EMDR for Healing Trauma

Guest: Dr Arielle Schwartz

Alex Howard Welcome, everyone, to this session where I'm really happy to be talking with Dr. Arielle Schwartz. And firstly, welcome, Arielle, thank you for joining me, I should say.

Dr Arielle Schwartz Thank you.

Alex Howard So I think this is going to be a really important session. Having done a number of the other interviews for the conference, I'm kind of getting towards the end of this sort of marathon interview process. And there are some specific pieces here that I think we'll pull together; some things have been covered in other places and also some pieces I think are really quite important that haven't been touched on before that I'm really excited to get into as well.

Just to give people Ariel's background, Dr Arielle Schwartz is a licensed clinical psychologist, EMDR therapy consultant, somatic psychotherapist and certified yoga instructor in Boulder, Colorado. She earned her doctorate in clinical psychology at Fielding Graduate University and Master's degree in somatic psychology through Naropa University.

She's the author of four books, *The Complex PTSD Workbook*: *A Mind Body Approach to Emotional Control and Becoming Whole; EMDR Therapy and Somatic Psychology: Interventions to Enhance Embodiment in Trauma Treatment* and *The Post-Traumatic Growth Guidebook* and *A Practical Guide to Complex PTSD: Compassionate Strategies to Begin Healing from Childhood Trauma*.

So, Arielle, I think a good starting point would just be to define some of the pieces that we're going to talk about in this session. So particularly acute traumatic stress, PTSD and complex PTSD, because I think sometimes these terms can be used a little bit interchangeably in a way that's perhaps not quite so helpful because there are some distinctions here. So do you want to perhaps start there and then we'll use that as a place to go in some of these pieces in more detail?

Dr Arielle Schwartz Alex I would love to and thank you again for such a lovely introduction. So I think I want to start out by saying that acute traumatic stress or acute trauma reactions

are relatively normal in our modern world. Maybe, perhaps they've always been normal. We just have a much more conscious understanding of trauma.

But the research shows that about 90 percent of us will experience one traumatic event across our lifetimes. So that's a pretty large experience, a large number of us, right. And then on top of that, actually, the research also shows that the norm is multiple traumatic event exposures. So the fact that we're living in a world where currently there is a pandemic, right. Or that we're living in a world where here in the states we have we have protests, some of which have turned into riots. And that we have shootings. We have events that happen that can be objectively really unsettling, really frightening.

And when we have experienced any event that is out of our norm, out of our capacity to handle it, we're going to have a normal set of reactions that we can call traumatic stress reactions. We might feel shaky, we might have difficulty sleeping, we might feel panicky. And that all of that is our body's built in, natural response to stress. It's how we're meant to handle it. And I think if we don't understand that all of that is normal and that we want to actually ride through those initial traumatic stress reactions, then we get more frightened by the reactions.

And of course what happens is a lot of folks go to their doctors and say, make these feelings go away. And unfortunately, the more that we try and suppress our body's natural attempt to respond to and really digest, process through what we've experienced, the more that we suppress that, the more that we actually push ourselves into a post-traumatic stress disorder.

There's nothing disordered about reacting to stress.

Alex Howard I think there's what often happens as well, is the sense of shame or, I shouldn't be experiencing this, means people don't talk about it and then it almost becomes the hidden secret. Everyone is having these sorts of reactions, but feels like they're the only one because it's not normalized through conversation and dialog.

Dr Arielle Schwartz Yes, that's exactly right, and I think that really comes to a very social aspect of traumatic stress, which is that we really need each other, not only to normalize it, but to help us digest and process these events. And so when we look at the inability to handle trauma, or individuals that do develop PTSD, which is seen in having more high arousal symptoms, usually having hyper vigilance, flashbacks, again not sleeping, and that that's persisting for about a month past the event, that that sometimes people feel like, oh no, I failed the test. Right.

Actually, what we're usually seeing is that there was a failure on the part of our community, on the part of our social system to really help us handle that. And so we're not meant to go

through these difficult experiences alone. We really need each other, you know, someone needs another person to hold the container in a way to basically let us process through, or just have those feelings, or help us work through the shame that might arise that accompanies the experience.

