

EMDR, COMPLEX TRAUMA AND DISSOCIATIVE DISORDERS

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DISSOCIATION

- A disruption of usually integrated functions of consciousness, memory, identity and perception of environment
- Barrier to keep painful events/memories out of awareness
- Analgesia
- Escape
- Survival method

DISSOCIATION

- **Primary Dissociation**

- Inability to integrate what is happening into consciousness
- somatosensory flashbacks in a variety of modalities

- **Secondary Dissociation**

- Mentally leaving body at moment of trauma
- Altered sense of time and experience
- De-personalisation
- Altered body image
- Out of touch with feelings and emotions

DISSOCIATION

○ Tertiary Dissociation

- Development of separate ego states as a way of containing the traumatic experience/s
- Separate self states from normal functional states to less functional self fragments
- Usually a history of chronic abuse starting at an early developmental stage

DISSOCIATION

Dissociative individuals are characterised by:

- A variety of intrusive symptoms which also accompany a definition of PTSD (nightmares, auditory hallucinations and fragmented visual flashbacks) and
- Symptoms of switching from one personality state to another resulting from the intrusion of traumatic memory material

AMNESIA FOR TRAUMATIC EVENTS IN DID

Dell (2006): 220 subjects with DID :

- All individuals had memory problems and
 - 83-95% : depersonalization, derealisation, post-traumatic flashbacks, somatoform symptoms and trance behaviour.
 - 85-100% : partially dissociated intrusions such as child voices, persecutory voices, temporary loss of knowledge and 'made' emotions, impulses and actions (stereotyped patterns of emotional responses unconnected to the person's present situation.
 - 61-88% experienced fully dissociated intrusions (amnesia, time loss, fugues, finding objects, learning later of actions

STRUCTURAL DISSOCIATION MODEL

(Van der Hart, Nijenhuis, Steele, 2006)

○ PRIMARY DISSOCIATION:

Pre-traumatic Personality

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graph TD; A[Pre-traumatic Personality] --> B[Apparently Normal Part of the Personality]; A --> C[Emotional Part of the Personality];
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Apparently Normal Part
of the Personality

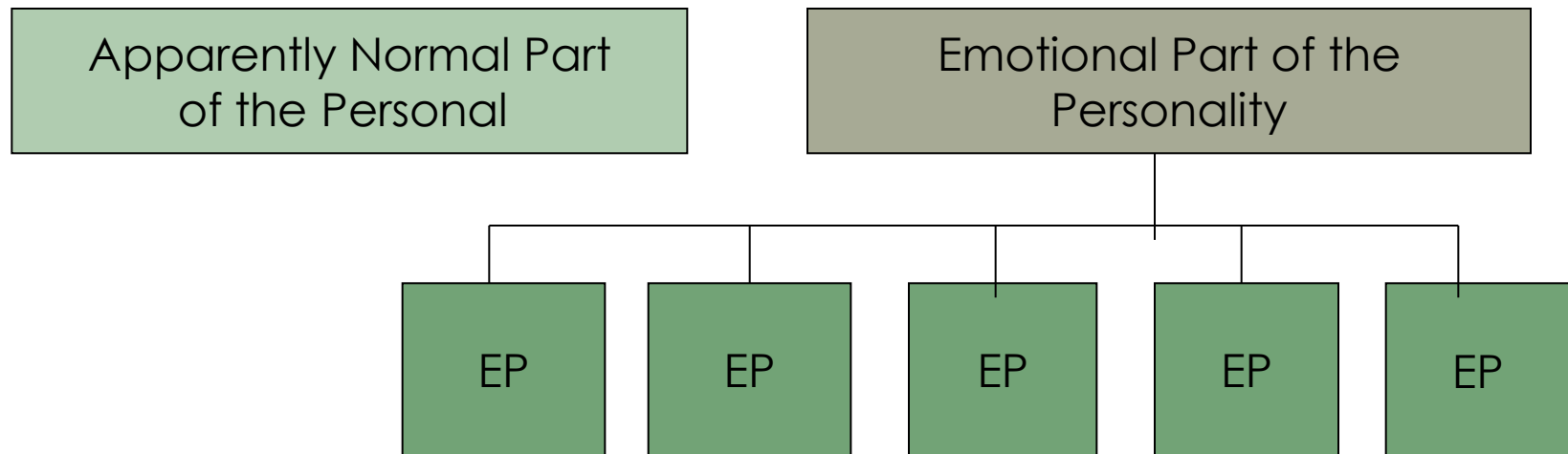
Carries on with normal life
and often has no memory of
the trauma

Emotional Part of the
Personality

Holds sensory perceptions of
the trauma in the form of
'here-and-now relivings

STRUCTURAL DISSOCIATION (cont)

