

# Eye movement desensitization and reprocessing



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Eye Movement Desensitization & Reprocessing and Sexual Violence Please briefly describe this psychotherapeutic approach and its Eight Phases of Treatment, applied specifically to survivors of rape and sexual violence.

Eye Movement Desensitization and Reprocessing is a therapeutic technique developed by Dr. Francine Shapiro, in 1987. EMDR mainly works on the principle that traumatic memories that are not processed properly cause blockages which can lead to disorders such as Post Traumatic Stress Disorder (PTSD). EMDR therapy is used to help individuals such as rape victims to process these memories properly and develop adaptive changes in thinking (HealthyPlace. com, 2000).

Basically, EMDR is an eight-step process. The number of sessions devoted to each phase varies on an individual basis. The following are the eight steps:

Step No. 1: The therapist takes a complete history of the patient and a treatment plan is designed. For instance, in the case of a rape victim, the therapist records the history.

Step No. 2: In this step the patients are taught relaxation and self-calming techniques.

Step No. 3: In the third step the therapist asks the patients to describe the visual image of the trauma and also the associated feelings and negative thoughts such as " I am good for nothing" that is frequently encountered by the victim. The patient is then asked to identify a desired positive thought, such as " I am a worthwhile person," this positive thought is rated against the negative thought on a scale of 1-7, with 1 being " Completely false" and 7 being " Completely true." This method helps create a goal for treatment.

The patient then combines the visual image of the trauma with the negative belief, generally evoking strong feelings, which are then rated on the

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Subjective Unit of Disturbance (SUD) scale. While focusing on the combination of the traumatic image and negative thought, the patient watches the therapist move his hand in a particular pattern causing the patient's eyes to move involuntarily. Blinking lights are sometimes substituted for hand movements, likewise hand tapping and auditory tones may be used instead of eye movements. After each set of eye movements the patient is asked to clear their mind and relax. This may be repeated several times during a session.

Step No. 4: This step of treatment involves desensitization to the negative thoughts and images. The patient is instructed to focus on the visual image of the trauma, the negative belief he/she has of self, and the bodily sensations caused by the anxiety, while at the same time following the therapist's moving finger with their eyes. The patient is asked to relax again and determine what he/she is feeling, these new images, thoughts, or sensations are the focus for the next eye movement set. This is continued until the patient can think of the original trauma without significant distress.

Step No. 5: This phase mainly focuses on cognitive restructuring, or learning new ways to think. The patient is asked to think about the trauma and a positive thought about themselves such as " I can succeed, I am worthwhile", while completing another set of eye movement. The point of this step is to bring the patient to the point of believing the positive statement about themselves.

Step No. 6: The patient focuses on the traumatic image and the positive thought, and is once again asked to report any unusual bodily sensations. The sensations are then targeted with another set of eye movements. The principle behind this is that improperly stored memories are experienced

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through bodily sensation. EMDR is not considered complete till the patient can think of the traumatic event without experiencing any negative bodily sensations.

Step No. 7: During this step the therapist determines whether the memory has been adequately processed. In it is not the case then the relaxation techniques learned in Step no. 2 are employed again. Memory processing is believed to continue even after the session has concluded, so patients are asked to keep a journal and record dreams, intrusive thoughts, memories and emotions.

Step No. 8: The eighth and the final step is called the reevaluation step and is repeated at the beginning of each EMDR session after the initial session. The patient is asked to review the progress made in the previous session and the journal is reviewed for areas that may need further work (HealthyPlace.com, 2000).

The duration of the treatment varies in different patients. For some of them the eight steps may be completed in a few sessions, where as for others it may take over a period of months, depending on the needs of the patient. It has been reported that many victims of rape and sexual violence have benefited from this technique.

2. Please discuss how EMDR can help victim of sexual violence recover from their trauma

Dr. Shapiro (1990) reported on the effectiveness of eye movement desensitization (EMD), as it was then known, for traumatic memories among 22 Vietnam veterans and rape/molestation victims. This study compared victims who were treated with EMDR with those (the control group) who were not given this treatment. In particular, controls were given the same

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instructions as the treatment group but were not given the eye movements. The controls were, therefore, required to provide imaginal descriptions of the experience and describe the body sensations they experienced and their cognitions about the event. According to Shapiro (1989a, 1989b) the treatment group experienced a remarkable recovery, suggesting that " a single [90-minute] session" was sufficient to completely desensitize a traumatic memory and promote more adaptive and realistic cognitions. One- and three-month follow-ups yielded no evidence of relapse. On the other hand the controls displayed no significant change in the occurrence of symptoms. However when these control groups were subsequently treated with EMDR they showed the same level of improvement as the initial treatment group (Devilley, 2002). Hence, it is claimed that EMDR can help victims of rape or sexual violence and also those people with " phobias, generalized anxiety, paranoid schizophrenia, learning disabilities, eating disorders, substance abuse, and even pathological jealousy" (Lilienfeld 1996).

#### References

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