[00:00:00] **ann\_kelley:** Hey everyone, this is Ann. Thanks for joining us. I have two people in our online studio that I'm really excited to talk to, and they have written a book together. They're co-authors every Memory Deserves Respect. And the Reason I'm gonna start with a concept of the book, we don't always do that. I found this book very, very usable. This book is written to, to help those out there really understand emdr. Uh, we had Laurel Parnell on our show to talk about attachment emdr. uh, dialogue. Really encourage you to go back and listen to that if you haven't already. But I found this book so usable for those out there that are going, what is emdr?

[00:00:53] **ann\_kelley:** Why would I want it? And so I'm really excited to have, uh, to have these, uh, two on the show. So I'm here with Michael Baldwin and Dr. Deborah Corn and uh, Deborah, do you go by Debbie or Deborah?

[00:01:08] **deborah\_lynne\_korn:** Debbie is fine.

[00:01:09] **ann\_kelley:** Okay. Um, so I'm really happy to have the two of you on the show. And Michael, I was gonna toss to you to begin with because it was your idea to do the book, would you mind jumping in and just saying what was the inspiration?

[00:01:24] **ann\_kelley:** Because I think that's what really matters here.

[00:01:28] **Track 1:** I was in, by the way. Thank you for having us. Excuse me. I was in in EMDR treatment with Dr. Jeffrey Magdi Vita, and so your audience is clear. Debbie was not my Therapist. Debbie is my co-author, and as I started to learn over the course of that two year period, About concepts in relating to MBR and and about trauma.

[00:01:53] **Track 1:** Um, I started it to visualize images that I thought might help other people understand these concepts immediately, irrespective of age or culture or where they lived in the world. And so I figured it took me a while to understand a lot of them, but what if I could come up with a visual shorthand way of doing it?

[00:02:14] **Track 1:** So this device came to be known as what we now refer to as a billboard where there's an image on the right, very little text on the left. And I showed about six of these to Dr. Magda about six months into my treatment with him. And he said, you know, this could be a book. All you have to do is find an MDR expert who's willing to co-author a book with you who's never heard of you, or has never met you, and knows nothing about you.

[00:02:39] **Track 1:** And in the end, that person ended up being Debbie Corn, who's on the call with us and who's my co-author?

[00:02:46] **ann\_kelley:** that's.

[00:02:46] **Track 1:** And by the way, um, when I took it to the publisher, um, all I showed them was about six of these billboards and a little synopsis of the intention of the book. I didn't have a table of contents or a sample chapter.

[00:03:00] **Track 1:** I didn't have a co-author yet, and they were immediately interested.

[00:03:04] **ann\_kelley:** That's wonderful. What was the, tell me a little bit about the inspiration of why you wanted, how did you come to understand EMDR and have a desire to write this book?

[00:03:17] **Track 1:** It's because I spent about 22 years, um, myself with seven different non EMDR therapists trying to get some kind of, you know, lasting or, uh, substantive relief or answers for myself. . When I finally encountered Dr. Magda, when I finally was exposed to EMDR therapy, and I had the results that I was, that I, that I was getting, I said, well, if I didn't know anything about EMDR and I didn't know anything about trauma, I bet there's a lot of people out there in the world like myself who are suffering and don't even know why, who are miserable and don't know why, who can't keep a job and don't know why, who keep getting divorced and don't know why.

[00:04:00] **Track 1:** So I thought, why not try to create a book that decodes trauma and decodes emdr, which Debbie always, uh, says is the most efficient and effective therapy when it comes to PTSD and, and trauma. Why not try to create a book that is truly, uh, accessible for the nonclinical audience? Um, and that was the, that was the.

[00:04:25] **ann\_kelley:** I love that. And so you went. Many years not really recognizing the difficulty you were having in life was related to trauma. And in, in reading the book, I was really touched by and think about many people out there that are very high achievers on the surface, they look like they have everything together.

[00:04:48] **ann\_kelley:** You're describe yourself as this very, uh, high parrot executive on the move, traveling, running companies, and yet underneath there were all these things that you were hiding that wasn't going well for you. Could you tell us a little bit about that?

[00:05:05] **Track 1:** Yeah, I, um, was kind of a poster boy for what you just described because my chosen field, um, was advertising, um, which is really kind of a, I don't know, looking back, kind of a status obsessed kind of glitzy. Uh, profession, but for me, it starts back with my own trauma story and, um, which, which is really about neglect and abuse, both sexual emotional and physical abuse.

[00:05:38] **Track 1:** So that was my background on my history, but I didn't know it as an adult. Um, what happens for me was just the conditions of my, you know, very early life became so unbearable that I started to develop sort of, kind of an alternate personality and a strategy to help fight against a belief that I was worthless.

[00:06:00] **Track 1:** That's why I, you know, I was unlovable. So my strategy was a grandiosity strategy, which had to do with status and achievement. So I became a status and achievement junkie as an. and, um, to the description you were giving earlier. Um, I, I, you know, at the, at the Apex I was, you know, the worldwide account director on the IBM global business had an advertising agency called Over the Invader in their New York flagship office.

[00:06:31] **Track 1:** Um, and I, you know, I had all the trappings that you would imagined, and the irony was that anything that would suggest that I was, you know, failing at my job or did something wrong, would send me over a cliff. I'm, I'm, I'm a failure. I'm gonna, I'm gonna be found out, I'm gonna be the guy in front of the Walgreens with a blanket over him.

[00:06:55] **Track 1:** I'll be penniless. I'm no good. It would just, it would just go like a black hole into that core belief that I'm unlovable and worthless. So it was, all of this facade was really based on nothing having to do with my core authentic self.

[00:07:10] **ann\_kelley:** Right.

[00:07:11] **Track 1:** all, it was all surface, all superficial, all, you know, sort of, uh, you know, window dressing for a completely opposite state of internal life.

[00:07:23] **Track 1:** Um, most, most of which I was unaware of that was actually going on.

[00:07:28] **ann\_kelley:** I think a lot of people, a lot of listeners out there, could really relate to you in this, either in their own personal lives or with those people that they know. When you're saying the facade of grandiosity, the facade of, um, you mentioned at one point in the book just the, the feeling of needing to have one more achievement with the how easily you might go down and then be focused on achievement and focused on achievement keep the grandiosity up in order not to feel the underlying worthlessness.

[00:07:56] **ann\_kelley:** And it's not always easy to recognize. Is that right? You know, the, the feeling of worthlessness is right there as you were going along. Could you, could you really, were you in touch with a feeling of worth worthlessness or is it something that you were able to keep really, really suppressed from?

[00:08:12] **Track 1:** Uh, I think it was very much suppressed. Um, and my, the way I would characterize the way I was living was just compelled, compelled to achievement, compelled to status. And, and I wouldn't, I, I would not refer, looking back, I, I would go beyond saying I was focused on it to, I was completely obsessed with it.

[00:08:31] **Track 1:** And there was no, there was no limit, no detail, too small that I, I wasn't pursuing to, um, embellish this image, this facade of super successful, everything. Perfect. Um, you know, and, and anything and everything I did. Um, and I look back at that person now and I'm, I'm, I'm half embarrassed. Uh, I, and I don't recognize that person, but you.

[00:09:01] **Track 1:** The thing to keep in mind is when you are in a survival strategy to mitigate against a feeling that you are unlovable and worthless, you have to pursue that strategy. And in my case, that was this

[00:09:13] **ann\_kelley:** Hmm.

[00:09:14] **Track 1:** constant but ephemeral need, you know, run the Boston Marathon, but don't walk a step, get into medical school, but don't go, um, get a job in 13 days at at, at the best advertising agency at Boston.

[00:09:25] **Track 1:** Um, get promoted in eight months, which is never done before. You know, run the biggest piece of advertising in the world, ibm, you know, but there was never any, it, it was, it didn't ever sustain me. It was a constant kind of treadmill.

