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## Recent Articles on EMDR

Andrew M. Leeds, Ph.D.

This regular column appears in each quarterly issue of the EMDRIA Newsletter. It lists citations, abstracts, and preprint/reprint information (when available) on all EMDR related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR (whether favorable or not), including original studies, review articles and meta-analyses accepted for publication or that have appeared in the previous six months in scholarly journals. Authors and others aware of articles accepted for publication are invited to submit pre-press or reprint information. Listings in this column will exclude: published comments and most letters to the editor, non-peer reviewed articles, dissertations, and conference presentations, as well as books, book chapters, tapes, CDs, and videos. Please send submissions and corrections to: <Aleeds@theLeeds.net>.

Note: a comprehensive listing of all published journal articles related to EMDR from 2003 and prior years can be found on David Baldwin's award winning web site at: <<http://www.trauma-pages.com/emdr-2003.htm>>.

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### Recent Articles

Bardin, A. (2004). EMDR within a family system perspective. *Journal of Family Psychotherapy*, 15(3), 47-61.

Anita Bardin, Private practice, 19 Kfar Etzion Street, Arnona, Jerusalem, Israel, 93392, <bardin@netmedia.net.il>

❖ *Abstract* ❖ EMDR is a method used to help the individual trauma victim process the psychological aftereffects of trauma (PTSD). The effects of traumatic experiences, however, spread throughout the victim's family. The case presented here describes the treatment from three perspectives: individual, family, and social context (eco-social). EMDR, used with a nine-year-old stabbing victim, was integrated into wider therapeutic work within the family. This integration widened the focus from the IP to other members of the system, allowing the use of EMDR to "spread" to four out of the five family members. The effects of the trauma on the family and its members were most effectively treated by a combination of individually and systemically oriented interventions.

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Corrigan, F. M. (2004). Psychotherapy as assisted homeostasis: activation of emotional processing mediated by the anterior cingulate cortex. *Medical Hypotheses*, 63(6), 968-973.

Argyll and Bute Hospital, Islay Centre, Blarbuie Road, Lochgilphead, Argyll, PA31 8LD, UK.  
<frank.corrigan@aandb.scot.nhs.uk>

❖ *Abstract* ❖ Although psychotherapy is successful in altering emotional distress, the biological mechanism by which it achieves this has not been the subject of intensive neurobiological investigation. Mindful processing of emotion has been proposed [Mindfulness-Based Cognitive Therapy for Depression, The Guilford Press, New York, 2002] to be a key factor in prevention of relapse in depressive illness and here that hypothesis is developed and extended to include other conditions in which emotion processing may be obstructed or dysregulated. Cognitive therapy, interpersonal psychotherapy, psycho-dynamic psychotherapy and dialectical behaviour therapy, each in a different way and with a distinct emphasis, encourage awareness of emotions and their associated cognitions and biographies, and their varying success may depend on the degree to which they achieve activation of internal healing processes. In eye movement desensitisation and reprocessing (EMDR), the selected target is formatted for endogenous processing which is facilitated and accelerated by eye movements or alternating bilateral auditory or tactile stimulation. The ability to sustain focussed attention on the affect and its visceral, cognitive and biographical components is postulated to activate a homeostatic process of distress resolution, seen most clearly in treatment of post-traumatic stress disorder (PTSD) with EMDR, in which resolution of distress can be intense and rapid while therapist input is non-directive, although supportive, empathic, and non-judgemental. Once the therapist has helped to frame the questions, the patient's brain will find the answers needed for the resolution of the distress and all the components of the traumatic event, whether visceral, cognitive, affective or interpersonal. The anterior cingulate cortex, especially the dorsal and rostral components, is suggested to be the key neurobiological substrate for the efficacious psychotherapeutic relief of distress, and relevant functional neuroimaging studies are summarised. One limitation of some previous imaging studies of emotion is that they have tended to use mild stimuli to discrete emotions. An alternative approach would be to image the brain during reprocessing of an unpleasant event which has profoundly affected the person so that the associated intense emotions could be clearly labelled and correlated with changes in regional brain functioning.

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DiGiorgio, K. E., Arnkoff, D. B., Glass, C. R., Lyhus, K. E., & Walter, R. C. (2004). EMDR and theoretical orientation: A qualitative study of how therapists integrate eye movement desensitization and reprocessing into their approach to psychotherapy. *Journal of Psychotherapy Integration, 14*(3), 227-252.

Diane B. Arnkoff, Department of Psychology, The Catholic University of America, Washington, DC 20064.  
<arnkoff@cua.edu>

❖ *Abstract* ❖ This study examined how 3 therapists from differing theoretical orientations (psychodynamic, humanistic, and cognitive-behavioral) integrate eye movement desensitization and reprocessing (EMDR) into their work with clients. The consensual qualitative research method was used to analyze interview responses from each of the therapists. All of the therapists deviated from the standard EMDR protocol to some degree, and their decisions to either add to or leave out various aspects of the protocol were greatly influenced by their theoretical orientation. They reported that the integration of EMDR into their usual therapy styles varied depending on their clients. The present study expands on previous psychotherapy integration research because it provides detailed descriptions as to how therapists actually use a specific method with clients. Findings may be particularly useful for researchers and therapists interested in the practice of EMDR, as well as the process of assimilative integration.

