

Healing the Fragmented Selves of Trauma Survivors: Overcoming Self-Alienation

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Janina Fisher, Ph.D.

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Challenges to EMDR Processing: Why we need to understand fragmentation

- The client gets sleepy, spacy, numb, “nothing” happens
- The client gets flooded: goes into flashback or becomes overwhelmed even while just setting up the protocol
- The client reports flooding after the session, even though processing was apparently successful (ie, SUDS = 0)
- The client “loops” endlessly, returning over and over to the same negative belief despite our interweaves
- The client dissociates despite having a ‘normal’ DES score
- Or the client becomes increasingly symptomatic, not less, between sessions

Fisher, 2020

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The Natural Cycle of Attachment Formation

Attunement
Infant and parent face each other in a close, connected and warmly “met.” The infant enjoys the positive feeling of “being me” evoked by the positive emotional and somatic communication of the caregiver

Dysregulation
The infant’s young nervous system is overwhelmed and needs soothing and care by the attachment figure

Repair
The parent experiments to find just the right intervention to “repair” the infant’s distress

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Effect of Neglect and Abuse on Attachment

Attunement
does not occur. The child's state remains dysregulated and the child feels "bad" emotionally and somatically.

Dysregulation
The infant's distress is ignored or punished. Trauma pairs are not resolved. Instead, the child is increasingly alarmed by the anger or lack of response.

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Trauma and Attachment Failure ⇒ Alienation from Self

- **Human beings need psychological distance from such overwhelming events** to avoid overwhelm. In abuse and neglect, some sense of self must be kept separate
- **Disowning "the bad child" or "wounded child" is a survival response:** we are not HER! Those overwhelming feelings are not ours, nor is the shame.
- **We also disown the abuse or neglect by disowning the traumatized parts.** And we can disown parts that carry shame or grief or anger, disown needy parts, and often we disown any positive beliefs about ourselves Fisher, 2014

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"Internal" Attachment Styles

- **Secure "internal" attachment:** we feel warmly toward ourselves, accepting that we are "doing the best it can." We forgive our-selves for flaws and mistakes
- **Dismissing-avoidant attachment:** while not hostile toward our emotions or selves, we are disconnected from them and since we can't feel them, we don't acknowledge them
- **Preoccupied attachment:** we are so blended with the intense vulnerability of young parts that we cannot 'be there' for ourselves; we want someone else to be
- **Disorganized attachment:** we cannot accept ourselves because we are locked in an internal struggle between the yearning for acceptance and self-punitive rejection Fisher, 2013

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Disowning our 'selves'

- While yearning to 'like' ourselves, the disowning of the abuse or of the vulnerable, ashamed, angry, or depressed parts results in a profound alienation from self: *"I don't even know who I am . . ."* is a frequent description we hear
- This sets up a dilemma: *"I don't want to 'know' myself—I already know I hate myself."* These negative cognitions only increase emotional pain and intensify alienation
- The ability to be compassionate or comforting or curious with others is not matched by the ability to offer ourselves the same. The belief that others deserve or belong or are worth more is confirmed by our own behavior

Fisher, 2012

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Manifestations of self-alienation

- Self-loathing, self-judgment, internal attacks on self-esteem, no ability to take in new information
- "Terminal ambivalence:" gets stuck, can't make decisions or commit to a course of action, 'self-sabotage,' looping
- Numb, intellectualized, no emotion
- Overwhelmed, emotional outbursts, inability to self-soothe
- Acting out, addicted, eating disordered, suicidal
- Paradoxical, contradictory behavior, mood shifts, alternately idealizing and devaluing
- Dissociative disorders: DID, DDNOS, BPD

Fisher, 2020

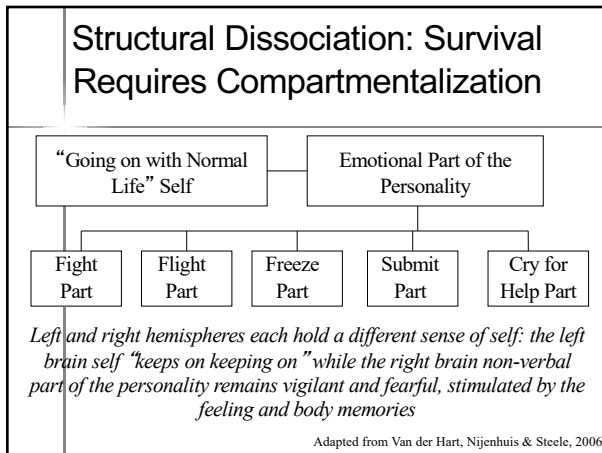
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Disowning our 'selves,' cont.

