

# EMDR - A New Procedure

Judith Boore, M.A.

Dreams and dream interpretation have been a part of psychotherapy since its beginnings. Now a new psycho-therapeutic procedure utilizes not the dreams but eye movements similar to those accompanying dreams. This new procedure is called Eye Movement Desensitization and Reprocessing (EMDR).

EMDR evolved out of a phenomenon first observed by Dr. Francine Shapiro, a psychologist at the Mental Research Institute in Palo Alto. She noticed, while walking in the park preoccupied with disturbing thoughts, that she moved her eyes repetitively, and the thoughts seemed to lose their intensity or disappear. She decided to test her observation on a group of rape and molest victims and Viet Nam veterans, all of whom were suffering from Post Traumatic Stress Disorder (PTSD). She found that the procedure reduced the frequency and intensity of their symptoms, and their families found the victims easier to live with. Furthermore, the results held over time (Shapiro, 1989a, 1989b, 1991).

The EMDR procedure includes induced movements of the client's eyes while the client is guided through an account of a trauma or a body sensation. In the hands of a trained clinician with good clinical skills who is adept at following the client's process, it can save many hours of therapy. It can carry an abreactive client through to resolution of a difficult emotional experience. It can access critical incidents related to and influencing the presenting complaint. It can allow a client to process material that he or she cannot even begin to discuss, and afterward speak of it freely. It can assist the assimilation of positive concepts. Most important, it can markedly lessen or eliminate the excessive distress surrounding a traumatic issue quickly, and with lasting results.

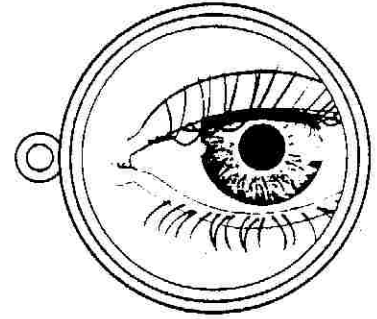
The effect of the eye movements on remembered traumata appears to have a biological basis. These movements approximate the movements one's eyes do naturally during Rapid Eye Movement (REM) sleep. The eyes move back and forth while one dreams. Brain function is not yet understood, but dreams are thought by some to be the brain's way of processing recent events (Winson, 1990). If different components of an experience are stored in several brain locations, eye movements may be a way of linking the two hemispheres of the brain so that the cognitive, the emotional and sensory aspects of the experience can all be processed.

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Most ordinary events are processed and forgotten, while some traumatic events remain to cause nightmares, intrusive thoughts, somatic and PTSD symptoms. This phenomenon is not understood, but EMDR seems to allow the brain to complete the processing that was left unfinished after the traumatic event. It seems to remove the excessive fear and upset surrounding an event so that the client views the event as merely a memory with little or no emotional charge. EMDR will not eliminate reasonable fear, only the excess fear surrounding an experience.



More than 3,500 therapists have been trained here and abroad in EMDR by Dr. Shapiro. Therapists in at least four European countries have requested training. Approximately 1,600 of those trained have joined the EMDR Network to share findings and keep abreast of new developments. Many have joined small study groups to share expertise. While relatively few psychiatrists have been trained, there are equal numbers of MFCCs, social workers and psychologists. Given the large number of MFCCs in California compared to the other mental health professions, MFCCs seem relatively under-represented among EMDR-trained therapists.

The procedure is currently being evaluated across the country. Howard Lipke, Ph.D., of the N. Chicago Veterans Administration Medical Center, surveyed 1,200 EMDR-trained therapists to learn more about their opinion of the procedure. Approximately 75 percent of the 400 respondents have found EMDR to be more helpful than other procedures used with similar problems. Most of the remaining 25 percent have found it to be as helpful as other approaches currently used. Very few reported it as less helpful. The few who have not incorporated EMDR into their work have cited as their reasons: it was not as helpful; they did not work with an appropriate population; they were waiting for more research; or they were not comfortable with the procedure. Dr. Lipke noted that most therapists are finding, on

average, either no more or fewer negative side effects than with other procedures. When side effects were mentioned, they consisted mostly of post-session dissociation, a problem that was also reported to occur with other procedures. The most significant finding was the belief that EMDR is helpful in bringing out repressed material.

