THE EFFECTS OF EYE MOVEMENT DESENSITIZATION AND REPROCESSING AND EGO STATE WORK ON DISSOCIATIVE IDENTITY DISORDER

By

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With much respect, I acknowledge the strength and endurance of all victims of child abuse and especially to J who had the courage to share his pain, his struggle and mostly, his eloquent description of his abuse, dissociation and integration during EMDR sessions.

I want to thank Francine Shapiro and the researchers who have added to the field of EMDR therapy.

I'd like to thank Dr. Irv Katz for his support and encouragement. Lastly, I am grateful to my colleagues and my family who have supported me through this 6 year project.

"Hiding oneself in any way is felt deep within our heart and soul; a personal abandonment and sets in motion a perpetuating course that blocks with blatant increasing cold and calculated efficiency the emersion and recovery of the splendid miracle that we are." J

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THE EFFECTS OF EYE MOVEMENT DESENSITIZATION AND REPROCESSING THERAPY AND EGO STATE THEORY IN TREATING DISSOCIATIVE IDENTITY DISORDER

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This case study attempts to demonstrate that Eye Movement Desensitization and Reprocessing helps to establish necessary connections between past events and present adult perspectives. Eye Movement Desensitization and Reprocessing (EMDR) and Ego State work together facilitate access to and mediation among the dissociative parts. This study gives further evidence about the importance of complementing EMDR therapy and ego state work with specific therapists' skills: respectful listening, patience, and supportive encouragement and especially, mediation which assists in the healing of the Dissociative Identity Disorder client.

Mediation refers to any interchange between two groups or individuals attempting to bring their respective points of view to a compromise. The major uses of the term refer to law, diplomacy and commerce. Mediation may also be used in a scientific sense to discuss the interchange between biological organisms, or in a cultural sense to refer to the exchange of ideas and practices between cultures. I have used my mediation and conflict

resolution training to bring the 'parts' points of view to compromise, to discuss interchange and to assist in their exchange of ideas, memories and their integration.

CHAPTER 1
PROBLEM FORMATION

Introduction

There has been considerable progress made in the diagnosis, assessment, and treatment of Disassociate Disorder during the past decade. (Barach, 1996). The diagnostic criteria as identified in the Diagnostic and Statistical Manual, Fourth Edition, Text Revision (DSM-IV-TR; American Psychiatric Association, 2004) sets out the following diagnostic criteria for Dissociative Identity Disorder (300.14):

A. The presence of two or more distinct identities or personalities (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment itself).

B. At least two of these identity or personality states recurrently take control of the person's behavior.

C. Inability to recall personal information that is too extensive to be explained by ordinary forgetfulness.

D. The disturbance is not due to the direct physiological effects of a substance (e.g.., blackouts or chaotic behavior during alcohol intoxication) or a general medical condition (e.g.., complex partial seizures).

Dissociation

Dissociation is defined as "a disruption in the usually integrated functions of consciousness, memory, identity, or perception" (DSM IV-TR) (American Psychiatric Association APA, 2004). Dissociation can be a psychological defense mechanical that also has psychobiological components. Generally it is thought to originate as "a normal

process as initially used defensively by an individual to handle traumatic experiences and evolves over time into a maladaptive or pathological process" (Putnam, 1989).

Many terms have been developed to describe the DID patient's subjective sense of self-states or identities. These include personality, personality state, self-state, disaggregate self-state, alter personality, alternate identity, part, part of the mind, part of the self, entity, among others. The DSM IV-TR uses the term "distinct identities" (American Psychiatric Association, 2004) and the guidelines use this term for consistency.

Alternate identities have been defined in a number of ways. For example, Putnam (1989) describes them as highly discrete states of consciousness organized in a prevailing affect, sense of self (including body image), with a limited repertoire of behaviors and set of state-dependent memory." The alternative identities are intrapsychic entities that have a sense of self, have an emotional repertoire and can process information. They have both the potential for "being in-the-world," behavioral enactments as well as subjective symbolic and metaphorical characteristics. They have aspects of both structure and process. Some believe (Schmidt, 1998) that alternative identities result from the inability of many traumatized children to develop a unified sense of self that is maintained across various behavioral states, particularly if the trauma occurs before the age of five. DID develops during the course of childhood and rarely, if ever, derives from adult-onset trauma (unless it is superimposed on preexisting childhood trauma) (Schmidt, 1998). Traumatic experiences, particularly severe, repetitive trauma, produce extreme states of experiences in the child. (Schwartz, 1999) elaborated on the concepts of the Self or Center that is different from the parts. He focused on the relationships among the parts and the Self and

defined the Internal Family Systems (IFS) therapy. The parts concept can be applied far beyond the treatment of dissociation, to a broad spectrum of other psychogenic disorders, as well as normal problems of adjustment (Watkins, l997).

It has been suggested that ego-states are specialized neural networks that hold specific packages of information related to behavior, affect, sensations, and knowledge of our life experiences (Braum, 1988).

This case presentation will demonstrate the relationship between childhood traumatic experiences and Dissociative Identity Disorder and will describe the symptoms of DID and how they can present with subtle symptoms in a patient who may minimize or conceal symptoms. DID patients commonly present in a polysymptomatic way with dissociative and Post Traumatic Stress Disorder (PTSD) symptoms embedded within symptoms such as depression, panic, eating disorders etc. This, at times leads only to the diagnosis of these co-morbid conditions and the DID goes undiagnosed. This results as long and frequently unsuccessful treatment for these other conditions.

J developed discrete, personified behavioral states as a child, which seemed to encapsulate intolerable traumatic memories of abuse and neglect. This abuse and neglect are reflected in his poetic writings. It has been hypothesized that young children are particularly prone to peritraumatic dissociation and other trauma-related psychopathology (e.g., Kluft, l989, 1991, 1993). Several studies with dissociative patients have provided supportive evidence of this hypothesis (Draijer & Boon, 1993; Nijenhuuis, Spinhoven, Van Dyck, Van der Hart, 1998).

This case study demonstrates the disturbed caretaker-child attachment, physical and emotional chronic abuse and J's ability to integrate experiences that occurred in different

contexts. J dissociation of traumatic experiences seemed to help to preserve his relationships with caretakers, especially his abusive father and victimized mother. His development of entities seemed to allow a more normal maturation in other developmental areas, such as intellectual, interpersonal, and artistic endeavors, specifically dancing. His alternative identities had diverged considerably in number, complexity, and in a sense of separateness as he proceeded through latency adolescence and adulthood.

J was a 62-year-old man when he entered into therapy with me (more than five years ago.) He was interested in Eye Movement Desensitization Therapy to improve his performance in the area of competitive dancing. He had been to many therapists for a mood disorder and was being treated by a psychiatrist when he presented for his initial session.

He met the guidelines for Dissociative Identity Disorder as described by the Diagnostic and Statistical Manual of Mental Disorders, (APA 2004). The client is referred to as "J" throughout this presentation.

This study will demonstrate the symptoms of DID and how they can presents with subtle symptoms in a patient who may minimize or conceal symptoms. DID patients commonly present in a polysymptomatic way with dissociative and Post Traumatic Stress Disorder (PTSD) symptoms embedded within symptoms such as depression, panic, eating disorders, etc. This, at times leads only to the diagnosis of these co-morbid conditions and the DID goes undiagnosed. This results in long and frequently unsuccessful treatment for these other conditions. (Roth, 1997).

The theory of "structural dissociation" (Van der Hart, 2000) another ideological model, is based on the ideas of Janet (1919) and attempts to create a unified theory of dissociation that includes DID. This theory suggests that in dissociation there is a basic failure of integration of systems of ideas and functions of the personality. Following trauma, the personality divides into an "apparently normal part of the personality" dedicated to daily functioning and an "emotional part of the personality" dedicated to defense. Defense in this context is related to psychobiological functions related to survival in response to life threats such as fight/flight, not to the psychodynamic notion of defense. It is hypothesized (Janet, 1919) that chronic trauma and/or neglect leads to additional secondary structural dissociation of the emotional part. In this model, DID is induced by a tertiary level of structural dissociation among both the "apparently normal part of the personality" and the "emotional part of the personality." Related to long-standing trauma, neglect, and attachment pathology during early development (Nijenhuis and Vanderhart, 1999).

Myers (1940) described this primary structural dissociation in terms of dividedness between the "apparently normal" personality and the "emotional" personality. Studying acutely traumatized World War I combat soldiers, Myers observed that the "emotional" personality (EP) recurrently suffers vivid sensorimotor experiences charged with painful affects which, at least subjectively, closely match the original trauma. Thus the EP is stuck in the traumatic experience that persistently fails to become a narrative memory of the trauma. The "apparently normal" personality (ANP), on the other hand, is associated with avoidance of the traumatic memories, detachment, numbing, and partial or complete

amnesia. This ANP seems to be dedicated to daily functioning, and the (EP) seems to be dedicated to defense.

J used the "left and right" parts of himself to identify these two parts of the personality. Defense in this context is related to psychobiological functions related to survival and response to life threats, such as fight/flight, not to the psychodynamic notion of a defense. It is hypothesized (Myers, 1940) that chronic trauma and/or neglect leads to additional secondary structural dissociation of EPS. In this model, Dissociative Identity Disorder is produced by a tertiary level of structural dissociation, among those, ANPs and EPs related to long standing trauma, neglect, and attachment pathology during early development.

Last and most important, these developmental models (Nijenhuis and Vanderhart, 1999) posit that DID does not arise from a previously mature, unified mind or "core personality" that becomes shattered" or fractured. Rather, DID results from a failure of normal developmental integration caused by overwhelming experiences and disturbed caretaker-child interactions during critical, early developmental periods leading to the development and elaboration of discrete personified behavioral state.

This case study will demonstrate all of the conditions mentioned above. Chronic trauma and/or neglect, long-standing trauma, neglect, and attachment pathology during early development were all present for J, and probably contributed to his diagnosis of DID. EMDR was used to assist in integrating his personalities. Through clinical interviews, which include EMDR therapy protocol and J's writings and poems he progressed from a dissociative state through the integration process toward stable fusion. Fusion refers to the point in time when two or more alternate identities experience

themselves as joining together with a complete loss of subjective separateness. Stable fusion usually occurs after 27 months without evidence of alternative identities. J. presented for therapy after eleven years of clinical therapy and visits to his psychiatrist without being diagnosed with DID.

This is a two-year case study which includes one and one half years of therapy and a three year follow up of J who was treated with Eye Movement Desensitization and Reprocessing therapy. The effects of EMDR therapy are described throughout the case study by me and through J's poetic descriptions.

Throughout this presentation I will attend to J's unique language in referring to his alternative identities. He referred to them many times as "entities." He also referred to them as "selves" and at time referred to the "left or right side."

The following presentation is a compilation of notes and tape recordings from some of my sessions with J. during the one and one half years of therapy. It was not until one and one half months into the therapy that I was inspired to document J's experiences and his poetry related to his past abuse and description of integration during the EMDR sessions.

The main objective of this project is to describe the importance of recognizing and diagnosing Dissociative Identity Disorder and to demonstrate the effectiveness of the EMDR therapy with a dissociative patient. Most importantly, and the most unique part of this study is the inclusion of J's poetic description of his abuse, his dissociative process, and his description of the integration or fusion that occurred during his EMDR therapy. This case study further strengthens the preface that EMDR therapy is effective in treating Dissociative Identity Disorder.

Definitions

1. ABREACTION: The high level of emotional disturbance which can occur when a client re-experiences some part of an earlier life experience during EMDR treatment.
2. COGNITIVE INTERWEAVE: a technique used to illicit a new neurological network when the target is not linking in.
3. DISSOCIATION: A disruption in the usually integrated functions of consciousness, memory, identity, or perception.
4. EMDR: Eye movement, desensitization, and reprocessing.
5. INTEGRATION: The movement of different parts toward a common purpose.
6. MEDIATION: Negotiation to resolve differences conducted by an impartial party.
7. NODE: The specific nexus experience which can be targeted for accelerated Information Processing.
8. POSITIVE INSTALLATION: Installation is the fifth EMDR treatment. During installation, treatment effects are evaluated by the increasing confidence in the positive cognition as measured by the VOC.
9. SHIFT: Changes in image, affect, cognition, or physical sensation reported by the client between sets.
10. STANDARD PROTOCOL: The standard EMDR protocol has three prongs in each of which specific nodes are targeted: 1. Past-targeting of earlier experiences that led to the current dysfunction. 2. Present-targeting current triggers of the dysfunctional material. 3. Future-targeting a future template. This three-pronged approach is fundamental to all specialized EMDR protocols through particular application will vary clinically.

11. SUDS: Subjective Units of Disturbance Scale-A. 0-10, where 0 represents neutral, no disturbance, and 10 represents the worst disturbance.
12. TARGET: The node selected as the focus for the EMDR treatment session.
13. VOC: Validity of cognition.

CHAPTER 2

REVIEW OF LITERATURE

Dissociative Identity Disorder

Dissociation is a state in which a person becomes separated from reality. DID sometimes referred to as Multiple Personality Disorder (MPD) is a disorder involving a disturbance of identify in which two or more separate or distinct personally states control the individuals behavior at different times. The different identities, at times are referred to as "alters" or "selves." Dissociation is a common defense mechanism against childhood abuse. According to (Parson, 1988), "Only children have the flexibility to fracture off from the "core personality" and escape the traumatic and painful memories and that the personality splinters or fractures before the age of five." Their research has shown that the average age for the initial development of alters is 5.9 years.

DID is shrouded in mystery and the subject of a good deal of controversy. (Gleaves, 1996). According to (Hawksworth & Schwartz, 1978), perhaps 50% of all psychiatrists deny that it even exists.

Treatment for DID has consisted primarily of psychotherapy with hypnosis. The goal of the therapist has been to achieve breakdown of the patient's separate identities and unification into a single identity (Wilson, 1981).

Each personality is nothing more than a satellite; a superficial fragment split off from the parent individual as a result of extreme stress, yet from our point of view, the equally important aspect is that each is extraordinarily convincing (Wilson, 1981).

According to Piper (1997), DID diagnosis was rarely made prior to 1997. It was contended that DID symptoms are subtle, covert and tend to be easily missed. According to Roth (1997), DID individuals tend to hide or minimize their symptoms. These authors

have suggested the diagnosis of DID was frequently overlooked by clinicians of previous generations. According to Gleaves (1996), DID often goes unrecognized for many years and that a florid, obvious presentation of the disorder is atypical.

The possibility of iatrogenic factors may play an important role in DID, since a florid and obvious presentation is atypical prior to therapy and may become typical only during therapy. Kluft (1991) estimated that only 20% of DID patients exhibit clear-cut indications of the condition at the beginning of therapy. Kluft (1991) and Ross (1991) contend that DID patients, themselves are frequently unaware of their alters prior to therapy. Ross (1997) has maintained that the features of DID are frequently latent and therefore, difficult to detect prior to therapy. Iatrogenesis has been a serious concern in DID literature (Aldridge, 1989). It has been a serious concern because it is often or usually unobservable prior to treatment and tends to emerge and become considerably more florid during treatment. Some authors conjecture that practitioners who use hypnosis, especially those who believe that hypnosis is potentially iatrogenic, should use hypnosis with caution (Ross & Norton, 1989). Ross and Norton's data, (1989), does not argue against iatrogenic hypotheses, but may in fact; provide suggestive evidence for this hypothesis. Spanyo (1994) indicated that DID treatment literature is, at best, lacking in support. Gleaves, (1996) contended that Spanyo's assertions that "therapists routinely encourage patients to construe themselves as having multiple identities, provide them with information about how to convincingly enact the role of multiple personality patients and provide official, legitimatization for the different identities that patients enact is questionable**."**

An examination of the widely available treatment literature on DID reveals that much and arguably most, of the literatures oriented around techniques such as mapping the system of alter personalities and establishing direct contact with alters (Ross, 1997). One prominent author appears to treat DID patients as harboring multiple, discrete personality-like entities; if not fully developed personalities (Piper, 1997). Kluft (1993) argued that when information suggestive of MPD is available but the alter has not emerged spontaneously, asking to meet an alter directly is an increasingly accepted intervention. Many influential authors in DID treatment literature treat alters as independent entities or even personalities (Nijenhuis & Van der Hart. 1999); at least in the early phase of treatment. Gleaves (1996) describes the therapeutic practice of most DID clinicians as a relatively passive process of acknowledging that a patient with DID has genuine experience of alters or real people or identities. Summoning alters appears to be quite active or potentially suggestive, particularly if as noted earlier, many DID patients have no conscious awareness of multiple identities prior to therapy.

