I had no awareness that the middle of

²Triggered thoughts and emotions feel so “valid,” reasonable, and “real” because they are coming from a memory where they either are totally valid, reasonable, and real (accurate realization and feeling that I was overwhelmed and helpless as I was drowning), or are coming from core lies in the memory that we totally believe are true (God is not with me and will not protect me, so I am going to die). This profound feeling of subjective validity and reality comes forward as a part of the triggered emotions package. As many of us have experienced, when someone suggests that our current thoughts and emotions are unreasonable, we feel like they are invalidating our thoughts and emotions in the original experience. The less insight we have about the true source of the thoughts and emotions, the more intense our feeling of being invalidated. This whole phenomena is especially intense when an internal dissociated part is carrying the memory, lie, and negative emotions.

the memory had been cut out and was being carried by a dissociated part with panic emotions and the lie “I’m going to get sucked in over my head and drown.” In fact, I had no awareness that the drowning memory was affecting me in any way at all until this past year. Summer 2000 one of our clients was in crisis, and the whole situation was making me incredibly anxious. I was experiencing mild panic one morning 30 minutes before this person came for an appointment, and somehow my emotional reaction was exaggerated enough that I realized I was being triggered. I asked Charlotte to pray with me, and we asked the Lord to lead me to the source and origin of my panic. Within seconds I was thinking about this near drowning memory, but it seemed so unimportant that I almost didn’t mention it (yes, that common Theophostic experience: “I am having a thought, but it doesn’t feel connected or relevant or important in any way. This is so unimportant that I don’t think it’s even worth mentioning. I’ll just wait until something more important comes to me”). The light bulb went on as I was trying to explain “I know this is the image that is coming to me, but I don’t think it’s important. It can’t be the source of my panic because it doesn’t feel upsetting at all – in fact, when I think about this memory, I don’t feel anything.” Pause. Silence. “Did I just say what I think I just said?”

In summary, my network of lies made the job incredibly more stressful and painful than it needed to be, cut me off from help and usable faith in about ten different ways, and was almost completely invisible because they felt so true (the really important core lies feel so true that you don’t even realize they are lies).

The pain of the stress and dread every day, and of the sleep-deprived near panic call nights got so bad that I began to think about suicide. Since I didn’t have any insight regarding how my lies made things much worse than they needed to be, I thought this was just the way residency was. I was certain that it would feel this bad for at least my whole four years of residency, and on bad days I was afraid I might experience similar stress and dread and pain for my entire medical career (not to worry – only 40 years). The thought of living with this kind of stress and dread and pain for four years seemed unbearable. As my first year progressed I lived with dread all day every day. I could not imagine any way that I could survive to the other end – it seemed impossible, infinite, and hopeless. I thought seriously about suicide every day for six months. Every morning as I walked past the bank on the way to the hospital, I would think “I have three options: I could take all my money out of the bank and go to Mexico – I might live for five years before my money ran out; I could commit suicide; or I could go to work.” I remember thinking about different patients who had survived suicide attempts because the medication they took made them sick and they threw it up before it could kill them. I remember thinking about which medications I could use to make suicide painless and also make sure that I didn’t survive. Being a physician with access to medication, the details would be simple. I spent many hours seriously considering the pros and cons of suicide. I knew it would hurt my family, friends, and especially my wife, but on the bad days the dread and the hopelessness seemed bigger than any of these reasons to not commit suicide.

My wife³ knew that I was miserable, but I felt like I couldn’t be honest with her because she was barely coping with her own problems. It was a lot better than at the beginning of our marriage. I was beginning to look forward to coming home after work, but I still never knew for sure what I would find when I came home from the hospital each night. Sometimes she would be okay, and other times she would be upset and confused. Some nights I would get home from the hospital

³My *first* wife, not Charlotte.

and then spend several hours doing cognitive therapy. I was surviving one day at a time. I certainly couldn't take care of my wife or respond appropriately to her needs. I hoped that if I could just get through the first couple years of residency, maybe we could figure something out when I got to the rotations that weren't so difficult. We never got the chance. She filed for divorce, left, and married someone else before I completed the first two years.

