

Conflict Inoculation:
A Catalytic Therapy for Conditioning Emotional Stability For Interpersonal Conflict

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“Anger Management” is the most popular lay term today for any therapy designed to eliminate destructive rage in relationships. The therapeutic community also uses the expression “anger management” most frequently, in lieu of any other term, when marketing to the public’s needs in this area. From a marketing perspective, this makes good sense. Yet, there is a subtle loss of opportunity if all concerned take the term too literally. The word “management” implies conscious control as in having to control one’s feelings. Therefore, anger management is about learning skills to consciously avoid, redirect, or cap off intense angry feelings that may otherwise be overwhelming. The keyword here is “consciously.” With anger management such a marketable term, there is a strong bias to meet public demand with therapies that rely on “top down processing” (i.e. therapies that rely on conscious insight to manage powerful emotions involving lower brain structures). The present protocol is an alternative.

The current discussion presents a conflict inoculation protocol for reducing rage reactions via “bottom-up” processing. The protocol does not focus on what conscious skills the client will employ when confronting their anger. Instead, it focuses on reconditioning the way that the person experiences their anger when in interpersonal conflict. The strategy is to train in (condition) an alternative adaptive psychological defense to the underlying shame affect that previously provoked the reactive hyper-arousal of rage. The new defense system is attachment oriented in lieu of the more control oriented associations previously involved in the rage defense. The “bottom-up” processing is stimulated via emotional experience. Instead of relying on education and conscious insight, Pavlovian and Eriksonian techniques are used to create new emotional associations that later dwell in procedural memory as unconscious reflexes. For clients who complete the protocol, the result is often a surprising absence of rage in situations that would have previously evoked it. These clients find themselves behaving differently in a “natural” way without having to consciously manage and strain against intense rage impulses. It should be noted that this protocol is designed for ego-dystonic raging and not for ego-syntonic bullying techniques that are more involved in psychopathic manipulation. The protocol may also not be effective with bipolar disorder, dissociative identity disorder or with clients experiencing psychosis or ongoing substance abuse. Where clients are otherwise moderately integrated and they repeatedly regret their raging behavior toward significant others, this protocol would be very appropriate.

Context and Relevance

Before launching into a technical discussion about how and why this treatment protocol works, it is best to first discuss why it is useful. It would be a mistake to conclude that rage reduction is its only benefit. The context of its application is fertile with other potential benefits. While raging behavior was the original target for which this protocol was designed, other emotionally-driven behaviors have since been found to be responsive. These include:

- 1) Paralyzed “freezing” when in conflict. This can be conceptualized as a form of learned helplessness (Seligman, 1973, 1974, 1983).
- 2) Compulsive subjugating when in conflict
- 3) Ego-dystonic lying and other avoidance behaviors due to conflict phobia

In addition, the current author proposes that a more profound benefit can be an overall deepening of affection and emotional attachment within the client’s dyadic relationship. This is because healthy

conflict is a rebalancing mechanism that serves an important homeostatic function. It allows the emergence of affection and other positive attachment emotions when homeostasis in a relationship is re-established. If disequilibrium is allowed to accumulate in a relationship because of conflict avoidance or poor conflict management, then affection will be obliterated by resentment, distancing, and/or attack. To better elucidate these dynamics, the present author offers the following views based on his own clinical experience.

All of us (perhaps excepting psychopaths and autistics) carry a paradox within our human condition. On the one hand, we want to belong, to be connected, to be nurtured, to be held in high regard in the mind of another. We want to be attached. On the other hand, we want our privacy, to stand on our own two feet, to make our own choices, to be our own person, to be autonomous, to be independent. Attached.....independent.....They're opposites! We have opposing needs. But as with our needs for air and water, we have to satisfy them at different times. In the context of a relationship, both parties need to experience connection and yet affirm their autonomy at different times. Because two parties are involved, this takes coordination to work smoothly. When operating efficiently, a couple will perform a kind of dance across time, sometimes being very close, at other times being more emotionally distant. There is ideally a kind of resonance with efficient cycling and transitioning between states. Repair techniques are used for healing attachment breaks so that the couple can reestablish their state of connection (Gottman & Silver, 1999). When autonomy resources and skills are well integrated in both parties, this system works well. However, three types of conflict are necessarily managed to maintain this system. They are:

- 1) **Simple Conflict of Interest** - Each person must be able to risk exposing their hedonic needs in potential conflict with the other. One partner wants to eat Chinese, the other Italian. One partner wants to vacation in the mountains, the other at the beach. Relationships naturally involve many everyday conflicts of interest. Ideally, each party is considerate of both sets of needs when negotiating with the other. However, there is a necessary conflict of will when resources are limited and a zero-sum game cannot be avoided. Negotiation requires a subtle form of refusal. Each person momentarily refuses to immediately capitulate to the other's interests. Some degree of integrated anger is required and although this dynamic of anger may be subtle, when employed skillfully, it helps maintain mutual respect.
- 2) **Broken Contract** – Each person must be able to confront the other when an agreement is broken. Human imperfection, faulty memory, and other human foibles create broken agreements in any relationship. Ideally, each person can confront the other for accountability and a plan of correction when these occur.
- 3) **Boundary Intrusion** - Each person must be able to confront the other when their privacy or integrity is violated. Examples might be: When one person interrupts the sentences of the other. When someone reads the others mail or tells them which friends they can or cannot see. When someone initiates parent-child dynamics by telling the other what they “should” do. When someone insists on immediate sexual relations as their marital right when the other is not in a receptive state. Boundary intrusions can be quite toxic to maintaining attachment in a relationship. Skillful confrontation of boundary intrusion is another mechanism for generating respect.

In order to maintain an adequate sense of autonomy within a relationship, a person needs to efficiently manage each of the aforementioned types of conflict. When they are not managed well, the relationship suffers. Lewis (1992) describes the all too common shame fights that often occur in couples. However, when a partner completely avoids risking conflict, they risk accumulating shame to the degree that they begin to experience depersonalization. It is common for such people to proclaim “I don't know

who I am anymore.” Fear of conflict, when sufficiently powerful, often leads to a type of dissociation: the unconscious editing of hedonic needs takes place before the client even becomes aware of potential choices. The result is the gradual and numbing calcification into role-bound coexistence with their partner. Sexual and emotional attraction die. Conflict phobia can also lead to ego-dystonic lying behavior in order to avoid frightening confrontations. Immediate threats of conflict may be averted but the long-term generated distrust is toxic to affection. It should also be mentioned that the coexistence of both conflict avoidance and rage within the same partner is also quite common. Dissociation of self-parts can lead to either reaction being dominant within the same partner at different times.

