



Moving beyond pain

Eye Movement Desensitisation and Reprocessing therapy may look deceptively simple but it's effective for treating post-traumatic stress, grief, depression and more.

Words SONIA ZADRO



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Imagine you are a fly on the wall in the midst of a psychotherapy session. You would expect to see lots of talking, perhaps some head nodding by the therapist, some angst and sadness from the client. What you wouldn't expect is for the therapist to move their chair right up next to the client and start waving their finger back and forth in front of the client's eyes.

What you would be observing is a therapy technique called EMDR, or Eye Movement Desensitisation and Reprocessing. It was developed by American psychologist Dr Francine Shapiro in the late 1980s and was initially met with much scepticism. However, EMDR is now considered a frontline evidenced-based therapy in the treatment of post-traumatic stress disorder (PTSD) around the world. Twenty-four randomised controlled studies support the use of EMDR therapy for many different kinds of trauma, achieving results in less time than other conventional therapies — and with no homework.

EMDR is designated as effective by the World Health Organization, the Phoenix Australia Centre for Post-Traumatic Mental Health, the US Department of Veterans Affairs, the US Department of Defence and many other international health agencies. The Australian Psychological Society (APS) also considers EMDR as having Level 1 evidence — that is, the highest level of evidence — in the treatment of PTSD.

Controlled studies also support EMDR's effectiveness for grief, pain, resolving stressful life events and depression. It's now estimated that EMDR has helped more than 2 million people worldwide.

Early success

As a clinical psychologist I'll never forget the first client I treated with EMDR. Margaret, 62, had one of the worst histories of sexual abuse and neglect I had come across. I had been using the treatment of choice at the time, exposure therapy, to desensitise her traumatic memories. This involves asking a client to describe the traumatic event repeatedly in a systematic way until the emotion attached to the event has completely reduced. This stops the client reliving the event in everyday life.

Exposure had been successful with Margaret's other memories, but the memory we were working on was not responding. It was also extremely distressing for Margaret to talk about her abuse repeatedly. I decided to use EMDR and, after only four sets of eye movements, she grabbed and hugged me in tears, saying, "It's gone. It's worked! Why didn't you use this earlier?"

Not all clients will be as overjoyed as Margaret, of course, and there may be a handful who don't respond at all. Some specialists also argue that EMDR is just another type of exposure therapy because, like exposure, it makes the client focus on the traumatic event. However, research supports the idea that EMDR is usually quicker than exposure therapy, its underlying mechanism appears to work differently and, unlike exposure therapy, EMDR can be used to reduce grief and depression as well as improve self-esteem.

Where did EMDR come from?

Discussing how EMDR came to be, Dr Shapiro says she was thinking about some recent distressing life events while out walking one day. As she recalled these events, she allowed her eyes to move rapidly back and forth as she walked. She noticed when she revisited these distressing thoughts that they seemed less distressing so she experimented, deliberately moving her eyes back and forth while she focused on the negative thoughts. She then experimented with 70 people and developed standard procedures to achieve consistent positive effects.

What does an EMDR session look like?

While it may appear straightforward, EMDR is more involved than it sounds and must only be used by a qualified therapist who has completed accredited EMDR training with experience in the technique.

An EMDR session involves several parts. After a full assessment and identification of key memories and beliefs, the client is asked to recollect and focus on key emotions, body

sensations, images and core beliefs associated with a distressing memory while they track the therapist's finger for approximately 24 eye movements. The client then stops and notes how they are feeling, what they are thinking and what they are sensing in their body. The eye movements and tracking continue until the memory feels resolved.

At the end of the session, new positive beliefs emerge as a result of the eye movements and are reinforced with further eye movements. On completion of the therapy, clients report the memory no longer distresses them and relate that negative beliefs have gone and, in the case of PTSD symptoms such as flashbacks and nightmares, disappear.

Three clients explain their experience with EMDR:

- "My experience of EMDR was intense but transformative. It allowed me to shift many deeply ingrained and painful memories, and process them. I had lived for 35 years with crippling PTSD including panic attacks, flashbacks and anxiety and can now live a happy life, free from those experiences."
- "EMDR was like a magic wand that just let the bad memories fade into black and white so they don't hurt any more."
- "EMDR was the breakthrough I needed and there's definitely nothing strange about it. All it takes is the courage to face your emotions."

A distressing or troubling memory will usually desensitise in the course of one session and typically takes no more than three sessions. If the memory is extremely traumatic or prolonged, it may take longer. Rarely, if the person finds it very difficult to stay present with their feelings, EMDR may not work for them. This is often the case with highly dissociative people who are very ungrounded and disconnected from their feelings. All clients are screened for their level of dissociation before EMDR is used.

