355. What is EMDR with Jamie Marich

[00:00:00] **Jamie Marich:** when I'm asked for my

kind of quick and easy definition of EMDR,

it's, it shifts how information is stored in

the brain.

It doesn't erase bad memories. It's not a deletion process for bad memories. It shifts how the information is

stored, so that when it's no longer stored in this place of activation, we're able to see it, you know, I love your chess

metaphor here, kind of the, the, in in a

larger

context of of what the whole

board

looks like.

That wants Dr. Chamie March on psychologists of the clock. We are four experts in psychology here to bring you cutting edge and science based ideas from psychology to help you flourish in your relationships, work, and health.

[00:00:54] **Debbie Sorensen:** I'm Dr. Debbie Sorensen, a clinical psychologist practicing in Mile High, Denver, Colorado, and author of Act for Burnout, Act Daily Journal, and the Act Daily Card Deck.

[00:01:04] **Emily Edlynn:** From America's Heartland, I'm Dr. Emily Edlynn a clinical psychologist based in Chicago, Illinois, and author of Autonomy Supportive Parenting.

[00:01:12] **Michael Herold:** Calling in from Vienna, Austria. I'm Michael Herold, ACT coach, confidence trainer, and author of an upcoming book on being a better conversationalist and making friends.

[00:01:21] **Jill Stoddard:** And from coastal New England, I'm Dr. Jill Stoddard, author of Be Mighty, The Big Book of Act Metaphors, and Impostor No More.

[00:01:28] **Emily Edlynn:** We hope you take what you learned here to build a rich and meaningful life.

[00:01:32] **Michael Herold:** Thank you for listening to Psychologists Off The Clock. Hello everyone, I am sitting here with chill to do the intro for my episode on EMDR with Jamie Marich. Now, I have to set the stage a little bit and tell you how this episode came about. And so you have to keep in mind, I'm not a PhD, I'm not a trained psychologist. So one of my best friends started doing EMDR therapy, and another really good friend started to get trained in EMDR. And I was getting really curious about what is this EMDR. So one Monday I brought this to the team meeting and I said, Hey, I would like to do an EMDR episode. And it turns out we haven't had that theme on the show yet. And I also learned that EMDR is somewhat controversial as well. I didn't know about this. You'll hear us discuss that in the episode.

so. So chill. Maybe you can explain a little bit the controversy around EMDR.

[00:02:39] **Jill Stoddard:** Yeah, absolutely. Well, first of all, I'm so glad we're doing this episode because EMDR is incredibly popular. It's even making appearances on many Law Order SVU episodes these days. So I do think, you know, people are really wondering about it. And the main issue is Is that that, you know, she says in the episode that, you know, the eye movement part of EMDR, which as you talk about stands for eye movement, desensitization and reprocessing is theoretical.

That went from eye movement to all kinds of different bilateral stimulation. And she says there are three or four theories out there. And at the end of the day, how this therapy works is an empirical question that is yet unanswered. And there have been a number of studies that have looked at this therapy, basically dismantling studies where they take the elements out and kind of test them separately, just to put it in really simple terms.

And they have not been able to establish that the bilateral stimulation actually adds anything. So there's a concept known as the Oh, what is it? It's like the purple hat something. And what it means is you take an already well established

treatment. So in this case, it would be exposure therapy. We know that exposure therapy works.

We know how it works. So you take exposure therapy and then you add some other element. But the argument is that element can't be shown to actually be adding anything else. It would be like just adding a purple hat to something, Oh look, this works because of the purple hat, but it's already working and you can't prove that the purple hat is Adding anything to it.

So that's really where the main controversy comes from.

[00:04:21] **Michael Herold:** Purple hat. Okay. That's, that's so interesting. I've never heard that before, but I'm going to use it a lot from here on out. Now, I will say that towards the end of the episode, Jamie and I, firstly, she addresses like the fact that there are certain things that, aren't yet clear about EMDR.

And at the same time, I'm still asking myself, like, this is immensely popular out there. Where's this? Where's this coming from?

[00:04:48] **Jill Stoddard:** right well I think you know, I I can speak to just my personal experience of having lots of therapists in my Network, you know, my personal and professional network. And I hear things like, you know, I do exposure therapy first and foremost, and it works, but sometimes my clients hit a plateau. And when I do EMDR, it's like the thing they need that kind of pushes them forward.

You know, these are the kind of anecdotes I hear therapists where it works, you know, clients where it works. , And at one point, Jamie says, you know, sometimes it's hard to put in words, what's actually happening. And you kind of have to be in the room to see it.

And then you're like, Oh my gosh, this really works. Um, and of course that's not scientific and we need to have science to really show this because placebos work too. Right. And so we really need to understand what is going on. And I really hope that that science arises at some point and we get answers to these questions.

But I'll tell you a little personal story, you know, because, you know, I have this knowledge about this being, um, controversial and I see the efficacy, you know, in the stories of efficacy in an anecdotal setting, I just felt really torn and conflicted. Like, how am I supposed to feel about this treatment? And so again, this is not science. It's just a personal little story, but I decided, you know What?

I'm going to go test it out. So I went and participated as a client in EMDR therapy for some old trauma that I had from college. And I will tell you, Michael, I went in there as skeptical as a person can be. Like I was really taught in grad school that this is who we, that it's pseudoscience. I mean, I really went in with this bias and it's my understanding for a placebo to work.

You have to believe that it's going to work. And after one session, I called my friend who's an EMDR therapist and I literally said to her, what is this voodoo magic? I experienced it as so incredibly powerful and helpful and those changes have had a lasting impact And this was many months ago and like Jamie said, you kind of just have to be in the room to experience that, and so like the scientist in me doesn't like that, and the person in me absolutely had that experience.

[00:06:56] **Michael Herold:** Okay, follow up question. Could that have been the exposure element alone?

