

# Trauma Therapy & EMDR

## Eye Movement Desensitization and Reprocessing Therapy

There are many approaches in counselling psychology. This handout introduces EMDR therapy (Eye Movement Desensitization and Reprocessing), originally developed by Francine Shapiro for treating PTSD but one which is also effective for anxiety, phobias, addictions, and enhancing calm and confidence.

### **Disclaimer:**

Every individual is unique, and no single therapy fits all. This handout provides an overview of EMDR to help you understand it before beginning therapy.

## **The Body Holds Emotion**

EMDR is a somatic approach, meaning it focuses on how your body holds emotions (I refer to this as "the felt sense"). When a traumatic event occurs, your brain may not process the memory properly, causing unprocessed parts (thoughts, emotions, sensations, etc.) to trigger distress in everyday life. What happens is that parts of the event (thoughts, emotions, body sensations, images, smells, etc.) stay unprocessed in the brain. This can cause reminders in day-to-day life to activate those unprocessed memories, making it feel as though the trauma is happening all over again. You know in your cognitive brain that it isn't – but the felt sense of emotion that spikes up so fast makes it feel as though danger is very real and present. Though you know the trauma is over, your body reacts as if it's happening again. EMDR helps reprocess these memories, reducing their impact.

## **Adaptive Information Processing (AIP) Model**

EMDR therapy is based on Francine Shapiro's Adaptive Information Processing (AIP) model, which explains how the brain processes and stores experiences. According to the AIP model, our brains are naturally wired to process information in a way that helps us learn, heal, and adapt. When we experience a disturbing or traumatic event, the brain can become overwhelmed and fail to process the memory correctly. As a result, the memory and associated emotions, beliefs, and physical sensations become "frozen" in their original, unprocessed state.

These unprocessed memories are stored in isolated neural networks and can be triggered by current situations that remind us, even unconsciously, of the original trauma. For example, a person may react with intense fear, anxiety, or shame in seemingly unrelated situations because the unprocessed trauma is still affecting their thoughts and reactions.

**EMDR & AIP:** EMDR therapy works by accessing these unprocessed memories and allowing the brain to process them using bilateral stimulation (BLS – more on this next). This helps the brain integrate the memory into an adaptive network, reducing its emotional charge and enabling the individual to respond to present situations in healthier, more balanced ways.

The AIP model suggests that trauma is not just stored as a narrative memory but as sensory and emotional fragments. These fragments often continue to affect behavior and well-being until they are fully processed. EMDR helps by unlocking these fragmented memories, allowing the brain to make sense of the experience, and moving it from an emotionally reactive state to a calm, neutral one.

The ultimate goal of the AIP model within EMDR therapy is to promote adaptive resolution, where traumatic memories are transformed from painful experiences to ones that can be recalled without emotional distress, fostering personal growth and resilience.

## The Elements of EMDR

**Eye Movement (Bilateral Stimulation - BLS):** In EMDR therapy, **bilateral stimulation (BLS)** is a core feature. It engages both sides of the brain to facilitate the processing of memories. BLS can be visual (eye movements), auditory (alternating sounds), or tactile (rhythmic tapping). The process activates the brain's natural ability to process information, similar to how it processes daily events during **REM sleep**, when emotional experiences are often integrated and resolved.

**Desensitization:** This phase reduces the emotional intensity of traumatic memories. The goal is to decrease distress when recalling the event, allowing you to remain present rather than feeling overwhelmed by emotions that the memory evokes.

**Reprocessing:** Reprocessing is the heart of EMDR. It involves addressing the unprocessed elements of trauma, including thoughts, emotions, body sensations, and negative beliefs. Through EMDR, the memory is reorganized in a way that helps you understand it as a past event. As a result, the disturbing memories lose their emotional charge, and more adaptive, positive beliefs can emerge.

**Gradual, Safe Processing:** EMDR therapy works at a pace that is tailored to your comfort level, ensuring that emotional regulation and safety are prioritized throughout the process. Your therapist will guide you through the stages of EMDR, addressing each traumatic memory in a way that feels manageable and controlled.

