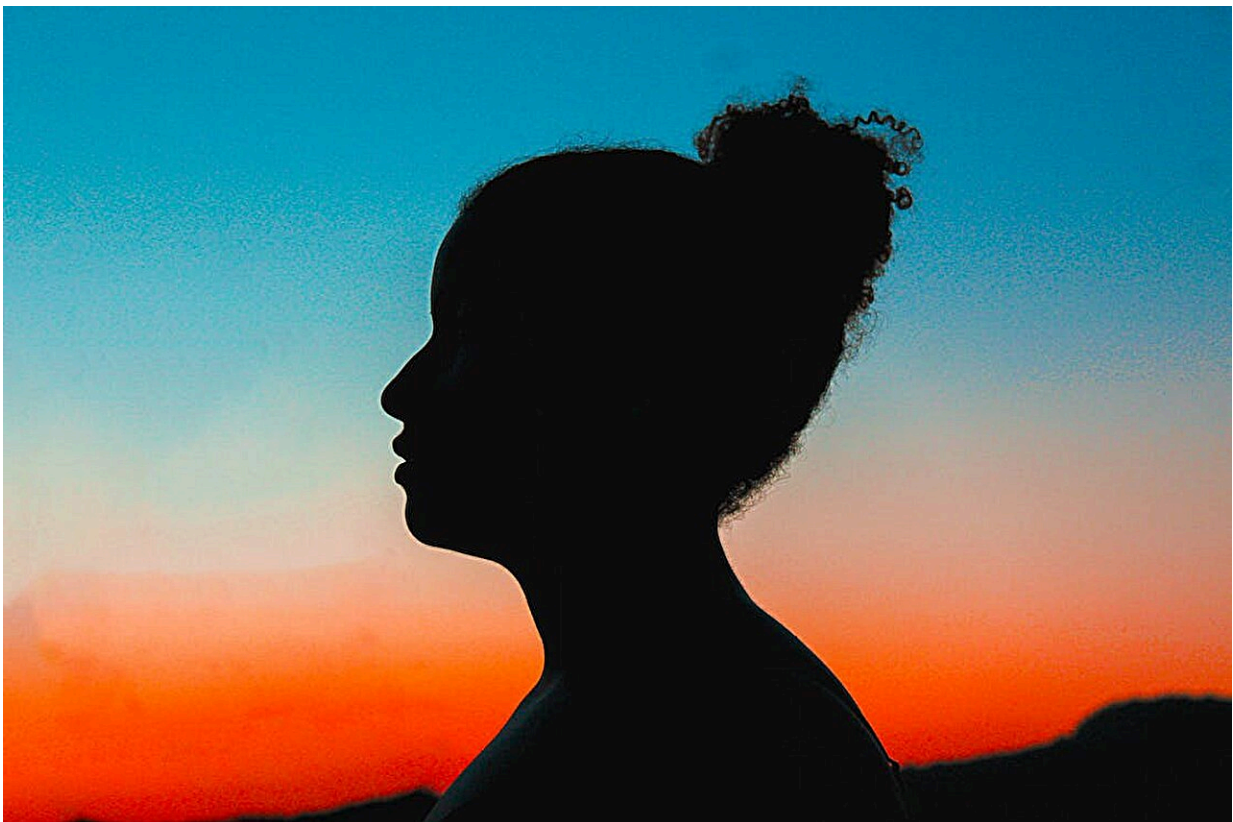


# Hard-to-treat traumas and painful memories may be treatable with EMDR—a trauma therapist explains

August 19 2024, by Laurel Niep

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Credit: Pexels

If you've been to a therapist's office in the past few years, there's a good chance you've heard of eye movement desensitization and reprocessing,

or EMDR, therapy.

Most commonly used for treating long-standing and acute traumas, EMDR is also being shown to [help with some kinds](#) of [chronic pain](#).

A growing body of studies shows that EMDR can be used to [effectively treat a variety of conditions](#), such as [substance abuse](#), specific phobias and anxiety that occur alongside symptoms stemming from a trauma. More studies are needed, but results so far are encouraging.

[I'm a trauma therapist](#) who was trained in EMDR in 2018. Since then, I have consistently used this approach with dozens of clients to work through trauma and deeply held negative core beliefs.

## **EMDR versus traditional therapy**

Eye movement desensitization and reprocessing was [developed in 1987 by Dr. Francine Shapiro](#) after she discovered that moving her eyes from her left foot to her right as she walked—in other words, tracking her feet with each step—resulted in lower levels of negative emotions connected with difficult memories, both from the more recent frustrations of the day and deeper events from her past.

Conventional treatments, such as [cognitive behavioral therapy](#) or dialectical behavioral therapy, rely on extensive verbal processing to address a client's symptoms and struggles. Such therapy may take months or even years.

Depending on the trauma, EMDR can take months or years too—but generally, [it resolves issues](#) much [more quickly and effectively](#). It is effective for both adults and children, and can be done remotely.

EMDR has the capacity to work faster by targeting [negative thoughts](#)

and emotions in combination with what is called [bilateral stimulation](#)—that is, the use of eye movements, tapping, audio or tactile sensations to process the emotions.

