

Chapter 13

Phase Two Isn't Just Mindfulness Resources

Relatively healthy clients are resourced well by life. It is easy to believe the truths our bodies know about our earliest moments of connection with healthy attachment figures. If appropriate roles were modeled for us, we are less likely to be confused about what is uniquely ours and what legitimately belongs to others. It is easier for us to learn how to regulate if the people present in our earliest memories lived regulated lives and were able to successfully get between us and the harshest surfaces of the world. There is an enormous privilege in having a healthy nervous system. Much of what is needed in order to heal easily in EMDR therapy is already present and usable.

The information deficits that are created by attachment wounding, developmental disruptions, early childhood trauma, role confusion, and significant family dysfunction are substantial. Not only were the wrong things modeled, but their presence may have prevented us from having enough experiential learning with the good things. Often, central to complex trauma is the presence of things that should not have happened and the absence of things that should have happened. These conditions create voids in the very information networks that will be needed to resolve these experiences in EMDR therapy. The difficult experiences will resolve in EMDR therapy only if the system has enough of the needed adaptive information. Fortunately, even if childhood was horrible, it is possible to subsequently develop much of the needed adaptive information. Developing this information is generally more difficult and complicated the more unprecedented the adaptive information is to the client's system.

While Shapiro conceptualizes some of the tasks described in this chapter as Phase One work, this book conceptualizes all of the tasks of developing the needed adaptive information squarely as Phase Two work since they are all conducted to enhance preparation for more effective processing in EMDR therapy.

Understanding Trauma

Many clients with complex trauma present with a poor understanding of the ways that trauma impacts the lifespan. They often come filled with the projections of family members or with the diagnostic labels assigned by mental health professionals, but usually have a limited understanding of how their “pathologies” are largely symptoms of what they have endured or what they have missed.

Clients with complex trauma will need to come to a workable understanding of trauma and its impacts. EMDR therapy is easiest to explain when built upon a solid understanding of trauma. It is an answer to the problem of trauma. Clients who don’t conceptualize their problems as trauma symptoms may struggle to endorse the extended journey of recovery using EMDR therapy.

Before starting EMDR therapy, part of the adaptive information that is often needed is some shift away from the “I am the problem” to “what has happened to me is the problem” orientation for the client. We do not promote this shift as an attempt to deny any blame or accountability where these are appropriate, but to normalize and contextualize wounding and its aftermath truthfully and adaptively.

There are many ways to educate clients about trauma. If clients enjoy reading, sometimes non-clinical books and resources are appropriate. However, this work is best started in the therapy office and when it is done well, it can help enhance and solidify the therapeutic relationship.

Educate Clients About EMDR Therapy

EMDR therapy requires that clients go on this journey in a very specific and non-intuitive way. As we have explored elsewhere, EMDR therapy is a trifecta of cultural taboo: we purposefully activate traumatic information, encourage the client to notice in the present what comes up following that activation, and to do all this while the nervous system receives bilateral stimulation. Clients need to learn how to not activate memory content at a rate faster or more intense than they can digest. Clients need the capacity to be present, to notice deeply in the present, and they need to have a window of tolerance that is appropriate for the distress that comes into awareness and sits in the body.

There are many ways to educate clients about EMDR therapy. Again, this is best done after a solid orientation to trauma is provided. Some language that I often use is described in the following paragraph:

There is something about activating a piece of a difficult memory, noticing deeply what comes as a result of that activation, and doing so while you are receiving a left-right stimulation that helps shift a stuck memory in a way that makes it easier to carry. When we do EMDR therapy, we typically work on one memory at a time and we often work only one piece of it at a time. As soon as the preparation work is complete, we can start. I usually like to start somewhere small, so that we can practice it before working on things that are large.

Other explanations I have provided include this excerpt:

EMDR therapy allows your nervous system to digest what you were too overwhelmed, shut down, or didn't have the information needed to digest at the time the experience happened. When everything is in place to start this work, I'll help you select a memory that feels tolerable for you to start. You will spend most of the session simply noticing what comes up while you are engaging in a left-right stimulation that should help you stay in the present and promote the movement of each piece of stuck information.

I also walk the client through all eight phases (including the Phase Three-Seven script) of the EMDR protocol so that they can clearly see what EMDR therapy is and what will be required of them.

