

EMDR & Dissociation: Keeping the dissociated client anchored in the therapy room

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Dissociation & EMDR

- This is an overview of dissociation and how it can be reversed during EMDR work.
- Essential further reading can be found in *Healing the Heart of Trauma and Dissociation with EMDR and Ego State Therapy*. Other suggested books are *Coping with Trauma-Related Dissociation*, *Stranger in the Mirror*, *The Haunted Self*, *Ego States: Theory and Therapy* (Watkins and Watkins).

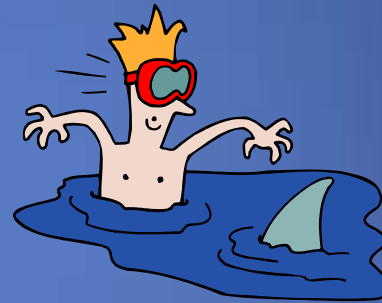
- Imagine looking at a photo of yourself as a child and knowing that it must be you because there is a physical similarity. Also people around you tell you that you were there. However, you cannot place yourself in the photo; you cannot look at it as if through your 'child's eye'.



What is dissociation?

- The term dissociation was first attributed to Janet in the 1870s whereby he described a mental structure created to exclude traumatic life events from conscious awareness.
- Boon et al (2011) give the following definition: 'Dissociation is a major failure of integration that interferes with and changes our sense of self and our personality'.

- Dissociation is a healthy adaptive defence used almost universally by people in response to overwhelming stress or life-threatening danger.

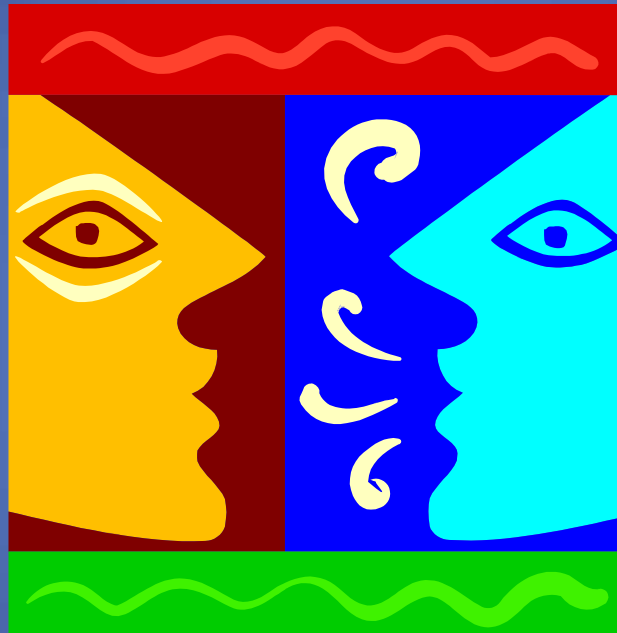


- However, most people experience mild dissociative symptoms on occasions when their lives are not in immediate danger.

- So we could say that dissociation runs along a continuum; such as losing track of time when reading a good book to the client who avoids distress by not letting him/herself feel anything emotionally.



- People with dissociative disorders do not feel integrated and instead feel fragmented because they have memories, thoughts, feelings, behaviours etc that are experienced as uncharacteristic and foreign.



