

EMDR Therapy

A GUIDE TO MAKING AN INFORMED CHOICE



Eye Movement Desensitization and Reprocessing (EMDR) is a trauma therapy developed by psychologist Dr. Francine Shapiro. She made the chance observation that eye movements can reduce the intensity of the disturbing thoughts when she noticed her own stress reactions diminished when her eyes swept back and forth as she walked through a park one day.

EMDR involves recalling a stressful past event and “reprogramming” the memory in the light of a positive, self-chosen belief, while using rapid eye movements to facilitate the process. Theories as to why EMDR works are still evolving, but many people have found EMDR to be extremely beneficial. Read on to learn about this complex and often misunderstood therapy.

Important Note:

This information is not intended to be a substitute for professional advice, but it may help you understand EMDR and work with a professional to make an informed decision about whether EMDR therapy is right for you.

What is EMDR?

EMDR (Eye Movement Desensitization and Reprocessing) incorporates elements of cognitive-behavioral therapy with bilateral eye movements or other forms of rhythmic, left-right stimulation.

One of the key elements of EMDR is “dual stimulation.” During treatment, you are asked to think or talk about memories, triggers, and painful emotions while simultaneously focusing on your therapist’s moving finger or another form of bilateral stimuli.

In a typical EMDR therapy session, you focus on traumatic memories and associated negative emotions and beliefs while tracking your therapist’s moving finger with your eyes as it moves back and forth across your field of vision.

Other forms of external stimuli that may be used in EMDR therapy include bilateral tactile sensations and sounds (e.g. alternating hand taps or a chime that pans back and forth from ear to ear).

How does EMDR therapy work?

At the time of a traumatic event, strong emotions interfere with our ability to completely process the experience and one moment becomes “frozen in time.” Recalling the traumatic event may feel as though the person is reliving the event all over again because the images, smells, sounds, and feelings are still there and can be triggered in the present. When activated, these memories cause a negative impact on our daily functioning and interfere with the way we see ourselves and our world, and how we relate to others.

EMDR therapy appears to directly affect the brain, “unfreezing” the traumatic memories, allowing you to resolve them. Over time the disturbing memory and associated beliefs, feelings, sensations become “digested” or worked through until you are able to think about the event without reliving it. The memory is still there, but it is less upsetting.

The exact mechanism for the effectiveness of EMDR is yet unknown. It appears that using rapid eye movements relieves the anxiety associated with the trauma so that the original event can be examined from a more detached perspective, somewhat like watching a movie of what happened.

This enables you to access positive ways of reframing the original trauma (reprocessing), and to release the body’s stored negative emotional charges around it (desensitization).

Some experts have noted that the eye movements involved in EMDR might be similar to what occurs naturally during dreaming or REM (rapid eye movement) sleep. It may be thought of as a physiologically-based therapy that allows a person to see material in a new and less distressing way. Others believe it reactivates parts of the brain that were “shut down” as a coping mechanism. In this way *cognitive reorganizing* takes place, allowing the negative, painful emotions to give way to more resolved, empowered feelings.

Trapped by Memories: How a single trauma can impact our lives

Francine Shapiro, the creator of EMDR, uses the example of a rape survivor to illustrate how people can get “trapped” by memories of trauma. While a woman who has been raped might intellectually know that she’s not to blame, but she still may feel emotions of guilt and shame surrounding the attack. Her memory of the rape is then forever affected by these emotions, which she hasn’t fully explored or dealt with. Shapiro believes that as time goes by, “when the individual thinks about the trauma, or when the memory is triggered by similar situations, the person may feel like she is reliving it, or may experience strong emotions and physical sensations.”

Source: *EMDR.com*

8 phases of EMDR therapy

EMDR often helps people feel better very quickly, but it is important to work through the entire 8-phase process with a qualified EMDR therapist to ensure the most beneficial, lasting results.

EMDR Phase1: History and treatment planning

If you choose to try EMDR therapy, your first session will likely involve the therapist taking an initial client history. The therapist will probably ask you about the problems, behaviors, and fears that have brought you into therapy. However, one difference between EMDR and many other therapies is that you won’t be asked to discuss the traumatic event in detail. The emotions and physical sensations surrounding the event are what’s important, not the details about the event itself. Once the therapist has developed a treatment plan for you based on this initial assessment, the process of EMDR can begin.

