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Loving Eyes: "Looking" From One Part to Another

The Loving Eyes procedure, simply put, is asking an oriented part—typically the apparently normal part (ANP)—to form a visual image of an emotional part (EP)—a younger part that is experientially reliving a traumatic event. Often, there is phobic fear and avoidance maintaining the dissociative separation between parts like these (van der Hart, Nijenhuis, & Steele, 2006). An ANP may be phobic of an EP because of the potentially overwhelming disturbance or information the EP contains, and because of the disruptive influence of the EP on the main function of the ANP—doing the tasks of daily living while maintaining an appearance of normality. Conversely, EPs are often frightened of encountering the judgment and rejection of an ANP and hide themselves from being accessed by the ANP. These factors may be so intense as to prevent dual attention, thereby preventing the standard use of eye movement desensitization and reprocessing (EMDR).

SITUATIONS IN WHICH DUAL ATTENTION IS NOT INITIALLY POSSIBLE

When the EMDR standard procedures are being used with a disturbing memory (single incident, clearly remembered, and without dissociation), the client is simply asked to "Think of the event." The Phase 3 questions establish a baseline for the Subjective Units of Disturbance Scale (SUDS) and the associated visual image, cognitions, emotions, and sensations. These questions are very useful in bringing into awareness all of the major elements of the traumatic memory so that processing can be full and comprehensive. This works very reliably when the person is able to maintain dual attention—simultaneous awareness of both present safety and past trauma.

However, as stated earlier, this dual attention situation may be hard to achieve for many people with more complex traumatization. A person with a very difficult trauma history might simply begin to think of a trauma and be

immediately flooded by overwhelming disturbance, putting him or her on the edge of losing orientation to the safety of the present. For this situation, the usual Phase 3 questions might not be appropriate.

For example, a man might be at the edge of a "dissociative cliff" when he begins to think of a sexual assault incident. He may be struggling to maintain orientation to the therapist's office. He is already very close to having too much disturbing information, and the Phase 3 questions would have the potential of bringing up even more. It would probably not be helpful or wise for the therapist to ask, "Can you get an image that represents this incident, or an image of the worst part? What is the negative thought you have about yourself when you think of that? What sensations are you feeling in your body when you think of that?" These are questions that, for many clients, are useful in setting up the target memory for processing. However, for other people who are highly vulnerable to emotional flooding, these questions might significantly disrupt the balance between awareness of past and present, and make dual attention impossible for the individual.

For this type of problem, the Loving Eyes procedure can be used to initiate processing in a way that is more gentle and less challenging to the client. With appropriate targeting, with bilateral stimulation (BLS), parts can (a) become more aware of each other; (b) begin to become less afraid of each other; and (c) through internal dialogue, guided by the therapist, soften their positions of fear or opposition to each other. The general effect of sets of BLS is to reduce sympathetic arousal and extend associational connections for whatever experience is at the center of consciousness. If a client is focusing on a conflict between internal parts, there may initially be a high level of fear. Focused sets of BLS can lessen the sympathetic arousal connected with this conflict, resulting in a lessening of fear and, in addition, sets of BLS can invite additional associations and information, which can be useful in reconciling the conflict. Both parts—ANP and EP—were initially formed with an adaptive purpose for the individual; therefore, adaptive resolution of the conflict between parts is nearly always possible if the phobic mutual fear can be contained, and therapeutic information processing can move forward. In other words, when sets of BLS are combined with the client's focused awareness of an internal conflict, this tends to invite new relevant information to enter into the conflictual dialogue between those parts. This can turn a frightened internal conflict into a healing conversation.

The term *Loving Eyes* describes the outcome of this procedure, but in a sense, we could also call it the "Clearing Out All the Obstacles to Loving Eyes" procedure! With a focus on internal dialogue, a client can come to realize that separate viewpoints or parts inside were each necessary adaptations to life difficulties, even though they may now be working at cross-purposes within the personality.

