

**Chapter 1 : EMDR Training Center Â» The EMDR Therapy Treatment Experience**

*NEGATIVE & POSITIVE COGNITIONS NEGATIVE COGNITIONS POSITIVE COGNITIONS I don't deserve love I deserve love I am a bad person I am a good (loving) person.*

Perhaps most importantly, clients utilizing EMDR appear to have less chance of their problems returning in the future after treatment is complete. These appear to stimulate an intrinsic capacity of the human brain to resolve emotional disturbance and gain adaptive insights which often occurs spontaneously during dreaming rapid eye movement sleep. If the first experience is unhealthy or negative, then the template that is created will also be unhealthy, which will in turn cause every following experience to be filtered through in an unhealthy way. Many adult, adolescent, and child survivors of single incident traumas, multiple traumas, and of childhood abuse have responded positively to EMDR treatment. Victims of crime, combat veterans, and survivors of disasters have all benefited from EMDR treatment. This includes sessions for history taking, treatment planning, preparation, and reevaluation. Treatment for survivors of multiple traumas will take longer. Survivors of prolonged trauma such as combat trauma and persistent childhood neglect and abuse have also been shown to benefit from psychotherapy with EMDR, but to achieve comprehensive improvements, more lengthy treatment will be needed. Your EMDR psychotherapist can often give you an estimate of the anticipated length of treatment after the first two or three visits. Published reports indicate when longer treatment is needed, use of EMDR may significantly shorten the total number of sessions needed. The therapist uses their fingers to make horizontal movements from side to side. The patient is instructed to track the movements with their eyes, while concentrating on a memory. This is done in multiple sets. The more intensely the patient focuses on the memory, the easier it becomes for the memory to come to life. As quick and vibrant images arise during the therapy session, they are processed by the eye movements, resulting in painful feelings being exchanged for a deep sense of resolution. People usually have fewer unnecessary fears or anxieties and feel better following EMDR. EMDR is not hypnosis. Patients are fully awake and in control during EMDR sessions. The negative states that typically inhibit optimal physical, mental, and emotional functioning are often the direct result of the cumulative effects of stress over time. Results of recent research show that stress damages several different neuro-biological processes, resulting in negative alterations to brain chemistry and the blocking of information processing. In fact, many clients who had at one time depended on antidepressant medication are able to eliminate their need for these drugs. The Adaptive Information Processing model developed by Dr. Shapiro proposes that EMDR stimulates an intrinsic human capacity for adapting to and learning from new and stressful life experiences which normally operates during the rapid eye movement dreaming phase of sleep. Research shows consolidation of emotional learning takes place during REM, also known as paradoxical sleep. Some theorists propose that EMDR may catalyze this innate capacity to resolve disturbance by focusing on a traumatic memory and deliberately engaging eye movements perhaps by the same type of neurological processes active in REM sleep. EMDR does not have the capacity to create false memories. The truth is, though, that no psychotherapy method could ever compete with the millions of advertising dollars spent each year by pharmaceutical companies marketing their drugs to doctors and the general public. EMDR has the ability to bring back a memory strongly enough so that you may momentarily have the same intensity of emotion that you had at the time the event was occurring. Because of the way I use EMDR very strategically, this happens very rarely with my clients--the vast majority of them find our work to be very gentle, calming, and relaxing. If it were to occur, I would always take the time to help you get to a better place with it before you leave my office--my goal is to always leave people walking out feeling better than when they walked in! The possibility, though, does bring up three important issues: The results of this is that EMDR has proven to be extremely effective in treating even the most difficult issues in an extraordinarily short amount of time--translating into reduced costs for the client and company. EMDR has been found to be more rapid, efficient or comprehensive in treating trauma based symptoms than behavioral therapy, biofeedback, active listening or standard cognitive and analytic treatments. Follow up studies at intervals up to 5 years after treatment have indicated a high level of maintenance of treatment effects. Only two other

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methods are even on this list for the treatment of PTSD. EMDR courses are being taught in over 30 colleges and universities, and it is part of the standard treatment in many VA hospitals. As of he already had articles on his list. EMDR is offered only within the safety of a therapeutic relationship and the stability a comprehensive treatment plan. You can also learn more by visiting the EMDR website. This in no way should be construed as professional mental health counseling or as a substitute for therapy you receive from a mental health professional. Use of this site constitutes understanding and acceptance of these provisions.

**Chapter 2 : EMDR-Breakthrough Therapy for Overcoming Anxiety, Stress, Trauma & Self-Sabotage**

*The EMDR Cognitions worksheet is a list of negative and positive cognitions for eye movement desensitization and reprocessing (EMDR). A negative cognition is paired with a target image as a 'start point' for EMDR processing.*

