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Research Paper

How do clients experience intensive EMDR for post-traumatic stress? An interpretative phenomenological analysis

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ABSTRACT

Background: Several studies of the intensive delivery of Eye Movement Desensitization and Reprocessing (EMDR) have indicated it to be an effective treatment for Post-Traumatic Stress Disorder (PTSD), providing improved client experience, faster reduction in symptoms, greater symptom reduction, and reduced dropout rates as compared to non-intensive EMDR. However, there is a dearth of studies that describe this non-traditional approach to the delivery of EMDR psychotherapy from the patients' perspective.

Procedure: This qualitative study explores the experiences of patients who undertook intensive EMDR for post-traumatic stress. Interviews were conducted with 10 participants and analysed using Interpretative Phenomenological Analysis (IPA).

Main findings: The data revealed two Personal Experiential Themes (PET) and four experiential statements. 'The importance of psychological safety' generated sub-themes of 'A protected space' and 'The importance of a continued connection'. 'The changing self' generated two sub-themes of a 'Wow! moment', and 'Living the way I always wanted'.

Conclusion: Results show that intensive EMDR can be experienced as safe, facilitating agency and engagement while affecting meaningful change.

1. Introduction

Both Eye Movement Desensitisation and Reprocessing (EMDR) and Trauma-Focused Cognitive Behaviour Therapy (TF-CBT) have a good evidence base and are recommended by the National Institute of Health and Care Excellence (NICE, 2018). However, dropout rates vary between 0 % and 65 %, (Lewis et al., 2020). EMDR comprises of an eight-phase treatment protocol which includes (1) Client History, (2) Preparation, (3) Assessment, (4) Desensitisation, (5) Installation, (6) Body Scan, (7) Closure and (8) *Re*-evaluation (Shapiro, 2001). Phases three to six involve the use of Bilateral Stimulation (BLS) in the form of saccadic eye movements, alternate hand-tapping, or alternative audio beats to facilitate access to, and processing of, traumatic memories. EMDR is based on the Adaptive Information Processing (AIP) model, which posits that an inherent physiological system allows information to be processed to an adaptive resolution where connections to appropriate associations integrate into a positive emotional and cognitive schema (Shapiro, 2001). EMDR is considered an integrative psychotherapy (Laliotis et al., 2021), and is a 'bottom up' approach (Taylor et al., 2010) that accesses the limbic system, which is responsible for affect and autonomic regulation. However, the evidence that supports all of the recommended psychological therapies for PTSD lacks ecological validity, being overly reliant on randomised controlled trials, and the client voice is often absent from the literature.

1.1. Intensive therapy

There is evidence to suggest that intensive trauma therapy may be a viable alternative and at times preferable to clients as compared to standard delivery of PTSD treatment (Sciarrino, 2020).

However, best practice guidance regarding the intensity or frequency of treatment sessions is ill-defined, which impacts the quality and consistency of research into intensive treatment for post-traumatic stress, rendering it difficult to compare outcomes across studies and to draw definitive conclusions about the most effective treatment delivery approaches. Furthermore, across studies, a variety of terms are used to describe sessions delivered at higher frequency, such as 'condensed' or 'compressed' sessions. However, the most commonly used term is

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'intensive.'

Intensive trauma interventions vary in the number of treatment sessions per day, and for how many consecutive days. For example, Harvey et al. (2019) uses 60 min per day for two weeks, Hendriks et al. (2010) uses three x 90 min sessions for four consecutive days followed by 90 min booster sessions every four weeks, and Paridaen et al. (2023), uses two x 90 min sessions, over four consecutive days for two weeks. Regarding the type of clinical intervention, studies utilise established treatment protocols and manuals, and there is no suggestion of a significant deviation from these. In these studies, it is also common to supplement treatment sessions with a program of supporting group activities such as aerobic and resistance training (Voorendonk et al., 2023), yoga, equine assisted therapy, and narrative writing (Steele et al., 2018), provided in either an inpatient (Vaage-Kowalzik et al., 2024)or outpatient setting (Brynhildsvoll Auren et al., 2021; Matthijssen et al., 2024). This adds to the challenges around evaluating intensive therapies vs more standard delivery approaches.

