

A Demonstration of Social-Cognitive Transactional Analysis Implementing the Therapeutic Reconsolidation Process

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The 2018 Italian edition of Unlocking the Emotional Brain (Sbloccare il cervello emotivo. Eliminare i sintomi alla radice utilizzando il riconsolidamento della memoria, published by Franco Angeli) incorporates a new section in Chapter 6 on Social-Cognitive Transactional Analysis (SCTA). The new section examines a case example and shows that SCTA carries out the steps of the Therapeutic Reconsolidation Process (TRP), resulting in transformational change. That demonstration adds support for the hypothesis that the TRP is a universal process responsible for transformational change in any therapy sessions. What follows, beginning on the next page, is an English translation of the Italian SCTA section.

Therapeutic Reconsolidation Process	
Preparation phase	A. Symptom identification B. Find underlying emotional learning / schema C. Find contrary, disconfirming knowledge or experience
Erasure sequence	1. Reactivation of target learning 2. Activation of contrary knowledge in juxtaposition with target schema (destabilization of target learning) 3. A few repetitions of juxtaposition during remainder of session (disconfirmation and nullification of target learning)
Verification phase	V. Verification of target learning erasure: • Symptom cessation • Non-reactivation of target learning • Effortless permanence

SCTA is grounded in the anthropological view that people are capable of making choices, based on their particular life experiences, in a manner that respects both their own rights and responsibilities and those of others. SCTA integrates attachment research, the theoretical and clinical contributions of Lorna S. Benjamin (a contemporary theorist of the interpersonal approach), social cognitive psychology, and the Parallel Distributed Processing model. Individuals are understood to comprise Child, Adult, and Parent Ego States, and both internal and relational interventions are used to update Child Ego State schemas in conjunction with the Adult and Parent Ego States.

The core of SCTA is referred to as *rededication* work, which first brings the client into conscious awareness of situations in which the fulfillment of his or her own needs becomes internally blocked. The client is then guided to discover differences between past situations—fraught with vulnerability, powerlessness, or other stressors—and the current life situation, with the goal of identifying new perspectives and new behaviors. The therapeutic setting creates a safe relationship in which the client can begin to experience new strategies and capabilities, which can then be implemented outside of therapy for improved wellbeing.

The following case report is derived from a longer, more complete account provided by the therapist, licensed psychologist Simona De Palma, to document a course of brief psychotherapy that she conducted during her training at the Scuola Superiore in Psicologia Clinica dell'Istituto di Formazione e Ricerca per Educatori e Psicoterapeuti (SSPC-IFREP). Both Laura Bastianelli and Raffaele Mastromarino, trainers and supervisors of SCTA at the IRPIR Institutes in Italy, regard this case example as being a skillful, adherent application of SCTA, making it a meaningful demonstration of how SCTA can carry out the therapeutic reconsolidation process (TRP). The therapist's more complete account has been edited here in order to show most efficiently the segments of the therapy process that fulfilled steps of the TRP. For a list of the steps in the TRP, see the opening section of this chapter. For a proper account of SCTA in its own terms, see De Luca et al. (2011, 2014), Scilligo (2009), and Tosi (2016).

“Anne” was 52 when she entered the Clinic Center. She lived in a small town in the center of Italy and co-owned a business with her sister. She had been married since her early 20s and had one child, a 30-year-old son who had recently married and left home. Her husband had been an alcoholic since the beginning of their relationship, though she discovered this only after marrying him. By this point, Anne considered him incapable of changing and had grown to despise him, but felt terrified by the thought of separation. Her father had been very controlling and demanding, which had motivated her to get married as a way of leaving home, she related at the beginning of the first session.