In Gleaves' analysis of the literature linking child abuse to DID in 1996 he sited Carson & Butchers (1992). While it is somewhat amazing that this connection between DID and child abuse was not generally recognized until 1984, there is now no reasonable doubt about the reality of the association.

Several investigators have attempted to collaborate the retrospective abuse reports of DID patients. Gleaves sited the findings of Coons and Millstein (1994) who claim to provide objective documentation for the abuse reports of a number of DID patients, as offering especially compelling support for the child abuse-DID link. There were various methodology shortcomings in these studies. It was difficult to exclude the possibility of

iatrogenic influence. In conclusion, Gleaves (1996) likened the literature concerning relationship of child abuse and DID to the literature concerning the relationship of Posttraumatic Stress Disorder: "The empirical support for the relationship is correlational."

Diagnostic Criteria and Guidelines for Treatment of Dissociative Identity Disorder

These guidelines, presented by the American Psychiatric Association, set out the following diagnostic criteria for DID (Chu, 2005).

A. The presence of two or more distinct identities or personality states.

B. At least two of these identities or personality states recurrently take control of the person's behavior.

C. Inability to recall important personal information too extensive to be explained by ordinary forgetfulness.

D. This disturbance is not due to direct physiological effects of a substance, blackout, or chaotic behavior during alcohol intoxication.

The guidelines were developed by psychiatrists, psychologists, and other mental health practitioners in active clinical practice, research, or other academic endeavors. The guidelines were developed to provide accurate clinical information to assist in early and appropriate treatment for the dissociate disorders. Three phrases are described in the guidelines:

1. Trust and Therapeutic Alliance
2. Focused Work on Traumatic Memories and
3. Integration and Rehabilitation.

Seven studies of 719 DID patients have shown that they spent 5 to 11.9 years in the mental health system before they were diagnosed with DID (Boon & Drijger, 1993). While progress has been made in educating the professional community about the prevalence and clinical presentation of dissociative disorders, DID and related disorders, the diagnosis of DID continues to be missed, misdiagnosed and inappropriately treated (Putnam, 1997).

Putman (1997) states "alternate identities result from the inability of many traumatized children to develop a unified sense of self that is maintained across various behavioral states, particularly if the trauma occurs before the age of five." Traumatic experiences, particularly severe, repetitive trauma, produce extreme states of experience in the child. Simultaneously, "development of discrete, personified behavioral states" in the child is thought to encapsulate intolerable, traumatic memories and affects to mitigate their effects on overall development (Kluft, 1984). There are also disturbed caregiver-child attachments and parenting which further disrupt the child's ability to integrate experiences that occur in different context. Secondary structuring of these discrete, behavioral states occurs over time through a variety of developmental and symbolic mechanisms resulting in the characteristics of specific alternate identities. Once this process begins it may generalize to help the patient manage and cope with a variety of life events and experiences. Alternate identities may diverge, and be considerable in number, complexity, and sense of separateness as the child proceeds through developmental stages (Kluft, 1984; Putnam 1997). This etiological model posits that four factors are required for DID to develop (Kluft, 1984). One, the capacity for dissociation. Two, experiences that overwhelm the nondissociative coping of the child. Three,

secondary structuring of the DID alternative identities with individualized characteristic such as names, ages, genders. Four, lack of soothing and restorative experiences that leave the child to find ways of comforting self after overwhelming experiences (Kluft, 1984).

The theory of "structural dissociation" and other ideological models based on the ideas of Janet (1919). attempt to create a unified theory of dissociation that includes DID. This theory suggests that in the dissociation there is a basic failure of integration of the system of ideas and functions of the personality. Following trauma, the personality divides into apparently normal part of the personality (ANP) dedicated to daily functioning and an emotional part of the personality (EP) dedicated to defense. Defense in this context is related to psychobiological functions related to survival in response to life threats such as flight not to be the psychodynamic notion of defense. It is hypothesized that chronic trauma or neglect lead to additional secondary structural dissociations of EPS. In this model, DID is produced by a tertiary level of structural dissociation among both ANPS and EPS related to longstanding trauma, neglect, and attachment pathology during early development (Nijenhuis & Vanderhart 1999). These developmental models posits that DID does not arise from a previously mature or unified mind or "core personality" that becomes "shattered" or fractured. Rather DID results from a failure of normal developmental integration caused by overwhelming experiences and disturbed child caregiver interactions during critical early developmental periods. Leading to the development and elaboration of discrete, personified behavioral states.

A careful diagnostic interview is recommended as part of the guidelines for treating DID. Two structured interviews for dissociative disorders are the structured clinical

interview and the DID interview schedule. The first one is Steinberg (1994) and the second is Ross (1997). Treatment, as stated in the guidelines, is to see the patient as a whole adult with alternate identities sharing responsibilities for life as it is now. Integrated functioning is the goal of treatment. The most stable treatment outcome is fusion, which is the complete integration merger of the identity states (Kluft, 1993). Kluft defines integration as an ongoing process of undoing all the aspects of dissociative dividedness that begins long before there is any reduction in the number of distinctiveness of the identities. Integration denotes an ongoing process.

Treatment Outcome

Planning for the treatment of DID patients involves taking account of the motivation and personal resources of the patient to engage in an intensive, demanding psychotherapy focused on major life change. A phase-oriented treatment approach has been referred to in literature (Steele, 2005). There are three phases: One is safety stabilization and symptom reduction, two, is working directly and in depth with traumatic memories, and three, identifying integration and rehabilitation (Brown, Scheflin, & Hammond, 1998).

Review of the Literature: Eye Movement Desensitization and Reprocessing and Ego State Therapy

Francine Shapiro has detailed a clinical protocol for the Eye Movement Desensitization and Reprocessing (EMDR) process that emphasizes efficacy and safety and has been evaluated in her original research (Shapiro, 1989) and more recent studies (Wilson, Tinker and Becker, 1995). The protocol elicits hypothesized traumatic neural networks which facilitate emotional processing of the contents of the neural networks, and enables safe completion of this process (Shapiro, l995). The clinical procedure for

conducting EMDR is complex and powerful. It can be risky if it is undertaken without the therapist having the skills in place to take the procedure to its completion (Paulsen, 1995).

Success with DID patients is only as good as the therapists, their training, their sensitivity and knowledge of ego state therapy and their ability to follow the guidelines that have been outlined for DID, as well as following the outlines for EMDR and ego state therapy. The abbreviated version of Shapiro's procedure (Paulsen, 1995) for using EMDR with DID is the set-up phase: Two measures are used to monitor process status Subjective Units of Disturbance (SUD) (Wolpe, 1958) and Validity of cognition (VOC) (Shapiro, 1989). The desensitization phase is next, followed by the installation phase and the final phase is debriefing.

Over a hundred years ago, Janet (1919) and Freud (1895) began to study and develop theories about childhood sexual abuse. This was the first important research into trauma. In 1995, Sandra Paulsen wrote in one of her first publications in the use of EMDR for the treatment of dissociation that EMDR was to be used for the reprocessing of trauma and was to be used cautiously (Paulsen, 1995).

According to Carol Forgash (2004),"If EMDR protocol was used with Dissociative clients without prior development of secure, therapeutic relationships and without screening for dissociation, and extensive preparation for trauma work, destabilization and increased dissociation would follow."(Forgash,2004, p. 2).

A new treatment approach was needed to meet the needs of the trauma survivor population who did poorly with the standard EMDR protocol.

More than fifteen years later, after the introduction of EMDR by Francine Shapiro, there have been further strides made in understanding the treatment of severe trauma. It is

important as clinicians to know how to use EMDR most effectively and efficiently in the treatment of Dissociative Identify Disorder. Carol Forgash (2004), proposes that "EMDR and ego state treatment be utilized to help trauma survivors develop more functional inner boundaries, ego state systems, stability, mastery of life skills, and most importantly, empathy for themselves, and to move from victim status to thriving and leading a full life."

Carol presented a model using standard EMDR protocol blended with effective interventions and phase treatment approaches used to treat Dissociative and Posttraumatic Stress Disorders and ego states psychotherapy strategies (Forgash, 2004).

Ego State Therapy

Ego state therapy theory was developed initially by Paul Fedran (1932, 1943) and ended with John Watkins and Helen Watkins (1997), Richard Erskine (1997), Eric Berne, (1963), and Richard Schwartz, (1997). The theory posits the existence of an internal family variously termed "parts" "ego" or "self states" or "selves" or conceived of as neuro or memory network.

Ego state work utilizes individual, group and family therapy techniques for the resolution of conflicts among the ego states that constitutes the internal family. The ego state techniques that will be reviewed are from the work of Kluft (1993) and Fine (1993). They were developed to treat PTSD and have successfully extended to treat the range of dissociative disorders.

Childhood traumas with negative consequences that lead to DID include disasters or major loss, which occur when no parental help is available. There is no comforting or mirroring by parents or other attachment figures. No systematic self-soothing or empathy

is available internally or externally with any consistency. Chaos and instability follow. Dissociation or freezing occurs, and this can lead to a sense of nothingness or emptiness.

According to Carol Forgash, "The trauma may be repeated or become episodic, perhaps involving ongoing physical damage. In response to repeated, severe trauma a network of dissociative ego states for neural networks may form, and dissociation, amnesia and somatization may ensue. A possible explanation for this is that the traumatic material is dissociated and moved to a disconnected neural network. Memories and behaviors associated with the trauma are sometimes stored in fragments and therefore not available for information processing. When the client is cued or triggered, these distressing memories can invade the person's consciousness. These trauma victims suffer from emotional dysregulation and cannot close down the disturbance when triggered" (Forgash,2004, p. 4).

With this there can be self perception, alterations: guilt, shame, self blame and stigma. Any of the natural processes and developmental stages becomes disruptive, delayed and negatively impacted by childhood trauma, familial abuse and loss.
The goals of EMDR and Ego State Integrated Treatment Model, is to help clients reach several goals (Barach & Comstock, 1996). This perspective emphasizes stabilizing self-other objects representation through facilitation of the development of an internal "secure base."

Janet (1919) wrote that traumatized clients have lost their ability to progress in the evolution of their lives. Their response to stress is expressed in alternating experiences of hyper arousal and dissociation.

Trauma victims have an internal ego state system with parts that function maladaptively in the present, and these parts may become pathologically dissociated with serious conflict among some of the parts. Some parts may fear annihilation if they lose their perceived roles. It is very important for the therapist to recognize those parts. Some of the resistance that occurs may involve ego states that fear exposure for violating taboos against "telling," or they may have a fearful anticipation of a painful, punitive response,

secondary to their experience of abandonment by parental figures or other family members. If these fears persist with no reduction or escalation, patients may experience increased levels of frustration, feelings of defeat, depression, and anxiety, and therapists may be perceived as unhelpful or unnempathetic. Many times dual attention stimuli (DAS) or bilateral stimulation such as tapping or audio stimulation are introduced during the early phase while working on readiness activity to prevent these types of negative responses.

Integrating EMDR and the ego state model allows the therapist to diagnose readiness for trauma work, stability, and specific needs of the individual with a complicated trauma history. It has been found throughout the literature that if uncovering work or desensitizing and reprocessing work is prematurely attempted, clients will also destabilize or experience other treatment difficulties (Bomberg & Watkins, 1994). Ego state work should be an essential part of the preparation stage of EMDR treatment of dissociated, traumatized clients who are dealing with the less functional self fragments or alters as described by Watkins (1996).

Stabilization must precede trauma treatment. This was documented in Janet's nineteenth-century phased treatment. In the preparation phase of the ego state EMDR work, the goal of the preparation phase is to enhance the evolution of the internal system by stabilizing prior to the trauma treatment. Enhancing and stabilizing the internal system helps in building up the structures that were disabled and broken down by trauma, losses or unstable family, and/or neglect.

According to Carol Forgash (2004), "The client is eventually able to deal more safely with traumatic because of the extensive preparation involving work toward affect and dissociative symptom management. This work can lead to mastery and control in present life." (Forgash,2004, p.7).

During the separation phase readiness activities, creation of the home base and work place and orienting the ego state system to present reality are accomplished. If possible, Dual Attention Stimuli (DAS) or bilateral stimulation is introduced during this phase. DAS seems to increase focus in reinforced stability related to safe place development, resource development, and ego strengthening and stress development. It is important for the client to meet the ego states. In helping the client learn about the parts; cognitive interweaves are used at times (Shapiro, 1994). Creation of a safe place is also developed during the early phase. This is the place for privacy and a place where ego states can be accessed and where therapy sessions with the ego states can take place. Many techniques are used for accessing ego states: the round table, afternoon at the conference table, (Schmidt, 1998). Some parts will not be visible. This is to be expected and respected, never forced.

Grounding and centering procedures are helpful for clients who dissociate and all of these techniques are enhanced with DAS (Shapiro 1991, 1993). Although eye movements are often considered its most distinctive element, EMDR is not a simple procedure dominated by the use of eye movements. It is a complex psychotherapy, containing numerous components that are considered to contribute to treatment effects. Eye movements are used to engage the client's attention to an external stimulus, while the client is simultaneously focusing on internal distressing material. Shapiro describes eye movements as "dual attention stimuli," to identify the process in which the client attends to both external and internal stimuli. Therapist directed eye movements are the most commonly used dual attention stimulus but a variety of other stimuli, including hand-

tapping and auditory stimulation are often used. The use of such alternate stimuli has been an integral part of the EMDR protocol for more than 10 years.

According to Carol Forgash (2004), "Negotiating ongoing permission and system wide consensus for the part or parts to work on traumatic events is always necessary." (Forgash, 2004, p. 10).

Resource building continues throughout the session. Identifying conflicts and resolving issues (mediation) is ongoing work. The parts need to be reassured that if they choose to change roles and jobs they will still be necessary to the existence of the ego-states system. The therapist provides continuous reassurance, education, and respect. The pace of the work is always set by the system, and the therapist maintains patience and respect.

According to Carol Forgash (2004), "Interweaves: In some situations, interweaves can be lengthy, continuing over many sessions. They can include resource building, ego state work and cognitive, somatic, and psychodynamic interweaves." (Forgash2004, p. 11).

Interweaves can also follow an emotional network. J remembered a painful feeling after his wife's affair with his brother: numbness and rage. He followed that back to a memory when he was a child, seeing his mother being abused, numbness and rage again. The similar emotions continued to bring up scenarios with similar emotions. This interweave continued for several sessions and ended with a shift in cognition and a stronger sense of real communication among the parts involved.

According to Carol Forgash (2004), "We have seen that extending the length and scope of the stabilization and preparation phase of the standard EMDR protocol and adding ego state work allows clients who might otherwise have been deemed ineligible for EMDR to profit from trauma work" (Forgash, 2004, p. 12).

Mediation techniques were useful during the preparation, integration and stabilization phases of the therapy with J. The mediation techniques helped during the beginning stage by allowing the parts to acknowledge each other and to establish trust so that movement toward integration could begin. This beginning phase is important and

should be taken slowly. The mediation techniques allow an opportunity for the parts to express their needs and wants and to work with the therapist toward a common goal of compromise. The mediation techniques added to the standard EMDR protocol and ego state work helped the entities to emerge slowly and in a trusting environment. They were allowed to be heard, and respected which is critical for future integration to occur. From J's perspective, the most helpful part of the therapy for him was the therapist's ability to communicate with the entities in a non threatening way. All of the identities were formed to satisfy the abuser and all of those patterns of abuse were being interrupted during the integration process.

According to Carol Forgash (2004)"In conclusion within this integrated treatment model, the internal family system is recognized for having played purposeful, honorable roles during the earlier times of terror and chaos." (Forgash,2004, p.12). In addition according to Carol "EMDR therapists are thus able to provide effective treatment to address complex traumatic stress disorder and its sequelae in our clients." (Forgash, 2004, p. 12).

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CHAPTER 3

PROJECT

Clinical Interview and Diagnosis of Dissociative Identity Disorder

Standard Protocol

The standard EMDR protocol has three prongs in each of which specific nodes are targeted: 1) past targeting of the earlier experiences that led to the current dysfunction; 2) present-targeting current triggers of the dysfunctional material; 3) future-targeting a future template. This three-pronged approach is fundamental to all specialized EMDR protocols, through particular application will vary clinically.

