Historical Underpinnings of AcuDestress And The Question of an Evidence Base

The description of the program offered above is accurate, but like the material we present in what amounts to be a psycho-educational training rather than formal group therapy based on psychodynamics probably makes more sense presented in a historical context. We do not expect our clients to take our word for anything we put on the table, challenging them to submit it to their own examination, trying it on like a new suit of clothes, and seeing where it takes them. We attempt to support what they're experiencing by presenting the evidence of neuroscience and other sources of submitting our presuppositions to constant scrutiny. Our ideas have been borne out by EEG studies(1) and functional MRIs (2) and PET scan studies (3) which barely existed in 1995 when the program began, which support and explain acupuncture, and mindfulness and neuroplasticity (4) at the cellular level. So here, as we tell the story we will refer to the evidence we draw on which is central to our assumptions.

I was newly ensconced in family practice in 1969, having worked during my last two years of medical school for psychiatrist **Dr. Brian McConville** as a live-in therapist for 8-13 year-old boys at Sunnyside Children's Centre in Kingston, Ontario. As I came to greatly enjoy this work I sought to add it to my family medicine work - but even with my experience I quickly found myself over my head. Simple answers were few and far between. People improved, but few "recovered." Definite resolutions of problems rarely occurred. Those who came, kept coming. So, I studied group therapy with two excellent social worker's and went off to the US to study Gestalt therapy and hypnosis. Despite taking to these methods like a duck takes to water, a family practice has just too much stress among the patient load to keep up with the needs. I could never just give the people I didn't have the time for a prescription and send them away. So I vowed to find a way to offer definitive treatment, over a short period of time, and in a group context (for the sake of efficiency and effectiveness.)

After 10 years, and a lot of hypnosis and Gestalt Therapy training, and acupuncture training (Acupuncture Foundation of Canada) I hunkered downed my practice to acupuncture and psychotherapy but kept them separate from each other. Acupuncture had short-shrifted many physical diseases in my practice (like migraine, hay fever, and musculoskeletal injuries and arthritic problems) but i saw no real evidence that it could play a role in emotional-mental problems. The next ten years added to my therapeutic bag of tricks but I always sought that way to get more definitive results over a short period of time. I felt strongly (and still do) that if psychotherapy is not to be recursive it's best to be an intensive burst over a short period of time. Then I met **Dr. Michael O. Smith** and everything changed. My 20 year quest for short definitive therapy was over.

(1) EEG's when I began practice in 1970 were for following epilepsy. Interest has since developed in the generation of less frequent wave forms, including studies by Mei-chun Cheung showing the stimulation of a prominent ear acupoint (one used the the AcuDetox protocol) creates alpha wave alteration in the left frontal region much like the comparable ***Peniston-Kulkosky biofeedback*** with its long term salutory results like AcuDestress. **www.ncbi.nlm.nih.gov/pmc/articles/PMC4342064/)** A study of body acupuncture points (LI-4) by A.C. Chen shows like alterations of wave forms linked to creativity/deep relaxation, unlike changes with sham stimulation. **www.ncbi.nlm.nih.gov/pubmed/16325429**

(2) PET scans and MRI's, let alone Functional MRI's were hardly envisioned in 1969. Acupuncture was still virtually unknown before 1975. Acupuncture has now been in North America for 40 years. Neuroscience now studies acupuncture alongside allopathic medicine and so much is known about it's function In a study at Harvard by researcher V. Napadow (**www.ncbi.nlm.nih.gov/pmc/articles/PMC1997288/**) significant up-regulation of the hypothalamus and down-regulation of the amygdala were seen on fMRI during and after successful peripheral acupuncture treatment of neuralgias, identifying central brain mechanisms in play.

(3) The 2008 study (Harvard) using PET scans abd fMRIs by Gollub showed significant FMRI signal changes in the orbitofrontal cortex, insula and pons, and PET scan changers in the orbitofrontal cortex, medial prefrontal cortex, insula, thalamus, and anterior cingulate cortex **http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2538486/**

(4) In studies of *mindfulness* by Hölzel and Lazar "Whole brain analyses identified increases in the posterior cingulate cortex, the temporo-parietal junction, and the cerebellum in the MBSR group compared to the controls. The results suggest that participation in MBSR is associated with changes in gray matter concentration in brain regions involved in learning and memory processes, emotion regulation, self-referential processing, and perspective taking." **www.ncbi.nlm.nih.gov/pmc/articles/PMC3004979/?_escaped_fragment_=po=35.7143**