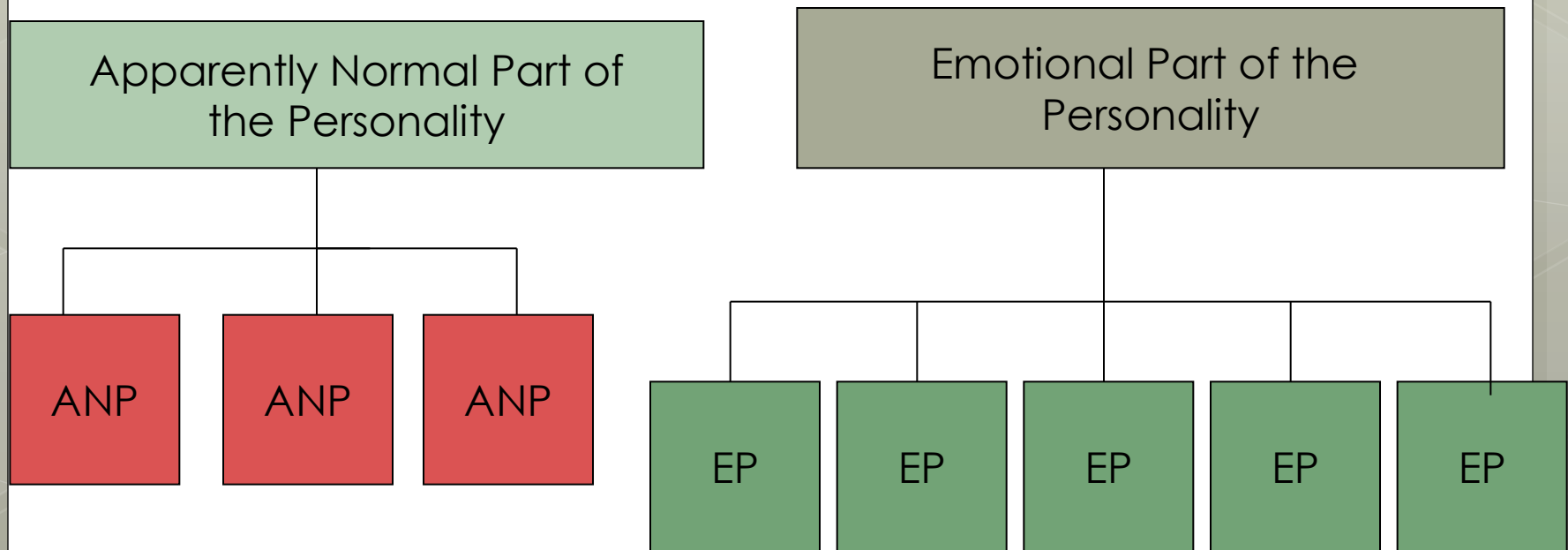
◦ SECONDARY DISSOCIATION :



The traumatized part of the self becomes more fragmented containing memories of the experiences that were originally over-whelming; dysfunctionally stored and pushing through when environmental triggers occur

STRUCTURAL DISSOCIATION (cont)

○ TERTIARY DISSOCIATION:



Even more parts of the self are needed to survive

PHASE-ORIENTED TREATMENT (Janet, 1898)

- Phase 1 : Symptom Reduction & Stabilization
- Phase 2 : Treatment of Traumatic Memories
- Phase 3 : Personality Integration

STAGES OF TRAUMA RECOVERY (Herman, 1992)

- **STAGE I :**

- Safety and stabilization : Overcoming dysregulation

- **STAGE II :**

- Coming to terms with traumatic memories: Remembrance and mourning

- **STAGE III :**

- Integration and moving on : Reconnection

PHASED TRAUMA TREATMENT - ATTACHMENT

- Phased trauma work has a fairly smooth transition from phase to phase with good enough early attachments.
- C-PTSD is often characterised by pervasive insecure, often disorganised-type attachment classification
- Will need much more stabilization work including attachment repair

BORDERLINE PERSONALITY DISORDER AND DISSOCIATED SELF STATES

- Although DSM IV considers BPD and DID to be separate disorders, the shifts between dissociated self-states in BPD and DID are very similar.
- BPD could be formulated as a disorder of alternating, dissociated self-states
- BPD have sudden and dramatic shifts in their view of others, who may alternatively be seen as beneficent supporters or as cruelly punitive

BPD/DID

- This description of BPD closely mirrors the identity shifts that occur in DID
- The signs of BPD can be understood as signs of dissociated self-states :
 - Unstable relationships, identity disturbance
 - Fear of abandonment, difficulty controlling anger
 - Substance abuse
 - Sexual impulsivity

PHASE I : STABILIZATION

Possible tasks :

- Reducing risk
- Affect regulation
- Grounding
- EMDR Resource Development & Installation (RDI)
- Reducing dissociation and increasing present orientation

PHASE I : STABILIZATION

- Somatic stabilization
- Building therapeutic relationship
- Accessing the Ego State System and concretizing the ego state system via mapping, drawing, creating internal family system, etc.

