

# International Journal of Psychology Sciences



ISSN Print: 2664-8377  
ISSN Online: 2664-8385  
Impact Factor: RJIF 5.26  
IJPS 2024; 6(1): 82-92  
[www.psychologyjournal.net](http://www.psychologyjournal.net)  
Received: 11-03-2024  
Accepted: 18-04-2024

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## The effectiveness of eye movement integration therapy into practical application

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DOI: <https://doi.org/10.33545/26648377.2024.v6.i1b.46>

### Abstract

Eye Movement Integration (EMI) therapy, a relatively new approach, is gaining recognition for its effectiveness in treating trauma and traumatic events. Numerous studies highlight EMI's efficacy, emphasizing its roots in Neuro-Linguistic Programming (NLP). This study aims to investigate EMI's practical clinical applications. Developed by Steve Andreas in the 1980s and promoted by Daniel Beaulieu, EMI uses eye movements to facilitate the integration of traumatic memories, differing from EMDR by focusing on integration rather than desensitization. EMI incorporates elements of body psychotherapy, NLP, Gestalt therapy, hypnosis, and energy therapies, providing a comprehensive approach to trauma treatment. By reprocessing traumatic memories through guided eye movements, EMI promotes emotional and cognitive integration, significantly reducing trauma symptoms. This study explores EMI's application, particularly its benefits in treating trauma in various populations, including older adults and children.

**Keywords:** Eye movement integration, NLP, desensitization, trauma therapy, therapeutic integration

### Introduction

Eye Movement Integration Therapy (EMI) is a therapeutic technique originally developed by Steve Andreas in the 1980s. Andreas, known for his contributions to Neuro-Linguistic Programming (NLP), sought to create a technique that would integrate traumatic experiences using eye movements. EMI appeared as a method for reprocessing trauma and emotional difficulties, using eye movements to help the connection and integration of information in the brain. Moreover, Daniel Beaulieu has been one of the main promoters of EMI, contributing to its dissemination and development. Beaulieu delved into the neurobiological aspects of the technique, proving how eye movements can influence memory processes and emotional integration. His book, "Eye Movement Integration Therapy: The Comprehensive Clinical Guide," is a fundamental resource for understanding the theory and practice of EMI. Minnie Loubser and Elton Kazanxhi have further expanded the practice of EMI, adapting and integrating it with other therapeutic techniques. Loubser has worked to spread EMI in South Africa and Europe, while Kazanxhi has focused his efforts in the Balkan area, promoting EMI in Italy, North Macedonia, and Albania.

EMI is based on neurotherapeutic principles that involve the reprocessing of traumatic memories through eye movements. Eye movements help stimulate the parasympathetic nervous system, promoting a state of relaxation and allowing the brain to reprocess and integrate traumatic experiences more functionally. This process is like that used in EMDR (Eye Movement Desensitization and Reprocessing), but EMI is distinguished by its emphasis on integration rather than desensitization.

### Points of Conjunction with NLP, EMDR, Hypnosis, and Body Integration

EMI shares several principles with other therapeutic techniques. Like NLP (Neuro-Linguistic Programming), EMI uses eye movements to access emotional and cognitive states, helping change through the reorganization of internal representations. Like EMDR, it uses eye movements to reprocess traumatic memories, but EMI focuses more on the integration of experiences rather than just desensitization. Additionally, EMI employs hypnotic techniques to induce a deep state of relaxation, allowing easier access to traumatic memories and easing their integration.

The EMI currently developed in Italy incorporates elements of body psychotherapy, using movement and body awareness to ease emotional and cognitive integration. Furthermore, in Italy, EMI has been further developed by a team of therapists who have created a five-point model that encompasses five different psychotherapeutic approaches:

- **Body Psychotherapy:** Uses body awareness techniques to reprocess trauma.
- **NLP (Neuro-Linguistic Programming):** Integrates techniques for cognitive and emotional reorganization.
- **Gestalt Therapy:** Focuses on present experience and the integration of dissociated parts of the self.
- **Hypnosis:** Uses trance states to facilitate access to and reprocessing of traumatic memories.
- **Energy Therapies:** Incorporates energy balancing techniques to support the healing process.

Today, EMI draws inspiration from the interpersonal neurobiological model, which views the brain and body as an integrated system influenced by interpersonal relationships. This model emphasizes the importance of social connections and secure attachment in healing trauma. By integrating various therapeutic techniques, EMI aims to offer a comprehensive approach that considers the individual, helping the reprocessing and integration of traumatic experiences at a neurobiological level.

Developed by Andreas on 1989, (Beauleu, 2003; Albeck, 2005<sup>[3]</sup>; Struwig & van Breda, 2012; Kazanxhi & Ricci, 2019; Visagie & Keet, 2022), <sup>[73]</sup>, <sup>[3, 57, 30]</sup>, as Beauleu (2003) <sup>[3]</sup>, on her book report that for many people Eye Movement Desensitization and Reprocessing Method (EMDR), which as she explains, in EMDR favors and uses rapid lateral movements while EMI uses much slower and with more movements connecting all eye positions (Andreas, 1989) <sup>[2]</sup>. She defines EMI as a therapeutic approach radically different from any other before and known on her therapeutic work and practice. As she explains EMI is known by its nature since it uses guided eye movements to help a client to access recorded information in all its multisensory, cognitive and emotional forms. As explained by Beaulieu, EMI recruits these resources to the integration and resolution of distressing experiences and their problematic psychological consequences. The impressive efficacy and rapidity of EMI derives from its ability to help the mind do precisely what it was designed to do: heal itself using its own inner resources. That is for she assumes and strongly confirms that EMI, can access in many problems which other NLP and therapeutic approaches have failed since they do not know and cannot access in deeper problems or source of clients' distress and torments as she calls. She defines EMI as "an effective treatment for all distressing and recurrent memories that create negative impacts in any sphere of a person's life, regardless of how they manifest their adverse influence" (2003).

