## In-depth research

These are outtakes from Chapter 2 that were considered too detailed for the average reader. Please scan through the topics before you read, so you get an overview of what is available here.

## EMDR has an eight-phase protocol

I’ve talked to people who have received a form of EMDR that didn’t work for them. When I questioned them, it was apparent they did not receive Francine Shapiro’s complete protocol as researched. After discovering this, they wanted to give it another try, but were afraid of being disappointed again. The solution is to find an EMDRIA-certified therapist. EMDRIA is EMDR’s international association. These therapists are fully trained in the complete EMDR approach.

My EMDR web directory includes only EMDRIA-certified EMDR therapists: ComprehensiveTherapyApproach.com

Or, you can go to emdria.org and search for an EMDRIA-certified therapist.

There are currently over 50 randomized control studies (Leeds, 2018 website) demonstrating the efficacy of EMDR therapy with a variety of psychological conditions. The research is so strong, that the World Health Organization recommends only two treatments for PTSD: EMDR-AIP and trauma focused Cognitive Behavioral Therapy (CBT).

## How the AIP system works: going deeper

The Adaptive Information Processing (AIP) system is just being defined and clarified during the past ten years. So, research is young. Brurit Laub et al., 2017, reported cutting edge research describing how the AIP system works in the brain.

Briefly, it first helps the brain efficiently move between pairs of opposites, such as danger and safety, or worthlessness and self-worth, until a positive awareness of safety or self-worth is reached.

EMDR also promotes shifts in awareness from parts to the whole. Parts begin with individual body sensations, and sensorimotor experience. When trauma hits, we can get stuck at this level. As that clears, EMDR processing is moving upward through the emotional centers (limbic system) of the brain, to the level of beliefs about self, others, and the world (in the prefrontal cortex), and often enters an expanded understanding that many refer to as spiritual (believed by scientists to be associated with the angular gyrus).

Given the value of the AIP, Shapiro and EMDR therapists welcome much more future research on the topic.

Laub, et al. make two key points: First, as the AIP system moves toward greater integration, it is hypothesized that two movements occur in the brain:

1. Horizontal movements between pairs of opposites1, for instance, between:
	1. Danger and safety
	2. Dependence and independence
	3. Worthlessness and self-worth
2. Vertical movements of parts-to-whole shifts2, for instance:
	1. Wilber (1996) identifies four levels of awareness we all experience at times: bodily, emotional, rational/cognitive, and spiritual.
		1. As infants, we start life at the bodily, sensorimotor level of awareness. When we are traumatized, we can often get stuck at that level.
		2. EMDR therapy naturally takes the processing through the emotional realm, to the level of beliefs about self, others, and the world, and eventually, it often enters an expanded awareness that we refer to as spiritual.

1Horizontal movements occur back and forth during the eye movements, and are hypothesized to occur in the brain as well, between the two hemispheres. The process seems to reveal the presence of an adaptive capacity, because the progress naturally moves from perception of danger to perception of safety, and so on, along other pairs of opposites relevant to the person and their experience.

2The observation of vertical movements refers to progress within the brain from the reptilian brain in the lower third of the brain, focused on body and instinct, to the mammalian brain, and upward to the amazing capacity of the prefrontal cortex. The mammalian brain in the middle brain territory features the limbic system. This system evaluates which experiences are pleasant and which are unpleasant—in other words, the emotions. The prefrontal cortex is the most advanced area of our brain, and is the territory of personality, complex cognitive processes, will power, decision-making and moderating behavior. An area called the angular gyrus is considered by scientists to be a center of consciousness and intelligence, or spirituality, because these capacities decrease when there is damage to the area.

## Integrative Bowen and EMDR (iBE)

## Speeding up progress by adding EMDR to Bowen

Bowen thought only modest progress, just a few points increase, in emotional maturity was possible in one lifetime. He even said that microscopic progress could make a significant difference in life course. My patient, Corrine, achieved more than microscopic progress in just one month of iBE therapy. She did it with a joy and a naturalness that was thrilling for me to witness. She exemplifies what I have been observing in clients through years of integrating Bowen theory with EMDR therapy.

Because of positive results like this, and EMDRIA’s encouragement to clinicians, I began teaching the iBE process to EMDR therapists in 2009. Since clarifying my approach by training these therapists, I have seen clients progress even more rapidly.