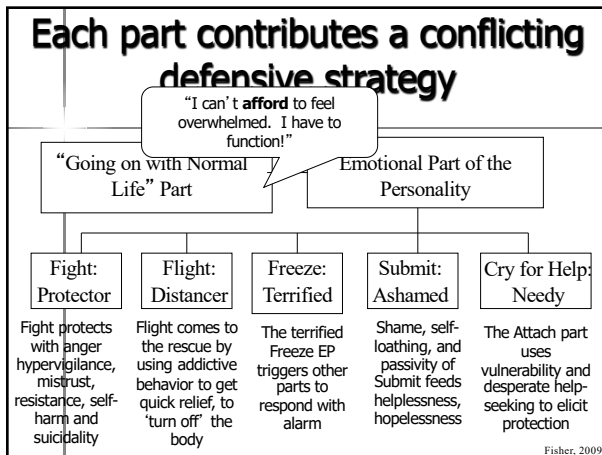
- To process trauma or to feel safe in relationship to others, we need self-compassion. Internal attachment allows us to tolerate misunderstanding, disappointment, loneliness, frustration, painful feelings, and anxiety
- What if the quality of internal attachment bonds is even more crucial for the sense of well-being than attachment to others? If so, then therapy must focus on cultivating compassion for clients' disowned selves and experience.
- The first step is education: the therapist must model an equal interest in all aspects of the client's self, curiosity about parts, not just the traumatic history, interest in dissociation as a normal response to trauma

Fisher, 2020

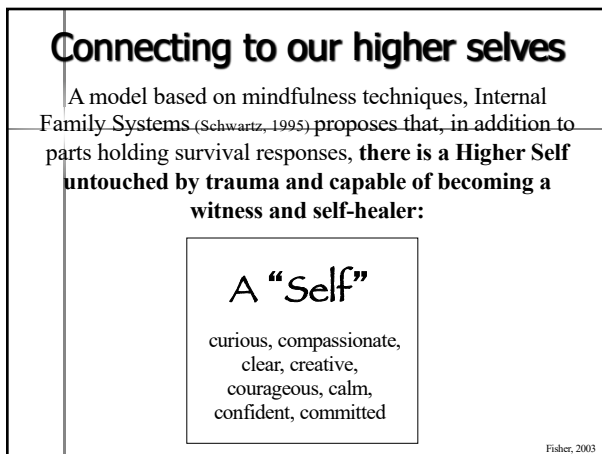
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We tend to ignore the “internal community” and our internal lives

“Through the day, we regularly pass from personality to personality. Because of the speed and fluidity of this process for most of us, and the fact that we have such a limited vocabulary for distinguishing among these inner entities, we do not usually attend to the ways in which this inner community conducts its business.”

Schwartz, 1995

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Integrating Structural Dissociation theory and Internal Family Systems

Healing is the outcome of a compassionate connection between a curious, calm, and connected Normal Life adult and wounded child parts

“Wise Mind:”
curious, compassionate,
calm, creative, clear,
courageous

Going On with Normal Life Part of the Personality

The “Going On with Normal Life” self can use Wise Mind to calm the body, broaden perspective, center, and help the parts to feel that they are not alone in a dangerous world.

Traumatized Part of this Personality

When the Traumatized Parts feel that they are ‘under the wings of someone older and wiser, they are not so desperate. When their feelings are not so intense, it’s easier to go on with normal life.

Fisher, 2014

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Start by cultivating mindfulness

“In order to do what you want, you have to know what you’re doing.”

Feldenkreis

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The Language of Mindfulness

- “Notice . . .”
- “I’m noticing that talking about this is triggering some very young feelings. . . Do you notice that, too?”
- “Be curious, not judgmental. . . Let’s just notice that reaction—what part might be feeling so ashamed?”
- “When you have that thought, ‘I’m a loser,’ whose voice are you hearing? Is that the voice of the ashamed part or the part that judges him?”
- “When you feel that anger, notice it as your angry part speaking to you—notice what she’s worried about. . .”

Fisher, 2017

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“Speaking the Language” of Parts

- **Use of the “language of parts” increases mindfulness** and challenges automatic rejection of disowned parts
- **“Relentless reframing” by the therapist** is also needed to de-construct internal struggles between the parts. When the client says, *“I hate myself,”* the therapist must respond, *“So there is a part of you that hates herself? or is there another part who judges and shames her?”*
- **“Relentless reframing” encourages clients to step back and be curious rather than react** to the parts’ thoughts, feelings or impulses: *How old is this part who hates herself? What about the part that berates her and tells her how worthless she is?*

Fisher, 2012

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Choose Language that Acknowledges the Parts

- “When you say those words, ‘I am so ashamed,’ **I hear the depressed part** of you that hates herself so much”
- “It feels like a **very young part of you** is in the room. . .”
- “When you say, ‘I am so alone—no one cares about me,’ **I hear the voice of a very young, lonely little girl.** . .”
- “I’m curious about **the part of you that didn’t want to come** today . . .”
- “So **there’s a part of you that wants so much to be loved and a part that doesn’t trust** that it’s safe to let anyone in close to you . . .”

