EMDR

Reprocessing, and the identity built around the event

EMDR is grounded in the adaptive information processing model, which holds that distress persists when experience is stored in a dysfunctional form and eases when the memory is reprocessed. The path takes no part in that process. It works at the level of the identity, masks, and contracts that formed around an event, and it defers to the clinician on when, or whether, such reflection fits alongside active reprocessing.

Clinical frame

- Adaptive information processing model of memory and symptoms (Shapiro)
- Eight phases: history taking, preparation, assessment, desensitization, installation, body scan, closure, and reevaluation
- Bilateral stimulation with dual attention during reprocessing
- Target memories, negative and positive cognitions, and rating scales guide the work; prolonged exposure and cognitive processing therapy address the same territory by other methods

Path to Freedom frame

- Examines the identity, masks, and invisible contracts formed around a person's history
- No recall or reprocessing of memories is asked for
- The body is discussed as part of a person's story, and no body practices are taught
- Reflection done alone at the person's pace

Points of conceptual fit

Negative cognitions and masks DISCOVERY	Negative self referential cognitions such as "I am not enough" are often the clinical expression of an adopted role or inherited rule. Path reflection can give the client a fuller account of how the belief formed, which the clinician may use in choosing targets.
Preparation and stabilization IMPETUS	The preparation phase builds resources and readiness. The path's opening recognition, that continuing as before is no longer possible, often coincides with the decision to seek this kind of treatment.
Positive cognitions and the recognized self DISCOVERY	Installation strengthens a positive cognition chosen with the client. Reflection on the self beneath the masks may enrich the language a client brings to that choice, which remains the client's and clinician's to make.

Division of labor

The clinician

- History taking, target selection, and reprocessing
- Preparation, resourcing, and closure
- Sequencing of any parallel reflection

The path

- Reflection on the identity built around the event
- Held outside the target memory
- Pointing the client back to the clinician

Coordination and cautions

Sequencing is a clinical decision. Some clinicians will want reflection paused during active reprocessing, or limited to stable periods between targets. The path stays outside the target memory.

Return to the clinician when a memory returns with more force than reflection can hold, when sleep, appetite, or functioning change sharply, when panic, numbness, or a sense of being unreal appears, when there is fear of someone in the person's life, or when there are thoughts of ending life or harming someone (988 in the United States).

A proposed conceptual integration offered by The Autonomy Commission. It is not a manualized protocol and has not been empirically evaluated. The Path to Freedom is not psychotherapy, offers no diagnosis or treatment, and defers to the treating clinician on every clinical decision. Nothing is shared without the client's written consent.

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