

ONLINE ONLY

Partial Transcript of Eye Movement Desensitization and Reprocessing Therapy Session¹

A history-taking session revealed that “Lynne” had experienced 2 earthquakes. The first had occurred while in a college hypnosis class. The professor had just put her under hypnosis when the earthquake struck. However, she did not report any PTSD symptoms until years later, after the second earthquake when she was alone in the house with her son. After a preparation phase that teaches techniques to ensure adequate emotional stability,^{1,2} the second earthquake was targeted. Processing begins after suitable preparation and assessment. The latter includes identification of a) the worst part of the event (cowering in the doorway with her son), b) the negative belief (I’m powerless), c) a desired positive belief (I can handle whatever comes up), d) the current emotional response (anxiety), and e) body reaction (feeling in stomach), as well as the measurement of negative affect (8 on an 11-point scale) and strength of the desired positive belief (2 on a 7-point scale).

After initial concentration on an image of cowering in the doorway with her son, the negative belief “I’m powerless,” and the negative feeling in her stomach, the following associations emerge with each set of eye movements.

During each set, Lynne is instructed to simply “Notice whatever comes to mind, and let whatever happens, happen.” At the end of each set, Lynne is told to “Blank it out” or “Let it go, and take a deep breath.” After that, she is asked some version of, “What are you noticing now?” After she reports, the clinician guides the next focus of attention according to standardized protocols. In this excerpt, Lynne is generally directed to think about what has just emerged in consciousness.

The designation >>>> means that her eyes are being guided in a set of eye movements. It is during that time that the associations and connections are made. She then reports them to the clinician. Note that at times a seemingly innocuous event is a precursor to recalling an experience that is disturbing and related to feelings of powerlessness.

>>>> Lynne: *Ah. Sort of a softness in my body. I’m ... more aware ... my legs feel really heavy. Sort of a sinking kind of feeling in my legs—they just feel kind of woozy.*

>>>> Lynne: *The first thing that occurred to me was just the tape that I listened to about the people who work on trains and—and have to watch people get smashed by trains. That’s the first thing that occurred to me. Then I just started being more aware of my body again. Not having another thought.*

>>>> Lynne: *More tiredness in my upper body. Sad, melancholy feeling.*

>>>> Lynne: *I just flashed on the earthquake happening where I was in the hypnosis class and, and I was under and the earthquake happened.*

>>>> Lynne: *Just feeling really tired. Noticing my body, really tired.*

>>>> Lynne: (laughing) *I was thinking about running around the house with my brother when I was six. I wanted to be a boy, and he told me if I ran around the house enough times, I would be a boy. And I was disappointed because it didn’t happen.*

>>>> Lynne: *Yeah I was thinking about my sense of betrayal with my brother that he molested me, and how I really admired him (crying).*

>>>> Lynne: *Yeah. (crying) Something occurred to me like “Duh”: How much that shook my sense of reality.*

>>>> Lynne: *I was thinking about playing cards with my dad across the table from one another.*

>>>> Lynne: *I was thinking about my dad taking me to buy a coat and buttoning the button of my coat pinching my nipple when I was like eleven and how absolutely stunned I was with that.*

>>>> Lynne: *What comes really clear is getting sick when I was around the same age. Getting really sick with a pain in my side and nobody being able to figure out what it was and being rushed to the hospital. I really couldn’t lower my leg, and no one could decide what was wrong with me. I was experiencing a really bad pain in my side and then they just decided that I had some kind of mental problem. I guess that was the only way that I could express it.*

>>>> Lynne: *Gosh, I was just thinking what a chaotic place it was to live in and what an unsafe place it was to be.*

>>>> Lynne: *I was thinking of my mom and dad fighting and throwing things at one another while we were supposed to be in bed asleep and hiding under the bed and trying to go to sleep and being afraid.*

>>>> Lynne: *I was thinking about how I wanted to protect my dad from my mother. It seemed really crazy.*

>>>> Lynne: *It kind of came back up to the earthquake in ‘87 and jumping out of the shower, and running in and gabbing my son out of the crib and running with him downstairs and trying to protect him.*

Note how a feeling of power is emerging. After a few more sets Lynne is asked to return to the original incident:

Lynne: *I can see it, truly I can see it, but it doesn’t have—doesn’t really have a feeling component right this second.*

Clinician: *Okay. And that desired positive statement: “I can handle whatever comes up”?*

Lynne: *That sounds fine. Yeah, I can handle whatever comes up.*

As indicated in Table 1, further processing is used to strengthen the positive belief and eliminate any residual physical disturbance. In addition, instructions are given to ensure between-session stability and adequate reevaluation. In further sessions, current trigger and future needs would be addressed. Detailed descriptions of clinical sessions are available in various publications.¹⁻⁵ ♦

References

1. Shapiro F. *Getting past your past: take control of your life and self-help techniques from EMDR therapy.* New York, NY: Rodale Books; 2012.
2. Shapiro F. *Eye movement desensitization and reprocessing (EMDR): basic principles, protocols and procedures.* 2nd ed. New York, NY: The Guilford Press; 2001.
3. Shapiro F, Laliotis D. EMDR and the adaptive information processing model: integrative treatment and case conceptualization. *Clin Soc Work J* 2011 Jun;39(2):191-200. DOI: <http://dx.doi.org/10.1007/s10615-010-0300-7>.
4. Gomez AM, Shapiro F. EMDR therapy with children: journey into wholeness. *Child & Family Professional* 2013;14:20-30.
5. Shapiro F. EMDR, adaptive information process, and case conceptualization. *Journal of EMDR Practice and Research* 2007;1(2):68-87. DOI: <http://dx.doi.org/10.1891/1933-3196.1.2.68>.