In general though, intensive therapy is equal in efficacy when compared to once weekly sessions (Ehlers et al., 2010; Hoppen et al., 2023; Hurley, 2018). It therefore can provide a quicker recovery, greater symptom reduction (Gutner et al., 2016), and potentially less disruption to clinicians and clients. It is hypothesised that more intensive therapy achieves this by building momentum, providing additional safety, and reducing the reminders of trauma which are a maintaining feature of post-traumatic stress (Foa et al., 2018; Sciarrino et al., 2020; Wachen et al., 2019).

1.2. Intensive emdr

For example, a study by Hurley (2018) found that weekly EMDR sessions delivered to active-duty personnel, when compared to twice daily sessions for 10 days, were equally as effective in reducing PTSD symptoms post treatment and at 1 year follow-up. They suggested that the intensive approach also offers the following additional benefits: any reactivity may be immediately addressed, reduced dropout rates, increased engagement, and circumventing interruptions such as holidays and sickness. There are a few additional randomised controlled trials investigating intensive EMDR; however, these largely examine the utility of group protocols such as the Group Traumatic Episode Protocol (GTEP) (Yurtsever et al., 2018).

Josefa Molero et al. (2019) delivered the Integrated Group Treatment Protocol for Ongoing Traumatic Stress (EMDR-IGTP-OTS), designed for administration to groups of trauma survivors, to young refugees. The treatment was delivered in up to two-hour sessions, three times per day, over three days. Of the total 184 refugee minors, 93 were randomised to the treatment group and 91 to the control group. The study found that the EMDR treatment was effective in the reduction of PTSD symptoms, feasible, time efficient, well tolerated, and was culturally sensitive. However, as participants experienced a range of traumatic events, more research is needed to examine the specific efficacy of intensive EMDR-IGTP-OTS for people who have had particular traumatic experiences.

In a recent study, Farrell et al. (2023) conducted EMDR Early Intervention Group Video Therapy (VGTEP) to COVID 19 frontline workers who were experiencing psychological distress related to their experiences at work. The treatment involved four x two-hour sessions in one week and a total of 95 participants, of which 50 received treatment and 45 in the control group. The outcomes show a significant effect on trauma symptoms in the treatment group; however, there was no effect on symptoms of moral injury. Similarly, Pérez et al. (2020) successfully delivered the EMDR-Integrative Group Treatment Protocol- for Ongoing Traumatic Stress -Remote (EMDR-IGTP-OTS-R)to eighty health workers exposed to multiple patients' deaths during the COVID-19 pandemic. Forty participants were randomised to receive four sessions of online treatment, one session per day, on every other day, and forty participants were allocated to the waitlist control group. The study showed a significant positive effect on PTSD, anxiety, and depression measures. These few RCTs regarding intensive group EMDR highlight promise and indicate that further research is warranted.

Several further outcome studies on intensive EMDR originating from an inpatient facility in the Netherlands have reported on the positive impact of an intensive two-week residential program on PTSD, and associated symptoms such as depression, (Paridaen et al., 2023), sexual functioning, (van Woudenerg et al., 2023) borderline personality disorder (Kolthof et al., 2022), and dissociation (Zoet et al., 2021). It is difficult to draw any definitive conclusions regarding the effectiveness of intensive EMDR specifically from this research, however, because of the additional activities included in the program such as physical and group activities, and the lack of any randomisation or control group.

In summary, there is not a widely held or agreed upon definition for intensive EMDR and its delivery, and this is reflected in the disparity between studies. Previous authors have referred to it as 'massed EMDR,' 'condensed EMDR' and 'intensive EMDR' interchangeably (Ragsdale et al., 2020). Also, a rationale for the use of a condensed version of the original protocol (Shapiro, 2001) versus an abbreviated version in intensive EMDR is often not provided in research in this area. There is great variability and experimentation in procedures as well, with some advocating lengthy assessments, periods of stabilisation, several follow up treatment sessions, group treatment or intensive therapy as an adjunct to regular weekly sessions. This variability indicates a need to explore the experience of intensive EMDR from the clients' perspective, in terms of client preference.

