RELIEVING STUDENTS' ANXIETY STATES BY USING EMDR TECHNIQUE

ЗНЯТТЯ ТРИВОЖНИХ СТАНІВ СТУДЕНТІВ ШЛЯХОМ ВИКОРИСТАННЯ ТЕХНІКИ ДРРО

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Since the beginning of the full-scale invasion of the Russian Federation in Ukraine, the number of nervous disorders among Ukrainian students of higher educational institutions has increased. Young people who have been in the temporarily occupied territories (Luhansk, Kherson, Donetsk, Kharkiv, and Mykolaiv regions) since the beginning of the war are experiencing chronic stress disorder. Stress is felt not only by those who are in hot spots but also by those who were forced to change their place of residence in a hurry. A relatively new method of combating post-traumatic stress disorder, which is called eye movement desensitization and reprocessing (EMDR), is gaining more and more popularity in the world and is able to weaken the effect of negative emotions on a person.

Post-traumatic stress disorder (PTSD) is a mental reaction to nerve trauma and acute stress. It prevents the adolescent from developing psychologically and physically, he cannot control his emotions, communicate with his peers, and adapt to a new environment. Although the majority of studies carried out recently have studied the results of using EMDR only for people with post-traumatic stress disorder, its effect has been experimentally proven for the treatment of many other psychological problems: chronic stress disorder, traumatic experiences, panic attacks, addiction, anxiety, etc. The article proposes to use the EMDR method for the treatment of psychological problems in students, which are the consequences of military combat in Ukraine. The main idea of EMDR therapy is to allow imagination and give the patient what his heart needs. In this way, we change neural networks, which also change deep feelings. We "program" the adolescent's thoughts to be positive, and the brain heals because new neural pathways are ignited, and new neurons form a new pattern of behavior. These techniques help the brain, along with the formation of new neural connections, to cleanse itself of traumatic ones.

Key words: *pedagogical psychology, institution of higher education, EMDR method, bilateral stimulation, eye movement desensitization and reprocessing, traumatic experiences, panic attacks, anxiety.*

Від часу початку повномасштабного вторгнення російської федерації в Україні збільшилася кількість нервових розладів у студентів вищих навчальних закладів. Молодь, яка від початку війни і досі перебуває на тимчасово окупованих територіях (Луганська, Херсонська, Донецька, Харківська, Миколаївська області), переживають хронічний стресовий розлад. Стрес відчувають не лише ті, хто перебуває в гарячих точках, але і ті, хто були вимушені поспіхом міняти місце проживання. У світі дедалі більшої популярності набуває порівняно новий метод боротьби з посттравматичним стресовим розладом, який називається десенсибілізація та репроцесуалізація рухом очей (ДРРО) і який здатний послабити дію негативних емоцій на людину.

Посттравматичний стресовий розлад (ПТСР) – це реакція психіки на нервову травму та гострий стрес. Він заважає підлітку розвиватися психологічно і фізично, він не може керувати своїми емоціями, спілкуватися з однолітками, адаптуватися до нового середовища. Хоча в більшості проведених на даний момент досліджень вивчалися результати застосування ДРРО до людей лише з посттравматичним стресовим розладом, експериментально доведено ефект ДРРО для лікування багатьох інших психологічних проблем: хронічного стресового розладу, травмуючого досвіду, панічних атак, залежності, занепокоєння, та ін. В статті пропонується використовувати метод ДРРО для лікування у студентів психологічних проблем, наслідків бойових дій в Україні. Основна ідея терапії ДРРО полягає в тому, щоб дозволити уявити і дати пацієнту те, що потрібно його серцю. Таким чином ми змінюємо нейронні мережі, які змінюють і глибокі почуття. Ми «програмуємо» думки дитини на позитив, і мозок лікується, тому що запалюються нові нейронні шляхи, а нові нейрони формують нову модель поведінки. Ці техніки допомагають мозку поряд з формуванням нових нейронних зв'язків очищатися від травматичних.

Ключові слова: *педагогічна психологія, вищий навчальний заклад, метод ДРРО, двостороння стимуляція, десенсибілізація та репроцесуалізація рухом очей, травматичні переживання, панічні атаки, тривога.*

Formulation of the problem in general. With the beginning of the full-scale invasion of the Russian Federation, the number of nervous disorders among Ukrainian students of higher educational institutions increased. Young people are experiencing chronic stress disorder. Stress is experienced not only by those who are in hot spots, but also by those who were forced to change their place of residence in a hurry. According to the Minister of Education and Science of Ukraine, Serhiy Shkarlet, on August 4, 2022, there are 641,000 Ukrainian school-age children abroad, which is 30,000 less than in May, and the number of displaced students exceeds these figures [1]. The relatively new EMDR method of combating post-traumatic stress disorder, which can weaken the effect of negative emotions, is gaining more and more popularity in the world.