[00:09:38] **ann\_kelley:** Mm mm That's really, really painful. And how did you start to recognize that you were on the treadmill? If you're like, if you're just compelled and compelled what happened in your life that you started going something's off something. Because society really pushes this, right? Society pushes that this is what successful, you're doing exactly what you need to be doing.

[00:09:58] **ann\_kelley:** So you're not exactly supported by society to say, Hey Michael, something's off. Right? It's like there's Michael. Incredibly successful, respect him. How did you know something was.

[00:10:09] **Track 1:** You know, it's funny, this reminds me of a famous quote by Mike Tyson and he says, you know, you know, everybody has a strategy until you get punched in the mouth. You know, me getting punched in the mouth was being laid off from my job, and it's different from being fired, but you're still not with the company.

[00:10:27] **Track 1:** And I had wanted to work at this company, Ovie Mayer, my whole advertising career. This is like the mountain Olympus of advertising. And when I got laid off, the wheels just came off. Completely. You know, my high paying, high status job was gone. And, um, so what was I left with? I was left with, um, nightmares that had plagued me for decades.

[00:10:52] **Track 1:** The same two nightmares I had that were never any less terrifying the first time I had them, from the most recent time I had them, uh, with phobias that I didn't understand that were phobias at the time. I just, uh, felt, I just figured out, well, this must just, you know, the fact that I couldn't use a public restroom that just gave me the way I am, I, I, any, any suggestion of intimacy with a woman was completely panic inducing.

[00:11:15] **Track 1:** I guess that's just the way I am. So I didn't understand these as phobias. Um, not being able to form, um, really deep relationships with people. Um, and, you know, so there was no distraction. The distraction of the 24 7 al workaholic status. Treadmill was gone. So then I started kind of in a race to the bottom.

[00:11:41] **Track 1:** And when I got to the bottom of that part in my life, um, fortunately my sister suggested that I, uh, she, she's the one that suggested Dr. Magda, who was 110 miles away from where I live. And, uh, she said, what difference does that make? Are you serious or not? And so I, I would start seeing him

[00:12:01] **ann\_kelley:** Wow. you had seen multiple therapists along the way that

[00:12:06] **Track 1:** seven over 22 years.

[00:12:08] **ann\_kelley:** 22 years.

[00:12:09] **Track 1:** of them, none of them who had ever mentioned or, or talked to me about, about trauma, none of them or emdr Therapist, knew anything about it or even mentioned it. The very first person that, in the very first time I saw him started with trauma and then said, I'd, I'd like to work with you with emdr, the very first time I saw him.

[00:12:32] **ann\_kelley:** Wow. He recognized the signs almost immediately. What

[00:12:36] **Track 1:** Yeah,

[00:12:36] **ann\_kelley:** you?

[00:12:37] **Track 1:** it was, thank God. I, I, I, and I used a kind of a funny way to describe this to people, but you know, from an emotional standpoint, I was like crowning, you know, , when I walked into his office, I was so in a Nader in a, at a low point. I think he could recognize that. And I think he also recognized, based on my experience, that he, he could start this with me.

[00:13:02] **Track 1:** Um, which he did. Um, because, you know, the first time I saw him, we, we engaged in EMDR for the first time I had ever experienced it. But it was, the sense of relief was so unbelievable. I remember driving back home to New York that first time I'd seen him, and I, it, it felt like I had about three quarts of lung capacity more than I did when I, when I went in to see him that morning.

[00:13:27] **Track 1:** Um, it was incredible. Every time I saw him, same thing.

[00:13:31] **ann\_kelley:** I'm so glad you had that experience and that you thought then that more people needed to hear about it. And

[00:13:38] **Track 1:** Yeah.

[00:13:38] **ann\_kelley:** yeah, you, let's bring, uh, Debbie, Dr. Korn into this dialogue because you were not his Therapist. this is not unfamiliar to you. Somebody coming to you with a history like this, it's would be so easy as a Therapist to miss the underlying trauma, wouldn't it?

[00:13:56] **ann\_kelley:** To go, oh, of course you're in this bad place because you just had this loss. Let's give you a pep talk and get you back out there again.

[00:14:04] **deborah\_lynne\_korn:** Mm-hmm.

[00:14:04] **ann\_kelley:** those of you that really, really focus on trauma, you can see the insight and you can see what's going on for him. So talk to us a little bit from a Therapist perspective, what it'd be like to sit with Michael and to help him move into the idea that it could be underlying trauma and EMDR would be helpful.

[00:14:23] **deborah\_lynne\_korn:** Mm-hmm. you know, most people don't show up for therapy and say, I'm here to work on my trauma from age five or age 10.

[00:14:33] **ann\_kelley:** Right, right.

[00:14:34] **deborah\_lynne\_korn:** people do, sometimes people come in with a real intention to address their trauma history, but most of the time people come in, in crisis or in despair, full of anxiety, having trouble in their marriage, having trouble at work.

[00:14:47] **deborah\_lynne\_korn:** And it really is the job of an emdr Therapist of a, of a trauma Therapist, of any Therapist for that matter, to begin to get curious and connect the dots collaboratively with the client. And so, you know, if Michael were to come in to me, And tell this story of crashing in the face of being laid off. Um, we would quickly move into the recent experience, kind of vivifying this recent experience of, you know, when this happened, walk me into it, what did you feel?

[00:15:22] **deborah\_lynne\_korn:** What were you thinking? What were you experiencing in your body? And from there, once we've activated the recent feelings and experience, we invite the client to float back, to follow that experience back over time. And we might do that through direct questions. You know, have you ever felt like this before?

[00:15:42] **deborah\_lynne\_korn:** Or When did you first receive messages like this? Or when's the first time you rem remember thinking I'm a failure? Um, or we track it back via the body. I might ask Michael to say, okay, as you think about being laid off and all the feelings and thoughts and sensations that come up with it, Follow that back, close your eyes, focus on

[00:16:05] **ann\_kelley:** Hmm.

[00:16:05] **deborah\_lynne\_korn:** follow it back and let your mind and your body take you back to earlier times where you felt something similar. sometimes people go back a few weeks, some people go back a year or years, and some people go back, uh, with our help, with our encouragement to early childhood and we start to identify significant life experiences that link into the themes, to the sensations, thoughts, feelings, symptoms that we're seeing in the present.

[00:16:36] **deborah\_lynne\_korn:** And we begin to identify these experiences as targets for emdr.

[00:16:43] **ann\_kelley:** That's amazing. So, What do you attribute the relief that Michael is talking about from the very first session? And Michael, feel free to jump into here. You know, you, you've been to multiple for, for years and years and years, but you've been to therapists and you haven't left with this kind of relief and yet after a session, and that's my experience too from clients that I refer on.

[00:17:04] **ann\_kelley:** I am not an EMDR Therapist, but we refer individuals to EMDR and they will describe the immediate relief. Can you talk a little bit about what that's.

[00:17:15] **deborah\_lynne\_korn:** Well, I think perhaps for the first time in any of his therapy experiences, Michael dropped down from his mind, from his words, from his thinking self into his emotional self, into his body based self. And, uh, Dr. Magna Vita, you know, brought him into his experience. Supported him in staying there. In observing.

[00:17:41] **deborah\_lynne\_korn:** In emdr, we talk about the importance of dual attention, which is staying grounded in the present, firmly connected to the therapeutic relationship and observing, noticing from safety what is emerging within oneself. And so for the first time, Michael had real support and holding to stay present and to observe, to slow down and observe and to begin to identify what would emerge as he paid attention internally. And as those earlier experiences came forward, through EMDR processing, he was able to process pre-verbal, non-verbal experiences that he'd never been able to access before. So there were incredibly intense somatic. Experiences that emerged, um, that I think went back to early, early pre-verbal times where he was severely neglected, alone, hungry.

[00:18:46] **ann\_kelley:** Hmm.

[00:18:47] **deborah\_lynne\_korn:** were times where he felt overwhelmed and terrified when he was being bullied by his brother, um, when he was, um, you know, when he was left alone to fend for himself at school with a bully. Um, so he was able to access the components of those experiences that had never been brought into treatment previously.

