

Chapter 41

Where Clients Get Stuck and How to Intervene

EMDR therapy can be difficult with clients with complex trauma. However, there is some good and encouraging news. When clients with complex trauma get stuck in EMDR reprocessing, they tend to get stuck in a limited number of places and for a limited number of reasons. A single jet engine on a modern aircraft might contain 35,000 individual parts, and thousands of them might be moving parts. A significant problem in almost any of them could cause problems for the engine and for the flight. The range of problems that occur in EMDR therapy tends to be much simpler. From the lens below, there are less than a dozen places where clients with complex trauma tend to struggle. This lens assumes that several core things are already in place (for example, adequate embodiment, resources, and the presence of adaptive information). Other parts of the book assess deficits in needed preparation skills and other challenges to address prior to reprocessing. This section focuses on the most common places where EMDR reprocessing slows or breaks down (typically in Phase Four) for clients who have adequate resourcing in place.

When They Are Stuck, They Are Stuck Somewhere

When clients have problems inside EMDR therapy reprocessing, they have problems somewhere. It is important to gather as much information as possible to determine where they are actively stuck. Our interventions should match the stuck point. For instance, if you get into your car and your car does not start, it is not helpful to get out of the car and check the tires. We want to strategically intervene where the problem actually is. It will take a while for new EMDR therapists to intuit what is happening and why. This section helps describe what it looks like when clients are stuck in specific places in EMDR therapy, how to intervene, and how to continue work after the intervention.

What Stuck Looks Like

Some new EMDR therapists struggle to understand what EMDR looks like when reprocessing is happening and the client is on the pathway. If the client is not stuck, we need to be vigilant against intervening. Many new trainees are so accustomed to providing help, sharing supportive information, or giving comfort to clients in distress that it can be difficult to adjust to a psychotherapy centered around being present with and noticing distress (especially when that distress is increasing).

If clients are on the path in EMDR therapy, no intervention is needed as long as the client is willing and able to continue noticing within the time available. Some targets will not be resolved in one session. Some targets may not be resolved without the client noticing substantial amounts of distress. Clients may go into some targets expecting a substantial amount of distress and it may resolve with much less distress than was anticipated.

Memories resolve in EMDR therapy when clients are able to activate a piece of difficult memory content (but do not overactivate), notice deeply what is coming up in right-now awareness, and do this while the system is engaging in some form of bilateral stimulation. Central to noticing is activation. EMDR therapists are skeptical of reprocessing sessions where distress is absent. The goal of EMDR therapy is to allow difficult information to link up with and be metabolized into right-now adaptive information. Noticing distress in EMDR therapy is generally distressing for the client. But is the content of the distress changing? Is the distress changing? If so, assume for this moment that reprocessing is occurring. EMDR therapists are comfortable with distress when the content the client is noticing is changing in some way. The ultimate measure of progress is that the memory moves toward adaptive information and resolution.

Clients with complex trauma are often trying to connect significant memories to very limited amounts of adaptive information. Their metabolization rate of this information may be slow. It is often difficult to distinguish between stuck sensations and slowly moving ones. When in doubt, ask. It is better to confirm that the client is actually stuck before intervening than to intervene when things are just moving slowly. When the client says, "It's in my chest," multiple times during check-ins, that information might be ambiguous. It might be shrinking or expanding slowly. It might be pulsing, cooling, or getting hotter. Or it might be stuck-stuck.

After two or three rounds where the client reports that a sensation is not changing, instruct the client to do the following: “On the next round, just zoom into that sensation and notice deeply if that sensation is stuck-stuck, or if there is something changing about it, even if slowly.” If the client reports that it is changing, ask the client to notice what is changing during the next round of bilateral stimulation, even if it is changing very slowly. If the client reports that the sensation is stuck-stuck, inquire with the client if they have any insight about why that sensation is getting stuck. Sometimes clients have information that is helpful in selecting the interweave, sometimes they don’t. The information that they communicate or information that you might be able to intuit can be helpful for the intervention.

Interventions Are Perspective Changes

What do clients do in EMDR therapy sessions when their bodies feel things that are familiar? They typically use strategies that they use outside of EMDR therapy when their bodies feel this way. They may tend to ruminate, disconnect, actively avoid, try to contextualize by bringing in other instances or memories, purposefully bring in positive self-talk, or fall into the black hole of self-blame or shame. All of these are unlikely to be productive. And again, when clients are stuck, they are stuck somewhere. They are stuck in a perspective that is not currently productive. Of the many things we know about trauma is that it significantly constrains perspective. Trauma is stored in ways and in parts of the brain that are perspective-limiting.