[00:07:01] **Jill Stoddard:** Yes, so that's just it, right? Yes, it absolutely could have been the exposure element. I will say, I have done a lot of exposure therapy as a therapist, and it is hard. It is effective, and it is powerful, and I love it. And it requires a lot of willingness to experience some very, very big feelings. When I did EMDR, it's different in that way.

Yes, you talk a little bit, and she talks about this in the episode. You do talk a little bit about what happened, but not in that like detailed, really accessing every emotion. To me, it felt very. safe. It felt not super intimidating. It didn't feel really hard. I wasn't super exhausted afterward. So there's something about it that just, it's a little bit gentler, I guess.

and I think that's why so many EMDR therapists prefer it. It's like, if both of these things can work, why not do the thing that people experience as a little bit easier, a little bit more? Gentle. And I'm not saying that's necessarily how I feel about it, because like I said, I've done a lot of really powerful exposure work, but it, it, it's, it's a very interesting conundrum across the board.

[00:08:14] **Michael Herold:** Yeah, exposure is very hard, and my understanding, with little understanding, I, Had going in and uh, now I have a little more the main takeaway from me was that EMDR seems to Take that punch some of the punch away that exposure is going to deliver And I work in exposure With exposure for a small social events social anxiety small stuff I don't even involve snakes or spiders and You Thinking that using something like

that in a traumatic event, um, if there is a way to take that some or a lot of that punch away to work on it, that sounds like a really good idea. we'll

[00:09:04] **Jill Stoddard:** I think that's, I think that's the argument that a lot of people make. Yeah.

[00:09:08] **Michael Herold:** well, dear listener, I hope this episode with Jamie Marich on EMDR is going to bring, some information your way, maybe satisfy some curiosity and, maybe bring you to EMDR as well. So I hope you enjoy my interview with Jamie Marich.

Dr. Jamie Marich is a speaker author, clinical trauma specialist and advocate. She's the author of 14 books, including healing addiction with EMDR therapy and trauma focused guide. Trauma and the 12 steps and inclusive guide to enhancing recovery. And EMDR made simple four approaches for using EMDR with any client.

She's the woman in longterm recovery from an addictive disorder and lifts with dissociative identities. As a queer woman, who's survived multiple spiritually abusive experiences in childhood and adulthood. Jamie is passionate about helping people to recognize where religion and spirituality may be causing harm in their lives so that they can chart a course for personalized healing.

Well, hello, Jamie. I'm so glad to have you on the show. It's good to see you.

[00:10:17] **Jamie Marich:** hello, Michael. I'm very delighted to be here.

[00:10:20] **Michael Herold:** So this is going to be an interesting interview for me, because to a certain degree, I'm doing this interview with you to satisfy my own curiosity. We're going to talk about EMDR. Eye movement desensitization and reprocessing. That's quite a mouthful. So I'm glad we have EMDR to come back to, because I've heard so much about EMDR lately.

Um, I have friends that go through EMDR treatment. I have colleagues that learn to be EMDR. Therapists. And I just wanted to find out what that is. And so I figured, why don't I bring someone on the podcast to talk to and explain this to me? And I figured why not invite the originator, Francine Shapiro. And then it turned out that's not going to be possible without a Ouija board, because she left us a few years ago.

She passed on. And so I reached out to my colleagues and I said, okay, EMDR, what are the top names? Like, who should I talk to? And the replies were like,

Jamie Marich. Jamie Marich. Jamie Marich, Jamie Marich, Jamie, Marich, . So I reached out to the, Jamie Marich. And, uh, I'm so happy you jumped on the show.

So I do have a little bit of knowledge. Uh, dear listener, bear with me. I'm going to ask a lot of newbie questions because this is a field that's very, new to me. I grabbed your book, um, EMDR Made Simple, and your colleague's book, uh, Rotem Breyer's, uh, The Art and Science of EMDR, for which you wrote, uh, the foreword.

And I still consider myself such a newbie in that topic. So let's get started with my own training in, in the field. Mythical.

[00:12:03] **Jamie Marich:** Sure. Let's get started. So as you accurately identified, it is a mouthful to say eye movement desensitization and reprocessing. And for folks who are new to this, I think it's best to start with the origin story that the founder, Dr Francine Shapiro has put out there about EMDR, yet I will also give you a little bit of context as I go

around that

because on one hand, What Dr.

Shapiro developed in EMDR and meticulously promoted the research of and the scrutiny of in the years following her discovery is now considered an evidence based practice for the treatment of post traumatic stress disorder. It's high on the World Health Organization's approval list for working with trauma related symptomology.

And so what Dr. Shapiro created is something that seems very technical. But the context I want people to understand is Shapiro herself was a practitioner of mind body medicine in the 80s when she discovered this. And that was because of her own journey with battling cancer. She was a cancer survivor. Uh, you know, it's something she dealt with her whole life until she left the body.

And so as she has said in interviews, she was a meticulous student of mind body medicine practices. She was a mind Mindfulness meditator, she identified Stephen Levine, uh, who is a colleague of Jack Kornfield. Stephen Levine's no longer with us either. She identified Stephen and Andrea Levine as her meditation teachers.

So, those of us who are in the know about mindfulness know that she had a lot of meditation and mind body, grounding, even leading up to this famous walk in the park that she took in 1987. And this is where she really starts the origin story that gets most cited, but she doesn't hide the fact that it's not the only thing she did in the mind body realm.

And I think that's important to recognize. So as she was taking this walk in the park, this mythical walk in the park, as she tells

the story, yeah,

because

[00:14:05] **Michael Herold:** she use the word mythical?

[00:14:07] **Jamie Marich:** she didn't use the word mythical, but it is kind of the stuff of legend at this point, that even if you read her different books, you see different accountings on the story.

And that's something that critics have pointed out, like she can't keep her story straight. I see that as she took several walks in the park, because she even said when she took this walk in the park, it wasn't a Eureka moment. It was part of this larger context around constantly experimenting on herself, and being curious

about If I do this with a bodily process, how's it going to affect my mental process?

