
Resourcing in the Preparation Phase of EMDR

Phase 2: Preparation

The preparation phase of EMDR is designed to allow the therapist to establish rapport with the client, familiarize the client with EMDR processes, and prepare her to begin trauma processing. The therapist attends to the physical setup, explanation of EMDR, explains the stop signal, explains the basic metaphors, and describes what to expect during processing. In addition, the therapist may want to give the client a brief explanation of EMDR's model of change, the Adaptive Information Processing model (AIP).

As with Phase I, throughout Phase II (Preparation Phase), the therapist is assessing the client's readiness to begin trauma processing. The therapist evaluates affect containment skills, types and levels of dissociation, extensiveness, age of onset, and severity of childhood traumatization and neglect, motivation for change, blocking beliefs, and ease of access to stable, healthy, adult perspectives (internal adult resources). As a rule, clients with personality disorders have poor access to resources. Clients whose trauma goes back to an early period of life so that it interfered with early attachment to caregivers, may also have limited access to internal adult resources. An element of the EMDR Preparation Phase is helping clients gain access to their

internal adult resources, a process commonly referred to as “resourcing.”

Resourcing

The term “resourcing” has come to mean the deliberate enhancement of adaptive adult perspectives or self-affirming adult experiences that will become more readily accessible during EMDR trauma processing, ultimately helping the client process disturbing memories. In Shapiro’s original formulation of the EMDR eight phases, she allowed for the possibility of doing supportive processes during the preparation phase to enhance the client’s readiness for trauma processing. Among those resourcing procedures cited for this process, which she termed “front loading,” were the teaching of relaxation methods, breathing techniques and guided imagery. Since then, resourcing has assumed an expanded role, and is now commonly practiced in a variety of forms during Phase II, Preparation.

In recent years, however, Shapiro has emphasized that resourcing is commonly being over-utilized. There are reported instances of therapists who have done only resourcing, to the exclusion of trauma processing, when there was no contraindication to beginning trauma processing; in some of these instances, treatment was eventually terminated, without any trauma processing having been done. When this occurs, it seems to be the result of a therapist who is feeling insecure about activating a client’s traumatic memories. While it is true that resourcing is a relatively safe activity to do with clients, and is likely to make the trauma processing go more smoothly, Shapiro’s point is that it is being done to excess (Shapiro, EMDR Institute Listserve 2005, EMDRIA Conference 2006). *Harriet Sage: I have noticed that consultees who tend to suggest resources prematurely in sessions, before seeing if the client can handle the processing themselves, seem to do it out of their own fear. Some are uncomfortable with strong affect and some are inordinately afraid that their client will not get through the pain of the trauma processing.*

Where EMDR May Falter

A “negative cognition” is a cognitive distortion related to a specific event or series of events. It is a statement that the client knows is not true about herself, but feels to be true. According to the

Adaptive Information Processing (AIP) Model, for a negative cognition to resolve, the client must make connections between the distortion and an adaptive adult perspective. "Cognitive interweaves" catalyze the making of these connections when they do not happen spontaneously. EMDR can falter when clients are unable to access adaptive adult perspectives, despite cognitive interweaves. In particular, a negative cognition that a client feels to be true, but also believes to be rationally true will be extremely resistant to processing because of the absence of adaptive adult perspectives.

Schemas, beliefs or attitudes about the self that are broadly held without connection to any particular incident or series of incidents, fall into this category of challenging focuses for EMDR when they are believed to be "rational.". They often have their origins in implicit preverbal memories. Dyadic resourcing is a resourcing process that establishes an internal healthy child and an internal caring adult. The caring adult provides a ready supply of adaptive adult perspectives for the full range of trauma processing, including preverbal memories that can be processed metaphorically..

Generic Resources

Cognitive interweave is conceptualized by Shapiro as being used when processing is blocked to bring up the next bit of adaptive information that would ordinarily have emerged spontaneously if processing were not blocked. (Shapiro, 1995, 2001) I find in practice that this adaptive information usually represents some aspect of healthy adult perspective or missing information, which I think of as *resources*. (In the case of children the "adult" perspective is a perspective that is entertained at an appropriate developmental level.) Typically, the cognitive interweave results in a healing of a cognitive distortion related to the traumatic memory. The original cognitive interweaves were quite simple; they addressed distortions in responsibility, safety, and choice. In my experience, typically those distortions are healed by a few generic resources. Distortions in *responsibility* tend to be healed by recognition of the context in which the actions occurred. For instance, if a child was molested, and the child felt some sense of responsibility about the event, the healing usually comes from grasping the big picture, recognizing that she was just a child, and seeing the event from the perspective of a healthy adult. The generic resource in that case is "compassion." A typical

cognitive interweave might be, "If that had happened to your niece, would you think she was disgusting (bad, evil, unlovable etc.)?"

The generic resource for cognitive distortions related to *safety* is often the recognition that the event occurred in the past and is now history. A typical cognitive interweave might be, "Can he still hurt you now?" I think of this as the "It's over" resource. Finally, the generic resource for distortions related to *choice* is the "I'm an adult" resource. The client recognizes that she's not five years old anymore, and that she has many choices now that she didn't have then. A typical cognitive interweave might be, "If that happened to you now as an adult, what would you do that you couldn't have done then?"

The Need for Dyadic Resourcing

These generic resources usually come up spontaneously for the client during EMDR processing. If not, sometimes the therapist needs to use a cognitive interweave to help the client be aware of them. In most cases, eliciting resources in advance is not necessary. In the resourcing section of this book, I am addressing instances in which these generic resources are ineffective in resolving a target memory. Distortions in responsibility, for instance, will not resolve through "compassion" if the adult client is not able to feel compassionate towards the child self because the client identifies with the child and embraces the childhood distortions that make the child bad or unlovable. The "it's over" resource will not be useful if the client believes that, in fact, it is not really over. Again, this typically occurs when the adult client is overly identified with the child, and does not recognize that the painful events happening in the present are particularly painful because of what happened in the past; they believe that the original event is not really over because it continues to cause pain. The "I'm an adult" resource is not effective if the client still feels and responds like a child, again the problem being an over identification or merger between the adult self and defective child self. The client might say, "I don't feel like I have choices, because I still freeze up when something reminds me of that."

In each case, the difficulty with this spontaneous use of generic resources occurs when the adult client is overly identified with the child self. This is most likely to occur if the client's life experience of a competent caring adult is limited, so the client has no strong internal model for one. Without that model, the client's internal adult perspective is likely to become contaminated by the dysfunctional

messages internalized as a child. In general, the key to resolving these traumas is to help the client to separate her adult self from her child self so that she is able to entertain a "normal" adaptive adult perspective. Most of the examples in this book involve helping the client to regain the adult perspective, and then to retain it.

"Dyadic resourcing" is the process of helping the client access an internal healthy parent child nurturing interaction and facilitating a process in the client in which that interaction feels increasingly real, safe, and pleasurable. One advantage of building a resource that involves a nurturing internal parent and an internal child is that the adult perspective is clearly separate from the child perspective, and, once established, the client seems to be able to stably reconnect to her internal healthy adult self and to her lovable child self.

David Manfield: Sometimes after a nurturing adult resource has been established the client can still become confused and think of a contaminated adult perspective when the therapist attempts to utilize the resource in a cognitive interweave. In those cases I have found it very helpful to simply remind the client about the nature of the adaptive adult resource we are attempting to elicit.

Varieties of Resourcing

Resourcing can be performed at a variety of levels of complexity. Most simple is the model laid out by Leeds and Korn, which they coined Resource Development and Installation (Korn and Leeds, RDI) (2002). Another approach which yields resources directly useful later for cognitive interweaves, is to ask the client to think of a resource person, and then address each person's positive attributes by having the client think of them individually while applying BLS. There are also a variety of structured resourcing techniques developed by various EMDR clinicians. The Best Foot Forward protocol, developed by Krystyna Kinowski (2002), is an example of a carefully structured body-oriented procedure that can produce powerful resourcing results. April Steele has developed protocols involving clients imagining nurturing themselves as infants. Shirley Jean Schmidt's "Developmental Needs Meeting Protocol" (2006) is an elaborate 17 step process that involves the use of a "healing circle" of three resource figures, a nurturing, a protective, and spiritual adult self that are identified as parts of the self. Laurel Parnell (2006) also advocates the identification of these three resource figures. I am proposing in this

book a resourcing process tailored to the client's particular trauma history. In this process, the therapist elicits a positive internal resource person (real or fictional) who represents an adaptive adult perspective that can be useful in the client's trauma processing, and uses BLS to intensify the client's positive experience of this person.

