

Utilization of ECEM: (Eye closure, eye movements) in the treatment of panic disorder and symptoms of anticipatory anxiety.

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TRANSFORMING ERICKSONIAN METHODS

Agenda

- **Describe ECEM: Eye closure, eye movements**
- **Compare ECEM with EMDR (advantages of ECEM for treatment of PD)**
- **Current views of Panic Disorder (PD)**
- **Utilizing ECEM to manage panic attacks, breathing distress, and anticipatory fear**

About ECEM: Eye closure, eye movement

- **ECEM is the inclusion of brief trials of rapid bi-lateral eye movements within hypnotherapy.**
- **Subjects, on their own, in a hypnotic state carry out several trials of bi-lateral eye movements while their eyes are closed.**

Comparing EMDR with ECEM

- **Both EMDR and ECEM are less dependent on language than cognitive or psychodynamic approaches**
- **Both are integrated into psychotherapy.**
- **Both process sensory and affective imagery**

Integrating EMDR within Hypnosis

■ Hypnosis and EMDR differ.

- 1. EMDR takes place in a state of conscious awareness, and effective treatment of trauma leads to changes in anterior cingulate and prefrontal areas.**
- 2. Hypnosis occurs in an altered state in which attentional centers are activated, measured by changes in blood flow, and fMRI.**

EMDR (AIP) includes hypnotic features

- Safe place (currently greater emphasis)**
- Sensory awareness**
- White light**
- How would you like it to be (positive cognition)**
- However, EMDR carries a risk of dissociation/destabilization for vulnerable clients.**

ECEM has advantages for treatment of panic disorder

- **The use of ECEM avoids dissociation and destabilization associated with accelerated information processing of EMDR.**
- **Lowered risk of destabilization in ECEM, may be due to processing dissociation as a naturally occurring hypnotic experience.**

ECEM utilizes rather than bypasses dissociation

- **ECEM builds tolerance for dissociation in the safe context of the hypnotic experience**
- **Reframes dissociation, experienced as freezing and depersonalization, as a temporary protective mental defense**

Advantages of ECEM in treating panic

- Using ECEM, clients learn how to utilize dissociation to get “distance” during a panic episode and/or recover from feelings of depersonalization.
- In treatment of panic, hypnotic interventions for breathing distress are more effective than bilateral processing

Development of ECEM

- ECEM was developed to combine the advantages of eye movements, adapted from EMDR, with ego stabilizing aspects of hypnotherapy
- Therapists need training in both EMDR and hypnosis and familiarity with the current views of panic disorder.

Using ECEM

- 1. Introduced conversationally (Would you like to close your eyes to see that more clearly?.)**
- 2. Utilizes client's hypnotic style, (visual, auditory, etc.)**
- 3. Emphasizes ego strengthening.**

Integrating EM's within Hypnosis

- An ECEM intervention begins with anchoring safety.**
- After eye closure, ideo-motor signals establish presence of target imagery or verbal report.**
- After eye closure, target is rechecked.**

Utilization of ECEM to treat panic

- At the right time, subjects, on their own, carry out six or seven trials of bi-lateral eye movements while their eyes are closed and until some change occurs.
- Each trial involves six or seven wall-to-wall eye movements.

Utilization of ECEM to treat panic

- Subjects may need 5-7 trials of EM's, each consisting of six or seven wall to wall eye movements.
- Clients determine how many trials of EM's they need to generate.
- Clients need reminders to move their eyes (during eye closure) as if looking from wall to wall to get imagery change.

Identifying Change using ECEM

- **Minimal cues, indicating change, are observable by therapist.**
- **Clients may use ideomotor signals to indicate change has been achieved.**

Integrating ECEM into hypnosis

- **Hypnotic processing resumes following eye movement trials.**
- **In treating panic disorder, therapist guides client through self-hypnosis to reset breathing.**
- **Therapist may also suggest safe place, memory retrieval, affect bridge, ego strengthening, self-suggestion to distract from breathing distress.**

ECEM incorporates good hypnotherapy practice and is not menu driven

- Ample time is given to finding a safe place.
- Safe places are linked to individual imagery of safe time/safe memory/ past success/ past mastery of anxiety/ safe body sensations/interpersonal support/nature, home, rooms, food smells, etc.,

ECEM emphasizes safety

- Hypnotic calming is framed as “ here and now” safety.
- As clients engage in a search for safety, they defocus on attempts to *control* breathing distress, and breathing automatically resets to normal.

