Enactment-Focused EMDR

Targeting the Space Between Attachment Wounds

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Author Note

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EF-EMDR in Brief

Three components, from the paper's core section:

- Recognizing enactments in the present moment by tracking relational patterns, affective shifts, and autonomic nervous system activation.
- Helping clients bring enactments into conscious awareness by linking present-day relational struggles to their existing attachment wounds.
- Using EF-EMDR to process enactments as active memory networks, allowing clients to experience resolution not just in the past, but in their present relational lives.

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Enactment-Focused EMDR: Targeting the Space Between Attachment Wounds

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Eye Movement Desensitization and Reprocessing (EMDR) has become one of the most widely used trauma therapies, offering a structured eight-phase protocol designed to facilitate adaptive memory processing. However, while EMDR has demonstrated significant efficacy in treating PTSD and other trauma-related conditions, it has historically emphasized individual or isolated memory processing (e.g. “first and the worst” or “top ten” or a traditional trauma timeline made up of highly distressing experiences) over the relational and systemic nature of trauma. Standard EMDR protocols primarily focus on resolving isolated traumatic memories but often neglect the ongoing relational enactments that sustain and recapitulate trauma responses.

Over the past several decades, trauma therapy has increasingly embraced a relational, attachment-informed, and neurobiological understanding of trauma. Advances in affective neuroscience, polyvagal theory, and attachment research have expanded our ability to conceptualize trauma beyond isolated events, highlighting how early relational experiences shape the structure and function of our neural networks and embodied nervous system(s) and influence patterns of regulation, connection, and defense. This shift has yielded significant benefits, allowing clinicians to recognize the role of developmental trauma, relational safety, and autonomic state regulation in both the treatment process and long-term healing. By integrating these insights, the field has moved beyond a symptom-reduction model toward a more holistic, systemic approach that considers the ways in which trauma is embedded in the body and relationships. However, despite this progress, trauma therapy has largely remained disproportionately focused on resolving past memories rather than addressing the ways in which trauma is actively reenacted in interpersonal relationships, both familial, platonic, and romantic. While EMDR and other evidence-based trauma modalities can successfully and consistently reduce distress associated with traumatic memories, they have often overlooked how unresolved attachment wounds continue to shape present relational dynamics—both inside and outside the therapy room. This omission is critical; trauma is not just a record of what has happened but an active and ongoing process that organizes experience, perception, and interpersonal behavior in the present. Even when therapists effectively target and reprocess significant traumatic experiences from the past, the patterns established by these unresolved attachment wounds will likely emerge in subsequent relationships and make the client vulnerable to retraumatization and a further patterning of *maladaptive* strategies. Clients may find themselves reliving the emotional and relational consequences of their original injuries, not because the past trauma remains

unprocessed, but because the relational template it created is still actively governing their interactions, perceptions, and emotional responses. It is insufficient to assume that by resolving past traumas and their origins, even with thorough resourcing, clients will be able to avoid the templates of attachment patterns and vulnerabilities created by those traumas—this is why we must target the space between the wounds, the enactments.

Without directly addressing enactments—the unconscious re-creation of attachment wounds in present relationships—trauma treatment risks reinforcing a past-centric model that assumes processing traumatic memories is sufficient to break these cycles. However, as long as enactments remain unrecognized and untreated, they will continue to obscure the true source of the client's pain, leading to chronic relational distress, therapeutic ruptures, and cycles of retraumatization. This introduction of Enactment-Focused EMDR (EF-EMDR) provides a necessary expansion of the EMDR model by targeting not just the past, but the active, embodied processes that sustain trauma in the present, offering clients a pathway to break free from entrenched relational patterns and move toward authentic connection and healing.

Understanding Enactments: Origins, Scope, and Healing Through EMDR

Enactments refer to the unconscious re-creation of early attachment dynamics in present relationships, particularly observable within the therapeutic relationship. Clients unconsciously invite others—including therapists—into relational roles that mirror their formative attachment experiences. These dynamics are not simply projections of past experiences but are active, embodied, and neurobiologically encoded survival strategies.