Sessions

First session: The set-up phase of EMDR

Commentary: During this Phase I screened for dissociation and targeted an image that typifies his most stressful feelings. Safety precautions were discussed:

J presented with complaints of feeling "out of step," generalized anxiety, and isolation. He appeared to be a gentle, soft spoken man who was polite kind and well mannered. He had experienced extreme anxiety before dance lessons and before competitions and felt the anxiety in his shoulders. His negative cognition was that he "wasn't good enough" and "what if I make a mistake?" His past performance history indicated that at a very young age (four or five years of age) he had severe anxiety symptoms and a fear of making a mistake in school during reading group. He and had a fear of standing up and reading. He "did not want anyone looking" and had avoided having his parents watch him perform. During this initial session with J, a Dissociative Experiences Scale (DES) (Bernstein & Putnam, 1986) was administered and the result indicated that J had symptoms of dissociative disorder. He also had a history of

significant trauma occurring during his early childhood and throughout his early adulthood. Some studies (Putman, 2004) find that DID patients have a higher rate of early childhood trauma than any other clinical group. J had been to many therapists over the past ten years, but had not been diagnosed with DID. When J came into therapy, he was not diagnosed with DID and was being seen by a psychiatrist who prescribed Lithium Carbonate as part of his treatment regime.

During the initial visit, J was already referring to "left" and "right" parts. He referred to them initially as right and left parts and as therapy continued, he referred to one set of entities as a "board of directors," a "bus loads of entities," and "boards of directors," "hungry dogs" and other terms that will be mentioned throughout. To assess, J's level of dissociation, J was asked to hold his hand out in front of him and was asked "whose hand is that?" There was an argument among the parts, indicating that his sense of self was confused.

Next session: J's poem *The Beginning*

Commentary: This poem describes the four factors present for dissociation to occur: One, the capacity for dissociation. Two, experiences that overwhelm the nondissociative coping of the child. Three, secondary structuring of the DID alternative identities with individualized characteristic such as names, ages, genders. Four, lack of soothing and restorative experiences that leave the child to find ways of comforting self after overwhelming experiences.

> He was bright, ingenious, calculating, brutal, mean, unforgiving, cruel, physically strong and deceptively drunk. He was a wife beater, child abuser, successful business man, millionaire, musician, and dancer, with an anger I think was fueled by a fear deeper than conception.
>
> She was kind, understanding, intelligent, and high school educated, soft, durable, strong enough to stand in brutality and betrayal but too weak and

unknowing to take my older brother and leave before I was born or me when there were only two and then there were five in all and she said she wanted to keep the family together.

I was born at home in 1936 in a two-room house. I was told there was a two-year-old already there. The sounds were loud and terrifying and I was afraid. Later I expected that she would die or be killed at any moment. At night I said to myself, at least I am alive. He called us "you people." "You people are holding me back. . .You people don't think I will do the thinking." He forced us to cut our own switches and beat us and there was not much blood.

Once we took a shortcut across a field walking home maybe from church. He told us he would switch us later so we would have time to think about it, which we did and then he did. I remember their screams and our screams. I don't remember my screams.

I don't remember the striking of my flesh, only the building agonizing fire between each strike, the pain, laughingly speaking to me. "Learn you little bastard. I will wash you clean of your evil imposition of your father." And then his voice "Stop that crying, you're not hurt, I have had much worse, I love you, it hurts me worse than you. Stop it or I will give you something to cry about."

And then the stifled, silent confusion, where is my heart, where is my soul? Once I was brave and gallant in my tenth year, standing between the wild drunken giant and her. One blow and I was a cowardly dazed child in the arms of a sobbing, pleading, screaming female of my birth. Where is my soul and heart?

And then there were the interrogations "do men come here while I am gone?" "Take care of your mom" what does it mean take care of my mom? "Do men come here when I am gone?" She was a trashy, unfaithful, precious, gentle mother wife. And so my child's mind developed entities to deal with the mix of beauty and evil, pain and the existence of less pain.

We were now living in a mansion and I was maybe seven. It was better now; we were afraid and belittled and demeaned and fed and beaten. Inside the walls with velvet wall covering and there were chandeliers and seven fire places and a swimming pool and high hedges that insured no shortage of switches.

Commentary: J's poem describes a very abusive, neglectful, disrespectful, and ongoing chronic abandonment. These have been documented as characteristics factors which predispose children to developing DID (Kluft, 1991; Putnam, 1989). J was seen for weekly therapy sessions. He met the diagnostic criteria for DID, i.e. capacity for dissociation, experienced overwhelming trauma, developed alternative identities with

individualized characteristics such as with ages, genders, and names, lacked soothing and restorative experiences and developed these entities in response to life threat and in response to overwhelming experiences (APA, 2004). This was confirmed with the administration of the DES (Dissociative Experiences Scale).

Next session: Establishing a safe place or place of comfort

Commentary: The safe place is a helpful image that is created by the client (generally during the early client preparation state of the EMDR. It can be used as a resting place during prolonged reprocessing, or as a way of reducing disturbance at the end of an incomplete session. It also provides a self care method for responding to disturbing material that may emerge between sessions. Abreaction, which is a high level of DID emotional disturbance, which can occur when the client experiences some part of an earlier life experience while undergoing EMDR. Developing a safe place of comfort with a DID patient can be a more intricate and time-consuming part of the process.

J described his place of comfort as a place where spontaneity, freedom, good health, activity, and a right to play was available. This developed with positive installations during DAS. We started with one moment of spontaneity that J had experienced in his life and started building on that. During his processing, the "left and right parts" were mediated so that moments of spontaneity, freedom, and rightfulness to play were allowed to be incorporated into his "being." This helped him to develop his place of comfort. Bilateral stimulation using a headset with alternating beeping sounds was used to build the positive resources during the mediation of left and right parts. This included moments of openness, moments of feeling lighthearted and hopeful, and moments when his lost child was being acknowledged. Also, the moments during dance when he was freely

expressing were positively installed. During this process, many entities emerged and some were described as hungry dogs, lost children, and a bus load of entities that were unknown to each other. As this process of developing a *place of comfort* continued during several sessions. The client created a scene, which was a space of openness and a space to hide. He was able to see himself and see others and was able to call them out. He imagined a conference table, which represented equality. He developed a rule about allowing any of the entities to speak in this space. After several weeks, a safe place was developed, which is described by the client in the following description:

> A cabin in the woods, and at night dark enough so that the stars can be seen. A front porch with an old-fashion swing, a screen door with a well-attached spring that makes a sound, the smell of mint close by. Making a lime drink with mint. A kitchen with a fireplace and an old wooden table. The wooden table represented a courtesy welcoming and allowing people to invite those they wanted to the table. A bedroom with glass and skylights. A record room of past events and pleasant memories. There is a sense of control in the room by allowing the door to be left open. There is also a storyteller with comfortable chairs placed around the room. A video camera is present, and related to the video camera was the option of seeing what they wanted to see or not to see. A resource room with a library with books of different cultures and philosophies is present. There is a sun room with a hot tub to relax and there is also a personal gift room; a room of order with pictures of girls in Spain, a sense of openness, mountains in Switzerland, and ballet shoes. This place of comfort developed into a house and the rule was for freedom. Freedom for the entities to visit whatever room they wanted, to have the doors open. There was freedom to leave and have control as to whether they wanted to be in a specific room, or not.

Commentary: This was J's place of comfort.

This preparation stage lasted for several weeks before we were ready to proceed to the next stage. It has been documented that an extensive client history and preparation are needed to prevent abreaction (i.e. Forgash, 2004). Abreaction is a high level of emotional disturbance which can occur when the client re-experiences some part of an earlier life experience during EMDR treatment.

Next session: The assessment phase

Commentary: During the assessment phase, image, cognition, VOC emotions, SUDS, and physical sensations were identified. With J we went to the original target, which was *switching dances and blanking out*. He identified a SUDS of nine. The negative cognition was that "I am inept," and he also felt the fear of embarrassment. He felt the fear in his chest. He had negative thoughts about being embarrassed, stupid, and inept. His positive cognition was that he is human, can make mistakes, he belongs, and that he is connected and enjoys the dance. It seemed to be therapeutic for J to read his poems during his sessions. The words came from "his true self." It was helpful for him to express that part of himself without ridicule. He slowly developed confidence.

Next session: The desensitization phase 1

Commentary: As the EMDR began (using DAS), the hostile alters were identified. Their message was that defense is the fear of being forced. With encouragement and using mediation techniques, J was able to imagine an internal conference room and would greet each part and have them introduce themselves. They were given permission to do the work that he was doing. As he reassured the different parts, he was able to engage them and requested that they stop him when they had concerns. Each part was reassured that they were entitled to be listened to. This, I find, is a very important part of therapy with DID clients. The parts want to be heard and listened to.

Next session: The desensitization phase 2

Commentary: This is a poem written upon the death of his fourth-grade teacher. It illustrates the level of neglect (lack of soothing) and dissociation he experienced at a

young age, and the importance of the attention he received from this teacher). This poem demonstrates the level of neglect and dissociation he experienced at a young age. J was shy and had dyslexia.

> I come to her each day from the horror of my sleeping place. Old from brutality and clothed from the fire of alcoholic ignorance.
>
> I brought with me no loud, defiant challenge—just a quiet refusal to die. I place my soul in the safety of a parent nonexistent, and wait for further embarrassment and disregard for human, individual endorsement.
>
> She formed the minds of children in their third year, perhaps my fourth-already a year lost somewhere. She must have known I struggled with reading and I suspect that she knew something of the violation of my morning silence. Never mind—nothing homey about this place—an absence of chaos, no demands. Here silence received into itself the sounds of learning. Small eyes turned for the chance to be children. I felt joined as one into a field of someone, a person with other persons; maybe even young. Certain, special entities within me peeped out. Curiosity, almost bold receptivity, shy but alert, a thirst for the development of whom I was born to be. Her questions extended respect, courting individual opinion.
>
> Every day right after lunch she read to us. It was my favorite time. She tended the garden of my mind encouraging the growth of civility, kindness and a gentle way. She placed in the soil of natural curiosity the choice of human behavior. She never passed my desk without placing her hand on my shoulder. No words, a smile—a soft silent reminder of caring. And though I returned each day to that place, I carried with me a growing capacity of understanding.
>
> She could not make the letters within the words stay upright and recognizable. She could not change my place of sleeping. She did place between the storms, calm, and I learned to read life more in total. Harsh, soft, brutal, exquisite, lovely, vital; certainly a gift.
>
> I am with her now near the time of ending. Yesterday she knew me. Today I'm not sure. Tomorrow we talk of her favorite pie and her wish that she could be dying with the family she never knew. It is a good thing though, to have this place.
>
> This is a thank you time—a good bye time, and time to reflect and feel contentment and place these final happenings within the semblance of my memory of her. There is now, and there was always in my time of knowing her, a constant, silent, soft reminder of caring.

Next session: Switching dances and blanking out

Commentary: The Negative Cognition (NC) shifted to "I'm angry and fearful." The positive cognition is "it's just an experience and I don't want to deny myself."

J commented that because of the EMDR work there was less of a place for the voices to come. He noticed that this was creating space for "calmer" times. J identified less disastrous scenarios. He was able to use the safe place or place of comfort, which involved images related to being in control and having choices about who to have in his safe place. He was able to picture his safe place and maintain and use the safe place effectively, because he had attended to every detail of its description.

Next session: A poem about violence and abuse

Commentary: J's poem describes his early years where he grew up among ongoing violence and abuse. In this poem he relates a story to his mother:

The following is a discussion with his mother and gives a clear description of his ability to dissociate: He removed himself by dissociating from a painful, confusing, and abusive situation.

> Mamma, I went up to see the mules last night. Silence wasn't letting any bad sounds in and the soft yellow moon went right along with me. I went right into that stable and touched the mules right where the leather was striking them. The hair was soft and cold, but there were ridges under it. Mamma can't tell I was crying just a little. The mules weren't a bit scared. They didn't shy at all. Then Mamma, this is the best part, I looked right in Molly's eye and said, "What do you do so bad that gets you beat all the time?' Then, Mamma, I don't know. I wasn't in the barn no more. I went right in Molly's eye and was riding her in the sky. We were in pretty places and times. Black people singing songs, soft teeth shining, hanging hams and hogs, running wild and free, and tobacco barns and peanuts, cotton and living, flying, happy hummingbirds, laughing mules, and girl and boy children running and playing. And you Mamma, walking straight and not afraid.
>
> Mamma, I know none of this is true. It's just a place I can go when hummingbird's die, and mules and children and women get beat. Mamma, I know something else. When I'm a man, I ain't going to be mean.

Next session: A poem about violence and the lack of soothing from adults

A Place I Go When Hummingbirds Die

The origin of these memories is Pitt County, NC. The time is about 1947. I was 11 years old. The farms were ailing. The houses were unpainted, stark on stilts and broken. The women were unpainted, stark and broken, slave-like with dead eyes.

"Mamma, you know what I saw and heard today?"

"No child. How would I know what you saw and heard? Was I there? Now get busy"

"I was up at that sand path side of the tobacco barn and saw Lee driving a team of mules coming up the front row, pulling a sled load of fence posts. When they turned into my uncle's place they bogged down in the sand and Lee went crazy and went beating and screaming like he meant to kill the mules, and I did nothing.

"What you gonna do child? You know mules get beat. Now hush and get a stick of wood in that stove. I got biscuits to bake. Don't bring no fast burning pine. Get me some hard that will hold."

I went out that old screen door and thought; you're going to bang once me going, and once me coming. "Don't you get tired of banging out lives of people not living?"

"Mamma, why does silence let screams and leather against hide be heard? If I was silence, I would just let rain on the roof and crickets chirping, fire cracking, and laughing in."

"Boy you hush now. When you get such ideas, don't be questioning how the good Lord got things set up."

"Mamma, what makes you say the good Lord, and how come you talk like he is a man? Maybe she is a bad Lord."

"Hush child. The Lord can hear you and he might make something bad happen."

"Mamma, something bad already did happen to those mules and I hadn't said anything. When it gets quiet I'm going up there and see those mules; see if they said something bad."

Commentary: J's poems illustrated scenarios of childhood trauma with freezing, feelings of emptiness which are described by Kluft (1993). He describes scenarios of his childhood trauma with negative consequences, which have been documented as contributing to DID (Forgash, 2004). There is no comforting or mirroring by parents or other attachment figures. No systematic self-soothing or empathy is available internally or externally with any consistency. Chaos and instability follow and are described through J's poetry.

Next session: Conversations with entities 1

Commentary: During this session J expressed "the voices are afraid I'll leave them." He commented that the entities respond positively to the therapist's ability to work at a slow pace, (which is critical when working with DID patients). The entities have concluded that the client is dumb if he is moving too slow or too fast. This brings up an important point that *it is important for the therapist to listen to the DID patient*. According to J, "the slightest indication of disapproval by the therapist is the same as the original abuse." A simple misstatement by the therapist is interpreted as a battle. According to J, as a child, maybe for a second he experienced self love, maybe he had it for a second and it was ripped away. J explains that the entities do not want to feel it again because it might be torn away again. During the session the entities emerged and were described by J. On the *right* side there is a more violent hammer, closer toward the center of the right side, which is a teenager; a male figure, was choking me close to my neck. On the *left* side is a beautiful woman in a black dress lying on her side in a teasing, sensual, and humorous way, ready to go out comfortable. Also on the *left* side is a little girl. Conversations between J and the entities ask the one near his neck to move away. It was afraid to move, but it agreed. It agreed that the outside entity was in severe pain and did not pose a danger. It was safe to move further out. J described a more peaceful feeling with no real obvious loud threats following this agreement. What is being gained by hearing these voices is respect. J stated, "If I really listen and try to understand, and they know that I care and value their efforts by listening, it is easier to gain their cooperation." J did not feel threatened and *that was a major shift*. (Shifts are changes in image, affect, cognition, or physical sensation reported by the client between sets). (Shapiro, 2001).

Another poem:

> We are imprisoned within the walls of judgment, isolated from ourselves and others by our imprinted rejection of who we were born to be.

Next session: Conversations with entities 2

Commentary: J states that he is feeling optimistic and the more that the communication improves among entities; he states, "I can't imagine how things will be. I hope to understand what's happening, what's causing the healing." "I know part of it has been reading my poetry to you. This was healing, but that's not the whole healing process." J read his writings to me and saw this as a gift to himself and stated, "This is who I really am." The client explains "when I go back to a place of abuse as an adult, I don't conclude that I'm no good." Today I conclude, (after the EMDR) that I grew up in a bad place with people who didn't know. *(This is another major shift).*

Next session: Switching and dancing

Commentary: This session was successful in further building of J's capable self-using EMDR.