1.3. Qualitative research

Marich (2010, 2012) provides rare insight into clients' experiences of safety in standard EMDR therapy. Ten interviews were conducted with women in recovery from addiction. Participants' fears of being belittled and being controlled were identified, and the authors credited several factors that contributed to a sense of safety. These factors included features of the setting, the milieu of women in similar circumstances, and staff attitudes towards them. The analysis also found education, preparation, orientation, and session closure procedures as helpful in providing a sense of safety. Marich et al. (2020) also found that clients perceived the relationship as contributing to EMDR success and found safety and encouragement in the therapeutic alliance.

In a rare qualitative study of intensive EMDR, Haugland Thoresen et al. (2022) interviewed eight participants of an intensive therapy programme for PTSD. The programme combined EMDR, prolonged exposure (PE), physical activity, and psychoeducation, over eight days and used therapist rotation (i.e. define therapist rotation here). The authors identified five major themes using thematic analysis: (1) Terrible but worth it, (2) Continuous pressure through therapist rotation, (3) Physical activity as a necessary break from mental marathon, (4) Sense of unity in an intensive treatment program, and (5) The whole is greater than the sum of its parts. Haugland Thoresen et al. (2022) showed that participants experienced intensive therapy as easier to 'stay tuned into' and 'easier to get back into' when compared to their previous experiences of weekly therapy. They also said that this format reduced avoidance as it was more difficult to cancel the sessions. The participants experienced the therapist rotation as enabling different perspectives and new relational experiences, which they felt contributed to change. They also reported a sense of being cared for by the therapists as a collective, rather than each therapist one by one.

1.4. The current study

Given that intensive EMDR may offer a short term, high dosage treatment for PTSD, there is a great opportunity for further research in many directions, including clinical trials, qualitative studies which access clients' and therapists' perspectives, and theoretical debate exploring the definition and guidelines for intensive EMDR. This paper

will now outline the current study of the client's experience of intensive EMDR. For the purposes of this study, intensive EMDR is defined as the delivery of the 8 phases of the standard EMDR protocol (Shapiro, 2001.) where treatment sessions are issued more than once per day, over several consecutive days, with or without adjunctive activities, and on an outpatient basis.

The aim of this study is to explore clients experiences of intensive EMDR for trauma, and how they make sense of their experience in the wider context of their lives, and their sense of self. The objectives of the study are to identify themes pertinent to clients' experiences and to interpret their narratives in relation to the emotional and psychological impacts of undergoing intensive EMDR therapy.

2. Method

This study is the first to explore the experience of intensive EMDR for the treatment of post-traumatic stress using Interpretive Phenomenological Analysis (IPA). This qualitative methodology was selected because of its focus on intersubjectivity during the interview and analytic process, and because it prioritises the individual's subjective lived experience. Given the possible potential for intensive EMDR, an idiographic approach can offer knowledge which is unique and specific to the client experience here.

2.1. Participants

Participants for the study were sourced through two organisations. The organisations were selected because of their extensive experience in delivering intensive EMDR for trauma and PTSD, and their access to previous clients. The first was The Trauma Institute, Massachusetts (MA), USA, a state funded organisation which provides intensive trauma therapy to victims of crime such as robbery, assault, or sexual assault. The second source of recruitment was Access Wellness, an independent practice in Cork, Ireland, which provides intensive EMDR to private clients. These clients had experienced childhood abuse, sexual abuse, domestic violence, and assault.

Therapists within each organisation were requested to contact previous clients who they deemed appropriate for the study according to the criteria outlined below. The identified participants were contacted by email informing them of the scope of the study and invited to contact the researcher via email should they wish to participate in an interview. An initial online video call was scheduled to discuss the study, to help the participant to feel more relaxed in advance of the interview, to test the technology, and to answer any questions the potential participant had.

A purposive sampling method (Etikan, 2016) was thus utilised, as participants were identified and selected because of their participation in a course of intensive EMDR for trauma symptoms or PTSD. A diagnosis of PTSD was not required for acceptance into treatment. Inclusion criteria included having completed the trauma treatment program three months prior to participation in the research, conversant in English, deemed to be at low risk of self-harm by the treating practitioner using the centre's risk assessment protocols, and agreeable to the use of online conferencing software. Exclusion criteria were participants considered to be at risk of their recovery being destabilised by participation in the interview and participants undergoing treatment for the same difficulty at the time of interview (within or outside of the organisation).

