

# When Relationships Hurt

Understanding EMDR in Pictures

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## What is EMDR?

### Eye Movement Desensitisation & Reprocessing Therapy



EMDR is a type of therapy which helps activate the Adaptive Information Processing system of the brain and body, to help process painful memories and fears.

This natural coping mechanism normally occurs during dream sleep, when our eyes move back and forth.

We use Bilateral Stimulation in EMDR to re-create this process.

When the memory is processed it loses its emotional 'heat' and becomes a neutral memory of an event rooted in the past.

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Eye Movement Desensitisation and Reprocessing Therapy has been proven to be effective for a number of different presentations, but is most often used to treat past traumatic experiences, whether these are single events or repetitive traumas.

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Trauma memories can be left unprocessed, leaving them fragmented, distorted and we feel like we're still in the past



VS



Emotional Back Brain

Rational Front Brain

When processed it's as if we've sorted out the cupboard & organised the memory, leaving it in the past

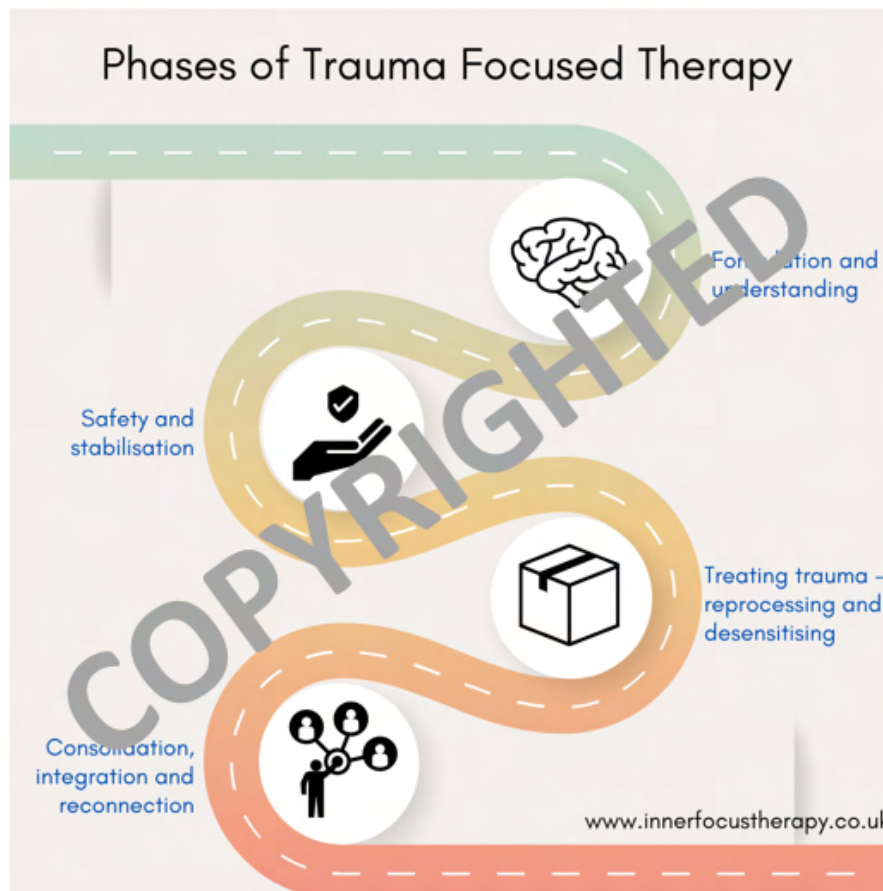

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Experiences can remain unprocessed after a traumatic or adverse event, this can happen for various reasons, but may include misinterpretations, avoidance, a lack of support, or other reasons. In addition, when we're under threat, our brain and body operates differently. When the memories are not processed and assimilated, it can cause symptoms of post traumatic stress – flashbacks, nightmares, anxiety, 'rubber-banding' back to the ways we felt as a child, misinterpretations, it will feel like the past is happening right now in the present.

EMDR helps us to process memories held in our whole nervous system, to re-experience it from an adaptive perspective, update misinterpretations and store it as part of our autobiographical narrative in our pre-frontal cortex (rather than the limbic system) where it is 'time stamped' as a past memory, and so we can feel safe again in the present.

Memories can be explicit (something you can consciously remember happening) or implicit (memories you hold unconsciously e.g. procedural memories or body / felt memories).



