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Potential Contributions of Hypnosis to Ego-Strengthening Procedures in EMDR

Maggie Phillips
Oakland, CA

This paper explores how hypnotic principles can be systematically incorporated into the standard EMDR protocol to enhance various ego strength capacities during EMDR treatment. Expanding these skill areas can widen the therapeutic window of possibility for clients with a variety of complex clinical issues, including posttraumatic, dissociative or personality disorders, anxiety symptoms, and depressive difficulties. Clinical case examples are used to illustrate ways of integrating hypnotic principles within a proposed EMDR protocol to promote ego strengthening and facilitate therapeutic change.

EMDR (Eye Movement Desensitization and Reprocessing) was originally developed as a technique to resolve trauma and its related anxieties. More recently, EMDR has been applied successfully to a wide variety of clinical issues including phobias, grief, somatic symptoms, and dissociative disorders (Shapiro, 1995b).

As one of the oldest techniques used to potentiate psychotherapy (Breuer & Freud, 1896), hypnosis was viewed as one of the most important ways to facilitate the effective treatment of trauma long before the inception of EMDR (Breuer & Freud, 1955; Grinker & Spiegel, 1945; Janet, 1925; Kubie, 1943; Watkins, 1949). Originally, the focus of hypnotic treatment of traumatic conditions was on recovery of amnestic material, the reenactment of traumatic situations, and the abreaction of related repressed emotions (Brown & Fromm, 1986). Hypnotic suggestion was first used to help access, abreact, and resolve the sequelae of acute trauma as well as that of chronic, ongoing traumatic experiences (Kluft, 1982; Spiegel, 1981, 1990; Watkins, 1949). Later uses of hypnosis tended to emphasize the progressive uncovering, working through, and integration of traumatic experiences in order to help the client gain a sense of mastery and personal control over intrusive experiences while completing cognitive processing (Brende & Benedict, 1980; Spiegel, 1981).

Even more recently, hypnosis has been used to help traumatized individuals transform a traumatic experience by embedding it in a new context, reworking it, and integrating it into an ongoing view of self (Spiegel, 1990, 1993; van der Kolk, MacFarlane, & Weisaeth, 1996). A second primary therapy goal is to transform personality functioning by healing

For reprints write to:
Maggie Phillips, PhD
2768 Darnby Drive
Oakland, CA 94611

the self-division that can occur as a result of traumatic dissociation (Phillips & Frederick, 1995; Watkins & Watkins, 1993, 1997). Related applications involve an emphasis on uses of formal and informal hypnotic suggestion to stabilize and strengthen traumatized patients (Phillips & Frederick, 1995).

Relatively new to the trauma treatment scene, EMDR methodology originally focused on the desensitization and reprocessing of traumatic events. More recently, EMDR has added an emphasis on strengthening patients. However, clinicians continue to report incidences where some clients are overwhelmed by the rapidity and intensity with which traumatic material surfaces for reprocessing. It is a thesis of this paper that more complex clients seeking treatment with EMDR who present with dissociative symptoms, personality disorders, major depression, or chronic health problems, in addition to their posttraumatic difficulties, may need additional attention beyond the EMDR reprocessing model. Although it is equally true that many clients who are engaged in therapies which feature the use of hypnosis can also benefit from the incorporation of EMDR techniques and principles into hypnotic protocols (Phillips, 2000), the focus of the current paper is to explore the possibilities of adding a more intensive focus on ego-strengthening, as drawn from the hypnotic tradition, into the EMDR framework.

Ego-Strengthening Traditions in Psychotherapy

Ego-strengthening has long been considered important to the process of psychotherapy. Freud wrote that the efforts of psychoanalysis were intended to strengthen the ego, widen its field of perception, and enlarge its organization (Greenson, 1967). From a psychodynamic standpoint, resolution of unconscious early life conflicts expands the ability of the ego to direct an individual toward survival and mastery.

Cognitive-behaviorists have operationalized ego strength constructs such as self-efficacy, which refers to the belief that one has the ability to complete a task. In studying the impact of self-efficacy on goal attainment, research has found that higher efficacy results in higher and more consistent goal attainment (Bandura, 1977).

From a systems perspective, often applied to families and organizations, strengthening approaches attempt to increase client access to positive, healthful aspects of the system and extend their influence over immature, less constructive aspects. This is also true of hypnotic ego-state therapy, which works with the internal system of self to increase the interaction between more mature, functional aspects of personality and extend their influence over more childlike and dysfunctional states (McNeal & Frederick, 1993; Phillips & Frederick, 1995).

