A Brief Introduction to EMDR

By Jill Strunk, Ed.D., L.P. EMDR facilitator. Information adapted from publication by Francine Shapiro, Ph. D.

We all have a natural emotional healing process within us, just as we have a natural physical healing process. When we get a cut, our physical healing process heals it. When emotionally upsetting things happen to us, we are usually able to get over them and go on with our lives. When people say, “Time heals all wounds,” it’s not really time that does the healing, it’s our natural internal healing process at work over time. Francine Shapiro, who developed EMDR, says that what is happening is the Adaptive Information Processing system, as she calls it, in the brain is reprocessing how traumatic material is stored so that the memory of the upsetting incident is integrated into the big picture of our lives and no longer causes upset. Fortunately, most of the bad things that happen to us get processed naturally to what she calls “adaptive resolution,” so we can resiliently handle the new events of our lives.

However, a cut doesn’t always heal until it is cleaned and an antibiotic is applied. Similarly, when something emotionally disturbing happens, the brain’s processing system isn’t always able, without help, to process it and put it into the perspective of our whole lives. The disturbance can be either a major trauma, or repeated smaller life events that undermine our “okness” in the world. These traumatic events get stored in isolated pockets in our neurological system, with the original picture, thoughts, feelings and body sensations. They are like little land mines waiting to go off, and when something triggers them, they can flood into the present, making us overreact to the current situation.

Sometimes we don’t even realize what is happening. The picture of the event may not come to us consciously, yet suddenly we feel unworthy, or hopeless, or fearful, or nauseous and don’t even realize that we are being flooded with dysfunctionally stored material from the past. We may behave in ways we later wish we hadn’t and not fully understand why. The EMDR approach knows you aren’t reacting that way on purpose; the triggered memories are the basis of your actions that don’t fit with the present you.

Just as an antibiotic salve can help heal a cut, EMDR can help the brain’s processing system heal emotional wounds. It’s still your own internal process doing the healing; EMDR just “jump starts” it when necessary and helps it work faster. Once the isolated “land mine” of trauma has been reprocessed with the help of EMDR, it is neutralized so it won’t go off and flood into the present anymore. It’s integrated into the big picture of your life, so it feels like it’s over and it doesn’t have the power to derail you from your present okness.
The eye movements, or other bilateral stimulation, seem to stimulate the information and allow the brain to reprocess the situation. This may be what is happening with the rapid eye movements of dream sleep. Dreams help integrate the events of the day into the big picture of memories in the brain. You have probably heard people say, when you are upset about something, “Sleep on it; it will feel better in the morning.” It would be more accurate to say, “Dream on it.” It usually does feel better in the morning, because it is integrated during dream sleep. When dreams aren’t enough, EMDR helps integrate, or metabolize, dysfunctionally stored material from the past so it doesn’t cause distress in the present. After EMDR the memory is literally stored differently in the brain. Scientific SPECT scans show differences in activation in the brain when people think about a trauma before and after EMDR. It is your own brain doing the healing and you are the one in control.

Eye Movement Desensitization and Reprocessing (EMDR) was developed by Francine Shapiro, Ph.D., based on an experience she had in 1987 when she was a psychology graduate student in California. She was walking in a park, focusing on some troubling thoughts when her eyes spontaneously started rapidly darting back and forth. When she again focused on the disturbing thoughts, they were no longer troubling.

She was fascinated and continued to experiment, first with herself, then with approximately 70 friends and colleagues. She developed a complex multi-faceted process which incorporated eye movements and she designed a controlled research study with Vietnam veterans and rape victims. She was encouraged by the remarkably rapid success she continued to find with even these severe cases. PTSD symptoms related to a single trauma were eliminated or dramatically reduced within three sessions. More controlled treatment outcome studies have been done to date on EMDR than on any other method used in the treatment of PTSD. Subsequent research has also shown EMDR to be effective with other mental health diagnoses.

