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EMDR as a Special Form of Ego State Psychotherapy: Part Two

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The ego state bridge and EMDR

The first step in doing an ego state bridge is to identify and amplify the problematic ego state. In EMDR, the patient is asked the following questions: What is the problem or symptom you want relief from? What image represents the problem to you? What cognition about yourself do you have associated with that image? What affect do you experience when you have that image and cognition? What body sensations do you have when you have that image and cognition?

Clearly, these questions are an attempt to elucidate several, although not all, of the components of an ego state in a very systematic fashion. The patient is asked to focus on each of these components sequentially, which will tend to amplify all of them, both separately and together. When the patient is asked to assign a numerical evaluation to the intensity of affect or cognition, that also tends to amplify those ego state components. When the patient is asked to bring all of these components together, i.e. the image, the cognition, the affect, and the sensation, he is in effect being asked to immerse himself in the ego state that holds all of those components. This is the basis for developing an ego state bridge.

Then the EMDR processing begins, with the patient being invited to let thoughts, images, body sensations, or feelings unfold spontaneously, while simultaneously attending to the left/right alternations (eye movement, sound, or touch) presented to him. Images, thoughts, feelings and memories do unfold, eventually leading, with repeated sets of processing, to uncovering traumatic memories and/or to reduced anxiety or affect associated with the presenting experience. This is the desensitization phase of the EMDR therapy. The unfolding of these associational linkages is exactly what one would expect from the ego state model -- with one exception. No specific effort is made to help the patient dissociate or minimize the anxiety that previously had contributed to the maintenance of the dissociative barriers among the various ego state components. Yet important associational connections do emerge, with or without intense affect.

Shapiro (1995) herself describes this process as accessing the neuro network where the problem resides. It could just as easily be described as accessing the biological infrastructure for the ego state with the presenting problem; the ego state is the neuro network. It is remarkable that EMDR appears to transcend the dissociative barriers that hypnotic techniques are sometimes unable to resolve.

The ego state shift and EMDR

After the desensitization is completed, reprocessing then begins in order to resolve the initial problem. The patient is asked to image the initial problematic scene (which is now anxiety free) and to think about a positive, desirable cognition, again while following the left/right alternations. After repeated sets of processing, the patient experiences the positive cognition as being highly valid in the context of the original problematic image. The positive desired cognition is the cognitive component of a new ego state, which will resolve the initial difficulty that contributed to the maintenance of the dissociative barrier. When the positive cognition feels valid in the context of the original problematic situation, then a therapeutic ego state shift has occurred, and a new ego state with a positive cognition is now linked to the original image. This process is parallel to the ego state shift technique discussed above, except that just the cognitive component is addressed here, and the shift is facilitated through the left/right alternations, rather than through the imagistic process alone.

Inner dialogue and EMDR

When there is no movement in the EMDR reprocessing (i.e., a therapeutic impasse or resistance), the cognitive interweave technique is introduced. In this process, the patient is invited to reflect on cognitions coming from a more adult perspective, i.e., addressing issues of guilt or blame; control and power; or hope and possibilities. While reflecting on one of these cognitions, the left/right processing continues. Several different cognitive interweaves may need to be introduced, but eventually a shift occurs.

The adult perspective from which the cognitive interweave is introduced is another ego state -- one not available to the patient at the time of the initial trauma. This other ego state can help the patient to let go of the traumatic affect. An integrative process occurs, and the previously isolated problematic ego state becomes connected through new neuronal associations to other ego states so that more options are available to the system.

This is the same integrative process which occurs during the internal dialoguing process described earlier. The cognitive interweave can be formulated in the following ego state terms: The therapeutic impasse requiring the cognitive interweave is caused by a covert "resistant" ego state which is opposed to allowing a therapeutic shift. This resistant ego state has a cognition driving its opposition, a blocking belief. The therapist, without directly identifying that covert, resistant ego state or its cognition, attempts to challenge and shift that ego state by systematically offering it cognitions from adult ego states which hold contrary cognitions. In effect, an implicit dialogue is occurring between the resistant ego state with its negative cognition and a more adult ego state with a positive cognition. The EMDR processing diminishes the dissociative barrier between the cognitive components of these two otherwise previously unconnected ego states. Although the dialogue is not explicit, the EMDR left/right alternations facilitates the integration of these previously unconnected ego states.

