

Creating a happy marriage is possible and this site is dedicated to providing resources to help couples who want to stay together. By providing information about qualified marriage counseling, we hope to encourage couples to get the help they need. The site also features articles, other websites, books, and workshops which offer the tools needed to create happy, lasting marriages.



Coping with the Fallout of Post-Traumatic Stress

This is Episode number 37 of Stay Happily Married, "Coping with the Fallout of Post-Traumatic Stress."

Welcome to Stay Happily Married, your source for weekly updates on the latest tips and advice to build a happy and healthy marriage.

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Lee Rosen: I'm Lee Rosen. I'm your host today. Welcome to the show. I'm here on the telephone from Chapel Hill, North Carolina with Bonnie Gilliom. Bonnie, how are you?

Bonnie Gilliom: Fine, thanks.

Lee Rosen: I'm so glad you could be with us. Bonnie is a nationally certified counselor, licensed in North Carolina, with 14 years of professional experience. Now, Bonnie does -- and I think we'll jump right into this, but Bonnie does not only individual counseling but couples counseling; but she does something that I want us to kind of dig into today and so that you will understand, and probably more so I will understand it, something called EMDR, which stands for eye movement desensitization reprocessing. And that is a special approach to dealing with traumatic stress. And so I think we'll talk about that and how it ties into marriages and marriages working and staying married and all of that.

So Bonnie, you've been practicing 14 years. It sounds like you've seen a lot of different things. I've been reading your website and your bio. Let me just mention it's BonnieGilliom.com is your website, and we'll put a link to that in the show notes. But it sounds

like you've really had a lot of depth of experience of dealing with lots of different things. Am I right about that?

Bonnie Gilliom: Yes, I certainly have. I'm still surprised that there are new things, though, that I haven't encountered before.

Lee Rosen: Right. Surprises around every corner, I guess.

Bonnie Gilliom: Yes.

Lee Rosen: And you do a fair amount of seeing couples, right?

Bonnie Gilliom: Yes, I do. I have been always seeing couples since I started practice and it seems like this year especially there's been a lot of call for couples counseling.

Lee Rosen: Really? Why do you think that is? It sounds like that's a -- it's moved up in terms of the volume for you. Why is that happening?

Bonnie Gilliom: Yeah. I think it's a little bit about how I have, frankly, put my name out there and web presence. But also, I think it has to do with the economy because marriages have been stressed by financial problems. One person loses a job or there are just less assets, less time, and so self-esteem has been impacted, and it's become a much more -- I thought perhaps that it would fall off, that people would feel they couldn't afford it, but it seems that people are trying to remedy things in therapy.

Lee Rosen: Right. That's interesting. When the folks are coming to you and you're able to sort of see that big picture, 10,000 foot perspective, and know that these are things that might not have been happening if the economy wasn't suffering the way that it is, do the folks that are living it ever see the big picture or are they just kind of mired in the day-to-day trying to get through their lives stuff?

Bonnie Gilliom: Well, I don't think they do see the big picture usually. I mean, they know they've lost their job but they don't see that they're certainly not alone and this clearly puts undo stress on their relationship.

Lee Rosen: Right. Is it your sense that the economy is kind of the straw that broke the camel's back, that these relationships were -- I don't know -- maybe eventually going to run into trouble anyway and this is the thing that really pushed them a little bit too far; or is the economy all by itself causing otherwise pretty happy marriages to just kind of get into big trouble?

Bonnie Gilliom: Well, yeah, I would say it is the straw that breaks the camel's back because they may be able to sort of cope and have disagreements, which everyone does, and the ups and downs of marriage. But then when this comes along, as I say, it's a pretty huge impact on somebody's self-esteem if they've lost a job, and just on their emotional resources.

Lee Rosen: Right. Yeah, it is not a good time for marriage in America, I guess. Probably worldwide from everything we're hearing about the economy all over the world.