[00:19:09] **deborah\_lynne\_korn:** And it's not to say that previous Therapist hadn't explored that territory with him, but whatever that special sauce is, an EMDR that helps people to access and to process, to resolution the material that is frozen or locked in their nervous system. This time he was able to do it and stay with it until he was able to get full relief.

[00:19:33] **Track 1:** And, and from my point of view, if you want some imagery, it was as if in that, I remember that very first session it was. You if the, a big oil reserve, one of those big things that we, we pass on the freeway, you know, the huge big tanks, you know, had the word neglect on it and as if Dr. Magni had a poked a hole in the side of that reservoir and just feelings just started pouring out.

[00:20:01] **Track 1:** And that is not intellectualization, it's not me talking about them. It's me feeling these feelings of longing and loneliness and yearning and, uh, fear of being abandoned. All those things completely viscerally for the first time. And never I was, I, because when we started it was really starting with getting a handle on the impact of that sustained neglect, which then turned into abuse and things that I, I wasn't even aware was there.

[00:20:38] **ann\_kelley:** Wow. Mm-hmm. So you really resonate with what Debbie's talking about in terms of just the, the flood and getting in touch with the feeling like it's move. It was able, and I'm sure spending a lifetime, which you mentioned in the intellectual and the grandiosity, that the idea of pricking the, the emotional part and letting it flood. Was that scary to you? Was there any part of you getting it? Because I know sometimes people that haven't accessed their emotions, it's terrifying.

[00:21:09] **Track 1:** You, you know, I, I guess I, I, part of, part of what I would say was it was surprising,

[00:21:15] **ann\_kelley:** Mm-hmm.

[00:21:16] **Track 1:** something creeping up on you. Like you didn't, you know, all of a sudden this stuff's just coming out of you. So it, it was, it was, it was more of a surprise at the, the depth and the intensity of the emotions, you know, because in my case it was, A lot of, a lot of kind of convulsive crying.

[00:21:39] **Track 1:** I used to, you know, say it's like, it's like you're, you know, um, it's, it's anything but what talk therapy was like for me.

[00:21:48] **ann\_kelley:** Mm-hmm.

[00:21:48] **Track 1:** And, uh, uh, it wasn't terrifying, but it was, uh, it's like when you feel the current of an ocean and a really strong wave and it picks you up and takes you someplace, it was kind of like that.

[00:22:01] **Track 1:** Like, whoa. I mean, this is, I, I'm not in control of this. It is, this is just gonna now happen. He, you know, he punched a hole and now it's gonna kind gonna come out.

[00:22:11] **ann\_kelley:** So what? Go ahead.

[00:22:13] **deborah\_lynne\_korn:** I just wanted to comment that, you know, for many clients entering therapy, starting to work on their traumatic life experiences, it is quite terrifying. Um, they're afraid of what they're gonna remember. They're afraid of whether they can tolerate it. They're afraid of whether they're gonna get worse rather than get better. They are thrown into conflict about realizing things about people who are supposed to care for them, but hurt them instead. And so, you know, we, in EMDR therapy, we definitely spend time upfront in the preparation phase of treatment, um, getting folks ready to confront strong emotion, getting them ready to. maintain that dual attention in the face of emerging experiences. And then moment to moment in the emdr, uh, treatment, uh, the Therapist is very active at the client's side, you know, reminding the client, it's old stuff. Just be an observer. Just be a witness. You're not alone this time. I'm right here

[00:23:17] **ann\_kelley:** Hmm.

[00:23:18] **deborah\_lynne\_korn:** at your side, right? You are safe now. So we, we work very hard to make sure that folks are observing and noticing, not reliving. It's about redoing, observing, and being able to redo. Think about what they would've liked to have happened, what they would've liked to have said, what didn't happen that needed to happen.

[00:23:40] **deborah\_lynne\_korn:** We, we address that and process that, but it's not, Lingering in that state of and utter aloneness and pain. Um, we really, as an EMDR Therapist, part of my job is keeping it moving, making sure, you know, as the train moved, moves down the tracks, we're clearing the debris off the tracks so the processing can keep moving toward resolution, toward relief.

[00:24:09] **Track 1:** Also, I, I think Debbie makes a very good point there. I think the, um, indispensable, one of the indispensable aspects of this equation, uh, client and Therapist, clinician and therap and, and, and patient or client is being reassured by Dr. Mag DaVita, that he wouldn't, he was there with me. This is now, this, you know, he can't hurt you anymore.

[00:24:37] **Track 1:** Um, you're safe now, the, the, the absolute certainty that I had, that all those things were true with him in that office, and I think that's what allows this process to really fully take place. Because for the first time, you know, I had someone there as my champion who was not gonna abandon me, who was gonna be, you know, and oftentimes, by the way, you know, , uh, he would take my, he would say, take my hand because he could see what terrible distress I was in, and he would say, listen, Michael, take my hand.

[00:25:11] **Track 1:** You know, you're, you're, you're safe. You can't, it can't happen now. You're gonna be fine. So that's, for me at least, that was a, I think one of the main re one of the big reasons why this level of exploration and release and redoing was.

[00:25:27] **ann\_kelley:** I really appreciate y'all describing the difference for our listeners in reliving versus redoing, there is oftentimes people like, why would I want to relive that? How can that help me? It was a horrible experience. Or I've put that outta my mind. I don't wanna revisit that again. Why would I go through that pain?

[00:25:45] **deborah\_lynne\_korn:** Mm-hmm.

[00:25:46] **ann\_kelley:** And for really moving it through your body? From the unfrozen part, the redoing is the most significant part of moving that to a, an experience that gets integrated to that. This seems like that's part of the relief you were leaving. All of a sudden, this part that you'd suppress so long was becoming integrated as part of who you are. and in this very safe, reliving way, instead of being alone, you were right there with somebody and I, and having somebody ins the, the, the trauma of being alone in neglect and in abuse. That's what is the fear-based stuck frozen spot.

[00:26:25] **deborah\_lynne\_korn:** Yes.

[00:26:26] **ann\_kelley:** Yeah.

[00:26:28] **deborah\_lynne\_korn:** I, you know, when I think about redoing and the opportunities for repair through EMDR therapy, I think of two aspects. The first is giving folks a chance to uh, or do what they couldn't do at the time. So they weren't able to run or flee. They weren't able to speak, they weren't able to fight, they weren't able to. Reach out for help. There was no one there. And so, uh, in emdr, when we notice that there's in the client's body, when we see that there's words on their lips, we encourage and support, go ahead and say what you couldn't say back then. Go ahead and imagine doing what you couldn't do back then. So that's a form of redoing that brings tremendous relief for people. And also there's an opportunity to redo in terms of, um, Developmental repair where we invite the adult client, the adult self, to imagine going to the younger self and offering nurturance. I'm sure you probably heard about this as you talked with Laurel Parnell. Um, there's real opportunities to bring nurturance inside, to bring understanding, to bring validation.

[00:27:53] **deborah\_lynne\_korn:** So it's almost like this parallel process where the Therapist is offering validation and care and understanding and cheerleading and all of that to the client, the adult client sitting across from them. And then the adult client is going inside and imagining bringing that kind of care to the parts of themselves that are carrying these attachment wounds, these trauma based beliefs and feelings.

[00:28:21] **deborah\_lynne\_korn:** Um, and so that's a chance for redoing as well. and Michael actually tells a grace, I love your yoga story.

[00:28:29] **ann\_kelley:** Would you share

[00:28:30] **Track 1:** so, um, yeah, I, I, before Covid, I would go to hot yoga every Friday. Um, and at the end of yoga's, you know, Shavasana, which is corpse pose, and this notion of what Debbie's just talking about was one of the ones where it just took me a long time to understand what it meant. And when I finally got it, there's a billboard in the book about it.

[00:28:54] **Track 1:** I would take that, you know, five minutes or seven minutes of Shavasana at the end of yoga to imagine myself with my eyes closed. And the younger versions of me would be maybe a two-year-old version of me. You know, here's, here's a two year old version of me, you know, um, would come out, sort of peek out from behind a rock and very cautiously come over and, and let me hold him.