Visagie & Keet (2021) <sup>[73]</sup>, referring to the Beauleu job and Andreas (1989) <sup>[2]</sup>, contribution explains that this approach implies that our nervous system continuously transmits information to and from our brain. Our five senses help to gather, filter and store the information. Our perceived reality is a result of how information is processed through our nervous system, leading to our understanding of the experience. As they assume there is therefore a direct link between our thoughts and experience of reality, and how

information is received through our senses (Visagie & Keet, 2021) <sup>[67]</sup>.

### Induced eye movements

Induced horizontal eye movements (EMI) have been studied in the context of understanding and treating PTSD (Shapiro, 1999) <sup>[53]</sup>, in which fearful and traumatic memories are central (Davidson & Parker, 2001) <sup>[12]</sup>; EMI have been shown to lower the vividness of mental of images from autobiographical memories of negative events (Gunter & Bodner, 2008; van den Hout, Engelhard, Rijkeboer, *et al.*, 2011; van den Hout, Engelhard, Beetsma, *et al.*, 2011) <sup>[23, 60]</sup>. EMI influenced psychophysiological parameters (Schubert, Lee, & Drummond, 2011) <sup>[52]</sup>, and the startle reflex during the recall of such memories (Engelhard, van Uijen, & van den Hout, 2010) <sup>[15]</sup> showing less reactivity. In addition, EMI lowered vividness and emotionality of distressing images about feared future events (Engelhard, van den Hout, Janssen, & van der Beek, 2010) <sup>[15]</sup>, and of positive memories (Engelhard, van Uijen, *et al.*, 2010; van den Hout, Muris, Salemink & Kindt, 2001) <sup>[15, 61]</sup>. Although most studies induced horizontal EMI, vertical EMI have similar effects (Gunter & Bodner, 2008) <sup>[23]</sup>. Indeed, the effects do not seem unique to (Horizontal) EMI but have also been generated with other tasks, such as playing the game Tetris (Engelhard, van Uijen, *et al.*, 2010; Engelhard, van den Hout, *et al.*, 2010) <sup>[15]</sup>, although the effects of auditory stimuli (beeps) were smaller (Van Den Hout, Muris, Salemink, & Kindt, 2001) <sup>[61]</sup>. All these effects are best explained by a WM account in which the EMI demand WM space as a competing task.

### An Exploratory Study on the Use of Eye Movement Integration Therapy in Overcoming Childhood Trauma

Traumatized children are therefore often left to deal with their trauma on their own, which may result in them becoming overwhelmed with painful thoughts and feelings. Mental health problems in children generate costs for parents, government institutions, and nongovernmental organizations (Graeff-Martins *et al.*, 2008) <sup>[19]</sup>.

EMI's brevity holds benefits for social workers and for clients and their families. Clients may experience relief from their trauma symptoms in as little as one session (Beaulieu, 2004), making it a cost-effective intervention. Contemporary knowledge of neurobiology helps social workers to give community-based services to families that are at risk from a holistic, biopsychosocial perspective (Shapiro & Applegate, 2000) <sup>[59]</sup>. The neurobiological effects of trauma are important to understand because EMI is a neurotherapy that focuses on the integration of trauma memories. The biological systems and neurotransmitters involved when a child is confronted with a threatening situation are multiple and complex (Briere & Scott, 2006) <sup>[7]</sup>.

Two categories of memory play an important role in the development of trauma memory (Inbinder, 2002; Rothschild, 2000; Van der Kolk, McFarlane, & Weisaeth, 2007) <sup>[27, 46, 64]</sup>. First, explicit or declarative memory is the memory of facts, ideas, concepts, and events that individuals are consciously aware of and that are closely linked to the language system. The hippocampus handles processing explicit memory (Scaer, 2005) <sup>[48]</sup>. Because the hippocampus develops around the age of 2 or 3 years, people do not have explicit or declarative memories of their

earliest childhood experiences. Second, implicit or non-declarative memory is stored in the amygdala, which is present from birth. Implicit memory bypasses language has no narrative and is unconscious. It can therefore be described as “speechless” (Rothschild, 2000) <sup>[46]</sup>. Some clients experience strong reactions during EMI, which result from the re-experiencing of trauma in the therapeutic space (Beaulieu, 2004) <sup>[5]</sup>.

### Treating Trauma in Early Childhood by Utilizing Eye Movement Integration Therapy

Since Eye Movement Integration Therapy (EMI) combines aspects of talk therapy with neurotherapy to treat traumatic memories, many therapists have exhibited profound interest in EMI, which is a modern and powerful treatment based on the idea that previously traumatic experiences are fragmented and restricted to the limbic system with the result that it is not processed in the way that other material is usually processed. The process involved includes unlocking previously suppressed information and passing it through to the conscious areas of the brain where it can be processed and integrated in a holistic manner.