Interweaves invite a change in perspective. If a client is stuck on the thought channel, switching to the body sensation is a channel change, but it is also a perspective change. Imagine a car repeatedly runs into an obstacle head-on, backs up, and then hits that object in the same way over and over. Now, imagine a passenger observing this gets out of the car and surveys the situation. The passenger asks the driver to back up and then turn the wheel as far right as possible. Even if that direction change causes the car to bump into the wall again, it may be enough of a change in perspective to help the car bounce around the obstacle. When the client encounters an obstacle over and over without any change, the therapist must intervene and introduce a perspective change. Being stuck in EMDR therapy is emotionally draining for the client, and allowing them to stay stuck for long periods may promote body sensations that might be difficult to tolerate. It may spread “embers” from the developmental era of that

memory that cause severe problems functioning for days after a reprocessing session.

Common Reprocessing Problems From Inadequate Preparation

This chapter does not address every possible problem that may occur if the client is not adequately prepared for the EMDR therapy journey. The sections below divide problems that may occur in Phase Four-Six into two broad categories: problems that emerge primarily because of inadequate preparation and common problems in the reprocessing phases of EMDR therapy once the client is adequately prepared.

The Client Is Not Embodied Enough to Notice

Clients need to be in their bodies enough to notice. If the client is not embodied enough to notice, the client may struggle to activate a memory or everything that comes may be thoughts. Emotions are thoughts about feelings if you are not in your body enough to notice. Trying to do EMDR therapy with clients who are somatically disconnected is usually a goose chase.

The Client Does Not Have Adequate Resources

The EMDR journey for people with complex trauma is much more difficult without solid resources in place. Imagine needing to go on an extensive journey in a car without working brakes, an engine that needs mechanical work, without any money, and with no clear plan of where you are going or where you will stay each night. A journey without adequate preparation to manage what may come up is inherently stressful. Other sections of this book explore enhanced resourcing.

The Client Does Not Have Enough of the Needed Adaptive Information

At its core, EMDR therapy connects old stuck information into right-now existing adaptive information. The needed information must be present and there must be enough of it, or the target memory will not be able to metabolize into it.

The Client Does Not Understand EMDR Therapy

Clients who do not understand what I'm asking them to do inside an EMDR reprocessing session will struggle in many ways. It is helpful to walk them through Phases Three through Eight so that they can see clearly what you are asking them to do at each step and so that different parts of them can give consent to working this way. Clients who do not understand their role in this dance will try to do their job, my job, and the universe's job. I am asking the client to activate a piece of a memory, notice what comes, while their nervous system receives a bilateral stimulation. If the client is doing anything else, they may be stirring green beans into the EMDR brownie batter... and the brownie batter is really good without these additions.

The Client Does Not Have the Capacity to Feel Worse Today

In any given reprocessing session, clients need the capacity to feel worse. If the client is prepared to do EMDR therapy and today is the most anxious or most depressed I have seen him, we will probably not engage in EMDR reprocessing unless we target the event that activated the current mood state. The beginning of an EMDR reprocessing session typically begins with a small or deep dive into noticing distress. Clients need the capacity to feel worse for a while or they will quickly be bumped out of their window of tolerance and struggle to notice in ways that are productive.

Common Reprocessing Problems

Clients with complex trauma who are adequately prepared for the EMDR journey can still struggle with the reprocessing phases. The sections below are places where clients are most likely to encounter difficulties. Please note that this section may not be exhaustive, but it does capture the vast majority of difficulties you are likely to see.

Do The Client's Parts Consent to Working on This Memory?

It is helpful to get consent from client parts to do this work. You can simply ask at the beginning of Phase Three, "Do all parts of you think doing this work is a good idea today?" If not, find somewhere more tolerable to work. If you don't inquire about consent, parts may not allow you to activate or may start somatic side fires to distract from the target memory.

Is the Target an Actual Memory

In Phase Three, you should be careful to make sure that the target is a memory. “Bullying my seventh-grade year” is not a memory. “The thing my mother said repeatedly to me when I was a child” is not a memory. “Why was I born to these people?” and “Why does my mother treat me differently than my sister?” are not memories. If you cannot find an individual memory because trauma was daily and no individual memory stands out, see the subsequent chapter *Trouble Finding an Individual Memory When Trauma Was Daily*. When the target is not a memory, it is often a broad theme. Clients may have all of the activation that may be common in memory reprocessing, but they will often have very little movement because too much memory content is activated. Part of your psychoeducation about EMDR is that when we are working with the past, we are almost always working on a memory. Let clients know that if they pivot from an individual memory to something else, they should communicate that to you so that you can provide appropriate guidance.

