

# Shorehaven

## BEHAVIORAL HEALTH, INC

EMDR: Eye Movement Desensitization and Reprocessing

### WHAT IS EMDR?

Most emotional problems derive from earlier life experiences. When we experience a painful or traumatic event, or when we imagine some catastrophic event will happen, the trauma actually resets the nervous system, which we call *dysfunctional processing*. The brain will then expect additional unpleasant, threatening events to occur in the future. Thoughts of unpleasant experiences intrude on the mind and create anxiety. And we will develop negative beliefs that we are helpless, guilty, unprotected, inadequate, etc. Negative beliefs then contribute to various symptoms of depression and anxiety.

EMDR is a complex method which combines elements of the major modes of psychotherapy (e.g., psychoanalysis, behavior therapy, cognitive therapy, and physiological methods) in order to bring about changes in how the nervous system processes experiences. We call this Accelerated Information Processing.

The two main parts of the EMDR method are: 1) awareness of all parts of a painful memory, including the images and pictures, thoughts about yourself that go with that memory, emotions associated with it, and physical sensations connected with it; 2) concentration on the entire memory while the therapist has you perform "*bilateral stimulation*," mainly alternating eye movements or tapping. This is called *reprocessing*. In fact, EMDR is often called a *rapid reprocessing model*. Therapists are finding that problems which were resistant to years of psychotherapy are being resolved in a short amount of time using *reprocessing*.

When we initially set the nervous system to react to a memory, we say we are *sensitized* to that stimulus. When we reprocess a stimulus, we *desensitize* it, meaning it no longer arouses a negative response.

### HOW IT WORKS

Although the eye movement part of the method has garnered the most attention, the method actually consists of several steps. EMDR should be used only within a comprehensive treatment plan by a trained clinician.

In EMDR, the assumption is that these earlier life experiences are dysfunctionally processed in the brain, contributing to the client's inappropriate reactions in the present. When these earlier experiences are brought to mind, they elicit emotional and physical disturbances. Reprocessing these experiences with EMDR allows the

### THE DEVELOPMENT OF EMDR

Sometimes, a small discovery has major consequences. In 1987, psychologist Dr. Francine Shapiro noticed her eyes darting back and forth when she was thinking about something troubling. When she returned to her thoughts, she noticed they weren't as disturbing. She repeated this method with other thoughts and the results were the same. Dr. Shapiro began testing this scientifically, first with war veterans suffering from PTSD (Post Traumatic Stress Disorder). Some of these men had been in traditional therapy for 15 to 20 years, yet they continued to have nightmares and flashbacks that felt as if they were reliving the horrors of war. PTSD had completely incapacitated some of these men. When they received the EMDR treatment Dr. Shapiro developed, many found that years of PTSD symptoms disappeared within a few sessions.

These incredible results were repeated when EMDR was tested with rape victims and victims of other types of trauma. What is also remarkable is that during her research, Shapiro found that not only does EMDR desensitize painful memories, but people spontaneously began to view themselves and the event in a healthier and more positive way. So, for example, such thoughts as "I'm worthless" became "I'm a good and lovable person and deserving of love and respect."

To date, nearly 20 controlled studies of EMDR have been completed, making it the most intensively researched method for the treatment of trauma. The large majority of studies showed the superiority of EMDR over one or more alternative treatments. The most recent and rigorously controlled studies with victims of a single trauma such as rape, combat, loss of a loved one, accidents, or natural disasters, show that after three sessions, 84 - 90% of the subjects no longer have PTSD. A recent study financed by Kaiser Permanente HMO revealed that *EMDR was twice as effective in half the amount of time compared to the standard traditional care*. The International Society for Traumatic Stress Studies treatment guidelines have designated EMDR as an effective treatment for PTSD.

However, while many people show dramatic responses in a short amount of time, others have complicated trauma histories and may progress more slowly. Just as in any therapy, we all progress at the rate appropriate to the individual.

client to gain insight, make a positive shift in thoughts about himself or herself, change emotions and body reactions, and internalize more adaptive behaviors.

In the EMDR protocol, clinicians use specific history-taking procedures to learn (a) what earlier life experiences have contributed to the symptoms, (b) what *present* triggers elicit emotional distress, and (c) what behaviors and skills are necessary to remove the distress. For instance, the therapist identifies the specific painful events which taught the client such negative self-assessments as: "I'm not good enough," "I'm not lovable," "I can't succeed," or "I'm worthless." By experiencing the life experience along with the negative self-statements, then doing bilateral stimulation, we help desensitize the memory, leading to more functional processing of the experience.

Exactly how EMDR works in the brain is not yet fully known. Brain research shows that painful or traumatic experiences are stored in a different part of the brain, the amygdala, than pleasant or neutral ones. Normally, if we're troubled by something, we think about it, talk about it, perhaps dream about it, and eventually we are able to come to some sort of adaptive resolution. We find a way to come to terms with it in a healthy way, enabling us to put it behind us.

