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EMDR Treatment for Early Developmental Traumas

- A Theoretical Contribution -

Abstract

In EMDR, the standard A.I.P. protocol (Adaptive Information Processing) proves to be insufficient in the linear treatment of diffuse traumas that have disrupted the psychological development of patients. We propose a method that takes into account the development of an 'innate personality' from which the necessary resources for the treatment are reinforced by an osmotic transformation of felt qualities and flaws, appearing during the treatment of traumas. The Mindfulness approach inherited from Vipassana meditation, widely used in psychotherapy these days, integrates with and completes the A.I.P. Protocol.

Keywords: EMDR- Adaptive Information Processing protocol – early developmental trauma – therapeutic resources – mindfulness

1. Is the AIP model adequate ?

The standard A.I.P. protocol (Adaptive Information Processing) proves to be insufficient in the linear treatment of diffuse traumas that have disrupted the psychological development of the patient.

The intricacy of traumatic events is such that it becomes difficult to simplify targeting during the use of the EMDR protocol (phases 1 to 3), because of considerably porous nature of the boundaries between *Responsibility*, *Vulnerability* and *Possibility of choice*.

Without entering into the debate over what is innate and what is learned in human development, it is nowadays possible for us to admit, for example in the degree of pathological damage caused by attention problems, that genetic variables must be taken into account when looking into an anamnesis.

There is also a large choice of metaphors (Kriss Jarecki, 2014) that allow a therapist to explain, from the preparatory stage on, the move *from nature to nurture*. We can have recourse to use, for example, the metaphor of the little seed.

Metaphor of the unhappy little seed

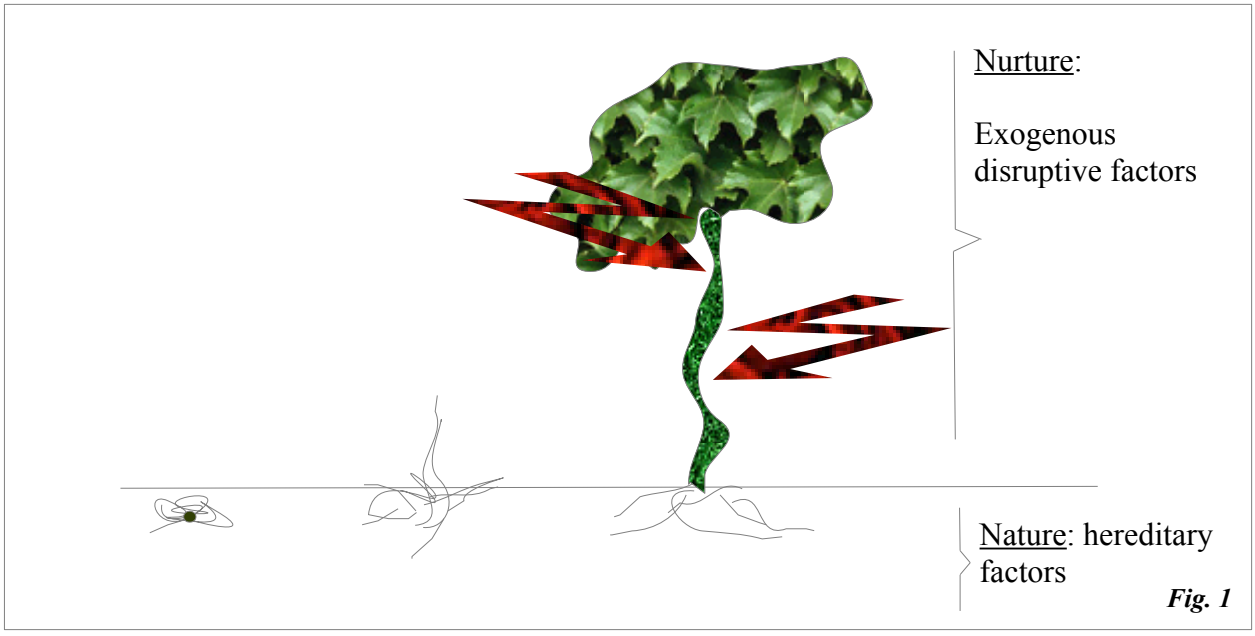


Fig. 1

This information is aimed at reassuring the patient who, day by day, has developed a poor opinion of himself; during years spent in a hostile environment, it has become more and more deeply anchored. This is an important piece of pedagogical information to be given to a patient as soon as a gap between his or her potential and future has been noticed.
Here is an example of developmental trauma:
During a session, a hyperkinetic child destroyed what he had just made. From time to time, he left to go and hide in a corner of the consultation room in order to punish himself.

COG-: "*I'm rubbish.*"

The WISC-IV picked up a level of precociousness that was, on average, superior.

During the preparatory sessions that followed, I learnt about his teacher's distress as well as the aggressiveness of his classmates towards him; this child became the target of all kinds of denigration, thefts, various acts of aggression, which he related during the session whilst adopting the behaviour of a baby.
A major psychological deviation has appeared between the child's potential and their unsuitable environment.
In the cases of children whose precociousness is detected in time, it is relatively easy to use psychotherapy to psychologically re-establish the child's self-image as adequate and in line with their genetic potential, through psychotherapy.

Second example:
The props that hold up the original personality of this 36-year-old adult have fallen to pieces:
His father left shortly after he was born. The child's maternal grandmother took on the responsibility for his upbringing, a 'second mother', whom he slept with until the age of

15 and who he will become unable to leave, psychologically, for another woman. He then waited another 20 years before making a trip to Asia. Here, he goes out with, and then marries, a woman that he then brings back to France. This man has held positions of responsibility. Neither his keenness for interests in science, nor in economy, nor in IT – fields in which various members of his family work – have been able to make up for his affective distress. Nonetheless this man holds extremely powerful potential, if we consider his innate capacities.

He does not control anything in his life, he feels guilty for having abandoned his 'mother' for the woman that he has married, and consequently already risks getting a divorce.

In both of the succinctly explained cases above, as much for the precocious child as for the adult who is profoundly dissociated from his intimate personality, we will need to adapt the A.I.P. Model.

2. The genetic approach: detecting the pillars of the patient's innate personality

I also had the idea of taking 3 sticks out of a game and tying them up with an elastic band.