The current author proposes that maintenance of long-term mutual attraction in an adult dyadic relationship is invariably linked to both mutual and self-respect. These latter phenomena are in turn dependent upon each person’s skillful servicing of their own autonomy needs. When avoidance and/or rage reactions are substituted for skillful conflict, then true autonomy does not occur. In order for real emotional autonomy to be experienced, a person must adequately regulate the stress that is generated by interpersonal conflict. As fully explained in the next section, this stress often involves shame and can overwhelm a person whose emotional resources are not up to the task. It is in this context that the current protocol can be useful. Enmeshment kills relationships just as does rage behavior. The current protocol can help prevent enmeshment or rage from occurring by training the capacity for people to better auto-regulate shame when they are in conflict.

Theory and Strategy

In designing this protocol, we have adopted a model that assumes interpersonal rage to be an externalizing defense against painful shame. After careful inquiry, clients are often able to verbally articulate the shameful feelings they are trying to avoid: “I’m a victim”, “I’m weak”, “I’m trapped”, “I’m not important”, and “I’m non-existent” are some of the most prevalent. This is not to say that negative self-beliefs are the sum total of what is being avoided in rage. Rather, the negative beliefs are manifestations of a more complex shame state involving affect, cognition, and somatic reaction. Nathanson (1992) describes shame as a painful programmed mechanism to pull the person away from the pursuit of pleasure when it might not be safe. His description of this biologically based inhibitory shame state is very consistent with Cloninger’s (1986, 1991) description of the brain’s neural system for inhibiting the behavioral activation system. Based on Nieuwenhuys’s (1985) mapping of the limbic system, Cloninger describes how the serotonin monoaminergic projection system inhibits the dopaminergic behavioral activation system. It is likely that in the process of performing its inhibitory function, this system produces the negative shame affect that is so caustic and punishing to one’s self-esteem. Shore (1994) describes how the development of internalized shame in infancy is a system that regulates primary narcissism and its concomitant sympathetic dominance. He considers it to be a regulatory system that conserves energy and is usually adaptive. However, he also cites how the absence of the mother’s responsive cooperation in shame repair can lead to various developmental psychopathologies.

Nathanson describes the shift of shame to rage as an “attack other” script that becomes linked in early development with the idea of an incompetent self. It is a compensatory defense instead of mere avoidance. The current author proposes that, in adulthood, the fusion of powerful fears of shame along with feelings of normal frustration may propagate rage beyond normal levels of frustrated anger. It has already been demonstrated that negative affect can summate within the nervous system to exaggerate the involuntary startle reflex (Vrana, et al. 1988, Kumari, et al., 1996). If this kind of summation of shame with frustration takes place to produce rage, then it makes sense to train the client to employ a more adaptive defense to the shame.

It is proposed that the current protocol mimics a naturally occurring training phenomenon that occurs in early human development. Schore (1994) describes how, in the second year of an infant's life, the mother engages in cycles of shame inducing and especially shame regulating transactions with the infant. Shame and parasympathetic dominance are induced when the infant experiences attachment breaks with the mother. When the infant's efforts to re-engage are successfully met with positive visual and tactile cues by a responsive mother, the parasympathetic shame state in the infant is supplanted by sympathetic-dominant arousal and positive emotion. Schore cites the latter effect as mediated by CRF – inducing endorphin production and reactivation of the ventral tegmental dopaminergic limbic circuit. This is the same circuit that Cloninger refers to when describing the behavioral activation system. Schore proposes that the naturally occurring cycles of shame induction and shame repair from the mother actually helps guide further organization of the infant's orbitofrontal cortex. This process involves introjection of dyadic interactive representations in such a way that auto-regulation of shame eventually becomes possible. While adults are not in the same stage of extremely rapid neural organization and parcellation as they were in infancy, it is proposed that they are still capable of introjecting structures to autoregulate shame. It is also proposed that the orbitofrontal cortex is still heavily involved in mediating the autoregulation of adult shame. LeDoux (1996) describes how prefrontal – amygdala connections are probably heavily involved in many of the extinction therapies. While the current protocol does not focus on extinction per se, it is this author's suggestion that some of the same neurology is probably involved in forming an effective defense against shame.

The current protocol parallels the previously described shame inoculation training normally received during infancy. The current training involves the client experiencing cycles of shame induction followed by self-induced shame relief. In each cycle, reattachment with imaginary care-givers is used to counter and reverse the parasympathetic state of shame. The client is also primed to attend to facial expression and body language of these imaginary care-givers so that these instinctive right hemispheric attachment cues are maximally utilized. The strategy is to train an unconsciously operating adaptive defense to conflict shame. It is proposed that, as with naturally occurring infant shame inoculation training, similar adult training will enhance orbitofrontal mediation of shame. When successful, the resulting unconscious defenses can occur quickly and effortlessly whenever the client feels threatened by conflict. It is hypothesized that new neural connections have been conditioned into the system. For the current discussion, we will use the term “neoneuronexus” to refer to the genesis of new neural connections within a particular memory system.

This is precisely the goal of the current protocol. Its core strategy relies on 4 components:

1) Consolidate positive associations about the client's own self into symbolic resource images.

The positive associations are derived from the client's memories of their own self-inspiring behavior. The clients are asked to recall instances when they have manifested very positive character traits (e.g. compassion, courage, etc.). These positive memories are then aggregated and associated to symbolic images in the form of human figures or energy sources. Because of how the symbolic images are derived and strengthened, they are closely associated with very positive affect. In addition, the images are associated with parts of the client's personality that involve their highest level of wisdom and maturity. According to ego state theory (Watkins & Watkins, 1997), personality is not homogenous but rather is compartmentalized into partially connected (and partially disconnected) neural systems or self-parts. In the present protocol, the images of the client's consolidated resources are later used to activate the client's most mature self-parts in the conditioning procedure. The initial resource consolidation phase occurs over several sessions and precedes later use of the consolidated resources as one system.

2) Activate imagery of conflict along with the shame state that the client covertly fears.

