EMDR: an Integrative Approach

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Introduction

I've been extensively trained in Psychoanalysis, Psychodrama, Gestalt Therapy and EMDR, among others, and have also been initiated to several other therapeutic modalities. I've been practicing Gestalt Therapy for more than thirty-five years now, giving individual sessions, doing couples' therapy and leading ongoing therapy groups. My work integrates both physical and emotional dimensions and I am quite interested in bringing into it psycho-biological phenomena, analyzed by contemporary neuroscientific research.

I have in fact discussed these aspects (which are not adequately treated in traditional Gestalt literature), in two of my books, which were translated into a dozen different languages. In 1985, I gave a lecture in the United States entitled: *"Is Gestalt Therapy an Involuntary Form of Chemotherapy?"*[2] I discussed how Gestalt Therapy brings about rapid biochemical transformations in the way our brain operates (producing new synaptic connections and neurotransmitter modifications), which partly explains its effectiveness.

This is how, during one of my frequent trips to the US, I came across a book by Francine Shapiro (*Eye Movement Desensitization and Reprocessing, Basic Principles, Protocols and Procedures,* The Guilford Press, New York, 1995), which had just been published: I purchased it immediately and read it from cover to cover in one single eve-

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[2] Subsequently published in *Gestalt Review*, Vol. 6, Number 32 (2002).

ning.

Later, when an intensive EMDR seminar was set up in France by Professor David Servan-Schreiber, I quite naturally signed up, eager to find out more about this new approach, which deliberately took into consideration the activity of the brain (even though it has not yet successfully explained it scientifically).

Today, I often include a series of EMDR sessions in my work with a client – especially when major psychological traumas emerge in their case history: a death, a suicide or a serious accident affecting someone close to them (or the client himself), violence, murder, rape, diagnosis of a serious illness, etc. Sometimes I also take on clients in emergency situations through EMDR, and then to go on to expand their treatment through Gestalt Therapy.

I would like to share some ideas about how I combine these various practices, using these two methods.

I won't spend too much time describing Gestalt Therapy, since it is now widely known – and even though a variety of different styles exist. I would simply like to mention that it has now become one of the most widely used forms of psychotherapy; in France, for instance, it has moved up to 2nd position, right behind psychoanalysis, and far ahead of Cognitive Behavioral Therapies (CBT), or of other Humanistic and Family therapies.

EMDR… or ABS?

EMDR stands for *Eye Movement Desensitization and Reprocessing*, but in reality the technique has evolved over a number of years, and it would be more accurate today to talk about *Alternating Bilateral Stimulation (ABS),* since we can replace (or accompany) eye movements with auditory stimuli (alternating from one ear to the other) or kinesthetic (tapping on one's hands, knees and shoulders…) or by spontaneous stimulation of the soles of one's feet… a similar effect to what is produced by jogging (which may be a partial explanation for its soothing and harmonious effects, including the production of endorphins!) – as some of our political leaders seem to have intuitively understood!

Eye Pursuit

Nevertheless, several studies have shown that *eye movements* (EM) give clearly more efficient results than tapping (Lee & Drummond, Australia, 2007). This is also what I found out through my own personal clinical experience. One can therefore wonder about the EM's *specificity.*

We know that during each phase of "paradoxical sleep" (dreaming phases), the eyes go through rapid movements (Rapid Eye Movement or REM) under the eyelids, which are shut. The precise scientific explanation for REM's, and for the effects produced by different ABS's, is still a controversial issue, and laboratories are pursuing their research into this area. This kind of superficial sensory stimulation undoubtedly stimulates different areas in the brain (especially the deeper emotional limbic brain) and leads to an increase of its activity – the details of which are still unclear.

We also know that *eye pursuit* has been considered by several researchers to be a genetic indicator of schizophrenia, since this reflex is permanently disrupted among 52 to 86 % of schizophrenics (and among 32 to 50 % of related cases), as opposed to 6 to 8 % of normal people (Campion, Thibaut *et al.,* 1992; Peretti, 2003; Ross, 2004), and even among 96 % (sic!) of schizophrenics (Laplante *et al*., Quebec, Canada, 1992).

