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**REDISCOVERY OF EMDR: INTEGRATION INTO
AN ECOPSYCHOLOGICAL PERSPECTIVE**

A Personal Perspective: I am a clinical psychologist and professor of psychological counseling from Ukraine. My introduction to EMDR happened in Kiev, in 1995, when Professor A. Bondarenko (initiator and one of the prominent EMDR proponents in Ukraine) invited me to participate in one of the first Ukrainian EMDR workshops (Level I) led by Dr. Roger Solomon. After that, Francine Shapiro sponsored my Level II training in Los Angeles in 1996. By that time I have had a rather extended EMDR experience with Chernobyl clients. I would not say that all has been totally positive. But still, some of my results attracted Dr. Shapiro and she used a few cases from my practice in her second book co-authored with M. Forrest (Shapiro & Forrest, 1997)⁶. I had mixed feelings about EMDR. On the one hand, I intuitively sensed that there are many clinical possibilities for its use. On the other, the absence of a «strong» rationale added to my subconscious search for a more grounded EMDR explanation than the metaphors Francine used. My first attempt to create one of my own coincided with some major life change-events, influenced by the breakdown of the USSR and consequently, dramatic social and personal transformations in the fate of the nation. At the same time (1995–2001), I started my post-doctoral project on personality change processes. I nearly stopped practicing EMDR and was totally overwhelmed with personal survival issues facing the challenges of the economic and political situation.

One of the ways to cope with the latter was to apply for international research grants. I won two of them and completed my research at two American universities. In 1996, at Wayne State University in Detroit, Michigan, I was preoccupied with the examination of personal change processes in organizational settings. In 2001, at Montclair State University, I pursued an ecopsychological inquiry into one of the very interesting and at the same time paradoxical forms of personal changes in pedagogy: Philosophy for Children. In the back of my mind, I was aware that I was doing one and the same thing, i.e., creating my EMDR rationale for my therapy practice. I kept on asking myself why I was doing it if it did not seem to have any immediate results in store. But at the same time I was nearly certain that this very specific psychotherapeutic technique could have promising implications, at least for my future scholarly and clinical practice. In some of

⁶ Shapiro F. EMDR: breakthrough therapy for overcoming anxiety, stress, and trauma / F. Shapiro, M. Forrest. — New York : Basic Books, 1997.

my papers, published in Ukrainian and Russian professional journals, I cautiously hypothesized that EMDR could represent an emergent paradigm not only in clinical research and practice, but also in a broader perspective of social reconstruction, particularly in education (Lushyn, 2000)⁴.

In 1998 I met a well-known Ukrainian psychologist, Professor Boris Tsukanov, who was working on the first edition of his book, *Psychology of Human Time* (Tsukanov, 2000)⁷, which was devoted to the study of the human brain clock (HBC). Although he was barely acquainted with psychotherapy research and practice, I presented him with an outline of Shapiro's discovery of the EMDR procedure. He responded to me immediately with the remark: «This must be associated with the rhythms of psychological time, i.e. the subjective brain clock, which course is manifested variously: in the rhythm of walking, breathing and also... the rhythm of saccades». I started to reflect on the idea, suggesting that EMDR could somehow be associated with the operation of HBC. This reflective activity influenced my clinical and teaching practice, which I will now briefly describe by recalling three seemingly dissociated episodes of my professional and personal life.

Episodes: rhythmical breathing, walking and construction of aphorisms. During one of my demonstrative counseling sessions on trauma processing, I substituted EM (eye movement) with rhythmical breathing while following the standard EMDR protocol. Personally, it was a clear sign that I started to explore the hypothesis about the relation between HBC and saccades. The assumption was that the breathing rhythm could be clinically equivalent to (and thus procedurally interchangeable with) the effect of the artificially generated EM saccades. This little experiment was also supported by the fact that in some specific cases, Shapiro and her followers interchanged eye movements with bilateral tapping and/or sounds. A few of my clinical results were promising.

Then I remembered that on the day of her discovery Shapiro had been walking in the park. I thought — «It must also be the rhythmical walking that was systemically associated with the saccadic movements and the problem resolution». This was supported by the well-known fact that for many creative individuals rhythmical walking enhances intellectual productivity. Walking worked for me, too, when at some very critical moments of intellectual blocks I preferred to have a walk or do some jogging to restore my «creative balance».

There was a third episode, which I also related to my personal search for an EMDR rationale. While writing the first chapter of my book, *The Psychology of A Man in Transition: How to Survive when Everything Goes Wrong?*, I completed a short, creative experiment. I selected a few sentences from already written text that seemed to me controversial and paradoxical. I concentrated on them, attempting to make a quick synthetic response to them. What I received in a couple of minutes were aphorisms, or

⁴ Lushyn P. The Psychotherapeutic meaning of EMDR. *Journal of the Practicing Psychologist*. — 2000. — № 6. — P. 85–90. (in Russian).

⁷ Tsukanov B. *Time in the Human Psyche* / B. Tsukanov. — Odessa : Astroprint, 2000.

«psychological holograms», as I came to call them. Within an hour I produced about 50 of these, eventually exceeding 160 on the completion of my book.

