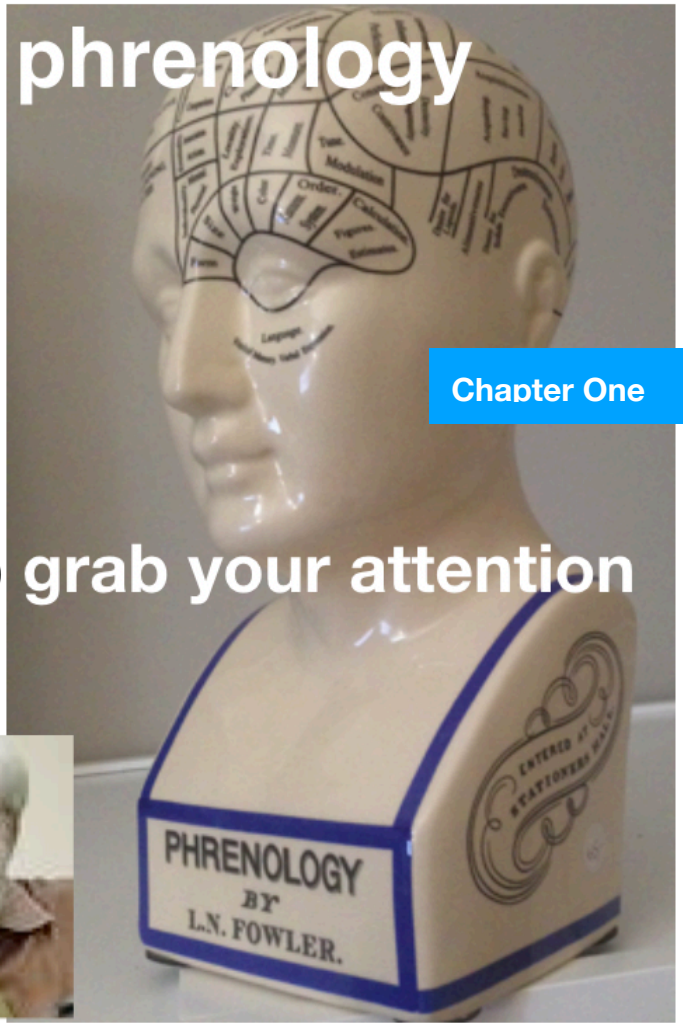
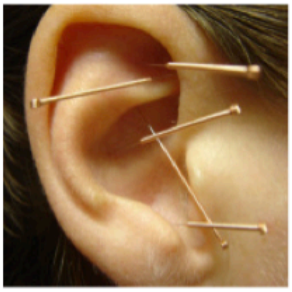
twenty-first century phrenology to conquer ptsd

by brian c. bailey m.d.



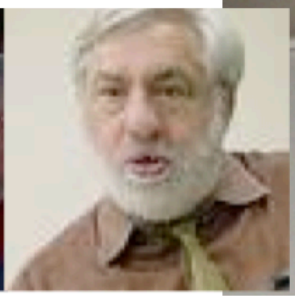
Chapter One

a catchy title to grab your attention



AcuDetox® NADA Protocol

Dr. H.L. Wen M.D.



Michael Smith M.D., D. Ac.

These are my heroes, **Dr. H.L.Wen**, whom I never met, **Dr. Michael Smith** whom I often met. I hardly know anything of **L.N. Fowler**, but I've included him because he'd been willing to jump in at the deep end with a subject that stretched the imagination of his audience. But not so fast to condemn him (or me.) In the end, Fowler's crackpot ideas didn't turn out to be so crazy alter all.

Phrenology, which assumed that person's personality followed the shape of one's head, inspired Fowler's follower, one **Dr. John Martyn Harlow** in 1848 to take careful note of his patients' personalities, as phrenology said that personality resided in specific areas of the brain, much as seen in the bust above. Well, I believe that too - and now so do an increasing majority. that's what this book is about. So it really is about 21st century phrenology. And it's about acupuncture as something more than a placebo. But we'll come to that below.