Origins of Enactment

The concept of enactments has its roots in psychoanalytic and psychodynamic traditions, where therapists observed that clients repeatedly pulled them into unconscious relational scripts. Freud's early work on *repetition compulsion* described how individuals unconsciously re-experience distressing relational dynamics in an attempt to master or resolve them. He identified this process as a key feature of *neurosis* , arguing that individuals were often drawn to repeating rather than remembering their past traumas. This insight laid the groundwork for later developments in relational psychoanalysis and attachment theory. As an example, Winnicott expanded Freud's insights by emphasizing the role of the environment in shaping relational patterns. He proposed that when an individual's authentic self-expression is repeatedly met with misattunement or neglect, the psyche develops defensive strategies that become embedded in relational enactments. For instance, a child who reaches for comfort and is consistently met with indifference or irritation may learn to suppress their emotional needs altogether, developing a pattern of hyper-independence and self-dismissive repression in adulthood. Alternatively, a child whose distress is only attended to when it escalates to extreme emotional displays may internalize the belief that connection is only possible through crisis, leading to relational cycles

of volatility underscored by fears of abandonment. These defenses, originally protective need-meeting strategies, eventually perpetuate rigid relational cycles that limit emotional growth and self-expression and undermine the present wellness of the individual and their relational security and self-concept.

Building on Freud and Winnicott, later theorists such as Bollas (1987) and Stern (2010) articulated the interactive nature of enactments, noting that they do not merely emerge from one individual but are co-created in relational fields. Stern's work on implicit relational knowing suggests that enactments often arise outside of conscious awareness, shaping our relational expectations and behaviors in therapy and beyond.

Enactments as a Human Phenomenon

While enactments are most directly observed in therapy (due in part to the treatment environment's sensitivity to them for treatment planning and intervention planning), they are not confined to the therapeutic space. Human beings consistently recreate their early relational wounds in their intimate relationships, workplace dynamics, and even in their self-concept, carrying forward the learned affordances of their relational environment and what is acceptable for them as an individual to feel, think, and express. Enactments are, in essence, distress-driven reconstructions of early attachment experiences, dictating our patterns of relating, avoiding, and protecting ourselves from perceived relational threats. Freud's *repetition compulsion* provides a powerful lens for understanding this phenomenon. He suggested that individuals unconsciously seek out familiar relational dynamics—not because they are pleasurable, but because they are known. We prefer the certainty of familiar suffering over the uncertainty of uncharted relational territory. This preference for the known emerges from how human beings construct meaning and stability—we repeat what we understand, even when it causes pain, because the unknown often feels riskier than the familiar. However, enactments are not simply fixations on the past and *known* ; they are driven by an underlying, often unconscious, search for resolution. Human beings are wired to seek coherence in their relational worlds and self-concept, and when an early attachment wound remains unresolved, there is an inherent drive to recreate the dynamics of that wound—as if, given the right circumstances, the outcome could finally be different. It's as if our unconscious self wonders, "*If I can recreate the dynamics, maybe I can find the right answer this time.*"

The problem is that without intervention, these cycles rarely lead to resolution. Instead, the very act of reenacting the wound evokes and reinforces the same maladaptive patterns, deepening the imprint of trauma and perpetuating relational suffering. Grounded in Lewin's (1936) field theory, which posits that human behavior is shaped by the totality of relational and environmental influences, relational field theory offers a crucial lens for understanding why these cycles persist. Rather than existing in isolation, enactments arise within dynamic relational fields, where they are activated, reinforced, and perpetuated through interaction, rupture, and ill repair. These unresolved attachment wounds are not just internal psychic structures; they are embedded in the intersubjective fabric of relationships, shaping expectations, reactions, and perceptions in ways that keep the trauma alive in the present. Relational fields are dynamic systems where

unresolved attachment wounds are activated and sustained through interaction. Each person in a relational field carries implicit expectations for connection, safety, and threat, which then interact with another's patterns, reinforcing familiar but sometimes maladaptive cycles. This is why enactments are so powerful—they do not exist in isolation but are co-created and sustained within relational systems, making them both pervasive and self-perpetuating unless actively disrupted and repatterned.

Because these enactments are not simply internal but co-created within relational fields, they persist beyond the therapeutic setting. Clients unconsciously seek out interactions that mirror past attachment wounds, whether in intimate relationships, professional dynamics, or social networks. This explains why working solely on past memories without addressing present-day relational enactments can lead to stalled therapeutic progress or relapse into maladaptive patterns. Thus, targeting the repetition compulsion within relational fields becomes the central intervention point in EF-EMDR. Instead of focusing exclusively on past traumatic memories, therapists identify real-time relational patterns as active processing targets. By working through a modified application of the standard 8-phase EMDR approach targeting these enactments, clients experience a felt sense of choice and agency within relational dynamics, shifting from automatic reenactment to conscious engagement and authentic self-expression.