If I do this visualization, how's it going to affect my body? So as the story goes, she was taking a walk in the park and some disturbing thoughts emerged for her. She has said in interviews that they were the types of thoughts that you normally would have to engage deliberately. But they just came up.

And as they came up, she stayed with them like a good meditator would. And she noticed that her eyes started moving back and forth. As she did that. And so eventually she sat down and continued to let the eyes move back and forth. Some versions of the story will say she tracked light on water. Other versions will say she was tracking trees.

That really helped her keep this rapid, uh, back and forth eye movement going. And I already mentioned it was not a Eureka thing. But later that night when she brought up some of those same thoughts, they just didn't have the validity. They

didn't have the charge. They didn't have the impact. So her first response was, isn't that interesting?

Which to me also is evidence of her meditation training. And so she gathered a group of her friends and colleagues together to see if the same process would happen if she engaged the eye movements deliberately. So she would move her fingers back and forth

and ask them to track the movement of her fingers.

That's why sometimes people call EMDR the finger

wagging therapy. And in training, we talk about it. It really varies person to person what a person can need. But initially, when a person is in a space to start reprocessing traumatic memories, we would go back and forth with the fingers rapidly. But not so fast that a person can't tolerate the speed

about 24 to 36 times back And forth. And one

of the things we cover in training is to get feedback from a person on, wait, you're going too long, you're going too short. Uh,

yes, it's like a tick tock on a clock. Yeah. And another, uh, It's like a gas pedal on a car. That some people can tolerate the car going faster and longer, and other people need to take breaks more frequently, uh, to check in with, with mental content as, as you go. So when she tried this out with her friends, a similar effect was observed, and what she thought she stumbled into was desensitization.

That maybe there is something going on here that is akin to REM sleep in an awakened

state. And because we process when we

dream and when we dream we're in REM sleep. So maybe we're just doing a REM process here with

eyes open, which is why people were having desensitization. So she again knew she

had to research this for it to

be taken.

Seriously, because on the surface, it sounded very bizarre, and as part of her doctoral

dissertation finishing up, she did research, the initial research study was actually with Vietnam

veterans, and, uh, it was published in

1989 as EMD, just

eye movement desensitization, because that was her initial working hypothesis, was that

uh, It

was a desensitization process and maybe this thing with the

eyes was helping us to get

beyond words. Because the other part of the historical context I

want people to

consider, this was 87 to 89 and the post traumatic stress disorder

diagnosis had only been introduced in 1980 following advocacy following the Vietnam War. So of course, trauma

and post

traumatic stress is not new to 1980,

but

1980s is when we first saw it really

getting attention and recognition

by mainstream psychology. And at the time, there were no real therapies that were

developed or researched specifically for trauma, for trauma related issues. A lot of practitioners said, proceeded

working with

trauma, with therapy approaches as usual that were around cognitive methods, psychodynamic

methods, gestalt methods,

which could be quite good, but there was nothing that, was really specifically targeted.

And so obviously, when EMDR debuted, or

EMD debuted in 1989, many people panned it as

This is witchcraft, this is woo woo, this is something that some charlatan is trying to promote.

[00:18:56] **Michael Herold:** in that regard, um, because now we're, we're throwing us some, some, some numbers out there, some years. Now I'm curious, the, the EM in, in EMDR is the same EM that's in REM sleep in rapid eye movement. When was rapid eye movement discovered? Do you know?

[00:19:14] **Jamie Marich:** I don't offhand, I'd have to look that up.

[00:19:16] **Michael Herold:** Okay. Nada. Then we'll invite the listeners to Google that

[00:19:19] **Jamie Marich:** Yes,

[00:19:19] **Michael Herold:** Dear listener,

[00:19:21] **Jamie Marich:** it's definitely

Wikipedia

[00:19:22] **Michael Herold:** be able

[00:19:23] **Jamie Marich:** able or Google able for sure, for sure. Um, but yeah, it, it had been discussed. Um, and enough as a psychological psychiatric construct at that point where she would have had that knowledge of, of REM. Um, so there were enough people though in the field who initially thought this was interesting and were willing to get trained in

it Because they grew frustrated with talk therapy alone does not seem to be

effective for working

with, with trauma. So maybe this thing with the eyes. There's something to it

[00:19:56] **Michael Herold:** Let's, take this in exactly that route, because I think since we touched upon PTSD and by the way, uh, would it be correct to use PTSD and trauma somewhat synonymously or am I making

[00:20:10] **Jamie Marich:** Yeah. No, it's a great

question. So they're not synonymous, but they're related in that and this is something even Shapiro was a leader in identifying that up until that point so many folks in the field didn't think trauma was an issue. Unless it was a PTSD

diagnosis and the PTSD diagnosis, especially in the 80s, it's gotten a little more

open ended.

Now, as, as we've learned more about it was very event centric, like the one thing that happens to you that causes lasting impact in these certain symptoms, but Shapiro even identified in her early writing that not all trauma. necessarily leads to a PTSD diagnosis. It can show up in other diagnoses.

[00:20:58] **Michael Herold:** Is this where she talks about the capital T trauma

and

the small t trauma?

[00:21:04] **Jamie Marich:** Yeah. Initially she codified it as big T trauma versus small T trauma. Big T traumas are things that are generally life or injury threatening that would get you a PTSD diagnosis. traumatic

experiences per the DSM or

the ICD. Small T traumas at the time she identified as

those traumatic experiences that are wounding, because in the English language

trauma just means wound.

Um, wounding experiences that cause impact. so things like, getting a divorce, going through an infidelity experience, um, being bullied verbally where there's not necessarily, it would not necessarily meet the level of PTSD in terms of your symptoms, but it might show up as other issues like depression, adjustment disorders, uh, a lot of dissociative dis I mean, I think just about every dissociative disorder has a root in some kind of unhealed trauma.

So she was really, in my view, the the, leader that started expanding this discussion about

what

trauma even means and that,

yes, we, we tend to go to PTSD first, yet, if we appreciate this larger definition of

trauma, it can show

up in many different diagnoses. So that, that, that is the answer to that question.

