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EMDR therapy with a Dissociative Identity Disorder client presenting a 10-year functional paralysis: analyzing the co-constructive process.

Submission Statement

The complexity of the case lead to the comprehension that working directly with the numerous parts of the personality and identifying their purpose was a cornerstone for the client and clinician in the therapeutic process.

Learning objectives

- 1/ Learning techniques that were developed in co-construction with the client: stabilizing incessant hyperarousal, and allowing her to remain within her window of tolerance.
- 2/ Learning to work with parts of the personality that imitate the abuser, difficult for the client as well as for the clinician, and how these parts can evolve and be very supportive for the client and the therapeutic work.
- 3/ Learning how parts are born: personification emerging from dysfunctional neural networks.

Abstract

The work done with the client over the past 6 years will be presented through videos and clinical material, based on the Adaptive Information Process Model (Shapiro, 2001), the Theory of Structural Dissociation of the Personality (van der Hart, Nijenhuis, and Steele, 2006) and the Internal Family System Model (Schwartz, 1995). Upon arrival in therapy, the 28-year-old client was not aware of her dissociative functioning and was constantly in hyperarousal recalling only one traumatic event at age 11. Furthermore she suffered from a 10-year functional paralysis of the legs and substance-use disorder.

Her internal functioning will be presented and how the therapeutic work process was adapted within the standard EMDR framework. The client was in constant hyperarousal and thus functioned essentially outside of her window of tolerance in her everyday life. The clinical choice was made to work directly with the different parts of the personality (the exiled, the managers and the firefighters) (Schwartz, 2005). This required the implantation of a different therapeutic relationship with each of these parts, some much more present and active than others. The client learned how to use our interactions as a model; over time she accepted and collaborated with them. Early on the work may have seemed confusing and unstructured but in the end this was understood as a mirror of her internal world.

The case study will focus on the different phases of the therapeutic process. The goal was to help the client acquire mental autonomy in regards to her internal system in order to be able to desensitize and reprocess the traumatic memories, which is what we are currently doing today; the client is now capable of maintaining dual attention and working in cooperation with her parts.

The many difficulties that were encountered as a therapist during the process will also be addressed, as well as what was learned and could have been done differently.