

Temporal Sequencing to facilitate EMDR

4th EMDR Autumn Workshop

Sheffield

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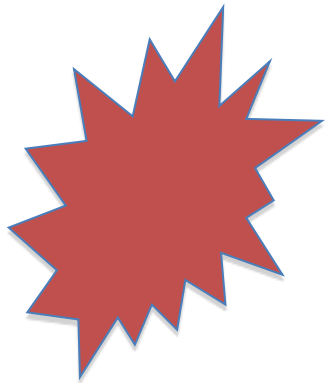
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Two main categories of time disorder

1. **Simple** - The present influenced by the past in ways that are inappropriate to the present. (E.g. Big T and little t traumas)

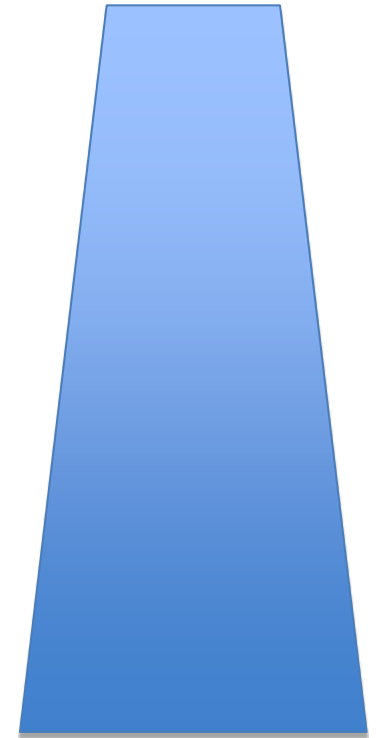
PTSD as a time disorder

Dysfunctional
Memory network



2009

Functional memory
network

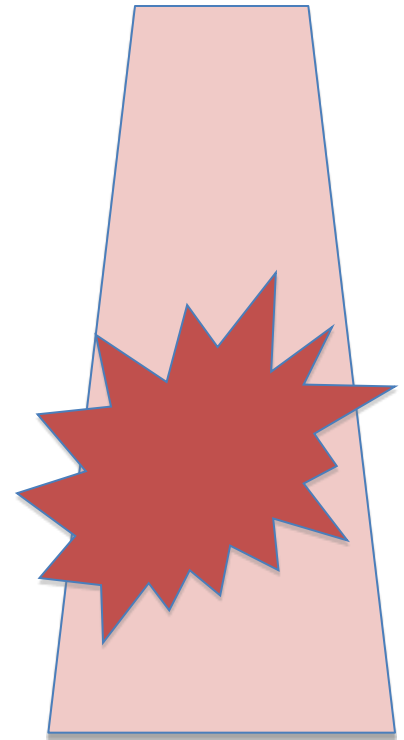


2012



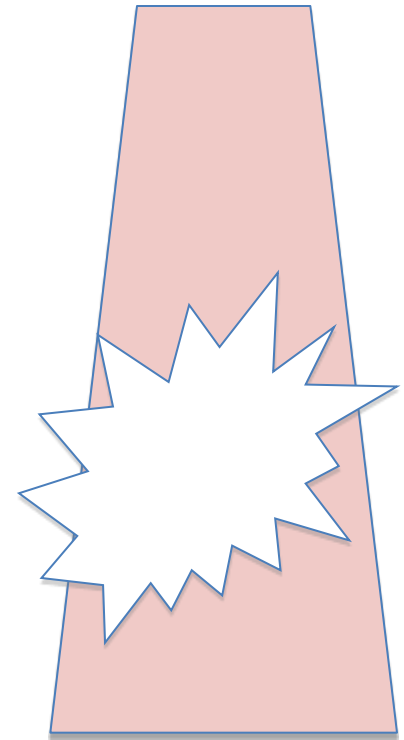
2009

2012



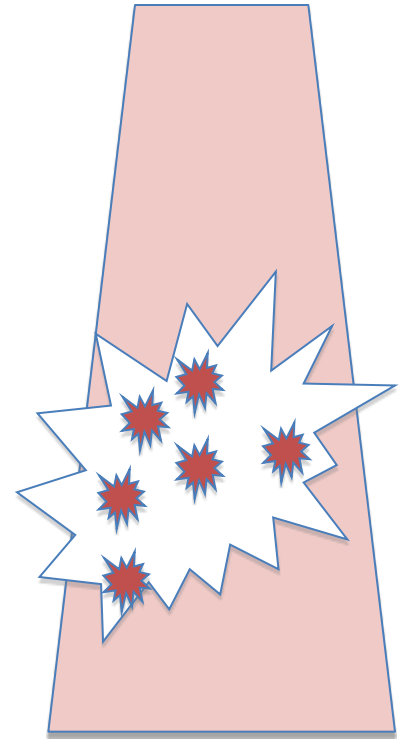
2009

2012



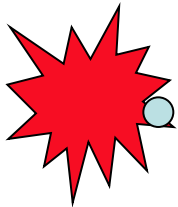
2009

2012



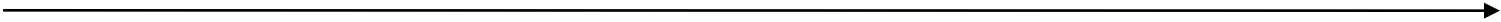
Creating distance in time

Time of trauma

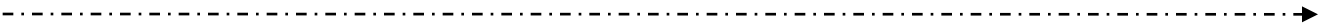


Memory time marker cues for times in between

Now



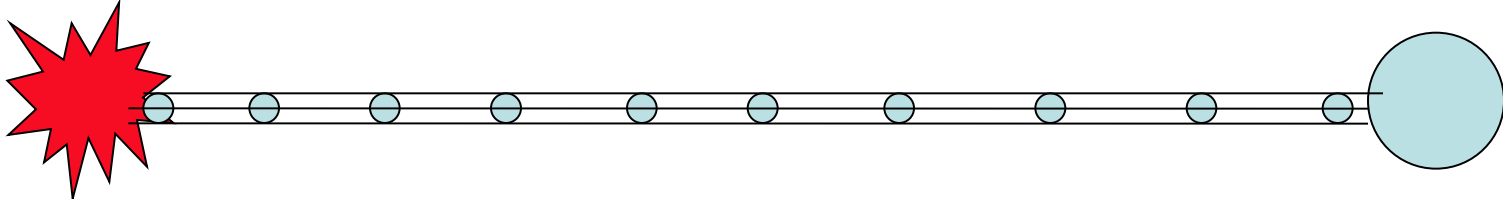
TIME



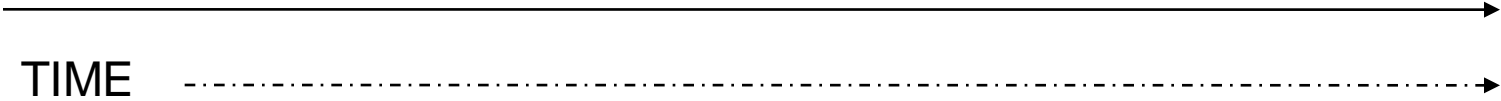
Creating distance in time

Time of trauma

Now



Strengthening the sense of time in between trauma and now



Temporal Sequencing to create distance from traumatic event before processing

- If client is anxious about accessing the trauma, assure him that he will not need to until he is ready, but we are just going to create some time distance from it. Explain how.
- Ask him if can think of an image of a time just after the event (but with some association)
- Then ask for a sequence of images through to the present as you write down the cue words

