

EMDR Resources for Clients---www.emdrportal.com/clients.htm

While this website is targeted to clinical mental health professionals, we know that others come here as well. If you are a non-professional, and you have some initial questions about **EMDR**, we hope you'll find some useful answers here.

What is EMDR?

EMDR ("Eye Movement Desensitization and Reprocessing"), is a way of treating certain types of mental conditions and disorders. It can also be very useful in improving real-life performance in a wide range of challenging situations. Discovered and refined by psychologist Francine Shapiro, and described in her 1995 book *Eye Movement Desensitization and Reprocessing*, it is a powerful way of getting the brain to learn much more quickly than usual, which makes possible both:

- rapid realization of essential truths about a situation or event, and
- rapid recovery from the effects of acute psychological trauma, and slower but thorough recovery from the effects of chronic psychological trauma.

Use of EMDR is revolutionizing treatment of both commonly seen mental health problems (such as depression, anxiety, phobias, etc.) and some of the most troubling and difficult-to-treat problems professionals deal with in clinical settings (such as posttraumatic stress disorder, substance abuse, eating disorders, and dissociative disorders).

EMDR is now the best researched and validated way of treating *posttraumatic stress disorder*. Research in other areas of EMDR-facilitated mental health treatment is very much ongoing, and results of this research are expected to be published in the near future. Meanwhile, reports from individual mental health professionals about their success with EMDR have been most encouraging.

No single approach in mental health is always successful, or successful with all sorts of disorders. Nevertheless, with EMDR treatment procedures the speed with which results are often obtained, the breadth of disorders which respond to treatment, and the depth of healing achieved all challenge customary assumptions about what is possible in mental health treatment.

Many clinicians report that learning how to use EMDR has radically changed their professional practice. Clients often report simply that its use has changed their lives like nothing they've ever before encountered. I have personally experienced both these effects.

It is important to appreciate the role of research in EMDR. From the beginning, it has been central, and it still is. Psychotherapy treatment results need to have both subjective and objective verifiability, and EMDR psychotherapy has both--to a high degree. EMDR will challenge you--your thinking about the potential of psychotherapy, your ideas about how the human mind functions, your expectations about your own life and the lives of those around you.

I hope you have the opportunity to verify what I have said here. You are likely to find it to be a life-changing experience!

What can EMDR treat?

Originally, EMDR was used to resolve the after-effects of psychological trauma--assaults, natural disasters, traumatic grief, and other acutely painful situations. It was seen to work with unusual speed, and to achieve a degree of relief that was uncommon, to say the least. In recent years, however, it has been seen that EMDR can do wonders with a wider range of psychological disturbances than had originally been thought.

EMDR works with a wide range of problems. This surprising clinical finding, validated increasingly by research, is part of what is forcing us to change our thinking about mental health, as we work with EMDR in clinical settings. Put simply, we have found that a psychotherapy that seems focused on trauma-resolution actually helps with, and can heal, a wide range of problems not previously thought to be trauma-related, such as substance abuse disorders, a variety of kinds of depression, bi-polar disorder, some forms of schizophrenia, a wide range of anxiety disorders, and so on. Many times we cannot know if use of EMDR will help or not until we try it. Often it does. Our understanding of why this is so is currently inadequate. But this is not particularly a problem. There is very little that happens in psychotherapy that we can fully explain. It's simply far more important to understand *that* EMDR can help than it is to know *why* or *how*.

Certain problems are now considered routine for EMDR psychotherapists, due the historical success they have had in dealing with these problems. Please realize that as with all professions, mental health professionals vary widely as to their skill, insight, experience, training, and success rates. With psychotherapists who use EMDR for a significant number of their clients, here are some of the routinely treated clinical problems with which they report considerable success:

- Posttraumatic stress disorder
- Acute stress disorder
- Generalized anxiety disorder
- Depression and depressed mood (subclinical depression)
- Acting-out problems in children and adolescents
- Sleep disorders, nightmares

Other problems, usually considered specialty areas, have also been successfully treated by skilled EMDR psychotherapists, including:

- Phobias of many kinds
- Substance use and impulse control disorders of many kinds
- Paranoid schizophrenia
- Anger management problems
- Chronic pain management
- Bi-polar disorders
- Somatization disorders
- Dissociative disorders
- Personality disorders

It is unwise for a layperson, who typically will have had no experience with EMDR in a clinical setting, and who therefore has a very poor basis for making a decision, to decide for themselves whether or not their condition might be helped with EMDR. Any decision made prior to professional consultation is simply likely to be less than fully helpful.

Is EMDR right for ME?

A simple-enough question, but there's no simple answer. The best way to answer this question is to locate an EMDR therapist, and work with them to see if they can help you. After their initial assessment of you and your situation, they will usually have a good idea of whether or not they can be helpful to you and will surely be frank with you in sharing their assessment of your situation.