Alex Howard And often when we haven't had that basic support on holding as a child, we haven't been taught that we're okay and we can ask for help, and there is support that's there. Of course, we then recreate those circumstances as an adult. So we suffer and we don't have that instinct to go and to share and to ask for help and support.

Dr Arielle Schwartz That's exactly right. And so now you're speaking into the next category, which is complex PTSD. Now, complex PTSD doesn't always begin in childhood, but it's certainly a very a very large category. And a lot of what I write about is really looking at the childhood origins of complex PTSD. From a definition perspective, what we're looking at is the impact of an accumulation of repeated chronic events. And not only does that lead to a unsettled or not safe feeling in the body or, as you say, an inability to reach out for help, but also, it contributes to a sense of identity.

So it leads to a distortion in a sense of self. It leads to challenges in our interpersonal relationships. It leads to a tremendous amount of affect disregulation or emotional disturbance in which we get caught out in kind of outliers of emotional experiences in ourselves and don't know how to handle them. And have never been taught how our anger can actually be a healthy emotion or how our sadness can be held relationally.

Alex Howard So to summarize a little bit, acute traumatic stress is something that is a sort of single episode in our life from anything that can happen. Do you want to say the difference between that and PTSD? And then you've just sort of defined it a little bit, of complex PTSD being a sort of ongoingness and the kind of often quite messy interrelatedness of multiple events that have impacted us.

Dr Arielle Schwartz That's right. And so the difference between the acute traumatic stress and PTSD, is that the acute traumatic stress is really what we're looking at in the initial reaction after experiencing something traumatic. So it's the first four weeks or so, in which we might again feel that shakiness or anxiety or crying a lot. But it doesn't mean that we're going to develop an ongoing crystallization of those reactions into PTSD.

PTSD is when we don't have the sufficient support during those first four weeks to be able to process through those reactions and digest them and feel OK and feel understood and maybe make some meaning out of out of it, or whatever that is. And again, it's not a failure if one has developed PTSD. It's really about having not had access to the resources or as you said - and I see this all the time in my practice, that an individual will experience a recent traumatic event, a single incident like a car accident, and that underneath it there is

unresolved, never having dealt with childhood trauma. And it comes through the open doorway of the recent event. And it's one of the most common reasons that people don't recover quickly from a recent event, is if there's underlying unprocessed trauma, and then it's all on the surface.

Alex Howard It's almost like that more recent episode is the final straw that breaks the camel's back, but it's also, in a sense, it's the gateway end. It's the thing that helps one realize that actually there's this whole other part of my life that actually has not been identified and dealt with.

Dr Arielle Schwartz That's right. And sometimes helping someone to make that transition, to see this as, you know, to see the healing crisis as a healing opportunity. Well, that can be, you know, that can be challenging because it never feels like an opportunity when it's happening. And certainly I don't even propose that I would use those words for an individual. It's really just about holding the space to know that we have access to something, that maybe had been buried for many, many years.

Alex Howard Yes. I'd like to touch a little bit on neuroplasticity. It's something that's been talked about quite a bit in recent years, as a kind of buzz phrase. But I think it's particularly important in the context of understanding trauma and also actually what needs to happen, the process of healing trauma. So, do you wanna open this piece up a little bit.

Dr Arielle Schwartz I would love to. it's a topic that I'm really passionate about, it's something I wrote about quite a bit in the post-traumatic growth guidebook. And what we look at when we're trying to understand the brain and memory is that it used to be thought that the brain was somewhat fixed after our early childhood development and our perception, or our perspective on the brain has really taken a 180. And what we recognize now is that our growth happens throughout the lifespan. And that our brains are really quite malleable.

And from a perspective on the healing of trauma, that when we experience a traumatic event and it's held as a memory in the brain, every time we bring that memory forward, into working memory, into reflecting upon that event, we have an opportunity to change how it's stored in the brain.

Now, sometimes we're unconsciously bringing that memory forward. And in those moments, we are often reenacting the traumatic event, which in itself actually reinforces the patterning of fear or helplessness, associated with the event. And that is where we can see re-traumatization happening.