This component utilizes a set of eidetic sensory images, negative cognitions about self, and somatic reactions (Ahsen, 1973). These stimuli are used to activate the neurohormonal state of shame. This part of the protocol closely parallels the initial steps of the desensitization phase of EMDR therapy (Shapiro, 2001).

3) Relate the positive imagery resources to the conflict situation.

In trance imagery, the client is induced to fantasize the positive resource images interacting with them within the imagined conflict situation. This creates the situation where the client can begin to learn new internal responses to shame.

4) Catalyze new positive associations within the shame state so that a new more positive defense system is conditioned to replace the previous rage defense.

In contrast to most therapies that attempt to desensitize and eliminate negative affect, the approach here is to condition a new positive attachment-oriented defense system against shame. Coordinative inhibition (Anokhin, 1974) thereby has a calming effect on the client. The concept of catalysis refers to stimulating the nervous system with “processing heuristics” (Rossi, 2002a,b) so that neoneuronexus occurs more rapidly.

Another way of representing the strategy is as follows:

T₁ RESOURCE MEMORIES + CATALYSIS  **NEW RESOURCE SYSTEM**

T₂ (LOCATION + RESOURCE SYSTEM) + CATALYSIS  **RECONFIGURED TARGET**

Where:

T₁ & T₂ are different points in time. T₁ refers to a preparation period for consolidating separate resource memories into a fused resource system. T₂ refers to a later time period when the fused resource system is associated to the targeted conflict shame state for final catalysis.

Resource Memories: Separate memories involving positive and mature self-parts are brought into close association. It is proposed that these memories likely effect endorphin release along with activation of the ventral-tegmental dopamine circuits. Empowerment and positive affect are thus experienced.

New Resource System: After being catalyzed together, separate resource memories become a fused and stronger unified resource system. An image is associated to each system to allow for easy activation of each system throughout the protocol.

Location: The target state of conflict shame including its neurohormonal environment are first activated. The term “location” is being loosely used to refer to both the potentiated neurons and their environment of neuropeptides and other state hormones that all together comprise the targeted shame system.

Catalysis: The nervous system is stimulated (catalyzed) so that new information is more rapidly, flexibly and adaptively processed. It is proposed that this process stimulates immediate early genes to switch on for neurogenesis as well as for generation of new dendritic connections.

Neoneuronexus: This refers to the process whereby the nervous system creates new and enduring neural connections in response to catalysis.

Reconfigured Target: The target here is conflict-generated shame. In future conflict interactions, the client has new associations whenever they start feeling the threat of shame in conflict. These associations evoke both positive emotions as well as higher-level consciousness from the client's more mature self-parts.

Catalysis

The process of catalysis is critically important for this protocol. It may seem strange to talk about stimulating a client's nervous system. However, Sokolov's (1963) classic treatise "*Perception and the Conditioned Reflex*" details the myriad levels in which the nervous system can aggressively react to process more information. It can indeed be stimulated to input more data, process faster, operate more flexibly, and increase the strength of new associations. As a metaphor, consider the way that a catalyst compound can dramatically increase the strength of epoxy resin glue. Another metaphor would be how exercise in physical therapy can catalyze new tissue growth. In a similar way, two dimensions of incoming information can stimulate or catalyze the nervous system: the dimensions of novelty and significance. Novelty refers to one dimension that involves uncertainty or unfamiliarity. It is when the clients intuitively senses that he is experiencing something new. It may also involve the element of surprise when the client experiences an unexpected outcome. When the client doesn't know what to expect, he is also experiencing a novel situation. The other dimension of emotional significance refers to when the client intuitively senses that he is experiencing something important. One may then ask: what is importance? It really is a subjective affective association made by the client. It may be that the client perceives that the information signals a consequence (e.g. money, praise, good faith cooperation with another, consistency with their own integrity, etc). It may also be the perception that the information will help him perform better at a task (task relevance). The associations that dictate importance can be quite complex and often specific to the individual. These individual differences will even parallel the divergent ways that we define meaning in our own lives. However, even though the construct is highly abstract and idiosyncratic, it remains a powerful determinant of human behavior. Together with the dimension of novelty, the dimension of significance is capable of catalyzing the nervous system on multiple levels. The following discussion details some of the psycho-physiological research consistent with this concept of catalysis. Those not inclined to such a technical summary may want to skip forward to the next section about therapeutic dissociation.

Research Supportive of the Catalysis Concept

Rossi uses the term "novelty-numinosum-neurogenesis effect" to describe how novelty "turns on" immediate early genes such as c-fos, c-jun, and zif-268 to promote new neural growth. He theorizes that hypnotic processing heuristics may also work in this way. The reason we are not adopting Rossi's term is that it would be too limiting to emphasize novelty or neurogenesis alone. Decades of research on both the orienting response and the event-related potential (ERP) P300 have revealed that both emotional significance and novelty variables each play their part in enhancing multiple aspects of information processing. McGaugh (1990) and McGaugh et al (1993) demonstrated how emotional significance catalyzes memory through the amygdale and the neuromodulatory system involving norepinephrine. In the orienting response (OR), processing of sensation is enhanced by several effects as detailed by Sokolov's (1963) book. These include: a) efferent feedback to sensory receptors that either raise or lower receptor sensitivity, b) propriomuscular tuning of the sensory receptors c) increase in cortical activity due to direct reticular activation and d) increase in cortical activity due to indirect neurohormonal effects of the sympathetic system. Maltzman & Raskin (1965) demonstrated that semantic autonomic conditioning

is facilitated in those subjects who have larger phasic ORs than those who have smaller ORs. The OR has also been demonstrated to affect central processing speed as demonstrated by increases in the fusion frequency thresholds to flickering light. This occurs at both the sensory and ERP level (Sokolov, 2002). There is also some evidence that the OR can increase processing flexibility. In a study comparing tasks of visual tracking of alternating lights versus gazing at a stationary light, Kuiken et al (2002) found that the visual tracking condition was associated with faster subsequent responding to unexpected stimuli than for trials following a stationary gaze. The visual tracking trials were also found to be associated with higher ratings of the emotional strikingness of metaphors, further demonstrating enhanced cognitive flexibility.