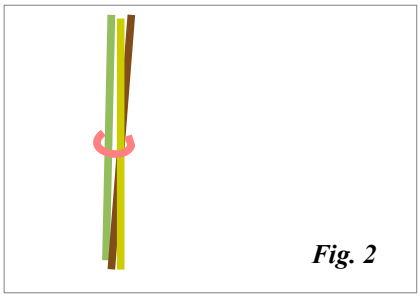


Fig. 2

During the preparatory session, I ask the patient to make the tied-up sticks stand up on the table by themselves.

Several scenarios ensued, much to my surprise:

• It did not occur to some patients to think of separating the three sticks in order to make them stand up. I remember one patient that even managed to make them stand up vertically without separating them!

• The base formed by arranging the sticks in a triangle could be either small, medium or large.

• The elastic band was pushed up towards the top or down towards the bottom, or sometimes people even took it off.

Then, I ask the patients to situate a zone representing the past and a zone representing the future, since the elastic band that ties up the three sticks is usually in the middle zone, intended to situated the zone representing the present.

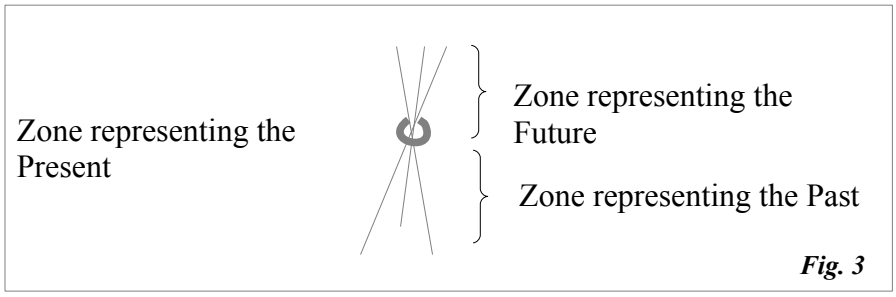


Fig. 3

Most responses chose to situate the zone belonging to the past on the lower part of the sticks, touching the floor, and the tips pointing upwards as being turned towards the future, although there were of course some surprises!

Here are some selected configurations, accompanied by interpretations of them:

3. Table of commonly observed configurations

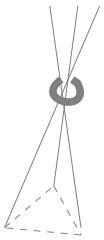
The present lived experience

- Fleeing from the past

- Tension about the future

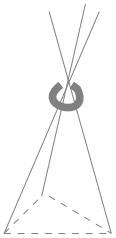
- The present seen as less important

- Will not, or cannot, place themselves in the present



Relatively symmetrical base

(unbalanced distribution)



Relatively unsymmetrical base

(balanced distribution)

Fig. 4

The following stage consists of telling the patient that if the three sticks can stand up together in front of him (or her), without him making them fall over and without him holding them in place, that is because the three pillars of his personality have allowed him to hold out until now (the zone representing the present, that joins the three sticks together) despite the external factors that have disrupted his original personality (see ***Fig. 1***).

Then we must ask the patient to 'lean over' from the zone that represents the present, as if leaning over a balcony rail – towards the zone representing the past (the equivalent of a floatback) and from this vantage point, detect the three fundamental qualities of his

personality up until the age of seven years old. Put in other terms, how the patient today sees himself as a child aged less than seven. In this way, we are able to gain the patient's present perception and imagination, which leans upon his past.

Evidently, this perception is not objective since we reconstruct our own past according to rearrangements of memory that are influenced by other event over the years.

4. The personal configuration

Here is the result of the introspection of the adult patient from the above example:

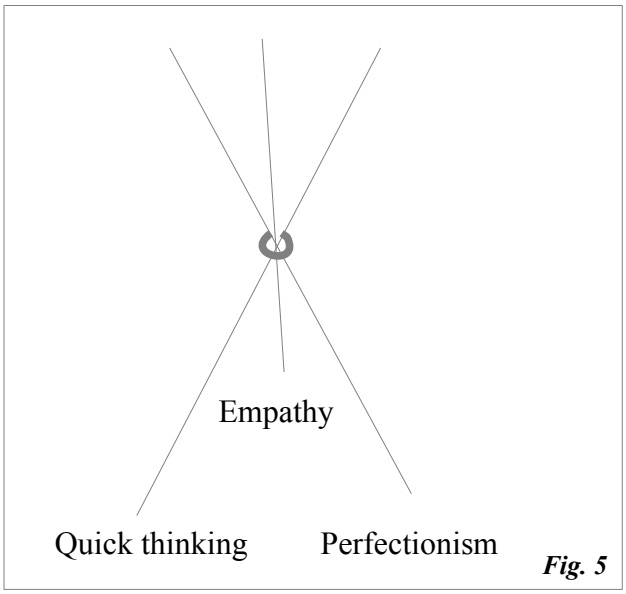


Fig. 5

From the three personality qualities that have been identified, we are able to deduce his flaws.

As with during COG+ research, these are the opposites of his qualities.

I also explain to my patients that qualities and flaws make up the two sides of the same coin: it is impossible to envisage a quality without its reciprocal flaw!

This is an observation that one is often reminded of during Vipassana meditation.

As we proceed to the anamnesis, the patient started to recall events that he had forgotten and during which he was *misanthropic*, *slow*, *self-satisfied*.

