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Footsteps through The Maze - A Model for using EMDR with Oppositional Children

Abstract

This paper presents a therapeutic model developed to facilitate communication with children who have difficulty cooperating with the therapeutic process. The model utilizes the concept of a Maze metaphorically, in combination with the directed focusing, dual attention, and bilateral stimulation of EMDR in order to meet and process disturbing emotion. Underlying this model is the concept of an internal psychic space, connected to memory and association, wherein reside the child's potential range of emotions. "The Maze", becomes the metaphor for that space, while a step by step process leads gradually to playful, non threatening communication with the child about his problem. (the entrance). The Footsteps (self drumming on alternate knees) provide the bilateral stimulation and dual attention required by EMDR. These lead the child on his own path to better ways of coping (the exit).

Before presenting the model, the paper discusses several points: First, the necessity of touching on this inner space in order to bring about balance and change; second, the difficulties which traumatized, rigidly defended children have in approaching their emotions; and third, the role of cumulative trauma in preserving the child's defenses and oppositional stance.

Introduction

This paper presents a model developed to facilitate the initial treatment of children who have difficulty cooperating with the therapeutic process, using EMDR as the treatment vehicle. The central concept underlying this model deals with the internal psychic space, connected to memory and association, wherein reside the full range of emotions which should be at the child's disposal as he navigates his day to day life. In my conception, a child must enter this inner space in order to bring about balance and change. Yet, for a child like the one who sparked the development of this model, touching on emotions which may be potentially distressing is experienced as impossibly dangerous. His fear of experiencing uncontrolled emotions precludes communication, either with himself or with the therapist.

In the model, I suggest using a concept familiar to most children, "The Maze", as a metaphor for that internal space, and Footsteps, the child's self tapping on alternate knees, as a way of traversing that space and arriving at a resolution. The child knows that a Maze can be mysterious and confusing. His problem may be at the entrance, but there is always an exit to a Maze. This step by step process facilitates the use of EMDR with oppositional children. It allows gradual communication around the problem in a way which will enable the child to enter into his psychic space with control, process frightening emotions and reach the new balance embodied in the EMDR protocol.

Oppositional behavior – a defense against fear

The child therapist knows well that his first task is to establish a communicative relationship with his young client that allows the child to feel safe. The play material, the clay, the drawing equipment are all part of his tools. In a successful therapeutic situation the child may, with these tools, reach a degree of safety which allows him to enjoy coming to therapy and to begin gradually expressing himself. In less successful situations the child approaches the therapeutic experience from behind a high defensive wall, raised to protect himself from intolerable feelings. The toys and the therapist's unconditional acceptance may not only fail to open a crack in this wall, but may actually help him to preserve his anxiety intact for long periods of time as he enthusiastically cooperates in games of checkers or basketball. When we ask a child to work with EMDR, whether in initial sessions or after a period of play therapy, we are asking him to finally come out of hiding and grapple with the problem for which he has come. We are requesting that he directly face his fright, sometimes even terror, of being blamed, of being embarrassed of experiencing the very feelings from which he has been hiding.

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Oppositional Behavior and Trauma

Children who have been repeatedly traumatized may find this demand impossibly dangerous. Recent research in neuro-psychiatry describes the way in which cumulative trauma effects the developing brain. With each traumatically experienced event, the immature brain becomes increasingly sensitized to the quick triggering of hyper arousal and dissociative reactions. As these classic fight, flight and freeze responses become more immediate, the range of emotions which should be at the child's service become less and less accessible. When a present, seemingly minor experience, taps into his memories of a previous threat, he may be flooded with signals of fear and danger. He refuses to answer, to do as he is told, to cooperate with adult requests. The more demanding the environment, the more anxious the child becomes. The freeze may then escalate into the classic fight or flight response. His refusals become more rigid. He may lash out angrily or, run from the scene. This picture describes the child often diagnosed with an oppositional behavioral disorder. (Perry and Pollard, 1998; Van der kolk, 1999).

In the therapy room we usually see this child in the freeze state. The trigger might have been the visit to the psychologist, a smile that he distrusts, or our friendly request that he tell us what is bothering him. We see and hear the reaction: the sullen face, the "don't want to", the "I won't." He is, in essence, frozen into a place where there is no communication. Our problem is to help him move from that position so that he can begin to face and work through the danger which, for him, is inherent in a range of emotions. It is only thus that he can loose his tight hold on fear and negativity.