Client: "I'm on a bulldozer." (SUDS 5.) "I was capable" in no danger of embarrassment. I was isolated, angry, and numb, I was flying an airplane. It's easy, I'm capable. I abandoned my self sadness in order to "shine." I feel connected, optimistic, and realistic.

Commentary: This was a definitive example of a cognitive interweave which is an EMDR technique. The client explains that each entity helped each entity to see that they don't want to die. They are geared toward survival together.

Next session: Being optimistic

Commentary: J expressed that the voices were expressing fear that he would leave them (abandonment). One voice was very persuasive. Something strong was going on. J

commented at this point, that he believed me when I tell him that I am happy when he and his parts are working together and listening to each other. J was feeling optimistic and gave helpful feedback for therapists working with DID patients. "This ability you have as a therapist to let the person move forward at their own pace is critical." "The entities conclude that I'm dumb if I'm moving too slow or too fast. I' m feeling more optimistic and the more that communication improves; I can't imagine how things will be."

The first EMDR session using the place of comfort J identified

The *presenting issue or memory*: switching dances and blanking out.

The *negative cognition*: I'm angry and fearful.

The *positive cognition*: It's just an experience, and I'm capable.

The client explained that he based his value on his performance. He had SUDS of 9. His *negative cognition* changed to "I'm inept, I'll look dumb." He identified fear in his chest area and stated that he would be embarrassed, appearing stupid and inept. His *positive cognition* changed to, "I'm human, and I can make a mistake. I belong. I'm having fun. I'm connected. I'm enjoying. I'm expressing naturally and I'm not alone all of the time. I'm having fun with my feelings. I'm humorous."

The continuous EMDR therapy was used as we worked from the original target. Many hostile alters began to appear. According to the client, "defense is the fear of being forced." He explained that his alters were feeling forced to change. At that time, we moved to the internal conference room that the client had described in his *safe place*.

Therapist: "Tell me what, if anything, you see."

Client: This part needs to be greeted. Introduce yourself and ask if it's okay with that part to be doing this work. The answer is yes. The entities want to know what your

job is. They need reassurance and to be complimented. Stop them when you have concerns.

Commentary: The client needed orientation to time and year. The therapist reassured each part that they are entitled to be listened to.

Next session: Positive installation

Commentary:

The Target (presenting *issue or memory*): is switching dances and blanking out

The *negative cognition*: I'm angry and fearful

The *positive cognition*: It's just an experience.

During this session, continuous EMDR was completed and J went to areas where he was capable. He was running a bulldozer; he was flying an airplane; he processed that it is easy; I am capable, and I feel connected, optimistic, and realistic. These positives were identified by the client while continuous EMDR was applied and seemed to be calming to the client. Through each session a small, positive memory of capability, enjoyment, connectedness, were identified and built upon.

Next session: My real self

Client: The client states that because of this work there is less of a place for the voices to come from, "creating space" for calmer times. There are less disaster scenarios. Injuries put out a message that needed attending, which ended up being scenarios. Highs and lows are purer. Based on the now instead of the past. The client's plan was discussed during this session to reach a potential for softness (realization of what I am). During this session the client realized that there was a fascinating negotiating system of the *left* side to reassure the best outcome in therapy. According to the client, the *left* side did not

develop; it got split up. Parts of the message coming to the *left* side are that, I am an imposter. I want to be noticed. I want to be appreciated, and I need attention. I am not welcome, I am uncomfortable without pretense, and I am writing *as an expression of my real self*, not who I think the want me to see. The client questioned, "Why wasn't I able to react with my real feelings." It was, "Why would I want to make excuses; I'd love to give that to myself to be able to express my real self."

Next session: Communication among parts

Client: J states that he is more contented. Injuries continuously call out for relief, and that relief was for me to pretend new scenarios, new personalities. This is the key to perpetual leaving. I was abandoning myself, and it went on for many years of therapy. Intellectually, I understood much of that, but I didn't know what process to stop the continuation of defenses. The defenses didn't want to stop. Even defense was expressing some shame to part of me. The entities of me, including me, didn't need further abuse from mother. When I pretend, they interpret this as I'm ashamed of them, which creates the need for more pretense. I feel shame, and if I look inside I see the crying; something is happening. Even the language I use changed and the actions have changed. I'm acting differently since working with EMDR. When I say something negative, I can correct it through *soft communication now*.

Next session: The left and right sides

Client: The price the *left* side has paid is the ability to develop qualities and share and mingle with people, and feel a part of them. Separation is not something to be ashamed of. I'm grateful that anything is left. With the EMDR I know I feel differently. There is such fear of progression. I need to realize that the extent of what happened to the

parts during the separation when the parts got disconnected with each other. I know the qualities of me inside here, the *left* side. I want to go as deep as necessary to get to the bottom of it. The age of the *left* side is about eight years old; it hasn't developed yet. The *left* side is asking to be held. That's a good thing; it takes trust. The *right* side is angry, abusive, kicking, frustrated. The *left* side is relaxed content and unconcerned. "Living comes from deep inside of you where the entities realize that they are precious. Living doesn't come from doing." It won't work today; it will gradually change, because I'm not fighting it. It has a place of observation. There is learning going on. The oldest is on the *right* side. I can't even remember if, or when I told it to go. I'm saying there is a *left* side and it is alive. I can see the anger and determination on the *right* side. There is a lessening. This is not a hammer, this is discouragement. It bothers me. It suggests that I talk in language, in situations that I am uncomfortable talking about. I'm drawing a conclusion that the demand not to go on is less and less powerful as we go through the sessions of EMDR. There is a part that wants me to go on. The loneliest part is the most resistant. I'm trying to find a way to communicate so I can go forward without being disrespectful. The voice says, "Stop. If you don't keep defenses up you're going to be hurt." That part can't conceive of living outside of a dangerous situation. Could it exist? The knowledge and education in this voice about chaos and loss of mother, and being beaten. It's strong. I don't want to be ungrateful or disrespectful, but want to find a way to live. "I don't want to throw it away. I don't know what to do with it; it's part of me."

Commentary: At this time, I worked with the client to explain protective parts that have been developed over time to protect the person that the goal of therapy is for all of the parts to be listened to so that they can work together, instead of against each other.

Client: Fears are opening up. There is openness in crying. You can say to an entity, "You can cry with me." The severe injury that occurred with me was abandonment and rejection. I was told that my tears are false and I have no right to be sad. Whatever I am is not acceptable. That's the real abuse. The *left* side hid pretty well and was hidden. I can see explosion occurring and some parts of me taking charge. It's a feminine, loving, and soft part. It has so much of what I'm glad to be, that it had to be protected, so "great protector."

Next session

Client: What I try to do when these voices that I try to block; I try to block it in a respectful way. I can hear the voices. It's just that in fairness there are other entities to be heard. It's tricky. There is a sense that thinks this therapy is dangerous. I'm told you can't abandon your defenses. This fear of losing his defense takes away pretense. (The greatest defense and scenarios that I may be in a position of being heroic.) It makes me see how lonely I've been. I've been separated. Makes me wonder if I was ever safe for a little while and then it was taken away. The voices don't want me to be safe; they want us to live on. I didn't know we were abused until I was forty years old. Maybe there is a reason for feeling all this pain. *I never knew we were abused.* There was a deformed safety. I would leave and come back. When I was away, I was unsafe. When I returned, I was safe and abused. I would leave with home, but withdrawn into traumas that slowed me down and made me feel unsafe because I was leaving. The entities would come up with situations that would slow the process down. It used intimidation. I have to be careful when these parts oppose what I say, because it can come back stronger. I'm learning to respect the opinion of that entity and ask for respect for different opinions. There are

other people talking. I think you, as a therapist, have some effect on these entities. Much of it comes from your allowing me to know that my pain is justified. I grew up in a house where I didn't have an opinion. I think the pain is real, it exists and hurts. I'm trying new role modeling to provide that policy to myself and it's helping. It's helping a lot. The chaos begins to diminish then. You can't imagine how peaceful it is when it diminishes. It's fascinating because parts of me don't want "this" [therapy] to go on.

Commentary: That is where the therapist and client have to work together.

Next Session: Feeling free

Client: I felt that I was going crazy, but I came out in a better place. The deeper wound of the abuse is what happens when we perpetuate our abuse by self abandonment [hiding]. We can't get out of this. The act of hiding is interpreted as a statement of ugliness [unworthiness]. Those things perpetuate the chaos and confinement, far worse than flesh being cut. I'm going to stop hiding today *by reading to you. (It's hard.)* This is where he was able to express himself.

Commentary: J is a writer and has been writing for quite a while. During his therapy years with me he attended a writing workshop and had recently written something that he was considering reading in front of others. J asked if he could read this in front of me before reading it in front of his group.

Client: That is valuable to me, tells me who I am. [At this point the client became tearful.] I've never felt this free as I have recently while doing EMDR therapy. You [the therapist] give me a place where I can feel safe to come out of hiding. Thank you. My granddaughter left this valentine card for me. It's interesting how much meaning there is to me in this card.

Commentary: At this point, the client read to the therapist the card, which his granddaughter had given to him.

Client: "I want to thank you for always being there for me, telling me that I'm someone special. Always making me smile and telling me it's okay to cry. You helped me find myself. You will always be the world's best Pop. I love you."

Commentary: J's letter to his granddaughter:

> There is sweetness in you that has spilled into my life. You have wholly entered my heart softly. The love that longed for a place to sing. Being there for you and telling you how special you are, smiling with you, sharing your tears and watching you find yourself, as we find ourselves, makes me the luckiest Pop in the whole world. We are lucky.

Client: We've come through a rough place. There is a part of me being healed in the moment of disclosure. What happened here in therapy allows for exposure.

Client's poem on dance, called *It*:

> Dance is a forum in which my natural desire for joy and appreciation for life can shed the dark garment of inhibition and dress in the colors of celebration.
>
> Bone, muscle, and heart as one, conduct a symphony of childlike freedom. It is the location in time, a café of romantic, elegant expression, a playground recess, a lover's touch. It is a portrait for all to see~~th~~e partners coupled in the conception of joy. Our bodies perspire a sheen of open, sensual invitation.
>
> For those who see and those who dance, it is collaboration, a unanimous appreciation for the rightness of human, civil desire. We perform across the limitless stage of limitless of musical interpretations.
>
> It is not the precision of the step; it is our proud introduction of self. This is a bedtime story for girl and boy child. They fly and spin and hover and laugh on a lake of musical dreams. And so it is a continuously contrasting marketplace of pleasure in the village of our hearts.

Next session: A major shift

Client: The entities conclude that I am dumb if I'm moving too slow or too fast. What's important about the therapist during EMDR; the therapist's slightest indication that

can be interpreted as disapproval is the same as the original abuse. A simple misstatement by the therapist is interpreted as a battle. I'd be foolish to underestimate the efforts that come to bear to stop the process. Maybe as a child for a second, something that I experienced, self love, maybe we had it for a second and it was ripped away. We don't want to feel it again, because it might be torn away again. On the *right* side, an older and more violent hammer, closer toward the center on the *right* side, a teenage male figure. It was choking me close to my neck. On the *left* side a beautiful woman in a black dress lying on her side in a teasing sensual and humorous way, ready to go out. She represents my grandmother's attitude; feisty. On the *left* side is a little girl. The little girl is necessary. Conversations between me and these ask the one near my neck to move away. It was afraid to move, but it agreed. It agreed that the outside entity was in severe pain and didn't pose a danger. So it was safe to move further out. It's a more peaceful feeling with no real obvious, loud threats. What I'll gain from the voices is respect if I really listen and try to understand and let them know that I care and I value their efforts by listening. It's easier for me now. I don't feel threatened.

Commentary: That is a cognitive shift.

Next session: The healing process

Client: I'm feeling optimistic, and the more that communication improves, I can't imagine how things will be. I hope to understand what's happening, what's causing the healing to take place. I know part of it, reading to you, was part of the healing process, but that's not the whole thing. This is a gift to myself to read to you all the writings. It says, "This is who I really am." Acknowledgement and an emotion that's caused with the EMDR lay the basis for other things that are healing to matter. When I go back to a place

of abuse as an adult, I don't conclude that I'm "no good" today. Today I conclude that I grew up in a bad place with people who didn't know better.

Next session: Switching and dancing: SUDS 5.

Commentary: With the EMDR the client was able to identify that while riding the bulldozer in the past he was capable, in no danger of embarrassment, he was isolated, angry, and numb. While flying an airplane he remembers it being easy, he was capable. He abandoned his self sadness in order to "shine." I feel connected, optimistic, and realistic.

The VOC is a 7.

Next Session: Self-abandonment

Client: This entity doesn't want to die. Although it's geared toward survival, it's tricky. You feel you're making progress and see that it isn't even you operating. I can see things, but sometimes I'm not looking. It depends on my emotions, not on what I'm thinking. The deepest wound of the abuse is what happens when we perpetuate our abuse by self abandonment [hiding].

Commentary: The EMDR process helped this client to bring his different parts out of hiding so that they could acknowledge each other, communicate, and learn to integrate and work together instead of against each other.

Client: "I was lucky, I found a good hiding place and that other part of us, kept us from being discovered."

Commentary: Although the client is indicating that he was lucky that he found a good hiding place, which helped him to survive and be discovered; the process of finding these parts and reconnecting and integrating with them has been an empowering feeling for the client.

Next session: J's poem: *Hiding Oneself*

> Hiding oneself in any way is felt deep within our heart and soul as personal abandonment and sets in motion a perpetuating course that blocks with latent uncaring, cold and calculating efficiency, the recovery of the splendid memory that we are.

Next session: J's poem: *Processing Abuse*

> He thinks I'm just a little girl and that is my body, but all that scary, dangerous, lonely time I dreamed of beauty, soaked and uncontained. Now, and most of our lives, I take in and show sounds, and sights, and sense and the heat of prettiness. Sometimes he looks and I know he is asking me what I see and feel. I am real lucky I found a good hiding place and that other part of us kept me from being discovered.

Commentary: J described the predicament of someone who is experiencing ongoing abuse at a young age. There is a sense outside in the environment that is dangerous, but you cannot abandon your defenses. The pretense is the greatest defense and they develop scenarios such as being in a position of being heroic. During the process of EMDR, this client realized how lonely he had been. He had been separated and it made him wonder if he had been safe for a little while and then it was taken away. His voices did not want him to be safe; they wanted him to live on. He did not know he had been abused until he was 40 years of age. He described some of the voices as using intimidation and that he had to be careful when these parts that oppose what he said became stronger. He described himself as being geared to survive, but that at times does not come, instead rejection comes, and what happens at that moment? The client describes a switch from perceiving naturalness and safety that was hidden. It was not acceptable to be expressive of what you were developing into. Some capacity within hits a switch and he describes being hidden away and being into a surviving mode. He *survived by hiding*. The hiding itself was a form of rejection from without and within.

The only hope for the client was to depart into isolation and just stay there. He described his parts as not developing personality traits as life went on, that they became stunted and if lucky, *they do not die*. Those parts just do not get a chance to present themselves. The client described as he processed during EMDR therapy; that it allowed him to be in contact with the hidden piece of himself in a way that says "I'm sorry that happened and we'll do everything we can to take up the fun of living that we didn't get." He wanted to reach the point when he could acknowledge that these things happened and that "they" can make the change from deception to reception and acknowledgement of the individual.

The presenting issue when the client came in for therapy was to improve his dancing. When he danced he switched and was able to freely express. The client restated his presenting issue as being able to dance not because it is good for him, but because it is a huge part of him. This to him was a huge difference. Instead of doing it as a defense, he would be doing it as a simple enjoyment. For him the experience of dancing was being something different; not himself. *He was not allowed* to be there in the dance. He explained that as a baby he was stunned that he was not welcomed. *Being absent hurt him*.

Next session: EMDR: Processing abuse

Client: I'm feeling in a good situation. There are some simple enjoyments I've seen. I saw three and four year old children ballroom dancing. It's fun to see teenagers dancing. I went into an old book store and got a good book and had gravy and biscuits for breakfast. I rode my bike and liked it. He acknowledged that it was less important what others care about what I'm writing. I wrote about "seduction." It's a release from imprisonment. The emotional and intellectual were designed to come in that order. In

severe trauma, it's reversed. Mine is now switching since doing EMDR therapy. There is a respect growing from the intellectual part of me. A great respect for the "I" in me for the importance of heart. The heart makes no calculations. It functions on calculating spontaneously.