Eye movements within the hypnotic state are utilized to:

- **Reduce anxiety**
- **Unblock stuck imagery**
- **Facilitate further hypnotic processing.**
- **EM's used selectively for panic attacks and as a central intervention in anticipatory anxiety,**

Neural activity in panic and depersonalization

Hyper-arousal and hypo-arousal in panic, are in part, a function of the activity of the locus ceruleus, which is the main source of adrenaline and nor-adrenaline.

Hyper-arousal and hypo-arousal result in different symptoms and experiences.

Role of locus ceruleus in panic and depersonalization

- **Hyper-arousal of locus ceruleus in panic disorder causes panic (flooding)**
- **Hypo-arousal results in depersonalization symptoms that is a failure to meet needs of stress arousal.**
- **Hypo-arousal characterizes depersonalization disorder in which panic attacks are not prominent.**

Symptoms of panic disorder

- **Panic disorder is viewed as:**
- **A temporarily destabilizing condition**
- **Maladaptive breathing related to subtle cues that trigger anxiety**
- **Symptoms do not impact personality.**
- **Panic disorder includes anticipatory fear of attacks that come out of the blue.**

About Panic Disorder

- Donald Klein, who was an early advocate of using SSRI's to treat panic disorder.
- He noted that most combat veterans with PTSD did not have diagnosable panic disorder although they may have experienced extreme panic in combat.
- He describes panic disorder as a disorder involving breathing dysfunction with a familial history.
- Klein called it a false suffocation syndrome.

Treatment of panic

- Treatment of panic focuses on:
- Containing an acute attack
- Developing awareness of maladaptive breathing related to subtle cues that trigger anxiety
- Relief of anticipatory anxiety about attacks that come out of the blue.

Essential features of panic

- Treatment of panic involves psychoeducation
- Victims of panic are habitual breath holders.
- Panic doesn't really come out of the blue
- Panic can be understood as an outcome of prolonged breath holding (due to stress or anxiety)
- Clients may hyperventilate as they try to recover breath, (you need to breathe to live).

Treating panic

- Taking deep breaths or putting a paper bag over the head—is less effective than self-hypnosis.
- Hypnotic interventions are highly effective. The steps to follow are:
 - Eye closure to initiate trance
 - Safe place to *distract* from attempts to consciously control breathing

Treatment of panic

Suggestions are given to client in hypnosis to continue safe place, enjoy comfort while breathing resets.

ECEM

Eye movements within hypnosis are used to manage anticipatory anxiety.

Eye movements within hypnosis for anticipatory anxiety can prevent PD episodes.

Case example

- **Female with panic attacks.**
- **Wanted relief from “phobias” based on fears of having a panic attack**
- **Treatment**
 - Hypnotic breathing, anti-depressants
- **Anticipatory Anxiety**
 - Fear of going through Lincoln tunnel to NYC, kept her from visiting mother, going to theatre, dinner in NYC.

Integrating EMDR within Hypnosis

- **Treatment**
 - Psychodynamic, psychoeducation
 - ECEM for panic on approaching tunnel
- **Target symptoms**
 - Breathing, fear of getting stuck, no one will help, I'll have panic attack, won't be able to stop it, there won't be any water to drink, I'll be helpless

Integrating EMDR within Hypnosis

- **ECEM for anticipatory anxiety**
 - Induction—Close your eyes, get comfortable, can you remember how to breathe hypnotically, go into a trance, dissociate, find a safe place.
 - Th. What are you seeing now?
 - Pt. Tunnel, and I'm scared
 - Th. ECEM.
 - Th. What's happening now?

Integrating EMDR within Hypnosis

- Pt. Less scary
- Th. What now?
- Pt. My thoughts, I' m still worried
- Th. ECEM and then, "What would you like to do?"
- Pt. Listen to music
- Th. Listen and ECEM
- Pt. That helps
- Th. See the tunnel again, and ECEM until it is more comfortable
- Pt. Can do. Etc.,

Integrating EMDR within Hypnosis

- **Practicum**
- **Group practice, demonstration**
- **Themes**
 - **Psycho-education practice**
 - **Containing breathing distress during an attack**
 - **Modifying anticipatory anxiety associated with panic attacks through use of hypnotic imagery and ECEM**

Summary: ECEM (Eye closure, eye movements).

- **ECEM can be utilized conversationally**
- **ECEM can be integrated within hypnosis**
- **ECEM is used to contain panic attacks, depersonalization experiences, and anticipatory anxiety related to panic attack.**
- **ECEM contributes to stabilization and ego mastery utilizing EMDR within hypnosis.**