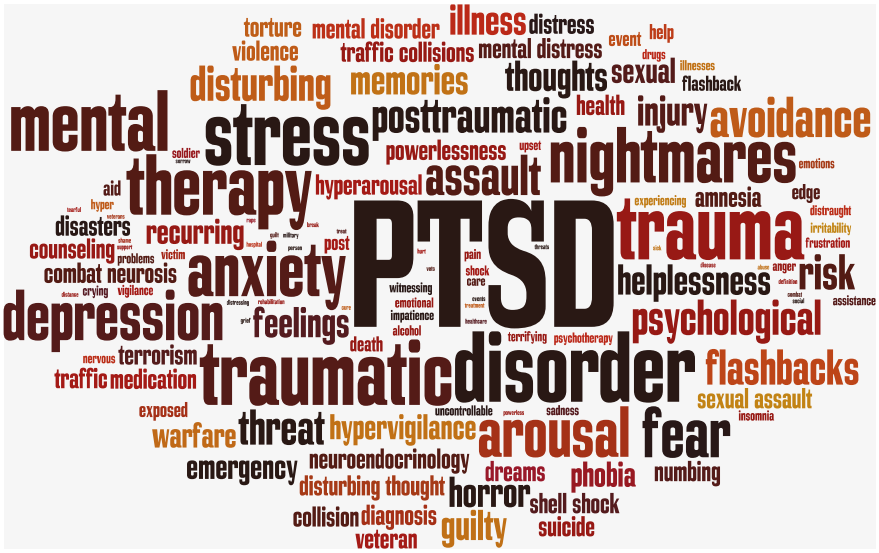
Practitioner Perspective

An Introduction to Eye Movement Desensitization and Reprocessing (EMDR)

By Peter Nevin



In theory, the body-mind can process and integrate information in a helpful way, but traumatic events interrupt this processing and leave the events in their 'raw', unprocessed state.

Introduction

EMDR is a therapy that has been shown to be very effective in working with people who have experienced severe trauma. It was first developed in the U.S. in the late 1980s by Francine Shapiro, a clinical psychologist, and is now recognised as a treatment of choice in working with adults with Post Traumatic Stress Disorder (PTSD). Over the past two decades or so, EMDR has also been used with clients experiencing a range of difficulties including anxiety, depression, childhood physical and sexual abuse and prolonged grief. However, EMDR is not a stand-alone therapy and is best used within on-going counselling or psychotherapy as an additional help for clients with specific processing difficulties and may be modified at times to suit the clients' needs.

'Alex (not his real name) was referred by his G.P. following a violent assault two months previously as he was making his way home from a night out with friends. He told me that he had been grabbed from behind by a man and dragged into a garden where he was violently assaulted and beaten around his head and face and had his phone and wallet stolen. A passer-by came to his aid and his attacker ran off. Alex told me that he could not remember much of the actual assault and that for him, the worst part of the experience was seeing the reaction of his family in the hospital when they first saw his injuries. He had a strong belief that he had let his family down. We used EMDR in two separate sessions and he was able to process the trauma in a very short period. Each session was around 90 minutes long. We arranged to meet for a check-in session six weeks later and he phoned to cancel it as he was feeling back to normal again.

How Does EMDR Work?

Interpreting and making sense of experiences in a flexible way are signs of good mental health. Conversely, the reduced ability 'to choose one's attitude' (Shapiro, 2002) in any situation is found in those people who present for therapy. A central concept in EMDR therapy is that we all have a physiological information-processing system that maintains an associated memory network and that it is our *ability to make appropriate connections* across these networks that ensures our mental well-being.

In theory, the body-mind can process and integrate information in a helpful way, but traumatic events interrupt this processing and leave the events in their 'raw', unprocessed state. This is perhaps why traumatised people seem to live with the traumatic experience *in the present*, while

Eye movements and other forms of Bilateral Stimulation (BLS) may help by 'distracting' the client sufficiently to enable the experience to be recalled so that processing can be completed.

nightmares, for example, may be the mind's attempt to process these experiences.