Commentary: During this session, J described how the entities required to be reassured that they did not know how to handle his excitement. "It was perceived as dangerous." He described one sign as an alert to change so the defenses go into play. The major defense is like a statement, "go and hide." It's a form of abuse. He described coming into the world geared toward abuse and chaos. J stated, "Maybe we enter as humans, and we are totally receptive to being mothered, welcomed, and cuddled." These receptors are geared to thrive, but that does not come—instead you are rejected. What happens at that second? A switch from perceiving naturalness, safety that was hidden, it was not acceptable to be expressive of what you were developing into. Some capacity within hits a switch and you are hidden away and you are into surviving. You survive by hiding. The hiding itself is a form of rejection from without and within. The only hope was to depart into isolation and just stay there.

Client: In the present, the client describes simplistic enjoyment is on the *left* side. When the division occurred, the intellect found its way to defend the emotional. The client stated that what he really enjoys (his personality) is in the *left* side. The intellectual side there is the "I" (I am on that side). Mostly intellectual, but tries to exist by doing nice things. The client stated that if he moved into the more right intellectual side it took some emotions, hostile, anger, defiance, revenge, rage, threats, hammer. He stated that he did not exist there at all. It was a product of frustration and anger. He explained that it has

done great things for me. It is kept me alive, but not "living or alive." He described the divisions on the *right* side with some emotion (negative). The *left* side (the emotional side) seemed timid, but not shattered. It worked.

Commentary: The client here seemed to be getting in touch with the parts of him that had been abandoned prior to EMDR therapy. He described finding what he is, instead of what he thought he was. He describes the spontaneous, friendly, joyful part; noticing what a milkshake tastes like, interacting with children, the capacity to appreciate without the company of another human being. He described contentment as a great thing to have. Being content in the company of another had been difficult for J. He described the intellect intruding to protect him, but there had been a lessening of the vigilance. The client explained that his feelings were acknowledged during EMDR therapy. He was able to feel things, complete the emotion, which completed the process. This process is described by Schreiber, "EMDR eliminates the dysfunctional trace of emotions, the symptoms of psychological disturbance often vanish completely and a new personality can emerge."(Schreiber, 2003)

Next session: Mediation techniques: Communicating with conflicting ego states.

Commentary: The goal of this session was to promote cooperation, collaboration, and attitude among the ego states rather than a competitive, polarized posture. It was a move toward consensual democracy. All parts had a say and integration occurred. *The client described EMDR therapy as developing new highways of communication wires.* Identifying, naming, and giving purpose of different parts to invite one to soothe or relieve anxiety associated with the problematic ego state.

Next session: EMDR: Emotional processing

Commentary: The client described some problems with his son. He was identifying sadness about his son and his granddaughter. During this session we strengthened the emotional part so that J would not allow the other entities to come on board.

There has been a serious concern about the client's son's problems. On one side the client described the emotional side, which was grateful, which developed into anger that it was not allowed to develop. On the intellectual side (protective of emotional entities), there seemed to be dangerous, suppressive scenarios. During this EMDR session, the client went through a cognitive weave. The emotion of sadness was allowed through many ages and many forms. The memories told him how he felt and identified as a seven or eight year old who wanted consistent attention. The right side, different ages, 6 year old, 20 year old, calm, rigid, dazed by violence sitting in a chair dazed. He described this as a "personality split."

Client: "We had to align with the abuser." There is a change in the balance. There seems to be unanimous energy toward allowing the real personality to develop and come forward. There isn't as much opposition from the parts that needed to stay alive. It's kind of exciting. There's a lot of anger with this. They are producing scenarios, expressing anger about the violation. The violation to me is a suppression and loss of and use of my own identity all of these years. It borders on rage, but not destruction. It's an agreement of fact, not wasted energy. I have anger toward the church, teachers, parents, societal rules, everything in question. In all of these categories there's awareness that *rules are not based on truth*; it's based on fear. They're portrayed to be good, right, and necessary, but they're pervasive in my view; its *fear and control*. Getting away from that control is exhilarating,

but is perceived within all of these entities, "the way you're acting is dangerous." I am in an optimistic place and there is a respectful dialogue going on. The rules are being abandoned, but there is no identity developed to step in. If the basis for self loving direction is love of self and you don't have it, how can I get it? I'd like to feel love for myself; anger, rage, and fear.

Commentary: During this session the original memory was targeted and the SUDS was 5-6 and at the end of the session the SUDS was 3-4 During this session the client pictured chains around his chest; crushing his heart and stated that he could feel it in his soul. He described aching chest and arms and his mother was beaten. He stated that he was alone. He also had homosexual memories. Sexual activities with animals, dog fights, rage. He was in a closet screaming at his father, "Get off of her." His father hit him. Fear. "I don't have a mother." He was afraid that he would kill her. He then went to being eight years old and waiting for his switching. His brothers are screaming, petrified, fearful and sad. His mother did not tell him the truth. He believed that things would "get better." He expressed sadness over his abusive history and being ashamed of himself. His positive cognition was that he could connect with himself and others, that he was human and that he wanted to play.

Next session: Integrating parts

Client: The sides were communicating as if in a reunion; friendly and mature.

Commentary: J described the dazed boy who drew a picture of a penis and vulgar memories of sexual things. He saw the damage to the softness between man and woman. The client questioned, "How do we find our potential?" He expressed a desire to give up, fear of having to conform or being "out of step" or fear of being loyal to the center, which

is authentic. His philosophy was stated as "the essence of life is found in the explanation of your own individuality." I want to enjoy life as much as I can. The blocks are shame, fear of imbalance, backward to pretense, being outside of myself, picturing living freely within and expressing it to a woman. I feel shame, fear of how I feel about myself.

During this session J was acknowledging and integrating parts of him that were authentic and he was able to express feelings.

J's description of his processing supports the DID literature (Forgash, 2004). This literature indicates "With repeated and episodic trauma and ongoing physical damage, a network of dissociative ego states develop." A possible explanation for this is that the traumatic material is dissociated and moved to a disconnected neural network. Memories and behaviors associated with the trauma are sometimes stored in fragments and therefore not available for information processing. In J's case, he is describing memories and behaviors associated with his past trauma which were available for processing with EMDR therapy.

Client: "When I say I feel good, it's not extreme—it's exciting, and I sense freedom." That is sustained. I did a dance showcase with a teacher. It was difficult, but it wasn't as frightening as competition. There were several built in mistakes. I see that as progress. I can *read easier in my* writing group. I see that as progress. People were having a ball with what I wrote and what others wrote. *I'm happy about what we're doing here in therapy*, but fearful I can't maintain it. I'm getting to where I know what freedom means to me, and it may not agree with societal norms. It's a following with what seems natural. It's important that I'm clear with people, that I'm associating myself so no false assumptions are made.

This requires a risk that I'll be isolated. The isolation is a product of not being real. Out of abuse everything, everybody has to be okay. It was so crazy you have to fix it all. One voice tells me "You'll always be alone." "You don't believe in family or commitment."

Commentary: J's description is characteristic of trauma victims. (Nijenhuis, 1999). They have an internal ego state system with parts that function maladaptively in the present, and these parts may become pathologically dissociated with serious conflict among some of the parts. Some parts may fear annihilation if they lose their perceived roles. It is very important for the therapist to recognize those parts.

As described by Carol Forgash (2004), "These resistances may involve ego states that fear exposure for violating taboos against "telling". Fearful anticipation of painful, punitive sequelae to disclosure of abuse-secondary to the experience of abandonment by parental figures, siblings, other relatives, and even by parts of the ego state system-may become a major treatment obstacle." (Forgash, 2004, p. 6).

Dual Attention Stimulation (DAS) (Shapiro 1991, 1993) was introduced during the early phase and while working on readiness activity to prevent of negative responses and to help the emotional processing, encouraging the parts to integrate.

Next session: The benefits of EMDR therapy

Commentary: J was surprised and pleased with the benefits of EMDR therapy. He experienced it as a preparation for him to feel incredibly good and welcome in himself. It allows him to dance, read and get acquainted with others. During this session, the EMDR target was an interweave, picturing all kinds of abuse, which followed a similar emotion.

Headphones (DAS) were used.

Client: "Embarrassment about who I am takes away free laughter and volume of it. Fear of embarrassment is isolation. This exhilaration is not about success; it is a

celebration of birth when the child comes into the right place. I am arriving there and giving this, the real me, a welcoming not because there is a reason; there is no reason. I feel more welcome within myself."

Commentary: The client describes abuse as an action, that occurred and caused him to leave who he was and who he was intended to be. It was *self-abandonment*. It was justified but it was still *abandonment*. It split him and splintered into his capacity as a child to function in areas of living. Man/woman, father/son, etc. He stated that the important thing is to have your own identity instead of merging into the *abuser's identity*. The splintered identity becomes responsible. He described the relationship with him and his father. His father was "a glowing example of where an individual should be encouraged to go, but it was the opposite." The other side that is subtle but devastating is the relationship between male and female. First the mother/son relationship. It was not mother/son it was a devastating energy drain for J as a child. It created entities that survived because they could draw attention to themselves through heroic acts. During this session the client was able to go beyond being quiet and holding his mother and father as idols. He did no longer want to believe their actions and words that were said to him as a young child. Defending his mother made him feel powerful. Now it was hard for him to concede having connections with people, and especially women, that were not based on some kind of "saving." He held his mother as a saint. He heard the right side voice say, "What right do you have to be angry at your mother. You have everything. Don't dwell on Mommy's mistakes; you bought them." J saw that part of his life was a waste; not being able to be a son to a mother, which made him sad and angry. He describes the setup of a

faulty relationship. He wanted to learn to enjoy a relationship between a boy and a girl. He did not know what it looked like.

He found that judgment could not cohabitate with freedom, joy and play. During this session J started to have an enthusiasm about challenging himself to have a relationship with *a woman in the present*.

Next session: In vivo work

Commentary: In the present, J was becoming acquainted with women and felt that there was danger in those places. He seemed to carry with him a thirst to feel important with women. He stated, "It's not the applause, it could have been just a thank you." Those tiny phrases were what kept him going in the past. In the present, he was able to see that that kind of fuel was not needed any more.

Client: I'm learning about clarity and consideration. Clarity is real, consideration for others and yourself. I don't want to pretend for the sake of an unholy connection, which is false. I've acquainted myself with several ladies, and I try to see how clear and open I can be. I have felt what freedom feels like.

Next Session: J's ultimate rejection as a child

Client: "We had to cut our own switches." As an adult, I can see we were just kids. How could we have been treated that way? The deeper injury is in an insertion of a belief that I was "ugly, unacceptable piece of trash." You don't even treat your dog that way. J concluded (at that time) that he deserved it. Where was mother? At age 20, I remembered the pain of seeing someone beaten. Age 15, I was being beaten. My mother was chasing us with a switch yelling, "Don't run." We were afraid to run from him, the father, but we couldn't feel unless they were cut (blood). There was an absence of emotion with my

mother. There was terror with him. When I was seven years old I cut myself accidentally in my privates. I was crying. My aunt and grandmother laughed while bandaging me.

In my late teens or twenties, I remember the pain of seeing my girlfriend with someone else. My first wife left with the child. I threw the Christmas tree out. I had no emotion. During Christmas, my son Tim came to talk to me. I wasn't the father.

Commentary: During this EMDR session the client processed much of the old abuse, and J shared, "EMDR works; I can be there in the past as a little person and look at it, talk to the little person and say, 'It's about you being unworthy. I can see now that there is nothing wrong with poetry and gentleness and being who you are."

J. continues to explain that his mother was abused and, as a child, he felt a need to protect her so that he wouldn't lose her. As a young man, he was able to get some sense of importance by doing what his mother needed. It felt like a desperate place where he got something good (attention). As a child, and young man he called it love and acceptance, but now was seeing it differently. He sees that other entities were born to meet these needs in his external world. J was able to see that it isn't just acceptance, it's fabrication to feel connection and personal importance, and that's slavery. As a child, there are people who want to be saved, and to them (the entities) that was provocative. The patterns of taking care of another and feeling importance were deeply engrained in J. It has to do with the selection process. He would find someone who was needy.
He thought that for an instant after being born, that there was a wonderful receptivity and a thought that he was a charming little person. During the EMDR therapy he was able to feel that (welcome feeling) for a *moment* in the present. He delighted and enjoyed in it for a second or two and then it was smashed (during the early, ongoing abuse).

Currently, while involved in the EMDR therapy, he described that he is welcoming himself.

Client: To feel welcomed is indescribably wonderful, and it's also set up to lose it and feel ultimate devastation again. There is an addictive part. If I were to lose it, then I can earn recognition (something that looks like it), but it's just a survival replacement; nothing to do with what you actually lost, it's an addiction. Every time you earn that spot you're devastated and you work toward acknowledgement again to hear, "good boy."

There is a reckless confidence growing. It's a little reckless and overconfident but not arrogant.

Commentary: He admitted to being afraid of relationships with women. He described more of a sense of what it is like to claim freedom that is *available* by being himself.

As J moved through EMDR he experienced integration, which is the movement of different parts toward a common purpose. J describes this process: "Psychoanalysis or traditional talk therapy cannot unlock that one part that must be unlocked for people to heal; to integrate. That part (the child is fragmented) is a childlike quality that allows a person to accept the caring of another person. We (abused people) don't believe that anyone is open, and will extend that to us. Our mothers and fathers did not, so it takes a special quality in a therapist to coach these injured entities and emotions, these splendid parts of the human being to accept help. I now feel great. It's a different good. It's a clarity and awareness that's available outside of chaos."

This is a very important point: The therapist can help by using mediation techniques to help with the coaching of these injured entities and emotions to communicate and accept help.

Next Session: Integration

Client: I don't know if I've really been alive. I was a little person. I thought if my mother would die, I'd die. It kept on until she did die at age 69. There was a twisted joining of the position of being a good child and a teenager growing into a young man, possessing this reliance on women as a measure of manhood. The child part got mixed up with the male part.

Part of me during EMDR therapy has recently come out of hiding. I think it's the real me. I am this part that's joyful, doesn't feel the loss of a woman sexually. There is no fear in it. There is an entity attached to it (it could be loss). It makes me want to hide, but that's the rejection. One entity says, "I'm ashamed, don't go out."

Commentary: J explains that for this part to live in hope other parts have to grow. (This is a description of integration.) *At the most basic level, integration simply means acceptance/ownership of all thoughts, feelings, fears, beliefs, experiences and memories (often labeled as personalities) as me/mine.* It means giving up the split(s) that says something is "not me." Integration is more than about personalities. It is about full acceptance of all dissociated aspects of oneself. Integration is a process not an event. It occurs throughout therapy (and outside of therapy) as dissociated aspects of one's self become known, accepted, and integrated into normal awareness. It is a natural process in the recovery from trauma. It brings a kind of peace that comes with fully accepting and loving yourself (Downing, 2003).

Client: "I'm happy and proud of myself. Hiding isn't an option. Hiding is destructive, it's debilitating. I like being out. I like people. It's sane business. I will find ways to be out, and I don't want to abandon myself under the heading of being a "good guy."

Commentary: J went on to say that he could hear voices saying, "Not in your lifetime"! The voices reminded him of all the damage that was done and asked questions like, "Why would you want to do that again?" J explained as if it is going back to the very beginning when he thought he would be welcome. The voice inside of him is not willing to do that again. The voice said, "Give me something I can control; I don't want the sunsets and dreams." That voice the client described has been in the arms of a devastated mother and an unfaithful wife, and tending children that were not his own. It measures its existence through its capacity to survive. It is not about living; it is about surviving. There is another entity saying, "How about tasting another way of life." J is saying, when he thinks about changing, he is looking beyond getting there and whether it will work in society. It is restrictive and controls the development trying to fit a future picture.

Mediation techniques are very effective when the entities are voicing fear of change, with mediation; each part is given the opportunity to explain his position and perspectives as they relate to the underlying conflict. Each part must listen to and reflect upon the other's viewpoint, and in many cases, engage in certain techniques which confirm that he is understood. The ultimate goal is to have each participant empathize with the other's perspective, even if only slightly. Empathy fosters trust, enlightens all the participants and is an essential element in approaching resolution.

Client: Abused people like me should eliminate the imagining when they are healed and just keep healing and see what happens. It is more peaceful to think that way. There is another entity reminding me that this is storybook stuff not real life; it's a fairytale to live free.