SOMATIC STABILIZATION

- Complex trauma clients often suffer high levels of somatization
- Locked into a painful re-experiencing their trauma and physical pain inflicted
- Have difficulty verbalizing their boundary-transgressing body experiences
- Some reject their bodies as a carrier of symptoms storing memories of torture or abuse

SOMATIC STABILIZATION

- Somatic memory is an essential element of traumatic memory, encoded at an implicit level
- Locked into a painful physical re-experiencing of their trauma
- Experience their body's boundaries as if they were permeable and feel defenceless

SOMATIC STABILIZATION

- Encouraging client to be with pain or discomfort in a non-judgmental, kindly way
- Slow BLS to encourage coming back into Window of Affect Tolerance
- Learn to track body sensations with self-regulation rather than acting upon them

SOMATIC STABILIZATION

- This method reduces the likelihood of dissociative responses through the pervasive focus on the body
- This type of processing helps to fractionate the traumatic material by separating somatosensory from cognitive and affective processing

SOMATIC STABILIZATION

- Emphasize staying present.
- Affect dial : turn off unpleasant body sensation
- Install positive body sensations as resources : 'inner safe place'
- It is only once you have completed adequate preparation and stabilization of autonomic arousal that you can start doing processing of traumatic memories

DISSOCIATION

- Report feeling disconnected from their body
- Report no emotion in middle of processing a terribly traumatic experience
- Report feeling like they are floating above their body
- Report feeling spaced out, dizzy, sleepy
- Speak in a completely different voice
- Report having no idea what they are doing in your office

REDUCING DISSOCIATION

Need to develop skills to decrease the severity of dissociative symptoms and to move out of dissociative states

- Pay attention to body sensations, being in the present; noticing with all their awareness
- Squidgy ball to stay present
- Walking around room and sitting
- Practice staying present with therapist :
Back of the Head Scale (Jim Knipe)
- Constant Installation of Present Orientation and Safety (Jim Knipe)

REDUCING DISSOCIATION

- Changing unpleasant smells using essential oils to smell as an alternative
- Just being with unpleasant feelings in a kindly non-judgmental way
- Boundaries
 - Feeling clothes touching skin, where body meets chair, feet on the ground
 - Imaginary boundary

REDUCING DISSOCIATION

- For clients who are potentially dissociative, the degree of orientation to the present situation can be assessed through the use of the **Back of the Head Scale** (Knipe, 2005)
- **CIPOS (Constant Installation of Present Orientation and Safety)** (Knipe, 2005) is used in conjunction with the **BHS** using eye movements to strengthen or install a clear subjective sense of being present
- Constant strengthening present orientation with eye movements ensures that processing of traumatic memory proceeds safely with less danger of unproductive dissociated reliving

ACCESSING THE EGO STATE SYSTEM

- Concretizing the ego state system via mapping, listing, drawing pictures of the parts, or creating an internal landscape
- The client and the system may know directly or only indirectly of each other's existence and roles
- Is client's descriptive language abusive, empathic, distant or stern

ACCESSING THE EGO STATE SYSTEM

- A balance between:
 - Preserving the stability of the adult ego state
 - And allowing validation and expression of child or other ego state's unprocessed experience
- Each part had a very good and important reason for being there
- Therapist continuously reassures ego states
- Therapist forms alliances with ego states during the treatment

RESOURCE DEVELOPMENT AND INSTALLATION

- Memories of positive life event, successes, supportive relationships, protectors, times when dealt with challenges successfully
- Core of resource is a positive body state installed with BLS
- Resource development and installation can give client important life skills they do not currently have
- Resources could include :
 - Mastery resources
 - Relational resources
 - Symbolic resources
 - Modelling resources

PHASE II : TRAUMA WORK

- Involves :
 - Choosing targets
 - Ensuring safety
 - Working with ego state system
 - Working with true/adult self to understand roles of parts
 - “Loving eyes” technique (Jim Knipe)

'LOVING EYES' (Jim Knipe)

- Active visualisation may be used to create an emotionally safe connection between dissociated ego states
- For clients with extensive childhood histories of abuse and neglect, their deepest needs and feelings were not “seen”
- Their inner experience was not lovingly acknowledged and validated by a caretaker

LOVING EYES

- The “loving eyes” of an adult are often an essential element in the process of healing from childhood trauma
- Therapist’s positive regard essential element of therapy
- In addition, clients with intense dissociative processes, need therapist to assist the present-oriented (adult) ego state in witnessing compassionately the painful affect held in a dissociated child ego state.

PHASE II : TRAUMA WORK

- The sequence of the treatment phases – stabilization, trauma processing and resolution makes intuitive sense; in practice the process of trauma treatment is often not so orderly.
- Instead a back-and-forth sequence occurs with C-PTSD

PHASE III : REINTEGRATION

- Ego state work to effect attachment repair
- Small 't' targets using interweaves to effect attachment repair
- Re-evaluate current triggers and anticipatory fears related to change
- Future (positive) templates used to help the client imaginably rehearse and problem solve in preparation for upcoming situations and encounters using BLS to process through difficulties and make adaptive changes