The EMDR literature on the treatment of children is rife with innovative ideas for encouraging feelings of safety and helping the child to access positive emotions. The safe place is the most obvious of these. (Francine Shapiro, 1995). Shirley Jean Schmidt uses art therapy models with both adults and children (Schmidt, 1999) and Brurit Laub's Resource Connection can certainly be adapted for use with children. (Laub, 2001) Bob Tinker (1998), Joan Lovett (1999), Ricky Greenwald (1999) and so many others give a great deal of succesful creative attention to techniques for grounding children in comfortable emotions as a prelude to processing.

The inner psychic space

The conception behind the present model is based on clinical experience with those traumatized children who are so inured to fight, freeze or dissociative reactions as to have great difficulty in accessing even these positive resources. An explanation lies in the fact that allowing oneself to truly consider positive possibilities involves some degree of internal change. To change one must allow one self to ponder, to relax, to turn inwardly, even briefly. One must allow oneself to enter one's inner psychic space.

What is the nature of this space which is so terrifying? It is the uncharted psychic territory from which comes the bad, the blaming, the embarrassing, the needy pictures which are a part of all of us. This is the psychic space within which the EMDR processing takes place. For the traumatized child, diagnosed as oppositional, this unknown space threatens danger, an onslaught of unpleasant, uncontrollable feelings from which he has learned to dissociate. In my conceptualization scattered through this space are also emotional resources, such as feelings of hope, love, fun or satisfaction. It is these which provide the child with the strength to engage in therapy. But in order to harvest these, he must be able to face this inner space which threatens so much hurt. This model addresses both the problem of enabling initial communication around the problem and helping the oppositional child to discover and tolerate this inner psychic space.

Footsteps through the Maze

The three essential elements in the method are:

The Maze - a metaphor which stands first for the problem and then for the inner emotional space wherein resides the emotions, the feelings and the cognitions associated with the problematic area, both the negative and the positive.

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Footsteps -bilateral stimulation obtained by instructing the child to drum alternately on his knees as he “walks through The Maze”. The “footsteps” allow the safety of dual attention so necessary to the EMDR process. The child focuses on the emotions and somatic reactions evoked by his problem at the same time that he is in control, experiencing the here and now sensation as he drums on his knees, knowing that he is in full control of whether to continue or stop.

The Discussion – A graduated communication around the child’s problem. The therapist may alter the rhythm of the discussion at any step in the process in accord with the child’s reaction.

The model

1. Drawing the Maze - picture number 1. The child is asked to draw a maze, his own maze. This is done, as a neutral activity, without reference to problems or behaviors. Child and Therapist together identify the points of entrance, and the exit

Discussion suggestions: – Have you ever been in a maze? It is so hard to find the right path out. Sometimes it’s a worry to be inside. Sometimes it makes us mad. There might be monsters in there. Sometimes we feel like “big shots” and are sure that we’ll have no trouble getting out. Other times we feel upset when we can’t succeed in finding the way out. Have you ever been in a maze?

2. Therapist introduces the metaphor without reference to the child’s problem: The Maze is like a big, mixed up problem, but there’s always a way out.

Discussion suggestions: Every kid’s maze looks different, because problems are different. Sometimes kids don’t know they are inside a problem maze. They just feel lost and scared. The therapist’s job is to help them find out if they really are inside a maze, and to help them find the way out. Therapist and child talk about possible problems which could lead a kid into a maze. The therapist should take care to provide examples far removed from the child’s problems and encourage the child to do the same. At this point the child often refers, sometimes obliquely, to his own situation.

3. Drawing the problem. Picture number 2

Discussion suggestions:

Everyone has his own special maze. Here is yours. (pointing to drawing number 1)

You could draw whatever is bothering you most now to put at the beginning of yours. The choice must be the child’s. Examples may be his dad’s forcing him to come to therapy today, the fact that the therapist talks too much, a bad dream, a traumatic event.

The picture is placed at the entrance to the maze.

Identifying the N.C.: The child is asked what that picture makes him think about himself, how that picture makes him feel, how it makes him feel in his body. A SUDS can here be attempted. The therapist must be ready to retreat in accord with the child’s reaction. Specific questions are often threatening to a severely oppositional child.