Think of two good friends talking about a topic of disagreement. If each clearly expresses his own point of view while also listening carefully and calmly to the viewpoint of the other, a healing resolution becomes more likely

(or at least an "agree to disagree" resolution). In the end, one might say to the other, "I see why you feel that way," or "I see what you're going through." To "see" the problems of another conveys a message of understanding, and even acceptance. Mutual compassionate validation—"seeing" the other person's point of view—helps resolve conflicts and disagreements between people, and the same principle applies to conflicts between parts within an individual person. More basically, in many areas of life, a visual connection between individuals is intrinsically linked to attachment and connection. Poor eye contact, in an adult, may suggest some degree of guardedness or self-protective distancing in a relationship. One element of healthy attachment between babies and their caretakers is mutual eye contact—there is a predisposition for each to find the eyes of the other and maintain a mutually soothing and pleasant gaze (Schore, 2012). In many ways, eye contact is an essential element of connection.

In a way that is similar to what occurs when there is conflict between individual people, conflict between internal parts can be healed by a comprehensive conversation, an exchange of viewpoints, with not only talking but also empathetic listening. The Loving Eyes procedure is a means of helping clients develop, step by step, this type of healing connection, followed by conversation between initially conflicting dissociative parts. It is specifically useful in two opposite kinds of situations: when there is far *too much* fear (or anger, or despair) in the EP for the parts to be in direct contact and when there is *too little* communication of affect, initially, between parts, due to psychological defense or too much dissociative distance between the parts.

Previously (in Knipe, 2007, 2009), session transcripts were presented that illustrated this type of dialogue between parts, using targeted sets of BLS. This chapter and the remaining chapters in this book also contain case examples that illustrate variations on how this Loving Eyes procedure can be used to help parts initially make contact, then speak their separate points of view to each other, then engage in a dialogue that can create reconciliation of the conflict between the parts. To the degree that this healing dialogue results in closure and reconciliation, the path then opens to processing of all traumatic memory disturbance held by those parts, as well as integration of the personality.

STEPS IN THE LOVING EYES PROCEDURE

The Loving Eyes procedure, then, can be an alternative to the usual questions of EMDR Phase 3. The steps are as follows:

Step 1. Begin by helping the adult client (i.e., the present-oriented part of the personality) to have a strong sense of present orientation and safety in the therapist's office, and then ask that present-oriented part to visually witness the feared childhood event *as a separate person from the child.* For example, the therapist might say, "Sitting in this chair, the adult you are

today, can you just look at that child? *You know what children that age look like. Can you just see this child?"*

Step 2. If the client says **"Yes,"** the therapist initiates eye movements with words that are open and permissive, such as "Just see this child. And when you see this child, just see whatever you see." The therapist's wording is open ended and conveys acceptance of the child, without judgment. This type of unconditional acceptance is probably what the child originally needed at the time of the traumatic event. It frequently occurs at this point that the adult ego state begins to experience the feelings of the child, and so the therapist must take care to ensure that these feelings are contained within the adult's sense of present safety. Sometimes, it is necessary to pause in this process, so that the client will stay oriented to present safety. The Constant Installation of Present Orientation and Safety (CIPOS) procedures described in Chapters 13 to 16 can also be added to assist the client in maintaining orientation to the present.

Step 3. It often occurs that the adult client initially has a nonaccepting reaction to this image of the childhood self. These negative reactions to the child represent defenses (specifically, avoidance, discussed in Chapter 4, and/or defensive shame, which will be discussed in Chapter 12), which remain in place in order to maintain dissociative distance from the painful affect that is held within the separate, frightened, child ego state. In some instances, this defense can be processed by simply asking the client to focus on the positive feelings associated with the defense. For example, the therapist might ask, "What's good about knowing that you today are *not* that child? What's good about knowing that you are not stupid (or weak, pathetic, powerless, naïve, etc.)?" In response to this question, the client might say something like, **"The person I am today—I can be strong (or assertive, or make good decisions, etc.)!"** Whatever the client's response, the therapist can then respond, "Think of that" and initiate a short set of BLS, in order to strengthen the client's positive self-statement as a resource. Very frequently, the avoidance urge/shaming response will lessen, and the resistance to compassionately seeing the child will likely diminish. The client may begin saying things like, **"I feel sorry for her,"** or **"She is really in a no-win situation."**

Step 4. When the client is able to freely see the child, the therapist may then ask, "When you look at that child, can you see the feelings behind the face? Usually, the client will acknowledge that the child's feelings can now be seen, and at this point, the adult part may begin to share (i.e., feel) the feelings of the traumatized child, but in a way that can be more easily tolerated. As sets of BLS continue, with sufficient continuing orientation to present safety, the fear of the child is likely to dissipate and positive feelings of connection and compassion for the child are likely to increase.