I refer to this process of eliciting in the client a strong internal construct of a nurturing adult who can support the client's internal child as "dyadic resourcing." Because this procedure is less structured than the other resourcing procedures I have mentioned, and in some respects requires more sensitivity and skill on the part of the therapist than trauma processing, many EMDR practitioners have difficulty becoming comfortable or confident using it. This procedure is, however, intuitively natural, and can be extremely powerful even when only a partial result is achieved.. Its objective is the ultimate resource, a loving, deeply experienced relationship between an internalized nurturing adult and the client's internal wounded child, an internal caring connection that feels real.

This internal dyad can be immensely useful during trauma processing when simpler cognitive interweaves do not work. A common reason for cognitive interweaves to fail is that the client is unable to locate a sufficiently adaptive adult perspective; having this dyadic resource available solves that problem. Even clients for whom the boundary between wounded child and adult identity tends to become blurred will be able to keep this nurturing adult perspective separate. This nurturing adult point of view in the dyad includes the necessary generic resources: adult compassion; the recognition that past events are history; and the adult point of view that includes adult choices.

Developing this type of resource will be the primary focus of the chapters in Section II. I begin in chapter 5, "Steps to Develop a Resource Dyad," with specific guidelines for these processes, which I believe will be helpful. However, I believe the pattern of how these processes work is subtle and will also emerge clearly from the actual sessions in which they are demonstrated. The intent in Chapter 5 is to provide a structure from which the reader can follow these sessions. The problem is that the structure varies, depending on the client's resources and defenses. None of the resourcing sessions in Section II actually include the entire protocol including the morphing process because it was not necessary, or there was not an adequate amount of time. Both sessions in section III include the entire protocol.

Each session described in this section addresses a different type of

client and a different resourcing challenge. We begin with a chapter describing the "how to" steps involved in dyadic resourcing. Then, the first two sessions presented involve clients chosen particularly because they were likely to be easy clients for resourcing; all subsequent clients, however, were chosen specifically because of their difficulty identifying resources. I hope that the variety of resourcing transcripts will demonstrate some of the potential of the resourcing process, even with these "difficult" clients. In these sessions, the clients feel more than safe or relieved by the end of the process; they feel intensely affectively connected to the resource that has been identified and developed.

During these sessions, as they connected to their resources, these clients had a visible glow of pleasure and well-being that may not be apparent from the written transcripts. One might compare that glow to the look of a child who is lost in the pleasure of a connection to a loving caregiver. In other words, these "difficult" clients, for whom these pleasurable childhood memories were relatively inaccessible, were able to connect through this process to an experience that had been elusive for them. These clients made comments like: "The thought that's going through my head is, 'That's who I've been looking for all my life'; 'I feel empowered'; 'I just feel happy about who I am'; 'It's all okay that I do anything because I have her support'; 'It must be why my youngest son just wants to be with me all the time.' These examples go beyond thinking about something positive to actually inhabiting the positive experience intensely; not just thinking of the resource, but experiencing the resource as *real*. This, to me, represents the goal and the immense power of dyadic resourcing.

In 2004, I wrote about a client who felt entirely unloved. He believed that no one could be interested in anything he had to say, because no one could be interested in him. He could, of course, not imagine being lovable to anybody. When he and I searched for someone in his life from whom he could imagine the experience of a loving exchange, we exhaustively examined parents, relatives, teachers, coaches, religious figures, work colleagues, supervisors, and other adults he has known. Even God, he thought, was angry at him for some reason. From these real life possibilities we moved into public figures, movie characters, characters in books, and media figures. Eventually, he was struck with the thought of Leo Buscaglia, a man he had seen speaking on television about love and the family, whom he admired very much. Through a gradual process of helping him to imagine himself in the presence of Mr. Buscaglia, my client eventually

came to believe that Leo Buscaglia was a loving man who had had loving parents, who loved his wife and his own kids, and who might conceivably have caring feelings for my client, if he had known him. This was a moving session for both of us. Two sessions later, he came in and described having found a book written by a woman who had attempted to kill herself by swallowing a whole bottle of sleeping pills. When she had awoken the next morning with a bit of a hangover, but still alive, she decided that her life must have been spared for a reason, and, so, decided to write about her life struggles. My client told me that he'd read the book cover to cover, twice. At that point in our session, he looked up at me and, slightly tearfully, said, "You know, I think God does love me."

When I reviewed what I had written, I realized that what I take pretty much for granted in conducting EMDR resourcing is actually a relatively new idea. In traditional psychotherapies, the therapist is the primary resource. As the connection and trust with the therapist deepens over years of treatment, the client feels sufficient support to explore increasingly painful or scary memories and self-states. The idea that such a resource person can be located directly and purposefully within the client and then used in much the same way that the therapist-client relationship is often used in traditional therapies is indeed new to traditional psychotherapy. It holds out the possibility of significantly accelerated treatment of some very complex and difficult cases.

Since then, I have become clear that the integration of this kind of resourcing into the EMDR process represents a substantial break from traditional psychotherapy. Rather than wait the years it takes for the therapist-client relationship to deepen sufficiently, EMDR therapists can identify resourced states that clients can use to make recalling of terribly painful memories palatable. In particular, when those memories involve extremely young states in which the client felt unbearably alone, bad, worthless or unlovable, as is so often the case, a resource involving an internalized loving adult can not only make the processing of those memories bearable but can catalyze the linkages between the painful memory network and the healthy adult perspectives that are necessary for these memories to process to an adaptive resolution.

Newly Trained EMDR Clinicians

I normally suggest to newly trained therapists who are anxious about introducing EMDR trauma processing to their clients that they begin by asking for a Top 10 list of traumatic memories, and then flesh that out to a full history. If they do not see a target on that list that seems likely to process relatively easily, I suggest that they begin by doing resourcing. This does not commit them to doing trauma processing, but, as they see the client's readiness for trauma processing increasing, hopefully they will feel more confident about doing trauma processing with the client.

Many newly trained EMDR therapists confuse a low disturbance level (SUDS) with the likelihood of relatively easy processing. A low SUDS level on a memory that is not linked to a more complex earlier memory is likely to process easily, but so will such a memory with a higher SUDS level. What tends to make memories difficult to process is their relationship with other earlier similar memories, or the lack of healthy adult resources that can enable the memory to process. Unless the SUDS level is extremely high, it tends not to be a predictor of the relative ease of processing.

Bilateral Stimulation

EMDR practitioners tend to use bilateral stimulation in the process of enhancing resources. The basic skills involved in resourcing are very similar to those involved in trauma processing. The therapist must read the client affectively (skin tone, muscular tension, breathing, moisture in eyes, etc.), and provide BLS to strengthen positive affect associated with resource memories and adaptive adult perspectives. As in trauma processing, timing is very important. Ideally, the therapist should begin bilateral stimulation at the moment when the client is experiencing maximum affect. The bilateral stimulation seems to stimulate the client to make associative connections. Unlike trauma processing, the associative connections one makes to a positive memory tend to be positive, so that the positive aspect of the memory tends to be enhanced, and the positive sense of self associated with the memory tends to be strengthened. Nevertheless, with most clients, if the sets used in resourcing are too long, negative associations are likely to eventually emerge, so it is generally recommended that the sets during resourcing are kept short, somewhere between two and twelve passes, depending on the client's tolerance for positive affect.

Historical Perspective

A historical perspective here will be helpful. When EMDR (“EMD” at the time) was first introduced in 1989, it was a treatment technique for PTSD that involved processing single incident traumas. It was taught in a single weekend. There was almost no attention devoted to case conceptualization. The cases were relatively simple. Almost immediately, a second Level II training weekend was offered as the range of possible applications of EMDR expanded. During Level II of many of the EMDR Institute trainings, I used to give a specialty presentation in the use of EMDR with personality disorders; I devoted most of my time to explaining why EMDR would not work well with this category of clients. At that time, resourcing was not being offered as an option.

