

Other Eye Movement Models

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

Eye Movement Integration (EMI)

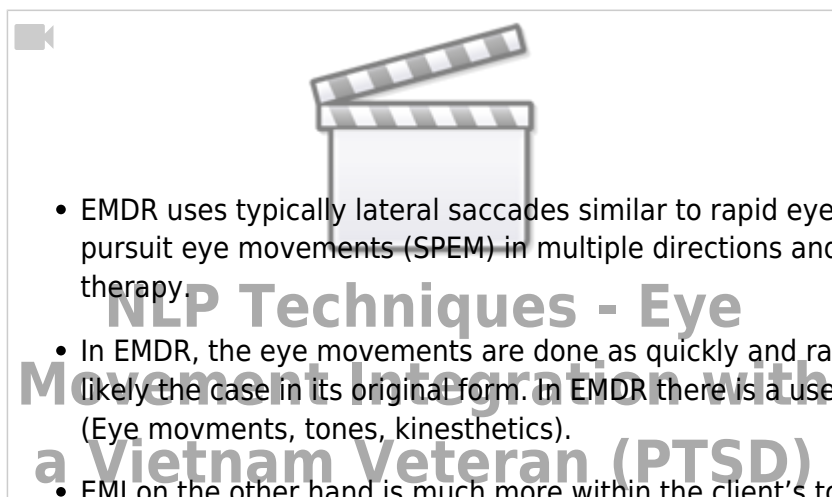
EMI evolved from NLP (neuro-linguistic programming) and was first introduced by Robert Dilts in 1981 as “Eye Movement Pattern Interruption Therapy”. It’s now known to be a powerful method that appears to tap into the mind’s natural ability to heal itself. Since its development, EMI has been promoting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

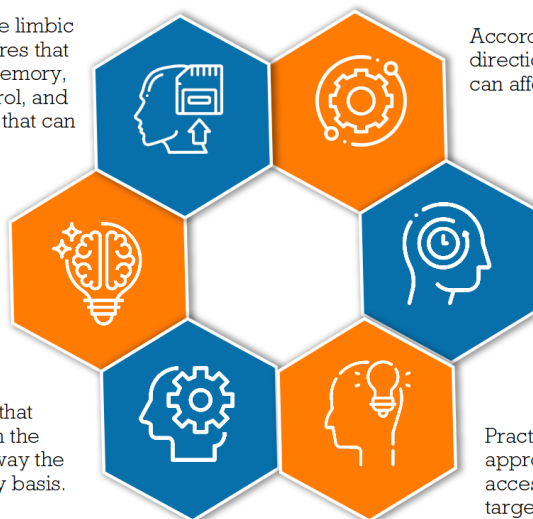
Brainspotting was first recognised through David Grand's work with survivors of trauma, and numerous mental health professionals utilising the approach have found it to be an effective form of treatment for a variety of conditions.

How Does Brainspotting Work?

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.

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 trauma is "stored" deep within the body and that it can alter the way the brain functions on a day to day basis.
Tr

