

# ■ CLINICAL Q&A ■

## Container

Katy Murray

The Clinical column is a regular *Journal of EMDR Practice and Research* feature in which master clinicians answer a question posed by a reader who is requesting assistance with clinical challenges. In this issue's column, the response is written by Katy Murray, who is a licensed independent clinical social worker and an EMDRIA-approved consultant in Olympia, Washington. Readers can send questions for future issues to [journal@emdria.org](mailto:journal@emdria.org).

**Question:** *Is there a script that I can use to teach my clients to use a “container” resource? When and how might I use this with my clients?*

### ANSWER:

Posttraumatic stress disorder (PTSD) can be thought of as a *disorder of the present*. Traumatic materials, including the beliefs, feelings, sensations, perceptions, urges, and images of the stored trauma intrude in the present; the client confuses the triggered experience with the reality of what is currently occurring. The adaptive information processing (AIP) model (Shapiro, 2001) posits that *many* presenting issues and diagnoses are fed by maladaptively stored experiential contributors and involve the experience of the past in the present. If a client has the ability to “put away” or “set aside” some disturbing memories, thoughts, worries, urges, and cravings, he or she is able to function more fully *in the present* rather than having his or her attention “hijacked” by the past or future. The use of a container resource can teach clients this ability. It can be introduced early in therapy during client preparation—Phase 2 in the eye movement desensitization and reprocessing (EMDR) approach—along with the calm/safe place skill. Like calm/safe place, container serves four functions: (a) It enhances client stability and affect tolerance; (b) it provides information as you determine whether

a client is able to proceed with assessment (Phase 3) and trauma processing (Phases 4–6) safely; (c) it is useful for closing incomplete trauma processing sessions (Phase 7); and (d) it provides a way for the client to manage disturbance between sessions.

The container skill is taught not to sweep things under the rug, but rather to put things away for safekeeping, knowing they will be available when the client is ready to address, heal, or resolve the experience or concern. Through effective use of containers, clients can increase their abilities to give full attention to their present experiences, rather than be distracted or overwhelmed by experiences or concerns that they, for whatever reason, cannot address immediately. Having the ability to put away distressing thoughts, feelings, memories, and concerns increases the client's confidence to address traumatic experiences—knowing the memories can be focused on and then contained when needed. Once identification and processing of traumatic memories occurs in sessions, the therapist can guide the client to use the container at the end of session to help him or her feel more grounded and present before leaving.

I have written a script to use for developing the container resource with clients. It is influenced by what I have learned from Martin Rossman and David Bresler (1989; Rossman, 2000), as well as the works of Ginger Gilson and Sandra Kaplan (2000), Roy Kiessling (2002), John Omaha (2004), and Landry Wildwind (1999). You will find that many other EMDR and non-EMDR

practitioners have developed scripts for teaching clients containment.

In developing this resource with the client, I include the processes of *foresight*, *insight*, and *hindsight* described by Bresler and Rossman (1989): *Foresight* involves discussing the purpose of the exercise with the client in a way that is relevant to the client to set the intention for the work. *Insight* involves the use of imagery to allow the resource to develop, unfold, and deepen. *Hindsight* includes debriefing what occurred in the imagery, and anticipating how this may be useful to the client in daily life.

## Foresight

### 1. Describe the reasons and functions of a container using language and metaphor that is helpful to the client, and relate it to specific instances when it might be a useful resource.