Although the EMDR cognitive interweave technique is very powerful, the technique can be improved further through this ego state perspective. The EMDR technique focuses solely on the cognitive component of the ego state system, and this component is certainly powerful and salient. But by broadening the concept to include all components of an ego state (an ego state interweave), affective, imagistic, and behavioral internal resources would be used as well.

Further, by thinking of the therapeutic impasse as coming from a resistant protector ego state, the therapist could then use EMDR to amplify and explore that particular ego state in a way that is analogous to the processing of the original traumatized ego state. This strategy would open another therapeutic channel, freeing the therapist from having to guess at the appropriate cognitive or ego state interweave.

EMDR Innovations and Ego State Therapy

Many EMDR therapists have in fact developed a variety of techniques and strategies to expand the effectiveness of EMDR, particularly in the face of therapeutic impasses. Many of these techniques can be conceptualized from the ego state perspective, which will make it easier for the EMDR therapist to integrate these techniques into his or her therapeutic repertoire.

The technique of resource installation (Leeds and Korn, 1998) can be thought of as an ego state interweave. An integrator or resource ego state is connected with a vulnerable or frightened ego state through the EMDR processing. Even when the patient is apparently using an external resource, he or she is actually accessing an internal imagistic representation of it. These internal representations are also ego states within the patient's system, albeit underdeveloped or not well integrated with the vulnerable ego states.

By conceptualizing the resource as a preexisting ego state, already within the patient, the therapist is freer to invite the patient to discover the most appropriate resource for a specific problematic ego state. The patient is invited to image the problematic/traumatized ego state and is asked, "What needs to happen to give relief to that part?" The patient can usually identify what needs to happen and what ego state resources are necessary to facilitate the process. The patient can then play with the image accordingly, modifying it as necessary to achieve the desired outcome. At this point, EMDR installation can be done without fear of stimulating an adverse reaction. Once the image has unfolded successfully there is no danger of stimulating too much adverse affect with EMDR.

The integration of the resource ego state with the problematic ego state can be further reinforced by inviting the patient to take the ego state back in time (ego state bridge) to its first appearance and then installing the

resource ego state after appropriate imaging. This process can be repeated for each of the major historical nodal points for that ego state.

Wildwind's (1998) technique of helping the patient "change" his/her childhood experience by imaging the childhood experiences/traumas as the patient would have liked it to have been can be understood in the same way as resource installation. The problematic/traumatized ego state is identified. That ego state is asked, "What needed to have happened to alleviate the pain?" The patient can then let that unfold imagisticly, and the new image can be installed with EMDR.

Parnell (1998) proposes the use of a variety of interweaves beyond the cognitive –- educational, imagistic, affective, a wise being, "power" animals, etc. All of these interweaves can be thought of as resource or integrator ego states. But again, if the therapist understands that these ego states all reside within the patient, then he/she can invite the patient to discover the appropriate ego state as described above.

Grand (1998) uses the dynamic interweave or questioning interweave to elicit covert ego states by asking questions inspired by his understanding of the patient's psychodynamics. He then uses EMDR to install or amplify the response. By amplifying hidden ego states in a complex ego state system, he is then able to do indirect parts work to integrate the system.

Expanding EMDR by Using the Ego State Therapy Model

In addition to informing the therapeutic process in general, the ego state therapy model offers several specific ways in which the EMDR process can be enhanced. In treating trauma patients, the following variations of the standard EMDR protocol might be considered:

1. If a patient is having difficulty identifying a relevant cognition, other more salient ego state components can be used to identify and amplify the target ego state prior to initiating EMDR.
2. If the clinician is concerned about the possibility of a surprise catharsis during the EMDR processing, a preview of the potential EMDR process can be had by doing an ego state bridge without EMDR.
3. If the patient is not staying adequately focused during the EMDR process, inviting the patient to attend to various ego state components, such as image, somatic sensations, can help amplify the relevant problematic ego state.
4. When the SUDs remains high, and when the therapist suspects that other channels need exploring, they can be accessed quickly and directly through the use of an ego state bridge, which takes the process to the earliest manifestations of the ego state (neuro network).
5. The cognitive interweave may not provide the most relevant resolution for a therapeutic impasse. For example, the traumatized ego state may not need an adult cognitive perspective, but rather the affective experience of nurturing, comforting, or safety.
6. The identification of the most appropriate and powerful therapeutic intervention can be accomplished best by asking the patient, "What needs to happen to give you relief?" when the patient is imaging the traumatized ego state in its original context. Formulaic protocols can work, but less precisely.
7. When a therapeutic impasse occurs because of a blocking belief or a protector ego state with a contrary agenda, the "resistant" ego state can be accessed and explored directly through various ego state techniques. Such direct exploration will facilitate identification of what needs to happen to shift the system, rather than requiring the therapist to guess as to what cognition might help the system. Again, a cognitive intervention may be less relevant than an affective one.

In treating non-PTSD patients, including character disordered patients, the ego state model in conjunction with EMDR can be especially useful, because such patients may not present with readily identifiable targets. The therapist can use the ego state model to formulate the ego state conflicts underlying the presenting symptoms or issues. In articulating the ego state system, the therapist can note in particular where there are dissociative breaches within the system. These associative failures can then become the target of the EMDR work, which will facilitate the development of a cooperative, integrated ego state system.

Summary of EMDR as an Ego State Therapeutic Approach

The psychological aspects of all phases of the EMDR process can be understood from the ego state model perspective:

1. Identify and amplify the problematic ego state.
2. Facilitate associational linkages derived from the ego state infrastructure.
3. Facilitate an ego state shift to a more adaptive ego state from the stuck, problematic ego state.
4. Resolve overt or covert conflicts perpetuating an impasse by reducing the dissociative barriers between the conflicted ego states.

The most unique contribution of EMDR appears to be in its impact on the dissociative/associative process, as reflected in the following phenomena:

1. Patients access previously dissociated memories.
2. The affective power of previously overwhelming stimuli becomes diminished, presumably by integrating traumatized ego states with more resourceful and calming ego states.
3. Isolated ego states with negative cognitions become integrated with ego states with more positive cognitions.

The similarities and differences between Ego State Therapy and EMDR are summarized in the following table:

Comparison of Ego State Therapy and EMDR

Similarities		
Concepts & Techniques	**Ego State Therapy**	**EMDR**
Identify and amplify the problematic ego state by intense focusing on ego state components.	Focuses more on affective, somatic, and imagistic components, but focuses on cognitive when relevant.	Focuses more on cognitions, but uses other ego state components as well.
Facilitate associational linkages derived from the ego state infrastructure by encouraging spontaneous associations.	Therapist looks for subtle shifts and amplifies them.	Associations come spontaneously during EMDR alternations.
Facilitate an ego state shift from the problematic, stuck ego state to a more adaptive ego state.	Therapist asks, "What needs to happen to get relief?"	Associations often come spontaneously during EMDR. Cognitive ego state components are emphasized.
Provide structure directing patient toward new ego state associations when satisfactory spontaneous associations fail to occur.	Therapist uses imagistic content or knowledge of ego state system to direct patient's process. (Ego State Interweave)	Primarily cognitive ego state associations are encouraged. (Cognitive Interweave)
Resolve overt or covert conflicts perpetuating an impasse by reducing the dissociative barriers between the conflicted ego states.	Uses imagistic internal dialog to reduce dissociation and to facilitate integrative process, among all relevant ego states and using all relevant ego state components.	Uses cognitive interweave supported by alternating hemispheric stimulation to resolve and integrate conflicting ego states without explicitly identifying all parties to the conflict.

Differences	
Ego State Therapy	**EMDR**
Offers a general theory of personality and psychopathology to inform the therapeutic process, particularly during impasses.	Offers a specific technique, modified through accumulative clinical experience to inform therapeutic process, particularly during impasses, without a general theory of personality or psychopathology.
Uses hypnotic techniques to undo dissociative barriers.	EMDR generally spontaneously bypasses dissociative barriers.
Uses imagistic/affective corrective emotional experiences to facilitate development and integration of new neuronal associational pathways.	Alternating hemispheric visual, auditory, or tactile stimulation appear spontaneously to facilitate development and integration of new neuronal associations.

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