





ENHANCING RESILIENCE WITH EMDR THERAPY

BY MARK NICKERSON, LICSW

“What doesn’t kill you makes you stronger.” So goes the often-quoted expression attributed to the German philosopher Friedrich Nietzsche in the late 1800s. These words can be of great comfort and inspiration to a person trying to recover from trauma or struggling through current adversity. Knowing there is a light at the end of the tunnel and that pain will subside can help people get through many hardships. It helps to know others have endured what people are going through and that they are not destined to repeat these ordeals. Feeling that this is a normal and survivable part of the human condition helps people connect to others and instill hope.

But is Nietzsche’s statement true? Do people always get stronger by enduring trauma? Does adversity make a person more able to handle the same, greater, and different challenges? Or does it wear a person down, discourage them, and lead to a reduced life? The correct answer to these questions seems to be, “It depends!” Depends upon what? Evidence suggests that it depends upon what is learned from the adversity and done to prepare

for the next challenge. And this recovery and learning process depends upon what opportunities people learn within themselves or with others’ help. Because without learning and adaptation, trauma can cast a long shadow compromising the quality of human lives.

The truth in Nietzsche’s statement speaks to the resilient potential of human beings. The concept of *posttraumatic growth* (Tedeschi et.al. 2004) and the exploration of what creates the phenomenon of a wiser, stronger self after trauma has been an essential area of interest in trauma therapy.

As EMDR therapists, an important question is “How can we understand and support our client’s resiliency?” A fundamental tenet of the Adaptive Information Processing (AIP) model that informs the EMDR approach is trust in the human body and brain’s innate capacity. The human brain is continuously processing current and past experiences and integrating this information into existing innate and learned neurological structures, all in the service of meeting a range of human needs and wants. That is a lot to do! And yet, given a reasonable chance, the brain devises a host of coping strategies for people to handle

what they can and choose to, work around what they cannot, and try to figure out how to face the challenges that lie in between. In the narrative drama of life, adversity is matched against the resilience of the AIP capacity. The Serenity Prayer, which opens and closes many 12-step recovery programs and meetings, is itself an adaptive guide: *Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.*

The AIP theory reminds clinicians that just as human bodies are built to recover from flesh wounds, broken bones, and many illnesses, the brain's neuro networks can recover from the effects of psychological trauma. Humans are not alone in natural adaptive powers. In the plant world, oak trees survive heavy winds with sturdy strength while aspens cope by bending. Willow trees soak up all the water they can get and grow large, while

cacti make a little water go a long way and adapt by growing more slowly. Animal "prey" have many clever ways to protect themselves from "predators" including speed, size, smell, and quills.

Resilience Building

Resilience building is not just about recovery from trauma and adversity. It is about having the internal capacity to handle adversity in the first place. EMDR trainer and author E.C. Hurley specializes in treatment for military active duty and veterans and is a veteran. He distinguishes between manageable and unmanageable stress that soldiers may face. The military offers soldiers strategies to handle short-term stress and adversity as part of their training. Soldiers learn what to expect and develop skills to deal with both the expected and unexpected. Yet war pushes many to their "breaking point."

People can reach breaking points

due to the magnitude of stress and danger and chronic and extended exposure to lower levels of adversity without relief and recovery. Tours of duty in the war zone, often a year in the Vietnam War, were reduced to three to six months in the OIF and OEF wars in Iraq and Afghanistan to maintain troops' resilience. As another measure to strengthen the resilience of troops, OIF and OED soldiers were typically sent in and out of the war zone with others they had trained with. This was another lesson learned from Vietnam in which soldiers were commonly deployed for a year and sent alone into the war zone and home. Yet, the impact of persistent high stress on the body is still a common wound of war. The term *wired tired* describes the person who is both exhausted and whose nervous system is still pressing onward. The gas tank is empty, but they are still pushing the vehicle. Sometimes, as in



combat, functioning while wired tired is a necessary skill. But often, this inability to relax persists long after the veteran returns home.

Certainly, many jobs push people to and beyond their ability to cope. We expect first responders to rise to any occasion, and they typically do. But they may end up seeking EMDR therapy when they find themselves unable to move on from a critical incident in the line of duty. Trauma therapists are exposed to the suffering of others in a different way. Mental health professionals are expected to know enough to look for signs of vicarious traumatization, but these warnings often get missed. Often the first thing to go, under stressful conditions, is good judgment about self-care. Many people have limited job opportunities or are otherwise trapped in demanding, underpaying, and unrewarding work situations that take a stress level toll.