Franz Joseph Gall

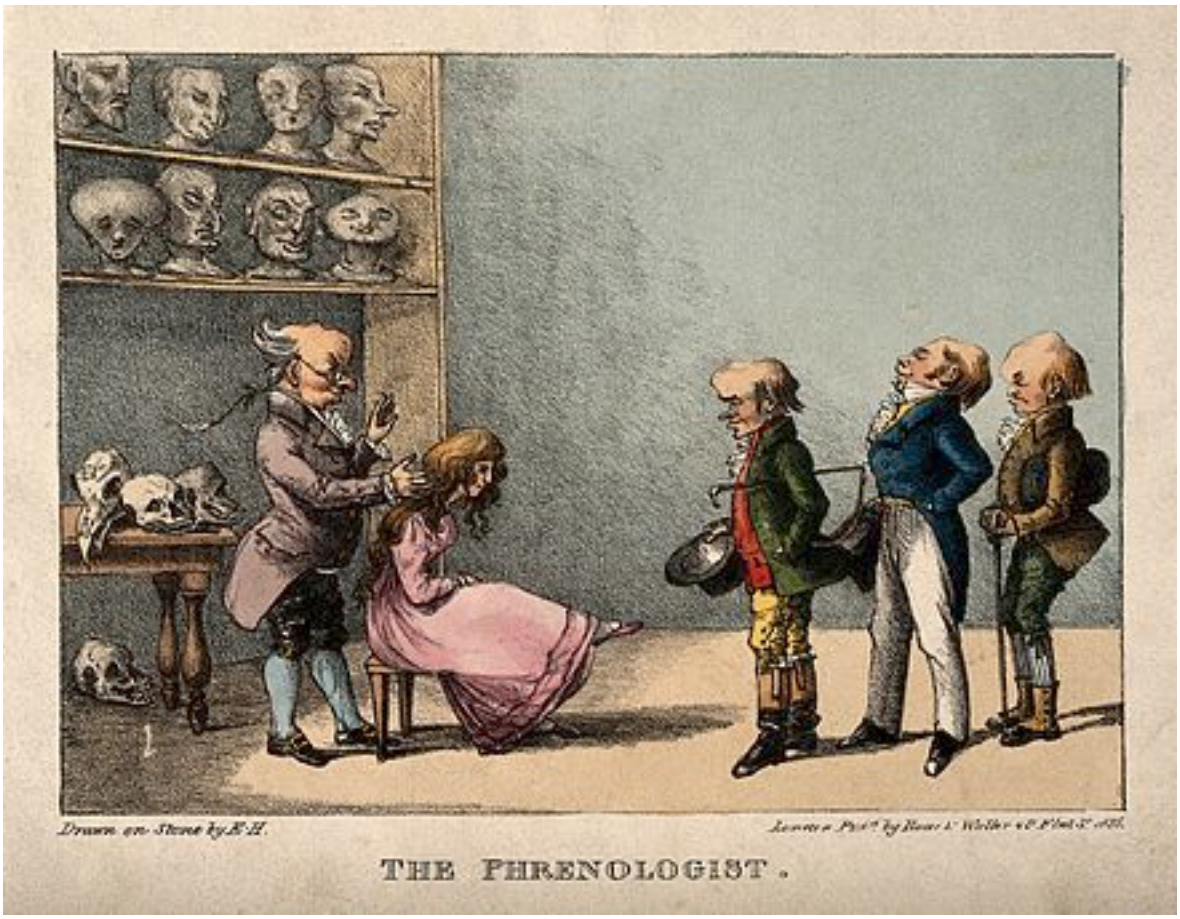
Right now I want to introduce **Franz Joseph Gall,** the founder of phrenology. Thank you Wikipedia!

