

Dealing with “Abreactions” in Training or Sessions

The psychoanalytical term of Abreaction was first coined by Freud in 1893 who likened it to a cathartic release of affect occurred by bringing 'a particular moment or problem into focus'.

It used to be thought that abreaction was a vital part of therapy and the outpouring of emotion worked to release it-like releasing poison by lancing a boil.



Shell shocked survivors of WW1 treated by psychologists like William Sargent were encouraged to relive their trauma until the point of "collapse" at which point the PTSD symptoms could be removed. This worked successfully but only because the emotional collapse led to calm and when the trauma was reviewed calmly for the first time the memory trace could at last be reassigned to the less emotive memory centres-lifting the PTSD. But its much more comfortable and effective to go directly for calm reviewing of troublesome memories which leaves the safety and dignity of the person intact.

Abreactions may be experienced for example if a flashback of a traumatic event occurs. A flashback as such, does not have the capacity to bring about processing of the memory experience, and is traumatic in itself. An abreaction, which includes the emotional reaction as well, may lead to healing and integration of the memory, but not necessarily. An abreaction may be preceded by a period of mounting internal pressure and conflict lasting for days or even weeks before the abreactive resolution itself. It is as if a part of the self who has been holding unprocessed traumatic material from the time it happened, gets closer to the surface, with an urgent need to release the experience. The internal pressure is due to an

increasingly dangerous-feeling power struggle between this part and other parts who have been maintaining the dissociation.

Abreactions take several different forms but all involve some emotional reaction, often an outburst of emotion i.e. agitation, tears, anger, shouting, laughter, nausea, dizziness. Some clients may have a gentle release of tears, others a more intense or dramatic reaction. So someone may abreact if something in the environment (and remember the therapist and their words are part of that environment) reminds them unconsciously of an uncomfortable, unpleasant or even traumatic event.

If someone does abreact give them time. Don't hurry them to open their eyes if they are closed. Give them time and space to work the emotions out so don't rush at them with a box of tissues. Do not touch them. Find an appropriate time when the charge has begun to decrease to offer some words or tissues.

Reassure them so that they know they are in a safe environment to let out whatever it is they need to. Then get them to focus on something in the room (abreaction is a hypnotic phenomenon so we need to get them back with us) For example you might say: Okay now just take a moment to think about your breathing and notice that as it calms right down again your body and mind becomes more relaxed again..."

Use language of the less emotional, i.e. "left brain" like "think" and "notice" "weigh up" "what are your thoughts on" and so forth; and avoid emotive words like "feel" or "emotional". The much used therapeutic linguistic staple: "How do you feel" can ignite the situation by directing attention even more toward feelings when things need to be calming down. Think words mobilise the "thinking brain" (and therefore dilutes emotion) and "feel words" get the emotions going even more.

In my years of practice I have mostly encountered abreaction with childbirth issues, but not exclusively and only in the minority of cases. But if it does happen it's vital to stay cool, let the client have time to deal with it, it's amazing how fast people can calm down again.

Remember when seeing clients you should only work within your qualification framework knowledge and experience. Therefore if you have no training in dealing with severe sexual trauma for example, refer the person on to someone who has. However obviously we don't always know this is the case when somebody comes to see us to deal with procrastination or wanting to lose weight etc. However if an abreaction occurs unexpectedly, staying calm and dealing with the situation, as described will usually help to bring reassurance and calmness back for the client. Please remember that not all reactions are a result in the client reliving an event. It

may be a sudden feeling of guilt or remorse based on an action or set of actions or from not doing something they feel that they should have. It may be the result of sheer relief from freeing the negative emotions, such as guilt or remorse that has caused a sudden physical outpouring or reaction.

The IEMT course will demonstrate a Pattern of Chronicity known as the 3 stage Abreaction. This can be one of the indicators that a person, despite what they may be saying is not happy or willing to change. This can occur for many reasons, the most obvious is that the behaviour or problem that they are exhibiting or identifying with somehow affords them some special status or attention. This is what is known as “Secondary Gain” i.e the reason that they have come to see a therapist that they wish to “change” may consciously or unconsciously be keeping them stuck in the same place. Part of them wants to let it go, but another part is quite comfortable holding onto it, e.g. a smoker says he wants to give up, but part of his brain believes cigarettes are the only thing that help him to relax and thus he can’t or won’t quit. When we are challenging people’s beliefs and values they are what we call “highly charged states” and thus can cause an outpouring of emotion when challenged.

IEMT can cause change rapidly. Some people may not be quite prepared for this as suddenly the comfort blanket has been removed. This may lead to the 3 stage abreaction occurring and if you miss the initial signal, they may jump straight to stage 3!

Dealing with this type of abreaction as opposed to the trauma, flashback type of abreaction is no different. Give people the time and space to do their own transderivational search of their thoughts, feelings, internal dialogue etc. Then when the emotion charge begins to dissipate use some form of interaction to bring the person back into the here and now, back to rationality and self-control. It may well be appropriate at this stage to continue with IEMT as you have possibly just hit a real nugget of change, however I always ask the client if they want to continue. Never push on regardless even if you think you are on the edge of a result. Also never force a client to disclose anything that they have experienced after an abreaction. Some will want to talk, others won’t so respect the decision. The beauty of IEMT is that it can be a completely content free modality.