How Allostasis Impacts Capacity Building

The concept of allostasis can help clinicians understand the process of human capacity building as a component of resilience. Allostasis is the innate human process of adapting the internal system to meet perceived and anticipated demands from the outside (McEwen, 2017). In common EMDR terms, building allostatic load means building resources. All organisms are continually building and maintaining allostatic resources of many types. Food is a resource. Muscle development and fitness are resources to handle challenges. Knowledge is a resource to inform perception.

Within EMDR therapy, the therapist can support clients in seeking the “food” needed to meet their psycho/emotional needs. Clients can build action-oriented internal and exter-

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nal skills and be informed with good psycho/social information.

Allostatic overload is when the demands of the outside surpass the allostatic capacity on the inside. Most EMDR clinicians have found value in the Window of Tolerance Model (Siegel). Within this model, hyper and hypo arousal are the indicators of allostatic overload. Showing clients the Window of Tolerance graphic can help normalize the fact that everyone has limits of tolerance. This tool can help clients identify their personal stressors, limits, and warning signs they are reaching or have gone beyond. Clients can learn that once they realize that they have gone out of “their zone,” their primary goal should be to get back into it. This helps people better manage and reduce the risks of allostatic overload. In addition, clients can build resources that keep them in the window and identify the types of triggers that create overload. These triggers and related memories can then be reprocessed using the standard protocol to increase the client’s window of tolerance bandwidth.

EMDR Resource Development

As part of building allostatic resources within EMDR therapy, we can draw continued benefit from the foundational work established by Deborah Korn and Andrew Leeds (2002) when they described the Resource Development and Installation Protocol (RDI).

Consistent with resilience theory, this protocol can help clients identify needed internal resources (feelings, beliefs, skills) and then search for sources of these qualities that resonate for them. Often these qualities exist within the client’s past experiences but have become hard to recall or access. The RDI protocol helps clients realize the power of

the positive experiences within their memory networks and how to harness it. When clients cannot access their resourceful memories, they can be directed to think of personal role models who inspire the qualities they would like to build. In addition, clients can learn to identify aspects of nature or religious/cultural symbols to summon up these desired qualities. Once identified, EMDR procedures help enhance these qualities within the client. EMDR procedures effectively light the fire of a needed resource, and then fan the flames of these positive memories to help embed them in the client's sense of self. Therapists can use these resourced qualities as the basis for the *future rehearsal* part of the procedure in which clients envision the future with these qualities fully present. The resourced embers effectively heat up the client's capacity to handle future challenges.

A participant at a recent EMDR basic training said, "I didn't think this (RDI) technique would work. I've done guided imagery and tried positive thinking without much real effect. But this (RDI) did work, and I think it is because it helped me find a genuine time in my life (memory) when I had this quality. I could really feel it."

Indeed, once clients have had success with RDI to handle a specific challenge, they develop trust in themselves that they can find resources to handle other difficult circumstances. This is resiliency building. The creative EMDR therapist can find limitless applications of the RDI protocol to build internal resources.

Paula Krentzel, a colleague of Korn's, has developed the Distancing Technique for treating OCD, phobias, and anxiety in EMDR therapy, a protocol that builds resilience for clients overwhelmed with disturbing

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symptoms. The protocol teaches clients to identify intrusive symptoms that preoccupy their attention and then practice strategies to manage these symptoms. As part of the procedure, clients develop adaptive coping statements, such as "a thought is just a thought," "a sensation is just a sensation," or "an impulse is just an impulse." As clients then access the memories associated with obsession, compulsion, or other anxiety, they practice naming the intrusions with adaptive coping statements. There are other important steps in the protocol, but the overall effect is to help clients set aside or otherwise let go of or reduce the intrusive symptoms. The goal is to reduce symptoms to a manageable level, which allows the client to rehearse future challenges, which builds further resilience. If symptoms persist after this protocol, the client is typically more prepared to tackle them with the standard protocol addressing first and worst memories and ultimately current triggers.