Seeing transformative results in my clients excited and inspired me to start teaching my iBE protocol in 2009. I have offered 3-6 hour trainings to EMDR therapists in the iBE approach ever since. I am in the process of preparing a comprehensive iBE training for EMDR therapists that will likely be a 2.5 day training.

In 2016 I began expanding iBE to work with groups, giving iBE group week-end workshops. The results were positive. We found that people can transform difficult relationships after one weekend, or a weekend plus a few extra individual sessions. This doesn’t mean that their relationships are totally resolved. But the shifts are so profound that one client and I both felt dumbfounded by such progress. One participant reported "a feeling of lightness and freedom, and surprise that events long forgotten still carried strong emotional charge once recalled. And then, they were calmed permanently by the workshop."

Whether individually or in groups, I guide clients to identify disturbing relationship experiences according to Bowen's four categories of anxiety-binding mechanisms (ABMs). We use EMDR therapy to reduce or eliminate the pain caused by those memories.

To protect confidentiality and enhance focus, in the group setting we use a simple drawing protocol. Group members do not need to share the memories they are working on.

After the feelings arising from stressful relationship memories are calmed and desensitized, they imagine the scene in the way they wish it had happened, with the help of EMDR. Like Olympic athletes discovering the value of imaginal practice of excellent performance, iBE clients who do imaginal practice find themselves delighted at the speed of their progress in relationships.

# My research integrating Bowen theory with EMDR therapy

In 2012, EMDRIA began teaching clinicians to conduct single case research studies. My first research endeavor involved a single case study with a woman I’ll call Adele, a seventy-year-old woman who wanted to improve her relationships by working on her own part in her relationship patterns.

She didn’t have a psychological diagnosis, but she did have challenges with relationships that prompted her to start this healing project. I applied my iBE Comprehensive Protocol for individuals as we worked together for a year. By comprehensive protocol, I mean we addressed stresses in Adele’s life from each of Bowen’s categories of anxiety-binding mechanisms.

## Adele’s tremendous progress

One of Adele’s traumas was witnessing her parents’ conflicts. Triangling (see chapter 7) increased Adele’s pain. Her father abused her mother more intensely because he was jealous that Adele loved her so much. This story is shared in more detail in chapter 3. It exemplifies the fact that adding anxiety-binding categories together increases the trauma of experiences.

Through desensitizing her memories of parental conflict, Adele found herself less prone to conflict with others. She had had occasional instances of road rage with strangers. These stopped.

Next we worked together on the pattern of distance, which will be shared in chapter 5 in more detail. Her worst distance trauma was when her father and mother went to the doctor to have her mother’s medical problems diagnosed.

The doctor pulled the husband aside to tell him his wife had cancer. The physician advised him to not let her know. The mother and her children didn’t know of her condition and were frustrated she was so sick. For Adele, this created tremendous guilt that she was not able to be fully present for her mother while she was dying.

We addressed past stresses and traumas from her childhood with the iBE protocol. One repetitious pattern was so severe it took six sessions to completely desensitize. Comparing her emotional maturity scores measured by the Differentiation of Self Inventory (DSI, Skowron 1998) revealed significant progress. Her gross DSI score increased from a -10 to a +10, an increase of twenty points.

I have not encountered anyone else with a score of +10, including myself. There are very few people with any degree of a positive score. The DSI measures four factors. The three factors that measure characteristics of immaturity are scored negatively. Only one factor, the ability to take “I” positions, is scored positively. For this reason, most people have a negative score on the DSI. I positions are taught in Chapter 12.

Several years after Adele completed her iBE work, she let me know she had been diagnosed with cancer. She initially determined to fight the disease with vigor. However, the first chemotherapy treatment gave her a stroke. She decided to quit chemo.

At that point, she was able to face the stages of her disease openly and access the support that surrounded her. Her daughter continues to do well after losing her mother. Adele’s daughter has since successfully completed the licensing exam for professional psychologists.

## The iBE intensive three-day group program

The iBE weekend program includes a preparation video (completed in advance) and two days of individuals quietly addressing their memories with EMDR and a simple drawing protocol using stick figures. A third, final day addresses key aspects and skills of emotional maturity.

