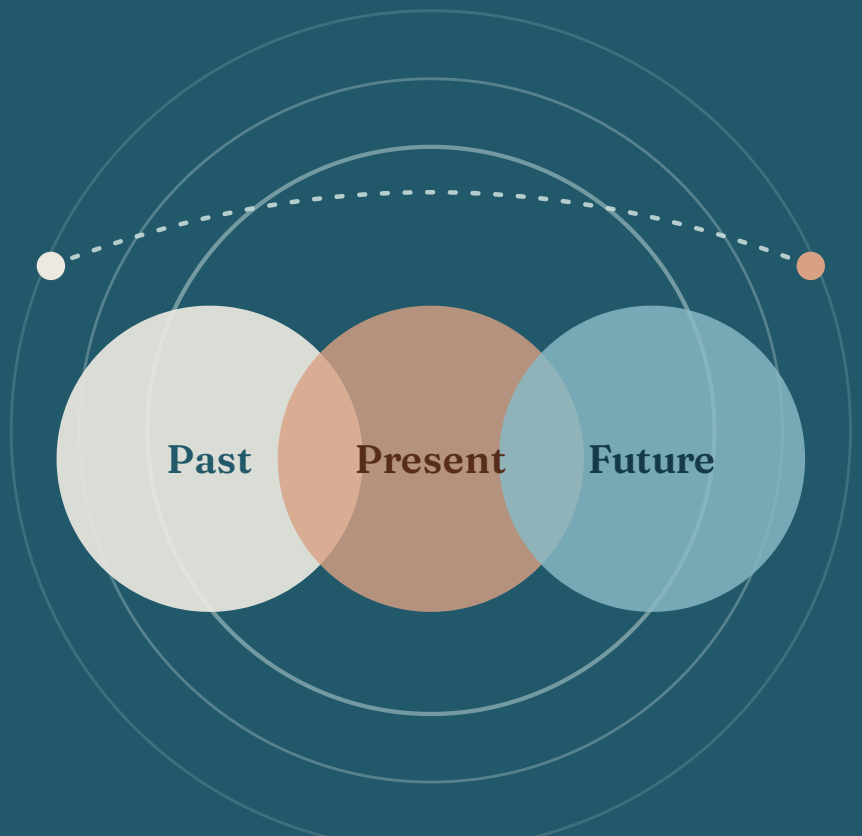




EYE MOVEMENT DESENSITISATION AND REPROCESSING

Understanding EMDR Therapy

A client guide to preparation, reprocessing and what to expect



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Eye Movement Desensitisation and Reprocessing (EMDR)

EMDR is a structured psychotherapy used to help people process distressing or traumatic experiences. This guide explains the Adaptive Information Processing (AIP) model, the eight phases of EMDR, and several preparation resources you may develop with your psychologist.

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A note about preparation

There is no prize for getting to memory processing quickly. Preparation is tailored to the person. Some people need only a small amount; others benefit from spending longer building grounding, containment, emotional regulation and supportive resources before reprocessing begins.

What is EMDR?

EMDR stands for **Eye Movement Desensitisation and Reprocessing**. It is a structured therapy originally developed by psychologist Francine Shapiro. EMDR is best known as a treatment for trauma and post-traumatic stress, and it is also used clinically for other problems where distressing past experiences continue to shape present reactions.

In EMDR, you do not have to give a detailed verbal account of everything that happened. You and your psychologist identify a memory or other target, notice the image, thoughts, emotions and body sensations connected with it, and use brief sets of **bilateral stimulation (BLS)**. BLS may involve guided side-to-side eye movements, alternating taps or alternating sounds.

Dual attention

During reprocessing, part of your attention is connected with the memory and part remains anchored in the present: in the therapy room, with your psychologist. You are not being asked to relive the event as if it is happening again.

What might change?

As processing develops, the memory may feel less immediate or emotionally charged. New associations, perspectives, emotions or body sensations may emerge. The aim is not to erase a memory. Rather, the memory can become something that happened in the past instead of something your nervous system keeps responding to as though it is happening now.

You remain in control

- You can ask questions at any point.
- You can pause or stop bilateral stimulation.
- You and your psychologist decide together what to work on and when.
- Preparation and pacing can be adjusted if the work feels too activating.