Beaulieu (2004) <sup>[5]</sup> comments that it is this effect of integration and processing on a multi-sensory level, combined with the activation of positive memory, that results in the reduction of trauma symptoms. Although the treatment does not require much effort from the client, the therapist does need adequate training to perfect the technique and its accompanying movements.

### Eye Movements and the Brain

Although the idea that eye movements are related to internal thought patterns was first suggested by William James in 1890, it was only during a study in 1977 that Robert Dilts realized that eye movements are linked to cognitive and neurophysiological processes (Dilts, 1998) <sup>[19]</sup>. As a result of these studies, the following eye movement patterns were found:

- **Eyes up and left:** Non-dominant hemisphere visualization, i.e. remembered imagery;
- **Eyes up and right:** Dominant hemisphere visualization, i.e. constructed imagery and visual fantasy.
- **Eyes lateral left:** Non-dominant hemisphere auditory processing, i.e. remembered sounds, words, and tonal discriminations.
- **Eye lateral right:** Dominant hemisphere auditory processing, i.e. constructed sounds and words.
- **Eyes down and left:** Internal dialogue or self-talk;
- **Eyes down and right:** Feelings, both tactile and visceral; and
- **Eyes straight ahead but defocused or dilated:** Quick access of almost any sensory information, but usually visual” (Dilts, 1998) <sup>[19]</sup>.

In view of the completed research, empirical evidence shows the link between certain eye movements and internal representational systems (Dilts, 1998; Beaulieu, 2004; Grinder, DeLozier & Bandler, 1977; Bandler & Grinder, 1979; Dilts, Grinder, Bandler & DeLozier, 1980, Struwig, 2008) <sup>[19, 27, 4, 5, 18, 56]</sup>.

Therefore, by using the 22 eye movement patterns found by the EMI model, certain eye movement patterns adapted

from Dilts’s research, can access and change internal thought processes.

Even though this association between eye movements and thought patterns is accepted, our understanding and evidence about the precise neurological underpinnings of EMI are still lacking. Beaulieu (2004) <sup>[5]</sup> guesses that binocular rivalry and inter-hemispheric switching may explain the mechanisms of EMI. It is a well-researched fact that inter-hemispheric switching can occur under various conditions, including sleep-like behaviors, language, and binocular rivalry (Schmidt, 2008) <sup>[49]</sup>. Binocular rivalry is the term used to explain the process of alternating perceptual states after the presentation of different images to the eyes separately, which causes the eyes to compete for conscious feeling (Pettigrew & Miller, 1998) <sup>[48]</sup>. However, in the case of certain psychological disorders there may be a delay in this inter-hemispheric switching. Pettigrew & Miller (1998) <sup>[48]</sup>, for example, noted that patients with bipolar disorder experience a delay in inter-hemispheric switching. Beaulieu (2004) <sup>[5]</sup> guesses that this delay in inter-hemispheric switching also occurs during an overwhelming experience. It is guessed that EMI with its repetitive, smooth movements may restore communication between the hemispheres, resulting in the integration of the fragmented memories (Struwig, 2008) <sup>[56]</sup>.

### EMI and Young Children

During wakefulness, conscious and unconscious mechanisms control our eye movements. This suggests a neurological complexity that is absent from eye movement during sleep (Beaulieu, 2004) <sup>[5]</sup>. Three basic types of eye movement occur during wakefulness, namely fixation, saccades, and smooth pursuits. Fixation is the action of focusing on a fixed point without deviation so that the image is focused on the region of the retina where vision is best (Referred to as the fovea). This usually takes place in conjunction with saccades (Holling worth, Williams & Henderson, 2001) <sup>[26]</sup>. Saccades are rapid movements of the eye to a new target. This can be either a conscious or an unconscious process (Carpenter, 1988) <sup>[9]</sup>. Smooth Pursuit Eye Movements (SPEM) involve following a mobile target so that the image is still on the fovea. All three of these eye movements are controlled by a complex set of interactions between the cortex, brainstem, and cerebellum (Suzuki, Yamada, Hoedema & Yee, 1999) <sup>[58]</sup>. EMI utilizes SPEM to access traumatic memories (Beaulieu, 2004) <sup>[5]</sup>.

According to Hofsten and Rosander (1997) <sup>[67]</sup>, SPEM increases with age. In their study, the authors concluded that the smooth-pursuit system is less mature in children. Whether or not this will influence EMI is yet to be figured out. Struwig (2008) reported no challenges to this immature smooth-pursuit system in her study.

### WM (Working memory)

According to the Elaboration Likelihood Model (ELM), (Petty & Cacioppo, 1986) <sup>[44]</sup> people react with unfavorable, neutral or favorable thoughts to persuasive messages, and these thoughts have been captured in studies that applied a thought-listing procedure (Cacioppo & Petty, 1981) <sup>[8]</sup>. Unfavorable or negative reactions or thoughts in persuasion have been shown to manifest as counterarguments that need self-regulatory resources, and, thus, can be conceptualized as self-regulation (Dijkstra, 2018; Wheeler, Briñol, & Hermann, 2007) <sup>[13, 62]</sup>. Yet, the favorable or positive

reactions or thoughts can be conceptualized as self-regulation as well, and have been located in the WM (Hofmann, Gschwendner, Friese, Wiers, & Schmitt, 2008; Kane & Engle, 2003) [25, 28].