As in the OR research field, the P300 ERP research has similarly illuminated how learning can be enhanced via novelty and significance. The P300 research is important because P300 magnitude has been shown to correlate with learning from mistakes and accurately updating context expectancy (Donchin et al 1984, Donchin & Coles, 1988a). P300 magnitude is a measure of the brain updating its model of its operating environment with “administrative” rather than “operational” information processing (Donchin et al 1988b). Johnson (1984, 1986) developed a triarchic model for predicting P300 magnitude and convincingly demonstrated that P300 magnitude depends upon several sub-variables within the subjective probability and stimulus meaning domains. The subjective probability domain has its corresponding variable “novelty” within the orienting response research and the stimulus meaning domain also has its corresponding variable of “significance” in the OR research. All of Johnson’s sub-variables can be found in the OR research as amplifying OR measures. Except for the phenomenon of habituation, the two fields of research closely mirror each other’s findings.

Sokolov (1975, 1990, 2002) has explained why the two variables of novelty and significance produce their effects somewhat independently. According to Sokolov, novelty is determined by a neuronal mismatch occurring between afferent information and a neuronal model in the hippocampus as early as 80 ms. after an event. Vinogradova (1975) discovered A-neurons (novelty activated) and T-neurons (sameness activated) in the hippocampus that service the activation and inhibitory functions respectively. The novelty neurons were found to stimulate the reticular activating system whereas sameness neurons feed into the synchronizing system. According to Sokolov, the variable of significance involves associations from the cortex arriving much later than the novelty neuronal mismatch. The two effects of novelty and significance summate in the final OR. At the time that this article is written, it has not yet been proven that the variable of significance results in actual neurogenesis on a genetic level as does novelty. However, what is most relevant is that both novelty and significance jointly activate or facilitate numerous systems for new learning, from the genetic level all the way up through the reflexive and metabolic levels. For the purposes of the current protocol, it is useful to weave these 2 variables into our conditioning paradigm so that flexible processing can better consolidate new associations.

Within the previously described research, the most frequent method for creating novelty has been the use of sequential surprise or novel stimulus configurations. Novel stimulus configurations can be quite subtle such as absence of features, temporal changes, or even alteration of background semantic context (Luria & Vinogradova, 1959). Up to this point in our discussion, we have been primarily referring to novel sensory stimuli. However, the current protocol for reducing rage also uses internal events for creating the novelty catalysis effect. The question therefore arises as to whether such an inference to a new context is valid. Maltzman and others (Maltzman, 1971, 1979, Maltzman & Mandell, 1968, Maltzman et al., 1970) argued that this is the case. Human thinking frequently evokes naturally occurring ORs as indicated by GSR when novel thoughts or considerations arise to the conscious level. For several years, the present author has observed GSR responding during the course of EMDR sessions. Although it has not been possible to run controlled studies in a private practice setting, a strong correlation has been apparent: clients who exhibited more phasic ORs during free association in their EMDR sessions were the clients who desensitized from their trauma more quickly. Most of the observed

phasic ORs were observed to be associated with newly emerging memories or new possible perspectives being considered by the client. However, this is still correlational data and the question still remains as to whether clients can be guided into catalytic arousal to inner material by a therapist's facilitation. It is a central premise of this protocol that they can.

Therapeutic Dissociation as a Catalytic Technique

Rossi (2002) describes the Ericksonian technique of therapeutic dissociation as a “creative bifurcation” of consciousness: One self part goes through an important emotional experience while other self parts watch the emotional process with care, control, and wisdom. Rossi theorizes that this reframe acts as a “processing heuristic” that stimulates re-synthesis via creative replay and the “novelty-numinosum-neurogenesis effect.” In classical Ericksonian technique (Erickson & Rossi, 1980a,b,c; Lankton & Lankton, 1983), the client's observation of some aspect of their dissociated experience is therapeutically utilized. Arm levitation, limb movements, etc. have been the most common. In the current protocol, it is proposed that therapeutic dissociation can also be hypnotically created using imagery to represent bifurcated parts of consciousness. When the main host self part is in unpredictable interaction with an artificially created image of a resource part (largely controlled by the unconscious), the conditions for a catalytic novelty-neurogenesis effect are present. Neuronal mismatch can occur in the hippocampus because the context of the information is greatly altered. The overall configuration will be novel and uncertain, even though the information is obviously not new to the resource self part. When elements of emotional significance are added to this novelty dimension, the catalytic effect is even greater. Clients involved in the current protocol often express unmistakable wonder and surprise in reaction to their therapeutically dissociated resources. In this state, their new learning is optimally catalyzed.

In the future discussion of protocol steps, specific techniques will be detailed for enhancing the catalytic dimensions of novelty and significance. The context for these maneuvers will be made more clear in those discussions. As a prelude and without the benefit of context, a rough outline of those techniques are as follows:

Novelty:

- 1) Suggesting therapeutic dissociation of affect associations to the client. (e.g. “Where does that positive feeling of confidence want to resonate to your body?)
- 2) Creating therapeutic dissociation and uncertainty by suggesting that the client initiate exploratory experimental interactions with resource images (e.g. Would you be willing to try waving at your Nurturing Adult Self to see what type of response you get?)
- 3) Unique body posturing by the client to “break” old role configurations while interacting with resource images (e.g. hand outstretched with palms up, fingers beckoning in a supplicating manner).
- 4) Creating therapeutic dissociation and uncertainty by having the client ask questions of resource images. The implication is that their responding is autonomous. (e.g. “Why is my integrity more important than his/her reaction?”)
- 5) Creating therapeutic dissociation by asking the client to observe the emotional responding of resource images (e.g. Recording of facial expression, body posture, and other nonverbal behaviors).

Emotional Significance:

- 1) Requesting that the client rub that part of their body to which their positive resource traits “resonate.” This excites 3 dimensions of emotional significance: a) Task usefulness of the information, b) relevance of the information to the client’s physical body, and c) public witnessing of performance by the therapist.
- 2) Frequently using the client’s name as an alerting tool when pairing positive traits to resource images. Also, using dynamic verbs in the association procedure so that the information becomes task relevant.
- 3) Creating an expectation set for emotionally charged information from the imagined resources. The therapist asks the client to specifically report their observations of the resources’ facial expressions, tone of voice, body movements, and all the nonverbal communication that is relevant to the client’s instinctive attachment system (Bowlby, 1969, 1979, Schore, 1994, Siegel, 1999).
- 4) Creating task relevance and public witnessing of homework practice by having the client record their practice session experiences and observations. Those records are subsequently reviewed with the client so as to reinforce the importance of their observations. The expectation of subsequent review and accountability builds more emotional significance into the homework experiences.
- 5) Inducing the client to associate their most strongly held ethical and spiritual values within practice sessions. The client is asked to select their 3 most meaningful values among integrity, honor, truth, responsibility, and spirituality. Their 3 selected values are involved in the client’s interactions with their imaginary resources.

