

EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR) AND SPIRITUAL UNFOLDING

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Millions of people each year suffer from the effects of traumas, some overwhelmingly devastating, others less severe. Traumas can be defined as experiences that cause people to develop erroneous beliefs about themselves or the world which keep them from living to their full potential and causing them suffering. Major traumas such as physical and sexual abuse, loss, violence, accidents, and war have raised the chronic symptoms of post-traumatic stress disorder (PTSD) to near epidemic levels in our society. Various therapies have implied that recovery is a lifelong process, primarily one of learning to cope with symptoms. With the development of EMDR (Eye Movement Desensitization and Reprocessing), a method is now available to help people "clear," i.e., clear away the psychological effects of many kinds of traumatic events.

The purpose of this article is to describe how EMDR functions therapeutically and explore some of the psychospiritual potentials that may be associated with its use. Ethically, only licensed mental health professionals and interns who are supervised by EMDR-trained clinicians may practice EMDR. Once such professionals have completed EMDR training, they will also need to apply all of their clinical skills to help their clients safely experience the deep and complex transformations that come about in the intensive sessions. For these reasons, non-therapists and therapists not formally trained in EMDR should not attempt to use the eye movements of this procedure on themselves or others.

EMDR is a complex, multiphasic type of therapy that incorporates saccadic eye movements (left-to-right eye movements) or other repeated bilateral stimulation into a comprehensive treatment. The EMDR approach views certain kinds of dysfunctional behavior as originating from traumatic past incidents which, when skillfully identified, can be targeted, processed, and integrated, resulting in adaptive and functional behaviors.

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Since its inception in the late 1980s, more than 18,000 therapists around the world have been trained as EMDR practitioners, treating an estimated one million clients (Shapiro, 1995). Positive therapeutic results with EMDR have been reported with a wide number of populations including: previously resistant combat veterans (Lipke & Botkin, 1992; Daniels, Lipke, Richardson, & Silver, 1992); phobics (Kleinknecht, 1992, 1993); victims of panic disorder (Goldstein, 1992; Goldstein & Feske, in press); crime victims (Baker & McBride, 1991; Kleinknecht, 1992; Page & Crino, 1993; Shapiro & Solomon, in press); victims of loss and grief (Puk, 1991; Solomon & Shapiro, in press); traumatized children (Shapiro, 1991; Pellicer, 1993); sexual assault victims (Cohn, 1993; Parnell, 1994; Puk, 1991; Shapiro, 1991; Wolpe & Abrams, 1991; Spector & Huthwaite, 1993); burn victims (McCann, 1992); victims of sexual dysfunction (Levin, 1993; Wernick, 1993) and dissociative disorders (Paulsen, Vogelmann-Sine, Lazrove, & Young, 1993), as well as a wide variety of diagnoses (Marquis, 1991).

At this point there are more controlled studies on EMDR showing significant treatment effects than on any other method used in the treatment of post-traumatic stress disorder (Boudewyns, Stwertka, Hyer, Albrecht & Sperr, 1993; Levin, Grainger, Allen-Byrd & Fulcher, 1994; Lipke, 1992; Pittman, Orr, Altman, Longrepre, Poire & Sasko, 1993; Shapiro, 1989a, b; Silver, Brooks & Obenchain, in press; Solomon & Kaufman, 1992; Wilson, Coyi, Foster & Silver, 1993; Wilson, Tinker & Becker, 1995). EMDR differs from conventional therapy in that it seems more likely to produce swift results—especially with single event traumas.

As a traditionally trained clinical psychologist with a transpersonal perspective, I have used EMDR in private psychotherapy practice for six years with positive results (Parnell, 1997). In conjunction with traditional talk therapy, inner child work, and hypnosis, EMDR has greatly helped most of my clients who have suffered trauma by enabling them to reprocess the memories and release somatic concomitants. Additionally, I have noticed a benefit which I had not anticipated—that of stimulating spiritual unfolding, i.e., the development of a non-dualistic perspective.

ORIGINS AND DEVELOPMENT OF EMDR

The use of eye movements to affect psychological disturbances was discovered by accident. On a spring day in 1987, Francine Shapiro, a thirty-nine-year-old psychology graduate student, was walking through a park in Los Gatos, California, grappling with disturbing thoughts that were plaguing her mind. Suddenly, she noticed that the thoughts were disappearing. She brought them back, but they were no longer as valid or distressing. Intrigued, she closely observed her thought processes and noticed that when a disturbing thought came into her mind, her eyes spontaneously began to move very rapidly. The eye movement seemed to cause the thought to shift out of her consciousness. When she retrieved the thought, it had lost much of its negative charge. Then, she began doing this experiment deliberately. She thought about things that bothered her and moved her eyes in the same way. Again, the thoughts went away.

Experimenting further, she tested this process with some older memories and some current problems. All reacted similarly. Curious to know if this discovery would work on other people, she tried it on her friends. She found that most of them could not sustain the eye movement for long and so she directed them to follow her fingers with their eyes.

After testing this process on about seventy people, Shapiro theorized that the eye movements were causing a desensitization of the disturbing material. She developed and refined her method and called it eye movement desensitization (EMD). (Further experience with the method convinced her that the eye movements reprocessed traumatic memories into something more adaptive and functional, and in 1990 she expanded the name to EMDR to include the concept of reprocessing.)

In 1988 Shapiro tested her new method in a research study conducted in Mendocino, California. The twenty-two volunteers consisted of Vietnam veterans, victims of rape, and victims of sexual abuse. All were suffering from symptoms of PTSD including nightmares, flashbacks, intrusive thoughts, low self-esteem, and relationship problems. All experienced persistent traumatic memories. At the initial session, the volunteers were divided into two groups and their symptoms were measured as well as their anxiety and beliefs about the traumatic event.

Volunteers in the treatment group received one EMDR session ranging in duration from 15 to 90 minutes. Those in the control group did not receive EMDR but were asked instead to describe their traumatic experiences in detail. After a single EMDR procedure the treatment group showed a marked decrease in anxiety, a more objective assessment of the trauma, and a reduction in symptoms. The control group showed no or minimal changes. For ethical reasons, the control group was later given an EMDR session, and they, too, experienced a significant decrease in their symptoms. One and three months later the treatment group was measured again. Shapiro reported that EMDR led to significant and enduring positive behavioral changes as rated by the participants and their significant others (Shapiro, 1989a).