Resilience Training for Athletes Extends to a Successful College Life

EMDR clinician, Jim Helling, is part of a team working with at-risk college athletes to develop resilience, not simply on athletic fields but in other aspects of a successful college life. (2019). The strength-based intervention features a ten-session program during which participants engage in expressive writing exercises that generate reflections about personal experiences shared with others in the group. These personal connections with self and others led to improved decision making, lowered perceived stress, increased resilience, and other gains compared with controls. Importantly, participants with higher scores on the Adverse Childhood Experience (ACE) scale showed more significant



increments of positive change in emotional awareness scales than participants with fewer ACE indicators.

While EMDR therapy was not part of their program, the Adaptive Information Processing (AIP) model helped inform Helling's approach to this work. In a recent conversation, Helling explained, "In our work, we focus on resilience as one side of a coin, the other side of which is traumatization. We see resilience as an organism's inherent drive to thrive that the social-ecological fit either facilitates or obstructs. Resilience responses have a certain structure that involves an encounter with some form of adversity, an orienting response, recoil, anchoring, reorganizing, re-engaging, and recovery. Our research has focused on strengths-based experiential resilience education as a hedge against ACE related trauma."

Helling added, "I look at resilience training as a way to increase mental level and integrative capacity,

which helps to balance the ratio of resources (internal and external) to challenge (allostatic demand). Our model is not therapeutic as it is not focused on remediation of deficits or treating pathology. EMDR reprocessing could predictably also improve the efficiency of resilience responses by reducing allostatic load. That is,

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EMDR processing resolves incomplete trauma responses and thereby reduces the ongoing demand or challenge to the organism."

EMDR clinicians can use EMDR methods to enhance the learned resourceful experiences that our clients have in their lives. By simply taking five or 10 minutes of a session, we can use bilateral stimulation and enhancement procedures

to install these important memories while they are fresh. With developing children, adolescents, and young adults in particular, EMDR resource development and installation techniques can be used actively to build a resilient sense of self. Non-EMDR research has shown that strengthening positive identification

with one's culture can create many positive effects and decrease "delinquent" behaviors in adolescents (Nickerson, 2017).

Assessment

In addition to standard EMDR therapy assessment strategies, some may find value in using of the multiple scales which have been developed to assess resiliency, including the 25-item

Connor-Davidson Resilience Scale (CD-RISC) and the six-item Brief Resilience Scale (BRS) (Widle, 2011). Therapists can administer these scales as part of initial clinical assessments and treatment to measure progress. Even if not administered formally, clinicians can review these scales as a quick reminder of resilience qualities. Keeping these qualities in mind can help the clinician provide language for discussing resilience capacity and deficits with the client and determining treatment goals.

Despite the possible benefits of the scales, some have warned of the potential downfalls of trait models of resilience assessment, which suggests that some people are more resilient than others without accounting for situational variation. A person may be resilient under some circumstances and less so under others. Also, resiliency scales may privilege existing social norms of resilient measures, such as achievement and success in a world without factoring in an uneven playing field of social opportunity. A

recently published book by Michael Ungar, *Change Your World: The Science of Resilience and the True Path to Success* (2019), emphasizes awareness of social-ecological aspects of resilience over trait models.

Regarding cultural context, EMDR therapist David Archer MSW, MFT's presentation at the 2020 EMDRIA Virtual Annual Conference spoke to the allostatic overload inherent in systemic racism's social forces. Acknowledging this reality for clients impacted by social oppression can help shift any internalized negative beliefs stemming from inequities experienced by the client and attribute it more fully to the injustice of the social context. Archer emphasizes that this reattribution of the real problem is a critical component for the therapist offering an intentional anti-racist approach to psychotherapy. Other cultural considerations in resiliency building include strengthening adaptive responses to social experiences, including microaggressions and accessing and enhancing culturally meaningful inner resources.

Reprocessing

EMDR practitioners are often debating the question, "more resourcing or more reprocessing?" For reasons stated above, RDI and other resource building EMDR methods are powerful tools, especially for the client with a high need to build internal capacity. Simultaneously, when a person has experienced trauma, trauma resolution in the form of memory reprocessing is ultimately the most permanently stabilizing process that EMDR therapists can facilitate.

Many popular non-EMDR based resilience theorists, trainers, and consultants feature their formulas for building resilience with names like the four types of resilience (psychological, emotional, and physical and community); The five pillars of resilience (self-awareness, mindfulness, self-care, positive relationships, and purpose); The six domains of resilience (vision, composure, reasoning, tenacity, collaboration, and health); and The seven Cs of resilience (competence, confidence, con-



nection, character, contribution, coping and control). While there is undoubtedly potential value in all these points of emphasis, resilience cannot be built simply by following a menu of steps.