Healing the Repetition Compulsion Through EF-EMDR

Unresolved attachment wounds do not simply linger in the past; they are actively carried forward in the present, shaping relational fields and driving the enactments that keep trauma alive. The psyche, in its search for resolution, unconsciously re-enters familiar dynamics, drawn to what is known—even when painful—with the implicit hope of mastery or repair. However, because these enactments emerge within reciprocal relational systems, they rarely lead to resolution on their own. Instead, they tend to reinforce the same maladaptive cycles, perpetuating suffering and deepening the imprint of trauma.

Despite the evolution of trauma treatment, many therapeutic models, including traditional EMDR, have remained focused on fragmenting and processing past traumatic memories without fully accounting for how trauma actively reasserts itself through enactments in the present—in the space between the wounds. This omission is significant—even after successful memory reprocessing of a traditional trauma timeline, unresolved relational patterns continue to pull clients into reenactment loops, obscuring the true source of their distress and making lasting change difficult. Thus, Enactment-Focused EMDR (EF-EMDR) represents a necessary evolution of the EMDR model by recognizing that trauma is not only an event to be processed but a dynamic process that organizes experience, perception, and relational engagement in real time. Enactments are not just symptoms to be observed—they are central processing targets that must be engaged for sustainable and transformative healing. By directly conceptualizing these enactments as EMDR targets, EF-EMDR disrupts the cycle of compulsive relational repetition, allowing clients to step out of entrenched patterns and move toward genuine relational transformation. In EF-EMDR, enactments are conceptualized as a dynamic, relational process

that occurs in the nervous system and attachment templates of the client, influencing real-time interactions with others. Clients unconsciously seek familiar but maladaptive relational patterns because they are embedded in implicit memory systems. These patterns manifest in repeated relationship struggles, self-sabotage, or chronic emotional distress, all of which are ideal targets for EF-EMDR intervention.

An Essential Note for Therapists

The role and influence of the therapist in EF-EMDR is immense—not as a detached facilitator, but as an active relational participant who co-creates the therapeutic space. The therapist's ability to recognize and respond to enactments requires a high level of personal awareness, attunement, and self-regulation. Clients will inevitably project unresolved attachment wounds onto the therapist, expecting rejection, misattunement, abandonment, or control. If the therapist is not aware of their own relational patterns and enactment vulnerabilities, they may unconsciously react from their own enactment tendencies, rather than remain present to the client's process. Without this clarity, therapists risk reinforcing the very cycles EF-EMDR seeks to interrupt.

Therapists must be able to detect affective shifts, dissociative patterns, and nervous system changes in their clients while simultaneously tracking their own internal responses. If a therapist notices frustration, defensiveness, urgency, or a pull toward rescuing or caretaking, they may be caught in an enactment. A well-attuned therapist, however, can observe these dynamics without reacting from their own wounds, allowing them to name enactments, offer attuned reflections, and support the client's processing without distortion. When enactments arise in session, the therapist must be able to name them in real-time: "*I noticed something just shifted for you—does that feel true*?" or "*I want to check in—does this moment feel familiar in a way that connects to past relational experiences*?" By bringing enactments into awareness, the therapist creates an opportunity for active processing. Instead of bypassing or avoiding ruptures, EF-EMDR helps therapists guide clients toward integrating new relational templates through real-time co-regulation and repair. To be effective in EF-EMDR, therapists must engage in ongoing personal work, including therapy, consultation, and self-inquiry, to track their own relational tendencies. They must develop dual awareness, staying present with the client while observing their own internal responses. This work is non-negotiable—the clearer the therapist is within themselves, the more precisely they can track the client's enactments without getting trapped in them. EF-EMDR depends on the therapist's ability to maintain this level of clarity, ensuring that therapy itself becomes a corrective relational experience where clients can internalize new expectations of safety, connection, and attunement.

Core Components of EF-EMDR for Working with Enactments

Enactments are not just reflections of the past; they are active, real-time expressions of unresolved attachment wounds that shape how clients engage in relationships, including the

therapeutic relationship itself. Traditional EMDR often focuses on past trauma memories, but EF-EMDR expands the focus to include how those memories continue to structure present relational patterns, behaviors, and expectations.