Temporal Sequencing to create distance from traumatic event before processing*(continued)*

- The images used for the time cues should be remembered events, neutral or otherwise, with or without an association to the trauma.
- They should be close together in time at the beginning, close to the time of the trauma, and then be spaced out depending how long ago the trauma happened.
- Then have closer together cues as you approach the present.
- Flag the present. Could use slow BLS to reinforce the sense of the present.

Spacing of cues

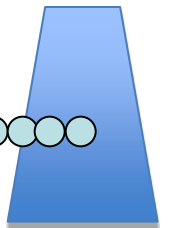
Cues start after the trauma
close together in time



Cues space out



Cues closer together
into present



Time of trauma

Present time



Using the distancing in time sequence

- Note the present first, then lead the client through the memory cues, asking for him to nod when he has the image in mind.
- Always complete the timeline through to the present
- Ask for feedback
- Repeat through 3-5 times asking for feedback after each repetition and noting how it changes
- Usually client will volunteer that the event feels more distant, not so intense, and they feel more present

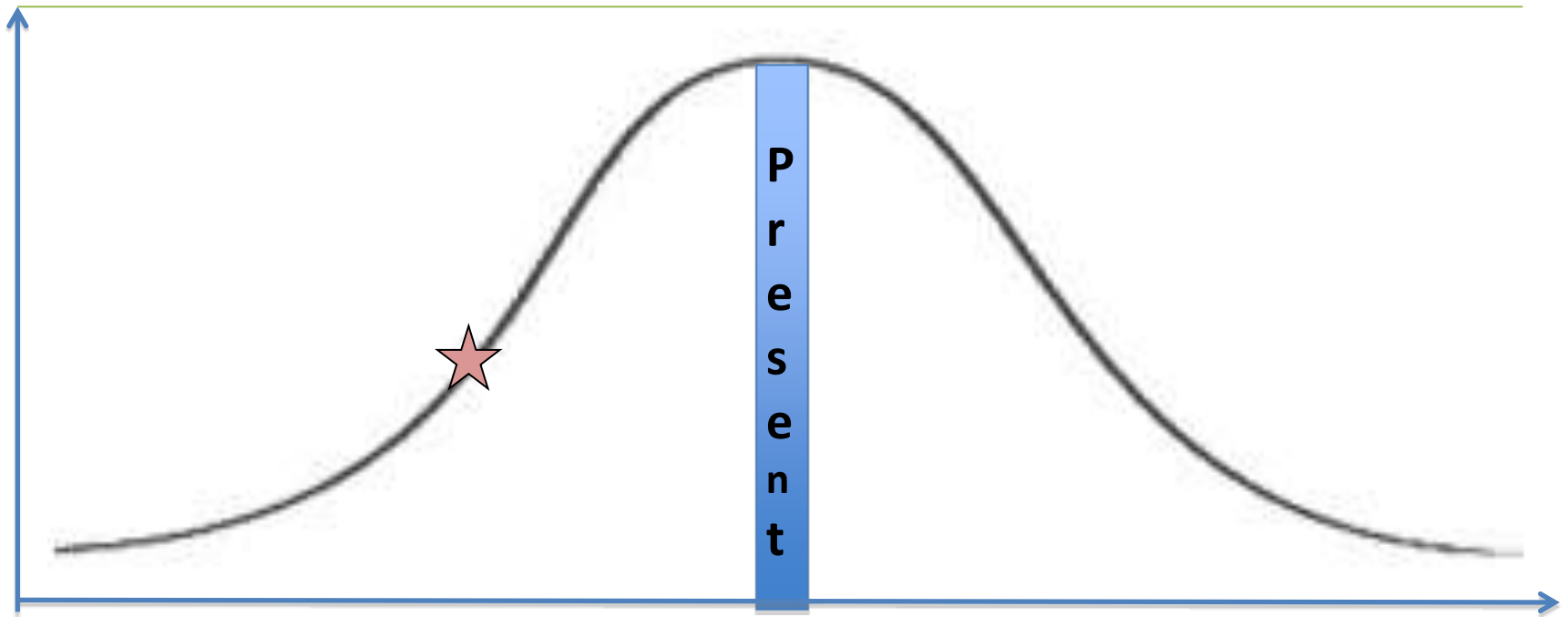
When to use temporal sequencing for distancing from traumatic event

Temporal sequencing to create distance from an event can be helpful:

- When the client may be anxious and avoidant about accessing the traumatic memory directly.
- When the processing may not be completed in one session of processing.
- At the end of processing, to reinforce the treatment effect
- As preparation for working with any target.

After processing the traumatic experience:

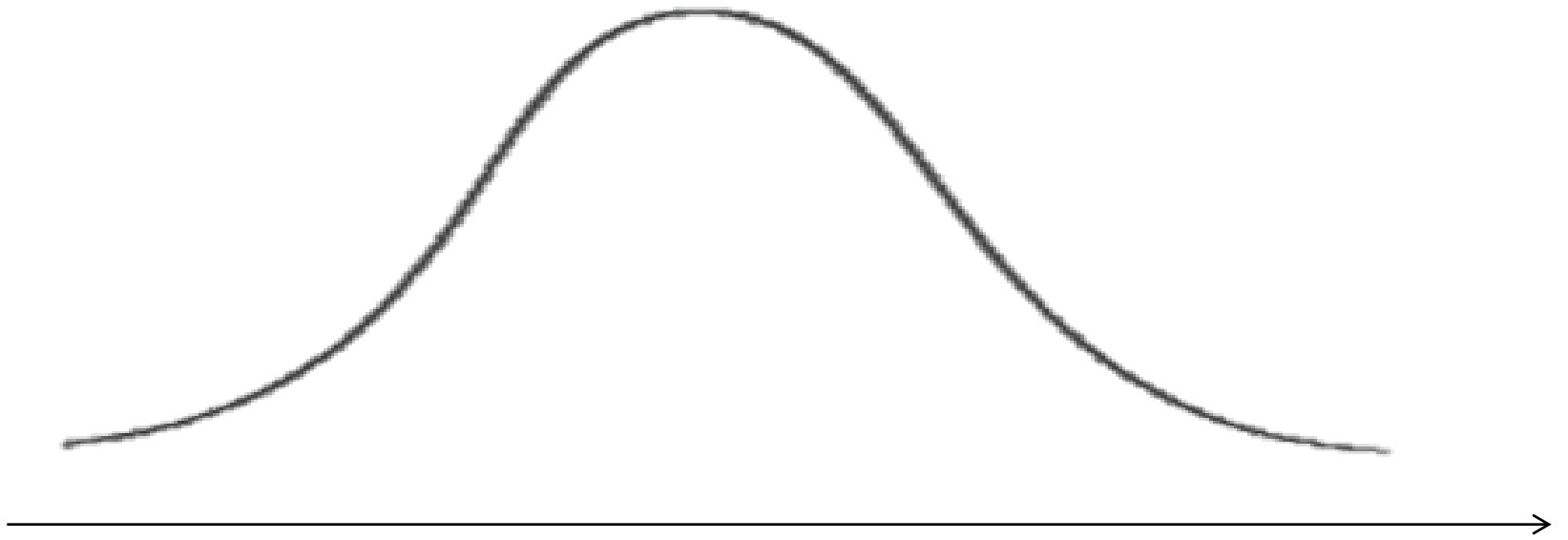
- The memory is archived in the past
- The present is free to be more fully grounded

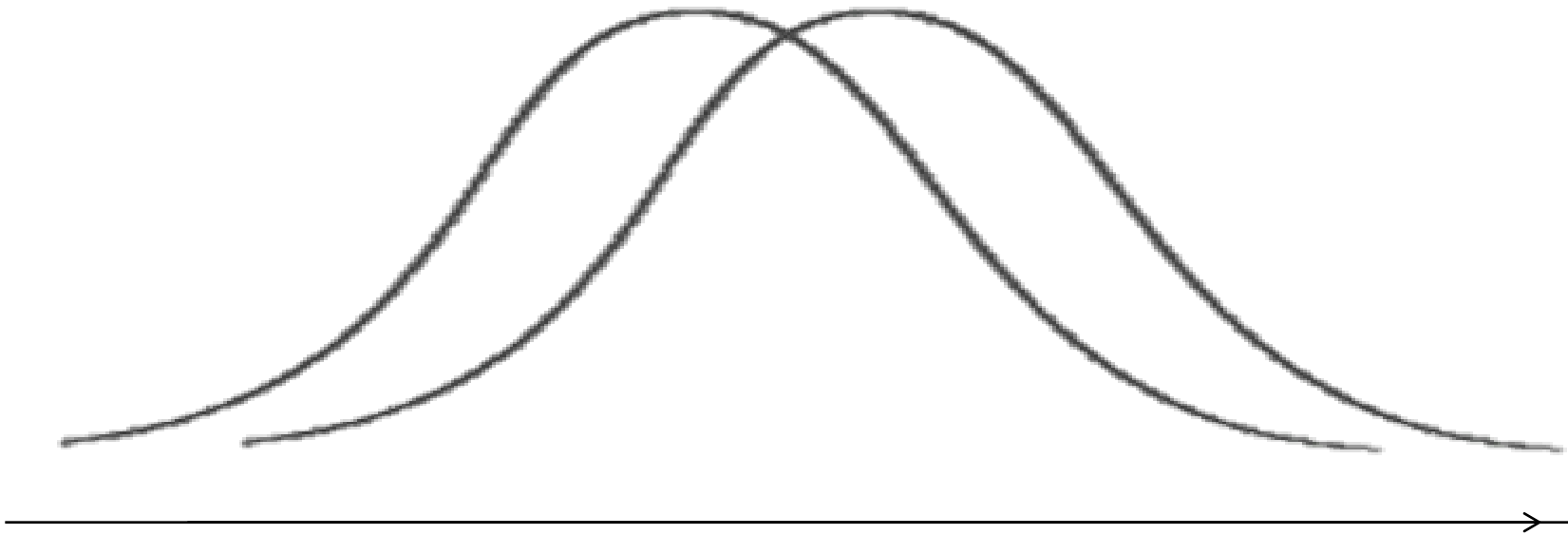


The Present

Two main categories of time disorder

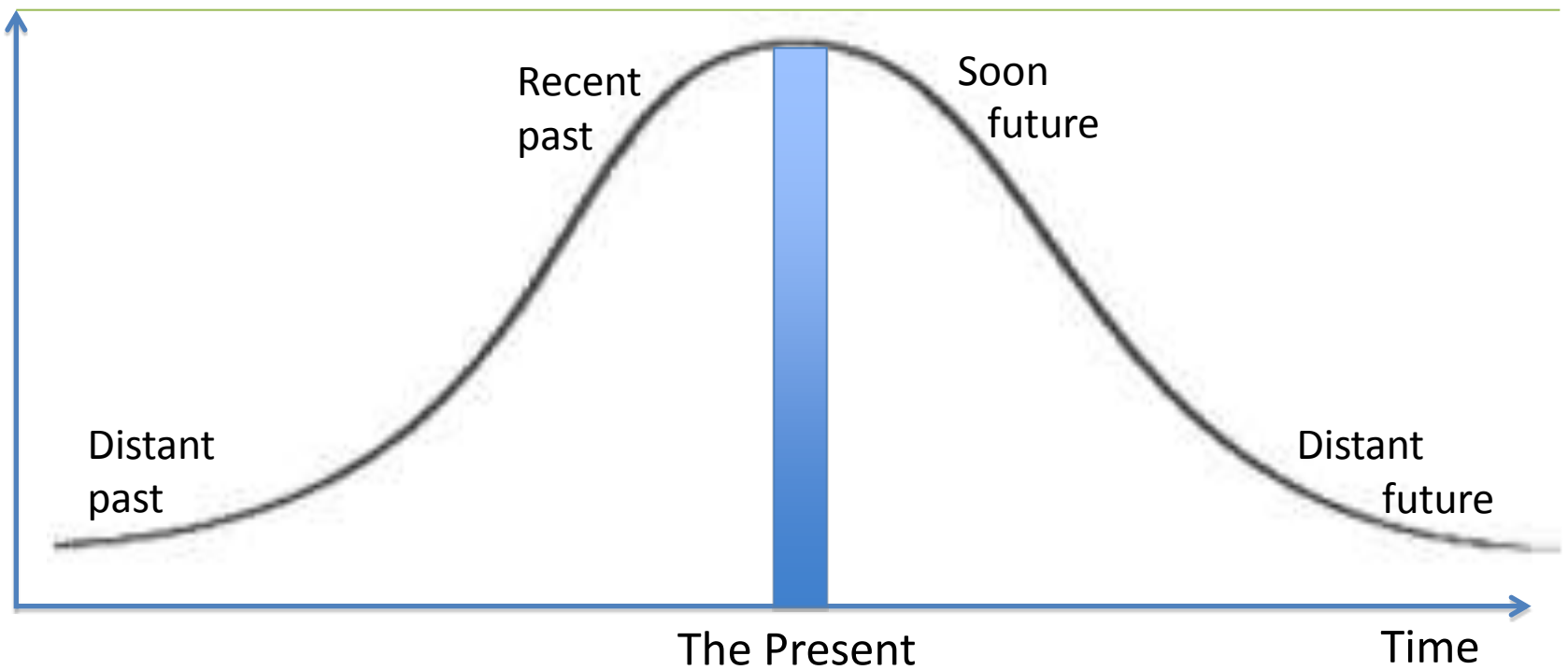
1. **Simple** - The present influenced by the past in ways that are inappropriate to the present. (E.g. Big T and little t traumas)
2. **Complex** - An insecure insufficiently developed sense of personal continuity through time leading to a diminished anchoring in the present and a diminished sense of self.