I was thus most particularly interested by Zoi Kapoula's current work (2010) on the connections between disorders of eye pursuit and schizophrenia, autism, and even dyslexia, and by the reduction of remedial *jerks*, replaced by a greater *smoothness* of eye movements. Remember that for Perls, the Founder of Gestalt, smoothness and fluidity is the main characteristic of good mental health.

Would it be possible to formulate the hypothesis of a direct regulatory action on cortico-frontal functioning by EMs? Could difficulties in following an object moving through space be linked to a lack of focus of the patient's attention, between his *inner world* and the events occurring in his *environment*, implying a breaking off of his contact with outer reality?

EMDR: hypotheses and metaphors

We may assume that these stimulating impulses bring on synaptic associations between the two hemispheres and between the profound structures of the emotional limbic brain – where the emotions are recorded and treated: amygdala, orbitofrontal

cortex (OFC), where interpretation and decisions take place, etc.

Between each sequence of alternating "sweeping" movements, each lasting no more than a minute, the client is invited to express spontaneously "whatever" comes to the forefront of his conscience: images, sounds, words, movements, physical sensations, etc.

I sometimes use *"horizontal figure eight"* sweeping motions, based on the hypothesis that they facilitate "vertical" connections between the various *cortical and limbic* layers of the brain, and not only horizontal connections between the two right and left hemispheres. Moreover, movements then have a tendency to "flow" more smoothly, instead of being jerky.

This "cerebral sweeping" triggers and accelerates, often spectacularly, often unexpected mental and emotional associations, between certain dramatic events and other, apparently insignificant events, having occurred at various different times in the life of the subject. For instance, a pervading sense of powerlessness after a physical or sexual attack or threat of death, and other feelings of powerlessness -- more discreet and less conscious, but often repeated – which they tolerate in their everyday lives with regards to their parents, partner, teenage children, or colleagues at work…

In this way, we witness a kind of "defragmentation[3] of the hard disk" of our emotional memory, reassembling and reclassifying the saved sequences into a new organization. It's as if we completely reorganized our library of memories (conscious and unconscious), which provides a certain sensation of tranquility: everything that I may need is now at my fingertips, with no effort. I have "organized my personal files," assembling and classifying similar elements, separated out unnecessary information, discarded useless or outdated documents, and written on the front of the file the essential information contained within. I have not thrown out important memories, but I have reorganized them in a useful way. I have put some order into my stock of information, thus modifying my cognitive perception and my place in the world.

We may go on to metaphorically associate the sideways rapid eye movements, in one sense, to "underlining" important passages of my interior novel, with felt tip pens of different colors, and in another sense, to "erasing" the emotional

[3] *Defragmentation*: In the context of administering computer systems, defragmentation is a process that reduces the amount of fragmentation in file systems. It does this by physically reorganizing the contents of the disk to store the pieces of each file close together and contiguously.

component of traumatic passages, now obsolete, useless, and even burdensome. The text thus becomes more clear, more accessible and easier to use. The fact - that might seem paradoxical at first sight - that the *same* movement produces *opposite* effects, is in no way exceptional: the acceleration of the heart beat can give rise to a state of panic or, on the contrary, mobilize one's biological resources; the same punishment can cause rebellion or a healthy adaptation; love can induce excessive dependency or foster maturation and autonomy...

EMDR: an integrative approach

EMDR – of which I will not give any more details here regarding its techniques and procedures – is related to several aspects found in the varying approaches of traditional psychotherapy:

A *nationwide survey*, in October 2009, with 379 EMDR practicioners, members of the Association EMDR France, showed that, among the 101 respondants:

• 50 % of EMDR practitioners were initially trained as *psychoanalysts* (Freudian, Jungian or Lacanian);

• 36 % had followed body-centered trainings; 10 % had been trained in Gestalt Therapy and 7 % in psychodrama – in other words a total of *53 % of body psychotherapies*.

