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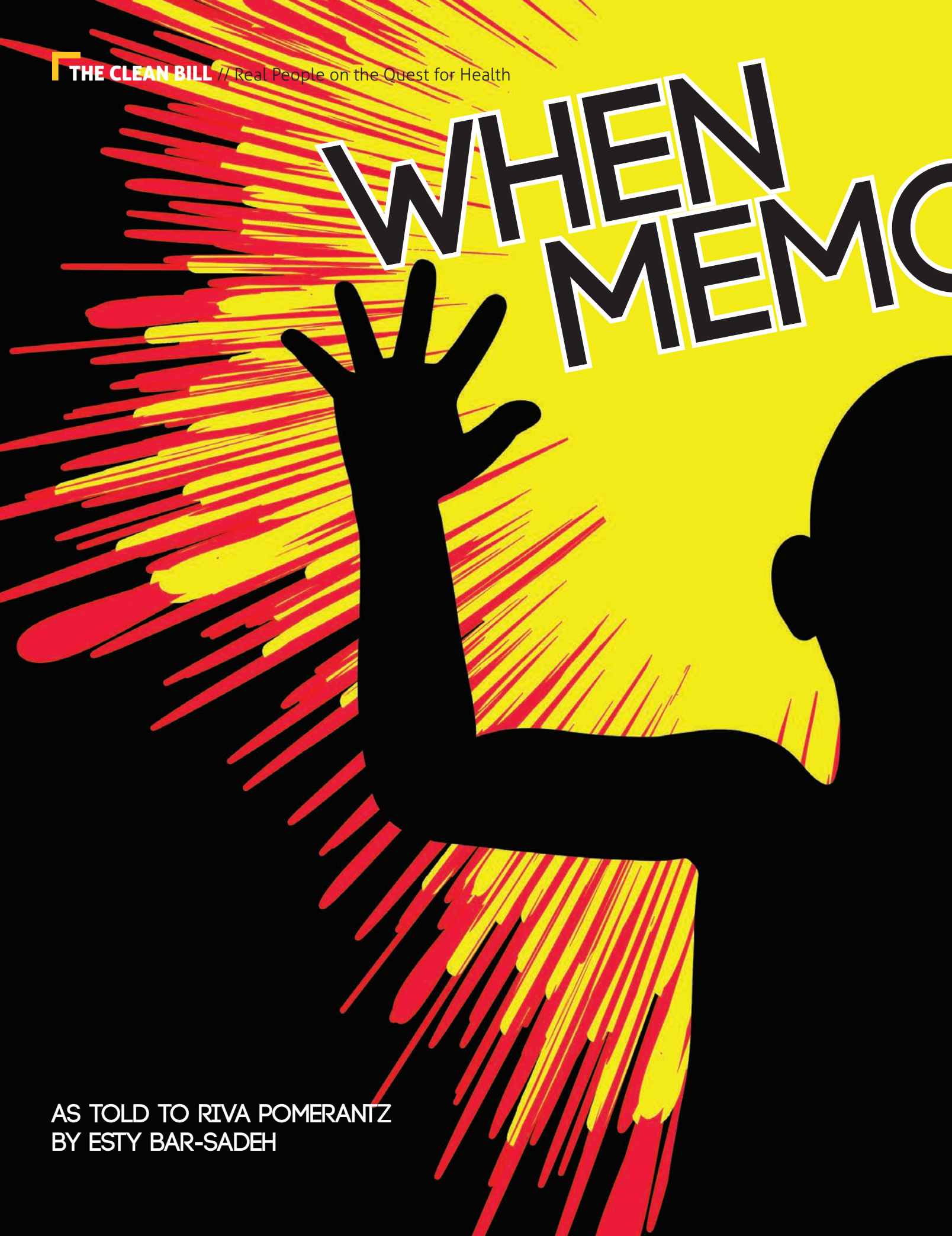
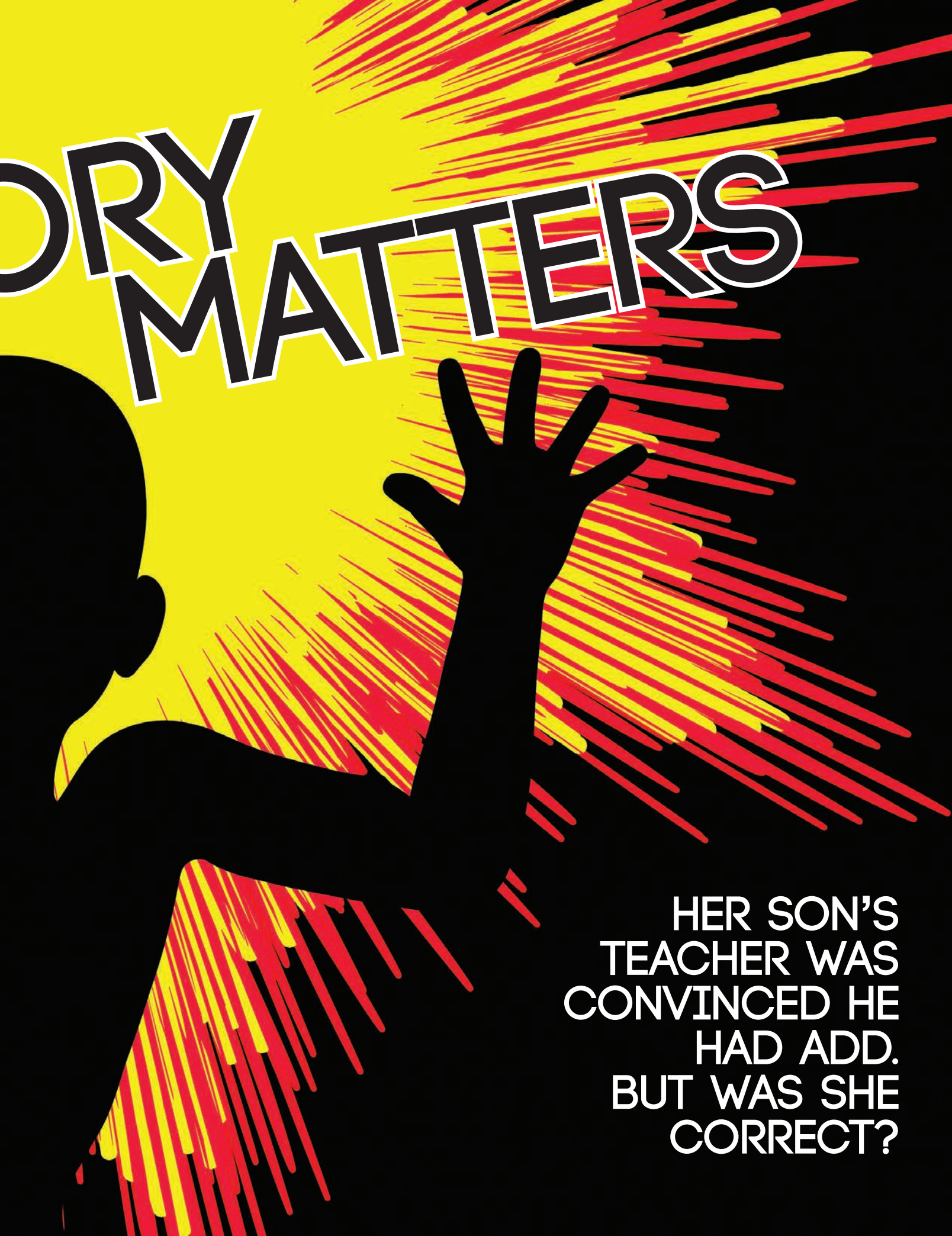