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**Abstract Background** According to the working memory WM theory of eye movement desensitization and reprocessing EMDR, dual tasks that tax WM during memory recall reduce image vividness and emotionality of memory during future recalls when no dual task is carried out. There is some evidence that WM taxing also reduces vividness and emotionality of auditory or verbal imagery. **Objective** The present study tests the effect of eye movements EM on positive verbal material verbal imagery, which is used in different parts of the EMDR protocol. The value of EM in this procedure has not been established and according to the WM account would be counterproductive. Two earlier studies with undergraduates, with a set-up comparable to the present one, showed no additive value of the EM in the procedure, but no counterproductive effect either. **Method** Thirty-six patients rated the belief in possessing two positive personality traits and emotionality of the traits. They then had an EMDR session targeting a negative memory and recalled and re-rated the belief and emotionality of the traits afterward. Subsequently, they recalled one trait while dual tasking EM and the other trait without dual tasking. Afterward, they re-rated the belief and emotionality. **Results** EM did not affect the belief in possessing the trait or the emotionality. **Conclusions** EM are not effective in enhancing the belief in possessing a personality trait or the emotionality. If replicated by other patient studies, this suggests elimination of the PC procedure. **Highlights of the article** In this study the additive value of EM on verbal material in the procedure Positive Closure is not found. No effect of the procedure Positive Closure on the Belief in a personality trait nor the emotional intensity of the trait was found. **EMDR, working memory theory, positive verbal material, verbal imagery, positive closure, modality-specific taxing, eye movements** Since the introduction of eye movement desensitization and reprocessing EMDR in Shapiro, the field has moved a long way from scepticism toward this therapy to viewing it as an evidence-based intervention for posttraumatic stress disorder PTSD; see Chen et al. A study by De Jongh, Ernst, Marques, and Hornsveld even suggests that it is effective in resolving negative memories that play a role in, or underlie, a broad variety of psychological symptoms and conditions. In the original description of EMDR Shapiro, it was assumed that the bilaterality, which was induced by the horizontal EM or bilateral tones or taps, was a necessity to ensure effective treatment. However, evidence is accumulating that supports an explanation based on working memory theory WMT. The theory predicts that any dual task that taxes working memory during memory recall will reduce the vividness and emotional intensity of mental images. Two tasks keeping the image in mind and the other taxing task compete for the limited working memory capacity Baddeley, The WMT implies that the crucial part of EMDR would be that the traumatic experience is reprocessed while a distracting stimulus is given, not necessarily a bilateral stimulus. It is stressed that this is not the only explanation for the working mechanism of EMDR and for the relief of trauma in general. There are many explanations given for the mechanism behind EMDR itself and for the relief of symptoms. EMDR typically targets negative visual imagery, but also seems to affect vividness and emotionality of positive visual imagery. A study of van den Hout, Muris, Salemink, and Kindt showed that, compared to control conditions that did not or hardly tax working memory, positive memories were rated less positive by 60 undergraduates after EM. A study of Barrowcliff, Gray, Freeman, and MacCulloch showed engagement in EM compared to the eyes stationary ES condition resulted in significant reductions on measures of vividness and emotional valence for both positive and negative autobiographical memories in 80 participants 20 community participants and 60 undergraduates. In a study of Engelhard et al. Before and after these conditions, vividness, emotionality, and physiological startle responses during recall were measured. For positive memories, EM and Tetris decreased startle responses compared to recall only. Fifty-three university undergraduates were asked to recall three positive memories representing pride, perseverance, and self-confidence, respectively under three conditions: Vividness, emotionality, and subjective strength of the

resource were measured. Both types of EM reduced the vividness, emotionality, and also the subjectively experienced strength of the positive memories, indicating that EM were counterproductive Hornsveld et al. They studied the effect of EM on positive personal memories and their results indicated an increase in memory strength and vividness. Different in their design, ratings were conducted after 1-minute processing periods, whereas other studies did not include such periods. But does this also hold true for auditory or verbal imagery? Baddeley and Andrade conducted seven studies of which five included auditory images. The auditory images consisted of novel sequences of tones, familiar sounds or bizarre sounds. All of the studies used healthy participants and they rated the auditory images on vividness. In all five studies, participants were asked to hold the auditory stimulus in mind as an image under dual task conditions and then to rate its vividness. Dual task conditions were either auditory or visual suppression or a control condition. Auditory images were rated less vivid after dual task suppression. An interaction between modality of imagery and concurrent task occurred, with the rated vividness of auditory images being reduced to a greater extent by the auditory suppression than by the visual suppression. A limitation of the study is that Baddeley and Andrade used only vividness ratings and did not include emotionality ratings, and the imagery used did not have meaningful autobiographical content. A study by Kemps and Tiggemann also included auditory images. The authors conducted a study in which 68 undergraduates were instructed to specifically form visual or auditory images and were asked to rate the vividness and emotionality of the images. The memory was recalled three times in succession, each time in a different dual task condition a control condition, EM, and articulatory suppression. Auditory images were rated less vivid and emotional after dual task suppression and concurrent modality-specific taxation articulatory suppression for auditory images and EM for visual images reduced vividness and emotional intensity ratings in both auditory and visual images to a greater extent. Positive auditory material verbal imagery is used at different moments of the standard EMDR protocol, for example, installing the future template and installing the positive cognition. Installing the positive cognition is the procedure where, after desensitising a negative image a positive cognition e. The procedure addresses solely verbal imagery under dual task condition EM. In their first study, Matthijssen and van den Hout compared the belief in possessing two selected personality traits in 30 undergraduates under two different conditions: EM and a control condition ES. After exposure to an EMDR session the participants were asked to select two positive personality traits and to rate the belief in the chosen traits. While recalling the traits participants were exposed to EM or ES, the order of which was counterbalanced. A second study, with a sample population of 46 undergraduates also addressed the same procedure where two personality traits were recalled under two conditions EM or ES , but the intervention was not precipitated by an EMDR session, to rule out any positive bias toward EM. In this study besides Belief in the trait, Emotionality was added as a dependent variable to test if the selected material was emotional. Results in both studies showed that, regardless of the condition, there was no significant difference between pre- and post-test measurements, neither for Belief nor for Emotionality. The utility of EM in the Positive Closure procedure was not supported by these laboratory findings. A limitation of both studies is that undergraduates in a non-clinical setting were studied. Possibly, the positive closure procedure is effective under clinical conditions, that is, during real EMDR. Certainly, the latter is the assumption that underlies the procedure. However, note that extrapolating from the findings discussed above on the negative effects of EM on positive visual imagery, one might expect negative effects of EM on positive closure as well. To obtain sufficient statistical power 0. A second aim was to assess whether the course of the EMDR session within session improvement influences the belief in and emotionality of the positive trait. Method Patients Data from 36 patients were collected. They had a mean age of For more patient characteristics see Table 1. No patients were excluded from the study and there were no drop-outs. Since therapists asked their patients to participate, the researchers do not know if and how many patients refused participation.

