

## **Suggested guidelines for teaching Eye Movement BLS**

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It is not unusual for some participants in EMDR Part 1 trainings to encounter initial difficulties with using EMs (Eye Movements) both as clients and as therapists in their practicums. For some "therapists" the hand movements are awkward, tiring or embarrassing and for some "clients" they are uncomfortable, strange or aversive. The result is that too often they "escape" to the easier to do forms of Bi-Lateral Stimulation (BLS) such as tapping or audio stimuli-especially in the artificial, self-conscious practicum setting where they may also find it easier to close their eyes. The consequence is that (too) many trainees then go out and prefer to use these alternative forms of BLS in their practices (-unless they take the route of purchasing technical aids like light bars).

Speaking to many colleagues from all over the world it is my impression that many (possible a majority?) regularly use these alternative forms of BLS and in some places this has even become the norm. I recall the survey that Philip Dutton made some years back reflected this trend.

As a die-hard EM advocate I think that this premature abandoning of the use of EMs is regrettable and quite avoidable if it was introduced in a more user-friendly way.

We are all taught and teach the sound reasons for preferring the use of EMs-most of EMDR research is based on the use of EMs; the possible links with REM; the evidence from independent research about the relaxation response, diminished imagery and affect vividness associated with EMs, etc. To this we can add the fact that the eyes have many rich connections to the brain and the predominance of visual information in our experiencing of the world -yet in practice many will tend to use the more convenient (but unsubstantiated by research) alternative forms of BLS.

Another characteristic of EMs as opposed to tapping or dichotic audio stimulation is the important fact that EM is an ACTIVE form of BLS which requires a continuous response from the client (usually tracking) so that it permits us to be more closely attuned to the client and the moment they turn their full attention inwards we see this immediately as they stop following our hand and then we can remind them to continue moving their eyes. In the other PASSIVE forms of BLS (tapping, audio) we do not have this cue to know when their attention to the BLS has ceased.

An essential condition for dual attention (or "one foot in the inner experience and one foot in the room /present safety") is that the client is attending to his recalled memory or inner experience while also attending to the here and now BLS. Continuous engagement in EMs during sets confirms this while the other common forms of audio or tactile BLS (earphones, tapping) do not allow us to monitor this aspect.

A further consequence and caution of resorting exclusively to the passive forms of BLS is the temptation to permit or even encourage Cs to close their eyes during BLS which then easily slides into trance and hypnotic state ways of working and possibly departing from the information processing model which should be guiding our EMDR methodology .

After facilitating at numerous EMDR trainings over the last 12 years and often noticing the above tendencies I have developed a more user-friendly way of introducing the EMs which increases the likelihood that trainees will continue to use them in their practice.

## STEPS

### 1- Begin with a positive attitude

Before introducing EMs remind yourself that using EMs in EMDR is the preferred form of BLS and that 90% of people can learn to use EMs effectively. Encourage a positive attitude that this will work.

### 2- take time to practice the mechanics

During preparation phase 2, immediately prior to the Safe Place exercise, take time and patience to simply practice the mechanics of EMs on their own with no other focus (single attention) in as comfortable manner as possible.

### 3- optimal positioning for minimizing effort and strain

This means optimally positioning yourself as close to the client as is acceptable so that the range of your hand movements and effort required will be minimal (laws of physics). The way I do this is to assume that logically the closest comfortable distance would be the same distance at which we would for instance read the manual. So I use this rationale and give C a manual to hold out at a comfortable reading distance in front of their eyes and then suggest this distance or slightly further for positioning my hands to do the EM. I find 100% acceptance of this distance when presented in this way.

A common mistake that is made is to end up too far from C so that a broad amplitude is needed to accomplish the EM and when this is done from extreme left to extreme right quickly it is both difficult if not aversive for C and very tiring for the Therapist. C may also be concerned that the therapists arm may become fatigued. No wonder they can't keep it up (unless they are tennis players or violinists).

### 4- graded increase in speed and amplitude and length of sets

Make initial movements slow, not yet extending to the extremes of the visual field. The speed and latitude can be gradually increased as C gets the idea. Eventually (but there is no rush) we want to get to the fastest speed which is acceptable for C. The reason for this is that it is only at the faster speeds that the tracking EMs begin to resemble saccadic EMs – which is in fact the

original discovery -during that walk in the park- that of saccadic EMs in which the eyes jump from side to side.

**5- inform about alternative forms of BLS WITHOUT asking “ which do you prefer?”**

(its like asking a child if they want desert or greens first) because at this early stage of their experience of BLS of course the passive forms may seem easier or more comfortable but we are the experts and know why EMs are preferable so at this stage I find it best to simply present them as possibilities while starting with Ems as the basic standard – nevertheless remaining sensitive to genuine discomfort.

We want the trainees to leave the training with a positive attitude to EMs having both experienced them in a comfortable way as “clients” and acquired the technical ability to use them effectively as “therapists”, in the practicum.

### T-E-A :An innovative lo-tech multi-modal form of BLS

In my supervision groups and Part 2 Facilitation I come across many folks who have largely abandoned EMs and work mostly with tapping or audio BLS. In my endeavors to return these stray tappers back into the EM fold I have developed a lo- tech way to accomplish saccadic EMs together with hand taps (or pulsers) or headphones.

It began by asking the therapist to simply instruct the client to look at each hand while it was being tapped –thereby moving their eyes from side to side. Of course they may need to adjust the speed of the tapping to be appropriate but if they closely observe C’s eyes while tapping they can quickly attune themselves to optimal speeds for C.

Therapists and clients find this relatively easy to do without tiring.

Similarly Ems can also be re-introduced to accompany Audio BLS by simply asking clients to move their eyes together with the audio signal (eyes open or closed) using the signal as a cue for pacing.

In this way even if the therapist uses Tactile or Audio stimulation as their primary BLS we can encourage using accompanying Eye Movements to retrieve the advantages of EMs outlined above, while still being performed in a relatively easy user-friendly way.

An important point to stress is that there are individual differences in modality preferences and styles of processing for both clients and therapists so that the flexible therapist will have a tool box of alternative forms of BLS when necessary. The T-E-A form described above has the obvious advantage of including 2 (or 3\*) simultaneous modalities in a user friendly way which ensures that EMs are not neglected because it includes a simple way of adding the use of EMs while tapping or listening to headphones.

I encourage all EMDR therapists to try out the various forms of BLS themselves to experience these possibilities and find out which work for them –which is their cup of T-E-A.

\*[If the hands are placed on a solid surface (eg corner of a table. arms of the chair or tray on lap), spaced widely enough apart and the therapist taps in a manner that produces a drumming sound too -then we have accomplished the ultimate lo-tech BLS in 3 simultaneous modalities:  
EM, Tactile and Audio (T-E-A)! ]