[00:29:17] **Track 1:** And I would hold him. And then maybe, you know, the third grade version of me, you know, would come out and, and slowly, you know, cautiously approach me. And then let me sit on my lap and let me put my arm around him. And then even the high school version I'd end up with about, there'd be about five of us, five of, you know, parts of me together, feeling like I was giving them the love and nurturing and celebration and attachment and security that they never had, which I didn't.

[00:29:45] **Track 1:** Um, and. . It was very, I think it was very therapeutic, but it was just, it, it took me the longest time to cons understand this concept, which looking back, I dunno why, but it did. And, um, I really enjoyed doing that. I see. I still do it, you know, um, because it's, it's sort of, um, it's therapeutic and it's, it, it, uh, it kind of brings things together and it allows me to be in a position to do for my younger parts of myself that weren't done for me at the time.

[00:30:14] **ann\_kelley:** It's a real integration of all. If you think about trauma hitting the split, the split off self, the different parts of selves that we couldn't integrate and couldn't let be part of us, what a wonderful as, as Michael was speaking, he was showing us pictures of the different parts of the different ages that he went through.

[00:30:32] **ann\_kelley:** And to be able to integrate in your adult loving self is with the mind that you start to understand from a compassionate place. Sounds like you were able to integrate all these different parts of you and you continue to do it, um, in the, in the present. That as these, as these experience come, come up, you have in a way for yourself to nurture yourself. and I imagine that really gives you a sense of, of agency, of these experiences that you're having. Mm-hmm.

[00:31:05] **Track 1:** I think it, it's it, and you use exactly the right word in the integration. You know, you, when you integrate five versions of yourself and you kind of integrate into, you know, your adult self, that's a more formidable a, you know, uh, uh, integrated person than

[00:31:25] **ann\_kelley:** Mm-hmm.

[00:31:27] **Track 1:** You know, previous version of you.

[00:31:28] **Track 1:** So it's, it has a, you know, it's, it's a much better place to be.

[00:31:33] **deborah\_lynne\_korn:** I also think that, um, You know, Michael talked about living a life over, you know, over many, many years where he was terrified of intimacy, where he wasn't capable of having authentic relationships. And I think as he connected with all these different parts of himself, the ca himself that carried vulnerability, um, that carried his, um, emotional needs, uh, he, I think, has moved closer and closer to being at a place where he has now the capacity to engage with other human beings in a very, very different way, in a way where he can be open and vulnerable and authentic where he does have needs. Um, and I think he's in a place where relationships are very, very different for him than they've ever been before in his life.

[00:32:31] **ann\_kelley:** wanna speak to that Michael?

[00:32:33] **Track 1:** I, well, it's true because I, I, I often tell people that that previous version of myself, which I talked about earlier, I think people would meet that person sort of like, you know, and, and then I'd walk away or the conversation would end or whatever. and I, I'm convinced that they would've, like, who was that?

[00:32:53] **Track 1:** I, I don't feel like I got any real sense of who this person is. And I think it's, I think that was pretty universally true cuz it was so on the surface, so superficial. Um, and anything beyond that was just, it was, it was, you know, prohibitive off limits. And when it came to intimacy with a woman that was absolutely panic inducing, I mean, at one point I had an experience with woman who, um, I, I had said goodnight to her in a house and I went downstairs to my room.

[00:33:29] **Track 1:** She was upstairs in her room. She came back down a little bit later in a nightgown, and I blacked out

[00:33:35] **ann\_kelley:** Hmm.

[00:33:36] **Track 1:** because I, it was just like the circuit breaker just blew, because now here I am in the proximity of intimacy and, and just bam. , you know, and, and, um, so in, in, in that context or in that kind of situation, um, that's how extreme it was.

[00:33:55] **Track 1:** And when I say panic inducing, I mean panic inducing to the point where blacking out was, was pos, was, was even possible.

[00:34:03] **ann\_kelley:** Wow.

[00:34:04] **Track 1:** And I didn't know why. Had no idea why. I said, I guess this is just the way I am.

[00:34:09] **ann\_kelley:** so that's a

[00:34:10] **Track 1:** and,

[00:34:11] **ann\_kelley:** ahead.

[00:34:11] **Track 1:** and I say, and getting to the bottom of that story, which was, which was connected with a, one of the two nightmares I had for over four years.

[00:34:23] **Track 1:** came towards the very end of my work with Dr. Magna Vita. And back to the thing you mentioned earlier about, well, was this terrifying to you? I remember driving up in the two and a half hour drive to his office, um, during that period, you know, may close to the end thinking, well, maybe this is so bad. Cuz I just had a feeling of dread and I didn't know why.

[00:34:45] **Track 1:** Maybe whatever it is, is so bad. I just, I can't handle it. I'm just, I'm never gonna know. And then of course, that, that day was when I discovered with his help, what that whole thing was, what the night, where it was connected to, what the, what the panic was connected to. And it was about molestation and, uh, sexual abuse.

[00:35:06] **ann\_kelley:** what was that like for you to be able, you're, you're going, you're terrified, you're going into session, and then all of a sudden you're able to integrate all these pieces that didn't make sense to you all of a sudden.

[00:35:17] **Track 1:** It's, it's at fir at first. It, it is. It's terrifying because you're, because I was aware of how afraid I was, but I didn't know of what. And at the same time, after the fact realizing, okay, now I see how this, all this puzzle fits together. And it wasn't me. That wasn't, that wasn't the, this is a result of what had happened to me.

[00:35:47] **Track 1:** And then there's a cycle of disbelief and sadness and, and anger, um, is, is a whole bunch of things that come up because this was something that happened with my mother and um, and uh, and, and, and also it involved a pediatrician. There are separate, there are separate incidents. So there's a whole cycle thing.

[00:36:10] **Track 1:** But going into it, it's, it's, it's as if someone is holding you by the hair saying, okay, open your eyes. You have to look. You have to look. And you don't want your spirit to death to look.

[00:36:20] **ann\_kelley:** Mm-hmm.

[00:36:21] **Track 1:** then when you look and you look, you know, in air quotes and you finally are able to face these things and understand what happened when you were five or six years old, um, it, it's, it's a, it, it, that in and of itself is a sense of profound and, and absolute relief.

[00:36:40] **ann\_kelley:** Oh, I imagine. Wow. So Deborah, speak about that. Could you speak from a Therapist perspective and being with somebody as, as Michael's describing, going through this thing where all of a sudden, a sudden insight hits him, something that he's blocked completely out of his memory and now he's his, he's getting to a safe enough place himself, a safe enough place with a Therapist to be able to let this knowing in.

[00:37:08] **deborah\_lynne\_korn:** Mm-hmm. Well, I think so many of the folks that I have worked with over the years have spent a lifetime feeling alienated from themselves. they have felt, um, like they're a bit crazy, right? They do things, they feel things, they don't know why they engage in certain patterns. They don't know why they're haunted by certain feelings or have certain symptoms, I think. As terrifying it is to enter that tunnel keep going. Um, again, I work hard. Therapists work hard to help clients to know that if they can keep their foot on the gas, if they can allow the support and the holding as you go through the tunnel, they are gonna come out the other side and it's going to make sense.

[00:38:00] **deborah\_lynne\_korn:** I say over and over to my clients, it always makes sense. By the time we get to the end of this journey, you're gonna be able to connect the dots and you're gonna have an understanding. You're gonna have a site map for, um, for your life and your story, and you're gonna be able to thread together, stitch together the pieces that have never made sense before.

[00:38:23] **deborah\_lynne\_korn:** And I think that is really something to. People arrive at that place where they have a narrative, where they have a story and there's an I, this is my story. I experienced this, this was my father or my mother or my babysitter. Right. There's a sense of ownership and out of that comes, agency comes, uh, a freedom to kind of move it into the past for the first time and reengage with the present and the future in a new way.