In earlier studies, self-esteem moderated the effects of EMI (Dijkstra & Van Asten, 2014) [14], and self-esteem was significantly related to CSAI (Pietersma & Dijkstra, 2010) [45].

### Attention and Concentration

Attention, which seems like a simple and mindless act, is in fact a complicated construct. Attention can be defined as the ability to select and orient oneself in response to external stimuli, which is important if one wants to remain focused to achieve certain goals (Brownell & Kopp, 2007) [10]. An individual can pay attention in one or more modality, and in each modality, attention has various components, for example decision-making and motor orientation (Essa, 2013) [17]. During EMI treatment the client is expected to follow the 22 eye movements with his/her eyes. This then requires the ability to pay attention by using the visual modality. The age-appropriate expectation in terms of the child's ability to concentrate by using the visual modality should be considered. Struwig (2008) [56] recommended that when using EMI with children, the treatment should be reduced to approximately 30 minutes. Studies show that concentration increases with age, and that children between the ages of five and seven years should be able to concentrate for 4-15 minutes (Goldberg, 2001; Essa, 2013; Palfrey, Levine, Walker & Sullivan, 1985) [18, 17, 45]. For this reason, the researcher found a pilot study helpful to estimate the age-appropriate length of sessions. Struwig (2008) [56] recommends that sessions with children be reduced to 45 minutes. During the pilot study, the researcher noted that the respondent had difficulty following the movements and lost concentration after 25 minutes. It was challenging to continue the session thereafter, and therefore the researcher decided to limit the duration of the sessions with young children to between 15-20 minutes, which was more effective.

### Methodology

**Sample selection:** In this study, the sample selection involved multiple cohorts to assess its impact across different demographics and settings. The research included two primary contexts: Quebec, Canada, and South Africa. Two groups of patients diagnosed with Post-Traumatic Stress Disorder (PTSD) were selected. The first group consisted of 20 patients, while the second had 14 participants. Participants were chosen based on diagnostic criteria for PTSD and underwent a series of EMI therapy sessions. The PTSD Interview (Watson, Juba, Manifold, Kucala, & Anderson, 1991) [69] was used to evaluate the reduction in PTSD symptoms post-treatment. Another study conducted by Charmaine van der Spuy (2014) [65] at the University of Johannesburg involved children aged 3 to 12 years. The Trauma Symptom Checklist for Young Children (TSCYC) was administered before and after treatment to assess trauma symptoms. Another study by Elsabet Struwig & Adrian D. van Breda (2012) [57] included South African adolescents aged 14 to 16 years living in an orphanage. The Trauma Symptom Checklist for Children (TSCC) was used to measure the effectiveness of EMI therapy. Additionally, a qualitative study explored the experiences of older

individuals with trauma (Visagie, *et al*, 2021) [67]. This study highlighted the effectiveness of EMI in this demographic, emphasizing the therapeutic benefits seen through personal testimonies and assessments. The sample selection aimed to include diverse age groups and settings to comprehensively evaluate the effectiveness of EMI therapy in treating trauma and traumatic events. This diversity in the sample helps to generalize the findings across different populations and supports the robustness of the conclusions.

### Procedure

Beaulieu (2003) [3], describes the treatment through three main stages and processes

- Identification of a traumatic memory which was causing distress to the client.
- Integration of that memory aided by therapist-guided smooth pursuit eye movements.
- Anchoring of the new state of integration.

Kazanxhi & Ricci (2019) [30] explains that the treatment process requires from the client to hold on the memory an image of the problem that want to face with, while with eye movements follows moving object which in this case can be fingers, pen or other things. Because the therapist guide and directs the eye movements in different zones on the visive field, the client in other side access different mental resources, which allows the information to create connections and interconnections of modalities which allows integration of the isolate information. The clients continuing of information changes and due to this it creates belief and the solution for the problem. As Kazanxhi and Ricci (2019) [30] emphasizes the role of the therapy is to ease and check the inner process. As they say the therapist is limited and it is not allowed to analyze or to control or influence any kind of the brain connection which the clients create between the problem solution and the integration of the information. They highlight that many clients with anxiety, traumatic memories, fears and other distress, after performing EMI, experience a relief. There are also some similarities with Neuro-Linguistic Programming, but EMI shows to be a briefer technique, with the same effectivity.

### Anamnesis Collection

The first phase involves the anamnesis collection, during which the following are shown:

- The target event
- A key image related to it
- The patient is asked to summarize the target event in a specific subtitle
- Identification of related Toxic Words
- Identification of the associated emotion
- The bodily location of the emotion
- SUD (Subjective Unit of Disturbance)

### Processing Phase

As shown in Figure 1, during this phase, the processing and final integration of the traumatic event occur. Therefore, the treatment can last about an hour, but it may extend if the processing is not concluded, where possible.

**Identification of the Hot spot:** Use the hand scan to find the specific point in the visual field related to the trauma, which triggers an activation in the patient. This is called Hot Spot.