An example of the effectiveness of EMDR is the case of a 42 year old woman suffering from PTSD symptoms resulting from a robbery and from her husband having been defrauded by a business partner. Memories of a rape 20 years earlier manifested soon after treatment began. The therapist had used a variety of approaches and enactments over a period of four months to promote catharsis and to encourage the client to alter the outcomes of the critical incidents. Yet the work

remained unfinished. After the EMDR training the therapist asked the client if any of the incidents were still sufficiently upsetting to try this new approach. She burst into tears nodding affirmatively. The therapist spent two, two-hour sessions using EMDR on the incidents and related aspects. She returned the following week saying, "I feel done, but I can't quite believe it. Could I come back for a few more sessions just to be sure?" The client returned twice, saying that if it had not been for the EMDR work, she would have been "a basket case." Even her husband was amazed at how calm she had become, and how well she managed subsequent upsets. A six-month follow-up found her free of symptoms and very pleased with the results.

EMDR practitioners have developed a number of applications for the procedure

in addition to PTSD. These include phobias, dissociative disorders, addictions, eating disorders, learning disabilities, peak performance, self-esteem enhancement, inner child work, personality disorders, obsessive compulsive disorder, and depression. Ingenious techniques have been devised to use with children. Indeed, EMDR provides an opportunity to create new applications and variations, limited only by one's imagination.

Disaster survivors are one of several PTSD groups who can benefit from EMDR. During December of 1992, several therapists went to Florida to work with Hurricane Andrew survivors and to gather data on the effectiveness of EMDR. More than 100 survivors were treated who suffered a range of PTSD symptoms. A little more than an hour was spent with each client, most received only one treatment, and

those returning for a second session addressed new issues. Clients were asked for pre- and post-treatment SUDS (Subjective Units of Disturbance Scale) levels. Clients averaged a pre-treatment SUDS level of 8.2 and a post-treatment level averaging 1.4, suggesting substantial relief. Generally, clients emerged from treatment amazed and very pleased with the results. Follow-up calls to some of the survivors suggest that the benefits of treatment are lasting.

Survivors were remarkably easy and rewarding to work with. They began treatment by describing the storm and its aftermath, but for many of them, after the first sets of eye movements, earlier traumas emerged, and EMDR was utilized with this earlier material. One client said he had been in therapy a year and had never approached the depth of work that he attained in that hour. Another, herself a therapist, said she had been in therapy for several years and had not accomplished as much as she had in that one session. All of the clients seemed particularly receptive (or low in resistance), and clinical rapport was not a necessity. A controlled study is being organized, but the data thus far suggest that EMDR is highly effective when used with disaster survivors. Its efficiency and efficacy appear to make it an ideal procedure for disaster relief teams who may need to treat large numbers of survivors and may have only one opportunity to work with each client.

### *EMDR is highly effective when used with disaster survivors.*

Cautionary remarks are in order: This procedure seems so simple that those without good clinical skills might easily be tempted to use it. Dr. Shapiro, however, has stated repeatedly that this is not a "cookie-cutter technique," and that there could be several consequences of untrained use. A few therapists who have experimented with eye movements without the benefits of training have noted that either it did not work for them, or that it could lead to problems. For example, suicidal or pre-psychotic clients may be led to substantial abreactions or hospitalization. Unknown and possibly violent alters could emerge. Caution suggests that prior training is appropriate.

Dr. Shapiro is also concerned that the controlled studies needed to demonstrate the efficacy of EMDR could be compromised if untrained use becomes widespread before studies can be conducted.

Further information about EMDR may be obtained by calling: Robbie Dunton, EMDR Network, (408) 372-3900.

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*Judith Boore, M.A., has been using EMDR for two years. She is affiliated with the Center for New Beginnings in Palo Alto, is a chairperson for the Santa Clara Valley CAMFT chapter's disaster response committee, and has done research with survivors of several natural disasters.*

process and to integrate material that once caused symptoms. The ultimate goal of EMDR work is to help the client heal self in order that he or she can move on in their life.

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For training or referrals to therapists trained by Shapiro in EMDR, call the EMDR Institute, (408) 372-3900.☺

# Banishing the trauma

By PHILIP HAMMOND  
medical reporter

**W**AKES are legendary in Ireland. In Ball, the dead are given a proper send-off to their next life, with happy crowds making a din to confuse the evil spirits.

Around the world the packages are different but societies are much the same in their creation of ceremonies to involve the bereaved in a process of grieving.

Without that activity, that release, psychiatrists say, the bottled-up emotion can spawn longer-term disorders.

If the loved one's death was in unusual or violent circumstances, the relative who witnessed the death can develop a complicated grief regarded as a form of post traumatic stress syndrome.

