

An introduction to EMDR: Eye Movement Desensitization and Reprocessing

By Stephanie Delmore, MA, LPC

EMDR was first developed in the late 1980's. In the beginning, this psychotherapy modality was used with individuals who had experienced traumatic events and were suffering from Post-Traumatic Stress Disorder. Over the years, the modality has been further researched and defined and is now thought to be effective for a range of symptoms and can often help people who are unable to make changes through traditional "talk" therapy. When an individual experiences a traumatic event, there is an intensity of emotion and sensory input. Because of the intensity of the experience, sometimes the brain is unable to adequately process this event and it remains stuck in the more primitive part of our brain where it continues to be in a highly sensitive, reactive state. In this case, an individual goes forward in their life and they continue to have experiences that remind them (and this may be in a conscious, subconscious or sensory way) of the original event and this then reactivates the intensity of those original thoughts, feelings and sensations.

Clinically, trauma can be thought of as a range of experiences. There are the obvious traumas of rape, abuse, military combat, and natural disasters. But, there are also other experiences we have in our life that in the moment may seem innocuous, but get stuck in our thinking and form a negative sense of self. This could be an offhanded criticism from a parent, being teased about your looks at school, or a minor car accident. It can be a series of these "traumas with a small t" that block us as much as the major traumas. The goal of EMDR is to take these negative thoughts and experiences which are stuck in an unprocessed, reactive state and move them to the part of our brain that is higher thinking and has access to the full range of thoughts of ourselves and our experiences. In EMDR memories are moved through this process with the use of bilateral stimulation. Bilateral stimulation means integrating both sides of the brain. Stimulation is most commonly evoked through the client moving their eyes back and forth across the midline of their body while watching the therapist move their fingers back and forth through the air. Other modes of bilateral stimulation include hand tapping, watching a light move or alternating auditory tones.

To begin therapy, the therapist will complete a comprehensive background history and assessment. The therapist and client then work together to establish which life experiences they will target with EMDR. It is often a helpful exercise for the client to complete a timeline of their life experiences, noting the ten most traumatic events they have experienced. Next, a target memory/image for the processing will be identified. This target image is a memory that represents the most disturbing image of the event. One interesting part of this process is that the client does not have to verbalize to the therapist the details of this image, which could re-traumatize some individuals. Along with the target image, the client identifies a "Negative Cognition" which represents how they felt about themselves in this experience. For example, if the target image is a memory of abuse, the negative cognition may be "I'm not safe". The client is also asked to choose a Positive Cognition, which is how they would like to feel about themselves related to this experience. In the example above, the positive cognition would most likely be "I'm safe". The client rates on a 1-7 scale how true the positive cognition feels for them in the moment.

The client will then rate on a 0-10 scale how disturbing the image/memory feels to them now. Both of these scores becomes the baseline score for processing.

For processing, the client will bring up the target image and pair that with the negative cognition and then move their eyes following the therapist's hand movements for approximately 20-30 seconds. The client then closes their eyes and takes a deep breath and observes what information comes up for them. This is typically an image, thought, sensation, feeling or other memory. The client is told to observe these images as if one was riding a train and watching these things out the window. These are things that are merely passing by. The therapist continues to guide the client through processing until the level of disturbance of the memory is reduced to a score of 0 or 1. At this point, the theory is that the memory has been removed from the part of the brain where it is unprocessed, reactive, and causing the client distress. In order to complete the EMDR process, the memory will become connected now with a positive cognition regarding to how the person wants to feel about the event. The client will again call up in their mind the original target image and now pair that with the positive cognition. Using the eye movements again, but now at a slower rate, this pairing is processed and a new linkage is created between the event and new positive thoughts and feelings about it.

Between sessions, clients keep a log of thoughts, feelings, images, cognitions and sensations that they experience. These notes will continue to guide the therapy in indicating where additional processing needs to occur. Researchers are unclear as to how and why EMDR works. Current thinking is that the eye movements evoke a cognitive state similar to REM sleep. We know that a person's eyes move back and forth during this sleep stage and this is the time where a person processes what they have experienced during the day and the brain "makes sense" of it. Brain images of patients before and after EMDR treatments have shown amazing changes in the levels of activation of different lobes of the brain. EMDR is an exciting psychotherapeutic modality that has the potential to help clients achieve freedom from old, negative or dysfunctional ways of thinking and feeling that are preventing them from living the life they want to live.

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