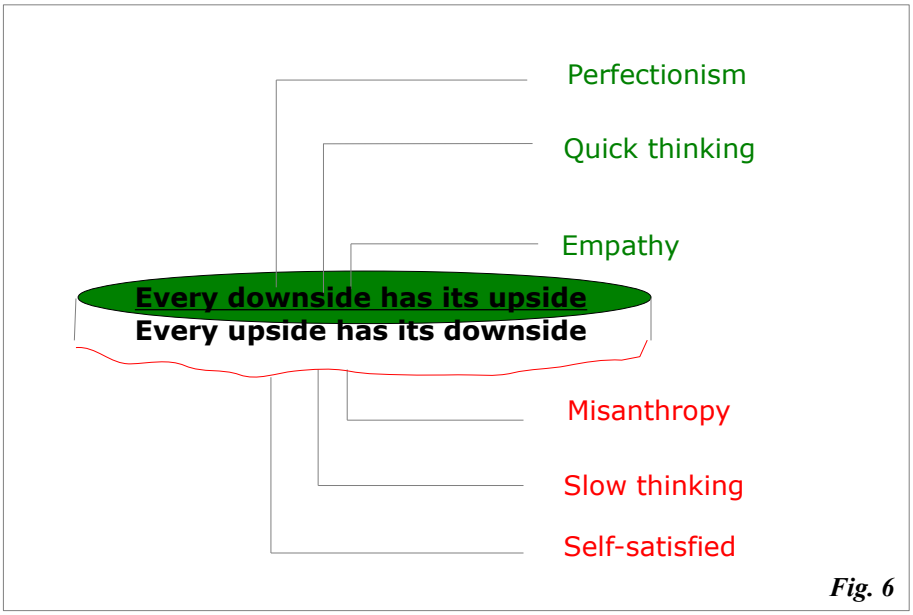


Fig. 6

The following stage consists of writing up a table containing each of the Flaws/Qualities, as follows:

F/Q 1	*F/Q* 2	*F/Q* 3
Self-satisfied/Perfectionism	Slow thinking/Quick thinking	Misanthropy/Empathy

Fig. 7

We end up with three main columns subdivided into two *F/Q* columns each.

As with the *Trauma Chart construction* (A.I.P. model), we then write in the age of the patient at the time of each event. We only use the events that are still a *source of suffering* /v/ *source of pleasure today*.

Thus, we are able to develop a basic three-part basis for the patient that will show him his Present point of view both on the Recent Past and a more distant Past.

Present point of view on the recent past and more distant past

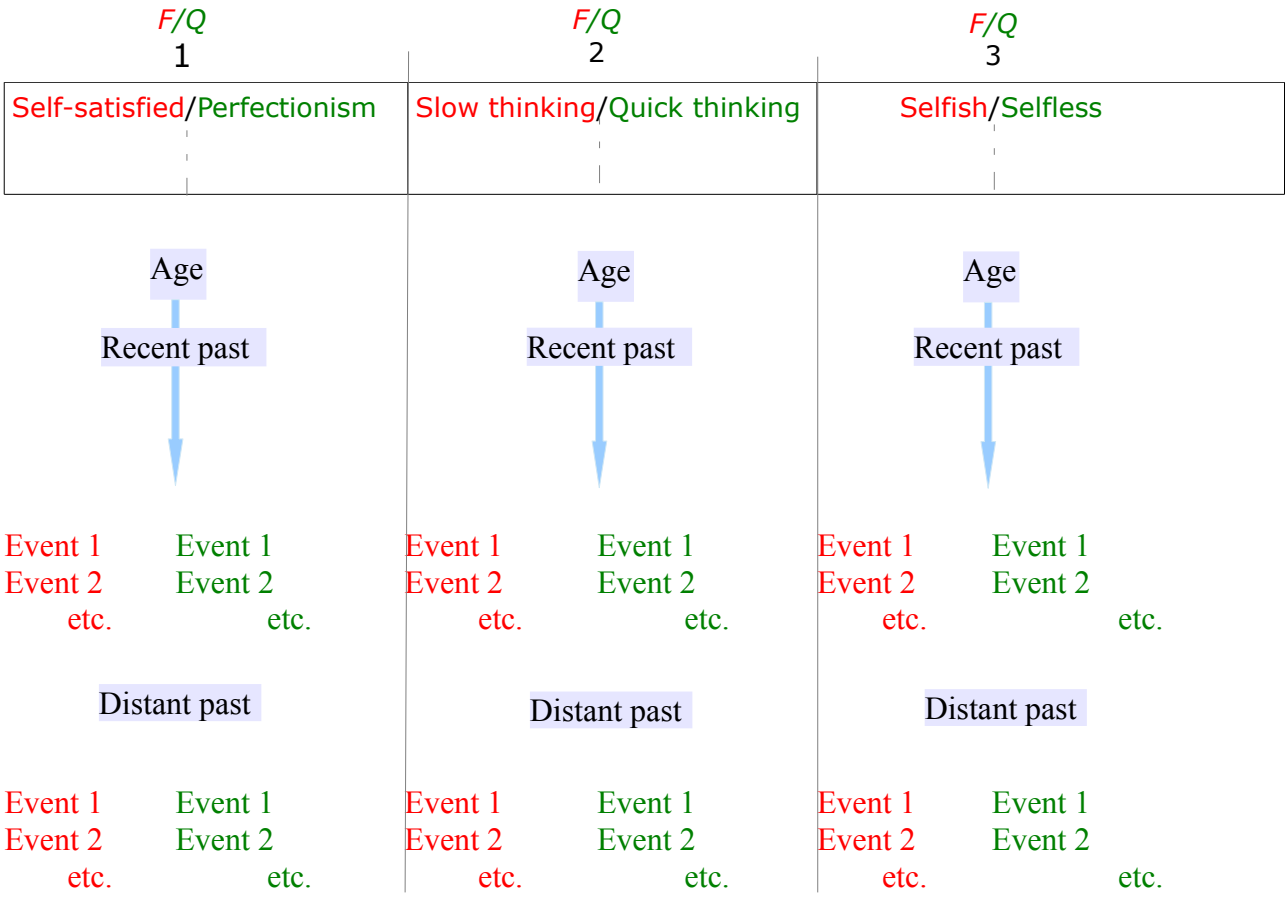


Fig. 8

It is important that each event which is still a source of trauma today is coupled with an event that is a source of pleasure, if possible from the same period, and located opposite it (according to ***fig 6***).

This is because it will be these source of pleasure events that the patients refer to during their EMDR treatment. These source of pleasure events will constitute the best network of resources for the therapist to refer to throughout the cognitive weaving process.

It works and greatly complements the Absorption Technique (Hofmann, A. 2009).

In terms of the *F/Q* dyad, we must point out to the patient that the exacerbation of one Quality leads paradoxically to a Flaw and that the exacerbation of a Flaw can turn out to be a Quality, seen from a behavioural point of view. (Here again we find a rule that is conveyed by Vipassana meditation.)