AS TOLD TO RIVA POMERANTZ
BY ESTY BAR-SADEH


ORY MATTERS
HER SON'S TEACHER WAS CONVINCED HE HAD ADD. BUT WAS SHE CORRECT?

MRS. Beilinson, the first-grade teacher, was concerned.

"Alex is doing a lot of spacing out during class," she told his mother on the phone. "It seems like he's in another world much of the time—staring up at the ceiling, not participating in activities with his friends. He's even mumbling to himself and acting quite bizarre at times." She coughed politely. "I really think you should consult with a neurologist and talk about the possibility that Alex may have ADD. We see that a lot in kids these days. I think medication could really help him."

Elena Shurin hung up the phone and duly made an appointment with a psychiatrist, but she had an unsettled feeling, an intuitive sense that something deeper was going on with her son. Mrs. Beilinson was an experienced teacher; surely she knew all about children. But Alex's kindergarten teacher had been thrilled with him, so why, at the beginning of first grade, had he suddenly developed these behaviors? What if Alex's symptoms indicated something that medication could not address?

Elena decided to consult with the school psychologist. That's where I stepped into the story.

"I'd like you to do some testing on him," Elena explained to me in her halting Hebrew. "The neurologist wants to put him on medication, but I'd really like your opinion about what's going on." As a new immigrant from Russia, Elena was hesitant about the system in Israel, and especially about medicating her child.

Alex was a cute, precocious six-year-old, and he seemed at

home in my office. I decided to start with a popular evaluation tool.

"Draw a picture of a person," I instructed Alex.

He readily complied. But while most children draw a face, a body, and perhaps some limbs, the picture that Alex drew was very unusual. All he drew was a large face. There was no body at all. Across the bottom of the face he drew a big scar.

I was taken aback. "Who is this?" I asked him casually. "Tell me a story about your drawing."

"Well, that's me," he said, just as casually.

At that moment, I realized something I hadn't even noticed before. There was a prominent scar on Alex's mouth!

I pointed to his mouth.

"Where did you get that scar?" I wondered.

"Oh," he replied, waving off the question, "my grandfather told me that when I was little, I was running and I fell and I needed to get stitches on my mouth."

I had a feeling that something was triggering Alex during our conversation. I could tell from the way he was behaving that there was something underlying his words; he seemed to be uncomfortable and in distress.

I had recently trained in EMDR (Eye Movement Desensitization and Reprocessing), a breakthrough therapy technique developed by Francine Shapiro in the late 1980s that utilizes bilateral stimulation (tapping, buzzing electrodes, or flashing lights that move left, right, left, right) to help clients process and integrate traumatic memories so they are no longer haunted by them. The bilateral stimulation allows dual attention; the child recalls past experiences while maintaining focus on a stimulus in the present.

So I followed my instincts and plunged right into EMDR with Alex.

What developed was extraordinary.

In our first session, we started processing Alex's "falling down"—the time he had supposedly fallen and gotten stitches on his mouth. I began by asking him to draw a picture. Then I tapped him while he was looking at his picture. When I stopped tapping, I asked Alex what came to mind for him at that moment, and he shared with me whatever he was thinking or feeling. Then he did the next drawing and we repeated the process.

The drawings overtly told the same story. Each one depicted elements of a surgical procedure. There was a child lying on what was very clearly an operating table, the underside view of a surgical lamp, a doctor wearing a mask and holding a tool that resembled an Indian spear. Then Alex drew all sorts of medical tools and instruments.

It was clear that this child was recalling the body sensations

WHAT MRS. BEILINSON HAD DESCRIBED AS "SPACING OUT" WAS, IN FACT, TRUE DISSOCIATION.

of the procedure on his mouth, which he had experienced at a very young age. He had, I later discovered, undergone three major reconstructive surgeries, which were difficult in and of themselves, but perhaps even more traumatic was the excruciatingly painful recovery afterward. Alex was describing how helpless he felt when his mouth was "locked" after surgery because of the stitches and the pain; he was sharing how it felt and how difficult it was to undergo such an enormous challenge. He could not even cry or shout at the time because moving his mouth was too painful!