Where possible, the current protocol combines novelty and emotional significance so that the two dimensions are stimulated simultaneously. When the client is uncertain as to what will happen or is experiencing surprise **AND** the context involves something that involves emotional meaning and importance to them then the catalytic effect is maximized.

Protocol Phases & Time Scale

Because the protocol is complex with successive layers of conditioned associations, it is best to first conceptualize the process in phases. The number of sessions for each phase will vary, depending on unpredictable client differences. The different phases and average rate of progression are as follows:

- 1) **Introduction and Assessment** (Sessions 1 - 2) – The goals for this phase are to establish trust and safety within the therapeutic relationship, assess for client safety, negotiate therapeutic goals, review social and treatment history, analyze the dynamics of the presenting problem, assess for any contraindications for proceeding with the protocol, and finally to prepare the client’s expectations for how the protocol will proceed.
- 2) **Resource Consolidation** (Sessions 3 – 5) - The goal for this phase is to associate together positive memories of the client’s own self-inspiring experiences and behaviors. This phase borrows very heavily from Shirley Jean Schmidt’s (2004) DNMS (Developmental Needs Meeting Strategy) protocol. As in the DNMS protocol, protective adult self (PAS), nurturing adult self (NAS), and

spiritual core self (SCS) parts are consolidated. However, catalyzing procedures have been added to further strengthen associations within each resource systems. The client is also induced to develop a visual image to represent each resource system. The resulting images usually include two human images for PAS and NAS along with an image of an energy source image for SCS. The resource systems are then further strengthened in trance via imaginary interactions with therapeutic dissociation.

- 3) **Target Memory Selection and Preparation** (Sessions 6 - 7) - The first goal for this phase is to locate memories that still threaten emotional distress similar to those situations that evoke the client's rage response. Once the pool of memories is created, then a starting memory is selected with which to create the client's target state. The second goal for this phase is to define the most upsetting sensory, cognitive, and visceral components of the selected memory that will effectively provoke the neuron-hormonal state of shame. For this phase, the current protocol borrows heavily from Shapiro's (2001) EMDR protocol for the eidetic set-up.
- 4) **Introduction to Exercise Procedure** (Session 8 – 9) The purpose of this phase is to introduce the client to the conflict inoculation imagery exercise but also to embed helpful associations into certain aspects of the imagery. After stimulating a shame state via eidetic memory components (sensory, negative belief, somatic) the client is guided in trance through the prescribed interactions with their resources. During this initial introduction, the procedure is slowed down by explanations and intermediary images that are not explicitly employed in later practice sessions. Immediately after the exercise, the client is asked to record their observations of how their resources verbally replied and how they behaved.
- 5) **In-Session Practice** (Sessions 10 – 15) The purpose of this phase is to provide the client with enough supervised practice experience in order to be sufficiently competent to practice at home. An average of 6 practice sessions (complete with client recording of resource behavior) is usually necessary for building enough competence and confidence. Homework compliance usually suffers with less than 6 initial practice sessions.
- 6) **Homework Practice with In-Session Review** – (Sessions 16 – 21) In this phase, the client is practicing an average of 3 homework exercise sessions per week. In the office sessions with the therapist, client records from each session are reviewed in detail. Particular attention is paid to observations of resource responses and nonverbal behaviors. This reinforcement helps maintain the emotional significance of the client's observations, thereby supporting the potency of the therapeutic dissociation in the homework exercises. In addition to the homework reviews, old target memories are reviewed for possible substitution with new target memories. When target memories become largely desensitized, new ones are better for creating the initializing neurohormonal shame state necessary for effective practice. Also in this phase, the client continues to practice the exercise in each of the sessions.
- 7) **Follow-up, redirection or termination** – (Session 22) This final phase is for assessing effectiveness of the intervention as well as any continuing needs requiring further treatment.

Protocol Steps

The following protocol steps are meant to be helpful guides for achieving the desired layering of associations and interactions to achieve the desired results. However, the individual steps are not meant to be followed in an orthodox manner. Individual therapists will have their own style of hypnotic techniques for creating associations via imagery, body associations, etc. Therefore, it is assumed that

therapists will modify individual steps to their own strengths (perhaps to superior effects than the current protocol). However, the present author believes certain elements are critical to maintain. First, the sequencing of phases should be followed with the proposed order. The initial development of positive resources is essential. Second, the development of representative images for the resources allows the attachment mechanism to be brought into play. It is designed to generate catalyzing emotional significance by stimulating instinctive right hemispheric awareness of nonverbal behavior. When resource images unexpectedly smile, touch, show compassionate expressions, etc., it allows emotionally charged nonverbal as well as verbal communication to be received by the client's consciousness. Third, the initial eidetic set-up for creating the neurohormonal shame state is also deemed critical. This allows associations to reach the implicit shamed memory system that is usually dissociated out of reach. Finally, uncertainty and significance should be incorporated within many of the steps so that maximum catalysis will occur. This having been said, there are many ways for stimulating catalysis. Therapists may be more effective with their own preferred methods than those presented here. As long as the critical components of this protocol are followed, different variations for catalyzing associations will probably still be effective.

Phase 1 Introduction and Assessment

Step 1 Establishment of Goals

This step establishes the therapeutic contract for what is to be accomplished. Sometimes the focus is narrow as in specific rage reduction. In other cases, there may be multiple goals that need to be prioritized. For example, reduction in generalized anxiety may vie for top priority as a goal. Other more serious pathology such as major depression, psychosis, organic impairments such as temporal lobe dysfunction, severe dissociation, or suicidality should obviously pre-empt working on conflict shame. In the case where other more pressing goals are prioritized, it is best to frame the deferral of the present protocol for "when" the client is sufficiently stable.

