



EMDR Therapy in the Treatment of Eating Disorders

This monthly newsletter was created primarily for our colleagues trained in Eye Movement Desensitization and Reprocessing (EMDR) who work with military, veterans, and their families. The purpose of EMDR and the Military-in-Action Newsletter is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with these special populations.

ATTENTION RESEARCHERS: If you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for the \$25,000 EMDR Research Grant Award.

\$25,000 EMDR Research Grant Award Details:

<https://emdrresearchfoundation.org/research-grants/25000-emdr-research-grant-award/#>

If you need access to expertise for a research project, don't hesitate to apply for the \$1,000 Research Consultation Award.

Research Consultation Award Details:

<https://emdrresearchfoundation.org/research-grants/research-consultation-awards>

EMDR Studies



EMDR Study

Yasar, A. B., Usta, F. D., Abamor, A. E., Taycan, S. E., & Kaya, B. (2017).

[EMDR therapy on trauma-based restrictive eating cases](#)

European Psychiatry, 41, S560-S561.
doi:10.1016.j.eurpsy.2017.01.81.

ABSTRACT:

Context:

Eating Disorders (ED) affect an individual's physical and mental health with abnormal eating habits. Traumatic life events may underlie the development of ED as many studies document [1]. In the present study, we examined the effectiveness of EMDR therapy that was originally used to treat Post-Traumatic Stress Disorder (PTSD) [2], on restrictive eating symptoms associated with trauma. Cases B.Ö. (18) and B.S. (20) came to the clinic consecutively for resembling complaints about the sense of food sticking in their throat, breathing difficulties, raised heart beatings, unease to swallow, and choking fear. The patients revealed past traumatic events about being out of breath while swallowing their bites. Then, they have started to restrict their food intake and the types of food consumed, which led to emaciation with health problems, interrupted daily routines, and social isolation; meeting the diagnosis of avoidant/restrictive food intake disorder (ARFID) in DSM-5. Due to traumatic experiences, EMDR therapy was applied.

Discussion:

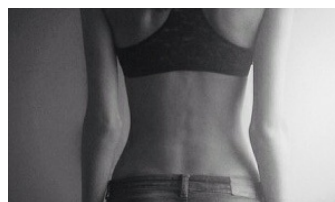
After five EMDR therapy sessions, patients turned back to healthy eating habits, normal BMI, and effective daily life. As expected, EMDR therapy made significant improvements in the treatment of ARFID.

Conclusion:

EMDR can be useful to treat ED with traumatic background.

EMDR Study

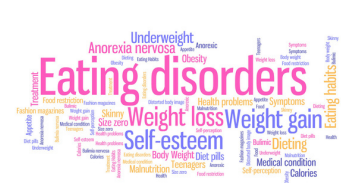
Zaccagnino, M., Cussino, M., Callerame, C., Civilotti, C., & Fernandez, I. (2017). [Anorexia nervosa and EMDR: A clinical case](#) Journal of EMDR Practice and Research, 11(1), 43-53. doi:10.1891/1933-3196.11.1.43



ABSTRACT:

Context:

Numerous studies have identified links between psychopathology and a history of traumatic life events and dysfunctional attachment relationships. Hence, given the possible traumatic origins of this pathology, it may be useful to provide a trauma-focused intervention such as the eye movement desensitization and reprocessing (EMDR) therapy. This article illustrates a clinical case by describing the positive results of the EMDR therapy in the recovery of unremitting anorexia nervosa in a 17-year-old inpatient. She had previously been hospitalized on 4 occasions in the previous 4 years and received both psychodynamic and cognitive-behavioral therapy. At pretreatment, the client weighed (28 kg, 62 lb) and had a body mass index of 14. She was designated with a dismissing attachment style on the Adult Attachment Interview. EMDR therapy was provided for 6 months in hospital, in twice weekly 50-minute sessions and consisted of standard procedures primarily focusing on her relational traumas, interspersed with psychoeducational talk therapy sessions, and integrated with ego state therapy. At the end of treatment, the client weighed (55 kg, 121 lb) and had a body mass index of 21.5. She no longer met diagnostic criteria for anorexia nervosa, and her attachment style had changed to an earned free-autonomous state of mind. She reported an increase in self-confidence and in her ability to manage various social challenges. Results were maintained at 12 and 24 months follow-up. The treatment implications of this case study are discussed.