As you think about this question, here are some considerations that might help you decide whether to investigate further:

- **EMDR is seldom used alone.** EMDR is a way of solving problems in psychotherapy, not a complete psychotherapy system. As such, it is used by a very wide range of psychotherapists, in the context of widely varying ways of doing psychotherapy. For example, you might find you can work successfully with one therapist but not with another, simply because of the basic "model" for psychotherapy they use (for example, "psychodynamic", "Gestalt", "behavioral", or whatever) quite apart from any consideration of how they use EMDR. With the right kind of psychotherapy (for you), use of EMDR has been seen to greatly speed up the resolution of many problems. More than that, EMDR can enable problem resolution in areas where, before EMDR was available, management of symptoms was usually all that was attempted.
- **EMDR has stimulated major changes in how we think about human problems.** Because of its power, we have seen things happen in psychotherapy that were previously rarely if ever before seen, and this has led us to new understanding about the human mind, the problems it has, and what can be done about them. What this means is that because of EMDR we have new ideas about what is possible in psychotherapy. If you have not had good results with psychotherapy before, things could be very different if you work with an EMDR-proficient psychotherapist.
- **Success with EMDR in psychotherapy depends mostly upon just two factors:** [1] YOU (are you ready? are you serious about getting change in your life?) and [2] YOUR THERAPIST (are they experienced with EMDR? are they experienced with your problem? do you think you can work with them?). If one wanted to pick just **one** crucial factor in being successful in psychotherapy, that would clearly be YOU—your desire, your persistence, your hard work. People with those qualities succeed in all areas of life. That's something to think about very carefully.

Additional Questions and Answers

Q: Could EMDR help me to recover memory that I lost as a result of a blow to the head during a criminal assault? About two hours of my memory before, during, and after the assault is lost to me. No other signs of post-traumatic stress is evident to me. I just am looking for some method to recover the memory loss and piece together the incident for myself and EMDR has been recommended as a means to do this. [June 3, 2001]

A: EMDR is not a memory-recovery technique or tool. It is a tool for allowing a kind of disorder in the brain to correct itself. Sometimes, when that is done, events may be more clearly recalled. But in any serious discussion of memory, it is essential to understand that [a] there are a number of different kinds of memory in the brain, of varying accuracy and permanency, and [b] long term memory in particular (that which lasts longer a few days) is NOT a video/tape recorder. It is more like an outline recorder. During recall of the memory, missing data are creatively filled in by the mind. This is what extensive memory research has shown us. So, under the best of circumstances, we must be careful about what our memory tells us. It's often generally correct (with some conspicuous exceptions) and specifically wrong!

Your memory loss has several likely aspects to it. First, memory of events involving traumatic head injury is often poor to nonexistent. This is in part due to the fact that an event has to be held in consciousness for a few seconds before it will be remembered. If you don't get those few seconds (because you lost consciousness right after an event), you'll have no memory of what happened right before the loss of consciousness. Second, brain injury can wipe out memory. A mild concussion could interfere with memory right after an event, for example, as well as other kinds of memory.

Finally, strong negative emotion associated with events can lead to psychological dissociation (separation) in the memory, such that recall is interfered with. It is not necessarily easy to know if one is dissociating from memory of an event, but the presence of negative emotions about what one CAN recall suggests that dissociation might be present. Complete dissociation, however, would prevent such feelings from arising at all.

There are many cases of people's memory improving after EMDR-facilitated therapy removes the strong negative feelings associated with traumatic events. It is also not at all unusual for physical symptoms that appeared after such events to partially or fully resolve. But if memory improves, can it be trusted? This is not a psychotherapeutic question, usually, and most of us who work professionally with EMDR avoid the question. We can't know, often, about memory accuracy, and it just isn't relevant much of the time. Our time is better spent focusing on other matters.

My recommendation to you is to pursue EMDR therapy for resolution of any traumatic memory associated with this unfortunate event. As you consider doing this, consider that you may not presently have contact with such memory, if you are strongly dissociating from the memories. Working with an experienced EMDR therapist can help you move through this dissociation, then resolve any painful feelings you may have about this and any other abusive events in your personal history. If your memory "improves" as a result of this therapeutic work, that may be a useful side-effect. You should then reread what I wrote above about being cautious about what our memory tells us!

Q: What is the difference between EMDR and hypnosis? From what I gather, EMDR uses eye movement the same as hypnosis. Maybe a trance is not encouraged, but is it possible? Does the patient lose control? [June 1, 2001]

A: Neither hypnosis nor EMDR is strictly dependent upon eye movements, although such movements may be seen in both procedures, some of the time. Most hypnosis probably never involves eye movements at all. Much EMDR, including most that I do professionally, does not either! But the "classical" way of doing EMDR does.

