

Chapter 1 : Tools for Transforming Trauma : Robert Schwarz :

""Tools for Transforming Trauma is a wonderfully resourceful handbook for goal-oriented and effective approaches for overcoming cognitive, affective, and behavioral limitations of traumatic experience and the many sequelae of trauma.

Complicated grief has been proposed as a new diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders DSM , and suggested components of the diagnosis include 1 that sufferers experience bereavement by death; 2 that their reactions include intrusive and distressing symptoms, including yearning, longing and searching for the deceased; and 3 that the bereaved exhibit at least four marked and persistent trauma reactions, which may include: Even in cases that do not fit the criteria for complicated grief as described above, the events surrounding the death may be sufficiently traumatic to interfere with daily functioning or result in unrelenting distress. As a psychotherapist specializing in grief and loss, I have found EMDR Eye Movement Desensitization and Reprocessing to be an effective tool for alleviating trauma in grief. As in grief, trauma affects the whole person – body, mind and spirit, and on a hierarchy of needs, trauma must be dealt with in order for the healing process of grief to proceed in a healthy, and healing, fashion. In brief, EMDR was developed by psychologist Francine Shapiro after making a chance discovery that the lateral movement of her eyes reduced the intensity of disturbing material she was dealing with in her life Shapiro, , p. Shapiro spent several years scientifically studying this phenomenon, and found that bilateral stimulation, i. EMDR also works on a somatic level, with the therapist guiding the client to feel the traumatic images and negative beliefs in the body, thus further facilitating the transformation of the images into non-intrusive memories, and also transforming the negative beliefs into positive, useful ones. After being admitted to the hospital, Bill suffered a stroke and brain swelling, and died after being taken off life support two days later. Carol was concerned about her irritability, particularly toward her children, and her anger toward Bill for dying and leaving her with two small children to raise alone. She also expressed guilt regarding her anger toward Bill, which I spent time validating and normalizing, since anger is often exhibited as a normal grief response. Carol spent much time telling her story – a useful healing tool for making meaning of a seemingly senseless situation White, She did not exhibit signs of trauma for the first few months that we worked together. In describing the images of Bill lying in the ICU and her belief that it was her fault, Carol felt tightness in her chest and had difficulty breathing. Carol was thus finally able to process her grief and loss in a healthy way. Mary described Don as her soul mate, and I assured her that because of the strength of their bond, she would find a place for Don in her heart and feel his presence as a support in order to move forward. However, it was clear that she would first have to deal with the traumatic images that prevented her from fulfilling this step in her grief process. The most disturbing image, and target for our EMDR work, was finding Don lying in a pool of blood on the bathroom floor after falling out of his wheelchair. I instructed Mary to use this technique at home as a resource when traumatic images arose. After two sessions, with Mary working at home with the butterfly hug when disturbing images and emotions arose, Mary reported that those images had receded as mere memories that were no longer unduly disturbing. Our trauma work was done, and Mary was well on the way to healing her grief. Conclusion My work with both Carol and Mary, as well as many others, has enhanced my confidence in my therapeutic skills in identifying and working with traumatic grief, and has increased my trust and faith in the effectiveness of EMDR as a healing tool in grief. Complicated Grief in Survivors of Suicide. Crisis 25 1 , Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures.

Chapter 2 : EMDR Basic Training: Parts 1 & 2 - Transforming Trauma with EMDR - Laurel Parnell, Ph.D.

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