The Death File in EMDR Processing[1]

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Death as the Core Script - The Ice Inside

"I am already dead."
Stephen Galloway. Ascension.

This Paper is not about physical death. For that consult Freud or Ernest Becker. This is about a psychological phenomenon that takes over one's attitudes toward life after suffering a traumatic experience, particularly when it occurs in early childhood. Death, premature, deserved, and inexorable, for many survivors of trauma is an omnipresent spectre that overwhelms any possible life-affirming defenses or strategies for survival, while typically remaining below awareness.

Childhood disruption can take many forms including neglect, indifference, excessive attachment breaks (deaths, separations, hospitalizations, house/school changes), and parents with alcohol/drugs, narcissism, or violence problems. Most survivors have learned how to put a brave face on the resultant struggle with lifelong negative beliefs about the self. Children crave tenderness, stability, and security as well as the usual signs of a close attachment: eye contact, playfulness, tolerance, and lots of room to make mistakes and be vulnerable without the prospect of rejection and annihilation. If the attachment is insecure or unsafe the child will blame herself. Children are so completely dependent on the parents – life or death – that any signs of ineffectiveness or worse, abusiveness, have to be explained away and the child will take on that responsibility: "I deserve to be treated like this because I am defective." In other words, "it's me, not them."

[1] Wilensky, P. (2020, July). *The death file in EMDR processing* (2nd ed.). Vancouver, British Columbia, Canada: Author.

People whose mistreatment resulted in trauma are not just physically injured. They have developed a death file that is full of self-defeating and self-destroying beliefs and emotions about who they are as a person no matter how resilient and competent they appear on the surface. Here is a classic example of the contents in the death file:

"I am so ashamed (of being unlovable) that I deserve to be annihilated (as if I have never lived). Moreover, I already have been annihilated (because my heart has been killed and I have no will). So, I am already dead."

The very use of the word "annihilation" is significant because while death is accepted as an inevitable result of life, annihilation connotes defeat and humiliation and the person feels conquered and overpowered. The death file is more-than-death and includes death-like shame, dishonor, and helplessness.

No se puede mi rar
One cannot look at this
Yo lo vi
I saw it
Esto es lo verdadero
This is the truth
Goya

Negative Cognitions

"We are all responsible for everyone else - but I am more responsible than all the others"
One of The Brothers Karamazov

As described in the EMDR approach to trauma reparation, unpleasant negative beliefs such as, I did something wrong or I am in danger, can become *negative cognitions about what kind of a person I am*, that are deeply embedded in the personality structure, and, thus, hard to change (Shapiro, 2001, pp.60). The necessary components of negative cognitions are that the beliefs are negative, irrational, and self-referential. Negative cognitions seem to fall into three categories: Responsibility, Safety, and Choice (Control) and underneath each one is the "death cognition."

When does a belief become a cognition?

As described in the EMDR approach to the reparation of trauma, unpleasant negative beliefs such as, "I did something wrong" or "I am in danger," can become negative cognitions about what kind of a person I am ("I am wrong" or "I am a danger"). These cognitions can become deeply embedded in the personality structure, and, thus, hard to change (Shapiro, 2001, pp.60). The necessary components of negative cognitions are that the beliefs are negative, irrational, and self-referential. Negative cognitions seem to fall into three categories: Responsibility, Safety, and Choice and underneath each one is a "death cognition."

(1) Responsibility

"I am defective. . . in some way"

"I am bad - worthless"

"I did not do enough and what happened was my fault"

"I am a weak person"

"I am a coward"

(2) Safety

"I am not safe"

"I am going to be hurt and rejected"

"I am in danger"

"I am going to die"

(3) Choices

"I am trapped"

"I am helpless . . . to be or do anything different"

"I am at the mercy of others"

"I am completely unable to change things"

"I may as well be dead . . . I am dead"

Example

An individual reported that the last four Sunday dinners with their parents have been horrible and something bad always happens. When the person pulls up the file "Sunday dinner with parents" on their inner screen a whole bunch of other, awful files come up with it. Their response to the question, "Why do you keep going back?" is "I have no choice."

Some clinicians boil all the negative beliefs down to, "I am helpless (I have no choices)." Certainly, this cognition appears to underpin a lot of the otherwise mystifying behavior of those who grew up inside disturbing childhoods who constantly put themselves in unsatisfying, distressing, or dangerous situations and relationships. They have difficulty setting and keeping boundaries, are unable to view parental behavior as abusive, and go from one unfulfilling relationship to another, saying that they long for a true partner but repeatedly turn people away as imperfect.

Negative Cognitions from EMDR participants:

Responsibility:

The belief is - I am incompetent (and I do not deserve to be alive)

- I do not deserve love because I am inherently worthless, weak, and a coward
- I am an inadequate person, this is my fault and, therefore, I deserve to be punished
- I have no right to exist (because I am so bad) and may as well be dead; in fact, I am dead

Safety:

The belief is - the world and I in it are not safe (I was not protected and now I am dead)

- I am in danger because I make people hate me and want to hurt and betray me
- I am always alone, at the mercy of others and can trust no one

- I can never be safe therefore I am going to die (I AM dead)

Choices

The belief is - I am powerless (They have killed me already and I am dead)

- I pretend I am living my life even though I know the future is hopeless
- I have to constantly strive to be perfect and please everyone though I know this is useless
- I can never change my situation so I may as well be dead (I am dead).

Examples of these negative cognitions are: I am worthless, I am helpless and hopeless, I am a failure, I am incompetent. At each of the above three levels, the end belief of my imminent death can easily be a cover for a belief that, in my heart of hearts, "I am already dead." One way to cope with overwhelming pain is to take refuge in a belief that a dead person cannot be hurt because the worst has happened already. If you keep yourself really small and silent - play dead - while you are being hurt maybe you will survive. However, given that important parts of you have already been killed off, what part survives? When the inevitability of death in the present is a deeply entrenched negative cognition across all three categories of cognitions it encompasses the past, present, and the unlookedfor future; everything is colored by it and it may end up dominating all aspects of the person's inner life in spite of stellar outside achievements.

In addition, just to make the situation even more hellish, the contents of the buried "Death File" govern choices and behavior and act as a barrier to therapeutic resolution. These contents, indicators of open death files, are revealed when therapists hear sentences such as the following:

- I don't know why I have to go through this
- I can hardly move
- I don't want to be here <u>now</u>

- Note to Self: Fuck off and die! Who do you think you are (to do… say… want…)?
- I'll be killed (if I say or do what I want)
- I am starved (because I do not deserve food, affection, attention . . .)
- I am preparing for death

Core Scripts and Organizing Principles

Negative cognitions of the strength of I have no choices can, over time, in environments that are disadvantageous, morph into "core scripts" that dominate the personality structure (Jeffrey E. Young, 1999).

- *** Abandonment and Death ("I have no right to exist and may as well be dead")
- Mistrust and Abuse ("I am dirty and deserve to be treated badly")
- Defectiveness ("I am irreparably damaged and therefore useless")
- Shame ("I have to stay hidden or others will see I am imperfect and reject me")
- Social Isolation ("I am infectious so naturally others will reject me")
- Incompetence and Failure *("*I am a loser*")*
- Dishonor ("I am weak and contemptible")

The irrational negative beliefs individuals have about who they are contribute to traumatization.

A negative cognition is more than just a belief. Over time, it may become a core script.

Common examples of core scripts are, I am not lovable, I am not worthwhile, I am bad, I'll be abandoned, I am dirty, or I have no right to exist.

An organizing principle - I am a bad person, and a shameful/ hateful/ worthless /incompetent person, is the principle under which the whole self organizes itself and is how the self relates to the world. It is

expressed in terms of core beliefs about how the world works, such as "There is no safety in the world," or "No one will ever love me once they find out who I am."