The final sample size was ten, which is in keeping with recommendation for IPA and enabled a concentrated focus and in-depth analysis of the individual phenomena (Smith et al., 2022). The group of participants ranged in age between 18 and 64 years old and consisted of six females and four males. Nine participants identified as white, and one as Asian, three identified as working class, five as middle class and two as upper class. Six participants identified as heterosexual, one as gay, one lesbian, one bisexual and one identified as another sexuality. Five were single and five were in a relationship. After each interview, a participant number and pseudonym were assigned to the audio recording to protect anonymity. Participant pseudonyms and recruiting facilities are presented in Table 1. The audio was then transcribed by a professional transcription service. Full ethical approval was sought from the faculty research ethics committee before recruitment commenced and was granted on 13 December 2019 (approval reference number HAS.19.11.065).

2.2. Procedure

The interview schedule consisted of primary questions and additional prompts to be used if more detail was required (see Appendix A). Qualitative interview questions aim to facilitate participants to reflect on their experiences with minimal influence from the researcher (Smith et al., 2022). Questions were broadly arranged around experiences before, during and reflections after the treatment programme. Once the data was collected, the lead researcher met with the second author regularly for guidance regarding consistency and quality of the coding and interpretation of the data.

2.3. Analysis

The process of data analysis in IPA is intended to be a reflexive one, with the focus of the analysis on making sense of the individual's experience (Smith et al., 2022). The analysis was guided by the steps outlined in Smith et al. (2022), and is an iterative and inductive analytic process (Smith et al., 2022).

First, each transcript was analysed separately, making notations of impressions on the transcript, oscillating from broad to detailed observations. This was followed by noting semantic, linguistic, and conceptual elements of the text, including hesitations and repetitions. Chunks of text were then isolated and reviewed for convergence, divergence, and relationships across each individual transcript. Mapping statements that fit together was followed by clustering related statements to create Personal Experiential Themes (PET) through subsumption and abstraction (Smith et al., 2022). Moving to the next participant transcript after this analytic work, while bracketing what has been learned before, allowed for new experiential themes to present themselves from each case. Finally, patterns were looked for across all cases by looking for connections and relationships between experiential statements and PETs, while noticing individual cases which could represent those themes.

3. Results

This process of analysis produced two Personal Experiential Themes: 'The importance of psychological safety', and 'The changing self'. Each PET captures two experiential statements or sub-themes. Table 2 below outlines the thematic structure of the findings.

Table 1
Participant pseudonym and recruiting facility.

Facility	Pseudonym
The Trauma Institute	Emma
	Harper
	Honoka
	James
	Lucas
Access Wellness	Fiadh
	Grace
	Jack
	Mia
	Noah

Table 2
Themes and experiential statements identified during IPA.

Personal Experiential Theme
Theme 1: The importance of psychological safety
1a: A protected space
1b: The importance of a continued connection
Theme 2: The changing self
2a: Wow! moment
2b: Living the way I always wanted

3.1. Personal experiential theme 1: The importance of psychological safety

The importance of psychological safety during intensive EMDR was a key theme across the interviews. Participants defined psychological safety as a sense of support and comfort during the process of intensive EMDR. This theme encompasses two experiential statements. First, the participants derived safety from a defined and segregated physical and psychological space. Second, the participants derived safety from a continued connection, and a sense of an ongoing link with the process. The nature and meaning of the link varied between participants.

3.1.1. Experiential statement 1a: A protected space

The participants drew psychological safety from intensive EMDR mainly from the sense of it being a protected space, separate to and different from their everyday lives. Participants described an experience that provided security and comfort, by excluding unhelpful distractions. They noted the protected space as providing an opportunity to focus on the task at hand with greater commitment. Harper explored how intensive EMDR was a protected space, separate to and different from the normal running of her life:

> ''It was something that I was doing to care for myself and that it was just sort of this time in this bubble of this place I've never been before. And, you know, I could have been in Ohio like it, it just…it felt like I was able to sort of step outside of my life for that time, um, that I was there each day. And (pause) and just be … with myself, and, um, take care of myself.''