[00:39:00] **ann\_kelley:** And don't have to make it make sense all by themselves. I really like, you know, like when you're saying, you're being able to say it will make sense. You don't have to make it make sense. Be here with me and as it unfolds, it will make sense and we'll do it together and we'll integrate it together. think that's such an important part of the process.

[00:39:21] **ann\_kelley:** Michael, you're nodding. Tell me a little bit about what.

[00:39:24] **Track 1:** I, if I have I a dollar for every time Dr. Mag told me, don't try to figure it out. It'll all work itself out. It'll all come out. Just, just let it come. Just let it come.

[00:39:33] **ann\_kelley:** And that's so different, isn't it, from being in an executive position where everybody's relying on you to go fix the problem and figure it out. And

[00:39:40] **Track 1:** right?

[00:39:41] **ann\_kelley:** your defenses is always having the answer. So to actually kick back into the unknown and be able to trust somebody else and just say, you'll figure it out.

[00:39:53] **ann\_kelley:** You don't have to do it. I imagine just that process of itself was probably a big relief and a big change for you. Does

[00:40:01] **Track 1:** Yeah. And yeah, and, and also, I'll tell you what another big change was as it relates to trauma. And, you know, this is, goes right to the body, keeps a score doc, you know, Bessel Vanco spoke about the somatic memory system. I would have for the first time, you know, physical experiences. I don't know what is going on.

[00:40:19] **Track 1:** I mean, I, I remember. one in particular where I was cramped and bent over and I was in peril pain. I didn't know what is going on and what was going on. Was my body remembering me being in a crib not being fed,

[00:40:34] **ann\_kelley:** Oh.

[00:40:34] **Track 1:** know, as a, as a pre preverbal memory where no one's coming to feed me. And I, I, and you know, if you're an infant, you know, you're supposed to be, I don't know, I'm not a parent, but I think you're supposed to be fed on a fairly regular basis and not being fed.

[00:40:47] **Track 1:** No one coming to take care of me, just being abandoned. And, you know, and so not only was the emotional component of that, but then realizing there's a, the physical component, like what is going on right now? And that was, that was a, a another big part of the whole process, um, that you know of, of going up and through you and, and, and the release process.

[00:41:10] **ann\_kelley:** you know the title of your book, every Memory Deserves Respect. That really highlights for me the choice of the title for you.

[00:41:20] **Track 1:** So I, I, I'll tell you where that came from. I, I, I knew that no one would remember eye movement desensitization and reprocessing. So I wanted to come up, I said, what if I came up with a set of words that were in context for memory-based therapy that they will remember? And that's where it came from. And, you know, um, it was great because the publisher, the first minute they got, they, they got it in an email.

[00:41:42] **Track 1:** They loved it, and it, it was never a discussion. So that's where every memory deserve, respect came from. Um, but, um, you know, also, and, and Debbie has a great way of talking about the cover and the title.

[00:41:55] **deborah\_lynne\_korn:** Yeah, I was just gonna say that, um, you know, so many survivors of traumatic life experiences, adverse life experiences are told. Uh, either directly or indirectly by people in their lives to just get over it. You know, just put it in the past it wasn't such a big deal, why are you still dwelling on it? you know, we really wanted to give the message that, um, that every memory deserves respect.

[00:42:24] **deborah\_lynne\_korn:** That, you know, if there's something about an experience that you've had, I, that is haunting you in some way, that you can't let go of, you know, it deserves attention. And it's not for anyone else to say, you should be done with this. You should be over this. As if it, if, as if that were an easy step to take.

[00:42:44] **deborah\_lynne\_korn:** Um, that it's, it's just critical that, um, you know, that we make space to explore for what's still alive and kicking in your nervous system. And also, you know, as I was saying that by the end of treat, uh, many that clients come into therapy with get answered. Um, we just wanted to emphasize that idea, uh, that if, if we trust the mind and the body, um, to offer us what is unfinished, what is unprocessed, um, we are going to get to those answers, um, that have been, uh, you know, that have been knocking around for a while.

[00:43:25] **deborah\_lynne\_korn:** But, you know, undecipherable, um, so again, this idea that if we trust that, um, exploring the memories that are being held in the nervous system, hold those answers, um, you know, relief is gonna be on its way. And on the cover of our book, we have a, a Russian, um, what do you call those dots, Michael.

[00:43:45] **ann\_kelley:** dolls. The nesting dolls.

[00:43:47] **deborah\_lynne\_korn:** nesting

[00:43:47] **Track 1:** Yeah.

[00:43:48] **deborah\_lynne\_korn:** And the idea there is that, you know, every person is a collection of experiences, a collection of memories, you know, that get knit together, uh, into a life story, into a personality. Um, and so the idea of there being many parts to every person and there being many parts to every memory, right? A memory isn't just the image. Of what happened. Right? People often think that memory is, is simply the image, being able to remember the details, but, but memory involves the feelings that were experienced at the time, the experience of the body in the course of, of a traumatic experience. the beliefs, the words, the different sensory aspects.

[00:44:38] **deborah\_lynne\_korn:** Um, and so this idea of a nesting doll also captures that idea that, that what we're doing in EMDR is we're bringing together all the fragments of memory, um, to, to be able to assimilate them, to integrate them, and to make meaning out of what has happened in one's life.

[00:44:57] **ann\_kelley:** Yeah, Michael. Experience of the physical manifestations the neglect. That was not a memory, that was not a memory that we would think of in traditional ways of, I cannot remember, of laying in my crib and being neglected. But your body remembered, your body had, of course, van, the, the body keeps the scores one of the most perfect titles, I think, of many books. But like your body was holding that, it was holding that layer of memory that then as you think, got unfolded and unfolded in all the different layers over the, over the period of treatment. Yeah.

[00:45:32] **deborah\_lynne\_korn:** of the strengths of the EMDR is that, um, it, it's at accessing memory where there, you know, there may not be words memory that's held in the body memory that's held as an impulse memory that's held as a felt sense. Um, we just have clients focus on it. Just notice that.

[00:45:54] **deborah\_lynne\_korn:** And from that, uh, experience, uh, there often emerges a clearer sense of what has been haunting that person, what has been affecting the person from underground, um, over time.

[00:46:09] **ann\_kelley:** So Debbie, could you speak to. Two things that I'm thinking as a listener out there, what are some signs of trauma that aren't as much as obvious? We have the traditional signs of ptsd, of the reliving, uh, but there are so many different signs that trauma's there that as therapists or as individuals out there, we might miss.

[00:46:31] **ann\_kelley:** Could you talk a, a little bit about that? And then I'd like you to walk through, uh, as an emdr, Therapist, to those out there, what exactly is, from your perspective, how do you describe EMDR to your clients? What is it?

[00:46:46] **deborah\_lynne\_korn:** Yeah, sure. so first of all, um, you know, trauma creates dysregulation at many different levels, right? So it creates dysregulation at a body level. Folks that have experienced trauma have all different kinds of somatic difficulties. All systems of the body get affected. You know, we know a lot from the ACE study, um, about all the ways that people who have early childhood traumatic experiences struggle at a somatic, at a medical level. So those symptoms, you know, the stomach aches, the headaches, the breathing difficulties not get recognized as trauma, but in fact, they often are. It's the body keeping the score as Bessel VanDerKolk talks about. Um, so we talk about dysregulation at a somatic level. We talk about dysregulation at an emotional level, um, where uh, folks find themselves feeling. and they have no idea why. Feeling scared and they have no idea why. So it's, it's one thing if you're having a flashback or you're having a nightmare and you feel scared and you say, oh, I'm feeling scared, or I'm feeling sad, or I'm feeling powerless because my traumatic memory has been triggered. But sometimes people have those experiences emerging out of nowhere. They don't know. They don't understand what the trigger has been. They don't understand that it's connected to memory. I think that was Michael's case. Michael had these phobias, these anxieties, these reactions, these avoidances, and he just thought it was who he was. He did not have any sense that it was connected to trauma. So we've got somatic dysregulation and emotional dysregulation, folks that get triggered into rages. Right? You know, highway, know, rage, um, and have no idea where that's coming from or why that's coming up. Um, We have, uh, clients who experience dissociation, right? They have concentration difficulties, they have difficulties with memory. They, um, they are unable to make sense out of things that other people around them may be able to track or follow. Um, and that may reflect early trauma as well. So, you know, these are some of the, the, uh, some of the symptoms, some of the difficulties that we see across the board that might not get picked up as PTSD per se, or trauma related per se. then, um,

[00:49:35] **ann\_kelley:** How would you describe, how would you, that was a, that was a, that was a lot of question. Um, how would you describe for. Your clients from a client's perspective, how do you describe what e MDR is? What does the, what does it stand for and what exactly is E MDR?

