

What is EMDR?

EMDR is a new (circa 1989), extremely effective psychotherapy used to treat troubling symptoms, such as anxiety, guilt, anger, depression, panic, insecurity, sleep disturbance, obsessive thoughts, and flashbacks that are the result of traumatic experiences. The traumatic experiences can be life-threatening (i.e., “big T traumas”) or less severe (i.e., “small T traumas”). EMDR can significantly shorten the length of treatment and enhance results when used to treat many problems. Most people begin feeling relief immediately in the specific area addressed, even if the traumatic memory has been haunting them for decades – and the relief appears to be permanent. Since Dr. Francine Shapiro’s first study in 1989 with victims of rape, molestation, and Vietnam vets, EMDR has become the *most* researched and validated treatment for post-traumatic stress disorder (PTSD).

EMDR stands for **Eye Movement Desensitization and Reprocessing**. Dr. Francine Shapiro, who in 1987 first discovered that rapid eye movements ameliorated distress, initially believed that rapid **eye movements** were a necessary part of the treatment. Now we know that the beneficial effects are facilitated by an alternating stimulation of the left and right hemispheres of the brain. Rapid eye movements accomplish this, as do bilateral alternating taps, tones, or vibrations. **Desensitization** refers to neutralization of the emotional disturbance associated with the traumatic memory. Instead of just learning to control your reaction, the goal of EMDR treatment is to remove the need to react. **Reprocessing** refers to the replacement of the unhealthy, negative beliefs associated with traumatic memories with more healthy, positive beliefs.

As noted by psychologist Dr. Laurel Parnell, EMDR “processes and releases information trapped in the body-mind, freeing people from disturbing images and body sensations, debilitating emotions, and restrictive beliefs.” (from *Transforming Trauma: EMDR*, by Dr. Laurel Parnell, 1997). Because EMDR works so rapidly, it is called an accelerated emotional processing tool. Clients may rapidly resolve emotional issues that might have taken months or years to treat effectively with other therapeutic interventions.

In EMDR the client is asked to think about the issue of concern for a few moments, while experiencing the bilateral stimulation. The client then shares his or her perceptions, thoughts, feelings, and sensations, after which a new round of bilateral stimulation commences (perhaps with further instructions from the therapist). These rounds continue until the issue is no longer disturbing in any way.

There is no single therapeutic method that works the same way on all clients. EMDR, like all other psychological interventions, works better for some people than for others. The experience and skill of the EMDR therapist also plays a role in its success for an individual client. In successful EMDR treatment, the client experiences changes on many levels. Beliefs about the self and the world can change, as can emotional reactions to situations past and present, and bodily sensations and physical functioning. Sometimes long-forgotten memories may be recalled. The pain and hurt of traumatic memories can be cleared out of the system, and sometimes profound spiritual and transpersonal experiences also occur.

Sources: *Transforming Trauma: EMDR* by Dr. Laurel Parnell (1997). W.W. Norton & Company.

www.sarahchanaradcliffe.com/EMDR

Does Your Past Invade Your Present? brochure by Peggy Avent, Ph.D. (2000)

For more information, please consult www.emdria.org or request a copy of my EMDR brochure.