For Harper, psychological safety was derived from her experience of the protected space or 'bubble' of intensive EMDR, which felt far removed from her ordinary life as she likened it to being thousands of miles away from her home: "I could have been in Ohio". Due to this experience of separateness and the protection of the intensive EMDR, Harper became very inward looking, as it afforded her the space to "take care of [herself]". Earlier in the interview, Harper described herself as being "a sponge for other people". This and the pause in her final sentence above indicate that taking care of herself was unfamiliar to her, and the physical and psychological separation from the usual obligations in her life was necessary to find space for herself. The phrase "just be … with myself" conjures a timelessness of a vacuum, that excludes others and everything else. For Harper, a protected space and safety meant a distance from distractions, where she could focus exclusively on her own needs.

In the following quotation, Noah also drew on the metaphor of a bubble. However, for Noah, the protective space of intensive EMDR, was also a shield so "nothing … can get in":

> ''And so I think, because I was prepared for it and because it was, and as I said, in the bubble, it was like I thought, kind of like a bit being in a laboratory, you know, which is like, very hygienic environment, you know. Nothing else can get in, you know, what I mean, sort of thing. So I think that was it, I think, really, it was, I had total permission to visit the traumatic situation.''

Regarding the protective space, Noah's emphasis is on how intensive EMDR creates the right conditions to speak of his trauma. For him, screening out unwanted intrusions was important, and this gave him the necessary safety to "visit the traumatic situation". In contrast to Harper's bubble of self-care, Noah's laboratory metaphor hints at a need to control, as it invoked a strict, secure, and controlled environment, under quarantine, which emphasised the importance of this protected space for him.

Like Harper, Noah also needed to exclude distractions to focus, and therefore it was essential that "nothing else can get in". The importance of a protected space for Noah's sense of safety and control was intrinsic to his ability to fully engage with the process and was reflected in the absolute nature of his comment "I had *total* (emphasis added) permission to visit the traumatic situation". For the participants, the protected space which intensive EMDR facilitated provided psychological safety because it guarded against distractions and facilitated a complete focus on the self or therapy.

3.1.2. Experiential statement 1b: The importance of a continued connection

Participants also described the importance of a continued connection for psychological safety. For the participants, psychological safety was experienced as containment, which provided a sense of self-determination, autonomy, and control over their experience. The view of being the protagonist in their experience was complimented by a continued connection or a tether between themselves and some part of the process. They also described this connection as reassuring and comforting, or as a container for distress.

The continued connection in intensive EMDR was derived from a variety of sources, including ongoing and repeated connection to the therapist, the therapy, or from contact with loved ones. For most of the participants, the continued connection facilitated by the intensive EMDR provided a sense of autonomy during the therapy, while for others, the ongoing link was a means of obtaining answers and reassurance. The level of continued connection experienced ranged from a light, guiding touch to a continued reassurance.

For Lucas, continued connection meant repeated opportunities to master previously unresolved tasks:

> ''Uh, the comfort, the um, reassurance that let's try this and see if it works, it doesn't work for everybody but it may work for you, you know, specific methods or specific patterns of things, um, revisiting them a couple days later to say, "Oh, it didn't work the other day but maybe- maybe you'll be able to do it today.''

Lucas was reassured that during his experience of intensive EMDR, there was a continued connection with "specific methods or … patterns", meaning he could return to tasks that were not completed previously in a matter of days. Lucas felt "the comfort" and "reassurance" of continuing with previous tasks, or perhaps a sense of relief from expectations. Therefore, for Lucas, the continuity of intensive EMDR meant it felt more within his capabilities. The continued connection with these tasks meant he was reassured to know that nothing was entirely lost. Like the other participants, Lucas situated himself as the main agent in the therapy but was encouraged by the therapist: "maybe you'll be able to do it today". Thus, psychological safety during intensive EMDR was gleaned from the unbroken connection with the tasks of the therapy, and repeated chances to revisit them over again.

For Emma, the continued connection consisted of an uninterrupted

effort to complete the therapy. The continued connection was with the repeated and immediate return to the process, rather than with the therapist:

> ''But with the intensive, I was like I can go 100 % today, you know. I can go 100 %… …because I know that I'm going to come back tomorrow, and I can, and I can finish this. But if I was doing it weekly, I would go in and maybe give 30 % because I knew that if I did 100 %, I would have a really bad week until the next session.''

