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Presentation Transcript
Processing Painful Memories
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Processing Painful Memories with EMDR – the second in a series.

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Sometimes studying the Bible and praying are not sufficient to resolve the issues that get in the way of living the Christian life. Sometimes God wants us to *do* something about our problems in addition to asking Him for help. I know, I know, it would just be so much easier if we could just get God to wave a magic wand over us and take away all our problems, but folks, it just doesn't work that way. God is going to give us something awesome and He wants to know if we value it. Are we willing to struggle to obtain it?

Let's look at a scripture.

Hebrews 12:3-4 – *Consider Him, who endured such opposition from sinful men, so that you will not grow weary and lose heart. In your struggle against sin, you have not yet resisted to the point of shedding your blood.* Some people have. So God wants us to struggle for the goal that He's set before us.

In my day job, I'm a psychotherapist. One of the tools I use to help people live a better life and get past their problems is EMDR – Eye Movement Desensitization and Reprocessing. It's a type of psychotherapy. In the presentations we do about Christian living, I've mentioned EMDR many times, and, as a result, we're getting numerous questions about it and requests to explain it more completely. So we're producing a series of presentations explaining what EMDR is, how it works, and what kinds of issues it can help with.

The first in this series was titled, *What Is EMDR?* That's already completed and present. Today's presentation, which is the second in this series, is titled, *Reducing Painful Memories with EMDR*. If you did not see, hear or read the first one, you might like to go back to it before going on. You can find it on our Website, liferesource.org, or on our YouTube channel, LifeResourceVideos.

When hard things happen in life, sometimes those hard things cause problems later. You may recall, from last time, that we had met a young girl who lost a loved one – murdered in a convenience store robbery. Several years later, she developed a fear of being at school. I mentioned last time, the man who was T-boned while driving. Several months after his accident, he started having flashbacks. His mind would run a split-second of a part of the accident. He would see the car that hit him come barreling toward him for an instant, but the memory would end just before impact. This happened when he was driving and when he was going to sleep. Life was harder after the accident. In both these cases, we might say this happened because of the girl's traumatic loss or, in the case of the man, because of his traumatic auto accident.

What if I told you that isn't really accurate? The school refusal we saw in the girl is *not* due to her traumatic loss and the man's flashback is *not* really because of the accident. You might think I'm crazy, because it seems so obvious, but stay with me. I'm going to prove it to you.

I was talking to a man several years ago, now, who had been a door gunner on a helicopter in Vietnam. He told me ground troops would shoot at him and he would return fire with his big 50 caliber machine gun. He had killed many men that way. He'd see people blown apart by his own hand. And he feared for his life as ground fire zinged around inside his helicopter. He said, "I've heard about PTSD – flashbacks, nightmares, and all that – but I've never had any of it."

Not long after that conversation, I was doing some research on the Web and I came across another Vietnam door gunner, who had been in a helicopter that was shot down by ground fire. His leg was pinned under the landing rail in soft mud and the helicopter was on fire. I don't think his leg was hurt, but he just couldn't get out. It looked like he might burn. So he mentioned that the crash was terrible, but the after-effects of PTSD in his life were even worse. For thirty years, he had no normal life. He was tormented by his memory of his experience.

In my mind, these two stories serve to demonstrate that it's not what happens to us that makes an event traumatic, but the way we take it in.

I was talking to a man, sometime ago, who, when he was a child, had been spanked with a belt so hard that it left marks on him. I asked him how he thought about it. He said, "Every kid I knew was getting the same thing. I had three brothers – and we were all hard-heads. For the most part, we did things to deserve what we got. Our parents were doing the best they could with us. I know my parents loved us, and they wanted us to behave and to be responsible, so we could have happy adult lives."

By way of contrast, not long after that, I talked to a woman who recounted a time when her father spoke to her disapprovingly. She said, "I was heart-broken. I couldn't sleep. I couldn't eat. I still cry when I think about it." There's another example showing that people can perceive things differently.

Let's go a step further. It's not even the memory, but how we encode the memory in our mind that accounts for the differences. Parents can think about how different their children are.