**Repetition of Toxic Words**

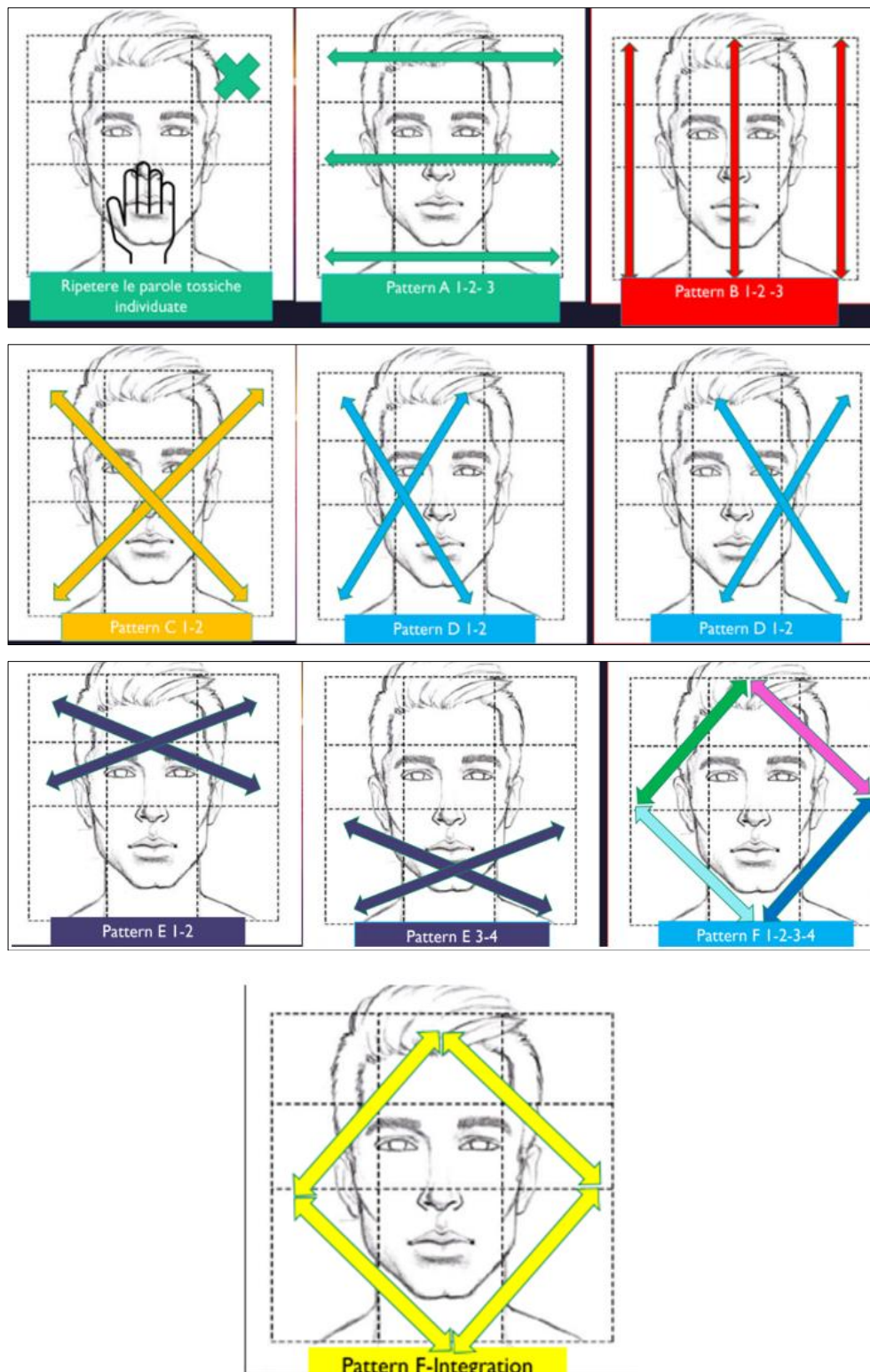
The previously found toxic words are pronounced during the execution of eye movements. This encourages the patient to express sensations, emotions, memories, or words that appear during each pattern without interference.

**Eye Movements**

Execution of 24 distinct patterns of eye movements, classified according to the letters of the alphabet, culminating in the integration phase.

**SUD Evaluation**

Measure the level of SUD (Subjective Unit of Disturbance) compared to the beginning of the treatment. Initial sessions show significant improvements concerning the treated target event. It is essential to conduct follow-ups to assess the long-term effectiveness and reprocessing of the trauma. Measurement of the SUD (Subjective Units of Disturbance) level with a score from 0 to 10 in relation to the activation level reached after processing compared to the first level.



**Fig 1:** Processing phase

### Evaluation Tools

- **PTSD Interview (Watson, Juba, Manifold, Kucala, & Anderson, 1991)** <sup>[69]</sup>: a ten-point scale to record responses to fifteen questions regarding re-experiencing (flashbacks, nightmares, negative thoughts), avoidance/numbing (avoidance of particular situations/thoughts; loss of interest in friends, family, work, or sex), arousal (sleep disturbances, aggression/anger, fear/anxiety), physical symptoms, and depression (depressed mood, sadness, low self-esteem).
- **Trauma Symptom Checklist for Young Children (TSCYC)**: an assessment of acute and chronic post-traumatic symptomatology for children aged 3 to 12 through 90 items.
- **Trauma Symptom Checklist for Children (TSCC)**: a self-report scale for children aged 8 to 16, consisting of 54 items that measure six constructs: anxiety, depression, anger, post-traumatic stress, dissociation, and sexual concerns. Responses are rated on a four-point scale, from 0 (Never) to 3 (All the time).