Fisher, 2013

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Advantages of Using the Language of “Parts”

- **Parts language is a way to cultivate mindfulness**, which allows the client to have a wider Window of Tolerance and prevents highjacking
- **It helps clients to differentiate** scared or ashamed or unsafe parts from their competent, resourced selves
- Parts language **helps clients dis-identify from the symptoms** (“I am not depressed, but parts of me are”) and re-frame them as parts holding survival strategies
- **It increases self-compassion and self-care**
- It allows fragmented clients to practice the mindful noticing that is crucial to EMDR processing Fisher, 2020

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From Alienation to Attachment

- **There is a way for all wounded human beings to experience the love and comfort they didn’t get ‘then:’** our brains are able to visualize or imagine attachments we haven’t had and feel the same warm feelings
- **“Secure attachment,” “comfort,” “attunement” are all somatic experiences:** we feel warm, our bodies relax, we feel an energetic connection and sense of safety. When our imaginations begin to provide those felt sensory experiences for young child parts, they can begin to heal
- As in all attachment relationships, this work requires what can seem like an endless and monotonous attention to the dysregulated feelings of the child parts Fisher, 2013

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Who is “I”?

- **“I” statements are meant to tell others about us as whole human beings.** But parts also make “I” statements: “I can’t look at you—I’m too ashamed.” Or “I’m a fraud—I don’t deserve—I’m not safe—It was my fault.”
- **“I” is generic—any part can use it to get her point across.** (*Annie*) When we use “I” or “you” language with DID clients, we may be giving power to the parts that use the word “I” to induce their feelings and reactions
- **The use of “I” statements also can increase the tendency to flood:** when we say, “I feel hopeless,” the body collapses and feels heavy. When we say, “There is a part of me that feels hopeless,” the body feels less hopelessness Fisher, 2012

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Which “I” ?

- When clients use “I” to speak “from” a part, **we can ask, “Which ‘I’ feels that way? Are there any other points of view inside you?”**
- Clients sometimes are skeptical and respond to the language of parts with arguments such as, *“Well, wouldn’t anyone feel upset about this?!”*
- Rather than trying to rationally differentiate child parts from wise-minded Adults, it is more helpful to **ask clients if they would be willing to work on the assumption that any distressing feeling, thought, or body sensation represents a communication from a part,** “even for 60 days,” and see what happens Fisher, 2013

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Befriending One’s Selves

- No matter how much we might wish to, **we can’t integrate that which we disown, despise, or deny.**
- To befriend themselves, **clients need the therapist to hold empathy for the parts and challenge their resistance:** *“What do you imagine would happen if you really knew them and got close to them?” “If you befriended them, what are you afraid would happen?”*
- Typically, when we encourage befriending, we hear: “But I hate them,” “I wish they’d go away,” “I wish they would just grow up!” **These statements must always be re-framed as another part:** “a part that hates the other parts” or a **“part”** that wants to disown” them. Fisher, 2012

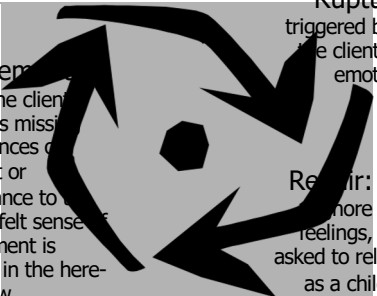
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Establishing relationships with parts

- “How do you feel toward this part now?”** is an IFS question (Schwartz, 2001) that naturally invites compassion and tests for mindfulness: **does the client have enough mindful distance to feel curiosity or compassion for this part?**
- If the client responds, **“I feel badly for her” or “I want to help him,”** we know that a relationship is beginning to form. This is the moment for a repair of the internal attachment rupture.
- If the client responds with indifference or hostility, we can assume that s/he is not mindful but is speaking from a part that hates the other parts’ Fisher, 2020

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A model for repairing the wounds of traumatic attachment



Attunement: when the client provides missing experiences of comfort or acceptance to a part, a felt sense of attunement is evoked in the here-and-now

Rupture: a part is triggered by something; the client feels it as an emotional reaction

Repair: rather than ignore or suppress feelings, the client is asked to relate to them as a child's feelings

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Steps to repairing internal attachment

•Capitalizing on the moment of compassion felt in response to the IFS question, *“How do you feel toward that part?”* clients are taught to **“repair”** feelings of early rupture communicated by the part’s shame, fear, sadness