### Chapter 3 : Links to Professional Resources

*Negative and Positive Cognitions (Beliefs) like these are a typical part of any EMDR Therapy session. The idea is that by processing your beliefs (cognitions) with EMDR, your brain starts to automatically reject those painful negative self-beliefs and automatically replaces them with healthy positive ones.*

Research Findings Francine Shapiro, PhD, an American psychologist, developed Eye Movement Desensitization and Reprocessing EMDR Therapy as a breakthrough therapy with special capacity to overcome the often devastating effects of psychological trauma in the late s. An ever-growing community of therapists soon saw directly its power to transform lives. At the same time, controlled research studies consistently demonstrated its efficacy and effectiveness. Initially, EMDR was utilized and studied as a therapy for PTSD post-traumatic stress disorder which was itself a relatively new diagnosis for an age-old human affliction. More than 20 controlled clinical trials of EMDR therapy have now been completed and reported, attesting to its value and demonstrating its usefulness across all ages, genders, and cultures for post-traumatic stress disorders. Tens of thousands of clinicians have been trained in EMDR therapy and have applied the defining protocols of this psychotherapy to many other conditions, including: EMDR therapy is a cost-effective, non-invasive, evidence-based method of psychotherapy that facilitates adaptive information processing. Through EMDR therapy, patients are able to reprocess traumatic information until it is no longer psychologically disruptive. This often results in increased insight regarding both previously disturbing events and long held negative thoughts about the self. For example, an assault victim may come to realize that he was not to blame for what happened, that the event is really over, and, as a result he can regain a general sense of safety in his world. The model reveals that health is supported by positive and successful experiences that increasingly prepare a person to handle new challenges and that the brain is equipped to manage and process adversity. This foreign object can cause pain and infection. Once removed, the body naturally knows how to heal. Depending on the nature of the trauma, the strengths and developmental stages of the person impacted, and the support available at the time of the traumatic event, some experiences cannot be easily moved or recovered from. This can go on to drive psychological symptoms. Once processed or removed like the splinter, the natural process of healing from adversity can take place. This results in the reduction of suffering and symptoms and the development of new coping skills that can support psychological health. It integrates many of the successful elements of a range of therapeutic approaches, yet there are aspects of EMDR that are unique. In particular, the therapist leads a patient in a series of lateral eye movements while the patient simultaneously focuses on various aspects of a disturbing memory. EMDR therapy is applicable for a wide range of psychological problems that result from overwhelming life experiences. During the processing of difficult memories, a person who has been abandoned by a spouse may come to realize that she is loveable and is no longer overwhelmed by negative feelings about herself or participate in unproductive behaviors stemming from those feelings. A person fearful of driving due to a terrible car accident in the past may end the session feeling safe to drive again. The therapeutic effects of bilateral stimulation were discovered by Francine Shapiro, Ph. The procedures have been refined and validated through controlled research at several centers around the world. Precise and careful use of these procedures can lead to a safe processing of memories, such that the negative thoughts and emotions disappear. The EMDR protocol guides clinicians in careful assessment and preparation work, particularly for persons with histories of multiple traumas. In the hands of a competent and compassionate therapist, it gives people the means to heal themselves. While research is actively taking place, the precise mechanism by which EMDR works to resolve traumatic stress is unclear, in part because we are just beginning to understand exactly how the brain processes intense memories and emotions. However, a number of neuropsychologists believe EMDR enables the person undergoing treatment to rapidly access traumatic memories and process them emotionally and cognitively, which facilitates their resolution. This helps the individual integrate and understand the memories within the larger context of his or her life experience. These new associations result in complete information processing, new learning, elimination of emotional distress, and the development of cognitive insights about the memories. Past

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Recipient of the American Psychological Association Award for Distinguished Professional Contributions to Public Service After successful treatment with EMDR, affective distress is relieved, negative beliefs are reformulated, and physiological arousal associated with stress is reduced. Additional information on trauma, EMDR practice and history can be found in numerous books and monographs. A growing collection of these and other materials can be found at the Francine Shapiro Library.

