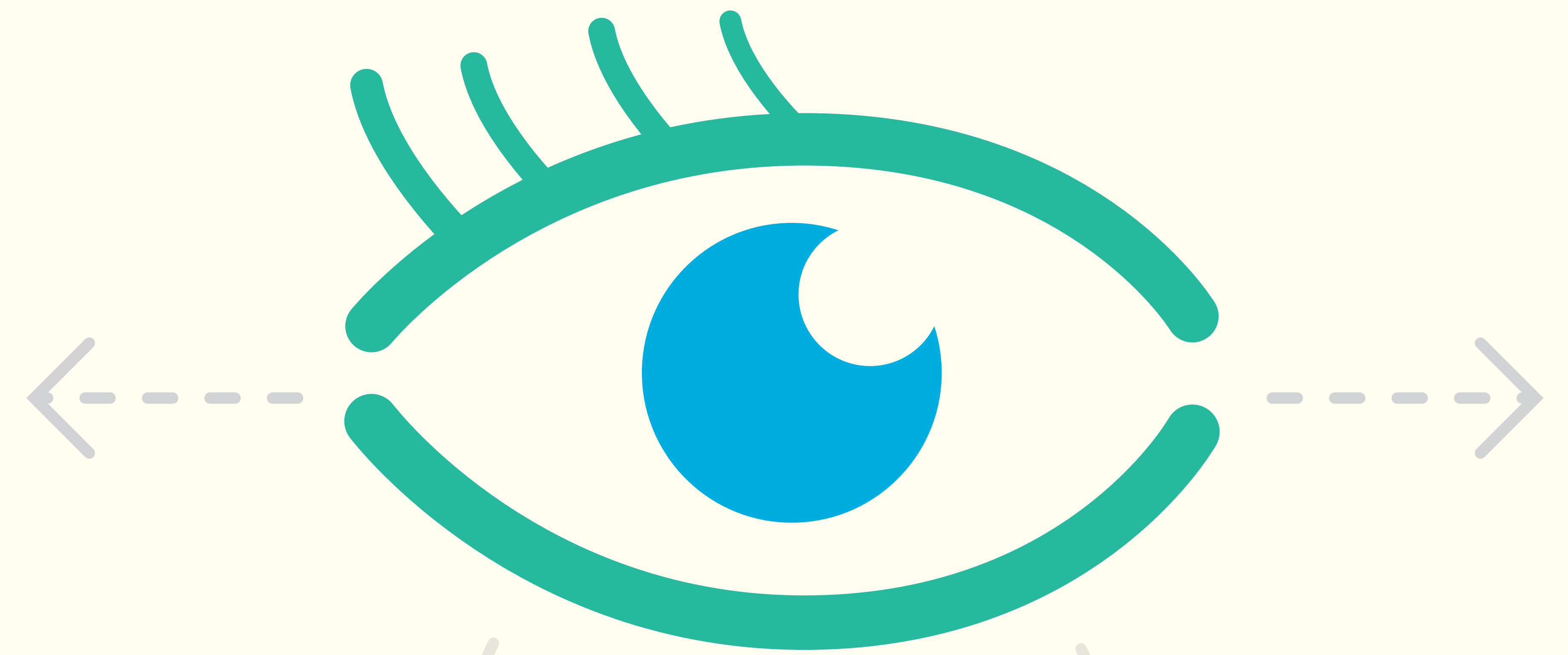


Eye Movement Desensitization & Reprocessing

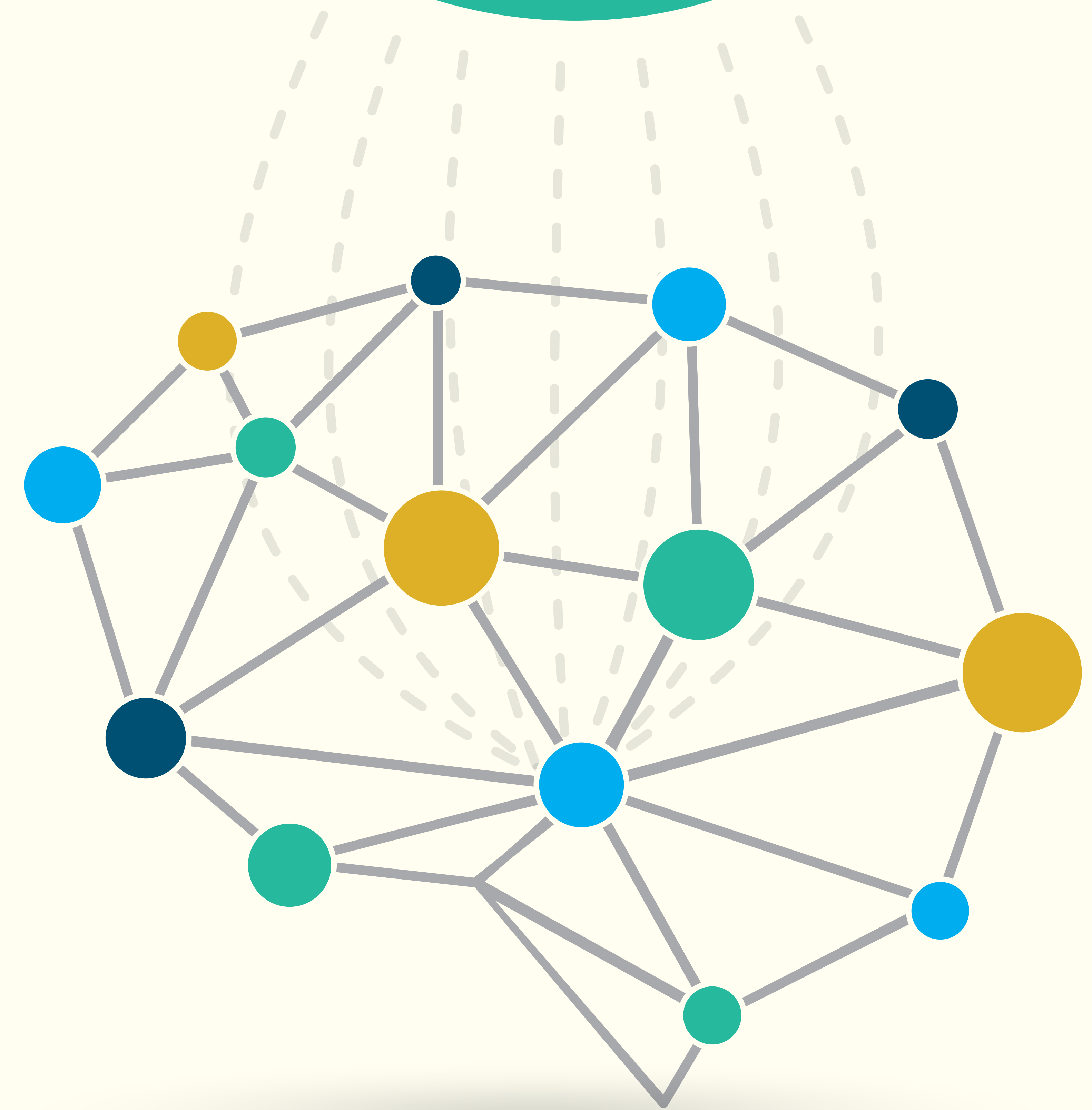
EMDR

An Integrative Psychotherapy Process



EMDR IS USED FOR MANY KINDS OF ANXIETY AND STRESS DISORDERS. EMDR's TREATMENTS:

- include small T trauma (*events not often considered traumatic like neglect or emotional abandonment*)
- include big T trauma (*major events like accidents or violent crime, involving intrusive imagery*)
- recommended for children, adolescents & adults with PTSD (*World Health Organization 2013*)
- uses many modalities
- does not require a detailed description of the event, extended exposure or homework
- driven by a process of free association (*Psychoanalysis*)
- transforms dysfunctional beliefs (*CBT*)
- addresses physical sensations in the body (*somatic therapies*)
- accelerates learning in a concentrated mental state (*Hypnosis*)
- encourages detachment and radical acceptance (*ACT and DBT*)
- empowers patients as the ultimate authority (*Feminist Therapy*)



EMDR: Notes from Treatment

Dr. Patricia Hunter
Psychologist, MA, PsyD, EMDR

S, a 41 year old attorney, came to treatment complaining of 'problems in intimacy' and described herself as lacking social skills relative to her other friends. When asked for examples S could not come up with any. S had friends, but she frequently criticized herself and compared herself negatively to everyone. This affected her confidence in asserting her own needs in relationships and led her to want to avoid committing to another, out of fear of being dominated and controlled. S also began having nightmares as the therapist inquired more directly about her intimacy history, and S admitted that she had a history of past sexual abuse as well.

The therapist suggested first working on a scene in EMDR involving a past memory from childhood where S had felt insecure socially (small t trauma). S chose a memory where she had felt rejected by a group of girls when she was ten. She remembered one of them loudly saying, while the others laughed, that she had drawn S's name for a Secret Santa gift at school but that she had not wanted to buy S a gift. The incident felt to S like a 5 on the SUDS scale (Subjective Units of Distress