1. **Ask the client to notice the part associated with the distress:** “Can you feel the frightened part here with you now? How can you tell she’s there?”
2. **Try to elicit a felt sense of the part,** not just an intellectual interpretation: “Notice how she’s speaking to you with her feelings—let her know that you hear her and you want to get to know her. . .” Fisher, 2014

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Repair of internal attachment, p. 2

3. **Start with an emphasis on the togetherness of Adult and child:** “Ask her if she can feel you there with her now? What’s it like for her to feel you here with her? To feel your interest and concern?”
4. **Encourage inner communication:** “Let her know you are listening and want to understand how upset she is.”
5. **Cultivate trust:** “Let her know you ‘get it:’ she wants to trust you but it’s hard—she’s been hurt so much. What’s it like for her to sense that you ‘get’ it?”
6. **Model curiosity:** “Could you ask that part what she is worried about?” *[Therapist can use short sets of BLS to facilitate]* Fisher, 2020

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Repair of internal attachment, p. 3

7. **Each response by the part becomes an opportunity for ‘repair.’** “So she’s telling you that she wants to believe you, but she’s afraid to trust. . .

8. **Let her know that with your feelings and your body** that you of all people understand why it’s hard for her to trust you. . .” [Short sets can facilitate dialogue]

9. **Take responsibility and make repairs:** “What’s it like for her to hear that you feel badly for having pushed her away?” “When you acknowledge why it makes sense that she can’t trust, can you feel her relaxing just a little bit?? Not many grownups have ever apologized to her, have they?” Fisher, 2020

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Repair of internal attachment, p. 4

10. As she or he learns more about each part, **the Adult Self is coached to respond to them in reparative ways:**

- “Let her know that you understand why she’s so worried about being shamed and humiliated. . . Can she feel that you get it?” “Tell her that you know how scary her mom could be. . . because you do. . .”

11. To maximize the sense of attunement, **the therapist helps the client connect to his or her innate compassion for children** or other vulnerable creatures: “If this little girl were standing in front of you right this minute, what’s your instinct? To reach out to her? Or take her hand?” Fisher, 2020

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Repair of internal attachment, p. 5

12. Embody the experience: **“Feel what it’s like to have this little boy in your arms? To feel his hand in yours?” “Take in the warmth of his body and the feeling of holding him safely. . .”**

13. **Use future templates:** “Ask him if he would feel less scared if you did this every time he got afraid?”

14. **Emphasize the relationship:** “As we are talking, remember this little one is still here with us. Check in with him and see how he’s doing now. He needs to know that he won’t be forgotten this time. . . How are you going to remember that he’s there with you?”

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“Integration requires both differentiation and linkage”
 [Siegel, 2010]

- We cannot integrate aspects of ourselves that we have not observed, acknowledged, and “owned” as part of “me”
- Approaches in which dissociative clients are treated “as if” they didn’t have parts always fail, as do approaches that fail to emphasize the wholeness of the system
- The parts must first be noticed and identified, then connected so they become essential aspects of one system that is adaptive and “flows.” As Siegel (2010) says, **“Failure of integration leads to chaos, rigidity or both.”**

Fisher, 2010

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Social Engagement System [Porges, 2005]

- In secure attachment, needs-meeting and identity formation arise in the context of the “social engagement system”
- The social engagement system is an innate system connected to the vagus nerve, regulating movements of the eyelids, facial muscles, middle ear muscles, larynx, and head tilting and turning muscles**
- As the caregiver interacts with the infant in a responsive manner, s/he elicits social engagement responses from the infant or capitalizes on those that occur spontaneously
- The development of an infant’s social engagement system is dependent upon the caregiver’s ability to stimulate and interactively regulate social interaction

Ogden, 2006; Fisher, 2007
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The Social Engagement System of the Therapist, cont.

- As our “shining eyes” communicate that all parts are welcome and valued, **the client begins to increase the capacity to turn “shining eyes” on younger selves**
- The Adult is encouraged to become more attuned to the parts’ unmet needs: “Do you think that the little girl is more afraid of being forgotten or more afraid of rejection? Attunement increases social engagement with the parts
- As our faces soften and our voices become warm, the client will begin to soften as well, relaxing the body and creating a pervasive sense of warmth. Our acceptance becomes his/her internal acceptance.**

Fisher, 2012

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	<p>For further information, please contact:</p>
	<p>Janina Fisher, Ph.D. 5665 College Avenue, Suite 220C Oakland, California 94611 510-891-1809 <u>Dr.JFisher@aol.com</u></p>
	<p>Sensorimotor Psychotherapy Institute <u>office@sensorimotorpsychotherapy.org</u> <u>www.sensorimotorpsychotherapy.org</u></p>

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