

EYE MOVEMENT “GLITCHES” AND SLOWER PASSES:

The importance of observing how the eyes move during EMDR

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This is a note on the relationship between the resolution, in EMDR, of a problem or target issue and the degree of freedom, or smoothness, of eye movements. It is my observation that when the eyes can move freely and steadily, on a path without “glitches” (without stops and starts, roughness, blinking or jerkiness), it is likely, if the client has been attending to the target issue and not dissociating, that the issue is resolved. Eye “glitches” are usually related to the experience of an uncomfortable memory or part of a memory or idea which is still being held. Therefore, it behooves the therapist to observe closely the ways the eyes move. The way the eyes move can be seen as a metaphor for the style and amount of holding on to a negative pattern, belief, or memory that the brain is doing. Typically, we have worked with the beliefs, feelings, and memories a client reports to us verbally. I would suggest that we can also go in to those states nonverbally and change them by working sometimes only with the eyes, without words. I will outline some ways the eyes may be worked with to free them up and thus, to free up and resolve the negative internal state or pattern.

When you notice these glitches during negative cognitions, this is natural and they may smooth out automatically with more passes. However, when you notice them during positive installations, it may indicate there is something left – some doubts, an unprocessed part- which will impede the full installation of the positive cognition. In this case, the client cannot quite let the disturbing pattern go which is reflected in the way the eyes seem to “hold on”, to not move freely, and appear to want to do something else besides follow the hand easily. This is a useful indication, in addition to the VoC rating, that the positive statement is not yet fully believed. When you observe a glitch you may remark on it, ask the client if there is something unresolved that wants to be reported, and go back to work on the unresolved issue before coming back again to the positive installation.

Or, nonverbally, you may slow down the back and forth movement of your fingers, “dancing with the glitch” in an aikido- like way, back and forth at the place where it occurred, and then continue in longer passes (or a circle, see below) until the glitches are smoothed out. I slowly move my hand back and forth two or three times on the particular place on the path where the glitch is occurring before moving on. (As in verbal psychotherapy, it is of course important to convey being nonjudgmental and connected with the client in the way the hands move and leads the eyes- it is not a power struggle.) This change in hand movement conveys acknowledgement to the client that I know there is something disturbing still there; it is likely something which holds on to the old pattern and corresponds to a negative belief, discomfort, or memory. Briefly moving my hand back and forth, slowly, near the point of the observed glitch, also conveys both acceptance of that fact and my patience with it. Acceptance evokes change. The client senses what is happening within, and that the repeated passes at the point of the glitch are changing something. (The therapist does not have to know what it is; indeed, more may come up in the client’s consciousness if he or she knows he or she does not have to report on it.) This acknowledgment may itself be experienced by the client as so deeply affirming that he or she lets go- toward a smooth, free movement of the eyes and corresponding shift in the internal pattern. I continue this, stopping and leading the eyes back and forth in short movements at each glitch, until the movement of the eyes along a line, in both directions, is smooth and without glitches.

Of course, if the client develops an abreaction during one of the slow, back and forth passes, the eyes should be kept moving, as taught in the trainings, or the client may become retraumatized.

On “controlling” eye behavior and slowness of passes: During the installation of a positive cognition with the one client, her eyes became “controlling”, that is, the movement had a quality of “holding on” or holding back, though the phenomenon was subtle. Thus, when I moved my hand forward, the eyes did not come with it, rather they held back, seeming to want to go slower; they also jerked forward and back along the trajectory my hand was following. I guessed it was because she could not fully believe the new positive statement on which she was focusing (she corroborated my guess afterwards). I then moved my hand more and more slowly, matching my speed to hers, moving even slower, and continued until the movement of her eyes seemed freer. I also made a comment of encouragement and this seemed to help free up her eyes. We ended when her eyes moved freely. This corresponded to a look of pleasure on her face which was in contrast to the fear or worry I had seen in the earlier part of the positive installation. She also reported feeling “good”. This was without speaking about or going back to process any of the conscious connections she would have made to the “resistance” of her eyes to moving freely. Again, the dialogue here during the installation was, on the whole, a wordless “movement” dialogue, the therapist conveying acknowledgement, acceptance, and “staying with” the client by how she directs the eyes with her hand.

Observations on the use of the circular movement: The smoothness of the eyes in a circular pattern may be diagnostic when used at the beginning, and evaluative when used at the end, of the session if the therapist pays attention to the glitches: blinking, jerking, roughness of movement, and holding on, as the eyes attempt to follow the hand in a circle. The glitch typically corresponds to an internal negative pattern, idea or feeling. If the circle is used at the beginning of the session, the therapist can, having commented on a glitch, say, “Focus on what you are experiencing now”, then lead the eyes, more rapidly, side to side or in a diagonal, returning to the circular to check for smoothness or glitches. If a glitch is repeated, you may find it will be reflected again and again in exactly the same spot on the circle; you can repeat your brief back-and-forth passes each time you encounter it. You can check with the client on this for content. However, using this procedure without commenting on it is especially useful when the client does not particularly want to tell you what is going on; she or he may have been surprised by what comes up and embarrassed. (Again, I think when it is agreed beforehand that clients do not have to tell you all of what is going on unless they want to, more may, in fact, come to consciousness and become available to be worked on.)

When you use the circular movement at the end of a session to tie things up and integrate the work, watch for the glitches. Move slowly. Make a brief, slow, backward pass whenever you see a glitch in the circle, then continue onward in a circular trajectory in the direction you were going. I recommend starting at the top, going around and stopping when you reach the top again; then reversing direction, rather than moving round and round in the same direction. Note: The circle should have a wider diameter, to the degree that the eyes need to stretch a bit in order to follow, and the eyes should be in the center of it.

Summary: When you observe glitches on the smooth path of hand-eye movements you, as therapist, see where, and that, a left-over issue is occurring. By noticing the glitches, using slower hand movements, and aikido-like “dancing” back and forth at the point of the glitches, you can alert the client that some discomfort is still there, convey your patience, acknowledgment, and acceptance, and affirm that you as therapist “get it” or receive (are trying to convey- to the point where the eyes let go, resulting in a smoother movement path and a seeming corresponding release in the brain’s thinking/feeling patterns. Therefore, in the context of a good, established, therapeutic setting, the dialogue between the therapist’s hand and the client’s eyes may at times be a changing and therapeutic activity by itself, without words.