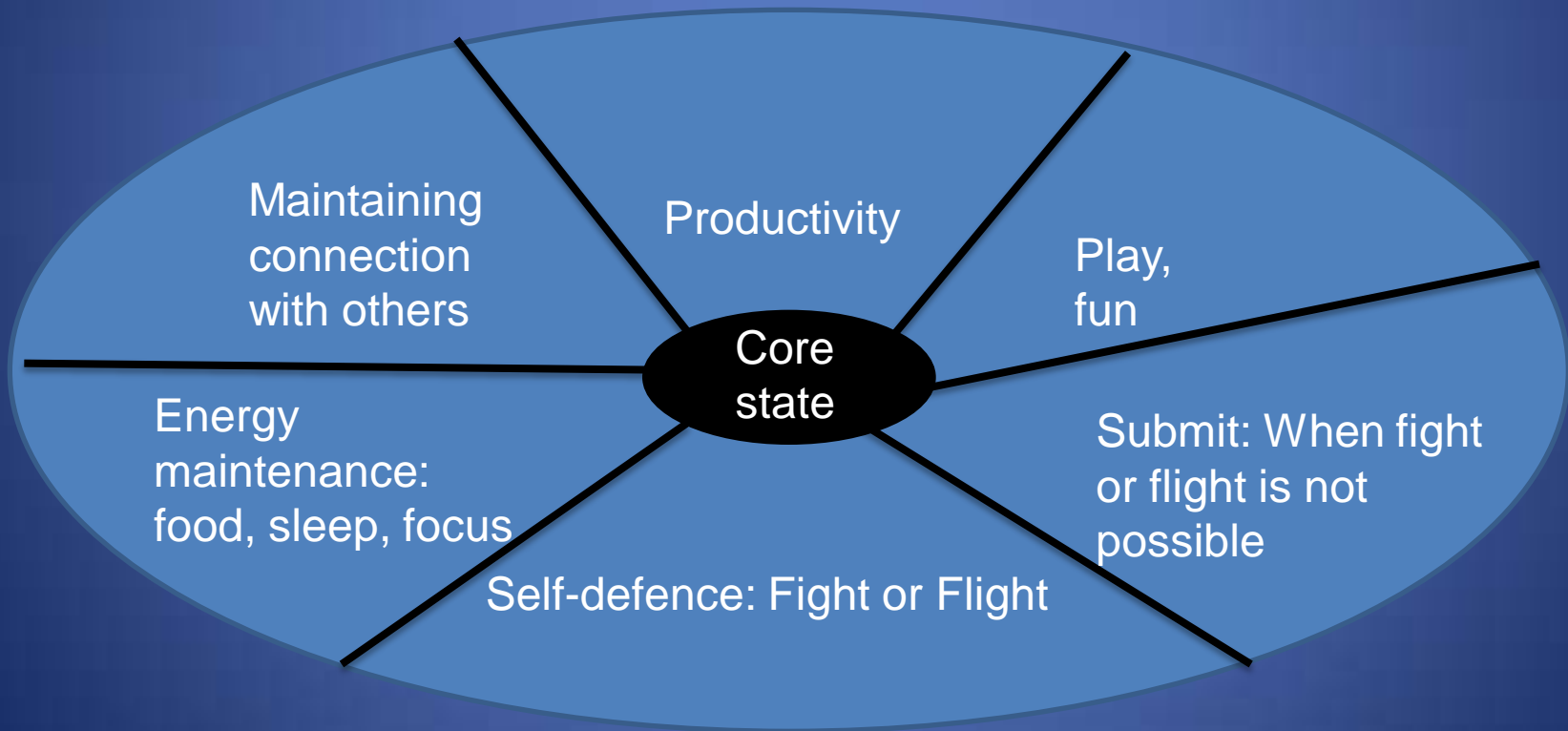
- They experience more than one sense of self, and they do not experience these selves as wholly belonging to one person.

- These divided senses of self and response patterns are called dissociative parts of the personality.



- It is almost as though there are not enough links or mental connections between one sense of self and another; between one set of responses and another.

- In a 'good enough' childhood environment ego states develop in a state of co-consciousness and are relatively well integrated in their functioning.



- However a child repeatedly abused by a caretaker is in an impossible dilemma. Defensive systems of anger and escape from harm are activated, but at the same time, the child must continue to regard the abusing caregiver as a source of support necessary for survival.



- In these circumstances a child will often dissociate the memories of the abuse (which can be a vague memory or a minimisation of the significance of abusive events).