Normal experience of the sense of time

% Felt sense of nearness in time



Adapted from Janet, 1928a.

Being fully grounded in the present is represented by having 100% 'nearness in time', as it is the 'NOW'

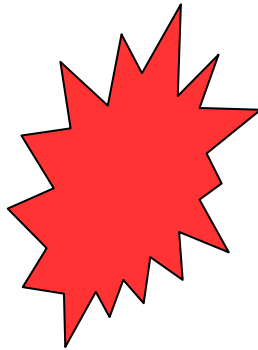
NOW = 100% nearness in time - Though perhaps 100% can only be theoretical

PTSD as a time disorder

(Structural dissociation model)

Before the
trauma

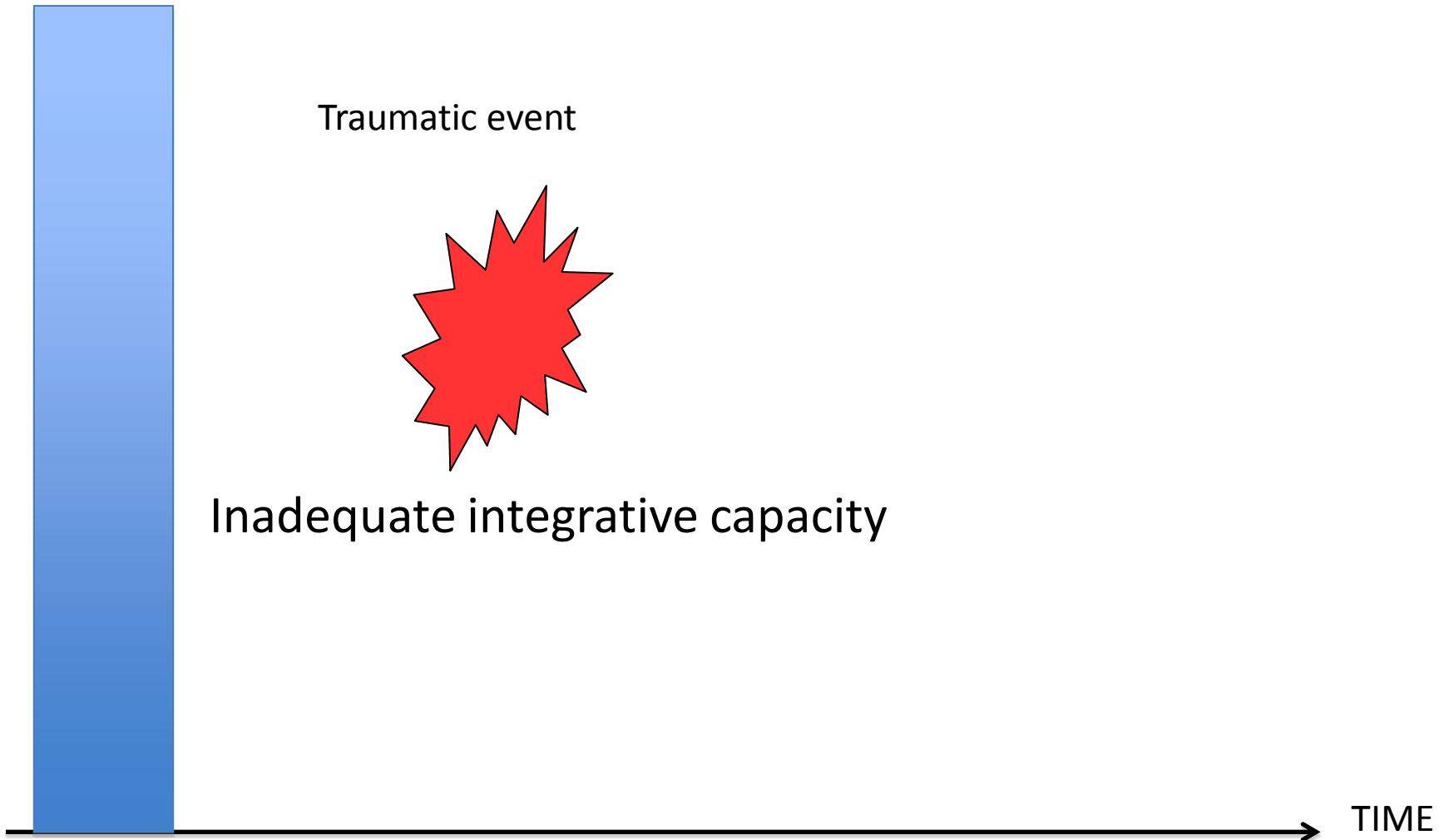
Traumatic event



TIME

PTSD as a time disorder

Before the trauma

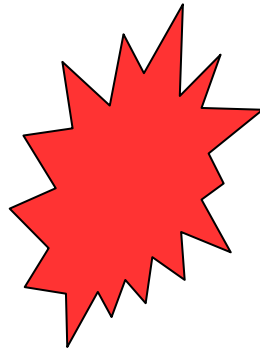


PTSD as a time disorder

Before the traumatic
experience



Traumatic event

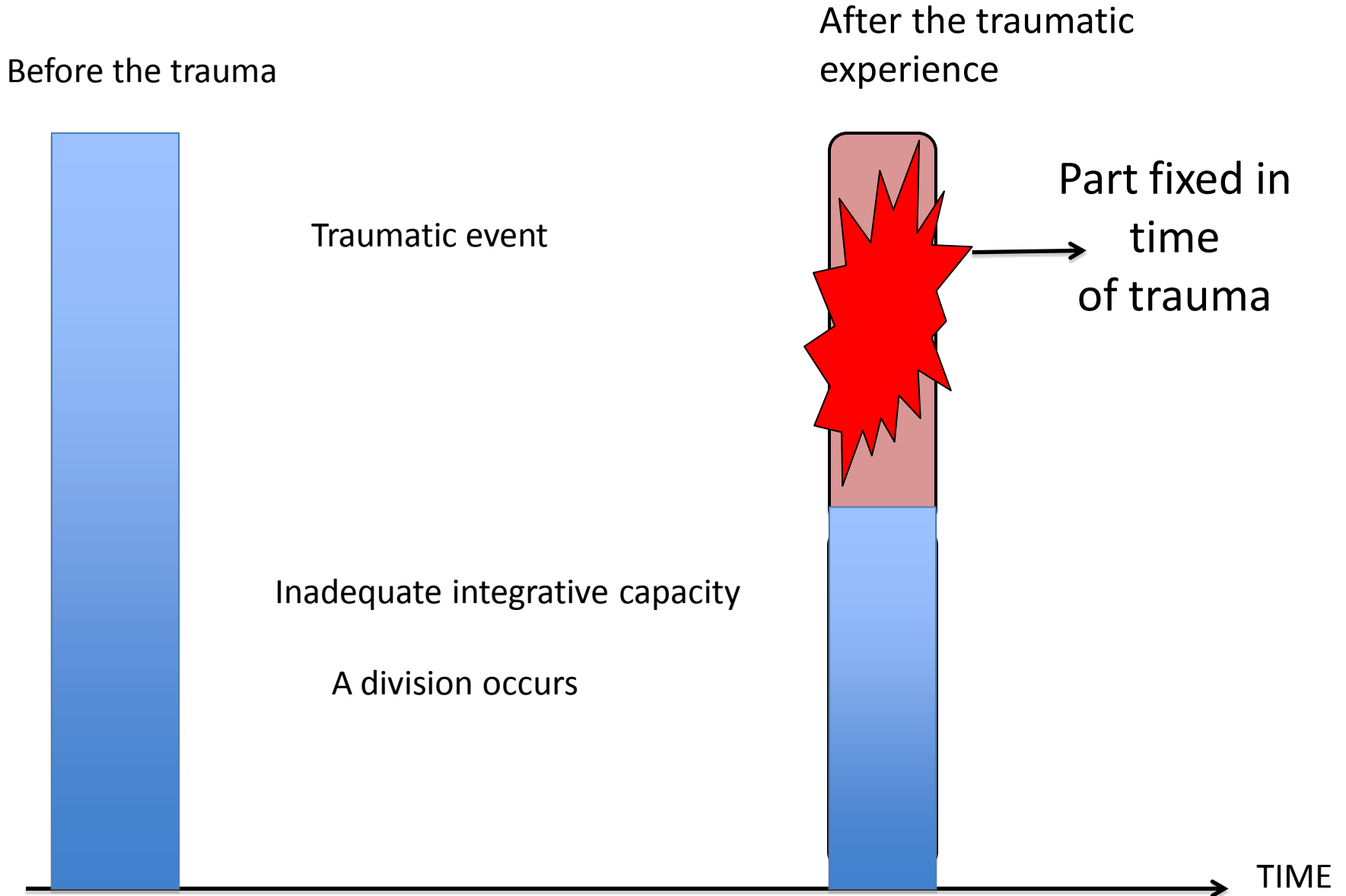