I inform clients clearly that we need the following things to be in place to do EMDR therapy well:

- A window of tolerance wide enough to allow you to notice in a tolerable way each aspect of the memory. We will provide resources to help you widen your window of tolerance.
- All noticing that is productive in EMDR therapy must happen in the present moment. We will work to support present-moment awareness as opposed to detailed awareness of what was happening at the time of the wounding experience.
- You will need to be embodied enough to notice. Many people with wounding learn to survive by somatically dissociating. We will work to help develop more body awareness if that is needed.
- Noticing is a very active verb in EMDR therapy. Noticing is more than simply being aware of something. Noticing in EMDR therapy requires slowing down and being present with the distress or other

content that is coming into awareness or that has gathered in the body or system. If needed, we will do exercises that help strengthen your capacity to notice deeply.

- Enough adaptive information needs to be present for the difficult information to connect to and metabolize into. Enough of the adaptive information needed to resolve a memory needs to be present somewhere in the system. When EMDR therapy is successful, we are always connecting stuck information to existing adaptive information. We cannot connect a lie to a lie.

I will expand on each of the above points more in the sections below, and many are covered in their own chapters. Again, it is important to explain what EMDR therapy is so that clients can clearly understand why you are asking them to engage in periods of extended resourcing. If you are able to clearly specify the requirements for doing EMDR therapy well and safely, then you and the client can continue to evaluate if deficits are present. It is not enough to simply declare that a client isn't prepared to do EMDR therapy processing phases, as a carnival worker might measure the head of a child against a fixed height line and continually declare him too short to ride a carnival ride. Resourcing must proactively address the deficits that are present; otherwise, you risk endlessly returning the client to Phase Two, where all hope of actually doing EMDR therapy will go to die.

A Wide Enough Window of Tolerance

We need distress to come in EMDR therapy, but it needs to come into awareness at a digestible amount and intensity. Many clients with complex trauma present at an average session with a baseline 8/10 level of stress/distress prior to starting any target memory, and this baseline level of distress may be a substantial improvement over their initial baseline level of stress/distress at intake. Clients who simply do not have the capacity to feel worse on any given day are not good candidates for EMDR therapy on that day unless we are able to help them substantially reset prior to reprocessing (which is unlikely).

Part of our job early in treatment is to help the client expand their window of tolerance. There are many ways to do this, including the following options:

- Help the client better manage acute stressors that may be causing or feeding current instability.
- Use resources to help the client have repeated experiences where their nervous system can experience a slight and brief decrease in body-based stress. The experiences show the client's system that they can still be safe at a slightly lower level of arousal and this expanding range of safety may start to lower baseline anxiety.
- Connect to existing resources that may be currently underutilized.

We will discuss strategies in the book to make the most of a narrow window of tolerance in processing, but a primary goal of Phase Two is to widen it as much as possible prior to engaging in processing.

The Present Moment Needs to be Safe Enough

All noticing that is productive in EMDR therapy needs to happen in the present moment and in the right-now body. For many people with complex trauma, the present is not safe. Obviously, many people with complex trauma continue to live or work in unsafe environments. Even when nothing bad is happening or at significant risk of happening, the present moment is not experienced as safe. Many clients dissociate into the worst parts of the past and the worst worries of the future to escape the present moment. I had a client once say that he would rather me set him on fire than ask him to be present in the present and notice something.

A core survival strategy for many people is to stay ahead of it... whatever their *it* in trauma is. When we do exercises with clients that invite present awareness, often their anxiety skyrockets. They often blame the resource, but the problem is at least partly a near-phobic response to slowing down, being present, and noticing. For clients with trauma, everything bad happened in the present. The present is no more neutral territory than the body is. And when they are present, there is often a strong feeling that everything that they have tried to stay ahead of might start to catch up to them.

In order for EMDR therapy to be effective, we need to help make the present moment safe enough to embody and notice during reprocessing. We attempt this by constructing experiences where the client is able to briefly bring awareness to the present and notice in very concrete ways. The “Dip Your Toe In” resources in this section are an excellent place to start doing this work. Exploring times when the client is able to safely feel more present and use those as anchors is helpful (you can slow-tap the

memory of these experiences in as resources if they feel adaptive). We can also encourage the client to engage in those organic resources even more frequently during this phase.

Again, if we are going to ask a client to slow down, be present, and notice distress for 40 or more minutes in a session, we need to make sure that the present is a tolerable-enough place for the client. If it is not, then we need to try to help make present awareness safer if we intend to do EMDR therapy processing phases.

Clients Need to Be Embodied Enough to Notice

EMDR is a somatic psychotherapy. In the van der Kolk (2014) conceptualization, EMDR therapy is a bottom-up intervention. For EMDR therapy to be effective, you need to be in your bottom (body) enough to notice. However, you do not need to be a mindfulness guru.

Somatic dissociation is often a trauma survival strategy when information from the body wasn't helpful for providing safety. In the cultures where I work, many men are somatically dissociated. They were raised in cultures where the only emotions that were not shamed out of them were anger and sports joy. We will explore in other chapters how to promote body awareness. However, by the time we have arrived in Phase Two, you should have assessed for somatic awareness using body scans. You can also get clues to it from the client's reported response to mindful resources.