Now, you do all the things that counselors do to help marriages work out. But I really want to get into this whole EMDR thing with you, but I want to kind of set up how you get there and why this becomes relevant to a show about staying married. It sounds like that you sometime -- not all the time, but sometimes in your marriage counseling come to conclude that the problem in the marriage may be rooted in the trauma suffered by one of the parties in the marriage. Am I thinking correctly here?

Bonnie Gilliom: Yes. And when people get married they have of course the conditioning that they've experienced as children, so the way their parents interacted, the way their parents treated them, and so one of the first things we do is try to give them a homework assignment of what did you -- what's the best thing your mother and/or father said to you? The worst thing? And how did they resolve their conflicts? And so we put them in context.

And then from there we can go forward because it's said that life is a school. Well, I always say that marriage is the university. And even the most beautiful childhoods are going to create individuals who struggle in a relationship because you have different preferences, different needs and wants and different models of how to interact, not to mention all the things like traditions. What do we have for Thanksgiving dinner? And do we eat dinner together? Do we go to bed together or separately? All those things which have to be worked out are going to cause conflicts in marriages and some people who come with a history of trauma are going to have less resilience.

Lee Rosen: Right. When you talk about trauma what are the sources of trauma that you're seeing and dealing with?

Bonnie Gilliom: Well, I would say probably the number one is -- well, the most egregious would be sexual trauma. And so someone has been molested, sexually abused, then that is certainly going to impact the level of trust that that person would have in an intimate

relationship. And that's going to come out eventually in terms of how they relate sexually.

And then you can talk about trauma with a capital "T" but there's also trauma with a little "t." And that would involve continuing put-downs, verbal abuse, "you're stupid," "you never do anything right." Those things really add up to a person who is traumatized.

Also, there's neglect. The message is sent that you are not worth much. And so that is very much on the surface. Well, maybe it can be kept under wraps most of the time, but in a relationship eventually it's going to surface.

Lee Rosen: One of the trauma -- given where you're practicing, not very far from Fort Bragg and Pope Air Force Base and all that, I'm wondering if you're seeing much in the way of trauma as the result of people being deployed into Iraq and Afghanistan, military members. Is that coming up in your practice at all?

Bonnie Gilliom: That has come up in my practice and it can be very disruptive. You've probably read about or heard about people who come back and they're just changed. They're hyper-vigilant. They can't relax. They seem distant, distracted. They are not able to just really be in a relationship. Some of them try to soothe themselves by playing a lot of video games, of course various addictions.

Lee Rosen: Right. Okay. So let's say you discover trauma. You're doing the marriage counseling and it becomes apparent to you one way or another that one of these folks is really not coping very well with whatever traumatic event or events took place earlier, preceding your therapy.

Bonnie Gilliom: Right.

Lee Rosen: What is EMDR? Eye movement desensitization reprocessing. You're using it to help with the trauma. What the heck are we talking about?

Bonnie Gilliom: Okay. I know it is a very cumbersome name and probably could have been a better name. But it is a -- let's see. How do I describe it? It was developed by Francine Shapiro in about 1987 and she discovered that she could -- when she started to think about things that were bothering her, she noticed her eyes were moving back and forth and that after a period of -- that sometimes she would work through these difficult issues.

And she was a graduate in psychology at the time and so she started working with her colleagues and finally developed this procedure, which is a dual stimulation. And it is a way of having the client attend to both the present and also past events, so that the therapist sits beside the client, moves the fingers back and forth in front of the client's eyes and the client follows the fingers. So that that is how the dual stimulation occurs, because they're in the present following the fingers but also it's been set up that the client is also thinking about this traumatic event. And I need to explain that more.

Lee Rosen: Okay. Fill me in.

Bonnie Gilliom: Okay. So first you take a history of the client and discover what are the traumas, as I said, with a capital "T" or a little "t." And this takes a session or two. Then also the second thing, there needs to be safety for the client so that they have a safe place to imagine that they can go to if the memories become too overwhelming. And then the processing can begin.