EMDR has become a routine treatment at more than a dozen Veterans Administration centers across the country. Dr. Howard Lipke, former director of a treatment program for combat-related PTSD at the VA Hospital in North Chicago, believes that EMDR is the most effective way of conducting therapy with such clients. Of the nearly two hundred Vietnam vets he has treated with EMDR, Dr. Lipke estimates that 80% have experienced improvement. These results are an important breakthrough in the treatment of PTSD, which was considered difficult to treat effectively, especially among Vietnam vets. Behavioral techniques like implosion, flooding, and systematic desensitization, all of which required the vets to repeatedly imagine old, painful scenes, provided only limited relief from symptoms. Preliminary results from a study with Vietnam vets conducted by Patrick Boudewyns of the Augusta, Georgia, VA Medical Center and the Medical College of Georgia, show that EMDR was more effective than standard group therapy. In fact, the group therapy vets seemed to get a little worse (Boudewyns et al., 1993). Similarly, in a survey of EMDR-trained clinicians who together had treated more than 10,000 clients, about 74% of the respondents reported

EMDR to be more effective than other treatments they had used, and only 3% found it less effective (Lipke, 1994).

One of the most significant research studies to date was done by EMDR-trained researchers Sandra Wilson, Robert Tinker, and Lee Becker (Wilson, Tinker & Becker, 1995). Wilson and her associates sought to replicate the findings of Shapiro's original study while improving the research method addressing issues raised in critical reviews (Acierno, Hersen, Van Hasselt, Tremont & Meuser, 1994; Herbert & Meuser, 1992; Lohr, Kleinknecht, Conley, Dal Cerro, Schmidt & Sonntag, 1992). The Wilson et al. study (1995) consisted of a large and diverse sample ($N=80$); 40 adult male and 40 adult female participants with traumatic memories were randomly assigned to treatment or control conditions, and to one of five EMDR-trained therapists. Few of the participants had heard about EMDR prior to the beginning of the study. Their traumas had occurred from three months to more than fifty years before the onset of the study, and the volunteers had been suffering from various symptoms which included anxieties, phobias, sleep disturbances, intimacy problems, and depression since the traumas had occurred.

An independent assessor using objective and standardized measures conducted evaluations and objectively made PTSD diagnoses. Subjects did not participate in any other therapy while in EMDR treatment, and the principal investigator monitored all subjects' treatment.

Participants were randomly assigned to either a treatment or control (the delayed treatment) group. All of the treatment subjects were given a pretest, three EMDR sessions, a post-test, and a follow-up test ninety days later. The control group was given only the pre- and post-tests and follow-up test.

The EMDR group results showed significant improvement in all areas and maintained relief from their symptoms during the ninety-day period. No improvement was observed in the control group. Because of ethical considerations, the control group—or delayed-treatment group—received EMDR after the initial data were obtained. Then, they too improved on all measures.

Fifteen months after the EMDR therapy another follow-up study was conducted; it demonstrated that the participants had continued to benefit from the treatment. Many said their self-confidence had been boosted and they felt more able to deal with whatever should happen in their lives (Wilson, 1995).

HOW EMDR WORKS

Theories about how EMDR works are based primarily on observed clinical effects. It may be that the stimulation of the brain's hemispheres causes the reprocessing effect of EMDR. There is also a theory that the eye movements are linked with the hippocampus, which is associated with the consolidation of memory. Another theory is that the dual attention the client maintains with EMDR, focusing simultaneously on

the inner feelings and the eye movements, allows the alerted brain to “metabolize” whatever it is witnessing.

EMDR practitioners use patterned eye movements integrated with psychotherapy techniques to “clear” emotional, cognitive, and physical blockages. In theory, traumas leave unprocessed memories, feelings, and thoughts that can be reprocessed or “metabolized” with these eye movements. Similar to the way in which rapid eye movement (REM) or dream sleep works, the eye movements help to process this blocked information and allow the body-mind to release it.

It seems that some particularly strong dreams related to past events are the body-mind’s attempt to heal trauma. The problem is, however, that often one awakens during disturbing dreams and disrupts the eye movements. Consequently, the REM sleep cannot complete its task. However, with EMDR—unlike dreams—the therapist assists the client in maintaining the eye movements and guides the client into focusing on the traumatic event. This allows the event to be reprocessed and integrated. EMDR clinicians have also found (Shapiro, 1995) that alternately tapping the client’s left and right hands or knees or sending sound alternately to the client’s left and right ears effectively stimulates the reprocessing of material.

Eye movements have been used for hundreds of years by yoga practitioners to calm the mind. It may be that Shapiro not only rediscovered a basic biological mechanism for clearing the body-mind of present-time disturbances but also made the leap to linking the eye movements with stored psychological material. But, these are all unproven theories, and it may take years to confirm/disconfirm them with research.

TRAUMA MEMORIES RELIEVED WITH ACCELERATED INFORMATION PROCESSING

In its broadest definition, a trauma is an experience that causes one to develop erroneous beliefs about oneself or the world. For example, a child who is molested may come to believe she is “bad” and that the world is not safe. These experiences may also become fixed in the body-mind in the form of irrational emotions, blocked energy, and physical symptoms.

Shapiro describes two types of traumas: minor traumas which she calls “small t” traumas, and major traumas or “big T” traumas. The “t” traumas are those experiences that lessen one’s self-confidence and assault one’s sense of self-efficacy. Like a perceptual filter, they narrow and limit one’s views of self and the world; they impede one from living to one’s full potential, and cause suffering. For example, a woman came to see me because she was having difficulties with her career and social life. She traced her low self-esteem to her childhood when, as an overweight child, her older brother and sister had teased her relentlessly about her weight. A deep irrational belief that she was not good enough embedded in her psyche. Even though she claimed, “I know I am smarter than most people,” she always felt inferior to others. She could not rid herself of this feeling that dictated her self-concept and influenced her approach to life.

The "T" traumas affect a person dramatically. Rape, childhood physical and sexual abuse, disasters, accidents, and losses count among the major traumas. They jolt an individual's usual perspective on life, causing one to question oneself and the order of one's world. These traumas often lead to debilitating symptoms of PTSD such as nightmares, flashbacks, anxieties, phobias, fears, and difficulties at home and work. Like the "t" traumas, they also affect one's sense of self-confidence and self-efficacy.

It seems that when a person experiences a trauma, it "locks" into a memory network exactly as experienced—the images, physical sensations, tastes, smells, sounds, and beliefs are as if frozen in time in the body and the mind. A man who survives a train crash continues to have a fear of trains. He panics at the sight or even sound of them because all of the memories related to the accident are lodged in his nervous system; he has been unable to process them. Internal or external reminders of the crash flash the experience into his consciousness in its original form.

Ordinary everyday events seem to pass through us without leaving such negative memories. Traumatic events, however, seem to get trapped and form a perpetual blockage. Like a recording, they repeat themselves in our body-mind. Nightmares may actually be the mind's attempts to metabolize this trapped information, but the trauma memory always lasts beyond the dream. Perhaps this mechanism that freezes traumatic events was an adaptive device in early humans, helping to protect them from repeating mistakes. But, today this mechanism seems maladaptive; rather than protect us, it obscures our perceptions and emotions. For example, a young girl who is sexually abused by a man may fear all men even as an adult. This fear can hamper her ability to form a close relationship with a mate in adulthood, prevent her from having male friendships, and cause problems for her with male supervisors in the workplace. She may be extremely anxious around men and have no idea why this is so.