She sought psychotherapy after breast cancer that left her “without motivation for living.” She had faced the treatments and the suffering courageously, but without “allowing myself to be in contact with feelings.” She thought it ironic that now, with the disease apparently cured, she felt confused, “...broken, as if I had been in a washing machine, and now that I am out of there, I can't find things I had that gave meaning to my life.” During the first session, Anne admitted that the disease had forced her to stop and reflect on the way she had filled her life with “doing” to avoid thinking and feeling, and now she didn't know who she really was. TRP *Step A*, symptom identification, was much accomplished by Anne's description of her absence of

motivation, her disconnection from feelings, her loss of orientation, and the disappearance of meaning from her previous activities in life.

Anne talked in a high-velocity, hectic manner, which the therapist regarded as another symptom, perhaps needed for staying away from feelings. The therapist warmly and calmly suggested that Anne slow down, intentionally inviting opposite behavior. That experience of being without her usual velocity could help fulfill either TRP *Step B*, retrieval, by uncovering a distress normally avoided by racing ahead; or *Step C*, finding contrary knowledge, if her experience of slowness or stillness, and of connecting with herself, feels distinctly positive and workable, or even desirable. The latter is closer to what Anne experienced, leading her to formulate her therapy goal initially as: “to slow down and contact what I want in order to make authentic choices.”

Earlier she had mentioned a prior, dismaying realization that she had lived her life very inauthentically due to ignoring her own needs and desires in order to please others. The extreme degree of her lack of voice still amazed her and she commented, “It’s not possible that I am so inauthentic.” She was the older of two sisters, and since early childhood she always felt that she had to be “good,” responsible, and compliant. She described a memory of her little sister falling and Anne herself being slapped on the face by their father for not watching her sister protectively. She “tried not to exist” in order to avoid the terrifying, explosive anger of her alcoholic father. She learned from him that only serious matters and responsibilities are worthy of doing, never anything done for enjoyment. From her mother she learned that she did not have permission to ask for caring or affection, and when she made mistakes her mother told her, “I don’t love you anymore.” Anne’s awareness and voicing of these patterns contributed to TRP *Step B*, retrieval of the emotional learnings or schemas that were maintaining symptoms and were the targets of change. Anne’s emerging target schemas were her internal knowledge of her parents’ terms of attachment.

Anne was aware that her difficulties in contacting her needs and desires stemmed from her parents’ messages, “Don’t be selfish, don’t pay attention to what you need or want, pay attention to others’ needs, and be superior and strong.” She understood well that that was how she needed to be in order to be acceptable to her parents. It was clear to her that she automatically considered her own needs and desires to be silly and childish—a waste of time. She put into words how she kept herself complying with her parents’ requirements: “I’ll be the strong one, I won’t feel and show my needs because they are silly and I become a silly time loser if I ask for something that is not important. I will take care of other peoples’ needs, I will try hard and hurry up to be appreciated and considered greater than I really am.”

During the traumatic experience of breast cancer, feeling her life was threatened, Anne needed to “be like frozen” in order to endure the medical treatments. That distanced her even further from her feelings and needs. However, during the course of the illness she was forced to slow down and stop trying to please others, which caused feelings of loneliness and emotional neglect to surface. In that way, life had revealed specific feelings of distress that Anne had been avoiding by continually pleasing others at high speed. This, too, was important material for TRP *Step B*.

Anne further clarified her therapy goal as follows: “To slow down and give meaning to the traumatic experience related to cancer, in order to learn listening to my needs and desires. After the cancer I don’t know who I am anymore, I want to recognize what I

really want, what Anne wants, and not being something for someone else.”

For her initial sessions she routinely arrived fifteen minutes late, hurried and breathless. The therapist asked, “Anne, are you aware of the purpose for acting this way?” to which Anne replied, “It’s to avoid feeling what I’m feeling now... I’ve always done that.” They agreed that the therapist could call this kind of behavior to Anne’s conscious attention when it occurred in sessions. In this way, the therapist was developing Anne’s integration of her awareness of hurrying in order to avoid feelings, by having her recognize her use of that tactic in the moment. Such integrated, experiential awareness of the symptom’s emotional necessity is a crucial part of TRP *Step B*.