Hypnotic Ego Strengthening

Hypnosis has been used to potentiate the therapeutic task of ego-strengthening in several ways. John Hartland (1965, 1971) first popularized hypnotic ego strengthening through general, supportive suggestions to increase self-confidence, enhance coping, and reinforce a positive self-image (Hammond, 1990). Spiegel and Lynn (1969) demonstrated that mastery of specific symptoms achieved with hypnosis can create a positive "ripple effect" of widespread clinical improvement and growth. Stanton (1989) added imagery to hypnotic suggestion to further enhance ego functioning. Gardner (1976) and Dimond (1981) used imagery and hypnosis to strengthen mastery and a sense of internal control.

Milton Erickson (Rossi, 1980) contributed a wide range of indirect hypnotic suggestions, including metaphor and storytelling, paradox, naturalistic and conversational suggestions, to help individuals access and utilize internal resources. According to his principle of

utilization, even attributes and experiences normally deemed dysfunctional or aversive can be viewed as assets to the therapy process. With more challenging patients who present diverse barriers to change, the more Ericksonian indirect approaches allow clients to proceed at their own pace, thus sending the important message that their competencies are adequate for transformative experiences.

Hypnoanalysts (Brown & Fromm, 1986) have used hypnoprojective techniques such as dreams, the inner screen, and ideal self approaches to facilitate the discovery and enhancement of inner coping strategies. These tools encourage clients to respond to therapist suggestions with their unique sense of possibility, reinforcing the notion that their own contributions are of paramount importance. The positive images and other elements of internal experience elicited by these techniques are then used to strengthen observing and experiencing ego functions.

Other recent advances with hypnosis include the use of age progressions to promote positive views of the future (Frederick & Phillips, 1992; Phillips & Frederick, 1992) , age regression to past experiences of mastery and renurturing (Murray-Jobsis, 1990; Phillips & Frederick, 1995), the activation of positive internal energies such as “inner strength” (McNeal & Frederick, 1993; Frederick & McNeal, 1998), and the use of hypnotic suggestion to increase ego functioning with specific ego states (Phillips, 1996).

Through these and other applications, hypnosis has augmented ego strengthening within the realm of psychotherapy. Although ego strengthening can certainly be conducted successfully without the use of hypnosis, there is evidence to suggest that uses of hypnotic suggestion may effectively assist in the area of appropriate symptom removal and management within a brief time period while also contributing to generalized positive clinical change (Spiegel & Lynn, 1969). There are also indications that hypnotic suggestion may add valuable dimensions to the areas of self-calming and other self-management experiences (Frederick & McNeal, 1999).

Standard Ego-Strengthening Procedures Used in EMDR

Because EMDR can work so rapidly (Shapiro, 1995a, 1997), one difficulty that has been reported with posttraumatic and dissociative patients is the negative looping that can result from rapid activation of trauma-related affects, images, and somatosensory reactions. Several effective strategies drawn from various therapeutic orientations have been added to EMDR protocols to address this issue and to promote increased stabilization, including guided visualization and relaxation exercises used during sessions and at home, use of a safe place image, and installation of positive cognitions. This author proposes that additional ego-strengthening techniques and suggestions drawn from a hypnotic perspective be used to heighten these stabilizing effects and help patients develop new ego-related skills while processing traumatic material.

Safe Place

Safe place imagery is frequently used in hypnotic treatment. Basic training in hypnosis emphasizes the importance of using direct and indirect hypnotic suggestion to create a sense of inner safety and comfort before more advanced applications are attempted (Hammond & Elkins, 1994). Practitioners are taught to allow the client to identify this kind of inner sanctuary, which might consist of a special place in the client’s past experience or one that can be created in fantasy to evoke feelings of calmness and security.

Current protocols for the use of EMDR (Shapiro, 1995a, 1995b) require that the image of a safe place that evokes feelings of calm and safety be used in the preparation phase of EMDR

treatment. When the prescribed steps are followed successfully, the client develops the ability to evoke the image through a single word cue and to use it for stabilization and self-calming in the presence of disturbing thoughts related to targeted difficulties.