In EMDR, clients are asked to focus on a "target" related to the trauma, such as a memory or dream image; a person; an actual, fantasized, or projected event; or, a part of the experience, a body sensation or thought. Using this target, the therapist is attempting to stimulate the memory network where the trauma is stored. Simultaneously, the eye movements or other stimuli appear to trigger a mechanism that restores the system's information processing abilities, enabling it to draw on information from a different memory network where the client will find insight and understanding. Accelerated information processing occurs in a type of rapid free association of information between the networks. Each set of eye movements further unlocks the disturbing information and accelerates it along an adaptive path until the negative thoughts, feelings, pictures, and emotions have dissipated and are spontaneously replaced by an overall positive attitude.

CANDIDATES FOR EMDR

As previously indicated, EMDR therapists have successfully treated conditions stemming from a wide range of traumas. EMDR has also benefited adult clients in general psychotherapy who are living dysfunctionally due to events from the past (Marquis, 1991). Positive results have been reported with children (Chemtob, 1996; Coco & Sharpe, 1993; Greenwald, 1994; Pellicer, 1993; Puffer et al., 1996).

Although EMDR has positive results with the above conditions, it works most rapidly with people dealing with symptoms from a single-incident trauma. This is not to say that EMDR therapy is simply a "quick fix," for what appears to be a single-incident trauma might relate to a past event or several incidents which must also be cleared for symptom relief.

EMDR works optimally with clients who are motivated to change. They must be ready to detach themselves from the past and experience life without their problems. Secondary gains can be impediments to successful EMDR processing. Examples are the vet who has been disabled for years and counts on his monthly disability check, and has developed an identity as being a chronic victim of the war, or the widow who thrives on pity and resists becoming free of her symptoms. Frequently, an individual wonders, "Who will I be without these problems?"

EMDR also works best for clients who are willing to experience uncomfortable feelings and disturbing thoughts. As the EMDR processing begins, clients' troubling memories are often intensified by the eye movements. The therapist instructs the client to stay with the feelings and refrain from doing anything to change them or make them go away. Occasionally, the physical or emotional intensity becomes too much to tolerate, and people "blank out" and are unable to continue processing. The EMDR therapist can ease the client through such obstacles and gradually enable the client to move to an adaptive resolution.

LIMITATIONS OF EMDR

Although EMDR has been successful for a broad spectrum of individuals with a wide variety of conditions, it does have limitations. People with cardiac or respiratory conditions may not be suitable candidates for EMDR because of limitations on the amount of stress they can tolerate. Also, in my clinical experience, deep-rooted personality disturbances and obsessive-compulsive disorder have not responded as well to EMDR therapy although EMDR therapists are developing protocols for such work. These conditions take much longer to clear because they may have biological origins which may be combined with deep layers of multiple traumas. However, although the results are not necessarily as dramatic as with single-incident trauma, EMDR therapists are noting some positive outcomes (Shapiro, 1996).

Occasionally, due to an apparent neurological problem, a person cannot process a memory. Sometimes, a psychological block prevents a person from processing a memory despite the person's stated willingness to do so. In other cases the client simply is not willing to connect with his or her emotions. Client readiness is a limitation—the person must be willing to venture deeply into unknown psychological territory.

At times, a person's malaise cannot be traced to a specific target. Symptoms of diffuse or chronic traumatic experiences are difficult to treat. Clients whose problems stem from the deep conditioning of punitive parents or abusive fundamentalist religious orders may have difficulty lowering their psychological defenses enough for EMDR.

The therapist's skill and experience with EMDR can also be a limitation. These include how much experience the therapist has had with a certain type of problem, the extent of practice using EMDR, and experience using it with the specific problem a client is bringing. Also, EMDR therapy may not be the treatment of choice in some cases.

THE EMDR THERAPIST

As with any treatment that can change people's lives, EMDR in the hands of a therapist who is poorly trained or lacking in skills can cause damage. EMDR can be likened to a power tool which, when wielded by an inadequately trained person, can do harm. EMDR often emotionally opens a client in an unexpected way which then requires a therapist's advanced skills for guidance. If necessary, a therapist may need to immediately end the session. It is imperative that the therapist be skilled and capable of assessing such a moment and caring for the client. How to determine client readiness, how to conduct EMDR interviews correctly, timing, and the use of advanced techniques are important aspects of EMDR training.

Because the use of EMDR may exceed the ability of a new therapist with few skills and little experience, the minimal qualification for applying this therapy is the completion of an entire EMDR training course. Because EMDR can break through defensive barriers, resulting in clients being overwhelmed with traumatic images and emotions—it is critical that therapists know how to work with highly charged material. I have seen clients, who are trapped and terrorized in hellish psychological spaces, lose touch with reality. One client became so upset and involved in reliving her traumatic memories that she mistook me for her perpetrator, jumped out of her chair, and cowered in the corner of my office. I needed all of my clinical and intuitive abilities to get her to reconnect with me and to process the memory to the end.

Shapiro reports (1995) that if EMDR is not used appropriately, clients can be retraumatized. I have also heard accounts of people harmed by therapists who, without being trained in EMDR, used eye-movements on clients. This involves opening clients to deeply disturbing material and then leaving them suspended in heavy emotion at the end of the session. Some clients have been so traumatized that they have then distrusted all therapists and closed the door to EMDR treatment. Such clients can become suicidal. Therapists who allow this to happen are perhaps behaving irresponsibly and unethically.

It is crucial that the therapist be well-trained in the EMDR method and have good basic clinical skills. The clinician must be comfortable not knowing specifically where the client's process is going and what may happen next. If the therapist is not comfortable with intense abreactive experiences and forbidden thoughts, then this discomfort can be communicated to the client who may not feel free to welcome difficult material.

Therapists should also be aware of their own personal beliefs. Unawareness can limit the client's possibilities for healing or clearing a particular trauma. Some therapists I

have encountered in my training work as an EMDR facilitator believe that anger, grief, or hopelessness are acceptable endpoints for therapy. On many occasions I have instructed a therapist to keep the client focused on continuing to process feelings. The actual endpoint is reached when the client feels peace and equanimity and the body is free from tension. The EMDR method challenges many therapists' beliefs about how much healing is possible and how quickly it can take place. For many clients trauma that was once believed to be irreparable or might require many years of psychotherapy apparently can be cleared with EMDR in a much briefer time.

In addition to complete training in EMDR and adequate post-training consultation, it is essential that therapists who use EMDR in their practice also have experience processing their own material with an EMDR-trained therapist. This is necessary if they wish to develop a deeper understanding of the process and the power and depth of change that is possible—and experience in their bodies what it means to have cleared a memory.

