RECENT ARTICLES on EMDR

BY ANDREW M. LEEDS, PH.D.

This regular column appears in each quarterly issue of the EMDRIA Newsletter and the EMDR Europe 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 and have not been listed previously in this column. 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 database of all EMDR references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by Northern Kentucky University as a service to the EMDR International Association at: http://library.nku.edu/emdr/emdr_data.php. A listing by year of publication of all journal articles related to EMDR from 1989 through 2005 can be found on David Baldwin’s award winning web site at: http://www.trauma-pages.com/s/emdr-refs.php. Previous columns from 2005 to the present are available on the EMDRIA web site at: http://emdria.org/displaycommon.cfm?an=1&subarticlenbr=18

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ABSTRACT Research on psychotherapy with children is generally underrepresented in the empirical literature. Currently, there are four randomized clinical trials (RCT) evaluating EMDR in individual psychotherapy with traumatized children—two for children diagnosed with PTSD and two for children presenting with symptoms of posttraumatic stress. Since the first case studies of EMDR with children were published in 1993, 19 studies were identified that met the inclusion criteria for this review. The gold standards identified by Foa and Meadows (1997) to assess the methodology of studies designed to treat trauma were applied to the research on EMDR with children. This analysis discusses the challenges to conducting research on psychotherapy with children including the debate regarding the assessment and diagnosis of PTSD in children. Recommendations for future studies designed with methodological rigor are suggested to investigate the efficacy of EMDR with children who have experienced trauma and other mental health symptoms and diagnoses.

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ABSTRACT Prior meta-analyses have suggested that eye-movement desensitization and reprocessing (EMDR) may be effective in alleviating the symptoms of post-traumatic stress disorder (PTSD). EMDR is now being recommended as a treatment for military combat veterans who suffer from PTSD. We provide a review of published outcome studies that appeared in print from 1987 – April, 2008 which examined the specific effects of EMDR on PTSD among military combat veterans. Studies were identified through electronic bibliographic databases, web sites, and manual searches of article reference lists. A total of six randomized controlled trials (RCTs) and three quasi-experimental studies met our inclusionary criteria and are reviewed. The evidence supporting the use of EMDR to treat combat veterans suffering from PTSD is sparse and equivocal, and does not rise to the threshold of labeling the therapy as an empirically supported treatment. It is premature to incorporate EMDR into routine care for veterans to alleviate combat-related PTSD. EMDR needs a considerably stronger evidentiary foundation which includes large-scale RCTs involving credible placebo controlled treatment conditions.

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ABSTRACT Post-traumatic stress disorder (PTSD) is a disabling chronic disorder, which is often under-diagnosed, difficult to treat and to predict. The emotional and physical symptoms occur in three clusters: re-experiencing the trauma, avoidance of reminders of the event and hyperarousal for at least one month. Up to 80% of patients with PTSD have another psychiatric disorder. The main risk factors of PTSD are psychiatric and trauma history, trauma severity, peritraumatic dissociation and lack of social support. Treatment relies on psychotherapies like cognitive behavior therapy or EMDR and pharmacologic treatment like selective serotonin reuptake inhibitors without neglecting the forensic aspect.

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ABSTRACT Evidence-based treatments (EBT) for posttraumatic stress disorder (PTSD) remain underutilized. Analog research,
however, indicates that patients may be more amenable to receiving EBT for PTSD than utilization rates suggest. This study sought to extend previous studies by investigating PTSD treatment preferences among law enforcement individuals (i.e., active duty officers, cadets, criminal justice students). We asked 379 participants, with varying trauma histories, to read a police traumatic event and imagine they had developed PTSD. Participants rated the credibility of six treatment options which they might encounter in a treatment setting, and chose their most and least preferred treatments. Next, they evaluated a widely used debriefing intervention aimed at preventing PTSD. Almost 90% of participants chose exposure or Cognitive Processing Therapy as their first or second most preferred treatment, and they rated these interventions as significantly more credible than the other four treatment options. The sample showed ambivalence regarding the perceived efficacy of debriefing but found the rationale credible. This study supports previous analog research indicating that patients may be more interested in EBT than indicated by utilization rates, and suggests that law enforcement departments should consider offering EBT to officers who develop PTSD.