Analysis of recent research and publications. Although the majority of EMDR studies have been conducted for people with post-traumatic stress disorder [2; 3; 4], the effect of EMDR has been experimentally proven for the treatment of many other psychological problems: chronic stress disorder, traumatic experience, panic attacks, anxiety, etc.

The purpose of the article. In the article, it is proposed for the treatment of students' psychological

problems caused the military combat in Ukraine to use the EMDR method, which is easy to use and does not require additional equipment.

Presenting main material. EMDR stands for Eye Movement Desensitization and Reprocessing. It is a trauma therapy that was developed in the 80s by psychologist Francine Shapiro. With the EMDR, the memory network is activated where the trauma is stored. We mean by that eye movements that go back and forth. It can be an auditory stimulation: drumming, or tapping. And what occurs is it sets off a rapid processing effect, a kind of mind-body-free society of processing where the trauma has been fragmented and frozen in time, gets unstuck, and begins to move very rapidly through the nervous system. Thus what you obtain is a kind of mind-body-free associative processing [5, p. 59]. What it does is what has been frozen in a traumatic way with the disturbing thoughts and the images and the emotional distress. All of that moves out. At the end of the EMDR session, a person has a broader perspective on what happened. They no longer have emotional distress. It feels like what happens happened in the past. It was absolutely revolutionary when it came out [5, p. 109].

The EMDR technique is traced back to 1991 when Dr. Francine Shapiro initiated a direction in psychology and started training professionals. To evolve this technique, we need more resourcing. How thinking has evolved over time is the need for more resourcing, the need for more stabilization, and the need to support students more before they drop into the intensive trauma networks.

During therapy, a lot of imagery should be used. It helps link things up for suffering people. Also, we recognize the importance of repairing developmental deficits. What EMDR does beautifully is when you have a traumatic experience, we can call it lit up; it is activated, where the memory is stuck in your nervous system. What happens with the EMDR is that we always move towards health and wellness, always unless we get stuck somewhere. Then there is a technique for unsticking people. This is the power of the resource, the use of imagination, or bilateral stimulation [6, p. 200351]. It is possible to record changes in the brain pre- and post-EMDR.

They are very definite: there is an activation in the right hemisphere (pre-EMDR) when the trauma memory is activated and post-EMDR there is the frontal lobes come online, which had been in the dark prior [5, p. 123]. Thus that activation goes down, and the frontal lobes come to light; changes in the brain are observed. However, the mechanism that is causing them is not exactly known. Francine Shapiro developed what she called the standard protocol, which has got a lot of numbers and scales with it. Then she did her original research using this very technical protocol [5, p. 158].

When working with early childhood traumas, it is going to be long-term work. The therapeutic relationship is central to this work. It is a foundation. We want an adolescent to feel safe. We want to have a good bond with them. We believe that when there is a strong therapeutic relationship, the adolescent has a corrective emotional experience. They have experienced a healthy relationship, whereas their childhood is associated with unhealthy relationships. So we are changing their nervous system just by having a good therapeutic relationship.

The work with attachment focus EMDR is client-centered which means that it adjusted according to each individual. Therefore, if they like lots of resources, lots of resources are done. If they need long sets of bilateral stimulation and talk the whole time, all that should be done. Then talking for several sessions is carried out. The client-centered way of working proved to be reparative when you are being listened to when you are cared for; all of that is reparative. Thus, client-centered approach with any good therapy is those necessary things to release anxiety.

The following step is resource tapping to repair development deficits. Thus fundamental resources are to be used. However, there should be used all imagination and bilateral stimulation repair the nervous systems of students. So if they had to leave their home or they had no security in their home, what we can do is we can create an image, an ideal home, the home they wish they had, the home that would meet their emotional needs, and we will really create this image get and what we call tap it in; so they have a good sense of their home. Then we reimagine as long as they need to reimagine with bilateral stimulation. So, with this, what we are doing is we are filling in what they miss. And what is extraordinary is the brain's plasticity. That is when you are imagining something you are lighting up these neural networks. And if they can really drop into the image and give themselves what they need in imagination with this bilateral stimulation, it changes how they feel inside. It is extraordinary. We were observing the teenagers that had borderline difficulty with emotional regulation, acting out behaviors, and lit of real difficulty. If they can really stick with a therapist and they can do these other things, and they can really allow themselves to imagine and give themselves what they need with this development repair, we were getting incredible results with this. It really changes.