Step 5. As the client begins to speak of the child compassionately, the therapist can ask, "When you look at that child, how do *you* feel about the

child?" This is an important question that often elicits a very powerful positive response. Even though this child part was previously feared and avoided, the client now may be surprised to discover the possibility, as an adult, of viewing this inner child with love and respect. The child part of the personality can then begin to experience this love and validation (which may be experienced by the adult as an inner relaxation).

Step 6. The question for the adult part can be raised, "Can she (the child part) hear you?" in order to strengthen the connection.

Step 7. Another question might be, "Is there anything that you know, as an adult, that would be helpful to that child? Something that child doesn't know?" Whatever the client answers to these questions, the therapist can respond by saying, "Stay with that," and then begin an additional set of eye movements. This internal dialogue typically continues, back and forth, facilitated by sets of BLS, to a point of healing resolution. Chapter 14 will describe some of the reasons for the effectiveness of this healing dialogue procedure, as well as additional information about how to present this procedure to a client.

Step 8. If the client says that the child is **"scared that we see him,"** or **"worried that we will criticize him for being afraid,"** then the shift can be back to the adult self with questions like, "Do you in fact, as an adult, looking at the child, feel critical of the child?" If the answer to this question is yes, it may be necessary to go back to Step 3, to help the adult part soften their fear, avoidance or angry rejection of that child. Interweaves of cognitive information about the realities of the child's life circumstances are often useful in softening the harshness of the critical adult's perspective (e.g., *Therapist:* "Do you think that child has it rough?").

EXAMPLE: LOVING EYES METHOD AS AN INTERVENTION WHEN THERE IS "TOO MUCH" DISTURBANCE

"Ronnie," a 43-year-old man, came to therapy following his arrest for physically assaulting his wife. Because he was very ashamed about his behavior, it was initially very difficult for him to access the state of mind he had been in during the assault. By the time of the fourth session, he was able to tell about the intense feelings of anger that would inappropriately come up in him. We used EMDR Phases 3 to 7 to target a present-day situation that had evoked strong "irritation." In that session, he was able to recognize that his anger had been covering other, more basic feelings of helplessness and unlovableness. He reported the next week that he had had better control over his anger, and he recognized that his wife was not deserving of this reaction; in spite of these cognitive insights, however, he still was feeling these emotions. I asked him to think of another triggering situation (he had several), and be aware of the anger in his body, and take that back into the past. He was able to do an Affect Bridge (Watkins & Watkins, 1998) to many events—anger in work situations, previous relationships, and

within his family of origin. I asked him what his earliest memory of anger was, and he told me, with some difficulty, of a clear memory image from around the age of 2 to 3. He was in a bed at the house of a babysitter and crying while she changed his diaper. She shouted at him to stop crying, and when he could not do that, she pinched his testicles, very hard and painfully. Ronnie remembered the babysitter later telling his mother, "Your son was very bad today. I don't want him back here again." His mother, then, was also very angry at her son. He could not tell his parents what the babysitter had done. In the days after this incident, his parents could not find another babysitter, and so, as he remembered, his mother had to quit her job. He told me that after this incident both his father and his mother repeatedly blamed him for the loss of family income.

When my client described this incident, he was visibly shaken. To check on his state of mind, I asked him, "Right now, when you think of what happened, using those numbers, 0 to 10, how disturbing is it for you?" He said, "25! I'm really angry! I'd like to take a swing at somebody. It should never have happened!"