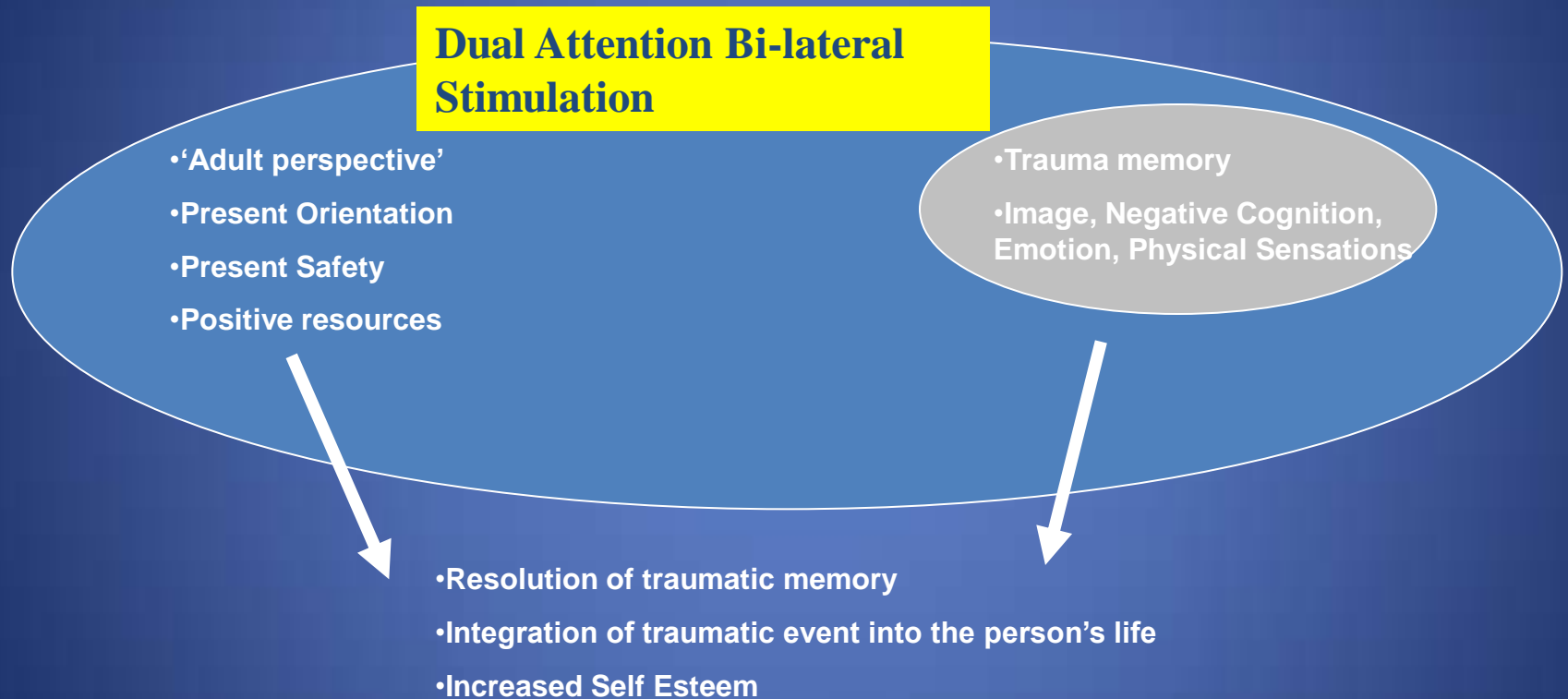


- The child will turn anger inward and frequently have an attitude towards their own abuse 'I deserve this because I am bad'. This is described as an 'introject' which takes on the attitudes of the perpetrator in order to continue to maintain the necessary connection with him/her.



- So it is reasonable to state that people who have suffered trauma, especially when it occurs in childhood, are more likely to experience high levels of dissociation.
- In order to process traumatic memories with EMDR it is necessary for the dissociation to be managed effectively and for the client to be stable (Shapiro 2001, p.95).

This shows how EMDR works, in the absence of significant psychological defences and/or dissociation



This shows what happens with EMDR in the presence of psychological defences and/or dissociation

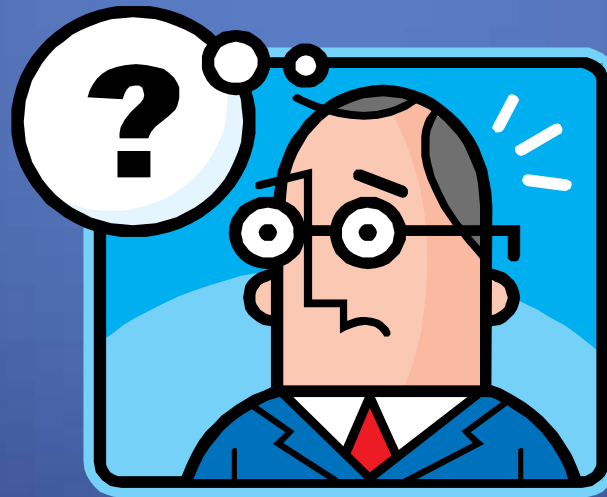
Bi-lateral Stimulation

- 'Adult perspective'?
- Present Orientation?
- Present Safety?
- Positive resources?
- Image?
- Negative Cognition
- Emotions
- Physical Sensations

Ego State Defences

- Trauma memory
- Image

- As we can see from the diagram on the previous page, the use of standard EMDR procedures will often result in ‘blocking’ by a dissociated person. The client reports ‘Nothing is different’, ‘This isn’t helping’.



- For successful EMDR therapy to take place the client must metaphorically have one foot in the past and one foot in the present
- If we think about dissociation, people will often feel that the foot in the past is the biggest.
- Consider preparatory work as helping them regain more of a balance.