• 35 % had been trained in *hypnotherapy*, (mainly Ericksonian);

• 26 % came from *family or systemic therapy*;

• 25 % practiced the *CBT*;

• 25 % had followed a *person-centered approach* training (C. Rogers) ;

• 18 % *NLP*;

• 15 % *Transactional Analysis;*

• 11 % *sexotherapy*;

(the total is far above 100 %, since several choices were possible for each practitioner).

We are now going to try and quickly point out a few of the *common aspects between EMDR and these various methods*:

1 • As in Psychoanalysis, EMDR uses free association and awakens many memories buried in the unconscious. The patient is invited to mention these associations in whatever order they appear in his mind. On the other hand, they are never interpreted or

used in reference to any pre-established theory. It is surprising to see that the association process is thus considerably amplified (boosted).

The significance of *sexual traumas* – in childhood or more recently – is obvious.

Transference mechanisms are at work in the therapeutic alliance.

2 • Just as in **body psychotherapies,** *emotions* are involved right from the start, but also focusing on *breathing*, « scanning » the body, to focus on sensations of oppression, of feeling stifled, and various types of somatizations. The therapist also mobilizes his body and does not stop at merely verbal exchanges, punctuated by silences. The physical closeness of the two partners (in accordance with the recommended « setting ») causes an unconscious exchange of *pheromones*, via the VNO (vomeronasal organ, directly connected to the unconscious limbic areas), encouraging feelings of *empathy*.

Just as in **Gestalt Therapy**, EMDR encourages *the expression of our emotions* and re-experiencing traumas (including their *bodily* connotations), but in the reassuring framework of a wholehearted *therapeutic alliance*, induced by the therapist's empathy. It often tends to conclude the « *unfinished* Gestalts » in the client's past. It takes full advantage of the « polarities » of his – deliberate or unconscious – choices, opposite or rather *complementary* polarities, such as the concomitant needs for security and independence, tenderness and assertivity, negative self-images (« negative cognition ») and idealized images which the subject wishes to achieve (« positive cognition »). It combines interest for *inner* phenomena (intra-psychical imaginary representations) and one's relations with the *outer* world (inter-psychical communication), through the « contact-boundary » between the organism and its environment, in the « here and now ». It carries out regular assessments of one's bodily sensations and feelings (« bodyscans »).

Just as in **Psychodrama**, certain sequences can be *played back, staged again* during the session, along with possible emotional *catharsis*, and not only simply mentioned *verbally.*

3 • Just as in **Hypnotherapy,** EMDR induces *states of altered consciousness,* and uses the mental « dissociation » between various levels of perception of reality. These two methods help the patient to get in touch with still unknown parts of his *inner world.* Just as in Ericksonian hypnosis, we consider that each individual possesses within himself the *resources* necessary for his own evolution, his own transformation, that the spontaneous « healing » of his wounds is a natural phenomenon.

4 • Just as in **Systemic Family Therapy**, we are interested in the overall situation, in the communication and information system, in the *inter-psychical* relationships and not just in individual *intra-psychical* phenomena.

5 • Just as in **Cognitive Behavioral Therapies (CBT)**, it implies precise procedures and a regular measured evaluation of the internal subjective experience, such as: personal estimation of the intensity of disturbance (SUD, or *Subjective Units of Disturbance*, developed by J. Wolpe) and validity of positive convictions of the subject (VOC, or *Validity of Cognition*). EMDR proposes an alteration between an "exposition" or mental immersion in the problematic situation, and a progressive desensitization (Joseph Wolpe, 1915-1997).

6 • Just as in Carl Roger's **Client-centered approach**, the psychotherapist abstains from any kind of interpretation or directive as far as contents are concerned, always letting the client take the initiative, in an « *unconditional acceptance* » for anything « that might come up in the client's mind », and this in a climate of explicit *empathy.*

7 • Just as in **therapeutic NLP** (tNLPt), the therapist focuses on processing information; when the memory is an image, you try to change it by « zooming in or out », and by sharpening it more or less; you focus on body sensations; on his *resources and positive beliefs*; you watch the eye movements; you use « reframing » and « anchoring »…

8 • Just as in **Transactional Analysis**, EMDR works on various « states of the self » (Parent, Adult, Child), thus making « life scenario » changes possible, recorded from early childhood on, and making « redecisions ».