When Andrew Leeds first wrote about resourcing in the form of Resource Development and Installation (RDI), in my first EMDR casebook, *Extending EMDR: A Casebook of Innovative Applications*, (1998), the emphasis was on creating positive affect states, and strengthening clients’ sense of inner resourcefulness. At that time, a variety of EMDR clinicians were telling me about experimenting with using EMDR with Ego State Work. The need to develop a loving internal adult ego state was becoming more and more apparent to EMDR therapists working with clients with personality disorders, attachment disorders, and other early states of deprivation or abuse.

A recently published study by Van der Kolk, Korn, et al., (2007), focused on the use of EMDR with multiply traumatized inner-city clients. Eighty-eight subjects were divided into three groups: one group was given Prozac, one was given a placebo, and the third was given eight treatment sessions using a manualized and carefully supervised EMDR treatment. All groups also received two intake sessions. The outcome of that study pointed out some very interesting phenomena. Most relevant to the discussion of resourcing is that resourcing was used with only two of the 28 subjects who received EMDR. Careful analysis of the outcome data revealed that, although the eight-session EMDR treatment of many of these subjects was successful, the successes tended to be greater with those subjects whose trauma began later in life (after age 18). Those whose trauma was “child onset” did not respond as well to the eight-session treatment and only 33% were symptom free at the six-month follow up, compared to 75% of the “adult onset” subjects. I believe that part of the explanation for this differential is that very early onset PTSD generally requires resourcing in order for EMDR treatment to be successful, and also requires quite a few more than eight sessions. It is

unclear how many of the child-onset subjects are very early onset, but all the child-onset subjects were victims of intrafamilial physical and/or sexual abuse. I suspect that the very early onset subjects would have benefited from dyadic resourcing.

EMDR, which started as a technique for treating PTSD, has developed into a full-blown treatment approach, and is being employed in the treatment of an ever expanding circle of conditions. The need for careful history-taking, extensive resourcing sessions with certain clients, precise management of emotional excitation for volatile clients, careful case conceptualization, and judicious target selection has become greater as the range of conditions we treat with EMDR expands. The EMDR basic training, which is now 40 hours plus 10 hours of required consultation, has not been able to keep up with the increasing level of skill and sophistication that is required for treating these more complex cases. The resourcing processes described in this section are intended to provide a template that can enhance the EMDR clinician's skills in developing the powerful internal nurturing adult perspectives in clients that are often necessary for processing deep or early trauma.

Most of the sessions upon which this book is based were transcribed from video tapes of demonstrations conducted in front of a class. After participating in a session in front of 35 observers and having a meaningful and moving experience, demonstration clients are usually happy to grant me permission to write about and publish their sessions, with their identities concealed. Although I also videotape most of the sessions I conduct in my private office, the tapes that result belong to my clients who take them home and review them before each session. I don't ask of my private clients as I do of demonstration clients if they are willing to share their sessions with other practitioners. So, the fact that the preponderance of sessions transcribed for this book was class demonstrations rather than private sessions, merely reflects the ease of obtaining this clinical material for publication, not a difference in the way sessions are conducted or results are produced. On the contrary, the procedures for working with private clients and the results achieved are comparable to those illustrated in these chapters.

Steps to Developing a Resource Dyad

Dyadic resourcing is intended to bridge the gap between the meager resources resulting from a client's emotionally impoverished childhood and the minimal resources necessary for the processing of very early trauma without retraumatization to the client. If the client, as adult, is overburdened with the critical demeaning messages internalized during childhood, she will not be able to view her child memories in a compassionate, understanding way until a more adaptive adult perspective is cathected. The client's stubborn belief in the badness or unlovability of herself as the child will cause her to resist typical interventions intended to enlist an adaptive adult perspective towards that child self. The client may say, "No, I would not blame my niece if she were in that situation, but I still blame myself. I see that child as disgusting," or "I'm sorry; I understand what you want me to say, but I think all children are worthless. I never like being around them." A less extreme comment would be, "I don't like her; she was always whining." This is a child perspective masquerading as an adult speaking. Dyadic resourcing puts the necessary internal caring adult perspective in place so that a lovable internal child can emerge.

In early development, a child's sense of being lovable comes from interactions with a loving adult. It is through the adult that the child learns to feel worthwhile and lovable. The pathway to accessing an internal, innocent, lovable child in an adult who did not receive

enough of these messages as a child is to find a nurturing loving internal adult. Once a compassionate, loving, adult perspective is accessed in a client, traditional cognitive interweaves can and do work.

Assessing Whether Dyadic Resourcing is Necessary

This elaborate resourcing work is *only* necessary when the client is unable to view her internal child as lovable. Whether the client is capable of this positive perception of self is often clarified by having the client bring up an image of herself at the age in which the target memory occurred, and asking a question like, "How do you feel towards that child? Do you like the child? How would you feel holding that child?" If the client reports ambivalence about the child, she is not ready to assume the role of a resource for that child. Note that we are not asking the client to think of herself in the abusive situation represented by the target. We are asking a general question.

I usually begin by asking, "Can you picture yourself at that age?" Having the client picture the child also elicits a relatively adult response, which we hope will be an adaptive adult perspective. Then, asking the question about whether the client likes the child elicits the client's general attitude towards herself as a child, rather than specifically the child who was involved in the traumatic target event, for whom distortions (negative cognitions) would be expected.

With respect to the general child self, the client might say, for instance, "If it were another child, I would feel comfortable picking her up and holding her, but not my own child self." If the adult client judges the child negatively, thinking for instance she is too needy or too whiny, the client's attitude reflects the negative messages internalized in childhood. I think of this as a "contaminated" adult perspective, because it is laced with these distortions that persist even when memories of traumatic events are not being elicited. A more adaptive perspective will need to be accessed, and dyadic resourcing can accomplish this. If, on the other hand, the client has general compassion and caring for the child self, the adult client herself will probably serve as an adequate resource in most cases, so there is probably no need for dyadic resourcing.

Levels of Complexity of Dyadic Resourcing

Three forms of resource dyads are: those in which the client thinks of an actual time in which she was a healthy nurturing adult;

those in which the client was actually nurtured as a child; and those which the client observed, but played no actual role. Dyads in which the client did not play a role may have been observed in the real world or in a movie, book or TV program. A relatively simple form of dyadic resourcing involves a client who has been an effective parent but maintains distortions about her own self as a child. In this case it is often enough to start with the dyad consisting of the client herself and her actual child at the age the therapist is interested in working with. The dyad is then usually relatively easy to intensify, since strong nurturing feelings are already present, and the remaining resourcing only involves helping the client to identify an internal child comparable to this "lovable" child. Another often simpler dyadic resourcing process involves the client as child in relationship with an adult who was actually nurturing to the client when the client was young. In this case, it may be easy to cathect the feeling of being a loved child from those actual positive memories. Part of the strengthening of this resource will involve the client imagining what it would be like to be the adult in that dyad.

The situation in which it is necessary for the client to imagine what it is like to be the resource adult sometimes also arises when the client can not think of an actual nurturing adult, so the therapist begins resourcing with a fictitious dyad from books, television or movies. During the dyadic resourcing process the client first is helped to identify with a child being nurtured by that adult and then to the adult relating to that child. After beginning to intensify the client's experience of that dyad, however, the client may think of an actual adult with similar qualities who did not come to mind earlier. In this case, it is sometimes useful to switch the focus to the real adult. Note that using the real adult increases the likelihood that the client will project her "bad" self into the child role in the dyad, contaminating the resource. If there is a possibility that the client's negative self perception will eventually contaminate the memory of that actual early experience, I recommend starting with a child who is not the client. It is still possible to utilize the positive feelings the client has towards the actual adult, but safer to suggest that the client think at first of that adult relating to another child.

The earlier and more pervasive a client's trauma, the more the need for resources, and the more difficult resources are to access. Think of a baby in a crib or a toddler in a playpen and in the next room, perhaps even in the same room, her parents are engaged in loud verbal conflict, if not physical violence. This young child has no way

to understand what is happening and is terrified. Intensifying the terror is the fact that the adults who normally function as the child's source of safety and comfort are not available; they may, in fact, sound to the child like they are in the next room murdering each other. With only a primitive ability to self sooth, the child is alone, abandoned, overwhelmed, without any source of relief. The child has no way to contain or tolerate these feelings. It makes no sense to attempt trauma processing with an adult client who grew up with this type of experience without establishing in advance structures that will prevent the recall of this situation from retraumatizing the client. Rather than be retraumatized, clients will often avoid accessing these feelings. Alternatively, if the client inadvertently accesses them, she is likely to flood or dissociate.

