Interweaves – an exploration with Dr Marilyn Tew

The information presented in this article is taken from Derek Farell's presentation in 2009, in which he explains the range of interweaves. It seems to be based in Shapiro's work from the 1990s.

Interweaves are used when the processing has become blocked or is looping. Shapiro (2001) defined blocking as being when processing has stopped. She wrote that this can be assumed to have happened when the information processing has not reached an appropriate level of desensitization but also hasn't changed after two consecutive sets of bilateral stimulation (eye movements, tapping, buzzers, sound etc).

In EMDR training, clinicians are taught to 'stay out of the way as much as possible', since the therapist does not know what the best unconscious connections are that need to be made by the client. However, there are times when it is important to intervene in order to help the client with processing. This can be when change has not occurred after consecutive sets of dual attention stimulation. It can also be when time is short and the processing is slow and the client would be enabled to reach a more adaptive place by the end of the session if information was brought to their attention to aide processing. Similarly a very strong abreaction or an abreaction late in the session might call for an interweave to help the client process more quickly and so reach a more stable place by the session's end. The definition of an interweave is when the therapist intervenes in the client's processing. EMDR wisdom says that it is best to start by changing the method of processing. This is called a process interweave and will be described later in this article. When process interweaves do not release the blockage or stop looking, a content interweave can be used. These introduce information into the processing or challenge the client's thinking or connect together information held by the client.

Process interweaves

As Spierings (2008) stipulates, process interweaves are used to keep the client within his or her window of tolerance, to strengthen the client's contact with the safety of the 'here and now' and / or to strengthen the contact the client has with the EMDR therapist. In order for adaptive processing to occur, two files must be opened and active at the same time in the client's brain: the safe 'here and now' and the traumatic 'there and then'

Process Interweaves are used when the client is very near the top of their window of tolerance or when the client is losing contact with the safety of ‘here-and –now’ or when the client is losing contact with the therapist i.e. is dissociating and becoming disconnected from the therapeutic relationship. They are changes to the method of processing such as changing the speed or direction of eye movements. Process interweaves can include changing the form of dual attention stimulation or encouraging the client to distance themselves from the target memory in some way. They could involve the introduction of imaginary screens on which to project the target or a glass barrier that protects the client from the memory and so on.

Process Interweaves start a tape running that confirms: ‘You have already survived’; ‘It’s already done’; ‘It’s over’. The client can also be encouraged to bring and hold a resource such as an object or photograph or a trusted person selected to symbolise survival.

Cognitive Interweaves

Cognitive interweaves involve a level of cognition. They too can take many forms such as the therapist asking a question, or offering a statement for consideration. They can also be the suggestion of an action e.g. ‘If your body wants to run, then run on the spot as fast as you can’. The action is selected to help elicit the next bit of information the client need to continue the adaptive processing.

Often all that is needed with the Cognitive Interweave is a tentative, even hesitant agreement or willingness to consider the therapist’s introduced material The introduction of new material serves to access adaptive information stored in the brain in a separate memory network. This adaptive information is then brought into working memory and integrated into the current target narrative. It’s important to remember though, that the emphasis in EMDR is to allow processing to occur that will generate trait change not simply a temporary state change

Cognitive interweaves can take several forms:

- content interweaves
- relational interweaves
- inquiry interweaves.

Content Interweaves

A good content interweave brings the exact missing piece of information to within reach of the client, no more and no less. It is not random or involving trial-and-error, but instead it involves material deduced from the therapist's knowledge of the client (Farell et al, 2010)

Content Interweaves are used to connect to specific and necessary information. They give the brain a clue so that the client gets in touch with information that would come up spontaneously in successful unstuck or free-flowing processing. In order to select an interweave, the clinician has to identify the block, the obstacle or the resistance that's being experienced by the client and match the interweave to it.

Content interweaves can take several forms. They can:

- supply missing information e.g. developmental information or physiological information
- draw on knowledge the clinician knows the client has, which he/she is not using
- take the form of a metaphor
- be an action e.g. what does your body want to do now?
- be a verbalisation e.g. what would you want to say to him now?
- link two or more pieces of information together

Sometimes these content interweaves still don't release the adaptive processing. Jim Knipe (1998) identified times when the processing becomes blocked by an underlying belief or fear that blocks the processing. He called these blocking beliefs, and developed a questionnaire to help clinicians identify them. The blocking belief can then be used as a content interweave. Counter-intuitively, Jim Knipe found that accepting the fear and saying aloud, with eye movements: "I accept (love, am loyal to) myself even though... 'blocking belief' often unblocked the belief and restarted processing.

Common fears include fear of losing control; fear of being disloyal; fear of betraying the family; fear of violating the vow of silence; fear of being punished or hurt; fear of being guilty; fear of being an accomplice; fear that you may not be believed; fear that the memories are made up or not real; fear that you are even more damaged than you thought; fear of losing your "old self"; fear of getting well [more responsibility]; fear that the trauma is too much for the therapist; fear the therapist will judge and reject; fear to trust and be abandoned again; fear that this problem can never be overcome and so on.

Relational Interweaves

Facilitating blocked processing can be helped by looking at the inter-subjective process between a client and a clinician within the context of the EMDR treatment. Sometimes attunement may be compromised by a counter- transferential experience . The relational interweave is a type of interpersonal intervention to deal with these transference and countertransference phenomenon. These interweaves might take the form of providing feedback to the client of somatic experiences within the therapist. They always require checking out to see if the felt experience of the therapist is a transference of the client's experience.

Relational interweaves require a strong therapeutic relationship as their bedrock. They also require sensitivity, curiosity and tentativeness. They are a form of reality checking that keeps the therapeutic relationship 'on track' and enables the client to develop trust and safety in the here and now in order to deal with the difficult feelings and experiences of the 'there and then'.

Inquiry interweave

Inquiry interweaves are about curiosity. A good therapist is endlessly curious in a non-judgemental and sensitively tentative way. EMDR can draw on systemic theory and practice to help with inquiry interweaves. In systemic thinking, the client's experience is one view or perspective among many. Not only that, the trauma storyline of the client's life is just one 'story; from a richly multiply-storied life. If we were thinking of a life as a novel, there would be many plot lines and many characters and they all interact in unique ways. Systemic practitioners constantly ask about other perspectives such as 'I'm curious to know how your friend might view that?' or 'I wonder what you would say to your younger self?'

In this vein, inquiry interweaves ask questions and express curiosity or wondering about perspectives, beliefs, misconceptions, knowledge etc. They tend to ask questions that fall into three main domains of negative cognition – safety, responsibility and choice.

In this vein, inquiry interweaves might:

- ask questions that challenge the reasoning that is blocked or stuck
- ask several short Socratic questions in a sequence that gets at the blockage
- stimulate held information such as expressing curiosity or confusion about something
- ask about multiple perspectives on the target (other people, resource figures, wiser internal self, other ego states etc)

- ask about other things at the time that challenge the stuck or blocked negative cognition or belief

Conclusion

As a final thought, it is wise to remember that interweaves – whether process or cognitive are not a 'quick fix' method of EMDR therapy. They are interventions that come only when the processing is stalled or blocked or looping and not becoming more adaptive without the therapists' intervention. They are not exactly a 'last resort' strategy, but they are certainly a carefully considered and sparingly used tool in the standard EMDR protocol.

References

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