Time can be a great healer but, for very awful memories, a relatively new approach is increasingly finding favour among psychiatrists and clinical psychologists.

Developed by American psychologist Francine Shapiro in 1989, the so-called "eye movement desensitisation and reprocessing" approach is a drug-free option for banishing haunting memories.

Even the practitioners don't completely understand how it works but proponents say the effects can be displayed on electroencephalogram read-outs, showing a more balanced alignment and synchronisation of brainwave patterns between both sides of the brain.

Recent Harvard University studies using advanced brain scans have shown changes in the part of the brain which carries negative emotions, the amygdala, over the course of EMDR treatment.

They describe EMDR as a "clinical reprocessing" technique which aims to exercise both hemispheres of the brain.

Alternating sounds, hand tapping and eye movements are all employed - often using EMDR as part of an overall therapy.

"The switching of attention between the two sides of the brain appears to link painful thoughts with painful emotions in a way that allows them to be reprocessed into a dusty



NEW treatments can help deal with haunting memories.

old memory," a psychiatrist said.

The Brisbane psychiatrist listed the types of entrenched post traumatic stress disorders where EMDR often helped:

1. Commonly, children and adults who had been sexually assaulted.
2. Motor vehicle accident survivors.
3. Work-related unusual experiences, such as horrific memories stored by ambulance, prison or police officers; tellers at the forefront of bank robberies.
4. Loved ones who saw the event or sequel when relatives died in unexpected or violent circumstances, such as cot death.

The psychiatrist, who did not wish to be named, said the recent publicity given to Rachael Packwood, a 15-year-old Brisbane girl who committed suicide after writing a disturbing poem about being raped, had highlighted a case for EMDR.

Rachael's suicide could probably have been prevented with EMDR treatment, he said.

"The police should not have been surprised by the clarity and vivid detail with which Rachael recalled her experience. This is absolutely characteristic of post traumatic stress disorder.

"In fact, one of the problems with effective treatment with EMDR is that this clarity is lost. Detailed medico-legal records have to be completed before treatment."

The doctor said Rachael's case highlighted society's long-held belief that many quite treatable symptoms had to be endured and tolerated, although that could prove too much for some.

Just as people vary in their acceptance of the computer revolution, psychiatrists vary in their acceptance of EMDR.

"The worst thing that is being said about EMDR is that it is as effective as existing treatments and that it is question-

able whether it is more effective," the doctor said.

"The important point is that there is no downside if it doesn't work. You know within one or two treatment sessions if it will be successful."

People who had been "debriefed" with skilful psychological counselling could be greatly helped in overcoming the mental aftershock of traumatic experiences.

While EMDR was probably best used sooner rather than later, the doctor said he often did hold back to allow a natural grieving process to run its course. If the person remained traumatised after six or nine months, EMDR might be used to help them resolve their problems.

Allowing the grieving process to be fully played out and involving children in such processes by ensuring they attended funeral ceremonies were most important, he said.

**A**ND EMDR did help many targets of rape or molestation, particularly children and adolescents.

"I had a patient in therapy who was subsequently violently raped by a taxi driver," the doctor said. "She was severely traumatised and unable to sleep because of recurrent nightmares. She was also unable to function sexually.

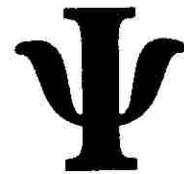
"I was able to quickly treat her with EMDR and after only three treatment sessions her nightmares stopped and her ability to function normally sexually returned. She is now perfectly well in this regard.

"We cannot change what happened but we can change the way the person's mind perceived it and that is all that matters to the sufferer in helping them to recover."

A Brisbane clinical psychologist, Dr Jan Ewing, said: "EMDR is an accelerated information-processing method that allows sufferers to reprocess their traumatic experience in a new way.

"Unless this is done, the victim will continue to have a perception of their experience that came from their assessment of their situation at the time, a time when they were very distressed and unable to think rationally."

The Courier Mail 17.02.97



## EMDR - A NATURAL HEALING PROCESS BRIEF EXPLANATION

Leslie M. Drozd, Ph.D

Eye Movement Desensitization and Reprocessing (EMDR) was developed by Francine Shapiro, Ph.D.



from the Mental Research Institute in Palo Alto in 1987 and was utilized clinically beginning in 1989 with Vietnam veterans. Numerous scientific studies have been and continue to be done and data collected regarding the reliability and validity of EMDR as a psychotherapeutic technique. It is no

longer considered to be experimental.

