

# Information about trauma and EMDR Eye Movement Desensitization & Reprocessing Therapy Felisa Shizgal MEd RP

**what is emotional trauma** People experience many challenging and painful emotions including fear, anxiety, depression, shame, anger, and distress of all sorts. Most of these feelings make sense in the context of our immediate lives, but sometimes we experience very strong emotions and reactions that seem extreme, out of context, or consistently repetitive. These feelings may be associated with emotional trauma.

When we think of emotional trauma, we usually think of “big T-traumas” such as war, natural disasters, or survivors of physical and/or sexual violence. However, like most things, trauma exists on a continuum. On one end is catastrophic trauma that may involve the threat of death. On the other are “small T-traumas”, normal life challenges such as very painful and lasting needs that were not met in childhood, witnessing or experiencing bullying, experiences that were frightening, humiliating, shaming, stressful, confusing or overwhelming at the time. We don’t yet understand why some experiences for some people become coded in their minds as traumatic, and why the same experience for others is integrated and not experienced traumatically.

What we do understand is that when painful experiences are stored as traumatic, they are stored in the limbic system of our brain in a raw sensory and emotional form. The limbic system maintains traumatic memories in an isolated memory network that is associated with intense emotions and physical sensations, disconnected from the brain’s cortex where we use language, narratives & stories to store and integrate non-traumatic memories. We know that an experience is traumatic when the feelings, memories, thoughts, smells, sensations, pictures of an event don’t resolve naturally over time. The limbic system’s traumatic memories can be continually triggered when we experience events in the present that may feel, smell, sound, seem similar to the difficult experiences we have been through in the past. Often the memory itself is long forgotten, but the painful feelings and responses such as anxiety, panic, anger, shame or despair are repeatedly triggered in the present. This makes our ability to live in the present and learn from new life experiences more difficult.

There are several ways to know if an experience is traumatic: 1. When we talk or think about it we get a **physical reaction** in our body like a knot in our stomach, tension in our chest, shortness of breath, or other physical sensations. 2. The physical reaction is unchanging and **consistent over time** even if we logically KNOW the event is long past and that we are safe. 3. We may respond with panic, anger, fear, numbness, shame or respond in ways that seem **disconnected** and/or exaggerated for what our logical self knows and understands. 4. These reactions **do not fade** over time, but they persist and can loop and generalize. People with emotional trauma can feel stuck in extreme reactions, and live with fear that the same or similar negative experiences will repeat in the future. Symptoms may even worsen over time as people feel discouraged, hopeless about the future, and self-blaming that they “just can’t get over it”. Their friends and family may become impatient with their ongoing, replaying, and often repetitive distress.

Many people experience symptoms of trauma that continue long after the event is past. They include anxiety, panic, depression, nightmares, flashbacks, body memories, obsessive and/or intrusive thoughts/feelings/sensations, anger/rage, emotional numbing, dissociation including depersonalization and derealisation, as well as somatic or physical symptoms. Most people who experience post-traumatic symptoms will not be diagnosed, but many many people experience triggers. Emotional triggers can be anything we see, hear, smell, taste, touch, feel, think that evokes an intense emotional response linked to a past negative experience. Present difficulties and challenges can trigger pre-existing traumas. This may lead us to avoid certain situations to try and prevent triggering these feelings and experiences, and as a result our present and future lives becomes limited by our pasts.

## **introduction to EMDR** Eye Movement Desensitization & Reprocessing

Eye Movement Desensitization and Reprocessing therapy (Shapiro, 2001) was initially developed in 1987 for the treatment of Post Traumatic Stress Disorder (PTSD) and is guided by the Adaptive Information Processing model (Shapiro 2007).

The Adaptive Information Processing model considers symptoms of PTSD and other disorders (unless physically or chemically based) to result from distressing experiences that occurred in the past but continue to cause distress because the memory remains inadequately processed. These unprocessed memories are understood to contain the emotions, thoughts, beliefs and physical sensations that occurred at the time of the event. When the memories are triggered these stored disturbing elements are experienced and cause the symptoms of PTSD and/or other disorders.