Traumatic experiences also cause us to develop mistaken *beliefs* about ourselves and the world around us, leading us to behave in ways that are unhelpful. Over time, these become fixed in the body-mind as irrational emotions, blocked energy and physical symptoms, complete with images, physical sensations, smells and sounds, and beliefs. According to Shapiro (2002), '… the individual reacts dysfunctionally to current situations because of automatic responses that were first elicited by past events and have become physiologically encoded.' The purpose of EMDR, like all psychological therapies, I believe, is to build or restore the client's freedom to choose their response in any given circumstance.

Often clients who have been traumatised say that it's too upsetting to even think about the event; eye movements and other forms of Bilateral Stimulation (BLS) may help by 'distracting' the client sufficiently to enable the experience to be recalled so that processing can be completed. This 'dual attention', the client focusing simultaneously on their internal world and on the BLS, allows the mind to process whatever it is noticing – 'one foot in the past and one foot in the present', so to speak.

What Happens in an EMDR Session?

In an EMDR session, the client is asked to focus on an image that represents the worst part of the traumatic event; next, the associated emotions of the worst part and then the location of the associated disturbance in their body. The client is also asked to describe both positive and negative beliefs about themselves associated with the worst part of the event. At this point, the therapist adds alternating eye movements or other form of bilateral stimulation (BLS), e.g., headphones, hand tapping, etc, for the client. If using eye movements, the therapist asks the client to sit in the chair in as relaxed a pose as possible, looking straight in front, with their feet flat on the floor and their hands and arms in a relaxed position on their thighs or on the arms of the chair. The therapist holds one hand with one or two fingers pointing upwards, in front of the client, finger tips at the client's eye level and about 50-60cms in front of the client. This means that the therapist is now sitting close to the client, usually to one side, with the two chairs facing in opposite directions. 'Ships that pass in the night', so to speak. It's important to consider how a client may feel about the therapist being so close and this can be explored in a discussion about EMDR in the first session.

Some clients - and therapists – prefer to use other methods of BLS. For example, I often use a small electronic box that emits a brief note or sound through a set of headphones that the client wears. A pair of small, pulsing hand-held devices can also be connected to this box and clients are free to undertake the work with their eyes closed or soft focused on the wall opposite. The headphones and pulsers are synchronised so that the client experiences a sound in the left headphone at the same time as feeling a pulse in the left pulser, and vice versa.

This bilateral stimulation enables *adaptive information- processing*, a 'rapid free association of information between memory networks that enables clients to draw on information where they find insight and understanding' (Parnell, 2007). Imagine you were given, say, a 100-piece jigsaw puzzle, without the picture of the finished puzzle. You might start with all the straight edges to form the outer frame. Then, very slowly at first, you would find where some pieces fit. As you proceed, you begin to get a sense of the picture. As you fit more pieces in, you are getting quicker and quicker at placing more pieces. Now, before it is finished, you know what it will look like. You have added new information to what you already knew and used this to have a more complete understanding of the finished picture.

Some clients process the material very quickly while others become stuck at certain points. I want to differentiate between the terms 'processing material quickly' and duration of therapy. Sometimes the client's self-reported level of distress can come down in a matter of minutes and this, in turn, means the client can access new ways of thinking about a specific part of the traumatic event. For example, if we are working on an experience where the client, as a child, witnessed an assault on one parent by the other, then the client's fear or anxiety can reduce in minutes and they are able, now as the adult, to understand that this was not their responsibility. However, this assault may be just one example from childhood that may also include the experience of being abused, neglected and abandoned themselves. In this case, the duration of therapy, with or without EMDR, could last many months. On the other hand, a client who has had a 'good enough' childhood and young adulthood, relatively trauma free and who experiences a traumatic event in adulthood, may 'process the

material quickly' within a session and require as few as three or four therapy sessions in total.

