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EMDR (Eye Movement Desensitization Reprocessing) and TRAUMA

The following information is a collaboration of information on EMDR, Trauma and Dr. Dan Siegel's neuroscience research. This information is focused to explain the relationship between EMDR, trauma, Postpartum issues and attachment. I combined this information to better explain the model I operation from when working with my patients.

TRAUMA:

Trauma comes in many forms. The definition of trauma is *any event that has had a lasting negative effect*. We look at trauma in the forms of **BIG-T** and **Small-t** traumas.

BIG T: These single events can result in symptoms described as Post-Traumatic Stress Disorder (PTSD), including difficulty sleeping, intrusive thoughts of the incident, an avoidance of anything that reminds you of the trauma, irritability, changes in personality, feelings of sadness and hopelessness, an exaggerated startle response, and even thoughts of suicide. Examples are:

Natural Disasters	Domestic Violence
Violent Sexual Assault	Death of child, family member
Physical, Sexual or Emotional Abuse	Birth Trauma
Combat - trauma	Still Birth
Armed Robbery	Emergency C section
Assault and Battery	Home invasion
Car accidents	

Small-t : These are the traumas of life. And the truth is, you can't get through without experiencing small traumas throughout the way. Sometimes these small traumas build up over time and create a difficulty in our day to day functioning. When unresolved, small traumas from childhood can end up driving our present-day choices, rather than allowing us to make healthy, adaptive adult-driven choices. Research has shown that a lifetime of small-t trauma is more likely to result in symptoms of complex Post-Traumatic Stress Disorder than single-incident "Big-T" traumas. Examples of small-t traumas are so wide-ranging that providing a list is difficult, because trauma is defined by the way a personal experiences an event, not by the event itself.

Family of origin dysfunction	Reoccurring pregnancy issues
Parental Alcohol or Drug Abuse	Distressing/Difficult pregnancy
Eating Disorders	Fertility issues
Feelings of Abandonment	Miscarriage

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Unresolved childhood disturbance and Distress

Attachment Issues

Divorce

Panic Attacks

Difficulty in Intimate Relationships

Medical Illness and anxiety

NICU experiences

Emergency C Section

Anticipatory Anxiety with VBAC

Toxic work environments

THE PROCESS OF TRAUMA:

The body uses a processing system similar to digestion in order to resolve upsetting experiences. When the mind/brain processing system functions properly we extract useful information from our experience. What we learn from the experience allows us to move forward. When upsetting memories are processed, the related emotions, beliefs, body responses, and thoughts are transformed becoming healthy and adaptive.

“STUCK TRAUMA”

Sometimes negative experiences remain unresolved, leaving a residue of emotion to dominate our daily lives. The system becomes "stuck" as if it were choking on trauma and often requires assistance in order to get it moving smoothly again. EMDR and other modalities are utilized to facilitate the movement. Processing occurs on a physiological level and allows new associations, insights and emotions to emerge spontaneously.

EMDR involves a very specific set of procedures to help this "digestive" function in the mind/brain which neurobiologists refer to as "information processing."

HOW IT WORKS: EMDR

NEUROBIOLOGIST DEFINITION:

Trauma and other disturbing life experiences are stored in the wrong form of memory. When memories are stored in explicit or narrative memory they can be remembered without pain. When stored in implicit or non-declarative memory they hold the emotions and body sensations that were part of the event(s). Because these memories are not able to connect with other, more helpful information, they remain isolated from other life experiences in our memory networks.

i.e. even though we can look at things rationally where other people are concerned, and know they aren't to blame for certain things, we can't view ourselves in the same way and we feel at fault.

-memories stored in the wrong form of memory cause suffering.

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EMDR: We work with the processing system in order to access the troubling experiences.

The intrusive thoughts, dreams, disturbing emotions and sensations are all products of the physical problem that can be helped without resorting to drugs or alcohol to mask the pain.

National Institute for Mental Health (NIMH) study reported that EMDR was superior to Prozac in treating trauma.

Dr. Dan Siegel

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The following information is referenced from Dr. Siegel:

THOUGHTS ABOUT EMDR

EMDR may be particularly effective at promoting neural integration through the ways in which its phases activate distinctive processes in the brain, such as thoughts, emotions, memories, and bodily sensations. as the phases progress in EMDR, neural integration may be proposed to the brain process that is being facilitated during the various phases of treatment. The result of effectively promoting neural integration would be both the alleviation of the symptoms and the development of an enhance sense of well-being internally as well as more rewarding experiences interpersonally.

POSTPARTUM DEPRESSION/ANXIETY

Dr. Dan Siegel reports shifts in hormones are common and are part of the "baby blues" which are not abnormal. Serious depression is a problem and he explains it from his researched based information:

1. Hormones effect the part of the mother's brain that perceives the facial expressions, and non verbal communication. This part of the brain shuts down which equals a disconnect. The mother is not able to recognize the baby's cues and needs producing feelings of shame. This shame fuels the negative self belief that she is not capable of caring for her child.

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2. Feelings of Shame (are part of depression) become statements of “I’m not worthy,” “I’m not capable,” and “Something wrong with me.” Ultimately creating a negative self belief structure that “I am a bad mom.” The neurophysiology of shame is part of depression. This shame cycle is re-enforced when the mother is feeling not competent because she can’t see babies signals, she feels like she is not there for her baby, she feels she is not providing the care the baby needs. This creates a continuous shame loop that people get stuck in.

3. If you stay with a serious depression without help it is not possible to parent in an effective way.

UNRESOLVED TRAUMA AND PPD

How does unresolved trauma trigger or contribute to PPD, PPA and other Maternal Mental health issues?

Dr. Siegel states:

When you are being present with your baby, you are feeling your child's vulnerability. You can experience that baby as you and your unresolved trauma can impair the way you care for your child, triggering uncomfortable feelings. Help in resolving the abuse or negative experiences is essential.

His research states: The best predictor of how a child did in his/her attachment to his/her parent was the way that parent made "sense" of his or her life. It wasn't what happened to you, it was how you made sense of what happened to you. Research shows that if you don't pause and reflect in terms of what you remember (about your negative experiences or abuse) and how you draw meaning from what you remember, your kids whether you want them to or not, will receive the kinds of negative things you received that you hadn't made sense of. The research also states that if negative experiences happen to you and you understand the impact of them you can have "earned security" and learn how to create an integrated way of being. An Integrated self is defined by Dr. Siegel as the ability to balance emotions, understand themselves, pause before acting on an impulses, approach stress with high levels of resilience, take on challenges without withdrawing from them. (secure attachment))

Without secure attachment those things are compromised.