

Chapter 30

Blocking Beliefs are Also Phase Two Problems

It is helpful to think of a blocking belief as any negative belief about the self that impairs the client's ability to do one of the core tasks of EMDR therapy. "It's not safe to feel my emotions" isn't a blocking belief because it has limited the client's ability to function in healthy ways. It's a block in EMDR therapy because the core tasks of EMDR therapy require that the client activate a difficult memory and notice that activation. Activation and noticing are unlikely to be successful in a client who does not feel safe enough to activate, experience, and notice emotions. If the client has this block, we need to work with the client to help the client feel safe enough to experience and notice enough activation for EMDR therapy to be productive.

Blocking beliefs are not blocks in EMDR therapy because the child parts of the client believe them. They are blocks because the client's right-now parts also believe them. Blocking beliefs are often survival strategies that were utilized across many developmental eras, including the present.

Typical guidance by trainers and consultants is to target the memories that originally created the blocking belief, but with clients with complex trauma, this may also be much bigger memory territory than is advisable for the initial targets. The block may take offline much of what is needed to resolve the memories that initially caused it. We may need to challenge the block in other ways prior to starting the processing phases of EMDR therapy. Some strategies to do this include psychoeducation, perspective-taking exercises, parts work, and exploration of these blocks as survival strategies. I prefer to start chipping away at blocking beliefs in Phase Two, assuming I am aware of them in the preparation phases of EMDR therapy.

The following are some of the most common blocking beliefs and how they manifest as blocks in EMDR therapy:

- "I can't show my emotions" often shows up as problems activating and noticing.

- “I have to be perfect” often results in clients focusing on their performance in therapy rather than noticing activation from the target memory.
- “I can’t handle it” may prevent activation or cause the client to shut down when attempting to notice difficult somatic states.
- “I am bad/don’t deserve to heal” functions as an answer to “why” the trauma happened, yet traumatic information cannot connect to it because you cannot connect a lie to a lie in EMDR therapy.

I use many of the strategies below to help clients scrutinize these beliefs in ways that may also help them develop the needed adaptive information. When possible, these interventions are best done outside of the EMDR reprocessing phases.

Psychoeducation

Blocking beliefs typically reflect deficits in adaptive information. What makes them “blocking” is that the deficit impairs one of the central tasks needed to perform EMDR therapy well. Attachment wounding is wounding in multiple ways. It is wounding to be born with hard-wired needs that are not met. It is additionally wounding to have missed out on the adaptive information that comes from the experience of getting needs met. To make matters worse, not getting needs met typically requires coping or survival strategies to manage the unmet needs and these strategies often compound the developmental disruptions (i.e., numbing, dissociation, addictions, or problematic enactments). As learning experiences, attachment wounds are repeatedly and redundantly experienced and encoded. They make up the fabric of what is normal and expected. The information contained in this learning is salient, and the lessons are often essential for surviving childhood. Ultimately, these developmental deficits typically compound and confuse the client’s nervous system by inserting false information in the place where adaptive information should have been stored.

It’s easy to believe what was modeled, positive or negative. When children are born to people who do not have the capacity to meet their needs consistently, those people often blame the children for having those needs. Children are easily confused about their needs and whose responsibility it is to meet them. When children grow into adults and have not had enough corrective experiences of getting their needs met in healthy ways, they may remain confused. Many trauma therapists have experienced

the challenges of trying to explain the realities of childhood needs to severely traumatized clients in ways that resonate with their experience. Often my initial task is to carefully provide accurate information about what it means to be born human. This initial psychoeducation is the seed. Over subsequent sessions, I'll use some of the strategies below in the hope of constructing initial and tentative experiential instances of adaptive learning that we can supplement and grow.

Psychoeducation typically touches on the following categories of adaptive information, depending on the client's needs and informational deficits:

- Children are born with needs and cannot meet their own needs.
- Children are not responsible for what grown-ups do to them.
- Children who struggle to get their needs met are placed in an impossible position. There are no good or ideal options. The options typically have advantages and costs.
- Children's needs are broad, comprehensive, and nonnegotiable.
- Meeting the emotional needs of grown-ups is developmentally disruptive for a child.
- Not getting needs met when young may create deficits that are developmental, neurobiological, social, and psychological.
- We learn experientially and develop pathways of healing experientially. Some of these pathways that we may need to create may allow for easier and more effective communication between different parts of you and across different developmental eras.

I anticipate that very little of this "information" will strongly resonate with most clients. Clients will also need to have experiences that might help make this information actionable to the nervous system. Experiences are the enzymes that can help turn psychoeducation into tentative, usable, and adaptive information.

Perspective-Taking Exercises to Challenge Blocking Beliefs

One of the strategies that can be helpful to experientially disconfirm blocks is through perspective-taking exercises. I may invite the client outside of EMDR reprocessing to imagine a friend or someone else in a similar situation and ask the client what advice they would give that person. This may allow opportunities to explore the presence of adaptive information

and why the client believes the adaptive information that applies to others does not apply to himself.

