One Eye EMDR

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In the most simple form, One Eye is the covering of one eye, noticing what the body is experiencing, and then switching eyes. When clients are exploring a distressing state, they often have different perceptions with one eye covered, or with the other eye covered. Do the usual assessments for dissociation, appropriate warnings, safe place etc. and then ask them to notice what they are feeling. Then I ask them to cover one eye and notice what they are feeling. Then I ask them to cover the other eye and notice if they feel the same or different. Usually, but not always, they have a different perception - visual, auditory, or kinesthetic. Noting this difference can be very beneficial to the client, as they notice:

1. Some part of them is not involved in the experience
2. that they can be curious about these differences,
3. sensation and memory can be more fully accessed from a 'curious' perspective.

1st question - how long to keep one eye closed? That would depend upon what is happening with the client, their personal sense of pacing, degree of discomfort - switch and notice... some people want to notice for longer than others, some people talk about their perceptions, others are noticing subtle differences and move through quickly. One client yesterday had back pain with one eye covered, but none with the other covered. We worked on the 'numbness' with one eye covered, and his pain resolved. He took most of the session slowly switching back and forth, his object being to resolve numbness and pain. His targetted issues will be addressed next session.
Each client is different, as is each clinician's style. One Eye adapts well to many approaches, and is hopefully geared to the needs of the client. The heart of One Eye is the difference of perception experienced with one eye covered, or the other. Often for a client without significant dissociation and high ego strength, the perceptual differences integrate (resolve) quickly with 5-6 switches. When the perception is the same with one eye covered, or the other, then the SUDS can be assessed again to determine what clinical response (if any) is required. I think EMDR is the response of choice when the SUDS remain high, and the client is willing to proceed. EMDR generally proceeds quickly and smoothly without looping and excessive distress.

The 'eye' with the low SUDS could be experiencing numbness, which would encourage me to clear this state (if the client has the ego strength to tolerate this) as this usually balances out the intense emotional response from the other 'eye'. In this case, the SUDS would go up in the low 'eye'. Usually there is no

distinct 'high' or 'low', but different sensations. As Rick and I have very different client groups, our experiences with One Eye
are quite different; however, differences between the eyes, and the process of integration between the two eyes (perception) are the same. As I have a client group which tends to score very high on multiple, early onset trauma, comprised mostly of First Nations people (Amerindians), my findings tend to be more differences of perception, rather than degree of SUDS alone.

The question "the client to cover the eye which ..had the highest SUDS rating, while alternately covers and uncovers other eye..."

Why? The object is to bring up sensation in the 'low' eye, or to reduce or eliminate numbness or any barrier to sensation. For some reason which I don't understand, very often covering the 'high SUDS' eye will give the client access to information about blocks or numbness. Covering and uncovering the 'high SUDS' eye will shift the block to processing - somehow 'evening out' the sensations. Sometimes this doesn't work, and I resort to other methods of shifting the block. For example - energy work, Educational-Kinesiology, and other work have methods for breaking through these barriers. The triple warmer (back of hand) is very helpful, as are Cook's hook-ups from Brain Gym which is an Edu-K text. There are lots of techniques, but the last resort for me is always Cross-Crawl where the client touches the elbow of the left arm to the right knee, and vice versa. For very dissociated clients, the cross crawl can feel very strange, but always brings them back out of numbness and spaciness- everyone hates it but they recognize that it works.

Linda, your question is how fast to do the covering and uncovering? Again, this depends so much on the individual client. Some people move quickly, noticing any shifts in sensation, and integrating from one 'eye' to the other. Other clients take more time. I usually encourage clients to cover and uncover 7 - 8 times, and this is often enough to shift the sensation to the low SUDS 'eye'. If it doesn't work in this time, it quite likely that some other method will be necessary. Covering and uncovering the high SUDS 'eye' is the first attempt, but there are lots of other possibilities. There is nothing that always works.
The next question, "move across visual field, slowly", I'm assuming this question refers to step 11 of the flow chart. This is the set up for doing the One Eye technique involved in 'glitch' work. This is a fairly complicated technique, and the book is designed to act as support for a workshop or training event. It is pretty difficult to get an idea of what we mean without ever having seen a 'glitch' or hold in the eye. Some people are doing this work, though, without benefit of a training, so I guess it is possible. If it seems pretty obscure, please don't feel frustrated, as it is complicated and somewhat difficult to learn from the book alone. If people are interested in learning these techniques, we will likely produce a training video or do a telecourse in the future.

I hope I'm right about your question Linda; please correct me if I'm wrong. Step 11 is outlining the procedure to doing 'glitch work'. The clinician slowly passes a target (finger, wand etc.) before the client's eye which slowly tracks across the visual field. Tracking once, done slowly and carefully, is often enough, but more passes can provide extra information. Go then to steps 12a or 12b depending upon the tracking you observe.

Your last question, about EMDR in each eye, I will leave for Rick. I would track a couple of times across each eye, checking for holds, glitches or 'dead spots'; watching for response to the negative cognition, positive cognition or any other stimuli. If both eyes appear to be tracking well, and the client is reporting the same sensations from each 'eye' then I go forward to check to see what the client needs.