Therapists will help clients build a formulation and understanding of their symptoms and do a history take to understand the links from the past to the present. Then provide psychoeducation to increase adaptive networks, whilst also building a safe therapeutic relationship and providing stabilisation techniques to help clients stay in their Window of Tolerance, in session and between sessions. After selecting the memories (past, present and future) that need to be focused on, therapists and clients will work on the memories using bilateral stimulation. Following this, clients will integrate the learning, therapeutic gains and the resilience that has been developed into every day life, feeling more able to reconnect with life and societally.

Some people want to jump straight into processing but the early stages of therapy are vital for preparation and therapeutic effectiveness. A helpful metaphor is: *"If you were going to build a house, would you start construction without any plans or preparation? No! Your house would fall down and could crush you in the middle of the night when you're sleeping. That's what we're doing when we collect history and do resourcing. First, we need a blueprint (an understanding of your current problem and history – case conceptualisation), then we need to lay the foundations (resourcing and stabilisation), before building the house (processing the past), and finally decorating it and making it our home (consolidation, integration and reconnection)."*

## EMDR uses a three-pronged approach to address the past, present and future



**The Past** - EMDR Therapy addresses people's past experiences that are causing current symptoms.

**The Present** - current triggers (which have not been resolved by addressing past experiences) are then targeted.

**The Future** - we encode in memory future templates to help meet the demands we may face in the future.

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EMDR Standard Protocol follows the Three Pronged Approach to help resolve a client's current symptoms.

Firstly, the focus is on processing and resolving past events that are the root cause of the client's current symptoms. This may be a single incident, or the first, worst and most recent in a series of multiple traumas, or focused on targeting different types/clusters of traumas one at a time.

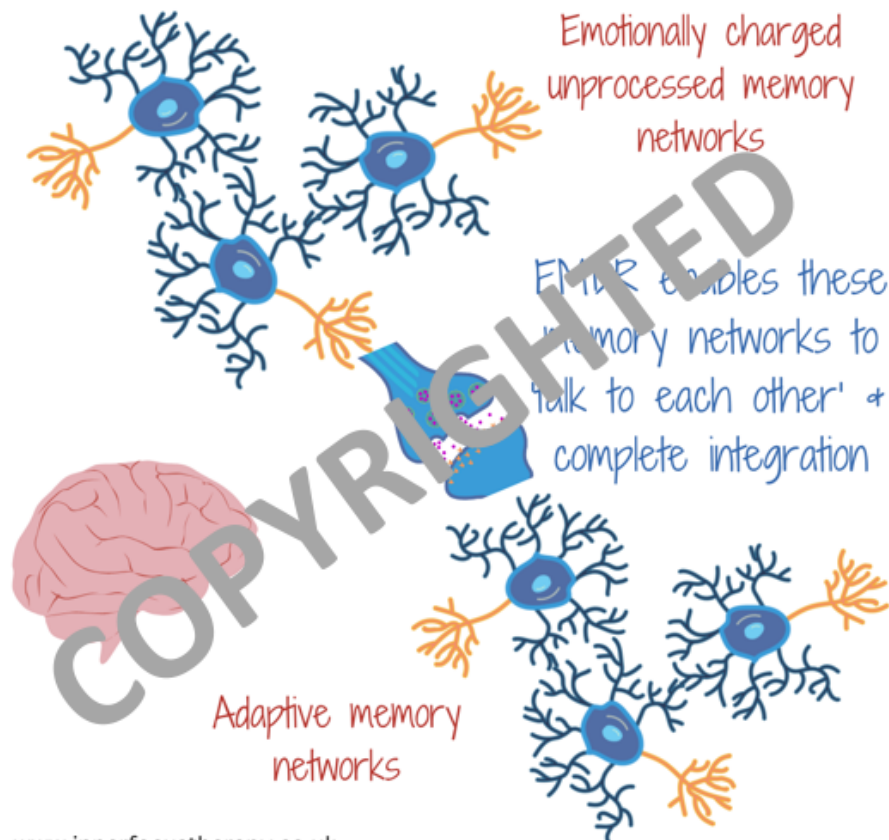
Secondly, current triggers, which are still activating symptoms after targeting the earlier experiences, are targeted and processed.

Thirdly, future scenarios which are continuing to cause distress to a client are then targeted. This could be completed using:

- Future Template – this helps clients prepare for a potentially difficult situation, which is likely to occur and a client needs to feel more confident to handle the event.
- Flashforward – this helps when there is still an out of proportion fear response to the future and more catastrophic worries. In this case, the client is asked what is making them feel scared about a future scenario and then their worst case scenario is targeted.