Thus, starting from an observation made in the present on recent events and those further

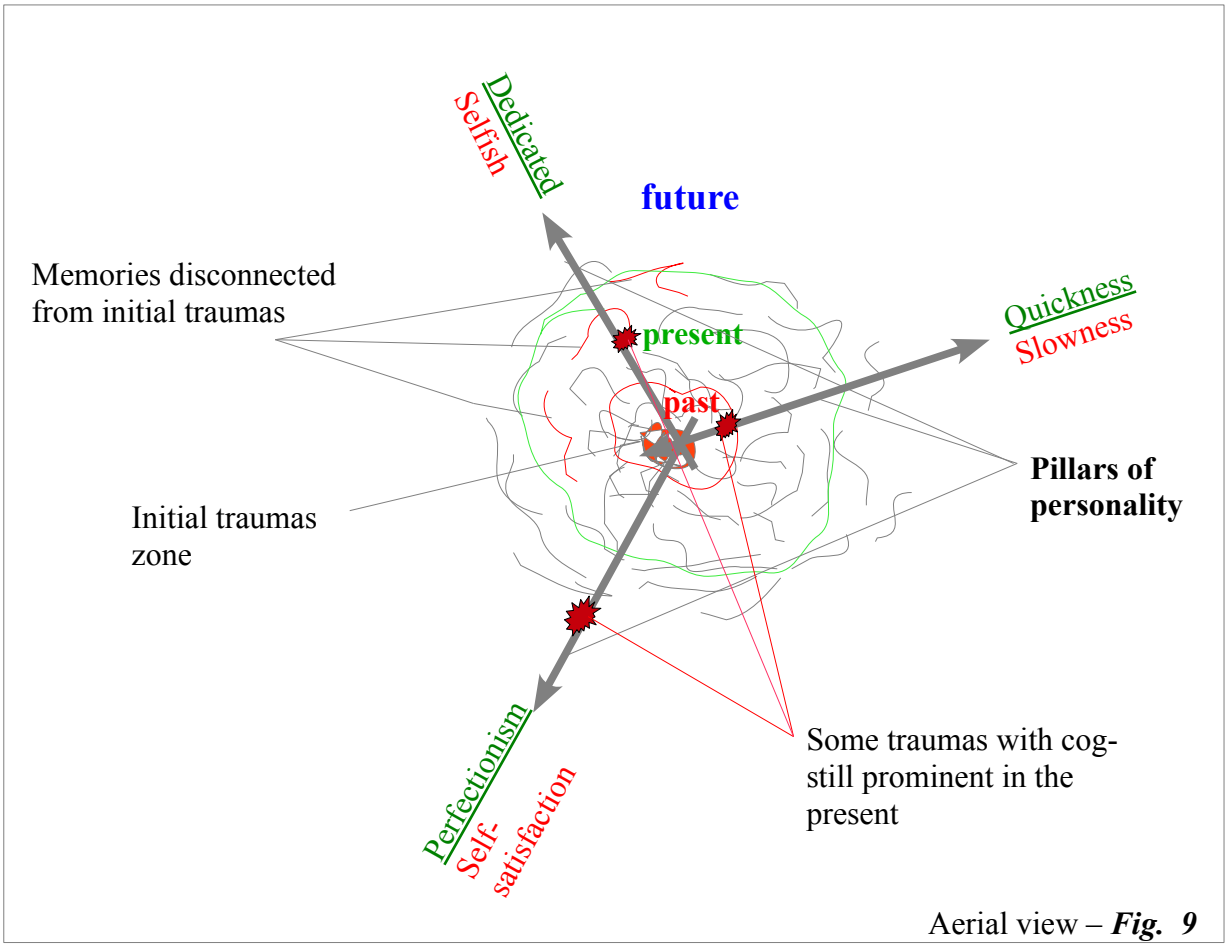
in the past, we are able to respect the A.I.P. Protocol.

In this way we can therefore treat people suffering from deep-set disorders: narcissism based on difficult and damaging early life experiences (D. Mosquera, J. Knipe, 2015), bipolar disorder (Van der Berg et al., 2013), certain forms of psychosis, etc. more easily.

5. The memory network rupture metaphor

Here is an aerial view of the three pillars of personality that were identified by our adult patient. At the bottom, we find the traumas of the past, in the centre, higher up, those of the present, and around them the scenarios that we are going approach, for the future, usually

in the third part of the treatment process.



Aerial view – ***Fig. 9***

It is important that patients have a comprehensive list of events as well as the trauma chart in their heads. In this way they will be able to, both during sessions and at home, create links between each trauma that we treat and the three pillars of their personality.

This card can also be updated throughout the course of EMDR treatment, for example by using the graphic software Xmind (http://www.xmind.net/download/win/).

It is important to tell the patient that whatever may have happened to him, whatever may happen now or in the future, he will always keep the qualities that are linked to these three pillars of his personality. These pillars make up an inexhaustible stock of resources

that can be relied on for his whole life. Thus, such an EMDR model of resources could make more effective innovative moments and change in client-centered therapies as we have learned from (Gonçalves R., Mendes et al. 2011).

In our model, the patient develops a system made up of his or her own resources built around personal and oppositional semantic data series. We believe that the real limitations to the current model on working memory lie with its insufficient capacity to reduce emotional distress as result of dual attention. (Katrin Kristjansdottir, Christopher W. Lee, 2013)

On the contrary, an inherent subconscious capacity to implement a Cognitive Interweaving (such as Rapid Eye Movement Sleep) allows for the emergence of a coherent meaning after the event had occurred. “Trauma involves a loss of existential meaning” (W.K. Abdul-Hamid, J.H. Hughes, 2015). It is most likely that meditation allows PTSD to be treated more easily. But for people who have been poorly trained, EMDR care with the assistance of a therapist is essential.

Cognitive Interweaving (already active during mindful meditation) involves an affective dimension through the personal creation of semantic oppositions which are structured around the key issue of the split envelope of personality, which has to be repaired. It is of course likely that faster eye movements lead to a stronger reduction of the sharpness of emotional distress than slow movements do. (Maxfield et al. 2008).

However, in relation to them, we can appreciate the speed of the “blurred-vision-and-curative-effect," which is due to the personal semantic oppositions, by the eye movement sets.

