Keeping it in the Zone:

Assessment and Techniques for Optimal Processing

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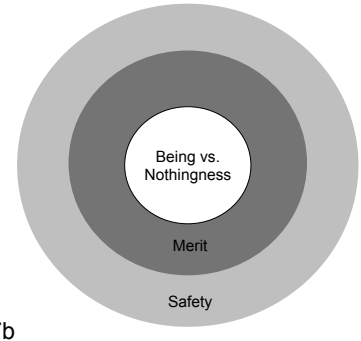
The Domains of Self

Implications for:

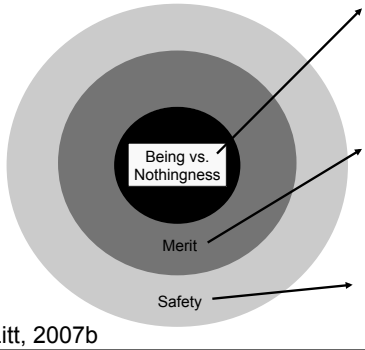
Phase 3 (setup)
and
Phase 4 – 5 (desensitization and installation)

Working with Domains of the Self



Litt, 2007b

Domains of the Self, continued



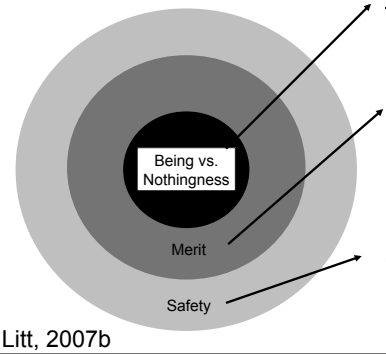
Being vs. Nothing
- Self-Other Dialectic
- Attachment Trauma
- Depersonalization

Merit
- Neurosis

Safety
- Hypervigilance

Litt, 2007b

Cognitive Correlates to Domains of the Self



Being vs. Nothingness
- I don't exist'
- I'm invisible
- I don't matter

Merit
- I'm not good enough
- I don't measure up
- I'm a failure
- I'm bad

Safety
- I'm gonna die
- I'm not safe
- I'm trapped

Litt, 2007b

Shock or Disbelief (a.k.a. peritraumatic dissociation)

- Some traumas seemed to be locked in a state of psychological shock
  - Sudden onset
  - Perpetrator behavior unexpected or anomalous
- Event not integrated with narrative memory
  - Does not process well; affect blocked
  - ANP cannot accept the event
- Typical client presentation:
  - I know it happened, but I can't believe it

Assessing and Treating Shock/Disbelief*

During Setup Phase (Phase 3):

1. Have client cover one eye
2. Ask: Give me your gut response—can you believe it?
3. Get a SUD for "Disbelief"
4. Repeat with other eye

*Adapted from Cook & Bradshaw (2002)

Assessing and Treating Shock/Disbelief*

During Setup Phase (Phase 3):

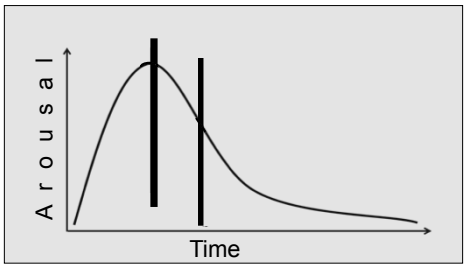
5. Perform DAS with Lower SUD eye
6. Continue DAS until SUD = 0
   - Yes, I really believe it happened
7. Repeat with other eye
8. Repeat with both eyes
9. Resume Setup anew

Features of the "Being" Domain

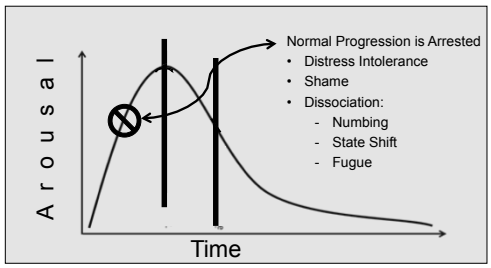
- **B**ehavior: Acting-out
  - (Better to be *bad* than to *not be* at all)
  - Relational conflict and ego state conflict may be "trading up" from *not being*
    - Cutting; substance abuse; O-C D; etc.
- **A**ffect: shame, anxiety, panic, fear
- **S**ensation: numbing, tonic immobility
- **K**nowledge (NC): I'm alone, invisible…

