

# AMERICAN HYPNOSIS TRAINING ACADEMY (AHTA, Inc.)

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By: Ron Klein

**EYE MOVEMENT INTEGRATION™ (EMI)** is a practical, short-term intervention for treating *post-traumatic stress, anxiety, phobia and other presented issues*. It is a future-oriented, solution-focused approach that can often produce lasting results within one to three sessions. **EMI** is an application of the Neuro-Linguistic Programming (NLP) behavioral accessing cues and the pattern interruption techniques described by Richard Bandler and John Grinder(1975-8). These behaviors include postural shifts, changes in breathing, facial muscle tonus and most importantly, *eye movements*. The therapeutic significance of the eye movements and interrupting habitual behavioral patterns or sets became apparent when they modeled the work of Milton H. Erickson, M.D. in the mid 1970s. The eye movement pattern interruption technique, itself, resulted from the work of Robert Dilts in the field of NLP in 1979 and 1980 (*Roots of Neuro-linguistic Programming* 1981). The technique was augmented by Steve Andreas, M.A. and Connirae Andreas, Ph.D. in 1992. The term *Eye Movement Integration™* was originated by Connirae Andreas. The present form of **EMI** being taught at the American Hypnosis Training Academy's AIM Seminars, was subsequently developed by Ron Klein, M.C.S., CMH, Certified Trainer NLP.

The essential idea Bandler and Grinder proposed is that different parts of the brain are being stimulated as the eyes move in various directions. They also suggested that people move their eyes systematically, depending on the kind of thinking, or mental processing, they are doing. Eye movements are not only indicative of mind/brain processing, they are also a means by which these functions are activated. By inviting clients to move their eyes in designated directions, they are consequently, altering the way they mentally processes information. The therapist can guide the client's eye movements by giving verbal instructions, or nonverbally, with hand gestures. Each point to which the eyes are directed corresponds to a different mode of mind/brain processing. In addition to the interruption of the client's behavioral set, the use of systematic eye movements facilitates reprocessing of remembered information or mental representations, while simultaneously accessing inner strengths.

There are a number of other change-generating elements involved in the *Eye Movement Integration™*. A positive mind set is created as the therapist establishes rapport and explains the procedure and it's expected beneficial outcome. Because the client is instructed to deliberately think about the problem (paradoxical intention) a sense of self-control is being encouraged as fluctuations in the intensity of associated emotions occur.

Another fundamental change-producing component of **EMI** is the use of therapeutic dissociation (Visual-Kinesthetic Dissociation procedure, Bandler and Grinder, 1978). The therapist directs the client to think about the problem representation or memory as if he or she is an observer. Therefore, the client is not associated and revivifying the memory of the problem content, but is, instead, observing it from a third party position. The "observer" position provides the client the opportunity to view, think about and cognitively restructure problematic memories or mental representations without being flooded with negative emotions. Therefore, because **EMI** does not invite or require regression, the concerns relating to false memory can be avoided, and the chance of re-traumatizing the client is greatly lessened

Moreover, dissociation can also spontaneously modify the quality, or submodalities (Bandler, 1978-9) of the client's internal mental representations. These qualitative alterations can occur in the visual, auditory and kinesthetic modalities. A few examples are: the *visual representation* can become smaller, acquire a frame, lose focus, change from color to black and white, or from a movie to a still photograph, etc.; *auditory* changes can occur in tone, tempo, and volume, etc.; the *kinesthetic* sensations can become warmer or cooler, soft or hard, tight or loose, etc. The temporary perceptual shift from associated to therapeutic dissociation, along with the submodality changes mentioned above, can lead to alternative, helpful understanding while simultaneously reducing, if not eliminating, related undesirable emotional response(s).

Finally, during the **EMI** procedure, change is stimulated because there is a three way division of attention as the client is asked to attend to all the various facets of the intervention simultaneously. *First*, he or she is being asked to visualize a younger self going through the problematic incident on an imagined movie screen from an objective perspective. *Second*, the client is being instructed to follow the therapist's finger, or target, as it is being moved across the plane of the client's face. *Third*, the client is being asked to scale the level of discomfort (Subjective Unit of Distress, **SUD**) repeatedly.

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