Subsequently, the mechanical phase begins, in which the therapist and the patient agree on a series of procedures that are preparatory to the start of the actual EMI protocol. This phase uses the TDRS model (Tools, Distance, Range, Speed), which includes the selection of:

- Tools for eye movements (e.g., fingers, a pen, colors, puppets).
- Distance between therapist and patient (Decided by patients to ensure their sense of calm and comfort).
- Range of the visual field involved (Outlined by the therapist through eye movements, but the extent is decided by the patient).
- Speed of the eye movements (The patient subjectively decides the speed).

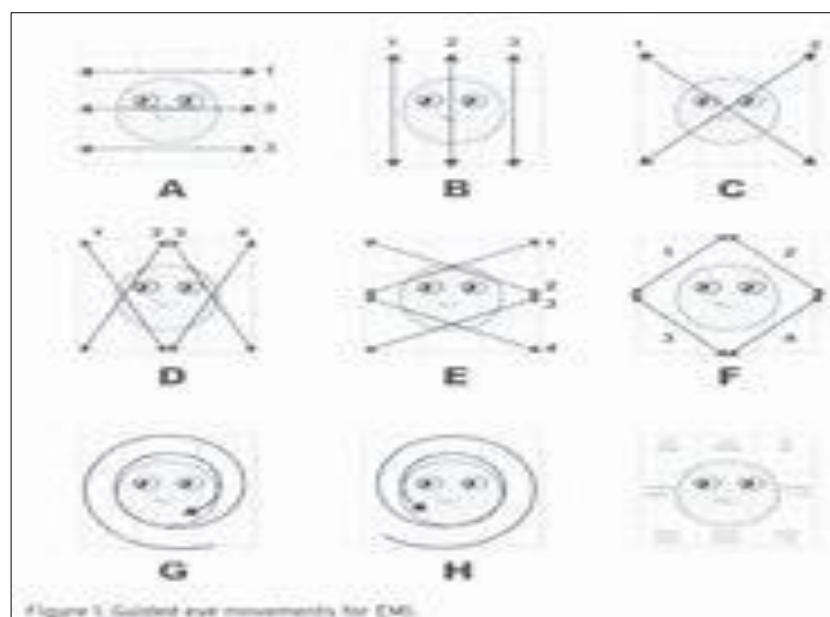
The first sessions show significant improvements concerning the targeted event. It is crucial to conduct a follow-up to evaluate the long-term efficacy and the

reprocessing of the trauma.

