

ASSOCIATIVE IMAGES AND EMDR

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This article discusses some ideas about the utility of associative OH cards series for EMDR therapists. EMDR (Eye Movement Desensitization and Reprocessing) is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma. EMDR is a set of standardized protocols that incorporates elements from many different treatment approaches.

The cornerstone of EMDR Therapy is the Adaptive Information Processing Model, formulated by Francine Shapiro. This model holds that the basis of psychological distress and mental health is in memory networks.

In our brains, neural maladaptive networks with traumatic information coexist with adaptive information networks where pleasant memories and resources are stored. When something unpleasant happens to us, this system of information processing makes disturbing memories connect with more adaptive and functional networks, so that we can face and overcome difficult experiences. Humans naturally tend toward health.

However, the operation of this system can be altered when emotional experiences occur. When high levels of disturbance exceed assimilative capacity, they block the capacity of processing experiences adaptively (Shapiro, 2011). In this way memories are recorded in a dysfunctional way and are not processed. They remain as they were perceived at the time of the event. Unprocessed memories influence how a person perceives, feels, thinks and acts.

EMDR facilitates the associative process and allows connections to be made. Unprocessed memory components (including images) are transformed during reprocessing to an adaptive resolution. With EMDR, the first thing we do is seek access to the memories, and we achieve this by activating the evocation of images, thoughts, sounds, emotions, physical feelings and beliefs that are part of memory.

With EMDR, trauma is treated by stimulating the information processing system, linking one part of the brain where information is maladaptive with another part of the brain where information is adaptive, to transform the components of memory and reach an adaptive resolution. It preserves what is useful and adaptive, it is available as information for future experiences, and what is no longer adaptive is discarded. (Shapiro, 2011).

EMDR standard protocol aims to achieve this by focusing heavily on the trauma, accessing and stimulating maladaptive networks. However, not all patients are able to tolerate contact with disturbing flashbacks and often feel overwhelmed by these experiences. Schmidt (1999) hypothesized that adaptive resolution could be carried out by focusing mainly on the part of the brain that contains the solution, not the trauma, addressing first the resources and coping skills.

With this perspective, several protocols have been developed focusing on resources: the Safe/Calm Place Protocol (Francine Shapiro); the Inner Safe (Reddemann); Four Elements exercise for stress management, and The Resource Map (Elan Shapiro); Managing the Fear of the fear, Resource Strengthening, Extending Resources, and The Wedging Technique (Kiessling); Resource Connection Envelope- RCE (Laub).

Schmidt (1999) developed a protocol that integrates the idea proposed by Paulsen (1994, 1995 and 1996) of integrating EMDR with ego state therapy, and the protocol for the installation and resource development -IRD of Leeds (1997). Schmidt protocol places significant emphasis on developing and strengthening the felt sense of being connected to resource ego states before EMDR processing, and maintenance of a sense of well-being during EMDR processing. Drawings made by clients' ego states that are resource states and traumatized ego states (drawn with the dominant and non-dominant hand) are used. In this protocol, traumatic material is elicited only when sufficient resources have been deployed internally, represented by drawings, and placed in front of the client. The intention of this approach is to minimize the risk of damage, being overcome and overwhelmed, and maximize the likelihood that the part of the brain that contains the trauma connects to the part of the brain that contains the solution.

Ron Martinez (1991) developed the technique of imaginal split screen. It consists of having a client hold a mental image of an internal resource alongside a mental image representing the dysfunctional material, like two pictures next to each other. By adding bilateral stimulation, it was found that the positive image was strengthened and the negative image became less relevant. This is a useful technique, but some clients have trouble maintaining mental images. So Schmidt began asking patients to draw their images (ego states), as a way of processing the "split screen" in a more visual and powerful way.

Using pictures also leads us to the field of art therapy. Therapists have been using art for years to better understand their patients and to promote healing. A picture is worth a thousand words. Often an artistic image can transmit a large amount of information that cannot easily be obtained verbally. According to Schmidt, when patients face their drawings during EMDR processing, they stay better connected with associated feelings, and perhaps therefore reach an adaptive resolution faster.

Working with images is also used by Jaime Rojas Bermudez¹ as a form of representation in preverbal psychodrama psychotherapy. This author teaches how to use fabrics, masks and other resources to build images.

Here, we refer to the power and utility of the image as a first access point to activate other components of memory. I explain how to do case conceptualization and history-taking using associative or metaphorical images to identify targets to process. Following are some other ways to access and develop coping resources by using associative images, a resource that can be applied in individual or group contexts.

Associative images

Mental images are internal representations consisting of sensory and spatial information. They may refer to an object, situation, person or event.