The therapist was now pursuing the Decontamination Phase of SCTA, the process of bringing Anne into conscious contact with the beliefs at the base of her behaviors, thoughts and feelings, so that she would recognize their purpose and meaning (again advancing TRP *Step B*). This was done in the course of revisiting Anne’s experience of having cancer and seeking new meaning for that trauma. Such new meaning potentially could serve as contradictory knowledge relative to the troubling meanings initially learned, fulfilling TRP *Step C*. At each point in revisiting the ordeal, the therapist was welcoming of the emotion that now began to arise, but which had been blocked at the time of the original experience. The following dialogue is an example of that process:

Cl: I continue to have flashbacks of the day they communicated the diagnosis. (Further symptom identification, *Step A*.)

Th: Can you tell me how it went the day they told that you had cancer?

Cl: (Cries.)

Th: What are you feeling?

Cl: ...I am... I don't know, I feel one thing here (indicating chest). I am furious... it should not have happened.

Th: You feel that's not fair that you got sick! You really feel angry for this.

Cl: (Crying.) Yeah. I am feeling an emotion exploding inside.

Th: Stay with this emotion, give voice to it...

Cl: (Loudly.) I didn't deserve this, this is not fair!

In that interaction, the client’s allowing of the experience of the previously blocked emotion also allows a potent attributed meaning to come into awareness: “I didn’t deserve this, this is not fair!” That is an important advance of TRP *Step B*, the retrieval into awareness of the implicit meanings, models, beliefs, rules, and strategies underlying and driving the symptom. In addition, Anne’s experience of her intense anger and of the therapist’s acceptance and validation of it was itself potentially a fulfillment of TRP *Steps 1–2–3*—a full juxtaposition with, and disconfirmation of, the learned necessities of never experiencing her anger. In other words, in safely feeling and expressing her furious anger, Anne had an unmistakable experience of knowing that it *is* safe and workable for her to do so: She was not harmed or shattered by it, and neither was the relationship within which she expressed it. In that way, the underlying beliefs and expectations necessitating her symptom of avoiding and suppressing her emotions were potently challenged and possibly dissolved (to be determined by the client’s subsequent reports of the occurrence or non-occurrence of the symptom).

This illustrates how the unblocking of suppressed emotion contributes to fulfilling the TRP in two ways: by allowing implicit, symptom-generating attributions of meaning to

become explicit targets of change, and by disconfirming the client's implicit expectation that feeling the emotion and being aware of the meaning would be destabilizing and disastrous (in one or more particular ways), requiring their suppression.

The therapist similarly accompanied Anne empathetically in revisiting the ordeals of the surgery and the chemotherapy, which Anne had experienced as a poisoning of her body. Anne's intense emotions and meanings were given all the space they needed, as well as caring understanding and validation, enabling her to remain present to her experience moment by moment. Understood in terms of the TRP, this rich process had important therapeutic effects in two main areas, the specific traumatic memory of the cancer ordeal (discussed below) and the broader area of relationship and personal worth. Anne's experience of the therapist's empathy and understanding was unprecedented in her life and created vivid knowings that could be put into words as, "I am able to feel and recognize my emotions and needs. My emotions and needs are valid and I am an acceptable, valid person even when I feel and express my emotions and needs. I do not have to be forever alone in hiding my emotions and needs." Those new knowings contradicted the emotional learnings that Anne formed as a child under her parents' terms of attachment, not only fulfilling TRP *Step C*, the finding of contradictory knowledge, but also fulfilling TPR *Steps 1–2–3*, the creation of juxtaposition experiences that accomplished the unlearning and nullification of those original emotional learnings.

During her eighth session, Anne reported that the flashbacks were gone and that she was feeling much better. The therapist asked her what was helping her, and she replied, "I am slowly learning to tell things instead of filling my head with thought and fantasies. I tell a piece of the experience and it's like a circle closing, and then another, and another... it's like you are a rope that I can keep to come up from the bottom."

