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EMDR: A Client and Therapist Perspective

by Alivia Maric, Ph.D., R.Psych.

EMDR has been used and researched for 25 years, and is considered a highly effective therapy for resolving trauma. Nevertheless, it

remains somewhat mysterious and misunderstood. Written explanations can become jargon-filled very quickly. Visual demonstrations of the process can raise concerns as it looks strange. In an effort to shed some light on the EMDR process, we offer a personal account of EMDR therapy and a discussion of some common questions about EMDR.

Mia:

My husband and I suffered the death of our first son Nick when I was nine months pregnant and it shook us to the core. At the time, I told myself that I couldn't go through something like that again and yet, I longed to have another child. When I found out I was pregnant with our second baby a few years later, I had mixed emotions. We were both elated about this new little life, but also fearful that we might have to say goodbye much too soon.

Painful Triggers

For years after baby Nick's death, I experienced post-traumatic stress symptoms. Painful flashbacks of sights, sounds and emotions that brought me right back to the day we lost him at the hospital. Thinking about my future labour and delivery; seeing a specific blue stroller roll by; news reports about infant accidents and talk about difficult deliveries involving the umbilical cord all became powerful triggers. Flashbacks made my heart race and my breathing became shallow. I literally felt like someone had punched me in the stomach and I just wanted these knee-jerk reactions to subside.

As I approached the last trimester of pregnancy, worry and anxiety kept building up. The thought of going to the birthing unit became overwhelming. It got to the point where I had to look away when we drove by the hospital and I blocked myself

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My Teen is Cutting: What can I do?

by Brooke Lewis, M.A., R.C.C.

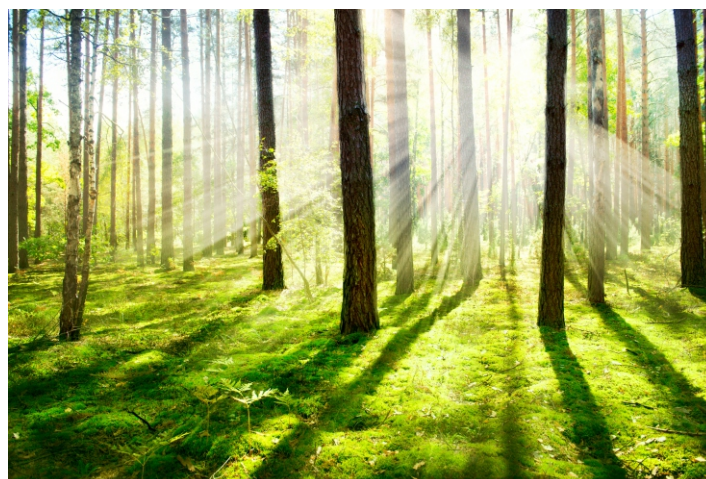
Liz and Dan recently received a call from the school counsellor informing them their 14 year old daughter, Becky, has been cutting herself. Liz and Dan were in disbelief and confusion. Becky has always been an outstanding child who is friendly, outgoing, does well in school, is in cheer competitively and helps out around the house. When meeting with Becky, the therapist discovers she has been feeling extremely overwhelmed by pressures to be perfect and successful. Becky started self-harming last year and finds it helpful in calming her anxiety.

Finding out your loved one is self-harming is often a surprising time for a parents that generates a mixture of emotions including anxiety, fear, hurt, anger, and much more.

According to the Canadian Mental Health Association (2010), self-harm occurs in 1-4% of the general population and in 14-39% of the adolescent population. According to the DSM V (2013) a person would meet criteria for non-suicidal self-injury (NSSI) if within the past year, on 5 or more days, s/he engaged in intentional self-inflicted damage to the surface of the body without a suicidal intention. Examples of self-injury are cutting, burning, hitting, stabbing, or excessive rubbing. Moreover, the individual is engaging in the behaviour to meet one, or more, of three expectations: to induce a positive feeling state, to resolve an interpersonal difficulty, or to obtain relief from a negative feeling or cognitive state (APA, 2013).

