

Chapter 2

What if We've Been Overthinking It

How Humans Actually Heal

Neurobiology is largely the land of metaphor. “A knife cannot cut itself” is a metaphor, but an appropriate one here. EMDR therapy has been criticized in part because we cannot settle on a single workable mechanism of action. Yet, we have no idea what human consciousness is, neurobiologically speaking, or how it emerges. Any detailed understanding of human wounding and its resolution is unlikely to come in our lifetimes, but EMDR therapists regularly witness people heal from horrible experiences. From this vantage point, what can we know about how humans heal?

We are wounded experientially, and we heal experientially. It is difficult for me to imagine how healing might occur in other ways, having seen and experienced it so clearly through this lens. It is not controversial to argue that we are wounded experientially. Most therapists understand that much of the depression and most of the anxiety that we see in community mental health contexts are little more than the symptoms of deeply wounding experiences. EMDR therapy's Adaptive Information Processing (AIP) model places past experiences at the center of pathology and health.

It is more controversial to insist that we heal experientially.

A Remarkably Simple Concept

From Bruce Ecker (2024) comes a very simple concept. Humans heal when we activate a difficult experience and immediately have an experience that disconfirms the expectation in the bad memory. We must deeply experience the disconfirmation and not simply have a cognitive awareness of a mismatch. It is the *experience* of the disconfirmation that is transformational. However, EMDR therapists and Ecker are trying to shift very different types of information. Ecker is striving to construct experiences that will cause broad schema shifts all at once. EMDR therapists are simply

trying to shift one memory. EMDR therapists evaluate schema shifts related only to the single memory we are processing. Ecker is trying to collapse an entire schema, such as “I don’t matter,” all in a single experience. Because we are trying to move different things, the precision of the disconfirmation is much more critical in Ecker’s Coherence Therapy than in EMDR therapy and other memory-focused therapies. The key needed to unlock a bicycle is not the same one needed to access the Bank of America vaults in New York City. However, the central healing message remains: humans heal when they have experiences that disconfirm the expectation encoded in the bad memory.

This concept is not foreign. When we think about it, it is one of the ways that we have already assumed that humans might be able to heal. It is one of the assumptions that underlies many of our existing forms of coping, survival, regulating, and attempts to heal. As we will see, how we experience that disconfirmation matters.

EMDR Therapy

In nearly every transformational EMDR session, the client accesses a specific difficult memory and subsequently has a series of experiences that are different from (or disconfirming of) the expectation in the bad memory. Yes, the client experiences some sensations similar to those of the bad memory, but the client is guided to experience these sensations in the present moment (disconfirming) and in the presence of an attuned therapeutic relationship (also disconfirming). The client experiences himself interacting with the bad memory and noticing that it is easier and easier to tolerate it: “Look at me right here, right now, handling this.” Noticing is inherently experiential. Experiential noticing is the enzyme that metabolizes information in EMDR therapy, and a lot of what is disconfirming is the experience that occurs when the difficult information makes contact with and is metabolized into the adaptive information already present in other parts of the client’s system. Once the distress is fully digested, the client is invited to experience and notice holding together the positive cognition with the bad memory. The client then notices that she can put together the clear body scan, the memory, and the positive cognition all together and sit for a moment in that disconfirming experience. When EMDR therapy is transformational, it is experientially transformational, and those experiences always disconfirm the expectations in the bad memory.

Healing Relationally and Parts Work

We are wounded relationally. When we heal from relational wounds, disconfirming relational experiences are typically required. Parts work is a way for parts of us to have relational experiences with other parts of us that are different from the expectations in the bad memory. This may be why parts work itself can be healing. If our parts don't have experiences with each other in parts work that are different from the expectation in the bad memory, our parts work may not be productive (or worse, may reenact the dynamics of the traumatic experience). Parts of us introduce information to other parts of us. This information is metabolized through the disconfirmation of the interaction. Parts may be encouraged to engage with each other with curiosity and compassion rather than fear and blame.

The therapeutic relationship is also an opportunity for relational healing as the client experiences therapeutic interactions in ways that are different from the expectations in the bad experiences.

Somatic Interventions

Many somatic interventions encourage clients to experience body states and releases different from the expectations encoded in the bad experience. Again, humans heal when they have experiences different from the expectations in the bad memory.

EMDR 2.0

The working memory/disrupting working memory model is one of the hottest trends among EMDR therapists. Many EMDR therapists believe that the bilateral stimulation of EMDR therapy is an active ingredient in the efficacy of EMDR because of how it taxes working memory. However, watch closely the demos of EMDR 2.0. You will see that the distractions/disruptions of client focus cause the client to shift affective state rapidly. In short, the disruptions of focus cause clients to have experiences in the present that are so funny or so distracting that the client's experience in EMDR 2.0 is a disconfirmation of the expectation in the activated memory. The working mechanism in EMDR 2.0 may not be disruptions in working memory after all. The therapist-led disruptions may create conditions where the client has a different present experience with

the bad memory, and that disconfirming experience causes the transformation of the bad memory.

Flash

Flash approaches are among the most explicit examples of activating a piece of memory content and guiding the client to have an experience that disconfirms the expectation in the bad memory. Clients are encouraged to micro-activate a single memory and then experience six back-to-back pleasant experiences that somatically disconfirm the expectation in the bad memory. The blinks in Flash split the 30-second exposure to the calm scene into six individual five-second micro-exposures to the calm scene, generating hundreds of disconfirming experiences in an average Flash session.

Summary

Clients with complex trauma rarely heal when they are presented with cognitive information alone. Useful information needs to be metabolized through experience. The interventions of therapy should be structured to promote and enhance disconfirming experiences.

When you have healed, how did you do it? What experiences were helpful in your healing journey?