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ABSTRACT An in-depth comparative case study was conducted of two attempts at diffusion of an empirically supported, but controversial, psychotherapy: eye movement desensitization and reprocessing (EMDR). One Department of Veterans Affairs (VA) treatment setting in which there was substantial uptake was compared with a second VA setting in which it was not adopted. Qualitative interviews were conducted with 10 mental health clinicians at the first site, and 19 at the second. Critical selling points for EMDR were a highly regarded champion, the observability of effects with patients, and personally experiencing its effects during a role training session. Compatibility with existing psychotherapist practices and values further allowed the therapy to become embedded in the organizational culture. At the second site, a sense that EMDR was not theoretically coherent or compelling overwhelmed other considerations, including its empirical status. Comparative studies contrasting settings in which innovative therapies are implemented versus those in which they were rejected may aid in refining theories of and strategies for dissemination.


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ABSTRACT A recent meta-analysis by Benish, Imel, and Wampold (2008, Clinical Psychology Review, 28, 746-758) concluded that all bona fide treatments are equally effective in posttraumatic stress disorder (PTSD). In contrast, seven other meta-analyses or systematic reviews concluded that there is good evidence that trauma-focused psychological treatments (trauma-focused cognitive behavior therapy and eye movement desensitization and reprocessing) are effective in PTSD; but that treatments that do not focus on the patients’ trauma memories or their meanings are either less effective or not yet sufficiently studied. International treatment guidelines therefore recommend trauma-focused psychological treatments as first-line treatments for PTSD. We examine possible reasons for the discrepant conclusions and argue that (1) the selection procedure of the available evidence used in Benish et al.’s (2008) meta-analysis introduces bias, and (2) the analysis and conclusions fail to take into account the need to demonstrate that treatments for PTSD are more effective than natural recovery. Furthermore, significant increases in effect sizes of trauma-focused cognitive behavior therapies over the past two decades contradict the conclusion that content of treatment does not matter. To advance understanding of the optimal treatment for PTSD, we recommend further research into the active mechanisms of therapeutic change, including treatment elements commonly considered to be non-specific. We also recommend transparency in reporting exclusions in meta-analyses and suggest that bona fide treatments should be defined on empirical and theoretical grounds rather than by judgments of the investigators’ intent.


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ABSTRACT Eye Closure, Eye Movements (ECEM) is a hypnotically-based approach to treatment that incorporates eye movements adapted from the Eye Movement Desensitization and Reprocessing (EMDR) protocol in conjunction with hypnosis for the treatment of depersonalization disorder. Depersonalization Disorder has been differentiated from post-traumatic stress disorders and has recently been conceptualized as a subtype of panic disorder (Baker et al., 2003; David, Phillips, Medford, & Sierra, 2004; Segui et. al., 2000). During ECEM, while remaining in a hypnotic state, clients self-generated six to seven trials of eye movements to reduce anticipatory anxiety associated with depersonalization disorder. Eye movements were also used to process triggers that elicited breath holding, often followed by episodes of depersonalization. Hypnotic suggestions were used to reverse core symptoms of depersonalization, subjectively described as “feeling unreal” (Simeon et al., 1997).


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ABSTRACT The present study investigated the efficacy of four EMDR sessions in comparison to a six-week wait-list control condition in the treatment of 27 children (aged 6 to 12 years) suffering from persistent PTSD symptoms after a motor vehicle accident. An effect for EMDR was identified on primary outcome
ABSTRACT
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Methods shed light on what a successful EMDR trauma therapy case study, the findings gained through the two performance-based much the same way as a traditional uncovering therapy. In this case study, the findings gained through the two performance-based methods shed light on what a successful EMDR trauma therapy can yield aside from symptom reduction.


