

# **Chapter 34**

## **There Is Nothing to Figure Out Today**

In order to do EMDR therapy effectively, clients need to have enough of the needed adaptive information present somewhere in their system. EMDR therapy is the connection of stuck information to right-now existing adaptive information. However, this connection generally happens to the client as a function of slowing down, being present, and noticing deeply the distress that emerges. A lot of what clients typically notice in the first half (or more) of an EMDR therapy session is distress, and much of this distress is of the somatic type. It is highly likely that clients are trying to “make sense” of the trauma or are trying to bypass the somatic distress of it when adaptive thoughts strongly appear soon after they transition into Phase Four. I am generally skeptical of adaptive information when it shows up too quickly, too strongly, or when it does not appear as the shadow cast by a substantial amount of distress. EMDR therapy typically is a dive into distress. Some clients seem to pivot out of the dive the moment they break the surface of distress. This is important information to observe, and it may be necessary to inquire with the client about their comfort or capacity to simply notice the distress that appears instead of immediately trying to fix it or avoid it.

Clients inside EMDR therapy will typically default to the same processes and behaviors that they do when they get somatically activated outside of EMDR therapy. They will engage in these familiar behaviors despite clear guidance and instruction by the therapist to do otherwise. Clients whose default response to trauma is to try to figure it out or ruminate about it will do this in EMDR therapy. Clients who are accustomed to overactivating and then collapsing into a shutdown response will do the same in EMDR therapy. Clients whose core survival strategies are to avoid, not slow down, and not be present with distress are very likely to avoid, stay ahead of it, and disconnect from distress inside their EMDR therapy.

Again, our goal in doing EMDR therapy is to engage in processes that are different from the client’s usual, intuitive, and ineffective strategies. As

part of EMDR therapy orientation, it is helpful to explain something like the following (and you may need to repeatedly remind them of this):

EMDR therapy is different from our usual approaches to trying to make sense of trauma. There is nothing to figure out today. I'll remind the parts of you that want to make logical, rational, and reasonable sense of your experiences that most forms of trauma are inherently nonsensical. Also, you have spent decades thinking about your traumas, and there is nothing about thinking about them with bilateral stimulation that will allow you to purposefully make sense of them. One thousand years would not be enough time to try to make sense of them. EMDR therapy is not a power think-think session. In this approach to therapy, I'm asking you to do three very basic but central things: activate (but do not overactivate) a piece of a memory, notice what comes to you as a result of that activation, and do this while your nervous system receives a left-right stimulation. The core of this therapy is noticing. Noticing what comes is likely to propel you down the highway toward resolution. The things that you may need to heal might initially appear as a tiny green sign miles away on the interstate. Noticing moves you further and further down the road toward healing. Soon, exactly what you need to heal will come to you like a 30-foot green sign on the side of the road. The difference in EMDR therapy is that you did not construct the sign; you noticed your way to it. What you need to heal will come to you as a byproduct of noticing.

Noticing is the bright yellow line in the center of the road of EMDR therapy. If the client is spending a lot of time doing anything other than noticing, assume that reprocessing probably is not happening in the ways that are most effective and efficient.