EMDR is designed to be used within the context of psychotherapy by a trained clinician. Use of EMDR requires the client's trust in the therapist as well as his or her ability to tolerate a wide range of feelings, and the willingness and motivation to face present as well as past issues. EMDR works best when the client, knows how to access both a nurturing and protective part of self, that is, EMDR works best when the client can nurture and protect himself and when he or she has a good support system. If a client has difficulties with any of the above, preliminary work may be necessary.

### Clinical Populations For EMDR Use

EMDR has been used with children, adolescents, and adults with a variety of symptoms and issues, such as depression, anxiety, phobias, and post-traumatic stress disorder. It can also assist in resolving negative feelings which cause difficulties in one's present life, for example fear of talking in meetings, getting angry or jealous "over nothing", feeling bad or inadequate, and/or like something is missing in your life. EMDR has been used with the anxiety associated with a wide variety of anxiety disorders and specific and generalized phobias such as panic attacks, agoraphobia, fear of flying and test anxiety to name but a few. In addition, EMDR seems to help surface core issues within therapy and it helps a client explore his/her resistance to change. EMDR has been used by some with clients with ego state disorders, dissociative disorders, chronic pain, and with those who are suffering from HIV/AIDS. In addition, some clinicians are currently using EMDR with Axis II personality disorder diagnoses.

EMDR has been used extensively for the treatment of post-traumatic stress reactions experienced after a critical incident whether it be with victims of current trauma or past trauma. EMDR has been used with victims of Hurricane Andrew, Florida 1992, the Laguna fires, October, 1993, the L.A. Earthquake, January, 1994 as well as with numerous rape and sexual assault victims and with victims of auto accidents. It has also been used with children of divorce and with victims of

childhood emotional, physical, and sexual abuse, and generalized parental neglect or rejection.

Post-traumatic stress disorder is a normal reaction to an abnormal situation in which the person has experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others or the person's response involved intense fear, helplessness, or horror. It is characterized by anxiety attacks, sleep disturbances, flashbacks, and intrusive thoughts, feelings, images, body sensations, hyper-alertness, and/or by numbness or avoidance related to a traumatic event as well as a variety of irrational beliefs. EMDR works well in the treatment of this symptom constellation whether the precipitating event is from many years ago or from yesterday and whether the symptoms are acute or chronic in nature.

EMDR is not for everyone, though. Because of the flooding of feelings or thoughts that often times follow an EMDR session, the degree of ego strength of the client, his or her resiliency, and ability to access healthy defenses must be taken into consideration. Those clinicians who are not experienced in working with severe trauma victims including those suffering from dissociative disorders or those prone to psychotic reactions should not attempt to work with clients utilizing EMDR. Most of all Shapiro strongly encourages no one to work with EMDR without sufficient training and supervision.

### Technical Information

EMDR works in the brain. It is believed that EMDR prompts a physiological change on a neurological level. When you are traumatized, whether it be with a big "T" (e.g. rape) or a little "t" (e.g. long term neglect), information processing stops. When a trauma occurs, there is an over-excitation of a cortical locus and a resulting pathological change of neural elements. It appears as if the brain produces extra norepinephrine, which in turn decreases REM sleep (REM sleep is when you under normal circumstances, process information taken in while awake). Literally, trauma causes an overload in the system and information processing is blocked. This neurological blockage in turn causes the incident to remain in its anxiety-producing form, complete with the originally perceived picture, emotions, sensations, and negative self-assessments. The information is not thoroughly processed, integrated, and stored. Instead, due to the blockage, it may be stored in separate areas of the brain and then, when triggered, it is experienced as intrusive thoughts and/or feelings, flashbacks, nightmares, and related symptoms. For processing to continue and symptoms to be alleviated, the block needs to be undone so that the brain can then work in a balanced and non-excited manner.

Shapiro hypothesizes that EMDR helps increase REM sleep which in turn leads to improved

information processing and subsequent memory consolidation. She believes that EMDR unblocks the neural channels in the brain, allows the brain to complete the processing that was left unfinished after the traumatic event, and restores the brain's excitatory-inhibitory balance. As the traumatic information is accessed, processed, and integrated, associated memories are processed and worked through as well. The result oftentimes is an immediate generalization effect such that all memories with a sufficient number of similarities are desensitized equally along with the treated one.