Franz Josef Gall (9 March 1758 – 22 August 1828) was a German neuroanatomist, physiologist, and pioneer in the study of the localization of mental functions in the brain. Claimed as the founder of phrenology, Gall was an early and important researcher in his fields. His contributions to the field of neuropsychology were controversial at the time and now widely

referred to as pseudoscience. However, Gall's study of phrenology helped establish psychology as a science, contributed to the emergence of the naturalistic approach to the study of man, and played an important part in the development of evolutionist theories, anthropology, and sociology.

Gall's scientific inquiry began in his youth. As a boy, he was fascinated by the differences between himself, his siblings, and his classmates. He developed an early interest in the brain after making a connection between one classmate's odd shaped skull and advanced language abilities.[] He enjoyed collecting and categorizing plants and animals. He also realized the importance of observation as a scientific technique at a young age.

As the second eldest son, he was intended for the priesthood but chose instead to study medicine at the University of Strasbourg. In his advanced studies, he again made observations about his classmates. He noticed that many of the particularly bright students had prominent eyeballs and concluded that this could not be purely coincidental. He later completed his degree in Vienna, Austria. [He took his first job at Lunatic Asylum making observations about the insane. He then opened up his own successful private practice and became so popular he even gave well attended lectures to the public. He was offered the position as head Austrian Court physician but decided to remain in private practice and research. Contributions to phrenology.



Franz Joseph Gall examining the head of a pretty young girl

Based on his early observations about the skull sizes and facial features of his classmates, Gall developed the theory of Organology and the method of Cranioscopy that would later be known as Phrenology. Gall's version of Organology states that the mind is a collection of independent entities housed within the brain. Cranioscopy is a method to

determine the personality and development of mental and moral faculties on the basis of the external shape of the skull. During his lifetime, Gall collected and observed over 120 skulls in order to test his hypotheses.

Gall believed that the bumps and uneven geography of the human skull were caused by pressure exerted from the brain underneath. He divided the brain into sections that corresponded to certain behaviours and traits that he called fundamental faculties. This is referred to as localization of function. Gall believed there were 27 fundamental faculties, among them were: recollection of people, mechanical ability, talent for poetry, love of property, and even a murder instinct. Based on the surface of a person's skull, Gall could make assumptions about that person's fundamental faculties and therefore their character.s theories.

Reception and controversy

Gall's concepts on brain localization were revolutionary, and caused religious leaders and some scientists to take exception. The Roman Catholic Church considered his theory as contrary to religion. Established science also condemned these ideas for lack of scientific proof of his theory. Still others attempted to discredit Gall because they believed he had not given rightful credit to the theories and scientists who influenced him. Étienne-Jean Georget accused Gall of stealing Charles Bonnet's basic idea of brain localization that he had written about over 60 years earlier.

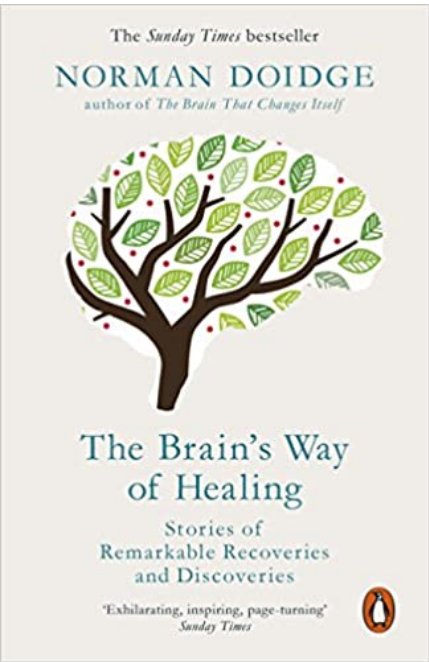
One interesting influence was on psychiatry, where the South Italian psychiatrist Biagio Gioacchino Miraglia proposed a new classification of mental illness based on brain functions as they were conceived in Gall's phrenology. In spite of many problems associated with his work, Gall made significant contributions to neurological science.