STRUCTURE OF AN EMDR PROCESSING SESSION

EMDR therapy typically begins with a client's desire to heal from a trauma, overcome a performance problem, or deal with a troubling aspect of life. The therapist's first step is to take a thorough history and establish an alliance with the client. This step usually takes a few sessions but can be longer. It is essential for the client to have a feeling of connection, caring, and safety with his or her therapist. Only then can the EMDR processing begin.

Usually, an EMDR session lasts ninety minutes. Depending on the client's problem, EMDR processing may occur in nearly every session, or only occasionally. For instance, a client working on traumatic child abuse might best be advised to follow a ninety-minute EMDR session by fifty minutes of psychotherapy later that same week so that the client could integrate the material raised in the first session. Another client might benefit most from intensive EMDR sessions in close succession. Several EMDR sessions in one week have proved useful for some clients who can come to the therapist infrequently.

During EMDR the therapist acts as a facilitator or guide in the client's process. Initially in an EMDR processing session, the therapist helps the client to identify and focus on a target related to the trauma. For example, a woman who has been in an automobile accident might target the image of being in her car at night and being hit from behind. Next, the client verbalizes a life-limiting belief associated with the incident that has carried over to the present. She might believe, "I am not safe." Because this negative cognition is emotionally charged, it affects her everyday life. The therapist then asks what the client would like to believe about herself when she evokes the image. A positive cognition in this case would be "I am safe now."

Next, the therapist questions the client as to what physical sensations she feels when she recalls the image. She might feel stomach tension and a "knot" in her throat. Lastly, the therapist asks if anything else surfaces when the client thinks of the

accident—perhaps she hears the sound of the impact or smells gasoline. The goal is to stimulate the memory network in which the memory is locked so that its various components can be reprocessed.

Using the Subjective Units of Disturbance Scale (SUDs), the client reports how disturbing the target is on a scale from 0 to 10. Originally used in research, EMDR therapy has incorporated the SUDs because it helps the therapist assess how much of the client's traumatic material has been reprocessed. A SUDs reading may be taken at different times during the processing to measure progress.

The client recalls the disturbing image with all of its related sounds, sensations, and the negative cognition. She follows the therapist's fingers with her eyes, allowing whatever comes up to surface without censoring it. Clients may experience images, body sensations, a range of emotions, insights, ordinary thoughts, or nothing much at all. Because everyone processes their experiences differently, feelings are not identified as "right" or "wrong."

Therapists must pay close attention to the client's experience and keep the client's eyes moving until there is an indication that the client has finished processing a piece of information. If the client is highly emotional, the therapist keeps the client's eyes moving until she calms and has fully cleared a part of the traumatic event. However, a client can signal the therapist to stop at any time. Each client prefers a different speed and number of eye movements. Some clients do best with only ten or fifteen saccades at a time whereas other clients continue for hundreds. After each round of eye movements, however, the therapist asks, "What is happening now?" or "What do you get now?" Clients answer and then continue with more eye movements.

During the eye movements clients go through a multidimensional free association of thoughts, feelings, and body sensations. Some people undergo an enormous range of experiences including intense sensations, horrific images, and strong emotions such as homicidal rage, overwhelming terror, grief, love, and forgiveness. At times, memories and descriptions suggesting prenatal and infancy experiences arise. Rich, detailed dream-like imagery and symbolism arise. Throughout all of these experiences I tell clients to "stay with that," "let it all just pass through," and reassure them that "this is old stuff." The EMDR evokes an immediate and thorough reexperiencing of the past—just as it was locked into the body-mind. A "witness awareness" occurs that enables clients to allow the experience to unfold with minimal interference.

This process of eye movements and check-in continues until the end of the session. At that time, the initial image is reassessed with the SUDs. For instance, I would ask the car accident victim, "When you bring up the picture of the accident, how disturbing is it to you now on a scale of 0 to 10?" When she felt free of the emotional charge and reported a SUDs of 0, I would ask what she believes to be true now.

Eliciting a positive cognition at the end of the process is an important step in the EMDR method. When the level of disturbance has been reduced entirely and the clients are free from distress, I ask them to verbally express their new way of understanding and viewing themselves. These positive cognitions must come only

from them and fit their subjective experience. Often, clients remark, "I am safe now," "I did the best I could with what I knew at the time," and "It is in the past." I "install" the positive cognition by asking the client to hold that statement together with the previously distressing image (which often has changed by becoming smaller or dimmer, black-and-white rather than color, or less threatening in some manner) and do a few sets of eye movements. Thus, the client experiences a totally new orientation to the image. At this point I always check to see if any new material has emerged that needs to be reprocessed. If there is, I either try to clear it in the same session or note it for our next meeting.

Often, the problem is not cleared during the first EMDR processing session and a variety of methods facilitate closing the session. Creating a sense of closure is crucial for the clients' well-being because EMDR brings up highly charged material that can leave them open and vulnerable. If clients are not properly "closed down," they can become overwhelmed with emotion, suicidally depressed, unable to function at home or work, and afraid to continue the EMDR or any other kind of therapy. Some people should walk around the block before driving and perhaps not return to work for the day.

The processing of material often continues on its own between EMDR sessions. I advise all of my clients to facilitate this natural processing by recording their dreams and insights in a journal, as well as drawing, painting, or engaging in other kinds of artwork. To help them cope better with their stress between sessions, I often teach meditation and stress reduction techniques.

EMDR AND VIPASSANA MEDITATION

As a long-time Vipassana meditator and as an EMDR therapist, I have been struck by the similarity in the methods and instructions. Both Vipassana meditation and EMDR use dual attention or awareness: Vipassana meditators focus their attention on the breath or other predominant objects of awareness; the EMDR client focuses on the therapist's fingers or other stimuli and an inner object such as an image or body sensation. A detached impartial witness awareness is cultivated and developed in both cases.

Vipassana meditators attempt to simply observe the breath, thoughts, feelings, and body sensations without clinging, condemning, or identifying with them (Goldstein, 1976). Phenomena that arise are observed with a detached witness awareness. Eventually, Vipassana meditators develop a sense of peace and equanimity—in part because they know that the mental and physical phenomena that arise are not fundamentally who they are.

An important part of the instructions given to EMDR clients is to "just let whatever happens happen and . . . don't discard anything as unimportant" (Shapiro, 1995, p. 142). Clients report any changes in thoughts, feelings, and body sensations to the therapist as they occur. After each set of eye movements therapists ask clients, "What do you get now?" or "What came up for you?" (Shapiro, 1995, p. 143). This simple

objective reporting without interpretation or discussion seems to aid clients in disidentifying with the psychological material and, as in Vipassana meditation, develop a witness awareness. Clients experiencing strong abreactions are told in a calm, compassionate reassuring manner that what they are experiencing is in the past—it is like the scenery one passes when traveling safely on a train (Shapiro, 1995).