If you believe that even your parents could not love you, then you may as well never have been born. The self-tormenting bottom line is that shame and the existential terror of annihilation are omnipresent. In addition, just to make the situation even more hellish, underneath the belief system of the number one core script, Abandonment and Death, there lies a buried "Death File" the contents of which govern choices and behavior usually while remaining below awareness. Death, premature, deserved, and inexorable, for many survivors is at the core of the core scripts. Here are some of the classic contents in the death file*: "I am so ashamed (of being unlovable) that I deserve to be annihilated (as if I have never lived). Moreover, I already have been annihilated (because my heart has been killed and I have no will). So I am already dead."*

Death as the Core Script - The Ice Inside

Many people have experienced early trauma or primary environmental deficiency and impingement (failures of attunement) that began with their parents' shortcomings in childhood. For instance, a person might say: *"I felt very upset when my supervisor complained about my work. I felt frightened and helpless. The image is of myself very small with no clothes on hiding behind my office door."* During the EMDR Floatback the person might remember being sent to their room as a small child to wait until their dad came home so that they could be beaten. This core belief about who they are as a person (frightened and helpless) often persists into adulthood, as adult relationships are unable to compensate for the early lack. Another example is a snapshot of the client as a small child cowering in the corner as their mother points her finger and criticizes and shames them. They feel very alone and sad. They believe that nobody loves them. In the present they work alone and do not like to discuss their work with anyone because they believe they will be criticized.

In spite of their ability to behave as high-functioning professionals 'out-in-the-world,' those who suffered early trauma feel empty inside. Many people who have been brutally treated and had their noses rubbed in their helplessness, exhibit "the narcissism of trauma (see page 20)." After their organizing principle about how the world works against them, their core belief is "You owe me" or, "Somebody owes me and you are standing in front of me so it may as well be you." They feel entitled to make continual and excessive demands for special treatment. Experiencing support, encouragement, and mirroring MAY allow them to feel free to drop the narcissism in favor of freedom, agency, and intimacy (connection). Agency includes a sense of affirmation of the solitude and privacy of the self. The person may be experienced by others as less narcissistic and less trapped in their identity as a victim whom life owes.

There are often constellation scripts surrounding the core script. For example, a person complains about not being able to get close to people. They say they want intimacy but can never have it. They say they feel they have to do everything for everybody else and be really competent at it so that people will love and value them. Their script might look like this:

I cannot get close to people

I have to do everything (in order to get love)

I cannot trust anyone (to give me what I need) - constellation script

I am not safe (learned helplessness)

I am alone (I'll die. Actually, I am dead) - Core Belief

When a parent beats a young child there is the likelihood that the child will internalize the idea that they are loathed and that they deserved to be beaten. Their nuclear script levels might be: -

- Nobody loves me because I'm so bad
- It is not safe to be who I am
- I have no right to exist
- I may as well be dead - Core Belief

- I am dead

If you grew up at the mercy of abusive or neglectful parents/circumstances and your group or society was unable to rescue and save you (or they were killed themselves), you may have learned unhealthy strategies for survival. Your group may even support this through culturally imposed beliefs, that you are "lesser" and then you will learn that truly you are not worthwhile, and you are as dead as cast-outs really are. If your group includes your work this sad reality may be overarching in the sense that many jobs and professions train practitioners to dismiss emotions in favor of intellectual interpretations of treatment of trauma. Underneath their competence may be a death file that, under certain conditions, is activated and may fuel depression and despair.

Therapy groups often provide much-needed antidotes to the ravages of work groups and professional concerns. They combine group process with the EMDR processing sequences and have had considerable success in extracting vital 'inside' information from participants as well as diminution or disappearance of self-blame and of bringing the death file of conscious awareness.

Case Examples:

(1) A person who was a gifted pediatric palliative care physician came to a therapy group because they realized that they had been drawn to their profession in order to experience the emotional responsiveness which they had not received from their parents throughout their childhood. At one level they maintained

that their parents “did not do anything wrong.” Yet, at another level, they realized they were unable to connect with them emotionally. They had come to the point where they believed that their daily pain and suffering were associated with their own difficulties in expressing emotional connection in their relationships, both at work and at home; they blamed themselves because, as they said, most of the time they felt “half-dead.” They were in their Death File.

(2) Working in trauma can be a way of coping with (controlling) the practitioner’s own trauma and deadness (their Death File). A pediatric palliative care setting had asked for help because of a longstanding and escalating rift between the professional staff and the Board of Directors that was affecting standard of care as well as morale. The professionals appeared to be self-destructively engaging by provoking abuse from one director in particular. The professional helping staff came to believe that this director was treating them as if they were defective and they sent long complaints to the CEO and the Board in order to try to achieve the firing of their designated-target Board member. This is not an uncommon reaction to secondary and vicarious traumatization (see Appendices). Children - and adults- even professionals - become adept at precipitating abuse (Richard Shur 1994). Thus, they can control the abuse and also it is a way of engaging with the abuser out of pride, out of buried hope for reparation, and out of need for retribution. When we come up against other people’s boundaries, this evokes shame and rage, which are reminders of earlier evocations. Professionals who have survived early trauma have to be careful not to follow this up by provoking abuse (for illusory control). * In this case, the Board agreed to fire most of the professionals.

(3) The savagery of the activated death file is the result of repeated developmental trauma. A professional came into a therapy group and spoke of how they blamed themselves for their parents’ disjunctive states. They reported that trying to make contact with them led to unbearable loss and therefore all their subsequent

relationships rested on disproportionate attachment and detachment - veering between the two poles - so that neither worked. They were prone to excessive brooding and self-reproach and when they felt liveliness returning, they ended up feeling ashamed and exhausted. The longing for death is itself 'mother-related' as the individual, symbolically, goes back to whence they came. The failure of a mother to protect from sexual/physical abuse can be a great trauma. Similarly, how those around one react when one is abused or traumatized can exacerbate and prolong the negative effects of the trauma, even in adulthood. Abused children may incorporate the abuse and make it a part of themselves. This results in a profound sense of defectiveness - that they were responsible for their own abuse. No amount of reassurance from the therapist can shift this and may, in fact, cause an empathic rupture where the patient has to engage in 'reverse-parenting' of the therapist.

(4) A professional came into the therapy group with few hopeful expectations and seemed to be prepared to alienate every other group member. During the first two sessions they caused huge rifts and almost destroyed the group. However, after several sessions where they were treated with empathy and forbearance, they were able to speak their most troublesome fears and beliefs aloud. They reported feelings of great relief and renewed energy without the usual accompanying toxic shame and rage.

(5) There are many variations of the contents of the death file. One person, a Ph.D. Medical Professional, whose parents were Holocaust survivors interpreted a death file thus: *"I am so ashamed and guilty at being alive. I have to hide my liveliness and pretend that I am sorrowful and depressed so that my parents will not feel lonely and despise me. I may as well never have been born. I have deadened myself to match them."* Survivors of developmental trauma may be unaware of their death file as it is both omnipresent (has become reality) and is deeply buried below awareness. They may focus on related but slightly off-center distress. They might report, "I'm

miserable and I don't really know why. Everything's my fault. My family is ok and my childhood was normal." Or they might begin with, "My family does not appreciate me. I try and do things for them even though they don't really deserve it. They are always unkind. I feel very alone."

(6) Survivors of early abuse can move in and out of variations of all of the negative cognitions and core scripts. In attempts to try and control their pain they spend a lot of time and misplaced energy in either script maintenance ("Yes. I'm a screw up and I'll prove it") or script avoidance ("I'm fine!"). For example, a survivor reported feeling completely devalued by their parents and complained about not being able to get close to people in general. They said they wanted intimacy but could never have it. They also said they felt they had to do everything for everybody else and be really competent so that people would love and value them (They worked as a psychotherapist!). This person had ghosts for parents. Both parents grew up in isolated religious communities. After their marriage, they fled but lived in another isolated place. Their only child grew up emotionally alone. Their drive to do everything for everyone was a neurotic compulsion to connect despite the deep-seated belief that they would always be alone no matter what they did or how competent they could become. *"No matter how much I try to please people and bring them closer to me I am alone in the world, therefore, I may as well be dead."* Abandonment and Death was their real core script. This script is closely linked to the Shame script because, it is said, if you shame a person, it is as if you have killed them (shame - rejection - annihilation). They were ashamed because no matter how hard they tried they could not meet their goal; therefore, they were worthless as a person. When they finally decided to come into a therapy group their fear was that, out of shame, they would hold back for self-protection. Holding back like this in relationships, "playing dead," is script maintenance, compounds the problem, and can result in a self-fulfilling prophecy:

"No matter what I do, I am always alone. There is no hope. Therefore, I may as well be dead."