It is then possible for you to experience this for yourself ! Ask the patient to place a disturbing picture under the little finger of his or her left hand. Then, under the thumb of the same hand, tell him or her to place a pleasant picture from a similar situation. Finally, ask him or her to place his or her right hand onto the area of the body where he or she feels an emotion: a negative one when the left little finger presses his or her thigh, and a positive one when his or her thumb presses the same thigh. Once you have started the sets of eye movements, you will notice that the patient rarely moves his or her right hand ! He or she merely describes the positive and the negative feeling in the

same area.

The vividness of the stressful emotion decreases as soon as the positive feeling transferred by the thumb disturbs the negative sensation under the little finger. If the chosen opposing cognitions are operating in a coherent and rational system for the patient, the positive feeling will have the upper hand; it also indirectly lowers the SUD (Subjective Units of Distress) !

Thus, the process will result in finding the solution to the issues highlighted by (Leeds et Korn, 2012) related to eye movement and client safety factors: if the patient is going through a series of rapid/very rapid alternating eye movements, “a psychical blank field” has to be reprocessed. On the other hand, for slow eye movements, an important aspect of the meditative and visioning process is helping to construct a sense of coherence by creating personal semantic oppositions.

6. Application

Here is an example of positive and negative Images (IMG) and Cognitions (COG) that the adult patient associated with the Present and the Past, linked to the F/Qs.

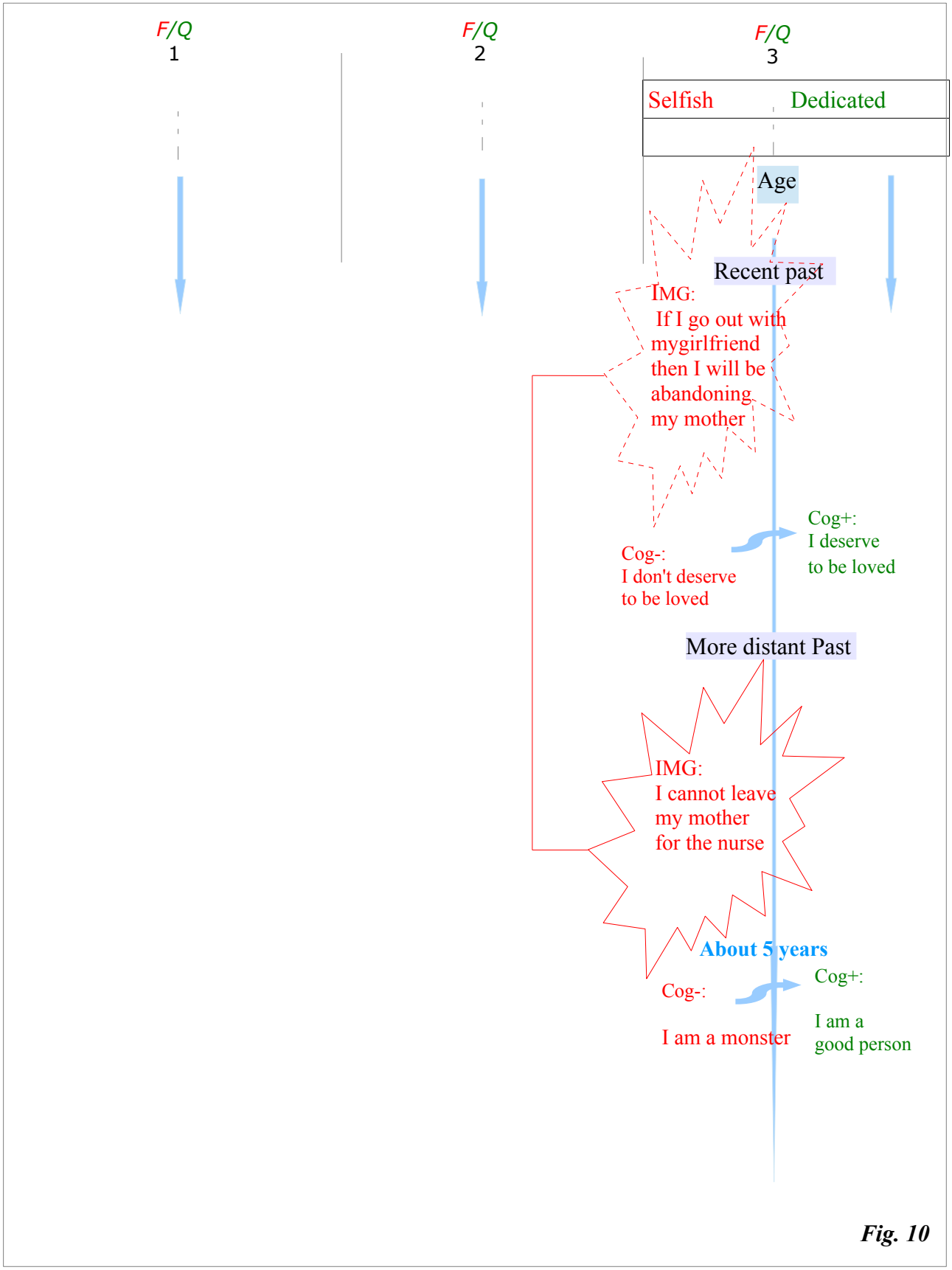


Fig. 10

Visualising both IMG/COG+/-, allows the patient to immediately apprehend what has been destabilising the third pillar of his personality. Retrieving this event from the past will reinforce this pillar!

As we know, adjacent and intersecting traumas relating to the patient's present or past life, can appear during an EMDR reprocessing.