Inadequate integrative capacity

A division occurs

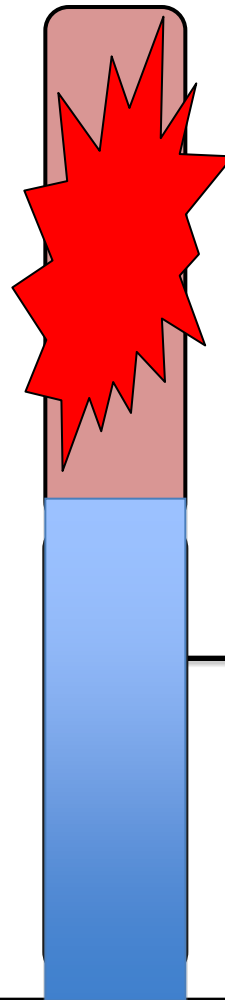
TIME

PTSD as a time disorder



PTSD as a time disorder

After the traumatic
experience

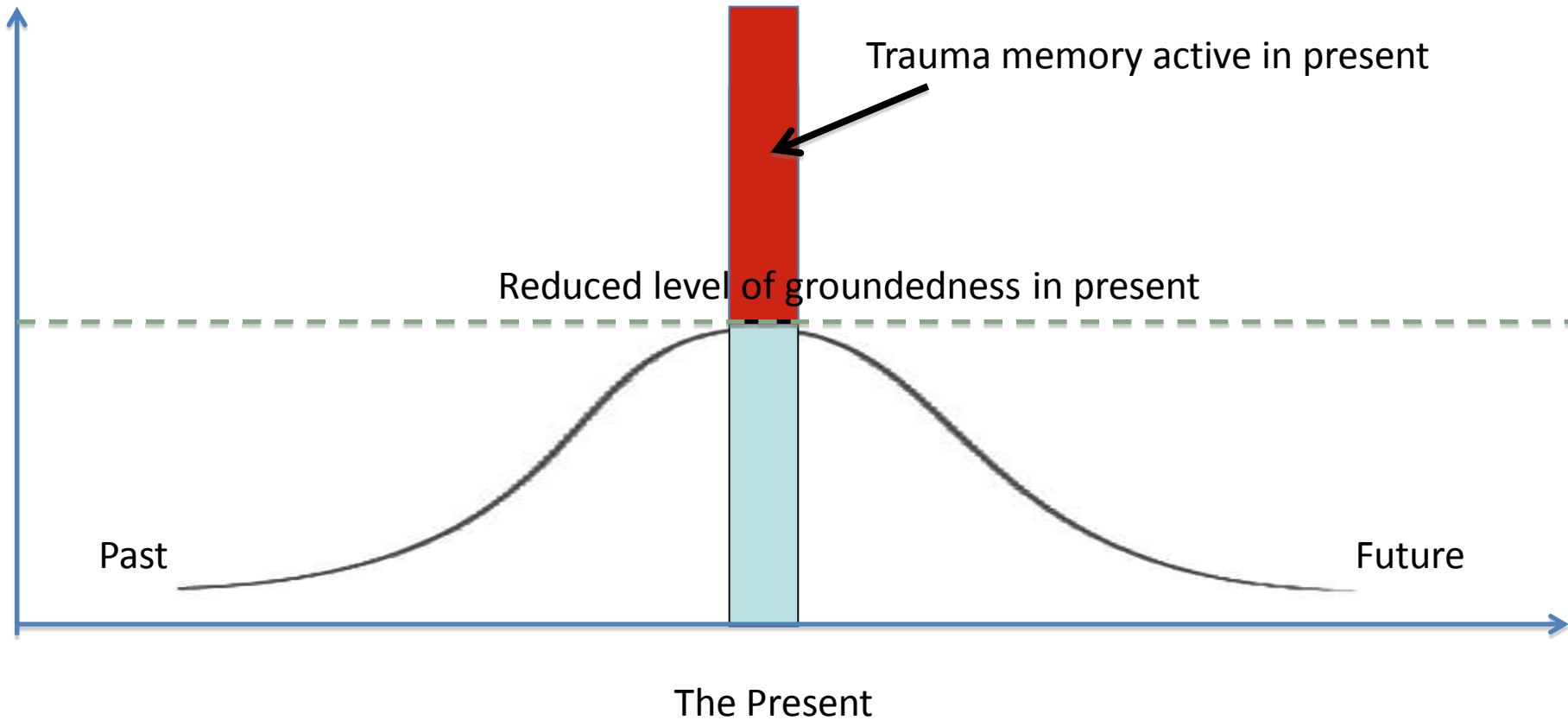


Part fixed in time
of trauma

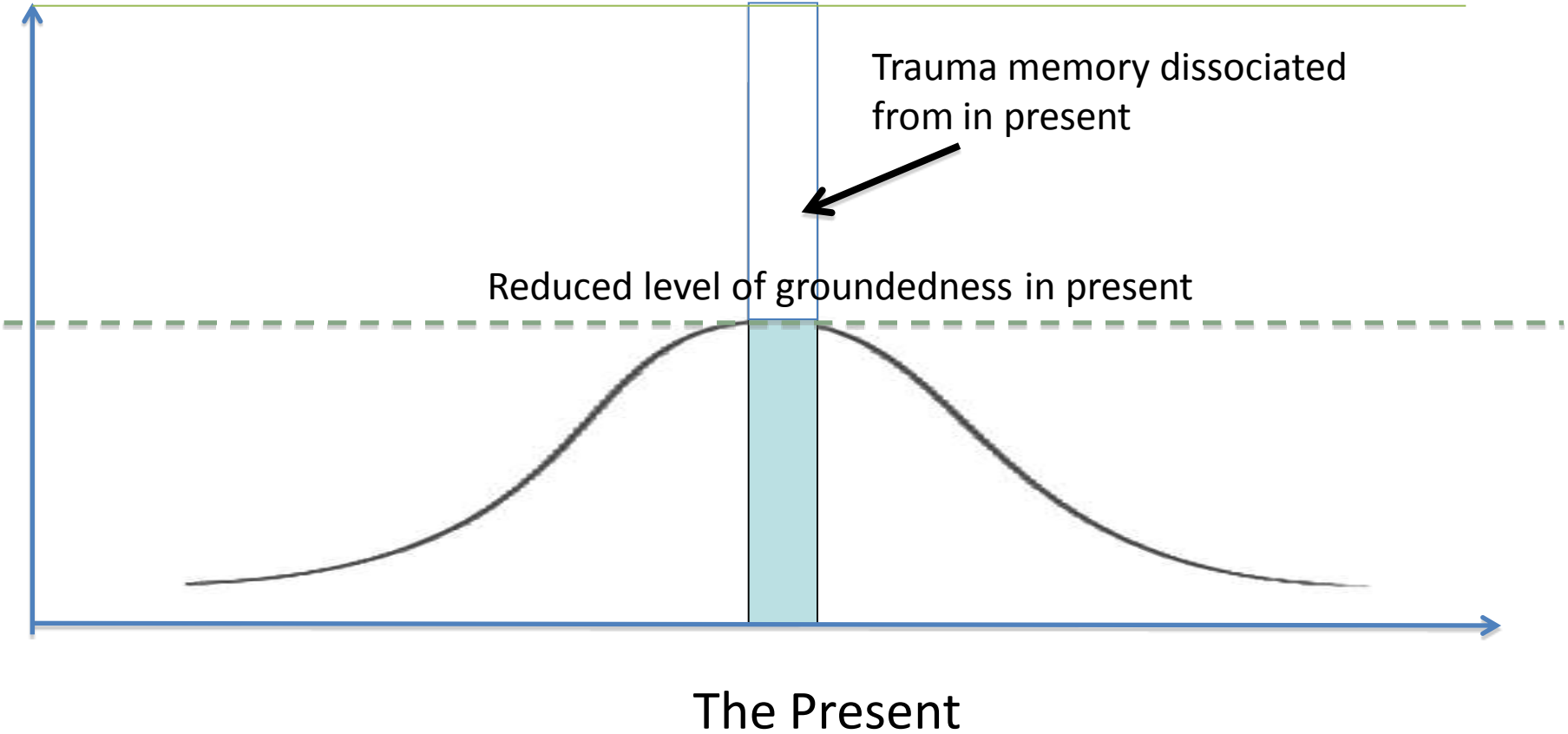
Going on with
everyday life
part of personality