When one blocks a memory, he or she blocks both the "good and bad" feelings and thoughts around it. EMDR appears to allow a person to work through the "bad" parts of the memory without having to re-live it as well as it helps them to reconnect with the "good" feelings and thoughts that may surround the trauma. EMDR leaves the client feeling empowered and with a sense of how well they did in making it through the trauma. It is hypothesized that EMDR helps one to get in touch with their own resiliency. It is like EMDR turns a switch in the brain that then allows the mind's natural processing to work.

#### **Significant Differences**

Recent research studies have shown differences in pre and post EMDR EEG readings. It appears as if the brain actually changes after a trauma is worked through with EMDR. Then, once the information is processed, the channel unblocked, and subsequently, life patterns changed, it appears as if the effects of EMDR work are permanent.

EMDR is not hypnosis. The client is the one in control in EMDR. He or she is predominantly in a waking or beta wave state in EMDR work whereas when in a hypnotic state, one is predominantly in an alpha wave state. Recently a judge in Washington allowed into the record the testimony of two women who were allegedly molested as children and who had subsequently participated in a therapy which utilized EMDR. This judge originally would not accept the women's testimony given that he believed EMDR was like hypnosis. After Shapiro testified and clearly delineated the differences between EMDR and hypnosis, including presenting the EEG studies, the women's testimony was admitted into evidence. Tapes of Shapiro's testimony have been sent by the prosecutor in this case to prosecutors across the country.

Because one is in a waking state during EMDR and subsequently is not as suggestible as one might be during hypnosis, he or she is very much in control of thoughts, images and feelings—ones which may or may not be of actual factual events. Nevertheless, it is thoughts, images, and feelings like these that clearly come from within the client, that appear to be ones, when processed, which seem to help alleviate symptoms.

#### **What EMDR Looks Like**

Here is what an EMDR process in therapy looks like:

- 1) The client finds an issue to work on like he or she is used to doing in other parts of therapy.
- 2) Then, they come up with a picture or an image that represents this issue.
- 3) Next, the client states what his or her negative belief is about self in the situation imaged.
- 4) Then the client imagines what he or she would like to believe about themselves if the situation were to be resolved; they then rate how believable the positive statement is in their life today.
- 5) As the client pictures the original image, they get in touch with what they are feeling emotionally as well as in their body. Then they rate these feelings as to how strong they are at this moment in time.
- 6) The therapist and client then do EMDR sets, which consist of the client watching the therapist's fingers move back and forth across their visual field. While this is happening, the client may or may not notice some things change. Perhaps the client's thoughts will change or new ones will come into awareness. Maybe feelings will change. Maybe the client will feel different sensations in their body. If the client is dealing with a traumatic situation in their life, he or she may feel feelings associated with that trauma, but he or she does not need to re-live it. It will seem more like they are in a train passing by the trauma. The client remains completely in control throughout the entire EMDR process.
- 7) Finally, the therapist will ask the client to hold the original picture in his or her mind's eye, to think their positive thought, and to see how believable this thought is now. The client is then asked to assess how he or she feels both emotionally and throughout their body. Once again, the therapist asks the client to rate these thoughts and feelings so they can see if they have changed. Then, the therapist helps the client "install" the positive thought with more EMDR sets.

#### **Empowered**

The therapist in EMDR is simply a facilitator and supporter of the client's own natural healing process. Simply put, EMDR helps a client heal themselves. It helps the client access, unblock, process, heal, and integrate material. Given that all of the material that is worked with this process emanates from within the client, he or she ends the piece of EMDR work feeling quite empowered and like "no one can take this away from me."

After EMDR, clients have in the short term, reported feeling stirred up or maybe simply "different". Most report increased dreams. A period of time after treatment, clients report feeling lighter or relieved. Some have said that it feels "like I have returned home." In summary, EMDR is a natural process—one in which the client and their therapist become partners in a journey that is designed to access, unblock, free up,

process and to integrate material that once caused symptoms. The ultimate goal of EMDR work is to help the client heal self in order that he or she can move on in their life.

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MALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE

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## EMDR

### A New Treatment Procedure For Trauma & Phobias

By Steven Chain, L.C.S.W.

EMDR or *Eye Movement Desensitization and Reprocessing* is a new treatment procedure for persons suffering from trauma and phobias. Recently developed, it offers the potential for fairly rapid treatment for persons suffering from post-traumatic stress disorder (PTSD).

PTSD may develop after a person experiences an event that falls outside the range of usual human experiences. Rape, incest, combat, accidents and natural disasters are common experiences that result in PTSD. Symptoms may include flashbacks, nightmares, intrusive thoughts, etc. based on the traumatic experience.

