

About EMDR

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EMDR stands for Eye Movement Desensitization and Reprocessing. It was discovered by Francine Shapiro, Ph.D., in 1987. We're not sure why it works, but it does. Simply by providing side-to-side sensations to a person while discussing traumatic events in a specific therapeutic fashion can work wonders in allowing the person to heal himself or herself.

You don't even need eye movements. Dr. Shapiro now simply calls it Reprocessing Therapy. A way to let the mind's own natural healing processes get unblocked and go to work. Sounds too good to be true, but it does work.

And one thing to remember: EMDR is an approach to therapy, not just a technique or a gimmick. Proper training is absolutely required.

When a patient and a therapist do EMDR, the therapist asks the patient to bring to mind the incident the patient wants to work on, the negative thinking caused by the incident, and the new thoughts the patient wants to have. Then the therapist moves her or his fingers rapidly back and forth in front of the patient. The patient follows the fingers with his or her eyes. After a number of sets of movements, patients generally think and feel quite differently about the incident, similar incidents, and themselves. Healing has started.

As I noted above, you don't need eye movements. Taps to hands, right and left, sounds alternating ear-to-ear, and even alternating movements by the patient can work instead. The key seems to be the alternating stimulation of the two sides of the brain.

Now, I have a couple of theories as to how and why EMDR might work. Dr. Shapiro postulates networks of memories and cognitions; negative ones surrounding the unprocessed hurts and positive ones surrounding the state of acceptance and wisdom we would like to achieve. EMDR, she believes (and I agree with her) links the two, so that the insight we have in our heads can heal the hurt in our heart. So, how does this occur?

First of all, consider work done on the different ways that the two halves of our brains look at the world: the left side of the brain (controlling the right side of our bodies) is more positive in outlook, more analytical, looking ahead. Call it your pilot personality.

The right side of the brain tends to a more morose outlook, more holistic, scanning the world for threats. Call it your tail gunner. I suspect that the alternate-side stimulation occurring in EMDR might be simultaneously stimulating positive networks in the left-brain while invoking negative networks in the right brain.

Those who know some EMDR might ask how that could be true, since vertical movements help patients in addition to the normal side-to-side movements. I suspect that no one starts with vertical movements; we all start with side-to-side movements. Perhaps that initial movement stays with the patient. In any case, vertical movements are not as effective as side-to-side movements in promoting healing. They are used more for relaxation.

Let us next consider the function of dreams: all but the most primitive mammals dream. The few that don't are small and have huge frontal lobes.

It looks like we need to dream to go over the events of our lives, extract guidance for the future, and throw away mere detail. This is why we can get away with frontal lobes that are not a foot across.

Normal memory is literally re-membered: it is re-assembled from stored clues or instructions, which rely on contextual cues to fill in details. A traumatic "memory", however, is stored very differently. Better to call it a "reverie", because all the sights and sounds and sensations of the original moment are stored as if freshly experienced (many of us suspect that is because they are constantly re-experienced).

When we dream, we have the opportunity to put the reverie into perspective, let it go, and store only the instructions for normal memory. On the other hand, when a reverie is too intense, the sleeper wakes, and the dream remains unfinished. No perspective. No putting-away. No memory, just continuing reveries.

While we dream, our eyes move (in what are called Rapid Eye Movements, or REMs). I suspect this may be due to alternating influences from the right and left halves of the brain. Even if that is not what happens, the eyes still move.

EMDR may come close enough to imitating those eye movements, that the work of dreams can be done while the patient is awake. Since the patient is already awake, the dream does not have to end. It can continue while the patient holds onto the here-and-now, and the work of the dream may be finished. Memory is left where once there was only reverie. Now the sleeper may sleep, and not be frightened from sleep by horrid nightmares. Healing has happened.

Just a theory, you understand.