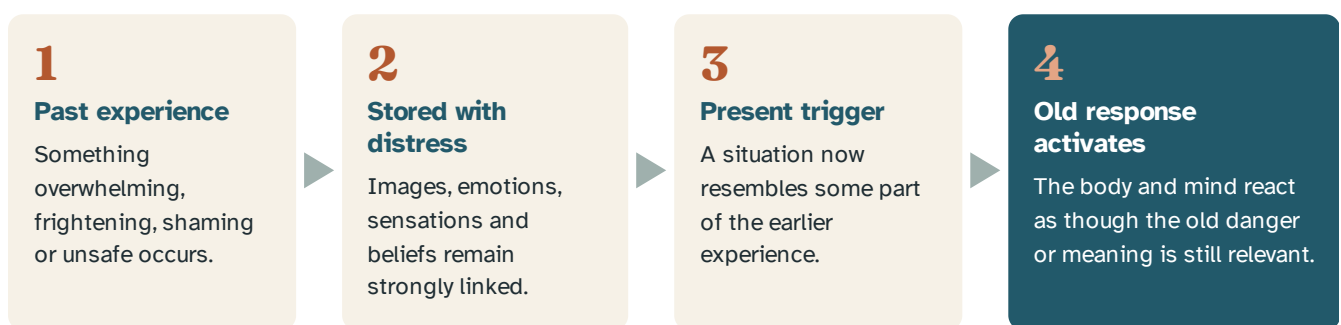
Important

EMDR is not simply eye movements. The bilateral stimulation sits within a broader eight-phase therapy that includes history taking, preparation, assessment, reprocessing, closure and review.

The AIP model: why the past can still feel present

EMDR is guided by the **Adaptive Information Processing (AIP) model**. In simple terms, the model proposes that the brain usually integrates experiences with other useful information: what we learned, what happened next, what we know now, and the fact that the event is over.

When an experience is overwhelming, frightening, humiliating, painful or repeatedly unsafe, parts of the experience may remain insufficiently processed. The memory can stay linked with the emotions, body sensations and beliefs that made sense at the time.



A simple example

After a serious car accident, a person may logically know that they are safe on an ordinary road. Yet a horn, sudden braking or a particular intersection may trigger a surge of fear, body tension and the belief "I'm in danger." The present situation has activated information linked with the earlier experience.

EMDR aims to help the memory connect with more adaptive information, for example: "It is over," "I survived," "I have choices now," or "I can keep myself safe." The event is still remembered, but its emotional and physical charge can reduce.

Past • Present • Future

EMDR treatment often considers three areas: past experiences that contribute to the problem, present-day triggers, and future situations in which you want to respond differently.

The eight phases of EMDR therapy

The phases provide a map rather than a rigid timetable. More than one phase may occur in a session, and some phases may need to be revisited.

1

History & treatment planning

You and your psychologist develop an understanding of what is bringing you to therapy, relevant experiences, current triggers, strengths and supports. Together you develop a treatment plan and consider readiness and pacing.

2

Preparation

Your psychologist explains EMDR, answers questions, establishes a stop signal and practises bilateral stimulation. You develop ways to regulate distress and return attention to the present. Calm Place, Container and other resources may be used here.

3

Assessment

A specific target is set up. This usually includes an image or worst part, a negative belief about yourself, a preferred positive belief, emotions, body sensations, distress (SUD 0-10) and how true the positive belief feels (VoC 1-7).

4

Desensitisation

You briefly bring the target to mind while using sets of bilateral stimulation. Between sets, you notice what comes up. New thoughts, images, emotions, sensations or memories may emerge as processing continues.

5

Installation

When the disturbance has reduced, attention turns to strengthening the positive belief you want associated with the memory, such as "I am safe now," "I have choices," or "I am worthwhile."

6

Body scan

You hold the memory and positive belief in mind and notice the body from head to toe. Any remaining disturbance can be attended to and processed.

7

Closure

Every reprocessing session ends with attention to returning to the present and leaving the session sufficiently settled, whether or not the target is fully processed. You may use grounding, Calm Place or Container.

8

Re-evaluation

At the next session, you and your psychologist review the previous target, changes since the session, new material that emerged and what needs attention next.

Phase 2: preparation and resourcing

Preparation is about having enough support and flexibility to approach difficult material while still being able to orient back to the present. The exact preparation used should fit you. Not every person needs every exercise in this guide.

Resources may include

- Grounding through the senses and orienting to the room.
- Breathing, movement or other ways of settling the nervous system.
- A Calm Place or Calm State.
- A Container for temporarily setting aside material between sessions.
- Memories of competence, courage, connection or coping.
- Nurturing, Protective and Wise/Wisdom figures, when these are useful and feel comfortable.

If imagery does not work well for you

You do not need to "see" a vivid picture. A resource can be a felt sense, a word, a sound, a memory, a colour, a physical posture, a symbol or simply a sense of knowing. Tell your psychologist if an exercise feels blank, uncomfortable or activating so it can be adapted.