I was talking to two sisters recently. One of them told about an abusive parent, who terrorized her. Her sister experienced the same parent as strict, but loving. In questioning them about their experience, their parent disciplined them the same way for the same things, but they experienced the treatment differently. What's going on in the brain to account for the difference?

If we think about brain anatomy from the bottom up, we see the spinal cord and the nerves going up into the brain stem, and from there, into the limbic system in the center of the brain, which is right behind the eye sockets, generally, and then, the outer cortex, which is the gray part.

Data comes in from the senses into the brain stem, and then to the limbic system. There are two little walnut-sized things sitting right atop the brain stem, called the amygdalae. Closely connected to the amygdalae are elongated bundles of neurons, called the hippocampi. Together, these two mirrored parts of the brain – the amygdala and the hippocampus – scan incoming data, and evaluate it, and store it as memory. Sometimes, when the information coming in is stressful – such as something that is life-threatening or threatening to the sense of self – these two can begin to malfunction and they store memory in a maladaptive form – specifically, an unintegrated form.

Let's understand more about that. Under less stressful circumstances, the memory of an event is stored in story form in both cortexes. The emotional aspects are stored, generally, in the right, and the logical in the left. When stress is involved, sometimes the memory is not stored in story form – like the flashback the man was having with the auto accident – or we are not able to integrate feelings and thoughts about the event.

Think about the three examples we've already visited. From last time, the girl who wouldn't go to school: she said, "I know I'm safe at school, but I feel unsafe and freak out."

The second example is the man – also from last time. Remember that he saw two adults get in a fistfight, and when he talked about it, his thinking was somewhat childlike, because the memory was stored in a place where it couldn't be processed with his adult intellect – and it was created when he was a child. He said, "I wondered if I did something to cause the fight. I was afraid I was going to get into trouble. Maybe they were going to hit me." He's not thinking about it with his left side. It's all emotional. It's not left-right integrated.

By comparison, recall the man who got spanked with a belt. He could tell me why he didn't suffer from it. All the reasons were adult in their content. "My parents wanted me to be a responsible adult. All the kids I knew got the same thing. We were rowdy and hard-headed. Our parents did the best they could. We knew our parents loved us." He had integrated the memory and adaptively encoded it in his mind. He had integrated the memory of these events – emotion and logic – in his mind.

So, to recap, when people manifest the effects of trauma, it's because the memory has been maladaptively stored in an unintegrated form. The solution to trauma, then, is to re-encode the memory in a form that's integrated left-right.

Okay, so far we know that, in the course of life, as difficult things happen to us, memory gets encoded in an unintegrated form sometimes. We have a way to re-encode the memory, in an adaptive form, built into us. How good is that? You know, we've been created to be resilient beings. Let's look at how that works in everyday life.

Suppose you say something stupid and you hurt somebody's feelings at work. You go home, you kick the refrigerator, you think about quitting your job, you tell your mate you blundered and feel like an idiot. While you're doing this, you're feeling the negative emotions with your right brain and you're talking and reasoning about it with your left brain – left-right integration – back and forth. Then you go to bed, and you have muddled dreams about it during REM sleep. Packets of information move from side to side during your sleep – left-right, left-right. You wake up and you're not as emotional as the night before. You decide to write a letter to the person you offended and buy them a gift to show them you're serious. The whole episode becomes metabolized. Something bad turns into good experience, because it's now filed in your brain "Stupid things – never do again" category. The memory has been re-encoded in an adaptive way. It used to be hurtful; now it's helpful. Most of us do this all the time.

Let's look at another example. In her awesome book, *Trauma and Recovery*, Judith Herman uses the example of the Andrea Doria, an Italian ocean liner that went down off the US coast near Nantucket, in 1956, in a collision with another ship. Forty-six people died, but 1,660 people were rescued. The survivors were taken to port and put up wherever could be found. Doctors, psychologists, counselors, social workers came to help. They noticed these people could not stop talking about the event. They were putting it in perspective – desensitizing themselves of it by talking about it. They were processing it adaptively and re-encoding it as they talked.