EMDR Phase2: Preparation

The preparation stage involves the therapist teaching you some self-care techniques, so that you can handle strong emotions that may arise during or between sessions. EMDR places a strong emphasis on self-care. This stage is also important for developing a sense of trust with the therapist. He or she will explain the theory of EMDR in more detail, and talk about what you can expect in the following sessions.

EMDR Phase3: Assessment

Phase 3 lays the groundwork for your actual EMDR therapy sessions. In the assessment phase, the therapist will ask you to identify three things:

- **A specific scene or picture** that best represents the target event. You probably will have already discussed your target event in your first session, but at this point you will clarify the visual image of to the trauma you experienced, including associated emotions and bodily sensations.
- **A negative belief** about yourself associated with the traumatic event (e.g. "I am helpless," "I am worthless", "I'm a bad person.").
- **A positive belief** you would rather believe about yourself. This positive belief should reflect what is appropriate in the present. For example, perhaps you survived an assault, with the subsequent negative belief: "I'm in danger." You might replace it with the positive belief: "I'm safe now."

Once the visual image and negative and positive beliefs have been identified, you'll be asked to rate how strongly you feel the positive thought to be true, on the Validity of Cognition (VOC) scale of 1-7 (with 1 being "completely false" and 7 being "completely true").

You'll also be asked to describe the disturbing emotions you feel when you focus on the visual image and rate their intensity on the 11-point Subjective Units of Disturbance (SUD) scale (with 0 meaning the emotion isn't distressing at all and 10 meaning it's the worst feeling you've ever had). You'll also be asked to identify the locations in the body where you feel physical sensations when you think about the trauma.

Processing the trauma: EMDR Phases 4-6

Once you've completed the first three phases of EMDR therapy, the work of processing the trauma begins. In phases 4-6, your therapist will help you recall your target image while leading you through a series of rapid eye movements (or alternating bilateral audio or tactile stimulation and or a combination thereof).

With your attention split between the internal image you're concentrating on and the external stimuli of your therapist's moving finger, you're able to experience the distressing memory while remaining grounded in the present, enabling you to process and reframe the trauma.

Your EMDR therapist will also monitor the intensity of your symptoms between sessions to ensure that progress is being made and maintained.

According to the EMDR Network, reprocessing a single trauma is generally accomplished within 3 sessions. If treatment takes longer, you should still see some improvement within that amount of time.

EMDR Phase 4: Desensitization

During the desensitization phase, you'll pay attention to all the negative beliefs and disturbing emotions and bodily sensations that come up as you focus on your target image while following your therapist's finger back and forth with your eyes. You'll be asked to take note of *all* your reactions to the processing—good, bad, or neutral—including any new insights, associations, or emotions you experience.

After each set of rapid eye movements, the therapist will check in with you and assess your level of disturbance regarding the target image. During this process, you will continue to

“digest” or process the feelings, images and beliefs that occur in relation to the trauma target. The desensitization phase continues until your distress level, as measured by the SUD scale, is reduced to 0 or 1.

EMDR Phase 5: Installation

In the installation phase, you’ll be asked to focus on the positive belief you’ve identified to replace your old negative belief about the trauma. As in phase 4, you’ll concentrate on this mental image while simultaneously tracking your therapist’s finger with your eyes. The goal is to strengthen the positive belief or self-statement until you accept it as fully true.

After each set of rapid eye movements, the therapist will ask you to rate the positive belief on the 7-point VOC Scale, which gives the therapist concrete measures of how you are progressing. The installation phase is complete once you are able to accept the positive belief at a level of 7 (“completely true”).

What is unique about EMDR is how rapidly new beliefs about the self and interpretations of the trauma replace old beliefs. New possibilities emerge that were never before considered. These new insights are used as the starting points for the next set of eye movements, continually helping you to process the trauma in healthier, more manageable ways.

EMDR Phase 6: Body scan

After replacing negative beliefs surrounding the trauma with healthier, positive beliefs, the next phase is to focus on any lingering physical sensations. Your therapist will ask you to think about your original target while scanning your body from head to toe, looking for residual tension. Any bodily tension or uncomfortable physical sensations are then targeted with bilateral stimulation until they are resolved.

According to the EMDR Network, “positive self-beliefs are important, but they have to be believed on more than just an intellectual level.” Phase 6 is considered successful when you are able to think or talk about the original target without feeling any body tension.