(7) Some survivors of childhood abuse act as if they have never lived – never even been born – so they are ghosts themselves: *"Nobody loves me because I'm so bad. It is not safe to be who I am. I have no right to exist, so I may as well never have been born and, in fact, I am already dead."* One survivor's words: "There was nothing real in my family. It was a dead zone." This person's parents met in a Displaced Persons camp after WWII. They commented that although the parents' bodies immigrated to Canada, their souls had been left behind in Europe. The mother finally committed suicide in the back garden a month after the individual graduated from university and was back living at home.

(8) Another person, the granddaughter of traumatized Holocaust survivors whose parents had neglected and blamed them all their childhood (for living) – Famous book - Children of the Holocaust – Helen Epstein - remarked, "Well, at least my parents were not monsters!" This allowed them to hang in there and continue to be haunted by them well into their forties. (As a strategy it did not work well as they were left at the mercy of unpleasant feelings of guilt, worthlessness, and self-righteousness).

The power of the death file for those who have suffered mistreatment at the hands of people whose job it was to protect and cherish them should not be underestimated. Often, traumatized survivors live with undiagnosed post-traumatic stress and, if they are parents, that means they could pass it on. The open death files for people with PTSD overwhelm any attempts to find balance, coherence, or even to act responsibly because, essentially, these individuals have an inchoate sense of a foreshortened future (Merck Manual, 1997). Whether consciously or unconsciously, they are "preparing to die." They tend to make decisions as if time is short and they will not live to see the long-term consequences of their actions. They can be impulsive, even reckless. They may speed

without wearing a seatbelt, pick up strangers and have sex with them, or write injudicious emails/social media texts that get them into trouble. The other extreme is the workaholic, over-focused, I-have-to-help-everyone-and-I-have-to-save-the-world individual who is unable to acknowledge their vulnerability in relationships in any healthy ways. Underneath "I have no choices" ("that's just the way I am") is the real core: "I am not real, am trapped-in-amber, will never be free, and therefore, I may as well be dead. I am already dead (so it really does not matter what I say or do").

Childhood disruption can take many forms including neglect, indifference, excessive attachment breaks (deaths, separations, hospitalizations, house/school changes), and parents with unresolved trauma, alcohol/drugs, narcissism, or violence problems. Most survivors of detrimental childhoods have learned how to put a brave face on their resultant struggle with lifelong negative beliefs about the self, relationships, and the world. Children require tenderness, stability, and security as well as the usual signs of a close attachment: eye contact, playfulness, tolerance, and lots of room to make mistakes and be vulnerable without the prospect of rejection and annihilation. If the attachment is insecure or unsafe children blame themselves. Children are so completely dependent on the parents – life or death – that any signs of ineffectiveness or worse, neglect or harmfulness, have to be explained away and the child will take on that responsibility: "I deserve to be treated like this because I am defective." In other words, "it's me, not them."

(9) The negative effects of "narcissistic parenting" whereby the parent is unable to put the needs of the child first are long-standing. Usually, there is a crazy-making mixture of intrusiveness and distance. One person, whose parents were university professors (and alcoholics), who maintained that their only child was "an accident," was not allowed to close the doors of their bedroom or bathroom. They were, from the age of six, winter and summer, put outside their house every Saturday for several hours and the door locked. In their thirties, they tormented herself (and their partner)

for years with their ambivalence about commitment and whether or not to have children. If emotional availability is missing in the parents the child may grow up unable to trust their own feelings, perhaps even believing that their feelings are wrong and unacceptable to others. As a result, many of them would rather die than let others know what they are feeling. Underneath what seems to be resilience survivors develop an inchoate belief that it would be better if they had never been born.

(10) A professional was brought up in a household of three generations of immigrant, working-class alcoholics. They were the only one in the family who made it to the University and managed to get themselves through graduate school. They felt alienated from their family, disgusted by them, and enmeshed in their neediness. This individual had committed self to the belief that they had to do everything themselves and solve their own problems because they were fundamentally alone. Their negative cognition was "I deserve to die. If a therapist were to do a Floatback to find the origin of this cognition, they might hear: *"Because I do not know you (family members as well as myself) my body is dead. My feelings are frozen. There's nothing there. I may as well be dead. In fact, inside, I AM dead."*

During the reprocessing phrase 4 in the EMDR therapy the professional reported chains of associations including: *When I realized that nothing I was doing led to me being understood, loved, and accepted (by my contemptuous family) I felt like a failure. Even the appreciation of friends and colleagues could not substitute. Since I had tried to order my entire world, including my identity, around my competence, my shame and rage was driving me mad. For years I have suffered with unremitting headache pain that no treatments could alleviate.*

* Ovid described it rather vividly*: "Even now while I tell it, cold horror envelopes me and my pains return the minute I think of it."*

On a cautionary note, individuals like this who have put-all-their-eggs-in-one-basket - they coped with their damaged sense of self by excelling at school/work – may be vulnerable to self-harm if the work/school environment turns threatening. However, through a combination of courage, support, and luck this person got to the point where they said to themselves, "I have nothing more to lose. I've hit bottom. I'm going to get help and come out on top of this." Through a combination of EMDR therapy and weekly bodywork sessions that focused on "the pain inside" they were able to tolerate being in group therapy, complete two Therapeutic Enactments, and finally, was pain and substance free.

In the case of the person who had been devalued by their parents, it may be that after EMDR processing, the positive cognition and sought-after, new, reparative, core beliefs might include:

"I am OK as I am," "I do have legitimate feelings and you will not take them from me," "I can be strong," "I can stop people from invading my space." Other examples of positive cognitions are: "I did the best I could," "It's in the past" and "I now have choices."

The omnipresence of an internalized open death file underneath worthlessness and helplessness is underestimated. Therapists have to be cognizant and not stop the EMDR processing prematurely. If the person is weeping, screaming, or vomiting, beating on the arms of the chair or pacing round the room, the therapist simply says, "Go with that" and continues processing. If you believe in your core that you are alone then it is a short psychodynamic step from "No-one can ever understand and so I can never be safe" to "Therefore, I may as well be dead." This catastrophic cognition can explain the sense of having been abandoned in an unfriendly, even murderous, universe: *"No parent would ever do this to a loved child therefore, this must be a nightmare and I, worthless and unlovable thing that I am, am already dead."*

The Death File Red Flags

"He was not, God knew, going to commit suicide. He couldn't commit suicide.
He was already dead."
Jane Haddam

*** The following are "red flags," eleven emotional and behavioral signs that a death file has been opened: Shame, Horror and Terror, Disgust and Repulsion, Craving, Fantasy Bonds, Brooding, Ambivalence, The Narcissism of Trauma, and Pain.

Shame

Consider these Dylan Thomas lines: *"Do not go gentle into that good night. Rage, rage against the dying of the light."* This is a classic sublimation of the death script. Note how "good" the night is, a strong lure that must be ragefully resisted. In other words, you can be a famous poet, accomplished, top of your profession, and still at the mercy of your own open death file. Behind the scenes you can be a rage-filled alcoholic preoccupied with death who is headed for a premature death. Thomas was a writer who never felt he lived up to his father's expectations, a poor student, mired in "the hidden injuries of class," and a womanizer who feared women. Undoubtedly, he wrestled with shame all his life and shame may be the corrosive, crippling, and ever-present force driving a death script.

Shame is one of the 'core scripts' ("I have to stay hidden or others will see I am imperfect and reject me") and is related to the belief that one is profoundly unlovable. Believing that we are unlovable makes us dangerous to others because we have nothing to lose. Believing that we are irredeemable is similar to addicts who convince themselves that they have gone so far down the road of addiction that no return is possible so they may as well carry on using. There also may be an "addiction to shame and rejection." People can get a "hit" out of shame just like any other addict. They masochistically seek to control the familiar pain (Bergler, 1977) in order to offset feelings of powerlessness. Powerlessness before shame results in addictive behaviors, as well as distorted emotional coping and self-soothing. Shame stops anger cold thereby keeping angry dogs locked up none too securely in the basement to jump out when least expected.