I asked him if he could put aside this memory for a moment, and return to just be aware of the quiet safety of my office. He was able to do this, "pretty much," by looking around my office, and by looking at a squirrel in a tree outside my window. We had previously developed imagery for a "safe and comfortable place," and also imagery for a "container" that could hold traumatic memories until we were ready to work on them, incident by incident. But he said, "I can't put this back in the container. It is too important." I asked him if he could remain aware of being safely in the present, while simply looking at this little boy that he was during this awful experience. He said, credibly, that he was able to do that. I then said to him, "With your awareness shifted away from that babysitter, just look at that boy, while it is happening. Just look at this child, and see whatever you see." With repeated sets of BLS, focused in this way, information processing of this event took place. He saw the terror of the child and the shame feelings of the child (since this babysitter was attempting, quite deliberately, to give the child shame feelings). He also processed feelings of how he felt later when his parents were angry at him. He even was able to visualize his adult self, talking to this boy, telling his inner child of his goodness and innocence. Since we had bypassed the usual EMDR Phase 3 steps, we had not preidentified a desired positive cognition (PC) about self; however, the following therapy process occurred at the end of the session. (**[EM]** in this transcript, taken from a video recording, indicates a set of eye movements.)

Therapist: What did you figure out here today?

Ronnie: That memory was so real! *(Therapist: How is it now?)* **I still remember it. But it feels like it's in the past.** *(Therapist: When you think of it again right now, is there any remaining feeling of being angry and helpless?)* **No. It's more sad now, for all those years of uncontrollable anger. [EM] Actually, I feel kind of peaceful. [EM] Can I have a tissue?** *(Therapist: This is hard, isn't it?)*

Ronnie nodded, "Yes," and then said: Yeah, but I want to get through it. I've been looking for years to find a way to get through it. Drugs don't help. *(Therapist: Remember the first day you came in here? You didn't have a lot of hope that this was going to help you either.)* **No. Now I wonder how my job is going to contain me.** *(Therapist: What are you saying, exactly?)* **I'm working this service job now. I have so much more potential than that. But there has been fear about looking for something better.** *(Therapist: Is there a connection between this incident we're talking about and the fear you have had about looking for a better job?)* **Yes. I lived in a lot of confusion, and a lot of the confusion is starting to clear up, and I can see that I can control my anger a lot better now than I could before. Before I would just get outrageous. I wouldn't feel like I was good enough for a good job.** *(Therapist: So, is that shifting now?)* **Yeah, definitely. [EM]**

When I asked him about his SUDS level for this particular memory, at first he said, **"I have to say '1' because I can't say a zero, because it has been with me for such a long time."**

This appeared to be a blocking belief (Knipe, 1998b). Rather than dispute the logic of his statement, I simply asked him if it would be all right with him if all of his disturbance regarding this memory could be gone. When he said yes, we initiated another set of BLS.

Ronnie: It's just a trace now. I give it a .5. *(Therapist: What is that trace about?)* **Because I can still physically feel it and I remember it. [EM] That pain is gone. I don't feel it now . . . I'd give it a 0 . . . I feel really calm right now.**

We were out of time and ended the session at this point. In his session the next week, he told me that this memory remained resolved. In addition, generalization had occurred—he said that it was strange, but very positive, to no longer get so irritated about little things. Ronnie's therapy with me ended, somewhat prematurely, a few weeks later when he relocated to a nearby state; once there, he was able to enroll in a training program that would qualify him for a better job. I later learned, from his wife, that he remained in this new location after the training was completed, and his wife soon after joined him there. This session allowed him to lay down a significant portion of his burden of anger and shame, be a better partner in his marriage, and feel significantly better about himself.

EXAMPLE: LOVING EYES AS AN INTERVENTION WHEN THERE IS "TOO LITTLE" DISTURBANCE

A second type of situation where dual attention may be absent is one when there is a strong defense in place that prevents the present-oriented part from realizing the extent of unresolved disturbance held by another part. Or, a

variation—the part of the personality that is speaking in the therapist's office—may be unaware of the connections between a specific memory and current disturbing feelings and distorted perceptions. For either of these situations, in spite of this disconnect, the unresolved posttraumatic disturbance may show up intrusively in various ways. A client might report frequent nightmares with the same theme. A client might also have stronger than expected emotion when talking about a particular person from childhood. Or the client may simply express extreme dislike of self for having certain feelings without knowing why that dislike is there. As part of this picture, the client may be able to describe difficult events from childhood, but then minimize the impact of those events (e.g., "That just doesn't bother me," or "I really don't remember very much about that."). Of course, in the process of living, people do get over things. The natural information processing system of the mind can often fully resolve a disturbing memory in the absence of therapy. But for some clients, this may not be the case—unresolved disturbance may be buried deep. The posttraumatic emotions are still within the person and are having a distorting influence on the person's present life, but those emotions are not available to the part of the personality that is speaking in the therapist's office. A task of therapy, then, is to develop a thin thread of access to the place in the structure of the personality where the disturbance is held, and then widen that thread of connection into a channel of communication, so that a healing dialogue can occur.

