

BOOK REVIEW

THROUGH THE EYES OF A CHILD: EMDR WITH CHILDREN

By Robert H. Tinker and Sandra A. Wilson

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Reviewed by Val Walters

Tinker sets the scene for this book in the preface by stating his earlier scepticism about eye movement desensitization and reprocessing (EMDR), asserting that he values scientific research and that he has respectable credentials as a university lecturer of psychotherapy. Readers who use hypnosis as an adjunct to therapy may identify with a similar need to defend themselves against a variety of potential reactions from colleagues (and others) which, at worst, imply one is practising a form of witchcraft. He goes on to describe how, when training to use EMDR, he had personally experienced an unexpected insight which later triggered a profound emotional reaction. We are left in no doubt that Tinker feels passionately about EMDR on both a personal and professional level.

This book has been written with three audiences in mind: clinicians working with children and who have had training in EMDR; those who have expertise in working with children but have had no EMDR training, who might be interested in finding out more about EMDR; and therapists trained in EMDR who work with adults who were traumatized as children.

In Chapter 1 Tinker and Wilson try to account for the apparent reluctance of therapists to use EMDR with children and surmise that this may be due to a fear of causing the strong abreactions that are often witnessed when treating adults. They give examples of how EMDR might be used as an adjunct to almost any therapeutic orientation. It is suggested that therapists trained in hypnosis might be 'tempted to see EMDR as a form of hypnosis, especially those who are trained in Eriksonian methods of trance induction' (p.6). I was intrigued by this statement, but admit that I was left wondering what exactly was meant and would have liked the authors to have expanded on this a little further. In arguing that EMDR is not hypnosis they also cite two studies on EMDR that found no correlation between hypnotic susceptibility tests and therapeutic outcome. However, although the conclusion the authors draw may be shared by those who hold a 'special state' view of hypnosis, practitioners who hold an alternative view might well argue that the correlation between hypnotizability and clinical outcome is 'misleading' (Bates, 1997: 43).

The authors give a thorough description of the eight phases of EMDR as defined by Shapiro (1995). Many therapists, even those with very limited knowledge of EMDR, will have heard colleagues (who have 'done the training') using EMDR terminology such as 'hand taps', 'installation', 'body scan', 'obtaining a VOC', 'chaining' and so on, and this section will leave the untrained reader with a basic understanding of the EMDR protocol. Tinker and Wilson suggest that the multimodal approach used in EMDR, alongside the possible activation of dual hemispheric processing, may together result in a particularly complete resolution of trauma. The speed at which clients are claimed to recover from past trauma is accounted for by EMDR facilitating

an accelerated information processing. Whether or not left-right eye movement is a critical factor in this process is apparently, as yet, unclear. Indeed, the authors allude to a theory (Perry, 1998) that it is the patterned, repetitive stimulation influencing the brainstem that could be the crucial element of EMDR. Whatever mechanisms may be responsible for therapeutic change following the use of EMDR, a feature that is highlighted by the authors is that in contrast to other therapies, such as CBT, *emotions* change first followed by cognitions and behaviours as they realign with 'less intense affect' (p.27).

Readers who use hypnosis will no doubt recognize this process when working with clients to resolve trauma (and other unresolved issues). Techniques such as the 'affect' or 'somatic bridge' (Watkins, 1971) are examples of effective hypnotic techniques which often facilitate, sometimes profound, emotional insight followed by cognitive reframing – which is arguably extremely similar to what the authors are describing here as 'dual hemispheric processing'.

The authors begin Chapter 2 by stressing the need for initial assessment of the child, including information about any past traumas that a child may have suffered. Tinker and Wilson make the important point that, depending on the practitioner, a variety of diagnoses might be arrived at. For instance, a traumatized child might be diagnosed as suffering from depression, anxiety, sleep disorder, phobia or even ADHD, and the prospect of an individual receiving appropriate and effective treatment may sadly be something of a lottery. Indeed, the authors are critical of therapeutic approaches that treat an identified syndrome rather than focus on resolution of any past traumas that might have played a part in its development. This type of approach is contrasted with the use of EMDR, which focuses directly on the trauma. Furthermore, in citing research by Fischer and Riedesser (1998) it is suggested that the nature of the *trauma* might be more predictive of the consequent development of PTSD than characteristics of the *individual* and that in conceptualizing PTSD in this way we can avoid 'blaming the victim' (p.33).

As a practitioner whose work includes treating adolescents, I have been struck by how frequently individuals report past traumas. I was pleased, therefore, that the authors highlighted the pervasiveness of trauma in daily life, and the consequent risk of minimizing the impact of trauma simply because it is so prevalent. Another point made is that children who respond to traumas that affect a community may be easily overlooked by adults who are struggling with their own feelings or dealing only with those who are showing overt symptoms.

