

Restless

The Story Of EMDR

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Restless: The Story of EMDR

Series: The Story of Therapy, Book 2

ISBN: 9789465466910

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Gedrukt door Brave New Books

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Before you begin reading I want to thank you. If you have read *Hopeless*, the first book in this series, you already know Dr. Mason. You know his jasmine incense sticks and his giant pendulum clock, his coffee that is never quite hot enough, and his warm but restless heart. If this is your first encounter with him, welcome. You don't have to have read the first book, although you might want to once you finish this one. Like the first book, this one has no chapters. It is made to read in one sitting but I have once again created the 'hidden chapters' for the readers who don't have time to do this. The hidden chapters are the dates. This book is fiction but a lot of the clinical work in it is based on real therapeutic principles, the same way the first book was. The therapy I have chosen to showcase in this story is called EMDR, which stands for Eye Movement Desensitization and Reprocessing. It is one of the most powerful and one of the most misunderstood therapies in the world. It feels like science fiction the first time you hear about it and then it works and you have to rethink everything you thought you knew about the brain. I hope this story helps you understand it. I hope it gives you a glimpse of why some patients can talk about their pain for years and find no relief, and then move their eyes back and forth for forty minutes and finally find some peace. I hope it makes you restless, the way it made me restless.

14.06.2016

It has been almost three months since I finished writing about Luisa. The spaghetti is long gone, the box she sent me has been thrown out, but the feeling that she left in my heart remains. I have started writing again because someone new walked into my clinic and I cannot stop thinking about him. Diana called me last night from New Zealand and told me that Rob has decided to switch from clinical medicine to psychology. I smiled when I heard it because I have always known that Rob secretly admired what I do, even when he pretended to hate me at family dinners. Diana also mentioned that she might come back to visit in August, but Diana's August can mean anything from July to September depending on her mood. When she said it, I noticed that my hand reached for the coffee mug that wasn't there. That is what happens when you hear good news from someone you love; your body tries to celebrate before your mind catches up. I should buy a new mug. The old one cracked last week and I have been drinking from a small one that doesn't hold enough coffee for the kind of mornings I have been having. Lawrence has been staying with me since his brother's funeral. He is quieter than he used to be. He reads more than he talks, which is unusual for him because Lawrence has opinions on everything and he used to share them whether you

asked for them or not. Some nights I hear him pacing in the living room. I once asked him if he was alright and he said "Mason, I treat people who can't sleep. Do you think I'd admit it to you if I couldn't?" I let it go because I know that grief has its own clock and you can't rush it any more than you can rush a slow patient. He cooks though. He cooks in a way he didn't cook before. Last night he made a saffron rice that smelled so good that I forgot for a full minute that I had a difficult patient coming the next morning. Grief makes some people stop eating, and grief makes some people cook for everyone else as if feeding the living is the only useful thing left to do. This morning I arrived at the clinic fifteen minutes earlier than usual. The jasmine incense sticks were fresh because I had bought a new box yesterday from the little shop near the park. The owner of that shop is a small lady from Sri Lanka who calls me 'son' even though I am almost forty, and yesterday she gave me a free packet of Ceylon tea because she said I looked tired. People who don't know me very well can see when I am tired. I opened the windows and the June breeze was warm, much softer than the cold March winds that I wrote about in the last journal. The giant pendulum clock in the corner of the room showed seven forty-five. I sat at my desk and I noticed that Lea had already placed three patient files on my table, which was a small miracle, because Lea is rarely early for anything and on the

rare occasions when she is, she enters the building as if she is hiding from someone. I was pouring water into the small vase that holds a single white rose, a habit I started after Luisa's therapy and never stopped, when Lea knocked on the door and entered. Her spectacles were slightly crooked as they always are.

"Good morning, doctor Mason." "Good morning, Lea. You are early today. I don't know what to do with this version of you." "Dr. Kenny asked me to come early. You have a new patient at eight-thirty. He called yesterday when you were at the library." "What do we know about him?" "Not much. He said his name is Daniel Brandt. He is forty-one. He said he was referred by a military hospital. He didn't say much else, doctor. He sounded different." "Different how?"

Lea hesitated and adjusted her spectacles, which was a thing she always did when she was about to say something she was not quite sure she should say.

"His voice was steady but I could hear something underneath it. Like a river under ice. Does that make sense?"

It made perfect sense. Lea has no formal training in psychology but she has a gift for reading voices that most people who have spent ten years studying psychology don't have. I have never told

her this because she would become self-conscious about it and she would lose the talent immediately. Some gifts only work when their owner doesn't know they have them.

"Anything else?" "He asked whether the room would have windows and whether there would be fluorescent lights. I told him your room has windows and jasmine incense sticks and he was silent for a long time. Then he said, 'That'll do.'"

I sat down and opened the file. It was nearly empty. A name, an age, a phone number, and a single line of Lea's handwriting at the bottom that said "Referred by military hospital. No previous civilian therapy." I have learned to read empty files. They tell you almost as much as full ones. A patient with no history is either a patient who has been treated badly by the system and has stopped trusting it, or a patient who has been hiding from the system because they don't want anyone to know what they are carrying. I drank the rest of my coffee and watched the seconds tick on the pendulum clock.

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At eight twenty-seven, Lea rang me on the internal phone.

"Doctor, your patient is here. But doctor..." "Yes, Lea?" "He's standing outside the building. He won't come in."

I put down my pen and went to the entrance. The June sun was already warm on the pavement and you could smell the morning bread from the bakery two doors down. I saw a man standing near the bus stop across the road. He was tall, maybe six foot two, broad in the shoulders but somehow hunched, as if his body was trying to make itself smaller than it actually was. He was wearing a dark green jacket despite the warmth of the day and his hands were never quite still. His hair was short. He was scanning the street in both directions, again and again, like a searchlight that couldn't find what it was looking for. I crossed the road slowly. I didn't want to surprise him.

"Daniel?"

He turned and I saw his eyes. They were blue-gray, intelligent, deeply tired, and alert in a way that made me think of a man standing at the edge of something. Not the edge of a cliff. The edge of a decision.

"Doctor Mason?" "Yes. Would you like to come inside?" "I'm assessing the building." "For what?" "Exits."