Positive Cognitions

The basic framework of EMDR is based on cognitive/behavioral principles. In a typical EMDR session, following initial sessions that include appropriate history-taking and preparation, therapist and client work together to identify a target image and negative cognition related to the presenting symptom or difficulty. The client is then asked to formulate a positive cognition, defined as a desirable belief about the self in relation to the event. Usually, movement toward this positive cognition is measured following the reprocessing of traumatic material. The goal is for clients to report a shift from false to true that increases their belief in the validity of the positive cognition they have identified.

Sometimes, as a result of experiences during the desensitization phase of EMDR, clients develop significantly more positive self-attributions. For example, a client might progress from "I did the best I could" to "I am a strong and worthwhile person." In this event, the positive cognition is strengthened and integrated by having the client focus on the positive cognitive statement along with the target traumatic image during subsequent bilateral stimulation of eye movements (Shapiro, 1995a), using sweeping movements of the therapist's fingers, tapping on the client's knees, or alternating auditory tones.

The standard EMDR protocol calls for the targeting of early memories, reprocessing of cues or triggers that underlie current dysfunction, and the installation of a positive template, or "alternative behavioral response pattern" (Shapiro, 1995a, p. 208), which can be used to guide future action. The positive template is a cognitive behavioral technique, similar to the age progression, which is facilitated by sets of lateral eye movements, while progressions are potentiated by hypnotic suggestion. To install and integrate the positive template, the client is asked to visualize specific future behaviors during successive eye movement sets. Use of the positive template is attempted only after memories and triggers from the past have been thoroughly reprocessed.

Cognitive Interweave

Perhaps one of the most valuable tools of the EMDR method is the use of cognitive interweaves that can be interwoven throughout the processing phase. The cognitive interweave in EMDR consists of the use of questions, examples, or other positive statements that provide new information currently unavailable to traumatized clients. Blocked access to information is attributed to "freezing" of informational processing systems due to the psychological protection of dissociation as well as neurobiological mechanisms (van der Kolk et al., 1996).

Cognitive interweaves are recommended:

1) When clients "loop," or repetitively cycle through traumatic material with negative reactions.

2) When clients cannot seem to generalize positive results from EMDR processing to symptoms related to specific targeted goals.

3) When clients do not seem to possess adequate information to engage in productive reprocessing.

4) When there is time pressure because clients are not approaching resolution near the end of a session (Shapiro, 1995a,b).

In these cases, the therapist can offer a cognitive statement or image that serves to link memory networks and associations that may be blocked or dissociated. Cognitive interweaves may be used to suggest new perspectives and introduce new information that would have emerged spontaneously in the person's growth process if they could access it freely (Shapiro, 1999). For example, if a sexually abused female client is stuck because she believes she is "bad" or worthless, and this cognition cannot be shifted, the therapist can ask whether she would feel this way if her own child or a child in her life were molested. From this new perspective, more functional cognitions can be constructed and installed.

Potential Contributions of Hypnosis to the EMDR Model

Current EMDR methodology has been greatly enhanced during the last few years by the addition of three of the four strengthening techniques discussed above. Only the positive cognition was part of the original protocol presented in the early stages of development of the EMDR model (Shapiro, 1989).

In addition to its usefulness in potentiating the treatment of trauma presented earlier in this paper, however, hypnosis offers a multitude of other benefits that are relevant to the goals of EMDR. Along with specific types of suggestion that help relieve depression, anxiety, psychophysiological symptoms, and a host of other clinical complaints, the hypnotic literature offers numerous examples of effective hypnotic techniques to stabilize dissociative patients in acute crisis (Kluft, 1983, 1989) and promote self-soothing and self-nurturing capacities in those with personality disorders (Murray-Jobsis, 1984, 1990). Hypnotic suggestions have also been used to address developmental deficits in severely disturbed individuals (Baker, 1981, 1985, 1997; Murray-Jobsis, 1984; Smith, 1984), including boundary formation and flexibility, affect regulation, and self/object permanence and constancy.

A Proposed Protocol for Ego-Strengthening in EMDR

Much as hypnosis has been used to potentiate other models of psychotherapy including cognitive behavioral, psychoanalytic, and rational-emotive therapies (Rhue, Lynn, & Kirsch, 1993), the current paper explores how hypnosis can potentiate EMDR. The following protocol is presented as a preliminary attempt to incorporate some of the hypnotic principles discussed above into a framework designed to provide more intensive ego strengthening within the EMDR model.