[00:49:55] **deborah\_lynne\_korn:** So, um, so first of all, EMDR stands for eye movement Desensitization and Reprocessing. um, just to break that down, desensitization refers to the reduction of distress, fear, and anxiety. Reprocessing refers to the re-evaluation or the restructuring of thoughts and beliefs and the transformation of one sense. Self past traumatic experiences. It's about moving the past into the past. And, and then there's the eye movement part. Now, Francine Shapiro, the developer of emdr, discovered that purposely moving your eyes horizontally back and forth while focusing on a traumatic memory leads to a reduction in the vividness and the emotional intensity of the memory. She developed this effective protocol, uh, for treating PTSD and trauma related problems, uh, using this bi bilateral stimulation, this back and forth eye movement stimulation. And she published, published the first research study in, um, 1989 and, um, hence the name, eye Movement, desensitization and Reprocessing.

[00:51:08] **deborah\_lynne\_korn:** And is a memory focused psychotherapy that helps people deal with the impact and the legacy. Of trauma and adverse experiences in their lives. And it's based on the idea um, psychological problems are related to a failure to process traumatic experiences or memories. And so these unprocessed memories, um, frozen or locked in the nervous system, to affect how we perceive things, uh, decisions we make, reactions we have, the beliefs we hold about ourselves and others. And then present day triggers activate these unprocessed traumatic memories, leading symptoms that cause ongoing distress. So EMDR therapy, we help clients to access and their unprocessed traumatic memories with a set of focus questions. And then we jumpstart the brain's information processing. System using bilateral stimulation. And with EMDR reprocessing the client's distress eventually decreases and relative, um, adaptive bits of information located in other parts of the brain. You know, adult insights, adult perspectives, helpful. Present day perspectives get integrated. So the idea of it's over, I'm safe now. I was only a kid doing the best that I can do. Um, I have control now I have choices now. This information starts to naturally get integrated once we begin the processing with bilateral stimulation. And there are shifts in thoughts, in feelings, behaviors, physical sensations, healing. Spontaneous movement toward, uh, more positive thinking toward more manageable feelings and a significant reduction in the level of distress held in the body.

[00:53:14] **ann\_kelley:** Michael, do you have any thoughts about the way that she, from, from the client's perspective, um, what was the bilateral.

[00:53:22] **Track 1:** If I,

[00:53:23] **ann\_kelley:** Yeah,

[00:53:23] **Track 1:** if I was, if I would, go ahead. Go ahead, finish the question.

[00:53:26] **ann\_kelley:** just, I was just gonna ask, what was that kind of bilateral stimulation experience for you and what was it like to, to sit in the, in the client's seat through this process?

[00:53:36] **Track 1:** First of all, the first one was how, I think is how would, how did I react to Debbie's answer? And when I, I, I always distill to one of the things that she just said, which was so fundamental, which is the belief that, uh, psychological problems are the result of unprocessed, traumatic experiences or memories.

[00:54:00] **Track 1:** Full stop.

[00:54:01] **ann\_kelley:** Yep.

[00:54:02] **Track 1:** EMDR therapy is designed to, uh, uh, reprocess those traumatic memories once and for all, put the past in the past, and give the client the opportunity to reevaluate those memories with an adult's perspective, not a child's perspective, so that you can integrate and move on. For me, the bilateral, I, I had never done it before, and it was, uh, surprising to me how quickly that part of the process, because the EMDR has eight phases, it's not just people tend to wanna focus on the bilateral part, but there's eight phases of emvr.

[00:54:42] **Track 1:** All they all comprise, you know, collectively emvr therapy. But for me, what's, what's surprising is how quickly, and I'll use the word that Debbie just used, it jumpstarted the process for me, almost like worm holding back. And on, and then like pulling the, the, you know, ripping the, the cover off of things.

[00:55:03] **Track 1:** And so that these, these experiences were coming out, up and through me that I had never had happen before. So it was surprising, um, incredibly effective and, and, uh, laughy with profound relief. Every time, every time where, whereas in contrast, you know, I saw one talk Therapist in New York, and again, I have to be careful.

[00:55:29] **Track 1:** This is just my experience. I was seeing a talk Therapist, this is before, you know, I met Dr. And I would leave there. After my 50 minute weekly visit thinking, where is this going? What, how is this gonna help? I don't feel like I'm going anywhere. I feel like I'm like treading water and before I know it, 50 minutes and we're done and you come back next week.

[00:55:53] **Track 1:** I said, this is like, this is like trying to, you know, do a root canal with a, with a, with a coffee stir. You know, this is not going anywhere. You know, try clearing the, the snow off the driveway with a spoon. I want the snowblower.

[00:56:08] **ann\_kelley:** right.

[00:56:09] **Track 1:** So, so that was at one point I said, I'm not doing this anymore because this is just not going and this, I'm not, this is not getting me anywhere.

[00:56:17] **Track 1:** Well, the, starting with the first session with Dr. Magda, boy did we get places that I didn't even know I was, was, had any way to get to in the first place.

[00:56:27] **ann\_kelley:** It wasn't like you were going into these, these talk sessions in a resistant way. You were hungry to find

[00:56:34] **Track 1:** Oh.

[00:56:35] **ann\_kelley:** and to find some answers

[00:56:36] **Track 1:** 100%.

[00:56:38] **ann\_kelley:** and to just get lost in that process, and then all of a sudden to feel the relief as the memories start to come and integration starts to happen.

[00:56:45] **ann\_kelley:** And again, to emphasize the integration with your adult self. I'll keep bringing it back to that,

[00:56:51] **Track 1:** And, and, and also, Debbie mentioned something else I wanted to make up earlier for other, for other people who maybe can relate to this. I couldn't read. I, I was so my br I was so, um, disconnected as a kid. I was, my mother referred to as an accident prone kid. So I had you probably, if you can see em, but I, I had like maybe six concussions always here.

[00:57:12] **ann\_kelley:** Hmm.

[00:57:13] **Track 1:** Um, and you know, as an, so I couldn't read for the longest time. I didn't go to a regular school. I had to go to, uh, reading, special reading school cause I couldn't read cuz it was just, I couldn't focus. I was, I was just associating and, and all it split, my blame was like split up. And then even in college, I would start a paragraph, go to the library, start a paragraph, get start over, start the paragraph, go somewhere else, start over.

[00:57:40] **Track 1:** And, you know, it was incredibly difficult for me to try to deal with this phenomenon where my brain was just going all over the place all the time. Um, and that's one of the, again, the, the, the unfortunately side effects of unresolved trauma. In my case, you know, you, you, you're just, you're, you can't focus, you're not aligned, you know, there's no sense of inner peace or calm, it's anything but

[00:58:07] **ann\_kelley:** And then in, in many cases, that gets seen as, which it may be, but it gets seen as a learning disorder or behavioral issues.

[00:58:15] **Track 1:** Oh, absolutely. I

[00:58:16] **ann\_kelley:** so often as behavioral issues where the,

[00:58:21] **Track 1:** where we absolutely mean, you know, and, and, you know, terrible standardized test taker, you know, struggling in school always. You know, my brother, by contrast, um, you know, he wouldn't do anything. He got straight A's, you know, he didn't do a, Theo, I don't think ever opened a book.

[00:58:38] **ann\_kelley:** Hmm.