For Emma, continued connection was returning the next day to finish the task – "I'm going to come back tomorrow, and I can, and I can finish." The continued connection was a full and continuous investment of her efforts: "I can go 100 %". The continued connection during intensive EMDR possibly meant avoiding unpleasant and unsupported periods between sessions: "[the] really bad week until the next session". Interestingly, she used different words to describe her efforts for intensive versus weekly sessions; for intensive sessions, she was 'doing' 100 %, while for weekly, she was 'giving' 30 %. Thus, Emma is viewing herself as somewhat self-governing in the way she carefully measured her investment, and she felt the continued connection during intensive EMDR permitted this. The continued connection arose in knowing the therapy was there to return to, to pick up again where she left off, providing a sense of comfort and control.

3.2. Personal experiential theme 2: The changing self

The experience of a changing self was also very meaningful to participants. The participants experienced a changing self in terms of new insights, changes in perspective, an altered view of themselves and their lives, and a change in relationship towards others. Changes in their internal world that manifested in surprising new perspectives were most salient, alongside a new ability to live their lives in a way that they had always wanted. This theme encompasses two experiential statements. The first shows participants' experience of a Wow! moment, or a spontaneous moment of clarity or insight during the intensive EMDR that impacted on their sense of self. The second illustrates how participants experienced living their lives differently after the intensive EMDR, in a way in which they had always wished but could not previously.

3.2.1. Experiential statement 2a: WOW! moment

Several participants shared a Wow! moment experience during intensive EMDR. The Wow! moment was a sudden experience of a new perspective or self-knowledge. The change represented a significant and fundamental shift in an internal and personal state 'within' or a change in perception.

The most important Wow! moment for Honoka occurred one evening during the intensive EMDR, when her children were arguing with each other:

> ''wow, I'm just like, I hear them fighting and then like, oh wow, you know, I have this peaceful mind, what do I do with them now? Like how should I say, mm, like that kind of… yeah, that was strange, it's almost like I can be very, um, observant, um, I just didn't… Yeah.''

In this quotation, the change Honoka experienced in herself caught her by surprise, which is revealed in her repeated use of "wow", and her bafflement by this completely new experience of space or non-reactivity from which to reflect on her response to her arguing children: "what do I do with them now?". Honoka experienced a general change in perspective here, which she referred to as "this peaceful mind" rather than a sense of peace or a moment of peace. She described this new perspective as an observant one. This seems a very new and unfamiliar experience for Honoka, as indicated by its 'strangeness', and the lack of conviction in her faltering speech: "it's almost like I can be very, um, observant, um, I just didn't… Yeah".

For Fiadh, the Wow! moment was experienced as a change within herself, combined with the speed in which it occurred:

> ''That's probably the best that is a difference that you can see within…like, you know, I'm not saying that there's no differences afterwards, but just even in like between two hours, like you can see a change in yourself or whatever. So I think that's good. Yeah.''

In this quotation, Fiadh experienced an intrinsic and deeply personal change, illustrated by her statement "a difference you can see within". Faidh did not elaborate on what that change was. This perhaps reflects how difficult it can be to articulate such an experience, or how private it was. The change was particularly important to Fiadh as she opened her statement with "the best" and then reinforced this with "I think that's good" at the end of the statement. The short time between the intensive EMDR and experiencing rapid changes came as a revelation to Fiadh, indicated when she said, "but just even in like between two hours". For Fiadh, the Wow! moment was a change in self, experienced 'within' and faster than she expected.

3.2.2. Experiential statement 2b: A chance to live the way i want to

In this experiential statement, participants described a changing self in terms of living their lives the way they had always wanted after the intensive EMDR. The participants described a change in how they experienced themselves, how they lived their lives, and how they experienced the world and other people. Participants valued being more 'like themselves' since the intensive EMDR, and they reflected on how they had perhaps always wanted to live this way but were unable to previously for various reasons. For some, this change was reflected in how they saw themselves relating to others, while for other participants it appeared to be related to personal values and a sense of control over their destiny.

Grace enjoyed a more coherent sense of herself after the intensive EMDR:

> ''Yeah, the energy and I finally feel like that the little things that should have been making me feel okay, do actually now and I always said they did, but they didn't.''