1. Use the safe place at the beginning and end of every EMDR session
Introduce the safe place image as indicated in the standard EMDR protocol before beginning processing. In addition to reminders to the client that the safe place can be evoked at any time during EMDR sessions or at home and offering occasional reinforcement of safe place imagery through eye movement sets, clinicians can use safe place imagery as a way to begin and end every EMDR processing session. This practice can promote further stabilization and integration of important positive changes that occur through processing. In individuals where self or object constancy is an issue, this approach also can facilitate a stronger sense of constancy.

2. Expand the safe place concept
Clients who demonstrate significant instability or need for safety may also benefit from working with the transitional properties of safe place imagery in hypnosis as Morton & Frederick (1997) propose. With this expanded approach, the clinician explores the client's safe place images over time rather than identifying and using a single safe place image that

meets established criteria. Much can be learned about the client's ego functioning, abilities to use internal boundaries for containment, and the nature of internal conflicts that may block processing and lead to negative looping.

It is important to note that only safe place imagery that consistently evokes a sense of inner calm and safety should be installed with eye movement sets and used during processing. Other imagery that emerges during expanded safe place exploration and evokes more varied inner responses, especially negative affects, should be reserved for other kinds of therapeutic processing.

3. Begin with a conflict-free target image for stabilization
Follow the standard EMDR protocol first using positive target imagery rather than images related to clinical symptoms. During this step, the clinician helps the client to identify a conflict-free image (Phillips, 1997a, 1997b, 2000). This is a current area of functioning where the client is free of presenting symptoms and free from anxiety. Different from the safe place image, the conflict-free image is action-oriented. It focuses on a positive sense of self that has already been actualized rather than positive affect associated with a location image.

To find the image, the client is instructed to: "Think of a time in your life currently when you are just the way you want to be. You do not have any of the difficulties or symptoms you came here to change. All of you is engaged in a positive manner and you experience only positive feelings about yourself". Once identified, a positive target image related to the conflict-free experience of self is then installed using eye movement sets. The client must be able to hold this image in a consistently positive manner and actually strengthen the image through the sets. If this does not happen, the therapist must help the client look further for a true conflict-free experience.

Results can help clients increase the ability to observe and experience themselves in a positive way, thus strengthening observing and experiencing ego functions. This step also provides the clinician with an important opportunity to observe whether the client has sufficient ego strength to continue on to negative target images for reprocessing.

4. Utilize the positive thoughts and beliefs that accompany conflict-free imagery as positive cognitions
When the client has been helped to identify, install, and expand the conflict-free image in step three, positive cognitions will often emerge spontaneously. For example, a client might remark while installing the conflict free image: "It's really important to remind myself that I have times of feeling strong and confident just the way I want to feel. This makes me think I can make the changes I want to make here." Such a positive statement may then be used to develop a positive cognition during subsequent sessions when the clinical target image is reprocessed.

If clients have difficulty forming an appropriate positive cognition during reprocessing, the therapist can link back to positive cognitions spontaneously expressed during step three by asking, "Is there anything you can recall from our last session that might fit here in terms of what you want to be able to believe about this?" If the client does not respond, the therapist can offer the client's previous statements as possibilities more directly. It is often more empowering to clients to use their own statements rather than to accept ones constructed by the therapist.

5. Link conflict-free imagery with cognitive interweaves
During the processing of more distressing material related to the clinical target, if resistance

or negative looping occurs, the conflict-free image introduced in step three can be used as an interweave to remind clients of more positive experiences of self. Installing the conflict-free image and its related positive cognitions and affects can serve to bring in needed new perspective and information from the client's own resources, rather than from the therapist's questions and suggestions. This method can be further strengthening to clients, helping them to tolerate negative affect, and to elicit and incorporate positive and new information using their own experiences. Usually when the conflict-free image is installed as an interweave, the client reports spontaneous shifts in awareness that lead to new associations and progression through the reprocessing procedure.

6. Install other positive imagery as needed for additional resource interweaves
Hypnotic approaches offer numerous types of imagery that might be used to stimulate resources for interweaves, much like the client's conflict-free imagery is used in step five. This type of imagery can often be potentiated when introduced and reinforced in hypnotically deepened states of highly focused awareness and relaxation. Such images might include, but are not limited to:

> The Inner Advisor: An aspect of ego that represents wisdom, balanced perspective (Bresler, 1990).
>
> Inner Strength: An aspect of ego that is fearless and oriented toward survival (McNeal & Frederick, 1993).
>
> Ideal Mother: An aspect of adult ego that can renurture the child self (Murray-Jobsis, 1990a).
>
> Ego states that are inner helpers (Phillips & Frederick, 1995; Watkins & Watkins, 1979, 1997).
>
> Nurturing figures from the client's past outside of the family of origin (eg. neighbors, relatives, teachers, etc.) (Phillips & Frederick, 1995).
>
> Inner Love: An aspect of self that has the capacity for selfless, compassionate agape love (Frederick & McNeal, 1998).

