

The Eyes Have It

One morning in 1987, a graduate student in psychology named Francine Shapiro was taking her morning walk through a park in Los Gatos, California, puzzling over a personal problem. “The thought was the kind that you generally have to do something about to get rid of,” she recalls. “I suddenly noticed it wasn’t there, and when I recalled it, it didn’t have the same charge. I wondered what had happened.”

She realized that she had been rapidly moving her eyes back and forth. Intrigued, she deliberately brought up a disturbing thought and this time intentionally moved her eyes. “When my eyes started moving very rapidly,”

she says, “I noticed the thought shift, and when I brought it back, it didn’t have the same charge.”

Experimenting further, Shapiro guided some friends through the same steps, moving her hand back and forth to give them a target to track. They reported similar results. Hypothesizing that the eye movements activated an innate ability to reprocess negative memories into a more neutral form, Shapiro began to refine the procedure into an integrated method that seemed to help people quickly work through their anxieties. A dozen years later, that approach, graced with the awkward label of Eye Movement Desensitization and Reprocessing (better known as EMDR) has been heralded as a breakthrough therapy for the treatment of anxiety. Studies even suggest it is effective for post-traumatic stress disorder, a hard-to-treat problem in which sufferers may be plagued by nightmares, flashbacks, and a heightened sense of danger.

Yet not everyone has embraced EMDR. Skeptics — many of them in academic circles — say Shapiro’s theories lack a scientific basis and attribute EMDR’s popularity more to her marketing skills than real effectiveness. EMDR, they say, is just a hodgepodge of tried-and-true methods tricked out with bells and whistles.

Yet today, more than 30,000 therapists have been trained in EMDR. It was used extensively in the aftermath of the Oklahoma City bombing and other recent tragedies. The FBI and other law-enforcement agencies also use EMDR to treat officers involved in line-of-duty shooting incidents.

“For me, the whole idea of being able to get these rapid shifts on a

Researchers can’t pinpoint exactly why a controversial rapid-eye-movement therapy works, but it appears to, especially in cases of post-traumatic stress disorder.

by Michael Haederle

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psychological level was, 'Of course, why not?' " shrugs Shapiro, 52, as she sits in the dining nook of her cypress-shaded seaside home in northern California. She believes that rapid-eye shifting is a natural human reaction in response to stress. "I just happened to notice this stuff," she says.

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A tall woman with focused green eyes and a dazzling smile, the Brooklyn-born Shapiro was readying for a PhD dissertation in English literature at NYU when she was diagnosed with cancer in 1978. "It was a shock," she says. When she finished her treatments, the doctors weren't exactly encouraging. She says they told her, "It's gone, but X amount [of patients] get it back. We don't know who or when, so good luck."

Wanting to better understand her condition, Shapiro read Norman Cousins' *Anatomy of an Illness*, which chronicled his use of humor and positive thinking to fight serious diseases. "It was clear that there was a link between mind and body, but the physicians weren't very in tune with it," Shapiro says. She decided to shift directions and explore the mind-body connection, heading off to California, where cutting-edge research was going on. She had enrolled in a PhD program in psychology when she had her breakthrough.

In her early work with EMDR,

Shapiro focused on those with more everyday anxieties. "Then I began to see the potential that it had," she says. "Was it going to work with somebody who had industrial-strength memories?" She decided to run a controlled study on 22 people suffering from post-traumatic stress disorder, including Vietnam veterans and victims of sexual assault. Her findings that people experienced significant improvement after just one 50-minute EMDR session were published in a 1989 paper. At the time, the only accepted treatment for the disorder was exposure therapy, in which a client was asked to relive a traumatic event repeatedly so as to become gradually desensitized to it. Later studies appeared to back up Shapiro's original work, showing 84 percent to 100 percent success rates in alleviating PTSD symptoms with three 90-minute EMDR sessions.

No one knows why EMDR works. One theory is that the eye movements stimulate the same memory processes that are activated during rapid eye movement (REM) sleep. Shapiro and others also report success using alternating tones or taps instead of eye movements, suggesting that bilateral brain stimulation may be involved.

If she doesn't know how EMDR works, Shapiro believes she knows what it does. In emergencies and even amid the "small 't' traumas" of everyday life, she theorizes, the brain's information processing system can get stuck, forcing a person to keep reliving a negative experience. Eye movements stimulate accelerated information processing, she says, allowing people to spontaneously "metabolize" the negative event and heal.

During EMDR, clients may link present-day catastrophes (say, an earthquake) with trauma from early in life (like childhood sexual abuse), resolving both at once, she says.

"Many people call this free association at turbospeed," Shapiro says. "But in free association, you may be making the association without changing the texture of what's coming up. With this, you change the texture."

With EMDR, the clinician is a facilitator, not the healer, Shapiro stresses. Therapists learning the method have

to be reminded not to interpret what their clients are saying, as they might in traditional psychodynamic therapy. "The basic concept is that the client is not broken," she says. "It's rather that the information-processing system is stuck."

The idea that people could be relieved of serious symptoms with as

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few as three 90-minute sessions might seem outlandish to conventionally trained therapists. Roger Solomon, then a psychologist working for the Washington State Patrol, remembers being skeptical when he first read Shapiro's article in 1989, but he decided to try EMDR after talking to someone who had undergone the procedure.

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Although he had been getting "okay" results using traditional therapy with officers involved in shootings and other violent incidents, Solomon found EMDR to be an improvement. "Results happened faster and more efficiently and deeper," he says.

Now an independent consultant in Amherst, New York, Solomon serves as a consultant to the FBI for its Critical Incident Stress Management Program. Since 1991, the FBI has used EMDR to help special agents work through problems that arise following traumatic incidents. "We're able to significantly reduce the amount of distress," he says.

Within a few years of publishing her original research, Shapiro found herself on the road, teaching EMDR as an eight-phase treatment that included evaluation of the client, the "desensitization" phase of repetitive eye movements, installation of positive beliefs to substitute for negative ones, and a "body scan," where the client brings up the targeted event and the positive belief, closes his or her eyes, and men-

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tally scans from head to toe to identify any residual body tension.

The whole premise of EMDR, with its talk of rapid information reprocessing, grates on some researchers, such as Jeffrey Lohr, a psychology professor at the University of Arkansas, whose work focuses on anxiety disorders. He says that when EMDR has been subjected to rigorous scrutiny, it has come up short.


"Almost all the research indicates that eye movements are trivial," says Lohr. The latest studies suggest "neither eye movements nor reprocessing appear to be necessary for whatever minimal improvements there are. Basically what you have here is a variant of imagery exposure treatment that's been around for 25 years," he says.

Lohr says EMDR's popularity is due to Shapiro's ability to present her ideas, coupled with a lack of scientific rigor among practitioners. "The marketing has been absolutely masterful," he says.

Such critiques weary Shapiro.

"Some people will never be able to accept EMDR unless there is a clear mechanism of action," she says, "just like some people could not accept continental drift until the theory of plate tectonics came along."

She says she invites further study, but maintains the researchers who find fault with EMDR usually don't perform the procedure correctly. "It's just kind of sad that you still have the same games going on," she says. "It's supposed to be about healing people, not about turf wars."

Meanwhile, she says, other researchers are finding that EMDR causes measurable changes in brain function. "We're finding as the neurobiology grows up, it's embracing, not contradicting, the model we've been using." 

New Mexico writer Michael Haederle's work has appeared in *People*, the *Los Angeles Times*, and *Tricycle: The Buddhist Review*.