

EMDR And The Military In Action

A monthly newsletter to keep you informed.

This is a monthly E-newsletter created primarily for our colleagues trained in Eye Movement Desensitization and Desensitization (EMDR) who work with military, veterans, and their families. The purpose of **EMDR and the Military in Action** is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with these special populations.

RESEARCHERS! If you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for a \$25,000 research award through the EMDR Research Foundation. Go to [this link](#) for details. If you need access to expertise for a research project, don't hesitate to apply for a \$1,000 research consultation award. Go to [this link](#) for details.

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Citations of the Month- **EMDR and Dissociation**

Morgan, C.A., Hazlett, G., Wang, S., Richardson, E., Schnurr, P., & Southwick, S. M. (2001). [Symptoms of dissociation in humans experiencing acute, uncontrollable stress: A prospective investigation.](#) *The American Journal of Psychiatry*, 158(8),1239-1247.



OBJECTIVE: Peritraumatic dissociation has been associated with subsequent development of posttraumatic stress disorder, but supporting data have been largely retrospective. The current study was designed to assess the nature and prevalence of dissociative symptoms in healthy humans experiencing acute, uncontrollable stress during U.S. Army survival training. **METHOD:** In study 1, 94 subjects completed the Clinician-Administered Dissociative States Scale after exposure to the stress of survival training. In study 2, 59 subjects completed the Brief Trauma Questionnaire before acute stress and the dissociative states scale before and after acute stress. A randomly selected group of subjects in study 2 completed a health problems questionnaire after acute stress. **RESULTS:** In study 1, 96% of subjects reported dissociative symptoms in response to acute stress. Total scores, as well as individual item scores, on the dissociation scale were significantly lower in Special Forces soldiers compared to general infantry troops. In study 2, 42% of subjects reported dissociative symptoms before stress and 96% reported them

after acute stress. Dissociative symptoms before and after stress were significantly higher in individuals who reported a perceived threat to life in the past. Forty-one percent of the variance in reported health problems was accounted for by post stress dissociation scores. **Discussion:** Symptoms of dissociation were prevalent in healthy subjects exposed to high stress. Stress-hardy individuals (Special Forces soldiers) experienced fewer symptoms of dissociation, compared to individuals who were less hardy. These data support the idea that the nature of response to previously experienced threatening events significantly determines the nature of psychological and somatic response to subsequent stress.

Van der Hart, O., Groenendijk, M., Gonzalez, A., Mosquera, D., & Solomon, R. (2013). [Dissociation of the personality and EMDR therapy in complex trauma-related disorders: Applications in the stabilization phase.](#) *Journal of EMDR Practice and Research*, 7(2), 81-94(14). doi:10.1891/1933-3196.7.2.81

As proposed in a previous article in this journal, eye movement desensitization and reprocessing (EMDR) clinicians treating clients with complex trauma-related disorders may benefit from knowing and applying the theory of structural dissociation of the personality (TSDP) and its accompanying psychology of action. TSDP postulates that dissociation of the personality is the main feature of traumatization and a wide range of trauma-related disorders from simple posttraumatic stress disorder (PTSD) to dissociative identity disorder (DID). The theory may help EMDR therapists to develop a comprehensive map for understanding the problems of clients with complex trauma-related disorders and to formulate and carry out a treatment plan. The expert consensus model in complex trauma is phase-oriented treatment in which a stabilization and preparation phase precedes the treatment of traumatic memories. This article focuses on the initial stabilization and preparatory phase, which is very important to safely and effectively use EMDR in treating complex trauma. Central themes are (a) working with maladaptive beliefs, (b) overcoming dissociative phobias, and (c) an extended application of resourcing.

