

Eye Movement Desensitization and Reprocessing (EMDR)

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EMDR is an established treatment for trauma and phobia which has applications to a wide range of other issues including addictions, eating disorders, phantom limb pain, sexual dysfunction disorders and attachment disorders. EMDR has also been used extensively in performance enhancement for athletes, artists and business executives.

In practice, EMDR entails helping a client to focus on a scenario (often a traumatic memory) while employing some form of bilateral sensory stimulation such as eye movements, alternating sound to each ear, or alternating tapping to each hand. The client is offered metaphors to enable him or her to distance from traumatic material. EMDR does not require immersion or re-experiencing traumatic material in order to be used effectively. Therefore, the risk of re-traumatization is much lower than with some other forms of memory processing.

The story of EMDR's "discovery" is rather odd and lends comfort to EMDR detractors who see EMDR as pseudoscience and the latest fad technique. Dr. Francine Shapiro, the originator of EMDR, was walking through the park one day thinking about a very difficult time in her life when she noticed that her distress around the difficult period seemed to lift. On another occasion when she walked in the park, she noticed that her eyes were moving back and forth while she was thinking about the distressing event. She connected the eye movements to the clearing of the distress.

At the time of this discovery, Shapiro was a graduate student in psychology. She began to experiment with eliciting rapid eye movements in colleagues and eventually, patients while they were thinking about distressing events. She found this method to be effective for many individuals. Dr. Shapiro then began applying the newly named therapeutic system, "EMDR," to Vietnam veterans suffering chronic PTSD. She collected outcome data and found EMDR to be effective.

Dr. Shapiro has theorized that the mechanism of action in EMDR is an acceleration of cognitive processing. It is proposed that EMDR works by the same brain mechanisms that occur during REM (Rapid Eye Movement) sleep, the sleep stage in which we dream. Shapiro suggests, as other trauma researchers have posited, that traumatic memories tend to remain "frozen" in the brain without becoming integrated into current information processing. EMDR, according to Shapiro, enables and accelerates the processing and integration of traumatic memory.

There is currently a great deal of research being published which examines the effectiveness of EMDR. Positive results have been found for EMDR treatment with war veterans suffering from PTSD (Carlson, Chemtob, Rusnak, & Hedlund, 1996), anxiety disorders (Nadler, 1996; Doctor, 1994), crime victims (Shapiro & Solomon, 1995), childhood PTSD (Greenwald & Elrod, 1996), rape victims (Hyer, 1995, Rothbaum, 1997) and other conditions. There are also studies which question the effectiveness of EMDR (Lohr, et al., 1998, Muris, et al., 1998).

Shapiro's theory may or may not offer adequate explanations of EMDR's effectiveness. I must admit that I was quite skeptical when I took my first course. However, in clinical practice I have seen substantial improvements, particularly in PTSD symptoms, after EMDR treatment.

I have found EMDR to be quite effective in processing material which has been previously difficult to process. It has enabled many of my clients to move on and into a different phase of growth. I have also found it to be a wonderful supplement to relationship-oriented psychotherapy. We may not have good answers as to why EMDR works but many studies and anecdotal reports have found it to be a very useful tool.

References available upon request.