What is EMDR?
It’s a powerful new therapeutic process that has helped hundreds of thousands of people find relief from a wide range of emotional and personal problems. It’s difficult to explain EMDR without describing its history and procedures.

How did it get started?
In the late 1980’s, a psychologist, named Francine Shapiro, made a serendipitous discovery: she found that disturbing thoughts, feelings, or flashbacks that often follow a traumatic event could be alleviated or eliminated by having victims move their eye rapidly while reflecting on the event. The procedure eliminated or lessened the negative associations of the event with the victim and had a calming, self-affirming effect. EMDR was soon formalized into a new treatment for Post-Traumatic Stress Disorder (PTSD) and used to treat rape victims and Vietnam vets.

How has EMDR evolved since?
Since its beginnings, both the applications and process of EMDR have changed considerably. EMDR has evolved into a useful treatment for a range of other emotional problems as well as PTSD. It has become a valuable component of relationship and sex therapy. It can also be used as an effective performance enhancer, with applications to sports, the performing arts and business.

Now, neither eye movements nor negative experiences are any longer a necessary part of the treatment. The client may focus on a specific positive or negative event: past, current, anticipated or even imagined. Any residues of negativity are attenuated and feelings of competence, self-worth and well-being are enhanced.

Treatment may still involve eye movements. More likely, the client will receive bilateral stimulation auditorially through short tones heard through earphones or tactilely through mild taps, often delivered mechanically to opposite sides of the body. It is rapidly alternating bilateral stimulation, not eye movements specifically, which produces the therapeutic effect.
What does EMDR therapy involve?
Several sessions are required for the therapist to understand the nature of the problem, assess the suitability of EMDR, determine the specifics events (or images) to be targeted with EMDR, and orient the client to the process.

In an actual EMDR session, the client focuses on a selected event and the therapist helps the client center on his/her current experience while witnessing the event. Next, bilateral stimulation with eye movements, or alternating taps or beeps, is begun. Periodically (every 10 seconds to 2 minutes), the therapist interrupts the bilateral stimulation to ask about the client’s current state and further guide the process. After repeated round of bilateral stimulation, EMDR of the selected event ends when the client is able to view it or think about it with a positively enhanced sense of her/himself.

How does EMDR work?
We don’t know exactly how EMDR works. We know that several components are key. The client must: 1) focus on a significant event (or image); 2) center on him/herself while focusing on the event; and 3) receive bilateral stimulation. What clients experience during bilateral stimulation varies from client to client and from time to time. It’s the key components that move clients through a process of accelerated processing of some combination of sensations, emotions, and thoughts. We believe that neural networks are integrated to put negative experiences in perspective and to give positive experiences their full significance. The outcome is that clients effectively reposition themselves with respect to the event and feel enhanced emotionally and cognitively.

What kinds of problems does EMDR help?
EMDR has been found helpful in the treatment of anxiety, performance anxiety, stress, phobias, panic attacks, obsessive-compulsive disorders, post-traumatic stress disorder, trauma, emotional residues of an abusive or neglectful childhood, anger, episodic rage, low self-esteem, depression, complicated grief, addictions, and relationship problems.

How has EMDR been used at Council for Relationships?
Staff members have been leaders in incorporating EMDR into relationship and sex therapy. We continue to use it extensively and to integrate current EMDR developments into our work. With EMDR, we have improved the quality of life for people suffering from nagging self-doubt, anxiety, and depression. We have helped clients free themselves of the emotional consequences of growing up in alcoholic, abusive, or neglectful families. We have helped many face potentially unsettling events like upcoming surgery, a legal proceeding, or a critical exam with confidence and self-assurance. Most central to our mission, we have helped distressed couples to de-escalate hostility and anger and to practice and reinforce healthier ways of relating.
Josh: A Case Example

When Josh came into my office in mid-October, the 17-year-old looked despondent and demoralized. He hated school and found it hard even to get up in the morning. He told how the other kids daily tormented him with taunts like ‘fag’ or ‘loser.’ (That fall, he had moved to the area and transferred to the large suburban high school.) He was getting poor grades, had no motivation to study, and couldn’t concentrate on schoolwork. The bright spots in his life were his involvement in the local volunteer fire company and his church. There, he felt good, particularly around adults.

By the time school holidays approached in late December, Josh’s mood had lifted; other students no longer hassled him; he even mused about missing his school friends over the holidays. By the spring, he was motivated to study and struggled to complete assignments despite a learning problem identified earlier.

As Josh reprocessed each event, he gave up any negativity that attached to him from the event. Regarding the death of his mother, for example, he stopped feeling guilty about not doing more for her (Just what is a 9-to-11-year-old supposed to be able to do for a dying parent?) and started remembering positive times in their time together. As reprocessing continued, he became less and less depressed, felt better about himself, and presumably carried himself enough differently at school that the other students started relating to him positively.

All along, Josh’s positive experiences with fire company and church community were also reprocessed. Reprocessing these reinforced and enhanced their positive significance for him and further contributed to his improving self-esteem.

Sally: Another Case Example

In her fifties, Sally had been depressed for as far back as she could remember. She enjoyed little, lacked energy, was unassertive, and saw the future as unpromising. At the time of her referral, her condition was exacerbated by her husband’s recent reoccurrence of cancer and by difficulties at work. She had been unresponsive to several forms of anti-depressive medication. So, the colleague who referred her hoped that she might benefit from EMDR.

In Sally’s case, the treatment focused almost entirely on her experience growing up with an alcoholic, angry, critical father and demoralized mother. She reprocessed incident after incident from childhood and adolescence. One that stands out for me years later is her frightened association with a particular room in her
house. It took three sessions for Sally to be able to visualize that room and feel comfortable emotionally and physically.

After a few sessions, Sally’s mood began to brighten. About eight sessions in, she called between sessions—something she had never done before—to say that she thought she was losing her mind. “What makes you think so?” “Well, my husband bought me this expensive gift for our anniversary and I told him I would like him to return it and put the money toward a long weekend away, so that we could spend some time together.” My response was: “Rather than lose your mind, Sally, maybe you’re beginning to find it.” It was a major breakthrough for Sally to be so direct, given her long-standing belief that her desires were unimportant and her fear of hurting her husband’s feelings. After fifteen sessions, the treatment ended with Sally no longer depressed. She had changed jobs and enjoyed her new work. She was more assertive and engaged with others. While her husband’s medical condition loomed, her description of their relationship sounded more intimate; they seemed to enjoy one another a lot more, too. Sally left with a parting question: “How long is this effect supposed to last?” “EMDR has only been around six years. So far, the effect with reprocessed experiences lasts that long.” Several years later, Sally referred a friend who was asked to relay a message: “It’s still lasting!”

**Further Reading**

Anyone interested in learning more about EMDR might enjoy the very readable:

*EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma* by F. Shapiro and M. S. Forrest.

*Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* by Francine Shapiro

**Internet Resources**

[www.emdrhap.org](http://www.emdrhap.org)  (Research overview)

[www.therapyadvisor.com](http://www.therapyadvisor.com)  (National Institute of Mental Heath website of validated therapies)

[www.emdrnetwork.org](http://www.emdrnetwork.org)  (Links to resources and relevant sites)

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