Mental images are created by the brain from memory, imagination or a combination of both. It is hypothesized that the brain areas responsible for perception are also

1 Citado en Psicodrama e Neurociencia, Junqueira, Khouri, Hug, 2008

involved during mental imagination. And although they generally relate to visual images, those images can contain both visual and auditory, olfactory, or other information.

Image can also be defined as the reproduction of the content of a perception in the absence of the object that caused it at an earlier time. The image, therefore, is based on a prior perception. Unlike perception that's more intense, image is weaker; in addition, in perception there is a greater number of details in the image.

Perceptions are based on images; therefore, there are as many kinds of images as classes of sensations. All content may come back in the form of images, so images are auditory, visual, olfactory, gustatory and tactile.

Image is one of the components of memory and is therefore one element of access to the network. A memory access is performed by identifying its various components: image, cognition, feelings and body sensations.

One of the difficulties when obtaining an image that represents an event, is that there are patients who cannot find an image that represents the worst part of the event. Images can be presented more or less vivaciously, as in sleep; may be full of detail as in traumatic memories; or may be fragmented, as in the case of recent trauma.

With EMDR standard protocol, usually images are accessed by direct questioning about them. But some therapists and researchers have used EMDR drawings (Cohn, L., & Chapman, L., 2002; Jarero, I., Artigas, L., Lopez-Lena, M., 2008; Carvalho, 2006). They have developed protocols that ask clients to draw the picture of the incident. But there is another way of eliciting images and accessing memories that has been used for many decades in psychology: associative images from psychoprojective tests. Images like stains in the Rorschach test or blurred images such as in Murray's Thematic Apperception Test also produce associations and have been widely used in projective psychodiagnostics for metaphorical and associative effects.

Association is a mental process by which one idea is spontaneously associated with another. EMDR processing allows the connection of memories with adaptive associations between networks of information stored in the brain. EMDR facilitates an associative process that allows relevant connections be made (Shapiro, 2011)

In this case, the patient has no choice but to draw a picture. We have used an alternative way through a variety of picture cards known as associative OH cards or kessem cards. It is a relatively new resource, which has been used in several countries as part of psychotherapy. These cards were created to foster communication, drawing, storytelling, creativity and imagination for adults and children. They can be used as therapeutic tools in the assessment, treatment and monitoring of patients with emotional disorders. They do not have a preset framework, so they are usable by psychologists of different approaches.

This graphical tool is used to activate dysfunctional schemas, and to encourage reflection, expression and disinhibition. Memories elicited by stimulating associative capacity and evocative narrative encourage imagination. The Images of the associative cards help us externalize our ideas and emotions, spontaneously making our consciousness emerge. Hence its value in the EMDR approach.

There are two kinds of imagination:

Reproductive: limited to representing images and real objects in the absence thereof. It works very similarly to a recorder.

Creator: based on images; play-acting upon them, transforming them and even creating new images. Creativity is defined as mental ability characterized by fluidity, flexibility, sensitivity, originality, willingness to establish associations between things or ideas and so on. It shows much artistic activity.

The latter stimulates associative images.

Associative or metaphorical cards

They are a game and a psychological tool that increases intuition, imagination, and introspection. They are a gateway to memories. The images on associative cards encourage self-awareness by combining the literal and the imaginary.

Ely Raman, a Canadian artist, created the first deck of cards named OH. In 1983, Moritz Egetmeyer, a German-born psychotherapist, glimpsed their psychotherapeutic use and since then has been creating other cards painted by different artists and with different content. Egetmeyer visualized the possibilities OH cards offered as an undogmatic tool, along with multiple applications for their adaptability in different professional fields. They are applicable for practitioners from any theoretical approach, orientation or psychological school.

These images are not a test and can be applied in the treatment of adults, adolescents and children in many ways, as there are different types of card decks.

We note below some of the advantages of associative cards:

- They are a diagnostic tool that allows the demonstration of both personal and group problems and difficulties.
- They function as a catalyst for encouraging verbal communication, dialogue, respect and mutual confidence-building during the therapeutic process.
- They facilitate communication in an indirect and soft way.
- They help with facilitating more effective therapeutic results in a short period of time to decrease the resistance of the patient.
- They are a means for a patient to focus in coping with conflict and stress.
- They allow us to be aware of contents of memories that we had not noticed, bringing feelings and unconscious thoughts to the fore.
- They help to realize unconscious content by increasing our understanding of ourselves.
- They help the client toward greater authenticity, integrating emotional, rational and active parts.
- They release creative imagination and spontaneity.
- They facilitate and encourage the implementation of partnerships.
- They are metaphors for various life situations.