EMDR clinicians are fortunate to have an evidence-based clinical approach that does not tell clients how to be resilient. Instead, EMDR therapists assist clients as they navigate their unique path to recovery and resilience. During reprocessing, clients are not told to manage their distress but rather to “be with it” as the EMDR procedures and the client’s innate AIP resources help them come to terms with the traumatic memory. Newly trained EMDR therapists are often surprised by the powerful and authentic aspects of this client-centered approach but come to trust and anticipate such results with added experience.

Though the following paradigm has its limits, it offers a sense of a unique feature of EMDR therapy. When the client is reprocessing trauma, the smartest “person” in the room is not the therapist or the client, but rather the client’s brain. Within this paradigm, each entity has its job. The therapist’s job is to create the conditions for the client to reprocess the material to the most adaptive state possible. Therapist skills include trusting the client’s process, helping them if they are blocked, and having a feel for what is adaptive. One of the client’s jobs during reprocessing is to let go of typical learned ways of managing their distressing memories, such as avoidance, over thinking, and being overwhelmed. Clients learn to rely more on mindfulness as they let go and “get out of the way” enough to “just notice” and tolerate their emerging thoughts, feelings, and sensation. The client’s mindful dual attention allows them to move

through the memory and complete the unfinished business of releasing memory-related distress and restoring the more adaptive sense of self. Hallmarks of a resolved memory include that it is no longer disturbing, clients can see the experience for what it was and move forward, and they can view themselves in a positive light. And yes, when this occurs, Nietzsche’s statement is proven valid; once a memory is resolved, the client is typically wiser and stronger!

The three-prong protocol of EMDR therapy guides clinicians to identify current triggers and their underlying unresolved memories. When a client’s issue includes a cluster of related distressing memories, treat-

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ment plans often start by targeting the earliest (touchstone) memory. A key reason for this is that when this earliest memory is reprocessed to completion, including Installation and Body Scan Phases, the client is better prepared to reprocess subsequent targets successfully. One way of looking at this phenomenon is that the outcome of successfully reprocessing a single memory, including installing the positive belief, is greater adaptive resilience, which aids clients as they tackle other memories. This resilience can expand and gain momentum, especially if the EMDR therapist and client maintain

a steady pace in the reprocessing sessions. Adaptive resilience can build and have a domino effect as the client works through memories sooner and more quickly. Ultimately, the future template protocol is specifically designed to capitalize on reprocessing gains by envisioning satisfaction and resilience in the future.

Building Resilience Can Help Beyond the Initial Issue

Building resilience to one issue helps build the capacity for resilience to other challenges. EMDR methods seek to not only help people recover from trauma and manage ongoing adversity, but they can show generalized effects across client difficul-

ties. Over and over, EMDR therapists observe the 180-degree flip in perspective after trauma reprocessing. For example, clients who reprocess memories of being bullied as children can move from initially believing they were weak victims to discovering a felt sense that they were strong people for having endured the bullying. Once that change of perspective is installed in the client, they can bring that self-knowledge to future experiences. Moving from the feeling and identity of being a *victim* to one of being a *survivor* epitomizes the resilience of the human being that can be catalyzed in EMDR therapy.

Cognitive interweaves are another essential part of EMDR therapy, and they are often needed to help the client find their resources. Sometimes when clients are reprocessing a trauma, there are moments when they seem stuck in hopelessness, as if they are stumbling in the dark. Aristotle said, “It is in our darkest moments that we have to focus to see the light?” In those moments, as a therapist, I am sometimes not sure where to shine the light. I sometimes feel I should offer them something

I couldn’t do anything about it, at least then,” “I knew someone in the world cared about me.” In those moments, clients find their own light and show me sources of their resilience. “Go with that,” I say.

The year 2020 was dominated by three major societal challenges that have impacted virtually everyone within the U.S. and to varying degrees throughout the greater world. The COVID-19 pandemic, the awakening to systemic racism sparked by the Black Lives Matter movement,

more equitable society, it also challenges our society and white people in particular to have the determination and adaptiveness to be part of creating needed changes and in dismantling racism. And for those who have been discriminated against historically in this country, even positive structural change brings the threat of continued backlash. Political divisiveness has had many effects, including being corrosive even within families and small communities where politics are normally less apparent.