**Chapter 4 : What Happens In An EMDR Session? |**

*As negative cognitions were the "ground from which behavior emerge(d)" so properly installed positive cognitions become the ground from which healthy behavior can emerge beginning the day traumatic life experiences are reprocessed in therapy.*

Do sights, sounds and smells that remind you of the original event leave you in an extreme state of anxiety, hypervigilance or panic? Do you sometimes think you are crazy? This is a normal response to traumatic material that has not been fully processed. Eye Movement Desensitization and Reprocessing is used to disconnect emotionally disruptive memories from current life experiences. Its focus is the resolution of emotional distress arising from traumatic events. No one knows for sure how EMDR works but through brain imaging techniques, we are seeing its effects. Amen has been doing for the last 20 years. These scans allow us to see the internal operations of different parts of the brain, allowing us to learn more about which parts do what. When a person experiences an event that is extremely distressing and overwhelming, it is stored in the brain with all the sights, sounds, thoughts, feelings and body sensations that accompanied the event when it happened. When a scary or extremely painful event happens, the brain is sometimes not able to process the experience as it normally does. The thoughts, feelings and sensations of the traumatic event can become frozen in the nervous system as if in a time warp. In a typical EMDR session, a client focuses on a troubling memory. With a trained psychotherapist, the client identifies the negative belief she has about herself connected to this memory. The client then chooses a positive, more adaptive belief that she would like to believe about herself. The emotions and body sensations associated with the memory are identified. The client then attends to the memory as a whole in brief, sequential doses while focusing on an external stimulus that creates bilateral side to side movement: After each set of bilateral movements, the client is asked how she feels. This segment is complete when the memory is no longer disturbing. The chosen positive belief is then installed, via bilateral movement, to replace the negative one. The result of EMDR is the rapid processing of information about the negative experience and movement toward an adaptive resolution. EMDR deals with past events that led to present symptoms, current circumstances that trigger distress and future events that can be targeted to help you in acquiring the skills you need for adaptive functioning in the present and in the future. A typical EMDR session lasts 60 minutes. However, with EMDR, in contrast to traditional talk therapies, treatment time is usually markedly reduced. The first couple of sessions consist of taking a thorough client history. A Safe Place a place to go in your imagination to get serenity and peace is installed with bilateral movement. A Resource or Skill, picked from a list by the client, is also installed to facilitate the EMDR work that can begin by the third or fourth session. EMDR can evoke strong emotions and sensations. Usually these unpleasant feelings are experienced briefly and soon fade as the treatment proceeds.

**Chapter 5 : EMDR and NLP (Column) Archives |**

*With EMDR, negative cognitions are transformed and replaced by a positive cognition of your choosing. This creates a positive cycle: I think, act and feel according to positive cognitions and values I am creating, reinforced by new positive experiences with family, friends and society, so.*

Developing Negative and Positive Cognitions What are cognitions? Cognitions are the way we think about ourselves. In EMDR therapy the term is used to identify the belief or assessment that we have about ourselves. When we speak of negative cognition we are referring to a maladaptive self-assessment or negative belief that we have developed from negative or traumatic life experiences. These beliefs are the conclusions that we have about ourselves based upon our memories. These are often formed in childhood, and become self-fulfilling as we grow older and continue to make poor choices based upon our negative self-beliefs. Carefully laying the foundation of negative and positive cognition will enhance and shorten their therapy experience. In order for EMDR therapy to be effective we understand that it is important that proper identification of both negative and positive cognitions be done. The question that we want to address here: Let me quote from the first chapter: If the belief sounds childish, it is because they are formed in childhood. The problem is that they usually are not replaced by more rational and authentically adult ways of thinking and feeling, even after childhood has been left behind. Operating out of these beliefs inevitably leads to a sense of disappointment and unhappiness. What you plan to have happen must happen exactly as planned if it is to have value. You should be able to produce what you say you want immediately. How you see reality is how it is. When you get what you really want, you will be satisfied. You do not need to pay attention to your harmful behaviors, even when they keep repeating themselves. Life should be easy because you deserve to be treated well. Nothing can hurt you unless you let it. You do not have to listen to your body. You are in control of your mind. If you behave in the right ways, you will be spared pain. You can grow up to be somebody other than who you are. Cox and Cox wisely say: I take these to be healthy positive cognitions that we could use to evaluate both negative and positive cognitions that we are using in therapy. The principles of healthy conscious adulthood are italics are my thoughts: I am here and you are over there. I have a distinct sense of self, where my person begins and ends as well as where others begin and end. I am safe and sound inside my own skin. My body may be killed, but the person inside my body cannot be. I am curious about everything that goes on inside me. I do not squash, ignore or deny what I feel. Rather I explore what I feel! I learn from my emotions. In order to learn from them, I explore what I feel. I am asking what do I feel? When do I feel it? Where in my body do I experience that those emotions? I know there is nothing but now. I am free only when I live in the moment. Living in the past that I cannot change, or the future that I cannot control is to miss the present that will lead me from the past into the future. I always have power. It may only be to lay down my life, but I always have the power to make a choice. I always have limits. I am not omniscient, omnipresent, or omnipotent. In my experience the first outcome that emerges in clients during EMDR therapy is the development of a healthy sense of self, or number one immediately above. And, although not necessarily in the order listed above, I have also seen spontaneous development of principles 2 through 7 emerge as the client progresses through the EMDR therapy process. The end result is a sense of freedom in the uniqueness of their personhood and life history that allows them to live in the moment connecting with others in healthier ways. It is more than positive cognition. It is positive life experience. My last quote from Cox and Cox: The seven operating principles have to be discovered internally and recognized as the territory underlying all our behavior. They color behavior, giving it a certain feel, meaning, and power, but they are not the same thing as behavior. Rather they are the ground from which behavior emerges. In counseling we will be carefully interacting with you to identify the negative and positive cognitions that resonate as close to the core of your being as possible.