The original OH cards consist of two decks, one with pictures painted with watercolor that show a variety of situations and everyday objects; and another deck, bigger, as a framework, with a specific word written in the margins of each card. Some concepts are better expressed in words than with images. The words and images reflect the broad spectrum of life, from pleasure and desire to fear and pain. (Kirschke, 1998).

Using associative or metaphorical images in EMDR therapy

Here are some ideas for using OH cards within EMDR protocol processing.

Phase 1 – Case conceptualization and identification of the targets to process.

In the history-taking phase, case conceptualization and identification of targets to process, it may be useful to ask the patient to choose a card (randomly or not) and discuss any associations it generates, as a starting point. Specifically, in the exploration of a sequence of target memories, when we ask the patient about the problem that has been chosen to work on or the most recent experience, we can access the internal image by asking him/her to choose a card with an image that represents the worst part of the incident. After looking at the picture, ask him/her to identify negative beliefs.

Selecting an image facilitates the occurrence of the phenomenon of spontaneous association as a way to identify related past experiences and present difficulties, thus formulating the therapeutic plan. We can use the same protocol by asking the client to think about the recent experience, to focus on the image, negative belief and emotions and feelings he/she is experiencing, or by asking him/her to tell moments of his/her life when he/she experienced something similar, until he/she can evoke the oldest.

Phase 2 – Preparation

In the Preparation Phase, one of the objectives is to make sure that the patient has the resources to adequately address the evocation and subsequent processing of traumatic memories. The images of the cards can be used to install a safe image. In Phase 2, the therapist should give a short explanation about working with images.

Accessing and processing phases

We propose an adaptation of the EMDR protocol applied by Esly Carvalho drawings.

Having chosen target memories, in Phase 3, instead of asking the patient to draw a picture, you can ask him/her to choose an image that represents the topic or incident to work on.

Then ask the client for their negative cognition, positive cognition, emotion and feeling while looking at the chosen image.

In Phase 4, bilateral stimulation can be performed while the client looks at the image. When disturbance has gone down, on the scale of Subjective Units of Disturbance (SUD) register at 0 or 1, the therapist can ask the client to choose a positive image that represents the incident or a new picture of how he/she feels now. Sometimes, when looking at the original image, despite it being the same card, the patient reports perceiving it differently.

In the phase of body scan, ask the patient to look at the initial image while thinking positively, and review his/her bodily sensations.

In the closing procedure in Phase 7, the client can be asked what words he/she would use to describe him/herself now, in relation to the image or images of the cards.

Developing coping resources using associative images and EMDR

Crisis and disaster are part of life. Ofra Ayalon (2007), an Israeli expert on trauma psychotherapy, proposes a spiral trauma perspective versus the perspective of a spiral of healing, helping people find their hidden resources in transforming from victim to victor. However, trauma is beyond words, and the COPE deck of associative cards offers a nonverbal access method for expression and sharing that is psychologically safe, through the use of symbols and metaphors.

This card game of association appeared in 2002, after a long and intense planning phase. More than all other card games, COPE cards were planned and managed from conception to have a therapeutic function. With this deck, the client faces traumatic experiences. The idea of making a card deck dedicated to dealing with trauma issues came from Moritz Egetmeyer when he heard of the tribal war and genocide that took place in Rwanda. Egetmeyer and Ayalon joined with a Russian painter to create the COPE cards, images that help with telling stories, but also with overcoming pain and identifying joy. The images evoke events that can happen anywhere in the world. The path from trauma to healing is portrayed in the images.

We adapted the technique of the coping resources or BASIC Ph coping model originally developed by Dr. Ayalon.

There are six “coping resources” indicated in the acronym BASIC Ph: **B**elief systems, **A**ffective expression, **S**ocial support, **I**magination/creativity, **C**ognitive processing and **P**hysical behaviour, which are represented by 6 COPE “hand” cards. Ask a person or group to choose an image that represents a problem or difficult situation that has occurred. Then ask them to identify the coping resource that has been the most active and put the card representing the problem next to that coping resource. Then ask the client to notice which of the 6 coping resources has been the least active. Ask the client to put their problem card next to the resource card that’s now less active, and ask what happens when that resource is activated. Use the process of EMDR resource installation.

Ego states and associative images

In simple terms, ego states are neural networks that contain specific packages of information related to behaviors, emotions, feelings and knowledge of our life experiences (Braun, 1988 cited in Schneider). Ego state therapy involves integration provided by the therapist of needy ego states with resource states, and the mediation of conflicts among ego states. This therapy promotes communication, cooperation and mutual appreciation within the different parts, increasing their ability to work as a democratic team. (Schmidt, 1999).

The role or roles theory developed by J. L. Moreno helps us understand the concept of ego states. A role could be a synonym for an ego state. Menegazo, Tomasini and Zuretti defined role as the mode of operation which assumes an individual at the precise moment they react to a specific situation in which the people and objects involved are acting as anti-roles.