While I had looked long enough, far enough and thoroughly enough for a short-term but fundamental mode of therapy and recognized it instantly in Smith's AcuDetox, it wasn't as easy as that to get on board for it. I dabbled at it, but my "vested interests" (5) were taken up in what I had been doing. How could I have done what I did for so long, only to toss it over for something that threatened to outperform it. But finally, after five years I had two big problems on my hands - two impossible patients, one I had treated for a year and hadn't advanced one step; the other a psychiatric-hospital-diagnosed Borderline Personality Disorder patient who'd almost killed her boyfriend with a baseball bat and herself with an overdose and was seeking treatment.

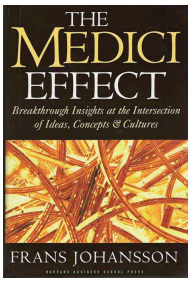
I was scared but remembered **Dr. Smith**.in New York City.

He'd been able to conclude that he could treat double diagnosis patients, producing a paper that chronicled the treatment of 25 alcohol-addicted Borderline Personality patients (6) without using any psychotherapy (no psychotherapy became his rule.)

Beyond my "vested Interests" in how I already worked, I am a skeptic, and the only guideline I had to go on was the snippet of research in 1979 when Smith loaned AcuDetox to the Miami Drug Court (7) for treating substance-addicted felons on their way to prison. Remarkably, while AcuDetox aimed to treat addiction, and did (85% results), it occurred that when subjects left prison they (for no good reason) stopped reoffending (recidivism dropped from 43% to 3% and has stayed there.)

My first two cases treated solely with AcuDetox because they were "stuck" were so successful that I was quickly sold on the method.A woman, deeply stuck, took up all of my time bitterly complaining about everyone in her life – her husband, her son, her relatives, her employer, the people worked under her - such that I never got a word in edgewise. She'd made no progress in a year. AcuDetox left her simply stopping complaining in any way. I later realized, seeing her maintain her progress, that she'd been suffering from Obsessive-Compulsive Personality Disorder. The second was my Borderline Personality patient (8) who never blinked an eye going through and for the month afterwards impressed us with her homegrown insights about putting her life back together in a charming, deftly mature way. I can't say we did any therapy with her. She just didn't need it.

Taken with this working so well, my wife and I became Patients 3 and 4.That went well too. Surprisingly, changes kept occurring afterwards - spontaneously - very good changes! The rigidity each of us brought to the relationship was melting away. Having learned though from Gestalt therapy training how to accelerate patients by pushing, when I did so after the pinning, it surprised me that patients pushed back. Regular therapy didn't work, just as Smith predicted. Recipients' either became articulate - which I nicknamed "making hay while the sun shines" or else nothing occurred (9) **Dr. Smith**'s dictum not to push on patients worked.



(5) Frans Johansson (The Medici Effect) has shown that like in Renaissance times when Cosimo Medici bankrolled artists to combine their talents for the first time since the church took over art, the result was a flourishing spate of innovation that lasted centuries. There is a present rush of creativity as widely-spaced technologies reach an intersect, where the combinations are3 vastly more powerful than the sum of the parts. AcuDetox was not at first recognized as an intersect of two technologies - but recently it was.

(6) *Borderline* patients are notoriously hard to treat, even with Marsha Linehan's effective *Dialectic Behaviour Therapy*. Having watched these patients carefully for signs of incipient suicidal behaviour and/or cutting, I note, like Smith, that AcuDetox cancels the primitive defence called *splitting* after a few treatments. Patients still have ground to cover but they stop being a suicide or cutting threat after this point. Other sidetracked primitive defenses include *dissociation, denial, displacement, isolation, projection and severe acting out*. While the above research on deep brain structures with acupuncture hypothalamus/amygdala was not known until recently, it explains the ablation of basic defense mechanisms.

(7.) Russell, L.C., Sharp, B., Gilbertson, B. (2000). Acupuncture for addicted patients with chronic histories of arrest. A pilot study of the Consortium Treatment Center. ***Journal of Substance Abuse Treatment*, 19, 199-205.**

(8) Stuyt, E.B., Meeker, J.L. (2006). Benefits of auricular acupuncture in tobacco-free inpatient dual-diagnosis treatment. ***Journal of Dual Diagnosis*, 2(4), 41-52.**

(9) As an eclectic therapist (Gestalt, hypnosis, NLP, bioenergetics) in 1995 when I finally started to treat my "stuck" patients I couldn't fit any of the techniques I used with other patients needs after their AcuDetox. Either patients sailed through it, and simply told me or the group their story quite articulately, with no need for therapy (as Smith predicted) or they balked at my use of any of the methods which worked with easier patients.