The most appropriate goals for conflict inoculation will target one of the following behaviors:

- 1) Ego-dystonic rage reduction. The client regrets rageful episodes when in conflict but cannot alter their rageful responding.
- 2) Paralytic freezing when in conflict. The client claims that they are overwhelmed by anxiety and can't gather their thoughts.
- 3) Compulsive subjugation when in conflict. Immediate surrender is offered as the client's only defense.
- 4) Compulsive lying in order to avoid conflict. This would only be appropriate where there's evidence that the lying is ego-dystonic and that lying is not merely a psychopathic tool in an under-socialized client.

Phase 1 Introduction and Assessment

Step 2 Assessment

Assessment for safety comes first. Most competent therapists will have their own preferred procedures for obtaining social history, treatment history, current medications, chemical use history, etc. As when starting EMDR, DNMS, treatment for dissociation, and other very active restructuring therapies, the therapist should determine both environmental safety and personal stability before proceeding. If the

client's personality structure is in crisis or shows no resilience, then deferral is best. Similarly, active substance abuse should become the primary focus if such is occurring. If the client is living in a violent and dangerous domestic situation, then the therapist should probably postpone shifting any of the client's current conflict defenses.

It is highly advised to screen for serious personality dissociation before employing the current protocol. Routine use of the Dissociative Experiences Scale (Bernstein & Putnam, 1986, Carlson & Putnam, 1993) is recommended. An average score above 20 starts flagging a higher probability of DDNOS or DID. The current author has not used the conflict inoculation protocol with such clients. General personality dissociation should be prioritized for treatment when it is discerned through careful interview. Techniques to integrate dissociated self-parts are available in what has been come to be known as ego-state therapy. Excellent references are Putnam (1989), Phillips & Frederick (1995), Watkins & Watkins (1997), and Chu (2005). Twombly (2000) and Fine & Berkowitz (2001) also show how EMDR can be useful for dissociative disorders when applied with great care.

Assessment should extend beyond the issue of safety to also evaluate the appropriateness of the original goal. It is frequently the case that more appropriate goals should be prioritized over conflict management. In addition to the more obvious ones of substance abuse, clinical depression, psychosis, compulsions, unresolved trauma, etc., the current author proposes that many attachment disturbances should also be prioritized for treatment. Liotti (1999) describes how early attachment experiences can result in adult transferential attachment styles that often are accompanied by dissociation. Even when serious dissociative symptoms are not present, the current author recommends prioritizing treatment of strong avoidant or disorganized attachment styles when they are apparent. For clients with ambivalent attachment styles, the degree of pathology in attachment vs. conflict affect regulation should determine which problem to prioritize as a target. When attachment ambivalence is very strong, it will interfere with the resource consolidation phase of the current protocol. In such cases, it is appropriate to renegotiate the original goals of treatment to focus more on the attachment ambivalence itself. Developmental Needs Meeting Strategy (Schmidt, 2004) performs extremely well for these cases.

Phase 1 Introduction and Assessment

Step 3 Introduction and Contract for Protocol

The introduction to conflict inoculation must first explain that the procedure is not a customary and established form of treatment. It is still in an exploratory/experimental stage and mostly based on theory. However, many of its components are already used in more widely popular forms of therapy: EMDR, DNMS, ego-state psychotherapy such as DNMS, and hypnotherapy. What is unique about conflict inoculation is the way that these elements have been assembled together. Clients are also told that many previous clients have reported much satisfaction with how their feelings have changed as a result of the treatment. Post treatment clients have said that their stress levels have dropped dramatically in conflict and that they no longer feel the need to lie or rage or use their previous defenses. The strategy behind conflict inoculation is explained as follows:

The client's particular target behavior (e.g. rage, paralytic conflict "freezing", lying to avoid conflict, etc.) is most theorized to be a compulsive defense against shame. A healthier defense in conflict will allow them to "leave" the toxic information coming from their partner and instead help them to connect to more soothing information coming from their own internal resources. The client is informed that this new type of defense does not involve having to either physically flee or control their partner. Rather, it involves an "autonomy switch". Instead of staying painfully connected to their partner's angry mind, they will instead switch their connection to an internal system of "resources" that helps support their self-esteem. It is explained that positive resources are often introjected through positive parenting

during childhood and that this introjection process is facilitated by the mirror neuron system. If people have been trained to use their endowment of positive resources in respectful conflicts with their parents, then they will be fairly well practiced for later relationship conflicts. However, when early introjects are not positive, not well organized, or have not been given good training in measured conflict with parents, then poor conflict shame regulation may occur. If this has happened, clients can still organize their own scattered positive memories into resource systems during adulthood. It is explained that the initial stages of resource consolidation in the protocol attempts to do exactly that kind of organizing. It is suggested that these new organized resources can then act like synthetic supportive introjects whenever the client is in conflict.

The client is given a brief overview of some of the catalytic techniques that will be used. It is explained that the techniques are based on psychophysiological research and that different types of information stimulate the brain to make strong new connections. Emphasis is placed on the role of uncertainty and novelty for creating new associations. A brief overview of trance is given and examples are offered for how the client already has emotions and reflexes that respond to trance (e.g. erotic arousal to fantasy, salivation when imagining eating certain foods, etc.). The client is then told that their consolidated resource system will be used to help them weather some exposure to shame in their upcoming practice sessions. "Live fire training" is used as a parallel for how soldiers are conditioned to be able to remember their training when they will eventually be exposed to extreme stress. Similarly, the client will be practicing against some of their most disturbing memories of past stressful conflicts. It is explained how sensory cues, a negative shame belief about self, and awareness of their body reactions will be used to "wake up" the neurohormonal state of shame against which they will practice.

Clients are told that conflict inoculation with resources is designed to strengthen 3 important abilities for future conflicts. First, they will need to "break focus". In other words, they will need to refuse to be fully attentive to their partner's toxic messages. By learning to break focus, they still stop being "like a deer caught in headlights." Their protective adult self can help them accomplish that with some finely tuned anger. Second, they will need to find another positive connection to support their own sense of positive self. It is suggested that power and control do not adequately support stable self-esteem and will only escalate the conflict further. Instead, tapping into a sense of internal reconnection with their own higher consciousness can do the job. That's where their nurturing adult self can help. Third, the client will need cognitive flexibility to be creative. They will need to "loosen up" enough for their unconscious to work for them. It is explained that true creativity comes from weak associations flowing in from their unconscious. They will need some "receptivity" to hear their own creative voice about what to do next. Their spiritual core self will help them experience that.