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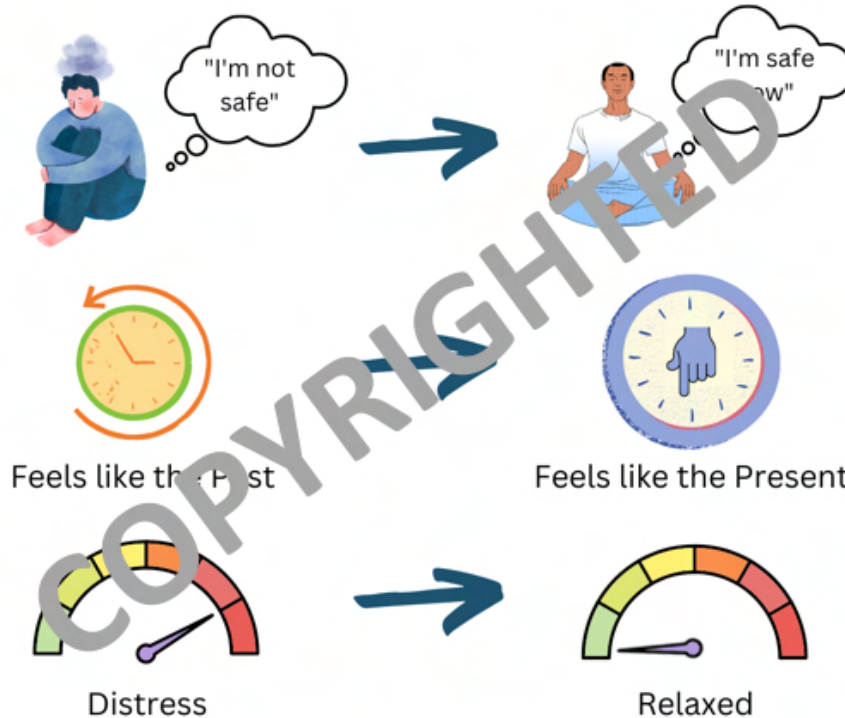


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EMDR enables access to maladaptive memory networks in order to integrate them with adaptively held memory networks. This allows those traumatic memories to move from a place of raw unprocessed emotional activation to an updated realistic perspective, where the person can know and feel that the traumatic event is in the past and they are safe in the present.

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**BEFORE EMDR****AFTER EMDR**
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When we enter therapy and have unprocessed memories which are brought triggered in the present, we have negative belief systems which make us feel unsafe or anxious, whether we feel like we're still in danger, going to be rejected, socially judged, fail etc. we don't feel safe. Also our associated distress is high and it feels like the past is happening now when we're triggered.

After EMDR, our past feels like it's in the past, it loses its 'heat' and our belief systems are updated. People sometimes describe it as the memories feel further away, or like the memories are now in black and white rather than Technicolor.

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Before processing difficult memories, therapists will help clients to learn stabilisation and emotional regulation skills, something that may not have been modelled or taught in a person's past, and additional skills to help manage the emotional distress which can accompany processing trauma memories.

One of these tools, is the Safe or Calm Place exercise. therapists will talk through the Safe Place script helping to install a new memory for clients by visualising a calm and safe place, which is enhanced using bilateral stimulation. This would then be used between sessions, as well as during sessions to help a client move back into their window of tolerance when needed.



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## Attachment Figure

Visualise someone who is caring, who shows you're important, believes you, supports you, protects you...

When we grow in an environment where we don't have a secure and safe attachment we may be unduly harsh or uncaring towards our self.

An attachment figure can be used during processing or between sessions to help provide perspective, comfort and help.



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Another resource which can be installed using slow bilateral stimulation before processing difficult or traumatic memories starts is the Positive Attachment Figure, something that may not have been present in our developmental years who was supporting, encouraging, protecting and had faith in us. Installing this can be a powerful way for us to start to do this for ourselves inside and outside of therapy.