Here is how the patient distributes them in a F/Q table:

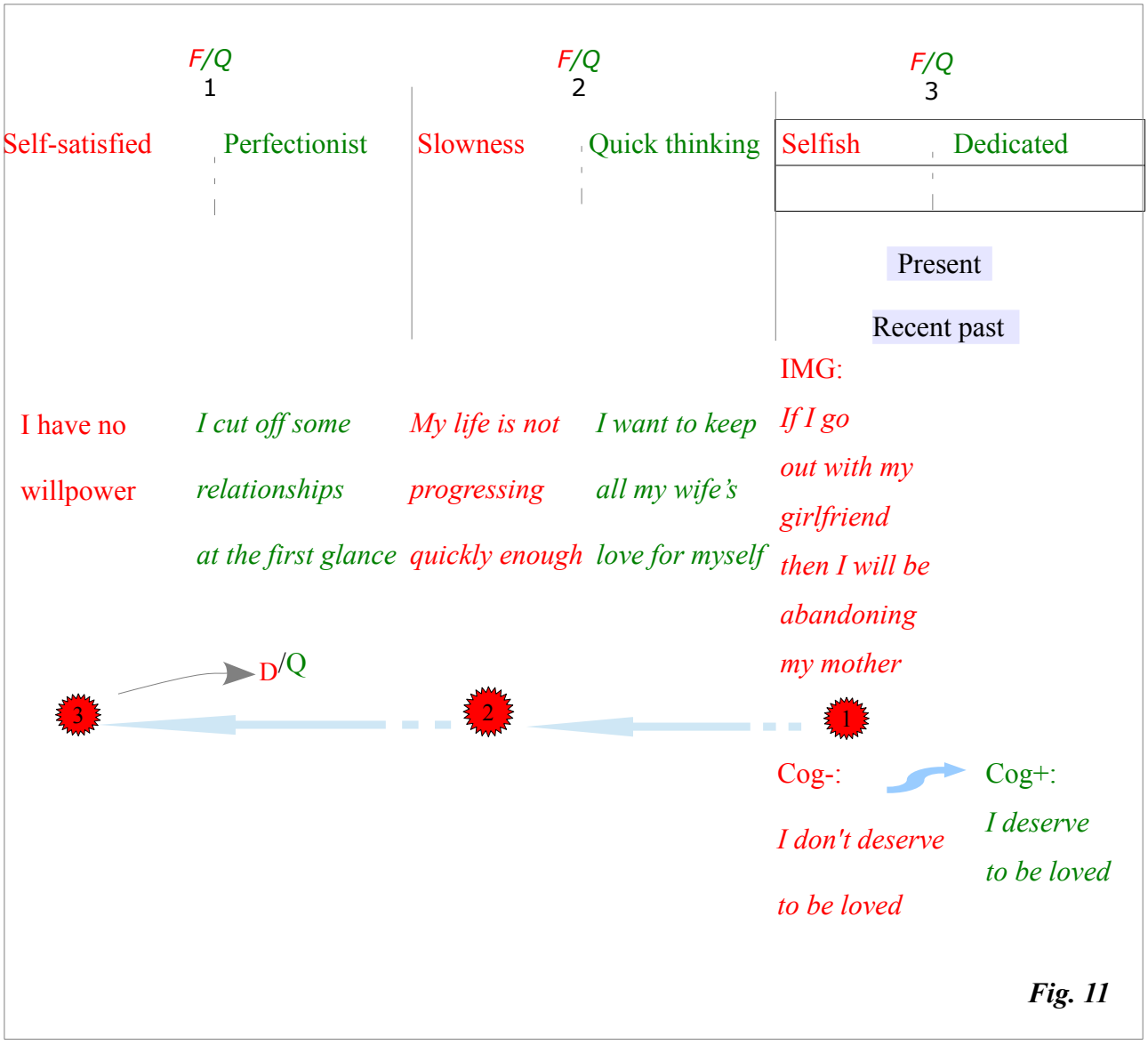


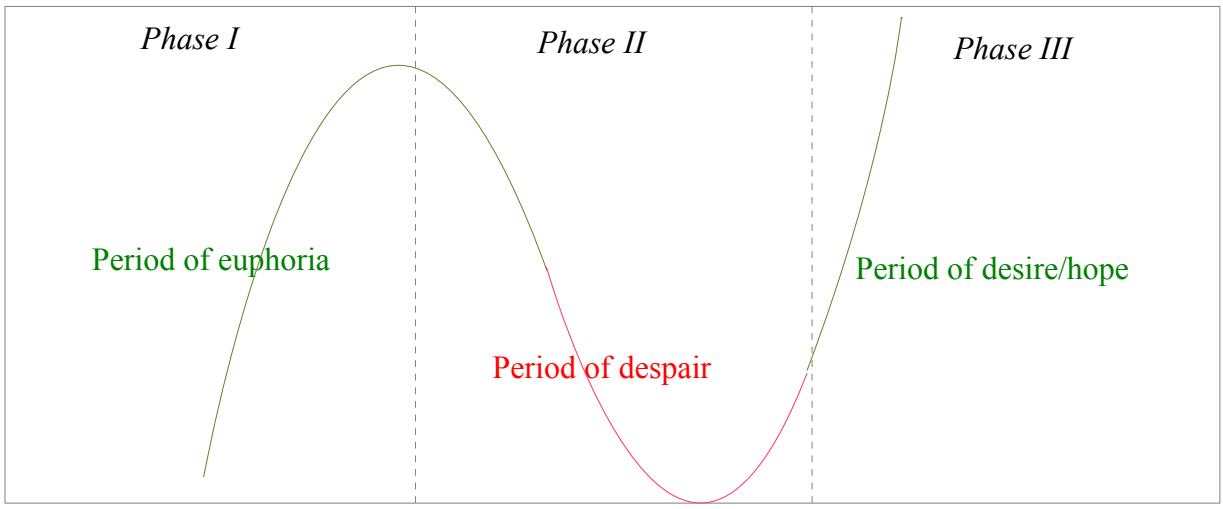
Fig. 11

Therefore, the new traumatic images that appear in the present must be treated in relation to those in the past, and reciprocally, before undertaking new treatment, in order to make sure that all of the clusters have been exhausted, both vertically (along the double-attentional axis of the present/past) and horizontally (along the double-attentional spatial axis).

Indeed, it is thanks to the rewriting of these tables of events that have been reprocessed with their Cog+ and Cog- as well as their VOC and their SUD, step by step, that the patient is able to reinforce his resources and consolidate the founding pillars of his personality.

In this way, a sinusoidal vision of life will, little by little, take root in the patient's mind.

Here again we use another metaphor for well-being:



It is important to make sure that the patient understands, whilst his cognition is being reprocessed, that these 3 phases correspond with normal emotions experienced in life, as long as the cycle does not get stuck in time and that it evolves in a spiral, heading in the direction of an introspection towards the past or towards the future.