Several EMDR therapists recently have reported the use of resource installations (Leeds & Korn, 1998; Parnell, 1999) to serve as interweaves. These interweaves are based on the identification of special resources needed to complete reprocessing. Images, thoughts, feelings, or positive memories related to the target resource are installed during subsequent bilateral stimulation sets. The use of shorter sets is recommended because some clients tend to polarize during the installation. For example, clients with "all/nothing," "black/white" cognitive patterns will be less likely to block positive incoming information through their rigid response styles during short eye movement sets.

I have used various types of hypnotic imagery, including those listed above, to develop a variety of resource interweaves to meet the specific needs of clients who demonstrate trauma-related difficulties during EMDR reprocessing. These include safety, renurturing, and affect regulation interweaves (Phillips, 2000).

It is important to note that the overuse of interweaves can interrupt reprocessing (Shapiro, 1999). Therapists should check carefully to determine whether negative looping occurs after the installation of conflict-free imagery and other resources installed as interweaves. This phenomenon may be an indication of the incomplete processing of underlying traumatic material.

7. Expand the positive template
Some clients, even after successful EMDR desensitization and reprocessing, may be unable to imagine appropriate future behaviors so that they can use the positive template to help integrate shifts made during processing. This may be because other clinical material related to that already reprocessed may be generating anxiety that is blocking a positive future orientation, or it may be that there is underlying depression or trauma that requires treatment prior to approaching this step.

When the client appears ready to initiate a focus on the future, the therapist may want to use a series of structured experiences to help enhance the client's ability to engage in future-oriented activity. This could include a future self-visualization (Napier, 1993), a hypnotic age progression (Frederick & Phillips, 1992; Phillips & Frederick, 1992), or a hypnotic exercise designed to explore the ideal self (Brown & Fromm, 1986). These are all activities designed to strengthen the client so that expansion of future orientation is possible. Images produced by clients during the exercises can then be used as the basis for future rehearsal with the positive template.

Clinical application of these seven steps in the proposed protocol which applies hypnotic principles to expand the possibilities for ego-strengthening in EMDR are demonstrated and discussed in the case example presented below.

Clinical Case Example 1

Audrey, a 32-year-old single woman, was referred to me for treatment by a psychologist at her HMO (health maintenance organization) after the allotted 5 sessions had not resolved her symptoms. Audrey's primary complaint was sleep disturbance, which she connected with an attempted rape by a man who broke into her apartment in the middle of the night. Although Audrey successfully fought him off and sustained only minor injury, her fears persisted several years after the incident. She reported feeling intense anxiety at bedtime, waking frequently during the night, and feeling chronically exhausted by sleep deprivation during her work day as a hotel manager.

A detailed history obtained during the first two meetings indicated significant childhood abuse. Two of Audrey's sisters were molested by their older brothers for many years. When she was about 13, Audrey recalled waking up from a nap during the day as her oldest brother stood over her attempting to put his penis in her mouth. Her mother, a chronic drug addict, was in the room, laughing at the incident. Although Audrey was able to rebuff all attempts at sexual abuse during her childhood, she felt intense survivor guilt because of the consequences to her sisters.

Her mother also physically abused several of her eight siblings. One of Audrey's memories was of her mother breaking two of her sisters' arms and paying Audrey to lie to the doctors about the cause of the injury. Her father was convicted for several white collar crimes, including counterfeiting and fraud, and was in and out of jail. Audrey described him as a kind but mostly absent parent. Although therapy had been suggested to her previously, this was Audrey's first therapy experience.

We discussed the options for treatment, which included hypnosis, relaxation training, and EMDR. Since money was an important issue, I pointed out that EMDR might be able to provide the fastest resolution of her insomnia. Hypnosis, relaxation, and imagery could also be incorporated to potentiate the benefits of EMDR. We then discussed the EMDR model along with its accelerated information processing theory (Shapiro, 1998). Following the standard EMDR trauma protocol, our plan was to work with the earliest traumatic event

first, that of the attempted sexual abuse by her brother. Then, as needed, we would target the attempted break-in and rape when she was 27, and then the current sleep disturbance. Because Audrey verbalized concerns about trusting me and fears about working with traumatic experiences from childhood, I also planned to include the ego-strengthening protocol presented in this paper.

