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What Is EMDR?

When a person experiences a negative life experience, or trauma, the biochemical balance of the brain's information processing system is upset. For some people, this imbalance prevents the information (experience) from being processed to a state of adaptive resolution. The result is that this person's perceptions, emotions, beliefs, and meanings from the experience can be distorted, and, if so, subsequent experiences may also be distorted.

Eye Movement Desensitization and Reprocessing (EMDR) is a form of therapy that was originally designed by Dr. Francine Shapiro to alleviate the distress associated with traumatic memories. EMDR facilitates the accessing and processing of traumatic memories to bring to an adaptive resolution. After successful treatment with EMDR, emotional distress is relieved, negative beliefs are reformulated, and physiological arousal is reduced. During EMDR the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on some form of external stimulant. Therapist directed lateral eye movements are the most commonly used stimulants for current external awareness, but a variety of other bilateral stimulants including hand tapping and/or sound are often used. Shapiro hypothesizes that EMDR facilitates the accessing of the traumatic memory network, so that the information processing is enhanced, with new associations forged between the traumatic memory and more adaptive memories or information. These new associations are thought to result in complete information processing, new learning, elimination of emotional distress, and development of new insights. EMDR uses a three pronged protocol: (1) the past events that have laid the groundwork for dysfunction are processed, forging new associative links with adaptive information; (2) the current circumstances that elicit distress are targeted, and internal and external triggers are desensitized; (3) imagining future events using the new insights or beliefs are incorporated, to assist the client in acquiring the skills needed for adaptive functioning.

Dr. Shapiro began testing her hypothesis 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 and yet 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, but when they received EMDR treatment, 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 other types of trauma. What is 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.

WHY EMDR WORKS

When something traumatic happens to us our innate processing system can break down. We do know from memory and brain research that painful or traumatic experiences are stored in a different part of the brain 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. Something happens that interrupts this process when we experience trauma or a very painful event. Instead, the traumatic material gets stuck in the brain and remains in its original form with the same thoughts, feelings, bodily sensations, smells and sounds. It's as though it is sealed off from healthy functioning brains. That's why it's not uncommon for a person who has had years of traditional talk therapy to find that they still hurt and haven't changed as much as they hoped. This is because the dysfunctionally stored material still has not been processed. Our perceptions of the event (what we saw, heard, felt and so on) may be stuck in our nervous systems in the same form as when we experienced them. These unprocessed perceptions can be expressed as the nightmares, flashbacks, and the intrusive thoughts of PTSD. In EMDR we ask the person to think of the traumatic event, and then we stimulate the person's information processing system so that the traumatic experience can be appropriately processed. Process takes place, insights arise, the needed associations are made, whatever is useful is learned, and the appropriate emotions take over.

Shapiro developed the Accelerated Information Processing model to describe and predict EMDR's effect. More recently, Shapiro expanded this into the Adaptive Information Processing (AIP) model to broaden its applicability. She hypothesizes that humans have an inherent information processing system that generally processes the multiple elements of experiences to an adaptive state where learning takes place. She conceptualizes memory as being stored in linked networks that are organized around the earliest related event and its associated affect. Memory networks are understood to contain related thoughts, images, emotions, and sensations. The AIP model hypothesizes that if the information related to a distressing or traumatic experience is not fully processed, the initial perceptions, emotions, and distorted thoughts will be stored as they were experienced at the time of the event. Shapiro argues that such unprocessed experiences become the basis of current dysfunctional reactions. She proposes that EMDR successfully alleviates emotional distress by processing the components of the distressing memory. These effects are thought to occur when the targeted memory is linked with other more adaptive information. When this occurs, learning takes place and the experience is stored with appropriate emotions to guide the person in the future.

EMDR a One Session Cure?

No. I 1998 when Shapiro first introduced EMDR into the professional literature, she included the following caveat: "It must be emphasized that the EMDR procedure, as presented here, serves to desensitize the anxiety related to traumatic memories, not to eliminate all symptoms present with Post Traumatic Stress Disorder (PTSD), nor to provide coping strategies to victims." In this first study, the focus was on one memory, with effects measured by changes in the Subjective Units of Disturbance (SUD) scale. The literature consistently reports similar effects for EMDR with SUD measures of in-session anxiety. Since that time, EMDR has evolved into an integrative approach that addresses the full clinical picture. Two studies have indicated an elimination of diagnosis of PTSD in 83-90% of civilian participants after four to seven sessions. The study of combat veterans to address the multiple traumas of this population reported that 12 sessions of treatment resulted in a 77% elimination of PTSD. Clients with multiple traumas and /or complex histories of childhood abuse, neglect, and poor attachment may require more extensive therapy, including substantial preparatory work prior to starting EMDR.

Are Eye Movements Considered Essential to EMDR?

Although eye movements are often considered its most distinctive element, EMDR is not a simple procedure dominated by the use of eye movements. It is a complex psychotherapy, containing numerous components that are considered to contribute to treatment effects. Eye movements are used to engage the client's attention to an external stimulant, while the client is simultaneously focusing on internal distressing material. Shapiro describes eye movements as "dual attention stimuli," to identify the process in which the client attends to both external and internal stimulants but a variety of other methods including hand-tapping and/or sound are often used. The use of such alternate stimulants has been an integral part of the EMDR protocol for more than 10 years.

TRAUMA AND THE EFFECTS

What do we mean by the word *trauma?* It is "traumatic" to be in a near-fatal accident? To see a person robbed and beaten? To be locked out of your car by a storm? To find out you need surgery? When psychotherapists talk about trauma, they are generally referring to events that would be upsetting to nearly everyone and that involve reaction of fear, helplessness, or terror. Unfortunately, many people (and some psychotherapists) mistakenly believe that events can be disturbing because of there personal significance, such as overhearing a passing remark that you are unattractive, getting a failing grade in school, or having a pet run away. Although in some types of conventional psychotherapy, there may be a struggle to distinguish between the two types of trauma; this separation is irrelevant in EMDR. Because EMDR focuses on personal experience, it downplays what the therapist thinks of the event and, instead deals directly with how the experience has affected the client.

Experiences of all sorts play an important role in our inner life. But for now, let's clarify and distinguish what we call big "T" trauma – which the psychology community recognizes as a cause of posttraumatic stress disorder (PTSD) – and what in EMDR we refer to as small "t" trauma. Big "T" trauma includes events that a person perceives as life threatening: combat; crimes such as rape, kidnapping, and assault; and natural disasters such as earthquakes, tornadoes, fires and floods. These events are so stressful the can overwhelm our ordinary capacity to cope. They result in intense fear, extreme feelings of helplessness and a crushing loss of control.

The symptoms of PTSD span two classes of simultaneous, and diametrically opposed behaviors. In one type, the traumatized person cannot get away from her trauma: She is forced to relive the original event through intrusive symptoms such as flashbacks, nightmares, panic attacks, and obsessive thoughts. In the other, she can't get near: She is compelled to insulate herself from reminders of the trauma through avoidance symptoms such as social isolation, emotional numbing, and substance abuse. Trauma victims also have physiological reactions such as insomnia, hypervigilance, and the tendency to be easily startled by any reminder of the event, whether sensory or symbolically.

Small "t" trauma on the other hand , occurs in the innocuous but upsetting experiences that daily life sends our way. It can have cumulative effects and result in some of the feelings as big "T" trauma with far reaching consequences.

For further information, read: EMDR The Breakthrough "Eye Movement" Therapy for Overcoming Anxiety, Stress and Trauma. Try the web site www.emdr.com