9 • Just as in **Sexotherapy**, patterns of *sexual abuse,* both recent or archaic, real or feared, acted out or merely *verbalized* (humiliations and insults) regularly emerge.

Thus, the EMDR protocol and its specific techniques of information reorganization fits well into a variety of other approaches – to which is added a neurophysiological dimension, not yet completely formulated. Please remember that EMDR is only taught to professionals who are *already psychotherapists*, and it is therefore not surprising that

most of the practitioners combine their usual method of preference with the original techniques of EMDR – which creates a sometimes spectacular synergy.

Some Clinical examples

Stéphanie is 30 years old; her life had been greatly impoverished since she was the victim of a hold-up at a bank window where she worked. Threatened by a gun to her forehead, she saw herself already dead, with the abrupt feeling that the world would go on as usual: in fact, she realized all at once that "she was useless, her life was of no use whatsoever!" Since this traumatic experience, already **five years** ago, she no longer left her home: she couldn't stand going outside, nor crowds, stores or restaurants: she had developed a severe case of agoraphobia. She distrusted everything and everyone. No distractions. She lost all her friends. She became bulimic and gained 30 kilos. In fact, she was like the "living dead." Besides her disturbing agoraphobia and daily bulimia, she now suffered from repeated nightmares; and all that, in spite of psychoanalysis sessions twice a week and several drugs to treat her depression and anxiety…

I then worked with her during two sessions of EMDR of one hour and a half each, separated by a week: the first was centered around the hold-up itself and the differing dramatic sequences; the second focussed on the confrontation with her young assailant at the Court proceedings – whom she hesitated, again and again, to "condemn to death"… or else to forgive! In front of her family and the whole audience of the trial, the expert psychiatrists presented her various problems and difficulties. She was filled with shame and couldn't stand having everyone stare at her.

At the beginning of the first EMDR session, her great suffering was obvious: she sweated profusely and had trouble breathing. On a subjective scale of discomfort from 0 to 10, her estimation of her situation was … 18!

At the third session, Stéphanie arrived completely upset: "I'm really upset! I feel lost! I don't recognize myself anymore! No one else recognizes me, either: my parents are asking themselves what has happened to me; my boyfriend doesn't know who I am anymore: I am no longer the same person!"

As I listened to her, I was myself a bit worried, but I didn't let it show. And here was the surprise: her new problem came from her sudden and totally unexpected "healing"! She now goes shopping very naturally, invites her boyfriend (who had left her) to a restaurant, sings out loud in her parents' apartment, as she used to do before the hold-

up. She has suddenly become totally normal and didn't have time to adjust to this metamorphosis which was so unexpected and beyond belief!

So here is the new problem: the "traumatism" of a miraculous healing in two sessions, that she has named a "fairy tale." I saw her twice again to reassure her and help her put together this new information. Several months later, she informed me that she had given help to a neighbor who had been attacked, gagged and robbed, in her apartment building. She calmly took control of the situation, organizing the material and psychological support!

I continue to be surprised not only by immediate improvements, but especially by their permanence. Yet after all, when one has discovered a new path, why abandon it? When one has taken away an obstacle on their path, why would it come back by itself? There is no reason why the natural "healing" process of a mental wound, once begun, would reverse itself spontaneously.

However, some other incidents may intervene:

Madeleine, 70 years old, came to see me after falling and hitting her head, followed by a partial paralysis. The neurological examinations failed to explain the situation, but for several months, she was hardly able to walk, tottering with a walker and always accompanied by a young nurse's aid who supported her by the elbow. At the end of the second EMDR session, she stood up, smiling broadly, forgot about her walker and stepped lightly into the waiting room to meet her assistant, a young Martiniquaise, who fell to her knees, her hands folded together and cried out, "Lord, a miracle: she can walk!" Then, she lurched towards me and kissed my hand with great devotion…

The following week, Madeleine cancelled her appointment: "Everything is fine, I'm healed, I don't need anything further." Then, two weeks later – there was a dramatic turn-around. She had resumed all her activities, however, without her cane, and with an obvious excess of confidence, she again fell and hit her head in the same way she had done a few months before! The symptoms repeated themselves immediately: it was impossible for her to walk again, and this was accompanied by a total loss of confidence. This time, a series of EMDR sessions did not help reduce her symptoms. New tests indicated possible neurological damage.