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ABSTRACT In order to better understand treatment outcome through eye movement desensitization and reprocessing (EMDR) trauma therapy, the author conducted comprehensive pre- and posttreatment assessments using the Impact of Event Scale-Revised (IES-R), the Rorschach Comprehensive System (CS), and the Thematic Apperception Test (TAT) on a survivor of human-caused trauma. The results of the Rorschach CS and the TAT showed significant improvements in terms of interpersonal relationships after the treatment. On the other hand, the posttreatment Rorschach scores indicated that the EMDR therapy promoted self-insight in much the same way as a traditional uncovering therapy. In this case study, the findings gained through the two performance-based methods shed light on what a successful EMDR trauma therapy can yield aside from symptom reduction.


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ABSTRACT The diagnosis of posttraumatic stress disorder (PTSD) covers a wide range of conditions, ranging from patients suffering from a one-time traumatic accident to those who have been exposed to chronic traumatization and repeated assaults beginning at an early age. While EMDR and other trauma treatments have been proven efficacious in the treatment of simpler cases of PTSD, the effectiveness of treatments for more complex cases has been less widely studied. This article examines the body of literature on the treatment of complex PTSD and chronically traumatized populations, with a focus on EMDR treatment and research. Despite a still limited number of randomized controlled studies of any treatment for complex PTSD, trauma treatment experts have come to a general consensus that work with survivors of childhood abuse and other forms of chronic traumatization should be phase-oriented, multimodal, and titrated. A phase-oriented EMDR model for working with these patients is presented, highlighting the role of resource development and installation (RDI) and other strategies that address the needs of patients with compromised affect tolerance and self-regulation. EMDR treatment goals, procedures, and adaptations for each of the various treatment phases (stabilization, trauma processing, reconnection/development of self-identity) are reviewed. Finally, reflections on the strengths and unique advantages of EMDR in treating complex PTSD are offered along with suggestions for future investigations.

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PDF available at: http://www.psychiatry.ox.ac.uk/epct/emily_holmes/articles/lileyetal

ABSTRACT Objectives: Laboratory research using a working memory framework has shown modality-specific reductions in image vividness and emotionality when concurrent tasks are performed while maintaining the image in consciousness. We extended this research to trauma images in a clinical population awaiting treatment for post-traumatic stress symptoms. Design. A within-subjects design was used, with each participant completing an imagery task under three concurrent task conditions: side-to-side eye-movements, counting, and exposure only (no concurrent task). Methods: Eighteen participants selected three images each, the images being those that were the most distressing from participants' trauma memories and most likely to intrude involuntarily. Participants gave baseline ratings of the vividness and emotionality of each of their trauma images. Each image was assigned to a condition. Each condition comprised 8 trials in which participants recollected the appropriate image for 8 s while performing eye-movements, counting or no concurrent task, and then rated its vividness and emotionality. Follow-up ratings were obtained by telephone 1 week later. Results: The eye-movement task reduced vividness and emotionality of the trauma images relative to the counting task and exposure only, but did so only during the imagery period and not at follow-up. The images were predominantly visual. Conclusions: Concurrent tasks matched to the modality of trauma images may provide a useful treatment aid for temporarily dampening emotional responses to recollections of trauma.