In hypnosis, a non-typical (although not abnormal) state of mind, sometimes called a "trance" (not a very precise term), is brought about through relaxation. This allows a person not only to loosen their skeletal muscles but to let go of a significant degree of psychological defensiveness. This then allows the use of therapeutic suggestions, used to support thoughts, feelings, and behaviors that can heal and promote the welfare of the person. But true "loss of control" is seen only in fictional accounts. Hypnosis is absolutely not "mind-control", nor does a client lose consciousness, or self-control. In EMDR, relaxation is encouraged simply so that the client can better focus on the problem being dealt with. One must also consider that "focusing" (which involves limiting the breadth of one's concentration) often helps one to relax, as well. But relaxation doesn't involve loss of control or consciousness either.

Is a trance possible with EMDR? Well, "trance" is a term not often used in strictly professional situations. It has no precise, commonly accepted definition. In fact, it has MANY definitions, depending upon who you ask. This makes the word

relatively useless, unless one first stipulates (arbitrarily declares) a definition. (Dennis Wier has an interesting and useful view of "trance", if one wants to explore the concept.) Probably the most useful thing we can say here about "trance" is that any time you start limiting consciousness, you go into a trance state. But that happens quite often, doesn't it? It can happen while eating a good cooking, and during EMDR as well. It's not clear to me that this really is an informative thing to say, however! And in EMDR we don't use the word or the concept. It's not relevant to our purposes or to the healing achieved. That is not to say, of course, that use of trance or trance-like states might not be use with EMDR.

Some people equate "losing control" with loss of rational faculties in the mind. That's not exactly a full accounting of how one might lose control, but it surely can happen this way. For example, if we get too emotional, we can't think and make good decisions. We may be said to be out of control. But what about situations where we CAN think, and do, and still make bad decisions? Are we in control then? Again, rushing to simple answers is not going to be useful to us.

Regarding "losing control"--with EMDR psychotherapy, what happens is actually quite the opposite. Most clients come to therapy somehow OUT of control, for they usually experience repeated overly-emotional reactions to stimuli of certain kinds. EMDR therapy returns control to the client. During the actual EMDR therapy, the therapist works to make themselves "invisible", so that the direction and process is managed as much as possible by the client's own mind and its inherent healing properties. This is made quite clear during the training all therapists receive from EMDRIA-approved trainers. And that is what I see actually happen, again and again, in EMDR-facilitated psychotherapy. It's a very hopeful, encouraging, healing process, and faster than any other psychotherapy I've ever seen or heard of. It turns out that client's minds, when allowed to heal, actually know what they want and how to get there. We just remove obstacles, with good psychotherapy. If you think about it a little, you'll notice that this is the same thing we can say about our bodies, during healing. This, it turns out, is all about returning control to people bodies, and minds. No one is likely to object to that at all.

Q: Is psychotherapy with EMDR faster than without? [May 22, 2001]

A: Yes. And No. Resolution of phobias, anxieties, posttraumatic traumas, and related conditions, can all be remarkably fast. Studies looking at the effectiveness of EMDR generally find that it is as effective as Cognitive Behavioral therapy, but it works about three times faster! This certainly is attention-getting, but is even more so when one experiences the speed with which EMDR-facilitated psychotherapy can resolve problems that have affected a person, in some cases, for decades.

In practice, EMDR psychotherapists often go deeper into the problems of their clients, and therefore get more done, than other psychotherapists. This scaling-up of goals in psychotherapy tends to mean that the number of sessions one might meet with a therapist may well be about the same as they might be without having EMDR available. One just gets far more done than would even be attempted in the type of psychotherapy that is usually available, and this is due largely to the power of EMDR.

Q: How do we know that EMDR's effects aren't accounted for simply by a kind of hypnosis, or as "placebo effect"? [May 21, 2001]

A: These two questions have been around since the dawn of EMDR therapy. First of all, "Placebo Effect"--the degree to which one gets better simply because one EXPECTS to be better--exists in all healing arts, and a good healer will actively seek to make sure that part of what is affecting their client IS placebo effect, because the EFFECT is very real, and therefore a good thing! However, good research exists on EMDR which has been set up to control for placebo effect--the so called "expectancy effect"--so that it won't be affecting any results obtained with EMDR any more than with non-EMDR therapy used in a study. The results have always shown that EMDR works independently of placebo effect. Therefore, EMDR's results are NOT due to placebo or expectation.

As for hypnosis, in all good therapies there is a degree of low level "light" trance-induction, with associated "suggestion" phenomena. This exists often in ordinary conversation, and is related to placebo effect. It's nothing to worry about, it can be actually quite useful, and it is altogether too weak to account for EMDR's frequently rapid and powerful effect. As for "deep-trance", or "medical" hypnosis, brain waves that are well known to indicate such deep trance states simply have not been found in EMDR psychotherapy, apart from the fact that in EMDR there is NO overt attempt even to induce a trance. So, here again, hypnosis is plainly NOT a factor in accounting for EMDR's effects.