Both Vipassana meditation and EMDR appear to enhance the development of “bare attention.” According to Goldstein (1976), “bare attention means observing things as they are, without choosing, without comparing, without evaluating, without laying our projections and expectations onto what is happening; cultivating instead a choiceless and non-interfering awareness” (p. 20). The quality of bare attention allows one to be more fully grounded in the present. One can be open to the “here-and-now” without adding anything else to it.

TRAUMA AND TRANSFORMATION

Many of my colleagues and I have shared stories of transformations we have witnessed in our offices. I have spoken with therapists from around the world about what I have seen and found them eager to share their stories of spiritual and psychological transformation. Even my skeptical psychology doctoral students in an EMDR course I taught in San Francisco were surprised when several of their EMDR clients had transpersonal experiences. Prior to EMDR when I was using psychodynamically-oriented psychotherapy, I did not observe such experiences.

I believe that what we are witnessing as part of the EMDR experience fits with the theory that explains how EMDR functions. As described earlier, theoretically, EMDR may return a client to a natural balance, or wholeness. When we remove dirt from a wound, the body's natural forces mobilize to heal the injury; likewise, when EMDR clears blockages to the body-mind's natural healing, wholeness and balance may be restored and are experienced as peace, equanimity, joy, understanding, wisdom, love, or compassion. In successful cases EMDR clears impediments to wholeness, yet apparently does not remove what is adaptive and functional. Anger, fear, grief, and aversion dissipate, and the outcome of a completed EMDR session may include a feeling of calm, peace, or love. Interestingly, these latter feelings increase with further eye movements whereas anger, fear, and negative states continue to dissolve.

EMDR has expanded my view of what is possible. I now believe that our essential nature includes clarity, wisdom, and compassion, and that social conditioning obscures knowing this essential nature. Consequently, we may not express it. As we age, we tend to define ourselves by beliefs and concepts and take these to be our truth. If our essential nature is like the sun, it as if the sky becomes cloudy, causing the sun to disappear. In truth, the sun is never gone—it is simply hidden. EMDR processing can help to clear the clouds and reveal the sun.

In EMDR processing, many clients actually experience the clarity, compassion, and understanding that is within their true nature. Often, a client is surprised by the words

of wisdom tumbling from her mouth. An upwelling of love for self and others is commonplace during EMDR processing sessions.

EMDR AND THE WISDOM OF INSECURITY

The EMDR method seems to enable clients to disidentify from their history and open to difficult thoughts and feelings. They can allow feelings to pass through themselves without resisting or suppressing them. Clients quickly recognize patterns of behavior as objects of awareness and can process them outside of therapy or in session.

Many of my EMDR clients realize what Alan Watts (1951) called "the wisdom of insecurity." They learn that they can be with most experiences that arise without having to control or to defend against them. Just as they learned to trust the unfolding process in the EMDR therapy, go through the most intense difficult feelings and think the unthinkable thoughts, so are they able to increasingly trust what arises in their lives. I have seen clients with terrible abuse histories approach their lives in new ways without a prior need to control their experiences. They learn that they can tolerate and experience whatever feeling arises.

The case of a young woman who had worked through the intense feelings of fear and helplessness she had experienced between the ages of two and three while being molested by her teenage brother illustrates this deepening trust in the ability to deal with painful emotions after doing EMDR sessions. This woman had avoided working on her incest memories in past conventional therapy and had always feared and avoided her feelings. She agreed to using EMDR, now motivated because her husband was threatening to leave her—in part due to her inability to relate intimately to him.

With EMDR she worked with her worst fear and memories and emerged feeling better, able to feel her body for the first time since the abuse. Additionally, she realized she would be all right if her husband left her. "I know I'd be OK. I'm no longer as afraid of being alone. I can go through the feelings." Because she had handled such intense emotions during our EMDR sessions, she gained confidence and a body-based knowing that she could allow other emotions to pass through her body-mind too. She felt she could get through the incest trauma and feel "OK" afterwards, and could survive and manage grief and loss.

A client's willingness to venture blindly into unknown territory in therapy requires that the therapist be comfortable with the prospect of not knowing exactly what will happen next in a session. Often this is the case in my practice. I believe, however, that if I can facilitate the continuation of the processing and guide the client through the blockages, relying on an inherent wisdom in the process, what needs to happen next therapeutically will occur.

To illustrate, a client was experiencing serious postpartum depression and had intrusive fantasies and thoughts about harming her baby. Suddenly, in an EMDR session she imagined and feared that she would stab her baby with a knife. Alarmed

and disturbed, she wanted to block out the thought and imagery. Calmly, I instructed her to go with the image of stabbing her baby. Though I had no specific anticipation of what would emerge, I knew from experience that in this situation I could trust that what arose could be released. As the client imagined stabbing her baby, she sobbed deeply—and then, began to laugh. After the set of eye movements she told me that as she stabbed her baby, the baby kept laughing and smiling at her as if nothing had happened. In that moment the client realized, “I can’t hurt my baby,” and felt enormously relieved.

THE DEVELOPMENT OF A FELT SENSE OF TRUTH

I have also found that EMDR helps clients feel the resolution of their deeper concerns as a change in an inner sense of their bodies. Often, they describe this moment of knowing as the feeling one has when a piece of a puzzle falls perfectly into place. For example, a client who was sexually abused by a female relative as a child was having nightmares about her family thinking she “was crazy” and taking her away to a mental hospital. The dream was extremely upsetting and caused her anxiety and distress during the day. After processing the dream in EMDR therapy, she revealed that she was frightened by the likelihood of seeing the abuse perpetrator at a future family gathering. Simply imagining that event as a scenario made her feel out of control and “crazy.” I ascertained that much of her distress occurred because no one in the family knew about the abuse and regarded this family member as loving and kind. I suggested that she think of one person in the family whom she could tell about the abuse and then imagine telling that person. As she moved her eyes, her anxiety, which had been high, was reduced to a feeling of calm. She felt as if a puzzle-piece had fit and that by telling someone else, she would know that she was not crazy.

Another example of such a feeling of “rightness” was a client who had survived a devastating fire which killed several women students in her college dorm. After EMDR processing of this event for about fifteen minutes, she reported much relief—but, still felt a great deal of sadness. So I requested that she stay with the sadness and continue the eye movements even though she thought she had processed it as far as it would go.

After a few minutes she reported experiencing an image in which all of the women in the school had formed a circle and held hands. The women who had died slowly floated up into the sky as they danced happily. The client felt great peace and happiness with this imagery and remained with a feeling of closure with this issue.

Many of my clients have integrated this felt sense of rightness into their daily lives. They have developed an inner sense of whom they can trust and a sensitivity to the body’s sense of right or wrong. Clients attune to their inner wisdom, previously censored or discounted, instead of relying on thoughts or conditioning. The EMDR process supports and nurtures the development of this body-centered knowing because nothing can go into the system which does not fit (Shapiro, 1995). For example, a client’s system will reject positive affirmations which do not feel true, and her level of distress will not decrease until what is introduced fits.