This section will break down the key components of EF-EMDR for identifying, processing, and transforming enactments, offering practical strategies for:

- Recognizing enactments in the present moment by tracking relational patterns, affective shifts, and autonomic nervous system activation.
- Helping clients bring enactments into conscious awareness by linking present-day relational struggles to their existing attachment wounds.
- Using EF-EMDR to process enactments as active memory networks, allowing clients to experience resolution not just in the past, but in their present relational lives.

By integrating enactments as explicit processing targets, EF-EMDR provides a structured approach to interrupting reenactment cycles, facilitating deeper healing, and helping clients move toward authentic, reparative relational experiences. The following sections will outline exactly how to identify enactments in session, set up processing targets, and use a modified application of the standard 8-phase EMDR approach to engage enactments directly.

Identifying Relational Triggers in the Present

Unlike traditional EMDR, which primarily targets past events, EF-EMDR helps clients recognize when they are re-enacting attachment wounds in current relationships. Therapists track affective shifts, autonomic nervous system activation, and relational ruptures as clues to identify active enactments.

What This Looks Like in Session

In EF-EMDR, the goal is not just to identify past traumatic memories but to recognize how trauma is reasserting itself in the present through relational enactments. This often becomes evident when a client:

- Expresses frustration or hopelessness about a repeated relational pattern (e.g., “Why do I always end up in relationships like this?”).
- Shows a sudden shift in affect or body language when discussing a current relational experience (e.g., withdrawing, tensing up, or becoming highly activated).
- Describes feeling unseen, unheard, or rejected in therapy or in other relationships, mirroring early attachment wounds.
- Has difficulty processing past trauma because similar dynamics are still playing out in their present life, keeping their nervous system in a cycle of reenactment.

How to Identify It in the Moment

As a therapist, you can track three key markers that indicate an enactment may be emerging:

1. **Affective Shifts** – Does the client suddenly shut down, become activated, or shift into defensiveness when discussing certain relationships or dynamics?
2. **Autonomic Nervous System Activation** – Are there visible signs of dysregulation, such as fidgeting, breath changes, dissociation, or an abrupt change in vocal tone?
3. **Relational Ruptures** – Are they projecting past relational wounds onto the present (e.g., assuming their therapist, partner, or friend will abandon, betray, or reject them in the same way they were hurt before)?

What to Say in Session to Set Up the Focus

Once an enactment is recognized, the goal is to name it, slow it down, and invite the client to explore it as an active, real-time target for EF-EMDR processing. Here are some script examples that can help therapists set this up:

1. Naming the Pattern

> "I'm noticing that when we talk about [relationship/situation], something shifts for you. Does that feel true for you?"
>
> "You've said before that this kind of thing happens a lot in your relationships. I wonder—does this feel familiar, like something you've been through many times?"
>
> "It sounds like there's a really strong emotional charge here. Would it be okay if we slowed down and got curious about what's happening at this moment?"

2. Connecting It to the Past

> "When you feel this way, does it remind you of a time when you felt something similar earlier in your life?"
>
> "I wonder if there's an earlier experience where you had this same reaction—like your body already knows what's going to happen next?"
>
> "What do you think your nervous system is expecting here? Does this dynamic feel like something that's happened before?"

3. Setting Up EF-EMDR Processing

> "This moment right here—this is exactly what we can work with as a target for EMDR. Instead of just processing a past memory, we can target this pattern itself, because it's showing up in your life again and again. Would you be open to that?"
>
> "What if we bring this exact experience to the forefront, and see if we can help your system find a different way forward?"
>
> "If we could get curious about this together, we might be able to change the way this plays out—not just in your memory, but in your real relationships moving forward."

Activating and Processing the Enactment

Once a relational enactment is identified, a modified application of the standard 8-phase EMDR approach is applied not just to past memory networks but to the present-moment relational distress. Clients hold both the current interpersonal situation and the historical attachment template simultaneously, allowing for deeper processing and restructuring of relational expectations.