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ABSTRACT The diagnosis of posttraumatic stress disorder (PTSD) covers a wide range of conditions, ranging from patients suffering from a one-time traumatic accident to those who have been exposed to chronic traumatization and repeated assaults beginning at an early age. While EMDR and other trauma treatments have been proven efficacious in the treatment of simpler cases of PTSD, the effectiveness of treatments for more complex cases has been less widely studied. This article examines the body of literature on the treatment of complex PTSD and chronically traumatized populations, with a focus on EMDR treatment and research. Despite a still limited number of randomized controlled studies of any treatment for complex PTSD, trauma treatment experts have come to a general consensus that work with survivors of childhood abuse and other forms of chronic traumatization should be phase-oriented, multimodal, and titrated. A phase-oriented EMDR model for working with these patients is presented, highlighting the role of resource development and installation (RDI) and other strategies that address the needs of patients with compromised affect tolerance and self-regulation. EMDR treatment goals, procedures, and adaptations for each of the various treatment phases (stabilization, trauma processing, reconnection/development of self-identity) are reviewed. Finally, reflections on the strengths and unique advantages of EMDR in treating complex PTSD are offered along with suggestions for future investigations.


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ABSTRACT Objectives: Laboratory research using a working memory framework has shown modality-specific reductions in image vividness and emotionality when concurrent tasks are performed while maintaining the image in consciousness. We extended this research to trauma images in a clinical population awaiting treatment for post-traumatic stress symptoms. Design. A within-subjects design was used, with each participant completing an imagery task under three concurrent task conditions: side-to-side eye-movements, counting, and exposure only (no concurrent task). Methods: Eighteen participants selected three images each, the images being those that were the most distressing from participants' trauma memories and most likely to intrude involuntarily. Participants gave baseline ratings of the vividness and emotionality of each of their trauma images. Each image was assigned to a condition. Each condition comprised 8 trials in which participants recollected the appropriate image for 8 s while performing eye-movements, counting or no concurrent task, and then rated its vividness and emotionality. Follow-up ratings were obtained by telephone 1 week later. Results: The eye-movement task reduced vividness and emotionality of the trauma images relative to the counting task and exposure only, but did so only during the imagery period and not at follow-up. The images were predominantly visual. Conclusions: Concurrent tasks matched to the modality of trauma images may provide a useful treatment aid for temporarily dampening emotional responses to recollections of trauma.


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ABSTRACT This interview with Dr. Francine Shapiro, originator and developer of Eye Movement Desensitization and Reprocessing (EMDR), provides an overview of the history and evolution of EMDR from its inception to current findings and utilization, as well as future directions in research and clinical development. Dr. Shapiro discusses the psychological traditions that informed the development of EMDR and the Adaptive Information model, as...
ABSTRACT This article provides an overview of significant milestones in EMDR history over the first 20 years. A chronological outline lists key events, documenting important publications, conferences, and humanitarian efforts. This is followed by a list of countries in which EMDR currently has an active presence.


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ABSTRACT This article provides an overview of significant milestones in EMDR history over the first 20 years. A chronological outline lists key events, documenting important publications, conferences, and humanitarian efforts. This is followed by a list of countries in which EMDR currently has an active presence.


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ABSTRACT There is converging evidence of gray matter (GM) structural alterations in different limbic structures in Post-Traumatic Stress Disorder (PTSD) patients. The aim of this study was to evaluate GM density in PTSD in relation to trauma load, and to assess the GM differences between responders (R) and non-responders (NR) to EMDR therapy. Magnetic Resonance Imaging (MRI) scans of 21 subjects exposed to occupational trauma, who developed PTSD (S), and of 22 who did not (NS), were compared by means of an optimized Voxel-Based Morphometry (VBM) analysis as implemented in SPM. Within S, further comparisons were made between 10 R and 5 NR. A regression analysis between GM density and the Traumatic Antecedents Questionnaire (TAQ) was also performed on all 43 subjects. Results showed a significantly lower GM density in S as compared to NS in the left posterior cingulate and the left posterior parahippocampal gyrus. Moreover, NR showed a significantly lower GM density as compared to R in bilateral posterior cingulate, as well as anterior insula, anterior parahippocampal gyrus and amygdala in the right hemisphere. Regression analysis showed that GM density negatively correlated with trauma load in bilateral posterior cingulate, left anterior insula, and right anterior parahippocampal gyrus. In conclusion, a GM lower density in limbic and paralimbic cortices were found to be associated with PTSD diagnosis, trauma load, and EMDR treatment outcome, suggesting a view of PTSD characterized by memory and dissociative disturbances.