The cessation of flashbacks is explained by the TRP as being due to a large reduction in the intensity of distressing emotion and meaning associated with the perceptual memory of the diagnosis event. As a rule, people suppress traumatic ordeals as much as possible, as quickly as possible, for obvious, adaptive reasons. However, that embeds the ordeal in memory in its maximum intensity of raw, distressing emotion and meaning, making the memory maximally retriggerable and eruptible into awareness in response to any current perception that matches some feature of the original ordeal. By de-suppressing the memory with its emotions and meanings and by emotionally processing that material within an empathetic therapeutic relationship that fosters the client's self-compassion, the intensity of the material reduces dramatically and its qualitative nature can even transform. Anne had learned dire rules from parents that sealed her into a prison cell of emotional aloneness, which in turn generated various symptoms, including anxiety, depression, and behaviors needed to avoid feeling the anxiety and depression. For the first time in her life, Anne had escaped that prison cell through the de-suppression and emotional processing of her cancer ordeal with her therapist. Anne's identity (model or schema of self) of being forever emotionally cut off from herself and all others had now been transformed by the juxtaposition experience created by feeling intense emotion and her own intense needs, all shared in an intimate, deep, heartfelt manner with her therapist. That is why not only had her flashbacks ended, but also she was "feeling much better."

Though it is not stated explicitly in the therapist's account, it seems likely that Anne's need to find the meaning of her cancer was satisfied, at least in part, by her finding that only by facing and feeling the feelings evoked by the experience could she deeply come to terms with the experience and feel herself to be beyond it, rather than being trapped in it with flashbacks. The cancer had, in effect, forced her to allow her emotions to be felt, just as it had forced her to cease her hurried pace of perpetually doing tasks.

Anne mentioned an ongoing, deep strain in her relationship with her sister, which was making their work life something of a nightmare. After the cancer surgery, when Anne was feeling vulnerable and needy, her sister offered no kind support or understanding, but dealt out repeated criticisms and emotional attacks, one of which was especially intense and vivid in Anne's memory. The therapist guided Anne to recognize that, rather than seeking communication and resolution with her sister, Anne had thereafter remained disengaged and lodged in feeling deeply wounded, rejected, disappointed, and angry—a manifestation of her original learning that she must not express any need or seek support and understanding, and instead must suppress all that she feels and needs in order to avoid being attacked. This was a further step of integration of her awareness of the target schema (TRP *Step B*).

The therapist invited Anne to bring to mind and revisit a recent work situation involving her sister and “imagine your sister in front of you and tell her what you need from her.” After some hesitation, Anne responded, “I have the idea that if I do that, she would attack me like she did that day. ... I can't stand it. ... I don't want her to hurt me so much. ... I prefer not to ask and manage by myself, maybe trying to convince her indirectly.” This was an overt statement of her lifelong solution to the problem of being attacked and unloved if she expressed her own needs and feelings, so again the integration of this schema into awareness (TRP *Step B*) was strengthened. The TRP framework emphasizes that a schema becoming well integrated into steady awareness creates the strongest possibility of schema disconfirmation and transformation.

In the following session, while she was describing a recent instance of feeling wounded by her sister's lack of sensitivity, Anne got in touch with and began voicing a desire to build “an authentic and intimate relationship” with her sister and said that, as adults, there was nothing standing in the way of “building a relationship based on sharing.” She said, “I want to freely tell her what I think, I want to be spontaneous with her and tell her what I feel.” Was this sudden, unprecedented, optimistic outlook merely a few moments of goal-oriented positive thinking, dissociated from her schema's terror of the expected attack and therefore not a viable, sustainable basis for new behavior? Or was it an initial indication that the schema had actually lost strength? In other words, was it an initial marker of dissolution of the schema maintaining the Child Ego State (TRP *Step V*), allowing Anne to perceive her sister from an Adult Ego State? The TRP explains why that is a real possibility at this point: Previous, repeated steps of integration of the schema with her Adult self could have produced a disconfirmation of the schema's expectation that she was still as vulnerable and woundable as the Child self that she was when the schema first formed. The intolerable vulnerability felt by the Child had been voiced in the previous session as, “I can't stand it. ... I don't want her to hurt me so much.” Perceiving the current situation through her Adult calibration of the emotional risks rather than through her Child calibration would greatly reduce her sense of vulnerability and make it now seem workable to approach her sister