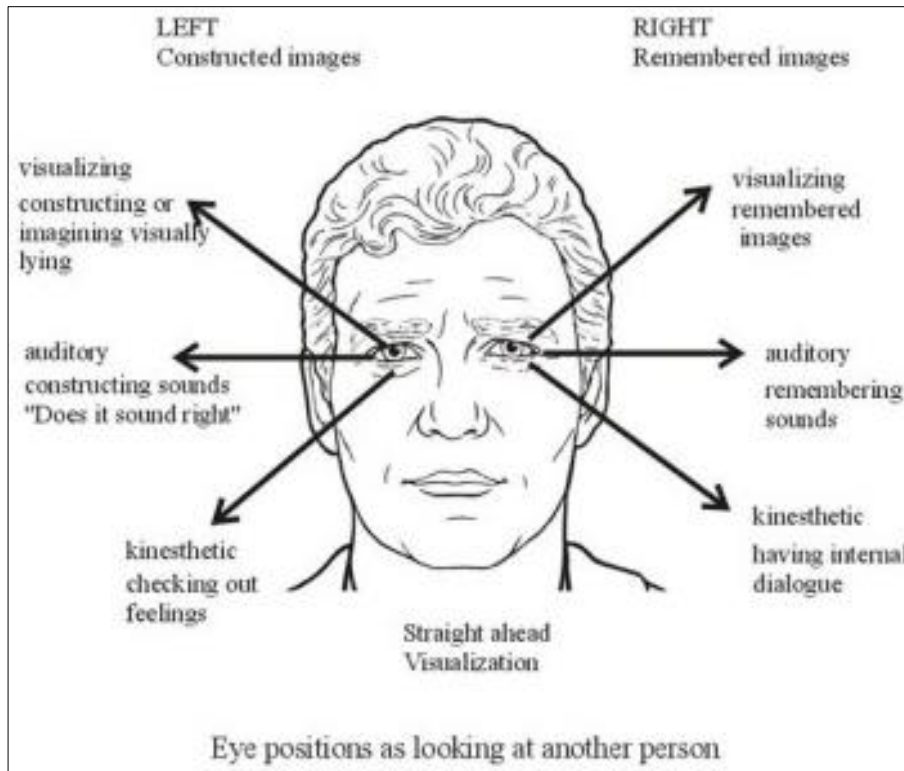
### Results

The research conducted by Dr. Danie Beaulieu involved two groups of patients diagnosed with Post-Traumatic Stress Disorder (PTSD). The first group consisted of 20 patients, while the second group had 14. The participants were selected based on diagnostic criteria for PTSD and underwent a series of EMI Therapy sessions. As we described before, at the end of the treatment, the PTSD Interview (Watson, Juba, Manifold, Kucala, & Anderson, 1991) <sup>[69]</sup> was used to assess the reduction in symptoms associated with PTSD. On the other hand, in the South African context, another study conducted by Charmaine van der Spuy at the University of Johannesburg involved children from South Africa. EMI Therapy was selected as the intervention technique due to its multisensory and imaginative nature, which does not require extensive verbal ability. The Trauma Symptom Checklist for Young Children (TSCYC) was administered before and after treatment to assess trauma symptoms, and family testimonies about perceived changes were collected. A similar framework was applied to a group of South African adolescents aged between 14 and 16 years living in an orphanage, as conducted by Elsabet Struwig & Adrian D. van Breda. In this case as well, EMI Therapy was evaluated using the Trauma Symptom Checklist for Children (TSCC).

The effectiveness of EMI is seen on working with older people healing from trauma and PTSD. As Andrea Visagie and Annaline Keet (2021) <sup>[67]</sup> says “little is known about eye movement integration (EMI) as intervention for symptoms of trauma in older people. On their qualitative study exploratory-descriptive research conducted on older people’s experience of EMI as an intervention for their symptoms of trauma, it was confirmed that older people in this study found EMI beneficial in dealing with trauma, despite it being a new experience (Visagie & Keet, 2021) <sup>[67]</sup>. In following figure (Fig. 2) are shown the module of movements.



**Fig 2:** Eye Movement Integration - modules



**Fig 3:** Eye Movement Integration Modules

Likewise, EMI therapy seems to help with processing trauma memories in the correct way. The eye movements, as eased by the EMI practitioner, appear to direct the client’s attention to parts of memory that have been neglected, thus releasing information; both positive and painful. The

movements cross the client’s line of sight from top to bottom and left to right reaches all areas of the memory field. The benefits and characteristics of EMI are shown in table 1.

**Table 1:** Characteristics, nature, benefits and effectiveness of EMI.

Characteristics	Nature	Benefits	Effectiveness
It is not hypnotherapy; you are always conscious	EMI is a neurotherapy	EMI session may also be used positively to access inner resources that clients have been unable to work with previously	EMI is useful in treating symptoms that can be traced back to an incident or period of the client’s life.
An EMI session may take between 1.5- 2 hours and the EMI practitioner will guide the client through the entire process	EMI is based emerging brain-trauma research	Clients do not appear to re-visit trauma episodes with the same intensity and symptomology following an EMI session.	In most cases, the event/s simply becomes another long-term memory
An EMI session is preceded by an intake session to find suitability of the problem and how EMI may be used for a particular trauma			

**Discussion**

As Struwig and van Breda (2012) [57], states eye movement integration therapy (EMI) is a new therapeutic modality, based on a neurobiological model of trauma. On their study with a cohort of 12 adolescents, aged 14 to 16 years, in South Africa, they concluded that there is a reduction in a range of trauma symptoms, based on the Trauma Symptom Checklist for Children and post-EMI interviews with the children’s care workers. EMI therapy aims to focus on the connection between the soul and the body, working with the patient’s emotions and embarking on a journey between their past and present. The first procedure aims to relax the body, ensuring the patient feels grounded. This approach helps to integrate the self with the body, focusing on the here and now. Simultaneously, it addresses the patient’s anxieties and pains, addressing existential questions about hope and the future. Even in the first session, improvement may be seen with a general and profound relaxation of the patient,

resulting in the body no longer being on alert. The therapy does not look to avoid the patient’s pain but rather confronts it by drawing it out from memories and transforming it into a point of strength. Subsequently, the therapist helps the patient recall all the positive experiences that have followed. This process presents the patient with past achievements and moves them towards future goals with increased self-esteem. The outcome of a session could be the patient’s newfound awareness, achieved relaxation, increased self-esteem, and self-understanding. EMI therapy is recommended because change is immediate, addressing fears, self-esteem, bodily sensations, and fostering prolonged relaxation in the patient.

EMI therapy aims to bridge the connection between the soul and the body, working on the patient’s emotions and taking them on a journey through their past and present. The first procedure focuses on relaxing the body and feeling firmly grounded. This approach looks to integrate the self and the

body, concentrating on the here and now. Additionally, it simultaneously addresses the patient's anxieties and pains, looking to explain and answer existential questions about hope and the future.

Already in the first session, an improvement can often be seen, with a general and deep relaxation of the patient, resulting in the body no longer being on alert. The therapy does not look to avoid the patient's pain but rather confronts it by recalling it from memories and transforming it into a strength. Subsequently, the therapist encourages the patient to remember all the positive experiences that followed. This process presents the patient with past achievements and moves them towards future goals with increased self-esteem. The outcome of the session could be a new awareness in the patient, achieved relaxation, and greater self-esteem and understanding of themselves. EMI therapy is recommended because the change is immediate, working on fears, self-esteem, the well-being of bodily sensations, and providing prolonged relaxation for the patient.