Some psychotherapists use hypnosis with EMDR. Others, fully trained in formal hypnosis, have largely abandoned its use, finding that EMDR is more focused, acts far quicker, and is more powerful. But no mental health professional who is knowledgeable of both treatment modalities confuses them. They are not the same. EMDR is simply a new, additional treatment modality, not formerly available to us.

A pamphlet for clients

EMDR (Eye Movement Desensitization and Reprocessing) is a powerful and relatively new form of psychotherapy that is challenging everything we believe or have assumed about emotions and the nature of change. Where once it was accepted that psychotherapy often took years, depending on the nature of the problem (and even then outcomes were less than wonderful), therapists and clients are finding that problems that were resistant to years of psychotherapy are being resolved in a very short amount of time. Sometimes, within a few sessions.

Tom was a professional who freelanced, and was quite successful at what he did, but he was terrified of making a mistake in public and drawing attention to himself. As a result, he avoided eating in restaurants with his colleagues. During EMDR therapy Tom thought about this fear and noticed the thoughts, emotions and physical sensations he was having. The therapist began to move her hand from side to side in a horizontal direction and asked Tom to follow with his eyes and simply notice what was “coming up”, and to report this whenever the therapist stopped. Without conversation, the therapist began moving her hand, and again Tom followed with his eyes and reported what he noticed. The session continued like this for 60 to 90 minutes until Tom was experiencing only positive feelings and thoughts. At the next week’s session he reported that he had had lunch out with his co-workers every day and only experienced the slightest anxiety.

Ellen entered therapy complaining of lifelong depression. As a child she was abused emotionally, physically and verbally. Her mother was so incredibly sadistic that it was difficult to listen to her stories. If Ellen had been in traditional psychotherapy it may have taken ten or more years to make significant progress. When she began EMDR she began to notice differences in her self-esteem, behavior and outlook after only two sessions. Ellen worked through many of her worst traumatic memories and ten months later she felt she was ready to stop therapy. She felt and acted like a new person.

So what is EMDR, how was it developed and how does it work? In 1987, psychologist Dr. Francine Shapiro was walking through the park and thinking about something that was troubling her. She accidentally noticed that her eyes were darting back and forth. When she returned to her thoughts she noticed that they weren’t as disturbing. This intrigued her and she tested it out on herself by thinking of something disturbing, then thinking of it again while purposely moving her eyes back and forth. The results were the same.

Dr. Shapiro began testing this 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 they 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 victims of 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. So, “I’m worthless” became, “I’m a good and lovable person and deserving of love and respect”.

Exactly how EMDR works is not really known. 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 a trauma or very

painful event. Instead, the traumatic material gets *stuck* in the brain and remains in its original form, with the same thoughts, feelings, bodily sensation, smells and sounds. It's as though it is sealed off from the healthy, functioning brain. That's why it's not uncommon for a person who's had years of traditional talk therapy to find that they still hurt and haven't changed as much as they had hoped. This is because the dysfunctionally stored material still has not been processed.

What researchers think is that EMDR in some way is able to *nudge* that material so that it neurologically reconnects with the healthy brain and then is reprocessed and integrated at an accelerated speed. The most popular theory is that when the eyes move back and forth it creates brain activity similar to that which occurs during REM (rapid eye movement) sleep. It's during this REM phase (when we dream) that we resolve conflicts, process information and consolidate learning and memory. More simply put, information processing takes place. By creating similar brain activity, while thinking about the painful event, it appears that EMDR is able to help the brain finally process the *stuck* material, enabling the person to arrive at an adaptive resolution. The painful event or trauma becomes an unfortunate memory but is no longer produces the emotional pain that it did before.

Since Dr. Shapiro took that walk through the park in 1987 and chanced upon this discovery, nearly 30,000 licensed therapists, throughout the world have taken the EMDR Institute's training program. What's wonderful is that over the past ten years many accomplished therapists have found that EMDR is helpful in treating many other problems besides PTSD. Some of these include other anxiety disorders, depression, sexual abuse issues, work related problems and low self- esteem. Furthermore, some EMDR therapists have found that EMDR can enhance the performance of athletes, performing artists and writers, to name a few.

It is important to understand that EMDR is not merely a technique using eye movements, but a complex, integrative method that utilizes a very precise protocol. Nor is it a "miracle cure" as some have been led to believe. Most long term problems are not cured in three sessions, however treatment is generally much shorter than traditional talk therapies, which is an advantage in the age of managed care. EMDR has changed the face of psychotherapy and continues to do so. As scientists learn more about the brain, using new and sophisticated methods such as brain imaging, we may gain a deeper understanding of how the brain and EMDR works.

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