(Nihilism)

The Natural Progression of Emotional Experience



The Pathological Progression of Emotional Experience



Working Through the Being Domain

The Importance of Sensation:

- *I think, therefore I am*
  -Descartes
- *I notice that I feel, therefore I am*
  -(Damasio/Litt)

Working Through the Being Domain

- Event Targets
  - -Rejection
  - -Abandonment, separation, loss
  - -Associations
- Dynamic Targets:
  - -Narcissistic partner
  - -Partner avoids/withdraws
  - -"As-if" relating

Working Through the Being Domain

- NC: *I don't exist; I'm invisible; I'm alone; I don't matter*
- PC: I am; I have myself; I exist even if…

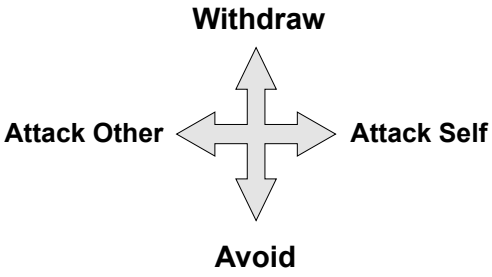
Working Through the Being Domain

- Somatic regulation must be maintained
  - – Clients often are outside the window of tolerance
  - – Sensory integrity necessary for processing
  - – EMDR augmented with somatic techniques
- Ensure that clients are *mostly* embodied at closure

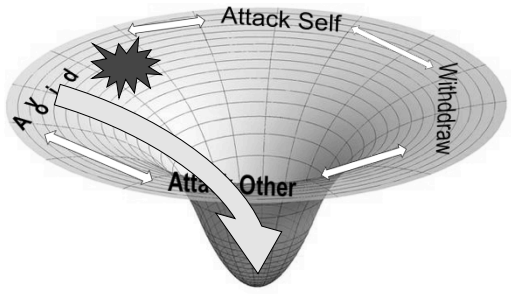
Working Through the Being Domain

- Anxiety may present as a phobia of underlying shame
- Successful processing may "trade up" from numbing or fear to shame
- Shame reactions can be mapped by Nathanson's (1992) Compass of Shame

Nathanson's (1992) Compass of Shame



The Malignant Shame Spiral



Successful Resolution of the Being Domain Entails:

- Increased distress tolerance *vis a vis* insecure attachment signals from significant others
  - EMDR with Trauma Focus
- Acceptance of *existential aloneness*
  - Mourning
- Development off *earned secure attachment (starting with the therapist)*
  - Trust building -- Self Trust
- Development of Object Constancy (acceptance of the Self Object)
  - Attachment focused EMDR; Imaginal Nurturing

Working Through the Being Domain

Specific protocols for doing attachment therapy:

- Affective Circuit Restructuring (Paulsen, O'Shea, Lanius, 2014)
- Attachment-Focused EMDR (Parnell, 2013)
- *I — Gaze* Protocol (Litt, 2016)

The Merit Domain

The Merit Domain

- Trauma therapy:
  - –worth issues defined by discrete event
  - –Goal: Comparative self worth
- Contextual therapy:
  - –worth/merit issues contextualized (defined by the loyalty system)
  - –Goal: Differentiation of Self
    - Enhanced capacity to participate in trust-based relationship
    - Existential Self Worth

Working through the Merit Domain

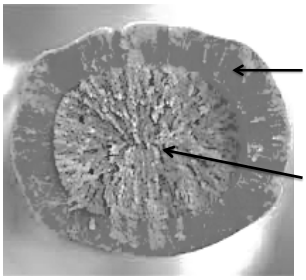
- Successful resolution entails Mourning
- Transformation of shame yields compassion for self and others
- Typical NCs are expressions of comparative worth defined by the family, community, culture:
  - – Avoid PCs that reify the same paradigm
  - – PCs should express existential worth:
    - – I'm okay; I am

Successful Resolution of the Merit Domain

- Resolution entails acceptance of:
  - Existential worth: I am
    - Shifting from an adjective to a verb
  - Existential Powerlessness: I'm powerless (and that's okay)
- Shame narratives do not gain traction: the trait becomes a state
- Increased distress tolerance = less avoidance