It would be a home they create that fits their needs. Not their previous home, because that would be therapeutically incorrect. That would get rejected. A therapeutist needs to validate the truth of what they lost, that they did not get their needs met. But they do not have to be condemned to have damaged the rest of their life because of what happened to them. This can be repaired. It cannot be changed because

it happened. So it is really the recognition, the validation of that, what is so important. But when you imagine and give yourself what you need, you are changing the neural networks inside yourself so that it changes how you feel [4, p. 261]. And it changes the kind of relationships you have in the future. So, that is holding both those things together. It is really repairing. Summing up, when you have certain experiences over and over again, the neurons are going to be wiring into particular patterns [3, p. 10]. Therefore, when we have had these experiences of losing our home that is the neural network, which defines how we view ourselves. And the kind of relationships we end up repeating, because this is the neural network, this is how we view ourselves. These things define us.

When we allow ourselves to imagine something different, we light up new neural pathways and new neurons fire in a new pattern. Furthermore, when we add the bilateral stimulation, it changes that patterning. It changes those neural networks. And what is interesting is that the person does not forget what really happened to them, but they feel different. They really feel the sense of this new patterning, which gives them the potential to have different kinds of relationships and also to view themselves differently. When you are not treated with respect as a child, the belief goes in: I do not deserve to be safe. I do not deserve to be protected. But when you provide that for yourself in this image, it changes your mind: I do deserve a lovely home. I am a loving being. I can have love, and I can love. Thus when that changes, the relationships change.

Let us assume we are working with someone who has seen military actions: shooting, bombing, etc. When you think of that incident, what picture represents the worst part? It is the image of the explosion next to my house. Then we ask for the negative cognition. What negative belief goes with that? You are powerless. Then ask: what would you like to believe about yourself? And so the person has to struggle to come up with what they would like to believe. I would like to believe I am powerful. Doctor Shapiro developed a scale called the Validity of Cognition scale, where she measured how true that positive statement feels when you pair it with the trauma image [7, p. 331]. So when you bring up the image of the explosion and say to yourself: I am powerful, how true does that belief feel on a scale from one to seven, where one is completely false, and seven is completely true? If they say: one, it does not feel true. Then we have to bring up the terrifying picture again. During this, you say to yourself: I am powerless. What emotions do you feel?

You feel scared. It is measured on the scale, where zero is no disturbance or neutral emotion. For instance, you feel a disturbance of seven. Where do you feel the disturbance in your body? It is in my face, it is in my chest, it is in my stomach. Now, the terrifying picture is brought and I say to myself: I am powerless. Feel the feelings, and now the bilateral stimulation or eye movements start. And then the desensitization phase begins, and the rapid processing begins. So that is the standard protocol, and it can take a long time to get what we call a target. What should be done with the most traumatized adolescents? It will set up what is called the four foundational resources. We will have them think of a peaceful place and bring up their nurturing figures to protect their figures, their wise figures, and their team. They have got the team. And then, we will descend into the trauma network. Now, if we bring up the picture that is most disturbing. What emotions do you feel? Terror. What do you notice in your body? My throat is tight. My chest is tight. What negative beliefs do you have about yourself? I am going to die. We are ready to start the bilateral stimulation. Let whatever comes up without censoring it, and then we begin the bilateral stimulation, and they start the process. So it is smoother. If you think about it, trauma is stored on the right side of the brain in its fragmented form. Numbers and scales are on the left side. That is the standard protocol. The target image is on the right side, the negative cognition could be right or left, but the positive one is definitely on the left side. The validity of the cognition scale is on the left side. Then we ask for the emotions to go back to the right side, and then we measure it. We are back on the left side, and then the body sensations are on the right side. So we are going back and forth, back and forth. And for many of our students who have been traumatized, this feels objectifying.

So imagery paired with bilateral stimulation seems to integrate information more fully into the neural circuitry. The following thing is the idea that came from Bessel van der Kolk's works: people who have PTSD do not attend to neutral stimuli. Their brains are geared to traumatic stimuli. Finally, we came to the idea of lighting up positive, resourceful neural networks and adding bilateral stimulation to them to expand those neural networks. The resource tapping and the whole idea of using imagery paired with bilateral stimulation is an effective method of smoothing the anxiety states of students, which they can apply. We light it up, we get a good sense of whatever the resources are, and then we add short amounts of bilateral stimulation. Then we just find something else, and then we fully activate that, and maybe the next time we use a shorter amount of bilateral stimulation, we do not use as much because using more sets them into this free associated processing that takes them into some of the negative memory. Thus, there are lots and lots of ideas of ways to help students just using imagination and bilateral stimulation. We can use it to reduce anxiety.

Conclusions. In the article, it has been suggested a method for releasing students' anxiety caused by

war psychological trauma. The standard EMDR protocol of therapy is considered and how it helped out many students. It is shown that using that technique, it is possible to reprogram the brain and change behavioral patterns. It is proposed to pair this therapy method with bilateral stimulation, which means stimulating both the right and left parts of the brain by, for example, touching both of your shoulders. These techniques help the brain form new connections and clear traumatic ones reducing students' anxiety.

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