While it is extremely unusual for a boy of six to draw anything as detailed as Alex was now producing, there was an even spookier component to the story. You see, all of his surgeries had been performed while he was under general anesthesia. He was supposedly "out" during every part of every operation. And yet his pictures, quite literally, told a different story.

"It was like a hammer was banging on my mouth," he told me. "Bang, bang, bang."

We worked through Alex's trauma using EMDR. It was fascinating to watch his behavior as he processed the memories. If you've ever watched a baby transition from sleep to waking, you may notice that he throws his head back as he shifts into a state of wakefulness; this is a healthy dissociation from a sleep state. When I tapped Alex and asked, "What do you notice now? Tell me what's coming up for you now," his head jerked back and he made this dissociative motion. His eyes fixated on the ceiling, as though he were going into a trance.

What Mrs. Beilinson had described as "spacing out" was, in fact, true dissociation. Alex's trauma was prompting him to shift away from reality so that he wouldn't have to feel the pain that was coming up inside. I have a video of my sessions with Alex in which you can see his head go back and his gaze shift. I show it to my trainees to demonstrate what dissociative moments can look like in a child. To the untrained eye, the child might simply look like "a space cadet," or, as many teachers are quick to conclude, the picture of an ADD child.

The next week, I called Alex's mother and asked to meet with her. Elena was dumbfounded when she saw her son's drawings.

"How do you figure this came to be?" I asked her gently. "It seems like this is more than just a boy who fell and needed stitches…"

Her eyes welled up with tears and the whole story spilled out.

"I thought it was over and he didn't remember anything," she wept. "We wanted to protect him from the memory. He's a healthy child, and this whole surgery was a thing of the past; why revisit it?"

Elena then revealed two astonishing secrets. Alex had been born with a cleft palate and had undergone several major surgeries to correct it at the age of two. Talk about a bombshell! But there was more. Just six months earlier, Elena had given birth to a baby boy with the same condition, and he was scheduled for the same surgery that Alex had undergone. She hadn't intentionally hid the information from me. She was simply not aware of the connection and how deeply Alex had been affected by these two major events.

I understood Elena. She was a good mother who really wanted to do what was best for her child. She had never meant to harm him in any way. But the results were far-reaching. It was time for some psychoeducation.

"There is very likely a relationship between the symptoms Alex is experiencing right now and what's been going on in your family recently," I explained to her. "If you think about it, you can see how having a new baby with a cleft palate in the house may be triggering in Alex his experiences with the surgeries he had to correct his own cleft palate."

Elena was shocked, but she agreed with the assessment. I explained to her that when a person's body is activated by the somatic memory of a trauma, he may simply cut himself off from reality, and, in essence, Alex was just trying to protect himself from the pain that he was experiencing.

Elena confided that she had made *aliyah* when Alex was just a baby and had found herself all alone in a strange country with a baby who had a severe birth defect. She took only two pictures of him as a baby because he looked so unusual. It seemed to me that Elena hadn't rejected Alex because of his cleft palate; rather, there was something about his medical condition that made it difficult for her to be happy and proud to welcome her newborn into the world. Her attitude toward Alex's cleft palate created a disturbance in their attachment, even though Elena was a healthy, loving mother.

I explained to Elena that whenever there are secrets involved, even though a person may process body memories, he or she

still needs to create a narrative around what happened. I encouraged her to create a narrative about what had occurred with the new baby who needed surgery. I helped her write out her "script," describing the period in Alex's life when he was an infant and needed extensive surgery.

Elena wrote from her perspective as his mother—how she had comforted him when he was in pain and crying, the lullabies she had sung to him, the way she had looked forward to meeting him when he was born. She also reframed Alex's view of himself when he was born.

The idea was that she would read this "script" to Alex as he was being tapped bilaterally so that we could reprocess his memories in a way that would bring closure to the story.