Dr. Michael O. Smith had travelled to the orient during his residency years, so he was more familiar with acupuncture and less taken up with any of the 10 schools of therapy than most (there are over 450 today.) When he brought AcuDetox to the Lincoln Hospital in 1974 he saw it as a standalone therapy, and never attempted to include/integrate psychotherapy with it (10). Smith's patients were sent to Alcoholics Anonymous afterwards so we felt too encouraged to go for more progress in the aftermath.

However effective I'd been using various therapeutic techniques I'd learned before **AcuDetox** showed up, the paradox was that they became ineffective when AcuDetox's **neuromodulator effect** (11)suddenly recontextualized my patient's problems. Our patients quickly (within days) shift from having malfunctioning behavioural patterns to having out of-the-ordinary experiences we call "phenomena" This all-new raft of experiences require us to become incisive, highly empathic intervenors to come to a compassionate understanding of them, for very good reason.

At the outset, we cast about for a way to round out the full experience for our patients. When **Smith** sent his successful substance-addicted patients to Alcoholics Anonymous or its equivalents, many who had not benefitted from 12 Step approaches before, now did so. Smith**(12)** had deftly suggested that, after acupuncture, they'd become "newly able to learn."

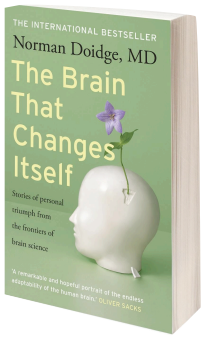
We wondered what more our "newly able to learn" patients needed. We were steeped in group therapy and training so we decided to look into its possibilities. Something striking put in a sudden and unexpected appearance, much akin to the Miami Drug Court recidivism plunge from 43 to 3%. Our patients, who had received no therapy whatsoever till then, suddenly became besotted by the fact that they were meeting (some) people whose results were similar to their own. This is not to say that the results were all the same. Rather it was that three themes began to emerge. Extra-ordinary experiences were replete, and, differing from person to person, either concerned a.) an uncanny "knowing what to do" b.) unusual intuitive insights into their lives with interpretations arising at a higher than usual level of complexity or c.) unconditional empathy - but for no good reason. Groups of participants assembled together excitedly based on their particular result. We saw this as a demonstrating an insight psychoanalyst **Karen Horney** had developed in the 40's (13). Several contemporary authors have written about this but its use in therapy was not widely known.

This seized our attention, as it resulted in a 15% jump in client-reported improvement of post-treatment stress management. But the 25% of cases who failed to improve alerted me that my 25 years of accumulated eclectic techniques - were the wrong way to approach the fear spawned in some patients by the showing up of out-of-the-ordinary "phenomena." I found that **Roberto Assagioli**'s transpersonal approach (14) fit that bill.

(10) By 2005 we found we could intervene increasingly successfully but gently by providing explanations in the midst of the newly-arising lesser defences like reaction formation, rationalization and repression. Even before Doidge's *The Brain that Changes Itself* came out in 2007, we were able to defang lesser defences by taking care to detect their arising, dealing with them before they rooted.

(11) Doidge, Norman; *The Brain's Way of Healing*; 2015 introduces "energy medicine" devices, like the **PoNS neurostimulator** and neurobiofeedback which greatly accelerates neuroplasticity by stimulating/regulating the hippocampus-amygdala-hypothalamus axis. The **Peniston-Kulkosky neurofeedback** method which gets near-perfect results with addiction, PTSD abd depression, was seen (even on EEG) to accomplish this by the patient learning to generate increased alpha and theta brain waves and lowered levels of circulating endorphins.

(12) What Smith had called being *"newly able to learn"* and we had called*"Making hay while the sun shines"* we began to recognize as *presence* or *mindfulness* when we read Doidge's first book ***The Brain That Changes Itself***. Actually, it explained a lot.



