

## Foreground of EMDR

In 1987, Francine Shapiro, an American psychologist, found that voluntary eye movements reduced the intensity of the anguish of negative thoughts.

Thus was born the technique denominated EMDR (Eye Movement and Reprocessing Desensibilization)

Thus began an investigation (Shapiro, 1989) with subjects traumatized in the Vietnam War and victims of sexual abuse to measure the effectiveness of EMDR. He found that the application of EMDR significantly reduced symptoms of Post Traumatic Stress Disorder in these subjects.

How does the therapist to address desensitization?

In the process EMDR, the therapist works with the patient to identify a specific problem that will be the focus of treatment. The patient describes the traumatic incident, from which is helped by the therapist to select the most important aspects and that the distress of the incident more. While the patient makes eye movement (or any other bilateral stimulation) will come to mind other parts of the traumatic memory or other memories. The therapist interrupted eye movements every so often to make sure the patient is adequately processed. (Here comes in one of the improvements proposed in this project and described below (EEG biofeedback)

Bilateral stimulation can be:

- a) Visual: the patient moves eyes side to side guided by the therapist
- b) Hearing: the patient hears sounds alternately in both ears
- c) Kinesthetic: the therapist gently taps and alternately on the hands or shoulders of the patient.

This facilitates the connection between the two cerebral hemispheres obtaining the information processing and decreased emotional burden.



Children approaching the beach in Indonesia after being treated with EMDR therapy after the Indian Ocean

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