Another helpful perspective-taking exercise is to explore instances in the client's life when they are already living in ways that violate the blocking belief. For instance, if the client has a blocking belief related to "I can't show my emotions," I may explore the times with this belief may not have been true. The client may report a close relationship with a pet; I may explore a time when the pet did something funny, and the client caught himself laughing. Highlighting important ways that the client may already be violating the rules built into the block can be a helpful way to scrutinize the block. Encouraging the client to experientially reconnect with the memories that disconfirm the block can be helpful. "When you bring up that memory now, what are you noticing?" Even as we are getting in touch with small moments of exceptions, it is important not to minimize the many other contexts where the block may hold and may be experienced as true.

In the event of a block related to "I'm bad" or "I don't deserve to heal/get my needs met," I may explore if the client believes that block across all parts of the self. I will invite the client to get in touch with the most adult or wise parts to see if that part believes that he has always been this way. If the client reports that the negative belief feels like it has always been true, I will invite the client to go on a journey in imagination with me:

Can you imagine me and you magically traveling to a large hospital nursery with newborn babies coming and going? Can you imagine them in their little carts? Which of those babies deserve to have their needs met today? Can we sort out which ones of them are bad?

I explain to the client that in 1970, I was one of those babies. I explain that in the year he was born, he was one of those babies. This thought experiment opens the door to explore the possibility that this belief emerged as a survival strategy, rather than an objective and dispositional state of reality at birth.

Exploring Blocking Beliefs as a Survival Strategy

In cases where the blocking belief is, "It's not safe to experience my emotions," I am likely to remind the client that he was not born that way. I may ask the client what he thinks he was doing immediately after he was

born. The client will often report that he was probably crying. I may explain:

When I hear you say that, it makes me believe that you were born with the capacity to express your emotions and needs with your whole voice and your whole body... I wonder if the belief that you can't experience your emotions is one that came later. If it came later, then that may mean that this isn't how you *are* but rather is what you had to learn how to be in order to get your needs met or avoid trouble.

Once the client is able to identify that a blocking belief is a survival strategy that was developed for survival, we can begin the process of exploring how it developed, why it developed, the life circumstances that enhanced and shaped its development, and how it is still maintained. In short, we can explore how this block helped you survive. What has it cost you to have survived in that way? Exploring the costs of blocking beliefs can be a helpful strategy to assess motivation to change, particularly if the blocking belief appears to have long outlived its utility as a safety strategy in the client's current life.

Parts Work Interventions

One of the most elegant ways to scrutinize blocking beliefs is through the process of parts work. Again in my conceptualization, a well-developed and well-practiced attachment figure resource is one way to do parts work in an expedited fashion. In other therapies, we might send the client out into the world to have disconfirming experiences with others that challenge the blocking belief. Sending a client with a pervasively traumatized nervous system out to have disconfirming experiences is likely to result in additional confirmation of the expectations in the bad memories since these clients are likely to date and conduct friendships in ways consistent with their sense of value and self-worth. Parts work is a way for parts of us to have disconfirming relational experiences with other parts of ourselves. An attachment figure resource is not a "part," but it brings nurture and adaptive information to parts who have experienced deficits in getting needs met and does so within view of many of the other present client parts. When a part of the client feels unlovable and undeserving of attention, the attachment figure resource can bring in an imaginal way what was developmentally missing. When clients have experiences receiving nurture and adaptive information, it is harder for

their parts to believe that they are undeserving of it. Parts work in its various forms can help clients scrutinize blocks and have experiences that allow the psychoeducation components to be made more actionable in the client's nervous system.

Interventions From Other Psychotherapies

It is often an asset when clients come to EMDR therapy having previously engaged in Cognitive-Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), or Dialectical Behavioral Therapy (DBT). These therapies, when conducted sensitively and well, can help clients develop the needed adaptive information and effectively scrutinize blocking beliefs. They can help the client frontload the needed adaptive information.

How to Know When a Block is Adequately Resolved?

Blocking beliefs are a problem in EMDR therapy because they take up space where adaptive information should be stored, and they do this in the parts of the self where the trauma will need to be metabolized into (typically the resourced parts). Again, a block is a block in EMDR therapy because it is shared between parts. A block emerges when your child parts and your most resourced adult parts believe, for instance, that it is not safe to experience your emotions. From the standpoint of the boat metaphor, a blocking belief functions like large boxes in the client's canoe of adaptive information. Because they take up needed space, they block the capacity to land fish of any real size into the canoe.

You will know that a block has been resolved enough for EMDR therapy to potentially be effective in the territory of the block when the client can identify a discrepancy between what they know is true versus how it feels when they think about a particular memory. For instance, the client may say the following: "I know that children are not responsible for what grown-ups do to them, but when I think about that memory from when I was six years old, I just feel so guilty."

Or they may say: "Parts of me know that I should have been taken care of, but when I think of my childhood it feels like people abandoned me because I was a bad child." A VOC of one might be a canary in the coal mine here and essentially means that no part of the client believes that the positive cognition might be true. In EMDR therapy, discrepancies between what we know and what we feel are a strong indicator of the presence of adaptive information and also stuck information. When all

parts of the self believe only the negative lesson in the trauma, that is a strong indicator that the client does not have an adequate enough fund of adaptive information for EMDR therapy to be successful around that type of target at this time. Additional resourcing or working in adjacent memory territories may be needed to help build the needed adaptive information.