However, when we use conscious, purposeful, reflecting upon a traumatic event, we're bringing this event forward. But now we have an opportunity to do so within a context of

safety. To do so within a context of a relational experience in which I feel understood, in which I feel that someone is accepting me for who I am. And to do so within a context of maybe having cultivated some resources within the self. And so now we can basically blend or store that memory in a new form where now we have an experience of those scary feelings in a context of safety.

And it gets processed. If we want to use somewhat of a technical term here, it's a little bit like a computer term. But really what's happening is that we're opening up what was an encapsulated traumatic memory in the brain. And there's lots of research about the dysfunction of traumatic memories, being functionally unable to connect to our positive resource states.

And so what we do, is we're basically building these affect bridges. We're building a bridge between a feeling of being frightened or alone or, you know, unable to reach out for help, to the experience of, I know that I'm not alone now and I know that I'm safe now and I feel connected to you. And so we build these bridges between that encapsulated trauma state to a state of resource.

Alex Howard I think that's a really interesting way of describing it as well, the encapsulated trauma state. Because I know you've also written quite a bit around the sort of difference between top down and bottom up approaches, and often that encapsulated trauma state is housed in the body.

Do you want to say a little bit about why those distinctions and that understanding can be really, very important.

Dr Arielle Schwartz Yes, absolutely. I think that we have come such a long way now in understanding how the body keeps the score, to borrow from Bessel. Or, how the body bears the burden, Bob Scaer's work. That we have these understandings now that we cannot talk our way out of a traumatic response. And I know you have Dr. Porges on here as well. And, you know, his work on the vagus nerve teaches us so much about our physiological response to traumatic events. And it actually helps build self compassion because for so many people who attempted, maybe talk therapy, and then felt like they were still going into a triggered response.

Then they go, oh, there was a reason. I hadn't actually metabolized through the body. What happened? And one of the ways that we can think about that encapsulated trauma state or that that trauma memory, is actually an unsequenced experience from the body.

So that if in the original traumatic event, I couldn't flee from an abuser; I was a child, the abuser was an adult. It was not safe to run away, it wasn't safe to push back, right. And so a feeling of helplessness or collapse actually was the only way to survive.

And Steven Porges speaks about this so much with that dorsal vagal response in the body. And so what we can see now is that the trauma state is one of a learned helplessness, one of a collapsed experience in the body. And that part of how we can, again, kind of build these bridges, is actually finally allowing the sequence to complete.

And here's where Peter Levine kind of ties in, right. So that we can look at, now I can actually consciously experience what it's like to move my body, to remobilize, to get a sense of what it's like to flee an unsafe situation and to do that mindfully, and to bridge that feeling state of collapse into an experience of mobilization.

Alex Howard And that can take quite a lot of support and that can take quite a bit of time, and I think one of the things that is true of trauma, is particularly when we're talking about complex PTSD, that it's rarely just one piece. And sometimes I think people sometimes can be a little disheartened.

They come in thinking, well I just need to do this thing and then I'm going to resolve. And it can be nuanced and it can be complex. And as I was preparing for this interview, I really liked reading about your six R's of neuro psychotherapy. I thought it was a helpful way of understanding some of the, kind of, sequence and the pieces that need to happen. Can you share a little bit about that?

Dr Arielle Schwartz I would love to. It's, again, the framework of the post-traumatic growth guidebook and the the six R's for me are taking what we typically think of as the arc of trauma recovery and really breaking them down into what works. What does all the research say about how do we heal? And the general arc is that what we know is that we need to have enough safety and stability before we go into the deep dove of trauma reprocessing and then we can go into integration and meaning making and sometimes even, you know, kind of move toward post-traumatic growth.

So what the six R's are, is that the first one is really about **Relating**. And the six R's are based on, what are the change factors from a neuroplasticity perspective? So the first one is that the research shows that our brains are wired for connection and are changed by connection. So even if we didn't have the capacity to develop a really positive nurturing attachment relationship and that impairs our social nervous system, right? That that doesn't mean that we're doomed to never be able to build that relational capacity. And psychotherapy is such a wonderful way. If you look at all of the psychotherapy research and the common factors of what works, it's therapeutic relationship, no matter what the modality is.

