

A watercolor illustration depicting a therapeutic session. Two women are seated in green armchairs, facing each other. The woman on the left is seen from the back, with her hair in a bun. The woman on the right is facing forward, with her hands clasped over her chest. The background is a soft, ethereal wash of green and blue, with golden, swirling lines and dots radiating from the women, suggesting a flow of energy or a healing process. A small branch with green leaves is visible in the upper left and lower right corners.

FREE PREVIEW • CHAPTER 1

EMDR Deconstructed™

Flexibility Beyond Manuals and Protocols

Chapter 1: Introducing EMDR Deconstructed

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Unrestricted processing addresses the trauma in its entirety, engaging all associated sensory, emotional, and cognitive elements. It is the method used in EMDR's standard protocol, originally designed for single-incident trauma.

- Comprehensive Integration:** All aspects of the traumatic memory—including sensory details, emotions, and negative beliefs—are processed.
- Feeder Memories:** Feeder memories are earlier, more disturbing memories that contribute to the intensity of the target memory. These memories naturally emerge during unrestricted processing and are resolved as part of the trauma network. Examples include: Related experiences with similar sensory details, such as sounds or images. Memories tied to linked emotions like fear or shame. Events reinforcing connected beliefs, such as "I'm not safe" or "I can't trust anyone."
- Broader Network Processing:** Unrestricted processing activates and resolves associative material, facilitating comprehensive trauma integration.

When to Use Unrestricted Processing: Unrestricted processing is appropriate when clients:

- Have sufficient ability to stay present, ground themselves, regulate emotions, and tolerate distress.
- Are stable in daily life and not in crisis.
- Can tolerate the emotional intensity of full trauma processing and integration without becoming overwhelmed or dissociative.

2.Restricted Memory Processing Restricted processing is an alternative for clients who are not yet stable or resourced enough for unrestricted work. It focuses on desensitizing specific aspects of trauma or distress while building internal resources for future comprehensive trauma processing.

- Key Features:** Restricted processing targets manageable pieces of trauma or distress, such as: A single image, sound, or fragment of a memory. Present-day triggers causing emotional dysregulation. Somatic distress, like tightness in the chest or stomach heaviness. Positive feeling states tied to maladaptive behaviors, such as the comfort associated with compulsive eating
- Building Internal Resources:** Restricted processing emphasizes developing stabilization tools like imaginal resources, emotional regulation techniques, and positive emotional states. Clients can rehearse these resources in imagined and real-life scenarios to strengthen their effectiveness.

Flexibility in Processing

empowers clinicians to move fluidly between restricted and unrestricted processing, ensuring that treatment is tailored to the client's current state of readiness, emotional stability, and therapeutic goals. This flexibility is essential in trauma therapy, where clients may present with varying levels of capacity to engage in deeper trauma integration.

Adapting to Client Needs

- Dynamic Client Presentations:** Trauma clients often fluctuate between periods of stability and instability. For instance, a client may be ready to process comprehensive trauma in one session but require further stabilization or a focus on present triggers in another.
- Client-Led Pacing:** By shifting between restricted and unrestricted processing, clinicians can pace therapy in a way that respects the client's tolerance, preference and readiness without overwhelming them.

Transitioning Between Frameworks

- From Restricted to Unrestricted Processing:**
 - When a client develops sufficient resources (e.g., emotion regulation skills, embodiment, grounding techniques, etc.), the clinician can transition to unrestricted processing.
 - For example, a client who initially worked on desensitizing specific triggers may later be ready to process a full memory with its sensory, emotional, and cognitive elements along with all associated memories.
- From Unrestricted to Restricted Processing:**
 - If a client becomes dysregulated or

overwhelmed during unrestricted processing, the clinician can shift to restricted work to stabilize the client. ◦This might involve focusing on a single fragment of the memory or addressing only present somatic sensations, allowing the client to re-establish safety. Customizing Tool Use •Using EMDR Components Independently: ◦The modular nature of EMDR allows clinicians to apply tools such as ABLs, resource installation, imaginal behavioral rehearsal or rescripting independently, based on the client's immediate needs. ◦For example, ABLs might be used exclusively for grounding in one session, while resource development and behavioral rehearsal may take precedence in another. •Combining Approaches: ◦A clinician may blend restricted and unrestricted processing within the same session. For instance, a session might start with restricted work to address a present trigger and transition to unrestricted processing once the client is stabilized. Benefits of Flexibility in Processing