4. The Path through the Maze - Therapist and child again identify the exit and discuss how that is the place where the problem feels different. To find the right path through we have to go inside.

Discussion Suggestions:

The therapist may attempt, here to access a Positive Cognition How would you like to feel at the exit? She should, however, again be ready to retreat in accordance with the child’s reaction. Threat may bring a fight or freeze response. Instead she might stress the fact that we don’t know the path to the exit or what kind of pictures or words will be there. We must allow our brain and our footsteps to find the way through.

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5. Footsteps through the Maze. (bilateral stimulation) The child is asked to drum with his fingers on his knees, alternately as he looks at the maze and the picture that he has drawn at the entrance.

Discussion suggestions:

Now your brain will show you the way to the exit. When you get a new picture in your head, you may stop the footsteps and draw it. (Some children will draw interim pictures on the path to the solution. Others will simply drum until they find their exit picture) Either is, of course, acceptable and shows that processing has taken place.)

6. The solution picture is placed at the exit to the Maze - Picture number 3.

Discussion Suggestions.

Was it scary in that maze? You found the way out. What can you say about yourself in that picture? How does it make you feel when you look at it. Where do you feel it in your body?

Case Example

Ron is an angry 10 year old boy who has, for years, been in a fight with his mother. She has extreme standards of cleanliness and order, makes constant demands on him, and, from the time he began to walk, has handled disobedience with yelling and spanking. Now, at age 10, he refuses all instructions from her with outbursts of swearing and hitting, going far beyond reasonable boundaries of behavior. His mother has recently succeeded somewhat in moderating her handling of him, but he is not able to build on these changes. His quarrels with mother have generalized to his teachers, and show signs of increased escalation. Obviously his parents are a continuing focus of therapeutic work, but Ron has developed a pattern of angry impulsive, behavior with little ability to tolerate frustration. Most critical seems to be his inability to look at his own actions or accept responsibility for them. Everything is someone else's fault, especially his mother's. Ron's parents have been forcing him to go to therapy for years to work on his anger and his bad behavior with little results for him or for them.

Ron is a prime example of a child who is terrified of experiencing a range of emotions. He can appear lively and even cooperative when he is having fun. But a word or action which threatens sadness, vulnerability, need, or loss of control brings a strong reaction: Stubborn silence on the one hand; swearing, opposition, manipulation or violence on the other. It is as though he is continually in touch with a permanent negative cognition labeled "It's dangerous to give up control".

First Attempt at EMDR with Ron

After a month and a half of trust building play therapy, pressured by the school and the parents, I suggested an EMDR target- a fight at school in which another boy's head had been badly cut. Ron insisted that "the other kid started it", but he had been blamed and punished. He asserted that he didn't care, but agreed to try EMDR to find a way out. I suspected that he saw the possibilities in EMDR as finding a way to avoid his punishment.

We worked, according to the protocol, on an explanation of the method, stop signals as controls, and on a safe place. He chose a video arcade where one of the machines was broken so that he always won. As I asked the questions required by the protocol, it was clear that communication was surface. I could almost feel his freeze reaction hardening into place. He opposed defining an NC -finally accepted "They're always blaming me". The emotion was mad. When asked where he could feel that mad, he answered "How do I know?" He also answered "How do I know?" when I asked for a PC. He refused to define a SUDS of distress, only repeated how he hated that teacher. I asked him before each set to "think of the incident" and follow my finger."

He refused suddenly to continue and told his father he didn't want to come anymore because, "She's always telling me to think of things"

Analysis of the session:

My first attempt to do EMDR with this child was unsuccessful for several reasons.

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The traditional safety procedures of the protocol and my month of pleasant playing with Ron had not instilled in him enough trust to move away from the position which signaled “danger” in the face of even a slight loss of control over feelings. In introducing the EMDR, I broke the unthreatening communication that I had established with him during our period of play which might have continued indefinitely. My questions, and my repetition of the words “Think of the picture” had associated for Ron to chastisement, to feeling weak and helpless. These triggered his freeze reactions and hardened his inflexibility and negative stance. I had in no way helped Ron to enter unknown emotional space. My first job was to reestablish communication.

Reestablishing communication – introducing The Maze.

The next week his father brought a sullen, reluctant boy into my office, telling me, as they entered, that there had been another terrible fight between Ron and his mother. It had ended when Ron played havoc in the living room and punched his mother. Ron stared at the opposite wall and whistled loudly, ostensibly not hearing.