In summary, for these clients dyadic resourcing is especially useful and, of course, particularly complex. These clients are likely to project their own distortions onto the child in the dyad (the "resource child"), having difficulty seeing the resource child as having a positive experience unlike their own. They tend to become merged with that child, ultimately undermining the usefulness of the resource. One way to help maintain the separation between the resource child and the client is by starting with a fictitious adult and child dyad, with whom the client has never had a real interaction and, most importantly, has never had a negative experience in any form.

Lewis Engel: Page: 70

On a number of occasions, while doing trauma processing, I have had a client get stuck, irrationally blaming herself for a parent's neglectful or abusive behavior. After finding that cognitive interweaves and other standard approaches ineffective, I have departed from trauma processing and taken a session to develop a resource dyad. Then, upon returning to processing the trauma, the work went smoothly and was able to completely resolve. In addition, with the dyadic resource in place, other traumas also processed relatively smoothly and rapidly.

Preventing Contamination of the Resource Dyad

Dyadic resourcing is designed to allow the development of a very positive resource experience without contamination. Among the mechanisms it uses to prevent contamination are:

- ❖ maintaining an observer role while initially intensifying the resource
- ❖ various techniques to keep the client in the present so that she does not drift into past memories
- ❖ helping the client focus on physical body sensations rather than familiar emotional feelings that might be connected to her defective self.
- ❖ an extremely gradual structured process (referred to as "morphing") of guiding the client from the observer role to full identification with both roles in the resource dyad. This is begun only after a stable positive dyad is established.

Unlike trauma processing, the therapist has a map of where the client needs to go, and actively structures or, if necessary, reframes the client's experience to ensure that there are no wayward detours.

Summary of the Steps of Dyadic Resourcing

In this section, the steps involved in the dyadic resourcing process will be summarized. In the sections that follow, each step will be explored in detail.

Resourcing is most needed for clients with severely deprived childhoods, who have negative views of themselves as children. These clients are also the most difficult ones to resource, because their belief that they are unlovable is especially deep and pervasive. When one attempts dyadic resourcing with them, they tend to bring up negative *projections* when thinking of a lovable child, so the dyadic resourcing process is carefully structured.

The therapist begins by identifying a nurturing adult resource, real or imagined, and then attempts to intensify that resource in the client's mind. The goal is for the client to experience a "glow" when thinking of that adult resource. *Lewis Engel: Of course the client does not literally light up their corner of the room. A smile may appear on the patient's lips, the eyes may relax and brighten or may take on a dreamy expression, color may come in to the patient's cheeks, and the muscles of the face and shoulder may relax. This attitude of pleasure, safety, and sometimes even joy constitutes the "glow."* He then links that adult to a child and a scenario or tableau in which the resource adult is loving and nurturing the child. The choice of this child is often implicit in the particular adult that was chosen; however, sometimes it

is necessary for the therapist help the client think of the adult resource being connected to a child. The therapist attempts to further amplify the client's positive feelings (glow), this time focusing on the dyadic adult/child pair.

Clients with ready access to memories of feeling loved as a child, may not need resourcing, and, if they do, are relatively easy to resource because they can think of their own actual experience of being loved or nurtured. For more difficult clients, who do not remember feeling loved, it is important that the child in the resource relationship not be confused with the client herself, because, unlike the client, this is a child who feels loved. We do not want the client's internalized negative messages about herself as a child to be projected onto the resource child. So, to avoid contamination of the loved child, these more deprived clients are encouraged to choose a nurturing dyad that does not include themselves as the child.

Because this point is so central to dyadic resourcing it is repeated and summarized several times in this chapter. The key to dyadic resourcing is that it provides a way to prevent the resource from becoming contaminated. The process begins by helping the client to think of a loving adult and a purely lovable child. The therapist must see the client glow as she imagines the nurturing adult, and again as she thinks of the dyad. Without that glow resourcing is not useful. The central role of the resourcing process is to enhance the glow, while preventing the blurring of boundaries between the client and the lovable child. We want to intensify the client's sense of pleasure, safety, and wellbeing associated with thinking of this relationship. Only after the lovable child has been firmly established in the client's mind and the risk of that child taking on unlovable characteristics is minimal is it desirable for these clients begin to put themselves into the place of this lovable child and eventually in the place of the adult. For more complex resourcing processes, this is done in six small incremental steps to further minimize that risk. I call this process "morphing." For less difficult clients, most of the morphing steps can be skipped.

Morphing

Morphing is just one way of intensifying the client's connection to the resource dyad. The chapters in section II of this book are all about resourcing sessions with relatively easy clients for whom careful morphing was not necessary. If the risk of contamination is great, as in

the session described in the last chapter of this book, I recommend using all the morphing steps because they represent small incremental steps that make contamination less likely. As stated previously, morphing should only be begun when the process has reached a point that the client's sense of the lovable child has become strong and stable enough that the client will be able to identify with the lovable child without projecting her defective sense of sense. Here again, however, it may be necessary to tread a fine line to prevent the lovable child from becoming contaminated. I begin the process of morphing by asking her to speculate about the child's internal experience. "What do you *think* this experience is like for this child?" Of particular importance here is the reference to the child in third person, "this child," and the *thinking* nature of the first morphing question. Then, the second question asks the client to *imagine*: "What do you *imagine* this experience is like for this child?"

During the early stage of the *morphing* process, the therapist should expect some client identification with the child in the dyad, but the therapist should attempt to minimize even positive identification, because, once the identification starts, it is likely to eventually lead to contamination. Common indications of identification with the child are physical movements that are reflective of the child experience or the emergence of descriptive information that is related more to the client's own childhood experience than that of the child in the dyad. For instance, "She can relax because she's not in danger any more." This identification may be acceptable as long as the client's glow maintains or intensifies but it can turn negative without further warning; during this stage of the process, the therapist can help keep the client's boundaries clearer in several ways that will be described later.

The third and fourth of the six questions in the morphing sequence refer to the child's physical experience, and include the sensations related to the physical contact with the nurturing adult. These questions make it difficult for the client to project her own contaminated childhood feelings and attitudes onto the child in the dyad. The therapist ensures this by bringing the client back to those physical sensations whenever the client wanders. "So when you think of Atticus Finch (the loving father in the book and movie, To Kill a Mockingbird.) holding Scout on his lap, what other physical sensations do think he's likely to feel? Does he have his arm around her? Can he feel her hair against his cheek?" Finally, in the fifth and sixth questions, the client is asked to think and then imagine what it would

be like to be that loved child. By the time these questions are asked, the client has already been placing herself in the position of the child to imagine the child's physical sensations, so it is a small jump to imagine being the child. Often the last steps are unnecessary because the client has already done it.

Steps to Building a Resource Dyad

- I. Identifying a Nurturing Adult Resource
- II. Intensify the Resource; Make it Real
- III. Complete the Dyad: Adult and Child
- IV. Intensify the Resource Dyad: Feed the Flame
- V. "Morph" the Dyad: Help the Client Identify
with Both the Nurturer and Child

Steps in Morphing the Dyad

1. "What do you *think* it is like for the child
2. "*Imagine* what it is like for the child?"
3. "What do you *think* the child feels in her body?"
4. "*Imagine* what she feels in her body."
5. "How do you *think* it would be for you if you were this child?"
6. "*Imagine* being that child?"

"What do you think you did to deserve all this love?
"Do you think it's hard for the adult to love you?"

1. "What do you *think* it is like for the adult
2. "*Imagine* what it is like for the adult?"
3. "What do you *think* the adult feels in her body?"
4. "*Imagine* what she feels in her body."
5. "How do you *think* it would be to be this adult?"
6. "*Imagine* being that adult?"

"Now let your attention alternate back and forth at your own pace between the experience of the child and the experience of the adult"

Morphing: Think, then Imagine

Each of the three pairs of questions in the morphing sequence consists of a "what do you *think*" question followed by the same question as an "*imagine*" question. The "imagine" question is less cognitive than the "think" question, and encourages a stronger sense in the client of the lovable child. The first pair asks the client to think and then imagine what this experience is like for the child. The middle pair asks the client to report on what she thinks and then imagines the child feels physically, and the last pair asks the client to think what it would be like for her to be that child, and then to imagine that.