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## 4 Elements Grounding Exercise



**Fire** up your imagination  
Imagine a place where  
you can feel calm,  
peaceful and safe.



**Earth** ground  
yourself in the safety  
of your current  
surroundings.



**Air** - focus on your  
breath and long exhales  
- calm your body.



**Water** - create saliva in  
your mouth - gently bite  
the sides of your tongue  
with your molars.

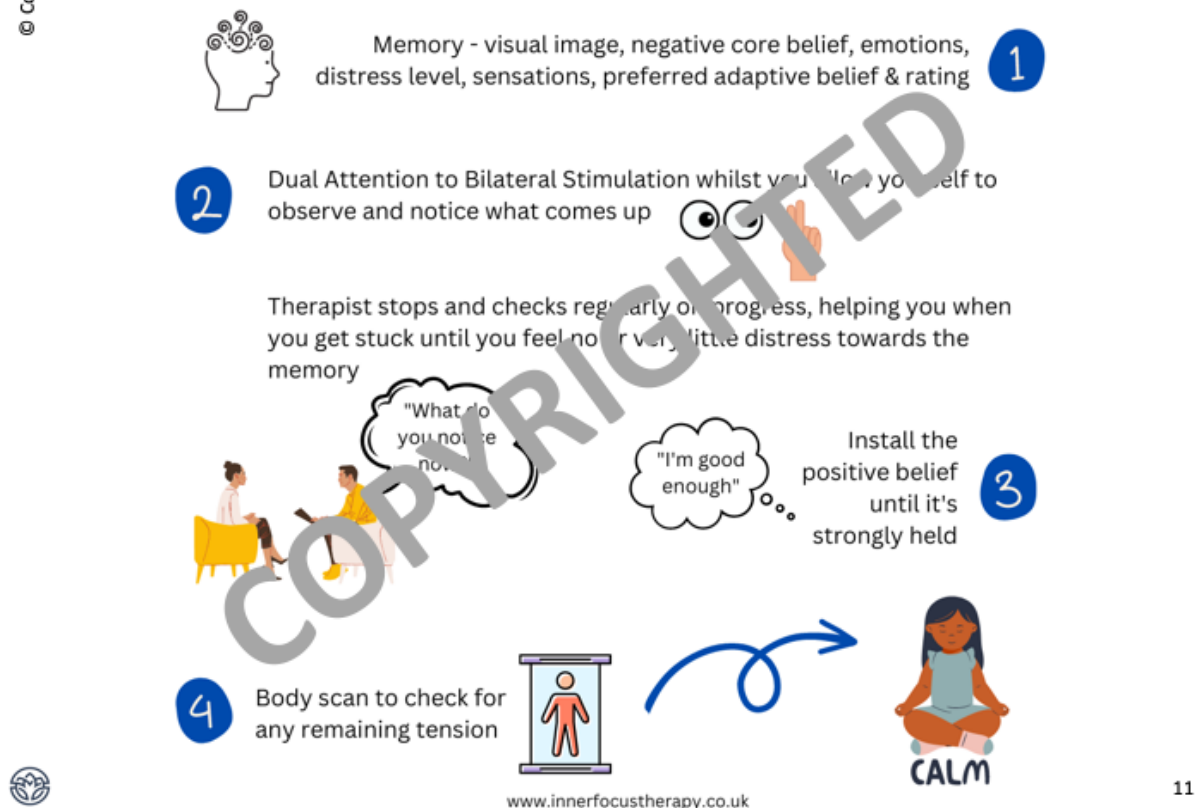


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Another grounding exercise often used prior to processing in EMDR is the 4 elements exercise. These techniques are described in more detail in Part 3 - The Stabilisation section of this booklet.

## EMDR Reprocessing Session



At the beginning of processing each memory, therapists will ask a series of questions to 'activate' the target memory:

- Bring the memory to mind and describe it as a visual image
- What negative core belief is activated when this memory is in mind?
- What emotions does it evoke?
- What level of distress does it create?
- What would you prefer to think about this memory? How much is this believed right now?
- Any body sensations connected to the memory?

(Asking all these questions starts the process of accessing both the right and left brain, as well as adaptively held and maladaptively held information).

Then the Therapist starts bilateral stimulation whilst the client observes what comes up for them. The Therapist stops every so often to check whether the processing is moving and may change the speed or direction of bilateral stimulation if needed, or you may have a short discussion before continuing (these are called interweaves). After there is no or very little distress being felt towards the memory, then the new updated positive belief is installed until it is stronger, also using bilateral stimulation. Finally, the Therapist checks if there is any remaining negative body sensations connected and helps to reduce these, or strengthen positive sensations, again using bilateral stimulation. This may take one session or several.