So if it's somatic therapy or EMDR or cognitive or psychodynamic, it's the relationship at its core. And we look at that relationship as a form of co-regulation in which, not only am I attending to you, say if you were my client, but that also I'm really attending to my own body and to my own experience of being with you. So that as I'm tracking my own system

and breathing and softening, that that becomes actually a palpable resource right into the room.

And that brings us to the next R, which is **Resourcing**. So when we're preparing to go into that deeper dive of reprocessing a traumatic memory, which is a lot of what EMDR and some of the other exposure therapies ask us to do. That, before we can do that, if we have that encapsulated trauma memory and we're wanting to reprocess that memory, we're going to bring it forward to working memory and we want to allow it to be stored in the brain in a new way.

If we don't have sufficient resources in place, what are we going to connect the trauma state to? So we build in, at the beginning of treatment, time spent to build those positive resource states. And sometimes that's through, kind of imaginal experience of remembering times that you felt safe, or imagining a place where you might feel safe. Sometimes it's through very here and now, kind of practical ways of feeling resourced. So whether that's through an essential oil going through the olfactory channel and being able to have some felt experience of being present here and now, whether that's through some kind of tactile experience looking around the room. All of these these cues that we can really orient to safety, which to me is a huge readiness factor for trauma reprocessing that I can orient to safety.

We hear so much talk in the trauma world about dual awareness and how important it is to maintain dual awareness in trauma reprocessing. It's a key factor in EMDR, for example. And what that basically means is that I can have one foot firmly grounded in the here and now, knowing that I'm safe, knowing that I'm connected to you, while I put the other foot into the traumatic memory. But if we end up with two feet stuck in the trauma state, then we don't have dual awareness. We can't really build that affect bridge. So one foot here. One foot there.

Alex Howard And one of the things, just before we come into the other R's, I think is also really important here, is that I think perhaps people that have had, let's say, unsuccessful experiences of trying to process trauma, perhaps can already start to see, because I sort of see this as a bit of a checklist of what are the pieces that need to be in place?

And if there's not that safety of a therapeutic relationship where one really does feel safe and is working with someone that really has got the capacity to self regulate and to hold the space to what one's going through, and indeed, if one doesn't have that resourcing, because I think, often when people get re traumatized trying to process trauma, exactly as you said, it's where they fully associate back into that experience. And there's not much processing happening. They're just reliving the trauma. And that, of course, can be a very deeply unpleasant experience with people.

Dr Arielle Schwartz Yes. Yes, absolutely. I'm glad that you restated it, there was a whole lot that was said there and it's good to actually just pause on it and really arrive at why this is so important. Just sitting with that. So that when we do move towards, now what is our third R, which is the **Reprocessing** of the traumatic memory, we have the building blocks in place.

And I know that there's various people that will be watching this, individuals healing from trauma, as well as clinicians who are working with those that are traumatized. One piece that I would say in regards to those first two steps, relating and resourcing, is that it's so helpful to understand ourselves, or the individuals we're working with, within the context of their lives. That if we're working with someone who is still not safe in their lives, right, because there's ongoing traumas or there in a relationship where there's abuse that's happening, we're not going to open up more of the past. It doesn't make any sense. But we can still build bridges between different states of self, even if we're not going to open up and process historical memory yet. Because we can still move between an experience of emotional disregulation or lack of safety, into a here and now experience of feeling connected and safe.

And it's still going to create a pathway that's the very same pathway that we're going to need for when we do that deeper dive.

Alex Howard And I think that, again, you speak a very important point here, around the timing of taking those deep dives. That sometimes people that have been through trauma can have quite a harsh and cruel relationship with themselves, because that's what they've learned. And so they can come and go, right, I've got to go to all the hard stuff right now. And actually, that sequencing and that resourcing and that building of capacity is really important to be able to hold that reprocessing.

