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Resolving Trauma with EMDR – Client’s handout

A traumatic event is any experience which is associated with strong negative emotions. Examples include rape, sexual assault, domestic violence, being in or witnessing a holdup or motor vehicle accident, witnessing an unexpected or violent death, being in a natural disaster or being caught up in conflicts or war.

Other traumatic events are more personal. They include public ridicule, performing badly in front of one’s peers, critical put downs by parents or others, and any form of emotional abuse. Although some people might not call these events “traumatic” because they can be associated with a high level of emotional distress, the brain treats them in exactly the same way.

The emotions and bodily reactions created at the time of the traumatic event are associated with chemicals in the nervous system and these cause the brain to store or encode the traumatic experience in a manner different from an everyday event which doesn’t carry a strong emotional charge.

What is a “Traumatic Memory” and how does it differ from a normal memory?

We can think of the memory of a traumatic event as consisting of three components: the **sensory memory**, the **emotional memory**, and its **meaning**.

The **sensory memory** is stored in the sensory cortex of the brain, where the details of sight, sound, smell, etc., are encoded. There are many different sensory elements which make up a traumatic event, and our recollection of a recent trauma often consists of sensory fragments of the event, rather than a complete and coherent memory. A traumatic memory is vivid and often detailed in some aspects but lacking detail in others. For example, a person in a holdup may recall the detail of the weapon, but not recall what the robber was wearing. Whereas non-traumatic memories generally fade over time, losing their vividness and detail, traumatic memories are recalled vividly and as though they are happening in the present. Non-traumatic memories are recalled with a clear sense of being in the past. Traumatic memories are experienced as flashbacks, disturbing dreams, or a sudden sense of re-living the event.

The **emotional memory** is often called the “body memory,” as activation of this part of the trauma memory reactivates the body sensations associated with the event. The emotional(bodily) component of the event are activated in a different area of the brain known as the amygdala, more commonly referred to as the “emotional brain”. Recalling the sensory memory generally reactivates the emotional memory, which is why many people try to avoid talking about the event, or avoid possible reminders of the event. A person may experience a general sense of hyper-arousal, in the form of increased irritability, sleep disturbance, concentration difficulties, being easily startled, and being on guard. The person’s mind may try to distance the emotional component of a traumatic memory by a process called “dissociation,” which can be experienced as a sense of emotional numbness.

Some time after the trauma occurs the third component is formed in yet another part of the brain, the prefrontal lobes. This third component of the traumatic memory is the **meaning** that the event has for the person. This meaning is then applied to other situations subsequent to the traumatic event, triggering emotional and behavioral reactions long after the original traumatic event occurred.

In the table below are examples of traumatic events, and their components.

Traumatic Event	Sensory Memory (images, sounds, e.g.),	Emotional/Body Memory	Meaning
A motor vehicle accident	The sight of the other vehicle filling the windscreen a fraction before impact	Fear, tensed muscles, knotted stomach	I’m not safe.
Sexual Assault	Being held down, seeing the wild glare in the attacker’s eyes, the smell of alcohol on his breath	Terror, numbness	I’m helpless, I can’t trust men.
Being criticized in front of colleagues	Seeing everyone staring at me, some people are sniggering	Shame, embarrassment, blushing and sweating	I’m incompetent and useless. People think I’m an idiot.

What happens when a trauma memory resolves?

Memories of trauma will often resolve over time. People talk of “getting over it” but just what does this mean? Complete resolution involves changes in the three aspects of trauma memory described above. As the trauma memory is resolved the sensory memory becomes less detailed, less vivid and more distant.

Recalling or talking of the traumatic event no longer evokes a strong emotional charge. Present events that are related to the original trauma no longer activate a significant emotional charge. For example, if you were in a motor vehicle accident where a truck came through a stop sign, you would know that the memory had resolved when intersections and trucks no longer triggered a significant emotional or physical reaction.

The third aspect of the trauma memory is resolved when you have a useful perspective of the event that feels true. For example, if you were a pharmacy assistant who was held up, you would be able to recall the memory of the hold up, and at the same time think to yourself: "Its over, I did well, I can keep myself and others safe." If these thoughts feel right, if they have the ring of truth, and are not just empty words, then it is assumed that resolution has been achieved.

What about the situation when Resolution does not happen naturally?