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## Free Association in EMDR


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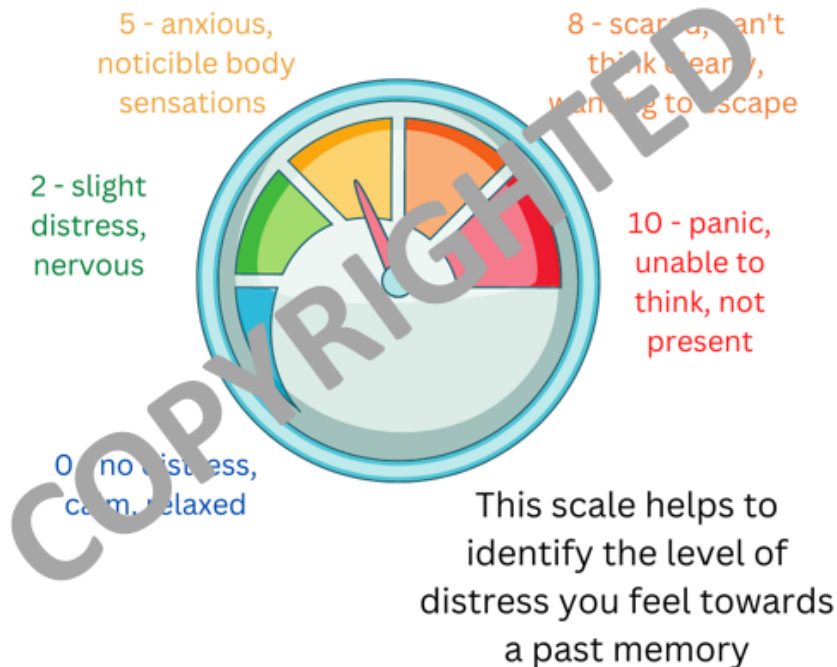
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Whilst the bilateral stimulation is happening, clients don't need to 'do' anything. The process is most similar to Mindfulness and Free Association in Psychodynamic Theory. We are allowing our brain and body to self-heal. The client acts as an observer to this processing, 'staying out of the way' whilst noticing what comes up – images, memories, thoughts, bodily sensations, urges, emotions etc.

We can use the metaphor of standing on the side of a river bank, noticing what floats down the river, you notice it (a thought, urge, feeling...), but you're not trying to stop it, or force it on, it will pass in the current on its own

Imagining we are like a curious David Attenborough to our own internal experience – connecting to our emotional experience and observing what is happening, without actively trying to stop something or force something to happen.

## Subjective Units of Distress (SUDs) 0 - 10



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Subjective Units of Distress (SUDs) are a scale EMDR Therapists use with clients to assess the level of distress associated with a past memory when it is being recalled in the present. It helps us know if the 'heat' is reducing in connection to the past memory and if the EMDR is helping to process the memory.

SUDs run on a 0-10 scale – where 0 is no distress, and 10 is the most distress a person can imagine feeling.



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## Validity of Cognition (VOC)

1 - 7

This scale helps to identify how much you believe a new more realistic thought



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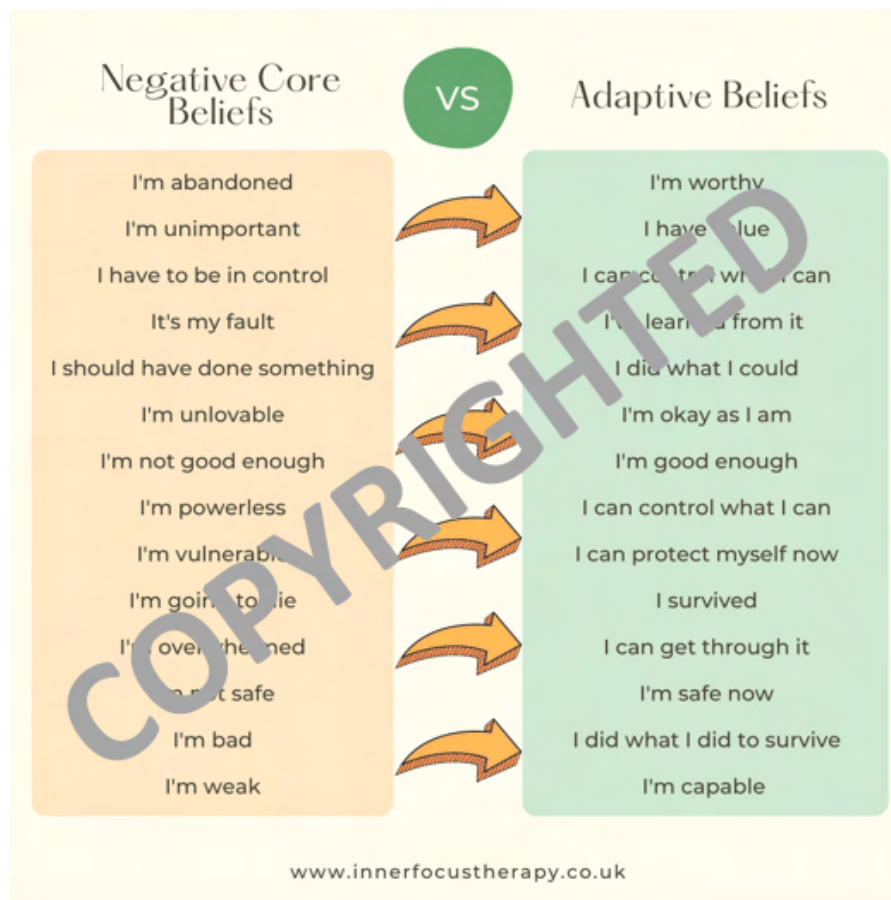
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Validity of Cognition (VOC) is a scale EMDR Therapists use with clients to assess the level of belief associated with a new positive thought, for example, "I am good enough". It is measured on a scale of 1-7 – where 1 is I don't believe it at all, and 7 is I feel and know that's true.