An important step in the EMDR method is the “installation” of a positive cognition at the end of the process when the level of disturbance has been reduced and the client is free from distress. The positive cognition is a new way of understanding or viewing oneself, and it must come from the client and fit his/her subjective experience. When the positive cognition is paired with the original distressing picture, a totally new orientation to that event is experienced. The EMDR method is based on following the client’s reported experience. This, in turn, enables the client to observe and report on their experience with less judgment and aversion, listening to themselves and acting based on that information, rather than from conditioning of the past.

As clients learn to listen to and trust their body-sensed wisdom and their intuition, they are increasingly able to allow life choices to come from life itself. According to Jean Klein, a contemporary master of Advaita Vedanta,

Right action does not come from the personality. It springs from the situation itself and as such leaves no residue. Just as the answer is in the question, so the solution to a situation lies in the situation. When the personality does not dictate action, or, strictly speaking, reaction, you will find yourself completely adequate to the situation. Correct action is simply function. Very often the intuition of right action is not pleasant for the self-image which, feeling threatened, doubts or quarrels with the spontaneous intuition. It takes courage for the abdication of the person to happen. . . . Action that springs from global awareness of a situation is automatically right action. It is free from intention and motive. Right or correct action does not refer to a psychological state, a morality, but to function inspired directly by the situation. Such action is always spontaneous, is not related to memory and leaves no residue (Klein, 1988, p. 31).

EMDR AND PSYCHOLOGICAL MEMORY

After EMDR work many of my clients rely less on their personal history when making decisions and approach life openly and freshly, looking at the facts of a situation, including what they experience in their bodies and minds. As this happens, clients develop greater trust in life and are less anxious about the future.

A client of mine who had been seriously sexually abused as a child and had made a great deal of progress in releasing the past felt depressed and hopeless. Because she recognized her feelings and could objectively assess her situation, she sought and received help using medication. Her prior pattern had been to deny the depression and to drink. At different times, I had suggested to her that participating in a group of women with similar histories might be beneficial, but she had always refused, insisting that she was not yet ready. Eventually, however, she felt an inner readiness—although she still was anxious—and did participate.

Waiting for such rightness of action to emerge requires patience and trust.

Do you have the patience to wait
till your mud settles and the water is clear?
Can you remain unmoving
till the right action arises by itself?

The Master doesn't seek fulfillment.
Not seeking, not expecting,
she is present, and can welcome all things.
(*Tao Te Ching*, Stephen Mitchell translation, 1988, p. 15)

EMDR seems to work by clearing what Jean Klein (1992) refers to as "psychological memory." According to Klein, psychological memory comprises 90% of our memory, and functions to maintain the "I-concept." Psychological memory "maintains the security, the survival of the 'me,' of the 'I.' . . . Enormous energy and tension are employed in thinking about, and maintaining, a psychological past. . . . Free from the 'I-image' and psychological memory, we are open to intelligence, to a purely functional memory, a cosmic memory, a universal memory" (Klein, 1992, p. 11).

As my clients free themselves from their psychological memories, they report feelings of lightness and spaciousness in their bodies and minds. One client likened the feeling to that of having cement blocks leave her body. Former ways of reacting to stimuli are gone, replaced with responses that are new and appropriate to the given situation. The old memories, including memories of terrible abuse, lose their feeling of belonging to the person. These feelings seem as if they are no longer "alive" in the present; rather they are experienced as belonging to the past. Common reports are that "it is over," "it is in the past," and "it is like reading about it in the newspaper." One client, who had experienced extremely traumatic incest, reported after three months of EMDR therapy that she had to remember that it (the trauma) had been a problem. She experienced it as being in the past and not part of her present life. The feeling of it being "my life" or "my memory" becomes simply "it happened." Typically, clients do not forget what happened; rather, the event no longer feels as important.

This clearing of the psychological memory of a traumatic life event totally reorients a person to that event. One no longer sees oneself as the center of the event; one sees the whole picture, as from above, and is just a part of the whole, in which everything seems to have its place. One woman reported that while driving her car in the country she felt lost but suddenly realized that *she was present wherever she was. There was no place to go because she was always here.* This insight brought her joy and relief. Several years later, this insight continues to inform her life. "Whenever I get caught up in striving for something and feel frustrated, I remember I'm here wherever I am." The personal point of view becomes a more global view; and, this global view creates a re-orchestration of energy in the body-mind, a release and shift of previously held patterns of behavior and beliefs about oneself and the world.

Such a shift occurred for a client who was processing the trauma arising from the murder of her younger sister and the suicide of her mother when the client was fourteen years old. She began the EMDR session with the belief that part of her had died forever with the family members. She also felt guilty and responsible for what had happened and for her feelings of not being seen or loved by her mother. During the session she reprocessed painful images and strong emotions. She had many insights. At the end of the processing, she felt blissful as energy was coursing through her and told me that she felt "more than alive!" She realized that she had been loved and seen by her mother, and seemed to have come to a deeper understanding of the traumatic events that had occurred in her family.

EMDR AND TRANSPERSONAL EXPERIENCES

As a result of EMDR processing, clients may have spontaneous transpersonal or "beyond the ego" experiences. These experiences of something beyond the personal self take different forms and may include other states of consciousness such as transcendence and ecstasy, psychic experiences that transcend space and time, spiritual experiences of enlightenment, deep self-awareness, mysticism, epiphanies, moving spiritual insights, profound experiences of love and compassion for self and others, forgiveness, dramatic energy releases, experiences of bliss and sensory enhancement, experiences of peace and equanimity, and a deep sense of well-being.

When I am with a client who has a transpersonal experience, there is always, it seems, a shared sense of awe in the room. Often we are both moved to tears by the beauty of the experience. Even clients without any prior religious or spiritual interest or inclination have had these experiences.

I have come to believe that as EMDR clears away the psychological memories from the body-mind, and clients open, they become ripe for direct apperception of their "true nature." Who we are, according to the sages, is not the ego, but the unbounded consciousness which contains everything, yet is itself "no thing." As clients clear away that which they are not, i.e., their identification with memory, they can actualize themselves more and come to understand who they truly are. Clients typically report experiences of deep calm and a sense of "spaciousness" following the complete processing of a disturbing life event. They may report flashes of insight into reality, profound experiences of peace, love and joy, or experience a felt connection with life as a "miracle."

EMDR AND FORGIVENESS

During EMDR processing sessions clients often experience a spontaneous feeling of forgiveness towards themselves or someone who had harmed them in the past. Wilson (1995) found in her follow-up study of EMDR's effectiveness with traumatized clients that at fifteen months many of the study's participants had forgiven the persons who had harmed them.