Other therapy treatments focus on directly altering the emotions, thoughts and responses resulting from traumatic experiences, while *EMDR therapy focuses directly on specific traumatic memories* in order to change the way the memory is stored in the brain, thus reducing and eliminating the problematic symptoms. EMDR helps create the connections between our memory networks, enabling the brain to process the traumatic memory. "Processing" does not mean talking about it, instead it means setting up a learning state that will allow experiences that are causing problems to be integrated and stored adaptively. In the same way that our bodies can repair and heal, the process of EMDR allows our minds to take what is useful from a past experience and learn from it, storing it with appropriate (rather than overwhelming) emotions, sensations, and reactions. We can't undo a traumatic experience, but we can use EMDR to process distressing memories, thereby reducing their lingering effects and allowing us to develop more adaptive coping mechanisms to lead lives with more choice and possibility.

## **EMDR treatment description**

During EMDR therapy, clinical observations suggest that an accelerated learning process is stimulated by the EMDR technique of focusing on the details of a traumatic memory while simultaneously experiencing bilateral stimulation

(BLS). This experience of dual awareness – paying attention to past memories and current bilateral stimulation - makes use of our orienting response, and helps us remain present while also revisiting an experience from the past. This dual attention is thought to reduce the vividness and emotions of traumatic memory.

To begin we will focus on a thorough assessment to ensure that EMDR is an appropriate treatment for you. This will involve a detailed history of memories, and an assessment of readiness with a focus on building necessary resources and supports. From the history taking, we will collaborate on a treatment plan which will direct the focus of the EMDR work. During the treatment itself you will be asked specific questions about a particular disturbing memory. Bilateral stimulation will be recreated simply by asking you to watch the therapist's finger moving backwards and forwards across your visual field. Headphones with sounds that move from left to right, or small vibrations moving from left to right can also be used to create bilateral stimulation. During a session, while experiencing bilateral stimulation and focusing on a specific memory, internal associations arise freely and you begin to process the memory and disturbing feelings. The eye movements or other bilateral stimulation will last for a short while (1-3 min) and then stop. You will then be asked to report back on your internal experience, before returning again to the memory to continue processing.

With repeated sets of eye movements, the memory tends to lose its painful emotional and physical intensity and becomes a more neutral memory of an event in the past. We understand that the dual attention on the bilateral stimulation, while evoking the sensory and emotional memories of an event, gradually helps our natural adaptive processing to shift the experience from the limbic system into our cerebral cortex where non-traumatic memories are stored and used to inform and improve our lives. In successful EMDR therapy, the meaning of painful events is transformed on an emotional and physical level. For instance, an assault victim shifts from feeling horror, self-disgust and panic to holding the firm belief that, “I survived it and I am strong.”

During EMDR treatment, you will remain in control, fully alert and wide-awake. This is not a form of hypnosis and you can stop the process at any time. Throughout the session, the therapist will support and facilitate your own self-healing and intervene as little as possible. Reprocessing is usually experienced as something that happens spontaneously through train of thought as new connections and insights are felt to arise quite naturally from within you. As a result, most people experience EMDR as being a natural and very empowering therapy.

**EMDR structure of treatment** EMDR therapy involves attention to three time periods: the past, present, and future. Focus is given to past disturbing memories, to current situations that cause distress, and to developing the skills and attitudes needed for positive future actions. In EMDR therapy, these items are addressed using a standard protocol of an eight-phase treatment approach.

**phase 1: assessment and detailed history-taking** My role as the therapist is assess your readiness and appropriateness for EMDR therapy. I will also ask you to sign a consent for EMDR treatment. We'd then take some time to complete a history-taking focused on specific traumatic memories, incidents, or

distressing experiences you can recall, or are aware of from birth to childhood and adolescence through to adulthood. From that history, we will work together to identify themes and possible targets for EMDR processing. Targets may include past memories, current triggers or future goals which we'll integrate into a treatment plan

**Phase 2: preparation** During the second phase of treatment, introduce you to the different ways to experience bilateral stimulation. I will also ensure that you have a variety of tools, skills and resources to help you manage emotional distress. The first time you'll experience bilateral stimulation we'll focus on developing and internalizing your own strengths and resources, using a variety of imagery and stress reduction techniques that you can use and revisit during and between sessions

**Phase 3: accessing and activation** Based on the co-created treatment plan, we will activate the memory that is being targeted in the session, by identifying and accessing each component of the memory: the images, thoughts, feelings, and body sensations. Two measures are used during EMDR therapy sessions to evaluate changes in feelings and thoughts: the Subjective Units of Disturbance (SUD) 0-10 scale measures distress, and the Validity of Cognition (VOC) scale measures your sense of validity in certain thoughts about yourself. These two scales help us measure any changes in the negative beliefs and feelings and positive beliefs and feelings you have about yourself.