EMDR works on a long continuous scale when you combine both the SUDs and VOC scales:

-10 high distress moving to +7 for new adaptively held positive beliefs

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When we have been through a traumatic or adverse situation, we can often misinterpret what happened and create Negative Core Beliefs. During EMDR we aim to rescript these to more adaptive beliefs, some examples are in this slide.

**After EMDR**

**First Half Hour after a Session...**

Processing continues after the session ends, so you need some time to reference your awareness back in the present. Go for a walk, watch the sights, get a cup of tea or coffee, listen to music.






**In the days that follow...**


You may or may not notice new insights, thoughts, memories or dreams. Stay out of the way of any reaction you may have - don't try to understand it. You can jot it down in a log.

Use relaxation or grounding techniques and practice self-care.

We are social creatures and seek out connection, spend time with those who are supportive.



*Safe Place*



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After activating a memory, processing goes on potentially for up to 2 weeks, but certainly in the initial few hours and days. Therefore clients should be made aware of this and how to care for themselves, as initially covered in the safety and stabilisation phase of EMDR.

It's important not to drive straight away after a session and to be aware of increased intrusions both cognitively and somatically, as well as possible dreams / nightmares. Clients are advised to make a note of these, but not to worry unduly as our brains and body will continue to process what has been activated.

Reminding clients to use the stabilisation techniques, other resources, connect with others and other self care strategies individual to the client.

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## Therapy Endings


IT CAN BE HARD TO SAY GOODBYE AT THE END OF THERAPY. IT CAN ACTIVATE MEMORIES OF LOSS, NEGATIVE ENDINGS FROM OUR PAST, OR ATTACHMENT ANXIETIES.

HOPEFULLY YOU WILL FEEL READY TO LEAVE

IT CAN GIVE YOU A CHANCE TO CELEBRATE HOW FAR YOU'VE COME

IT'S A PLANNED ENDING AND CAN GIVE YOU A POSITIVE EXPERIENCE OF ENDING

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Endings can be difficult or painful, but also allow a client an opportunity for growth, especially for clients who have previously experienced traumatic endings. Ideally, the last session is prepared for in advance and discussed with clients, taking into account their fears, expectations, history of endings, and acknowledging how trauma can affect how people respond to endings. Such as, avoiding ending but dropping out right at the end, unconsciously self-sabotaging the ending or trying to continue therapy either by booking more sessions and there being no real gains being made or bringing crises.

Planning and preparing for the ending can give people a positive experience of endings, a way to celebrate gains made and empower the client, a way to acknowledge the therapeutic relationship as well as the loss of such a relationship, deal with any associated emotions in a healthy way, and finally to say goodbye.

## Sources

Disclaimer – I have been a therapist for many years and thus cannot reference where I have learned all theories and aspects that I have covered in this book, however, I have listed key texts and sites which have shaped my thinking.

- Francine Shapiro. (2001). Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures. Guilford Press.
- Images and graphics – Canva [www.canva.com](https://www.canva.com)

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