Dr Arielle Schwartz Yes. I'm so glad that you said that too because what I often put into that resourcing phase of trauma treatment, is parts work therapies. Whether that's internal family systems therapy or structural dissociation therapy, but that there needs to be an understanding of the internal structure of the self.

And I love it when I can partner with my clients, for them to understand their own internal ego states or parts. So that if there is a really strong inner critic or an internalized, you know, abusive other, that's a part of self, I really want to know that, so that we can actually have some healing at that level, that we can have some differentiation from maybe, an identification as a very young, helpless part, or the over-identification with the abuser.

Alex Howard And I think, again, it's a great example of taking the time to work that relationship. And it's sort of, it's like it's a necessary step, but people can do that work, but they still need to do these next pieces.

So let's talk a bit then about the repatriating, the reprocessing and the actual, the kind of, the metabolizing, digesting, breaking down of, in a sense, of those experiences. Yeah.

Dr Arielle Schwartz Good. Good. Lovely. So, with reprocessing, I actually just want to kind of give a shout out to EMDR with this. So EMDR stands for Eye Movement Desensitization and Reprocessing. And the reprocessing component of this, and I've already alluded to this to some degree, is when we pull forth a memory that's kind of being held in the lower brain centers. So EMDR is not only a cognitive approach, but it also integrates psychodynamic and somatic approaches to therapy. And so it's a very integrative model.

And so we're taking the memory that's held in the lower brain centers, the limbic system, the brain stem, that reptilian brain. And we're pulling it forward into working memory. And we do so by reactivating the neural network associated with the memory. And in that neural network, is going to have that image. It's going to have a belief associated with it. What does it lead me to believe about myself? It's also going to have these lower brain center activation places. So we're going to get in touch with what's the core emotions that are associated with this memory and what's the body sensations.

And once we can have that whole experience kind of lit up in the room, with the body felt sense, and the emotional experience, and the image, and the belief, we've kind of lit up the whole brain, that whole aspect of upper and lower and left and right. We've got all of it forward and available to be reprocessed, to be reworked.

And if you recall, as we bring that memory into working memory, now we have an opportunity for it to be malleable, for that neuroplasticity to take place. With EMDR, or any kind of reprocessing, we're usually using some kind of pendulation model, where we're taking our attention for short periods of time, towards the distress. And with EMDR, we add eye movements or other bilateral stimulation to that, to basically help anchor dual awareness, because it takes a certain amount of our working memory to follow fingers, right? Or to pay attention to these alternating stimulation.

And so it's actually keeping that foot anchored in the here and now, while we're touching into the there and then. And so it's helping us straddle those two places.

And for me as a yoga teacher, because yoga has so much cross lateral integration embedded in it, and there's a lot of research about the mimicking of REM sleep with EMDR, that when we're crossing the midline in the body, we're crossing through the corpus callosum and we're creating more integration between the left and right sides of the brain. And what's also really powerful about this, is that what we recognize in the neuroscience research about where trauma is held in the brain, is that it's more held in the right limbic system. The right amygdala is more lit up with the trauma memories.

And so we have our capacity in the left brain to reflect upon, to be able to get a little bit more distance from, to think about it and in a new way. So we're taking this kind of raw felt experience and we're bringing words to it and we're crossing midline of the brain through that process as well.

Alex Howard And can you say a little bit about the experience of what people often have when they go through EMDR? What I've observed with patients of mine that have done EMDR, is they'll often say things like, well, I still have the memory, but I don't feel the reaction. I don't feel the feelings that were associated.

Maybe say a little bit about, because it's quite a magical thing that can happen sometimes, when the sort of trauma is taken out of the memory that's still there.

Dr Arielle Schwartz That's so true. And I think that a big part of that is the de-sensitization component of it, is that when we actually get out of avoidance, when we when we temporarily suspend our avoidance defense, to turn towards the traumatic experience and the activation in the body and emotions and image, that we are basically turning the dial down on the intensity of it.