The Tootsie Pop Phenomenon

When Domains Collide: Being vs. Merit



Merit Domain:
- Anxiety, obessions, perfectionism,
- Phobia of the Chewey Chocolatey Center

Being Domain:
- Attachment Trauma
- Aloneness
- Depersonalization

Clinical Presentation of the Tootsie Pop

- Presenting problem and dominant symptoms are anxious, obsessive, and/or perfectionistic
- May have stable (if unsatisfactory) relationships
- Catastrophic endpoint is being alone
- Response prevention stimulates depersonalization (*Being Domain* symptoms)

Working with Tootsie Pops

- The *Being Domain*—not the *Merit Domain*—drives the anxiety
- Client must set aside the anxiety narrative and drop into the *felt-sense** of aloneness
  - This may be a preverbal memory
- *It is from this state that attachment works proceeds

Features of the "Safety" Domain

- **B**ehavior: avoidance, hypervigilance
- **A**ffect: anxiety, panic, fear
- **S**ensation: autonomic hypoarousal
- **K**nowledge (NC): *I'm gonna die, I'm not safe…*

Working through the Safety Domain

- Therapist and client work together to maintain some control over fight/flight response
- Controlled and organized activation of fight/ flight motor behavior during desensitization phase
- Client attention to *present* condition of body while remembering threat event

Temporal Safety

- Vision-Touch Synaesthesia: the Rubber Hand Illusion (Botvinick and Cohen, 1998)
- Attention to real-time sensory cues vs. remembered or anticipated states
- Temporal safety as *associative* vs. "safe place" (*dissociative*)

Successful Resolution of the Safety Domain

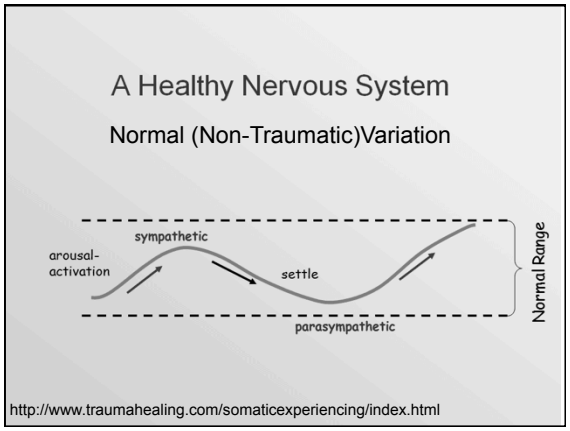
- Acceptance of role of chance in everyday life (vs. magical thinking)
- Attention to *temporal safety*
- Resetting autonomic nervous system to increased parasympathetic tone

