

Eye Movement Integration Therapy  
The Comprehensive Clinical Guide  
Book review by Dr. Graham Dawes

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With this book, Danie Beaulieu has taken the NLP literature to a new level. Many psychotherapists in the NLP community have long wished for an NLP book they could comfortably share with their mainstream colleagues. Here is one that should pace mainstream expectations. It is scholarly in the best of senses, evincing a measured and meticulous thoroughness (every bit as comprehensive as it claims) whilst still being a pleasure to read. Quite a combo.

Eye Movement Integration (EMI) was developed by Connirae and Steve Andreas in 1989 to treat traumatic memories. Though it must have featured in their many NLP trainings of the time it was, to my knowledge, only available to a wider public through a demonstration videotape of Steve at the Ericksonian Brief Therapy Conference of 1993. Consequently, it might have pretty much blipped out of existence had not Danie Beaulieu, with the Andreas's blessing, made it her mission to give what she considers a method "as important as the advent of penicillin" a wider public presence. (Yes, the bit about penicillin may be uncharacteristically excessive, but Dr. Beaulieu clearly sees EMI as far more than just another NLP technique.)

Though eye movements have been indelibly linked to NLP, with the eye movement chart as the NLP icon, their importance has lain primarily in what they can tell us about someone else's experience rather than in how they can be used to assist that person. There are some counter-examples: intentional use of eye movement was advocated in early texts on strategy installation; long ago, Grinder recommended eye movement drills to increase the sensory system flexibility of practitioners; and more recently, doubtless influenced by NLP, enthusiasts for one of the energy therapies (BSFF) created a process which applies its treatment to all eye positions (called iSt9x9). Nonetheless, eye movements have generally been considered more part of the information gathering and access phase than of the change process itself.

For most people the therapeutic use of eye movements is associated not with NLP but with Francine Shapiro's Eye Movement Desensitization and Reprocessing (EMDR). That method, though, favours rapid lateral movements while EMI uses

much slower movements designed to connect all the eye positions. The importance of connecting all eye positions is based on the NLP theory that the various movements of the eyes access different sensory systems and, therefore, different areas of neurology. Added to this is the EMI assumption that a traumatic experience remains unintegrated in a person's life precisely because it is isolated, both in their neurology and in their thinking. The principle behind EMI is that "all the relevant multisensory dimensions" are required for full integration of the disturbing experience and thus the aim of the eye movements is to create "new linkages between different types of sensory, affective, or cognitive information." The result does not extinguish the memory of what happened but it does strip off the emotional charge that was causing all the problems.

Danie Beaulieu was present at Steve Andreas' demonstration to that Ericksonian Foundation Brief Therapy Conference ten years ago. She saw him work with a Vietnam veteran plagued by flashbacks. Though the man is not all that expressive it is clear enough that these flashbacks are very disturbing, yet at the end of 45 minutes of guided eye movements he says of the tracers, arcing over the battlefield of his internal imagery, that "they are pretty." Dr. Beaulieu, who had not had an NLP training at the time, was left puzzled and frustrated. She didn't know why what had happened had happened.

In addition, Steve implied that the audience members (clinicians all) could go off and do this themselves with the benefit of his handouts. As Dr. Beaulieu puts it, "From my training, I was used to absorbing a good five hundred hours of theoretical information before putting it into practice." That makes her frustration understandable.

But it became a fruitful frustration, and much to our benefit as it seems to have motivated her investigative plunge into EMI. Additionally, the rigours of her prior therapeutic training doubtless encouraged the thoroughness of her pursuit and the care with which she elaborates the EMI process for the reader.

On the videotape, Steve says that what he does is very different from EMDR. One difference he mentions is that "She [Francine Shapiro] puts it in a whole treatment context. I don't." Dr. Beaulieu, however, does put it in a whole treatment context (and, as a measure of her thoroughness, she also took training in EMDR to permit a contrastive analysis with that method). It's all there in the book, the whole treatment context from soup to nuts. All that's missing is the experiential element, which doesn't fit between book covers, and that she provides in training workshops.

Additionally, there are two substantial sections: one on the nature of trauma, and the other on the research literature that hints at the mechanisms behind EMI. Both are excellent expositions, and her discourse on trauma could be recommended to any clinician regardless of their treatment preferences.

Historically, the extension of the term "trauma," and its range of application, has taken it from a rarity to a commonality. Initially, the concept of a psychological trauma was reserved for when something quite out of the ordinary had been visited upon its victim, by Nature or by other people. More recent is the label of PTSD, with its list of diagnostic criteria. But the recognition has also spread that much less extraordinary circumstances can have lasting and problematic consequences; indeed, that the slings and arrows of outrageous fortune which even the most ordinary life is heir to can leave disturbances in their wake, which mimic, to a degree, the sequelae of PTSD. Dr. Beaulieu embraces this broader view of trauma when she defines it as "any experience that leaves an imprint that continues to give rise to negative effects and recurrences in one or more of the sensory, emotional or cognitive systems." It is for the full range of such conditions, from flaming trauma to simmering pique, that she counts EMI the most effective remedy she has found.

The wide-ranging application she proposes for EMI is not unfamiliar in NLP. From the early NLP days it was recognized that the much-vaunted phobia cure (in its various guises) was useful for a great many more conditions of distress and discomfort than would meet a clinical definition of phobia. When things trouble us, or there is hindrance to our designs, there will usually be an emotional component lessening our ability to resolve them. Dr. Beaulieu makes a good case for the effectiveness of EMI in such instances. This suggests the method could take its place as a major component of NLP, as well as being a major contribution, from the NLP field, to the psychotherapeutic community at large. This is clearly what Dr. Beaulieu would hope and, in her book, she does all she could have to realize that hope.

Dr. Beaulieu's achievement is so impressive it seems mealy-mouthed to be picky about this or that, but what's a critical review without a cavil or two. So here goes: In the section on how to establish a resource state anchor, Dr. Beaulieu gives five questions designed to help the client access a resource state. These could be better constructed, usually by switching to an injunctive mode. For instance, the first such question, "Was there a time when you had a distinct feeling of hope, courage or strength?" opens to consideration the possibility that there was not. The question

seems contaminated by obeisance to the social niceties. A question like, "When have you had a distinct feeling of hope, courage or strength?" points its hearer more directly toward the access intended. Concern about a direct question sounding rude is misplaced as it can be mellowed by manner and tonality. (As an aside, Dr. Beaulieu introduces a new term, to me at least, when she uses the pleasingly metaphoric "anchorage" to denote a resourceful state triggered through anchoring.)

When the term "submodalities" is first used it is not defined. Subsequent mentions do include examples from which its meaning might be deduced, but the unfamiliar term could, nonetheless, trouble a non-NLP reader. Writing of "reframing," she gives the (mistaken) impression that the term was an NLP coinage, and compounds this by citing, as its most common usage, what is better known as the V-K Dissociation technique.

To quibble on, the lack of an index will annoy some, though the orderly layout of chapters is such as to make an index fairly redundant. Lastly, an appendix gives us a research article by Dr. Beaulieu (a good thing) but no indication of whether or where it was published.

These are all minor matters in what is a substantial work of considerable worth. Danie Beaulieu is a careful writer and gives the impression of being an equally careful clinician. What she has fashioned in this comprehensive book will reward any NLPer interested in personal change, even as it sets a precedent for how to introduce NLP approaches to a mainstream psychotherapy audience. She is to be congratulated.

Dr. Graham Dawes was a founding director of the UK Training Centre for NLP (the first NLP training centre outside North America) and, with David Gordon, is co-author of *Expanding Your World: Modeling the Structure of Experience*.