

What is EMDR, and How Does it Work?

By Madeleine Hopwood (2021)

EMDR stands for “eye movement desensitization and reprocessing”. This is a type of therapy that uses the innate human capacity for healing to reduce the intensity of troubling memories or experiences, and strengthen clients’ positive beliefs about themselves. It is effective at reducing or eliminating symptoms like anxiety, depression, flashbacks, and low self-esteem. This article will describe how EMDR works, but please *Do Not Try To Do It Yourself!* EMDR only takes place in therapy with careful assessment and resourcing, all with the guidance of a therapist.

The Adaptive Information Processing System (AIPS)

EMDR is based on the theory that all of our experiences are integrated through a subconscious automatic process that takes place in the brain. This is called the Adaptive Information Processing System or **AIPS**. The AIPS is always working to process our emotions and activities day-to-day, but when a trauma happens, it gets overwhelmed and the traumatic memory is stored in unprocessed format; this means that the emotions, sensations, beliefs, and images related to the memory are easily triggered (Wesselman et al., 2012). I use the word “trauma” to mean any life-threatening experiences, or any common life challenges that you find are still really impacting you (like getting fired from a job, or death of a loved one).

According to EMDR’s creator, Francine Shapiro, our brains are designed to naturally heal any trauma that we experience (Shapiro, 1989), but occasionally that requires some help. When people have a hard time “just getting over” a bad experience, or they can’t “let it go”, that’s because their brain keeps bringing it back up so that it can be healed. The goals of EMDR are to decrease the distress we feel (a.k.a. desensitization) about things that were embarrassing, scary, or hurtful (Wesselman et al., 2012), increase positive beliefs about ourselves, and

integrate painful memories so they aren't upsetting anymore. By intentionally bringing up the painful memory and deliberately connecting it to a more positive belief, EMDR uses **bilateral stimulation (BLS)**; e.g. rapid side-to-side eye movements directed by the therapist) to amp up the AIPS and store the memories in a more stable and integrated way so people don't get triggered.

EMDR Protocol

EMDR therapy uses an 8-phase protocol to structure the process. As therapists proceed through the phases, they make sure to maintain empathy and validate their client's experiences, at times being more directive and at other times being supportive and listening closely. EMDR addresses past and present experiences, as well as potential future experiences related to what brings the client to therapy (Ricci et al., 2009).

As the process begins, the therapist asks the client questions about their past experiences as well as their present concerns; they collaborate on mapping out what needs to be worked on or targeted with EMDR, and the negative beliefs the client has associated with each target (e.g. I'm not safe, I'm not lovable, I need to take care of everyone/everything). The client is also helped to identify a preferred positive belief for each target (e.g. I'm safe now, I am enough/lovable, I can take appropriate responsibility). Next, the client is guided to create some resources to support them through the processing, which can also be used in the time between sessions. These resources can include an imagined "calm place" and an imagined "container" to put any unresolved concerns into (Kiessling, 2019).

EMDR's 8 Phases

1. History
2. Preparation
3. Assessment
4. Desensitization
5. Installation
6. Body Scan
7. Closure
8. Re-evaluation

When the client is ready to begin processing, they are guided to “activate” the targeted memory, naming how upsetting it is to them on a scale of 0 (not upsetting at all) to 10 (the most upsetting possible), sharing what emotions they feel, and any body sensations associated with the target. They also rate how true their preferred positive belief is to them before processing, on a scale of 1 (not true at all) to 7 (totally true). Then, desensitization using bilateral stimulation (BLS) begins. Desensitization happens as the client holds present-moment awareness of their experience of the memory as it changes (e.g. new thoughts/emotions/sensations arise during the BLS), while also paying attention to the BLS.

When the client says that the distress connected to the memory has reduced to minimal or non-existent, the therapy shifts to deepen and strengthen their preferred positive belief associated with that memory (Kiessling, 2019). When that belief feels as true as it can get, clients are asked to mentally scan and check their body, looking for sensations associated with any lingering distress. Closure then contains and wraps up the session, often using the client’s imagined container and/or calm place. At the next session, the therapist will ask the client about their target from last time in order to see if there’s any more desensitization needed to complete the target before moving on to the next one. Work on an EMDR target is usually considered to be complete when the client reports that their distress is at a 0 (nonexistent), and their preferred belief is at a 7 (it feels totally true).

Now, you might be wondering: How can moving your eyes back and forth actually change how you feel about yourself or your past?! That’s an important and common question, so let’s dive into how EMDR facilitates healing.

Mechanisms of Change in EMDR

There are several aspects of EMDR that work together to change the thoughts, emotions, and sensations related to the target memory, and most of these have to do with different parts of the brain. First, when bilateral stimulation takes place, both sides - or hemispheres - of the brain

Eye Movements

The eye movements used in EMDR are very similar to those that take place during Rapid-Eye-Movement (REM) sleep, which is when the brain is naturally processing the day's events.

are active. The right hemisphere is associated with retrieving the memory, and the left hemisphere works to store it in a new and adaptive way (Jeffries & Davis, 2013). The eye movements themselves are crucial for activating the parts of the brain that keep us feeling calm, and they bring about a present-moment alertness (Jeffries & Davis, 2013). This means that even though a difficult or traumatic memory is activated during processing, it's not as triggering because the

client feels more present than if they were having a flashback. Another important part of how EMDR works, is that recalling images and sensations associated with the target memory brings it into “**working memory**” (as opposed to long-term memory), which allows it to be more flexible (Schubert & Lee, 2009; Jeffries & Davis, 2013). Engaging the eyes while holding the memory's image in mind decreases the intensity of the upsetting experience.

As the desensitization phase of EMDR progresses, clients will often automatically shift from feeling upset about the target to noticing their own strengths, innate worth, lovability, and resourcefulness. This is the AIPS at work! The therapist can also offer what are called “**cognitive interweaves**”, which are questions or comments that might help the client shift into a more adaptive and present-day response to the event. These interweaves can be offered during the BLS, or in between sets of BLS. For example, let's say someone is working through desensitization of a car accident in which they felt powerless because someone else was driving.

Their preferred positive belief about the accident is “I can control what I can.” The therapist, when appropriate during BLS, might offer a cognitive interweave such as, “You found control by putting your hands in front of your face to protect yourself,” since that’s what the client did at the time. This highlights how their positive belief was actually true at the time of the accident, even though their negative belief of being powerless felt stronger.

Effectiveness of EMDR

Since Shapiro’s original (1989) study showing the effectiveness of EMDR for treating Vietnam war veterans with post-traumatic stress disorder (PTSD), EMDR is now among the top treatments suggested by the American Psychological Association (APA) for treating PTSD (APA, 2017). Many other researchers have also looked at how effective EMDR is for a variety of therapeutic concerns. Studies have shown its effectiveness for issues like depression, psychosis, mood and anxiety disorders, substance use, and chronic pain (Hopwood, 2018).

Hopefully this article helped to answer some questions you had about EMDR. If you’d like to know more please contact me at www.mhopwoodcounselling.com.