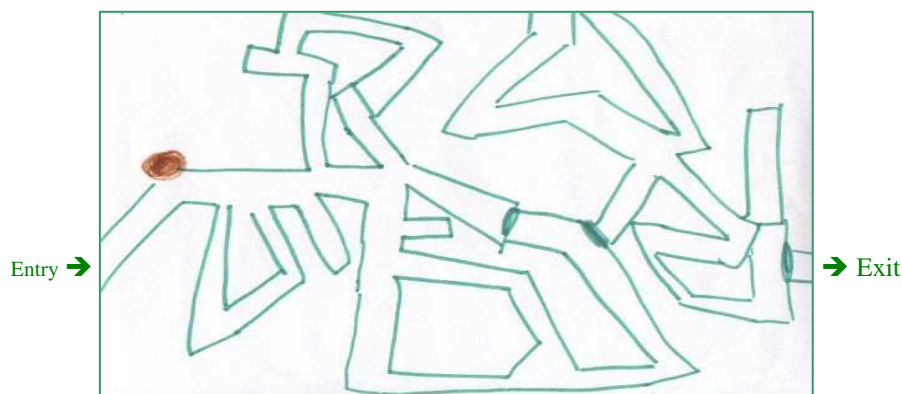
When we were alone, Ron ignored what his father had said and insisted that we play a game. I invited him first to relax a bit since his mother had apparently made him so mad.

I attempted to repair my previous mistakes by avoiding any suggestion of blame for the quarrel with his mother and stressing that in this game there is “No thinking allowed. “Only watching what comes into your head. Like with a T.V.”

“Yeh”, said Ron. “And then I can turn it off when I want”.

Step 1. The Maze

Ron was now able to respond to my request that he draw a maze “without thinking”. He became interested and drew this. picture. (step 1)



Discussion: We looked closely at this particular maze. We identified the entry and the exit.

T. That looks like a really complicated maze.

R. Yuh, but I could get out.

T. A kid could get really upset in there. Have you ever been in one like that?

R. .Sure, at Superland they’ve got one. My brother cried and my dad had to come and get him. But not me. He’s such a baby.

Step 2: The Maze is like a big, mixed up problem, but there’s always a way out.

T. Your brother must have felt like he had a really a big problem – getting out. Most any problem can feel like being in a big maze. (Discussion of a boy who had trouble doing arithmetic, Ron’s best subject)

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R. When I was in second grade there was a kid who peed in his pants.
T. He must have really felt like he was in a maze. Probably didn't have any idea where the exit was to that one. Do you know if he found the way out?
R. How should I know? Well, he doesn't wet his pants now.
T. So he must have found the way out.
R. I know a kid whose dog died
T. That must have been sad. Maybe he didn't know how to finish feeling sad. That sounds like a maze that he needs to find the way through.
R. Well the dog was really ugly and once he bit a kid. (Ron is now touching on his own problem with his mother)

1. Drawing the Problem -Ron was involved. He could now tolerate my suggestion that he might want to draw a problem to put at the beginning of his maze. Ron said "It's my mother" He drew himself at a computer after school, his mother in the kitchen shouting at him.

R. "She drives me crazy."



Therapists comments, were pointedly non threatening so as to encourage communication

T. Ah, so that's what happened when your mother started driving you crazy today. It sounds like that's what got you into your maze today. When did she start driving you crazy today? How did she do it?

R. When I came home from school. She says (he mimics her voice) Ron, take your shoes off. Ron wash your hands. Ron shut off the computer. Ron come and eat now. She thinks she's the queen. What am I? Her patsy? (very angry)

T. So when you come home from school, you went to play with your computer and then you heard your mother's voice and boom, you're in the maze. And you don't know how to get out. Is that right? (He is listening.) He nods. She keeps bothering you and drives you crazy.

We look at the picture.

T. Now I see. How much do you feel like a patsy in this picture? (attempting to get a SUDs)

R. I don't feel like a patsy. What does she think? (angry) I'm not her patsy.? (I withdraw. Although he has given me the word "patsy", he cannot risk owning up to feeling badly.)

4. The Path Through the Maze

Discussion:

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T. Here's the entrance. (I place his picture at the entrance). Here's the exit. We know there's got to be a way through. We have to find it. Your brain will tell us how to get to the exit it will also tell us what will be there.