[00:22:21] **Michael Herold:** Hey, Michael, here. S you might have already heard. I'm currently working on a book on confidence, building, having better conversations and making friends. Would you like to work with me to make this happen? I don't know about you, but I like self development books. That aren't just about the theory and the exercises.

I like books that are full of real stories and insights from people who have worked through the concepts and have gotten the results they wanted. And that's

how I envisioned my book too. So I'm looking for a handful of coaching clients to work with me over the next couple of weeks. If you struggle with confidence or your social skills, we can work together for eight weeks in one-on-one coaching sessions that are tailored to what's your specific goals

and your story will anonymously of course, be featured in my book and help and inspire others. I'm only going to work on this with 10 people. And as a thank you offer 50% off my coaching package. If you think this is for you, then head over to herold.coach/book. And applying that's all back to the show.

So you, you mentioned that, uh, talk therapy doesn't seem, didn't seem to work that well with trauma and or PTSD. Why is that

[00:23:36] **Jamie Marich:** Because talk therapy alone. primarily works with, in layperson's terms, the front of the brain the neocortex, the, more rational, verbal parts that are designed to make sense of experience And keep a chronological timeline and the parts that the, part we play chess with, very nicely, very nicely put, yet when a traumatic experience remains unprocessed, It tends to get stored in a state specific form that still carries a lot of activation, specifically what we might call limbic level activation.

And that limbic brain is often described as the emotional brain. It is a learning brain, because we learn things

as a

result of traumatic experiences, but unless we learn something different, or that

material has a chance to be processed, it can stay stuck, and the limbic

brain, I

describe it this way, it's the brain that you have in common, most have in common with a dog, or a cat, or a horse.

[00:24:39] **Michael Herold:** So it's a lot of fight, flight,

[00:24:41] **Jamie Marich:** a lot of fight, flight,

freeze, especially then when you're bringing in

the lowest brain, the brain stem to go along with that, a lot of,

um, I think this is the important thing to recognize, no rational sense of time. The amygdala, which is part of this limbic system, has no clock. So this thing could have happened to you 30 years ago, but if it's still stored in that state specific form, that's very highly charged.

The proverb that I think best describes this, it's from

the Chinese tradition, is once you've been bitten by

a snake, you're afraid even of a piece of rope.

[00:25:16] **Michael Herold:** Mhm.

[00:25:17] **Jamie Marich:** And so when material

remains unprocessed, it has a lot of that

limbic or brainstem level activation. And until we can literally move how it's stored

in the brain, To this primary neocortex place, we can still be very

reactive from those old

places

and those, those old

scripts that it's not to say words can't be important because a lot of

us

use words to describe feeling a lot of us who are

writers,

the verbal content becomes very important.

But if the words inhibit us from actually.

Feeling into our bodies or expressing what we need

to express, feel what we need to feel. And the thing I feel is

important, bringing up the dogs and the cats and the horses too, is if you have a pet or you're an

animal person, I'd like you to think

about what they have taught you about existence. But I will say, you know, having having had animals in my recovery process has been fascinating because They've taught me so much about unconditional love And, that words

often aren't important. Like I, talked to them, but they

don't talk

back to me. It's been Presence. It's having that, that

that, energetic holding of

space, that, that, that cuddliness, that, that I have

relationship with people, with beings, I should say, even without words.

So

for

those of you who are animal people,

that might

help you better understand the limbic system.

[00:26:36] **Michael Herold:** so if I, if, if I understand that correctly, then, um, the, because you mentioned the, the snake in the scene. stick that when you have a traumatic experience, air quotes, saved in your brain, you see something like a stick or a rope and it brings back the entire explosion of, because the brain can't keep track of time.

So it doesn't recognize that this thing with the snake happened 30 years ago. But it's like I see a rope and boom, the entire thing, like completely experientially, like fully back in the situation 30 years ago when the entire thing happened

[00:27:17] **Jamie Marich:** Yeah. And so, we, we, just cannot get to that level of activation by words alone.

And, and notice, Yeah.

notice what I said there, but by words alone because I always I

very want to be very clear that my role here is not to demonize talk therapy,

or what we do with cognitive strategies, yet alone, it is insufficient.

Because in EMDR therapy, when we

set up a protocol for doing these eye movements or other forms of bilateral work, we do quite a bit of talk to get it

set up. And basically, People's cognitions

and their cognitive experiences are honored.

It's one of the things Shapiro said in an early interview was that your

approach for doing therapy, however, you were trained before EMDR is likely going to be

honored in

EMDR therapy. And one of the reasons I

really like it is we do ask

people questions, not just about their thinking brain and

their cognitions, but. But what are

they feeling? What's happening in the body? What might they be seeing? How might other senses be activated? And then we can ask a lot

of these

questions connected to a

traumatic experience and then start the eye

movements.

And that is often how this material moves. Now, that being said, And part of what going on back to the, history here in her early development, she did see the

importance of being able to

prepare a

person because I never want anybody to hear me do an interview and think, Oh, I just jump in. And

in the first

session, a therapist is going to bring up the, worst traumatic experience of. my life.

[00:28:46] **Michael Herold:** what does the preparation then, um, because you're, you're, you're Right. Like this was a question that I had that if it's a bilateral stimulation, whether it's the finger movement or, or tapping or, um, audio, I think works as well. It's like, why don't I just do that at home by myself if it's just that, Right. So what does the, what does the therapist do? Or maybe. Uh, before, I feel like in my brain there are two dots that are not quite connected. So we have the, the traumatic experience and then the work with the therapist who's going to use, um, bilateral stimulation with me. Here's the question. That's the dot that I'm missing. Why, why the bilateral stimulation to access the, the

trauma? So in my understanding, what it does is just like with the, the origin story you told earlier is that the, that I'm movement was somehow what's the right word, disarming the experience a little bit. so in my understanding of. EMDR, the very, like, layman's, layman's terms is that by that bilateral stimulation, be it the fingers that I'm tracking with my eyes or tapping knees or holding devices or audit, auditory or whatever else it might be, I'm, I'm, I'm for, for some reason, and here, here's the big why for you, for some reason, now I

can, Go to the rope, to the stick, to the traumatic event without the entire explosion of things firing off at once.