However, when we experience a trauma or very painful event, normal processing is interrupted. Instead, the traumatic memories are stuck in unprocessed or dysfunctional form in the brain, with the same thoughts, feelings, bodily sensation, smells and sounds as occurred when the event was happening. It's as though it is sealed off from the healthy, functioning brain. That's why it never seems to fade and seems as vivid as when it happened. EMDR permits healthy reprocessing of these events.

What researchers think is that EMDR is able to reconnect the memories with new emotions at an accelerated speed. One theory is that when the eyes move back and forth, the brain produces activity similar to that which occurs during REM (rapid eye movement) sleep. During the REM phase (when we dream), we resolve conflicts, process information, and consolidate learning and memory. In EMDR, the therapist impacts this brain activity in order to reprocess the emotions and memories of a trauma.

#### PREPARING FOR YOUR EMDR THERAPY

You do not have to do anything to prepare for EMDR unless the therapist asks you to prepare a list of painful memories or to think about your anxieties. The EMDR therapist will take a history of your problem. He or she may ask you for 5 or 10 of your most unpleasant memories or your earliest unpleasant memories.

Or the therapist may focus on one main trauma that has affected you. The therapist will ask you for details about the trauma, including the mental pictures which are bothering you the most and the emotions stirred up by your memories.

#### WHAT PROBLEMS CAN BE HELPED WITH EMDR?

Although EMDR was originally developed for reprocessing of trauma, therapists use EMDR for many conditions. For instance, people with panic disorder, in essence, traumatize themselves by predicting disastrous events will occur, such as a heart attack. People with obsessive-compulsive disorder also dread horrid events they imagine may occur, such as the house blowing up because the stove was left on. Depressed individuals sometimes are 1) traumatized by a loss which needs to be reprocessed, 2) picturing traumatizing hopeless or bleak outcomes in the future, and 3) thinking of themselves as worthless, guilty, empty, or alone. You can see how EMDR could be used to target these predicted or experienced painful thoughts and memories in order to help people with these disorders. EMDR can desensitize these stimuli, which EMDR therapists call *targets*, so they no longer produce painful feelings and distress.

So EMDR helps treat many other problems besides PTSD. Some of these include anxiety disorders, depression, sexual abuse issues, and low self-esteem. Furthermore, some EMDR therapists have found that EMDR can enhance the performance for athletes, performing artists, and writers, to name a few. Since addicts are sensitized to the cocaine, marijuana, or alcohol upon which they are dependent, EMDR can be used to desensitize the patient to stimuli associated with drug use.

You will be asked what negative thoughts about yourself you have been thinking in connection with the event. The therapist will help you identify positive alternatives. For example, a sexual abuse victim may think “I am helpless,” but with reprocessing she may come to realize the positive belief, “I am blameless.”

The therapist will ask you to rate the degree of distress you feel when you think of the memory between zero (neutral, it does not bother me) and ten (the worse distress I can imagine). By rating your emotions between 0 and 10 periodically during the session, the therapist can determine your progress in reprocessing the trauma.

The therapist will also ask you to think about an image which represents safety for you. Often, before working on the trauma, the therapist will help you have a stronger internal feeling of safety. This will help counter the anxieties that may be stirred up when processing the trauma. The therapist may also ask you to think about qualities you might need in order to handle changes. People often mention such qualities as strength, pride, will power, independence, etc. By getting in touch with these inner qualities, you can feel better able to manage your problem.

EMDR is not merely a technique using eye movements, but a complex, integrative method that utilizes a special treatment protocol. Nor is it a “miracle cure.” Most long-term problems are not cured in three sessions; however, treatment is generally much shorter than traditional talk therapies. EMDR is changing our ideas about psychotherapy. As scientists learn more about the brain, using new and sophisticated methods such as brain imaging, we may gain a deeper understanding of how the brain and EMDR work.

#### EXAMPLE

Ellen entered therapy complaining of lifelong depression. As a child she was abused – emotionally, physically and verbally. Her mother was so sadistic that it was difficult to listen to Ellen’s history. If Ellen had been in traditional psychotherapy, it may have taken years to make significant progress. When she began EMDR, she began to notice differences in her self-esteem, behavior, and outlook after only two sessions. Ellen worked through many of her worst memories. Ten months later, she felt she was ready to stop therapy. She felt and acted like a new person.

Theo was a bus driver. A car ran a red light and smashed into his bus. The driver of the car was badly injured. Theo was so shaken, he could not return to work. He thought somehow he was at fault. He felt a great deal of distress over this. He was asked to picture the entire memory while following the therapist’s hand with his eyes. After a series of eye movements, Theo remembered a previous collision that he never fully processed; he still felt anxious about it. The sessions permitted him to resolve both memories until he felt no further anxiety about them and he returned to work.