(13) Contemporary Loyola-of-Chicago professor **Jerome Wagner** has written **a detailed summary of Horney's approach** (which became the early data from which our current understanding of personality disorders developed.) Others, such as Dr. **Maurice Nicholl,** and his later students **Theodorre Donson and Kathy Hurley** who **wrote books on the subject,** but none as comprehensive as **Don Richard Riso and Ross Hudson**, all describing the same three personality types - Horney's *"aggressives" "compliants"& "detacheds."* We saw over time that the **neuromodulating** effect of AcuDetox was to rebalance, in short order, the rigidifying limbic brain structures which are the most troublesome aspects of "personality" (i.e. the bases of psychoses and personality disorders.)

Assagioli, R.; Psychosynthesis; 1975 a student of Freud became aware of a group of patients who sought treatment, not for childhood traumas, rather for their difficulty assimilating or even tolerating extraordinary experiences. He spoke of them as needing a different approach from those suffering from childhood traumata, which he called Psychosynthesis - one the basic texts of today's transpersonal psychotherapy.

While our results improved once we began engineering post-treatment opportunities to share stories of how recipients' personalities evolved discontinuously (which is now seen to be the way all evolution operates) (15) results were still short of the 85% **Dr. Smith** was reporting in substance-addiction treatment.

I was working in 2005 in a private care clinic where patients came who'd been through mainstream medicine and still lacked for a definitive diagnosis and/or a definitive treatment that worked. Here they got extensive laboratory workups, in hopes that elusive diagnoses would be revealed. This thoroughness worked at times, but it became quite exciting in 2005, when the clinicians began to understand and diagnose gluten sensitivity. There was even a possibility that a definitive marker had been discovered in Texas (**Dr. Kenneth Fine**) who tests stool for antibodies (16). I became involved when several patients placed on gluten-free diets had some reduction in anxiety and some had amelioration of depression, and all seemed to improve in terms of their cognitive function "brain fog."(17) There also was a gluten sensitivity overlap with migraine, fibromyalgia and chronic fatigue syndrome, a 100% incidence of very low circulating neurotransmitter levels and at least some clinical improvement in patients who went strictly gluten-free. (18)

But just going off gluten wasn't the be-all and end-all, and so my colleagues began to refer these patients to me, and it was soon clear that it worked. It was also apparent that the reverse was true. Patients who wished to get beyond anxiety/ depression or OCD, and had untreated gluten sensitivity showed up among the patients who failed to improve. Building on this, I began watching each new patient who came from outside our clinic, who hadn't been suspected of gluten sensitivity. A number of sensitivity-detecting clinical questionnaires showed up on the scene, and I finally incorporated one by **Dr. Vicki Petersen** in my history intake, finding that in patients with a personal or family autoimmune disease, 5+ year history of emotionally "stuckness," poor response to psychotherapeutic efforts, and/or antidepressants, had a one out of every two chance of scoring highly on the gluten sensitivity inventory(19). Of these patients, success with AcuDestress only happened when gluten free.

Once mindfulness became established between 1979 when it's meditation form was introduced by Kabat-Zinn and 2007 when **Norman Doidge** (The Brain That Changes Itself) brought public attention to the many neuroplasticity projects which showed promise(20), I recognized mindfulness and neuroplasticity were already ineffable aspects of the AcuDetox treatment results.

I saw, in 2007, that if they were already there silently there during AcuDetox who received no psychotherapy other than being given an opportunity to speak about their personality subsequently, with 60-75% evolving to a higher level of neuro-complexity, that making mindfulness and neuroplasticity overt during the program might add to our results. They have (20).

(15) Picknett, L. and Prince C.; **The Forbidden Universe**; Skyhorse Publishing 2011; Ch. 11 Darwin's New Clothes p. 257-296.

(16) **www.enterolab.com** is the website for *Enterolab*, which is mentioned in several independent literature references as offering a definitive stool antibody test for gluten sensitivity.

(17) Stephen J. Genuis and Rebecca A. Lobo; Gastroenterology Research and Practice. Volume 2014 (2014) Review Article Gluten Sensitivity Presenting as a Neuropsychiatric Disorder
http://dx.doi.org/10.1155/2014/293206

(18) The acknowledged world expert on celiac disease and gluten sensitivity is Dr. Alessio Fasano at *Harvard University* whose book **Gluten Freedom** deems that until such time as a definitive biomarker is developed (he is working on one) *gluten sensitivity* remains only diagnosable in subjects who remove gluten from their diet for at least one month, experience symptom relief of gastrointestinal and/or neurological/ mental symptoms or both, then consume a gluten challenge meal which brings about a return of their symptoms.