Emphasis is put on how the outcome of using EMDR can be predicted by the characteristics of the trauma. These characteristics include simple versus complex trauma, acute versus chronic trauma, single versus multiple trauma, age at first traumatization, no violence versus violence, and degree of association. Arguably, the same characteristics could also predict outcomes of other therapies (including the use of hypnosis) that focus on, rather than minimize, the trauma.

After a section on how to present EMDR to parents, the authors go on to illustrate two case reports of a five-year-old girl and a seven-year-old boy. These cases have been presented to contrast the treatment of a simple, acute trauma with one in which there was no identifiable trauma. The second case was particularly refreshing to read as it illustrated the difficulties, frustrations and setbacks in treating a complex problem and was used as an example to show that EMDR did not provide a magic cure, but was helpful in dealing with symptoms that arose over a period of time. Books on therapeutic approaches, not surprisingly, illustrate a preponderance of cases that have been highly successful, and perhaps Tinker and Wilson should be

congratulated for recognizing how valuable it is to also include examples of cases which reflect the reality of working with clients where progress is not so clear cut.

Chapter 3 focuses on the first therapy session with the child and elaborates on the EMDR protocol introduced earlier in the book. The 'installation' (EMDR speak is very easy to slip into) of the 'safe place' is very similar indeed to the introduction of a 'safe place' which might be included as part of a therapeutic package using hypnosis as an adjunct to treat trauma. The only difference seems to be the addition of hand tapping, or following the therapist's fingers to elicit left-right eye movements. 'Installation' is described as pairing sounds, smells and so on with the eye movements or taps and is believed to 'strengthen the positive effects of the safe place' (p.59). But having seen how useful a safe place can be when introduced in hypnosis, I confess I was left a little unconvinced that EMDR was offering anything different. Indeed the reasons given for installing a safe place would not have been out of place in a textbook on hypnosis.

Therapists trained in hypnosis will also be interested in a section on dissociation, in which it is suggested that EMDR treatment is effective in 'allowing dissociated material to be incorporated into more normal mental processing'. Again this is a concept that is likely to be alluded to in books on using hypnosis in therapy. For instance, Spiegel (1997) describes a framework for treating PTSD, which includes, 'Make *Conscious* previously repressed or dissociated material.... When the material is stored in the unconscious again, it is stored in restructured form' (p.501). The authors suggest that one approach to treatment is to begin by treating nightmares that are associated with the trauma, and refer to the effectiveness of reaching a speedy resolution to nightmares with the use of EMDR. Parallels to hypnosis can be made here too; indeed, in my own clinical practice I have been struck by the usefulness of hypnosis in eliminating nightmares in one session.

I liked the table of possible starting targets with children, which I feel reflects good therapeutic practice when working with children and was clearly not a list that need be confined to using EMDR. During this chapter, as more EMDR terminology was introduced, I began to find myself focusing on how these words have not only been essential in creating a definitive EMDR identity but how a therapeutic framework that defines techniques with such clarity (for example, 'An associative channel is a chain of associations on a single topic, which has gone from negative to positive in emotional content', p.68) can be so alluring. The question is, does this terminology indicate a *truly* new concept, or simply new terminology?

Chapter 4 concentrates on the modification of EMDR techniques for children. We are introduced to the authors' principle of 'minimal creativity' (p.73). This is described as following the client's 'associative chains' and thus EMDR is presented as 'the ultimate in person-centred therapy' (p.73). Goals of therapy are to involve as many sensory modes as possible, and to evoke emotions in the least overwhelming way for the child. Developmental stages are addressed for children aged 9–12 years, 6–8 years and 2–3 years. Case examples are given for each stage.

The next two chapters (5 and 6) focus on simple traumas such as car accidents, being struck by lightning, bereavement and specific phobias. Complete transcripts of sessions are included and these are extremely useful in giving a very clear idea about the application of EMDR techniques. The scripts illustrate how the child is encouraged to focus on a traumatic event as if it were actually happening and then to express emotions and body sensations connected to the fear. At intervals throughout the session the child is asked to mark a scale to show the degree of affect experienced when exposed to memories of the trauma.

In Chapter 5 the authors put their clinical observations into context with recent trauma research that suggests that traumatic memories are different from non-traumatic memories. Studies are referred to that suggest that changes occur to areas of the brain during a trauma, and the authors suggest that EMDR may be effective as it has the potential to change what seems to have been 'indelibly and immutably recorded in the brain' (p.124). Reference is also made to brain scans that have been recorded pre- and post-EMDR treatment, showing that therapeutic progress is related to increased activation of the cingulate area and left pre-frontal cortex.

The authors argue in Chapter 6 that, since EMDR techniques are so consistently effective, success is due more to the EMDR than the therapist's personality. Indeed, because the technique is so highly structured it is not even necessary for the same therapist to conduct each session. They cite, as an example, the use of EMDR to treat individuals following the Oklahoma City bombing, pointing out that sometimes each of the three sessions was conducted by a different therapist, the outcome being just as successful as for those who saw only one therapist for the three sessions.

