



Reconfiguration Trauma of Eye Movement Desensitization and Reprocessing Neurological Approach to Post-Traumatic Stress Disorder

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DESCRIPTION

A stressful incident like violence, abuse, war, an accident, or a natural disaster can result in Post-Traumatic Stress Disorder (PTSD), a mental health disease. People with PTSD may suffer unfavorable changes in their attitude and thinking, avoid reminders of the traumatic event, have persistent and intrusive recollections of the event, and have increased arousal and responsiveness. Their everyday functioning and quality of life may be affected by these symptoms.

Francine Shapiro created the psychotherapy technique known as Eye Movement Desensitization and Reprocessing (EMDR) in the 1980s to treat PTSD and other trauma-related illnesses. The Adaptive Information Processing (AIP) hypothesis, on which EMDR is based, contends that traumatic memories are stored differently than other memories and those they produce psychological distress when triggered. In order to lessen the negative effects of traumatic memories and improve adaptive coping, EMDR works to help the brain integrate and process them.

Phases of treatment

One of the most studied and suggested treatments for PTSD is EMDR. It has been demonstrated in numerous clinical studies that EMDR can considerably reduce PTSD symptoms and enhance quality of life for trauma survivors. Other illnesses like anxiety, depression, phobias, substance use disorders, and chronic pain have all been reported to benefit with EMDR treatment.

It can aid clients in processing upsetting memories in a controlled and safe environment. Helps individuals in lessening distressing feelings, notions, and sensations connected to trauma. It also enhances good feelings, ideas, and sensations that support effective coping and can assist individuals in enhancing their functioning, relationships, and sense of self.

Phase 1: Treatment planning and taking a medical history. The target memories, beliefs, emotions, and sensations that need to

be addressed in therapy are determined by the therapist and the client.

Phase 2: Getting the customer ready. The therapist builds rapport and trust with the client, explains the EMDR process, and gives them coping mechanisms to use in-between sessions.

Phase 3: Evaluating the target memory in phase three. The therapist encourages the client to go back on a particular painful memory and to name the unfavorable thought, feeling, or sensation connected to it. The therapist also aids the client in choosing a constructive belief to take the place of the unfavorable one.

Phases 4–7: Adaptive resolution processing of the memory. Bilateral stimulation (BLS), which might take the form of eye movements, tones, or taps, is used in conjunction with the therapist's guidance of the patient to concentrate on the target memory. The BLS is believed to speed up the processing of memories by stimulating the adaptive information processing system and engaging both hemispheres of the brain. The client is told to stop judging or limiting what comes to mind and just let it unfold. The client's responses are observed by the therapist, who also frequently checks in with them to gauge their development. Processing continues until the recollection is no longer upsetting and the affirmative belief is more convincing.

Phase 8: Analyzing the effects of the therapy. The therapist discusses the client's EMDR session results with them and assesses their level of stability, contentment, and improvement. The client and the therapist also talk about any objectives or difficulties for the future.

CONCLUSION

In conclusion, traumatic incidents can lead to PTSD, impacting attitudes, thinking, and daily life. EMDR, developed by Francine Shapiro, offers a proven approach. It helps reprocess traumatic memories, reducing distress and enhancing coping. EMDR's phases guide the client through memory evaluation, adaptive resolution, and positive belief integration, resulting in improved well-being.

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