IEMT

Other Eye Movement Models

Note: References and quotes need to be added for all sections

Eye Movement Integration (EMI)

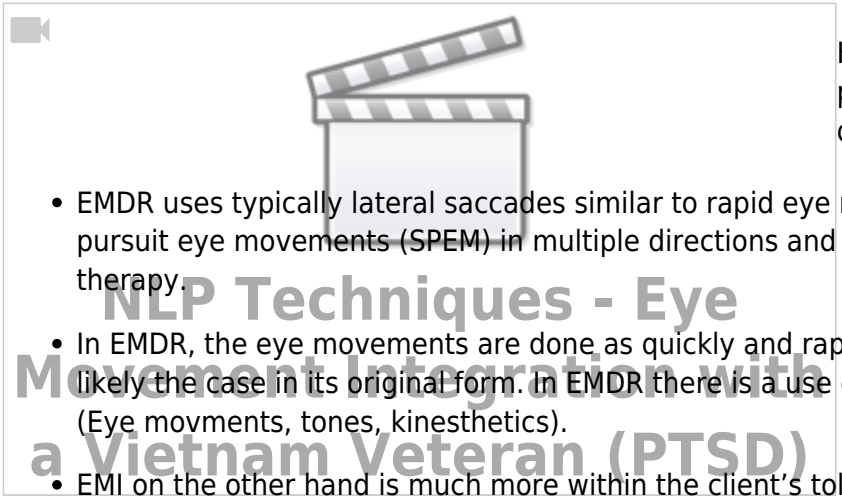
EMI evolved from NLP (neuro-linguistic programming) and was first introduced by Robert Dilts in 1981 as “Eye Movement Pattern Interruption Therapy”. It’s now known to be a powerful method that appears to tap into the mind’s natural ability to heal itself. Since its development, EMI has been promoting healthful integrations of traumatic memories by using guided eye movements to process the memories in a client’s experience.

Eye Movement Integration (EMI) was developed by Connirae and Steve Andreas as a kinder and gentler version of EMDR. EMI is a brief therapeutic approach that is an effective acute and post-therapy technique for treating acute and post-traumatic traumatic stress, as well as phobias, addiction symptoms, and negative or self-limiting thoughts. Although it originated in 1989, a recorded demonstration of the technique was first distributed in 1993 when a video was produced of Steve Andreas using Eye Movement Integration with a Vietnam veteran who suffered from PTSD (Youtube trailer below).

How does EMI work?

When an individual is experiencing issues that are deeply rooted in distressing memories and experiences from the past, processing those memories is often a challenging, painful task.

While EMI and EMDR are quite similar, there are a few significant differences between the two. Both of these share the use of titrated imaginal exposure, eye movements, and attention to multisensory manifestations of distress.



However, the nature of these particular eye movements is distinctive in both cases:

- EMDR uses typically lateral saccades similar to rapid eye movement (REM), while in EMI smooth pursuit eye movements (SPEM) in multiple directions and patterns are an essential part of the therapy.
- In EMDR, the eye movements are done as quickly and rapidly as possible, again as this was likely the case in its original form. In EMDR there is a use of all kinds of Bilateral Stimulation (Eye movments, tones, kinesthetics).
- EMI on the other hand is much more within the client’s tolerance, where the speed and range of the movements is generally much slower, and done at the pace that the client is comfortable with.

Additionally, EMI uses 22 to 29 different EM patterns, while EMDR typically maintains the same pattern (or segment) until no more change is observed in the client's responses; only then does the therapist revert to a different direction.

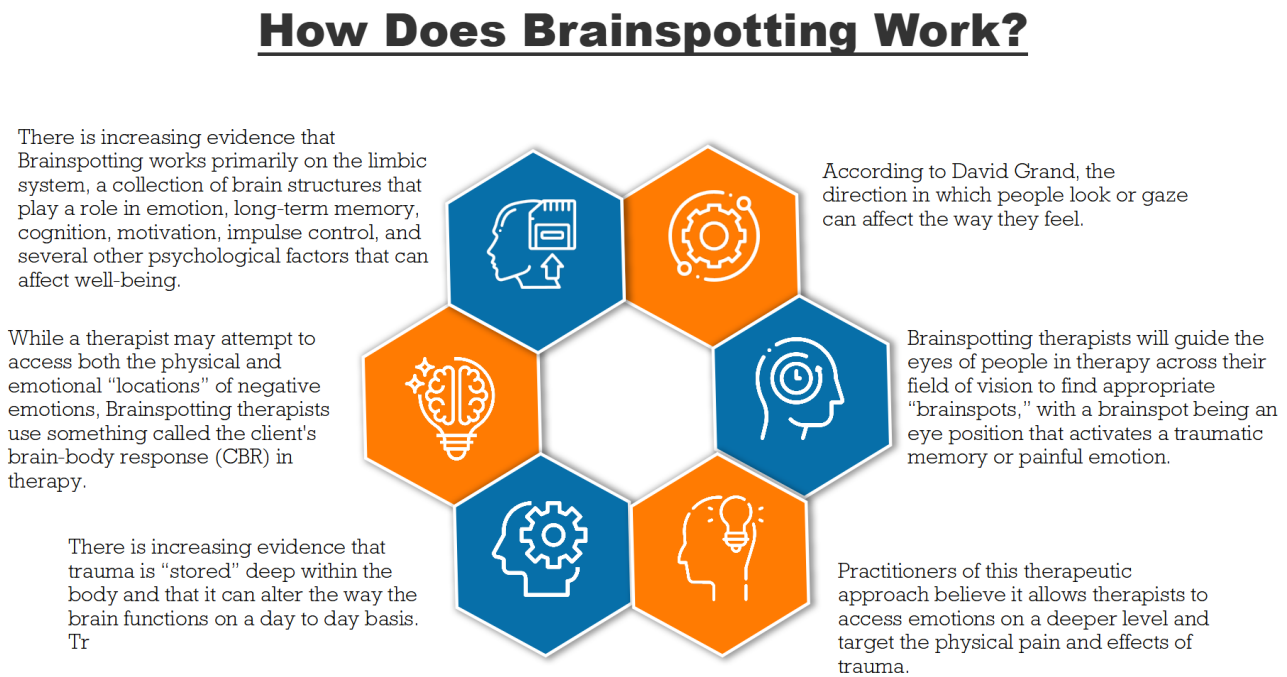
There are also some differences in the protocol during and between the segments, such as following whatever emerges from each segment in EMDR, while EMI invites the client to remain focused on the main trauma. EMDR has added tapping to its original technique; EMI does not include any tapping.