Audrey easily identified a safe place (step one), which was the image of a beach in Hawaii she loved to visit during vacations there. We deepened her sensory connections with the image using hypnotic suggestion. During several trials, the image brought up consistently positive feelings of relaxation and security. We began and ended each EMDR session with this image to promote a stable sense of safety for Audrey in her sessions with me.

Over time, as we checked her safe place twice during each meeting, the image changed from one where Audrey was a bystander looking at a beautiful beach to a scene where she lay on the beach, walked in the cool, white sands or swam in the azure waters (step two). There was an important shift as Audrey realized that she could be inside the scene of safety instead of an onlooker. As she said, “It’s important for me to realize that the source of safety is inside me instead of feeling like safety was outside as I always did growing up.”

Next, we identified and installed a conflict-free image (step three). Here, Audrey drew on her experiences playing coed slowpitch softball. The image of sitting in the dugout brought a sense that her total self felt contentment and belonging. It was a time where she experienced no anxiety. During several eye movement steps, Audrey extended this image, finding light feelings in her chest and calm feelings extending into her lower body.

At the beginning of Audrey’s first EMDR reprocessing session, we checked her safe place image and reinstalled the conflict free image of being in the dugout. Again, this image evoked wholly positive responses. Next, Audrey selected the target image of her brother standing over her attempting to use her for oral sex. Her feelings about this scene registered a 7 SUDS (i.e. subjective units of disturbance scale). We identified a negative cognition, “I am helpless and weak and I hate myself for it,” which accompanied her feelings about the image. The positive cognition that we were working toward, derived from her conflict-free image (step four), was “No matter how terrible my past was, I can protect myself now.”

As she held the clinical target image along with the distressing feelings during the first few sets of eye movements, Audrey made several important associations: (Note: The symbol // below indicates my instructions “Stay with that” followed by sets of approximately 40 bilateral eye movements stimulated by sweeps of my fingers. Immediately after each set I ask, “What did you experience?”)

A: “I saw myself leaping up and away from him. I was outraged. Even though he and my mother were both laughing, I screamed at them: ‘I hate you both. Get the hell out of my room!”//

A: “I guess I acted pretty quickly to take care of myself. I hadn’t realized that before.”//

A: “I’m feeling pretty good. I had to be strong throughout much of my childhood and I did a good job of it.”

When we brought up the original target image of her brother, the SUDS level was at zero. “That experience feels so far away. It has nothing to do with who I am now, “ Audrey told me. However, when we checked her positive cognition, Audrey expressed conflicting reactions that led us to the next step in reprocessing: “You know, I do believe -100%- that I can make a good life for myself. I’m already doing that. The problem is, if I feel helpless

or vulnerable in relation to my past, I can't stand it. Then I'm weak. I can't really let anyone know about my past except very old friends who went through it with me."

This type of black/white thinking can be typical for adults who have been traumatized as children. Since this belief was one of the ways in which her past trauma was limiting the quality of her adult life, we shifted to this target for reprocessing along with a new positive cognition, "I can feel good about myself if I show vulnerability as well as strength." Although we tried a few eye movement sets to see if the negative target would begin to shift naturally, Audrey began looping, cycling again and again through the same rigid thoughts. Since it was obvious that she needed further information in order to progress through this impasse, I decided to introduce new information in the form of an interweave.

As we discussed what was needed to help her believe that she could be strong and still express vulnerable feelings, Audrey said: "I never knew anyone growing up who could show soft feelings. My only choice was to be strong so that my family never knew they got to me. Otherwise, I would have gone crazy or ended up like they did as adults, addicted to drugs or on welfare." Because Audrey's comments suggested a lack of adult models growing up who exhibited balanced sensitivity and strength, I selected a renurturing interweave (step 6), using questions and hypnotic suggestions designed to stimulate an internal search:

MP:"Audrey, is there anyone in your life now who has a healthy combination of softness and strength?"

A: "Actually, my old friend Erica. We went to junior high and high school together. She knows about my family and she tries to get me to share feelings with her. I've never really been able to, but she's always been very loving with me. I really respect her because she stands up for herself and doesn't let anyone take advantage of her."

