

# What is Eye Movement Desensitisation and Reprocessing (EMDR)?

EMDR was formulated in 1987 by Francine Shapiro, Palo Alto, California.

EMDR offers a different view of how symptoms are created. It emphasises that the way we store disturbing, unprocessed early experiences, and link them unconsciously to subsequent events through complex information pathways, contributes to many of our difficulties. EMDR aims at reprocessing or reconfiguration of these original and linked experiences that they promote healthy responses.

Shapiro's model involves the **Accelerated Information Processing theory**.

When a traumatic experience of any type takes place, it overwhelms temporarily, or even permanently, our usual ways of coping. The traumatic events, and our unique responses to them are stored in what we refer to as memory networks. These can become frozen in time due to the protective mechanism of dissociation as well as from the action of protective body/neurological responses. When any element of the trauma is triggered, the entire traumatic reaction, or some part of it, may recur again and again.

**Post traumatic reactions**, remain connected to the traumatic event even though we are not consciously aware of them while the reactions are taking place. Since the traumatic reactions cannot be fully processed due to blocked or frozen mind-body pathways, the traumatic reaction can remain pretty much the same in intensity and quality.

The eye movements used in EMDR are believed to impact two different types of networks, which facilitate multifaceted reprocessing. First they seem to stimulate the memory network where the trauma is stored. The eye movements may also activate the informational networks that can restore a traumatised person's ability to process an event fully. When both networks operate simultaneously during the eye movement sets, it appears that the traumatic information is rapidly processed. Traumatic reactions, such as fear, panic, despair and grief are replaced by more positive ones that emerge from a new place of balance and completion.

**Many therapists believe that eye movement operates similarly to the rapid eye movements (REM) that occur during our sleep cycles when we dream.** One biological function of REM sleep appears to be clearing away the stimuli that have triggered anxiety and stress during a day of living so that we can awaken with a "clean slate" ready to move on to new life experiences. Eye movements of EMDR seem to mimic this function – in awakening to take in new information that will help us go on to new life experiences. They may also help to stimulate both hemispheres of the brain to promote a 'whole brain' approach to healing.

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## Using EMDR in therapy

1. **The client is interviewed about the history of the traumatic event, health problem or symptoms** they want to resolve. (The therapist attempts to gain thorough understanding of the person's life experiences, responses, beliefs, and underlying character structure).
2. **Identify specific mind-body symptoms** (e.g. insomnia, muscular pain, dizziness, or tinnitus) and prioritise the list in order of importance and select one symptom as the target to change first.

3. **Establish Safe Place** – conflict free image, positive target image. Find an image that evokes only positive feelings that can be sustained or even strengthened and expanded over several EMDR sets.
4. **Install Safe Place using EMDR** - the client notices their inner experiences and describes everything that happens during and after the time that their eyes were moving - descriptions can be in the form of **symbols, images, thoughts, body sensations, affects (feelings / emotions) or memories**, (according to the **SITBAM model**). The client does not need to interpret, make sense or even understand what they describe.
5. **Safe place - using VAK representational systems and muscle testing.**
6. **SUDs (subjective units of distress)** for Safe Place
7. **Clinical Target Image** (anxiety provoking memory that wants to be changed). Describe the episode. Use bringing present questions to describe the thoughts, feelings, sensations (smell, auditory, kinaesthetic), mental pictures and somatic reactions that appear when the client focuses on the image.
8. **SUDs** (subjective units of Distress) for Safe Place. SUDs can be taken at different times to measure progress and determine the levels of anxiety /arousal still associated with the memory.
9. **Negative thoughts and beliefs** that arise about the client in association with the Clinical Target Image. (e.g. I am helpless, I'm afraid, I'm useless....)
10. **Formulate positive cognition (Positive statement)** about what the client wants to believe about themselves (e.g. I am capable of learning many ways to manage this problem, I am strong and courageous, I am intelligent and resourceful....)
11. **Process the Clinical Target Image using EMDR.** Each EMDR set usually consists of 6 – 12 sweeping eye movements. The client follows the therapists fingers as they sweep a comfortable distance in front of their face, as they hold their head still. Experiment with the speed, angle and number of eye movements to make sure the client has a good fit during this phase.  
The client is asked to stay focused on the image as well as any accompanying thoughts and feelings during the eye movements. (e.g. stay with that....or ...focus on that for a moment – followed by EMDR set). The client and therapist move organically through the internal links that accompany the initial Target Image.
12. **Periodically do SUDs**, to see if the symptom target has become less distressing for the client and whether the client is moving closer to the Positive Cognitive Belief that is desired.
13. **For the Client: Tracking changes** that occur between sessions is extremely important.
14. **At the beginning of following sessions** check to see whether there have been any shifts in the Clinical Target symptoms or any other symptoms. Shifts may not be predictable ones. It is important that the shifts continue in a positive direction through any channel that we use to process information