[00:58:38] **Track 1:** So, um, it's, uh, and I think, I think as a kid, uh, they would've said, well, he's an ADHD kid. Well, it wasn't, you know, so oftentimes trauma in kids, well, I'll, let me let Debbie speak to it, but I, I just, it was, uh, it was a very hard way to try to live. And, and, and ironically my, or, well, not ironically, but I remember when I sought out my first Therapist in Boston, he said, why are you here?

[00:59:08] **Track 1:** I said, well, I'm having a hard time concentrating. This is what I told. This is why I said I was there,

[00:59:18] **ann\_kelley:** Right?

[00:59:18] **Track 1:** I'm sure if that person was Debbie. Yeah. Sh Yeah. Okay. Close the door. Yeah. Let's get started. Yeah,

[00:59:24] **ann\_kelley:** Let's drop in that in a whole

[00:59:26] **Track 1:** yeah, yeah. Let's, let's, yeah. Yeah. Let's see what this, I can't concentrate really is all about.

[00:59:32] **ann\_kelley:** Debbie, you have any thoughts about that?

[00:59:34] **deborah\_lynne\_korn:** No, I think Michael's right that, you know, somebody you asked about, um, presentations that aren't necessarily recognized as trauma related, or not the classic PTSD symptoms. And you know, we do know that problems with concentration is part of ptsd, but very often when it's the, the single thing that somebody comes in reporting or one of a couple things, um, it, and somebody is not trauma informed, they don't begin to connect the dots.

[01:00:03] **deborah\_lynne\_korn:** They don't begin that process of exploring, you know, when did you start having difficulty concentrating? Was there a time before when you were able to concentrate, um, you know, and what was happening in your life around the time that you started having trouble concentrating? Um, you know what's wonderful about Michael's story? Is that, um, he's an avid reader now. He couldn't read as a child. He had reading tutors, as he said, and he, Michael reads nonstop now, so, you know, his brain has been healed, so to speak.

[01:00:39] **Track 1:** Oh, I should, I should also draw the fact that my, where is it? Oh, my, my current book is, uh, strength and Stillness, and it's about meditation. So I just finished my four. Course on transcendental meditation, which is my newest thing, which I'm really excited about. But, you know, talk about coming full, I mean going the other side of the planet, um, because it's all about stillness and letting your, your mind and your brain calm down.

[01:01:10] **ann\_kelley:** Mm-hmm.

[01:01:11] **Track 1:** um, my brother's done it for over 20 years. My older sister has done TM for, you know, a long, long time. I said, you know, I, I'm finally gonna do this. And it's, so I'm really excited by the, by the possibilities. Um, and I'm really excited to, on our last day we got this book, um, uh, it's the CEO of the David Lynch Foundation, which is a big TM advocate, the director.

[01:01:36] **Track 1:** So I'm eager to read it.

[01:01:37] **ann\_kelley:** That's right. So we talk about, so tell us a little bit about what you see differently for you after doing all of this work that you've done in your professional world. Cuz a lot of times people are a little scared that such a big change is gonna interrupt them from all of their professional successes.

[01:01:57] **Track 1:** So you're describing people are afraid that they're Sampson and they, they, she cut your hair and you have no powers. Um, in my case, uh, quite the opposite. And, uh, so I, I have my own consulting practice and if anything it is made my efficiency much greater, the quality of my work, much higher, the confidence that I have in doing the work, uh, which never really was here before.

[01:02:27] **Track 1:** Because as I said before, that this house of cards, that was the grandiosity thing. That, that's, no, there's no foundation for that. Now. It's based in an authentic self foundation. I know I have these skills. I know my clients value them and they pay me for them. Um, and uh, as far as my life goes, I'll, I'll give you.

[01:02:48] **Track 1:** the most profound example I can think of, which is the fact that my brother, who is my bully at home, right up until I graduated from high school, and then I went to school, you know, uh, as a boy and had a bully in school as well. And anybody who's listening who is knows anything about bullying, you know, you live in a state of terror all the time.

[01:03:12] **Track 1:** You never, ever, ever feel safe, you know, at anytime you can turn around and there's Derek Parmenter slugging me in the stomach in third grade in the lunch line. All of a sudden, I, I, I black out, I'm look up and a circle of faces looking down at me as I'm lying on the floor. And then there's the humiliation component to Bill being a victim of bullies.

[01:03:32] **Track 1:** So my brother was my bully at. We had no relationship our entire lives, and I was convinced I would never have a relationship with him. Right before the book came out, Dr. Maggie said I had to let him know it was coming. I couldn't spring it on him, you know, for a lot of reasons, not the least of which was a legal possible exposure he could do.

[01:03:50] **Track 1:** So who knows what. So I reached out to him, and as, as Debbie says, he reached back. He said, you could say whatever you want about me. Just the idea that after 60 plus years, we might have a chance to have a relationship with his brothers, would bring me nothing complete joy and happiness. And, um, we had our, we did a, took a trip together recently, this last summer for the first time in our lives.

[01:04:18] **Track 1:** The Monday of that week was my brother's 70th birthday. So that's how long it took. Uh, we've had a zoom call, but, but I, I have to add into the story. When I reached out to him and he reached back, he asked me if Debbie could recommend an EBR Therapist for him.

[01:04:34] **ann\_kelley:** Oh, good.

[01:04:35] **Track 1:** So he had edro there, but an incredible, uh, experience, un transformative.

[01:04:40] **Track 1:** And that's what allowed this to happen. If it had just been me, would've been possible, it's because we both did it. So the person I see now was not the person I grew up with. So that first week we spent together in our lives, that Monday of that week was his 70th birthday. That's how long it took. And the fact that I had a two, a two year EMDR journey with Dr.

[01:05:03] **Track 1:** Magda, he had an an EMDR journey with a colleague of Debbie's. And, um, he also, by the way, for your listeners, he writes about EMDR in terms of how he experienced it in the most Beautiful, beautiful, amazing. Debbie is always blown away by these pieces On our website, you can click at the bottom of my author page.

[01:05:22] **Track 1:** It says, clicker for my brother. You can read some of his stories. They're, they're incredible.

[01:05:27] **ann\_kelley:** I'm, I can't wait to read them. I have not yet. And

[01:05:30] **Track 1:** They're incredible. They are incredible.

[01:05:32] **ann\_kelley:** and I am so appreciative for our audience that you were talking about the effect of bullying. Because I think especially for a man that is, well it for all, it's horrendous. I think men are taught much that that's just part of life.

[01:05:44] **ann\_kelley:** That's just part of, you know, being a boy. Boys will be boys and it is a very traumatic. And often

[01:05:51] **Track 1:** Yeah.

[01:05:52] **ann\_kelley:** that so often

[01:05:53] **Track 1:** And Anne, I think there are so many men who have been bullies, boys

[01:05:58] **ann\_kelley:** Yes.

[01:05:59] **Track 1:** don't want to say a word about it to anybody. I think it's way more common than than we think or know.

[01:06:06] **ann\_kelley:** I completely agree. And the impact and you being courageous to be out there rating this book, talking about your own personal traumas, both sexual and bully and neglect and being able to say, this is what I have gone through. This is what's made the difference. I think it's, it's very, very inspiring.

[01:06:25] **ann\_kelley:** That's why I was excited to have you, um, on the show talking about it because it can free other people up, especially men out there who believe that past should be passed and we should just move it on. And it's not affecting me now cuz look how successful I am. And

[01:06:39] **Track 1:** Oh yeah.

[01:06:40] **ann\_kelley:** after divorce, or unhappy relationships are present and the healing and the aliveness. can come from actually dealing with your own trauma, and so you're an inspiration out there,

[01:06:53] **Track 1:** Thank you. Well, I, I just felt that if I was honest about my story, other people might be more comfortable telling their own, starting with telling it themselves, and in particular, men. Who, as you saying Debbie knows is, I think are conditioned to be, to, to not be vulnerable because that's a sign of weakness and you, you don't wanna go there, you just don't do it.