Scale ranging from 0-no anxiety to 10-extreme anxiety). EMDR began and the visual imagery quickly changed to scenes of S playing with a beloved friend from childhood she had not thought of for many years. This progressed to a memory of a time when S and this same friend had had lots of fun playing in the woods near her home. S began to recall other memories of other friends she had had and remembered that the girls who had made fun of her had lived in a neighborhood several miles from her own. S reported her SUDS scale decreasing from 5 to 0 after this session. As S's confidence increased socially, therapy was able to address past memories of her sexual abuse (Big T trauma). This took several years of twice weekly therapy which is too extensive to discuss here. Suffice it to say that S married a man she had met at work after three years, enjoyed an active social life with less obsessing about her perceived flaws, and continued to return for periodic EMDR sessions when past triggers of abuse occasionally returned. As is often the case with big T trauma, the work is never completely finished but becomes just part of a patient's overall history rather than a looming background spectre that haunts the patient forever.

"PTSD is at its core, a consequence of failed memory processing, characterized in part by the prolonged and inappropriate dominance of specific episodic memories of traumatic events... and arises when the brain fails to appropriately consolidate and integrate the episodic memory into the semantic memory system... [this] leads to the continued maintenance of the episodic memory and its affect in an inappropriately strong and affect laden form."

- STICKGOLD, 2002

REFERENCES

- Pagani, M. (2017) A hypothetical mechanism of action of emdr: the role of slow wave sleep. *Clinical Neuropsychiatry*, 14, 5, 301-305.
Shapiro, F. (Ed.) (2002) EMDR as an integrative psychotherapy approach. American Psychological Association Washington, DC.
Stickgold, R. (2002) EMDR: A putative neurobiological mechanism of action. *Journal of Clinical Psychology*, 58 (1), 61-75.

PATRICIA HUNTER, PSY.D. PLLC
303 FIFTH AVE SUITE 1703
NEW YORK, NEW YORK 10016
PHONE: 212.229.0595
drpatriciahunter273@gmail.com
www.drpatriciahunter.com