In addition, traumatized individuals can develop a counter-phobic attitude to chronic shame. They display over-emotion or

over-interest ("false cheer"). They appear interested in everyone and in everything. They "overfunction," which means compulsively striving to appear competent, to do more, help more, achieve more, or be more, when feeling overwhelmed, sad, and scared in the social interaction area thus leading to depletion and resentment. This "addiction to perfection" (M. Woodman, 1982) is emotionally exhausting, death to relationships, and yet another sign of an open death file operating like a black hole and consuming all achievement and satisfaction.

We all ought to be able to depend on it that our families and loved ones will protect us. If a child's boundaries were constantly invaded, and there was no possibility of personal privacy or dignity the grown-up person feels ashamed because toxic shame and shame-storms are linked to a sense that one's honor has been damaged irrevocably. People who have been physically abused are particularly vulnerable to shame storms, which seem to come completely out of the blue (on a bus, putting in the laundry, waiting in line at Starbucks, beginning a presentation, sitting on a committee), appear unrelated to the present activity, and often arrive when the person feels safe or at least non-vigilant, just like the physical abuse. Perhaps the function, other than to self-torment, is to remind the individual to keep their guard up but this excessive defensiveness is another sign of an open death file.

Horror and Terror

Noctes atque dies patet atri ianua ditis

The doors of hell are open day and night

Virgil. The Aeneid. Book6 Line 127

Horror and terror are common facets in an opened death file. Terror and horror are NOT "feeling states" but extreme escapes from feeling. Both **terror** - intense panic, frozenness and **horror -** intense shock, awfulness, savagery, barbarity, hideousness, or atrocity are closer to what Melanie Klein called "nameless dread." Terror is "outside reality" in a world of its own, loss of rational

functioning, far from help or human interaction and thus, implies evil and impending death. People become paralyzed and riveted – dead-like. The world of feeling is seen as surreal. When in the grip of terror and horror normal human strategies of survival, for example, fleeing, fighting, or seeking protection/sanctuary, are prevented. Panic is deathlike. Witnessing horror in the home has long-term dehumanizing effects. The person is horrified at witnessing a brutal attack on others, especially those for whom one feels some sense of responsibility (domestic violence). One is terrified when the attack is against oneself. Terror, rage, and hatred are "gone baby, gone" phenomena; the individual is "out of her or his mind." Horror and terror are not on a continuum for anger or fear; they are activated in a different part of the brain and perhaps when they appear, a crucial (interpersonal) part of the brain is deactivated and the person "goes away' - dissociates

Disgust and Repulsion

"You have an internal critic, an internal drive that says, 'OK, you can do more.' Maybe that's what keeps you going," Williams said. "Maybe that's a demon. ... Some people say, 'It's a muse.' No, it's not a muse! It's a demon! DO IT YOU BASTARD!! HAHAHAHAHAHAHA!!! THE LITTLE DEMON!!"
Robin Williams, R.I.P. August 2014

These are bodily feelings of rejection and repudiation felt by a person who was not allowed to feel feelings in response to early ill treatment. If the individual helplessly had to submit to physical, emotional or sexual intrusion by another person, particularly a parent or parent-figure, lifelong disgust and repulsion may occur at any signs of encroachment or intimacy even if the present experience has no similarity to the past. Disgust and repulsion also may be signs of the presence of **evil** (Peck 1983). Disgust is based on something, which is perceived as harmful, not just resulting in physical sickness but somehow a danger to our souls and is a projection of toxic shame on to that which assails our honor even if the 'that' is a request from an intimate to "be more open" or "show more feelings." Something disgusts us or we are consumed by self-

disgust when we perceive a spiritual threat and somehow if we associate with that thing the sacred in us will be contaminated or killed. Disgust and repulsion, especially when turned against the self, are the mortal enemies of the life energy. They are deadening and another sign of an opened death file.

Craving

Any obsessive or compulsive behaviors are signs of an opened death file. Some examples are re-cleaning the house and cupboards when stressed, watching the 7 seasons of Buffy seventeen times, ten mile runs in the rain, or eating entire cartons of forbidden ice cream. Survivors of trauma often develop appealing "trench" humor associated with the conundrum of the omnipresence of shame and disgust and an open death file. They make fun of their propensity to pleasure themselves (act out with substances including food, sex, or extreme sports) in the face of doom and death. Sometimes, in these ways, survivors chip away at the ice inside trying to manage their pain and fear. Craving is a sign of a dead system frantically (and unconsciously) trying for resuscitation.

A lifelong yearning for the unobtainable is associated with early attachment disappointments and betrayal of trust. Most people underestimate how craving can dominate a person's life especially as people keep this a secret. If craving can be directed into spiritual or mindful questing the results may be healthy. If, on the other hand, craving dissolves into greed (not necessarily of food) the person will discover that no matter how much they consume, they can never be filled. No amount of external validation can repair or fill the emotional wasteland. Craving is a sign that individuals have learned both that they have to gratify themselves since the caregivers are unable or unwilling to provide the desired nurturance and that they can never be gratified. <u>Craving is a sign that the person's heart was broken and maybe even that their spirit was exiled or killed.</u>

Fantasy Bonds and other Escape Fantasies

I will climb the falls from the long lake
Where the bittern and badger cry,
For the birds and the beasts and the dead Pretty Fellows
Are my friends before I die.
Dorothy Wellsley

Individuals may attempt to manage an open death file unconsciously by indulging in "escape fantasies" including relationships that are "fantasy bonds" (Robert Firestone). Fantasy bonds are illusions of connection and substitutes for real relationships. The underlying goal is to have control over helplessness since there is the illusion that fantasy connections, unlike real ones, can be controlled. Escape fantasies arise because of intimacy claustrophobia (feeling trapped and tortured) or the burnout that attends overfunctioning and putting on "the happy face." This invariably feeds rage, as overfunctioning is a sublimation of buried resentment and a major defense against over-powerment by the abandonment and death script. Survivors imagine themselves running away with an old high school buddy or taking up an alternative life without leaving any trace in the old life. Some survivors under stress act out compulsive attention-seeking behaviors self-destructively, such as serial dating, unsafe sexual encounters or escape fantasies whereby they abruptly exit long-term relationships or careers (evading death – doesn't work!). In fact, the latter escapism has become a known psychodynamic event.

Brooding

"I have to die a little
Between each murderous thought
And when I'm finished thinking
I have to die a lot."
Leonard Cohen

Self-absorption through brooding, constantly ruminating over the same ills and physical ailments, is another all too familiar

unhelpful self-soothing trait. Brooding can be a sign of obsessiveness and is another way to avoid accepting the reality of "the disaster." In fact, brooding can be another variation of the escape from reality fantasies and can reinforce withdrawal into a me-world where the input can be strictly controlled. Brooding can be also an intelligent person's attempt to avoid the helplessness trap and "work through" the trauma and learn from it. However, excessive brooding can signal isolation and hopelessness (death).

Ambivalence

What shades we are
What shadows we pursue
William Pitt

Ambivalence is a defense against more injury and is linked to a longstanding reluctance learned in childhood to commit to one's feelings especially when they are associated with anger or fear. Ambivalent individuals have to learn that it is okay to have separate feelings - good is good, bad is bad. Otherwise, everything becomes everything, and feelings all get unclear and watered down. Survivors may have learned placatory behavior very early. They also learned to stuff their feelings - put them away - distrust them and the people who made them feel them. This old stuff hitchhikes into the present and contaminates adult relationships making survivors prone to continuing acts of desperation and self-destructiveness/self-torment. The hardest first step towards therapeutic repair is to accept the stark reality of the situation, both past and present, because acceptance leads to awareness, understanding, grief, and legitimate anger – sometimes even forgiveness.

Children in narcissistic families search their parents' faces for signals that they are whole, and that all is right with the world. When they do not find this, they search inside because they feel that there must be something wrong with them. They begin to control

their inner world, their own experience and feelings, smothering their creativity, masking their emotions, and are preoccupied with routine, perfectionism, compulsions or obsessive self-soothing rituals. These are distractions and attempts at protection from their sense of unworthiness and unrealness. They feel as if they have been sentenced to lifelong feelings of worthlessness, shame, and self-hatred. They feel chronically unsafe, distrustful, hypervigilant to attacks, powerless, fragile, and emotionally volatile or completely numb. Sometimes, they do not know what they feel or whether they are able to have any feelings at all. Often, they suffer from long-term pervasive anxiety and depression ("There's no hope" (I'm dead)).