The question about the child's physical sensation especially forces the client into the present, because in order to imagine the child's physical sensations, the client must put herself in the child's place. I make this relatively concrete. If the client does not report the areas the child is in contact with the adult's body I ask about those specific

sensations. Because these observations are concretely anchored in the child's mundane physical experience, they help to contain the tendency for the client to project elaborate negative experiences or characteristics onto the lovable child.

Overall, we attempt to prevent the client from spinning off into negative thoughts by keeping the client focused on her present experience. We do this while we're amplifying the glow associated with the resource by calling attention to the client's apparent present affect. We do it during the development of the dyad, by asking the client to report what she sees rather than what she remembers, and by requiring the client to maintain an observer role in which she reports only what she actually sees when she is presently engaged in looking. We do it during morphing by keeping the client focused on the present, by encouraging her to connect to the concrete physical experience of the lovable child, and by reminding her through our phrasing that we are looking at an adult-child tableau that is separate from the client herself.

Nevertheless, it is normal for sadness or yearning to arise as the client realizes that she did not actually have much of this tender experience in her own childhood; this sadness can be addressed in a variety of ways that will be discussed later in this chapter. If the therapist does not address it as soon as it appears, the resourcing session can lose its intended effect; the sadness can intensify and the client can even begin to abreact. At that point, the session resembles a trauma processing session rather than a resourcing session, *but not processing that is likely to achieve an adaptive resolution*. If the client were sufficiently resourced to process core feelings of neglect or lack of self worth, dyadic resourcing would not have been necessary in the first place. We can assume that if the client begins to abreact before the dyadic resource is fully developed, they will not be sufficiently resourced to resolve these painful memories. During trauma processing, clients often spontaneously access positive memories as resources to help them tolerate the present traumatic material at a deeper level. For the same reason, when we help clients access resources, they feel more ready to address deeply disturbing material, and may spontaneously begin to move in that direction in the middle before the resource is fully developed, resulting potentially in negative affect building to the point of dominating the session. Our job as therapists is to keep them focused on the resourcing, until the resource is stable and strong!

After the first six steps in the morphing sequence about the experience of the child in the dyad, we repeat the same six question sequence, this time focused on the experience of the adult nurturer. In other words, we develop both a strong identification with the loved child and the nurturing adult. When going through this second six question sequence, we reference the child in second person, beginning with the question, "do you think it's hard for her (the resource adult) to love *you*?" Identifying with a nurturing adult, strengthens the view of the child as lovable, and the use of second person strengthens the client's sense of identity with that child.

Detailed Explanation of the Steps of Dyadic Resourcing

Identifying a Nurturing Adult Resource

The first step of the dyadic resourcing process described in brief above is to identify a positive adult nurturing figure. If the client herself can serve as a nurturing adult for her internal child, this would be my first choice as a dyad. Otherwise, the first step in dyadic resourcing would be to identify a caring dyad by first finding a nurturing adult. The best nurturer, other than the client herself, would be someone the client has personally known when the client was young. I begin by asking the client, "Who in your life has had your best interest at heart? Who has cared about you?" I am also interested in a nurturing relationship the client has observed that may not even include the client. If the client is unable to think of someone, I help by making the following suggestions:

- ❖ grandparents
- ❖ aunts
- ❖ teachers
- ❖ ministers
- ❖ friends
- ❖ parents of friends (especially childhood friends)
- ❖ supervisors,
- ❖ public figures
- ❖ adult friends

If the client is unable to find an actual person she has known, the next best nurturer would be someone the client has seen in a nurturing role, whether real or fictional. I look for literary or cinematic nurturing figures, or people the client has had contact with but not known. For very poorly resourced clients, it is usually easier for them to start with a nurturing figure who is nurturing another child other than themselves. Some possibilities are:

- ❖ animals (must be anthropomorphized)
- ❖ public figures
- ❖ literary characters/ literary relationships
- ❖ mythical figures/ mythical relationships
- ❖ historical figures
- ❖ characters or relationships from books, stories, movies, or

TV (Can be individuals or pairs of characters)

Shirley Jean Schmidt has developed a relatively complex protocol in her Developmental Needs Meeting Strategy (DNMS) (Schmidt, 2006) in which clients manufacture a positive nurturing adult by piecing together parts of the self. Schmidt helps the client think of instances for which he has exhibited each of seventeen laudable characteristics that she lists one-by-one. Then she asks the client to assemble all the parts of self that have demonstrated these various characteristics into a single unified whole, and asks the client to find a visual representation of this amalgam.

When I look for a fictional media resource person, I begin by asking, "Which modality do you feel most connected to, Books, TV or Movies?" When the client answers this question, I ask what is your favorite Book/Show/Movie?" I follow that by asking what draws her to that particular work, and then ask her what is her favorite character or scene. This usually gets me to a resource character. I check to make sure that the client admires this character by asking what qualities the character has that the client is drawn to.

For their initial dyadic resource, I discourage clients from selecting complex relationships. If they select parents, spouses, siblings, offspring, Jesus or God, I say, "Good. Now think of another person who has had your best interest at heart." Parents, for instance, can be powerful resources, but clients tend to be ambivalent about parents, and I would not want the negative side of their view of their parent to emerge at a time I am depending on this resource to help a client through some very painful and sticky processing. Similarly, if a client's only resource person is God or Jesus, I ask myself why she does not have other resources, and I look for another more mundane

resource. Clients who report that God is their resource person are sometimes reporting an intellectualized concept or wish, rather than a viscerally experienced sense of connection and well-being. If I can't find a real-world resource person, I assume the client's resource base is severely impoverished and a significant amount of resourcing will be necessary before I am comfortable with the client's ability to process early trauma. The ease with which a client accesses that first solid resource person is diagnostic. As a second or third resource, I am happy with God, Jesus, parents, spouses and whomever else the client thinks of, but not as the first resource we develop.

The therapist should install the resource person with *short* sets of bilateral stimulation (BLS) after each *positive* response the client gives. If the client is consistently tending to bring in negative material during these resourcing sets, it is probably an indication that the sets are too long. They can be shortened to as few as two passes, although a typical very short set might be four to six.

Intensify the Resource; Make it Real

When the client thinks of the resource person, we want her to experience a "glow." Without that glow, the client's experience of the resource will not feel real, and its healing value will be at best slight. Some clients experience good feeling immediately when they first think of the resource, and that good feeling can easily grow into a glow. Others begin with a fairly intellectual or distant relationship to the resource and more elaborate therapeutic work is necessary before it deepens and becomes more visceral. Some clients have extreme difficulty connecting to a resource that elicits positive affect, but even a purely intellectual connection can often be gradually deepened. In rare cases clients have such difficulty that it can take multiple attempts in multiple sessions to help the client identify a resource figure and make an affective connection to it.

In order to bring out the "glow," once a resource adult or parent-child dyad has been identified, I use techniques I learned from a variety of sources including Eidetic Psychotherapy (Ahsen, 1973). The principle behind Eidetic Psychotherapy is that memories tend to be static, whereas an image that a client is exploring in the present is alive. Ahsen refers to the latter as an *eidetic image* or simply an *eidetic*. Rather than ask a client to recall a memory or a person, we ask the client to bring up an image and to simply explore that image visually without regard to whether the visual details she notes are

historically accurate. If the client says, "I can't remember what he looked like," I might say, "That's fine; I'm not asking you to remember. I simply want you to look, and tell me what you are seeing, even if it's not consistent with the facts as you know them." If the client appears to struggle with beginning this process, I say, "For instance, what do you see him wearing?" If the client says, "He's probably wearing slacks and a shirt with a collar," or "He always wore blue jeans," I ask, "Is that what you see now when you look at that image?" This process moves the client from a position of making an effort to get the image right to having complete permission to notice whatever catches her attention; she can report whatever she sees without evaluating. In this way the client can be fully in the present.

