

## *Facilitating Abreactions<sup>1</sup>*

Some Clinicians may already be skilled in working with abreaction which is great, however for the clinicians that want to learn more, Francine Shapiro (2018) highlighted a number of points (adapted and in brief)

- EMDR processing is not making people distressed it is helping the client release the distress that the client is already holding. It shows that the dysfunctional material is being metabolized. It is helpful to express this to clients prior to processing and serves as reassurance to you both that this is ok and remains a safe space despite the level of emotion.
- An abreaction has a beginning a middle and an end. In my own experience, I have observed clients' emotions coming in waves, getting stronger and then easing off, explaining to the client that this may happen also serves as reassurance that emotional release is ok. EMDR allows processing at an accelerated rate and whilst clients may experience a high level of distress it passes much quicker than the original event. Shapiro suggested that the distress should dramatically reduce within 10 – 20 minutes.
- As the abreaction dissipates the dysfunctional material is simultaneously resolved. Within EMDR the processing of disturbing material and the release of distress are signs of emerging health. If the target memory is resolved within the 60/90-minute session, the high level of distress will not generally re-emerge in the following sessions.
- The client is relying on the therapist to provide a sense of safety and emotional stability within the session. A sense of detached compassion is needed (avoid becoming too immersed in the disturbance). It is a good idea to check in on yourself, after the session, asking “has this triggered me and my stuff?” if it has then some of your own therapy may be needed, or self-administered EMD/EMDr for self-care at the end of the session. To prepare for intense emotion, imagery can be used by visualizing a healing light around the client and a protective bubble around yourself, as well as a reminder that the emotion is a release and a sign of emerging health.
- Follow the golden rule “Do unto others.....” Ask yourself what kind of support you would want, if you were suddenly immersed in emotions and physical sensations from childhood trauma. It is important to convey an atmosphere of nurturing and trust, giving reassurance in a calm, caring supportive way. E.G. “That’s it, you're doing fine”, “just notice”, “It’s just the scenery”, “that was then, this is now, you are safe now”, “It’s ok to release this emotion that you have held for such a long time”.

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<sup>1</sup> See Lynne Douglas on <https://www.etsy.com/uk/shop/HealthyMindsHub>

- Remind clients before treatment that they are safe in the present. To allay fears it is helpful to remind clients that it is “old stuff”. Aspects of the target event can be observed and controlled in the same way as a recording on a TV screen, the client has the controls, for if the client holds their hand up or turns away the clinician stops the BLS and the movie stops. The aim here is to allow the client to experience it whilst remaining in control. A reminder of the train ride metaphor is also helpful, in which the client is the passenger and the scenery passing by is the old stuff. Another useful metaphor is likening processing to a car driving through a tunnel, to get through quickly the client needs to keep their foot on the accelerator (the accelerator in EMDR is the BLS) to speed up the processing of the information. If the client begins to cry and you are using eye movements change modality if needed but keep going if possible, always respecting the stop signal.
- Clinicians need to read the client's non-verbal cues that may indicate a new plateau and indicate that the set can be ended. Indicators include – changes in eye movement, facial tension and colour, body posture, and breathing rate. Continue 5 to 10 seconds after noticing these changes in order to allow these changes to become integrated. Shapiro explains that clients need time to climb up and onto a new plateau, however, the climb may be too long in any one set, so you may want (pause take a breath) what do you get now? “Go with that”.
- Reasons for breaking the processing into sets – To provide an opportunity for feedback and assess if the processing is taking place. To allow the client to experience new revelations and verbalize them. To reorientate the client to the present. To reinforce to the client that they can go into and come out of the memory at will. To allow reassurance and encouragement. To give the clinician an opportunity to assess whether additional interventions are needed.
- Reinforce the client's dual focus of attention. Making sure that the client is grounded in the present whilst accessing memories from the past. Keeping the client present – Speeding up and slowing down the eye movements, changing direction or modality from one set to the next, adding walking movements (whilst sitting) to other BLS for example butterfly hug.
- During abreaction, treat a sense of dissociation like any other emotion that presents itself to be processed.
- Clinicians can try to decrease the level of disturbance by visual manipulation of the target memory, changing it to a still photo, changing to black and white, putting a protective glass between the self and the memory, imagining the adult self holding the hand of the child self, move the image further away. The aim here is to reduce the level of distress to begin the processing. If the level remains too high, return to

resourcing. Clinicians trained in Flash Technique use it to reduce the level of SUDS and then return to EMDR.

- Shapiro advises not to move in or try to touch the client during abreaction but to offer a hand for them to hold if they choose/want to. Clients may be asked to bring items into their therapy session such as a toy, stuffed animal, or talisman, something that gives them a greater sense of safety.
- If clients can not continue with eye movements change to other forms for stimuli. For many people who are working online now, butterfly hug is a great alternative, however, you can be creative here, especially with clients who may have physical disabilities. Foot taps, sounds, and smells as long as you can get bilateral stimulation, be mindful that may be harder to notice when clients are too much in the memory, with eye movements if the client stops tracking that is an indication that they are too much in the memory. Whilst working online I find it helps to ask the client to “pause, take a deep breath in and out, (observing that they follow your instruction) what do you get now?” you may need to ask “are you still present?” “Are you with me?”. Keeping eyes open whilst processing also helps to keep clients grounded in the present.
- Looping is when clients evidence high levels of emotional distress and report the same image, emotions, and sensation in successive sets. Ideas to overcome this are - change in speed, modality, and interweaves, if these have not been successful then it is likely a feeder memory (use bridging/float back to earlier target) needs exploring. For newly qualified clinicians, close the session down safely using the safe place of other resources and seek supervision as needed.