### *Subjective Units of Disturbance (SUD) scale*

*"On a scale of 0-10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel now?"*

*No distress      0   1   2   3   4   5   6   7   8   9   10      Worst distress*

### *Validity of Cognition (VOC) scale*

*The clinician asks, "When you think of the incident, how true do those words (repeat the positive cognition) feel to you now on a scale of 1-7, where 1 feels completely false and 7 feels totally true?"*

*Completely false    1   2   3   4   5   6   7      Completely true*

You'll be directed to focus on the memory, negative thought, and body sensations while simultaneously using sets of bilateral stimulation. These sets may include eye movements, taps, or tones.

When you report no distress related to the targeted memory, you're then asked to measure the current level of truth of the preferred positive belief that was identified at the beginning of the session. You'll also be asked to tune back into your body to evaluate the sensation and level of distress in your body when you recall the specific memory. Your response may direct the next series of bilateral stimulation processing sessions until the targeted memory no longer causes emotional or physical distress.

**Phase 4: desensitization** During this phase, you'll focus on the specifics details of the memory, the negative beliefs about yourself, and body sensations related to the memory while engaging in eye movements, tones or taps for bilateral stimulation. The type and length of these sets is different for each client. With each set you'll be encouraged to "just notice" whatever spontaneously happens. These repeated sets with directed focused attention occur numerous times throughout the session. If you become distressed or have difficulty progressing, I will help you reground yourself and if you'd like, continue the processing. Between sets you'll report on whatever new information has emerged, and I'll check in with you and then encourage you to continue or adjust as we go to assist in your processing. Usually the associated material becomes the focus of the next bilateral stimulation set. This process continues until you report that the memory is no longer causing you emotional or physical distress.

**Phase 5: installation of positive cognition** The fifth phase we'll use bilateral stimulation while focusing on the positive belief that you said you'd like to have about yourself when you consider the specific memory that we're working on.

**Phase 6: body scan** We'll then check in with your body to see if there remains any negative physical sensations when you return to the negative memory. Our bodies are well attuned and can tell us a great deal about how we now hold a traumatic memory, and whether it is fully processed.

**Phase 7: closure** Closure is used to end the session. If the targeting memory was not fully processed then we'll focus on helping you contain any distress you feel, and ensure your own self-care and safety until the next session.

**Phase 8: re-evaluation** Phase eight consists of debriefing the session, and reflecting together on the progress made and impact of the work. We'll also look at whether the effects of previous sessions have been maintained, and discuss if new memories have emerged since last session which may help us set up new targets for current or future work. We'll discuss self-care, and a weekly log can be used to track anything related to the work.

**research on EMDR** The validity and reliability of EMDR as a treatment for trauma has been established by more than 30 positive controlled outcome studies. It is recognized as an effective form of treatment for trauma and other disturbing experiences by organizations such as the American Psychiatric Association, the World Health Organization, and is recommended by the National Institute for Health and Clinical Excellence (NICE) as an effective treatment for PTSD. For more information about EMDR research see <http://www.emdr.com/research-overview/>

## credits:

This information was very liberally adapted from :

“Trauma, Triggers & Phobias” by Sherry Dale MSW, RSW <http://www.sherrydale.ca/>

<http://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing.aspx>

<http://www.emdria.org/>

<http://www.emdr.com/what-is-emdr/>

## for more information:

F. Shapiro (2001) Eye movement desensitization and reprocessing: Basic principles, protocols and procedures (2nd edition) New York: Guilford Press.

Francine Shapiro Library <https://emdria.omeka.net/>

EMDR International Association [www.emdria.org](http://www.emdria.org)

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