[01:07:17] **Track 1:** You know, it's a, it's a funny, in 2023, we still have this, this phenomenon, but I, I think it's true. So I, I felt if people, you know, could read mine, say, well, geez, you know, matter of fact, I had a XYZ and this, you know,

[01:07:30] **ann\_kelley:** Mm-hmm. Yeah. Very,

[01:07:33] **Track 1:** By the way, I should tell you again for your listeners, I'm now up to 54 people who, since I started this book project and the book came out, have asked me for recommendations for Embr.

[01:07:43] **Track 1:** Therapist that Debbie has provided. One, one has saw a talk Therapist for 10 years and finally cut the cord and has had an unbelievable experience with either a Therapist, so I'm up to 54.

[01:07:54] **ann\_kelley:** That's amazing. Um, Debbie, we end, I wanna come back to, and I will come back to, for the listeners out there that are probably thinking, but how do I find emdr, Therapist? Cuz not everybody can call Debbie. So, but before, so, so, I'm, I'm wanting that question. We will end with that question, but it crossed my mind something that I feel like we'd be remiss if we don't tap on and it's some, it's a passion of yours, Debbie.

[01:08:18] **ann\_kelley:** So I want to, to bring that in. And that is, as we're describing the, um, the pressures of culture on men

[01:08:27] **deborah\_lynne\_korn:** Hmm.

[01:08:28] **ann\_kelley:** and the suppression. We would be remiss not to talk about the trauma effect of the institutionalized racism out there of homophobia, the impact of some religious institutions that create fear and lack of acceptance, and how individuals out there not given a voice, it's not even that they can't take it, not given the voice, and yet having the trauma experience of not having choices in their lives and being oppressed and that that is and does have a traumatic effect on the body for the individuals, for the families, for the culture, and for generations.

[01:09:07] **ann\_kelley:** And I know that's a passion of yours and I would really like if you would just take a nowhere at the end, but I would love to hear your thoughts about that and how it relates to.

[01:09:16] **deborah\_lynne\_korn:** Yeah. Thank you for asking about that. Um, racism, homophobia, other injustices, uh, affect identity sense of worth self-esteem, right? They affect one sense of safety and danger in the world. They affect, um, one sense of power and control. They affect one sense of connectedness and belonging or alienation. um, marginalized individuals and groups often experience fear and hypervigilance. Body somatic symptoms, um, blame, confusion, shame and guilt, sense of powerlessness. Um, we look at all of these symptoms. We look at all of these domains in EMDR therapy. Um, with my clients, I always ask about experiences of feeling different, ignored, um, or invisible related to race, sex, gender, religion, culture. And I inquire about the kinds of messages that they've received that have left them feeling alienated or inferior. And we explore in, in that EMDR kind of way, we explore for experiences of being misjudged, uh, misunderstood, held back, um, harm. physically or verbally assaulted, um, of their identity, because of their race or their culture.

[01:10:49] **deborah\_lynne\_korn:** Um, it's also really critical to, um, inquire about whether there have been opportunities aimed at validation or repair or rectifying the wrongs. Because again, in EMDR we want to try to give opportunities for redoing. So we explore what didn't happen that needed to happen. And often are able to explore that in EMDR processing and then out of that experience, they're able to go out into the world and fight for

[01:11:20] **ann\_kelley:** Mm-hmm.

[01:11:21] **deborah\_lynne\_korn:** they need, fight for that recognition, get engaged in activism or whatever the case may be. Um, but you know, many people from marginalized groups have had to hide aspects of their identity, their culture, their race, um, and. as you said, many have come to recognize that, um, come to recognize how trauma based beliefs and feelings and behavior patterns have been carried from one generation to the next.

[01:11:50] **deborah\_lynne\_korn:** Um, and so I'll end my answer by saying that, you know, in EMD r we focus not only on what happened, but what didn't happen. We focus on commission and omission. We focus on macroaggressions, the really obvious and micro, subtle microaggressions. And we make room, we make room for grieving and anger for fantasies of reg revenge for impulses related to fighting back or speaking up um, through processing of their traumatic memories, people. From non-dominant, marginalized groups come to appreciate their resilience and their survivorship. They find their voices, they're able to imagine saying or doing what they couldn't do before. Um, I,

[01:12:41] **ann\_kelley:** and what they probably, oh, sorry. What I was gonna say, and probably what they still can't, but at least they're in office. I just imagine being able to have this kind of an experience and talk about it in the present. The redo in your office.

[01:12:55] **deborah\_lynne\_korn:** Yes. And I was just gonna say that one of my favorite questions as of late in the midst of processing is to ask, justice look like? you imagine what you need, what hasn't happened, what needs to happen for you and in our society, what does it look like? And we to process through that.

[01:13:15] **deborah\_lynne\_korn:** And again, that's part of what helps people arrive at a place where they have a voice, where they have clarity about what's needed and they, they can begin to move toward action toward activism.

[01:13:29] **ann\_kelley:** And moving it away from them into the outside world where it belongs. Right. Moving it from their, they're locked and holding to the outside world.

[01:13:38] **deborah\_lynne\_korn:** has to be externalized. Exactly.

[01:13:41] **ann\_kelley:** Well I could talk to you for a whole nother hour about that topic and maybe at some point we will. I really, really appreciate both of you coming on Therapist Uncensored and sharing this wonderful book.

[01:13:53] **ann\_kelley:** I will be in our show note, so for anyone that wants to track it down uh, Michael, I'll start with you. You mentioned that you have a website. How would people find you if they were interested in talking?

[01:14:04] **Track 1:** Uh, we try to keep it simple. The website is every memory deserves respect.com, and you can find a Therapist. There's a, there's many videos. There's resources from Debbie. There's, we try to be as comprehensive as we, as we could, and we work. On a fairly regular basis. So I would, I would direct everyone to every memory deserves respect.com and you know, if Amazon is your, your, your book vendor of choice, obviously we're there in many, many other places.

[01:14:31] **ann\_kelley:** So thank you that, and again, that will be in our show notes. And that was a question for you, Debbie. We've already partly answered it. If someone out there is very interested in finding an EMDR Therapist, they can't all call you for a referral. Um, how

[01:14:43] **deborah\_lynne\_korn:** all call me

[01:14:45] **ann\_kelley:** how, how might somebody track down somebody's EMDR and know that it's right for them?

[01:14:50] **ann\_kelley:** What would you re.

[01:14:51] **deborah\_lynne\_korn:** So first of all, there are links on our website, which will take you to the EMDR international association mdr.org. That is the, uh, international membership organization for EMDR Therapist. And there's a find a Therapist directory there, and people can plug in what they're looking for. They can find, uh, therapists in their area, and there's different levels of credentialing.

[01:15:17] **deborah\_lynne\_korn:** You know, there's a, the highest level is consultant and then a certified Therapist, and then everybody else.

[01:15:23] **ann\_kelley:** That's off.

[01:15:24] **deborah\_lynne\_korn:** so they can, they can explore, um, based on people's profiles who would be right for them, and they can, uh, email EMDR therapists through that site.

[01:15:35] **Track 1:** By the way, I should add in the book, there's a whole section on how to find a Therapist. The questions you should ask when you're looking for a Therapist. We thought that would be valuable for people.

[01:15:44] **ann\_kelley:** That's awesome. Well, and I really wanna emphasize that, that Deborah Corn is one of the renowned experts out there in emdr. So we are very honored for you to be on our program and talking about it. And if, if somebody wanted to get a hold of you not for referral, uh, is there a place to find you or is that website also

[01:16:06] **deborah\_lynne\_korn:** that website is the best place to get

[01:16:08] **ann\_kelley:** to get in some contact?

[01:16:09] **deborah\_lynne\_korn:** Theria website as well. People can reach

[01:16:12] **ann\_kelley:** All right. All right. Thank you both. you both so much and thank you all for, uh, joining us today. Um, if something that you heard today from our guest feels helpful in moving to you, please pass it on so somebody else can grow and take some time to, uh, rate and review us. That always helps other people find us. Thanks so much for joining us, and I'll see you around the bin.