

Eye Movement Desensitization & Reprocessing (EMDR) – A way to move past trauma – Part 1: Violent Trauma & Loss



The recent shooting in Aurora, Colorado is a powerful example of trauma involving a horrific, life-threatening situation. The fact that it was a deliberate act of a fellow human being makes it different from natural disasters such as tornados and more destructive to our sense of safety in the world. The initial reaction is Acute Stress Disorder with anxiety and disassociation, including feelings of being outside of one's body and emotional detachment. The individual can then go back to normal, or go on to develop Post-Traumatic Stress Disorder (PTSD). PTSD is a complex response to trauma that takes time to evolve. Classical symptoms of PTSD include: nightmares, intrusive memories, memory blocks, hyper-alertness with inability to relax, extreme startle responses, fear, anger, sexual dysfunction, eating disorders, physical pain and suicidal thoughts, including the belief that life will be short and painful and will never again hold hope for fulfillment. Trauma also creates deep inner beliefs about ourselves or the world at large that keep us stuck. These are called "blocking beliefs" and often defy logic. This can include a haunting sense of survivor guilt that can be strong enough to lead to suicide.

While they say that "time heals all wounds," time alone is unlikely to do the job. Information stored in the survival gear of the brain appears to be untouched by time. Having said that, I have to add that grief needs time to process normally, and EMDR is usually not recommended for grief until three to seven months have passed. The emotions, behaviors and deep inner beliefs created by trauma are stored in the survival gear of the brain. This part of the brain responds quickly to triggers with a fight/flight/freeze response and it feels as if we are in a life or death situation right now, no matter how long ago traumatic events actually happened. This is why we can't just "snap out of it" or use logic and willpower to heal. Those abilities reside in other parts of the brain, where things can be understood and put in perspective. Therapies like EMDR bring information from the survival gear to parts of the brain that can put it into perspective and release us from the automatic emotional and behavioral reactions. The book "Why Zebras Don't Get Ulcers" gives a comprehensive picture of stress, pain, PTSD and ways to heal. Why some people are profoundly affected by an event while others are not has little to do with the so-called "strength" of the individual. Perception of the event and the self within the event is one key. As a 2nd-grader in a Milwaukee school, I had just been vaccinated. I was feeling fine, even gleeful after watching an older male cousin faint. The doctor was chomping on a cold cigar and getting ready to light it. He was close to a metal pan of alcohol disinfectant for the old-fashioned reusable glass syringes. The

nurse tried to stop him, but he lit up and a tall column of flaming alcohol fumes reached for the ceiling. Standing on my chair I could see the nurse smothering the flame, but there was panic with people screaming and running for the door. I enjoyed the whole event and felt completely safe. Forty years later a client related her fear of needles and all things medical to the same event. She had never held a job or dated or considered marriage because medical tests might be involved. Same event, different extremes.

Other factors that determine the development of PTSD include the individual's social environment. Our survival as individuals, especially when we are young, depends on the acceptance and protection of our social group. Without this acceptance and protection, it's almost impossible to develop a sense of safety in the world. Violence and loss easily destroy whatever sense of safety existed and create disabling PTSD. It was very hopeful to see how the community rallied around the Aurora victims to support them and their families. The rapid police response, excellent trauma care, and family and personal support, such as the visit from Batman star Christian Bale, all help set the stage for healthy recoveries.

EMDR is very different from the usual "talking therapy" brand of psychotherapy. It's been in development and use since 1987, when Francine Shapiro made an accidental discovery that freed her of some of her own traumatic experiences and the intrusive memories and emotions that went with them. She found that making rapid side-to-side eye movements while picturing traumatic events, feeling the emotions and doing negative self-talk triggered the brain to get closure and put things in perspective. These movements are similar to normal rapid eye movements during dreaming or REM sleep. Her issues were the same issues that talking therapy might make worse by reliving them over and over again without resolution.

EMDR now has years of solid research behind it that shows it works to heal trauma, but we still don't know all the neurophysiology to explain how it works. If you decide to investigate EMDR and perhaps try it for yourself, I suggest that you trust the fact that it works and not waste time struggling with the "how" of it. Within therapy sessions, progress is measured by changes in your Subjective Units of Distress, or SUDs, on a 0-10 scale. The goal is to bring SUDs down to zero, or at least to two or below. It's very hard to explain to a patient what an EMDR session is like and pinpoint what it might achieve. It's much like sitting on the edge of a pool with someone and trying to use words to give them an authentic experience of swimming. You must get into the water to experience the water and splash around to learn to swim. In trying to explain what it's like, I typically use my own experiences with receiving EMDR therapy during trainings. This is not because I'm in love with my own stories — it's because the experiences of other patients are confidential. I also usually begin the EMDR experience with a meaningful but manageable trauma rather than the most intense. This allows patients to experience EMDR, and develop confidence and teamwork with the therapist without being overwhelmed. Sessions can be intense, a bit like walking over a bed of hot coals to safety on the other side. It's important to keep moving. I believe it's important to trust that the mind knows how to heal itself if given the right support.

Part 2: Humiliation, betrayal & abandonment, will explore PTSD based on humiliation, betrayal and abandonment. Negative programming from this type of trauma can drain our joy and energy, leaving us dissatisfied with life and with ourselves. This type of trauma occurs in moments of ridicule, threat or rejection by parents, teachers, peers, employers and spouses. It can be fatal, as we've seen in victims of bullying.

Dr. Phyllis Kasper has extensive clinical, research and teaching experience. She is a state licensed psychologist and is listed on the National Register of Health Service Providers in Psychology Web site. Insurance companies can look her up on CAQH for billing psychotherapy sessions. Dr. Kasper has expertise in anxiety disorders, depression, post-traumatic stress disorder, peak achievement, biofeedback, hypnosis, EMDR and pain management. For more information, call her at 920-693-2250 or visit <http://evolveability.com>. She is available at Healthy Connections in Appleton at 920-257-4601.

References: The EMDR Institute website is a great source of information at <http://emdr.com/general-information/what-is-emdr/history-of-emdr.html>.

Why Zebras Don't Get Ulcers by Robert M. Sapolsky.

See <http://youtu.be/gZ5MLn1Cc94> for a short video that clearly shows the value of EMDR and the basics of how it is done.

See <http://youtu.be/SM5HZpu3IWY> for a longer video that includes EMDR for anxiety, depression, phobias and other problems, not just PTSD with a demonstration.