For example, "Linda," a woman in her late 20s, came to therapy with several presenting problems, particularly low self-esteem and difficulty in being assertive and expressing her own needs in close relationships. She was able to use EMDR effectively, targeting a present-day assertion situation with her live-in boyfriend (i.e., with a negative cognition of "I can't say what I really feel" being replaced during the session with a PC of "I am able to easily say what I really feel, in a way that has complete respect for myself, and for him too."), and as a result, she reported becoming more comfortable in her ability to say "no," and in expressing her own needs.

In our first few sessions, before this EMDR work, we had discussed her family background, and I had asked her my usual intake questions, including a brief inquiry about whether she had any history of sexual abuse. She had said "no" to this question, but after this first EMDR session, she mentioned, almost casually, an additional piece of information—that her stepfather once had been sexually inappropriate with her. It was at night when she was 13 years old, and her mother walked in just as the stepfather, in her bedroom, was beginning inappropriate touching. She said, "It doesn't bother me that that happened. I know that's a big problem for a lot of people, but I don't have a lot of feelings about it. She divorced him right after that, and I was glad about that, because he was really hard to get along with." She also said that, except for a few words the next morning, after her stepfather was gone, she and her mother never spoke about it afterward. As we continued to talk about this incident, she said, "I don't want this to bother me, but

maybe it does, because I really don't want to talk about it." She was telling me of her awareness of an avoidance defense, and we could have targeted that, using the procedures described in Chapters 3 and 4, but it seemed safe and possible and more useful to her if we were able to gently access this memory directly. I asked her if she could, first of all, be completely aware of being comfortable, safe, and tuned in to my office in the present, knowing that this incident happened long ago, 15 years in the past. And then, I asked her if she could, while maintaining this awareness, see this 13-year-old girl, "right when it is happening." She was able to do this and still maintain good awareness of the safe present. We then initiated sets of eye movements, with the beginning instruction, "Just look at her, and see what you see." During the next 15 minutes, what emerged was, first of all, seeing the terror of her younger self, pretending to be asleep, and then seeing the child's relief when her mother came into the room. She remembered her mother and stepfather fighting and arguing down the hall, her stepfather leaving that night, the brief conversation with her mother the next morning, and learning, "He won't be coming back." In this processing, she was able to speak from her adult self, and tell her younger self, "It wasn't your fault. There was nothing about you that made him do it." She was also able to recognize that, at the time of the incident, she needed to talk much more with her mother about what had happened, but she did not do so, because of nonverbal signals from her mother that the incident was not something that would be talked about. Her mother had died of cancer several years earlier, and it was hard for this young woman to realize that her mother had not been sufficiently available to her following this incident. In imagery, she was able to visualize talking to her mother, and put into words not only her unmet needs from age 13, but also her wish that her mother would have allowed much more conversation after this occurred. In subsequent sessions, Linda talked empathetically about how her mother had had her own emotional problems, and had been distracted and disengaged during this and other incidents. Linda had had to adapt to this situation by minimizing her own needs, and she was able to see how this adaptation, of always putting her own needs second, had carried into her current relationships. This insight, together with her EMDR work developing assertion skills, was very useful and empowering for her.