(19) Bailey, Brian C. M.D.; Gluten Sensitivity Presenting as Anxiety, Depression or Psychotic Symptoms; GP Psychotherapist; Fall 2014; This article speaks to the high incidence of gluten sensitivity and markedly lowered level of circulating neurotransmitters) noradrenaline, serotonin, dopamine) discovered in patients with chronic emotional/mental problems who fail to respond to antidepressants and/or psychotherapy.

(20) While mindfulness had become a component of several existing therapies before 2007 (the Delphi poll of J.C. Norcross et al. suggested that 40% of psychologists used in (2013) and that its use would increase further by 2022. Since mindfulness arises in other ways than learning meditation (which occasionally has adverse effects) as seen in the the work of Dr. Dan Siegel and Dr. Jeffery Schwartz I was able to choose from the best mindfulness and neuroplasticity techniques in use today, settling on the so-called Odd Man Out Exercise adapted from A. H.Almaas whose work I studied. While work continues, my book The Magic of AcuDetox; PartTwo provides a working framework for patients after treatment.

One of the more difficult tasks, given that introducing mindfulness and neuroplasticity in a hands-on way is rendered easy and fast (compared with the task of teaching meditation)

Further References

Reference is made at times to a program for 10-18 year old adolescents , The *Young Canadian Leadership Challenge* which was carried out through nine prototypes, and taught/ conveyed *mindfulness* to a constituency who were the least likely meditators - adolescent youth. This program can be accessed HERE. The book written by Dr. Bailey, *Love, Liberty and Leadership*, explaining the Seligman-inspired design and the reasons for remarkable results can be seen HERE. The *Young Canadian Leadership Challenge*, which emerged as a start-up five years after AcuDestress was initiated, taught me the biggest lesson which was to be overlayed on the help received by the four week, 16 session 5 point-ear acupuncture process - namely that whenever one can arrange to remove *shame* from a distressed individual and replace it with *pride*, big things happen. with the kids it was easy to see that their resistance came from the fact that they received so much criticism from educators and parents, so much advice, that they were inured to it, and therefore inured to change. *Shame* (and blame) kept these young people (bullies abd bullied alike) from learning how to relate to each other, because they were equally on the defensive - while really wanting to make friends. They didn't know how, because they didn't know how to "dare greatly"(21) But, with only a weekend to work with, we found ways to put themselves in situations where they could say, both about themselves abd their peers *"Hey, I really like you!"*

For a further referenced explanation of the work we do with the three-brained approach to treatment, the reader is referred to a patient-oriented further-referenced explanation of the work we do with the three-brained (triune brain) approach. The reader is referred to an article presented to participants on Day 25 (the last day of the session) called The Three Brains, and the Three-Brain Theory which our recipients use to gain further clarity and performance in their everyday lives.

Work goes on on the evolving design of a segment which transitions the patient at the end of the initial 28 day Phase I AcuDestress session to a more action-oriented Phase II, called *Mindful Living* newly made up of monthly sessions which gradually transfer the responsibility for one's mind-body maintenance to the patient and teaches them how to meditate as well. This already happens with some patients spontaneously, while others (about 1/3) need help with the transition. Since the participants have moved beyond shame, moment is now rendered easy.

with 5-point ear acupuncture, is the matter of applied neuroplasticity.

Mindfulness taught as meditation, without anything added gives rise to more relaxed, more peaceful ways of defusing crises. *AcuDestress*, which could be called *"applied mindfulness with neuroplasticity"* by which we invite and challenge people to search out their highest and best use of *neuroplasticity*, (like by resolving a learning disability, for example) or to transform their personality from the rigid, presentation to it's more complex (or evolved) manifestation.

Building on a technique which I gleaned from studying briefly with Helen Palmer, I create panels of attendees and former attendees (whom we call "exemplars" as Palmer does) to talk about their before-and-after experiences.

Here is one of the panel presentations by patient **Patrick Beaudry** at **Stage 1 Neuroplasticity** seen on video **HERE** on his 18th day of treatment

By Day 25, the final day of the session, when a significant number of the recipients have already reached Stage 1, we are able to put the matter of diagnosis in context for the patients as they venture back out into the world to test out what they've gained. That diagnosis is always positive.