The eidetic consists of an image, a somatic component and a meaning component, corresponding coincidentally to EMDR's picture, body sensation and cognition. Once established, it brings about strong intensification of the client's affective connection to the subject in focus. When a client tries to remember a picture or scene, there is always an issue of whether she will be successful or fail. In the process that I present to clients, they can not fail. I am interested in whatever they see when they look. It is an activity the client is doing *in the present*. If the client tells me "I don't see anything," I say, "Okay, look at it now. Allow your visual focus to wander about the scene, and just notice what you are seeing as you do this. There is really no right answer. I'm interested in whatever you see."

Steps to Build An Eidetic Image

The following steps can serve as an outline for developing an eidetic image and intensifying it. They are generally done without BLS until the eidetic is established; the BLS processing is then intended purely to intensify the positive feeling so the sets are short:

1. Identify an associated image or memory that seems to have positive emotional content.
2. Ask if the client can see the image or recall the experience.
3. If the client can see the image, simply ask what the client is noticing. Positive affect can be supported with SHORT sets of bilateral stimulation. If the client is unable to recall the memory with a clear image, give her permission to fill in the missing information by looking at it and reporting whatever she sees. Tell her that we are not interested in whether something is true or accurate, but whether it has

an impact on the client's emotional state and well-being. "As you look at that image, what do you see now?" OR "As you think of that memory, what visual detail stands out?"

4. If the clinician is not convinced that the client is actually looking at the image or accessing something representing the memory, he can ask for simple details. "What room was she in?" "As you look now, what does she appear to be wearing?" "What color is it?" The response "I don't know" is equivalent to "I don't remember," an indication that the client is attempting to recall with accuracy, rather than simply look and report whatever she sees at this moment, whether historically accurate or not. Our goal is to shift the client from "trying to remember" to being in the present and noticing what is coming up here and now. Use NLP accessing cues (See Chapter 12) to help you assist the client in being aware of images and other information being accessed. Be alert to "gratuitous details" or gestures that indicate an eidetic has been achieved. Gratuitous details are details that would be unexpected unless the client is actually having the experience of allowing an image to unfold. These are spontaneous observations not specifically elicited by the therapist. Reinforce all positive physical responses or affect with short sets of bilateral stimulation (BLS). (In this usage, "gratuitous" is not intended to connote something negative, but something extra, beyond what one would expect.)

5. Ask about sounds and smells. These can be very evocative. If one is identified, bring it into the present. "Can you hear it now?" Reinforce all positive recall of smells or sounds with a short set of BLS.

6. Ask what the client feels as he or she looks at that image. "As you recall that image/memory, what do you feel *now*?" "Where do you feel it?" In this respect, working with the client's affect is similar to working with the image. If you are not sure whether or not the client is actually feeling in present time what she is reporting, ask, "Are you feeling that now?" If the client says, "No," ask what the client does feel as she looks at the image or recalls the memory. Use somatic cues including gestures, skin tone, tone of voice, and softening of eyes to help you help the client be aware feelings. Reinforce all positive emotional or physiological responses with a short set of BLS.

7. Complete the eidetic by asking the client what thoughts come to mind about herself when she looks at that image and feels those feelings.

8. If the client reports a physiological response that is not apparent to the therapist, the therapist might say, "Can you describe

the sensation?" Reinforce all positive somatic responses or affect with a short set of BLS.

9. Continue with questions like, "As you think of that image/memory and you feel that sensation, what else are you noticing now?"

Complete the Dyad: Adult and Child

After identifying the resource adult, the client needs to think of that adult in a nurturing relationship with a child. Often, when the client first thinks of the nurturing adult, the thought automatically includes a child, whether the client herself or another child. If not, the therapist supports the client in completing the dyad so that the final result is a relationship consisting of an adult nurturing figure and a child figure. So, if the adult is an actual person from the client's life, I would prefer to start with a person whose relationship with the client was formed during the client's childhood rather than her adult life. If she thinks of a nurturing adult she has known later in life, some additional refinement of the resource will be necessary to convert this dyad to one involving a young child, which it is normally the most useful dyad. In the case of an adult-to-adult relationship, I ask about the client's observations of this adult relating to a child and I begin with that child as the child in the resource dyad. If the client has no direct experience of this relationship, I ask the client if she can imagine one. Questions I might ask are:

- ❖ Does this person have children? What kind of a mom do you think she is?
- ❖ Have you ever seen this person relating to children?
- ❖ Do you imagine he would be a good dad?
- ❖ Can you imagine what she might have been like when her children were younger?

Intensifying a Resource Dyad: Feed the Flame

So, we identify the nurturing adult and then think of a dyad in which the adult is nurturing a child. Then, we begin the process of intensifying this dyad and making it more vivid and real for the client, which I have referred to as building a "glow." The client will not be engaged in the resourcing process if her positive emotions are not tapped and are not experienced in the present.

In most of the transcripts in this book, the therapist tracks the client's affect, and, as soon as it turns flat, he adds a new element designed to enhance the intensity of the positive emotion. One might compare the process to tending a fire; the glow of the fire and the radiating warmth are pleasant and welcome, but to maintain this pleasure when the fire begins to wane, new fuel must be added to the fire.

Once the client is connected affectively to a resource (the fire has been lit), the process is straight-forward. The therapist asks the client to focus on whatever positive experience or association the client has just reported, and begins a relatively *short* set of alternating bilateral stimulation (BLS), followed by "What's coming up for you now?" If the client reports new positive elements, the therapist says "Focus on that" and adds BLS, followed again by "What's coming up for you now?" This sequence is identical to standard EMDR trauma processing. It continues as long as the client continues to report positive experiences or associations. The process of observing and enjoying the glow corresponds to the pleasurable experience of watching the fire burn.

Ways to Feed the Flame

If the client has no new positive elements to report, she will answer the question, "What's coming up now?" with "Nothing new," or "Pretty much the same things," or she might even report a reduction in her pleasurable experience. *As long as the client's associations have not actually become disturbing*, the therapist needs to build the resource fire by putting on more fuel, so that it will become brighter and more intense. Some of the ways of feeding the fire in these situations are listed below:

❖ **Adjust the age**

Suggesting that the child be a younger age or the same age in which the client's target trauma occurred can intensify the dyad.

❖ **Stimulate different senses**

Ask the client to access each of the senses. E.g. "What are some positive visual details you notice?" "What sounds do you imagine she hears?" or "Do you think resting against her body feels warm for her?"

❖ **Reduce distance**

Imagine being in the same room as that person. Find out how far away the client is from the dyadic partner and suggest that the client imagine being closer; then closer still; then touching. This effect can also be accomplished by having the client view the dyadic partner through a telephoto lens and imagine zooming in. Imagine that you and the person or becoming one. (Imagine you are inside that person or that person is inside of you.)

❖ **Physical Contact**

Explore all the aspects of physical contact. Imagine that the person is holding you or has her arm around you. What parts of your bodies are touching? How does the contact feel? Can you feel the heat ...? Imagine leaning into her body. Imagine letting yourself relax into her. What physical sensations do you notice?

❖ **Eye contact**

Imagine looking into her eyes. What do you see? What is that like for you?

❖ **Gratuitous caring**

“What did that child do to earn this caring?” The response to this question is always an immediate “Nothing, she doesn’t have to earn it,” followed by some affect. “Think about that.”

❖ **Is it difficult?**

This is a standard question included in the morphing process to transition from focusing on the child’s experience to focusing on the adult nurturer’s experience. “Do you imagine that it is difficult for her to nurture you/that little girl?”

❖ **Anchor**

“Locate a place in your body that you would like to store this resource.” “Imagine storing it there” (Kinowski, 2002). This is in effect the anchoring technique used in Neuro-Linguistic Programming (Bandler and Grinder, 1979). Touch that place with your hand and think of the resource. Shapiro (1995, 2001) suggests choosing a word or phrase that can help elicit the resource.

Morphing a Dyad

The morphing process involves imagining being the nurtured child and also imagining being the nurturing adult. We only begin this process after the client has accessed a stable untainted loving adult-child nurturing dyad. I normally want to see at least two successive sets of bilateral stimulation in which the client has maintained a clear boundary between herself and the child in the dyad before I consider that the boundary may be stable enough to begin morphing. We should always keep in mind that the loving exchange embodied by the dyad is sometimes far from any experience the client has actually had. The client may claim to be unable to imagine having such an exchange. To overcome this potential resistance, the client needs to be moved in small incremental steps from thinking about what it might be like for the child or adult in the dyad to imagining being that child or adult.