Narcissism of Trauma

The desert is not remote in Southern tropics,
The desert is not only round the corner,
The desert is squeezed in the tube-train next to you
The desert is in the heart of your brother.
T. S. Eliot

A self-destructive belief about the unworthiness of the self is one of the most significant characteristics of those who have survived narcissistic parenting, oppressive education or ideological disparagement. In addition, this is not just an individual issue of those who have survived narcissistic parenting but also a major social problem that includes survival from oppressive cultural values and education as well as ideological disparagement. Females, minorities, including those with diverse sexual identities, the poor, and those with cognitive or physical challenges are particularly vulnerable to discrimination, deprivation, scapegoating, shunning, and prejudice. In fact, whole groups, even whole nations, can be vulnerable to core scripts of worthlessness and death. Nations that have been fractured, tyrannized, and oppressed for centuries, even millennia, can *look as if* they are holding it together while inside their structures, institutions, and sets of cultural beliefs, they are

supporting behaviours that confirm a self-destructive sense of helplessness and of existing on borrowed time.

Some survivors of trauma may baffle associates by being prone to striking out, bottling feelings up until a rage explosion, and showing remarkable lack of empathy (shut down, missing in action, "offline"). These may be signs that the person is trapped in "the narcissism of trauma" and indulging, compulsively, in "aggressively worthless" behaviors.

Some survivors who came to believe, very early on, that their parents or other authority figures, and maybe even their culture in general, thought them bad and worthless might self-destructively generate behaviors to prove their worthlessness. One of the saddest ironies of the survivor's situation is that, although they have suffered the agonies of the damned from their exposure to narcissistic parenting, educators, or other authority figures, they are prone to exhibit and reprise many of those narcissistic behaviors that caused them so much pain in the first place. They may squander relationships, hurt people, and manipulate them irreparably in an awful self-fulfilling circle. Empathy and compassion go out the window. When a personal blow occurs, maybe even at the hands of a loved one, a death file opens. The person's buried rage may be expressed in an interpersonal or societal revenge stance of, "Somebody owe me and you're gonna pay one way or the other. Besides which, you can't get to me because I'm already dead."

This suffering is compounded by the fact that individuals tend to isolate themselves in their toxic shame and self-torment. They "hide in plain sight" while pretending to be equally emotionally involved in the relationship. They deny their effect on others including a one-way insistence on loyalty and lack of critical feedback and are maddening to be around because they can be inappropriately self-disclosing at one level and secretive and withholding at another. This leaves those in relationship with them feeling helpless, frustrated, and resentful. In this way, survivors are

compelled to repeat the past and unconsciously force partners and associates to reject them. They appear terminally anxious coupled with rageful, vengeful aggression and contempt.

Generally speaking, very early deprivation traps the personality in self-hatred not self-love. Since they are dead already these individuals "take no thought for the morrow." They fail to identify with, or commit to, humanity (hence the ease with which they will exploit people). Instead of showing remorse when they hurt others, they fall back on self-pity. This makes it hard to sympathize with them. Aggressively worthless people will explain how abused they feel but instead of grief will express hostility towards anyone who attempts to understand them or take attention away from them. The disparity between an adult's behavior and accomplishments out in the world and the inner negative cognitions about the self, which are rooted in childhood, can be relentless and agonizing. Defensive, self-destructive ways of coping have overcome any possible helpful ways of maintaining a stable inner self and engaging in mutually positive relationships or workplace satisfaction. Grotstein (2000) in his paper on "Hate and the Death Instinct" postulates that the death instinct is a biological imperative and its tasks are "defense, maintenance, and repair." If this is a possibility then the death file may be seen as an instinct, which through abuse and trauma, has gone terribly awry.

Pain

Things fall apart. The centre cannot hold

W. B. Yeats

Pain, its physiology, psychological and social antecedents, and daily management, is still a bit of a mystery in psychology research circles. Individual differences in pain tolerance stretch along a wide continuum. For survivors of childhood trauma, the memory of past pain and the prospect of present pain are unremitting and terrorizing. In fact, survivors can be so frightened of everything associated with painful emotions and interactions that they would

rather die than endure one more painful experience. Most of them desire relief from pain, in fact, no-pain-at-all. However, given that this preferred state seems impossible, their hypervigilance to the possibility of more pain makes them immediately shut down all feelings and fall back on death-as-a-relief-from-pain.

Many people who are struggling with chronic pain may say, "I can live with this pain. I always have." However, underneath this sentence is a death file, "If I am without this pain, I am not alive. I am dead." Their pain has become their identity and if they are unable to achieve what they want to or if they are somehow discounted, they may find ways to increase their pain to preserve strength and control. Pain, physical or emotional, can become a phantom, a scary presence that lies underneath, in the "undertoad" (The World According to Garp by John Irving; *"The undertoad is wicked today")* sabotaging all interpersonal encounters, achievements, and future orientation. Unhelpful self-soothing behaviors to avoid or ameliorate pain may range from isolation to addictions including a "worried well" addiction.

*N. B. Therapists who work with addiction should assume that <u>all</u> addicts have open death files.

Moreover, pain and suffering are not the same. Not everyone experiencing chronic pain is addicted to suffering although those with open death files will be. If they are caregiving professionals their suffering (secondary and vicarious trauma) may be a way in which they are trying to cope with the shame that results from their inability to change their own unfixable suffering or that of others with whom they are involved. Since they are unable to change the nature of the work, one way for them to try and restore personal honor is to suffer along with others so as not to seem disconnected from them, condescending, or impervious. In our society, suffering is often considered the just desserts for moral weakness (William Ryan, Blaming the Victim). Many professionals who work with the traumatized feel tainted by the hopelessness of their clients'

especially when it is combined with addictions, poverty, or crime. Thus, many social service providers, including physicians, law enforcement, and first responders, suffer feelings of personal dishonor (moral distress) while attempting to perform honorable work.

When these conditions arise in high intensity professions and work settings, individual difficulties become team problems and entire workplaces, peer groups, even entire professions, can become contaminated/toxic. Lack of managerial support to unblock grief and anger combined with events in an individual's past that have never been properly dealt with and have gone underground result in unsafe work environments where highly functioning professionals may succumb to compromised health, stress, family problems, or inappropriate self-care including addictions.

Closing a Death File with EMDR

"Dig! What do you see? Men and birds, water and stones. Dig deeper! What do you see? Ideas and dreams, fantasies and lightning flashes. Dig deeper! What do you see? I see nothing! A mute night, as thick as death. It must be death."
Kazantzakis

The EMDR therapeutic approach is an important resource in ameliorating the often, lifelong negative effects of death files. For many survivors, letting go of the death file (identity) can seem like another death. The therapist has to understand that what lies beneath the individual's inability to incorporate and process information is an underground stream of painful memories and experiences so that if the individual is invited to "go inside" that is an invitation to be swept away in the flood. *"I'm dead inside, she thought. Worse than dead – if I were dead at least I wouldn't have to remember everything anymore." Susan E. Macneal.*

The way therapists use suggestions such as "go inside" is linked to an ongoing imperative to be extra careful about the tone of voice and the language they use with clients, which is similar to Porges, 2006 work with the automatic nervous system: *"Hand*

gestures, facial expressions, and vocalizations that appear "safe" turn off the brain stem and limbic areas that include fight, flight and freeze responses." Tone and language can reveal that the therapist has expectations for the client (to move in a certain direction), is judgmental (client has to "get it right") or thinks they might know what is best for the client (Do it this way). Tone of voice and the language used in the reprocessing are extremely important because they indicate helpfulness versus distancing, the possibility of calmness instead of unceasing hypervigilance, and promote autonomy instead of retraumatization (helplessness and dependency on the therapist). Instead of trying to put words – or feelings – into the client, the message to the client should be, "Feel whatever you need to feel, as strong as it need to be." This is the essence of mindfulness.

There are at least five ways for EMDR clinicians to assist people to process through open death files and close them down. Group therapy, mindfulness meditation, and bodywork are included here because they enhance the therapeutic effects of EMDR.

