

EMDR- Eye Movement Desensitization and Reprocessing: The Mind's Own Healing Mechanism

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From our own life experiences, we have all met many challenges that we have emerged from, some more difficult to release and let go of than others. As we all know, traumatic events leave their marks on us. We can understand this from our own personal history. They not only affect us mentally and emotionally, but also on physical and spiritual levels. Psychiatrists have known for years, that these traumatic events leave scars that are hard to erase. The traumatic events that we speak of here are the episodes that cause Post Traumatic Stress Disorder (PTSD). The survivors of these severe episodes, who experienced both terror and aggression such as war, rape, abuse, the Holocaust, have symptoms that last for many years later, affecting their abilities to function normally. In addition to these life changing events, we have all experienced traumas that have not been as life threatening, such as divorce, death of loved one which can be an irreconcilable loss, illness, accidents and injuries, all of which may be severe in their impact depending on the circumstances, and our individual responses. The level of stress and trauma continues on down to the experiences that may be considered lesser in magnitude such as rejection, humiliation, and losing a job. All of these traumas, both great and small, carry lasting traces of pain, with emotional feelings anchored in the past. This happens even after our cognitive/rational understanding of it has changed. It seems that the scars in the emotional brain remain ready to express themselves at any moment. This occurs, especially when vigilance is lowered, at times when the brain appears to be disconnecting between reason and fear. In this instance, both parts of the brain (cognitive/reason – which is conscious, rational, and geared to the outside world and emotional/fear – which is unconscious, concerned with survival, and above all tied to the body) are pulling in different directions rather than finding a way to integrate the past and the present in a harmonious pattern.

EMDR is a treatment for emotional trauma which alleviates the traces of pain, by integrating past and present. It achieves this by activating the self-healing mechanism of the brain.

EMDR starts with the idea of an “adaptive information-processing system” that is built into our nervous system to help us grow psychologically. The concept is simple: we all experience traumas throughout our lives. However, we do not always develop PTSD depending on the level of severity of the trauma. There is a psychological digestion process that happens, which Freud called “grief work” that aides in helping find balance or homeostasis. This process helps us “develop more resilience against adversity,” and makes us stronger and more adaptive over time. EMDR refers to this digestion mechanism built into our brain as the “adaptive information-processing system.” However, when the circumstances are to great our system’s capacity to adapt can be overwhelmed. One instance is when the trauma is to strong, and a second when we are particularly vulnerable. Perhaps this event takes place in childhood, when we are physically powerless, to defend ourselves and when our nervous system is not fully developed. It can also happen in adulthood if we are made fragile physically, emotionally, or spiritually (loss of faith/belief in life or self) for any reason. In either case – intense trauma or fragile victim- adverse events then become “traumatic.” Neuroscientist, the Harvard Psychological Trauma Clinic, and the developer of EMDR have observed that the memory of the trauma is information about the event that has become locked in the nervous system almost in its original form. The images, thoughts, sounds, smells, emotions, physical sensations, and beliefs that are instantly developed about the self (such as, “I’m powerless”) are all stored together in a neural network that takes on its own life. Grounded in the emotional brain and disconnected form our rational knowledge of the world, that network becomes a packed of unprocessed and dysfunctional information that can be activated at the slightest reminder of the original trauma.

The thrust of EMDR is to evoke the traumatic memory in all its different components- visual, emotional, cognitive, and most of all physical (the echo of the image in the body). The therapist takes the patient through an eight phase process. First, a client/patient is taken through an evaluative history to determine suitability of treatment. Second, the therapist explains the theory and expectations of treatment effects, and possible disturbance between sessions. At this point, the therapist provides guided imagery/meditation/self hypnosis exercises to produce relaxation in relation to any possible disturbance, with an audiotape produced in session. Also, the therapist instructs the client/patient to keep a journal during the week of thoughts, images, feelings, and dreams that may arise, and bodily sensations. The third phase is for the client/patient to identify the memory and an image that best represents it. He/she then chooses a negative cognition or belief in relation to the event such as “I am unlovable.” The patient/client then chooses a

positive cognition to replace the negative one, such as “I am worthy and lovable.” Both these are rated on scales. The negative cognition and disturbance level in terms of intensity are verbally rated on the 10 point Subjective Units Disturbance Scale (SUDS) and the positive cognition is rated on 7 point Validity of Positive Cognition Scale (VOC). The fourth phase involves desensitization, asking the client/patient to simply follow the hand of the therapist moving rapidly back and forth in front of his or her face, (sweeping back and forth approximately 12 to 14 bilateral repetitions), in order to induce the appropriate eye movements. This process stimulates the inborn “adaptive information-processing system” that has been prior to this point of treatment unsuccessful in metabolizing the dysfunctional memory by itself. In other words, because there has been a disruption in the excitatory/inhibitory balance of the brain, information has been “frozen.” The idea is that inducing eye movements similar to that of REM (Rapid Eye Movement) sleep provide the necessary assistance to the natural healing system of the mind that, so far, has not succeeded on its own. Phase five is the installation process, which focuses on cognitive restructuring. Here, the positive cognition is strengthened in order to replace the negative belief. The client/patient holds the positive belief with the image in his or her mind and the eye movement sets are continued until the client rates the cognition at a high point on the VOC Scale. After linking the positive cognition with the target memory, an associative bond is created. Thus, the patient believes the positive cognition when remembering the previously disturbing image. In phase six, the client is asked to hold the image and the positive cognition in his or her mind, and scan the body in order to identify any tension. These bodily sensations are then targeted during the following sets of eye movements. The seventh phase included debriefing, reminding the patient/client that he/she may experience disturbing images, thoughts, feelings between sessions and to use their relaxation tape and journal. The eighth phase is reevaluation, where previously assessed targets are brought back and the client/patient’s responses are reviewed.

EMDR’s application has been broad based. It has been applied to the treatment of many disorders: PTSD, panic disorder, phobias, childhood trauma, learning difficulties, performance anxiety, sexual abuse, somatic disorder, obsessive-compulsive disorder, anxiety and depression disorders, insomnia, nightmares, smoking cessation, and eating disorders.

With the overall EMDR treatment, what can be expected is the unblocking of the pathways to healing. There will be change and movement throughout the whole system.

Just as plants and natural remedies have been used for centuries to help the natural healing process of wounds from physical trauma, so does EMDR stimulate natural recovery from psychological trauma. This in turn assists healing on all levels since we are integrally connected to mind, body, and spirit. New patterns are established, self efficacy is increased, and the likelihood of a long therapeutic effect is created. “Patients simply become less reactive and more peaceful,” and feel that they are able “to get on with their lives.” With an intervention that can treat the cause of their symptoms rather than simply help manage them, the whole approach to patients can be transformed, and their healing can emerge.

Reference:

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