And it is kind of magical. And one of the parts of the magic of EMDR in terms of that, oh my gosh, I don't feel the charge anymore, is that it's trusting a process that Francine Shapiro coined as The Adaptive Information Processing System, AIP. And basically what that refers to, is that there is an inherent wisdom inside of each and every individual, that allows us to make sense of, or work through, difficult events when given sufficient support. It's a resilient system that's built in.

And so we have to "trust the process" and trust the process of our individual. And so what happens, is that when we start to add the bilateral processing, individuals start to have these associations. So, I'll give a personal example on this. So I had initially entered into somatic psychology as my field of study, I was in my 20s at the time, I was young. I chose that direction because of incidents from my own childhood that led me to hold a lot of trauma in my own body. There was a lot of strife in my early childhood home, my parents were separated by the time I was two, divorced when I was four. But those early, preverbal memories had a lot of impact on my sense of self and my sense of safety in the world, and got carried as a lot of tension.

And I won't go into the whole story here but basically, it led me into the field of somatic psychology because I wanted to understand why I felt all of that in my body. And I'm so grateful for all of those experiences, for setting that path in motion. While I was in the program studying somatic psychology, I was in a car accident and you know, the airbags went off and it was really frightening and it was in the middle of a very busy intersection.

And after that, I didn't know right away, again, I was twenty five. I didn't know right away to go seek care. I was somewhat naive, I walked out, I was fine, right. And so I started to develop chronic pain in my shoulder and in my neck. And it continued for about a year. And I actually was working with a chiropractor who had said, I really recommend that you go do EMDR. I think this will be helpful for you.

And so I initially went for my own EMDR. And what was surprising about the experiences, you think you're working on the car accident, right? And so you know, you set up your target in EMDR. This is the memory you're going to work on. Well, the car accident floated back. This is the language we use in these affect bridges, right? It goes right into my childhood experiences, through the experience in my body. My body took me there.

Alex Howard Because of all those similarities of not feeling safe and feeling out of control. And many of those things that would have been triggered.

Dr Arielle Schwartz That's exactly right. And so it takes me, the processing takes the client where they need to go. And while it wasn't as simple a session as just processing the traumatic car accident, it actually was the wisdom of my body and my mind saying, actually, here, follow this trail of breadcrumbs to where you need to go. This is where your healing really resides.

Alex Howard And perhaps just for those that... We're talking about this thing called EMDR, and they have no idea what we're talking about. And you mentioned the bilateral stimulation. Just describe briefly what that actually is. If someone was watching someone having EMDR, what they'd actually be observing happen.

Dr Arielle Schwartz Right. So it's so funny to do this over a screen. But basically, you know, if I'm here and I'm sitting with my client, I might actually just move my arms. This is a very common way to administer EMDR. And the client is following your fingertips with their eyes, you know? Now, of course, I'm doing more remote therapy, as much of the world right now. But you can do this right over the screen. And there's also other tools, there's a light bar, there's bilateral sounds and there's bilateral tactile pulsers that you can use.

asBut much of the research, I'll be honest with you, is with the eye movements. And there's a lot of reason for that. The eye movements which tap into our occipital lobes here, right at the base of the skull, are connected to the little muscles that are at the base of the skull that also actually are connected to the very top two vertebrae in the spine. So the Atlas and the Axis vertebrate at the top of the spine actually often gets subluxated with trauma.

And so, there's some interesting research, and I don't know if you've read Stanley Rosenberg's *The Healing Power of the Vagus Nerve*? But he speaks about the role of eye movements in resetting those subluxations of the upper vertebrae. As related to then, the

arterial blood flow to the vagus nerve flows right through that same area. So we have a very, kind of, precious access point through these eye movements.

And again, it's very yogic, in my opinion. There's a lot of eye yoga in which we're taking eyes and really reaching the eyes, the drishti, all the way to the right corner of the sockets and all the way to the left and up towards the third eye and down, as a way to really reset the brain. That was a long answer!

Alex Howard It was great and I'm glad we explored that piece. But I'm also thinking of those watching going, but they didn't finish the six R's! Just to cycle back in. We just came though Reprocessing and Repatterning So just touch on Reflecting and Resilience. And then actually with resilience, I'd like to explore that a bit more as well.

