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.

EMI is a brief therapeutic approach that's an effective acute and post-therapy technique that is effective in treating acute and post-traumatic stress, but also phobias, the symptoms associated with addictions, and negative or self-limiting thoughts.

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.
- 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) 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 recognized through David Grand's work with survivors of trauma, and numerous mental health professionals utilizing 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 enables 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 of the person 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:

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- 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.

Eye Movement Desensitization and Reprocessing (EMDR)

Eye Movement Desensitization and Reprocessing (EMDR) is an evidence-based treatment that empowers people to heal from the emotional distress that results from traumatic life experiences. Widely recognized as highly effective, EMDR therapy enables people to process traumatic events quickly and find closure. Studies have repeatedly shown that after only a few sessions, patients can experience the same benefits that usually take years to achieve with talk therapy.

EMDR has established its effectiveness in treating trauma and PTSD in children and adults, alongside other mental health conditions such as:

- Anxiety, panic attacks, and phobias
- Chronic Illness and medical issues
- Depression and bipolar disorders
- Dissociative disorders
- Eating disorders
- Grief and loss
- Pain
- Performance anxiety
- Sleep disturbance
- Substance abuse and addiction
- Violence and abuse

Although some may prefer traditional treatment like medications and talk therapy, others may find that EMDR can accelerate the process of healing. EMDR therapy is considered a safe form of treatment and aims to leave you with the emotions, understanding, and perspectives that promote healthy, positive change.

What does the process look like?

EMDR is widely recommended by many of the leading mental health organizations around the world. The treatment process consists of multiple phases, including:

Phase 1: History and Treatment Planning. The first phase of EMDR is a history-taking session, where you and your therapist will identify possible targets for therapy. With a greater understanding of you and your needs, your therapist will then develop a treatment plan that targets:

- the event(s) that occurred
- the current
- the present circumstances that cause distress
- the necessary abilities or behaviors needed to learn in the long term

Phase 2: Preparation. During the second phase of EMDR, your therapist will guide you in learning different coping and relaxation strategies to handle emotional distress. These stress reduction techniques are meant for you to use during and between sessions. Since EMDR tends to produce rapid change, the goal is to maintain balance and equilibrium in your day-to-day life.

Phases 3-6: Assessment. During the third phase, you and your therapist will identify particular memories and the components associated with them, including:

- A detailed mental picture of a target event (from phase 1)
- A negative belief about yourself associated with the event
- Relevant emotions and physical sensations

Phases 4-7: Treatment. These phases focus on using EMDR therapy techniques to treat the targeted memories. While focusing on the mental image, emotion, or belief, your therapist will ask you to follow specific eye movements. These movements are also known as bilateral stimulation and can include other repetitive activities such as tapping.

Afterward, your therapist will ask you to clear your mind and pay attention to the thoughts and feelings that arise spontaneously. Once they're identified, your therapist may direct your attention back to the traumatic memory and move forward with another.

In case you get distressed, your therapist will guide you in returning to the present moment. This process is repeated until the distress over specific thoughts, images, or memories starts to fade.

Phase 8: Evaluation. In the final phase of treatment, you'll examine your progress.

Neuro Linguistic Programming - Eye Pattern

Origins and Applications

Eye accessing cues origins

Eye movements as indicators of specific cognitive processes are one of the most well-known, if controversial, discoveries of NLP, and potentially one of the most valuable. According to NLP, automatic, unconscious eye movements, or "eye accessing cues," often accompany particular thought processes, and indicate the access and use of particular representational systems.

The notion that eye movements might be related to internal representations was first suggested by American psychologist William James in his book Principles of Psychology (1890, pp. 193-195). Observing that some forms of micromovement always accompany thought, James wrote:

"In attending to either an idea or a sensation belonging to a particular sense-sphere, the movement is the adjustment of the sense-organ, felt as it occurs. I cannot think in visual terms, or example, without feeling a fluctuating play of pressures, convergences, divergences, and accommodations in my eyeballs...When I try to remember or reflect, the movements in question. . .feel like a sort of withdrawal from the outer world. As far as I can detect, these feelings are due to an actual rolling outwards and upwards of the eyeballs."

What James is describing is well known in NLP as a visual eye-accessing cue [eyes moving up and to the left or right for visualization]. James' observation lay dormant, however, until the early 1970's when psychologists such as Kinsbourne (1972), Kocel et al (1972), and Galin & Ornstein (1974), began to equate lateral eye movements to processes related to the different hemispheres of the brain. They observed that right-handed people tended to shift their heads and eyes to the right during "left hemisphere" (logical and verbally oriented) tasks, and to move their heads and eyes to the left during "right hemisphere" (artistic and spatially oriented) tasks. That is, people tended to look in the opposite direction of the part of the brain they were using to complete a cognitive task.

In early 1976, Richard Bandler, John Grinder, and their students began to explore the relationship between eye movements and the different senses as well as the different cognitive processes associated with the brain hemispheres.

In 1977 Robert Dilts conducted a study, at the Langley Porter Neuropsychiatric Institute in San Francisco, attempting to correlate eye movements to particular cognitive and neurophysiological processes. Dilts used electrodes to track both the eye movements and brain wave characteristics of subjects who were asked questions related to using the various senses of sight, hearing, and feeling for tasks involving both memories ("right-brain" processing) and mental construction ("left brain" processing). Subjects were asked a series of questions in eight groupings. Each grouping of questions appealed to a particular type of cognitive processing_visual, auditory, kinesthetic, and emotional (visceral feelings). Each was also geared to either memory (non-dominant hemisphere processing) or construction (dominant hemisphere processing). Dilts' recordings tended to confirm other tests which showed that lateralization of eye movements accompanied brain activity during different cognitive tasks. This pattern also seemed to hold for tasks requiring different senses.