Your stop signal

Before reprocessing, you and your psychologist will usually agree on a clear signal that means "stop" or "pause". Practising this can reinforce that you have choice and control during the session.

My stop/pause signal:

What helps me return to the present?

Developing a Calm Place

A Calm Place (sometimes called a Safe/Calm Place) is an image or state associated with relative calm, steadiness or comfort. It can be somewhere real, imagined, remembered or created. For some people, the word "safe" feels too absolute; "calm", "peaceful", "steady" or "comfortable enough" may work better.

Build the experience gently

- **Choose:** Where do you feel relatively calm or settled?
- **Notice:** What can you see, hear, smell or feel there?
- **Body:** Where do you notice even a small sense of ease or steadiness?
- **Word:** Choose a cue word or short phrase that fits the experience.
- **Practise:** Your psychologist may strengthen the resource using brief, gentle bilateral stimulation if appropriate.

The aim is not perfect calm

A Calm Place is a state-change resource, not a test. If the image becomes contaminated by distressing material, changes unexpectedly, or simply does not help, stop and tell your psychologist. Another resource can be used.

My Calm Place / Calm State

Place, scene or idea:

What I see / sense:

Sounds:

Smells / temperature / touch:

What I notice in my body:

Cue word or phrase:

Developing a Container

The Container is a **temporary containment exercise**. It gives you an imagined place to set aside distressing thoughts, images, feelings or unfinished therapy material until you choose to return to it with your psychologist. It is not about denying, suppressing or throwing away what happened.

Design a container that feels secure

- It can be any size and made of any material.
- It might be a safe, vault, strong box, filing cabinet, storage room, cloud server, sealed jar or something entirely your own.
- It needs a way to close or secure it: a lid, lock, code, door, seal or other boundary.
- You decide what goes in, what stays out, when it opens and who has access.
- It can be placed somewhere that feels appropriate until the next session.

A useful distinction

Containment means: "I am choosing not to work on this right now." It does not mean: "This must never be felt or thought about."

My Container

What does it look or feel like?

How does it close or lock?

Where is it kept?

What tells me it is secure enough?

A phrase I can use:

"I can put this aside for now. I can return to it when I choose, with support."

Nurturing, Protective and Wise/Wisdom figures

Some EMDR approaches use supportive figures during preparation, particularly when a person would benefit from greater access to experiences of care, protection or guidance. These figures are **optional** and are not a requirement of standard EMDR.

A figure may be a real person, an imagined person, a fictional or historical character, an animal, a spiritual figure, an older or future version of yourself, or a completely invented presence. The important question is not whether the figure is realistic. It is whether the figure reliably evokes the quality you need.

NURTURING

Quality: warmth, care, acceptance, comfort, patience.

Question: Who or what could respond to you with exactly the care you needed?

PROTECTIVE

Quality: strength, boundaries, safety, courage, defence.

Question: Who or what could stand between you and danger and keep a clear boundary?

WISE / WISDOM

Quality: perspective, steadiness, knowledge, discernment.

Question: Who or what could help you see clearly and know what matters?

When choosing a figure

- Choose the quality first. The figure is a way of accessing that quality.
- The figure does not have to be someone you know personally.
- A real person with mixed or painful associations may be less useful than a fictional, symbolic or imagined figure.
- You can change figures at any time.
- If a figure creates pressure, fear, grief, obligation or conflict, tell your psychologist. You do not need to push through it.

You can build a small "resource team"

Some people prefer one figure for each quality; others use one figure who carries several qualities. Your psychologist may help you notice the figure's expression, voice, posture and the feeling it evokes in your body.

Examples of resource figures

These are prompts only. Your own figures may be completely different. Avoid choosing anyone who brings complicated or distressing associations.

Nurturing	Protective	Wise / Wisdom
A warm grandparent-like figure A kind teacher A gentle nurse or healer A loyal dog A soft, steady bear A fictional caregiver An ideal parent figure An older, compassionate version of you	A strong guard or sentinel A firefighter or rescuer A lion, wolf or guardian dog A superhero A sturdy tree or mountain A protective ancestor A calm security figure A future self with strong boundaries	A trusted mentor A thoughtful elder A favourite teacher A calm fictional guide An owl or other symbolic animal A spiritual or religious figure A future self looking back A completely imagined wise presence

My figures

Nurturing figure: who/what? What qualities do they bring?

Protective figure: who/what? What qualities do they bring?