[00:30:26] **Jamie Marich:** So let me, let me, let me help to connect the dot because what we know right. now about the eye movements or the

impact of the

bilateral movement is

actually still theoretical. There's still like three or four working theories about what exactly the eye

movements are doing that are creating these results that we're seeing.

So I would say, cause you

actually helped me. To make a connection for ourselves

here. the, dual attention or the

bilateral stimulation is not what's accessing the, traumatic material. It's what's

helping it to move.

[00:31:02] **Michael Herold:** move

[00:31:03] **Jamie Marich:** Yes, because I can access traumatic material by asking you a

series of questions that might make you uncomfortable or

slightly

activated.

Like a lot of, yes, Like a lot of

things can fire up

the system, but The application of the

dual attention stimulus is what helps it to move from more of that

limbic level storage to primary storage in the

neocortex where it's more efficient and it's not going to cause us the

problems long term. The best explanation I can give is I'm giving full credit to my colleague Amber Stiles Bodnar who is way more of a neuro person than I am because I'm still very much a

English teacher and humanitarian and I

do a lot of this work. But as Amber describes

it, the dual attention stimulus itself, the,

back and forth,

opens up, this is what we believe is happening, opens up a neurofiber

bridge. Between the limbic

system and the corpus callosum and the corpus callosum is essentially where the neocortex the chest brain starts.

[00:32:04] **Michael Herold:** That's the thing that connects both halves of the

[00:32:07] **Jamie Marich:** Yes. Uh, yes, the corpus callosum.

so what the dual attention stimulus we believe is doing is like widening the lanes

of this bridge so that information can pass over more

effectively and connections can be made. And that's one of the reasons we even use the bilateral, the dual attention when we do some preparation work.

So you can do a visualization

exercise with someone like a calm, safe place or a healing light stream or

a mindfulness strategy. And if you add some

tapping along with it, bilateral tapping back and forth, bilateral

eye movements back and forth, this is where we tend to do it at a slower pace. It simply widens

those lanes to create more of a connection.

So even with that positive or

adaptive material, we can

feel that more viscerally connected as well. When we apply the dual attention,

but then where it

information

processing happens is

when I now, instead of having you go to the

calm, safe place with puppies and

a warm and healing light, I activate the traumatic neural network when the client indicates

readiness or preparation by asking

you a series of questions to get that network activated. And that is where you still see a lot

of talk elements

in EMDR. And then

from

there, we can apply the dual attention back and forth, either with

eye movements or tapping or

audio tones at a

faster rate, and that will hopefully promote how information shifts.

So when I'm asked for my, when I'm asked

for my

kind of quick and easy definition of

EMDR,

it's, it shifts how information is stored in

the brain.

It doesn't erase bad memories. It's not a deletion process for bad memories. It shifts how the information is

stored, so that when it's no longer stored in this place of

activation, we're able to see it, you know, I love your chess metaphor here, kind of the, the, in in a larger

context of of what the whole board

looks like.

And,

[00:34:07] **Michael Herold:** So, so. In my understanding, a air quotes, normal memory would be over time processed by my brain and something that stung really bad because I got yelled at by a waiter yesterday and it really stung, but give it a couple of days and you know, the, it's like this arm, it's still a memory, but the, the, the emotional impact of it has somewhat been.

Separated from that, which is something, if I understand it correctly, happens in REM sleep, where that disconnect happens a little bit. So, that is a normal

memory that over time just loses its punch, but that's because it's a memory that my, my prefrontal cortex has access to,

Now, I'm looking at a traumatic memory. uh, experience and it's just stored in the reptilian brain in the art complex. It's stored in the Limbic. brain and my, my, my chessboard brain can't like work with it. It can't access it. So we're using the bilateral stimulation to widen the, to open the gates in the brain and to access that part of my memory so that the, my chess player in my brain can like also at this.

[00:35:23] **Jamie Marich:** I think that's very well put, because yeah, what, what the dual attention is doing,

and different theorists might explain this to you differently, but I, based on what I know of the working

theories and

what I have experienced as a clinician who's done thousands of sessions of

this, is this dual attention or

bilateral movement, yes, opens

the gates further.

And that can open the gates for the good

stuff to come in

too.

That's what's important to recognize. And Shapiro,

even

in her theories was, was, uh, or her early descriptions of EMDR was clear about that,

that the, adaptive, that the information

processing networks and the brain store adaptive or positive

material too.

[00:36:08] **Michael Herold:** Even about a traumatic event.

[00:36:10] **Jamie Marich:** Possibly. Yeah. Because think about this. We

learn things as a result

of

traumatic experience. One of the learnings we could get is something like, I'm

resilient, I am a

survivor, but even the same traumatic event can also

leave us with something like, I'm defective now because my body experience some kind of damage during that. So learning can

always be mixed. And

something that she hoped people would do by processing information is link

up that negative material or that maladaptive materials, the word she used

with the, positive stuff that's

there as well.

[00:36:50] **Michael Herold:** Has that something to do with how our retrieval of memories works where, I mean, I think I learned this from, from your book that when a normal memory is retrieved, you can think about it like taking a post it note out of a drawer and then it gets modified. Right. Somehow by that process. So

if I'm thinking back to eating ice cream last week, true story, and I'm thinking back to that event now when I'm feeling a little bit stressed, a little bit anxious.

Now that memory of me eating ice cream on the first day in spring here in Vienna gets this little bit of a flavor of stress and anxiety because that was my state when I last looked at that post it note, that memory before it goes back into the drawer. And, and that is what we do with, uh, with this like, uh, activation of that maladaptive network as

[00:37:44] **Jamie Marich:** So when Matt,

so, so I'm quoting her adaptive information processing model here to answer your question.

