

What is EMDR?

Many people have heard about EMDR (Eye Movement Desensitization and Reprocessing) therapy. In some circles, it is touted as a “quick fix” for trauma that is so magical that it can resolve problems in as few as one session.

While this is not unheard of, the reality is more complex. The protocol was developed in the 1980’s by psychologist Francine Shapiro. She noticed that she was able to process some of her own stress by scanning her eyes back and forth as she walked. Her curiosity about her own experience led to her developing the method and since then it has become one of the most highly researched and respected treatments for trauma. But it’s not magic.

Humans can and do thrive after trauma, particularly if they feel supported after something terrible happens. But trauma can also cause damage to the brain’s wiring, much like overloading an electrical circuit. When this happens, the brain cannot “process” the event and it gets improperly stored in the brain and body. Instead of putting things neatly back into the correct “drawers”, memories, physical sensations and beliefs about what happened get put away in all the wrong places. That’s why people with PTSD (Post Traumatic Stress Disorder) often have very difficult symptoms like flashbacks, mood changes, poor sleep, irritability/angry outbursts and a sense of terrible isolation, among others.

Though talking with supportive people about what happened may be comforting, the part of the brain being engaged is not where the trauma has been stored. When the circuit got overloaded, the thinking brain went “off-line”. The overwhelming jumble of thoughts, emotions and body sensations got stored beyond the reach of words. That’s why PTSD is often experienced as “irrational”. Why would someone dive under a picnic table at a fireworks display? Or feel overwhelmed and terrified at the grocery store?

EMDR helps put everything back in its proper place by creating conditions where the brain can have contact with the traumatic event but do so in a way that natural healing and processing can take place. The eye-movements back and forth are a form of “bi-lateral stimulation”. Alternating tones in the ears or buzzers in the hands or even tapping on the legs can create a similar effect, so the “eye movement” part of the name is limiting. What this is thought to do is get the brain and body into a “sweet spot”, neither over-activated (terrified) or “checked out” (dissociated). The therapist will encourage the person to hold an image of the trauma as well as the emotions, body sensations and the negative belief about what happened while engaging in the bi-lateral stimulation.

There is no need to talk during this process. In fact, there is no need to even describe the traumatic event to the therapist (though this often happens as trust is established). The human brain and body has the capacity to heal itself while in this “sweet spot”. During these re-processing sessions both the therapist and the client can stop and “check-in” about what is happening and new insights that have come up. At the beginning of a re-processing session the client is asked to rate their “Subjective Units of Distress” (SUDS). As the sessions move forward, the distress in the mind and the body will go down to “0”. This means that the person can remember the event in detail, without getting upset. From there, the therapist (using the same bilateral stimulation) helps the client come up with a more adaptive belief about the event, themselves and how they view themselves, other people and even the world. Re-wiring!

Beyond magic, EMDR helps people conquer avoidance, which is the primary symptom of PTSD and what keeps it going. The therapist creates a “safe space” for the client and is a calm and comforting presence while the client is engaging with distressing memories. The therapist will be unfazed by the client’s strong emotions and body sensations and will be able to help “ground” them during and after the session so that they leave the office on an even keel.

One-time traumatic events like a terrible accident, or even a sexual assault may resolve relatively quickly with EMDR. Certainly, more quickly than just using “talk” therapy which does not engage all mind/body networks.

If a person has a long history of trauma, particularly in childhood before they can protect themselves mentally and physically, the treatment may take longer.