I didn't want to tell anyone else about how miserable and suicidal I was for fear that they would hospitalize me involuntarily. The reason I was afraid of being hospitalized involuntarily was that I knew I was more dangerously suicidal than some of the patients I had committed for involuntary psychiatric care. I remember being on call one night and realizing that I was more suicidal than the patient I was in the process of admitting to the inpatient psychiatric unit for suicidal risk. I can remember thinking about what would happen if I told someone how bad things were and they tried to have me committed – what I would say, whether I could talk my way out of the situation or whether security officers would escort me to the psych ward and lock me up against my wishes. My honest assessment was that getting hospitalized would just make the situation worse. I would come out of the hospital after a couple weeks, and all the stressors would be the same or worse. There was no slack in our residency program – everybody else was miserable – there was no one to provide relief as far as I could see (at least half the residents in our program were on antidepressants). I feared that psychiatric hospitalization could seriously damage my career. Every form you fill out for a medical license or position asks “Have you ever been hospitalized for psychiatric care?” I can't remember the details now, but I was under the impression that there could be lifetime restrictions of medical privileges depending on what kind of psychiatric care was required. I was also afraid that I might be dropped from the residency program.

This may seem silly compared to the alternative of suicide, but I felt like I couldn't face the shame of simply dropping out of my medical career. I felt like I couldn't survive the shame of facing all of my family, friends, and colleagues who thought of me as the golden boy, the national merit scholar, the straight “A” student, the vice president of the medical honor society, etc. I felt like it would be saying to the whole world “I am a failure, a weakling, and a coward. I couldn't do it.” I felt like I would rather die than admit to the whole world that I was a failure, a weakling, and a coward. I can now see sinful pride, and also that I was being triggered back to failure and humiliation wounds and lies from my grade school playground, but at the time it just seemed like a reasonable position.

I had read a story about a near death experience written by someone who had attempted suicide. He described “waking up” in a “room” with all the problems and pain he had attempted suicide to escape from. An angel at the door said “You can't go anywhere or do anything else until you deal with everything you are trying to run from.” His conclusion was “No matter how bad things are, suicide will only make it worse. Here, you can at least take a break. If you want to be locked in a room with all the pain and problems in your life, commit suicide.” On the worst days, this story was the biggest reason I didn't kill myself. I can't honestly say that I wouldn't have committed suicide if I had thought I could “get away with it.”

Somehow, with God's grace and protection, I hung on and survived one day at a time.

The stress and pain of life have been much less since medical school and residency, but these same lies continued to increase the impact of stressful events in my psychiatric practice. All of the same amplification dynamics are present, they just aren't as bad because the triggers aren't as

constant or as intense. For example, every time our office phone rings, I have the thought “What if it is something I can’t handle?” and experience a brief flash of anxiety. This isn’t as bad as being on call at the medical center, but it certainly makes every day much more stressful than it needs to be.

As all of this has become clear, I have realized that for most of my life the first thing I have been aware of each morning is an anxious dread that something will happen today that I won’t be able to handle. I have been more able to cope with this anxiety and dread just by realizing its true source – now I see it immediately for what it really is and pray directly about this internal part that is still carrying this lie and fear. I look forward to getting this dissociated part completely healed so that I can wake up each morning truly believing “The Lord will give me whatever I need to handle whatever He puts before me today.”

Again, this case study is a sobering example of how expensive lies can be. Conversely, one of the wonderful discoveries in my own healing work has been to realize that much (most?) of the stress and pain in my life comes from lies. Every time I resolve a significant lie, some aspect of my life gets less stressful, less painful, and I experience more joy in life. Even during times in my life when I wasn’t thinking about suicide in any way, I have often wished that I could just die in my sleep to escape this difficult and miserable world. Sometime in the last couple years, I realized that I really wanted to live – I would actually be disappointed if the Lord “took me in my sleep.” Now I am actually glad to be alive, enjoy my life, and am excited about the work the Lord has given me to do (even with this dissociated part still stuck in the river!).