You know, memory is memory, and they tend to get coded in

our brain as pleasant unpleasant neutral. Or What she would say, adaptive,

maladaptive, or neutral. And those positive memories or those

neutral memories are still there, but they

usually, you know, don't have

the

charge with them.

You could look at, like,

using your post it note example of okay, now I

ate ice cream, that's

interesting. But when there's, the best general word I can use is charge. When there's

activation, when there's

something that brings up

this implicit sense of

something's wrong, I'm in

danger.

[00:38:30] **Michael Herold:** Yeah, The post it note is not going to explode, but uh, the, the

[00:38:34] **Jamie Marich:** yeah, that,

right.

But that can keep us cut off from seeing all the good material in those post it notes that tells

us how, like, an example I'll use is I have all

these mindfulness practices that are well practiced and that I know

to

keep me calm in stressful situations, but if one of those. Okay.

Post it notes get explosive or they feel like a snake. I may suddenly forget how to stay

calm.

It can shut everything down, might be a good way to put that. So in her information processing models she

says that when these

Traumatic memories, negative memories, highly charged memories might be a better way to look

at it when they get activated in the present by something that's reminiscent, it can keep us cut off from that adaptive material or that neutral material that would tell us, okay, this is

what to do.

[00:39:27] **Michael Herold:** Hmm. I don't want to give the impression and maybe correct me if I'm, if I'm wrong, but I don't want to think about it like saying, Hey, there's a lot of good in trauma.

Let's bring that out.

[00:39:38] **Jamie Marich:** Yeah, it's not even, there's a lot of good in trauma. There might be a lot of good in your life. That doesn't necessarily connect to traumatic memories. It could be the memory,

as I use the example, that I know how to meditate. I know how to calm myself down. It could be the memory of, I

am able to achieve things.

The memory of my college graduation. So, memory, it's not just the positive learnings from traumatic experiences. It's any positive or adaptive learning that is there. We might have a hard time linking up with it.

when a traumatic

network gets activated. And so the metaphor she'll often use in her

writing is

that she hopes negative

neural networks or

maladaptive neural networks can connect back with that

positive

material that may have

information like I know how to do this.

I know

how to keep myself calm. I know how to be skillful in these situations. And her whole point is that when traumatic memory gets

overstimulated, gets too activated,

we cannot link up with anything that's positive or adaptive.

And that most of that is stored in the neocortex and the playing

chest brain and the hope is that this accelerated process of the eye movements or the other tapping going over the bridge can help it link up now I do want to go back to the part of the origin story I didn't finish So

it was initially discovered as eye movements. And her thought was that it

was eye movements. That is what was

doing the, processing.

And then in 1990, kind of close to the beginning of this founding is when a blind individual came along and wanted to have EMDR done, and they could not find a way to easily

get them to track eye movements. So she had a friend who was able to generate a stereo headphone setup and create audio tones going back and forth.

And that is where the other form of stimulation started coming in as potential options here for allowing information to process.

So it was that event and another event that happened at the same time, but they were fundamentally different things. Remember, her initial thought was that it was simply creating

desensitization.

So, there's a traumatic memory I experience at a level of 10, maybe now I experience the intensity at

a level of 1

or 0. That's the desensitization. But this is what she was not expecting during the initial discovery. People were

also then making statements about a shift in their belief about their own selves

or the world. So where a person may have initially believed something like, I am defective.

After

engaging in this desensitization, then content started coming up that was more connected to positive self states, like, I am an achiever. I can do this. I am a survivor. Uh, my

disability

does not define me, might be another example of that.

So, she was not even expecting that in the early

days, that people would have shifts in their belief about self. And that is where she started

looking at, This idea of connecting the adaptive that that maybe this maladaptive

material until it gets processed is just not able to connect with more of the

positive

material of the positive or adaptive things people have learned about themselves and part of where

preparation work is important.

is that some clients come in without a lot of positive self efficacy or things that they're aware of that have

happened to them. So this is where we can help people build it. And this is where a lot of other

therapeutic approaches can be used alongside EMDR.

I mean, she was

very much a student of visualization and brought

that into her work A lot of us who

do mindfulness informed

work now, dialectical

behavior therapy, gestalt work, uh, movement work, that works

well. For EMDR

preparation, and we can use this dual attention or bilateral

process

to help create those connections. And that is fundamentally what we believe the

dual, the bilateral, or now we tend to

call it dual

attention, uh, does.

So whether it

is eye movements, whether it is tapping, whether it is tones, it's widening the

lanes, Is the

best metaphor that I, I

like to use so. that we can create connections and

shift how maladaptive information is stored so that

we can link

up with more positive and and the reason I can struggle with some of this language is I use positive cause that's easiest for like the lay

listener

who doesn't know we are to understand, but Shapiro leaned into this language of adaptive and maladaptive.

[00:44:30] **Michael Herold:** Yeah. Yes.

[00:44:32] **Jamie Marich:** positive and negative was a little too value laden. And that something that you might see as positive, I might see as negative.

And

so that's, that's, that's the other part of the origin story I just want people to understand. Because even now

there's debate amongst DMDR practitioners about what's really doing it.

There are some people who I call

eye movement purists who believe that her original eye

movement method should be used, that that's what

is really what's causing these shifts and these linkages in the

brain. Uh, there are others of us, and I'm more in this camp, which is, they

can all

work. I have seen all of them work, the eye movements, the tones, the, the tapping in

my clinical settings.

Um, And it's fundamentally about having a person choose which method is going to

feel best for them in the process in order to facilitate these linkages or these connections. And I'm

often that cheeky one who calls out the fact that when we talk about the EMDR

origin story,

I don't think

we discuss enough the fact that Shapiro was taking a walk

in the park before this

thing happened with her eyes. and walking is bilateral. And I just want to say that that There are other people who

really study the neurobiology of this as

their main specialty. I know enough of it to

inform what I do in practice and

teaching. Yet for me, so much of the of the

wonder of

EMDR

I've seen

has been

It's like, yeah, it's it works.

