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Original article

EMDR as a treatment for improving attachment status in adults and children

L'EMDR : un traitement possible pour améliorer la relation d'attachement chez les adultes et les enfants

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ABSTRACT

Introduction. – The purpose of the article is to examine the current literature regarding evidence for positive change in attachment status following Eye Movement Desensitization and Reprocessing (EMDR) therapy and to describe how an integrative EMDR and family therapy team model was implemented to improve attachment and symptoms in a child with a history of relational loss and trauma.
Literature. – The EMDR method is briefly described along with the theoretical model that guides the EMDR approach. As well, an overview of attachment theory is provided and its implication for conceptualizing symptoms related to a history of relational trauma. Finally, a literature review is provided regarding current preliminary evidence that EMDR can improve attachment status in children and adults.
Clinical findings. – A case study is described in which an EMDR and family therapy integrative model improved attachment status and symptoms in a child with a history attachment trauma.
Conclusion. – The case study and literature review provide preliminary evidence that EMDR may be a promising therapy in the treatment of disorders related to attachment trauma.

Mots clés :
EMDR
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Troubles de l'attachement
Thérapie familiale
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RÉSUMÉ

Introduction. – Le but de cet article est d'examiner la littérature scientifique qui envisage la thérapie Eye Movement Desensitization and Reprocessing (EMDR) comme une réponse à la prise en charge des troubles de l'attachement consécutifs à des traumatismes. L'EMDR s'inscrit fondamentalement comme une approche intégrative susceptible de répondre aux nécessités d'une prise en charge en termes de thérapie familiale.
Littérature. – La thérapie EMDR est brièvement décrite, ainsi que le modèle théorique sur lequel elle s'appuie. Sont également présentées certaines approches relatives aux théories de l'attachement, ainsi que leurs implications dans le processus de traumatisation. Enfin, une revue de la littérature apporte des preuves préliminaires montrant que l'EMDR améliore les problématiques d'attachement des enfants, mais aussi des adultes.
Résultats cliniques. – Une étude de cas est présentée dans laquelle l'intégration de l'EMDR à la thérapie familiale a amélioré la situation d'un enfant qui souffrait de troubles de l'attachement et de traumatisme.
Conclusion. – L'étude de cas et la revue de la littérature apportent des premiers éléments de preuve indiquant que l'EMDR est un traitement prometteur dans le traitement des problématiques qui mettent en lien les traumatismes et les troubles de l'attachement.

1. Introduction

Purpose: The purpose of this paper is first to provide an overview of the challenges for the diagnosis and treatment of symptoms related to early relational trauma and poor quality attachments. Secondly, a literature review is provided regarding the effect of Eye Movement Desensitization and Reprocessing (EMDR) on

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attachment problems in adults and children. Finally, a child case study is described in which reactive attachment disorder (RAD) behaviors and trauma symptoms related to early neglect, abuse, and caregiver changes are improved through an integrative EMDR and family therapy team model. The single case design has been identified as an appropriate method for describing novel treatment approaches to challenging populations and for calling attention to difficult treatment issues (Drotar, 2009; Drotar, La Greca, Lemanek, & Kazak, 1995; Rapoff & Stark, 2008).

2. Eye Movement Desensitization and Reprocessing (EMDR) and the Adaptive Information Processing (AIP) model

EMDR is a therapeutic approach first developed by Francine Shapiro (2001) to reduce symptoms associated with post-traumatic stress disorder (PTSD). The therapist applies bilateral stimulation through lateral eye movements, ear tones, or taps on the hands while the client simultaneously accesses the stored traumatic memory through image, cognitions, affect, and sensation. A specific eight-step protocol moves the client through case conceptualization and preparation, desensitization and reprocessing of the traumatic memory, closure, and follow-up. Multiple outcome studies have shown EMDR to be an effective method for treating PTSD (American Psychiatric Association, 2004; Department of Veterans Affairs and Department of Defense, 2004).

Since the EMDR approach was first utilized clinically, clinicians have reported improvements following EMDR that extend beyond overt symptoms of PTSD. For example, EMDR proved to be more successful than pharmacotherapy in achieving sustained improvement in PTSD and depressive symptoms for trauma survivors (van der Kolk et al., 2007). EMDR has been shown to improve affect regulation and to change personality characteristics (Brown & Shapiro, 2006), to decrease phantom limb pain (Schneider, Hofmann, & Shapiro, 2008), to decrease pain and somatic complaints (Grant & Threlfo, 2002; Gupta & Gupta, 2002), and to improve depression in adolescents (Bae, Kim, & Park, 2008).