When we go to a therapist, the therapist helps us go in and out of the hurt. She encourages us to evoke the emotion and then to talk about what it means – going from the right to the left, and back again – bilateral stimulation of the brain. If we project the emotions into some medium, such as art, music, drawing or play…sometimes we do that in a conscious way: "Let's see. What color represents how I feel?" So we see the left-right brain activity going there again. There's logical thinking about it and some emotional thinking about it. Or sometimes, it's unconscious, like in REM sleep. But either way, projectives are another way to adaptively process, or metabolize, traumatic events.

By contrast, I saw a video recently of a woman who was in a subway bombing. She was treated with emersion therapy. The video, I think, was to show how emersion therapy worked. She told the story over and over and over and over again. It was recorded and she had to listen to the story over and over and over and over again. Just watching the video was excruciating, not to mention what she was going through as the client. It was noted, in the film, that she'd been at it for three months. She did not yet seem to have a logical

exposition of the event, but instead, a hodge-podge of flashbacks. In looking at it, I was not sure she was being healed of the experience in the same way that it had occurs in EMDR.

Using EMDR, the treatment is much gentler and, I think, quicker, in most cases. People can talk about things of the past without upset when they're done. So, in the next presentation, I'll show you how it is gentler and quicker.

We have within us the ability to heal from trauma. Now, there are two things I want to mention before I go. Sometimes no amount of talking about it works. It just doesn't do any good, it seems. The memory stays in its original maladaptive form. We try to talk it out with family and friends, or even a therapist, and we still feel terrible.

I had a traumatized young woman who had been in therapy for years before she came to my office. She commented several times during her treatment that she had never made so many connections and gotten over so much so fast before – not that her former therapists were poor clinicians. It's just that sometimes talking isn't powerful enough. That's my own opinion.

So that's one thing that I wanted to mention – talking, sometimes, isn't enough. Here's the second item. I was talking to a man, once, who'd been suffering nightmares, depression, social anxiety. He wanted to do EMDR. I explained adaptive memory processing to him and he got this curious look on his face. I asked him what was happening, and he said, "I don't do that. I can't get past things people have done to me or the things I've done to others. Everything sticks to me like napalm." When we did EMDR, he wasn't re-encoding. He was right. So I started exploring his past a bit more. I asked him who loved him as a child and he couldn't find a single person – no positive relationships with any adult or child. There were no positive experiences to use to re-encode in a positive way. His emotional needs were neglected all through his childhood. He was brilliant and sensitive. He took in even minor issues as major. It seemed as though all his interactions were encoded in a maladaptive form.

I've seen this with other people, as well. A woman came once who'd been abused from her earliest memory by her mother. Her father was absent. All her siblings were cruel to her. We used EMDR to install some positive relationship memories through a movie she had seen. And then the processing went forward. That sounds almost unbelievable, doesn't it? But I saw it with my own eyes. She healed from her abuse. She became a productive parent and, eventually, found love.

Okay, that's a bit about adaptive memory re-encoding. But let's think a bit more about memory. Our memories are who we are. How we take in what happens to us defines who we are. If we're well cared for as an infant, for example, we think we are lovable – that life can be good and that the world is opportunity before us. And faith in God is easier. So EMDR is not just good for depression, anxiety and PTSD. It can help with a myriad of issues.

Several weeks ago, I helped someone get over late-night food cravings. They were associated with her alcoholic father standing over her and directing her to clean her plate.

With my own eyes, I have seen people get over all kinds of terrible phobias – fear of driving, fear of the dark, Agoura phobia, social phobia, OCD, pulling one's own hair out, cutting, hoarding, generalized anxiety, hallucinations, heroin cravings, alcohol cravings, smoking habits, compulsive sexual behavior, depression and rage, just to name a few.

Next time, we will complete our series on EMDR by discussing how we do it. The title is *EMDR – The Therapeutic Process*. And the aim is to make the EMDR process less mysterious. We will follow up on the girl who refused to go to school and see how she did.

We publish every other Friday, so be looking for it.