MP: "What happens inside you when you think of how Erica can share her feelings?"

A: "I feel really comfortable, really relaxed inside."

MP: "Does Erica have children? (Audrey nods). Does she teach them about how to share feelings?"

A: "Yes. Actually, I remember a time when her oldest daughter got really angry at her. I was uncomfortable but Erica really supported her and let her know it was OK. She also encourages the kids to cry when they're upset or sad. I think she's a pretty good mom."

MP: "Can you imagine what it would have been like if you'd had a mother like Erica to teach you about being soft and strong at the same time?"

A: "Well, my whole life would be different, that's for sure. I think I would be able to let people in more. I wouldn't have to have so many walls up all the time."

MP: "Is there a way you can connect now in your imagination with what that would be like? That's right, just close your eyes to help you get a stronger sense of it."

A: "Hmmm...I see a picture of me as a little girl with Erica's three kids. She's there too and she's comforting us....I can't tell what's happening..." (opens her eyes).

MP: "Stay with that a little longer... What could be happening that's upsetting?"//

A: "I guess, let's see— maybe our kitten got run over and we're all really sad. That happened to me one time but I never had any feelings about it. But I don't want to have pets now."

MP: "What is Erica saying or doing to comfort you?"

A: "She's telling us it's OK to be sad, that she's sad too. And she's holding me on her lap (sobbing)...that feels so good."//

A: " I got a sense inside that I was really safe and loved."//

A: "I was thinking that it really is OK to let people know you're hurting. That they won't react like my family."//

A: "I'm feeling that maybe I can start trusting people with my feelings."//

A: "I can trust people that my experience teaches me can be trusted."

This time, when we checked both the target of a scene where she felt uncomfortable about being vulnerable and the positive cognition she wanted to achieve, Audrey told me, "The scene we started with is just a speck. It's not even there anymore. I understand why I've fought against being vulnerable around others. As a kid, I couldn't afford to. But now is different. I can be both sensitive and strong. I don't have to be one dimensional anymore."

After two sessions of EMDR work, her sleep had improved. Though Audrey still woke up during the night, she could go back to sleep and was waking up more rested. We moved on to the trauma of the break-in and attempted rape when she was 27 and living on her own for the first time. Following the standard EMDR protocol, we reprocessed that event successfully in two sessions. At this point, her sleep was much less disturbed but she was worried about what would happen when her roommates went away for the weekend and she was alone in the house.

We selected a target image of a recent time when she had awakened suddenly, her heart pounding, thinking she had heard something. Within the first two sets of eye movements, she had linked her startle reaction of sudden fear on awakening to the attempted sexual abuse by her brother to anger toward her mother for the lack of safety and protection in her childhood. She immediately became uncomfortable and told me, "Anger is the hardest feeling for me to have. I feel like I'm going to explode. I never tell people, not even close friends, when I'm upset with them." After several sets of looping, when I asked Audrey what she thought was happening, she answered, "I'm really frightened of my anger. I don't want to risk hurting anyone the way that my brothers and sisters and I were hurt by my mother's anger." At this point, I introduced an affect regulation interweave:

MP: "Audrey, is it OK to get a little angry?"

A: "Sure."

MP: "Do you recall getting a little bit angry and feeling OK about it?"

A: " Yes. Just this week I got angry at a coworker. I had told her twice not to do something that irritated me and she did it again. I felt fine telling her how angry I was."

MP: "This time stay with your experience of getting a little angry with your coworker and the thought, 'It's OK to get a little angry.'"//

A: "That time my chest was tight and I know I'm feeling pissed off but it's controlled. I know I'm not going to hurt anyone. I guess I can learn how to get a little angry around my friends and still feel in control."//

A: "I was imagining a time on a recent vacation when I told my friends I didn't care

> where we went for dinner and they pressured me to decide anyway. This time I told them I really felt pissed off that they didn't respect what I said. They were fine about it. This feels good."

When we checked back with the target of awakening with a startle reaction, Audrey said, "This time, I ask myself, do you really hear anything important? I answer, 'no', and roll over and go back to sleep. No big deal."

We used the important link between fear and anger during another reprocessing session. Audrey began to recognize that much of what was unfinished for her about the attempted assault by her brother, the break-in years later by a stranger, and her sleep disturbances now were linked to her fears about feeling and expressing the anger she felt. As she became more comfortable feeling and expressing her anger in our sessions, as well as in her everyday life, her sleep became completely normal.