Is the Client Connected to a Whale of a Memory?

When healing happens in EMDR therapy, it does so because the client has been able to connect stuck information into existing adaptive information. For this to occur, the client needs to have enough of the needed adaptive information. Adaptive information is not one thing. Many people may have adequate information in some areas but may have deficits in other categories of information. Shapiro is very clear that there is nothing in the Eight Phase Protocol that will automatically create adaptive information in an EMDR session if it is not already there. Said differently, you do not get a bigger boat of adaptive information just because you are connected to a large fish. The validity of cognition may be another indicator of pervasive deficits in adaptive information if the VOC is one in Phase Three. You may have also heard many of these deficits in how clients talk about themselves and the world. We cannot land a whale into a canoe. Attachment wounds, memories where the client is the abuser or bad actor in the memory, and targets that intersect squarely with any form of identity challenge make difficult initial targets with clients with complex trauma. Clients connected to a memory target bigger than their right-now boat of adaptive information will often have an abundance of distress, but they have no means for that distress to get better. Their distress may peak and be followed by a shutdown response. Their anxiety may peak near panic

before we have them disengage. Or they may be stuck in the big existential loneliness that defined so much of that era of childhood.

Clients are often able to answer if this memory has turned out to be bigger than they anticipated. If the client reports that the memory feels like a whale and they have been doing what you are asking them to do, the most sensible thing to do in a session is often to disconnect from it. I will invite the client to bring in an attachment figure if the memory is an attachment wound. We engage in other resources, especially the container, to help store this memory for a later time. I highly recommend that you work at the intersection of what is productive and tolerable. If this memory turns out not to be tolerable, do some more work in territories that are more tolerable and return to this memory later, once the client has had the opportunity to develop more adaptive information. The therapist can assist the client in developing more adaptive information by working on smaller targets (which always generate adaptive information when they resolve) or do other targeted resourcing to address potential deficits in adaptive information when returning to Phase Two.

Is the Client Able to Stay In the Window of Tolerance?

Many problems in EMDR reprocessing reduce to the problem of too much memory content coming into awareness in too short of a period of time. Problems also come from too much memory intensity coming into awareness too soon. Opening many memories or playing too much of a difficult memory can cause content to overtop the client's window of tolerance. Much of the rest of the session may be consumed by dealing with the residue of the client's initial overactivation. We need memory content to come, but we need it to come in tolerable and digestible ways.

Also, remember that we are connecting stuck information into existing adaptive information. Much of the client's adaptive information is likely to be stored in the rational, sensible, and logical parts of the brain and these may be the very parts of the brain that experience decreased blood flow during overactivation. Overaction can impair reprocessing because it may make the needed adaptive information less accessible to the client's system. There are many strategies that are explored in this book to help make sure that memory content and its accompanying distress are coming into awareness at digestible rates and intensities.

Is the Client Having an Energy Crisis?

Noticing distress in EMDR therapy burns energy like a jet engine. Clients may come to sessions with a substantial sleep deficit or with very little accessible energy. They can get stuck in reprocessing when they do not have the energy to be present with the distress generated by the memory. If the struggle appears to be from an energy crisis, you can try asking the client to engage in movement strategies, arrange for the client to connect with a cool drink if available and appropriate, or allow the client to take a short break or a walk to try to generate additional capacity to notice and tolerate distress.

Is the Client Present?

The client may report distress, but is the distress the client is noticing happening in the present? Clients can easily dissociate into the past, but all of the noticing that is productive in EMDR therapy always happens in the present moment and the right-now body. The client needs to be present enough to notice. If the client is dissociating into the memory, is ruminating, or is not otherwise present enough, invite the client to ground and remind the client that all noticing that is productive happens in the present moment. Ask them to let you know when they lose connection with the present moment. Invite them to bring into sessions whatever they need to try to stay grounded and present.

Grounding skills for clients are essential. The time to teach them is way before the client needs these skills inside an EMDR reprocessing session.

Is the Client Actually Noticing?