The most common form of bilateral stimulation is when the patient holds their head steady and uses their eyes to follow the therapists' finger movements back and forth. Patients may also wear headphones that alternate music from ear to ear, or a tone that goes back and forth. Another common technique is having the patient hold a small buzzer in each hand that alternates vibration back and forth. Sometimes, therapists alternate tapping on each of the client's hands or knees.

Some practitioners equate it to adding conscious thought to what the brain is trying to do during rapid eye movement, or REM, sleep. During this stage of sleep, the eyes go back and forth under your closed eyelids as you're dreaming.

## **How EMDR works**

Researchers are still working out exactly how and why EMDR is effective at helping patients heal from trauma.

Trauma is a physiological and psychological response to an event where one [perceives a threat](#) to their safety—or to someone close to them—that is so severe, it overwhelms their capacity to cope.

The traumatic event can give rise to [various symptoms that affect daily life](#), such as anxiety, depression, mood swings, intrusive thoughts, hypervigilance, difficulty sleeping or changes in appetite or weight. Sometimes, the person has [thoughts of self-harm or suicide](#).

The trauma can also leave one [with various triggers](#)—sights, smells, sounds, locations, phrases—that bring up memories of the event. This

causes the person to relive the emotions or reactions they had when the trauma initially occurred, as if it's happening again.

For example, on a stroll through a crowded mall, someone who had been assaulted months earlier might catch a whiff of the same cologne the perpetrator was wearing. As the smell of the cologne triggers them, they suddenly feel like they're experiencing the assault again, including physical sensations and seeing images of the event.

## **Dislodging trauma**

Memories of [traumatic events](#) often become stuck in the brain's [limbic system](#), where the [fight, flight and freeze response](#) resides. This is not the place where memories are intended to be stored. Here, the [memory](#) is triggered by various experiences in daily life—a similar sound, smell, sight or sensation—that can make the client feel as if the trauma is happening again in that moment.

Targeting the traumatic memory while engaging in bilateral stimulation during EMDR allows the brain to highlight and move the memory from the limbic system—where it cannot effectively connect to other critical information or memory networks—to the [prefrontal cortex](#) and [other cortical brain regions](#) where the [memory is better able to be processed and supported](#).

EMDR therapy [is a multistep process](#). Together the patient and therapist first identify targets, meaning the specific traumatic memories to be addressed during the reprocessing phase.

Next, the patient is asked to associate the event with a negative thought about themselves linked to the trauma. For example, I might say, "And when you think about the worst part of that event, what is a negative thought you have about yourself?" Often something comes up along the

lines of "I'm unlovable," "I'm worthless" or "I'm not worth protecting." The patient is also asked to identify and locate any physical sensations they might be having in the body.

Then the therapist will ask the client to focus on all three of those things—the specific trauma memory, the negative thought about themselves and where they feel it in their body—while applying some form of bilateral stimulation.

## **EMDR in practice**

Although trauma therapy is a very individualized experience, research shows that 80% to 90% of clients can process—meaning resolve—a [singular traumatic event with only three sessions](#) of this therapy. In one initial study from 1998, [past experiences](#) such as post-traumatic stress disorder from combat [were resolved in 77% of participants after 12 sessions](#). Other research suggests that for patients who have suffered chronic trauma or abuse, [more treatment time](#) is likely needed to resolve the symptoms stemming from the trauma they survived.

In this context, resolve means that the target thought or memory has been cleared and the impact should be greatly reduced—not that the person will no longer have any negative thoughts or emotions about it.

If a patient has multiple traumas, I'll ask them to identify the memories that stand out the most. The therapist will start with the earliest of those memories and work toward the present day. One memory at a time is focused on, and once it has been completely processed—there's no more disturbance in the body when thinking of the memory—then the therapist and patient move on to the next one.

One of my patients had struggled with devastating childhood memories of verbal, emotional and physical abuse by their parents. This

consistently affected their relationships with family and peers into adulthood. After working with EMDR, the patient was able to process the haunting memories, gain insight on setting boundaries with others, and provide comfort and guidance to the young child they once were.

Another patient was a high school student, afraid to leave the house after enduring an assault on the way home from school. Concrete, visible changes began after the second session. School attendance became more consistent; grades improved. "I don't understand what's happening," said the patient. "It's like magic. I'm not so scared anymore."

But EMDR is not magic. It is a unique strategy that allows the client to approach the trauma in a different way. The client is able to think about the events they are affected by and engage with the support of the therapist without having to verbalize each detail of their trauma.

## **Finding EMDR specialists**

If you're considering trying out eye movement desensitization and reprocessing therapy, find a therapist who is trained or certified for this treatment. The EMDR International Association website [has a list of them](#), though there are many other qualified therapists not affiliated with that organization, and you could ask about a clinician's credentials before beginning treatment with them.

If you're struggling daily with past trauma or deeply held negative beliefs about yourself, are willing to delve into those difficult emotions and would like to try a different type of therapy backed by research, I would strongly recommend giving EMDR a chance.

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