Another compounding aspect of 2020 issues is that they have affected most mental health providers. Last year, therapists worked triple time to respond to normal client issues, manage the additional 2020 related issues of the client, and move to alternative ways to provide client care such as virtual platforms. In addition to professional challenges, therapists have had their health needs and those of their families to look after, and manage other family adjustments, while trying to stay present as responsible citizens.

Many inspirational quotes are remembered because they have resonated for people seeking comfort and resilience in dark times. The clever EMDR therapist may see a moment to use this wisdom in the form of cognitive interweaves.

If you’re going through hell,
keep going.
—Winston Churchill

She stood in the storm and
when the wind did not blow her
way, she adjusted her sails.
—Elizabeth Edwards

Fall seven times, stand up eight.
—Japanese Proverb

Grief and resilience live together.
—Michele Obama

Do not judge me by my success,
judge me by how many times I
fell down and got back up again.
—Nelson Mandela

He who has a why to live can
bear almost any how.
—Nietzsche

My barn having burned down,
I can now see the moon.
—17th century Japanese poet,
Mizuat Masahid

hopeful from the outside, but I don’t want to under-appreciate the depth of the pain or prematurely rescue clients from their recovery process. Over time, I have come to rely on a particular question, “With all that you have faced, how have you survived as well as you have?” Almost always, clients surprise me with a clear answer. “I believed in myself,” “I knew it was unfair and realized

and the harsh political divisiveness and threats to democracy. And these challenges will be ongoing as we continue in 2021. The pandemic has impacted health, economic well-being, and social connection. It has heightened the allostatic stress load for everyone. While I see the Black Lives Matter awakening as a tremendous new opportunity for more full and sustainable social change toward a

How 2020 Raised the Bar for Resilience

2020 has raised the bar for resilience needed across the U.S. and beyond. Many of my clients in 2020 could not or did not want to simply put aside COVID-19 and other societally impactful issues to continue with a full focus on their original therapy goals. In facing these added clinical challenges, I have once more been very grateful to offer the EMDR therapy approach. The structure and principles of EMDR therapy make it easier for the client’s own issues to be differentiated from those of the therapist even when the same stressors have existed for both. I have noticed and heard from

other therapists that many clients have been atypically likely launch into worries, rants, and complaints about the adversities of 2020. And therapists themselves report being triggered into their personal feelings in these moments. Fortunately, I discovered early on that redirecting clients to standard EMDR processing, and often targeting the current events that were bothering them, consistently helped them get to a more adaptive state of mind as the sessions went along. This more adaptive perspective also informed future actions and choices as they left the virtual office. Indeed, EMDR therapy itself showed its resilience in treating current and ongoing stressors by creating a reliable method for clients to address these matters in the most adaptive way they could discover.

While there are many individually interesting examples of individual adaptive realizations to 2020 issues in my sessions, I noticed some overall adaptive resilience patterns for clients dealing with issues related to all three of these 2020 issues. Generally speaking, by the end of sessions, clients were less consumed by emotions and more grounded within themselves. Regarding the specifics of the issue, clients typically moved from fear, dread, and catastrophizing to more inwardly oriented thoughts about what they could do or not do with those issues in mind. Regarding what they could and wanted to do, I noticed client's inclinations changing flexibly, sometimes session to session depending upon new circumstances. Regarding the Black Lives Matter awakening and political divisiveness issues, clients gravitated to a balance between what they could seek to do and what they would accept was beyond their control, again with evolving thoughts over time. Many

clients found EMDR methods a powerful way to work on race-related issues and to discover surprising and potent memory connections related to cultural socialization that led to deeper insights. Another pattern I observed was that when clients reprocessed the allostatic overload of information, they generally gravitated toward decisions to titrate the information they were receiving. Clients who were "freaked out news junkies" developed some buffers to information gathering and often became clearer about from who and what sources they would get their information. Clients whose normal tendencies would be to avoid societal issues, when given a chance to process these avoidant reactions, became more curious and less likely to think they could not comprehend or contribute to our societal conversation.

EMDR therapy can enhance resilience in many ways. As therapists, we can help clients build, recover, and strengthen resilience. And when our clients sense their true resilient nature, EMDR therapists can help them ride this quality as they create the lives they want and address the personal and societal issues ahead.

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