This is not a sentimental forgiveness that is based on an idea of what one should feel, nor is it forced or prescribed by the therapist. Rather, this forgiveness emerges organically when clients trust themselves to feel and process their feelings of anger, sadness, and betrayal. As a result, clients objectively perceive past traumatic events without the old emotional charge. From this global perspective (as described previously) one "sees" all parts of a situation, including one's own role, as if watching from above. One feels a part of a greater whole that is not personal; a "greater order" is perceived.

This forgiveness often arises when clients understand that forgiving is *not* forgetting. Then, they are able to let go of the past as it has been held in their bodies and minds. When clients recognize that holding onto angry feelings is hurtful, they can release their feelings and be peaceful. However, forgiveness may or may not arise for

someone who has been harmed. When the feeling of forgiveness does arise spontaneously, it seems to come as grace, blessing the one who experiences it.

EMDR AND PROFOUND EXPERIENCES OF LOVE FOR SELF AND OTHERS

In my work with clients, I have learned that many of them have difficulty loving themselves. Many people have a severe "inner critic," an inner voice that constantly tells them that they are not good enough. This feeling of not being good enough often is experienced in the area of the heart and manifests as a constriction or chronic heaviness. For many people this difficulty in loving themselves also extends to others. They may feel unable to openly express love, and this blockage is terribly painful.

I have been moved many times during EMDR processing sessions when clients who have never had an inkling of self-love have felt their hearts opening. Access to a reservoir of ever-present love may have been blocked by early conditioning. As the conditioning is cleared by the EMDR processing, clients tap into this natural abiding resource. Often, this occurs during sessions when clients witness their "child-self" from an adult perspective. The adult witnesses the child being hurt, humiliated, criticized, or misunderstood and sees the incident for what it was, and that it has nothing to do with who the child is. The insight that "I am not bad because I made a mistake," emerges as an obvious truth.

Often, clients gain a transpersonal perspective and understanding beyond a narrow egoic perspective. Compassion, occurring naturally and spontaneously, frequently arises for the client's child-self. While doing eye movements as the adult-self holds and comforts the child-self, feelings of self-love and compassion flood the whole person—body, mind, and emotions. One can feel profoundly cleansed by this love. Often this experience is a holy moment for the client.

Self-love is a natural by-product of the clearing of self-hate developed from childhood experiences. For my clients, these experiences of self-love become a wellspring from which they can draw throughout their lives. One client, after clearing feelings connected to the suicide of her husband, reported that she felt tremendous joy and love for herself and all of humanity. "This is who I really am, this love."

INCREASED CREATIVE EXPRESSION AND A HEIGHTENED SENSE OF WELL-BEING

For many clients EMDR processing can clear impediments to their creative expression and sense of well-being, clearing conditioning so that natural creativity can be expressed. Artistically-inclined clients following EMDR processing sessions spontaneously have begun to paint and draw, photograph, compose music, or write poetry.

One client's creativity burst forth quite dramatically after EMDR sessions that stimulated "transcendent visionary experiences." A fifty-five-year-old engineer, Andrew had sought treatment because of depression, anxiety he could not control, and a feeling that his life "wasn't in order." He had been in psychotherapy sporadically for

a long time but had never found relief from his symptoms. His father had been a tyrannical and physically-abusive man who had made Andrew's childhood miserable.

After about six EMDR processing sessions which focused on the childhood abuse and his current difficulties, Andrew experienced tremendous relief. His gloom and feeling of being a failure vanished. His anxiety lessened markedly, and he became excited about his business. More remarkable, however, was his spiritual transformation—Andrew had no previous interest in spirituality and had rejected organized religion long ago.

After his EMDR processing sessions, he experienced something beyond anything he had previously known. About an hour or two following EMDR processing sessions his sensory system would intensify—particularly his color and shape perception. This was in marked contrast to the two years prior to his sessions, a time during which Andrew had lost some of his visual sensitivity and was frustrated in his painting and photographic work.

One day after an EMDR processing session he had a transcendental experience of enhanced sense perception that filled him with awe.

“After leaving a bookstore I looked up at a stone tower at the church on the corner. It was a square tower, and the stonework had a lot of relief. There were lights illuminating this tower. I could not believe how beautiful the tower was! I could see every highlight and shadow so clearly! It seemed to shine in the night! It was very, very beautiful! No one could portray that tower more beautifully than my vision!” He described this remarkable vision as a miracle, unlike anything he had ever experienced before, one that filled him with wonder.

As a result of these sessions and his enhanced sensory perception, Andrew's creativity bloomed. He had always been extremely visually-oriented and creative, but early childhood abuse blocked his creative expression. With the blockage cleared, visual images constantly attracted his attention, and he began to do more photography and drawing. “It was like my vision was widened and sped up. I found myself looking out more at the world and being taken by the beauty around me.” He designed his business advertising rather than hire someone else to do it because he could now capture what he wanted to express artistically. He was excited and enthusiastic about his creative freedom.

Along with his freed expression, Andrew experienced a profound opening of his heart and felt love and connection to all of humanity. “After an EMDR session I felt like I wanted to go out and hug everyone I saw.” He wrote in his diary that “I have seen the light! That is the way I feel. I feel better all the time. And now I understand how we are all connected as humans, throughout the world.” His sense of separateness and alienation had disappeared.

A year later, Andrew continues to enjoy a sense of beauty and well-being which has become the subtle background of his everyday life. “I just feel better! I have a heightened sense of well-being that I never had before. I am experiencing this over a

long period of time, not just in short bursts." He feels a reservoir of well-being is always present, and he draws on it when necessary. "I have a new confidence that I have this resource inside myself. It is my own source and doesn't come from outside of myself."

Andrew is among many EMDR clients who have experienced the freeing of creative expression accompanied by a profound opening of the heart. Daniel's deep love of music had been curtailed by severe inner-critic traumas. EMDR processing opened his heart and his creative expression, and he spontaneously began to compose music. His songs were beautiful expressions of his wholeness, and his musical expression brought him tremendous joy. Somatic energy releases accompanied the clearing of old conditioning. Once, he felt "ecstatic energy" moving up his spine. On many other occasions he experienced joyful releases in the area of his heart which felt like "a sacred sphere of radiance" which spread "blissful energy" throughout his body. As this radiance emanated from his heart, he felt love for all of humanity and a desire to help others.

PARANORMAL EXPERIENCES

Some of my clients during our EMDR sessions have had spontaneous openings to what can be called psychic or paranormal experiences. Suddenly, clients have experienced "seeing" dead loved ones surrounded by light and communicating with them. Such experiences have assuaged grief and left the clients feeling deep peace of mind.

Several of my clients have spontaneously experienced—and described with great reverence and awe—the presence of "beings of light" or "spirit guides." One client would connect in our sessions with what she called a divine being who transmitted inner guidance to her. Another woman saw a "man" outside our sessions who did not have a material body but who looked "very real" and familiar. Apparently, several years before our EMDR work, she had "seen him" and at that time had discussed "him" with her psychoanalytically-oriented therapist. "He" then disappeared. My client believed EMDR had reopened the door to his return and found him to be a valuable spiritual guide.