The client may be aware of distress, but are they noticing it? Can you think of a time in the past few months when you may have been aware that you were angry or frustrated? Awareness can be a general summary of an emotional state. Noticing is an active verb in EMDR therapy. You may have been aware of anger, but did you notice that your jaw muscles were tight or that you had a warmth in the center of your chest? If clients are activated (or stuck), are they noticing deeply and specifically where they are activated, or do they just have a general awareness of it? If the activation feels stuck, I will verify that the client is stuck, and I will also invite the client to notice deeply where they feel stuck. I will use the instruction: “Scan your body and find the place of most [anger, or whatever the client uses to describe it] and just notice it deeply there for a set of

bilateral stimulation. Don't try to change it or fix it, just notice it deeply. Is it hot, cool, heavy, round, or blobby? Does it have a texture or a color or any other quality? Notice the place of most distress like you are about to sketch or draw it.”

Again, you are not stuck until you are noticing deeply where you are stuck and it is not moving, shifting, or changing in any way when you notice it.

Is the Distress Where the Client Is Stuck From the Memory?

It is entirely possible that the client may be stuck somewhere other than in the activated content of the memory they identified in Phase Three. Imagine if the client is working on a recent breakup with a partner. The client may start reprocessing with the memory and then get deeply stuck in the existential questions of: “Why does everyone I have ever loved end up hurting me on purpose?” or “Will I ever find love that doesn't end horribly?” Memory content may often pivot to territories other than the memory we selected as the target. If the client is stuck in a territory other than the memory, you can always ask the client to contain where they are stuck and return the client to the target memory.

Is Memory Content Coming into Awareness Faster Than Can Be Digested?

We need memory content to come into awareness in EMDR therapy, but we need it to come at digestible rates. Clients with complex trauma have many memories stored in single memory networks. Many of these memories have the same feeling as the nearby ones. When the client activates a memory in a memory network, the body feels a specific way. The activation from the memory identified in Phase Three can cause many adjacent memories to want to come into awareness because they have the same body feel. See Chapter 40: When to Let New Memories In, When to Container. It is helpful to let clients with complex trauma know that working on one memory at a time is often the best approach, especially when working on the first handful of memories in EMDR therapy.

Is Memory Content Coming Into Awareness With Too Much Intensity?

We need memory content to come into awareness, but it needs to come at an intensity that is within the client's window of tolerance. Anticipate that many clients with complex trauma will begin most sessions with very small

windows of tolerance. If distress comes into awareness and overtops the window of tolerance, the client may experience panic symptoms (which will make noticing effectively very difficult) or may have a deep shutdown response that is taking the client offline like an electric circuit breaker that has experienced too much amperage. See Chapter 38: Videotape Approach and Chapter 37: How We Interact with the Memory Matters chapters.

Is the Client Stuck in Guilt, Shame, Blame, or Responsibility?

Conceptually, there are two types of guilt, shame, and responsibility. One is appropriate and one is inappropriate. If I drink too much and punch a friend in the nose and I feel guilty about that, my job in EMDR therapy is to notice that guilt. That memory will not resolve using the cognitions of “I did the best I could,” or “I didn’t do anything wrong.” If it resolves, it will resolve using cognitions like: “I can support my recovery,” “I can make better decisions,” or “I can try to mend my relationships.” Context often comes in and is helpful in reaching some form of adaptive resolution. In this scenario, the way through is to notice it deeply.

Inappropriate guilt, shame, blame, and responsibility are common in memories of childhood sexual abuse. Clients will often get stuck in these lava-hot emotions; they do so largely because the most grown-up parts probably still blame and resent the child states in the memory for not making different decisions or not knowing how to protect themselves. The sections on attachment resources can be helpful in developing and supporting the needed adaptive information so that guilt, shame, blame, and responsibility can be attached where they belong.

Is the Client Trying to Figure Out the Trauma?

EMDR is not a power think-think session with bilateral stimulation. Many clients with complex trauma have attempted to solve the problem of trauma by thinking about it or ruminating about it. Clients whose strategies outside of the session involve excessive thinking or ruminating can probably identify very few (if any) times when these approaches were helpful. Why would we think that they would be helpful with the bilateral stimulation in EMDR therapy? The most prominent element of EMDR timewise is noticing. Noting what is coming and figuring things out are two completely different processes much of the time. It is helpful to remind clients at the beginning of an EMDR session that “there is nothing to figure out today. Whatever you need to heal may come to you as a

byproduct of noticing. Can you ask the parts of you that really want to try to figure everything out simply if they would be willing to be curious about what is coming into awareness when you interact with the memory?" See Chapter 34: There Is Nothing to Figure Out Today.