Dr Arielle Schwartz OK. Fantastic. Actually, I just want to loop back into **Re-patterning**, because it's its own piece here, which is where the somatic psychology comes in. And I mentioned it earlier, but it's just worth to break down here. So if re-processing is, in a way, pulling the memory forward and it's very, kind of, brain centered.

Re-patterning brings this all the way through fingertips, to the tips of the toes, right. So now we're looking at those unsequenced somatic experiences in the body. The unsequenced fleeing, the unsequenced push, the unsequenced ability to rest and yield and to deeply relax, right. So that for someone with trauma who's keyed up and has insomnia and has difficulty sleeping, to be able to reclaim that healthy capacity to yield and rest, is a really important sequence to restore in the body and mind. And what I love about your conference is that you're looking at this from all of these different perspectives. From, you know, from functional medicine as well as from the psychotherapeutic. And I often partner with other providers for those reasons.

Because there's only so much that we can do on our own. And, you know, for example, for myself, being able to go to cranial sacral and have my head be held and my body be held and attuned to in that really beautiful way, to find that deep relaxation, is something that really, sometimes we can only find through those kinds of approaches.

So, **Reflecting.** Reflecting, the fifth R, is really about meaning making. And it's our ability to step back and reflect and think about what we've been through. But what I find so important about meaning making, is that it is nobody else's job. It's the job of the individual. It is our own hero's journey or heroine's journey, to go in and to sit with what life has handed us and to say, now what do I do with this? Now what do I tell myself about myself and about my life, as a result of the unique experiences that have been handed to me, that I never would have chosen? Right? Some of them. And no one ever would have wished upon themselves. And yet, here I stand on the other side of those experiences and what do I make of my life?

Alex Howard And there's something that I think is very important in what you're saying there, that it can be tempting, I think, therapeutically, for therapists to try to impose or reframe, or to sort of impose a new meaning. But when that meaning spontaneously arises within the client, it's so much more deeply owned. It's a much more powerful impact.

Dr Arielle Schwartz That's right. And I think that it's a false sense of power when we as a therapist think that we know that answer for anybody else. It is each person's own journey. And we can sit and we can hold the the reflective space with someone, because there is a powerful, you know… Meaning making is both personal, but it's interpersonal.

And then when we take our personal meaning and we share it with another person, it anchors that meaning in the world in a whole other way.

Alex Howard Yes. That's powerful. So, I'm mindful of time. We've got a little bit more time, but I have a list of questions here! And some of them relate to this final of the six R's, around resilience. And I think, particularly in the context of, how do we build resilience? Like, how does, you know, in a sense, that protective capacity for future impacts that we may have? So, yeah, I think this resilience piece is a nice way of tying together also the sort of post-traumatic growth.

Like, how do we, on the other side, how do we become enhanced as a person rather than weakened as a person?

Dr Arielle Schwartz Lovely, lovely. So I've spent so many years of my career really studying this question of, what is resilience and how do we build it? How do we strengthen that in ourselves?

One of the first pieces that I'll say is that resilience is not something that we're just born with. It's, you know, it's not a trait that we either have or don't have. It's a set of practices and beliefs that we can adopt and behaviors in the world, that we need to practice on a regular basis, in order to build that resilience.

That resilience is both a process. It's a process of being with our emotions. It's a process of going through the difficult experience and coming out the other side in a way that allows us to adapt, which is really the definition of resilience. It's that capacity to be flexible in the midst of hardship.

But it's also an outcome. That when we have been able to adapt, we have that resilience as something that we can hold onto. And that maybe the biggest difference between resilience and post-traumatic growth, is the ability to say not only, it happened to me, it's over now, but, I'm stronger as a result. And that I can take that strength. And some people take that towards, kind of, self actualization or self transcendence, in which I want to give back to the

world, because I feel like I have learned something or gained some insight into what it means to be human, or I felt that in the midst of my hardship, people came out of their houses and they gave to me. And now I want to give back.