The authors present case reports of three children who received EMDR for the loss of a parent, one parent having committed suicide. These cases illustrate the process of recovery for these children, a process that will interest therapists whether or not they use EMDR. In alluding to one of the cases, the authors refer to the 'washing out' of intense emotions that can be achieved by using EMDR, and go on to state that: 'EMDR is the only therapy that directly and consistently impacts the emotions in persons who have been traumatised' (p.149): a statement which perhaps begs challenge. Two cases of animal phobia are also presented in this chapter, again helpfully illustrated by transcripts of the sessions.

In Chapter 7, the authors focus on complex trauma, that is, those which do not respond so quickly to treatment. Reference is made to Reactive Attachment Disorder, which the authors believe is more prevalent than indicated by DSM IV, and suggest that EMDR may be a useful treatment strategy for this disorder, particularly as a form of grief processing. I was pleased that this chapter included a case study of a 14-year-old boy, as there is generally an emphasis on younger children in this book. Case studies of a four-year-old enraged by her parents' divorce and an eight-year-old boy suffering from PTSD hallucinations are also included.

Chapter 8 is devoted to 'troubleshooting'. The authors begin by addressing the problem of the uncooperative child and emphasize the need to develop a good relationship with the child in order to overcome this, and thus I wondered whether the authors' earlier statement (Chapter 6), that success of EMDR is not dependent on the therapist's personality, should have been qualified by the therapist's ability to build rapport. They also address the problem of the child who wants to drop out of therapy, illustrated by a case in which a combination of hypnosis and EMDR was used, but which did not lead to a successful outcome. The authors state:

If a person doesn't want EMDR to work, it won't. This boy did not want EMDR or the combination of EMDR and hypnosis to work. When he perceived that it was having an effect, he acted out against the effects that were being produced (p.197).

Other examples of 'sticking points' which indicate that EMDR is not working are addressed.

'Diagnostic Categories' is the title of Chapter 9. Diagnostic formulation is considered to be important both in treatment planning and to help clinicians to decide when EMDR might be useful as part of the treatment. Disorders that have been shown to

respond well to EMDR are referred to, as well as those in which EMDR has the potential to be effective but which are as yet less well tried and tested. Overall, these include learning disorders, somatoform disorders, eating disorders, anxiety disorders, specific phobia, obsessive-compulsive disorder, attention deficit disorder, depressive disorders, disruptive behaviour disorders and reactive attachment disorder. The authors state quite unambiguously how to apply EMDR to these disorders: 'rules are fairly simple: Seek out traumas, upsetting events, emotional stuck points, and apply EMDR regardless of the diagnosis' (p.246). However, they also caution that the clinician should become knowledgeable about the disorder before applying EMDR and should understand the characteristics of the trauma in question.

In the following chapter (Chapter 10) Tinker and Wilson describe how targeted symptoms can be focused on at the beginning of therapy. They suggest that when symptoms respond rapidly to treatment this indicates that the problem is likely not to be complex, whereas failure to improve within three sessions may be indicative of a more complex situation. Common symptoms are covered in this section, such as nightmares, enuresis, hyperactivity and tantrums.

I enjoyed this book. It gave an exceptionally clear picture of the use of EMDR with children and I imagine it will encourage some therapists who work with children to consider doing the EMDR training. It undoubtedly would make a useful resource book for those already trained in using EMDR in their clinical work, whether they specialize in working with children or adults.

I admit that I was asking myself throughout the book 'but is this *really* any different from hypnosis?'. I noticed that the authors generally confined possible explanations regarding the effectiveness of EMDR to the effects of eye movements, or repetitive stimulation of the brainstem, in affecting information processing (Chapter 1). But could not this process, in the context of hypnosis, be understood as focused attention and a switching of information processing style which subsequently facilitates responsiveness to suggestion (Oakley and Frasquilho, 1998)? And what about the issue of expectations?

I was impressed by the authors' no-nonsense approach and therapists will no doubt relate to the authors' experiences of the demands of working with children. Readers will also be left with the feeling that Tinker and Wilson are doing therapy in the real world rather than the world so often conjured up by writers of therapy books in which clients seem to get better in such a straightforward way. The book never ceases to convey the authors' enthusiasm for EMDR and they present a refreshing approach to therapy with children which makes compelling reading. I feel that Tinker and Wilson undersell themselves when they state the audiences that they had in mind – this is a book that *all* therapists who work with children should read, since the usefulness of the book extends beyond the clarification of what EMDR entails. One advantage of the introduction of a new approach to therapy is that it can encourage practitioners to review their own practice. There is a lot in this book that will provoke thought about the treatment of traumatized children, whether or not one uses EMDR.

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