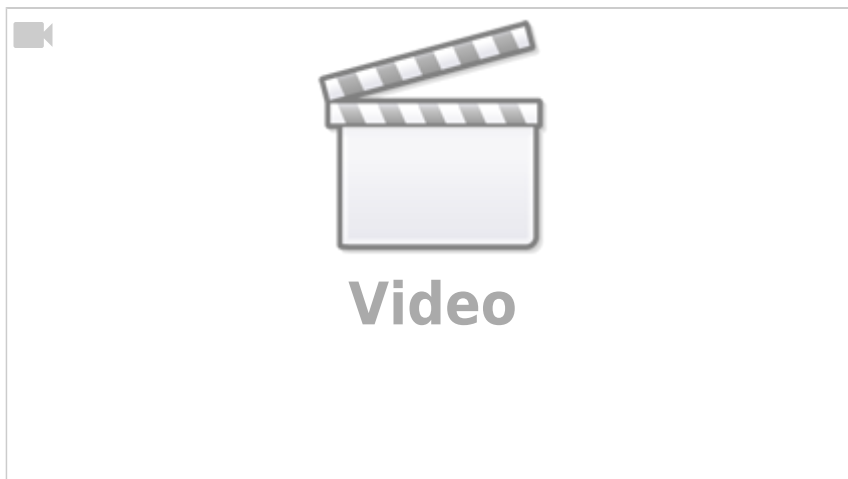


According to David Grand, the direction in which people look or gaze can affect the way they feel.

Brainspotting therapists will 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.

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.

Eye Movement Desensitization and Reprocessing (EMDR)

Eye Movement Desensitization and Reprocessing (EMDR)²⁾ is an evidence-based psychotherapy treatment modality used to effectively treat a wide range of psychological issues, including post-traumatic stress disorder (PTSD). Its efficacy has been extensively studied and documented.

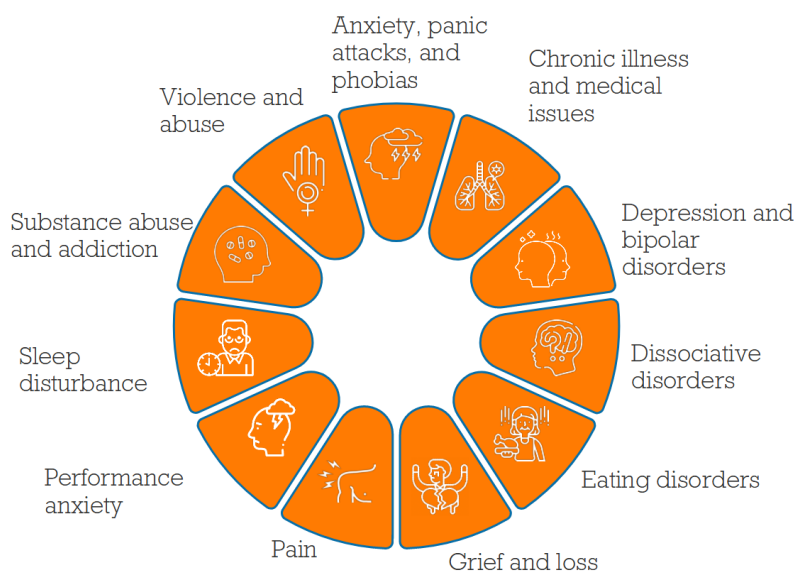
This therapy works by activating different networks in the brain that store and process traumatic material while simultaneously using a process of Bilateral stimulation (BLT)³⁾ using: eye movements, tones, and/or tactile taps to stimulate the processing of memories related to the trauma.

In EMDR therapy, the therapist helps the client to identify connected thoughts, memories, images, and sensations related to the traumatic experience, then guides them through a series of alternating bilateral stimulation exercises.

Additionally, EMDR can also be used in combination with other treatments such as cognitive behavioral therapy for individuals on waiting lists for more intensive mental health services.

Eye Movement Desensitization and Reprocessing (EMDR)

Mental health conditions



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 treatments 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 behaviours 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.

Afterwards, 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.