Commentary: This is an example of ongoing dialogue within entities

Next session: Fear of integration

Client: "They are afraid to talk to you right now, they are used to running my life and there is a change now." They have been running my life before, and knew what being free meant. The other entity is saying, "As long as a woman has power, she will have it."

Commentary: J went on to say that he has the capacity to hurt himself so badly. He is responding to the entities fear of the therapist, and they have a growing fear of the client by saying that the hurt can come from J; not from a woman. J went on to say that he is past the point of mothering and the entities are laughing at him stating, "More pretty words." They also went on to say that the truth is, if you want more real excitement and pain, and then you can find that in a woman. They are bidding that J will find that. One entity is begging J not to. J has explained that the entities are saying that they wish that they could be somewhere in the world. One entity is saying, "What's it like when you don't have an option?" Maybe reverting is not an option. When they see a profound change occurring, it is frightening to them, so J tries not to predict as this thing grows. One entity says, "Show me what will happen, what it's going to be like."

J has become more integrated and is able to find moments and times that are not in that terrible lonely place. He tries to explain to the entities that they will all do it together. Getting acquainted with women, there is an exposure, so everything is stirred up

by the entities. There is a liking in sexual attraction to these acquaintances. The fall into the mothering part. The potential of the lure of both of these things. The danger is in the motherly part.

As J works through this glimpse at freedom and the experience of free moments outside of hiding and functioning within the entities; he sees an opportunity to be himself, to meet others, and the entities respond with fear of the unknown.

Again mediation techniques such as authentic listening is effective and occurs when you respond to the client in ways which indicate to him that you care about what he is saying and give him every opportunity to complete his train of thought. The DID client appears to be sensitive and aware of the therapists' authentic and empathic listening The idea is to let the parts know without a doubt that you are focusing your attention on his words and feelings with the specific intent to understand his point.

Client: One entity's is saying, "All women are dangerous and you're no better than your father." You can't handle women, you can't be happy; you're dependent on women, which is as it should be. That's the way the world works. Keep them beaten down and you'll be all right."

Commentary: When the client hears this talk, it is hard to imagine that the entities. There was a new awareness between him and the entities when he was trying to live, instead of acting out a pre-prescribed role as an identity.

Next session: Using mediation techniques to assist integration

Commentary: The process of integration is bringing these entities into a place of collaboration with the natural characteristics that the client feels happy with, such as

gentleness, honesty, and spontaneity. It is happening as a natural occurrence during his EMDR sessions. Authentic listening also helps the process.

Client: J states that there is a soft pride engrained in gentleness, it's very acceptable to be that way. As a being, I am not alone. He understands that negotiation has to occur among the entities. He acknowledges how difficult this is and describes this by saying, "There's only a small amount of food for the dogs and they're fighting for it. The food is the opportunity to speak."

Commentary: There are specific strategies that are regularly employed in authentic listening. Do not underestimate the simplicity, the significance and the excellence of these techniques while working with dissociative clients.

1. Stay out of the way. Authentic listening and talking are mutually exclusive.
2. Do not predict or judge the outcome, or argue with the parts mentally. Get out of your head and get into his.
3. Watch your body language: Does your posture indicate you are interested in the speaker? The DID client is very sensitive to this. Are you maintaining eye contact with him? Are you nodding when appropriate, smiling, or otherwise physically communicating your attention to what he is saying?
4. Ask questions when you do not understand something or need clarification.
5. Put yourself in the other person's place mentally so that you can better relate to his point(s) of view.
6. Your worries, fears, problems, and emotions prevent you from listening authentically.

7. Listen to what is not being said. When you are listening authentically, you have the wonderful opportunity to "fill in the blanks" in the speaker's communication. Often times what is not stated by the speaker is more important than what he has said.

8. Listen to how something is said. Inflection, intonation, and strength of the client's voice may tell you more about the client's and his parts than mere words.

9. You cannot learn from the parts without listening to them authentically.

10. Be consistent. Practice these techniques in every communication. Ask the client if he felt that you had "heard" what he was trying to communicate.

Next session: Identifying "I"

Commentary: The client states that the *left* side is making wonderful progress that he was not even aware of. He states that he was not conscious of those characteristics and was not conscious if those characteristics (real self) were intact. He also states that he was not conscious of it before EMDR and it is now a feeling of freedom to become aware of those characteristics. He shares with the therapist that the other voices speak a language which he is familiar with: "crude, threatening, and critical." This entity puts on a charming front. He describes the part that he is happy to be aware of; the part that is expressed through emotion. (During that time he knows he is in contact with the real him.) He describes feeling that when he says it.

At this point in therapy, the client is able to identify an "I" and to understand that there is one "you" and that is somewhat confusing to him. He sees that he is way beyond where he was when he began EMDR therapy. He can even look closer, because there is a loneliness that occurs when he goes into a situation that is dangerous and that occurs when he ignores this emotion or real self.

Next session: Continuing through the phase of integration

Commentary: The client is amazed and shares during this session, that after 15 years of therapy he never saw each entity have its own job, such as making money, raising children, etc. EMDR therapy has provided an approach. According to the client, "EMDR tricks the intellect and emotions. The soft emotional part, which is deep, is what makes babies smile (or cry). J stated that he was able to feel the emotion and that is what made him better. He describes the soft part that is deeply a part of the characteristics that are the essence of who he is. He liked it and believed it to be true.

The entities, at this point, were continuing to say, "Don't proceed," and there was an emotion connected with that, but the client was able to see that this was not true. It was a fabrication. The client was able to discover and feel a part of him that loved life and people and he was able to cry when he touched this part. He realized there is no need to perform for others. This part of him could not conceive that it would not be welcomed. This was the part of him that made him feel alive and brought tears.

The client described EMDR as a process during which he visited places where trauma occurred, and he was able to see from outside the trauma the event where he, as a child, was being beaten and was able to conclude that the child had no fault. He was able to see that it was tragic to be treated that way. The whole "processing" through EMDR was helping him to see things differently. He was able to say that it was not his fault and that is where the release of emotion occurred and the ability to develop a sense of self. He was able to see that a child, who cannot hear it, is bound up in it and becomes an abuser. The client saw that with someone abused there is a rejection of the real self. He was able to see that when people abuse, they reject themselves. It perpetuates itself and if you

interrupt that with the idea (I can see the abuse happening) then I conclude that "this was insanity, cruel, how could this child have anything to do with it." Then a seed was planted and a new awareness developed during the EMDR sessions.

Client: "I was (sorry to say) a nice little kid, not a deformed piece of ugliness that stole its way into this household."

Commentary: This was a major shift in thinking that occurs during the process of EMDR.

Client: Then I feel something. Feelings aren't ugly anymore. I don't have to be powerful, mean, or the best. I have a concept I never had before. Life is free (as the client cries) and good, and there is nothing wrong with being free, having fun, feeling something for another human being, and relaxing. To know "I like you" is a real connection. It connects me to me. It's alive without having to be reciprocal.

Commentary: The EMDR processing helps "these characteristics" find themselves into J's awareness.

Client: "I want to be in touch with my real self more." "I've lost touch when I feel tired. When "this" is working, my real self is a light feeling, energy and great feeling. When I call you on the phone and say "I feel great" it's when I want to express it.

Next session: More integration toward rehabilitation

Client: I wonder what is the process that allows people to ask themselves a simple question, "Is this good for me?" before they are in an abusive situation.

Commentary: The reason for writing this book was to make that question clearer to people. The purpose of this book is to prevent years of abuse. EMDR allowed J as an abused person, a place for them learning. J was able to say that he is lucky to be where he

is after the therapy. He also stated that his brothers who were abused were not so lucky. He states that his brother cannot ask himself that question, which is "is as good for me" before they are in an abusive situation or while they are in it. His brother adopted the concept that being a silent victim is safer. His older brother adopted his father's attitude, which was value depends on millions of dollars and suppression. He copied, he did not question. J's younger brother, "cannot see the beauty of children" as J cried. "My sister digs and tries and she has a weight problem." To find a sense of your own beauty and celebrate it, you have a gift, you have to find it. What helps me is the searching and to allow the searching to occur without an outcome.

Next session

Client: This is an adventure, but if you attach where you want it to take you then it is not spontaneous. You don't know where you want to go. During this process you have to allow yourself to go where you need to go for healing to occur.

Next session

Commentary: The client came into this session anxious and somewhat in a down mood related to dating a few people. His protective entities took over, which made it restrictive. The client became frightened and started performing to gain attention. He was busy handling his fear while dating women. He realized that he reverted into that mode and than that depleted his energy. He also realized that this entity was efficient in attaching itself to the person that he was with. The part that is suffering is the pureness, the parts that are truly me as an individual.

Client: "I put a cape down for a woman to walk on; the trouble is she's walking on me."

Commentary: During this session J was able to go back to where the original injury occurred with women. The purpose was to be able to be happy and free. He realized that the people he is dating are nice people, but he was having trouble finding a way to make them dependent, which makes him dependent on their dependency.

During the EMDR we go to a specific space where the client can feel where the injury happened. J is able to look at it as an adult, reassuring the child in this situation that it was not the child's fault. He describes an entity that is growing there. There are characteristics that are suppressed by this entity that is performing out of fear; it is the old fear of losing his mother.

J describes EMDR as a process that forces and allows things to run through his mind quickly. He was encouraged to keep working toward being stronger so that he could have contact with women without losing his identity. He described EMDR therapy as a good thing for him. It made him happy; it was a direct communication to him. He was comfortable with asking questions about how he was feeling; what does it mean when a lady smiles at me, etc. He sees a part of him that comes out of a place of bizarre hoping for safety and sees that it is scary. The definition of this entity is a brief period of a parent semblance of a comfortable union between people. This goes back to the child who would like to have had a mother without the fear of her being killed or beaten. It is hopeful but exhilarating. The degree of hope is extreme; it is an addiction. The client states that he would rather be alone than to fall into that again. He reminds himself that this woman he is dating is not his mother; she is not going to die.

Next session

Commentary: The client has realized that he has gone to painful places and processed, and is drawing conclusions that he is not a bad child. As a child, he had drawn conclusions that he was ugly and unacceptable. With the EMDR he has been able to conclude in a safe, adult place that he is not a bad child. He still expressed concern about rejection, but to a lesser degree. His thoughts of being rejected as an adult carried with it the emotions of a child. He has the fear of annihilation. He feared not being accepted by society when he is being himself. He realized that it would be painful, but not life threatening.

J was experiencing and describing this trauma memory that had been locked in his nervous system, in its original form. The images, thoughts, sounds, smells, emotions, and physical sensations and beliefs that instantly developed about the self such as, "I'm ugly and unacceptable" are stored in a neural network that takes on its own life. These neural networks are described in the literature (Schreiber, 2003).

During the EMDR sessions the eye movements help people to be more spontaneously free associating to the vast network of relating memories at different levels of consciousness. J started seeing other scenes related to the same trauma, either because they were similar in nature or because they shared a similar emotion. For J, it was sharing a similar emotion. He was able to experience powerful emotions that quickly rose to the surface, even though they had been contained until then.

This process is described by Schreiber (2003) "it's as if the eye movements of EMDR facilitate rapid access to all channels of association to the traumatic memory that is being targeted by the treatment. As these channels are evoked, they seem to rapidly link up with cognitive networks that store more appropriate information grounded in the present."

(Schreiber, 2003). As J describes this connection from the perspective of the adult who is no longer powerless and the threats that belong to the past have become more anchored in the present emotional brain. This new perspective helped J to replace the neurological imprint of fear and despair in a slow, progressive manner throughout each session.

Because of this client's severe and ongoing abuse from the time of birth (he can remember standing in his crib and feeling that the environment was not safe) his process with EMDR required a rebuilding of his core self, which at this point in therapy is evident. His entities continue to remind him of dangers and are asking for reassurance about the future. There is a fear of annihilation; how will these entities exist as the client is making changes toward more integration in a sense of self who will be functioning in society?

At this point in therapy J is requesting that we continue to work on having this young entity (the truly authentic part), that he refers to as the young central part, help the other entities and voices reduce the rejecting of this young central part who is trying to express. J wanted to let this part of him develop and allow the naturalness of him to speak through actions and words and is questioning how to do that.

We proceeded in therapy to having the entities ask questions. The client was able to understand that the questions and rejection are coming from fear in the entities. He was able to see that society has many rules and safeguards. They eliminate or decrease the natural freedom in people. He is able to see that he is not a misfit that he does not agree with that picture of himself anymore. He also questions how he does picture himself. One of the entities questioned, "How do you picture being who you are?" and he responded to the entity by saying, "That's a great question." He answers by stating that he does not arrive

with a lot of wants. He has been doing what he thought he was supposed to be doing for so long, but now he is releasing himself from that restriction. He describes society as the background, and the foreground is to be connected. To connect to a woman and to have a monogamous relationship, to show attraction to that person and that ability is naturally available when he is being himself. He is working toward openly expressing so there is no misunderstanding. There is a capacity for him to express himself openly without feeling that the woman will hurt him or that he is bad, and that is the area that is touchy for him.

Client: EMDR therapy is like an intricate laser therapy. I want to go in and zap that dependency and heal that place. Getting there, opening a wound and preparing for healing. Then getting out of there I feel relieved. There is a vacuum similar to the loneliness I felt as a child. I am getting better and at times see myself descending into a cave. "I want to attach a string and find my way out." A lot of trauma surrounded the area of mother and father and the threat of losing my mother. "My siblings lived in that place, "they don't know they're not breathing."

Commentary: The client is able to identify parts of him "that are crude and vulgar entities," and he sees them as a resistance to the EMDR therapy. There are parts that want me to do the EMDR therapy, but there is a constant measuring going on. Existence for J was always based on good and bad. Can he do a good job? Can he take care of his mother? Can he escape from his father? It has all been about measurement. If he continues with the EMDR therapy, a voice is developing, a voice that says, "It's about living." I don't want to create crisis so I can save myself."

J describes the voices, which represent freedom within reason. He describes "I," which was the voice slightly to the left was the part putting the cloak down. This was the part that was civil that was kind. During the EMDR protocol, which again started at the original target, the client brought up dating a few women in the present with the loss of identity, negative cognitions, choking to death, and the negative cognition, "I'm unacceptable." His cognitive cognition had changed to "I'm natural; I'm openly expressing my nature." During the EMDR process, he remembered being 17 years old and feeling pain. He also went to his first marriage and self numbness and rage. After the separation and his wife's affair with his brother, he felt numbness and rage. Then he went to age eight or nine years old feeling torn. Seeing his mother is no good, but needing her. During this process, the client retraced different events but similar emotions. He ended the session seeing that for him, rejection came when he replaced with the child's desperation. He tried to look good to his mother, but had to split to stay alive. He did not want to die, but it hurt when he was rejected. This scene ran through this EMDR session.

Next session

Commentary: During this next session J was able to understand that integration was bringing the entities into some place of collaboration with the natural characteristics that he felt, such as happiness, gentleness, honesty, spontaneity, and recognizing that it is a natural occurrence. This was very close to his original, positive cognition. He was able to identify a soft pride engrained in gentleness; that it was acceptable to be that way and as a being, that he was not alone.

J was able to see that negotiation needed to occur and that it was occurring through the EMDR process. He was able to see that the left side was making wonderful

progress and he was not conscious of the characteristics of the left side before EMDR therapy. He expressed a sense of freedom in this. The other voices were speaking a language with which he was familiar, kind of crude, threatening, and critical. His crude part put on a charming front. The other part, the client was happy to be aware of; the part that is expressed through emotion was becoming more available to the client. The client also was explaining that it was confusing for him to think that there is one "you." He was able to feel that now; after months of EMDR therapy, he saw himself as way beyond where he was when he began EMDR therapy. He could even look closer, because there was a loneliness that occurred when he went into a situation that was dangerous, which occurred when he ignored this emotional real self. He was now able to identify and communicate with this part of him that he considered his "real self." He also shared that after 15 years of therapy he had never seen each entity having their own job, such as making money, raising children, etc. With EMDR therapy he has an awareness that this type of therapy has provided. Although the entities had warned him not to proceed and there is emotion connected with that; it is not true, it is a fabrication, and this fabrication developed out of protection.

Next session: J's poem

> Ballet is a mist of civility painting over a tiny piece of time; that agony of pretence-look beneath the laces and see the blood and tend the wound and the dance will find its full expression and so will we.