R. I can see the way through. I drew it.

T. But you don't know what will be at the end. That's the game. Let's find out. I wonder how you'd like things to look when you're out of the maze." (attempt at a PC)

R. How should I know? (angry)

T. (retreat) Off course you don't. Neither do I. That's the game.

5. Footsteps Through the Maze

T. You have to drum on your knees, like this and look at your picture. Those are the footsteps going through the maze. We don't know where they'll go or what will lead them through. But your brain does. You just tap. No thinking. When that T.V. in your head gives you a picture for the exit, you'll know you're out of the Maze.

R. He taps for quite a while. He stops several times and starts again. His expression and concentration show me that he is processing. Finally he picks up a felt pen and draws.

6. The Solution

In this picture he is sitting and watching T.V in the living room with his mother. She is on one chair, he on the other.



T. How do you feel in this picture?

R. Happy.

T. So the footsteps took you right out of the maze to this picture. where you feel happy and your mom isn't yelling at you.

We could then talk about how it was to feel happy watching television in the living room with his mother, what programs they liked and how she brought him a glass of chocolate milk.

Ron had used the maze to access positive feelings about his mother. We don't know exactly what he faced while he was inside his psychic space, drumming on his knees, but we can speculate that he had to encounter, either consciously or unconsciously, bits of neediness, fear of feeling like "a patsy" or some of his terrible anger at his mother before he could allow himself to express for the first time the experience of a need satisfied, which his final picture illustrated.

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There were no other pictures that day, but Ron's mother told me that he had astonished her that evening when he said "Lets try not to have so much yelling at home"

Ron still had a great deal of work to do. His therapy continues. But this session allowed him his first real experience of therapeutic work as an active participant in his treatment. The communication and cooperation had been real. The Maze provided him with a non threatening, playful way of using the EMDR to briefly let go of his oppositional stance and truly connect to a positive need fulfilling experience in his relationship with his mother. This very difficult child is far from being out of his own particular maze of problems, but he has taken his first hopeful step.

Discussion

As well as being a useful adjunct to the repertoire of the Child EMDR therapist in working with the oppositional child, we have also seen the potential usefulness of Footsteps through the Maze in other therapeutic situations. The seemingly compliant child may also be unable to enter his inner space of potential pain. Here we refer to the boy or girl whose smiles and nods and quick cooperation do not seem to bring meaningful change. Often this child is also in a frozen, disassociated state, going through the motions of the process, to please. The Maze can woo her, too, away from the "as if" cooperation towards true communication. The Maze is also proving a useful technique in group work. Instructions for each child to draw his own maze are simple and clear while the significance of the maze as a place where problems hide, lends itself well to group discussion. As an addition to the therapeutic repertoire, tapping footsteps through the maze adds to the butterfly hug yet another option for bilateral self stimulation, one which appeals especially to young boys who often greet the butterfly metaphor with scorn..

Summary

The concept of the Negative and the Positive in relation to a problem is basic to EMDR. But even touching on those two opposite positions requires some emotional flexibility. In this paper we are looking at the traumatized child who cannot allow himself this flexibility. His fear of leaving his emotional position of frozen negativity is too strong. He unconditionally resists entering the inner space where possibilities exist, but where he may also experience unpleasant thoughts or emotions.

This technique allows the therapist to avoid the hair trigger fight, freeze reaction which many traumatized children exhibit at any mention of problem areas. . We are interested, here, in gradually sensitizing the child to the fact that he may meet uncomfortable thoughts and emotions in the maze, but he will also find more positive feelings if he dares go inside. This model has proved useful in strengthening the therapeutic alliance and lowering the child's fear threshold for further EMDR work.

We use the metaphor of "The Maze" to describe to the child in a familiar, concrete form, this internal space where he may meet scary, unexpected images, thoughts and emotions, but where processing and cure take place. In Greek mythology Jason approached the Maze in order to meet and conquer the monster, Minotaur. He can only enter safely, however, when he is met by Ariadne who gives him a ball of twine which will assure that he finds the way out. In the therapy room the non-threatening talk about the maze, the clearly marked entrance and exit and the feel of the footsteps which the child drums on his knee, are the magic ball of twine which give him the courage to enter and the conviction that he too will reach the way out on a path which is truly his own.

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