

INFORMATION & BACKGROUND REGARDING EMDR THERAPY PHILOSOPHY
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I like to provide some of this background information regarding Eye Movement Desensitization and Reprocessing (EMDR) and the lens through which I assess and think about the information you discuss with me regarding the symptoms, issues, history and therapy goals for which you have sought my help. If you have some of this information ahead of time or within a couple sessions it saves time during sessions as I'm not using too much of your time going over it, although I'm always open to reviewing some of it, answering questions about it, etc.

My Therapy Philosophical Position:

- All of us are **biologically wired for survival**, from fetus to death. No one tells babies how to feel or react to stimuli; they just feel & react/adapt to loving, nurturing, safe treatment and environment *as well as* threatening, scary events/environment, physical pain, scarcity of food, clothing, medical care, emotional abuse, neglect, etc.
- **Autonomic Nervous System:** There are two systems in our brain that operate to either activate the fight, flight or freeze actions, which is called the **sympathetic nervous system (SNS)** (the gas pedal), or the other, the **parasympathetic NS (PNS)**, (the brakes), which is the recovery, stabilizing & relaxation system.
- **Another aspect** of our PNS is our **social engagement** (connection, safety, relationships, ability to be in the present, etc.) Negative & positive information flows through our brain circuitry & stores positive and negative feelings, attachment awareness & beliefs. It's important to acknowledge & utilize existing positive social engagement/connections clients already have in place or take a look at how this system can be developed or enhanced.
- **TRAUMA: "Any threat we are not prepared to handle."** You can think of many of the **things that can happen to people** from birth (0 to 3 years old) (implicit/body/subconscious/no words to describe memories) until death & you can understand how the fear, helplessness, hurt, shame, sadness, loss etc., **that didn't get resolved close to the time of the threat, (all those flight/freeze or fight sensations and feelings) get stored in the body.** Once we are old enough to have language and more recall of events many of those memories are available to us through our explicit memory, although some might be blocked from conscious memory through varied degrees of dissociation.
- Children/teens internalize ideas/**beliefs** about themselves, rational & irrational, which tend to direct choices, interaction styles, relationships, confidence level and many other internal and external reactions and behaviors. Of course we carry many of those into

our adult thinking, moods and behaviors. A big part of getting healthier is identifying and correcting these skewed, irrational beliefs and this belief/cognitive realm is one of the realms targeted with EMDR therapy to shift them to rational beliefs that you actually believe on “a gut level”. The other realms targeted are distressing emotions and body sensations associated with unresolved memories as well.

- These **body memories, feelings and beliefs become part of how our nervous system and reasoning brain determine how to protect us in life.**
- Strategies for coping with threat and to be as safe as possible gives rise to our behavior patterns; **sometimes the threat is the awareness of *NOT being cared for, nurtured, acknowledged or kept safe: physical and/or emotional abandonment.*** On the positive side, most of us are fortunate enough to also internalize nurturance, security, safety, encouragement to play and permission to express ourselves, etc.

So, this is why I like to change the fundamental question from “What’s wrong with you?” (Disease model question) to “What happened to you?” (Bad & Good)

EMDR (can find more on www.emdria.org)

EMDR Therapy utilizes the brain’s natural information processing mechanism for reviewing and reprocessing all the most significant experiences you’ve had that played a role in how your nervous system works and the conditioned behaviors you have as a result, some of which might be part of what you want to change through therapy. The model is called the Adaptive Information Processing (AIP) model, meaning EMDR is not just “a technique” but a psychotherapy model within which EMDR therapists are assessing and organizing information and determining an effective treatment plan to help clients reduce or eliminate symptoms and meet their therapeutic goals. Now, the EMDR “processing session”, which is probably what you’ve heard most about, is referring to when distressing memories/feelings are “reprocessed” using the bilateral stimulation (**BLS**) procedure with eye movements or another bilateral modality.

It is helpful and appropriate to think about the mind wanting to move toward health just like our physical bodies want to move toward health if we allow them to, i.e. our blood coagulates when we cut ourselves and if we clean the cut it will heal with minimal other attention or if we get a virus and take reasonable measures it will run its course and normal health gets restored or antibodies naturally fighting foreign/unnatural invaders. You get the idea.

BLS methods I use to activate this natural information processing system are eye movements and/or tapping on the knees. Research into why BLS is a crucial part of EMDR memory reprocessing posits that the back & forth eye movements (or other BLS methods) while thinking about distressing material operates much like the brain systems at work during REM sleep. Neuroscience researchers continue to look into more details about the action systems at work in the brain that make EMDR so effective but from a practitioners perspective I can tell you I’ve

seen it help in tremendous ways in the over twenty years that I've been utilizing it as my primary model of psychotherapy.

CAN WE SPEED THIS UP? The amounts of trauma, or distressing symptoms that are related to past experiences, obviously vary by individual but it is common for people to ask "how much time is this going to take?" This question, of course, is very hard to answer because there are so many variables that are in play related to how fast people are able to review, process and heal from painful experiences and resulting symptoms. However, I do offer and often suggest to clients who are carrying a lot of symptom distress the option of "double sessions" for the purpose of having more session time for getting more EMDR processing or other therapeutic work done. This usually means a 90 minute session or longer instead of a 45 or 60 minute one. Even if you are utilizing insurance benefits for your visits, this is still very much an option for you. If you are interested in this option, please feel free to initiate a conversation about this with me and we can discuss details and scheduling; I wanted to present this information here first as well so you will be aware of it in the event I bring it up to you as a recommendation.