Commentary: During the next session, the client remembered being very young and having a sexual encounter with his sister. During this session, the client was bothered by voices who were threatening the client because he was willing to remember his past. Some of the voices said, "You imagine you're going to see an incident and be cured. We

had a deal; I'll take care of you." Although the client was frightened, he continues with this theme, remembering incidents of past sexual hurt. He remembered an incident dating his first wife. She was hurting him badly. There was a sexual component to the relationship. He remembers that taking "care of" was involved in the sexual part. During his marriage he remembers operating in his father's view of societal identity. He was incredibly jealous of his wife; the pain was severe. He continued to remember between ten and twelve years of age, there was a girl that he fanaticized about and wondered "how could he be important to her." Then she died. He did not remember what he felt. He remembers feeling happy, because he had some capacity to be unafraid and expressive.

He stated that "It gets us" out of this hell. During this session he acknowledged seeing his hand from the right and left touching. The left side and right side of him were touching and joining. The right entity was expressing, "What do you expect; how can I have feelings?" The left entity was saying, "Maybe it was just a question; I don't know what it felt like." The right entity said, "What can we do if we don't fight to stay alive?" and the left entity said, "Let's try." There was real communication going on; a real closeness in that. J identified this closeness and wept toward the end of this session. His original target had changed, his SUDS was 0 and his negative cognition (NC) from "I'm angry and fearful" to the positive cognition is "It's just an experience and I don't want to deny myself." This was the conclusion of J's therapy.

Follow-up sessions with J (one month)

Commentary: J's perception of restriction was the most debilitating part of the whole thing. It was isolating for him, because it became an isolation of self. The individuality that was so precious to him was blocked by all of the defenses, so "being out

of step," which was his initial, negative cognition and target at that time, meant that there was an ugliness or embarrassment about being out of step. Today, after therapy, being "out of step" does not bring along the same feelings to J. Being out of step for him is nice. He likes it and he really would not want to be in step with what he perceived most of the culture is walking. That is not one of the walks that he wants to take, but the walk that he learned from his family. He also was not seeing himself as deformed or injured, but as a person who is willing to explore and be "out of step." He also defined himself as being "more in step with myself." He was able to see the conformity as a disaster that is his self abandonment in his view, and it hurt him deeply. J was required to conform most of his life. His notion was that if he did not conform, he might "get busted up pretty badly." That set up a struggle inside of him by the part that wanted to *be*, what it was destined to *be*, and to have that apposed in such a brutal, vigorous way, was very tough for the client. Some of the entities took on that controlling garb. During this therapy, the *shift* occurred so that the entities had to be more mutually supportive and/or respectful of each one's position.

"Being in step with oneself is a pretty good time." I learned very young that not to be in step was very dangerous. It is not so dangerous anymore. "People may look at you a little funny and put their beliefs on you, but I do not have to accept them anymore."

Next follow-up session (six months)

Commentary: J describes the place of comfort, which was very helpful for him, because it gave him a place to practice what he designed with the entities, and everyone was allowed to speak. For him it was new and a different environment than his childhood environment. The place of comfort began to exist inside of J. The cabin, the quiet and

civility that he and the entities chose, trying to stay in that place while he discussed his past. That was a good practice for him and it was also possible for every entity to see that it was possible and could be done. The place of comfort was developed very carefully under the client's direction to assure that he felt comfortable in this place. Every detail was important for him to control. This took a couple of sessions to develop, but it was very crucial as he used it throughout every session of EMDR.

J's Poem:

> When I step openly forward in my way, warmly introducing myself, my heart and soul are nurtured. There is, at these moments, a lifting of the weight of shame and I fly from the cage of my history. In flight, the prettiness of me explodes and I'm finally here at a party of realness.
>
> The eloquence of self caring exhibited in a patient quest for freedom is powerful. I speak now as a soft sense of my own personal welcoming. In writing, I honor myself through the language of emotion. The certain special moments of full disclosure. I invite unguarded participation in safe, friendly, unchallenged exchange. Now the angel of sincerity lifts me free of fear and conformity and I toast my own uniqueness.
>
> Music flows from a crystal spring, a pure and sparkling part of our soul. It is our best expression of goodness, the sounds from the kitchen of angels.
>
> From a sense of optimism comes an atmosphere in which kindness, gentleness, love, and the pure joy of friendship sing softly to us of the intended bliss of life.
>
> Disappointment, my darlings, is a break in the clouds of ego expectation and anger—adazzling moment of opportunity, a chance for contact with our soul. So rest quietly without struggle and receive the clarity and wisdom that is available in the presence of truth. In life colossus of emotion, disappointment is the color soft, giving us gently the sense of the totality of this, our time of living.
>
> End of Poem

Next follow-up session (one year)

Commentary: J discusses how his perception of restriction changed after EMDR. The perception of restriction that he had was the most debilitating part of the whole thing. It was isolating, because it became an isolation of itself. The individuality that is so precious was blocked by all of these defenses so, "being out of step" at that time meant that

there was an ugliness or embarrassment about being out of step. Today being out of step does not have the same feeling for the client. Being out of step is nice, he likes it. He stated, "I really wouldn't want to be in step with what I perceive most of culture is walking. It's not a walk that I want to take." He also explained that he no longer saw himself as deformed or injured, but as a person who was willing to explore and be out of step, and "more in step with myself." He saw the conformity to him was a disaster. It was a self abandonment and it hurt him deeply. *Note: J was required to conform most of his life. His notion was "If you don't conform you get busted up pretty badly."* That set up the struggle inside by the part of him that wanted to BE, what it was destined to be and to have that apposed in such a brutal; vigorous way was tough for him. Some of the entities took on that controlling garb. Somehow during this therapy this SHIFT occurred so that it had a more mutually supportive; a respectful view for each one's position. The patient stated, "Being in step with oneself is a pretty good time. I learned very young that not to be in step was very dangerous. It's not so dangerous anymore. People may look at you a little funny and put their beliefs on you, but I don't have to accept them anymore."

Next follow-up session (two years)

Commentary: At this meeting J shared with me that he had an appointment to meet with the seventh greatest dance coach in the world the next day. He was able to see that identity is the source of energy and if you are true to your own identity, then this perpetuated type of energy flows from that. He was able to see that what happened when he was abused is that he was knocked off of that. His identity was lost for a while, because he thought there was only one identity, but now he sees that his emotions got shoved so out of place, that the intellect took over and this is when the EMDR helped. He

felt that it created a situation where the intellect was stimulated and could not be in conflict anymore with other identities for a period of time. It was more expressive and accepted by the "I" of the person that he was. The emotion was stimulated and could not appreciate the other identities, and it became more accepted. All of the identities were formed to satisfy the abuser and all of those patterns of abuse were interrupted.

At this point J pointed out how important it is for the therapist to communicate with these entities in a way that they did not feel endangered. He told me that my method worked. He said that the danger for the therapist is that the therapist would follow some set of rules rather than allow the client to go and begin to get information and not ask leading questions. J shared helpful information about how therapists can help people who are dissociative and have been through many abusive years. What was helpful to him during our sessions was the respectfulness he sensed from me. In the asking there was a forum, which began to evolve. The emotions were not in conflict and if they were, there was a growing understanding of those voices. He was allowed to hear a voice that was negative and be more patient with it. As the therapist, he noticed that I allowed this personal observation. He shared that his most unforgettable time in therapy, and one of the most helpful moments was when he shared that there were groups of entities on a bus and as a therapist I said, "Could you turn around and look at them?" It never occurred to him to do that and in looking it allowed the acknowledgment of the entities, the realignment, the harmony between emotions, and he believes that the emotions naturally released during the EMDR. He explained that in abuse, you try to grab energy from another place. You become dependent and it is useful in many cases. So you are trying to extract energy from this negativity and be the way you think the abuser wants you to be.

Your identity is lost. As we worked through that with the EMDR, I could see, experience and hear the identity changing.

J went on to explain that it is a very complex defense mechanism that the client has to establish to keep an agreement. He does not think that the entities were living, but they were breathing. For him as a child, it was whatever it took to survive. That is why the identity could be an army; it could be a crying child or a bus load of people. There was a strong survival instinct. He just wanted to live. Once the identity was established, it is not something that an abused person wants to easily give up.

During this two-year follow up, the following question was asked, "Have some of the entities changed?"

Client: The answer was that it's quieter now, it could be the way I hear it. It's a combination of things. The voices are not so mean and my listening is better. When I hear a frightened voice I remember I'm no longer a child. I have a capacity now to listen. As I was growing up and I heard that voice; I'd better heed it and incorporate it into my being if I was going to survive it. Now, I understand the voice. I know that I have the capacity to not be devastated by it. The abuser is dead. That's not true, I'm alive and I became my own abuser. It's very abusive to depart from your own identity and pretend to seek out energy in life. When you are a child, I don't think you really have "a choice." Your capacity to choose is very limited. I wonder why people stay in abusive situations as long as they do, and why they return to them. It has something to do with their capacity to appreciate themselves. If you're really happy with yourself you aren't willing to do what another person wants you to be. I guess adults do it for 30 to 50 years because they just aren't willing to embrace themselves. The therapy and the EMDR help you to get there.

I am currently on no medication, no psychiatrists, and I don't see a psychiatrist. I can't imagine needing medication again unless there is some chemical imbalance. I can't imagine getting that far off center again that I need medication. I don't have a need for it anymore. I know no one who lives as well as I live now. I'm not saying that I'm not lonely or don't struggle at times, but I can't wait for my next day. My granddaughter is married and finishing college. I can't imagine living with anyone, because I doubt if humans have the capacity on a day-to-day basic long term to stay free in a close situation. Perhaps that's why there is so much divorce.

I don't think about it as being a negative for my life, like "oh my God you'll be alone the rest of you life," but I'm in very good company (he smiles and points to himself). I'm not trapped.

Therapist: "How do you feel about me writing a about our sessions together?

Client: "I'm delighted." The word family used to bring up feelings of abuse, but there is a connection in the history of abuse. I come from abuse and people who are trying to be helped are my family now, so I want them to have the very best they can have. This kind of therapy is crucial. Therapists are quite a profession! To be able to try and help people out of that stuff. It's good all around. I think it's wonderful. Write all you can, write and say all you can say.

"In therapy, people are coming looking for help, so it's a real fertile garden there for them to grow out of. It's a tricky business. The therapist has to remember that they're human themselves and that you have a basis to work from. There shouldn't be a lot of "requirements." Requirement is what the client *doesn't* need. They were told how to *breathe***,** so you don't want to slip into that and if you do, you have to say "I'm just human,

let's try another approach." One of the keys is that the therapist really needs to be sincerely interested. The client will pick up on that and they will try to work together because it's fascinating work.

Occasionally I write, and I'm busy dancing competitively now. I'm going to take ninety days to go to Canada and ride across the top of the United States. I don't know when I'll do that, but it will be soon.

I believe there's a code. It's very important to steer away from the things that the abuser did. Remember, the abuser would suppress this person. The therapists can be well meaning people and so willing to help that they suppress it. That won't work. What a client wants to do is be able to express themselves. They don't know how to do that. There's such a freedom in that. It is real important and to learn to reach the capacity to listen respectfully.

Next follow up session (three years)

Commentary: J describes that in the past, pressure would create conflict inside, but now it does not create conflict. He says that he is not an organized person, but it is not in his nature, but he is living well. He asked how other patients see EMDR and I answered that they see it as going deeper and experiencing and reintegrating the past conflicts. Instead of just talking they experience it and process it, but they don't quite understand how it works. I shared with J that I am now treating addictions, eating disorders, obsessive/compulsive behaviors such as hoarding and trichotillomania with EMDR therapy.

Client: "Everyone is living their own craziness." He went on to say that some people have parts in conflict and they are usually trying to fulfil a need. To be needed,

and for some people, drinking helps to soothe the pain. When people understand it as an adult, and you understand you don't have to repeat the habit, that's an important turning point. I guess my addiction was working on masquerading. Coming up with different identities to handle different situations. "That's self preservation." "Intellectually, this self preservation takes place within the intellect. So the emotional side is left out, and in my case, it wanted to surface. It was a challenge to the intellect, which was the only safe place to live, which was within the intellectual realm. So in the beginning of our therapy the threats were coming from the intellectual part."

Simple things that you suggested as a therapist, such as the "turning around in the bus" were a huge help. It quieted the fear in the intellect. "Fear is part of an emotion, but the housing of it was in the intellect." It did whatever was necessary to handle the fears, one of which was to be taken over by the emotions. If the emotions become too strong, I suppose the intellect is drawn out and isn't welcomed in a way. I wonder how EMDR would work with a different therapist, someone who is quick to solve a problem. I never got that feeling from you. You would always say, "What if you did this, or what if you were to look at each other?"

Commentary: So as a therapist working with someone with DID and past abuse, it is important for them to make suggestions and ask permission (mediation techniques).

Client: "Yes that's what you did, you involved everyone. No one felt left out. It was a dialogue."

I remember thinking so many times in my life, "I wished there could be a dialogue, a chance for everyone to speak. Remember we designed a place where we could do that (a place of comfort)."

Commentary: That place of comfort was an intricate and well planned place. J was very careful about everything, so that everyone would be comfortable. That was crucial.

Client: "That stays with me. I don't have that internal battle inside of me that I grew up in. That's why I thought that people kept making the same mistakes. They became the abuser. They decide for themselves the historical place of abuse and they stay there forever. My mother lived in that place for thirty years. My father never got out of it. EMDR has been absolutely the best thing that ever happened to me; to reach that point. I wonder sometimes where I am, whether I'm on the edge of discovering more about life, and I like that thought. I'm certainly not in a self destructive place. I'm constantly trying to find out how to be spontaneous today, in the present.

Therapist: "How are you spending your days?"

Client: "I'm going to the gym for physical fitness and social reasons. It's an opportunity to be yourself with people. I like to be around people. Who I am is a family person who has been shut up most of my life. I like people. I like laughter and spontaneity. That's who I am. That's the person I'm so glad to be. Can you imagine hiding that all your life and finally being able to come out; so to speak?

Therapist: "So, you want to share it?"

Client: "Absolutely. I like people; all kinds of people. People come into the fitness center on walkers, a couple of guys with canes, and some huge people. It's a lot of different people. I go to the gym 3 or 4 times a week, dance four times a week, and bicycle and kayak. If you like scenery and quiet, it's very peaceful kayaking."

Therapist: "Do you have any conflicts or arguments about coming here to meet me?"

Client: "It's not an argument against. It's a disorganized person trying to be orderly enough to make and keep an appointment. I like the meetings. I like you. I love what we do, and writing about it is a wonderful idea. I don't plan my days ahead. I like when you call the day before we meet.

I would like to see other people encouraged by the fact that the more you live this way, the more at home you are. If you're living your nature, the more at home you feel in it. Whereas if your nature was suppressed either by trauma or abuse; I believe it suppresses a persons nature. I'm realizing that in spite of culture and our tendency to try to go back into the abusive stuff, the longer I live my true nature the more it grows and feels more comfortable. So people who are discouraged and they think they'll never beat this, that's not true. The taste of freedom is living your strong characteristics and is least likely to go backward.

EMDR gave me the opportunity to enjoy the gift of life. People must know when they come to EMDR therapy that they are longing for something.

Commentary: At this point the client states that abused people are hiding the person that they probably are. When you start to believe that it is not okay to be who you are, you are in trouble.

J's poem 1

> Hiding one's self in any way is felt deep within our heart and soul; a personal abandonment and sets in motion a perpetuating course that blocks with blatant increasing cold and calculated efficiency the emersion and recovery of the splendid miracle that we are.

Client: I remember during the early therapy that there were voices in my mind saying, "You're going to find something wrong with this woman (the therapist), and she's

dangerous."Then I could hear all of that going on and then the beep beep of the EMDR that interrupted the conversation."It was fascinating"!

J's poem 2

> I think people kill themselves because they want to be heard. The EMDR therapy gave me the opportunity to be heard and for all of my entities to dialogue. This caused the healing to occur.

Conclusion and Recommendations

This case study was written to add to a more clear understanding of the survival processes that take place during childhood trauma, with moving and inspirational testimony from J, a survivor of abuse.

Although this study is of one client, it is a long term (5 year) study and follow up. The poetry was written by J during his 1 ½ years of therapy with me. All of the sessions have not been recorded here, but the most descriptive ones (i.e. the ones that demonstrate the three phases of treatment from Guidelines for Treating Dissociative Identity Disorder in Adults (Chu, J. (2005).

In summary, this case presentation explored the use of Eye Movement Desensitization and Reprocessing therapy, ego state theory and complimentary techniques, especially mediation techniques in treating a client with Dissociative Identity Disorder.

