

# Floating Further Back

A dynamic route to the  
touchstone memory

- In the early days of processing trauma, Francine Shapiro found that her clients were spontaneously recovering memories of earlier experiences, during the sets of bilateral stimulation. She subsequently started to include a deliberate focus on recovering earlier memories into the EMDR protocol.

- This is what Shapiro has to say about the importance of floating back to the touchstone memory when processing trauma:

“Typically, until the early memories that cause the blocking dysfunction are reprocessed, a completely successful treatment of the original target trauma cannot be attained. The clinician identifies the target by asking: **When is the first time you *remember* feeling this way?**”

“EMDR” - Basic Principles, Protocols and Procedures - Shapiro - 2001 - P.162

- In the floatback technique in the Appendix, Shapiro says:
- “Now please bring up that *picture* of... And those negative *words* [...*cognition*], notice what *feelings* are coming up for you, where you are *feeling* them in your *body*, and just let your *mind* float back to an earlier time in your life ... and tell me the first *scene* that comes to *mind* where you had similar:

- *Thoughts* of [referring to negative cognition]
- *Feelings* of [referring to emotions]
- In your 'heart' or 'gut' or ... [repeat places in the *body* named earlier]... [referring to *body* experience.]

'EMDR' - Shapiro-2001 - P.433  
Appendix A

- The words that I have italicised indicate the channel of awareness Shapiro is referring to. She starts off using terms like *'remember'* and *'cognition'*:

“When is the first time you *remember* feeling this way?” ‘Remember’ and ‘cognition’ are cognitive words, requiring a response from the Left Brain [\[LB\]](#).

Then the Appendix version of the protocol refers to asking the client to:

1. "... bring up a *picture*, [Right Brain [RB] - visual]
2. and the negative , [going back to the LB cognitive]
3. Notice what *feelings* are coming up for you, .." [RB - however, arguably, feelings like 'happy', 'sad', 'angry', 'excited' are in fact LB interpretative labels for body experiences.]

4. where you are *feeling* them in your body, [RB - proprioceptive, and often hard to put into words at all].
5. and just let your mind float back to an earlier time in your life ... and tell me the first *scene* [RB - visual] that comes to mind when you had similar:
6. *Thoughts* of, [LB - cognitive]
7. *Feelings* of, [LB interpretative labels for RB body experience],
8. In your ... [heart/throat/gut, referring to actual RB body experience]”



- You will notice how the channel of experience changes very swiftly, but more importantly so does the hemisphere of the brain keep switching, unless this switching is itself a form of bilateral stimulation?

- It is my premise that prioritising a focus on the *'body'* experience earlier, using *'visualisation'* to help keep distance and safety, to lead us into a floatback, is the most powerful / dynamically effective method of reaching a touchstone memory. You will notice that prioritising thus, the above mentioned focus on *'body'* experience and *'visualisation'*, are both staying in **RB** sensory-based experiences.

- However, just because it is such a powerful tool, I find a little bit of preparation is strongly advised.

- At a recent workshop in York, **Laurel Parnell**, who was one of Francine Shapiro's first trainees, told us that in her simplified protocol, she does not use the negative cognition, rather waits until a positive cognition emerges naturally as a result of the processing work engaged in. Her reason is that we require our clients to switch from a right brain, visual memory [what picture best represents?] to a left-brain cognitive analysis when we ask for a positive and negative cognition.

- Then when we require the client to switch back again to access the right brain emotion and body experience. Parnell noticed her clients having trouble with the cognitions, [especially the positive ones] and she thinks this is the reason why.
- This makes sense to me, so I have reformed the floatback to bypass the negative cognition.

- The preparation I mentioned involves first installing a positive, confident experience to form a back-drop to the imminent work on the more difficult experiences. Again I refer to Laurel Parnell. In her book 'Tapping In' p.13, she says on the subject of 'Our Natural Resources':

- “Within each of us is a hidden potential, a well-spring of untapped natural resources we can use to heal our psychological wounds and help us better navigate challenges we face in our lives. The problem is that these resources too often remain buried, and we don’t know how to access them.”

# Installing Confident Feeling

- Handout



# Floating Further Back - with confident feeling

- Now with the confident feeling available, literally at the client's finger tips, we can proceed to the:
- **Float-back** - simultaneously accompanied by a confident feeling
- Handout

- Using this method of taking people back through focus on a body experience, it is not infrequent to find clients going back to a pre-verbal memory, sometimes even inter-uterine.
- One client regressed to 3 months, when she appeared to be very aware of making a choice as to whether to go on or not.

- The most interesting perhaps was the client who floated back to conception, realising that she was conceived in order to fill the space between her mother and her father. Her work was to separate herself from this expectation, a trapped feeling, which had dogged her the whole of her life. In subsequent processing, she stood between her parents, pushed them both aside and walked off into the sunshine!

# Questions

Thank you

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