authentically. If that disconfirmation and recalibration of the emotional risk has occurred in that way (as would be indicated by a subsequent, radical change of behavior with her sister), the TRP framework would explain the shift as being the result of an *implicit* juxtaposition experience that occurred as described above, that is, a juxtaposition experience that occurred internally without being named or acknowledged by either client or therapist, and possibly without even being noticed consciously by the client. For most consistent effectiveness, therapists have to strive to create juxtaposition experiences explicitly and overtly, not implicitly. However, implicit juxtaposition experiences do occur (as revealed by their transformational effects) and must be understood for accurate case conceptualization.

In the next session, Anne reported that she had spoken to her sister in a very personal and authentic manner to express her wish that her sister would accompany her in attending a particular event:

Cl: I said to my sister, "I would like you to come very much. Better, I would be really glad if you could come, I want you beside me."

Th: And how did you feel after telling this to your sister?

Cl: Well, I felt... true! We have been able to share. I think that the silence wall is breaking.

Th: I think you made a big step. To stay in contact with your desire, what you were feeling and thinking and you chose to share it with your sister.

Cl: Yes. I never before told her, "I want you to be there with me."

Th: Moreover, you also told her your feelings: "I would be really glad if you could come."

Cl: It's true, I never thought about it, I think it is the first time ever.

Th: Then today you have something to celebrate!

Cl: (Laughing.) Yes!

This unprecedented, breakthrough behavior was a distinct marker of schema nullification (TRP *Step V*) because it demonstrated that Anne was free of her compulsive, self-protective tactics (symptoms) of suppressing her needs, wants and emotions to avoid the expected attack and loss of love, in a situation (interacting with her sister, whose capacity for attack was well established) that previously would have strongly triggered that schema and produced those symptoms. The symptom-free behavior also confirms that in the previous session, Anne's new optimism was indeed an initial marker of schema dissolution and the beginning of achieving her stated therapy goals of "listening to my needs and desires" and having the authenticity in her relationships that her parents forced her to forfeit.

The schema had ceased to rule Anne in that particular situation involving her sister, but it was not yet apparent or predictable whether the schema would still rule in other situations and contexts. As noted at various points throughout this book, the mind and brain allow a schema to dissolve completely only if all anticipated consequences of schema dissolution feel acceptable, both consciously and non-consciously. The therapist must pursue verification of schema dissolution (TRP *Step V*) by listening for and inquiring about the markers of transformational change of this schema in all situations in Anne's current life: Do her symptoms recur, or does she remain free of both her symptoms and her schema—or Child Ego State—under all circumstances?

The answer to that question became apparent several sessions later. In her twelfth session, Anne reported feeling “more balanced,” but she nevertheless felt like “a prisoner inside a cage and I want to go out, but I do not know where to go....” She said she wanted “[t]he freedom to be myself, without having to think how, when ... to live what I like to live! The problem is then to make it real! I’m blocked...” She added: “I’m stuck with fear. It is my fear of acting.” “The fear of the novelty.... If I change I could upset everything.” She said it still felt true that “Anne, you are not allowed to be frivolous, you must not be superficial, you are the serious one,” and then commented, “I know they are not the same but in some way I feel like they are.” The persistence of the schema with people other than her sister was clear. Anne’s anticipation of unacceptable consequences of schema dissolution was particularly apparent in her words, “The fear of the novelty.... If I change I could upset everything.”