The self-injury must also be associated with one of three things:

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from thinking about having to go back to deliver again. *How will I react when I'm back in the maternity triage area? How will I survive labour? Will flashbacks be too much to bear?* I wanted to avoid having an anxiety or panic attack and knew I needed to put a plan in place to build up my confidence.

Questions About EMDR

My therapist suggested I consider sessions with an EMDR therapist to complement the work I was already doing with her. EMDR was to specifically address the trauma I experienced during childbirth. I knew the importance of being able to keep reasonably calm during labour - especially for the sake of our unborn child. Before deciding to give EMDR a try, I had a few questions and asked Dr. Alivia Maric to help give me some perspective.

- How does EMDR help?
- What are common reasons clients come for EMDR therapy?
- What can I expect during sessions?
- How long will it generally take?
- Traumatic memories seem too painful to have to go through; do I need to re-live them?
- What if I have multiple traumatic events to deal with?
- How can I prepare for the sessions?
- What is the success rate?

Dr. Alivia Maric:

Your experience highlights the fact that traumatic reactions can follow many overwhelming events, including sudden loss and difficult birth. Your questions about EMDR are understandable given that it is difficult to describe, and can seem “weird”. People wonder how watching a waving hand, or a row of lights moving back and forth, will help them feel better. Some people worry that EMDR is hypnosis – but it isn't. EMDR is a rather complex therapy, involving several phases to help people focus on thoughts, feelings and images associated with a painful memory until the memory is no longer as painful or disturbing.

EMDR is helpful in two important ways. When people experience a traumatic event their nervous system goes on 'high alert', resulting in flashbacks, anxiety, and distressing memories that are triggered by reminders of the event. They begin to avoid people, places or things that trigger the distressing memories.

Also, traumatic experiences can “shatter assumptions”. For example, before the trauma you might think “I'm safe” or “I'm a good person” or “I'm in control”. But when tragedy and trauma occurs, it can shake you to our core, as you described, and those beliefs can change to “I'm in danger” or “I'm a bad person” or “I'm helpless and out of control” – even if those beliefs don't make sense, and even after the danger is over (e.g., a person who has been in a car crash, or a soldier

returning home from war can continue to feel unsafe or in danger). You may spend a lot of time trying to convince yourself of those previous beliefs, and loved ones may also try to convince you, but the negative beliefs remain, “frozen” in your system. EMDR helps to shift those beliefs to a more tolerable place such as “I'm safe now” or “I'm a good person even if bad things happen” or “I can control what I can control even in scary situations”.

Before beginning to focus on the painful memories, the therapist will ensure that you have strategies to help manage painful feelings and memories that might come up during sessions. The goal is not to overwhelm you again, but to help you face the painful memories in small amounts, at a pace that is tolerable. Following the waving hand (or moving lights) with your eyes seems to provide some distraction while you think about the painful memory. In some way we don't yet fully understand, those frozen beliefs and intense memories begin to fade and move into the past. EMDR doesn't erase memories, but it can make the memories easier to bear. It doesn't make you feel like the trauma and loss is okay – it will always be sad – but the triggers will become less powerful.

EMDR doesn't erase memories, but it can make the memories easier to bear.

How long it takes to notice positive changes varies, depending on a number of factors including how many traumas a person has experienced. Generally, the more traumas experienced, the longer therapy can take. Together, you and the therapist decide together which experiences to focus on, and in what order, so that therapy is tolerable. (Some people decide not to focus on past traumas, and only focus on the most troubling experiences they currently face.) Many people will begin to experience some relief in four to six sessions.

In terms of preparation, it's useful to have skills (e.g., abdominal breathing, progressive muscle relaxation) that help cope with difficult feelings. The therapist will teach you such skills and ensure you are practicing them successfully before beginning to focus on painful memories.

Over the past 25 years that EMDR has been used and researched, its effectiveness in treating trauma has been well established. EMDR is also being used effectively with other difficulties such as addictions, eating disorders, anxiety, panic, depression, grief, and performance anxiety (such as public speaking and athletic performance) with good results. Many people have benefitted from EMDR.

