

# Why not EMDR for PTSD?

Macbeth consults a doctor about his wife being troubled with thick coming fantasies that keep her from rest. He demands of the doctor:

"Cure her of that:

*Can'st thou not minister to a mind diseas'd;*

*Pluck from the memory a rooted sorrow;*

*Raze out the written troubles of the brain;*

*And with some sweet oblivious antidote*

*Cleanse the stuff 'd bosom of that perilous stuff*

*Which weighs upon the heart?"*

The doctor replies:

*"Therein the patient must minister to himself"*

## Shakespeare: Macbeth (Scene 1, Act 5)

People with PTSD frequently feel as if the trauma is happening again. This is technically called "Intrusive re-experiencing. The person may have intrusive pictures in his/her head about the trauma, have recurrent nightmares or may even experience hallucinations about the trauma. Intrusive symptoms sometimes cause people to lose touch with the "here and now" or the present moment and react in ways that they did when the trauma originally occurred. Earlier the psychotherapists often downplayed this aspect until after the return of the Vietnam War veterans with severe PTSD. While with counseling and rational minds these patients might very well understand that this trauma was not of their making, yet their lives would continue to be disrupted by anger, shame and fear with recurring nightmares. Special techniques such as flooding and systematic desensitization, devised to diminish the emotional charge of traumatic memories ironically and unfortunately involved reliving those memories again and again."



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Frequently, clients who needed help most, would leave because the treatment itself proved too painful, and only a percentage of those who stayed experienced significant relief. I saw a TV show in USA where woman after woman, told in detail how her boyfriend took videos of her making love to him or a relative; clandestinely took nude photos while she was undressing in the bathroom; and in one case he had sold copies of the videos to friends and also he broadcast it live in another room to enable his friends watch him make love to his unsuspecting lover! Each said that they were traumatized and felt that their lives were ruined by such acts. Though the attempts made by these women to narrate publicly narrate these instances one can see that they were reliving these instances of trauma.

Anti-depressants and also psychological counseling will not, by themselves, eradicate the deep mental impact created in the minds of these PTSD patients. Here Homoeopathy, because of the richness of similar mind symptoms of the indicated remedies, can make them well. But several cases treated homoeopathically show aggravation initially after the first few doses and in some cases the aggravation of reliving the trauma or arising of negative emotions of anger etc was so severe that the patient wanted to discontinue the treatment. That is why Dr Hahnemann advised in his Sixth Edition of Organon the use of LM potencies, which in his experience did not cause such aggravation. However as stated in the case treated with *Mercury* in the case of a Vietnam Veteran reported in the cases section (*will be given in the Merc issue*) even LM potencies of the remedy made him initially worse. Perhaps adjunctive use of Bach flower remedies like *Rescue Remedy* or *Walnut* might help tide over this initial phase.

While browsing the internet I came across a write up of a method evolved by one Francine Shapiro, a psychologist and research fellow at the Mental Research Institute in Palo Alto, California. It is reported that one



day she was taking a stroll in a park in 1987. She was moving her eyes constantly from one end to another, rather pre-occupied but to her surprise discovered that the troublesome thoughts which she had at the time of taking the walk faded. When she brought them back, they no longer had the same emotional charge. Paying careful attention, Shapiro noticed that she was rapidly moving her eyes back and forth as she walked. Fascinated, she deliberately brought a negative thought to mind and began moving her eyes. Before long that thought disappeared and with it the anxiety it had provoked. Thereafter, Shapiro experimented this technique of eradicating negative feelings or thoughts with friends, colleagues and students, using her fingers to guide the movement of their eyes while they held a mildly disturbing thought or memory. The results were uniformly impressive: The technique seemed to wipe away both the thought and the emotional charge. Shapiro used and fine-tuned it with about 70 of her clients, with continued success. She then decided to submit the technique which she called Eye movement Desensitization and Reprocessing, or EMDR for rigorous scientific testing with the most challenging population of all: PTSD survivors, and in particular, rape and molestation victims and Vietnam veterans.

The write up says that many of her patients had on an average of six years of conventional psychological treatment and despite that, still experienced flashbacks, intrusive thoughts of the trauma and intimacy problems and low self-esteem. It was observed "that after a single 90-minute EMDR session, the traumatic memory that had haunted them for years had lost its emotional charge. The combat horrors and terrifying violations no longer held the power to torment them. Almost without exception, they shed their shame, guilt, fear and anger and replaced those turbulent emotions with confidence, forgiveness and self-acceptance."