EMDR is much more than eye movements (in fact tones back and forth in the ears or pulses in the hands can substitute for the eye movements). It integrates pictures, beliefs, emotions and body sensations in the processing of traumatic memories, current anxieties, or future fears. Dr. Shapiro has developed an Accelerated Information Processing (AIP) model to explain the rapid results achieved with EMDR, which can be briefly summarized as follows:

1. We have an inherent information processing system (an emotional healing system) that is designed to integrate our life experiences and maintain a state of mental health, much as we have healing processes to maintain our physical health. One theory is that the rapid eye movements in REM sleep are one way we normally use this emotional healing system to put traumas and disappointments into the bigger picture so they are not so distressing; however,
some events are apparently too traumatic for REM sleep to successfully process. EMDR is a way to give the emotional healing system a boost.

2. Most mental health diagnosis stem from earlier disturbing or traumatic life experiences which are not adequately processed and are trapped in the nervous system along with the images, beliefs, emotions and body sensations that were there at the time of the trauma. These experiences become stuck in isolated pockets and can be triggered by something that happens in the present, causing the individual to re-experience the upsetting event, or aspects of it. It’s kind of like a little land mine waiting to go off, and it can be detonated over and over again. EMDR neutralizes the stuck trauma so it feels like it’s past, not flooding into the present. It can then be recalled without disturbance.

3. In EMDR a person is asked to focus on an unprocessed memory of an upsetting event, including pictures, beliefs, emotions and body reactions. Then, the eye movements (or other rapid back and forth stimulation) “jump-starts” the emotional healing system and the old, stuck material is integrated into the person's whole life as it is stored in the brain, and it loses the power to be so upsetting. The EMDR process relieves distress, brings about new insights, and allows the person to feel better about him/herself. The past feels like the past and the person can be more fully in touch with resources, strengths, and choices in the present.

**EMDR involves an eight-phase process:**

1. History taking and treatment planning: getting the client’s history and goals and planning which traumas to process and in what order.

2. Preparation: explaining EMDR; creating ways to be sure the client is calm before leaving a session, which can also be used between sessions if needed; customizing the bilateral (back and forth) stimulation (the speed etc. of the eye movements, tones or pulses).

3. Assessment: helping the client focus on an image of the upsetting event, including the picture, the negative belief, the emotions and the body sensations. The client is also asked what s/he would like to believe about him/herself when thinking about the incident. The client rates the level of distress from 0-10 and the level of felt truth of the positive belief on a scale from 1-7.

4. Reprocessing: Using the bilateral stimulation to process the stuck trauma. The client holds the targeted incident in mind (including picture, negative belief, and body sensations) and the eye movements (or other bilateral stimulation) begin. At this point the client just lets the process go where it goes and the emotional healing system kicks in and does the work. The stuck traumatic information links up with resources and more helpful information from the client’s present life. The therapist stops periodically and asks for feedback and then the processing continues until the client can think of the incident without distress. Often new insights also occur. If the client gets stuck during the reprocessing, the therapist can use an interweave to get the movement going again.

5. Installation: strengthening the positive belief. The eye movements (or other bilateral stimulation) are used to “install” the positive belief until it feels true in the present, even when the client is thinking about the old traumatic incident.

6. Body scan: scanning the body and processing any discomfort that remains when thinking about the original incident.
7. Closure: explaining what to expect and how to handle what might come up between sessions.

8. Reevaluation: checking again at the beginning of the next session, and possibly in later sessions, to be sure that the distress is still gone and the positive belief still feels true.

In addition to the above basic trauma protocol, several specialized protocols have been developed to deal with current anxiety and behavior, phobias, recent traumatic events, excessive grief, illness and somatic disorders, addictions, peak performance, and resource installation and development. Interventions have also been designed to enhance effectiveness when the basic protocols alone are not sufficient.

For more information on EMDR, you can read Dr. Francine Shapiro’s textbook *EMDR: Eye Movement Desensitization and Reprocessing, second edition*, or her latest book *Getting Past Your Past*. Dozens of other books have been written on EMDR as well. The EMDR Institute has a very informative website at [EMDR.com](http://EMDR.com) and the EMDR International Association website is [EMDRIA.org](http://EMDRIA.org).