## EMDR Therapy in Sessions

EMDR follows an eight-stage process. It begins with building rapport and understanding your history to create a treatment plan. The preparation stage focuses on developing emotional coping skills (referred to as "resourcing"), using tools like the Subjective Units of Distress Scale (SUDS) to track progress. This helps create a sense of internal safety before addressing traumatic memories.

During trauma processing (desensitization), we select a memory to work on, pairing it with a negative belief, the emotions it evokes, and how it feels in your body. BLS is then applied to help reduce the emotional intensity. The goal is to lower your distress level and anchor you in a sense of safety by the end of each session.

As the memory becomes less distressing, we install positive beliefs (for example "I am worthwhile") to replace the old negative one. While processing trauma can take several sessions, over time, the emotions attached to the memory become less overwhelming, helping you feel that the event is truly in the past.

Bilateral stimulation refers to the back and forth rhythmic movement of the eyes, and it can be facilitated with eye movements, sound, or touch. This bilateral stimulation seems to unlock the nervous system and allows the mind and body to process the experience. It is your own brain that does the healing, and you are in control (Parnell, 2014).

## **Emotional Activation**

Trauma can leave you feeling emotionally reactive, as though you're stuck in survival mode. EMDR therapy can help shift you out of this state, enabling you to recognize that the trauma is over and you are safe in the present.

## **Felt Sense of Emotion**

Many people experience a sense of being disconnecting from their bodies after trauma, focusing on thoughts rather than physical sensations. However, the body still holds tension, which can manifest in stomach issues, shallow breathing, or muscle tightness. This disconnection from the felt sense can become so habitual, that one can stop noticing it. But all that tension and unrecognized dis-ease can cause all kinds of health problems. Developing awareness of how emotion feels in the body is essential for healing.

At the end of each session, we may use containment techniques like body scans to reinforce positive sensations and check for lingering distress. We'll also discuss strategies for self-care between sessions, ensuring you feel grounded and supported.

## **Session Continuity**

Each session starts with a re-evaluation of the previous session, and exploration of anything that came up between sessions. The EMDR process continues until you've worked through the issues you came to address.

I hope this overview of EMDR has been helpful. While we can't erase trauma, EMDR can help your brain process it as a past event, reducing emotional intensity and shifting your focus to the present. I look forward to working with you!

## **References Used in Creating This Handout:**

Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures, Third Edition (2017), by Francine Shapiro