(21) Brené Brown's *Daring Greatly* (Gotham Books, 2012) addresses the need to defang shame, quoting president Theodore Roosevelt: *"It's not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done better.*

*The credit belongs toi the man who is actually in the arena, whose face is marred by dust and sweat abd blood who strives valiantly ... who, at the best, knows in the end the triumph of high achievement, and who at the worst, if he fails, at least falls while **daring greatly**. "*

Three weeks after the session we gather patients back together to share the results of the session and to witness Stage 2 Neuroplasticity, which began with their standing outside themselves, mindfully - as seen in this video of a participant named **Dawn Welch** who can be seen **HERE**.

Moving Beyond Shame and Blame

It sometimes escapes detection when an observer sees only a snapshot of our work, that the conversation in the room rarely goes to *shame* and *blame* - the two most insidious enemies of change. It is not that our patients don't come with these two negative indictments on life in play. They do for sure! We certainly hear about them in our intakes. If they were absent there would be little reason for our patients to join our groups.

Having conducted psychodynamically-oriented groups for twenty years before starting AcuDestress, I recognize it as an approach which can be very productive in therapy. But I hold it in reserve here until the very end, as our approach is training. Due to the neuromodulating effect of 5-point ear acupuncture which begins with the very first needle insertion, attendees begin to experience their core defensiveness melting from the outset, replaced by extraordinary "phenomena" usually in the early going -seen as snippits of *intuition* Even if it's initially not apprehended that this is so, due to its brief and fragmentary appearance early on, there is, in addition, from the outset, a peacefulness and rapt anticipation in the room, which can only be part anbd parcel of the phenomena - as it always happens.

As such, it happens that people don't finds themselves focusing on the psychodynamics which brought them here. Or, at the very least, they do so lightly and with understanding. That, in itself may be their version of *phenomena*, but since it lacks drama, it is the rare person who simply observes *"Gee, I'm not as caught up in my usual stuff!"* But that's what's going on. I've had more than one person attempt suicide between their intake visit and coming to their first session, discovering that the tendency has retreated quickly - for no good reason. For this reason I avoid or elide over conversations which might evoke *blame* or *shame*. It's not there unless we remind them that it was part of their problem. It's a similar criticism levelled at the wonderfully accurate model of personality called the Enneagram. When applied in the West, it features the *blame* and *shame* of identifying with one's personality. Many people get stuck at this level, that it feels to me that a good system of understanding is being wasted or even makes matters worse.

We want our participants to see their virtues - their potential for actualization and authenticity first and foremost. They can go back and visit what they've been unable to correct to date, due to the fact that they've had so much *shame*. If we encounter negativity (at times it's unavoidable) I make sure that I can engineer at least three times as much time on *awe* and *wonder*. This attracts me to the approach of Sally Kempton. (22) Once the group has stopped the blaming/complaining they came in with, they're introduced to *discernment* when ready to exit stage left. Remember, these patients haven't come to get over a crisis (we send people in crisis to those who can deal with it better by talking it through) but rather are chronically hard on themselves and others. For them to re-enter life empowered is to relieve them of *shame* and *blame*. The final day only happens because we model it ourselves in our planning, anticipating the *discernment* late in the game.

Roberto Assagioli split with Freud on the matter of whether all intrapsychic phenomena can by explained by a "one-size fits all" theory. He observed people struggling mightily with so-called positive experiences in the sane way people with childhood traumas struggled with negative experiences in later life. He said: "

We are dominated by everything with which our self is identified. We can dominate and control everything from which we disidentify ourselves. The normal mistake we all make is to identify ourselves with some content of consciousness rather than with consciousness itself. Some people get their identity from their feelings, others from their thoughts, others from their social roles. But this identification with a part of the personality destroys the freedom which comes from the experience of the pure "I".

When on the defensive our patients with chronic mental-emotional (and often physical) stress reactions highly identify with negative emotions - particularly *blame* and *shame* (Prigogine). In psychodynamic terms, events of the past and their reactions to them have become the drivers of these destructive reactions, causing therapies to focus on their expression. But that's not our focus. Sally Kempton (22) suggests

"... if you want to switch channels from blaming to discernment, start by paying attention to the feelings that arose right before you started the blame spiral. Find out what they have to show you. Think of it as a process of retracing your footsteps. When you find yourself blaming, ask yourself, "What feeling started all of this?" Be patient, because it might take a few moments to become aware of the feeling, but when you do, let yourself stay with it. Then turn inside and ask, "What perception lies behind this feeling? What is this feeling telling me?" The perception might be something totally unexpected—an insight into yourself, a realization about a situation. You might see that it's time to act in a situation that you've been letting slide, or that you need to stop struggling and let a problem resolve itself on its own.

