

What is EMDR?

Eye movement desensitisation and reprocessing is a psycho-sensory therapeutic technique which ameliorates anxiety, trauma, panic attacks and phobias. By the use of bilateral stimulation (following left to right movements of the fingers), it allows the brain to process disturbing or traumatic memories so that they no longer disturb the person or cause them to feel overwhelmed in current life situations. We all carry within us a memory of everything that has ever happened to us within our subconscious mind.

Some of the memories, particularly those before the age of 7, have not been processed properly as the brain was not sufficiently developed and so the thoughts get 'stuck' in procedural (wordless) memory, associated with the emotion that you stored at the same time. Unfortunately the brain is wired to associate these emotions in any subsequent event and so you have a series of memories linked by the emotion that they triggered stored subconsciously. When you come across something in your adult life that triggers these same emotions you feel the cumulative effect of all the previous emotions wash over you – and overwhelm is the result.

These emotional memories are very different to normally processed (non-traumatic memories!). They are:

- Present – they feel like they are happening now
- Persistent- they do not fade with time
- Pervasive – they are present with us all the time, sapping our energy and preventing us from living life to the full.

In order to clear these triggered emotional memories we have to break the link between the emotion and the memory allowing the brain to process them logically and store them away correctly as something that is no longer threatening. It literally turns off the alarm system.

How does the therapy work?

We still don't quite understand how movement of the eyes from side to side does this but we do know that the left to right stimulus helps the two sides to communicate better and help process the memory appropriately. This is what happens normally during a phase of sleep called Rapid Eye Movement (REM) sleep where memories are naturally 'pruned' by the brain. Every night when you dream you enter this stage of sleep and the brain runs through all the events of that day and processes the information it needs to keep and discards that which is not needed. Otherwise we would run out processing space pretty quickly and be overwhelmed with information. So, movement of the eyes simulates this natural process and helps the brain to re-process the memory properly. It is as if a weight is taken off your shoulders permanently!

That something so simple can have such profound effects sounds unlikely I know. However, the clinical evidence is so overwhelmingly positive, that few psychologists can now dismiss it. Indeed, the National Institute for Clinical Excellence, NICE (in the UK) has advocated its use as the treatment of choice for PTSD*. Its inventor, Francine Shapiro, is keen to have it seen as a thoroughly evidence-based intervention and has to date compiled details of over 20 randomised controlled trials (RCT's – the gold standard for research) which she documents [here](#):

The great thing about it is it is quick (6 sessions seems average), precise (it targets the exact 'feeling', and it does not involve detailed analysis of the issue (unlike talk therapies) *and* it avoids the risk of re-traumatisation. Because it deals with memories stored in procedural (body) memory it only requires the person to 'tune in' to the feelings, emotions and sensations whilst following the movement, to reprocess the memory permanently.

So, what happens in an EMDR session?

Firstly we get you to look at your most disturbing memories and/or current situations that cause distress as they trigger these early memories (which may or may not be consciously recalled). It does not matter if you can remember all of the bad memories, nor that you describe them fully – you only have to trigger the emotion surrounding them in order to reprocess. We then look at the emotions and beliefs around those memories and finally what you would like to believe/think (called a 'positive cognition' in therapeutic language).

The length of treatment depends upon the number of traumas and their severity. Generally, those with single event adult onset trauma can be successfully treated in 3-6 sessions. Multiple traumas may require a longer treatment time.

There is a staged process which is followed in sequence:

Stage 1: The first stage involves history-taking to enable the therapist to identify possible targets for EMDR processing. These may include distressing memories and current distressful situations or related incidents in the past.

If you had a problematic childhood then the initial focus for processing may be towards childhood events rather than to adult situations. But wherever you start the other linked events will be picked up as the brain begins to process. Indeed clients generally start to remember things they had long forgotten and being to gain insight on their situations, as the brain rationalises the event. Once this occurs the emotional distress resolves and behaviour change occurs.

Stage 2: During the second stage of treatment, the therapist ensures that the client has a safe place they can go to mentally should they experience difficulties in handling emotions. The therapist may teach the client a variety of imagery and stress reduction techniques the client can use during and

between sessions. This empowerment is encouraged in EMDR which it shares with hypnotherapy but not with psychotherapy which can encourage dependency on the therapist.

Stages 3-6: Here a target is identified and processed once the client has identified:

1. A vivid visual image related to the memory
2. A negative thought/belief about self
3. A positive belief/thought.

We will then get you to rate the positive belief as well as the intensity of the negative emotions (usually using a scale of 1-10). After this, you are asked to focus on the image, negative thought, and body sensations while simultaneously having sets of bilateral stimulation (usually movements but sometimes tapping or sounds from left to right). The exact type and length of these sets is unique for each client as the therapist monitors the processing (demonstrated by watching the client's eyes). The eyes tend to 'jump' when a thought or memory is processed. You are asked to just notice whatever spontaneously happens and not to judge it.

We repeat these sets of sets with directed focused attention until the client reports no distress related to the targeted memory (rated 1- 10), we then rate the preferred positive belief until it rises to an acceptable level. If the client becomes distressed or has difficulty in progressing, the therapist follows established procedures to help the client get back on track. This may involve the safe place or havening techniques which allow the person to get back to equilibrium.

Stage 7: In stage seven, closure, you are asked to keep a journal or log during the week. This should document anything interesting that comes up including emotions, memories, changes in behaviour, etc. It serves to engage you in your own processing and give you mastery over your emotions.

Stage 8: The next session begins with Stage eight. Stage eight consists of examining the progress made thus far. We review these before resuming EMDR treatment on any events that need further processing, whether repeating ones already begun or tackling new events.

Curious to know more?

Check my website www.alchemytherapies.co.uk/EFT.htm. There is more information on there and on the website www.getselfhelp.co.uk/emdr.htm

Read the book 'Transforming Trauma' by Laurel Parnell or any of the books by the founder Francine Shapiro.

ⁱ 'Trauma' here refers to anything perceived as inescapable e.g an unloving parent or surgery– it does not have to be a major life event like bereavement or accident, although it can be that of course.