Chapter 29
"And Then the Client Dissociated"

In 2024, look around almost any room in almost any context, and many (if not most) people are dissociated into their smartphones. This is true in coffee shops when couples are sitting across from each other. This is true in the lines of amusement parks, under umbrellas on beaches, whether alone or not in living rooms, and in many classrooms. People in the United States currently spend about 60 hours a week actively engaged with their phones or related screens, with no indication of slow-down. This is more time than most of us will spend sleeping, actively working, doing our hobbies, engaging in our other addictions, or actively interacting with family. Zoom out and we resemble a pervasively dissociated culture. Zoom out more and even a sensible person might wonder if it is paranoid to question if the whole point of Western Civilization is to pervasively distract ourselves from ourselves.

Dissociation is a completely normal part of human experience. Dissociation, even in the most extreme forms, is a completely normal part of human experience when it intersects with extreme awfulness. This obsession among trauma therapists with the "problem" of dissociation is highly troubling. It gets blamed for everything. It is a symptom of problems. It is also a reasonable and understandable survival response. My own dissociative impulses were some of the most creative and sensible adaptations that I made as a child and young adult. My dissociation allowed me to do amazing things in the world as a teen and a young adult. Yes, these processes had costs. Trauma is the problem. Trauma is why we can't have nice things. It's why we needed, and continue to need, to dissociate. We need to find ways to stop blaming the symptoms of trauma for our difficulty in treating trauma.

Before we can explore ways to work more effectively in EMDR therapy with clients whose system has survived using dissociative processes, we need to clarify some of the ways that dissociation might show up and how each might be problematic to the tasks of EMDR therapy, or not. For instance, when a consultee reviewing a case says, "and then the client dissociated," I never quite know what he means. When I inquire more,

sometimes they describe an emotional or somatic shutdown response. I might explore more, and we intuit that the client is stuck in the huge existential loneliness of childhood, which looks and feels dissociative. Sometimes they describe a flashback experience. Other times they say that the client started "ugly crying," "lost the target memory," engaged in avoidant strategies, or switched to a different ego state. These are remarkably different processes that all fall under the term "dissociation." Dissociation, it seems, is like a black box that we throw all of the things loosely associated with the freeze response into. As a linguistic term and a cultural artifact, it is weirdly and suspiciously imprecise. We have dozens of words to describe varieties of coffee and many dozens of words to describe the varieties and subvarieties of wine, but only one word that we consistently use to describe all of these different "problematic" processes in EMDR therapy.

What Are We Asking Clients to Do in EMDR Therapy?

As stated in the Tricycle metaphor and elsewhere, we can boil the tasks of EMDR therapy down to three central components: activate (but do not overactivate) a part of a memory, notice the results of that activation deeply in the present, and do this while your nervous system is receiving a left-right stimulation. Different types of dissociation might make it difficult for clients to engage in the activation and noticing components of EMDR therapy. I'll attempt to account for the most common ways that clients who have survived by utilizing dissociative responses encounter difficulties in EMDR therapy through the lenses of the tasks of activation and noticing.

Overactivation and Underactivation

Activation is a core part of the EMDR therapy process. Clients need to tolerably activate a piece of a tolerable memory. There are many reasons clients may struggle with either overactivation or underactivation.

Many people have a system of parts. Many of those parts are organized to keep the system safe and to protect the system from accessing trauma in unadvisable ways. Parts know how to do their roles well. I also recognize that the client's parts have a view of the client's internal world that I do not have. I am respectful of their perspective. I express interest in helping the client understand their parts system more fully and promote ways that the client's system can communicate internally more effectively.

I express interest in allowing their parts system to get to know me. EMDR is a collaborative process with the client's parts. I ask for consent to engage in resources. I ask if it is a good idea from the perspective of all parts to work on a particular memory on any given day.

When parts are not consulted from a place of openness, they may prevent activation as a defensive strategy. My tendency is to assume that they know more than I do. I inquire if there is a territory that feels safer to work in today and we try to work there. When parts are not consulted or the body starts to feel a way that feels intolerable (or parts think things may move in that direction), overactivation as a defensive or distraction strategy can occur. Asking for client consent in all phases of EMDR therapy is an excellent modification when working with a client's parts system.

Somatic Dissociation

Do not assume that your clients with complex trauma are embodied enough to notice. They may live in a pervasively dissociated somatic state or may "snap" into a somatically dissociated state when overactivated. When clients aren't in their bodies enough to notice, activation is challenging because emotions may be little more than thoughts about feelings. Somatic dissociation is a survival strategy that helped many of us survive previously intolerable somatic states. And yes, once parts of us learn how to go away and disconnect from our bodies, it's easy to snap there even when we are able to be somatically present during other less stressful parts of our lives. When clients are pervasively shut down in their bodies, EMDR therapy will be a goose chase until they are able to be embodied enough to notice. When somatic shutdown responses come as a result of activation, it often comes as a symptom of overactivation. Overactivation is something that we can try to manage using other strategies. Later chapters describe how to help clients stay more somatically present with distress by changing how the client interacts with the memory in order to help promote distress coming into awareness at more tolerable rates and intensities.

Disconnection from the Present

All noticing that is productive in EMDR therapy happens in the present moment and through the body of the client's right-now nervous system. Many new therapists complain about the "problem" of dissociation when

clients seem to disconnect from their current experience and seem to not be present in the room during some parts of reprocessing. When clients seem to disconnect from the present, where do they usually go? The vast majority of the time when the client "leaves the room" they are simply interacting with the bad memory too deeply. It is a problem that is quickly resolved with well-practiced grounding resources. Disconnection from the present moment can be problematic in EMDR therapy because all noticing that produces healing happens in the present moment. If the client keeps dissociating into the memory, we need to strengthen grounding skills, remind the client to anchor awareness in the present, and bring as much "stuff" (smells, objects, hot or cold drinks, weighted blankets, stuffed animals, etc.) into session as we can to help the client stay grounded. If enhanced grounding strategies and changing how the client is interacting with the memory isn't helpful enough, I highly recommend working in a different memory territory that is more tolerable. Tolerable means, among other things, that the client can be present and notice it in the right-now body.

Heavy rumination, or trying to figure out the trauma, often looks a lot like dissociation from the present moment. Check with the client and get their GPS coordinates in the check-in. If they appear stuck in cognitive or ruminative processes, introduce a perspective change or a channel change (ideally toward the body or toward noticing in this present moment).

If the client is not dissociating into the bad memory or into ruminative processes but simply appears to be disconnected from the present moment, it is probable that the disconnection is happening as a symptom of overactivation. Dissociation inside EMDR therapy is often a symptom of overactivation. In these cases, overactivation is the problem. Dissociating from overactivation is not the problem. Dissociation is not evidence that the client cannot do EMDR therapy. It is not evidence that we need to endlessly return to Phase Two to resolve the "problem of dissociation." If the client is disconnecting from present experience because of overactivation, then the client's dissociative response was one of the best things that was going to happen in that session. We need to find ways to modulate the activation. We need to work in memory territories with clients with complex trauma that are at the intersection of productive and tolerable and we need to help the client interact with pieces of the memory content in ways that are tolerable enough for them to be able to notice and digest in the present moment.