**Chapter 6 : Developing Negative and Positive Cognitions - RelifeCounseling**

*Characteristics of Negative Belief Schema* – A Negative Belief Schema: is the meta-perception of the stored neuro-network's (emotions, sensations, and perceptions).

I will write this blog in a FAQ format.. FAQ is list of questions and answers relating to a particular subject, especially one giving basic information for users on a website. Let the FAQ begin.. Eye Movement Desensitization and Reprocessing EMDR is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories. EMDR therapy involves attention to three time periods: Focus is given to past disturbing memories and related events. Also, it is given to current situations that cause distress, and to developing the skills and attitudes needed for positive future actions. What does it do? EMDR takes those experiences stuck in our adaptive memory, and moves them into our non-adaptive memory, where they belong. What happens during an EMDR session? The therapist will use her fingers or a pointer and move them around as she reminds me of that statement and made me explore an intrusive thought I had in her office which made me feel evil. I watched the image like a movie on a screen, just observing it and letting my mind go where it needs to from that image. What happens to me physically during EMDR? During the session of EMDR you will feel different things happening in your body, you may feel sadness in your heart, heat from anger. As you watch the image as if you are watching a movie the therapist will check in. I worked on a core issue in therapy yesterday.. That was the CORE of my triggers, intrusive thoughts, flashbacks and nightmares that have haunted me all my life. I felt the feelings in my body move around inside it will usually go from my stomach up to my head where it will reprocess that negative cognition. Yesterday as I was reprocessing the sensations went into my neck.. I thought that was a pretty interesting experiences because you can feel the core memory move through you.. How long do sessions take and how many will I need? For the traumatic memory we worked on yesterday it will take a few sessions. I have had one of my traumas reprocess in less than two hours. What does it feel like when your brain fully reprocesses your traumatic memory? From past experience I knew when I felt a heavy fog around my nose and eyes I knew I was about to fully reprocess. When it fully reprocessed I felt a almost like a cold breeze in my brain, and I could FEEL the release as my brain successfully reprocessed a traumatic memory. It was an amazing and relieving moment because I knew I was one step closer to being healed. What tips would you give others that might not be mentioned? Also, it is hard work and a draining process but so worth it. After my sessions I feel a little bit dizzy for a few seconds and my advice would be to plan a nap after your session because it will zap your energy. When I was triggered into horrific intrusive thoughts most of my life I began being triggered into positive memories. I have had several times of the past few weeks of starting EMDR when I get bursts of happiness from a childhood memory. What is an example how EMDR changed me? I have positive triggers now.. My Grandma has been my rock in life and all my great childhood memories are with her. I walked past a lady in a store the other day and her perfume gave me a burst of happiness. It took me back to the time I was out with my babysitter and ran into my Grandma at the store by the perfume counter. Please contact me with any questions you may have.

**Chapter 7 : The use of EMDR in positive verbal material: results from a patient study**

*When I go into my therapy sessions my EMDR therapist gives me a list of cognition's positive and negative. But I pick from the negative list for a statement that feels true such as "I am evil". That is the one I worked on in therapy yesterday because my intrusive thoughts make me FEEL like I am evil even though I am not.*

EMDR and The Metaphor of Transformation January 5, by dl What the butterfly knows is transformation and the metaphor they provide is one that survivors can use to see their own transforming recovery. The beginning of the year is a liminal time and like the butterfly in a cocoon, you are out of one life experience but not yet in another. You are betwixt and between not knowing what the new year will bring. This is a time of possibilities and can be, your time of transformation! This year EMDR can help you release the burden of pain so you can embark on your own recovery. The call to recovery is usually signaled by the appearance of enormous emotion and can be a mixture of sadness, hope and fascination or it can be grief, fear or anger about betrayal. Most certainly the Pathological Love Relationships has left its mark upon your emotions. How these painful feelings and symptoms get processed is through what is called Desensitization. The process in Bilateral Stimulation BLS is that a therapist uses one or more of the following techniques. When these images, feelings, sensations or memories come up in session, you are asked to focus on three things: EMDR removes the pain of the trauma that has been blocking your ability to move forward in life or in Pathological Love Relationships, move forward with releasing the pathological. Each target memory that is focused on is like the head of an octopus. The tentacles are memory channels containing other related experiences. Sets of BLS are applied to each new awareness or related experience until each channel is cleared out. In this way the clinician encourages further processing of the material until the S. This is continued until there are no new awarenesses. You are safe in the present Information processing in EMDR is like getting on a train and watching the scenery of thoughts, images or emotions pass by the train window of your awareness. Each stop of the train is a new plateau of information where dysfunctional material can link up with appropriate, useful and self-enhancing information. Unburdened and desensitized from the pain of the past, you can emerge from the cocoon with new beliefs and new awareness, empowered to take flight! You will have experienced the transforming power of EMDR! So, this new year, what will it be? The pain of the past or the beginning of a new life? The choice is yours. Space is limited so reserve your healing time now. How can you change this? The holidays can be enjoyable or miserable, based on your beliefs about themselves. Negative beliefs can fill you with anxiety or depression during the holidays. If you transform your negative beliefs, you transform your experience. How do we you that? You can do that by: These negative cognitions can be from childhood events. They can even come from recent events with your abuser. These events are locked in our nervous system in the form of these negative cognitions, plus emotions and physical sensations that feel the same as the day it happened. They can be triggered by holiday people, places and things. A negative cognition is a negative belief you have about yourself now in relation to the past traumatic event. The negative cognition is usually inappropriate and dysfunctional. It is usually based in one of four themes: This is where what is useful is learned and made available for future use. The negative cognition becomes less and less vivid and valid with each set of bilateral stimulation eye movement or tapping or tones. With EMDR, negative cognitions are transformed and replaced by a positive cognition of your choosing. This creates a positive cycle: I think, act and feel according to positive cognitions and values I am creating, reinforced by new positive experiences with family, friends and society, soâ€¦ I think affirmingly about myself due to my own sense of self andâ€¦ I live in the world in terms of being reinforced and validated by positive cognitions internal to me andâ€¦ I behave in positive ways to get internal validation of my value and worth, thereforeâ€¦ My experiences continue to reinforce the way I feel about myself and others based on my positive cognitions. If you want to make this happen: Go and make it a gift to you for the holidays. Managing Anxiety Through The Butterfly Method October 29, by dl Pathological Love Relationships leave an aftermath of problems of which the most bothersome are all the anxiety symptoms. These include racing heart, racing mind, intrusive thoughts. Part of recovery is symptom management and finding tools that bring relief to the some distressing of symptoms. The