How does EMDR work?

EMDR is based on the idea that, when you repeatedly stimulate each side of the brain (known as bilateral stimulation) while a person is focused on painful



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unresolved memories, the bilateral stimulation promotes changes in electrical firing in the brain in a way that promotes healing and resolution of the distressing material.

In one controlled study of 10 traumatised patients with PTSD, after an average of five sessions of EMDR, symptoms related to the traumatic event disappeared. This was sustained at two-year follow-up. Symptoms of depression were also significantly reduced.

What was interesting, however, is that the patients’ brainwaves were monitored throughout their first EMDR procedure and throughout their last EMDR procedure after fully processing the distressing memory. After EMDR therapy, in all 10 patients, there was a highly significant shift from limbic or emotional centres of the brain to the cortical regions, which involve rational non-emotional reasoning.

During an EMDR session the bilateral stimulation enabled the brain to release a signal of 2Hz. This likely slowed the firing of brain cells in the emotional brain centres, allowing the emotional material to be fully felt and processed so that the memory could then be passed on to the rational centres to make sense of the experience.

EMDR has also been shown to reduce heart rate and parasympathetic activity in response to the distressing memory. That is, it reduces the fight-and-flight response to a distressing event.

Creating a healthy belief system

One of the most important outcomes of EMDR is that it doesn’t just remove the distress from a memory, such as fear, grief or shame, but it actually shifts the negative belief associated with the memory. This is very important because it’s the stuck negative belief that lives on unconsciously in your belief system and influences you in your present day-to-day life.

Take Tora, who had been humiliated one day at school when she was seven years old. Tora was asked to spell a word on the blackboard. She walked to the blackboard and spelt it incorrectly. The teacher, in a rage, turned on Tora and hit



her hard repeatedly across her back and bottom while she yelled at her. She then made her sit on the floor out the front for the rest of the day. Tora felt humiliated, ashamed and confused.

When she cried during morning tea, Tora’s teacher asked if she was crying because she had spelt the word incorrectly. This confused Tora further, making her feel like she should not be crying for being beaten in front of her peers. She internalised the beliefs “I’m bad” and “I don’t trust my feelings”. She was too ashamed to share her experience as she didn’t have parents who emotionally supported her.

Tora unconsciously carried these beliefs all her life. As an adult, when she was reprimanded by a manager at work or an authority figure, these same beliefs of “I’m bad” and “I don’t trust my feelings” emerged, along with deep shame and self-doubt.

Through EMDR, Tora recognised that this shame did not belong to her, that her teacher had been abusive towards her and misused her power, and that she was not a bad person, just a student trying to do her best in an environment that was not emotionally validating. EMDR helped reinforce the belief that she was “a good person” and that her feelings were valid.

And so it goes with many key painful experiences from the past. Some would argue the past is best left in the past and we need to live in the present, but it’s

important to recognise that old negative beliefs can also be influencing us in the present. Old experiences that you don’t think about any more may still have left their mark on you unconsciously.

Breaking the pain cycle

The first step in creating a healthy belief system is to develop an awareness of your current belief system. We generally hold both positive and negative beliefs about ourselves and can even hold opposing beliefs. That is, sometimes you might feel lovable and, at other times, unlovable. Other beliefs might be “I’m not good enough” “I’m powerless” or “I’m incompetent”.

These beliefs are like an old familiar feeling, a wound or a trigger. If you sometimes get an old familiar feeling that feels a bit like “I’m not good enough”, there are probably some stuck unprocessed memories from your past that are keeping this negative belief alive in your subconscious and influencing you in the present.

One way to shift this belief is by using EMDR to process related painful past memories. Once you’ve processed one or two, the effects usually generalise so you don’t have to process every associated memory. In this way, EMDR can decrease depression and anxiety and improve self-esteem and resilience.

EMDR also breaks the cycle of pain in our society. People who are in pain sometimes inflict their pain and hurt on others. As Shapiro says, “We can take people that seem intractable and transform them into positive human beings so they’re no longer hurting others, ... so that we stop the pain for future generations. The unimaginable amount of suffering that’s going on out there does not have to continue. People can truly heal in a comparatively short period of time and move to a state of happiness, strength and resilience, with healthy relationships.”

Sonia Zadro is a clinical psychologist with 20 years’ experience, and a freelance writer. She is interested in helping people heal and opening their minds through science. To mind out more, see soniazadro.com.