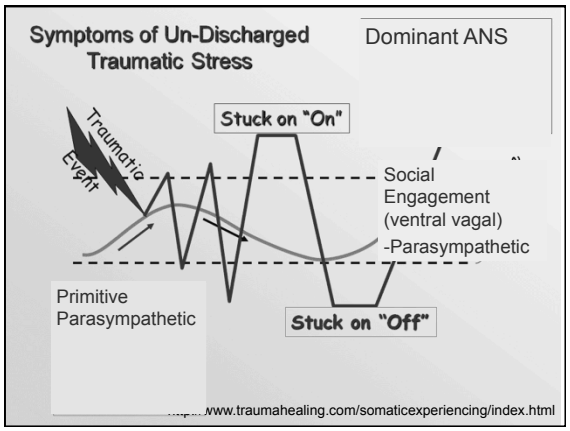
The Zone of Optimal Arousal

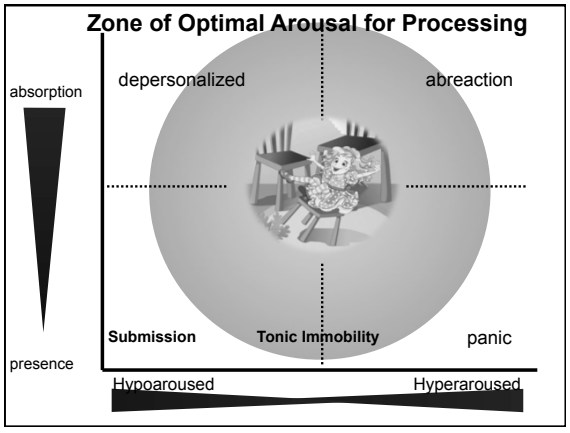
Stability and Safety in Phase 4

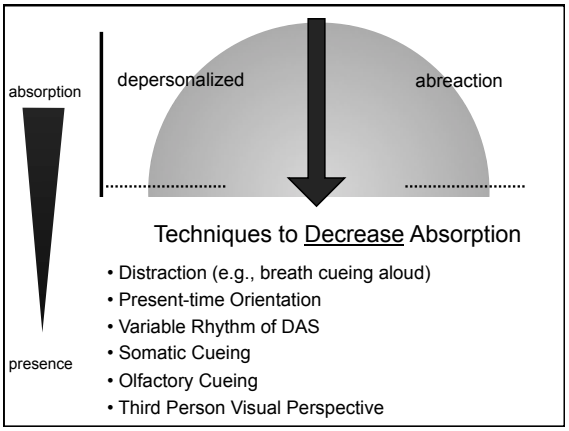
Involves the manipulation of two crucial variables for reprocessing:

1. Absorption (or, Dual Attention)
2. Autonomic Arousal
   - Fight-Flight
   - Freeze/Submit
   - Tonic Immobility


A Healthy Nervous System
Normal (Non-Traumatic)Variation
sympathetic
arousal-activation
settle
parasympathetic
Normal Range
http://www.traumahealing.com/somaticexperiencing/index.html

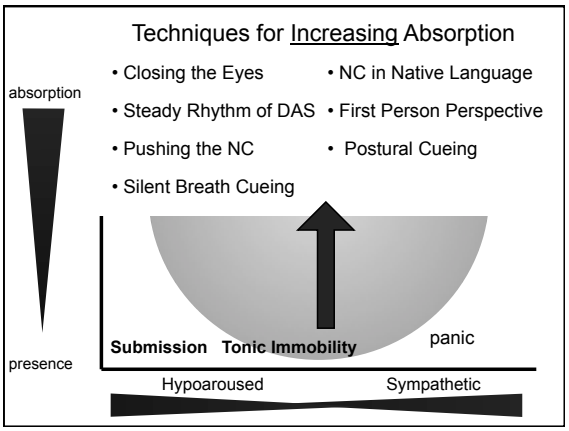

Symptoms of Un-Discharged Traumatic Stress
Dominant ANS
Traumatic Event
Stuck on "On"
Social Engagement (ventral vagal)
-Parasympathetic
Primitive Parasympathetic
Stuck on "Off"
www.traumahealing.com/somaticexperiencing/index.html


Zone of Optimal Arousal for Processing
absorption
depersonalized
abreaction
Submission
Tonic Immobility
panic
presence
Hypoaroused
Hyperaroused



Techniques to Decrease Absorption

- Distraction (e.g., breath cueing aloud)
- Present-time Orientation
- Variable Rhythm of DAS
- Somatic Cueing
- Olfactory Cueing
- Third Person Visual Perspective



Techniques for Increasing Absorption

- Closing the Eyes
- Steady Rhythm of DAS
- Pushing the NC
- Silent Breath Cueing
- NC in Native Language
- First Person Perspective
- Postural Cueing

Part 3:
Somatic Interweaves
(to manipulate autonomic arousal)

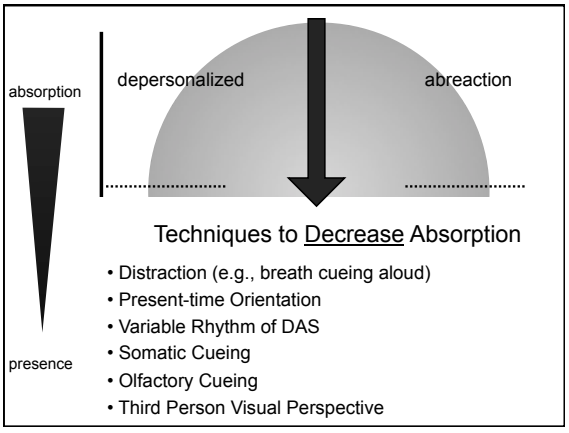
- Goal: Keep the client safely embodied for trauma processing
- Objective:
  - *Organize the motor response to the trigger*
  - Regulate Autonomic activation
  - Regulate breathing
  - Maintain somatosensory awareness and present time/ place