Morphing involves a series of questions that take the client through those steps, gradually increasing intensity, beginning with asking what the client thinks this experience is like for that child and ending with the client imagining being that child. The questions are in three pairs consisting of a *thinking* question that sounds cognitive followed by a question that asks her to *imagine* the same thing she was just asked to *think* about. Each question enables a stronger and stronger identification with the actual experience of the child, and is followed by tracking and strengthening the client's experience with one or more sets of BLS. After the morphing process is completed with the child in the dyad, there are two transitional questions and then the morphing process is repeated with the adult in the dyad so that the client gradually experiences herself as both the child and the adult in a loving internal relationship. Although these have been listed earlier in the Dyadic Resourcing Summary, this detailed explanation would not be complete without restating the morphing questions.

Questions in Morphing the Child

1. "What do you *think* it is like for the child to be receiving this." ◇◇
2. "Imagine that?" or "Imagine what this would be like for this child" ◇◇
3. "What do you *think* the child is feeling physically in her body?" ◇◇ It is often necessary with this question to coach the client and make suggestions about what the child is likely to be experiencing physically. "Do you think she would be feeling the warmth of the

adult's chest against her back? Do you think she would be feeling the chest move as the adult is breathing?"

4. "Imagine what those physical sensations are like for her." ◇◇
5. "How do you think it would be for you *to be* this child?" ◇◇
6. "Imagine how it would be for you if you *were* that child?" OR "Imagine that you are that child and (the adult) is your mother/father/care giver and notice what that is like." ◇◇

Two Transitional Questions:

- ❖ "Do you think it is difficult for (the adult) to nurture you/that child?" "What is it like for (the adult) to be with you/ the child in this way? Is it a burden? Is it a pleasure?" ◇◇
- ❖ "What do you think you /this child did to deserve this love?" ◇◇

Steps in Morphing the Adult

1. "What do you think it is like for the adult to be providing this." ◇◇
2. "Imagine that?" or "Imagine what this would be like for (this adult)" ◇◇
3. "What do you *think* the adult is feeling physically in her body?" ◇◇ It may still be necessary with this question to coach the client. "So the child is leaning back against the right side of her chest. Do you think she would be feeling the warmth of the child's body?"
4. "Imagine what those physical sensations are like for her." ◇◇
5. "How do you *think* it would be for you *to be* this adult?" ◇◇
6. "Imagine how it would be for you if you *were* that adult?" ◇◇

Bring the Two Perspectives Together

Now let your attention alternate back and forth at your own pace between the experience of the child and the experience of the adult. ◇◇ (The client often brings the two roles together spontaneously making this step unnecessary.) Although not specifically part of the protocol, periodically asking clients to recall their resource tableau appears to further strengthen the resource.

Solutions to Typical Resourcing Problems

At each step along the way of the resourcing process, problems can arise and the resource can become tainted. During the initial step before a child has been brought into the resource image, clients are far less likely to project their own defective feelings onto the resource. The most likely problem for clients with early trauma during this initial stage is that they will have difficulty thinking of a nurturing adult, or they will find reasons why each adult they think of is not purely positive or has problems.

Once the resource becomes a dyad, through the addition of a child, the resourcing process has the greatest potential for beginning to turn negative. If it does, therapists are sometime tempted to say “focus on that,” and switch to trauma processing. If the resourcing session in progress was indeed necessary, it remains necessary until the resources have been fully developed, so switching to trauma processing is normally not advisable. In consultation I often hear that a resourcing session did not work because the client began to sob and abreact. This should never occur if the therapist intervenes at the first sign of negative affect.

The morphing process then presents its own unique problem, because the client is no longer being restricted from reporting the child's internal experience, so that the visualization techniques used earlier in the process to keep the client from projecting the qualities of her internal damaged child onto the resource child are no longer available. During this stage one hopes that the resource dyad has been stabilized sufficiently enough that this type of projection will not occur, but frequent references to the dyad in third person helps to further minimize the likelihood of this merging.

The following typical problems are grouped according to the phase of the resourcing process in which they most frequently occur:

Before the Resource Becomes a Dyad

❖ *Difficulty thinking of a resource adult:* Some clients are so connected to their view of the world as a dangerous or unloving place, that they draw a blank when it comes to thinking of a positive adult resource. It can take multiple sessions just to identify the resource. Sometimes, in this case, the therapist settles for a luke warm resource. **Response:** Luke warm resources are fine as long as they develop into stronger resources that produce a glow in the client. If not, find another

resource. No glow – no resource! The therapist must be at least internally resolute with the knowledge that everyone has resources, even if the resources are just animals that care for their young. Everyone has mirror neurons. Everyone has witnessed caring interactions, even if only in books, movies or on TV.

❖ *Finding fault with the resource:* If the resource adult is someone who, in actual life, was positive or caring towards the client, the client may discount the caring quality of the resource by thinking of other times when perhaps that adult was annoyed or critical. **Response:** I like to point out that we are not looking for a perfect person, just someone who can embody a quality of nurturing or caring.

❖ *He was wonderful, but he's gone now; I don't have that anymore:* **Response:** If the adult represents a powerful resource, but he has died and the loss is unresolved for the client, it is usually helpful to stop and process the loss using EMDR. Sometimes, however, the client's issue is just that the resource is no longer physically present or available, this after apparent positive affect related to the memory of feeling loved. To this I may simply say, "It looks to me like you still have [this person] in your heart." If that comment is not enough, I may follow it with an explanation that "Even if he were alive he would not be here in the room so you would still be responding to your internal picture of him, and the memories of him that you have stored inside you."

Intensifying The Resource Dyad

❖ *Client is reporting the child's internal experience:* The client makes a comment like "she feels safe" or "she feels loved," which she would not be able to conclude from purely visual observation. There is a blurring of boundaries between client and resource child. **Response:** "What do you see that tells you the child (or adult) is feeling that way?" This question not only reminds the client that she is not that child (or adult), but also intensifies the client's experience of the dyad, by encouraging the client to clarify the image, and focus on the details.

❖ *Resourcing is progressing well, but the clinician is not sure how to strengthen the client's affect, while keeping the client from identifying with the resource parent or child.* **Response:** "What is it like for you to see this?" This question not only reminds the client that she is not part of this tableau, but it also usually connects the client to present feelings and sensations.

❖ *"I'm sad because I didn't have that."* At some point in the dyadic resourcing process, clients are likely to express sadness, loss or hurt because they did not have the kind of nurturing in their childhood that

this resource child is receiving. They may, for instance, contrast the loving adult in the dyad with their own abusive mother or father. *This reaction is common to almost every dyadic resourcing process. An effective and timely response by the therapist is critical to the success of the resourcing process.* There are many possible responses to this situation. Sometimes a response will appear to work and then will need to be repeated later in the session. Often a variety of responses may be necessary at different times. **Response #1:** "I know there is a part of you that feels sad because this is a relationship that you did not have, and that you have yearned for. We will need to come back and process that sadness, and what we are doing today should help us do that. But, for today, we are focusing on the positive feelings related to this scene, and you need to set the sadness aside for later. Can you do that?" **Response #2:** "I know this was not part of your childhood experience, but it is clear that it touches you and that somehow you know what it feels like." This comment is typically endorsed by the client. I sometimes follow it with a discussion of mirror neurons, which will be discussed later in this chapter. **Response #3:** "The bad news is that you didn't have more of that good feeling, and the good news is that you can have it now. I can see how pleasurable it has been for you to observe this parent and child. This good feeling is coming from inside your head and no one can ever take that away." **Response #4:** Reframe as yearning, and evidence that the client knows how this feels. Emphasize how strong the client's desire is to connect to these positive feelings. **Response #5:** When a client became emotional thinking about someone else's experience, I once heard Virginia Satir say, "I bet you know something about that." The implication is that the person would not have been emotional if he had not in some way absorbed the essence of the experience that is making him emotional. In this case I might say, "The intensity of your response to this caring relationship tells me that somewhere along the way in your life you have absorbed what this experience is like." **Response #6:** Your mother/sadness/suffering has taken so much from you for so long; we need to make sure it doesn't deprive you of the good feeling I saw on your face a few minutes ago.