In traditional therapeutic settings some persons suffering from PTSD have experienced moderate to little relief from the symptoms. A controlled study of EMDR using raped and molestation victims and Vietnam veterans reported surprising results. Persons in the study reported symptoms lasting from 1 to 47 years. *Dreams appear to be an important part of the natural process... to maintain our mental health.* The average time in therapy for the subjects was 6 years. Participants reported a significant reduction in symptoms. They also reported much less sensitivity to the traumatic memories, less anxiety and a marked increase in positive self-image.

In EMDR participants identify their level of anxiety, their negative self beliefs and the positive belief statement that they desire. Anxiety and positive belief statements are measured on a subjective scale. Anxiety on a 0 to 10 scale with 0 being no anxiety and 10 the most anxiety a person can imagine. Measurement of positive beliefs takes place on a 1 to 7 scale with 1 being completely untrue and 7 completely true. After the completion of

the treatment anxiety the positive belief statements are again measured on the same scales.

In the initial study participants reported anxiety levels that averaged 7.45 on the 10 pt. scale. They reported the positive belief statement as 3.95 on a 7 pt. scale. After treatment participants reported anxiety was reduced and remained reduced to 0.73 on the 10 pt. scale. The reduction in anxiety and the elevation of positive self image remained after three months. One of the original participants reports that 4 years later anxiety remains very low and positive beliefs about self remain high. These results are also being seen and experienced outside the study by therapist and clients who work with EMDR.

### How Does It Work?

EMDR utilizes saccadic eye movements, back and forth eye movements similar to those that occur naturally during REM sleep. REM sleep or Rapid Eye Movement sleep is the dreaming stage of sleep. Dreams appear to be an important part of the natural process that each of us utilize to maintain our mental health. REM sleep appears vital to our mental health. Persons deprived of REM sleep become irritable and if deprived long enough may begin to hallucinate.

In EMDR the eye movement is done in a controlled setting with the assistance of a trained therapist. Thus EMDR appears to take advantage of a healing process. Enhancement of this natural process takes place by focusing on unresolved material. By choosing and focusing on the traumatic material to be repro-

Continued Page 2

## EMDR

### A Survivors Experience

*The following article was submitted by a survivor and Ph.D. psychologist about his experience using EMDR in therapy. The "how it works" comments are things he believes a client of EMDR should know (and even what a therapist should know, for that matter) to help induce reasonable expectations. Surely EMDR is a "miracle," but it is not a miracle cure, and that is what his remarks on "how it work" are about. He made mistakes doing EMDR, so the "how it works" comments are given in the hopes that people will know more about the process and thus be able to avoid some mistakes. If nothing else, the "how it works" section will keep people from reading the "how it feels" section and thinking that in 3 sessions of amazing catharsis they'll be done forever with their incest.*

### How EMDR Feels

I came to EMDR because I had reached a stuck-point in my personal therapy. something very important was down there, and I couldn't find out what it was. Even my therapist felt he could do no more with me. With blessings, I left my old therapist and found a new therapist who did EMDR. I did the procedure for about 6 weeks on the many issues in my life and then left on a vacation with my wife. During that vacation, I had an emotional breakdown, the upshot of which was the emergence of memories of incest. It

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For further information on EMDR you can contact: EMDR Network, P.O. Box 51010, Pacific Grove, CA 93950-6010, (415) 338-7300 or for those in the Denver metro area interested in training information contact: Andrew Sweet, Psy.D. (303) 759-3720 or for a list of therapists who practice EMDR in the Denver metro area call Courtney Pullen, M.A., L.P.C. (303) 989-2488.

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cessed and choosing an outcome the client gains better control of the results.

### Important Elements of Reprocessing

EMDR achieves these gains because it combines three important elements in the reprocessing of trauma. These are environment, response and meaning. Techniques that aid a survivor in reprocessing all three of these simultaneously produce the best results for reducing and eliminating the pain trauma survivors experience. A brief explanation of these three elements.

Environments consist of all the sight, sounds, smells etc. present around the time of the trauma. Response consist of the emotions, physical reactions etc. of the survivor around the time of the trauma. Finally, meaning is what the victim of the trauma learns or believes about themselves as a result of the trauma. For treatment to be effective all three of these factors must be addressed at the same time. With EMDR the survivor is desensitized to the environment. EMDR changes their responses to the trauma and the meaning they attached to the trauma.