After you've sensed an answer, look again. Notice whether the perception you are experiencing feels clear or whether it's another layer of the judging mind. The way to do this is to notice the feelings around your perception. If you still feel confused, angry, self-righteous, unhappy, overexcited, or full of desire or any other hot or swampy emotion, you're still judging. In that case, ask yourself, "What is the root perception behind this? What does this feeling really have to tell me?"

Our patients find novel and refreshing answers..

Designing the Game Plan: Going From Blame and Shame to Awe and Wonder

As a change -process group designer (*The Experience of Excellence, The Young Men's Adventure Weekend, The Young Canadian Leadership Challenge, Creative interactions, AcuDestress*) I typically start with envisioning the group ensconced in the desired result - *awe and wonder in the case of AcuDestress* (the vision). This refers to the "evolved" triune brain structure (and function) of neuroscientist Paul MacLean (23). The designed-in movement towards the desired state follows the design methodology of Positive Psychology (24) as promulgated by University of Pennsylvania's Dr. Martin E. Seligman (25). When he won the honorific of *Psychologist of the Decade* in the 90's it was on account of his deftly-designed 12 session, 12 hour intervention created for Grade 5-6 students in Philadelphia's public school system. His subjects were ensconced in pessimism - and his version of *awe and wonder at this age* was curiosity and the love of learning. The current reality was that, left to chance, half of these kids would be depressed by the next school year.

He was quite taken with what psychologists call *The Hoving Phenomenon* (26) which evoked *"creative surprise"* - what designer Robert Fritz (27) would call *"structural tension."* He turned his 12 short hours with his Grade 5-6 subjects into an activity which appealed to their age and maturation - a series of cartoons of typical events in a middle schooler's life they typically would mope over - say not being invited to a birthday party. He then asked them to use their imaginations to imagine and write down a better outcome than feeling down and out. They did. And it worked so unpredictably well that every Australian elementary school now runs a Seligman program. Still working into his elder years, Seligman's been working of late on the problem of post military service depression.

So, our comparable desired scenario is having our stressed out patients take some time (but not so much time that they feel *shame and blame*) acknowledging their current state, then finding an exercise which would be among those stimulated by the neuromodulating effect of 5-point ear acupuncture, then providing a much larger time putting their results into words.

The formula for time allotment here must mimic life itself - which Brené Brown has shown (28) to be made of of three good things which happen for every bad thing. Just as it is very important in psychodynamic therapy to spend a great emphasis on psychodynamics, while never avoiding them, with a mindfulness-based training approach the focus is on the resultant state, such that three times the time is allotted to this aspect. People love to talk about awe and wonder - such that it just has to rear its head, and the conversation begins to fill up the room. In this way the movement is accomplished step by step, result by result, inspiration by inspiration.

The process of design is based on observation of what happens under various scenarios, and then adjusting one's current scenario so that *vision, current reality and structural tension* properly take their place in the process. So says Robert Fritz, who designed a process which simplified learning where creativity was the envisioned end result.

(23) The early neuroscience research of Paul MacLean put forward three independently-functioning brain layers, which specialize in *thinking, emoting and actioning*, which trainer Chris Balsley (https://www.youtube.com/watch?v=eZJaQPHL764)says must all be functioning in harmony to manage stress well.

(24) **Positive Psychology** is the scientific study of the strengths that enable individuals and communities to thrive. The field is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play.

(25) Martin Seligman was actually the chief founding father of Positive Psychology after seeing that a focus on and a "diagnosis" based on the subjects positive potential (in this case awe and wonder) produced better results than focusing on negative states - like helplessness

(26) The *Hoving Phenomenon* has become a psychology design inspiration, based on a story of how *Metropolitan Museum of Art* curator Thomas Hoving learned of his exquisite ability to judge art when a college professor surprised him, thus uncovering his natural ability to do so.

(27) Robert Fritz (see picture above) links vision and current reality by structural tension, seen metaphorically as an elastic band, which, when used in a healthy way causes current reality to rise to where one holds one's vision. In our design, each of these elements is systematically evoked.

(28) While attention must be placed on current reality, and thus on elements like *blame* and *shame*, so that they're not ignored, Brown's three-to-one ratio for speaking of realized vision is something we must be ever vigilant to provide. By doing so constantly we keep optimizing results.