EMI therapy is an alternative modality that aids in the journey of self-healing, integrative and eclectic. EMI stands for Emotional Mind Integration, which accesses the unconscious mind through gentle and effective neurotransmitter connections. The brain is not just the unconscious mind but is interconnected with cells, organs, and bodily senses through neurons. Overall, EMI therapies are safe as they provide quick effectiveness in building harmonious and balanced relationships, influencing healthy habits and lifestyle patterns, empowering individuals, processing traumas healthily, accepting and reconciling situations, and promoting self-love and respect.

### **Other Similar Aspects**

#### **Comparison with Other Therapies**

Eye Movement Integration (EMI) therapy shares similarities with other trauma-focused therapies, such as Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Behavioral Therapy (CBT). Like EMDR, EMI uses eye movements to process traumatic memories, but it emphasizes integration rather than desensitization. CBT, on the other hand, focuses on altering maladaptive thought patterns and behaviors associated with trauma. While both CBT and EMI aim to reduce trauma symptoms, EMI offers a more experiential and body-centered approach.

#### **Integration with Other Modalities**

EMI therapy can be effectively integrated with other therapeutic modalities to enhance treatment outcomes. Combining EMI with mindfulness practices can help patients develop greater awareness and acceptance of their traumatic experiences. Body-focused therapies, such as somatic experiencing, can complement EMI by addressing the physical manifestations of trauma. Additionally, pharmacotherapy may be used alongside EMI to manage severe symptoms and help more effective processing of traumatic memories. Virtual reality (VR) can be used to create immersive environments that enhance the therapeutic process. Teletherapy platforms enable practitioners to provide EMI therapy remotely, increasing accessibility for individuals who cannot attend in-person sessions. Mobile applications can offer supplementary support, such as guided eye movement exercises and mindfulness practices, to reinforce the benefits of EMI therapy.

### **Adaptations for Different Populations**

EMI therapy can be adapted to suit the needs of various populations, including children, adolescents, and older adults. For children, the therapy can be changed to include more play-based and creative activities to engage their attention and help processing. Adolescents may receive help from incorporating elements of narrative therapy to help them construct coherent and empowering stories about their experiences. Older adults may need a slower pace and added support to address long-standing traumas and the unique challenges of aging.

### **Training and Practitioner Competency**

Effective delivery of EMI therapy requires specialized training and certification. Practitioners must undergo comprehensive training that includes theoretical knowledge, practical skills, and supervised practice. Competency in EMI is crucial for ensuring that therapists can safely and effectively guide patients through the integration process. Ongoing professional development and peer supervision are also important for keeping high standards of practice.

### **Patient Feedback and Satisfaction**

Qualitative data from patients show high levels of satisfaction with EMI therapy. Common themes in patient feedback include a sense of relief and empowerment, improved emotional regulation, and a reduction in trauma symptoms. Patients often report feeling more integrated and whole after undergoing EMI therapy, highlighting its transformative impact on their lives.

### **Ethical and Legal Considerations**

EMI therapy must be conducted with careful attention to ethical and legal considerations. Practitioners must obtain informed consent from patients, ensuring they understand the nature of the therapy and any potential risks. Confidentiality is paramount, and therapists must take steps to protect patient information. Ethical use of therapeutic techniques involves respecting patients' autonomy and providing a safe and supportive environment for processing traumatic memories.

### **Long-Term Efficacy and Follow-Up**

The long-term efficacy of EMI therapy is supported by follow-up studies and assessments. Sustained improvements in trauma symptoms and overall well-being have been seen in patients who have completed EMI therapy. Regular follow-up sessions are important for watching progress, addressing any emerging issues, and reinforcing the integration of traumatic memories. Long-term follow-up helps to ensure that the benefits of EMI therapy are supported over time and that patients continue to experience positive outcomes.

### **Conclusion**

The findings of this study affirm the efficacy of Eye Movement Integration (EMI) therapy in treating trauma and traumatic events. EMI demonstrates significant benefits in integrating traumatic memories and reducing symptoms associated with trauma. Its unique approach, which combines elements from various therapeutic modalities such as NLP, body psychotherapy, Gestalt therapy, hypnosis, and energy therapies, provides a comprehensive and holistic method for addressing trauma. EMI's emphasis on the



integration of traumatic experiences rather than mere desensitization differentiates it from other therapies like EMDR. This integrative approach aids in accessing and reprocessing multisensory cognitive and emotional information, leading to enhanced emotional well-being and a reduction in distressing symptoms.

The study also highlights the neurobiological underpinnings of EMI, supporting its application in various populations, including older adults and children. The adaptability and brief nature of EMI make it a cost-effective and efficient intervention for trauma, offering significant relief even in a few sessions. Overall, the study underscores EMI's potential as a powerful therapeutic tool for trauma treatment, advocating for its wider application and further research to continue refining its techniques and understanding its mechanisms.

### Compliance with ethical standard Acknowledgments

Authors would like to thank EMI Therapy Italy and Wisdom University College for their support and financial help, and especially thankful to Lucia Catalano and Stela Kuçaj. The present study is part of a project at Wisdom University College, Albania.

### Disclosure of conflict of interest

No conflict of interest to be shown.

### Statement of Ethical Approval

The present study received Ethical Approval by the Ethics Committee of Wisdom University College.

### Author Contribution

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All authors significantly took part in interpreting the results, revising the manuscript, and approved its final version.

### Funding

This study was financed by Wisdom University College, Albania.

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