❖ *The client is jealous of the child being nurtured in the dyad, a cousin for instance.* **Response:** The therapist can empathically point out the intensity of the client's yearning for what her cousin had. Clients often interpret yearning in a negative way, but I reframe it as an indication that the client knows how good a relationship like that feels. Then I circle back to the comment just explained above, where I

acknowledge the client's pain and reassure the client that I intend to help her with that pain, but that today we are focusing on the client's positive feelings.

❖ *The client is unable to think of the resource or of the dyad in a positive way, despite attempts at helping her to do this:* Sometimes a resource fails to bring out a glow in the client, the resource was tainted from the beginning, or negative material begins to emerge that makes the client's attitude towards the resource ambivalent at best.

Response: There is no reason to rigidly stick with a poor choice of resource. If the client is unable to gain or regain a positive feeling towards the resource, it is probably safer and most efficient to begin the dyadic resourcing over again with another cleaner resource. If the client was the child in that dyad, start with a dyad for which the child is not the client.

❖ *Repeated tendency in the client to put herself into the role of the child (or adult) in the dyad before this is therapeutically desirable.*

Response: "Are you feeling like you are that child? I'm not asking you to be that child, and in fact I don't want you to be her." Sometimes it is important to make explicit to the client that this is an adult and child, neither of whom are the client. I have had clients respond, "But I thought that was the idea. I thought that's where we were going." This can happen during morphing as well.

Morphing the Child

❖ *"I can't imagine what it's like to be that child. I've never had that experience."* **Response, if this is an answer to question #1:** "I'm not suggesting that you imagine being the child, just that you think what it's like for that child." **Response if this is an answer to question #5 or #6:** If the therapist has followed the protocol, I have never seen this comment come up. It tends to only come up if the therapist skips some of the morphing steps.

❖ *"Don't ask me to put myself in the place of that child because I can't do it."* **Response:** This is simply performance anxiety. It tends to come up at the very beginning of morphing. The therapist can say, "You can relax. I'm not going to ask you to do anything you are unable to do." Or "I'm not asking you to do that, and, in fact, I don't want you to do that."

❖ *Projections by the client of her own painful history onto the resource child:* For instance, "She finally feels safe. She doesn't need to worry anymore.." **Response:** In this case phrases like "As you look at the two of them," or "And what is that like for you to observe?" help

to remind the client that she is not the child in the dyad. Sometimes it is necessary to explicitly remind the client that she is not that child. In addition, the third morphing question, in which the therapist asks about the child's or adult's physical sensations seems to ground clients in the present and take them out of their projections.

❖ *Anxiety that the nurturing adult may change or go away:* If the client is the adult in the dyad and is beginning to identify with the child, it is not uncommon for the client to report that she feels anxiety, because the adult may change and take on some of the characteristics of the caretakers from the client's past. **Response:** This is an easy problem to resolve. I say, "It seems to me we know something about the adult in this case, and that adult is not like your mother." The client usually breaks into a smile with the recognition that the adult in this dyad is actually the client herself. If the adult is not the client, a similar response is usually effective: "Have you ever known this adult to ever do anything like that?"

❖ *The client discounts the significance of her feelings. She might say, "I start to feel good but then I think that I just made this up. This isn't real."* **Response:** "One thing I do know is that the emotions you are feeling as you think about this relationship are real. That's what is important to me. This relationship gives you genuine satisfaction and a sense of well-being. I can't think of anything more real, and it is wonderful that you can experience it now. And, it can never be taken away from you because it comes from inside you."

❖ *Client declares that she can not know what this experience is like, because she didn't receive this treatment as a child.* **Response:** "Have you ever heard of 'mirror neurons'? There's been so much happening lately in the science of neurobiology in terms of being able to understand how the brain works. There are all kinds of new ways for scientists to scan the brain, and they can actually see the brain while it's operating. And, you know, the brain is composed of billions of neurons. And one of the things scientists have discovered is that some of these neurons have a special quality; they are called 'mirror neurons,' and when you see someone having an experience, you sort of know what that experience is like for them. The way you know is that your mirror neurons start to fire and mimic the neurons that are firing in that person's brain. So, when you see a person on television winning a race and feeling proud, you kind of know what it's like to have that experience of pride in an accomplishment. And it's the same thing when you see your cousin feeling loved by his mom. There's some part of you that knows what that's like, and those neurons start firing

in your brain. It's not as good as having your own mom love you and letting you know that, but you get to know that good feeling of feeling loved." This discussion of mirror neurons helps give legitimacy to this resourcing process that we're doing. It answers the question, "How could someone who didn't have good mothering become a good mother?"

Morphing the Adult

❖ *Anxiety that the client would not make a good parent:* Although the client is not explicitly thinking she is the adult in the dyad, just thinking about the dyad causes her to reflect upon her own perceived parenting abilities. **Responses:** "I wonder if you can be comfortable with this adult's nurturing abilities, without thinking of your own." If this doesn't work, I suggest the more elaborate comment described earlier in which the therapist acknowledges the client's painful feelings and is reassuring that this is a problem and it will be addressed, but that for now we are focusing on positive feelings. Last resort could be to explain to the client that she may not understand that, in order for this process to be effective, we do not want her to compare herself with the adult in the dyad.

Testing the Strength of a Dyadic Resource

In her discussion of "Safe Place" Shapiro (1995, 2001) suggests testing the strength of the safe place by having the client think of a mildly disturbing memory and then think of the safe place and verify that the thought of the safe place ameliorates the disturbance. Dyadic resources are often developed to assist in the processing of a particular very painful memory or series of memories. Because the associated pain is far from mild, I do not recommend testing the strength of the dyadic resource by first thinking of those disturbing memories, as the disturbance may be overwhelming, even for the resourced client.

If the client is able to think of a relatively mildly disturbing memory, a test might take the form of "Bring up a memory of a time you felt somewhat isolated (worthless, unlovable, etc.)" "Now think of it again, but imagine that (the resource person) is behind you in the room. What do you notice?"

If I question whether the dyadic resource the client has produced is sufficiently strong, I test it using a portion of the "paired titration" protocol developed by Krystyna Kinowski, PhD (2002). This involves

asking the client to first connect to the resource, and then bring her attention just to the edge of the disturbing memory, coming back to the resourced state immediately. If the client can not do this, the resource is almost surely not strong enough. If the client is able to accomplish the return, but with some difficulty, the process should be repeated until the difficulty abates. If it does not the resources is probably not strong enough. The process I have just described is useful in identifying weak resources. It does not, however, predict that the resource will be strong enough for the required trauma work. The remainder of Kinowski's protocol involves gradually increasing the length and intensity of the exposure to the disturbance, but this more extensive protocol is not intended to be performed with overwhelmingly disturbing memories.

Summary

The objective of dyadic resourcing is a loving relationship between an internalized nurturing adult and the client's internal child. Typically, the client initially imagines being a nurturer to a child or being the child being nurtured. When personal experiences of nurturing or being nurtured do not come to mind, the client can begin with a dyad that does not involve herself at all. In situations in which the client says, "I could feel compassion for any other child in that situation, but I can't think of my own child self that way," it will be more productive to start with a dyad that does not include the client as the child. If the client says, "I just don't like kids. They are always making trouble," it is initially best to not have that client attempt to play the role of either the child or the nurturing parent. In this last case, the client may think of her aunt Helen with her cousin Julie. She can see how Helen cares for Julie, and this represents a model of a caring relationship, but the client sees both of those roles as separate from herself. If the nurturing dyad that the client is able to access does not involve herself, it is helpful to guide her to gradually morph the dyad into one that involves herself in at least one and preferably both of the two roles. Ideally, the most powerful resource dyad ultimately involves the client playing both roles.

The general consensus among therapists who have worked at mastering dyadic resourcing is that it is a subtle and difficult process and requires practice before developing proficiency. Like EMDR trauma processing, however, it is a robust process, and a session can

be very helpful to the client without being stellar. The key is that the client accesses the pleasure ("glow") of the resource in a visceral way. Unlike trauma processing, the therapist does not need to be as concerned about making mistakes because resourcing is very unlikely to increase a client's level of disturbance, or leave a client more activated than when the session began. The worst outcome might be that the client does not experience relief and leaves the session with the same dysphoria with which she came into the session, and perhaps less hope. Even a clinician working with dyadic resourcing for the first time should be able to help a client find a resource that is sufficiently strong that it will contribute positively to trauma processing.