In the next session, schema persistence continued to be in the forefront. Anne shared that the thought of her upcoming cancer checkup threw her into fear and anguish, and that she began frantically housekeeping to stay far from those thoughts and emotions. The feelings and meanings induced by the current situation were so distressing that she needed to resort to her old, reliable solution once again. Her comments expressed good awareness of what was happening: “I escaped from myself.” “I would have liked to do something I have never done, like going, for example, not thinking about the time, to see the sunrise at the beach, together with someone,” but then “the night comes and I’ve done what I had to, instead of my pleasure. I get to the night tired but without living the day.” She still felt that “what I want is childish, it’s immature.” “Yes, somehow it is the same thing that this internal parent says about me being the serious one....” With the therapist’s facilitation, it then became clear to Anne as never before that the persisting of her symptoms expressed her obedience to her father’s rigid prohibition of doing anything for enjoyment.

At this point, the therapist chose to use the two-chair dialogue technique to facilitate communication between the two main ego states involved in the current status quo, intending to promote “an integration between the two poles of the impasse.” Within the TRP framework, that kind of experiential integration work is often an effective way to create the conditions that cause TRP *Steps 1–2–3* to occur, disconfirming and dissolving a schema and producing transformational change. That can happen in either of two ways: Ego state A can reveal something in its own make-up to ego state B that disconfirms a potent negative belief or meaning that B was holding about A, creating a transformational shift in B and ending B’s negativity toward A; or, ego state A, after many years of believing ego state B’s negative messages, experiences its own contradictory knowing, recognizes the falseness of B’s negative messages, and has a liberating, transformational shift into full differentiation from B’s version of reality.

The therapist regarded this two-chair work as beginning the Deconfusion Phase of SCTA, which aims for a close examination and re-processing of implicit learnings and the self-protective strategies adopted, and also for “disconnecting the rubber band,” the shift that depotentiates the schema (which the TRP, based entirely on memory reconsolidation research, describes as being the result of a juxtaposition experience, the experiential disconfirmation of the schema by a contradictory knowing).

The therapist explained to Anne that in one chair, Anne would be her father, and in the other chair, she would be herself. It was already clear now that Anne had learned to ban

all activities of enjoyment and pleasure because she considered them a caprice and a foolish waste of time, in agreement with her father's rigid standards. This required her to invalidate and suppress much of her own needs and impulses, and to distrust her own experience of knowing what she wants or needs.

With Anne initially in the father chair, the therapist asked him, "How did you get this idea that if you enjoy things then you won't have enough time to deal with your job?" Anne, replying as her father, said, "Well, this happened with my brother, who, as a teenager, became totally dedicated to amusements and got lost: he didn't carry on his education and now he has troubles in finding a stable job and lives with everyday uncertainty. I don't want to end up like him and I don't want Anne to, so she'd better give up pursuing amusements and concentrate on what she has to do."

Then the therapist had Anne switch chairs and asked Anne, as herself, "What do you feel when your father says that?" Anne said, "Kind of anger. I understand he had this issue with his brother and this is his fear, but it's not fair that I can never rest and enjoy what I have in order not to be like his brother." Her anger, which expressed a protest, indicated that Anne was in possession of a contradictory knowing that was affectively real to her, not merely an idea. The process then continued as follows:

Th: Say it to him, who sits on this chair.

Cl: It's not fair that I have to keep feeling sick doing pleasant things, just because you are scared that I would end up like your brother. It's not fair.

Th: Tell him what is fair, instead.

Cl: It is right me to take time to rejoice, rest, recharge myself and then be able to work with more energy and joy. I'm tired of always thinking about what I *must* do and putting aside what I *want* to do. I want to begin to give space to what I wish.

Th: Say it again, "I want to give space to what I wish."

Cl: I want to give space to what I wish.

Th: What do you feel?

Cl: Energy through my whole body, excitement. (*Major marker indicating that the contradictory knowledge is allowable and is prevailing.*)

Th: Stay with this sensation, and tell your father what you want.

Cl: I want to begin to listen to myself, to do what I feel and enjoy it.

Th: Tell him how you're going to do it in this week.

