

Resource-Focused EMDR: Integration of Ego State Therapy, Alternating Bilateral Stimulation, and Art Therapy

By Shirley Jean Schmidt, MA, LPC
EMDRIA-Approved Consultant

I conceptualize EMDR as the process of linking the trauma from one part of the brain to a solution in another part of the brain, to reach an adaptive resolution. The standard EMDR protocol proposes accomplishing this by focusing heavily on the trauma. Most of my clients are adult survivors of childhood trauma and their tolerance of a trauma-focused protocol is often low. I wondered if the same adaptive resolution could be accomplished by focusing primarily on the part of the brain holding the solution rather than the trauma. I recently began developing a resource-focused protocol, which borrows from Sandra Paulsen's (1994, 1995, & 1996) suggestions for integrating EMDR with ego state therapy, and Andrew Leeds' (1997) protocol for resource development and resource installation (RD/RI). This new protocol puts significant emphasis on developing and strengthening the felt sense of well-being connected to resource ego states *before* EMDR processing, and maintenance of the sense of well-being *during* EMDR processing. It involves using the clients' drawings of resource ego states and traumatized ego states (drawn with the dominant and non-dominant hand) as anchors for ego state processing, and as the focal points in eye movements (EMs). In this protocol, traumatic material is elicited only when sufficient internal resources, represented by drawings, are displayed in front of the client. The intention of this approach is to minimize risk of affect overwhelm and maximize the probability that the part of the brain holding the trauma will link to the part of the brain holding the solution.

In my experience the resource-focused protocol accomplishes everything the trauma-focused protocol does i.e. desensitization of traumatic material, decrease in believability of the negative cognition, increase in believability of the positive cognition, and clearing of disturbing body sensations. Clients who have experienced both trauma-focused and resource-focused EMDR report a significant preference for the resource-focused approach. Likewise, feedback from other EMDR therapists who have tried this has been very positive. In this article I will first touch on the component parts of this innovation, then briefly describe the four-step method.

The Component Parts:

The key components of the innovation presented here are well known in the field of psychotherapy, including: ego state therapy, alternating bilateral stimulation, imaginal split-screen technique, art therapy, and the significance of expression via the dominant and non-dominant hands.

Ego state therapy: I am very grateful for Mark Lawrence's two-part article on "EMDR as a Special Form of Ego State Psychotherapy," which provides detailed historical and theoretical information on ego state therapy. It is highly recommended for readers unfamiliar with ego state therapy. (Part I appeared in the December 1998 issue, Part II appears in this issue.) In most basic terms, ego states are specialized neural networks that hold specific packages of information related to behavior, affect, sensations, and knowledge of our life experiences (Braun, 1988). For example, an ego state (neural network) specialized for interacting with intimidating authority figures will contain very different information than an ego state specialized for playing with small children. Ego state therapy involves therapist-facilitated integration of needy ego states with resource states and mediation of conflicts between ego states. It promotes communication, cooperation, and mutual appreciation within the family of parts, increasing their ability to work as a democratic team.

Alternating bilateral stimulation (ABS): EMDR therapists are no strangers to ABS. Whether by eye movements (EMs), audio stimulation, or tactile stimulation, ABS appears to play a critical role in the efficacy of EMDR therapy. While it is still unclear how it facilitates changes in the brain, it does

seem to accelerate the brain's information processing, and to help facilitate the neural network connections needed for psychological healing.

Imaginal split-screen technique: As early as 1991 Ron Martinez described using this with EMDR. It involves having a client hold a mental image of an internal resource alongside a mental image representing the dysfunctional material, like two photos side by side. By adding EMs, he found the positive image strengthened and the negative image became less relevant. This is a helpful technique but some clients have trouble holding the mental images. Expanding on this concept, I began asking clients draw their images (ego states), as a way to make the "split screen" processing more visual and hopefully more powerful.

Art therapy: Therapists have been using art for years to better understand their clients' perspectives and to promote healing (Oster & Gould, 1987). A picture can often convey a wealth of information that can not easily be obtained verbally. In my experience, when clients face their drawings during EMDR processing, they stay better connected to the associated feelings, and perhaps consequently reach an adaptive resolution faster. (Basic training in art therapy principles is recommended for therapists planning to use this approach.)

Significance of artistic expression via the dominant and non-dominant hand: According to Carlson (1992), the right hemisphere is important for the recognition and expression of emotion and specializes in global thinking, whereas the left hemisphere of the brain is the language center and specializes in linear thinking. Research by Drake (1984) suggests that the right hemisphere processes information regarding negative affect, whereas the left hemisphere processes positive affect. Capacchione (1988) explains that whether a person is right-handed or left-handed, the dominant hand always connects to the hemisphere with the language center. She advocates writing and drawing with the non-dominant hand to facilitate therapeutic connection to the right hemisphere and creative expression of inner child ego states. She also encourages resolving of internal conflicts by generating dialogue between right and left brain by writing with alternating left and right hands. All of this suggests that unresolved trauma is stored in the right hemisphere, connected to the non-dominant hand, and that resources are stored in the left hemisphere connected to the dominant hand.