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Friedberg, F. (2004). Eye movement desensitization in fibromyalgia: a pilot study. *Complementary Therapies in Nursing and Midwifery, 10*(4), 245-249.

Department of Psychiatry and Behavioral Science, State University of New York at Stony Brook, Putnam Hall/South Campus, Stony Brook, NY 11794-8790, USA. <fred.friedberg@stonybrook.edu>

❖ *Abstract* ❖ The purpose of this study was to investigate the effectiveness of eye movement desensitization (EMD) for the relief of pain, fatigue and anxiety and depression in fibromyalgia patients. Six Caucasian female patients (mean age=43.2 yr) participated in two treatment sessions. Outcome assessments included the Fibromyalgia Impact Questionnaire, Fatigue Scale, Beck Anxiety Inventory, and Beck Depression Inventory. In-session process measures included thermal biofeedback monitoring and subjective units of discomfort ratings of pain, stress, and fatigue. Four out of six subjects were considered treatment responders. Thermal biofeedback monitoring revealed an average increase in hand temperature of 5.4 degrees indicating a relaxation effect. At treatment termination, average scores decreased on the measures of anxiety (28.6%), depression (29.9%), fibromyalgia impact (12.6%), and fatigue (11.5%). At the 3-month follow-up assessment, total reductions in average scores from pre-treatment baseline reflected further improvements on measures of anxiety (45.8%), depression (31.6%), fibromyalgia impact (19.2%), and fatigue (26.7%). Because EMD produced a somewhat automatic relaxation response with minimal patient participation, it may be especially useful when standard relaxation techniques fail.

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Jaberghaderi, N., Greenwald, R., Rubin, A., S., D., & Zand, S. O. (2004). A comparison of CBT and EMDR for sexually abused Iranian girls. *Clinical Psychology and Psychotherapy, 11*, 358-368.

Ricky Greenwald PsyD, P.O. Box 544, Child Trauma Institute, Greenfield, MA, 01302, USA

❖ *Abstract* ❖ Fourteen randomly assigned Iranian girls ages 12-13 years who had been sexually abused received up to 12 sessions of CBT or EMDR treatment. Assessment of post-traumatic stress symptoms and problem behaviours was completed at pre-treatment and 2 weeks post-treatment. Both treatments showed large effect sizes on the post-traumatic symptom outcomes, and a medium effect size on the behaviour outcome, all statistically significant. A non-significant trend on self-reported post-traumatic stress symptoms favoured EMDR over CBT. Treatment efficiency was calculated by dividing change scores by number of sessions; EMDR was significantly more efficient, with large effect sizes on each outcome. Limitations include small N, single therapist for each treatment condition, no independent verification of treatment fidelity, and no long-term follow-up. These findings suggest that both CBT and EMDR can help girls to recover from the effects of sexual abuse, and that structured trauma treatments can be applied to children in Iran.

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## Recent Articles on EMDR

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Hai-xia, S., & Yun-ping, Y. (2004). *Chinese Journal of Clinical Psychology*, 12(3), 324-326.

Sun Hai-xia, Anding Hospital, Capital University of Medical Science, Beijing, China, 100088

❖ *Abstract* ❖ EMDR (Eye movement desensitization and reprocessing) is one of the first therapy to treat PTSD patient. It integrate aspects of a variety of theoretical orientations and can provide rapid clinical results compare to other treatment. There is fruitful studies to analysis its validity, but it is still need more serious controlled study to assess EMDR.

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McCabe, S. (2004). EMDR: implications of the use of reprocessing therapy in nursing practice. *Perspectives in Psychiatric Care*, Jul-Sep 40(3), 104-113.

Susan McCabe, University of Wyoming, Laramie, WY, USA. smccabe@direcway.com

❖ *Abstract* ❖ **TOPIC:** Eye movement desensitization and reprocessing (EMDR). **PURPOSE:** To examine the available evidence base for EMDR treatment in psychiatric nursing practice. **SOURCES:** Evidenced-based research findings, published case and anecdotal reports, and primary source documents on the development of the treatment method. **CONCLUSIONS:** EMDR use remains controversial. Although it is safe, little is known regarding the mechanism of action of any therapeutic effect; more rigorous empirical establishment of efficacy is needed.

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Sun, T. F., Wu, C. K., & Chiu, N. M. (2004). Mindfulness meditation training combined with eye movement desensitization and reprocessing in psychotherapy of an elderly patient. *Chang Gung Medical Journal*, June 27(6), 464-469.