Feeling lost? Let's look at an example, the victim of an automobile accident in the mountains. Our victim, after hiking in the mountains begins a drive home. Another car crosses the center line and hits them head on. The environment is the mountains, the highway, the oncoming car, trees, the sounds of tires, glass, the odor of gasoline, even the hiking boots. The response is stepping on the brakes, screaming, the pain from the injuries, the feeling of blood etc. Finally the victim attaches a meaning to the event. "It is not safe to drive in the mountains. I'm going to die if I get into an automobile."

Later the victim may experience flashbacks or become phobic when they see hiking boots, the mountains or automobiles. The may be triggered by warm water which, to them, feels like warm blood. Finally they will feel fearful in an automobile.

EMDR address all three, the environment, the responses and the beliefs attached to the event. The victim changes the meaning and the traumatic memories and phobias are desensitized. In this way EMDR is uniquely powerful and effective.

An experimental technique, continuing studies of long term effects of EMDR need to be completed. The first studies began

only five years ago. Persons participating in those first studies report that the changes they experienced such as the ending of flashbacks, the improvement of self-esteem etc. continue very much the same today as at the end of treatment. There are now hundreds of therapist trained and using EMDR with survivors of trauma. Almost universally they see these same kinds of changes with their clients.♦

EMDR-Survivor Continued from Page 1

was only then that I even knew I had been incested. So, the first thing that EMDR did for me was to uncover the fact that I was incested, allowing me to get through some very strong defenses. Since then, I've been in EMDR therapy every week to deal with the effects of having been incested, and to work on the memories, feelings, and negative beliefs that had defined how I have lived. For five months now, our EMDR sessions have been on the past roots of my current life issues, not on any of the incest memories per se.

Today in therapy for the first time I dealt with an incest memory. The memory is of my mother masturbating me when I was around 3 years old. The full memory isn't present, but the feeling in my body is very strong. Then just a little into the EMDR session and I lose the memory I started out with. Actually, I often face resistance during EMDR. This is the kind of dead-end I could never get through with my other therapist. In EMDR, when I find myself once again coming up blank, I simply feel the lack of feeling, or the blankness, or whatever is or is not there. Sometimes it takes one minute, sometimes five or ten. But if I stay with it, feeling the lack of feeling, it is almost like a very, very subtle cloud passing through me and then all of a sudden I am dumped into a feeling.

Today, the feeling I dumped into was terror and anger. I don't know what they are about. I don't need to know. I feel them through, and next I have a sense of my mother when she was being very kind and caring, but this scares the shit out of me. That specific quality of being kind and caring signals that something terrible is going to happen, (which doesn't make it easy when my wife tries to be kind and caring to me today!). It takes a while to process through the fear around that feeling.

Some other things happen, and at some point I am crying. But I can't be in my own crying. I wonder if I look stupid. I find

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**EMDR-Survivor** *Continued from Page 2*

myself out of my body (a common feeling for me). Where am I? I feel as if I am right inside my therapists' head, looking at my crying. Does he think I look stupid? This consumes me. With more EMDR, it turns out I do feel safe being in my body in the presence of an authority. My only hope is to be in the feelings of the person in authority. How does a 3-year-old become another person? I do this constantly. I have never been aware of it until today.

I have a conscious personality that says "don't fuck with me" and I am very self-directed and assured (which I have discovered through EMDR is a 4-year-old personality construction). Underneath that is an even younger inner child who pervasively and unconsciously merges with anybody in authority. We put in some affirmations: "I am safe feeling my own feelings." When putting in a positive affirmation, anything that is negative starts to break away and pass out. It's like pieces of a dark cloud break up and leave, a dark cloud that follows me around where ever I go, or else the common feelings (such as of dread) that I am never without. They just up and go! After the affirmation becomes real for me, a very young child emerges inside, not very verbal, who doesn't have words to state his needs. What he did was merge with Mommy or Daddy, and hope that they felt what he wanted. Next I put in the affirmation: "I am safe feeling my own needs." A part of me feels separate from other people for the first time in my life. There is also a quality of being inside me I have never had before, in a space that until now was just numb.

