Do Bilateral Stimulation make us dream ?

The presented research lies within a wide dynamic aroused by the EMDR therapy which gives to see to researchers of several disciplines fundamental elements in the heart of the mental care process. As clinician psychologist, the interest of the author was attracted by the spontaneous imaginary psychic productions arising in the active phases of the EMDR therapy - mainly in the desensitization phase. These psychic productions correspond at important mutative moments in the treatment of a traumatic memory: the patient blocked on a painful element (sensory image, thought, emotion or sensation) suddenly changes point of view on the memory, either that this change allows him/her to take some distance, or that he allows him/her to reach a pacified representation. These productions arise after series of BLS; the link was made by medical imaging between memorization neurobiological processes committed during BLS and those committed during paradoxal sleep phase. If we consider these sudden psychic productions as produced by an underlying neurobiological process, which has to do with the memorization, thus the putting in psychic representations of the memory on which we work, the correlation SBA-paradoxal sleep undertake us to rethink the imaginary function, which includes the dreamlike function, as a powerful lever to relaunch psychic connections destroyed by the traumatic breaking in. In this frame the specificity of EMDR therapy, where from it pulls its efficiency in psychotrauma, would be its capacity to stimulate this imaginary function, except any induction of the therapist, or in the limited inductive frame of cognitive interwaves.

In a way, this fresh look on the EMDR therapy proposed by the author leads us to consider the BLS as stimulating agent at neurobiological level a powerful capacity of musing, which opens the field of representations and brings to create an unexpected pacifying psychic connection between truncated elements of the traumatic experience, restoring them into a human form.

Relying on clinical cases, the author exposes first of all the various types of imaginary productions committed in the treatment of targets: realistic or fantastic, sensory, mental or emotional. The surprise, which precedes the relief or the jubilation of the patient, very often noticed during these moments of seesaw between the traumatic dead-end and the relaunching of an adapted psychic elaboration, militates in the sense of an authentic psychic, unexpected creation.

This occurence of the imagination taking place while the therapist maintains a very discreet attitude, or intervenes in indirect by the cognitive interwave, the BLS thus seems to be a determining factor of this psychic reliaison. The author will review the last neurobiological researches committed around the BLS during the desensitization phase of EMDR therapy, by paying her attention on dimensions of learning and memorization carried by these cerebral processes.

Maintaining her presentation at a clinical level applied to the psychotrauma and to her overtaking, she will constantly make the link in clear terms with the neurobiological level, what will allow the clinicians to enrich their understanding of neurobiological, and to researchers to understand better clinical aspects. The connection of these 2 levels is essential to increase our understanding of the current processes. It will be a question in particular of:
1) To refocus the psychotraumatic suffering as off-the-words emptiness, which looks for an inaccessible psychic outlet; the neurobiological level of this psychic dead end would be the failure of the process of narrative memorization, the dysfunctional memory network - the "hyper-memory" of the neurobiologists - remaining isolated and maintaining the traumatic affects as is.
2) Position the BLS as agents of stimulation of neurobiological processes which create a possibility of psychic connection between an aware cortical part connected with elements activated by the limbic system including the amygdala, and our memory where the access of which up to there was blocked at the level of the hypoccampus; the clinical version of this process can be looked on the side of the Freudian primary processes.
3) Re-place the psychic creation observed under BLS - patient being focused on the traumatic memory - as original and profoundly subjective imaginary mental production which comes to cover the emptiness of the traumatic breaking in, to put a first veil of psychic tissue on whom is going to be finally able to spread a liberating mentalization ; the neurobiological level in this case being the resumption of a process of memorization of the truncated traumatic elements, which allows the psyche awaiting reconstruction to connect to our memory as reservoir of an immense imaginary potential - adaptive memory network - which has just to invested the truncated elements to insert them into the weft of the psychic representations

To better approach the specificity of the imaginary function in the treatment of the psychotrauma, the author will make the link with other therapeutic approaches using the subjective imagination of the patient to handle the psychotrauma and having received a high level of proof - as the Imagery Rehearsal Therapy (IRT, Krakow, on 1995), who was held by Task Force as element of choice to handle the post-traumatic nightmares (Aurora and al, on 2010). It is a question of asking to the patient to substitute for the post-traumatic nightmare a positive scenario which he invents, accompanied with a task of visual repetition of the new scenario. The author will propose simple modalities of inclusion of this technique in an EMDR protocol adapted to the treatment processing of the traumatic nightmares.
In a more global way, the author will also propose, within the framework of the cognitive interwaves, methods of more systematic use of patient subjective imagination stimulation, that she will illustrate with clinical cases; this option represents an avenue of research of which a model of study will be presented.

The author will also attempt to emphasize the global therapeutic context in which takes place the EMDR therapy, which also participates in the dynamics bringing to the imaginary mutative production. She will call back that the positioning of the therapist psychotraumatologist from the first interviews, which is interested in the events and re-places the symptomatology as being caused by victimhood infringements, then its ardent support throughout the therapy, the use of positive cognitions from the construction of the plan of targeting, the train metaphor, the evaluation on the VOC of the positive cognition in phase 3, are so many moments when the patient receives information which stimulate already powerfully his/her adaptive memory network ready to invest the traumatic memory awaiting resolution.

To finish, the author will be interested in the closeness established between the neurobiological processes implied during the BLS and those of paradoxal sleep phase, which brings her to envisage a similarity between BLS function and dreamlike function. What does this mean for BLS: would we have found the grail to stimulate dreamlike function? And what does this mean for dreams: beyond a function of " realization of desire " moved forward by S. Freud, is it not the duty of treatment of the “infractive” information that dedicates paradoxal sleep phase from which the dreams would be the rash, and the nightmares the points of abutment?