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ABSTRACT Eye movement desensitization and reprocessing (EMDR) is an effective psychological intervention for posttraumatic stress disorder (PTSD). Trauma-related recall (Recall) with eye movements (EMs) is thought to reduce distress. However, the neural mechanisms underlying this process remain unknown. Thirteen patients with PTSD received EMDR treatment over the course of 2–10 weeks. We assessed the change in hemoglobin concentration in the lateral prefrontal cortex (PFC) during Recall with and without EM using multi-channel near-infrared spectroscopy (NIRS). Clinical diagnosis and improvement were evaluated using the Clinician-Administered PTSD Scale. Recall with EM was associated with a significant decrease in oxygenated hemoglobin concentration ([oxy-Hb]) in the lateral PFC as compared with Recall without EM. Longitudinally, [oxy-Hb] during Recall significantly decreased and the amount of decrease was significantly correlated with clinical improvement when the post-treatment data was compared with that of the pre-treatment. Our results suggest that performing EM during Recall reduces the over-activity of the lateral PFC, which may be part of the biological basis for the efficacy of EMDR in PTSD. NIRS may be a useful tool for objective assessment of psychological intervention in PTSD.


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ABSTRACT BACKGROUND: Acute stress disorder (ASD) predicts the development of posttraumatic stress disorder (PTSD), which in some sufferers can persist for years and lead to significant disability. We carried out a review of randomized controlled trials to give an update on which psychological treatments are empirically supported for these disorders, and used the criteria set out by Chambless and Hollon [1998: J Consult Clin Psychol 66:7-18] to draw conclusions about efficacy, first irrespective of trauma type and second with regard to particular populations. METHODS: The PsycINFO and PubMed databases were searched electronically to identify suitable articles published up to the end of 2008. Fifty-seven studies satisfied our inclusion criteria. RESULTS: Looking at the literature undifferentiated by trauma type, there was evidence that trauma-focused cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) are efficacious and specific for PTSD, stress inoculation training, hypnotherapy, interpersonal psychotherapy, and psychodynamic therapy are possibly efficacious for PTSD and trauma-focused CBT is possibly efficacious for ASD. Not one of these treatments has been tested with the full range of trauma groups, though there is evidence that trauma-focused CBT is established in efficacy for assault- and road traffic accident-related PTSD. CONCLUSIONS: Trauma-focused CBT and to a lesser extent EMDR (due to fewer studies having been conducted and many having had a mixed trauma sample) are the psychological treatments of choice for PTSD, but further research of these and other therapies with different populations is needed.

**ABSTRACT** This article presents four brief reports that illustrate EMDR’s potential in addressing a range of pathologies and problems. These include traumatized groups, families and couples, sex offenders, and individuals with performance anxiety. Each brief report provides a short summary of the research, highlights current EMDR research, and points out what is needed for future investigations. Preliminary results suggest that the EMDR—integrative group treatment protocol may be an effective means of providing mental health care to large groups of people affected by critical incidents. The report titled “EMDR in Couples and Family Therapy” provides an overview of the field and describes the various ways in which EMDR is being incorporated. The presenting issue with performance anxiety is debilitating evaluation anxiety at the prospect of having to perform some important activity in front of an audience that matters a great deal to the client. Sex offender treatment is enhanced by an effective means of resolving psychological mechanisms that contribute to the dynamics of the offense chain. Roth, W. T. (2010). Diversity of effective treatments of panic attacks: What do they have in common? Depress Anxiety, 27(1), 5-11.