(1) Resource Development and Installation

"We are all responsible for everyone else - but I am more responsible than all the others."
One of The Brothers Karamazov

Our natural state is to be "relaxed and ready" as opposed to being tense and hypervigilant or unconscious and stupid. However, when survivors of trauma are asked to describe particularly challenging situations in their present lives, they rarely speak in terms of success or mastery of the challenges. Instead, people speak in terms of scarcity, anxiety, the absence of necessary personal qualities, lack of support, and loneliness and they fall back on maladaptive self-soothing in despair. Resource Development and Installation (RDI) addresses this by exploring the possibilities of retrieving the missing qualities, strengths, positive feelings, and resources, as well as the language that supports them, and using EMDR reprocessing to install them into conscious problem-solving approaches (adaptive networks). It is essential that RDI be

combined with EMDR processing as soon as feasible. * N. B. Some therapists with their own underlying unprocessed death files can give in to anxiety and focus exclusively on developing resources indefinitely whereupon the benefits of the EMDR processing approach can be forestalled.

People with insecure, disorganized, or ambivalent attachment (Debra Wesselmann, 1998) find therapy, if not relationships in general, difficult and scary, at worst, extremely painful; often, they are unable to find a calm place inside or feel safe and so the therapist should not be asking them to do that or go there. In order to feel safe when we are safe we need to be able to ensure that everything that still needs to be reviewed (reprocessed) or sorted through is set aside and not swirling around ready to confound us with the abusive, contemptuous voice-in-the-head ("You're a useless failure"). The RDI approach is to practice the "calm place"– NOW, not then – and to practice between sessions. If an individual cannot get hold of or maintain a calm place, this is important diagnostically.

What would containment look like?

We have the innate ability to contain distressing experiences without being overwhelmed by them until we can give them our full focus. RDI is related to the ability to use an inner mental container as a resource and to put in it any leftover material that can be processed later when in a calm state. The "calm state" used to be called the 'safe state.' However, some (many?) survivors are always staying "on guard." They deal with internal conflict and stress by confronting them as life threats; these threats to the functional belief: "I have a right to live (well)" appear to be at the root of whatever the person has been unable to ReView and Update as potentially destabilizing material comes forth. It is exhausting to never be able to relax, to always be on the alert and it makes people less able to respond to danger when they need to. These individuals do not resonate to a 'calm state.'

Mindfulness

Mindfulness practice is a valuable RDI approach as it emphasizes accepting all of one's experience in the present moment, including suffering, in a non-judgmental, "just notice," fashion. The therapist can model this acceptance (tone of voice, language used, body language, non-interference) as the EMDR processing continues. People with open death files often express ambivalence: "What's the point?" However, if they are in therapy presumably some part of them wants relief from pain that does not involve death. Learning to establish pain-free or at least, pain-manageable connection with the self as well as with other people is what is necessary. The therapist might comment, "We are not here to give you feedback or advice. We are not working together to take anything away from you or so that you have to relinquish or disavow anything necessary to you. Rather we are working to keep you from having to be in agony RIGHT NOW." In addition, 'for many people, 'Working The 12 Steps' can be a helpful added aspect for addictions especially if the steps are non-blaming and able to incorporate the sacred. Also, Yoga Therapy and Body Work as practiced by highly trained practitioners (c.f. Bruce Lipton's Focus/Notice/Activate the Body) work well with pain management as well as with open death files.

(2) Review and Release – When the Processing becomes Blocked

There is a tide in the affairs of men
Which taken at the flood leads on to fortune.
On such a full sea are we now afloat
And we must take the current when it serves
Or lose our ventures.

As the person processes through the negative material, the expectation is that they will find access to an internal, adaptive network. The EMDR therapist may choose to reconsider the present relevance of the three categories: Responsibility – the past (then) – what was the cause? Safety – the present (now) – am I safe now? Choices – the future – the future is uncertain, but I feel calm now.

However, trauma survivors who have a death file underpinning all attempts at adaptive functioning may be unable to do this. Loss is an unavoidable result of living in the real world, but ongoing, relentless disturbance/pain means they are stuck in their distress. They cannot move forward or even think clearly. There is the risk of increasing hopelessness and despair: "I am irreparably damaged" or "I am so incompetent I cannot even do this right." This 'stuckness' is so anxiety-provoking for the client and the therapist that, at worst, it may lead to abandonment of the therapy. Therapists have to learn to trust the EMDR processing system (as well as have nerves of steel!). When working with individuals with death files particularly those who dissociate routinely as a defense against feeling, when the processing is blocked and where there is no spontaneous movement from a maladaptive to an adaptive network, clinicians have several small but useful strategic interventions to "review and release" and "get the train running down the track again instead of spinning its wheels." One useful intervention is the cognitive interweave.

The Cognitive Interweave

The cognitive interweave is a sentence that a therapist will say in order to jump start a processing that has stalled at the same time as respecting that the client is not connecting to the useful/adaptive information network.

For example, a person was looping on "I'm dead. I'm dead. I'm dead" and could not continue processing. The therapist touched them lightly on the arm and said, "Can you feel that?" They replied, "Yes!" The therapist responded, "As far as we know dead people do not feel anything."

Another interweave might have the therapist say, "Imagine you are dead. What are you doing?" One individual commented, "I just can't do it. Life is too hard. I can't go on." The review and release might be something like, "Imagine you are doing it (going on). Imagine you have choices you did not know you had."

Another person, ex-military, was looping on "My friends died. I could not save them. I should have died too." One intervention might be, "Imagine you did die (or are dead). What happened then?"

One goal in EMDR is for the person to review the painful material and release what is able to be released so that what is past is, indeed, in the past (never mind what Willian Faulkner said!). The system is neither blocked nor actively hurtful. Often, individuals are stuck in "trauma time," which means that it is all still happening for them, they are in danger, and they are reliving the trauma. This is a variation of Faulkner's old quote: *"The past is never dead. It's never even past,"* (obviously made before there was the possibility of an EMDR intervention). In order to escape from re-experiencing the trauma and feel calm and in control of their plans and goals individuals may be asked to imagine what they need to do to repair the trauma, close the death files, and be in the present.

Sometimes, there is a "blocking belief" between the negative and reparative cognitions that stalls the processing that must be overcome otherwise the processing will stall. For example, the survivor might say, "I don't deserve to get over this problem," "I don't have the strength or the will power to solve this problem, " or "If I ever solve this problem, I will lose a part of who I really am." The negative cognition is, "I am weak," "I am worthless," "I deserve to suffer," and "I'd rather be dead." The blocking belief is an inchoate attempt to restore pride and control. Obviously, the therapist is not going to argue with or reassure the client. The cognitive interweave is used to get the processing moving again, not to "fix" anything. As one therapist put it: "We're doing bumper cars here not acting as a tow truck."

Instead, the therapist needs to be thinking about the language used when they insert a cognitive interweave, "If your child/best friend told you that would you think it was all their fault?" or "Could you imagine where you learned that? Whose voice is that?" or "How old do you feel now?" Perhaps another more important cognitive

interweave might be, “Imagine that you are lovable and capable. Stay with that.” A tougher review and release with a cancer survivor who is conflicted about “choosing life” (as opposed to “I may as well be dead”) might be something like this: “Imagine yourself as healthy and cancer free? What would that look like?” This is called an **ego state intervention**, which appeals to the grown-up, thinking part of the psyche. The therapist might respond by saying something like, *“Yes. Let both that part of you that believes that you may as well be dead, and also, any other negative parts or beliefs have their say too and get their needs met.”*

Therapists who work with ego states hold “conferences or committee meetings with all interested parties and stakeholders round the table” so that the person’s oppositional parts are included in the review. This can be combined with the Gestalt Two-Chair approach whereby individuals can practice “talking to their shame/ disgust/ craving/pain” and any other parts/people/beliefs that need to be integrated into the self in adaptive forms. Given that ambivalence is the middle name of most survivors, this inclusive approach often really does seem particularly heaven-sent.

The feelings of helplessness that lead to a blocked or stuck processing can compromise individuals’ abilities to use available adaptive networks. However, when their processing starts up again, individuals may discover and begin to express different kinds of sentences about the self than those associated with their longstanding negative cognitions and death files. Then, they get to “the healing turn” towards reparation in EMDR therapy.