Cl: In the meanwhile I am already doing what I want: expressing myself and saying what I think and wish. This week I want to phone Gianna (a friend) and ask her to come walking with me, and to tell her about this beautiful thing I've found out, and to do something I really like. Walking and staying in the open air.

Th: What do you feel?

Cl: I'm glad. (*Another marker indicating comfort with differing from father's requirements.*)

Th: Keep this sensation and once in a while, today and during the week, come back to it and repeat in your head, "I want to give space to what I wish and I am different than my father and my uncle and I want to enjoy things."

Anne did go walking with Gianna and told her what she had found out. She reported that from doing that, she felt great tenderness for that girl who had to grow up fast and be always completely focused on duties rather than on enjoyments. These behaviors

and feelings were significant TRP *Step V* markers of being free of symptoms and schemas.

In the next session, the therapist again guided two-chair work, this time involving Anne's adult self and her child self. The therapist was aiming to use the technique of self-parenting to reinforce Anne's new decision-making process that had begun in the previous session. In speaking from her Adult Ego State to her Child self, Anne said, "I love you, I feel much tenderness for you and I'm sorry that dad does not understand you and he's kept by his fears rather than being in touch with you. In life there's space to have fun and rest besides doing what you must do. And, you know, by having fun and taking care of yourself, you can do what you have to with greater joy... You can also have a good time doing what you have to."

Supporting these shifts was the focus of the next session. Then, in the sixteenth and last session before summer break, Anne said she was beginning to dedicate time to herself and listen to her needs. She reported, as well, that having a clean bill of health regarding the cancer "reinforces the awareness that respectful freedom is not dangerous." By all indications, the target schema, which all her life had maintained her expectation that feeling her feelings and expressing her needs and desires would cause her to be attacked and unloved, no longer had realness or power.

After the summer break, Anne told the therapist about a remarkable dream in which she was carrying a baby girl, escaped a monster, and arrived at safe, happy wellbeing. To her the dream means that "it's my life beginning again, me beginning again to live." This dream was another strong marker verifying a fundamental shift. Since having that dream, she was waking up in the morning without feeling anguished facing a new day. She said, "I can only live every day and enjoy what every day gives! I will always be a person with the sense of duty, but I can't prevent things to happen."

In the next and final phase of SCTA, the Re-learning phase, the therapist focuses on verification of the therapeutic goals, consolidation of new decisions, and separation from the therapist. Two sessions with Anne were dedicated to that work. The first of those focused on how Anne was actually living her new freedom to feel her feelings, know what she wants, and engage in enjoyments while also being a fully responsible person. Anne described how her changes were now manifesting: "I am conceding some little moments for myself. I am not delaying them saying 'later'. I decided to spend the holidays in Venice. I've wished it forever, but I've always delayed it. I said to my sister 'let's book it now, let's do it now; if I could be absent at work for illness I can also do it for a trip'! I'm starting to recognize what happened, I'm finding out the joy to live again. It's not worth to be rigid, anguished."

Fortified by her therapeutic gains, Anne used her final session to begin to face the extremely challenging dilemma of her relationship with her husband. Her wish was to stay with him, but in a different way from how she had lived with him so far. The therapist encouraged her to find her way in her marriage by relying on her new abilities to listen to her feelings and honor her needs.

Two months later, Anne and her therapist met for two follow-up sessions. In both sessions, Anne described herself as feeling "serene." She said she arranges to have some enjoyable entertainment despite heavy pressure to work long hours due to the

economic crisis. She requested her husband to go into couple therapy with her, and he responded by saying he will first try attending Alcoholics Anonymous meetings. Anne said, “I look back and understand that what happened is part of my story. I found the consciousness that the moment is now. This makes me enjoy little things.” She also told the therapist that she has stopped running away from what she feels, even when the experience is painful, and that she is learning to live in the present without anticipating catastrophic events. “I used to build up disasters with my mind, today I wait for the problem and then I face it.” All indications continued to verify that Anne remained free of the symptoms, schemas and ego states that had ruled her life for half a century.

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