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**ABSTRACT** By comparing efficacious psychological therapies of different kinds, inferences about common effective treatment mechanisms can be made. We selected six therapies for review on the basis of the diversity of their theoretical rationales and evidence for superior efficacy: psychoanalytic psychotherapy, hypercapnic breathing training, hypocapnic breathing training, reprocessing with and without eye-movement desensitization, muscle relaxation, and cognitive behavior therapy. The likely common element of all these therapies is that they reduce the immediate expectancy of a panic attack, disrupting the vicious circle of fearing fear. Modifying expectation is usually regarded as a placebo mechanism in psychotherapy, but may be a specific treatment mechanism for panic. The fact that this is seldom the rationale communicated to the patient creates a moral dilemma: Is it ethical for therapists to mislead patients to help them? Pragmatic justification of a successful practice is a way out of this dilemma. Therapies should be evaluated that deal with expectations directly by promoting positive thinking or by fostering non-expectancy.


**ABSTRACT** Background: Recent studies pointed to Eye Movement Desensitization and Reprocessing as an efficient psychotherapeutic approach in the treatment of states caused by severe stress. Until now in Bosnia and Herzegovina we were not published studies regarding to EMDR. Case report: Patient with acute posttraumatic stress disorder developed after he survived the mining accident was presented. After one session of EMDR symptoms were solved, and patient returns at premorbid level of psychosocial functioning. Conclusion: Patients treated with EMDR has a lot of benefits from this approach, especially in cases of Posttraumatic stress disorder caused by simple trauma that is not incorporated into patients’ personality.


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**ABSTRACT** More than half of the United States population has been affected by psychological trauma. Many individuals who survive traumatic experiences develop post-traumatic stress disorder (PTSD) and related psychological problems. Eye Movement Desensitization and Reprocessing (EMDR) is an effective treatment for such disorders. EMDR focuses on reprocessing the dysfunctional stored memories of the traumatic experience, enabling the client to progress through appropriate stages of affect and insight to reach an adaptive resolution regarding critical issues such as personal responsibility, safety in the present, and the availability of choices in the future. This article describes EMDR, discusses studies of its effectiveness, and concludes with recommendations for trauma-related policy and practice.


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**ABSTRACT** The aim of this exploratory study is to test the application of therapy EMDR in case of traumatic bereavement. The traumatic bereavement, which corresponds to the brutal loss of ‘other significant’, answers a precise clinical picture whose principal characteristics are the intrusive thoughts concerning the late one and of the difficulties of adjustment to the loss (feeling of vacuum, difficulties of recognizing the death, irrational, lack of reactivity, etc). The eight participants all of this study are of the members of the family of the victims of the train collision, which took place on October 12, 2006 in Zoufftgen. The subjects, old on average 35.2 years (S.D. = 11.1) and including 75% women, followed between eight to 15 meetings (m = 10.75, S.D. = 2.21) answering protocol EMDR. The effectiveness of the therapy was evaluated starting from several criteria including traumatic bereavement, anxiety, depression and psychological distress. Five evaluations were carried out: before the therapy (T0), after six meetings (T1), at the end of the therapy (T2), then in three months (T3) and 12 months (T4) after the end of the therapy. The principal results seem to indicate an effectiveness of the therapy EMDR. Indeed, we observe a reduction in all the indicators between the beginning (T0) and the end of the therapy (T2). Moreover, when this reduction does not continue to three and 12 months, it remains, at least, stable at one year. These observations are very encouraging especially when it is known that 10 to 15% of the patient develops a chronic depression.
ABSTRACT This systematic review presents evidence for the effectiveness of eye movement desensitization and reprocessing (EMDR) in the treatment of a diverse range of medically unexplained symptoms (MUS). Theoretical underpinning, variations in interventions, methodological issues, and outcomes are discussed, and implications for future research and clinical practice are presented. Considering the limited number of reported case series and the lack of controlled studies, it might be concluded that EMDR for MUS is only in its infancy. The preliminary results suggest that EMDR might be an effective treatment for MUS and somatoform disorders, particularly when they are related to trauma. To date, the results for phantom limb pain are the most promising.