

EMDR: Eye Movement Desensitization & Reprocessing

In 1987, while walking in a park, Dr. Francine Shapiro made a chance observation. She noticed that the intensity of her disturbing thoughts and feelings reduced after her eyes had been moving rapidly back and forth. Being a student of psychology and a naturally curious person she decided to research this for her doctoral thesis. She found a way to use rapid eye movements in a special psychotherapy protocol, and discovered it was very successful in relieving chronic distress in victims of trauma. By 1989, Shapiro had developed a totally new kind of psychotherapy: **EMDR therapy**.

What Experts Say...

“With the development of EMDR, Francine Shapiro has made a profound contribution to our knowledge of illness and healing.”

- David A. Console, MD, Director of the Trauma Recovery Program, Menninger Clinic

“EMDR provides a proven approach to address the trauma that can interfere with healthy grief and mourning following the loss of a loved one.”

- Therese A. Rando, PhD, Founder & Exec. Director, Institute for the Study of Treatment of Loss

“EMDR is proving to be the silicon chip of psychotherapy; it allows people to process incredible amounts of material in a shockingly short time.” - Michael Elkin, Director, Ctr for Collaborative Solutions

“EMDR is the most revolutionary, important method to emerge in psychotherapy in decades.”

- Herbert Fensterheim, PhD, Cornell Univ.

“Dr. Shapiro applies EMDR to a wide range of disorders and problems and shows how individuals can gain mastery of previously overwhelming experiences, phobia, anxiety, and bereavement.”

- Denise Gelinis, PhD, Harvard University

What Patients Say...

“The treatment made me look deep, very deep, into my own existence. I’m more attentive to my feelings. Now I treasure each and every moment of my life.”

- Richard Webster, Mine fire victim,
- Quoted in *Family Therapy Networker*

“In four, hour-long sessions I was able to get at issues that years with other therapists couldn’t touch.”

- Sherry Morgan, Rape trauma survivor,
- Quoted in the *Orange County Register*

“Now, when I talk about what happened to me, it’s definitely reality, but the fear’s not there anymore.... It’s astounding. I’ve been given a portion of my life back.”

- Emily G., Victim of abduction and rape,
- Quoted in *American Health*

“Within two or three of four sessions, we had resolved issues that I’d been discussing for four or five years with other people.”

- Eric Smith, Vietnam veteran suffering from PTSD,
- Quoted on 20/20, ABC News

What is EMDR?

EMDR is a new psychotherapy used to treat troubling symptoms, such as anxiety, guilt, anger, depression, panic, sleep disturbance, and flashbacks, that are the result of traumatic experiences. Traditional therapies have met with limited success in treating victims of trauma. Not only has EMDR therapy been proven effective in reducing the chronic symptoms which follow trauma, the therapy benefits appear to be permanent. Since Dr. Shapiro’s first published research study in 1989, EMDR has developed and evolved through the contributions of therapists and researchers all over the world. It now incorporates elements from many different treatment approaches. To date, it has helped an estimated half million people of all ages receive relief from many different kinds of psychological distress.

What does E.M.D.R. stand for?

Eye Movement Much has been learned about this therapy since the day it was named for eye movements. Now it appears that the beneficial effects are facilitated by an alternating stimulation of the right and left hemispheres of the brain. Eye movements accomplish this, as do bilateral alternating taps or tones.

Desensitization refers to the removal of the emotional disturbance associated with a traumatic memory.

Reprocessing refers to the replacement of the unhealthy, negative beliefs associated with traumatic memories, with more healthy, positive beliefs.

When is EMDR® appropriate?

There are two types of trauma, big “T” trauma and little “t” trauma. Big “T” traumas are the major horrific events, like combat, rape, or the loss of a child. Little “t” traumas are the smaller everyday chronic horrors, like daily negative childhood messages leading a girl to grow up believing she will never be good enough. EMDR can help heal both types of trauma. EMDR therapy can be a very intense emotional experience, temporarily. It is *not* appropriate for those who are unwilling or unable to tolerate highly disturbing emotions. An EMDR therapist must take a thorough history to determine if and how EMDR can be used as part of an overall treatment plan. EMDR has been successfully used to treat many problems. Some of them include:

PTSD	Complicated grief
Anxiety	Sexual abuse
Depression	Panic attacks
Phobias	Dissociative disorders
Addictions	Performance anxiety

How long does EMDR® therapy take?

This depends on several factors including the nature of the problem being treated, the client’s history, and the client’s ability to tolerate high levels of disturbance. In some cases, one EMDR treatment session is enough. Usually it takes weeks to months, but sometimes years of treatment are required. When EMDR therapy is used appropriately, it can significantly shorten the overall length of time in therapy.