So here's what happens. You choose a target and that is refined to a picture. So what's the picture that goes with that traumatic memory? So they think of one picture. It could be the client -- maybe if it's an abuse event, the person's coming through the door and it's dark. But whatever is the worst thing for the person. Then the client is to think of what is the negative belief that goes with that picture? And it would typically be, "I should have been able to stop it," or "It's my fault. I somehow caused this."

And then what would you like to believe? And then client says what they would like to believe, as in, "I was young and I was innocent." Okay. And then they go to what are the body sensations that go with that and what are the emotions that go with it and how disturbing is it on a scale of 0 to 10?

And then after that is all set up the client thinks not only of the picture but also of the negative belief and starts to follow the fingers. And then that proceeds over several sets; in other words, like for 20 or 30 seconds the therapist does the fingers back and forth in front of the face, in front of the eyes, and then says, "And now what do you get?" And at that point the client, if things are working well, will have had another thought, will have another body -- sort of "my chest feels less tight" or "my head's starting to hurt." Whatever happens is then accepted and the next set of eye movements proceeds with that.

Lee Rosen: Now you're -- and I want to ask you more about this, but your fingers -- you're moving their eyes according to -- you have a plan, I assume, for where those eyes are moving?

Bonnie Gilliom: Well, just back and forth. Yeah, usually.

Lee Rosen: Okay. So what's the deal? Like they're visualizing this picture and they've got these thoughts associated with it. I don't quite get what does the moving of the eyes have to do with impacting the picture. Help me with that.

Bonnie Gilliom: Well, the way it makes sense to me is that -- it's like, in dreams we have rapid eye movement. And the rapid eye movement in dreams is a way of processing the events of the day; that's what dreams are for. And they find that if you wake people up and don't let them dream over and over all night, or for a period of several nights regularly waking people up, they decompensate. They get more and more agitated, less and less stable.

So it's the same principle, that when a trauma occurs the incident gets locked -- the memory of the incident gets locked in the limbic system, in the emotional brain. And so by doing this eye movement desensitization it can get processed out of that into the prefrontal cortex so that you can update and you can be in the present. You're no longer just stuck in this old emotional fight or flight state.

Lee Rosen: So it's like jiggling the trauma loose from your brain.

Bonnie Gilliom: Yeah. That's one way to put it.

Lee Rosen: Okay.

Bonnie Gilliom: Yes. And so then the person can say, okay, that happened then; this is now. Say it was a fire that they'd experienced. That happened then; this is now. And that was horrible, but they don't have to just go into some kind of defibrillation when they see a fire or when their husband would come, for example, through the door and it's dark. They would be able to say, "Okay, this is just my husband coming through the door," and they don't have to go into that emotional state.

Lee Rosen: So now is this a new thing, or how long has EMDR been around?

Bonnie Gilliom: Since 1987. And I have to admit, when I first heard about it I was thinking this sounds a little weird. And I think many people do have that reaction to it, or else they think that it's like hypnosis, which it is not because you're very much present. You're not in any kind of a

trance. You're being very mindful of the fingers as well your memory.

Lee Rosen: Well, I totally agree with your assessment. When you first hear of it, it does sound a little weird.

Bonnie Gilliom: Yeah.

Lee Rosen: It's been around now I guess 20-plus years. What have the establishment people, like the American Psychological Association, those folks, what do they think about this?

Bonnie Gilliom: Yeah. Well, it has been endorsed by the APA and the Red Cross and the International Critical Incident Stress Management Foundation and by lots of -- HMOs will pay for it. And all the research that's been done has given it a lot of credibility and been shown to be helpful for, as you say, military trauma and for grief and for of course PTSD and even general anxiety disorder and phobias.

Lee Rosen: Right. Well, it's interesting because a lot of treatments for anything sound -- if you don't know what they are, they do sound a little weird the first time you hear them. I mean, a lot of medical things that they do -- but it sounds like it's been around a long time and the establishment has endorsed it and the insurance companies are paying for it. My guess is the alternative for dealing with trauma is you talk to a counselor endlessly until you felt like you've processed. This sounds like it's a lot faster. Am I right about that?