To quote the write-up further: "At last, post-traumatic stress disorder, which had been considered intractable, had met its match. Shapiro published her findings in

1989 in both the Journal of Traumatic Stress and the Journal of Behavior Therapy and Experimental Psychiatry and began offering training the following year. Since then, more studies have been conducted on EMDR than on all other trauma treatments combined, and the results have been consistently positive. In a recent survey of EMDR-trained clinicians, 74% of them reported that it was the most effective treatment they used. EMDR is now the treatment of choice in more than a dozen Veterans Administration hospitals nationwide, and it has rescued thousands of trauma victims from PTSD symptoms in hot spots like Bosnia, post-9/11 Manhattan and Oklahoma City. The technique is widely taught in graduate schools and training institutes, and is endorsed by many of the prominent psychologists. Over the years, EMDR has proven effective not only with PTSD, but also with the small traumas that have occurred to even the most well-adjusted among us: *the humiliating moment at school, the unearned punishment or rebuke, the rejection of a friend*. These seemingly insignificant events help shape our self-image and worldview as we grow, leading to negative emotions like shame and fear and limiting beliefs such as "I'm not good enough, I can't trust other people, or the world isn't a safe place". Once these are unearthed and subjected to EMDR treatment, these memories, feelings and beliefs, like their more intense PTSD counterparts, can be desensitized, reprocessed and replaced with alternatives that are more positive and life-affirming."

#### **A TREATED CASE BY THE AUTHOR:**

A woman was involved in a car accident in which she was not the culprit.

"Fortunately, Laura could not remember the accident that sent her to the hospital. In fact, she may never have seen the sedan that jumped the guardrail onto her side of the freeway and plowed into her car. Otherwise, her PTSD might have been more severe. But she still carried the fear in her body, along with the unshakeable sense that she was somehow responsible for the death

of one of the motorcyclists and of the man and woman who hit her.”

In the EMDR session with Laura, she noted that two wrong notions which she entertained were causing the problem. One was that she was not a safe driver and the accident was her fault. The doctor chose for treatment the second belief, which centered on a memory of a policeman in her hospital room describing the accident and informing her that three people had died. Accompanying the memory were feelings of horror and guilt, which she rated 8 on a scale of 1 to 10 (with 10 being the most intense).

Holding the memory, feelings and belief in her mind simultaneously, Laura followed the fingers of the therapist as he waved them back and forth in front of her eyes 15 or 20 times. After the first set of eye movements, she reported that the feelings had intensified. In subsequent sets her attention shifted to the moments leading up to the accident, and she gradually began to retrieve pieces of the memory that she had previously lost: the care she took in checking her rearview mirror, the realization that the motorcyclists were entering the freeway much too fast, the deafening crash of metal against metal just before she blacked out.

As the author writes: “As Laura relived every detail while following my fingers, including the emotions she experienced at the time, she began to see that she had done the best she could. There was no way I could have prevented that accident, she admitted. I did exactly what anyone else would have done. It just wasn’t my fault. Her cognition changed and just as important, she no longer felt horrified or guilty. By the end of the session, the memory of the policeman rated only a 1 on the scale. At our next meeting Laura reported that her nightmares had stopped and her despair had abated. She began hiking again, a favorite activity she had given up after the accident.”

At the next session the first false belief that “I’m not safe”, along with the sounds of the crash and the terror they engendered, which were all linked in her mind was the focus. By the end of the 90-minute session, the crash

had faded into the background and the negative feelings she had carried for more than two years had lifted. It’s over, she calmly concluded. I’m safe now. Laura came back for two follow-up sessions in the next month to tie up loose ends, but her fear, guilt and despair never returned. She said “I’m back to my old self, she confided. In fact, I haven’t felt this good in years. It’s as if I’ve tapped into aliveness and joy I’d forgotten existed.”

The author Stephen Baodia writes “Certainly EMDR is no panacea: It doesn’t work for everyone, and it’s only effective when administered by a professional therapist well trained in the technique. But I’ve watched scores of clients free themselves from the debilitating burden of painful memories and negative beliefs while simply paying attention and following my fingers.

How does EMDR work? Even Francine Shapiro admits she’s not sure. But she does note that it seems to jump-start the natural self-healing capacities of the nervous system. Like Laura, many EMDR clients move beyond mere symptom abatement to experience the healing of a lifetime.

I am not aware whether this technique is being used by our doctors and counselors but it is worth exploring as we have so many PTSD patients arising from several causes. If it is being practiced the success or failure may have to be published.

**SOURCE:** Article “Health and Spirituality No More Flashbacks” by Stephan Bodian,

MA published in one of the journals of alternative medicine systems. Stephan Bodian, is a licensed psychotherapist, personal coach and Dharma teacher in the Zen tradition. He’s the author of several books, including *Meditation for Dummies*, and the former editor-in-chief of *Yoga Journal*. You can reach him at [www.stephanbodian.org](http://www.stephanbodian.org).

**RESOURCES:**

EMDR by Francine Shapiro, Ph D, and Margot Silk Forrest (Basic Books, 1997)

Transforming Trauma: EMDR by Laurel Parnell, Ph.D. (W.W. Norton, 1997). □