(3) Reparation - The Healing Turn

“The pangs of your sadness will pass
As your senses will rise
Though the flowers of the city get deathlike sometimes”
“Ramona.” Bob Dylan

Reparation concentrates on pain and pain-relief. Reparation of trauma does not mean taking away memory or even “lessons

learned;" another Bob Dylan line expresses it admirably – *"You can come back, but you can't come back all the way."*

The "healing turn" occurs when there is movement in an individual's belief system **from feeling to fact**: "The pain and shame seemed like the end of the world then, but it wasn't;" **from then to now:** "That's it! That's it! I got it. It wasn't about me" (Funny how you can get the link intellectually but "getting it" emotionally is so different and so satisfying!); and **from distress to reality:** "Note to self – you are worthwhile." The individual tunes in as opposed to tuning out.

Case Example

An EMDR client's SUDS (Subjective Units of Disturbance. Appendix C) would not go below two, where zero is no-distress, and they were looping on the identity "fact" that it could not go to zero because that would mean that their traumatizing childhood had never happened. (They were sexually abused by their alcoholic father and told repeatedly that it never happened).

Therapist: "Have you ever broken a bone?" "No." "Sprained an ankle, had a wound that left a scar?" "Yes." "Does it hurt right now?" or "Are you in pain right now?" "No." "Okay. Stay with that." As the processing continued this person said, "Okay. I get it. That was then and I am now." A few moments later, they reported, "Yes! He was a complete bastard. And I am not." (thus, their honor was restored). The clinician may say, "That's right. You are not going to forget anything. It's just not going to hurt now." They may add, "It's possible if someone presses right on a scar again it may hurt, briefly."

Here are further examples of sentences that people said that indicated they had moved away from self-flagellation and were able to close open death files:

- "They did the best they could. I did the best I could."

- "That's the way things were then," followed by "I feel happy to be here now and know what I know now." (laughs - **the "EMDR giggle")**
- "People can be cruel," followed by "She was cruel and I could have been cruel in return but I chose not to and I feel very good about that."
- "Those were his issues not mine. I stay focused. I get to choose. This is my life."
- "Now I see what happened and I know that I have choices now that I did not have then."

These are not desperate, revisionist "pink thoughts" but spontaneously voiced reparation generated from the individual's ability to notice and access their own intrinsic adaptive networks. Many survivors feel that they have been irreparably damaged and dishonored by what happened to them and how they were treated. Reparation includes a sense of restored honor especially of the "I am not like them. I am a good person," variety (and, amazingly, I am not dead).

(4) The Sea Inside – Contact with the Undamaged Self

Nes gadol hayah po
A great miracle occurred here

People who have experienced a lifetime of "free floating" anxiety and hypervigilance (fear) as well as those who have dissociated from specific traumatizing circumstances may have great difficulty in finding an inner center. They may say, "That's just the way I am" or "I've done all sorts of things before this and nothing has worked – medication, psychotherapy, spiritual practice - nothing can fix me." Applying the EMDR therapy protocols in floating back to the so-called "early targets," before three years old, before birth or even before gestation, in order to have access to and be able to review a death file is particularly useful (Kate O'Shea, 2005). Many highly functioning people have disconnected from their

grief and pain about early abuse or neglect: “It can’t be changed now. You just have to build a bridge and get over it.”

However, in putting away remembering and grieving, they find that, somehow, they have put away meaning and their “**refusal to mourn”** ((Martin Livingston, 1991), has devastated their inner landscape. They have lost their vitality. They have sold their soul. If they look back, they feel validated in thinking that things will never be right for them or even that Life itself is meaningless. This is the true meaning of despair.

An important aspect of reparation is the learning associated with making contact with the sacred place inside, also called “the whole, undamaged self,” the pre-trauma resource state,” or “the adaptive state.” This can become the ultimate self-soother and can be called upon in “real life” when things go dark. The individual may float back to the womb and then float back a little further to the six weeks before the placenta was “attached to the mother ship.” Individuals find there whatever they find: mostly these are extremely positive experiences. Some people say they are “floating” or have a feeling of “wholeness;” they see “golden colors,” “this is my whole true self before the world got at me, “this must be my essence,” “I realize that my true nature is to be loving and calm.” Many survivors of trauma, including whole groups, express gratitude for this exercise and the feelings of completeness. They “get it” that they are who they are, complete, in spite of the individuals who happened to be their parents/family. Something good has survived deep inside them and now they have access to it. The death file may have been useful to them at one time but now, they can close it. The old therapeutic visualization of putting unwanted “stuff” on a train and sending it away, but not completely away, just right up to the horizon, may be relevant.

(5) Groups

I can't go on. I can't go on.
I'll go on.
Beckett

Group based treatment, and this includes drama therapy and Therapeutic Enactment (P. Wilensky, 2016, How To Form Good Groups Using EMDR And Drama Therapy), while often difficult at first for survivors *("Oh, the horror, the horror!")* can be a reparative treatment modality when working with pain and grief. This is because the groups contain most of the elements that injured the person in the first place, including when they were at the mercy of influential others. Also, the groups are very fertile ground for learning one's personal "triggers" (reminders). Reminders is a better word to use than triggers, which has unpleasant connotations. A tone of voice can be a reminder of humiliation and even stir up a shame-storm as a death file opens. Survivors either shut down or act out. In the groups, there is an opportunity to disclose this enigma and understand the antecedents in a supportive environment.

Porges (2006) promoted social interaction/support as a necessary component of reducing stress and creating calmness instead of the usual predilection for isolation (the illusion of safety rather than the reality). The interactions between people will bring up feelings and thoughts that the individual usually suppresses and denies. For instance, hearing a fellow member disclose abuse with obvious pain might bring up contempt or rage instead of empathy. This is vital information. Obviously, this will be happening outside the group, in ordinary life. Substance and other self-abusers need to learn their reminders for shame and helplessness: "I may as well do what's bad for me because I am just a piece of shit anyway (and moreover I'm already dead so nothing I do matters)."

Incorporating several aspects of the EMDR protocol into the group helps people to focus and enhances attentiveness, problem solving, and interpersonal communication skills. Even "the walking

dead" can get it in the group interactions that they are not really dead. Repair of horror and terror needs acknowledgement and catharsis, ideally in therapeutic enactment/drama therapy approaches to the reparation of trauma. The entire list of "red flags" comes up in the groups all the time and has to be confronted and integrated. Each person's sacred place and 'the undamaged self' place can be set up in the group environment sometimes through a group meditation, sometimes through the placing of cherished physical objects or by the group's spoken acknowledgement of what had seemed the inconsolable. * N. B. It is essential that therapists remember that the group is not just another setting for individual therapy. All interventions must include the whole group. Perhaps a happy analogy lies in the research on flocking behavior in birds. An entire flock of geese navigate without error unlike a single bird.

Group members might be told that the little embryo, no bigger than the nail of one's little finger, already has all its DNA and is unique and whole: *"You are yourself and no one else, floating in the universal fluid, there has never been anyone like you before and there never will be anyone like you again. It is okay to be alive. We are full of gratitude for your existence and we welcome you to this place."* The leader then tells the participants that from this moment on they can go to this "sacred place inside" whenever they wish to. They may simply say to themselves, "Go back to my beginning." Some individuals say, "(Name), Go home."

The resulting sense of efficacy and competence defeats helplessness and means that survivors, who have believed themselves condemned to lifelong unfulfilled longing for they-know-not-quite-what are surprised at how quickly their self-torment is relieved. Groups assist with finding and affirming the undamaged-place-inside as there is nothing to compare with having others empathically witness one's sorrow and suffering, gaze together into the depths of a death file, and be able to return the favour. Public grieving is a spiritual force and can release despair. To hear a

participant exulting, “Yes! I get it. I am alive” opens the group to altruism and hope.

Many survivors of trauma saw themselves as “outsiders” as children. They are seeking that missing experience of intimacy with all their hearts although not necessarily with self-awareness. In fact, there are two main ways of moving through a death file instead of being trapped and tortured in it.

(1) Restoration of the connection with others is the main necessary quality/reality.