Evidently, miraculous healings are not always what they seem to be!

3. I would like to share another case – currently being treated – of a client whom I'll name **Charlotte**. This case is based on the hypothesis of a *prenatal trauma*. Charlotte was not desired by her father – who attempted to have her mother get an abortion, several times during her pregnancy. He was quite *violent* and struck her several times on the belly, punching and kicking her, and insulting her at the same time. We know that the fetus, during the second half of the pregnancy, perceives both physical contacts and sounds, through the abdominal wall. It also seems that the *aygdala* is already functioning during the intra-uterine life, and that it can record emotional traumas – even if they cannot be translated into verbalizable memories yet, due to the immaturity of the hippocampus. My hypothesis is that traumatic traces of the blows and howls were recorded in the deeper, more archaic layers of the psyche, which might explain, at least partly, her current symptoms of phobia, of uncontrolable fears of the dark and of any sudden or unexpected noise. I believe that further research should be conducted on the treatment of traumas having occurred *during the fetal and perinatal life* (cf. K. O'Shea, Istanbul, 2006; and Stanislas Grof's research on « perinatal matrixes »).

4. I will finish this brief discussion of several cases with that of **Sabine** – whom I have been working with regularly for more than two years. When Sabine suddenly learned that she had a life-threatening form of cancer, her trauma was huge. She blamed her whole way of life: her many activities, her friendships, her marriage. I worked with her using Gestalt Therapy, centered around the re-appropriation of her assertiveness, her independence and the elaboration of a new life project. We added sessions of positive visualization in her fight with cancer and the acceptance of heavy doses of chemotherapy. This work, punctuated with EMDR sessions to reinforce her resources and to especially try to conserve her magnificent hair, which fell to her waist (in spite of a long series of chemotherapy sessions). To the great surprise of her doctors, her shining long hair stayed in place and her cancer has entered into remission, now for a period of several months. She is resuming her sport, artistic and social activities, and she is bubbling over with projects.

I give this last example to demonstrate a treatment that lasted over a long period and was inspired by both EMDR and Gestalt Therapy.

Conclusion

In this brief presentation, I wanted to show, on one hand, the "therapeutic revolution" brought about by EMDR and on the other hand, how it can be complemented by most other traditional approaches, and especially, Gestalt Therapy.

Depending on the case, I receive clients who are suffering from traumatic events (recent or not) for several EMDR session (usually 3 to 7 sessions) and I offer them the possibility of pursuing psychotherapy. I use Gestalt Therapy, my preferred method, to help them harmonize their personalities, allow for a blossoming of their personal potential, thus benefiting from their original motivation.

Or, inversely, I receive clients who wish to undertake a complete and in-depth psychotherapy, using Gestalt Therapy, and I occasionally introduce several sessions of EMDR, during the course of the therapy, when traumatic experiences of the past or their current lives are presented.

It goes without saying that according to the request of the client, I may limit myself to one of these two approaches, but I have never found any incompatibility between them, much to the contrary.

And to finish, here are **brief statistics on my last 100 clients**:

- 42 % have only done *one or two* 90-minute *sessions*
  (but 28 % of them report significant improvement);
- *47 % (almost half) did between 3 and 6* (90 minute) *sessions*
  - among those, 32 % (about a third) got rid of their problems;
  - 32 % another third) observe a significant improvement;
  - 20 % an appreciable improvement;
  - i.e. a total of… *84 % ± positive results!*
- 10 % did *more than 7 sessions* (usually, from 7 to 10)
  - (with a 90 % success rate).

I thank you for your attention.

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