- Client-Centered Approach: Flexibility allows the clinician to prioritize the client's experience, ensuring that therapy progresses at a pace that feels manageable and empowering.
 - Enhanced Stability: Shifting frameworks as needed minimizes the risk of overwhelming the client or exacerbating trauma symptoms.
 - Maximized Therapeutic Gains: By aligning techniques with the client's readiness, clinicians can achieve meaningful progress without compromising safety or stability. The ability to seamlessly transition between restricted and unrestricted processing is one of the defining strengths of . This flexibility ensures that clinicians can respond to the dynamic needs of their clients, delivering trauma therapy that is both safe and effective while fostering empowerment and progress.
- Historical Context of EMDR's Construction EMDR wasn't created out of thin air. Francine Shapiro developed it in the late 1980s by integrating techniques from existing psychotherapeutic approaches, including exposure therapy, cognitive therapy, Neuro-Linguistic Programming (NLP), and psychodynamic therapy. This history underscores that EMDR's tools are built on well-established practices. They aren't just effective—they're adaptable, giving clinicians the freedom to use them flexibly and safely.
- Influence of Exposure Therapy (Systematic Desensitization (Not Flooding) Joseph Wolpe's systematic desensitization (1958) paired gradual exposure to fears with relaxation techniques to reduce anxiety. It was a breakthrough for its time, but Shapiro made it better. She kept the gradual exposure but replaced relaxation with alternating bilateral stimulation (ABLS). Why ABLS instead of relaxation? Progressive muscle relaxation (PMR), commonly used in systematic desensitization, helps create a temporary state shift, calming the nervous system. But that's where it stops—it doesn't process the underlying trauma. ABLS, on the other hand, not only calms the nervous system but also facilitates information processing. Shapiro initially believed eye movements mimicked REM sleep, helping the brain "digest" trauma. While that hypothesis didn't hold up, research supports ABLS as effective for reducing distress and integrating traumatic memories (Lee & Cuijpers, 2013). By swapping relaxation for ABLS, Shapiro turned desensitization into a more dynamic, trauma-processing tool.
 - Some Heavy Lifting from Neuro-Linguistic Programming (NLP) Shapiro's background in NLP heavily influenced EMDR's core techniques. NLP, developed by Richard Bandler and John Grinder in the 1970s, focused on creating rapid emotional and cognitive shifts through methods like anchoring, submodality adjustments, and

dissociation (Bandler & Grinder, 1979). Shapiro adapted and reframed these strategies for trauma therapy. Anchoring → Resource Development and Installation (RDI) In NLP, anchoring links a positive emotional state to a specific trigger (e.g., a touch or sound). Shapiro took this concept and added ABLs, turning it into Resource Development and Installation (RDI). With RDI, ABLs strengthens internal resources

like calmness or confidence, making them more accessible when clients face challenges. Submodality Adjustments → Desensitization with ABLs NLP uses submodality adjustments—altering the sensory qualities of a memory (e.g., making it smaller or farther away)—to weaken its emotional impact. EMDR achieves a similar outcome with ABLs, which naturally reduces the intensity of distressing memories without requiring clients to consciously manipulate their mental imagery. Safe Distancing → Visual-Kinesthetic Dissociation (VKD) NLP’s “movie theater technique” asks clients to imagine watching a memory on a screen to create emotional distance. Shapiro adopted this distancing but paired it with ABLs, which allows clients to stay detached while actively reprocessing traumatic material.

- Massive Contribution from Cognitive Therapy Cognitive therapy, developed by Aaron Beck in the 1960s, focuses on identifying and changing distorted thinking patterns that fuel distress. Shapiro integrated several key elements into EMDR: Identifying Negative Beliefs: Like cognitive therapy targets automatic thoughts, EMDR identifies trauma-related beliefs (e.g., “I am powerless”). Cognitive Restructuring: EMDR uses ABLs to reprocess these beliefs, transforming them into adaptive alternatives (e.g., “I am strong and capable”). Cognitive Interweave: When clients get stuck, EMDR’s interweave introduces helpful perspectives, similar to cognitive therapy’s guided questioning. Behavioral Integration: Cognitive therapy reinforces new beliefs through experiments. EMDR achieves this with “future templates,” where clients visualize and rehearse healthier responses to future situations.
- Finally and Obviously, Psychodynamic Therapy Psychodynamic therapy emphasizes the role of unconscious processes and relational dynamics in shaping emotional distress. Shapiro incorporated these principles into EMDR to address how unresolved trauma affects present beliefs, emotions, and relationships. Uncovering Deep-Seated Traumas: EMDR facilitates access to unconscious material, helping clients address the root causes of symptoms. Addressing Relational Patterns: EMDR explores how past relationships influence present-day behaviors and beliefs, allowing clients to break harmful cycles. Holistic Healing: By combining psychodynamic insights with ABLs, EMDR integrates emotional, cognitive, and relational healing, creating a comprehensive trauma resolution process.

Conclusion EMDR isn’t a standalone invention—it’s a remix of proven techniques. Shapiro took the best of systematic desensitization, NLP, cognitive therapy, and psychodynamic therapy, then layered in ABLs to create a trauma processing modality that’s both effective and adaptable. Understanding this history shows that EMDR’s tools aren’t rigid—they’re modular. Clinicians can break them down, adapt them, and use what works best for each client without compromising effectiveness or safety.

The following chapters will explore how applies these concepts, equipping clinicians with the skills to tailor trauma interventions to meet each client’s unique needs. 40 .

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