Clients are told about that usually 30 exercise repetitions, including homework, are needed to experience fundamental changes. The parallel of body building is used. Muscle growth is not immediately observable after only a couple of exercise periods. The growth of muscle tissue and neuronal connections both take repeated exercises. The clients are told they will be eventually given practice homework and that they will be asked to record their trance observations after each practice session. It is explained that their recordings are designed to have a psychological effect and thereby make each practice session more effective.

In the course of introducing conflict inoculation, clients are usually asked to read portions of the current document. More technically savvy clients will enjoy the science while the others will merely skim and read what they select. Finally, clients are asked whether they will want to start the treatment. They are essentially warned that this is not a treatment to "take a shot at." Emphasis is placed on how a fair amount of work and time goes into preparing resources as "tools." Clients will usually not experience changes in their feelings or behavior until the full course of treatment is near completion. They are

discouraged from starting the treatment if insufficient motivation is detected. After a thorough and sufficient discussion about the client's expectations and motivation, the client is may finally be accepted for conflict inoculation. The client and therapist then verbally formalize their agreement to go forward to the next phase of resource consolidation.

Phase 2 Resource Consolidation

Step 4 Guided Imagery Exercise for Dissociating Negative Resonance

This step was inserted into the procedure for two reasons. First, in the course of consolidating resources with previous clients, a problem would frequently arise. When thinking back on a positive trait, clients sometimes were reminded of a negative trait for which they felt ashamed. The negative affect of the undesirable trait would often contaminate the affect associated with the positive trait. This should not be too surprising in that opposites are closely associated in the memory system. If one thinks of "hot", then "cold" is not far away in the association system. Similarly, some clients would sometimes feel negatively when thinking about their courageous trait. It would remind them of how ashamed they feel about being cowardly. The trait of empathy for some clients feels quite negative. It reminds them of how "codependent" they perceive themselves to be. The contamination of affect from shame-laden opposites often left supposed positive traits feeling negative. For lack of a better term, the present author labels the phenomenon "negative resonance" when explaining the phenomenon to current clients. When a client is now given an explanation about negative resonance, they are told that the current exercise is designed to reduce it. By using images of barriers and separation, the brain will dissociate and "create distance" between the targeted positive trait and the negatively resonating negative trait.

The second reason for including this step in the protocol is that it offers an excellent introduction to trance and prepare the client for more complicated trance work later on. The imagery is simple, the emotional content is low, and therapeutic dissociation is not included. The client is given an initial interesting trance experience in which he and the therapist learn to successfully collaborate to create an experience.

Before starting the trance, the client should be asked whether they have any fear of basements if they are well lit up. It is explained that some clients have had some unpleasant early experiences in basements. If this is true for them, then another trance location can be used such as an open field. Most clients are fine with the basement. A minority, perhaps one in ten, will opt for an open field. The utility of the basement is that it suggests remote storage while avoiding the connotation of permanent discarding. This allows for a sense of separation while reducing the probability that other possible dissociated self-parts will react and rebel.

The exercise goes as follows:

The client is asked to find a comfortable position and close their eyes. They are told that the therapist will be suggesting various images but that the client is the one who will need to create them. There will be no taking of control by the therapist. The client will be the one in charge and the therapist will merely suggest which images that the client to can create with their mind. The client is reminded that they already know how to do this with their fantasy....that they usually think of images as being visual but that there are other types of images....such as auditory. They can easily imagine their name being called. For kinesthetic imagery, they can imagine their hot and sweaty body running with feeling of their legs pumping away.....etc. However, for the current exercise, the starting image will be proprioceptive: that is, the sensation of touch. The client is asked to create for themselves the feeling of carrying a large open-mouth glass canister jar under one of their arms. They are then asked under which arm they want to carry it. With this start-up, there is much give and take between client and therapist. The current

description and subsequent descriptions will not completely capture the suggested details, the pacing of tone, the syntax of language, and the interactive “dance” between therapist and client that deepens the trance. Micro-techniques will not be formalized into this protocol as they depend upon intuitive skills that the therapist has learned from their experience to employ.

The rest of the exercise involves the following images:

- 1) Feeling the weight and pressure of the jar under their arm and against their side
- 2) Seeing the glass screw threads around the mouth of the jar
- 3) Seeing a blurry floating object to their left (or right)
- 4) Using their left (or right) hand to take hold of the object and place it into the jar
- 5) Seeing a metal screw cap floating in the air to their left
- 6) Taking hold of the screw cap and placing it onto the jar
- 7) Hearing the hollow tinny noise that the screw cap makes when it comes into contact with the jar
- 8) Twisting the screw cap on the jar and hearing the rasping noise that the metal makes on the glass screw threads
- 9) Looking down into a well-lit basement and seeing a long flight of wooden steps
- 10) Carrying the jar down the wooden stairs, feeling the vibration and weight of each step, and hearing the “thunking” noise of their feet on the stairs
- 11) Arriving at the bottom of the stairs and seeing an open door and a well-lit up room on the opposite side of the basement
- 12) Carrying the jar across the basement floor, feeling the weight of the jar, feeling each footstep
- 13) Stepping into the room with the open door
- 14) Walking to the far corner of the room where they see a wooden shelf
- 15) Taking both hands and placing the jar on the shelf
- 16) Hearing the thud that the base of the jar makes when it finally contacts the shelf
- 17) Letting go of the jar and feeling free and unencumbered
- 18) Looking over at the door and seeing a light switch by the doorway
- 19) Walking over to the light switch
- 20) As they step out of the doorway, flicking the light switch and seeing the room go dark behind them
- 21) Reaching with their hands, taking the edge of the door and swinging it shut
- 22) Hearing the thud and the latch as the door finally latches shut
- 23) Looking over and seeing the base of the stairway
- 24) Walking unencumbered across the floor, noticing the freedom in their arms
- 25) Starting back up the stairs while they notice how much harder it is to push against the weight of gravity
- 26) Feeling the vibration in each step and hearing the “thunking” noise as they come up...and up... and upuntil they come up to the presentand can open their eyes.

Alternatively, the therapist may choose to “count back” the client to the present surroundings. At this point, the client is then asked and observations/reactions are shared by therapist and client alike. It is also explained that the client may later use this exercise to remove negative resonance from positive traits. Use of the imagery can enable them to enjoy their positive feelings about themselves with less interference from pesky negative traits which they can “store in the basement.”