EMDR Phase 7: Closure

One of the goals of an EMDR session is for you to leave feeling better than you did when you got there. If you haven’t been able to finish working through the target trauma in a particular session, your therapist will lead you through a variety of relaxation techniques (drawing from what you were taught in Phase 2) designed to bring you back into emotional equilibrium.

Your therapist will also prepare you for what you may experience between sessions. For example, disturbing images, thoughts, and emotions may arise during the week as you continue to process the trauma. You will be instructed to keep a journal of these negative memories and thoughts, while will help you distance yourself from the disturbance and give you new targets for future therapy sessions.

Your therapist will also review the visualization techniques and relaxation exercises you can use to maintain emotional balance between sessions.

EMDR Phase 8: Reevaluation

Each new session begins with a reevaluation of your progress. First, you will be asked to focus on any targets you’ve already reprocessed. Your therapist will review your responses, checking to see if you’ve maintained the positive results. Your therapist may also ask you how you feel about the previously-treated targets and review any disturbances that came up between sessions. Based on this reevaluation, your therapist will decide whether to move on to new targets or to revisit old targets for additional reprocessing and integration.

Reported benefits and drawbacks of EMDR

EMDR therapy is relatively new, developed in 1987, and the scientific community continues to examine its long-term results. While there are differing opinions on how effective this treatment really is, the main benefit of EMDR is the speed at which deep-seated problems can be resolved.

Single sessions of EMDR have been shown to produce results, and Dr. Francine Shapiro reports an average treatment time of five sessions to comprehensively treat people with post-traumatic stress disorder.

To help you make your own decisions regarding EMDR, review the following list of reported benefits and drawbacks.

| Potential Benefits | Potential Drawbacks |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMDR does not require you to go into detail about the distressing events of the past. Unlike many "talk" therapies, the trauma isn't analyzed for long periods of time. | EMDR has not been proven effective in studies on phobias, panic disorder or stress related disorders, only on PTSD. |
| EMDR simultaneously works on mind, body, and emotions, which may account for its success in taking mere intellectual understanding of the origins of a problem (e.g. "I know I have guilt over killing in the war") to a resolution where post-traumatic symptoms clear up. | EMDR was created for use as a trauma therapy and as such focuses on intensely stressful subjects. Pregnant women, or those with heart conditions, eye problems, or other health issues should consult their doctor before beginning EMDR therapy. |
| The trauma that must be re-experienced during treatment is relatively short-lived. Cognitive reprocessing occurs simultaneously with memory recall. | EMDR is a relatively new therapy and as such the verdict is still out as to its long-term effectiveness. |

Research on EMDR

There is a vigorous debate within the psychological community regarding the efficacy of EMDR, especially when compared with other types of therapy. Those on both sides are passionate about their claims and present plenty of food for thought.

Critics question the scientific validity of the method and the lack of data explaining how EMDR works. On the other hand, numerous people have reported significant benefits from EMDR treatment, as have many studies published in peer-reviewed journals. Based on the encouraging results of these studies, in 1999, both the American Psychological Association and the International Society of Traumatic Stress Studies approved EMDR as a valid therapy for post-traumatic stress disorder.

Finding an EMDR therapist

EMDR is a highly specialized therapy that should be conducted by a licensed mental health professional who has specific training in this complex approach. Due to the relative newness of this therapy, some clinicians may not have received appropriate training. Also, they may

be inexperienced in the actual practice of EMDR, or be out-of-date with the latest developments in the therapy.

The two most widely respected professional organizations for EMDR are the EMDR International Association and the EMDR Institute. Both organizations list certified and trained therapists who have met the necessary requirements to provide EMDR therapy.

Questions to Ask a Potential EMDR Therapist

- Have you received both Part 1 and 2 of the basic training?
- Was your training program approved by EMDRIA or EMDR Europe?
- Have you kept up to date about the latest protocols and developments?
- How many people with my particular problems or disorder have you successfully treated?
- What is your success rate?
- Are you doing standard EMDR as it is (a) described in Dr. Shapiro's text, and (b) been tested in research?
- Will you discuss with me the way EMDR can deal with my obvious symptoms?
- Will you also discuss with me the ways EMDR can be used to help me live a happier, more productive life by treating the other negative memories, beliefs, feelings, and actions that may be running my life?

Source:EMDR Network

Suzanne Bartson, Melinda Smith, M.A., and EMDRIA Certified Therapist Carol Corcoran, LCMFT, LMFT, contributed to this article. Last reviewed: January 2011

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