Butterfly Hug is a form of bilateral stimulation that I suggest my client use in between EMDR sessions or even during a therapy session to relax and calm them self when they need to do so. Ignacio graciously gave me permission to share this with you. They used this process with survivors of hurricane Pauline in Mexico, in Since then, it has been used with adults and children who have experienced various forms of trauma. The process is simple and can be done anytime, anywhere you choose. It can help you induce a sense of safety and calm and empower you to self-comfort and self-soothe. It can also foster your resilience and to allay any disturbing feelings that come up. Most importantly, it can help to ground your awareness in the present moment. Anxiety symptoms are always related to future worrying so any symptom management that helps to ground people to the present moment also helps to manage anxiety. Sit with your back straight. Imagine you have a little balloon in your stomach that you inflate and deflate, slowly, deeply, smoothly. Observe what is happening in your mind, emotions and body as you would observe clouds in the sky. Cross your hands over your chest so that the middle finger of each hand is placed below your collarbone. The rest of your fingers will touch your upper chest. Your hands and fingers are as vertical as possible pointing more toward your neck than your arms. You can interlock your thumbs. Alternate the movement of your hands, right, left, simulating the flapping wings of a butterfly. Continue to breathe slowly and deeply, observing whatever is going through your mind and body thoughts, images, sounds, odors, emotions and physical sensations without changing, avoiding or judging anything. Observe it like clouds passing by. The butterfly is an ancient symbol of transformation. As you use this simple tool, you are facing, rather than avoiding conflict. Whenever you stop avoiding, you raise your level of consciousness awareness. As you do this, you are strengthening your inner radar detector by becoming more of who you really are, empowering yourself and calming yourself all at the same time. Road Runner, being a creative and resourceful bird, found a u-shaped water gutter and held it up. The arrows went into the gutter, made a u-turn and went right back at the coyote. The Road Runner used what was used against it to keep safe. What was used against you? The answer is mind control induced by hypnosis. Even though it is not likely your abuser studied hypnosis, by the mere fact of having been in a pathological relationship, the components of hypnosis were present and kept you in that relationship. Have you ever driven on the highway and wondered how you passed seven exits on that highway without even noticing them? Daydreaming is a form of hypnotic trance. In fact, all hypnosis is self-hypnosis. It is simply hyper-focusing on one thing while blocking out other things. Combine this with the high intensity that your abuser brought to the relationship, the hyper-focus created by traumatic events, the verbal abuse that was received as hypnotic suggestions during these vulnerable times, and repeat this over time with varying levels of severity and you have the components of mind control. In fact, we can take what was used against you in the form of mind control and turn it around using N. Many people get apprehensive about hypnosis and fear they will be unconscious and under the control of the hypnotherapist. Or worse yet, open themselves to demonic, evil, or inappropriate suggestions or influence. This is not true. Hypnotherapy is simply a state of deep relaxation and mental alertness. Clients can hear and respond to everything and are active participants in the session. They have complete control over what they will or will not do. Hypnotherapy is merely a way to access your subconscious mind to achieve the goals that you want to achieve. Our thoughts and memories have a pattern to them. When we change that pattern or structure, our experience will automatically change. With it, you can change your thoughts, feelings and behavior and add new ones that can become just as systematic as the old ones and a lot more enjoyable. We can neutralize painful memories and enrich memories that serve us. This changes the present which can create a better, brighter future. A few ways N. It uses your inner voice, sensations, feelings and images as the basic building blocks of your mental and physical resources. Since you already have these building blocks, you will always have them. That means anyone can use N. You can choose to use a resource the way you want at the times when you want it.