Assessing for dissociation

- The psychometric measure used to assess for dissociation during EMDR training is the Dissociative Experiences Scale (DES-2) which is a 28 question self administered questionnaire.
- Note, the DES-2 is a screening tool, not a diagnostic tool. For a more detailed analysis of dissociation the MID (Dell, 2006) can be used (free of charge and available from Paul Dell PFDEll@aol.com).

- One way to look for signs of dissociation is to ask the client about their earliest memories (good or bad).
- Memories formed before the ages of approx 3-4 can be described as implicit.
- Once sufficient speech is developed it is usual for people to remember events from approx 3-5 years old
- An indicator of dissociation is gaps in childhood memories; gaps of years or months at a time.



0-18

- Sometimes clients will state that they feel as though they are on the outside looking in at their life (depersonalisation)
- If clients describe feeling 'spacey' this can be an indication of dissociation
- A less obvious sign is if the client 'switches' ego states. Look for a change in the tone of voice or posture, especially if the client suddenly sounds or looks like a child. The client might rock or fidget uncharacteristically



- In order to understand more pronounced levels of dissociation I would like to briefly mention the idea of ego state therapy, which has been around, in different guises, for many decades.
- There are several approaches which have in common the idea that different personality parts, sub-personalities, or **ego states** can have different views of reality.
- I have successfully incorporated ego state therapy into EMDR with positive results (Plágaro-Neill, 2011).

- If you think about ego states in conflict or simply being at odds with each other, it fits in with the idea of internal splitting.



- The more that ego states can work together or exist in a state of consensus the more 'whole' – and less dissociated - the person will feel.