(2) The arousal of one’s inherent creative processes is also necessary. If you are moving on out of entrapment you need to be able to leave something behind to appease hubris and a creative ritual/ceremony/art object/ or conscious commitment to living well are some suggestions: “I want to share what I know so that others can have an easier life;” “I shall really take charge of my life from now on and speak up even when I am fearful or shy;” “I get it that I am unique and needed, just like every one of us.”

Positive cognitions are integrated into the personality structure becoming automatic resources affecting decision-making, judgments, and a “healthy self” approach to the daily stresses of ordinary life, including relationships and work. Replacement reparative cognitions might include, “I am competent,” “I am a worthwhile person,” “I am lovable and capable.” Finally, there is the mother and father of all reparative cognitions, “I deserve to live.”

Summary

“And a longing for disintegration constantly comes. Many things however
Have to stay on the shoulders. Steadiness is essential.”
Friedrich Holderlin

For many people who suffered neglect and trauma in childhood, underneath each of the core scripts governing choices and behavior, there is an open death file. It is filled up with negative cognitions, rationalizations for self-destructive behaviors, and self-fulfilling prophecies of the uselessness of trying to live well or even

trying to live at all. When an event or emotional crisis occurs, old networks are activated that contain ineffective or actively unhelpful and masochistic self-soothing behaviors accompanied by shame and distress that easily segue into terror, horror, craving or aggression. People in groups have torn their clothes, ripped up their degrees and qualifications, smashed their grandmother's china, or run screaming from the room.

As soon as EMDR practitioners work with individuals who vocalize any feelings or negative cognitions that are strongly about my-fault, no choice, worthlessness, shame, incompetence, inner loneliness, sleeplessness, addiction, or I-have-to-work-till-I-drop, they know that they are working with a death file. As soon as the therapist hears any sentences that refute or deny reality, i.e. "Why did this have to happen to me?" "I can never get past this," "I can't go on," "It wasn't fair," "I wish it hadn't happened," "I don't want to be here," they know they are working with an open death file that can overwhelm any other file in the survivor's repertoire. When, after reprocessing, these sentences change to others such as, "I can choose to do my own life in the best way for me," or "In spite of everything I am okay," then the material in the death file has been reviewed and helpful, problem-solving networks have been activated.

Ultimately, individuals may have to learn to recognize the signs of an opened death file in themselves and find ways to process through it and close it off temporarily and then seek assistance. In addition, as individuals age and enter retirement, their boundaries may become more fluid. Unprocessed early material – and new research suggests even processed early material - may swim in by means of a death file opening. Self-soothing, especially with a developed ability to access the "whole or undamaged self," can become an automatic resource state even before traumatic experiences have been fully reviewed thus encouraging hopefulness and trust.

In order to close a death file two requirements are necessary: (1) that individuals recognize that they are not alone in this and that they need to seek out social support. EMDR therapy combined with group therapy is an optimal beginning.

(2) That individuals apply their inner and outer resources to create something to put in the place where the death file was open, creating a black hole that sucked up all energy and liveliness. If something is to be taken, something at least equally important must be given. At some point, for survivors of trauma, the death file was an inner resource even when their life circumstances aroused the contents and the results were painful and disorienting. At worst it offered them the prospect of "easeful death" and "death as release from pain." At best, they were strengthened by their abilities to embrace the past even if the experience left them mired inside it.

Nonetheless, the death file contents deserve respect and a serious attitude to their impacts. The EMDR therapist is not involved in taking any of this reality away from individuals. The therapist is there to assist the person in processing through the contents, thus relieving pain and allowing for access to positive and helpful strategies for survival and enlivenment.

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APPENDIX A:

SIGNS OF TRAUMA

Patricia Wilensky July 2014

THE TRAUMATIZING EVENT – can include TOXIC Families or Workplaces

- **Injury: - by family member, friend, colleague - betrayal of trust, 'Act of God' - natural disaster or a death**
- **Situation arousing intense fear - helplessness - horror - disbelief - hopelessness**
- **Lasting sense of extreme shame – dishonor, moral distress, guilt**
- **Vicarious traumatization - personal issues leading to compassion fatigue - burnout**
- **Secondary trauma - weary from over empathizing with the unfixable suffering & distress of others**

REEXPERIENCING TRAUMA - INTRUSIONS - REPETITIONS

- **Vicarious traumatization contains inability to prevent overgeneralization when similar stimulus in the present triggers feelings, behaviors, related to own earlier trauma - feel overwhelmed, helpless & ashamed. One's response is out of proportion to the present trigger**
- **Recollections - intrusive images, intrusive thoughts, preoccupation with the past**
- **Dreams**
- **Flashbacks**

AVOIDANCE AND NUMBING

- **Thoughts, feelings, words seem at a distance – detached – compassion fatigue**
- **Diminished interest in activities, places, people (Eros) - no strong feelings but rage**
- **Amnesia - years, incidents, even relationships are a blank**
- *** Sense of a foreshortened future - hopelessness – cynicism – "nameless dread"**
- **Lack of interest/trust in intimacy - don't want to go deep but may want to stay close**
- **Self-soothing behaviors that keep distance & may be self-destructive**
- **Dissociation - avoidance - refusal to display grief or mourning**
- **Tired, depressed, weak, shut down, cut-off, emptied-out**

INCREASED VIGILANCE - HYPERAROUSAL

- **Sleep disturbance**
- **Irritability**
- **Difficulty concentrating**
- **Hypervigilance - hypersensitive - Everything Is Everything - anxiety - panic**
- **Overdeveloped sense of responsibility**
- **Exaggerated startle response - no control**
- **Overfunctioning on tasks - compulsiveness - perfectionism while underfunctioning on necessary self-care**

APPENDIX B

Five Traumatizations

Patricia Wilensky, Ph.D. September 2011

Secondary Traumatization

- Repeated exposure to the stories, images or experience of traumas of others leads to inability to prevent overgeneralization when similar stories and events trigger inescapable feelings of helplessness and powerlessness. Our information processing systems are overwhelmed and ineffective. This can result in chronic, long term debilitating sadness - a sense that your soul has been eaten.

Vicarious Traumatization

- Our own previous traumatization is retriggered by exposure to trauma of another. This is not a moral failing but due to the way the brain chemistry works in attempting to protect from danger. We become oversensitized to issues of shame, honor, and betrayal and our judgment and composure are affected negatively. The world can appear chaotic.

Moral Distress

- Trapped in a distressing situation where we know what to do to alleviate suffering but are prevented from doing so by external circumstances and the actions of others. The constant experience of authority without control can create emotional disintegration. There is incongruence between our beliefs or values and our ability to accomplish right action. We tend to blame ourselves. We experience a fundamental betrayal of trust in others, the "system," or in life itself as our assumptions about meaning, justice, loyalty, and goodness are shattered.

Compassion Fatigue

- Emotional detachment from our work and relationships (we may feel numb, trapped and avoidant) accompanied by a sense of disillusionment and inevitability leading to disconnection from others in general (isolation); is similar to extreme grief.

Burn-out

- Physical and emotional exhaustion as a result of overexposure to the tasks associated with alleviating the suffering of others. At worst, this can lead to negative self-concept, negative job attitudes (cynicism) and loss of concern. Our resources are devalued and depleted, and life loses its meaning. We may become physically ill. In our increasingly interconnected world these are not just major personal problems but social disasters.

APPENDIX C

EMDR Subjective Units of Disturbance (SUDS)

Patricia Wilensky. December 2011

SUDS 0

No disturbance

SUDS 1

No acute disturbance and feeling basically good

SUDS 2

A little bit upset, but not noticeable unless you took care to pay attention to your feelings and then realize, "yes" there is something bothering me

SUDS 3

Mildly upset, worried, bothered to the point where you notice it

SUDS 4

Somewhat upset to the point that you cannot easily ignore an unpleasant thought. You can handle it OK but it is frustrating and does not feel good

SUDS 5

Moderately upset, uncomfortable. Unpleasant feelings are still manageable with some effort

SUDS 6

Feeling poorly or anxious. You begin to think something ought to be done about the way you feel

SUDS 7

Starting to freak out, on the edge of some definitely bad feelings. Can keep control with difficulty

SUDS 8

Feeling overwhelmed – not sure you can cope

SUDS 9

Completely bummed out and feeling * **helpless**

SUDS 10

Unbearably bad. Help me!!