**Chapter 8 : EMDR - Dr. David Greenfield**

*How Does EMDR Replace Negative Images with Positive Images? Dr. Francine Shapiro answered the question on how does EMDR work to replace negative thoughts or images to positive. She wrote that first and foremost, it places the information-processing system of the brain in both the development and treatment of pathology.*

What is EMDR therapy? Eye Movement Desensitization and Reprocessing EMDR is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories Shapiro, a, b. After successful treatment with EMDR therapy, affective distress is relieved, negative beliefs are reformulated, and physiological arousal is reduced. During EMDR therapy the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus. Therapist directed lateral eye movements are the most commonly used external stimulus but a variety of other stimuli including hand-tapping and audio stimulation are often used Shapiro, Shapiro , hypothesizes that EMDR therapy facilitates the accessing of the traumatic memory network, so that information processing is enhanced, with new associations forged between the traumatic memory and more adaptive memories or information. These new associations are thought to result in complete information processing, new learning, elimination of emotional distress, and development of cognitive insights. EMDR therapy uses a three pronged protocol: EMDR Eye Movement Desensitization and Reprocessing is a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. Repeated studies show that by using EMDR therapy people can experience the benefits of psychotherapy that once took years to make a difference. It is widely assumed that severe emotional pain requires a long time to heal. EMDR therapy shows that the mind can in fact heal from psychological trauma much as the body recovers from physical trauma. When you cut your hand, your body works to close the wound. If a foreign object or repeated injury irritates the wound, it festers and causes pain. Once the block is removed, healing resumes. EMDR therapy demonstrates that a similar sequence of events occurs with mental processes. If the system is blocked or imbalanced by the impact of a disturbing event, the emotional wound festers and can cause intense suffering. Using the detailed protocols and procedures learned in EMDR training sessions, clinicians help clients activate their natural healing processes. More than thirty positive controlled outcome studies have been conducted on EMDR therapy. There has been so much research on EMDR therapy that it is now recognized as an effective form of treatment for trauma and other disturbing experiences by organizations such as the American Psychiatric Association, the World Health Organization and the Department of Defense. Over , clinicians throughout the world use the therapy. Millions of people have been treated successfully over the past 25 years. EMDR therapy is an eight-phase treatment. Eye movements or other bilateral stimulation are used during one part of the session. As this happens, for reasons believed by a Harvard researcher to be connected with the biological mechanisms involved in Rapid Eye Movement REM sleep, internal associations arise and the clients begin to process the memory and disturbing feelings. In successful EMDR therapy, the meaning of painful events is transformed on an emotional level. The net effect is that clients conclude EMDR therapy feeling empowered by the very experiences that once debased them. Their wounds have not just closed, they have transformed. EMDR therapy combines different elements to maximize treatment effects. A full description of the theory, sequence of treatment, and research on protocols and active mechanisms can be found in F. Shapiro Eye movement desensitization and reprocessing: Basic principles, protocols and procedures 2nd edition New York: EMDR therapy involves attention to three time periods: Focus is given to past disturbing memories and related events. Also, it is given to current situations that cause distress, and to developing the skills and attitudes needed for positive future actions. With EMDR therapy, these items are addressed using an eight-phase treatment approach. The first phase is a history-taking session s. Client and therapist identify possible targets for EMDR processing. These include distressing memories and current situations that cause emotional distress. Other targets may include related incidents in the past. Emphasis is placed on the development of specific skills and behaviors that will be needed by the client in future situations. Initial EMDR processing may be directed to childhood events rather than to adult onset stressors or

