

Working with the EMDR on the parts of the fragmented personality: the challenge and the opportunity of trust.

When working with patients suffering from trauma, complex trauma and dissociation, I believe that one of the concepts that is not sufficiently recognized as fundamental is the sense of trust as an emotion that enables the work on attachment.

We must remember that the cerebral area of trust, the cingulate gyrus, lies closest to the one in which are the collaborative and cooperative neurons, a privileged key for building the therapeutic alliance and the relationship.

In complex trauma, working with different parts means working with different types of trust.

At clinical level, I have been working a lot on this lately and with some colleagues we are examining the possibilities that the EMDR can offer us.

The first phase is the distinction between trust seen as a resource and trust seen as something to be gained.

In the first case, we have patients, normally with simple trauma, who need to work on the trust they already possess in sufficient quantities.

In the second case, we have patients, usually with complex trauma and dissociation, who do not understand, feel or embody what trust is. More, they can be fearful, angry or ashamed of trusting someone. They can feel guilty because of what happened in their past. They can also experience these emotions in connection with trust without having memory of it. This means that they cannot understand why they feel so shattered in every single relationship of their life. In this second situation, working with the EMDR on safety represents an important tool for us, a bridge that enables us to help the patient to find their sense of trust.

The second phase is to clarify the relation between trust and expectations. These two are always connected, but while we take into account this relation we have to understand to which extent living with expectations can mean living with anxiety for our patient. Expectations are the unsuccessful way to control one's future. They are a physiological way, but in a patient with trauma and dissociation this attempt can become an increase in their suffering.

Therefore, we combine these two phases with the different parts we are working on in a given moment of therapy. According to the moment we are, our patients can be in their adult part, in their child part (victim part), in their leader part (aggressor part) and so on.

We can effectively use the EMDR in the various clinical situations but, in our experience, we must pay attention to the relationship before we begin: working with different types of trust and different parts of one's personality means working with the EMDR at a different level, and this is what we are further exploring in our daily psychotherapy work.