TIME

Less of the sense of self available
to be grounded in the present

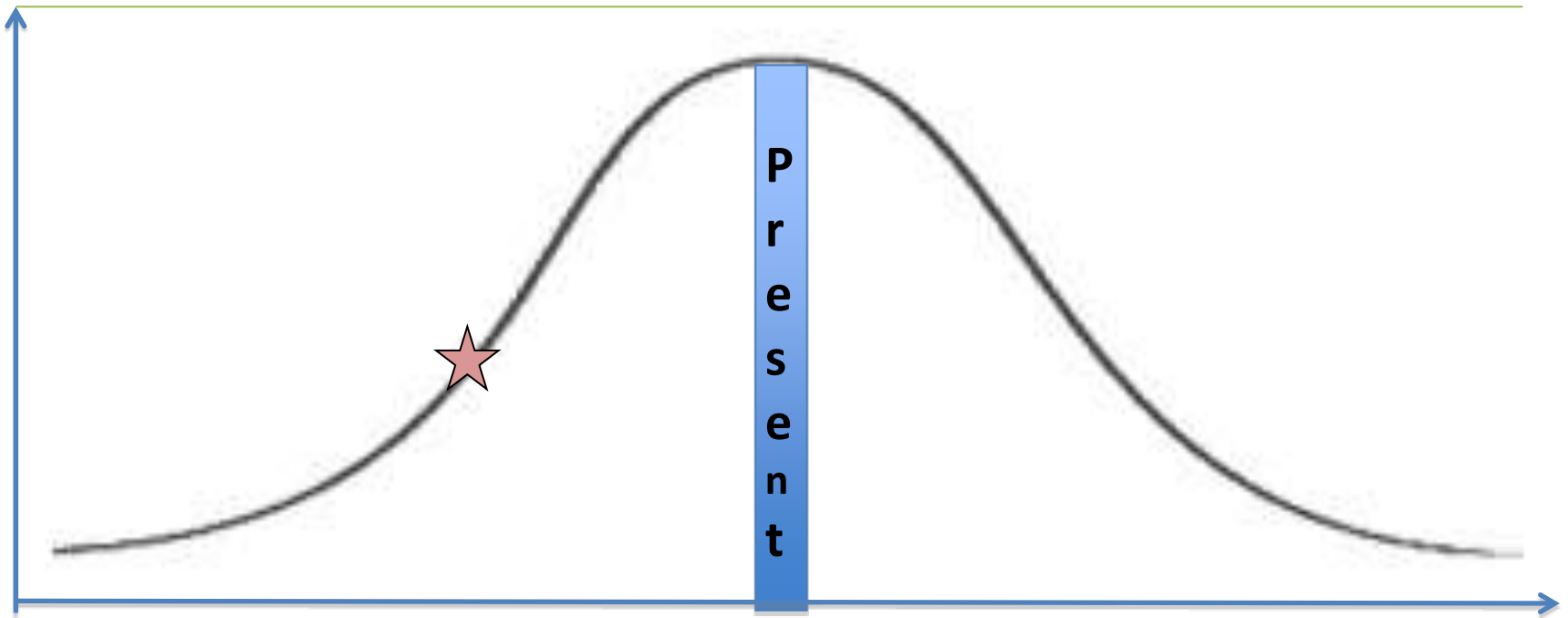


Less of the sense of self available
to be grounded in the present



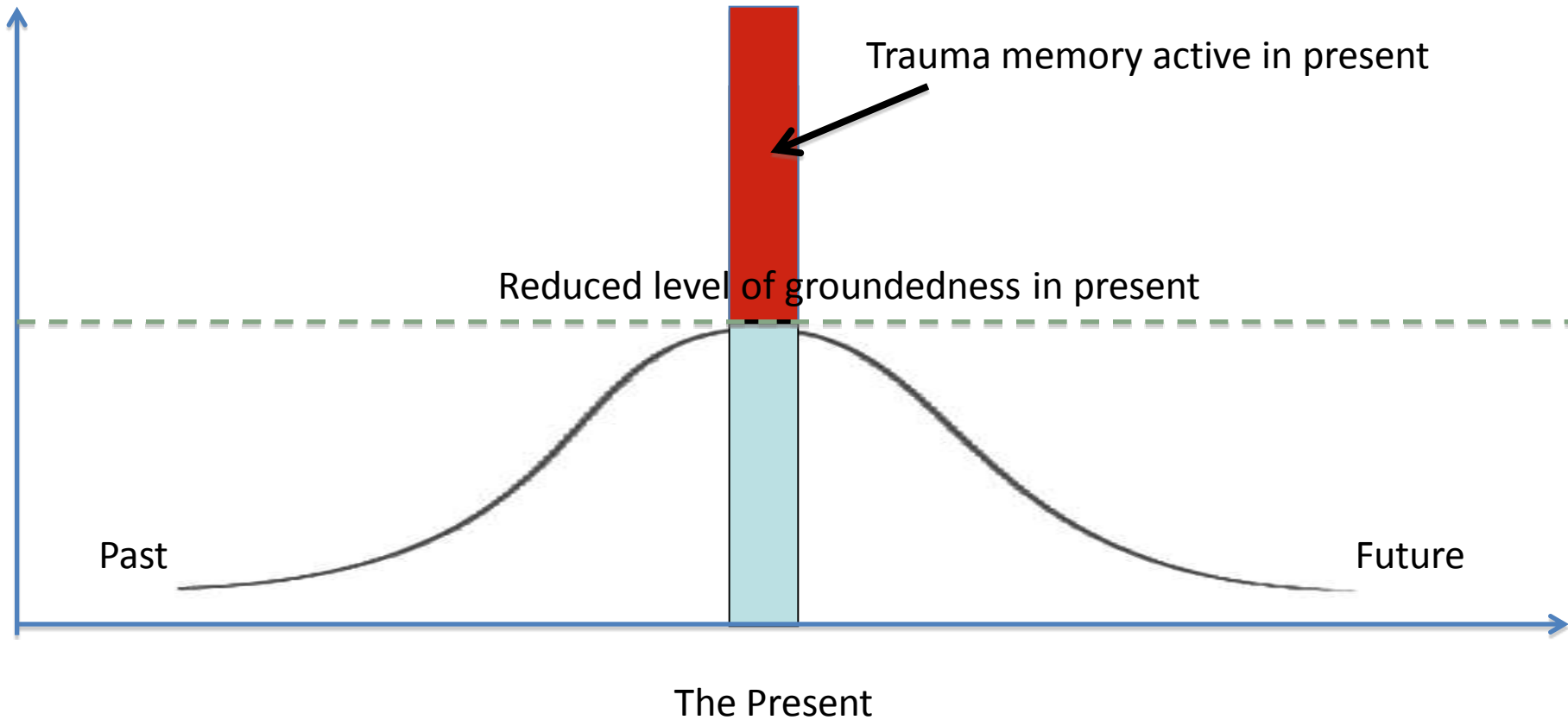
After processing the traumatic experience:

- The memory is archived in the past
- The present is free to be more fully grounded