And I know this sounds like a

cheap answer, because sometimes you can't really know how it works until you experience

it. Because I don't know if anybody would have been

able

to explain it to me in a way

that

would have

made it make sense to me before I actually got in there and did it. And realized

that, wow, there's just a

lot here. That

words

can't get

at. that is helping

me connect more of this head brain

with

the rest

of my brain and body.

[00:46:36] **Michael Herold:** So yeah, you're absolutely Right.

Like that last chapter in the story, the reprocessing part illuminated some, some of that. And this is probably a misunderstanding on, on my side. So, so, so bear with me here. I just felt that when we were talking about air quotes, the, the positive aspect of trauma, I felt it wouldn't, Describe EMDR correctly saying that what EMDR does is look at your trauma and bring out the good in it because I can imagine that a lot of people will say, no, there is absolutely nothing good in my trauma and they might actually be right um, So there might be, Uh,

good things to be found in that traumatic experience. Like, um, my disability makes me really strong. I am resilient. I'm able to survive this and so on. And maybe, air quotes again, I'm using a lot of air quotes today.

Um, all that EMDR does is just take some punch out of that rope that that stick out of that maladaptive networks that explodes the moment we see we see a verbal a visual whatever trigger and it just take a little bit of a punch out of that so that we can reprocess the event so that we can and connected with positive things that maybe the therapist helps us find as well.

Like, hey, I am, I'm still standing. I'm still

strong. I have a supportive network.

So walk me through EMDR and not an EMDR session, but maybe several EMDR sessions. What happens when I come, because this is where I got sidetracked when I said, Why don't I just do that alone if all I need to do is like tap or have headphones on and go to that event?

Why do I need the therapist? And of course, there's plenty of reasons why this needs to be done with a trained professional. So how do those sessions, how would they look like?

[00:48:32] **Jamie Marich:** Well, EMDR as Shapiro designed it happens in what she calls eight phases, not necessarily eight sessions, because sometimes people need a lot of time in phase one and two, which is the initial groundwork, history taking and so on and preparation. So part of what initial therapy can look like, and this is where it depends, because some people start working with an EMDR therapist after already having worked with

them in other forms of therapy.

So there is a good sense of the history, but sometimes people come in fresh to EMDR sessions and they don't really The therapist doesn't have a sense of the history. So

we do need to get a sense of our client's history just like we

would

in any other form of therapy. But part of what makes the EMDR history taking process a little more unique is we're keenly interested in what

role is traumatic

experience playing in the presenting issue they're coming to us with.

So let's say they are coming

with what might look like run of the mill depression. What are some themes under that? What does that depression really seem to be about? Hopelessness at the state of the

world. Maybe it's about low self esteem. And then from there we can

explore and what is giving you that low self esteem?

What are some

negative belief states that you have about

yourself? What are some

negative beliefs you carry about the world? And then from there we ask folks a

series of questions to, really get at their own origin stories. behind some of these beliefs. And there are different

methods for taking history that, different EMDR therapists use, but the thing we all have in common seems to be looking at the role that trauma or what Shapiro later called adverse

life experience, that's what she later called small

T trauma. What role are those unprocessed

experiences

playing In creating the presenting issue. So, sometimes a person's able to get at that right

away in a first session. Other times, we may have to build a little more rapport and actually go to some phase two preparation work before a person will, will share with us where

[00:50:35] **Michael Herold:** And would they, is it sometimes, Uh,

the task of the therapist to help the client unearth that adverse life experience as well, that they might not even know that their, um, presenting

problem is

connected to, uh, this event.

[00:50:50] **Jamie Marich:** Yes. And we can ask a series of questions to get them there. And that's sometimes why the history taking process is very powerful because a client has like a, Oh, wow. I never made that connection.

And I don't know what we're getting. And so, We have to help guide folks through that.

So the EMDR phase two process, which is called preparation, can take on a lot of different forms. Shapiro's three skills that she really emphasized for preparation were all more visualization oriented, like, and she was a student of visualization herself. That's what she identifies as helped with a lot of her cancer treatments, right?

So she ended up really emphasizing a calm safe place type of exercise, a light stream type of exercise, and then an exercise we call container, which is where a person can actually visualize a container like a box that they can put material into that we might not have time to finish in the scope of a

session. Now, phase two is where a

lot of us have expanded on her initial work because we've recognized not everybody's optimally visual. So we may have to use more somatic and embodied strategies here, more expressive art

strategies here, more mindfulness strategies here,

Phase two is where I like to say EMDR plays very well with other therapies.

We can use some DBT here, even CBT here, or other gestalt strategies, expressive strategies. Phase two is where we make sure a person can

handle, or at least reasonably handle what might come up. Then when we start what the general public seems to know is the EMDR process, which is where we activate the traumatic network.

So once we feel a

person has

adequate preparation, and some clients, I'll just read it. we all need less than one session of that because they come in already well prepared. And other clients don't

even have a conceptualization of what a coping skill means. We may have to spend a little

longer with them on, on preparation work. But then once the therapists and the

client determined together that.

The

client's feeling willing to tackle one of these

memories. Then what a session might look like is. We indicate the memory that's going

to be worked on. We ask a series of

questions to try to get the network activated.

[00:53:07] **Michael Herold:** hmm.

[00:53:08] **Jamie Marich:** And, uh, one of my colleagues will

say, we ask questions that you learn in training so that we can get the networks juiced up.

So

that we can get that person like, In a reasonable state of

activation, and then we commence with the eye movements. And then this is where training will teach

you, going some, some of your earlier questions, how long

we should go, how short we should go. We always give a person, uh,

something called a stop sign.

And I even use something called a pause sign, which is, We tell folks, you are in control of this the whole time. So if something comes up that you're not

prepared to go to just yet, give me the stop sign, we'll come up with a plan of action. And that's why the preparation

[00:53:49] **Michael Herold:** And during that phase, the client would describe the event verbally in as much detail as possible.