What This Looks Like in Session

Once an enactment has been identified, the goal is to activate it in the present moment so that it becomes a direct target for EF-EMDR processing. Unlike traditional EMDR, where past memories are the primary targets, EF-EMDR focuses on how the past is being actively relived in the client's present relationships—including in the therapeutic relationship. This step is crucial—clients may not recognize that their distress is tied to a historical attachment template, especially when it feels like a purely "current" issue (e.g., frustration with a partner, fear of abandonment by a friend, conflict at work). By holding both the present-moment relational distress and its historical roots at the same time, clients can experience a deeper restructuring of their expectations, responses, and emotional patterns.

How to Identify When an Enactment is Ready for Processing

Once a client is emotionally activated in response to a relational trigger, enactments can be processed in session if:

- The client is experiencing distress in the present moment related to a relational pattern (e.g., feeling unseen, abandoned, unworthy, rejected, powerless).
- They describe a repeated pattern that mirrors early attachment experiences (e.g., "This always happens," "No one ever listens to me," "I feel like I have to prove myself").
- There is strong emotional or bodily activation (e.g., tears, tightness in the chest, heat, numbness, a drop in tone or energy).
- The client can access a memory or felt sense that connects the present situation to a past relational experience.

What to Say in Session to Set Up the Processing Focus

Once the enactment is present and activated, the therapist helps the client hold both the present-moment distress and the historical attachment template together to engage the full EMDR processing procedure.

1. **Naming the Enactment and Linking to the Past**

> "I hear how painful this situation feels right now. Can we pause and get curious about whether this feels familiar—like something you've been through before?"
>
> "It sounds like this experience is really charged for you. I wonder if there's an earlier time in your life where you felt this same kind of frustration or helplessness?"

> "When you notice yourself reacting this way, does it feel like *you* now—or does it remind you of a younger version of yourself?"

2. Setting Up the Dual Awareness for Processing

> "Let's hold onto this present experience and the emotions that are coming up. Now, see if you can also bring up that earlier time in your life where this same feeling was there. Notice both at the same time—how similar do they feel?"
>
> "What happens in your body when you bring both of these experiences together—the present one and the past one?"
>
> "If we could connect this moment to its origin, we might be able to help shift it. Would you be open to seeing what comes up if we bring in some bilateral stimulation?"

3. Applying Bilateral Stimulation (BLS) to the Enactment

Once the dual awareness of the present and past is activated, BLS is applied to process the attachment template that is driving the enactment.

> 1. "As you hold onto both of these moments—the current experience and the past one—just notice what happens as we do some eye movements/taps."
> 2. "Let's allow your system to make sense of this. Keep noticing what comes up."
> 3. "What's shifting? What are you noticing now about this pattern?"

Accessing the Felt Sense of Choice

In an enactment, clients often feel trapped in predetermined relational scripts, unaware that alternative responses exist. EF-EMDR creates micro-moments of choice, where clients experience embodied agency in how they respond to relational challenges. BLS and focused attention can be used to strengthen new relational templates, allowing clients to internalize new experiences of safety, connection, and authenticity.

What This Looks Like in Session

A key feature of an enactment is that clients feel trapped—as if their relational patterns are predetermined, and they have no way of responding differently. Whether it's shutting down, people-pleasing, avoiding conflict, or becoming emotionally reactive, these responses feel automatic and unavoidable. EF-EMDR interrupts this automaticity by creating micro-moments of choice, allowing clients to experience the possibility of new relational responses in their bodies, not just in their minds. This process isn't about just telling clients, "*You have a choice*," —it's about helping them feel and integrate that choice as a lived experience. Through bilateral stimulation (BLS), focused attention of the therapeutic relationship, and the co-discovered sense of safety in the therapeutic relationship, our clients can expand their capacity to tolerate new relational possibilities, internalizing new templates for safety, connection, and self-expression.

How to Identify When a Client is Ready to Access Voice and Choice

Clients may be ready to explore voice and choice when:

- They recognize the repetitive nature of their reactions but feel stuck in them (e.g., "I always shut down in conflict" or "I know this happens, but I don't know how to stop it").
- They express frustration with their own reactions but still feel powerless to change them (e.g., "I don't want to do this, but I can't help it").
- They begin to make connections between past wounds and present relational challenges but don't yet see how to respond differently.
- Their autonomic activation is still strong, but they are able to stay present enough to explore new relational possibilities.