Somatic Interweave for *Parasympathetic Hyperarousal*

- States include: Freeze, tonic immobility, depersonalization, submission
- Objective: "reboot" the ANS
- Method (during desensitization):
  - *Kneading toes* interweave (light duty)
  - *Marching Feet interweave (medium duty)*
  - Add *Isometric pushing* (medium duty)
  - *Two-arm pushing with resistance*
  - *Cross-Crawl*

Somatic Interweave for *Sympathetic Hyperarousal*

- States include: panic, rage, hyperventilating, desire to act-out aggression
- Objective: organize the motor response to promote resolution
- Method: (during desensitization):
  - *Rage Dump*
  - *Marching Feet*
  - *Fantasy Aggression with slowly moving limbs*
  - *Two-Arm Pushing with/without resistance*
    - *Static Version*
    - *Dynamic Version*



Techniques to Decrease Absorption

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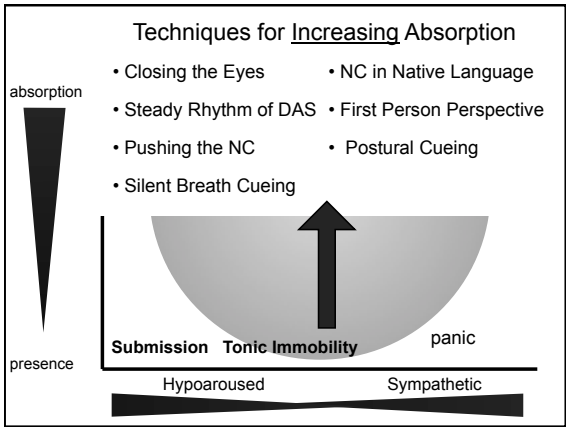


Somatic Interweaves *(Phases 4—7)*

Goal: Keep the Client safely embodied for trauma processing

Objectives:

- Organize the motor response
- Regulate autonomic activation
- Regulate breathing
- Maintain somatosensory awareness

Always maintain Present Time Awareness

Somatic Interweaves for Autonomic Hyperarousal

States include:

- Panic
- Rage
- Hyperventilating
- Desire to Act-Out

Objective:

- Organize the motor response to promote resolution

Methods (during phase 4)

- Rage Dump
- Marching Feet
- Fantasy Aggression
- Slow motor impulse
- Two-Arm Push
  - With/without resistance
  - Static or dynamic version

Somatic Interweaves for Parasympathetic Hyperarousal

- States include: *Freeze, tonic immobility, depersonalization, submission*
- Objective: "reboot" the ANS
- Method *(During desensitization)*

- *Kneading Toes*
- *Marching Feet*
- *Isometric Pushing*
- *Two-Arm Pushing*
  - *Without resistance*
  - *With resistance*
- *Cross-Crawl*

The
I – Gaze Protocol
for Attachment Trauma

Setup Procedure:

1. Identify the target
   - Recent: abandonment, rejection, aloneness
   - Past: childhood neglect, abuse with abandonment; "still-face" caregiver
   - Present state: no identifiable memory, but the felt-sene of aloneness

I – Gaze Protocol, continued

Setup Procedure:

2. Identify the eye with greatest connection to the felt-sense of *aloneness*
   - *Have client cover each eye separately and report affect, sensation, cognition, and SUD*
   - *Choose eye with greatest SUD**

   **Unless it is too far outside the window of tolerance*

I – Gaze Protocol, continued

Setup Procedure:

3. Sit Knee to Knee with the client*
   - *or as close as client can tolerate
4. Client thinks about target, focuses on *felt-sense,* and stares into therapist's *dominant eye*

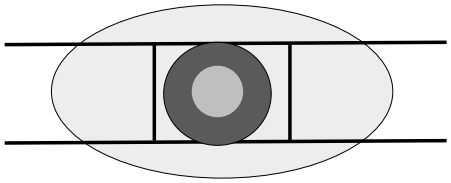
I – Gaze Protocol, continued

Setup Procedure:

5. Do an absorption set with horizontal eye movements
6. Assess reactivity in each of three *zones* within the field of view
7. Choose the *eye-zone* you will start working with

Working with Eye Zones

Step 4. Assess the reactivity for each Zone, including SUD



	Zone 4	Zone 5	Zone 6
SUD =	**8**	**7**	**4**

I – Gaze Protocol, continued

Processing procedure (phase 4):

1. Tap on client's knees alternately*
   - *or have client do butterfly hug as needed
2. Pace client's breathing
3. Maintain steady gaze & think nurturing thoughts
4. Relax your face, let your attachment system do the work

I – Gaze Protocol, continued

Processing procedure (phase 4), continued

5. Continue procedure for 1 – 2 minutes
6. Break off and both breathe deeply
7. Debrief experience with client
8. Compare client's report to your own subjective experience

I – Gaze Protocol, continued

Processing procedure (phase 4), continued

9. Assess progress: if it is going well, continue
10. If the client is not progressing after two sets, do one or more of the following interweaves:
    - *Read my eye* interweave
    - Healing light interweave
    - *Eye-zone differential interweave*

I – Gaze Protocol, continued

The *Read My Eye* Interweave:

As you gaze into my eye, read the message my eye sends you

- Two longish sets, as before
- Be prepared that client may not get a signal, or may misinterpret
  - *I recommend sets of 1 – 2 minutes or more*
  - *Do at least two sets of this and assess*

I – Gaze Protocol, continued

The *Healing Light* Interweave:

As you gaze into my eye, imagine you see a healing light come from my eye into yours and go into your core…

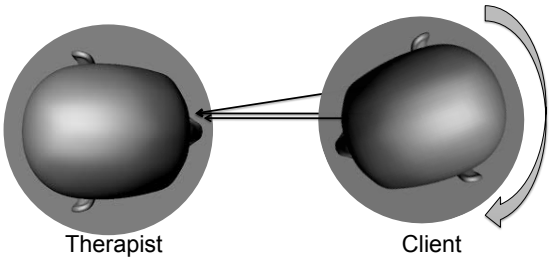
- Longish set, then assess
- Install any positive felt-sense and try on a PC: *I have myself, I'm okay*

I – Gaze Protocol, continued

The *Eye-Zone Differential* Interweave:

- Ask client to rotate his/her head so as to "peer" at therapist's eye through different zones
- Ask client to be curious about any perceived differences
- Use those differences to pendulate, titrate, or install as appropriate

Working with Eye-Zones



Client rotates head to move through zones

I – Gaze Protocol, continued

Closure (Phase 5 – 8):

10. Repeat procedure with both eyes open
    - Client gazes into therapist's dominant eye as before
11. Client rotates head to peer through each of the three *eye-zones*
12. Therapist looks into same eye, blinks, looks into second eye

I – Gaze Protocol, continued

Closure (Phase 5 – 8):

Imaginal Nurturing Interweave

- Have client imagine adult self comforting child self
- Reverse roles: child perspective comforted by adult self
- Install felt-sense + PC "I have myself"

I-Gaze Protocol and the Intersubjective Space

Where Transference and Countertransference Merge

I – Gaze Protocol: the Intersubjective Space

- This intervention directly accesses the internal working model (IWM) of attachment for both therapist and client
- Client reactions will reveal his/her IWM
- Transference distortions may include:
  - Projection of contempt or anger on therapist
  - Visual distortions
  - Dissociation: blanking out; numbing
  - Inability to read therapist's intention

I – Gaze Protocol: the Intersubjective Space

- Therapist must be able to access his/her own Secure IWM
  - *Otherwise, fuggettabottit*
- Therapist will *feel* client's insecure IWM:
  - Therapist gets distracted; cannot maintain gaze
  - Therapist *sees* fear, shame, rage on client's face
  - Client may look much younger

Trust your internal reaction: it's diagnostic!

I – Gaze Protocol:
the Intersubjective Space

- Therapist will also feel *flow* of secure attachment with client
  - Gazing feels more natural, easy
  - Therapist may sense pulse of warmth
  - Client may appear more calm, confident
- Client may report feeling "solid," grounded, calmer
- Client may spontaneously endorse PC