[00:53:58] **Jamie Marich:** well, well, the thing is the, as much detail as possible is not really needed in EMDR. That's what distinguishes it from some other forms of trauma therapy, that it is not required that a person goes through so much narrative. So what we might do is indicate. I'm working on this memory of the time my teacher bullied me in the third grade.

That's all I need to know. Then I will ask the client a series of questions, like is there an image or another sensory detail that represents the worst part? And the client, we actually encourage them to give us very succinct answers. They don't have to get so into the words of it,

but we'll ask negative belief, positive belief that you would like to believe instead, setting an attention.

What's the high level of

activation? Where would you rate that? Like on a zero to 10 scale, where are you feeling it in the body? And then once we've asked. The core questions of all these major channels of experience,

then we'll start the eye movements. So after a set

of eye movements that goes about 24 to 36, we have a person take a breath.

What are

you noticing

now? And even when we ask that, we don't need a very detailed narrative

description. Okay. I'm just noticing my throat

is stuck. Okay. Go with that. And then we'll say, go with that. Apply another set of eye

movements or tapping and where I want to, cause you've referenced this a couple of times where it's important to have a therapist guiding

you through this

is Yes, It's really for that reason

of skilled support, because if you're just doing this tapping on your own as you

bring up negative

memories, it might take you down a

path that

you're feeling like, Oh

shit, I need some help here.

And you know, I'll be honest, I've tried doing some of it on my

own, and I think you can do some of

the resource and preparation

tapping on your own.

But. it really is important to have a person guide you

through kind of the heart of where you're going. I feel it

works better, because even though I could

technically take myself through this, and there are some programs out there online that I don't

like that encourage people to do that, there is something about having positive,

empathetic support.

with somebody who's skilled that I

think makes this work

[00:56:18] **Michael Herold:** Yeah. Fully, Fully, Between the, the, the, the, the eye movement and then checking in with a client, the stuck jaw going back in with the client, you always use the finger movements to indicate, okay, now it's time to bring that bilateral stimulation back in.

When do you know that it is time to leave that event and move on? Would that be several repetitions of the same event in several sessions?

[00:56:44] **Jamie Marich:** It depends on the client, because the short answer to your question is when the distress level goes down to

zero. And a therapist is trained on how to ask that

question of a client when

they find that the memory is shifting, when people are reporting more neutral or

[00:57:03] **Michael Herold:** Okay.

When it's disarmed

[00:57:05] **Jamie Marich:** So some people can do that in one session. Some people,

especially if it is a more complicated memory, may need several sessions to do that. And that's why we have these closure and preparation procedures like a, like a container. So the technical answer to your question is when the distress level goes down to zero.

And then we

move on to the, the belief state, because if a person started with a negative belief, like I'm defective and they wanted to believe something like I

am whole, if that's the intention they set, then we ask them, how true does

that feel right now? I am

whole, and it could be that there's still some more sets of eye movements or

tapping that need to be applied if

they're not quite fully, convinced yet about the more positive belief state.

So that would be what happens next. Then we would

ask a person, okay, now even when you think of the original memory that we started with, how does

your body

feel? And so we test it at the desensitization

level, at the cognition or belief level, and then the body level. And then there's procedures that EMDR therapists learn about kind of where to go next.

After you come

back, for your next session after you test this out in life.

Let's see if there are other related

memories we need to work with, or if there's other future

orientations of this positive belief that we need to

place

yourself in. So, uh, EMDR like many therapies can then go a lot of different places.

I always

like to disarm this, this idea that can be out there that once you process one memory in EMDR, then everything

is fixed. Because, yeah, for some people they can get a

tremendous amount of relief looking at one

horrible memory. Yet for most folks

that I've worked with, it is a

process

where we will have to do this

process many times with many different

memories in order to help a person achieve the

goals they've come in

[00:58:54] **Michael Herold:** Beautiful. Uh, thank you for walking me through that process

so my last question would be, is EMDR something that you can do through video therapy as well?

[00:59:07] **Jamie Marich:** Oh, yeah. Uh, and this, this is an interesting question that I think the pandemic illuminated for a lot of us because prior to the pandemic, there was some of this hesitancy around well, can you really do it as well online as you can in person? And there were many pioneers who braved ahead and did it online.

I know I did some of the preparation work with people online, but I never

really felt comfortable doing it. Uh, as a full method over telehealth and then once the pandemic happened,

uh, it's, we better adapt or people aren't going to be able to access EMDR. And I found, I was pleasantly

surprised myself how well

it can work online.

And we have technologies now that can create like a bouncing ball for eye movements. It's cross the screen or create tones where

people can do their own

tapping, uh, and the therapist guides it to tell them, start tapping, stop tapping, or we could set up the chairs as such

where people can do

eye movements.

Um, so yeah, I've, I've

been wonderfully surprised and by how well it can

[01:00:12] **Michael Herold:** Yeah. Good. Something good came out of the pandemic. Great. Thank you so much, Jamie. Thank you for your time and for, for bearing with my, with my questions.

Where would you like to send our listeners that are more interested in EMDR now?

[01:00:25] **Jamie Marich:** Sure. Well, there's, there's a couple of places, probably my most for the general public website that's out there is redefinedtherapy. com and that is where I have a lot of my free demos, any podcast interviews I do

like this one, I go ahead and post up

there or

articles. So redefinedtherapy. com if you're interested more, especially if you're a clinician in EMDR training, because you do have to be a clinician to be trained in it.

Institute for creative mindfulness. com is my company. And then jamiemarriage. com is just my, my general website.

[01:00:59] **Michael Herold:** Excellent. Well, again, Jamie, thank you so much.

[01:01:02] **Jamie Marich:** Pleasure. Thank you. thank you for listening to Psychologists Off the Clock. If you enjoy our podcast, you can help us out by leaving a review or contributing on Patreon.

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