For Grace, the intensive EMDR meant a change in herself illustrated by how she felt and responded to wellbeing advice. Prior to the intensive EMDR, Grace tried what she could to feel better and yet nothing was bringing the expected results (to "feel okay"). In this statement, she divulged an incongruence between what she said outwardly, and how she felt inside: "I always said that they did, but they didn't". Therefore, the change she saw felt more in keeping with the way she wanted to live, and this meant a more authentic and congruent existence. Grace described a long journey prior to the change, and some relief, in her words "finally" and "always". For Grace, the experience of the intensive EMDR was a chance to live a life she had always wanted for herself and to be her more authentic self.

While Grace began to experience herself as living a more authentic life, James inhabited the role of an architect in his life:

> ''And all my life I've seen…my life in dreams I created like a house. So that's kind of what my brain process. And since then and the therapy I've been doing, I'm just…in my dreams I'm kind of like rebuilding it. In essence, I'm rebuilding my life.''

In this quotation, James experienced a transition in himself to becoming the architect of his life – "in essence, I'm rebuilding my life". The re-assembly of the house represents a subjectivity with more agency than before, as a curator of his life. The notion of a rebuild reveals having choices and oversight that he did not have before: "in my dreams I'm kind of rebuilding it". James is not referring here to a new self, but a reconstitution of a 'torn down' self, as if he was contemplating the use of original parts of himself to contribute to his future life. For James, the chance to live the way he had always wanted was about consciously redesigning his life.

4. Discussion

The findings highlight the importance of psychological safety during intensive EMDR, derived from two main elements: participants felt secure in a distinct space, free from distractions, which allowed deeper engagement with the therapy, and psychological safety was rooted in a sustained connection with the therapist, material, and environment. These elements provided reassurance and control, helping participants revisit unresolved tasks and feel supported throughout the treatment. Additionally, participants experienced significant personal transformation. First, they reported "Wow! moments" of sudden insight that altered their perspectives. Second, they expressed a newfound ability to live life more authentically. These findings underscore how intensive EMDR fosters both psychological safety and deep personal change.

The importance of psychological safety derived from repeated engagement with tasks and other environmental and contextual aspects is consistent with findings across the intensive, and wider EMDR literature (Marich, 2012; Marich et al., 2020; Whitehouse, 2019). However, this study found that participants used distinct, personal metaphors such as 'a laboratory' (Noah) and 'a bubble' (Harper) for this containment, to emphasise autonomy and a self-determination derived from the continued connection with the process and material. The rapid shifts in self-perception and transformation described in this study are also reported in Haugland Thoresen (2022) and in wider psychotherapy research (Timulak & McElvaney, 2013). Similar to our study, Vaage--Kowalzik et al. (2024) found that the concentrated nature of intensive EMDR facilitated a deep engagement with the therapy. In contrast to previous findings reported in Edmond et al. (2004) and Marich (2010), none of our participants noted a specific method or technique as pertinent to their experiences. They also rarely attributed their experience to the therapeutic alliance, which is cited in the above studies and commonly cited as a key contributor to positive outcomes in the broader, psychotherapy research (Norcross, 2002). Furthermore, participants experienced the therapy as an opportunity for self-care and deep self-reflection, which is not often articulated in this way in psychotherapy research.

It is possible that the intensive EMDR approach provides additional contextual factors in the form of a distinct timeframe, plan, environment, and treatment process that better orientate the participants to the treatment and fosters a greater sense of safety and control. Furthermore, in the context of trauma, where emotions and memories can feel chaotic or overwhelming, a metaphor of a "laboratory" and a "bubble" suggests a space unique to these study participants, where thoughts and feelings are contained without risk of losing control. The personal preparation required for a short, planned, ringfenced treatment time cannot be underestimated; however, it is likely this produces a greater sense of commitment to the process and could feel more manageable than juggling weekly sessions over several months. Furthermore, the short-term nature of the commitment may invite greater urgency and determination to optimise the experience. Finally, the exclusion of distractions and shorter gaps between sessions during an intensive episode of care seemed to enhance connection and momentum among participants, which encouraged a greater depth of commitment and subsequent reward. The lack of reference to the EMDR technique, and the therapeutic relationship in participants' experiences could be further evidence of the sense of self-determination - that healing was perceived as self-driven rather than therapist or technique-driven.