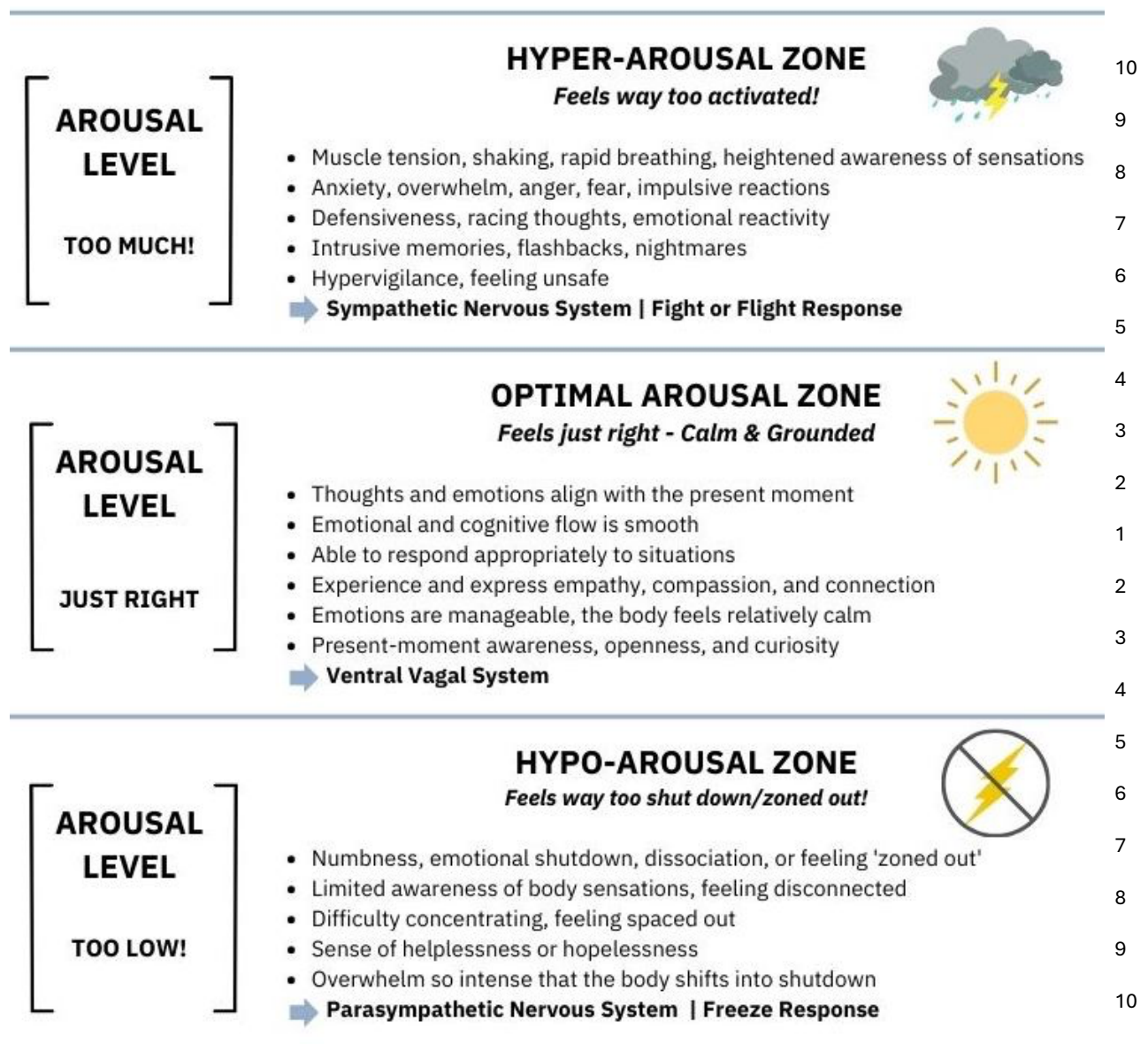
Therapists Guide To EMDR: Tools and Techniques for Successful Treatment (2006), by Laurel Parnell

Widen the Window: Training Your Brain and Body to Thrive During Stress and Recover from Trauma (2019), by Elizabeth A. Stanley PhD and Bessel van der Kolk M.D.

# Understanding Your Window of Tolerance

The Window of Tolerance is unique for each of us. It refers to how much emotion we can comfortably feel before experiencing overwhelm and shifting into hyperarousal (fight/flight) or hypoarousal (freeze).

Our 'optimal arousal zone' is where we can thrive in daily life. We can respond appropriately to situations and bounce back after an emotional upset. When we move beyond our window of tolerance, our nervous system responds by taking us into the fight-flight-freeze response. We feel emotionally overwhelmed and spike into hyper-arousal, or we shut down and do into hypo-arousal. Trauma and stress can cause your window of tolerance to shrink, so that it won't take much to spike you out of your optimal zone. Learning to expand your window can help you feel safe and capable of coping with challenges.



# Subjective Units of Distress (SUDS)

The *SUDS* is a tool used to measure the intensity of distress or discomfort you're experiencing in the moment. It ranges from 0 (no distress) to 10 (extreme distress). This scale helps you identify and track changes in your emotional state during therapy or daily life, providing insight into your progress and the effectiveness of coping strategies.