Mia:

My Experience with EMDR Therapy

As a result of the information I was given about EMDR, I thought it would be worth a try. At my first appointment, I spotted a machine with a row of lights across it, which made



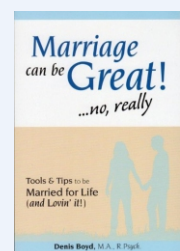
Books

**Marriage can be Great!...
no really**

by Denis Boyd, R.Psych.

**Parenting Teens Without
Power and Strings**

by Rick Hancock, R.Psych.



me curious as I had never seen one before. The therapist asked what I knew about EMDR and explained the process. I learned that some therapists used lights or finger waving and others use tapping. We were then able to start addressing specific triggers and explore the post-traumatic symptoms.

The EMDR session was difficult at first and it was challenging to stay focused. Memories came flooding back and having to follow the pattern of lights seemed awkward and unnatural. No wonder people describe EMDR therapy as being "weird"! After the third session however, I became more comfortable. More importantly, I noticed a difference in my anxiety level. In a controlled way and on my terms, I was able to face my fears. Little by little my physical reactions and emotions subsided and past triggers didn't take me by surprise as they used to. After the sixth session, I was able to visualize the upcoming birth and was able to tolerate the anxiety. The worry was still there, but I felt more confident and hopeful.

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EMDR Put to the Test

At an ultrasound appointment a couple of weeks before our due date, the Perinatologist gently told me I needed to go for an early induction as there were signs that our baby was at risk. My initial reaction was to go into panic mode. "What if..." questions raced through my mind and yet, I was able to stay level-headed when we arrived at the hospital.

I feel fortunate to have gone through EMDR therapy beforehand because things turned scary shortly after labour progressed. The machine monitoring the baby's heartbeat started beeping incessantly and all of a sudden

I was swarmed by a team of nurses. "Your baby is in fetal distress, we're prepping you for surgery," the doctor on duty explained amidst the commotion. She happened to be the same doctor who delivered my first son and knew our situation. "Just breathe..." I repeated to myself between prayers. Before I knew it, I was whisked in for an emergency c-section.

Thankfully, our baby arrived safely despite having a knot in his umbilical cord. We now have a happy, healthy toddler in our arms. I shudder to think what it would have been like had I not gone through EMDR therapy to help get me through the second risky birth experience. Looking back, I was able to stay focused and relatively calm which surprised me as I was awake the entire time. I feel that this type of therapy has been effective in dealing with my past trauma and recommend EMDR to others.

Dr Maric:

Thank you for sharing your very moving story, and your description of your post-trauma reaction. I'm glad to hear that EMDR was helpful for you.

My Teen is Cutting ... continued from front page

a period of preoccupation with the intended behaviour that is difficult to control, thoughts about self-injury that occur frequently, or interpersonal difficulties or negative feelings/thoughts occurring in the period immediately prior to the self-injurious act (APA, 2013).

Self-injury can be a difficult thing to discover. Some warning signs that an individual may be self-harming include: having unexplainable cuts, burns or bruises, having unexplainable scars, stating s/he is accident prone, or covering his/her body regardless of the temperature (Canadian Mental Health Association, 2010). Some risk factors for self-injury include: adverse life events such as victimization or trauma, stressful life events, depression, anxiety, substance use, and a family history of self-harm. Levenkron (2006) describes those who self-harm as lonely and fearful individuals who have a perceived, whether real or imagined, concern of disappointing another. Often these clients report overwhelming emotion with few emotional regulation skills. A teen may appear to have her life together on the outside while experiencing an emotional storm on the inside. Levenkron (2006) also mentions the connection of self-harm to trauma and indicating the traumatic events may be subtle such as a parent with a mental or physical illness or having a divorced family to more unsubtle forms of trauma such as incest or abuse.

Parents are often at a loss on what they can do to help their teen. Three things parents can do to help their teen include:

1. Educating themselves. There are many myths about self-harm that could taint your perception and make matters worse.

Reading resources such as *Helping Teens Who Cut: Understanding and ending self-injury* by Michael Hollander, accessing information through the Canadian Mental Health Association website (www.cmha.bc.ca), or talking to a professional such as a your family doctor or therapist.