Alex Howard It just reminds me of - I'm going to try and keep this story short! But it's something that really touched me in the last few days, that we have a lady that's helped a lot with our kids over a number of years. She's from the Philippines. And there's been a big impact of Covid19 in the Philippines, because in the lockdown, people living hand-to-mouth haven't been able to go to work.

So we put together a family fundraising video and just put it out to our friends and family. Hoping we'd raise about a thousand pounds. And it's now over four thousand pounds. It was really, very touching for us. But what's been so beautiful is in the last few days, as things have been lifting in the Philippines and become easier, a number of those people who benefited have now been giving food back to the people that were helping them, to help others.

And there's something about, when we're impacted and we're touched, the capacity to actually unlock the best in human beings. Something about people that were at their most desperate point, being helped, that as soon as they're in a position to give something back, they're giving something back.

And there's something that I think is extraordinary, about human beings and about how we can grow and be transformed by the pain and the difficult experiences that we go through.

Dr Arielle Schwartz It's a very touching story, and it is, it's so beautiful to really feel that that's what brings out the best in us as human beings. Thank you.

Alex Howard So, I think we're almost done. It's one of those interviews where I had an excessively long list of questions! I think we've covered so much that's here. I think perhaps one final question I'm going to ask you, before we come into how people can find out more, and I know it's a big question. Maybe there's just a few words you can say about it.

How do we avoid passing trauma onto our children? Many people who will be watching this will have been through their own traumatic, difficult experiences, how do we avoid passing that on?

Dr Arielle Schwartz OK, great. So this question around, you know, transgenerational trauma, trauma that gets passed on as a legacy, trauma. And I think it's so many levels: It's social. It's cultural. It's racial. There are so many layers to these kinds of traumas. And the most important takeaway that I would give as a nugget in response to this question, is about self responsibility.

That when we take responsibility for our own embodied self-awareness and for what has been handed to us, then we're able to say, the buck stops here. This is where I'm going to take responsibility for my pain, for my suffering. I'm going to get on the yoga mat. I'm going to meditate. I'm going to go to therapy. I'm going to do whatever it takes, so that I am not taking out my unresolved, my unprocessed stuff, on the next generation or on the other people in my life. In our lives, right?

Alex Howard If you love your children, do you practices! That's what I'm hearing you say.

Dr Arielle Schwartz Yes. And the other piece, from a compassionate standpoint, just one last piece on this, is that something is going to leak through, right. Like, we're not meant to be perfect. The research on attachment and on parenting, is that we're only well attuned to our kids about a third of the time. So if you're hearing this and you're going, oh no, I've already screwed up the next generation, it's about compassion.

And this is the next piece, is that if you have let it leak through, if you have taken it out on your kids, go back and repair it. That repair can happen at any point in the timeline. It doesn't matter.

I once was teaching this transgenerational piece in a training and a therapist in the training came back the next day, tears streaming down his face, and he said, your training inspired me to call my son last night, because of something that happened 55 years ago. The therapist himself was 78 or so. And he came back and he just said, and it was so powerful, and it was so healing.

Alex Howard That's beautiful. That's really beautiful. Dr. Schwartz, people that want to find out more about you and your work. I mentioned your books at the start, which I've not had as much time as I would've liked over the last few days, to get into.

But I think a great combination of a really good book, I think, for practitioners. But also these guys are super accessible as well. And people that want to find out more, what would you recommend? Mentioning your website and other things people can access.

Dr Arielle Schwartz Thank you. Yes, yes, absolutely, so DrArielleSchwartz.com and I assume you'll have a link to this somewhere.

One of the pieces that's been my passion, my kind of giving back to the world, is really through my writing and through my blog. And I have, I don't know how many hundreds of articles on there, that are just free and available. And you can peruse those.

I have webinars that I do. I have trainings that I teach. And all of that is on the Website. And for social media folks, I have a Facebook page, which is Dr. Arielle Schwartz. And I'd love to stay in touch there.

Alex Howard Fantastic. Dr Schwartz, thank you so much. This has been a really touching interview and I think you've also covered a huge amount in a short period of time. So, well done. And thank you very much.

Dr Arielle Schwartz Thank you so much for having me.