During the first morning, participants address memories of conflict (including criticism or control). During the first hour, each person notes the earliest memory of conflict that still bothers them. They draw the worst image of that memory. Simple stick figure drawings are sufficient. This is not an art exercise. It is a way to help each person focus on the most disturbing image of a memory.

Participants are taught a method of EMDR called the butterfly hug, which they use to desensitize the memory.

All participants maintain privacy about their work. In that way, they aren’t exposed to secondary traumatization by hearing about each other’s distressing experiences. I tell the members, “You are all facing twelve difficult experiences here this weekend, and I think that is enough.”

For client safety, it is important to have a well-trained clinician present and able to guide a client through the rare but possibly disturbing discovery of suppressed memory. That memory will then be processed to resolution when the client feels ready to do so. But a client who enters that territory of pain alone, or without professional assistance, could possibly become overwhelmed.

Trauma is often suppressed and forgotten. In fact, a psychologist who is a leader in the field of sexual abuse treatment, did not realize until more than twenty years into his specialty that he, himself had been a child victim of sexual abuse.

## Results of my first study of iBE group participants

In 2016 and 2017, I continued my research by studying willing participants at my iBE group treatment workshops. A few completed the three-month follow-up paperwork. I’d like to report on two of the results.

Rosalie attended the two-day iBE workshop because she was facing a tremendous family challenge that would come up in the following month. She gratefully reported to me afterward that the workshop was a great help. Rosalie was happy with how the family event and activities went. A positive shift happened between Rosalie and a loved one. This resulted in a decrease in her depression score from 2 to 0 on the PHQ-9.

Beth, the second client who attended the two-day iBE group treatment workshop came for two individual sessions before and three individual sessions after the workshop. Beth was dealing with extreme stress in her living situation, including one recent incident of physical violence.

It is interesting to compare the progress of someone who attended the 12-hour group workshop (Rosalie) with someone who attended the workshop plus five hours of individual iBE work (Beth). See appendix 2 for Rosalie’s and Beth’s scores.

As you will see from Beth’s stories (in chapter 3 on conflict and chapter 10 on balance and equality) the data match the improvements in her relationships.

This has important implications for suffering people and their challenging relationships. Not only can we desensitize our memories and improve relationships, but we can do it in weeks or months rather than in years. It is possible that we can be freed from sensitive reactivity through Bowen theory in time, but doing this so quickly through iBE seems a miracle!

Improving our relationships can bring us hope, lightness, and energy.

I find that the self-discipline required by Bowen’s emphasis on neutrality (the ability to not take sides, and not be swayed by pressure from others to take sides) becomes a little easier and less awkward by accessing the efficiency of EMDR Therapy.

I hope you find the eye movements (or other methods of gentle, bilateral brain stimulation) which lead to desensitization a little less mystifying now.

## EMDR versus psychotropic drugs

There is research comparing EMDR with fluoxetine, the generic name for Prozac. A study by Bessel van der Kolk et al. (2007) demonstrated that EMDR worked better than fluoxetine for PTSD.

## Important research about psychotropic drugs

While psychotropic drugs are often life-saving (particularly for bipolar disorder, severe depression and psychosis) there are problems that recent research points out.

Two meta-analyses studies (Kirsch et al., 2008 and Fournier et al., 2010) demonstrated that anti-depressants did not help mild or moderate depression. Fortunately, they do help severe depression and they are successful for bipolar disorder. Recent controlled studies in Europe are indicating that EMDR helps depression (Hase, 2015 and Wood, 2017).

Recent research evidence from more than three million veterans shows psychotropic drugs (Mawanda et al., 2017) actually shrink the brain and yield a significantly greater risk of dementia or Alzheimer’s disease.

In the study, researchers discovered that taking certain antidepressants, tranquilizers, sedatives, or antipsychotic medications significantly increased veterans' risks for developing dementia compared to the risks for veterans who didn't take such medications.

Medicines that significantly increased dementia risk included:

* Selective serotonin reuptake inhibitors (SSRIs)
* Novel antidepressants
* Atypical antipsychotics

Desensitization, in contrast, has no known negative side-effects if the instructions are followed with care. After EMDR desensitization, you will not tolerate something that is simply wrong or horrific. You will become just neutral enough, or calm enough, to respond to any continuing negative situations (such as with an abusive boss or spouse) by accessing more of your intelligence, justifiable anger, self-control, and strength.