If a child receives an injunction from caretakers—"Talking about needs (or fears, or anger) is not allowed in this family!"—that child is likely to have a problem if a situation occurs that very naturally brings up these nonallowed needs or feelings. The child may adapt by putting a defense of avoidance or denial in place, causing problems in the present life of the child-grown-up, and also making those childhood incidents much less available for standard EMDR processing. For these clients, at the start of therapy, there may be an odd absence of emotion in connection with particular memories that might otherwise be expected to be disturbing. The posttraumatic emotion may still be present, but not consciously available, within the personality. The ego state or part holding the disowned feelings can sometimes be identified by asking the following type of question:

"When you were a child, was there ever a time that you were afraid? Most children, at one time or another, are afraid of something. Can you think of a time when *you* were afraid?" Or, "Was there ever a time when you were angry? When something happened that was unfair? You might not have told anybody about feeling that way, at the time, but can you remember a time like that?" Or, "Was there ever a time you really needed something, or really wanted something, and you just didn't get it? Was there ever a time you just had to live with the frustration of that?" With memories that are identified in this way, the Loving Eyes procedures can often be helpful in accessing and resolving disowned emotions.

The Loving Eyes method can be used flexibly across many clinical situations. A man in his 50s was very frustrated because he had had a lifelong problem of a hand tremor in many ordinary social situations. This was an embarrassment to him and had, for many years, been a significant and frustrating barrier to his wish to start a dating relationship. He first noticed this problem on his first date after his discharge from the Army, when he was 27. During his time of service, he had had a noncombat job, loading munitions for transport on aircraft. On one occasion, he mishandled a bomb, and watched it bump down a ramp, certain that it would explode any second, killing him and several other people. In fact, the bomb was not armed, and did not explode. When he told me of this incident, he said that it was not frightening to him—"It turned out okay."—even though he was exhibiting the hand tremor. We used the Loving Eyes procedures to focus on this incident, and he was able to see a connection between this problem and something that had occurred long before the incident with the bomb. During his growing up years, his father had told stories of how, during World War II, he had been on an Air Force plane, flying over the ocean, with two of four engines on fire, but his father had said proudly that he had been totally unafraid. My client had heard this story and had taken in the lesson that any and all fear was unacceptable, even in the most dangerous situations. At the end of this session, my client was able to see that the message in his father's story made him ill-equipped for handling a situation that had caused enormous fear in himself. He was able to give himself permission to have some nervousness in new situations, including dating. Consequently, through the use of EMDR and some role-playing, he was able to handle those situations much better. In addition, both his distress about his hand tremor and the actual tremor itself were significantly lessened.

Another example—A professional woman in her early 50s was leading a successful life in many ways, but she still often was troubled by bouts of self-criticism. She thought that her critical attitude toward herself was, "not neurotic, but justified," for several reasons, one of which was, "I don't make good decisions." She could identify many incidents in her family of origin that contributed to her negative feelings about herself, but she said, "I can't blame them." She went on to say, "My life got off to a bad start. I got pregnant when I was 17, and that made things really hard for a long time. I'm angry at myself about that."

Her statement, that she was angry at herself, indicated an unfinished discussion between internal parts. The "angry at self" part was in my office, and so to locate the other part of her, I asked her the question, "Can you look right now and see this 17-year-old girl who is about to go ahead, and let that boyfriend have sex? See exactly where she is, at that moment. Just look at her, there, and see what you see." She was able to create a clear visual picture of her younger self in that situation, and then combine sets of BLS with her image of herself at 17. At first, she had a very critical attitude toward her younger self, but as we continued with sets of BLS, with the consistent focus of "seeing" this young girl, this adult client began to soften her critical tone and she was able to see that his girl was not only inexperienced with boys, but also was yearning for a loving connection—something she was not receiving in her chaotic and self-involved family. At first—when I asked, "What could you say to her that would help?"—this client had a lecturing tone in talking to this younger self ("Don't be stupid! You should know better than to do that!"), but with a dialogue, back and forth over the course of the session, she was able to see this young girl much more compassionately, and this, in turn, helped her have a more forgiving attitude. She then was able to go on and successfully use standard EMDR processing for several other similar incidents that had been the basis for her self-criticism.

These Loving Eyes procedures, of visualization of a younger traumatized part, repeated sets of BLS while "seeing" the younger part, and then healing internal dialogue between parts, can often be easily integrated with the method of CIPOS, which will be described in Chapter 13. Loving Eyes procedures are also a precursor to the use of the Internal Healing Dialogue (IHD) method, described in Chapter 14, with a clinical example in Chapter 17.

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