EMDR therapy is not a power think-think session with left-right stimulation. How are emotions experienced when a client is somatically dissociated? They are experienced as thoughts about feelings. When you ask, clients will often preface the response with, "I think I would feel..." With many clients who are disconnected from their bodies, you can help them become more embodied by having them do a "Dip Your Toe In" body scan, engage in a mindfulness exercise, then repeat the body scan. Encourage the client to repeat this several times a day. Tasking the parts of the brain responsible for monitoring the body in the present can be helpful in promoting more body awareness.

The Client Needs to Know How to Notice

Many clients with complex trauma will have no idea what you mean when you invite them to "notice" something internally. Approaching the body or experience from a place of curiosity is not generally something that has

been asked of them before. Learning how to ignore body sensations when those sensations are distressing or did not contain information helpful for survival is an understandable adaptation to trauma.

Noticing is the bright yellow line in the center of the EMDR road. When clients lose track of that task, there is no telling where EMDR therapy will take them, but it probably will not be to a productive place. Returning to the Tricycle metaphor developed earlier, noticing is the front center wheel on the tricycle because it is the task that clients are engaged in the most and where the majority of their efforts are spent. The task of noticing is introduced in Phase Two so that we can do it more easily and effortlessly in Phases Four-Six.

To help clients develop awareness of body sensations, I may give the client the following guidance when noticing something pleasant:

Scan your body and notice anything that is pleasant emerging from this resource. Observe its qualities. Does it have a shape, texture, temperature, impulse, or intensity? Just notice any qualities of it that are present, even for just a moment.

In preparation for the processing phases, explore what I mean by body-based noticing:

Scan your body and find the place of most distress and notice the qualities of that sensation. Is it still or moving? Notice its size and notice its boundary or its shape. Does it have a temperature or a texture? Is it heavy or is it empty? Notice its inside. Notice its qualities like you are about to draw or sketch it. When it changes, just follow it with your awareness.

The Client Needs Enough Adaptive Information

When EMDR therapy is effective, we are connecting stuck information into other adaptive information. Information connects to information in EMDR therapy. The information that is required for your healing needs to already be inside you and accessible to the parts of you that need to access it.

While there are many exceptions, it is common that the needed adaptive information may be held in the most resourced, adult, and “neocortex” parts. These may also be the parts that will struggle to be online and accessible when clients are flooded, otherwise overactivated, or

dissociated from the present moment. Strategies that help clients stay well within the window of tolerance also help parts of the brain communicate more easily with other parts, generally producing faster and more tolerable healing in EMDR therapy.

When it becomes clear that clients do not have enough adaptive information present in a reprocessing session to metabolize the information in the trauma, it makes sense to pivot to closure. We may have already tried interweaves to target the very deficits that are implicated in the present block. If the block is related to guilt, shame, blame, responsibility we may have used perspective-taking interweaves (for more information on this see Chapter 41: Where Clients Get Stuck and How to Intervene). If the block to the information moving is an attachment wound, we will pivot to an attachment figure resource as a part of closure.

The following list contains some of the places where clients get stuck in deficits of accessible adaptive information:

- It is not safe for me to feel / I can't show my emotions
- I am responsible for what happened when I was a child
- The bad things happened because I am bad
- I should have known the bad thing would happen
- I didn't stop it, so I am responsible for it
- Not being loved consistently means that I am unlovable
- I cannot trust that people are actually there for me
- I cannot trust myself to know what is good, true, or safe
- I do not deserve to heal
- I cannot tolerate noticing certain body sensations
- Parts of me hate and resent the kid parts of me

I am not aware of any comprehensive, easy, and reliable screening of adaptive information that would indicate adequate informational health to start EMDR therapy. Many deficits in adaptive information are revealed in how clients talk about themselves and the world. Also, adaptive information is not one thing. What is needed to resolve one category of memory might be different from what could be needed to resolve a different memory. Also, remember that a validity of cognition (VOC) of one roughly means, "no part of me believes that the positive cognition might be true." A VOC of one does not necessarily mean that we should abandon working on a memory in Phase Three (although you might

consider it if you confirm with a few clarifying questions related to the extremity of that belief).

Phase Two is often the most difficult phase of EMDR therapy. It is where the battle is won or lost. Hundreds of thousands of clients have seen EMDR-trained therapists and never moved past Phase Two. Without strategies to assess deficits and make concrete and sensible adjustments to address them, Phase Two is often where any hope of doing EMDR therapy goes to die.