

ENRICHING GESTALT THERAPY THROUGH EMDR

by Serge Ginger

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Introduction

I have been practicing Gestalt Therapy for more than thirty-five years, using individual sessions, couples' therapy and ongoing therapeutic groups. My work integrates physical and emotional dimensions and I am quite interested in associated psychobiological phenomena which have been analyzed by contemporary neuroscience research. I have in fact reported on these aspects (which are not sufficiently treated in traditional Gestalt literature) in two books which have been translated into a dozen different languages. In 1985, I presented a conference in the United States on the subject "*Is Gestalt Therapy a Chemotherapy Without Knowing It?*"¹. I discussed the way that Gestalt Therapy brings about rapid biochemical modifications in the functioning of the brain (new synaptic connections and modifications of neurotransmitters), explaining in part its effectiveness.

During one of my frequent trips to the US, I happened to come 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 bought it without hesitating and read it the same evening.

Later, when an intensive training in EMDR was set up in France with David Servan-Schreiber, I quite naturally signed up for this new approach, which deliberately took into consideration cerebral activity (even though it has not yet succeeded to analyze it in an explicitly scientific way).

Today, I often introduce a series of EMDR sessions into my work with a client – particularly when a major psychological trauma emerges in their case history: death, suicide or serious accident of a person close to them (or to the client himself), violence, murder, rape, the diagnosis of a serious illness, etc. It also happens that I will take on clients in an emergency situation using EMDR, and then to go on to expand treatment using Gestalt Therapy.

I would like to share with you some ideas about such a combination of practices, using these two methods.

I won't spend much time describing Gestalt Therapy, since it is now a method that is widely known – even though there exists a variety of different styles. Personally, I practice a holistic approach of Gestalt Therapy, taking into consideration what I call the five main "dimensions" or "poles" of the Human nature (physical, affective, cognitive, social and spiritual – which I symbolize by the *Ginger's Pentagram*). I simply want to mention in passing that Gestalt Therapy is today one of the methods the most widely used; as in France, it has moved to 2nd place, after Psychoanalysis, and well in front of Cognitive Behavioral therapies, as well as other Humanistic and Family therapies.

EMDR (or ABS)

I will, however, say a few words about **EMDR** – which many of you probably don't know as well. I will not present here the detailed orthodox practice, which you will easily find in books dedicated to the subject, but rather, I will speak about my own personal way of practicing and presenting it to clients.

EMDR stands for Eye Movement Desensitization and Reprocessing, but in reality the technique has been evolving for a number of years, and it would be more fair to speak today about **Alternating Bilateral Stimulation (ABS)**, since we may replace (or accompany) eye movements with auditory stimulation (alternating between the two ears) or kinesthetic (tapping on the hands, knees, shoulders...) or by spontaneous stimulation on the soles of the feet... such as that produced simply by jogging (which may in part explain its soothing and harmonious effects, as well as the production of endorphins!)

¹ Published 7 years later in *Gestalt Review*, Vol. 6, Numb. 3, GISC, (USA).

We know that during each phase of “paradoxical sleep” (dreaming phases), the eyes are animated by rapid movements (Rapid Eye Movement or REM) underneath the closed eyelids. The precise scientific explanation of REM’s, as well as the effect produced by different ABS’s, is still controversial and the scientific research of laboratories is regularly pursued. This kind of superficial sensorial stimulation undoubtedly provokes a stimulation of various areas in the brain (particularly the profound emotional limbic brain) and a strengthening of its activity – for which the details are still unclear. I will limit myself, therefore, to several hypotheses, accompanied by analogies or metaphors – which I often use to heighten the sensitivities of my clients or patients.

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.

This “cerebral sweeping” accelerates, often in a spectacular way, often unexpected associations of ideas and feelings, between certain dramatic events and others, apparently of no importance, which occurred at different times in the subject’s life. For example, a great feeling 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 in relation with their parents, their partner, their teenage children, their colleagues at work...

In this way, we witness a kind of “defragmentation² 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 component of traumatic passages, now obsolete, useless, and even burdensome. The text thus becomes more clear, more accessible and easier to use.

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:

As in **Psychoanalysis**, it uses free association and awakens many memories which have been 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).

As in **the Client-centered Approach** of Carl Rogers, the psychotherapist withholds any interpretation or instructions regarding the content, leaving the initiative entirely up to his client.

As in Ericsonian **Hypnosis**, EMDR evokes an altered state of consciousness, and uses mental “dissociation” between different levels of perception of reality.

As the Cognitive Behavioral therapies, 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, ou 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).

As in **Transactional Analysis**, it distinguishes among different “ego states:” Parent, Adult, Child, and tends to

² 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.

transform the “life scenarios” registered since childhood.

As in **Gestalt Therapy**, EMDR encourages the expression of emotions and the reliving of traumatic experience, but within the secure framework of a warm-hearted therapeutic alliance, induced by the therapist’s empathy. It tends to finish “unfinished business” of the client’s past life. It uses the polarities of their choice – deliberate or unconscious – opposite, or rather, complementary, polarities such as the negative self-image (“negative cognition”) and the idealized image that the subject wishes to attain.

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 different 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, howev-

er, 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!

I will finish this brief discussion of several cases with that of **Sabine** – who 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 traumatism was immense. 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 an 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.

To use another metaphor, I am thrilled at the idea that each new seedling enriches the entire common heritage in a process of “Cross-Pollenization”, thus assuring the ongoing fertility of the international garden of Psychotherapy.

Serge GINGEC

183 rue Lecourbe. 75015 PARIS

Mobil phone: +33.609.762.651

E-mail: ginger@noos.fr

Serge GINGER is a clinical psychologist.

He has been one of the pioneers of Gestalt Therapy in France, since 1970.

He founded the *Paris School of Gestalt* (EPG), 26 years ago.

He's the President of the *International Federation of Gestalt Training Organizations* (FORGE),

the Secretary general of the *French National Umbrella for Psychotherapy* (FF2P)

and the Registrar of the *European Association for Psychotherapy* (EAP).

He's the author or co-author of 19 books about special education, psychotherapy and Gestalt therapy, published in 13 languages.

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