Unlike other methods, EMI tends to favor the client's comfort levels and doesn't require regression. It's designed to avoid the concerns of false memory and/or the possibility of re-traumatizing the client.

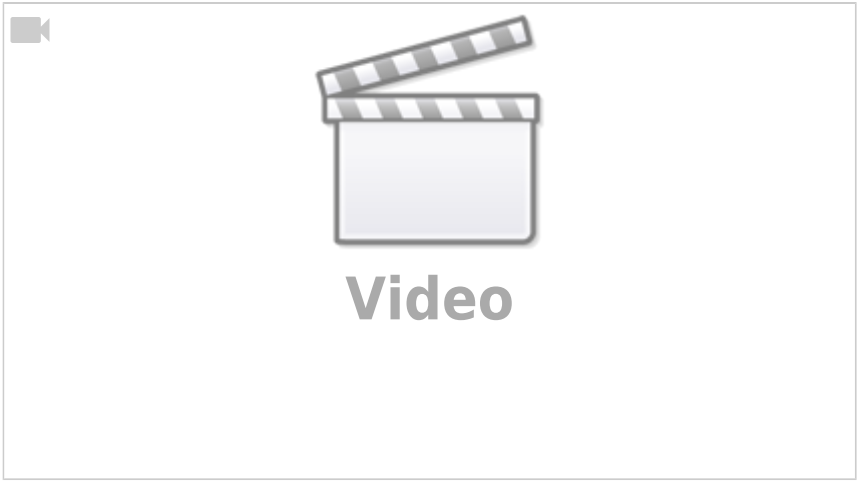
Brainspotting

Brainspotting (BSP)[1] is a recently developed new type of therapy designed to help people access, process, and ultimately overcome trauma, negative emotions, and psychologically induced physical pain.

Brainspotting was first recognised through David Grand's work with survivors of trauma, and numerous mental health professionals utilising the approach have found it to be an effective form of treatment for a variety of conditions.



How does Brainspotting work?



According to David Grand, the direction in which people look or gaze can affect the way they feel. Throughout the brainspotting process, therapists help individuals position their eyes in various ways that enable them to target the source of a negative emotion.

Using a pointer to assist them, trained Brainspotting therapists will carefully guide the eyes of people in therapy across their field of vision to find appropriate “brainspots,” with a brainspot being an eye position that activates a traumatic memory or painful emotion.

Practitioners of this therapeutic approach believe it allows therapists to access emotions on a deeper level and target the physical pain and effects of trauma.

There is increasing evidence that trauma is “stored” deep within the body and that it can alter the way the brain functions on a day to day basis. Trauma can, for example, have an effect on emotions, memory, and physical health. Brainspotting seems to activate the body’s innate ability to heal itself from these traumatic experiences.

While a therapist may attempt to access both the physical and emotional “locations” of negative emotions, Brainspotting therapists use something called the client's brain-body response (CBR) in therapy.

There is increasing evidence that Brainspotting works primarily on the limbic system, a collection of brain structures that play a role in emotion, long-term memory, cognition, motivation, impulse control, and several other psychological factors that can affect well-being.

How effective is Brainspotting?

Both Brainspotting and EMDR therapeutic approaches help individuals reprocess negative events and retrain emotional responses. Therapists are increasingly practicing Brainspotting and reporting positive results.

Who can benefit from brainspotting?

Brainspotting can help those with various mental health conditions and psychological concerns but is primarily used in treating trauma and PTSD.

However, anyone who has experienced either physical or emotional trauma may benefit from

Brainspotting. This form of therapy has been shown to be an effective treatment option for those experiencing:

- Anxiety disorders (trauma, PTSD, etc.)
- Attention issues (ADHD)
- Anger issues
- Phobias
- Substance abuse and addiction
- Chronic illness
- Impulse control issues

However, it's also been shown to assist in injury recovery and help treat physical illness, stress, and low motivation. Some therapists believe psychological issues—such as anger, procrastination, and trouble concentrating, amongst many others, can be a result of trauma. Therefore, Brainspotting might be a particularly effective form of therapy for those individuals who wish to address one or more of these concerns.

Submodality Eye Accessing Cues (SMEACs)

Eric Robbie is an influential researcher and trainer in the field of neuro-linguistic programming (NLP). One of his contributions to the field was his model of submodality eye accessing cues, or SMEACs[2] . This model suggests that people can reveal their thought processes and mental states through their eye movements and other facial expressions.

According to the model, different eye movements correspond to different types of mental activity, such as recalling memories, constructing mental images, or evaluating information. The SMEAC model has been used in various contexts, such as coaching, therapy, and business training, to help people understand and communicate more effectively.

However, it is important to note that the validity of the SMEAC model and its applications in NLP have been disputed by some researchers.

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[1] Brainspottingbrainspotting.com
[2] Eric Robbie demonstrating SMEACs (old video) Youtube