

EMDR and the AIP Model

EMDR is a trauma-focused therapy involving processing unresolved trauma memory networks to enable people to leave these memories in the past and move forward into the present (Shapiro, 2018). EMDR started with a focus on posttraumatic stress – i.e. flashbacks, nightmares and hypervigilance. Now, EMDR is more widely applied to different forms of trauma-related distress; for example, depression (Wood et al., 2018), psychosis (Marlow et al., 2024), ongoing pain (Tesarz et al., 2014) and many more. Central to the ability of EMDR to be applied to these different experiences is adaptive information processing (Shapiro, 2007).

The AIP model describes humans as active meaning-makers, attempting to make sense of the world and events that occur. As such, this paper embraces a broad definition of trauma, incorporating the recurrent, adverse experiences embedded in people’s relationships, lives, and structures of the social world rather than merely referring to isolated and extreme events. Humans try to generate adaptive explanations of such experiences, which offer some form of control and ideas for the way forward and how to cope. However, the usual functioning of the AIP model can be overwhelmed by the threat of a traumatic event. Traumatic and adverse life experiences are, by their very nature, frightening and overwhelming. When a trauma occurs, the processing of that event differs from how usual everyday memories are formed. This gives rise to a trauma memory, or a trauma memory network if there have been multiple linked events.

Due to attentional and dissociative processes, the trauma memory may be decontextualised, lacking connections with autobiographical and other memories holding relevant information – i.e., they are not ‘time-stamped.’ Time-stamping of memories refers to the sense of how old a memory is from how old it feels when it is recalled. We have to ‘cast our minds back’ to retrieve older memories. As trauma memories are not time-stamped, they feel relevant now – i.e., memories in their unprocessed form are relived rather than remembered. This underlines why trauma survivors often say it feels like it happened yesterday.

According to the AIP model, another aspect of trauma memories being unresolved is the meaning the individual has made of what happened. This is the concern the individual has about what it might say about them as a person, that the trauma happened to them. For example, if someone has been assaulted, they may worry that they did not defend themselves, and conclude “I am weak”. Research has shown that women who are sexually assaulted may feel that “I’m to blame” or “I’m disgusting” (Colbert, 2024). This can be thought of as the trauma wound or, in EMDR terminology, the negative cognition. As the trauma memory is not time-stamped, this worry about the self continually feels relevant. The individual may carry this concern into each new situation in life.

It has been well established that some people experience life-threatening and other adverse events and do not go on to develop troubling forms of trauma-related distress (Bonanno, 2004). It may be that they were able to process the event at the time. For a child, perhaps they had a secure attachment figure who helped them make sense of what was happening. Maybe the event occurred in a community, and

members of the community came together to work through what happened and make some sort of sense of it (Schultz et al., 2016). However, for others, dissociation, cutting off from the unbearable trauma memory (Dillon et al., 2014), or actively avoiding (Hayes et al., 1996) the painful memory may have interfered with processing. In EMDR therapy, the client and practitioner together attempt to create an environment for the mind to do the processing that was not able to occur at the time of the trauma. The trauma memory network is activated and brought into consciousness, and then the memory can be worked through and reprocessed. This involves connections being developed between the formerly decontextualised memory and other memories and information the individual holds. Through these connections, the memory takes its place in the individual's life story. The memory becomes time-stamped and so feels like it belongs in the past. The trauma wound is updated with other relevant knowledge and memories; for example, I am safe now, I can protect myself, I am strong, I am good enough. In EMDR terminology, this is the positive cognition.

Source: Susannah Colbert - <https://etq.emdrassociation.org.uk/2025/05/14/emdr-and-the-power-threat-meaning-framework/>