Clinicians also have reported symptom relief following EMDR treatment of distressing experiences that would be considered too "ordinary" to be defined as traumatic, such as teasing by a classmate or criticism from a parent. The level of distress attached to any frightening, embarrassing, or hurtful experience is subjective and tainted by related previous life experiences. The goal of EMDR, then, is not narrowly defined to improvement of PTSD symptoms, but overall improvement in life functioning.

Shapiro's Adaptive Information Processing (AIP) model (Shapiro, 2007) posits why the EMDR approach is not limited to the treatment of post-traumatic stress symptoms and how it may effectively move clients toward healthier functioning overall. According to the model, all human beings possess a natural information processing system that continually processes through any and all emotions experienced during day-to-day events. The model hypothesizes that this natural information processing system becomes overwhelmed and shuts down regarding events that are highly distressing, and that the remaining unmetabolized memory is automatically stored within a neural network along with the associated mal-adaptive affect, sensations, images, and beliefs. Distressing events may include small "t" trauma experiences of humiliation or rejection, as well as big "T" trauma which is experienced as life threatening. The AIP model asserts that any current reminder, conscious or unconscious, can activate the unprocessed material, creating a dysfunctional response to the situation at hand. EMDR jump-starts the client's natural information processing system while targeting the early experiences and the stored mal-adaptive information. The bilateral stimulation facilitates new associations, linking the negative material to other, more adaptive material in the brain through spontaneous insights and emotional shifts. There are now over a dozen randomized, controlled studies examining the underlying mechanisms at work during memory reprocessing with bilateral stimulation. Research has demonstrated that the eye movements facilitate retrieval of memories and increase attentional flexibility during recall. Furthermore, eye movements have been shown to reduce emotional intensity and vividness of the images during recall of disturbing memories (Gunter & Bodner, 2008; van den Hout et al., 2011; van den Hout, Muris, Salemink, & Kindt, 2001). Overall, the EMDR therapist utilizes a three-pronged approach, addressing early memories associated with current unhealthy beliefs and related dysfunctional responses, then addressing the current triggers, and then reinforcing an image of a future adaptive emotional and behavioral response.

3. Attachment theory and implications for conceptualizing attachment-related disorders

The AIP model has much in common with the Internal Working Model (IWM) of Bowlby, an English psychoanalyst who founded attachment theory. Bowlby strayed from the approaches of his analytic colleagues and used methods of scientific observation with young children to develop his theory of attachment and the IWM (Bowlby, 1973,1988,1989). Like Shapiro's AIP model, Bowlby's IWM asserts that early experiences drive perceptions and responses later in life. Bowlby viewed the child's early experiences with his attachment figures as immensely powerful in determining the child's IWM, that is, his core beliefs about himself, others, and the world. He considered the infant's attachment to its mother as primary, driven by the infant's innate fear of annihilation and his dependence upon the proximity of the attachment figure for survival. Attachment security is associated with an alleviation of the child's innate fears of abandonment and positive expectations as he moves out into the wider world of relationships. Bowlby observed that the stability of the relationship between a child and his primary caregiver in the earliest months and years of life is directly related to the child's sense of security in the world and on his later relationship functioning.

Ainsworth (1967,1982), a student of Bowlby's, observed mothers with their infants and discovered basic differences in the quality of the attachment relationship when she compared the mother-infant dyads. Ainsworth recognized that the mother's sensitivity and responsiveness to the child's cues determined the type of attachment to the mother — secure versus anxious/insecure. The children with secure attachment sought comfort from their mothers, and they were not disappointed, as their mothers were sensitively responsive to their needs, whereas the children with anxious attachment, resistant/ambivalent subtype, had adapted to inconsistent responsiveness in their mothers by exhibiting demanding, angry, and clinging/controlling behaviors. The children with anxious attachment, avoidant subtype, adapted to their parent's discomfort with intense emotions by shutting down any outward show of emotion despite internal feelings of distress. In later studies, a small percentage of children were deemed to have a disorganized attachment (Main & Solomon, 1986), and these children were additionally designated either secure, anxious resistant/ambivalent, or anxious avoidant. Disorganized children were observed to be fearful and anxious around their mothers while simultaneously seeking closeness. The mothers were observed to be suffering from some type of unresolved childhood abuse or unresolved loss, and their own emotional dysregulation led to either overt or more subtle behaviors that were somehow frightening to their children. Child maltreatment is highly associated with attachment insecurity and with attachment disorganization; for example,