Resource-Focused EMDR: The Four-Step Method

Step One: Ego strength assessment and enhancement:

I'll ask a client to draw a picture that represents for them a positive aspect of self (a resource ego state). For example, I might ask something like: "Draw a picture which represents the part of you that knows you are a worthwhile person." or "Draw a picture which represents the part of you that knows how to nurture." or "Draw a picture which represents the part of you that is confident." I call this a "resource picture/part," (RP) and I ask them to draw it with their dominant hand. I like to ask them how their body feels while they are drawing or looking at their picture. If they are connecting to a truly healthy resource ego state they will enjoy a felt sense of well being connected to the picture. I will display the RP on a felt board directly in front of the client and discuss the drawing. I'll ask about the meaning and the significance to better understand how this resource can be used to facilitate growth. Some pictures are concrete and logically represent the resource, while some pictures are metaphorical and abstract. Much can be learned about a person's ego strength from their art. Hearing the client's explanation of the picture's meaning is as important as the picture itself.

Once it is clear that the drawing represents a true resource I install it. Since the RP represents an ego state, there will be associated memories, positive cognitions (PC), and positive body sensations to focus on during the installation. If I have more than one RP I may display them at opposite ends of my board and ask for short sets of EMs between the drawings. As resources strengthen, clients may

report that the images they have drawn need to be modified or changed. For example, a resource drawn lightly at first, may need to be reworked with bolder colors; or an ego state depicted as a head only, may need the body added. This reworking is encouraged and is seen as evidence of positive ego state enhancement.

If the installation of an RP results in no positive change, or makes the client feel worse, then I do not consider it a resource, and I will save that drawing for step two. When a client demonstrates insufficient ego strength, I will focus much session time on building and strengthening ego resources. Andrew Leed's (1997) RD/RI techniques apply here, including investigating and enhancing many aspects of the client's experience and personality that offer ego strength. As resources are identified and/or developed I have my client put the resource(s) in picture form and install it as described above.

Step Two: Ego state processing and integration

I begin Step Two once a client has drawn and installed one or more RPs, and has demonstrated in the process sufficient ego strength to tolerate disturbing affect. Now I ask for a "deficiency picture/part" (DP), to represent a deficient or traumatized ego state, drawn with the non-dominant hand. I may ask for drawings tailored to a specific issue, or I may ask for a global DP. For example, for a specific DP I might ask something like: "Draw a picture which represents the part of you that believes you must stay in this abusive job." or "Draw a picture which represents the part of you that cannot tolerate work conflict." For a global DP I might ask something like: "Draw a picture which represents the part of you that believes you are worthless." or "Draw a picture which represents the part of you that believes you are inevitably bad." I ask for the SUD level, emotions, and body sensations that the DP evokes.

Now I display an RP (from Step One) and the DP, at opposite ends of my felt board, in an order preferred by the client (e.g. RP on the right, DP on the left). To process I will have them move their eyes back and forth between the two pictures, pacing their EMs to a preferred TheraTapper pulse rate. (I often keep the TheraTapper on constantly, or as long as processing is flowing smoothly, while requesting EMs in sets – set lengths determined by the client's processing.) The ABS appears to facilitate the gradual integration of the two ego states represented in the pictures. For example, a client drew a DP of a young girl, named "Shame," with stooped posture and head hung. As EMs between the DP the RP (a courageous part) continued my client reported seeing changes in this picture. She envisioned "Shame" standing up a little taller, than later, holding her head a little higher. Eventually she saw Shame standing tall, smiling, feeling strong and confident. At the end of the session she renamed the part "Hope" because it beautifully epitomized how she could rise out of deep despair.

Titration of the disturbance and unblocking stalled processing

If at any point during the processing the client feels overwhelmed with affect, or if processing loops, I will remove the DP and have them look only at the RP. With the TheraTapper providing constant ABS we go directly into resource installation - which helps restore the feeling of well being previously experienced with the RP. If necessary I will ask "What other resources do you need now?" I will display and install all helpful RPs – I'll even return to Step One to get new ones if necessary. Once the client is sufficiently re-grounded, with an appropriate felt sense of the resource ego state(s), I will return to EMs between the RP and DP. After this type of interweave the client usually reports the DP is much less disturbing, and processing continues unblocked. Flexibility with displaying the pictures helps me to titrate the client disturbance to keep it within an ideal therapeutic range.

Using internal dialogue

To enhance integration I often find it helpful to invite a supportive dialogue between images in the RP and the DP. This supportive dialogue seems to hasten the linking of the deficient/traumatized ego state with resource ego states - as evidenced by gradual calming and releasing reported in the body throughout the process. Here is an example of how this can work: The DP is a picture of the client as a small, scared boy in a room where he was often violated, dreading his perpetrator's imminent arrival. The RP is a picture of the client as a grown man, able to nurture and protect himself. The pictures are displayed at opposite ends of the felt board to facilitate wide EMs.

Therapist: "What does the adult in this picture most want to tell the child in that picture?"

Client (Adult Part): "One day this nightmare will be over and you'll be safe."

Therapist: "When the child hears this what's his reaction?"

