

EMDR Q & A

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1.) What is EMDR?

EMDR stands for “Eye Movement Desensitization and Reprocessing.” It was developed by New York Psychologist, Francine Shapiro, Ph.D. in 1987. EMDR is a unique form of therapy that helps open pathways in the brain that have become stuck or other areas that have faulty or lacking connections. It also works to resolve how you view yourself and your past experiences to significantly improve your wellbeing. EMDR uses bilateral stimulation to facilitate changes in the neural networking of your brain. This occurs at both the conscious and subconscious levels.

2.) How can I be sure I’m a good candidate for this form of therapy?

EMDR is an evidence-based approach for treating a variety of conditions. Not all clinicians are trained in this model. As such, your therapist may have referred you out for this specialized treatment if they feel you meet the clinical criteria. EMDR has been shown particularly beneficial for clients who have experienced emotional neglect, high levels of stress or anxiety, depression, addiction, poor self-image, and trauma of many forms.

3.) What makes EMDR different from other forms of psychotherapy?

It is not classified as a talk therapy. Some talking to guide the process is involved but you will not be expected to describe anything in great detail unless you desire. Another key difference is that it utilizes bilateral stimulation.

4.) What is bilateral stimulation and why is it used?

Also referred to as dual attention stimulation, this intervention is utilized to more fully engage both hemispheres of the brain simultaneously during processing. Your clinician will facilitate bilateral stimulation in the form of eye movements, tones, or tapping. This unique approach mimics the brain’s natural way of processing information similar to what happens during your REM sleep. The stimulation is gentle and you can decide which form and speed you prefer and stop at any time. Your therapist will demonstrate options and let you decide on which you prefer.

5.) What can I expect during my session?

Your therapist will first have you complete an intake and then guide you through a series of calming and grounding exercises with slow bilateral stimulation. Once you have become familiar with these tools, you will move on to processing “targets” which your therapist can help you identify. You are alert and in complete control during your session. Your therapist will often conclude a set of bilateral stimulation by checking in with you, having you take a deep breath, and asking you what you are noticing in that moment. What you notice may be a visual, an emotion, or even a sensation in your body. Your therapist uses your feedback to guide you to the next step.

6.) What if I do not complete the process correctly?

There is not a right or wrong way (on your part) to move through EMDR. Your trained clinician will guide you. Your job is to be present and allow your brain freedom to process information in a way that makes sense to it. If your therapist asks you what you are noticing and it is a purple puppy in the produce section, just go with it. It does not have to make sense to you and often will not. Just let it be and accept any unexpected bridges your brain tries to create. When you report what you notice, you may describe as little or as much detail as you like. You can also state that you prefer not to report what you are noticing to your therapist. If you notice nothing, allow that possibility as well without judgment.

7.) What can I expect following my EMDR session?

It is possible to feel no different than you would following a talk-therapy session. Some clients may experience a feeling of tiredness or spaciness. Others may notice an increase in thirst for the first day or two following their session. Some clients report changes in their dreams or notice new emotions during their waking hours. You can keep a log of how your sessions impact you and share it with your therapist at your next session.