In situations where the client's processing gets stuck or the client begins to repeat the same material after two or three sets of BLS, the therapist can make interventions such as 'what could your adult self do to help you in that situation?' or 'do you remember another time when you felt like this?' or 'do you think that it's OK for a child to be treated this way?' These simple sentences, called *interweaves*, help the client to move through the material towards insight and understanding through the addition of new information for the client or to consider. Therefore, an interweave is an intervention that the therapist can make to assist the client in re-connecting with the processing of their emotions, thoughts or bodily sensations. (I often use the image of being a passenger on a train moving through the countryside, inviting the client to simply notice what is passing, just observing the images, feelings, sounds and so on). At the end of each set of BLS the client is asked 'what did you get there?' or 'what did you notice?' When the client describes, briefly, what they noticed, the therapist says 'go with that' for the next set of BLS. The session continues with sets of BLS during which the client continues to process disturbing information leading to a more balanced state where integration takes place.

EMDR transforms experiences that are emotionally charged and 'present', into memories that are more objective and remembered as events. One client said he remembers *how he used to feel* about a particularly distressing experience in his late teens, yet was able, after an EMDR session, to talk openly and calmly about the experience to his partner for the first time ever. Another client said 'it's like reading about it in the newspapers', while talking about her difficult childhood experiences.

How Many Sessions Will it Take?

The number of sessions depends upon the specific problem and the person's history. However, studies have shown that a single trauma in adulthood can be processed within three sessions of EMDR in 80-90% of people, given a 'good enough' childhood and young adulthood. While every disturbing event need not be processed, the amount of therapy will depend upon the complexity of the person's history.

Useful Resources

In the U.S., the Department of Veterans Affairs recommends EMDR as one of three therapies for the treatment of PTSD. https://www.ptsd.va.gov/public/treatment/therapy-med/treatment-ptsd.asp. For a brief U.S. TV video report on EMDR see the 'kcestarte' video on YouTube at http://www.youtube.com/watch?v=zBtqWrs2-K0.

Concerning the U.K., the National Health Service recommends EMDR for the treatment of adults with PTSD. https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/ treatment/. Whereas in Ireland, EMDR is recommended by the HSE for the treatment of PTSD in adults; https://www.hse.ie/eng/health/az/p/post-traumatic-stress-disorder/. A listing of EMDR practitioners in Ireland can be found on http://emdrassociation.org.uk/ with therapists located in, for example, Donegal, Dublin, Waterford, Cork and Limerick.

Other websites which are useful for further information are: –

www.emdrassociation.org.uk.

www.nhs.uk/Conditions/Post-traumatic-stress-disorder/Pages/Treatment.aspx.

Peter Nevin

Peter Nevin trained in Humanistic and Integrative Psychotherapy in Dublin after which he worked in private practice. Subsequently he moved to the U.K. where he worked in the NHS as a psychotherapist for four years. He moved to Limerick in 2005 where he now lives and works in private practice.

Peter completed training in EMDR in 2009 and registered as a Practitioner with EMDR UK and Ireland. He is also an EMDR Europe Approved Practitioner and an accredited psychotherapist with the IAHIP. Furthermore he holds the European Certificate of Psychotherapy with the EAP.

Peter may be contacted through his website: www.talktherapylimerick.ie.

REFERENCES

Bisson J. I., Roberts N. P., Andrew M, Cooper R, & Lewis C. *Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults.* Cochrane Database of Systematic Reviews 2013, Issue 12. Art. No.: CD003388. DOI: 10.1002 / 14651858. CD003388.pub4.

Chen Y-R, Hung K-W, Tsai J-C, Chu H, Chung M-H, Chen S-R, et al. (2014). *Efficacy of Eye-Movement Desensitization and Reprocessing for patients with Posttraumatic-Stress Disorder: A Meta-Analysis of Randomized Controlled Trials.* PLoS ONE 9(8): e103676. https://doi.org/10.1371/journal.pone.0103676.

Parnell, L. (2007).s *A therapist's guide to EMDR*. New York, Norton.

Shapiro, F. (2002), *Eye movement desensitization and reprocessing (EMDR): Information processing in the treatment of trauma*. Journal of Clinical Psychology, Volume 58, Issue 8.