Many clients have recalled that such spirit guides had been present when the clients were children. Clients had blocked these memories and experiences from memory for various reasons. In one case a client's mother had panicked and told the child she was crazy. In doing so, the mother had traumatized the youngster. Another client severed his connection to his spirit guide because he could not believe his guide would allow such trouble to befall him as had entered the client's life.

These experiences emerge spontaneously without any direction from me, and I do not interpret them. Rather, I allow the clients to find their own meaning. When asked by a surprised and shocked client what her experience means, I respond, "What does it mean to you?" "How is this experience acting on you?" "Live with it and then tell me what you have noticed." I do not pretend to know what the meaning is for a given client and prefer to allow the person to discover what these experiences mean to her.

EXPERIENCES OF SPIRITUAL FREEDOM

The fanciful idea of a self is a contraction, a limitation of wholeness, real being. When this notion dies, we find our natural expansion, stillness, globality without periphery or center, outside or inside. Without the notion of an individual there is no sensation of separateness and we feel a oneness with all things.

—Jean Klein, *Who Am I?*

Many EMDR clients seem to glimpse enlightenment or liberation from self-concepts. These glimpses free the body and mind, with a sense of expansion and dissolving boundaries. Clients describe feeling blissful, and the experience feels sacred. For some clients, releasing their “need to control” engenders trust in life, an opening to the unknown, and an increase in joy, delight, and spontaneity.

Peter had such an experience. He came to me because he was plagued by self-doubt and self-criticism that kept him from pursuing the career he most desired. Although he had a law degree from a prestigious law school, he was working in a job that he did not like, and which was below his experience and educational level. His belief that “I’m not good enough,” “I’m not qualified,” “I don’t deserve a job I love,” and “I’d screw it up if I got it” prevented him from pursuing a more suitable career.

Much of our EMDR processing work focused on these limiting beliefs which he had internalized as a result of living with a physically-abusive alcoholic father who took out his frustrations on his family. Although Peter’s father had wanted his son to be successful in the world, reflecting positively on him, he also wanted Peter to fail so Peter would not surpass him. Apparently, his double messages kept Peter in a perpetual bind.

In set after set during one particularly powerful EMDR processing session, Peter realized how he had always sought to fulfill his parents’ expectations of him and that he had based his life decisions on what he thought others wanted him to do. “I look for external validation to prove I’m OK. . . . I look for things outside myself to bolster my self-esteem. I need external validation of my self-worth,” he said.

Finally, Peter had what he called an “a-ha!” experience. He saw that his mother and father had been bound by their parent’s concepts and expectations and had passed this legacy to him. Generation after generation unconsciously imposed conceptual strait-jackets on family members, defining who they were and what they could expect from their lives. Peter realized this dispassionately, and from a global perspective. He saw how he attempted to fit himself into a conceptual mold, which was like a prison with invisible bars. In seeing that his prison was constructed of concepts and beliefs, Peter had a sense of being freed. Tears streamed down his face.

Who I am has nothing to do with other people’s definition of me. When passion comes from deep inside, it has integrity. The only genuine way to live is to let the passion come up in me and guide me. This is freedom. This is what God’s will is. . . .

He realized that “God’s will” was to express his creativity without the constraints of limiting concepts. He saw them for what they were, just concepts. In seeing this

objectively, he was free of them, and this freedom liberated the contracted energy in his body. He experienced the flow of this energy as originating in his heart center and streaming throughout his body. Awed and inspired, Peter left my office with an affirmation that had come to him: "I can accept and embrace my passion—the will of God in every way—and have the courage to act and trust in that."

WHO AM I?

After clearing away most of their disturbing material, clients may begin to ask wider questions about life and take a strong interest in spirituality. They have discovered who they are not, and that memories make up the "I" concept. "I know what I am not," reported one client, "but I don't know who I am." As a young child, she had completely abandoned her traditional religious faith because it became empty and meaningless to her when her younger sister died suddenly. Since clearing away nearly all of her traumatizing memories, she has connected to a deep sense of spirituality that is independent of her past religion. She continues to ask, "Who am I?" She has had many glimpses and insights into "truth" and now experiences an inner peace and joy in living.

A young workaholic with a new baby was also deeply affected by EMDR therapy. She had no particular previous spiritual interest when she sought therapy because, although she feared death, she had frightening thoughts of killing herself.

While she did the eye movements, I instructed her to imagine killing herself. In doing so, she saw herself dead but felt profoundly peaceful and calm, and immediately desired to pursue spiritual interests. She realized that she had worked compulsively during her adulthood so that her mind would be occupied and she would not have to face her mortality—of which she was terrified. She realized in our therapy session that her work was taking her away from her deepest self. Now, no longer fearing death, she wishes to slow her pace, work fewer hours, enjoy her baby, and develop a spiritual life.

As indicated earlier, EMDR can help clients see that they are more than their histories or personal stories. In some therapeutic approaches, clients may identify themselves as survivors. If maintained exclusively, such an identity can be unnecessarily limiting. Letting go of such an identification, however, can be freeing.

A woman with whom I worked intensively over a three-month period was struggling with an early history of sexual abuse, physical abuse, and the effects of her mother's addiction to prescription painkillers. After processing most of these memories with EMDR my client was still upset by what seemed to be in her words "a very sad life story." I instructed her to "think about it as a story," in her words, while doing a set of eye movements. The scene shifted internally, and she saw a mother reading a story to a little girl (the client's life story). The story was sad, but the two of them went on to do something else. Thereupon, the client experienced a shift in her sense of her body and mind, which she described as "deep understanding and release." She realized that her life story was her creation and that it was just a story, not life itself. Having

changed her orientation to life and her view of herself, she felt a new peace, equanimity, and joy.

CONCLUSION

EMDR can be a powerful and effective tool for facilitating the healing of psychological wounds and enabling clients to connect with a transpersonal dimension in their lives. However, this method is not appropriate for every client. Clinicians should view it as one of many tools that they have available to use when they, in their clinical judgment, determine it could serve the client's needs.

Equally important, psychotherapy utilizing EMDR should not be considered a substitute for a spiritual practice. Nevertheless, I believe EMDR can work well with a meditation practice, and they can potentiate each other. Meditation, particularly a practice which emphasizes the disidentification with objects of awareness, as in Vipassana meditation or the method of inquiry found in Advaita Vedanta, can be useful in creating greater openness to the EMDR clearing. EMDR in turn, facilitates a deeper understanding of the impersonality of psychological material and allows clients to experience the absence of that material, which can lead to an experience of the absence of phenomenal presence, which, according to the teachings of non-dualism, is who we are.

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