Adequate preparation during the initial phase is necessary and critical when working with DID clients. I mediated with the different entities so that they felt heard and respected J responded positively to the mediation techniques He said that the respectfulness that he sensed in my asking, helped a forum to evolve. My preparation stage was extensive and necessary. Allowing J to develop his intricate place of comfort

took a few sessions, but it was important for him to create this so that there was an agreement among all parts. He used this place throughout the one and one half years of therapy. This gave J a place to practice what he had designed with the entities, and everyone was allowed to speak. This environment was unlike his childhood; everyone was allowed to speak.

I added my years of mediation experience and training which worked beautifully when mediating among the parts. These mediation techniques played an integral part in the preparation stage and throughout the integration stages with J.

When working with Dissociative clients, it is important during EMDR work to negotiate ongoing permission and system wide consensus for the part or parts to work on traumatic events. Mediation techniques are very effective in accomplishing this. Identifying conflicts and resolving issues is ongoing work. The parts need reassurance and it is very important for the therapist to provide continuous reassurance, education and respect. The ongoing negotiation was an important part of my work with J. I used mediation techniques and although I had used these techniques in working with divorce and custody negotiations, I was surprised to find that it worked to well mediating among and between the parts. The pace of the work is set by the system, and the therapist maintains patience and respect to be most effective. Grounding and centering procedures were helpful for J. Dual Attention Stimulation was used to enhance during the stabilization stage.

The integrated treatment model recognizes the internal family system and their honorable roles during the earlier times of terror and chaos. During the integration phase, interweaves were used not only as resource building but followed an emotional network.

J remembered a painful feeling after his wife's affair with his brother: numbness and rage. The similar emotions continued to bring up different scenarios with similar emotions. This interweave continued for several sessions and ended with a shift in J's cognition. From this emotional interweave ,a stronger sense of real communication evolved. I have demonstrated that mediation techniques are a very important component in working with dissociative clients. Mediation techniques can address conflicts and help increase the successful outcome with Dissocative Disorder clients.

As with all EMDR therapy, it is important to follow the standard protocol. One of the most important components is true listening skills, and staying out of the way, so that the client can reprocess through traumatic material while integrating into a more fully functioning human being.

Although this was a case study of one client, it demonstrates J's progression from being a severely dissociative person to an integrated, functioning person without using medication. J is currently expressing himself in many ways and is functioning effectively, which is demonstrated during the three-year follow up meeting.

I believe that the combination of EMDR therapy, with Ego State work and the important addition of mediation techniques helped J through his integration process. I believe that the emphasis on mediation as complementary techniques is very important and was essential in J's progress. During the initial sessions, the entities wanted to be greeted, acknowledged and they wanted reassurance. They were asking for some control over the situation. They responded positively to the reassurance and the slow pace that was adopted early on in our work together. For J, the lonliest part (entity) was the most

resistant. The resistance came from a fear of more abuse. As the sessions progressed, J realized the he never knew that 'we were abused'. There was a 'deformed safety', according to J. The dissociative client develops new identities to handle different situations. J would 'leave and come back' as a means of self preservation. As the sessions continued the chaos slowly diminished.

The combined modality of EMDR, Ego state work and mediation techniques, are necessary and in addressing clients who demonstrate dissociative tendencies . These techniques are effective and can be generalized to all dissociative tendencies instead of limitations to the use of this modality, I see a broader spectrum of use. They are successful with addictions, weight loss, depression, and are very useful in my performance enhancement work. I support the hypothesis: "other pathological disorders can be viewed on a spectrum of fragmentation with DID, and that they can be treated in the same therapeutic framework as DID." (Arrizza, 1998).

More research in this area diagnosing and treating Dissociative Identity Disorder with Ego State work and complementary mediation techniques. Accurate diagnosis of DID, careful preparation, respectful, patient listening and a genuine interest and ability to mediate among the parts appear to be very important in treating the DID client with EMDR therapy. Further research to support this premise is very welcome and may help to decrease the length of pain and suffering and increase the healing time of people with Dissociative Identity Disorder.

LIST OF REFERENCES

Aldridge-Morris, R. (1989). *Multiple personality: An exercise in deception*. London: Lawrence Erlbaum.

American Psychiatric Association. (1999). Attitudes toward DSM-IV Dissociative Disorders Diagnoses among board-certified American psychiatrists. *Am J Psychiatry* 156 (pp. 321-323).

American Psychiatric Association. (2004). *Diagnostic and statistical manual of mental disorders* (4th ed., rev.). Washington, DC: American Psychiatric Association.

Arrizza, N. (1998). The New EMDR Protocol for Ego State Work. *EMDR conference, Toronto.*

Barach, P. M., & Comstock, C.M. (1997). Guidelines for treating dissociative identity disorder (multiple personality disorder) in adults. *Journal of Trauma and Dissociation. 1(1).*

Barach, P. M., & Comstock, C.M. (1996). Psychodynamic psychotherapy of dissociative identity disorder. *Handbook of dissociation: Clinical, theoretical, and empirical perspectives* (pp. 413-429).

Bergmann, U. & Forgash, C. (2000). EMDR and ego state treatment of dissociation. *Presentation at ISSD conference, Miami.*

Berne, E. (1963). Structure and dynamics of organizations and groups. New York: Grove Press.

Boon, S, & Draijer, N. (1993). *Multiple personality disorder in the Netherlands: A study on reliability and validity of the diagnosis*. Amsterdam: Swets & Zeitlinger.

Boon,S., & Draijer,N. (1993). Multiple personality disorder in the Netherlands: A clinical investigation of 71 cases. *American Journal of Psychiatry,* 150, 489-494.

Braum, B.G. (1988). The BASK model of dissociation. *Dissociation***,** 1, 423.

Bromberg, P. (1994). Standing in the spaces. *Contemporary psychoanalysis*, 32 (4), 509-535.

Brown, D., & Hammond, D. (1998). Memory, trauma treatment, and the law. American Journal of Psychiatry, 156, 321-323.

Brown, D., Scheflin, A. W., & Hammond, C. (1998). *Memory, trauma treatment, and the law.* New York:Norton.

Carson, R. C., & Butcher, J. N. (1992). *Abnormal psychology and modern life.* New York: Harper Collins.

Chu, J.A., Lowenstein, R., Dell, P.F., Barach, P.M., Somer, E., Kluft, R.P., Gelinas, D.J., Van der Hart, O., Dalenberg, D.J., Nijenhuis, E.R.S., Bowman, E.S., Boon, S., Goodwin, J., Jacobson, M., Ross, C.A., Sar, V.Fine, C.G., Frankel, A.S., Coons, P.M., Courouis, C.A., Gold, S.N., & Howell, E. (2005). Guidelines for treating Dissociative Identity Disorder in adults. *Journal of Trauma and Dissociation,* 6 (4), (pp.1-54).

Coons, PM (1984). The differential diagnosis of multiple personality: A comprehensive review. *Psychiatric Clinics of North America*, 7, 51-57.

Coons, P.M. (1993). Use of the MMPI to distinguish genuine from factitious multiple personality disorder. *Psychological Reports*, 73, 401-402.

Coons, P.M., & Milstein, V. (1994). Factitious or malingered multiple personality disorder: Eleven cases. *Dissociation*, 7 (2), 81-85.

Downing, R. (2003). Understanding integration as a natural part of trauma recovery. Sidran Institute. Towson.

Erskine, R. (1997). *Theories and methods of an integrative transactional analysis: A volume of selected articles.* San Francisco: TA Press.

Federn, P. (1932). The ego feeling in dreams. *Psychoanalytic Quarterly,*1, (pp.511-542).

Federn, P. (1943). The psychoanalysis of psychosis. *Psychiatric Quarterly*, 17, 3-19, 246-257.

Fine, C. G. (1993). A tactical integrationalist perspective on the treatment of multiple personality disorder. *Clinical perspectives on multiple personality disorder* (pp. 153-154). Washington, D.C.: American Psychiatric Press.

Fine, C. G., and Berkowitz, A.S. (2001). The wreathing protocol: The imbrication of hypnosis and EMDR in the treatment of Dissociative Identity Disorder and other maladaptive dissociative responses. *American Journal of Clinical Hypnosis, 47, 275-290.*

Forgash, C., & Knipe, J. (2001). Safety-focused EMDR/ego state treatment of dissociative disorders. *Presentation at EMDRIA conference,* Austin, Texas.

Forgash, C. (2002). Deepening EMDR treatment effects across the diagnostic spectrum: Integrating EMDR and ego state work. *Two-day workshop presentation*, New York.

Forgash, Carol. (2004). EMDR-Practitioner, Keynote Address, European EMDR Annual Conference: , Treating Complex Posttraumatic Stress Disorder with EMDR and Ego State Therapy.

Freud, S.& Breuer, J. (1895). ,*Studies on Hysteria*. [Add place of publication: publisher].

Gleaves, D.H., 1996 ,Gleaves, D. H., May, M. C., and Cardena, E. (2001). An examination of the diagnostic validity of dissociative identity disorder. *Clinical Psychology Review*, 21, 577–(1952). 608.

Grand, D. (2001*). Emotional healing at warp speed: The power of EMDR*. New York: Harmony Books.

Hawksworth, H. & Schwarz, T., (1978). *The five of me*. New York: Simon & Schuster.

Hoffman, A. (2001). Dissociation and the development of empathy. *Presentation at ISSD conference,* New Orleans.

Janet, P. (1919). *Psychological healing*: *a historical and clinical study*. New York: Macmillan.

Kluft, R.P. (1984). A treatment of Multiple Personality Disorder: A study of 33 Cases. *Psychiatric Clinics of North America*, 7, 9-29.

Kluft, R.P. (1984). Multiple personality in childhood. *Psychiatric clinics of North America*, 7 121-134.

Kluft, R.P. (1989). Playing for Time: Temporizing Techniques in the Treatment of Multiple Personality Disorder. *American Journal of Clinical Hypnosis*, 32, 90-98.

Kluft, R.P (1991). Multiple personality disorder. In A. Tasman & S.M. Goldfinger (Eds.), *American psychiatric press review of psychiatry*, 10, (pp. 161-188). Washington, DC: American Psychiatric Press.

Kluft, R. P. (I993). Basic principles in conducting the psychotherapy of multiple personality disorders. *Clinical perspectives on multiple personality disorde*r (pp. 19-50). Washington, D.C.: American Psychiatric Press.

Kluft, R. P. (1997). Recovered memory [Review of the book Betrayal trauma: The logic of forgetting childhood abuse]. *Journal of the American Medical Association*, 277(10), 854-855.

Lazrove, S. & Fine, C.G. (1996). The use of EMDR in patients with dissociative identity disorder. *Dissociation, 9, 289-299.*

Levine, P. (1997). *Waking the tiger*. Berkeley: North Atlantic Books.

Marquis, J. N., and Puk, J. (1994, November). Dissociative identity disorder: A common sense and cognitive-behavioral view. Paper presented at the annual meeting of the Association for Advancement of Behavior Therapy, San Diego, CA.

Myers, C.S. (1940). *Shell shock in France 1914–1918*. Cambridge: Cambridge University Press.

Nijenhuis, E.R.S., & Van der Hart, O. (1999). Trauma-related dissociation: conceptual clarity lost and found. *Australian & New Zealand Journal of Psychiatry*. 38 (11–12), 906-914, November/December 2004.

Paulsen, S. (1995). EMDR and its cautious use in the dissociative disorders. *Dissociation*, 8, 32-44.

Parson, E. R. (1988). Post-Traumatic Self Disorders. In J. Wilson, Z. Harel, & B. Kahana (Eds), Human Adaptation to Extreme Stress (pp. 245-283). New York: Plenum.

Piper, A. (1997). Hoax and reality: *The bizarre world of multiple personality disorder*. North vale, NJ: Jason Aronson.

Putnam, F.W. (1989). The Diagnosis and treatment effects of Multiple Personality Disorder. New York: Guilford Press.

Putnam, F.W. (1997). Dissociation in children and adolescents: a developmental perspective.

Putnam, F.W., & Loewenstein, R.J. (2000). Dissociative identity disorder. In H.I. Kaplan & B.J. Sadock (Eds.), Comprehensive textbook of psychiatry (7 th ed., pp. 1552-1564). Baltimore, MD : Williams & Wilkins.

Rosen, G., & Spates, C.R. (1993). A note to EMDR critics: What you didn't see is only part of what you don't get. *Behavior Therapist*, 16, 216.

Ross, CA (1990). Twelve cognitive errors about multiple personality disorder. *American Journal of Psychotherapy*, 64, 348-356.

Ross, C, A: (1991). Epidemiology of multiple personality disorder and dissociation. *Psychiatric Clinics of North America*. 14, 503-517.

Ross, C. A. (1997). Dissociative identity disorder: Diagnosis, clinical features, and treatment of multiple personality. New York: Wiley.

Ross, E. G. (1997). Twelve cognitive errors about multiple personality disorder. *American Journal of Psychotherapy*, 64, 348-356.

Ross, C.A., Norton, G.R., Fraser, G.A. (1989). Evidence Against the Iatrogenesis of Multiple Personality Disorder. *Dissociation*, 2(2):61-65, 1989.

Rosenbaum, M. (1980). The role of the term Schizophrenia in the decline of the diagnosis of multiple personality disorder. *Archives of General Psychiatry*, 37, 1383-1385.

Schmidt, S. J. (1998). Internal conference room, ego-state therapy and the resolution of double binds: Preparing clients for EMDR trauma processing. *EMDRIA Newsletter*, June1988, (pp.3-6).

Schore, A. N. (1994). *Affect regulation and the origin of the self*. Hillsdale, N.J.: Lawrence Erlbaum.

Schreiber, D., Sevan. (2003). *The instinct to heal*. Paris: Editions Robert Laffont, S.A.

Schultz, R., Braun, B.G., & Kluft, R.P. (1989). Multiple personality disorder: Phenomenology of selected variables in comparison to major depression. *Dissociation*, 2, 45-51

Schwartz, R. (1997). *Internal family systems therapy*. New York: Guilford Press.

Shapiro, F. (1989). *Eye Movement Desensitization and Reprocessing: Level I Basic workshop manual*. Pacific Grove.

Shapiro, F. (1991). Eye movement desensitization and reprocessing: A cautionary note. *The Behavior Therapist, 14*, 188.

Shapiro, F. (1994). Shapiro's response. *The Behavior Therapist, 17*, 157-158

Shapiro, F. (1995). *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures* (1st edition). New York: Guilford Press.

Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures*. New York: Guilford Press.

Shapiro, F. (2002). EMDR for trauma: Eye Movement Desensitization and Reprocessing. *Psychological Association Psychotherapy Videotape series II.*

Spanyo, N. P. (1994). Multiple identity enactments and multiple personality disorder: A socio-cognitive perspective. *Psychological Bulletin*, 116, 143-165.

Steele, K., (2005). Phase oriented treatment of structural dissociation in complex trauma-related phobia. *Journal of Trauma and Dissociation*, 6 (3), (pp.79-116).

Steinberg, M. (1994). Systematizing dissociation: symtomatology and diagnostic assessment. In D. Spiegel (Ed.). *Dissociation: culture, mind, and body.*

Twombly, J. (2000). Incorporating EMDR and EMDR adaptations into the treatment of clients with dissociative identity disorders. *Journal of Trauma and Dissociation*, 1(2), 61-81.

Van der Hart, O., Van Dijke, A., Van Son, M., & Steele, K. (2000). Somato form dissociation in traumatized World War I combat soldier: A neglected clinical heritage. *Journal of Trauma and Dissociation*, 1(4), 33-66.

Van der Kolk, B., McFarlane, A., & Weisaeth, L. (1996).*Traumatic stress*. New York: Guilford Press.

Watkins, J. G.. (1996). Overt-covert dissociation and hypnotic ego-state therapy. In W. J. Ray & L. K. Michelson (Eds.). Handbook of Dissociation. NY: Plenum.

Watkins, J., & Watkins, H. (1996). *Ego states: Theory and therapy*. New York: W. W. Norton.Watkins & Watkins.

Wilson, Ian, (1981). *All in the Mind*. London: Victor Gollanex, Ltd..

Wilson, S., Becker, L.A., & Tinker, R.H. (1995). Eye movement desensitization and reprocessing (EMDR): Treatment for psychologically traumatized individuals. *Consulting and Clinical Psychology*, 63, 928-937.

Wolpe, J. (1958). Psychotherapy by reciprocal inhibition. Stanford, CA: Stanford University Press.