What to Say in Session to Help Clients Access Voice and Choice

1. Identifying the Automatic Relational Script

> "Let's pause for a moment. When this situation happens, does it feel like you have any control over how you respond?"
>
> "I hear that this reaction feels automatic for you. Does this remind you of an earlier time in your life where you had to respond this way to stay safe?"
>
> "If we slow this down, what happens in your body when you imagine yourself in this situation again? Does it feel like your body already knows how it's going to react?"

2. Expanding Awareness of New Possibilities

> "Let's get curious—if you weren't locked into this reaction, what else might be possible?"
>
> "If this reaction didn't take over, what might your most authentic self want to do here?"
>
> "Even if it feels small, is there any part of you that can imagine responding differently?"

For some clients, new possibilities may feel completely out of reach. If that's the case, the therapist can introduce choice in a gentle, embodied way:

> "What if we didn't have to force a different response, but just allowed ourselves to notice what's happening right now?"
>
> "Let's take a moment to see if we can find just 1% more space between the situation and your reaction."

3. Engaging BLS to Strengthen the Felt Sense of Choice

Once a client touches on the possibility of a different response, even subtly, BLS and focused attention can be applied to reinforce this emerging awareness and integrate it somatically.

> "Let's hold onto this idea—this tiny sense that something else might be possible—and just notice what happens as we add some eye movements/taps."

> "As we do this, allow yourself to explore the possibility of responding differently. No pressure, just noticing."
>
> "What's shifting? What are you noticing now?"

For some clients, the idea of choice will feel completely foreign at first, but BLS can help soften rigid neural pathways, allowing them to *feel* something new before they can fully articulate it.

Repairing Ruptures in Real-Time

The therapist's role in EF-EMDR extends beyond facilitating memory processing; they serve as a co-regulator and relational repair agent. When enactments arise in session, the therapist uses attunement, reflection, and targeted BLS to support integration, ensuring that the therapy space itself becomes a corrective relational experience.

What This Looks Like in Session

In EF-EMDR, the therapist is not just a neutral facilitator of memory processing—they are an active relational participant who co-regulates the client's nervous system and helps repair attachment ruptures in real time. This is essential—enactments don't just emerge in the client's external relationships; they show up in therapy, too. When a relational rupture happens in session—whether it's a misattunement, a moment of withdrawal, or a reenactment of past attachment wounds—it presents a real-time opportunity for transformative repair. Instead of moving past these moments or pathologizing them, EF-EMDR helps therapists use these ruptures as processing targets, integrating both attunement and BLS to create an embodied corrective experience.

A relational rupture in session may show up when a client:

- Suddenly withdraws, becomes quiet, or shuts down in response to something the therapist says or does.
- Becomes highly activated or reactive, showing frustration, irritation, or defensiveness.
- Expresses disappointment, rejection, or mistrust toward the therapist.
- Begins replaying old attachment patterns with the therapist (e.g., people-pleasing, minimizing their needs, fearing disconnection).
- Has a visible affect shift—a change in breath, posture, vocal tone, or emotional state that signals dysregulation.

What to Say in Session to Repair Ruptures in Real-Time

1. Naming the Shift & Validating the Experience

> "I noticed something just shifted for you. Does that feel right?"
>
> "I want to check in—I wonder if something I just said or did didn't land quite right?"
>
> "It feels like something just came up in the space between us. Can we explore that together?"

2. Connecting the Present Rupture to Relational Patterns

> "This moment right here—does this feel familiar, like something you've experienced before in relationships?"
>
> "I wonder if your nervous system is expecting something here—maybe a reaction or response from me that feels like what you've been through in the past?"
>
> "This feels important. If this was playing out somewhere else in your life, what do you think would happen next?"

3. Engaging BLS and Focused Attention to Process the Rupture

Once the rupture is identified as an activation of a past relational wound, it can be directly processed using bilateral stimulation (BLS) and focused attention.

> 1. "Would you be open to noticing what happens as we bring some bilateral stimulation into this moment?"
> 2. "Let's hold onto both this experience with me and other times this might have happened before, and see where your system goes."
> 3. "I'm right here with you—let's track what shifts as we do some eye movements/taps together."

Integrating New Relational Patterns

The final stage of EF-EMDR reinforces the new, adaptive relational frameworks developed through processing.Clients practice engaging in authentic self-expression and safe vulnerability, with an emphasis on sustaining relational health outside of therapy.