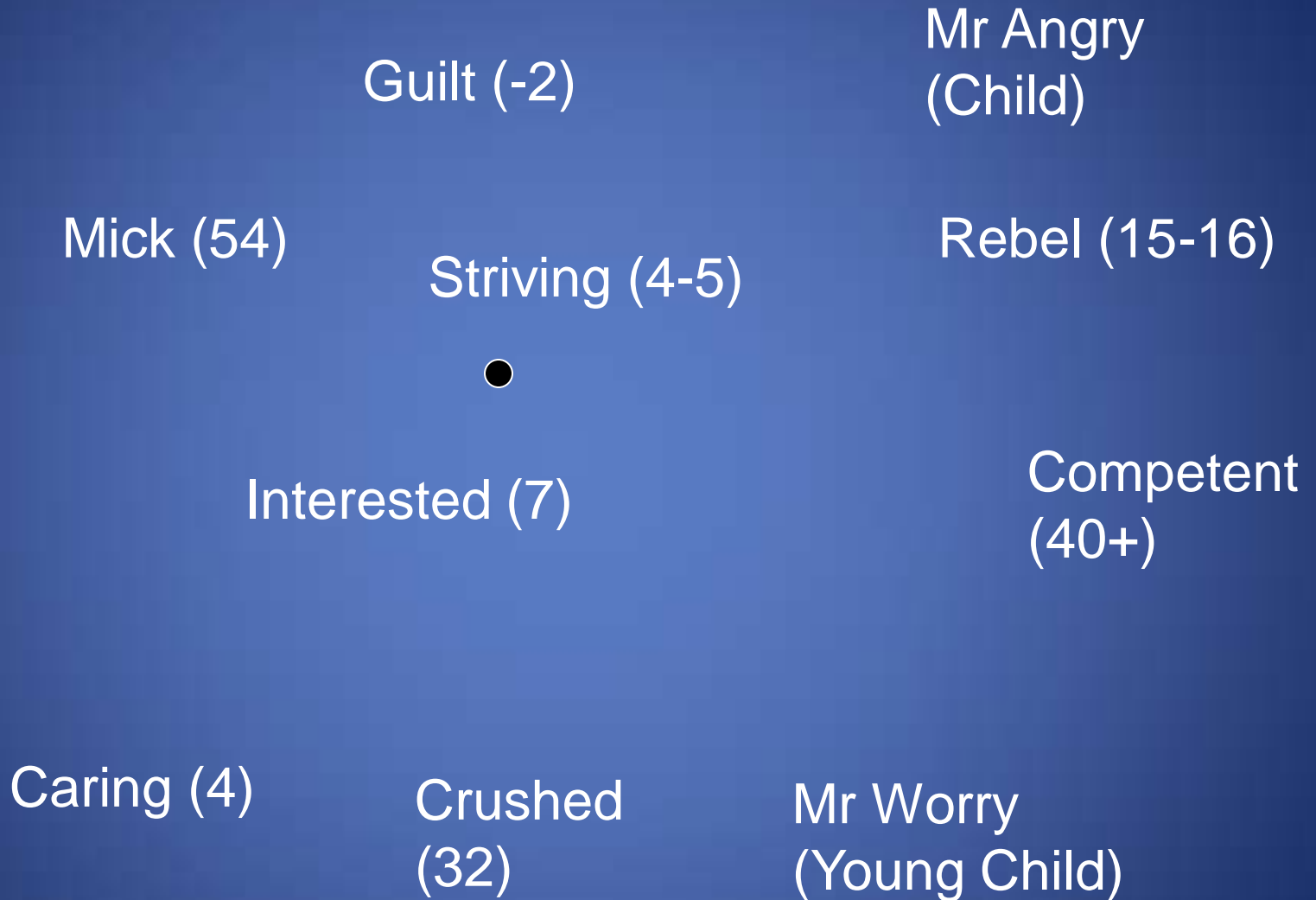


Method

- I begin by asking the client if they ever have a sense of different parts of themselves, internal arguments or discussions
- I then draw a dot in the centre of a page/white board
- The first ego state I ask the client to identify is their current 'self' which provides a sense of here and now.
- If the current 'self' is away from the centre it is likely that they will be struggling (especially if they subsequently place child states at the centre)

- Names of ego states might be actual names, representative names, male or female. I usually ask the client to give me a couple adjectives associated with the name.
- Initially I am looking to plot out individual states to give the client and myself a sense of perspective and to identify alliances and conflicts
- To follow is an example of an ego state diagram:

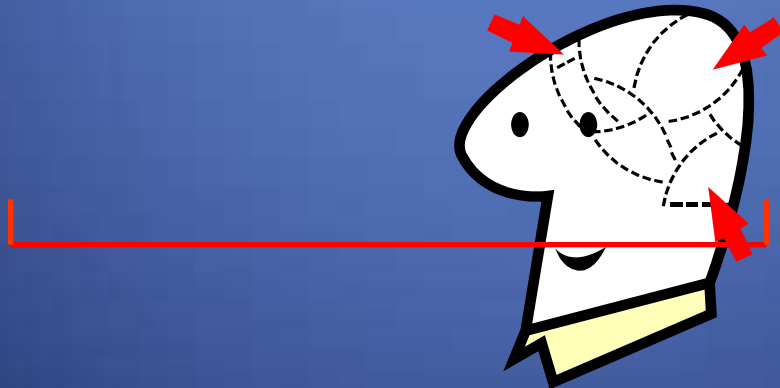
Mick's Ego State Diagram



- The client's ability to access and integrate with child ego states also provides a sense of how the 'adult' feels towards the 'inner child/ren'.



- The Back of the Head Scale (BHS) is a measurement tool that is useful in assessing the client's moment-to-moment level of dissociation.
- This procedure is introduced to the client during the preparation phase, before any desensitisation of trauma commences.



- Think of a line that goes from approx 15-18 inches in front of your face, running backwards through your face to the back of your head
- The point 15-18 inches in front of your face means that you are fully in the room, in the here and now
- Let the other point, at the back of your head, mean that you are so distracted by disturbing thoughts, feelings or memory pictures that you feel like you are somewhere else.

Reversal techniques

- A straightforward technique is to encourage the client to ‘ground’ his/herself into the present moment; paying attention to details in the room and/or their body (check with the client first especially if working with issues of childhood abuse).
- Other techniques include asking the client to “***Take a drink of water.***”



- “***Hold this drop of water/ice cube in your hand.***”
- “***Hum a song and then count to ten***”, etc.

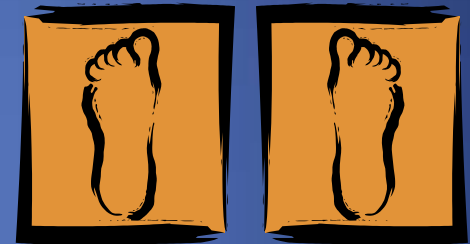
- One of the simplest methods for bringing a client out of a dissociative state (and can be used with CIPOS/BHS) is to get them to play catch with a cushion, a scrunched up piece of paper or a soft ball (check first with the client)



Constant Installation of Present Orientation & Safety (CIPOS)