the identified critical incident if the client had a problematic childhood. Clients generally gain insight on their situations, the emotional distress resolves and they start to change their behaviors. The length of treatment depends upon the number of traumas and the age of PTSD onset. Generally, those with single event adult onset trauma can be successfully treated in under 5 hours. Multiple trauma victims may require a longer treatment time. During the second phase of treatment, the therapist ensures that the client has several different ways of handling emotional distress. The therapist may teach the client a variety of imagery and stress reduction techniques the client can use during and between sessions. A goal of EMDR therapy is to produce rapid and effective change while the client maintains equilibrium during and between sessions. In phases three to six, a target is identified and processed using EMDR therapy procedures. These involve the client identifying three things: 1. The vivid visual image related to the memory 2. A negative belief about self 3. Related emotions and body sensations. In addition, the client identifies a positive belief. The therapist helps the client rate the positive belief as well as the intensity of the negative emotions. After this, the client is instructed to focus on the image, negative thought, and body sensations while simultaneously engaging in EMDR processing using sets of bilateral stimulation. These sets may include eye movements, taps, or tones. The type and length of these sets is different for each client. At this point, the EMDR client is instructed to just notice whatever spontaneously happens. These repeated sets with directed focused attention occur numerous times throughout the session. If the client becomes distressed or has difficulty in progressing, the therapist follows established procedures to help the client get back on track. When the client reports no distress related to the targeted memory, s he is asked to think of the preferred positive belief that was identified at the beginning of the session. At this time, the client may adjust the positive belief if necessary, and then focus on it during the next set of distressing events. In phase seven, closure, the therapist asks the client to keep a log during the week. The log should document any related material that may arise. It serves to remind the client of the self-calming activities that were mastered in phase two. The next session begins with phase eight. Phase eight consists of examining the progress made thus far. The EMDR treatment processes all related historical events, current incidents that elicit distress, and future events that will require different responses. What is the theoretical basis for EMDR therapy? She hypothesizes that humans have an inherent information processing system that generally processes the multiple elements of experiences to an adaptive state where learning takes place. She conceptualizes memory as being stored in linked networks that are organized around the earliest related event and its associated affect. Memory networks are understood to contain related thoughts, images, emotions, and sensations. The AIP model hypothesizes that if the information related to a distressing or traumatic experience is not fully processed, the initial perceptions, emotions, and distorted thoughts will be stored as they were experienced at the time of the event. Shapiro argues that such unprocessed experiences become the basis of current dysfunctional reactions and are the cause of many mental disorders. She proposes that EMDR therapy successfully alleviates mental disorders by processing the components of the distressing memory. These effects are thought to occur when the targeted memory is linked with other more adaptive information. When this occurs, learning takes place, and the experience is stored with appropriate emotions able to guide the person in the future. Is EMDR therapy a one-session cure? When Shapiro first introduced EMDR therapy into the professional literature, she included the following caveat: In this first study, the focus was on one memory, with effects measured by changes in the Subjective Units of Disturbance SUD scale. Since that time, EMDR therapy has evolved into an integrative approach that addresses the full clinical picture. Other studies using participants with PTSD e. EMDR therapy is recognized as an effective trauma treatment and recommended worldwide in the practice guidelines of both domestic and international organizations: American Psychiatric Association American Psychiatric Association Practice Guidelines. EMDR is recommended as an effective treatment for trauma. Guidelines for the assessment and professional intervention with terror victims in the hospital and in the community. EMDR is one of three methods recommended for treatment of terror victims. Trauma Treatment for Children: Update of empirically validated therapies, II. The Clinical Psychologist, 51, Note that this evaluation does not cover the last decade of research. The management of post traumatic stress disorder in adults. Good evidence was found that the intervention improves important health outcomes and concludes that benefits substantially outweigh harm.

Multidisciplinary Guideline Anxiety Disorders. Effective treatments for PTSD: Since the time of this publication, three additional randomized studies on EMDR have been completed see below.

**Chapter 9 : What is EMDR? | Trauma Recovery**

*In contrast, with EMDR attempts are made to maintain a duality of focus on both positive and negative currently held self-referencing beliefs, as well as the emotional arousal brought about by imaging the worst part of a disturbing memory.*

But she later proved that just moving her eyes from side to side reduced her troubling thoughts. So naturally, we are intrigued: Eye movement desensitization and reprocessing or EMDR is a contemporary and unconventional method that is used in psychotherapy. However, recently, it has also been used to treat other types of disorders including stress, anxiety, and depression. Now, despite it being a legitimate method of treatment, EMDR has been riddled with confusion and controversy regarding its efficacy. However, several studies support the claim of EMDR. In fact, it has been proven as a legitimate treatment that can be used in psychotherapy. The main concept behind EMDR is that it uses eye movements and other types of bilateral movements and bilateral stimulation to help someone process disturbing thoughts. Bilateral stimulation can be visual, auditory, or tactile touch. According to Shapiro, her mind was full of disturbing thoughts while she was walking. But to her amazement, when she moved her eyes back and forth, those disturbing thoughts gradually disappeared! These were then replaced by more positive images. Shapiro immediately applied it to her clients when she went back to her clinic. And lo and behold! It also worked for them. This memory will then have a lasting negative effect. It will have a lasting effect on how a person perceives the world or how that person relates to other people – which is very unfortunate. The good thing is, EMDR can directly affect how the brain handles information such that the brain will again be able to process information normally. What does this mean? The practitioner gets the history of the client. It is also during this phase that the practitioner gauges if the client is ready for the treatment. The reason for this is that discussing about that specific event in the past would bring back the memory of painful emotions. Phases 3 to 6: The practitioner asks the client to identify a specific image related to the trauma, a negative belief because of the trauma, and physical sensations related to the trauma. This part involves multiple minute rounds. It will be repeated over and over until the client is no longer experiencing anxiety as a result of recalling the negative images, feelings, and sensations. This is the part where the practitioner will try to provide closure for the client for that session only so that the client will walk out feeling better. This takes place during the next session. It involves evaluating the progress the client has made and if there are any changes that were experienced. During this phase, the practitioner will determine whether or not to continue working on the prior targets or set a new one. Francine Shapiro answered the question on how does EMDR work to replace negative thoughts or images to positive. She wrote that first and foremost, it places the information-processing system of the brain in both the development and treatment of pathology. She said that this will then take the disturbing events and make the appropriate connections. These connections will bring the emotions back to a state of equilibrium. The negative thoughts will be resolved when the person thinks about them. The period of rapid eye movement REM sleep can also help in resolving the conflict. When this happens, the negative experiences will be retained in the memory, together with the unpleasant emotions, physical sensations, and beliefs. The eye movements will bring about a reduction in the negative emotions and the vividness of negative imagery. An article published on Dr. It has also been compared to and found generally equal to cognitive behavioral therapy. Also, two of the biggest government agencies in the US, have jointly issued clinical practice guidelines in favor of EMDR. There are still a lot of controversies and questions surrounding EMDR up until today. One good thing about EMDR is that it can be effectively used as a treatment for everyone who wants to go through it. Age, cultural background, or gender has nothing to do with its efficacy.