What This Looks Like in Session

The final stage of EF-EMDR is where clients begin to apply and embody their new relational experiences in their everyday lives. While earlier phases of EF-EMDR focus on identifying and processing enactments, this phase is about reinforcing and strengthening new relational templates so that clients can sustain these changes beyond the therapy room. This stage is crucial—trauma is not just about what happened, it's about what continues to happen in relationships. Even after reprocessing attachment wounds, clients may find themselves hesitating to engage differently because their nervous system still expects the old pattern. Integration helps bridge the gap between insight and action, allowing clients to move beyond reprocessing into real-life relational transformation.

A client may be ready for integration work when they:

- Recognize that they have new relational options but feel uncertain about practicing them.
- Still default to old responses in moments of stress or relational tension, even after processing past wounds.
- Struggle with tolerating healthy connection because it feels unfamiliar or unsafe.
- Express fear that their new way of engaging will not be received or reciprocated by others.

- Ask for support in how to apply their therapy work to real-world relationships.

What to Say in Session to Set Up Integration Work

1. Reinforcing the New Relational Pattern

> "You've done so much deep work in recognizing these old relational patterns. Let's take some time to explore how you want to move forward in your relationships with this new awareness."
>
> "Now that you see this pattern, what do you want to do differently? What feels possible now that didn't before?"
>
> "If we imagine the version of you who no longer needs to reenact this pattern, what do they look like in relationships? How do they show up?"

2. Practicing Safe Vulnerability & Authentic Self-Expression

> "If we role-play this dynamic right now, how would it feel to try out a different response?"
>
> "Let's imagine a situation where this pattern would normally come up. What would it be like to express your needs differently?"
>
> "What parts of you feel ready to engage in new relational patterns, and what parts feel hesitant?"

3. Using BLS to Strengthen the Internalization of New Relational Templates

Once a client identifies a new relational possibility, BLS can be used to reinforce it as an embodied experience, rather than just an idea.

> "As you hold onto this new way of engaging, let's add some bilateral stimulation and see how your system integrates this."
>
> "Let's strengthen this template in your nervous system—just notice what happens as we do some eye movements/taps."
>
> "What's shifting as we reinforce this sense of safety and confidence in your new relational approach?"

By integrating these components, EF-EMDR moves beyond the conventional EMDR model, transforming attachment wounds from unconscious reenactments into conscious, reparative experiences. This approach positions enactments as rich therapeutic material rather than resistance or pathology, offering clients a pathway out of trauma-driven relational cycles and into embodied relational freedom

Conclusion: The Future of Trauma Healing Through EF-EMDR

As trauma therapy continues to expand its focus beyond individual memory processing and into relational healing, the need to formally integrate enactments into EMDR has never been greater. While trauma theory has evolved, our models of trauma treatment have not fully caught up—EF-

EMDR represents this necessary step forward. Traditional EMDR has provided profound relief for countless individuals, yet its emphasis on resolving past experiences has often failed to account for how trauma actively reasserts itself through enactments, shaping relational patterns, nervous system responses, and identity formation in real time. Without directly addressing enactments, clients may find themselves trapped in cycles of relational repetition, unable to experience the full integration and transformation that trauma processing promises.

EF-EMDR offers a framework that explicitly targets the space between wounds—the unconscious reenactments of attachment trauma that continue to shape self-perception, emotional responses, and relational engagement. By integrating real-time enactment processing into the standard EMDR protocol, EF-EMDR allows therapists to work at the level of active neural and relational restructuring, providing clients with not only relief from past distress but also the capacity to choose and embody new relational experiences. This model also underscores the immense responsibility and influence of the therapist in the healing process. Because enactments are co-created within relational fields, the therapist's own awareness, self-regulation, and capacity for rupture repair become fundamental tools for transformation. EF-EMDR does not merely offer a new technique—it demands a higher level of attunement, sensitivity, and self-awareness from therapists, ensuring that they can track and process enactments without reinforcing them.

By embracing EF-EMDR as a relational and systemic expansion of traditional EMDR, we move toward a more comprehensive, embodied, and reparative model of trauma therapy. This approach recognizes that healing is not just about processing distressing memories but about repatterning the lived, relational experience of self and other in the present. As the field of trauma treatment continues to evolve, EF-EMDR stands as a vital step forward, bridging the gap between trauma resolution and relational transformation and offering both therapists and clients a pathway toward authentic, embodied healing.