Client: "It calms him."

Therapist to child in picture: "What would you like to say to the adult in that picture?"

Client (Child Part): "I'm scared and there is no one I can tell about it. Mom and Dad will be mad at me if I tell them I'm scared."

Client (Adult Part to Child Part): "You have a right to be scared, and it's not your fault. It's awful that no one would listen to you then, but I'll listen to you now."

Client (Child Part): "Really? That's good to hear." (Client reports body releases tension.)

Therapist: "Think about that and resume EMs."

Parts sometimes report feeling threatened by each other and are resistant to integration. I have found it essential to ask each part to consider and acknowledge their common interest of working to establish and preserve safety. I provide validation for each part's point of view, referring to the experiences that brought them into existence. Furthermore, I ask each part to consider the possibility that sharing information with the opposing part may actually increase the probability of each getting the safety they seek. When it is clear that the ice between the parts is melting, I enhance the integration process with ABS and a PC like "We can begin to work together as team, to promote safety." (Schmidt, 1998)

As with the EMDR trauma-focused protocol, the SUD level of the DP and the believability of the irrational belief diminish over time. Abreaction may or may not occur in the process. Curiously, even though traumas are not targeted directly, clients often report a significant drop in the SUD of associated traumas following integration of the DP ego state with RP ego states.

Step Three: Enhancing the ego state integration

When the SUD level on the DP is at or near zero, I may ask the client, or the client may volunteer, to draw a new picture to more accurately represent how they feel now. I suggest drawing it with the non-dominant hand to be sure this trauma channel is clear. The new picture should illustrate the degree of integration between the deficient/traumatized ego state and resource ego state. If healthy integration has occurred, I then pair and install the new picture with an appropriate PC of the client's choosing. Using the above client as an example:

Client reported imagining how the grown man part, if he had been the boy's father, would have protected the boy from ongoing violations by the perpetrator by making it safe for the boy to tell. The boy part began to understand that this sane adult is his caretaker now. As the DP SUD dropped the child volunteered he wanted to join the adult in his picture. The adult welcomed the boy into his safe home and the client reported feeling a great relief. I asked my client to draw a new picture to represent the ego state changes so far. He drew a picture of himself as a boy in the room in which he had been violated, but now he was smiling - feeling comfortable and safe. I installed this new picture with the PC "I'm safe now and I can protect myself." Session ended with SUD 0 and wonderful body sensations.

Sometimes there is no need for a new picture because when the DP SUD drops to 0 the meaning of the picture changes from something negative to something positive. I consider this a good sign and install the picture with the new meaning. For example: A client had drawn a bloody knife to represent her self-loathing part. Once this part was integrated with other resource parts, she saw the bloody knife as an arrow pointing her in the direction of healing. The meaning had changed to: "sometimes pain precedes growth." The DP spontaneously became an RP, and has been used successfully, as such, in subsequent sessions.

Step Four: Reevaluation

As with the target trauma in standard EMDR, a single DP may be a node for many different associative channels. At the beginning of a session I will display the prior session's DPs and RPs and ask for a reaction. I check for incomplete processing from the prior session and for any additional associative channels that may be surfacing. Sometimes it is more therapeutic to process additional channels with new pictures.

Wagon Wheel Metaphor

Clients who understand EMDR as trauma-focused therapy often get confused when I focus on resources and ego strengthening. To explain this approach I offer the metaphor of a wagon wheel. The hub and the spokes must be well connected for the wheel to roll smoothly and support weight for long distances. The role of each spoke is important for the wheel to function optimally. I offer that the hub and the spokes are like parts of self (ego states). Some parts may be well connected, some loosely connected, or some may not be connected at all. I explain that we start by strengthening the hub (the core center). We then discern which spokes need (and are ready for) assistance and help connect them to the hub. Over time it becomes easier for the more spokes to fit securely in the wheel. As more spokes get securely connected the hub, the wheel performs better and with heavier loads. I have explained that an ability to carry heavy loads is required to do the trauma-focused EMDR.

Most of my clients are adult survivors of childhood trauma. They are reporting a significant preference for the resource-focused protocol because (a) seeing the pictures keeps them more present in the processing, and (b) seeing their resources front and center helps them feel safer. Some clients report benefit from thinking about their pictures between sessions, when they need re-grounding. Over time their file folders fill with RPs, making the therapy easier and easier. It appears to me that clients are achieving adaptive resolution more efficiently and with less overall disturbance. I like using this protocol because I believe I can more accurately see, and safely break through, the dissociative barriers that tend to slow processing. The art provides me a clearer understanding of the clients' ego strengths and weaknesses – so I am more likely to accurately estimate affect tolerance and provide the safest possible pacing of the healing process.

Over the last three months I have probably done about 50-70 sessions of Resource-Focused EMDR with 15 very different clients. Clients are reporting stable gains from these sessions. This of course, is only anecdotal evidence. Rigorous clinical research would be needed before any unequivocal claims of efficacy could be made. I consider this to be work in progress and encourage feedback. I can be contacted at (210) 561-9200 and sjschmid@netxpress.com.

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