Wise/Wisdom figure: who/what? What qualities do they bring?

Where do I feel these qualities in my body?

Negative and positive beliefs in EMDR

When setting up a target in Phase 3, your psychologist may ask what the memory seems to say about you now. This is often called the **negative cognition (NC)**. You will also identify a more adaptive belief you would prefer to hold, called the **positive cognition (PC)**.

The belief is usually short and in the present tense. It is not about forcing positive thinking. It helps identify the meaning carried by the memory and the direction you would like processing to move toward.

Example

Memory-linked belief: *"I am powerless."*

Preferred belief: *"I have choices now."*

Common themes and examples

Theme	Possible negative belief	Possible positive belief
Worth / responsibility	I am not good enough. I am unlovable. I am a bad person. I am worthless.	I am good enough. I am lovable. I am worthwhile. I did the best I could.
Safety / trust	I am in danger. I cannot trust myself. I cannot protect myself. I cannot trust anyone.	I am safe now. I can learn to trust myself. I can take care of myself. I can choose whom to trust.
Control / choice	I am powerless. I am helpless. I am weak. I have to be perfect.	I have choices now. I am in control now. I am strong. I can be myself and make mistakes.
Capability	I am a failure. I cannot succeed. I cannot handle it. I am inadequate.	I can succeed. I can handle it. I am capable. I can learn.

For the target I am working on

Negative belief (NC): _____

Preferred positive belief (PC): _____

How true does the positive belief feel right now? (VoC 1-7): _____

What happens when an EMDR target is set up?

In Phase 3, your psychologist usually gathers a brief "snapshot" of the target. You do not need to tell the whole story in detail. The purpose is to identify the main parts of the memory network before reprocessing begins.

Target component	What this means
Image / worst part	The picture, moment or sensory impression that best represents the disturbing part.
Negative cognition (NC)	The negative belief about yourself that feels linked with the target now.
Positive cognition (PC)	What you would prefer to believe about yourself when you think about the target.
VoC 1-7	How true the positive belief feels, from 1 (completely false) to 7 (completely true).
Emotions	The emotions you notice when you bring up the target.
SUD 0-10	How disturbing the target feels right now, from 0 (no disturbance/neutral) to 10 (highest disturbance you can imagine).
Body sensations	Where and how you notice the disturbance in your body.

You do not need to "perform" EMDR

During reprocessing there is no correct sequence of thoughts or feelings. Your job is mainly to notice what comes up and report it briefly. Your psychologist tracks the process and helps decide what to do next.

After an EMDR reprocessing session

Processing can continue between sessions. You may notice memories, images, dreams, thoughts, emotions or body sensations related to the work. You may also notice shifts that are subtle: a trigger feels different, a new perspective appears, or you respond in a way that surprises you.

Use the log below to record the trigger, image, thoughts, emotions, sensations, distress level and what helped, then bring it to your next session.

Between sessions

Use the strategies you and your psychologist have practised. If something feels important, make a brief note rather than trying to analyse or deliberately reprocess it on your own. Bring the note to your next session.

EMDR Between-Session Log

Date	Trigger / situation	Image / memory	Thoughts / emotions	Body sensations	SUD 0-10	What helped?

Quick reference: what can I use when I feel activated?

Use the strategies that you have practised and that genuinely help you. This page is a prompt, not a requirement to use every technique.

Orient

- Look around the room.
- Name where you are and today's date.
- Notice colours, shapes and sounds.
- Feel your feet or the chair supporting you.

Settle

- Slow your breathing if that helps.
- Use your Calm Place/State.
- Move, stretch or change posture.
- Notice one neutral or comfortable body sensation.

Contain

- Use your Container.
- Write a brief note for therapy.
- Remind yourself: "I do not have to work on this right now."

Connect

- Bring to mind a nurturing, protective or wise resource.
- Contact a safe support person if appropriate.
- Use the coping plan developed with your psychologist.

My most useful strategies

If you are struggling after a session

Follow the plan you have made with your psychologist. If you are in immediate danger or need urgent support, use the emergency or crisis services appropriate to your location rather than relying on a worksheet.

Sources and further information

This guide is designed as client psychoeducation to accompany therapy. It is not a stand-alone EMDR protocol and does not replace assessment, informed consent, clinical judgement or an individual treatment plan.

Key sources

- EMDR International Association (EMDRIA). Adaptive Information Processing (AIP) Model. www.emdria.org/about-emdr-therapy/aip-model/
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Acknowledgements

The negative and positive belief examples draw on Shapiro (2001). The between-session log is adapted from Leeds (2016).

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