Many of these aphorisms were characterized by an original reinterpretation of socially and psychologically relevant concepts and ideas. Personally, it was a breakthrough, appealing from a number of perspectives:

1. Illness is a way to realize you are basically healthy — your immune system works. In the case of fatal disease there is a strong need to change the type of immunity.
2. The major problem of the discoverer is loneliness.
3. If you are a human with no conflict, I wonder if there is anyone you love.
4. If you don't know what to do, just see what you are doing.
5. If you can't find your talent, then you are a genius of modesty.
6. If an immigrant is a person who changes herself by moving to a new country, then a citizen is the one who is to be constantly «immigrating» within his/her own country.
7. Apathy and indifference is a good marker of the coming change.
8. True patience comes in when one is bored being patient.

The process of creating these «aphorisms» felt familiar to me. I first stated or formulated something that felt disturbing to me (e.g., a contradiction) and then wrote immediate responses to them with one goal in mind — a conclusion that was emotionally acceptable. Occasionally, I relied on feedback from my friends. According to the dialectical perspective, Negative Cognition (NC) and Positive Cognition (PC) seemed to coincide with the thesis and anti-thesis. The tension between these two polar states would create both a barrier to and the potential for positive change and development. The final resolution statement — the synthesis — allowed adaptive change. I am not sure whether the key to sustaining the reconstructive rhythm was the breathing or the EM's. One thing I am sure of is that I trusted my gut feelings; I was attracted to something personally relevant.

These episodes seemed to be related, suggesting that the reconstructive process is propelled by ambiguity and uncertainty. Applying this to the EMDR protocol meant that the sets of eye movements represented defibrillation of the distorted rhythm of processing in the nervous system, eventually allowing positive reconstruction and personal change. This was consistent with EMDR principles described by Shapiro in which the process of (any) change rather than the emotional states of the client are the primary focus.

Integration: an ecopsychological perspective. The episodes I use to describe my understanding of EMDR rationale can be integrated on a systemic level. EMDR suggests that the client is regarded as an open, self-regulated system, capable of setting personal goals and testing hypotheses based in the context of personal history. The clinician's role in this process is as facilitator. While it may look like a linear process, especially given its step-by-step approach, the process of EMDR is actually nonlinear, irreversible and relatively unpredictable. The positive outcomes may be referred to as life-changing events

or metamorphoses. The EMDR clinician operates from an open system perspective, such that the quality and type of therapeutic change cannot be predetermined, and all symptom changes are acknowledged and accepted.

I discovered another essential element in Shapiro's work regarding the interference between the rhythmic hand movements of the therapist and the eye movements of the client. In her early clients, Shapiro (1995)⁵ observed difficulty following the therapist's hand, and sensed a sort of eye-muscular resistance on the part of the client. Following Tsukanov's (2000)⁷ arguments that saccades are the demonstration of HBC (which determines and reflects the rhythm of personal reconstructive process or, in terms of Shapiro's model, of information processing), the most obvious strategy is to pre-diagnose the subjective time unit, which ranges between 0,7 and 1,1 seconds. Then, the therapist should generate defibrillation of the distorted rhythm by calibrating the therapist's hand movements to the client's individual rhythm. But, in fact, there is no need for a clinician to do the pre-diagnosis. Intuitively, Shapiro correctly chose to maintain the rhythm by establishing a rapport with the client's saccades. Thus, the key element of the procedure is establishing hand-eyes rapport by overcoming the resistance on the basic level of HBC, i.e. saccades rhythm. Further, by synchronizing the rhythm of the therapist's hand (the measure of it is given in the EMDR protocol: two sets of bilateral eye movements — 24 movements) with the rhythm of the client's eye movements, the clinician generates a new impulse to maintain the existing rhythm in the framework of an emergent social or therapeutic dimension. This helps to catalyze the reconstructive process, making it irreversible, non-linear and hardly predictable.

EMDR clinicians should stay open to ecologically accept all emergent client's responses, including other resistances (fibrillations), including powerful abreactions. The assumption is that the self-regulated open system and its natural preference for survival will find its way to positive resolution given appropriate facilitation, i.e., EMDR. I refer to this manner of facilitation as «ambiguous control», «ecological facilitation», or «ecofacilitation» (Lushyn, 2002 & 2003)^{2;3}.

In this way, the client as well as the clinician shares a clear sense of movement. Maintaining a shared and consistent rhythm between therapist and client establishes rapport at a deeper level, encouraging further mastery over the semantic ambiguity of trauma. As a result, clients are able to produce greater tolerance of ambiguity and stronger creative goal setting skills.

⁵ Shapiro F. Eye movement desensitization and reprocessing: basic principles, protocols, and procedures. — New York : The Guilford Press, 1995.

⁷ Tsukanov B. Time in the Human Psyche / B. Tsukanov. — Odessa : Astroprint, 2000.

² Lushyn P. «The Paradoxical Nature of Ecofacilitation in the Community of Inquiry». Thinking, 2002. — № 16(1). — P. 12–17.

³ Power, manipulation and control in a community of inquiry. Analytical Teaching / P. Lushyn, D. Kennedy. — 2003. — № 3 (forthcoming).

Within this context, trauma as an extraordinary external event that causes extremely powerful physical and psycho-social responses is redefined as a transitional, even evolutionary condition. The process of trauma resolution reflects the ongoing social interaction and reconstruction of various open systems and, eventually, the emergence of new social identities. From this new perspective, the fatalistic diagnosis of post trauma stress is transformed by EMDR into a time of profound transition and fresh discoveries at the deepest levels of personality.

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