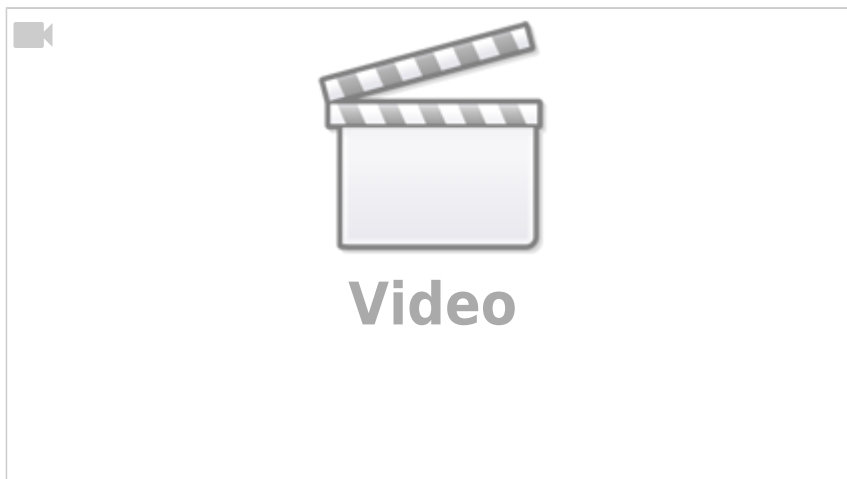
Francine Shapiro

Francine Shapiro, Ph.D.⁴⁾, is a clinical psychologist, research scientist and innovator who is credited with the development of Eye Movement Desensitization and Reprocessing (EMDR) therapy (debated/controversial see Revisiting the Origins of EMDR⁵⁾).

As the founder of the EMDR label, Dr. Shapiro has conducted research demonstrating its efficacy for treating conditions such as post-traumatic stress disorder (PTSD), anxiety disorders, specific phobias and other psychological traumas. She has also developed an approach to understanding how memories become distorted over time and how they can be reframed ever more effective ways with EMDR therapy.

In addition to her research into EMDR, Dr. Shapiro is the author of several books on mental health topics related to trauma resolution, including *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* (2012)([Shapiro, F., 2012](#)). Through her work in promoting EMDR therapy around the world, Dr. Shapiro has had a profound impact on helping individuals address even long-standing traumas quickly, effectively and without much need for medications or psychotherapy substitutes.

Bessel van der Kolk



EMDR gained medical mainstream acceptance with the neuroimaging studies of PTSD and of Dissociative Identity Disorder by [Bessel van der Kolk](#). He received the first grants from the National Institutes of Health to do large studies about EMDR and Yoga.⁶⁾⁷⁾

An important implication of these findings is that successful treatment of PTSD does not reduce arousal at the limbic level, but instead, enhances the ability to differentiate real from imagined threat. *Bessel van der Kolk*⁸⁾

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 SMEACs⁹⁾. 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.

¹⁾ Brainspotting [brainspotting.com](https://www.brainspotting.com)

²⁾ Eye movement desensitization and reprocessing [Wikipedia](#)

³⁾ Bilateral Stimulation > Bilateral_stimulation [National Library of Medicine](#)

⁴⁾ Francine Shapiro [Wikipedia](#)

⁵⁾ Revisiting the Origins of EMDR [Springer Press](#)

^{6), 8)} Levin, P; Lazrove, S; van der Kolk, BA (1999). "What psychological testing and neuroimaging tell us about the treatment of PTSD by EMDR". *J Anxiety Disord.* 13 (1-2): 159-172.

doi:10.1016/S0887-6185(98)00045-0. PMID 10225506.[sciencedirect.com](https://www.sciencedirect.com)

⁷⁾ Bessel A. van der Kolk, MD; Joseph Spinazzola, PhD;... (2007) "A randomized clinical trial of eye movement desensitization and reprocessing (EMDR), fluoxetine, and pill placebo in the treatment of posttraumatic stress disorder: treatment effects and long-term maintenance" PMID: 17284128 DOI: 10.4088/jcp.v68n0105 [pubmed](#)

⁹⁾ Eric Robbie demonstrating SMEACs (old video) [Youtube](#)

1. ^ Shapiro, F., 2012. *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy..* Rodale Books, ISBN 1-59486-425-X.

From:

<https://dokuwiki.3dd.de/> - **Integral Eye Movement Therapy (IEMT) Wiki**

Permanent link:

<https://dokuwiki.3dd.de/models?rev=1684999620>

Last update: **2023/05/25 09:27**