Some descriptions include the following:

- **Computer metaphor:** Having too many files and programs open on the computer at one time interferes with any program working optimally, and the computer freezes up. Having too much in our awareness can interfere with our ability to respond effectively and optimally in our current situations and can lead to a range of responses including dissociation, flooding, or mindlessly engaging in compulsive behaviors.
- **Serenity prayer:** Having a container in which to put current difficulties is a way to operationalize the acceptance portion of the serenity prayer: “. . . grant me the serenity to accept the things I cannot change.” If there is something in the present (or in the past) that I cannot change, I can set it aside in my container for now, knowing that when I am able to effectively deal with it, I can access it in anticipation of change.
- **Out of sight, out of mind:** A container allows us to put things away for safekeeping.
- **There is a place for everything, and everything is in its place:** Use of a container is a way to bring order to our disordered experience. Whatever is not currently useful or helpful to optimal functioning can be set aside for future attention.
- **Turn it over:** A container might be a place we deposit things when we “turn things over to God.”
- **Hazmat:** A container is a place to store our emotional and experiential “hazmat” until we are able to begin reprocessing (through activation of the AIP system) that ultimately transforms the experience from something toxic

to something inert. The container keeps the hazmat of our lives safely stored so that it will not hurt us.

## Insight

### 2. Construct the container resource through conversation—(eyes open or closed).

Note that “. . .” indicates pauses to provide your client time to allow the images to form; occasionally you will be waiting for a response.

*I'd like you to imagine a container that would be strong, secure, and large enough to hold anything troubling or disturbing. It should be well constructed, with a way of closing completely and locking if desired. As I begin to describe this, an image may already have come to mind . . . So just notice whatever that is—checking to make sure that it is large enough . . . and strong enough . . . and has a way of closing securely . . . What comes to mind? . . .*

Note your client's response, and ask about the details. Note the color, size, shape, construction, how it closes, and if it locks. Be sure to write all the details down for your reference.

*Just continue to notice your \_\_\_\_\_ (name of container). Notice how it closes, and if you'd like, you can test how securely it can close when you need it to . . . Got it?*

Although not essential, you may choose to add 4–6 slow sets of BLS (bilateral stimulation) to strengthen the client's association to the container now; but *stop immediately* if it is not helpful. **Do not use BLS once you begin to put things in the container because this may activate the disturbing material you are trying to contain.**

### 3. Deepen the container through imagery (especially if eyes were open during step number 2).

*I'd like you to allow this container to become effective for you. It may help to close your eyes . . . Get comfortable . . . Just bring up that image of your \_\_\_\_\_ (name the container and describe details using the client's words). Got it? . . .*

If needed, strengthen your client's imagery by inviting closer observation. With curiosity, ask your client about the details, inviting a full description with closed eyes. This deepens the resource.

#### 4. Fill the container in imagery.

*So, let's go ahead and use your container. I'd like you to allow anything disturbing or troubling to go into it. You may know some of what you are putting in . . . but some of it you may not know about. In fact, you don't even need to know what is going in . . . some find it is most helpful not to watch what is going in . . . just let it go in . . . let it go in . . . anything disturbing . . . You don't need to give this stuff your attention . . . You can just put it away for now . . . knowing it will be available later—when you are ready to deal with it effectively . . . So just letting it go in . . . taking all the time you need . . . and whenever you have as much in as you'd like, raise your finger to let me know that . . . But not rushing it . . . taking all the time you need . . .*

If more time is needed continue with:

*“just allowing the stuff to go in . . .”*

#### 5. Close the container in imagery.

When your client raises a finger signaling that he or she has as much in the container as desired, have him or her imagine the container closing. Using the client's own words:

*Good, now notice that \_\_\_\_\_ (name how the client has described it closing) and just see it, feel it close securely . . . Got it? . . . Okay . . . When you are ready, become more aware of your breathing, how your body feels . . . and just allow yourself to gently . . . easily . . . come back to the room and open your eyes.*

Once your client's eyes are opened:

*Good, take a deep breath, exhale fully . . . How was that? . . . What difference do you notice now in how you feel? . . . What do you notice in your body? . . .*

#### 6. Test the container in imagery.

*I'd like you to be able to use this as you need to . . . whether at the end of a counseling session after talking about hard stuff, or in the midst of your day-to-day life when a past memory, an urge or craving, or future concern is interfering with you effectively functioning in the present. To test it out, I'd like you to take something out and then return it to the container. In a moment, I'm going to ask you to remove a very mildly disturbing concern or memory from your container. But not yet; first I'd like to know what you plan to bring out. What is a mildly troubling concern or memory you could bring out for this little test run?*