EMDR Study

Seubert, A., (2018). [Becoming Known: A Relational Model Utilizing Gestalt and Ego State-Assisted EMDR in Treating Eating Disorders.](#) Journal of EMDR Practice and Research, Volume 12, Number 2, 2018, pp. 71-86(16)

ABSTRACT:

Context:

Eating disorders (EDs) require a multidisciplinary approach, rather than a hammer-and-nail perspective. Based upon recent research and more than a decade of clinical experience, this article highlights the need to include a trauma-informed and dissociation-sensitive treatment of EDs. The emphasis is on EDs as a dissociative coping strategy, created in many cases to tolerate the intolerable. Ego state therapy, Gestalt principles, and empty chair technique support the adaptive information processing (AIP) of eye movement desensitization and reprocessing (EMDR) in both metabolizing painful experiences that give rise to EDs and in loosening the stranglehold of anxiety and shame. The acronym RUG-C introduces four universal principles in working with ego states: recognition, understanding, gratitude and goal setting, and collaboration. Relational ruptures between ego states/parts of the client (intrapsychic) and between the client and the world (interpersonal) are created in the client's efforts to deal with painful experiences both large and small. They are repaired in the therapeutic relationship, in the processing of past trauma, and in the rescue of body image from the power of shame. Three case reports, with transcripts, are provided to illustrate conceptualization and its application.

A Survey of Eating Disorders among U.S. military services members from 2004-2013



Survey

Armed Forces Health Surveillance Branch (2014). [Diagnoses of eating disorders among active component service members, U.S. Armed Forces, 2004-2013.](#)

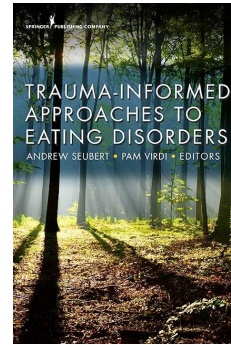
Medical Surveillance Monthly Report, 21(9), 8-12.

The Armed Forces Health Surveillance Branch (AFHSB) is the central epidemiologic resource for the U.S. Armed Forces. AFHSB conducts medical surveillance of U.S. military service members.

From the EMDR Book Shelf

Seubert, A. (Ed.). (in preparation).

Trauma-informed approaches to eating disorders: Fractured, not broken.



In the News

Munn-Chernoff, M. (2017, 12 April). [Eating disorders in military personnel.](#) Exchanges: Blog of UNC Center of Excellence for Eating Disorders.

Murphy, P. (2016, 7 March). [Eating disorders in the military: "No one understands this".](#) KUOW.org.

What's New?



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You have the opportunity to create a fundraising page in which your network can easily donate to the EMDR Research Foundation in honor of a family member, friend, colleague, yourself, or through a special event or occasion like a wedding, graduation, or running in a 5K race!

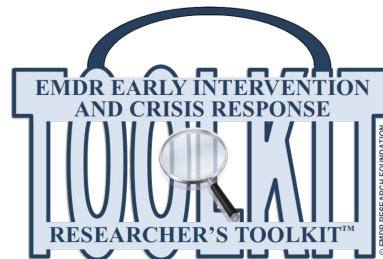
[More Details on Creating a Fundraising Page](#)

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EMDR Early Intervention and Crisis Response: Researcher's Toolkit
Version 03.2018 © 2014-2018

Rosalie Thomas, Ph.D., R.N. with formatting/design work by Katy Murray, MSW, LICSW

[View Our New Researcher's Toolkit](#)



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