These results show that intensive EMDR can be experienced as safe and beneficial. It therefore adds to the literature recommending that it should be offered to clients alongside other trauma treatments under the auspices of patient choice. When providing intensive EMDR, services should prioritise psychological safety and consider the influence of the many contextual factors that can enhance clients' sense of safety and control, to optimize engagement. Furthermore, as intensive EMDR can promote deeper and committed engagement in treatment and services, insurance companies should seek to provide this as an alternative treatment option.

In practice, intensive EMDR may offer an enhanced safety that this population may particularly benefit from due to the extreme levels of 'unsafeness' associated with trauma. Therapists need to create an experience of safety and containment that removes external distractions and facilitates self-determination, such as collaborative and individualized treatment planning, shared decision making, and offering choices in the environment, to improve clients' experiences.

In terms of theory, this study further supports the centrality of psychological safety in the treatment of trauma and challenges the notion that this can only be achieved through lengthy preparation and a well-established therapeutic relationship (Cloitre et al., 2012). This study adds elements of a protected space and continued connection as unique phenomena of intensive EMDR. These elements contribute to a sense of safety and may enhance participant's ability to confront and process traumatic memories. Intensive EMDR may offer unique temporal dynamics that support more continuous reprocessing of trauma, compared to weekly sessions. This could lead to a theory of "accelerated therapeutic cycles," where intensive formats allow for deeper, uninterrupted engagement with trauma, fostering rapid transformation.

4.1. Further research

This research is one of few studies that brings the client's voice to the forefront of our understanding of intensive EMDR. A future qualitative study similar to this one could offer further detail and texture to this initial point of exploration, or alternatively offer interesting divergences. Other research offering insight into how intensive EMDR quickly creates and sustains a sense of psychological safety within a functional therapeutic alliance and facilitates sudden therapeutic changes would be of value. Future research would also benefit from a robust definition of intensive EMDR, suitability criteria, and standardisation of treatment in the form of a manual. This would serve as a benchmark for qualitative and quantitative researchers and service providers.

Intensive EMDR requires further investigation from the client's perspective, which could be juxtaposed with the experiences of practitioners delivering intensive EMDR, and with quantitative research which compares outcomes of intensive EMDR to weekly EMDR. This research could reveal a potentially new way of viewing the therapeutic process within EMDR and inform practitioners of the most effective ways to achieve the optimum conditions within this trauma-focused therapy. It could also help to verify the value of the approach from the participants' perspective and would facilitate service user involvement in service design and delivery.

4.2. Limitations

The primary limitation of this research is that the participant group predominantly identified as white, middle-class, and educated. Therefore, it is unclear how well these results extend to more representative populations. Furthermore, this ethnic and social imbalance underrepresents the breadth of people who experience post-traumatic stress and PTSD, and who could benefit from innovative delivery.

A further limitation of this study was that the participant group was drawn from two sources; six participants from a free victim support service in the US, and four participants from a private provider in Ireland, which means the participants lacked homogeneity. Although IPA (Smith et al., 2022) requires a homogenous sample, flexibility is permitted if the researched group is small and specific. Future studies should aim to research participants from the same intensive EMDR facility to reduce the variability within the group's experience. This would also provide a shared participant context for further interpretation and would allow for further focus on other forms of variability, divergences and convergences within the group.

Another consideration is that all the participants said they benefitted

and continued to benefit from their experience, and it was important to them to participate in the research. This means that people who had alternative experiences were not represented in this study. Therefore, it is essential that future research brings forward alternative views, to develop a more rounded and comprehensive understanding of the experience. This could be achieved by contacting people who did not complete the therapy or identifying research participants prior to the therapy.

5. Conclusion

This study is the first to explore and represent participants' experiences of intensive EMDR using an IPA methodology, thus providing an opportunity to reflect deeply on the intervention from the participants' perspective. The intensive format seems to create a protected space, which aids a sense of safety and connection, and facilitates significant personal transformation. Thus, this study presents intensive EMDR as an interesting innovation for services and practitioners who work with, or wish to work with, clients with post-traumatic stress or PTSD.

CRediT authorship contribution statement

Sarah-Jane Butler: Writing – review & editing, Writing – original draft, Visualization, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Christine Ramsey-Wade:** Writing – review & editing, Visualization, Validation, Supervision.

Declaration of competing interest

None.

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Supplementary materials

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