Van der Hart, O., Groenendijk, M., Gonzalez, A., Mosquera, D., & Solomon, R. (2014). [Dissociation of the personality and EMDR therapy in complex trauma-related disorders: Applications in phases 2 and 3 treatment.](#) *Journal of EMDR Practice and Research*, 8(1), 33-48. doi:10.1891/1933-3196.8.1.33

Eye movement desensitization and reprocessing (EMDR) psychotherapy can play a major role in phase-oriented treatment of complex trauma-related disorders. In terms of the theory of structural dissociation of the personality and its related psychology of action, a previous article described Phase 1 treatment-Stabilization, Symptom Reduction, and Skills Training-emphasizing the use of EMDR procedures in this phase. Phase 2 treatment mainly involves applications of EMDR processing in overcoming the phobia of traumatic memories and their subsequent integration. Phase 3 treatment focuses on further integration of the personality, which includes overcoming various phobias pertaining to adaptive functioning in daily life. This article emphasizes treatment approaches that assist therapists in incorporating EMDR protocols in Phases 2 and 3 of phase-oriented treatment without exceeding clients' integrative capacity or window of tolerance.

From the EMDR Bookshelf

Knipe, J. (2015). Traumatic memory and EMDR, when dual attention is possible. In Knipe, J., [EMDR toolbox: theory and treatment of complex](#)

[PTSD and dissociation](#) (pp. 21-38). New York, Springer Publishing Company, LLC.

This book is the first to bring together in one volume an overview of the principal issues in treatment of dissociative disorders in complex PTSD, and a description of the integration of specific EMDR-related interventions or "tools" with other psychotherapeutic treatments. These tools can significantly extend the therapeutic power of EMDR-related methods. Each intervention is examined in detail with accompanying transcripts illustrating the nuances and variations in how the intervention is applied. It is written by a highly esteemed EMDR scholar, trainer, international speaker, and author who is an EMDRIA-designated "Master Clinician."

The book discusses how the concepts and vocabulary of other models of dissociation (particularly the Theory of Structural Dissociation of the Personality, and the Internal Family Systems model) translate directly into EMDR's Adaptive Information Processing language. It presents detailed descriptions of specific EMDR-related tools that are useful in facilitating and safely accelerating therapeutic progress with clients suffering from Complex PTSD. These include such standard EMDR procedures as Trauma Processing and Resource Installation, several conceptual/cognitive/phenomenological models of dissociative personality structures and symptoms, and specific EMDR interventions for resolving dysfunctionally stored post-traumatic elements. The book will be of great value to therapists who wish to extend their use of basic EMDR with "easier" clients to using it effectively with more complex clients.

Bergmann, U. (2008). *She's come undone: a neurobiological exploration of dissociative disorders*. In C. Forgash and M. Copeley, (Ed.) (2008). [Healing the heart of trauma and dissociation with EMDR and ego state therapy](#) (pp. 61-89). New York, Springer Publishing Co.

Life is often an enduring struggle for people who have been chronically traumatized. Their suffering essentially recounts a horrifying and anguished past that haunts them, incessantly. As clients attempt to hide their sorrow beneath a veneer of normality, therapists often feel beleaguered by their many symptoms and never-ending pain. Van der Kolk and McFarlane (1996) note that "experiencing trauma is an essential part of being human; history is written in blood" (p. 3). Centuries of wars, famines, pogroms, holocausts, slavery, dictatorship, and colonization brought every type of horror and abuse into the homes of our ancestors. Some found ways to adapt, but many succumbed to the horror and despair. Despite the capacity of humans to survive and adapt, traumatic experiences tend to alter their biological, psychological, and social equilibrium to such a vast extent that the memory and interpretation of their traumas wash over and taint all other experiences, contaminating the present and future (van der Kolk & McFarlane, 1996).

EMDR Training Manual

Refer to your EMDR Training Manual for a refresher of the overview of ways to spot dissociation and the dissociation continuum.

EMDR in the News

Brooks, J. (2014, May 21). [Complex PTSD can be debilitating](#). Retrieved from the Killeen Daily Herald.

Junger, S. (2015, May 31). [How PTSD became a problem far beyond the battlefield](#) . Retrieved from Vanity Fair.

For a complete list of Military In Action Archives, [click here](#).

Special Notes

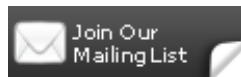
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401 West 15th Street, Suite 695, Austin, TX 78701
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