Department of Psychiatry, Chang Gung Memorial Hospital, 123, Dabi Road, Niaosung Shiang, Kaohsiung, Taiwan 833, ROC. suntf77@yahoo.com

❖ *Abstract* ❖ We present our experiences with an elderly patient with depression that was attributed to a surge of physical ailments who also had trauma-derived fear of having to undergo a tracheotomy. He refused pharmacotherapy and was offered intensive training in Mindfulness Meditation (MM) plus Eye Movement Desensitization and Reprocessing (EMDR) therapy during the 2 weeks of hospitalization. This treatment combination had not been used previously. We suggest that EMDR eliminated his fear of surgery, whereas MM relieved his depression and attendant anxiety. However, the two techniques appeared to work synergistically. Following his discharge, he continued to practice MM, which prevented the recurrence of emotional distress, and even helped to reduce its causative physical symptoms. We offer an explanation for the success of our combined treatments and discuss the potential usefulness in specific psychotherapeutic situations. We also propose a place for MM within general geriatric care, and point out the reluctance to consider the therapeutic value of meditation.

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Taylor, R. J. (2004). Therapeutic intervention of trauma and stress brought on by divorce. *Journal of Divorce & Remarriage*, 41(1-2), 129-135.

Raymond J. Taylor, Department of Social Work, Colorado State University, 2200 Bonforte Boulevard, Pueblo, CO, US, 81001, <raymond.taylor@colostate-pueblo.edu>

❖ *Abstract* ❖ The trials and tribulations of experiencing a divorce are not easy for anyone who has seen it firsthand. Regardless of how the divorce occurs, it is important to note that there are hurt parties in need of healing. This article suggests a model based on EMDR, hypnosis, and NLP that may be combined with the efforts of mediation, divorce education, and support and counseling groups to reduce the pain and anguish being experienced. It is only when the parent(s) are free from the trauma associated from divorce that they may serve as a positive influence on their children.

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Tobin, S. (2004). The integration of relational gestalt therapy and EMDR. *International Gestalt Journal*, 27(1), 55-82.

Stephan Tobin, 315 Berwick Road, Lake Oswego, OR, US, 97034, <StephTobin@comcast.net>

❖ *Abstract* ❖ In this article I attempt to show how the integration of “eye movement desensitization and reprocessing” (EMDR) techniques within a relational gestalt therapy approach results in a more powerful method than either therapeutic method alone. I describe the steps in the EMDR standard protocol, as outlined by Francine Shapiro, the founder of EMDR. I briefly discuss what we now know about how trauma affects brain functioning and EMDR’s effectiveness in resolving ‘simple’ trauma. I then explain how EMDR, within the context of a relational gestalt approach, can help to resolve therapeutic impasses, enhance the working through process of therapy and trigger associations that neither therapists nor clients anticipate or predict.

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Van Deusen, K. M. (2004). Bilateral stimulation in EMDR: A replicated single-subject Component analysis. *Behavior Therapist*, 27(4), 79-86.

Van Deusen, Karen M.: Western Michigan University, Kalamazoo, MI, US

❖ *Abstract* ❖ This study attempted to determine whether the eye movement component of Eye Movement Desensitization and Reprocessing (EMDR) was necessary to account for positive treatment effects in subjects with posttraumatic stress disorder (PTSD). A single-subject alternating treatments design was replicated across four subjects to compare the effectiveness of EMDR with the effectiveness of a modified EMDR procedure in which the eyes remained in a natural state. The comparative procedure was chosen to eliminate the contribution of distraction and the addition of any other form of bilateral stimulation. The first hypothesis was supported. Subjects showed statistically significant pre- (baseline) to posttreatment improvement following EMDR and the modified EMDR procedure (without eye movements). The second hypothesis was not supported. While subjects significantly improved following both EMDR and the modified, without-eye-movements EMDR procedure, there were no statistically significant differences between treatments on within- or between-session measures. Instead, both treatments were found to be effective in reducing trauma and global symptoms in the four female subjects who participated in the study.



## Regional Coordinating Committee REPORT

*David Sherwood, Ph.D.*

### ***Who is your Regional Coordinating Committee?***

Four new members have joined the Regional Coordinating Committee this year: Ira Dressner (New York City), Larry Nieters (Kansas City), Mary Ellen Tormey (Western Pennsylvania), and Marcia Whisman (St. Louis). Their commitment, energies, and ideas are welcome and appreciated, as we work to streamline our paperwork and policies to better serve Regional Meetings. I would also like to acknowledge the committed “veteran” Committee members: Robyn Butler-Hall (Billings, MT), Karen Forte (Bend, Oregon), and Jari Preston (Seattle area).

### ***Update on Mentoring Program***

Formal mentoring of RC’s started in September, as a result of a suggestion made at the RC meeting in Montreal. To date, between five and ten RC’s have asked for mentoring, and each has been assigned a mentor from the Regional Coordinating Committee or the pool of experienced RC’s. If you would like personalized assistance in developing your Regional Meeting, please email Sarah Tolino in the EMDRIA office at [stolino@emdria.org](mailto:stolino@emdria.org), and we will assign you a mentor to communicate with you by phone or email.

### ***Outstanding Regional Coordinator Nominations***

Please remember that we are looking for nominations for Outstanding Regional Coordinator for 2005. If you know that special Regional Coordinator whom you would like to nominate, please send a paragraph describing why he/she should be selected to Sarah at [stolino@emdria.org](mailto:stolino@emdria.org) before May 1st. ❖