At some point I feel like I want to scream, but I keep waiting for the scream to become so overwhelming that I can't keep it down anymore. This doesn't happen. I finally decide to lie down on the floor and with a pillow over my mouth I decide to scream as loud as I can several times. The screaming becomes crying. I feel this deep shaking in the pit of my abdomen, and I scream a few more times. Some feeling is passing through me. I get an image of my mother on top of me having sex with me, and it passes. Then the desire to scream passes. I released something, but am not at the bottom yet. I am facing another strong resistance again. We don't follow that new image, but my therapist writes it down for a future session. When we do the next EMDR pass, we put in the positive affirmation that I can feel my

*Continued on Page 6***EMDR-Survivor** *Continued from Page 2*

desires (such as to scream), without having to wait until I can't suppress it anymore. So far I have described only part of the session.

What I haven't described yet is the feeling of what it is like to be free. Really free. I don't mean that I just "understand" what happened and am "working it through." I mean, anything I experience in EMDR I am through with. Done. Finished. No more, ever again, will it affect my life. I still have the memories, but the memories have no charge. They have no pull. In essence, they have no meaning. They are just there if I choose to look at them, and they exert no hidden pull on my behavior if I choose not to look at them. My wife feels the changes in me. We have a joke that I am not the same man she married, but this is a good thing.

What do I feel after a session? My body is a little weaker for a few days. Sometimes three or four days after a session (it varies), the tiredness gets very, very intense and then passes after a few hours. Dreams can become very intense: in fact, sometimes it even feels as if I am continuing the EMDR at night. New frightening material can be "unleashed" a few days after an EMDR session, and this has happened to me once or twice. Clients need a therapist they can call after an EMDR session.

The conventional wisdom today is that we will always be incest survivors. Many therapists, who have not had personal experience with the procedure, will tell their clients that EMDR cannot possibly work as effectively as people say. We are told that incest will affect us less over time, but it will always be there inside us as a fact. Bull shit. To me being a survivor is still being a victim, and that isn't good enough for me. In my experience it is possible to do more than survive. I don't want my present to continue to be affected by it. EMDR heals my defenses that keep me from feeling what happened, so that I have the ego strength finally to feel it. With EMDR I have to feel fully it one last time (actually in most cases, one first time), and then the experience is finally over. Forever.

**How EMDR Works**

*EMDR Works by Feeling It.* There is only one requirement for EMDR to work: the client must be willing to feel. Feel. Not think, analyze, speculate or interpret. As long as I am in my feelings the EMDR procedure works and carries me along where I need to go. One follows a train of experience, "deconditioning" (emotionally cleans-

ing) all the "nodes" (important experiences) along the way until one gets to the core node, the original experience. The experiences during EMDR are logical when viewed afterwards, but often seem strange and confusing when they arise. They arise as if in no order, but remember, we are going "backwards" down the association tree.

*Trust the Process: Don't Push.* In EMDR it's like staring at a leaf, and following it down a great many branches until one gets to the root. When the root has been pulled up, the experience is functionally as if it never happened. At least, the experience exerts no negative effects on behavior. My therapist suggest positive affirmations to say while taking out the negative beliefs, helping me to stay on track, offering ways to proceed, and validating what I am experiencing. Other than that, we tend to let the experience take us wherever it will. If something is not ready to come up, it is important not to "push it," or else risk opening up something before its time. When that happens daily life is affected adversely.

*EMDR Works On One Strand At a Time.* In my experience, each major "level" wherein is stored a negative belief, or a locked-up feeling, or a memory that can't come through, would take weeks if not months to uncover through normal therapy. I uncover several of these things in one EMDR session. This doesn't mean that EMDR is fast. I can release something (such as not being allowed to feel my own feelings from within) in one session, but there are other experiences, other nodes, other branches and roots that still support my leaving my feelings. What I obtained in the session described above is freedom along one branch-root system to feel my feelings. Over the months, I will obtain the same freedom by releasing other branch-root systems that support the same maladaptive behavior. Eventually there will be no branch-root systems supporting that behavior and I won't have any desire to perform that behavior again.

*The Spectacular EMDR Experiences Are Fewer Than the Ordinary Ones.* From the emergence of my first incest memories, it took five months of EMDR on other topics until I was ready to work directly on an incest memory. And it might take another five months until we work on the new incest memory that emerged in that session. As an incest victim, we have many behaviors that are related to the fact that we were incested, but will not be "cured" by working on our incest memories alone. Healthy behavior in daily life may require a lot of EMDR sessions on non-incest issues. And perhaps the five months of steady work is more important in the long run for a happy life than the "spectacular" sessions that focus directly on the incest memories.

*Everyone has a Unique Experience.* People report different experiences in EMDR. You may move faster or slower than I did. How you move will be based on your needs and what you are ready for. ♦