"You looked a little different from the other kids," Elena told Alex as I tapped his knees. "You looked like a little bunny." Not coincidentally, a toy rabbit was Alex's favorite stuffed animal. And his mouth, before the surgery, did look a little like a bunny's.

By incorporating into the narrative all of the healthy attachment behaviors that Elena had displayed toward Alex when he was young—the comforting, the soothing, the nickname-calling—along with the bilateral stimulation, EMDR helped reconstruct Alex's preverbal childhood trauma narrative. In this way, Alex could go back to whatever he had experienced as a small child and be enveloped this time by love and caring and protection.

Of course, we only incorporate true information into the narrative—we cannot remake the reality. In Elena's case, everything she said was 100 percent true. She had soothed him, she had cared for him, she had loved him dearly.

The session looked like this: Elena told Alex her narrative while I tapped on his knees bilaterally—right, left, right, left.

During Elena's narrative, she showed Alex a photograph of himself as a baby for the first time. He had never seen himself as an infant before, but he was not shocked or appalled by his cleft palate because it looked exactly like his baby brother's! He held the photograph and engaged with it. It was important to him, evidence that his feelings were real. After I finished tapping Alex and Elena finished her story, I asked Alex how he was feeling in that moment.

Alex was happy and becoming more peaceful.

I then asked him to tell the narrative again from his own perspective. This is how we do processing in EMDR because it enables the mind to package the memory in the healthiest way possible.

The changes in Alex were not long in coming. Now that his trauma was being processed, he had no need to flee his pain and dissociate. That meant no more "flying" to other planets during class to escape the pain. Alex became alert, bright, and attentive—in short, a model first-grader.

I continued to work with him on his present triggers and intrusive thoughts, which also created dissociative reactions, and we were able to help heal those as well. Alex's "ADD" was no longer there—in fact, it had never existed. No medication was needed.

Many people wonder how dissociation works. It's actually very simple and quite eye-opening. If a person undergoes enormous physical or emotional pain, there is a biological mechanism that enables us to disconnect from that pain by taking us out of awareness—and that is dissociation. In Alex's case, he had been in so much pain and experienced so much helplessness that he literally could not handle the

feelings. The mouth is a vital organ for survival, and of course, the way a baby relates to the world is through his mouth. As a baby, Alex couldn't be comforted. He couldn't be fed properly because everything was so painful. He dissociated to protect himself.

I am not exactly sure how Alex "saw" his surgeries while he was anesthetized. Perhaps he did not actually visualize the whole procedure as he described it, although we know that even under anesthesia, a person has certain sensations and awareness. It is possible that Alex saw those images at other times and that his mind built on and expanded them. Perhaps he saw them during doctor's visits; for a baby, a needle could become a spear in his mind's eye.

Alex was adamant that the bright lights in the surgical suite were very intense for him; he could sense them. "I always have this sensation in my eyes from the light," he told me. "It's always there." That's what happens with early body experience. It's so deeply imprinted in the body that it is always there.

Unfortunately, Alex's story is not uncommon. We know that many children who have been diagnosed with all sorts of conditions are actually suffering from trauma. The tragedy is that they are medicated to treat the condition, but the underlying problem is never addressed and they continue to suffer. Anxiety, for instance, is a manifestation of trauma; sometimes poor concentration, impulsive behavior and restlessness, all of which appear to be symptoms of ADHD, are really coming from a darker place.

In the EMDR community, we believe that all the diagnoses are very much like branches of a tree. We're very good at analyzing the branches, but no one checks the roots! If you dig deeper, you can see that a diagnosis is just a description of behavior. The roots are often traumatic memories.

The mental health community now knows that most people who suffer from borderline personality disorder have been abused or neglected, with serious attachment issues beneath the surface. .

If we don't look at the origins and blindly prescribe medication to eradicate the surface problems, we don't help clients. We simply calm the agitation, but the true problem remains.

Alex Shurin will always have a scar on his mouth, but the scars that once plagued his heart and mind have been eradicated. In their place there is an abundance of joy and peace. □

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