Associative cards that are especially useful in the therapy of ego states are PERSONA and PERSONITA. They consist of portraits of people from around the world, along with cards representing interaction figures or symbols which provide material for countless associations. The interaction cards reflect various situations in various types of relationships, bringing the portraits to life and stimulating imagination and internal images – because we are like mirrors.

PERSONA and PERSONITA cards are an invitation to indulge in making group and family associations. With the cards, we can exercise imagination by approaching other people. The cards allow us to explore the social groups in which we live, the roles we play and the internal characters living within us. They help us express feelings and share them by interacting in a playful and creative way.

Kirshke (2006) says that the cards allow playful reflection on attitudes, characteristics and cultural backgrounds of the people and processes that unite them. "Through such role-play tolerance and acceptance of others can grow: in putting ourselves in the positions of others we stand to gain in understanding. ... At a time like this, when the world seems to be getting smaller and peoples and nations find themselves pushed closer together, we all become increasingly dependent on peace and cooperation." PERSONA is a game that invites you to develop collaboration and tolerance and, therefore, to exercise a detachment of prejudice toward others. Both decks, PERSONA and PERSONITA, are similar in the way they are used.

Both games allow identification with others, a playful and critical reflection of one's own role and that of others. However, for Kirshke, PERSONITA opens new possibilities of play. One is the possibility of experimental role switching, through which children can better identify with others in their own age range – although adults may see themselves as children, not only from the perspective of the "inner child," but because the cards can abstract and carry the memory of his/her own childhood. Moreover, the situation cards in this deck provide another dynamic from the relationship cards in the PERSONA deck.

Associative PERSONA and PERSONITA cards allow the identification of an ego state and are a good alternative for the representation, exploration, transformation and integration of ego states.

Addressing ego states using associative images

We propose an adaptation of the EMDR protocol focused on resources: Schmidt's four-step method.

First step: Evaluation and improvement of ego strength.

Ask the patient to choose a picture that represents a positive aspect of him/herself (an ego state resource). Once it is clear that the portrait represents a true resource, it has to be installed. Associated memories, positive cognitions and positive body sensations must be elicited during installation.

Second step: Processing and integration of ego states.

Once a client has developed and installed one or more resources, and in the process has proven sufficient ego strength to tolerate disruptive affection, you can ask him/her to choose a card to represent a state of poor or traumatized ego. Explore the level of discomfort, emotions and body sensations that evoke the weak ego state.

Then place the portrait of the resource and the deficiency image to the left and right of the patient, and require him/her to move their eyes between the two images; or use another bilateral stimulation channel. Bilateral stimulation seems to facilitate the gradual integration of the two ego states represented in the images. If at any time during the process the client is overwhelmed, or if processing is blocked, you can remove the deficiency image and ask him/her to just look at the image of the resource. You may need ask, "What other resources do you need now?" You can even go back to the first step to get new resources, if necessary.

It can be useful to invite an internal dialogue to improve integration between the images of the resource and the deficit. Such dialogue seems to accelerate the link between deficient/traumatized ego states and resource ego states, as evidenced by a gradual calm feeling of liberation in the body throughout the process.

Sometimes parts feel threatened by other parts and are resistant to integration. Schmidt says it is essential that each part review and recognize their common interest and work to establish and maintain security. As with the EMDR trauma-focused protocol, the level of disturbance of the deficient part and the credibility of the irrational belief may decrease over time. Abreactions may or may not occur in the process. Interestingly, despite the traumas not being attacked directly, clients often report a significant decrease in associated traumas after integration of deficient ego states with resource ego states.

Step Three: Enhancing ego state integration.

When the level of disturbance in a deficient ego state is close to zero, you can ask the patient to choose a new image to more accurately represent how he/she feels now. The new image should illustrate the degree of integration between ego states, between traumatized and resource ego states. If healthy integration has occurred, you can link and install the new image with an appropriate positive belief chosen by the patient.

Sometimes there is no need for a new image, because when the level of discomfort of deficient ego states falls to 0, the meaning of the image changes from something negative to something positive. According to Schmidt, this is a good sign that the image has been installed with new meaning.

Step Four: Reassessment.

As with the standard EMDR trauma-focused protocol, an image of a deficient part can be a node of many different associative channels. At the beginning of a session the therapist can display images from the previous session and reassess the patient. You can check whether there was an incomplete processing in the previous session and process other additional associative channels that may be emerging. Sometimes it is therapeutic to process additional channels with new images.

Finally, we note that the use of resources such as associative images has implications for the mechanisms of activation and brain function, and opens new challenges in the understanding of human beings and their mechanisms of overcoming difficulties.

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