Find out what it is, and make sure it is an appropriate first test. If it is too big, suggest something smaller. Knowing your client, you may have an idea of an appropriate trial run. Once a mild disturbance, issue, or memory is identified, guide the client:

*I'd like you to close your eyes again . . . Bring up that image of your \_\_\_\_\_ (name of container, and if necessary, describe the container again to allow it to become more vivid and real for the client.) . . . Got it? . . . Okay. And I'd like you, by your own intention, to bring the \_\_\_\_\_ (name the mild disturbance, issue, or memory) out of your container . . . and let me know when you have a sense that it is now front and center in your awareness by raising a finger to signal me . . .*

Once your client signals:

*Now, with that front and center in your awareness, notice any changes you feel in your emotion . . . or body . . . and tell me what you notice.*

Be sure to find out about any shifts in your client's feelings and body. This allows the client to become more aware of the changes.

*Let's put it back away for now. I'd like you to allow that \_\_\_\_\_ (name mild disturbance, issue, or memory) to return to your container. You don't need to observe it going in . . . taking whatever time you need, . . . allowing it to go back into the container. Let me know when it is in by signaling me . . .*

Once your client signals:

*Okay . . . And just make note of how you feel now . . . and how your body feels now. And gently allow the image of your container to fade . . . Breathing comfortably and easily . . . come back to the room and open your eyes.*

Once your client's eyes are opened:

*Take a deep breath, exhale fully . . . Good. How was that? . . . What difference do you notice now in how you feel? . . . What do you notice in your body?*

### Hindsight

#### 7. Apply the container to daily life.

Debrief the experience and invite your client to use this resource between sessions. Anticipate times the container might be helpful, such as following a nightmare; during times of sleeplessness; when

in worry mode; when repeatedly replaying a troubling conversation or experience; during times of craving/urge; in response to an intrusive memory; when thoughts or concerns interfere with being fully present; or when feeling overwhelmed. Ask your client if there is anything he or she might want to use as a reminder of this new tool.

#### **8. Problem solve challenging situations.**

If the client experiences difficulty, invite further imagery to make the container more effective. This may include a special valve that allows removal or insertion of things without opening the container (Omaha, 2004). Occasionally, a guard or sentry or watchful protector (animal, person, spirit, or energy) is needed to manage the container. Some clients use multiple containers (Gilson & Kaplan, 2000). Your client may want to keep the container in a special place, which could include an imagined place or even your office.

#### **9. Honor the container.**

If you instruct a client to put something in a container, do not forget to ask him or her to remove it when you later revisit the issue. When we do not honor the container, we can erode the client's confidence in it. In future sessions, ask how your client is applying the resource and help him or her to develop it to suit current needs.

#### **10. Remember that the container is a resource, not a resolution.**

I encourage you to expand or simplify this script to suit your clinical style and your client's needs, and use this resource *when clinically indicated*. I have found the container resource particularly helpful with clients who experience difficulty managing intrusive symptoms of unresolved trauma or who struggle with worry or with compulsive or addictive urges. I also invite my clients to use the

container during closure of incomplete reprocessing sessions.

Remember that as with other Phase 2 interventions, use of the container only creates a helpful *state* change. Even when clients find great relief from this resource, we should proceed with the robust interventions of Phases 3–8 of the EMDR approach to reprocess the experiential contributors, present triggers, and develop positive templates of future action. Ultimately, when memories are reprocessed to adaptive resolution, the container resource is no longer necessary for managing the past.

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Correspondence regarding this article should be directed to Katy Murray, 3627 Ensign Road NE, Suite B, Olympia, WA 98506. E-mail: [katymurraymsw@comcast.net](mailto:katymurraymsw@comcast.net)