Trauma memories may settle and resolve naturally over a few weeks, but for many people they do not. When problems persist from the trauma the condition is known as Post Traumatic Stress Disorder (PTSD). PTSD is a relatively new term, but the condition is not new, and descriptions of this condition can be found in literature going back 2500 years. Some of the symptoms of PTSD include:

- * Recurring or distressing memories that happen while awake or in dreams
- * Sudden flashbacks to the traumatic event
- * Distress triggered by reminders that link back to the traumatic event
- * Avoiding or attempting to avoid thoughts and feelings associated with the trauma
- * Avoiding activities, places, and people which trigger recollections of the trauma
- * Diminished interest in normal activities
- * Being emotionally distant
- * A loss of positive feelings
- * A pessimistic view of the future(atypical for the client)
- * Sleep difficulties
- * Concentration difficulties
- * Increased irritability or anger
- * A sense of being on guard
- * Easily startled

UNRESOLVED	RESOLVED
The memory is detailed, vivid, "In your face," it seems more recent then it actually is, and it may be relived through dreams or flashbacks.	The memory is less vivid and less detailed. It has lost its sense of immediacy. It has become a part of one's history. Sleep is not disturbed, and flashbacks do not occur.
The memory continues to have a strong emotional charge when discussed or thought about.	The memory can be recalled or discussed without significant distress.

Current events which have some element in common with the trauma event will reactivate the memory and it's distressing emotions. Patterns of avoiding situations or activities may develop as a result.	Current events which have some element in common with the trauma event no longer reactivate the old memory and it's distressing emotions. A person no longer avoids normal situations or activities.
The person carries negative or limiting beliefs from the traumatic event into their present life.	The person can recall the traumatic event, but also think and believe more positive and useful thoughts about themselves in the present.

Therapists help people resolve trauma by creating a safe environment in which the experience of the traumatic event can be shared, and it's meaning explored. Talking about the trauma can be difficult initially, if the person often has tried to avoid the trauma memory. While avoidance does help in the short term, much research has shown that it can make the avoided memory even more distressing.

In the end, avoidance strategies are not helpful, and this has long been recognized. There is an old African proverb that says, "You can outrun the lion that is chasing you. You cannot outrun the lion in your head." Trauma memories are like lions in your head.

EYE MOVEMENT DESENSITIZATION & REPROCESSING

In 1989 a new therapy called Eye Movement Desensitization and Reprocessing (EMDR) was announced which claimed to rapidly resolve trauma memories, with greater speed and effectiveness than other therapies used at the time. Studies have now demonstrated that EMDR is more effective and efficient in resolving trauma compared with ANY other psychological or psychiatric treatment, including medication.

During EMDR the client is guided to deliberately bring into conscious awareness the sensory memory, thoughts, and the accompanying emotions and bodily sensations associated with that memory. Clients need to be open to experience the emotions and body sensations that accompany the recall of a distressing memory and associated thoughts.

Then by following the moving fingers of the therapist, (or other dual attention stimulation) this stimulates a distinctive and naturally occurring pattern of electrical activity in the brain, which causes the stored trauma memory to quickly change. The exact mechanisms in the brain which cause the memory to change have not yet been discovered, but the regions of the brain involved with sensory storage, emotional activation and reasoning all become more active, with changed patterns of nerve cell firing.

During the eye movement the therapist does not talk or offer suggestions. The client does not try to change any aspect of the memory, and is asked to just notice the experience, to observe their memory, emotions, bodily sensations and thoughts. At the end of each set of eye movements the client is then asked to report their present experience. It may be

that the sensory memory becomes less detailed or less vivid, and clients often report that the memory has become quite distant. Commonly the emotional or bodily sensations reduce in intensity quite quickly. If other associations are observed, they are shared with the therapist. Further sets of eye movement follow.

Once the trauma memory no longer triggers feelings of distress, the client is asked to associate a more useful thought to the now more distant trauma memory, and further sets of eye movements follow. The EMDR process is complete when the new perspective feels true even when the old memory is recalled. This entire process may take as little as ten minutes, or as long as a full session. Where there are several different experiences underlying the client's difficulties, it may take a number of sessions to fully resolve them.

Because EMDR therapists teach and encourage a strong plan for self-care both during the sessions and at home, the clients often benefit from even doing the preparation stages of EMDR.

EMDR is not suitable for all clients. The therapist and client will discuss contra-indicating factors to doing EMDR and arrive at a decision that is sound and based on solid clinical judgement and the client's comfort with moving forward with the reprocessing.

(Thanks to Rhea Harris-Junge, MFT for permission to use above summary)