The Present

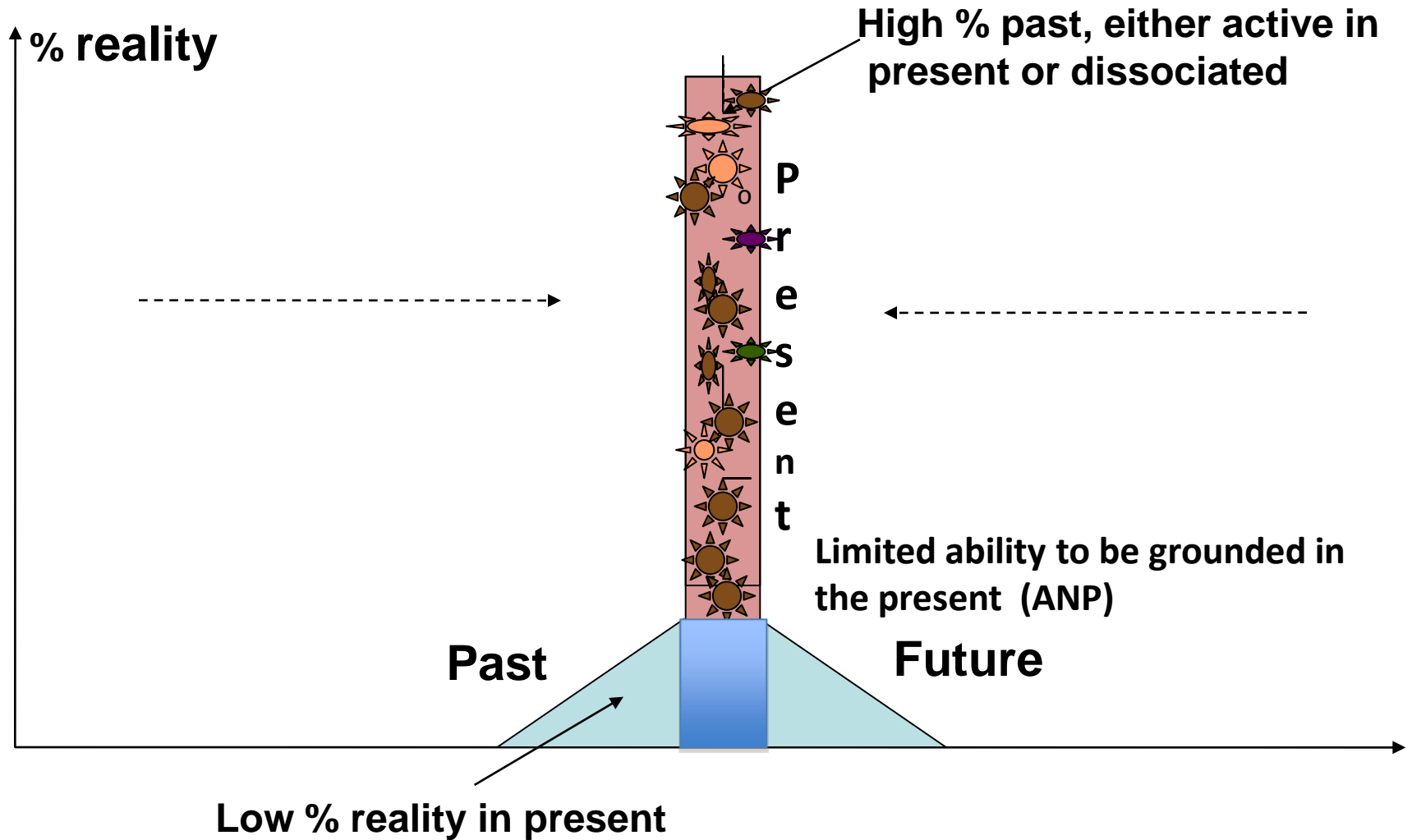
Less of the sense of self available
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Multiple trauma - time is experienced as compacted into a dysfunctional present. Limited sense of past, future or continuity of being.



Depersonalisation disorder

(De- 'sense-of-self' –isation)

Writing about depersonalisation, Simeon and Abugel (2006) describe one of the symptoms thus:

‘Time often does not unfold in the normal

manner: past, present and future can seem

indistinguishable, as if they were all happening at once.’

What might alert us to this problem in an adult client?

- Very few memories of childhood
- Resistance to talking about their history
- Feeling of fogginess or unreality
- Feeling empty, like empty shell or cardboard cut-out
- And/or feeling of internal chaos
- Problems with emotion regulation and/or being out of touch with emotions

What might alert us to this problem in an adult client? (continued)

- Often dismissive of impact of childhood problems
- May seem to function well up to particular time in their lives, then collapse, perhaps with ME-type symptoms or depression
- Sense of vulnerability with lack of self-protective boundaries
- Various somatic symptoms or feeling cut off from their body

What might alert us to this problem in an adult client? (continued)

- Hyperalert and highly reactive
- A feeling of not knowing who they are
- Relationship difficulties, especially with regard to intimacy
- A sense of rootlessness and endless searching for something but they don't know what
- Feelings of hopelessness and despair

With such clients.....

- One needs to work with two aspects of time:
 - Grounding in the present
 - And developing a sense of continuity of being

Working with the sense of the present as described will help develop the sense of continuity.

What is the Present?

- The present experience is a representation in the brain.
- Memories and imaginings are also representations
- How does the brain tell the difference?
- The present has a unique quality, which most of us recognise
- But some people have a limited capacity to differentiate the uniqueness of the present

But some people have a limited capacity to differentiate the uniqueness of the present

This group includes those:

- with dissociative disorders
- with complex PTSD
- brought up by an emotionally unavailable mother or other
- where early life has featured chaos or dislocations, especially in the attachment relationship

Flagging the present

The immediate present contains three parts:

- a past-of-the-present-moment,
- a present-of-the-present-moment (the present instant)
- a future-of-the-present-moment,

Husserl (1964) in Stern (2004)

Continuity of being through time

- Is it one of the main 'guy ropes' holding the sense of the present steady?
- A felt sense?
- A template for organising one's experience?
- When this is compromised or almost non-existent, can it be developed through therapy?
- How does it develop in childhood?

Sequencing

- One can use sequences in various ways that seem to teach the brain to join the dots of experience
- These can all help to develop the sense of continuity of being and groundedness in the present when required

Examples of use of temporal sequences

- To create a life narrative (See Pace 2007)
- To create a therapy narrative
- To bridge a vacation gap where the client may feel the absence of the therapist as a frightening chasm
- To create a sense of 'stretched out time' ahead when the client may be highly fearful of coping with an upcoming event such as a family funeral and it seems that time is compacted and the event unmanageable

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