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- 01**    **Completely calm:** Feeling calm, at ease, totally relaxed, with no distress
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- 02**    **Comfortably Alert:** Awake, focused, and feeling okay. No significant emotional reaction
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- 03**    **Mild tension:** First signs of stress or irritation. Manageable level of anxiety or discomfort
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- 04**    **Noticeable discomfort:** Increased awareness of distress or anxiety, but still tolerable
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- 05**    **Moderate distress:** Uncomfortable, with more noticeable stress or discomfort, but able to continue functioning
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- 06**    **Strong discomfort:** Moderate to strong distress. Starting to interfere with focus and daily activities
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- 07**    **High distress:** The emotional discomfort feels significant, making it hard to function effectively
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- 08**    **Severe discomfort:** Very distressed/overwhelmed. Concentration is difficult, and it's hard to shift focus away from the distress
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- 09**    **Extreme distress:** Emotional pain is intense and feels almost unbearable
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- 10**    **Maximum distress:** The highest level of distress, anxiety, or fear you have ever experienced
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## SUDS 7 - 10

Don't go it alone - reach out to your support system



# EMDR Cognitions

In EMDR therapy, we explore the beliefs that shape how we view ourselves, others, and the world. Negative cognitions often emerge from distressing experiences and may reflect feelings of inadequacy, helplessness, or unworthiness. Through the reprocessing of these experiences, EMDR helps to replace these with positive cognitions—empowering beliefs that promote healing, self-worth, and resilience.

NEGATIVE COGNITIONS	POSITIVE COGNITIONS
<b>THEMES OF INADEQUACY</b>	
I am a bad person / I am terrible I am worthless / inadequate / shameful I am not lovable / not good enough / not smart enough I deserve only bad things / I am a disappointment I am permanently damaged / disgusting / ugly I deserve to be miserable / I am insignificant / I don't belong	I deserve love / I can have love I am a good / loving person I am fine as I am / I am honourable I am worthy / I am worthwhile / I am lovable I deserve good things / to feel happiness I am (can be) healthy / I matter I am intelligent / capable / able to learn
<b>THEMES OF ACCOUNTABILITY / RESPONSIBILITY</b>	
I am incompetent / I am weak I should have done something / done better I did something wrong / Shame on me	I am competent / capable I did the best I could / I am strong / ok as I am I can learn from my mistakes
<b>THEMES OF SAFETY / VULNERABILITY</b>	
I am in danger / not safe / I am going to die I can't trust anyone / It's not ok to show my feelings I can't protect myself / I have no one	It's over / I am safe now / I can trust myself I can learn to protect myself I can safely show my emotions
<b>THEMES OF CONTROL / CHOICE</b>	
I am out of control / I have no control I cannot get what I need/want I am powerless / I am helpless I cannot succeed / I will only fail I cannot trust myself / I can't handle it I have to be perfect / I have to please everyone	I am in control now / I have choices now I can get what I need / I can succeed I can trust my judgment I can handle what comes my way I can be myself It's okay if I make mistakes

# The Felt Sense of Emotion

Emotions are not just thoughts in the mind; they also have physical sensations in the body. Being able to tune into these sensations is important for emotional awareness and regulation. However, many people find it difficult to notice what they are feeling physically. By paying attention to your body, you can start to identify how you feel emotions (the “felt sense” of emotion). This practice can help you better recognize when you're within your window of tolerance or moving into a state of hyper- or hypo-arousal.

## »»» Activated | Hyper-Arousal

- Jittery, shaky
- Muscle tension, tightness
- Rapid, shallow, or irregular breathing
- Heaviness in the chest
- Lump or tightness in the throat
- Pounding or racing heart
- Feeling hot or flushed
- Sweating
- Difficulty focusing, racing thoughts
- Sense of a "foggy brain"
- "Butterflies" in the stomach or nausea
- Dizziness or lightheadedness

## »»» Calm | Optimal Arousal

- Full, deep, steady breathing
- Minimal muscle tension
- Relaxed yet alert
- Grounded, centered
- Steady, even heart rate
- Sense of connection to others and surroundings
- Open, curious mindset
- Present moment awareness

## »»» Shut Down | Hypo-Arousal

- Shallow breathing or holding your breath
- Tightness or heaviness in the chest
- Slowed heart rate
- Absence of sensations, numbness, or disconnection
- Low energy or fatigue
- Difficulty focusing, brain fog
- Emotional numbing or shutdown
- Feeling "zoned out" or dissociated