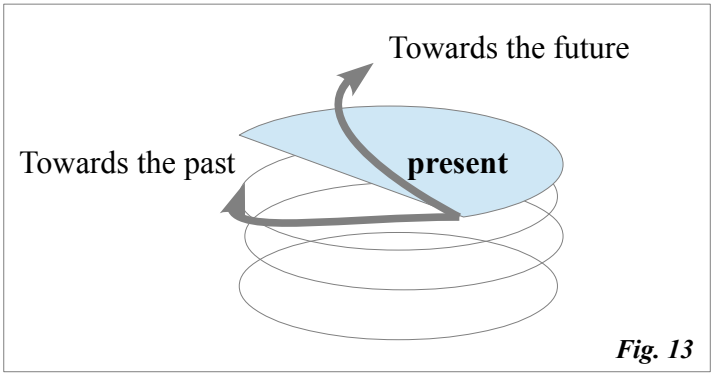


Fig. 13

Smoothing out the sinusoidal peaks of euphoria and despair is often implemented through material medica or through meditation. However, this can also be achieved by means of the psychological permutation of Flaws and Qualities. This functions as follows:

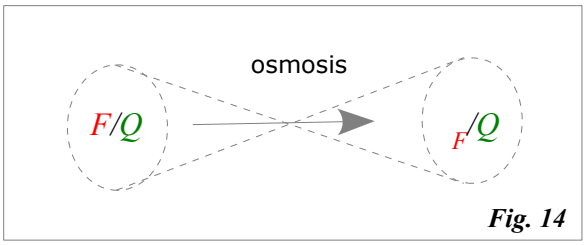


Fig. 14

In fact it is exactly this treatment, centred on the modulation between the two F/Q poles that can bring about *F/Q* behavioural change.

In the example above, you will have been able to see how in this way, calling oneself a *Perfectionist* can be a *Quality*. In fact this qualifying term doesn't really have an antonym, because it is so ambivalent.

Satisfaction, when taken to mean the satisfactory accomplishment of an action, can be considered by a patient as a *Quality*. For other people, as for this patient, when meaning *Self-satisfaction*, it could be considered a *Flaw*, etc.

The only thing that is important here is the value that the patient subjectively gives to the *Self-satisfaction*/*Perfectionism* dyad. The oppositional value of the dyad is of course the result of each patient's personal history. In any – and every – case, it is important to recognise that a *Quality* is not always the opposite of a *Flaw* and that a *Flaw*, in certain circumstances, can prove to be a *Quality*.

In order to show the importance of context in a Cognitive appearance, here is an expression:

I am surprising! I surprised everyone!

Without having any context, it is impossible to know if the speaker is ascribing a *Q*uality or a *F*law to himself:

Even if I add adverbs such as:

I am truly surprising! I totally surprised everyone,

we would not really be any better informed.

Here, in the context of EMDR cognitive weaving, the ambivalence of words and their context(s) is a powerful tool in the shift or swing from *F* to *Q*.

We can observe, with a third patient, how on the one hand (table 1), the *Q*uality maintains the *F*law and on the other hand (table 2), how we can develop cognitive weaving starting from a trauma chart that links *F*laws and Qualities:

F/Q		F/Q		F/Q	
Idiotic	Intelligent	Disgust for life	Love of life	Antisocial	Social
I feel totally stupid around my boyfriend. He says "You're an idiot!" SUD = 8/10	*My Physics teacher told me, talking about me: "It's the first time in my career that I give someone a perfect Grade!"* VOC= 6/7	*At 14 years old, I saw the body of my dead grandfather.* SUD = 6/10	*Making my plane fly when I made model planes.* VOC= 6/7	*My mother said to me: "You mustn't make yourself stand out!" So I always imagine the worst!* SUD=8/10	*After I lost my job, a former colleague called me several years later to offer me a job. I regained confidence in life.* VOC=6/7

Fig. 15 / Tab 1

If a person can explain in one go everything that he or she feels towards his (or her) brother, who, since childhood, has taken advantage of any opportunity to put him (or her) down, he can allow himself to be unkind in order to vent everything that he had never been able to say to him until this moment. This is a process of pouring out and of converting bi-polar properties for some patients.

A kind of filtration or even a psychological $_{F}/_{Q}$ osmosis formulates as the patient's *F*laws and *Q*ualities are put into perspective through the new contexts that come out of the patient's stock of resources.

This is why I am able to say that, through the phenomenon of psychological persistence, the shifting of to $_{F}/_{Q}$ - that is to say, the disintegration and then the exosmosis of the two poles -

equates to a cognitive weaving.

Now let us examine a table that gives an overview of the exosmotic psychological process at work, in the case of a fourth patient:

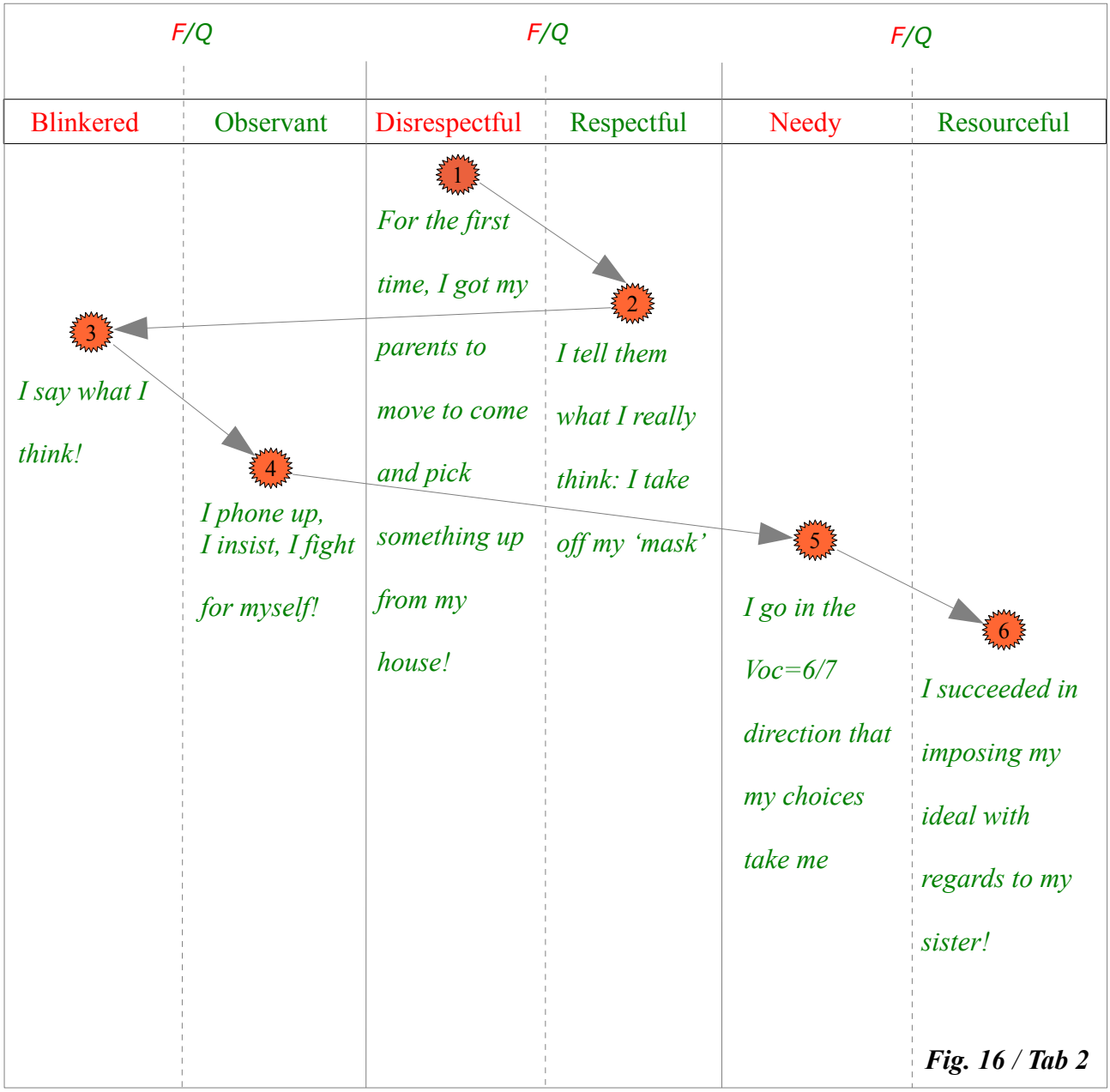


Fig. 16 / Tab 2

In this way, all the personality fields become positive (in green) by transforming Flaws into Qualities. This responds well to the principle of cognitive weaving and allows for us to notice the $F/Q \rightarrow {}_{F}/_{Q}$ shift.

7. Discussion/conclusion

In order to apply EMDR to diffuse problems stemming from psychological traumas that have left deep-set marks from an early age, an extension to the A.I.P. protocol is required.

An inventory of traumas in the form of a Trauma chart proves to be insufficient when it is necessary to support patients who come to consultations in a state of anguish due to diffuse psychological traumas that they suffered throughout their childhoods.

Creating a Table of Resources that presents the patient's innate Qualities right from the start of treatment shows the patient that these can support him (or her) throughout the reprocessing of events that are still traumatic. A twin results table that showing the F/Q as ${}_{F}/Q$ accompanies the first table and consolidates the three pillars of the patient's personality by injecting it with the new resources that we have saved. By putting the two tables together we are able, over the course of the sessions, to consolidate the patient's fundamental personality. He will thus also be able to better reprocess his deep-set diffuse traumas.

As an annex, I am including some of the fundamental principles expounded in Mindfulness, which has its origins in Buddhist Vipassana philosophy. These are the processes that enable the $F/Q \rightarrow {}_{F}/Q$ psychological transformation. I have commented on them in the right hand column.

8. Annexes – quotations taken from Pure Experience (Nishida Kitaro, 1911) that can be adapted for use in psychotherapy.

Quotations	Psychotherapeutic Use
• Experience itself is more fundamental than the individual (as a subject of experience) (p. 11)	→ Determination of the patient's innate personality
• Active "intuition" (p.13)	→ Looking out over one's past
• "Pure intuition without willpower" (…) is exactly identical to the kind of intuition that we find in children being spontaneous (p.47)	→ Asking the patient to locate his three fundamental qualities he had aged less than seven years old
• What happens in reality is the repetition of associations of similar conscious phenomena (p.57)	→ The transformation of a trauma across the space-time continuum of the patient's personality
• Therefore, we see that at the heart of this consciousness there is a working intuition that grasps the totality of an utterance rather than one of its constituent moments, subjects or predicates. (p.48)	→ This pattern is very important for systemic analysis in EMDR
• Thought is not a consciousness independent from image, but rather a phenomenon that joins onto it. (p.27)	→ Hence our schematic setting out of ambivalent Flaws /Qualities

• Put differently, if a problem of true and false exists for thought, this does not exist for pure experience, because it grasps the phenomena of consciousness directly. (p. 28)	→ This allows us to transmute *Q*ualities/*F*laws into *F*laws/*Q*ualities by reminding the patient of hidden memories of positive events
• We can therefore conclude that nothing exists without the existence of its opposite, and that on a fundamental level there must always be something that unifies them. (p. 69)	→ Therapeutically: *F/Q* leads to *F/Q* but not *Q/F*
• Thus, unity (identity) and contradiction are the two sides of the same single fact. (p. 70)	→ $Q/F = F/Q$
• Conflicts are indispensable, therefore, to the unity of reality and also for achieving this unity at a higher level (p. 88)	→ Therapeutically: $[F/Q = Q/F] \rightarrow (F/Q)^n$
• Desires only exist in order to access a higher and higher level of uniqueness (p. 50)	→ The principle of aspiring to be better is an integral part of our psychological development
• There is no doubt that all hopes are produced from the memory of a past experience. This is characterised by an intensity of feeling and a sensation of tension (p. 35)	→ ditto
• We tend to believe in the reality of the	→ Hence our portrayal of psychological

existence of things which are fixed. But that which truly exists are events, not things. (p. 68)	development as a spiral, which consequently brings about the transformation of memories

Tab. 17

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