Bonnie Gilliom: Yeah. That is one of the strengths of it. And I've had many, many experiences when one EMDR session -- which is typically longer than the usual 50 minute psychotherapy hour -- that many times people will report after just one of these that they are much -- they've just gained a whole lot of relief.

Lee Rosen: Right. Well, it's easy for me to sort of think through this whole process when I think about these soldiers, because we're dealing with a lot of military divorces. And the folks are coming back, they're clearly traumatized, they can't make their marriage work anymore because they're a different person. And if the counselor is sharp enough to figure, hey, this is what I need to work on first. Get this trauma processed using EMDR and saving a lot of time and getting that under control, then we can get back to where we are in the marriage.

Bonnie Gilliom: Absolutely. And that's why too it's very helpful to see the couple because the wife can report these differences -- or the husband -- and sometimes the individual does not want to really acknowledge

that because there's still some sense of stigma that, "I have these problems after being in combat."

Lee Rosen: Right. So let's say you're dealing with somebody with PTSD, whether it's related to some sexual abuse or the military thing we've talked about, whatever may have happened in their lives. You mentioned fires; that's fascinating. I hadn't thought about that but that makes a lot of sense. How many sessions of EMDR does it usually take to help somebody be in a much better place?

Bonnie Gilliom: Well, some people will sometimes call me and just want to come in and do an EMDR session. I don't really think that that is a good idea because I think there needs to be trust established and, as I said, the safety precautions taken, and of course getting some history and finding out just -- sometimes there have been several traumas. Which one do you want to start with? And sometimes it's wise to start with a little less intense trauma and then go to the bigger ones later.

So I would say -- oh, man -- I would say at least one for dealing with the -- if the trauma's not too huge and the client's fairly stable, then perhaps it could be done in three sessions.

Lee Rosen: And you think that's at the low end, though, typically?

Bonnie Gilliom: Very low, yeah. I would really think I would be more comfortable with five.

Lee Rosen: Right. Well I will tell you, listening to you talk about it this is just fascinating stuff and it really is -- it sounds a little like magic but it sounds like magic that's been around for a long time and that you guys have been using a lot. Do you feel like the people that you're using this process with, that it's pretty amazing that they are feeling much better and doing much better? Do you get that sense when you're done with four, five, six sessions of doing this with people?

Bonnie Gilliom: Oh, yes. I've been astounded over and over. I remember a man who had been in a relationship that had meant a great deal to him and she decided to leave and not be with him anymore. He remembers the time he took her to the airport for the last time. And it affected him so much that he couldn't bear to go to the airport without just getting extremely emotional, agitated and feeling sadness. So it was after just one session with him of just targeting this -- because we had been seeing each other and I already had a context for him -- that he said he could drive to the airport with absolutely no upset.

Lee Rosen: That's pretty amazing.

Bonnie Gilliom: Yeah.

Lee Rosen: Well, Bonnie, I really appreciate you joining us today and filling us in on EMDR and the work that you're doing with couples. It sounds really exciting and like something that I think a lot of folks that listen to this program might want to give some thought to. I appreciate it.

Bonnie Gilliom: Well, you're welcome. It was a pleasure to talk to you.

Lee Rosen: Thanks. And thanks to all of you for listening today. I hope that you have gained something. This sounds like pretty exciting stuff that really might make a difference in the lives of those that have experienced trauma and I am just having a hard time imagining how you can experience trauma and not have it impact your marriage. It just doesn't seem like most of us would be able to separate those two things.

So thanks for joining us. I hope you will join us again next week. In the meantime, if you have questions or comments about this episode or any episode, or suggestions about future shows, or anything at all, we'd love to hear from you. We have a comment line set up at (919) 256-3083. We also read all of your e-mails at comments@stayhappilymarried.com.

I'm Lee Rosen. Until next time, stay happily married.

Thank you for joining us today on Stay Happily Married. If you'd like more information, please visit us on the Web at stayhappilymarried.com. We would love to hear your feedback or comments. Please e-mail us at comments@stayhappilymarried.com or call us at (919) 256-3083. Until next time, best wishes.