

The comparison of EMDR with other therapeutic techniques in the processing of stressful memories in a non-clinical sample

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Background and Aims

In recent decades, several psychotherapeutic techniques have emerged to lessen emotionally upsetting activation during the recalling of traumatic experiences associated with present symptoms. One of the most studied techniques is EMDR (Shapiro, 1989). Another well-known psychotherapeutic technique, but less supported by research than EMDR, is Brainspotting (BSP). It was developed in 2003 by David Grand, as a result of his EMDR work (see "Natural Flow EMDR"; Grand, 2001).

Although EMDR practice does not specifically refer to mindfulness, some authors have suggested that the instructions provided to clients (i.e., "let whatever happens, happen", "just notice", etc.) are consistent with some

features of mindfulness practice (Solomon & Shapiro, 2008). On the other hand, Grand (2013) highlighted the importance of the attuned, mindful and compassionate presence of the BSP therapist, and the client's focused mindfulness during the processing.

In the field of mindfulness, Body Scan Meditation (BSM) is a body-centered practice transversal to several popular mindfulness-based interventions aimed at reducing stress and relieving suffering (Kabat-Zinn, 1990).

Therefore, the aim of our study was to explore and compare the effects of a single brief session (about 40-min) of EMDR, BSP and BSM techniques in the processing of distressing memories carried out by a non-clinical sample of adult participants.

Methods

In a within-subject design, participants (Psychologists and MDs, $N = 40$) told the researcher four distressing memories, each of which was treated with a single intervention. These professionals were initially screened for psychopathology and neuropsychological functioning. We compared the three interventions with an active control condition (Book Reading,

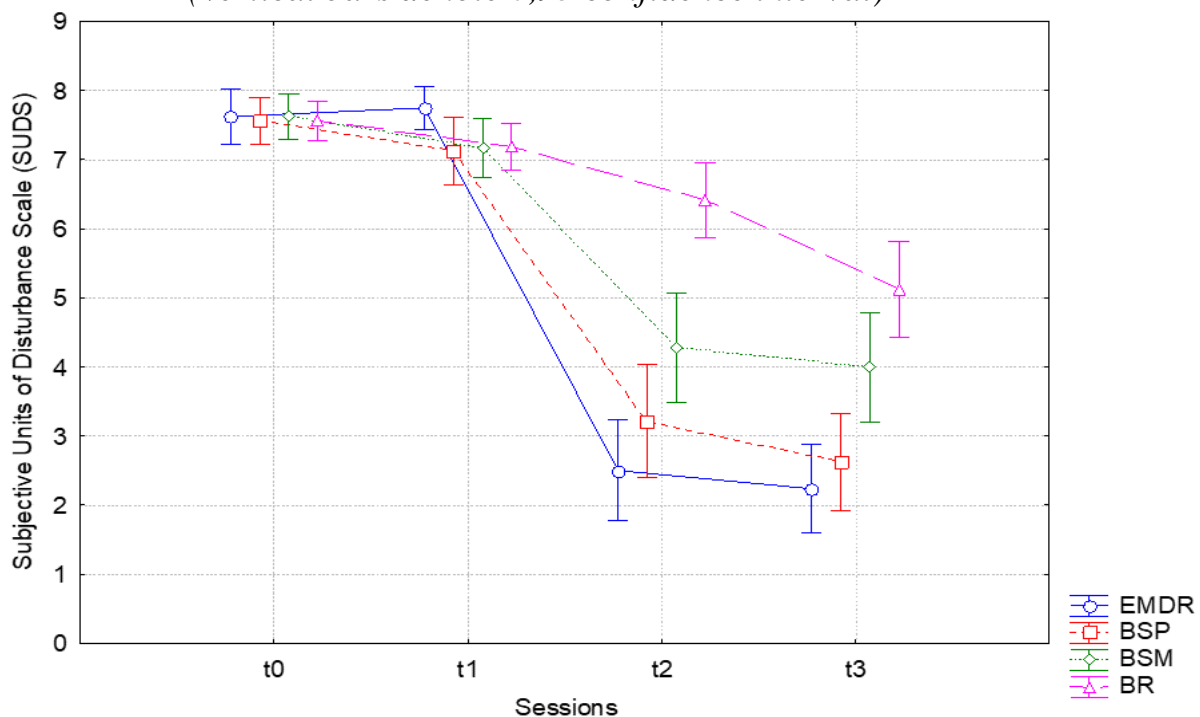
BR) using both subjective (i.e., Subjective Units of Disturbance, SUD Scale) and more objective measures (i.e., Memory Telling Duration, MTD) on a 4-point timeline: Baseline (i.e., about one week before the intervention), Pre- and Post-Intervention (i.e., immediately before and after the intervention), and Follow-up (i.e., about two months after the last intervention).



Results

- SUD scores associated with EMDR, BSP and BSM significantly decreased from Pre- to Post-Intervention. At Follow-up, SUD scores associated with BR were significantly higher than scores associated with EMDR, BSP and BSM.
- At Post-intervention, SUD scores associated with both EMDR and BSP were significantly lower than scores associated with BSM; the same pattern was observable at Follow-up.
- Although SUD scores associated with EMDR at Post-Intervention and Follow-up were lower than scores associated with BSP, this difference was not statistically significant.
- An overall reduction in MTD was observed from Pre- to Post-Intervention, due to the significant MTD reduction associated with the EMDR and BSP interventions only (not reported in Figure 1).

Figure 1. Trend of SUD scores
(Vertical bars denote 0,95 confidence interval)



Notes: t_0 = Baseline, t_1 = Pre-Intervention, t_2 = Post-Intervention, t_3 = Follow-up

Conclusions

- EMDR and BSP techniques are potentially comparable in terms of efficacy and similarly affect how the distressing memories are reported in terms of conciseness.
- It may be helpful to investigate whether to supplement the use of the visual fixation points (used in BSP) in EMDR treatment.
- Mindful self-observation of one's stream of consciousness (especially body sensations) connected to the distressing memory, in association with bilateral stimulation and in the context of a deep connection between client and therapist, seem to be crucial elements for developing effective interventions to mitigate and process psychological suffering linked with distressing memories.