As a result of these studies, and many hours of observations of people from different cultures and racial backgrounds from all over the world, the following eye movement patterns were identified (Dilts, 1976, 1977; Grinder, DeLozier and Bandler, 1977; Bandler and Grinder, 1979; Dilts, Grinder, Bandler and DeLozier, 1980):

Eyes Up and Left: Non-dominant hemisphere visualization - i.e., remembered imagery (Vr).

Eyes Up and Right: Dominant hemisphere visualization - i.e., constructed imagery and visual fantasy (Vc).

Eyes Lateral Left: Non-dominant hemisphere auditory processing - i.e., remembered sounds, words, and "tape loops" (Ar) and tonal discrimination.

Eyes Lateral Right: Dominant hemisphere auditory processing - i.e., constructed sounds and words (Ac).

Eyes Down and Left: Internal dialogue, or inner self-talk (Ad).

Eyes Down and Right: Feelings, both tactile and visceral (K).

Eyes Straight Ahead, but Defocused or Dilated: Quick access of almost any sensory information; but usually visual.



This pattern appears to be constant for right-handed people throughout the human race (with the possible exception of the Basques, whose population appears to contain a fair number of 'exceptions to the rule'). Subsequent studies (Loiselle, 1985 and Buckner, Reese, and Reese, 1987) have supported the NLP claim that eye movements both reflect and influence key cognitive components of thought. Many left-handed people, however, tend to be reversed from left to right. That is, their eye accessing cues are the mirror image of those of the average right-hander. They look down and left for feelings, instead of down and right. Similarly, they look up and to the right to remember visual imagery, instead of up and to the left, and so on. A small number of people (including ambidextrous and a few right-handed people) will be reversed in some of their eye accessing cues (their visual eye movements, for example), but not the others.

To explore the relationship between eye movements and thinking for yourself, find a partner, ask the following questions, and observe his or her eye movements. For each question keep track of your partner's eye movements in one of the boxes (following the questions below) by using marks, lines or numbers that represent the sequence of positions you observe.

Visual Remembered: Think of the color of your car. What kind of pattern is on your bedspread? Think of the last time you saw someone running. Who were the first five people you saw this morning?

Visual Construction: Imagine an outline of yourself as you might look from six feet above us and see it turning into a city skyline. Can you imagine the top half of a toy dog on the bottom half of a green hippopotamus?

Auditory Remembered: Can you think of one of your favorite songs? Think of the sound of clapping. How does your car's engine sound?

Auditory Constructed: Imagine the sound of a train's whistle changing into the sound of pages turning. Can you hear the sound of a saxophone and the sound of your mother's voice at the same time?

Auditory Digital (Internal Self Talk): Take a moment and listen to the sound of your own inner voice. How do you know it is your voice? In what types of situations do you talk to yourself the most? Think of the kinds of things that you say to yourself most often.

Kinesthetic Remembered: (Tactile) When was the last time you felt really wet? Imagine the feelings of snow in your hands. What does a pine cone feel like? When was the last time you touched a hot cooking utensil?

(Visceral/Emotional) Can you think of a time you felt satisfied with something you completed? Think of what it feels like to be exhausted. When was the last time you felt impatient?

Kinesthetic Construction: (Tactile) Imagine the feelings of stickiness turning into the feelings of sand sifting between your fingers. Imagine the feelings of the dog's fur turning into the feelings of soft butter.

(Visceral/Emotional) Imagine the feelings of frustration turning into the feeling of being really motivated to do something. Imagine the feeling of being bored turning into feeling silly about feeling bored.



It is important to keep in mind, as you are observing and tracking eye movements, that many people will already have habitual eye movements, related to their primary representational modality. A highly visual person may tend to look up and to the left or right, regardless of which sensory modality is assumed by your question. If you ask such a person to think of his or her "favorite song," the person may visualize the cover of the record, tape, or CD in order to remember the name of the song. A kinesthetically oriented person may look down and check his or her "favorite." Thus it is important to ask people what they actually did in their minds as they were answering the questions in order to get an accurate sense of what their eye movements signified.

Once you feel confident in eye movements as accessing cues, and in your ability to "read" them, there are many ways they can be used. As was mentioned earlier, habitual eye movements reflect a person's preferred sensory modality. If you ask someone, "What is something that is really important to you? Think of it now," the placement of the person's eyes as he or she is answering your question will probably tell you a lot about that person's most valued representational system.

Eye movements can also be used to determine how truthful or congruent a person is being. If a person is describing an event that he or she has witnessed or participated in, for instance, the person's eyes should move primarily to his or her left (if the person is right-handed), indicating memory access. If the person looks up and to the right a lot, however, it is likely that the person is constructing or reconstructing some aspect of the experience he or she is describing. This may indicate that the person is either uncertain or being untruthful about what he or she is saying.

The most common application of eye positions in NLP is to determine the representational strategies a person is using in order to think or make a decision. Since many aspects of people's thinking processes are unconscious to them, spontaneous eye movements can be an extremely important part of eliciting and modeling a person's inner strategies for decision making, learning, motivation, memory, etc.

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