2. Practicing your own self-care: without self-care, parents of self-harming teens are at risk for burnout. Burnout can effect your relationship with your children, spouse, your work, and your ability to effectively support your teen. Emphasizing basic self-needs such as balanced sleep, healthy eating, regular exercise, and avoiding excessive use of alcohol, drugs, or caffeine.

3. Validating your teen's experience: approaching your teen with judgment about his or her actions and experience can generate greater family polarization, ultimately pushing your teen away from you. Being open, accepting, and curious about your teen's experience will result in a stronger bond and foster collaboration. Some examples of validation include avoiding personal references, practicing attentive and active listening, and avoiding the word 'but'.

At the end of the day, your teen is probably experiencing the same fear, confusion, and intense emotion that you are. Being kind, collaborative, and open will be more beneficial than being angry, passive, and accusatory.

*References: Canadian Mental Health Association. (2010). Self harm. Retrieved from <http://www.cmha.bc.ca/get-informed/mental-health-information/self-harm>; DSM-V handbook of differential diagnosis. (2013). Arlington, VA. American Psychiatric Publishing, Inc. Levenkron, S. (2006). *Cutting: understanding and overcoming self-mutilation*. New York: NY. Norton and Company.*





Male Midlife Crisis Is it a Myth?

by Denis Boyd, M.A., R.Psych.

Do men go through a midlife crisis? Is there research to support such a concept or is this an "urban legend?"

The books *Passages* and *Seasons of a Man's Life* were published several years ago but were based on small samples of investigation.

Yet, men in their early 50s or 60s arrive in my counselling office convinced that they are having a midlife crisis. Often they have been sent by their wives or families who are convinced that their men are in the midst of some kind of mid-life trauma.

We know that women experience menopause in a variety of ways. There is a significant physiological component to this transition and this usually (but not always) results in a grief reaction related to the loss of childbearing years. Males, on the other hand, experience no such physiological/psychological event.

Some of the men I see are convinced that they are going through a crisis as they describe anxiety or depression symptoms. They also share spiritual insights, perceptions or yearnings.

My suspicion is that a number of realities are converging in the lives of these clients. The first is related to stress. Most of us were raised with the popular philosophy that emotions shouldn't be acknowledged. "Tuck them away and push on" might have been the slogan our parents followed.

Over time we have learned that stuffing away stress related emotions (or loss related grief) only leads to trouble. We become "full of feelings" and either erupt in anger over small triggers or find ourselves struggling with overwhelming feelings of sadness. Or, worse yet, we become sidelined with serious medical conditions and/or illnesses.

One of the visitors to my office was open to learning some effective strategies for relieving stress/grief and he began to feel more healthy. He decided to get his wife involved and we increased the quantity and quality of their conversation. Not only did stress levels drop for both husband and wife but their relationship was deepened in the process.

Another man came in on his own and we discussed the idea of writing a journal to deal with his stress. His initial discomfort with this approach gave way to some auto-



biographical writing which tapped into old memories and feelings and left the writer feeling "liberated."

The changes experienced by these two men were significant as they indeed were entering the last third of their lives and it was important to live it well.

The other reality being faced by some of the men I meet relates to their age. They have become aware that they are aging and that death is on the horizon. We seem to live much of our life ignoring our mortality but as we age, this evasion becomes harder to maintain.

One client told me that he "wanted to live the rest of his life differently than he had to that point." This fellow was unhappy with his marriage and was thinking of leaving his wife to find a more meaningful relationship. To complicate matters he had begun an affair which seemed a lot more vibrant than his marriage of many years.

This man, feeling isolated in his marriage, was playing with fire as the affair he had begun was mostly based upon illusion. A hungry and thirsty man who discovers an oasis in the desert thinks he has "died and gone to heaven" but due to his suffering doesn't realize he has found a "burger stand." His hunger has made the discovery seem greater than it is in reality.

Many times a fellow in this situation will opt to review his marriage and work with his spouse to resolve longstanding issues. With his wife's help, he is able to move ahead in a revitalized marriage in the latter part of his life.

So Gentlemen, are you worried that you may be suffering from a midlife crisis? Look at your stress levels and also become aware of your perceptions about aging and your mortality. This new stage of life can actually be an exciting and vital one for you.

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