What is an EMDR® session like?

First, client and therapist work together to collect basic information about the traumatic experience. The most disturbing part of the incident is identified and becomes the processing target. Example: *Image of the rapist's face*. The negative belief connected to the trauma is identified. Example: *I'll never get over this*. And a preferred, positive belief is named. Example: *It's over, I can move on with my life now*. Next, client is asked to rate (on a 1-7 scale) how true the positive belief feels when paired with the target. Usually it does not feel very true at this point. Client is asked to name the emotions the target elicits, to rate the associated distress level (on a 0-10 scale), and to locate the disturbance in the body. Example: *Fear and shame, with disturbance level 10, in belly and chest*. Then, client is asked to hold in awareness the target, the negative belief, and the disturbing body sensations. At the same time, the therapist guides the client's eyes to move rapidly back and forth. This is done in sets, which may last from a few seconds to a few minutes. During each set the client is instructed to just notice whatever changes occur in mind and body, without controlling the experience in any way. Very often, in the first few sets there is an increase in the disturbance level. After awhile, with each new set, the target becomes less and less disturbing and the positive belief feels more and more true. The target is completely processed when recall of the image no longer brings up disturbing emotions, and the preferred positive belief feels totally true. Example: *Client recalls that the rapist's face was threatening then but does not feel threatened by the image*

How does EMDR® work?

Research to answer this question is now in progress at The Human Resource Institute's Trauma Center in Brookline, MA. Researchers there are using SPECT brain-scan imaging to map the changes that occur after EMDR treatments. It is known that the brain has a natural mechanism for processing disturbing events, however, when a traumatic experience is overwhelming the brain may not be able to process it in the usual way. That is why severely traumatized people often find themselves stuck in disturbing memories long after the traumatic event. Research suggests that an important part of the natural trauma processing happens during REM (rapid eye movement) sleep, which provides alternating stimulation of the right and left hemispheres of the brain. This may help explain why EMDR therapy seems to jump start the brain's natural healing ability, allowing the traumatic memory to become less and less disturbing.

Has EMDR® been researched?

EMDR is now the most researched treatment for post-traumatic stress disorder (PTSD). Many scientific studies have shown it is effective and long-lasting. For example, in December 1995 a study by Wilson, Becker, and Tinker was published in the prestigious *Journal of Consulting and Clinical Psychology*. The study showed that 80 subjects diagnosed with PTSD showed significant improvement after EMDR therapy. At a 15-month follow-up, treatment benefits were unchanged. For more information about EMDR research contact the EMDR International Association (512) 451-5200.

An EMDR® Story . . .

Summarized from Chapter 9 in *EMDR: The Breakthrough Therapy for Overcoming Anxiety Stress & Trauma* (Shapiro & Forrester). Mia was a single mother whose 12-year-old son and only child was killed by a train when his shoe became stuck in the track. For a year after his death she had obsessive thoughts and nightmares about the accident. Her depression was intense and she often thought of suicide. Mia took a disability leave from work because she couldn't concentrate or function well. She was treated with Prozac, Ativan, and weekly "talk" therapy, but 13 months after her son's death she felt even more hopeless and distressed. Running out of money, her doctor suggested she enroll in a free PTSD research study at Yale Psychiatric Institute. There she was seen by psychiatrist Steve Lazrove for three sessions of EMDR. In the first treatment session she described the worst part of the story and rated it a "10" on a 0-10 disturbance rating scale. Mia reported the emotion was a terrible pain in her chest, and a sense that "my heart was stolen from me."

She said "I feel guilt. He was my responsibility." Lazrove elicited a more positive belief, that it was an accident and not her fault. Then he had her focus on the most disturbing images and thoughts and guided her eyes to move back and forth. Gradually, over the course of about an hour, and after 23 sets of eye movements, the details of the memory became less disturbing. By the end of the first session she reported she could think about the accident scene and it no longer felt distressing.

"I feel relieved. I feel more comfortable, like a weight has lifted off me. When I think about that the way I did before, it was really hard, it was really painful. But I don't see it like that anymore. The painful part is gone out of that." By the end of the three sessions she came to feel that it had neither been her fault nor her son's fault. At the 8-month follow-up visit Mia reported she had returned to work. She was sleeping well and was no longer having obsessive thoughts about the accident.

For more information about EMDR® contact:

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Books about EMDR

EMDR: The Breakthrough Therapy for Overcoming Anxiety Stress & Trauma
by Dr. Francine Shapiro & Margo Silk Forrester

Transforming Trauma: EMDR by Dr. Laurel Parnell