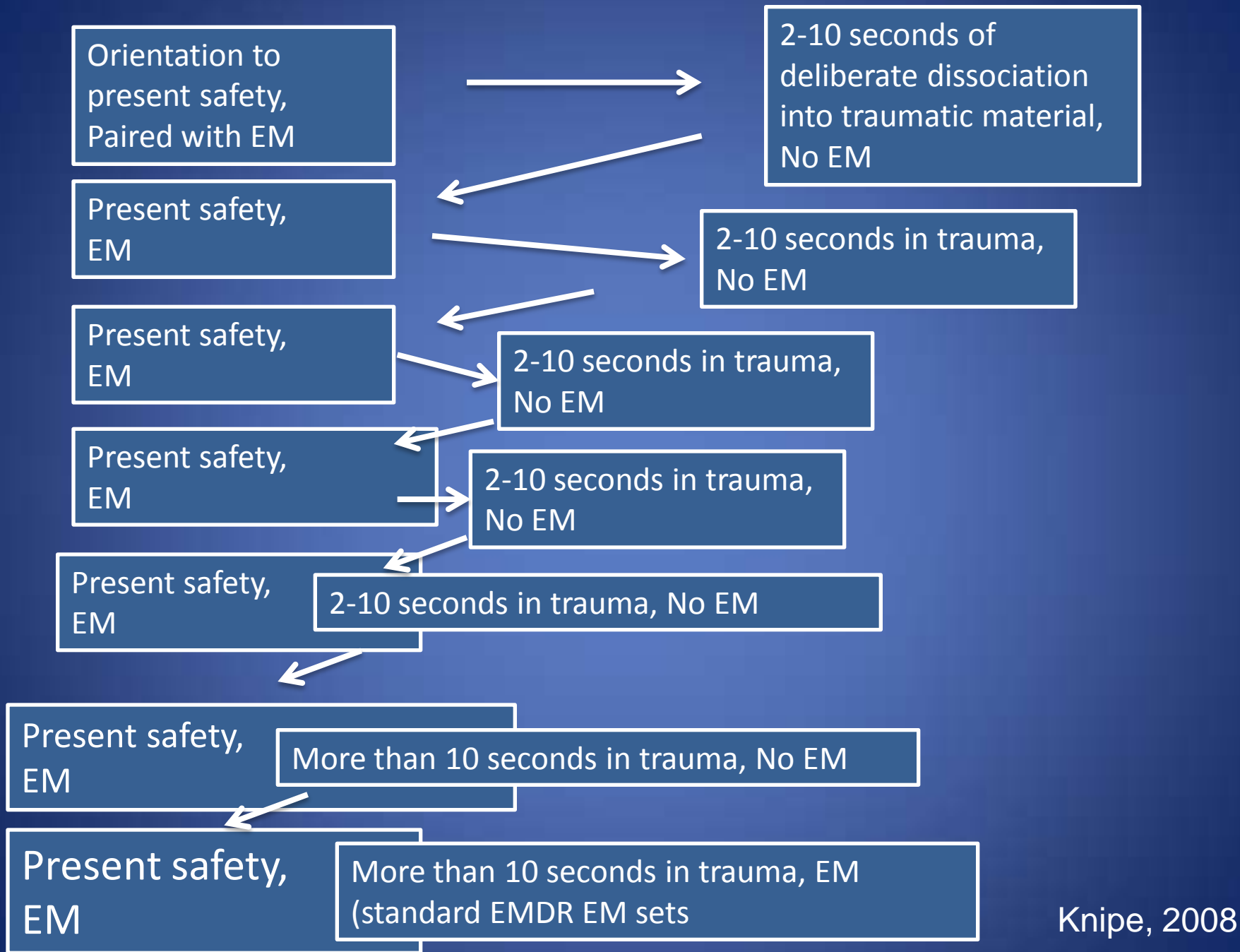
- The CIPOS method is used in conjunction with the BHS and basically consists of using eye movements to strengthen or install the client's awareness of a clear subjective sense of being present in the immediate real-life situation of the therapy room
- It is used in the preparation phase or during actual desensitisation of a particularly disturbing trauma memory
- <http://www.emdrinaction.com/article/methods-back-head-scale-bhs-and-constant-installation-present-orientation-and-safety-cipos-j>

- Essentially, with the client's agreement you agree to allow them to oscillate between the present safety of the present moment and the trauma memory from the past



- Gradually you increase the amount of time the client spends with the trauma memory





- Longer-term systematic techniques for reversing dissociation can be found in *Coping with Trauma-Related Dissociation: Skills Training for Patients and Therapists* (Boon et al, 2011)

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