It was previously noted that clients who express fear of basements should be given an alternate location. An open field can be used to better address their need for more vigilance. Crossing boundaries such as rock walls, small gullies, low fences, burial into a vault, etc. can all be used to connote the necessary barriers and compartmentalization.

Phase 2 Resource Consolidation

Step 5 Initial Resource Consolidation

This next step in the protocol is complicated because it introduces many operations all at once. For this reason, the discussion is segmented into parts in order to facilitate clarity. However, it is best to underscore several things before describing the procedural details. First, many of the this step's techniques borrow heavily from the innovative work of Shirley Jean Schmidt (2004) and her creation of DNMS (Developmental Needs Meeting Strategy). The three described resources are the same. The procedure of using traits for resource memories is the same. The 24 traits for Nurturing Adult Self and Protective Adult Self are the same. The consolidation of positive traits into aggregated resources is also Schmidt's concept. After these similarities, the procedures differ in several important aspects. One aspect is that the current protocol has added many catalyzing manipulations designed to foster greater neoneuronexis. While Schmidt's resource consolidation does apply alternating bilateral stimulation and does draw attention to emotions, images, and body associations, the degree of client interactivity used for catalysis is greater in the current protocol.

Another important difference between the two strategies is that Schmidt employs an elegant but complex procedures to defuse potentially interfering introjects. In ego state therapy, introjects refer to templates of attitude and behavior that have been imprinted by caregivers during the developmental period. These introjects are often used by the client as defensive systems. By internally replicating the critical messages received from their caregivers, a client learned to avoid exposing their most vulnerable feelings in potentially dangerous situations. This probably served a valuable defensive purpose when the client was a child living with dysfunctional parents. However, negative introjects can wreak havoc on self-esteem of an adult client. The criticality is no longer needed but the client keeps replicating the internal critical messages. This is especially true when the client is asked to approach feelings of pride and self-appreciation. For some clients, these feelings were unsafe to express during childhood. Therefore, the client's introject defense system may inject critical messages when he is attempting to approach positive feelings. Earlier in this discussion, it was stated that clients with very strong attachment ambivalence may not be able to use this protocol. It is in the resource consolidation phase of the protocol that these clients are often defined. Instead of enjoying positive feelings from their best memories, they report interfering anxiety or shame that can be translated into self-critical messages. If this happens, it is recommended to redirect the therapy toward the more fundamental problem of attachment ambivalence instead of conflict behavior. Schmidt's DNMS protocol is designed to specifically treat this problem. Her still evolving protocol employs a procedure for discerning potentially troublesome introjects and "switching dominance" to the injured self-parts behind the introject defenses. The procedure for defusing of introjects is too complex to describe here. It is instead recommended that clinicians familiarize themselves with ego state therapy as well as DNMS. This is a case of "one size doesn't fit all" and DNMS is an excellent tool to have in one's tool kit to handle the exceptions from conflict inoculation.

Before detailing the initial resource consolidation, a brief discussion about semantics is warranted. It is preferable to use the term "consolidation" when conversing with a client instead of referring to resource "installation." The latter term has been a frequently used within the EMDR community and its publications. However, the connotative inference of "installation" is that the resources must first come from the outside. It can be inferred from the term "installation" that they don't initially exist within the client. The current author considers that potential connotative association to be disempowering. In contrast, the term "consolidation" implies that the client already holds the resources within himself. For this reason, the latter term is used throughout the protocol.

Phase 2, Step5, Part 1 Explaining Resources and Choosing Initial Resource

The client is given an explanation about resources that goes something like this:

Resource memories are skills and abilities that carry positive emotions. It is theorized that they may activate dopaminergic circuits that are associated with feelings of empowerment and well-being. However, the resource memories may initially be fragmented and not well organized. Like a car battery with only one or two cells connected up, the charge may not be very strong. The client is told that the current procedure is designed to organize and connect many resource memories so that the positive charge will be much stronger. Psychological techniques will be used to catalyze the memories together like strings twisting together to form a cord and cords twisting together to form a rope. When the system is sufficiently connected together, it an image can be associated with when the client is in trance. The therapist will show the client how to let his unconscious build the image. Then the client will be able to interact with the image and strengthen the resource system even further. When the resource system is sufficiently strengthened, the client's unconscious will be able to communicate through it and offer the client help and emotional support. The resource system will later be used as a tool to help change emotions during conflict. Clients often claim to see evidence that their resources still work for them after treatment. When conflict inoculation is complete, conscious awareness of resources will not be necessary because they can then work in unconscious procedural memory.

The client is told that there will be 3 resource systems that will be referred to as just "resources" from this point on: A Nurturing Adult Self, a Protective Adult Self, and a Spiritual Core Self. It is explained that the first two will be consolidated from past memories and that the Spiritual Core Self will be consolidated from a meditative experience. The Nurturing Adult Self is the resource that will help them to feel nurtured, loved, and connected. It also helps them to attach a sense of meaning to experience. The Protective Adult Self will help them to feel safe, powerful, and also competent. The Spiritual Core Self will help them to feel free and also to be creative. It is their core life energy that enhances their ability to live in the moment.

This point forward constitutes current work under construction. The total length of the document will be at least 3 times the current length due to numerous micro-techniques that need to be described. Estimated completion date is after 1/1/07.

Resource Consolidation

- Step 5 Initial Resource Consolidation**
- Step 6 Second Resource Consolidation**
- Step 7 Consolidation of Spiritual Core Self**
- Step 8 Proximity Exercises with Resources**
- Step 9 Group Contract Ceremony with Resources**

Target Memory Selection and Preparation

- Step 10 Select Disturbing Memories with Conflict Themes**
- Step 11 Select and Establish Eidetic Cues for First Target Memory**

Introduction to Exercise Procedure

- Step 12 Select and Rank the Client's Most Highly Held Personal Values**

- Step 13 Stimulate the Target Memory with Eidetic Cues**
Step 14 Consolidate a Boundary Wall Image with Protective Adult Self
Step 15 Introduce the Question and Answer Dialogue with Nurturing Adult Self
Step 16 Introduce Creative Meditation with Spiritual Core Self
Step 17 Rescripting of Client Behavior to Target Memory
Step 18 Client Recording of His/Her Observations during Exercise Procedure
- Step 19 In-Session Practice**
- Step 20 Homework Practice with In-Session Review**
- Step 21 Follow-up, redirection or termination**

Discussion

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