To help prepare her for an upcoming time when all of her roommates would be out of town and Audrey would be alone in the house, we began to install a positive template. When I asked her to imagine having a good night's sleep alone in the house, Audrey reported some difficulty. I asked her to imagine herself sometime in the future when she had completely resolved the sleep disturbance (step 7). We were then able to install the resulting positive future self-image during several bilateral sets. Following this added step, Audrey could easily imagine preparing for and having a restful night's sleep. Her visions were actualized during the following weekend when all of her roommates were gone. Since then, she has returned to a normal sleep cycle with no recurrence of the trauma-based startle reactions.

Audrey continued on in therapy for several months, using hypnosis to help manage work stress, to strengthen the expanded image of herself initiated in EMDR treatment, and to rehearse more positive ways of relating to others emotionally.

Clinical Case Example 2

Lois, age 37, met the DSM-IV criteria for borderline personality disorder, demonstrated considerable generalized anxiety and depression, and had a poor history of social relationships. We spent three or four preparatory sessions before attempting EMDR, and she was able to identify an image of a relatively comfortable place after considerable effort. Representing a safe place seemed impossible for her, as it can be for many fearful clients who feel as if they have never been safe (Phillips & Frederick, 1995).

Lois then required six attempts to find a conflict-free image that produced consistently positive associations. Unlike Audrey, Lois could not tolerate the standard number of eye movements in each set. Instead, she was able to hold her positive image for only 3-4 eye movements at a time. Gradually, we were able to extend this to sets of 10 eye movements. We also worked with imagery related to Inner Strength (McNeal & Frederick, 1993) and a nurturing teacher from Lois' past (step six), installing these images successfully with shortened eye movement sets to build a solid foundation of ego strength before attempting EMDR reprocessing.

Finally, with patience and consistent attention to these first steps of the ego-strengthening protocol, Lois has been able to use standard EMDR reprocessing to rework some of her more painful interpersonal experiences, including possible sexual molestation by a family friend, which surfaced during reprocessing. Although her pace has been significantly slower than Audrey's, her anxiety and depression are reduced and she is now using EMDR along with other approaches to learn how to create more positive social relationships. Lois required more than five times as many sessions as Audrey to reach the point of beginning EMDR

processing. Without the added focus on ego-strengthening which utilized many techniques from the hypnotic tradition, however, I do not believe she would have been able to use EMDR successfully at all.

Discussion

This paper has proposed the addition of hypnotic principles to promote ego-strengthening for clients seeking EMDR treatment within a special EMDR protocol. The proposed protocol for ego-strengthening was demonstrated in two clinical case examples.

In the first full-length case example, a safe place image was installed and expanded, and conflict-free imagery was installed and processed using eye movement sets. Conflict-free imagery and special resource interweaves, based on hypnotic techniques, were then used successfully to enhance the positive cognition, cognitive interweave, and positive template techniques used during standard EMDR reprocessing of trauma-related material.

The clinical outcome with Audrey, as well as with other clients, suggests that enhanced ego-strengthening activities can be helpful in resolving the negative looping that can occur when a client is blocked by trauma-related affects and beliefs. Conflict-free images are particularly effective, though they may not always be easy to find. With clients like Lois, who present more clinical complexity than Audrey, it may be necessary to use additional ego-strengthening approaches before beginning reprocessing, such as the installation of some of the positive hypnotic imagery techniques suggested in step six.

Conclusion

Hypnosis and EMDR have been compared infrequently in the literature. Available findings suggest that the two approaches have unique effects (Hollander, 1997; Shapiro, 1995a), although they have in common the fact that they both attempt to stimulate an internal state of focus to promote therapeutic change.

This paper explores the premise that ego-strengthening approaches originating from the hypnotic tradition can enhance the effectiveness of standard EMDR protocols. A proposed EMDR ego-strengthening protocol was introduced and applied to two clinical cases. Although the results are preliminary, clinical findings indicate that the addition of an ego-strengthening protocol to standard EMDR procedures may widen the therapeutic window of possibility for more challenging clients. Additional clinical research is needed to show how the proposed ego-strengthening protocol, potentiated by hypnotic principles, might strengthen specific ego functions for various types of clients. Further study of ego functions, including observing and experiencing functions, self-esteem, self-nurturing and self-soothing, affect regulation, use of internal boundaries for containment, and self/object permanence and constancy, and how they benefit from EMDR ego-strengthening, will be the focus of future investigations.

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