Today, phrenology is thought of as a huge mis-step by the scientific community. The idea that a person's personality could be determined by the shape of their skull has been repeatedly disproven. But at the time, Gall's arguments were persuasive and intriguing. Even though phrenology is now known to be incorrect, Gall did set the groundwork for modern neuroscience by spreading the idea of functional localization within the brain. He also influenced the French anatomist, Paul Broca.

The origins of Smith's 5-point ear acupuncture

Dr. Michael O. Smith was a young psychiatrist who started his career at New York City's *Lincoln Hospital* in *The Bronx.* He chose his specialty to be substance addiction, often considered the bottom of the barrel. The Bronx has seen much improvement but in the 70's it was a slum. As "low man on the totem pole, Smith was assigned to tun the Heroin Withdrawal treatment centre. It wasn't a wonderful assignment. It involved handing out diminishing does of methadone for 3-5 years. Smith talked about this in **the video he made** of opening an ear acupuncture clinic in the days following the 2001 *World Trade Centre* disaster. In 1973 he'd read that **Dr. H.L.Wen** a Hong Hong Western-trained neurosurgeon was using acupuncture to treat serious addiction. His efforts immediately succeeded - which alienated him from the addiction treatment community. Their *"vested interests"* were for him to fail so their jobs wouldn't be at risk.

Notice the link the video he made above. If you CLICKED it, saw the video, you'll know where I'm going. Know that this will be a short book with 4-page chapters. It's loaded with links to other sites. It shouldn't be printed, but read online. Follow the links that interest you. It won't be a long read, it will largely link you to pictures, articles, and especially videos. Why would you want these? Well, know this is a MANUAL for receiving or providing either 5-point ear acupuncture or *The Citadel*. So you will be particularly able to enjoy *The Citadel* - maybe even offer it to others.



In 1990 **Dr. Smith** presented his work to a *University of Toronto* audience. **I started doing it as AcuDestress in 1995.** At first, I called it *Rapid Fundamental Change*. That described what it was to a tee. I had been looking for 20 years for a way to offer my patients a *rapid* way through. This had started when I was in general practice, when I got interested in working with people on emotional problems. But I only had so much time.

I had learned to conduct psychotherapy groups because it allowed me to see 12 people at a time, not just one. Group skills differ from individual skills. Little did I know at the time that in 2013, when **Norman Doidge** wrote **The Brain's Way of Healing,** he'd say that *neuroplasticity* had to be raised to an emotional level in 28 days for it to get off the ground. Like most if not all others, I knew nothing of *neuroplasticity's* magic at the time.

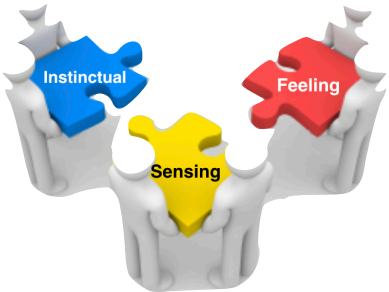
But I was uncomfortably clear that if I was going to follow Dr. Michael O. Smith's protocol, I had only 21-28 days, and I could not use "talk therapy" alongside it. It made for head-scratching times as I had, of course, been looking for a psychotherapy answer. I used the the word *fundamental*. By this I meant something that got down to the very basics of peoples need, not just something to make them feel better. And the word *change* meant to me that, by it's completion, they would be able to carry on themselves.

As someone who'd done everything to learn to become a good therapist, I'd accumulated more time studying than it would have taken me to study psychiatry, but if I'd chosen psychiatry in 1968, every school that taught psychiatry taught psychoanalysis and Sigmund Freud. It wasn't my cup of tea. What had been my cup of tea was **Fritz Perls'** *Gestalt Therapy*, clinical hypnosis and a modest interest in **Alexander Loewen**'s *Bioenergetics*. I'd only met Smith briefly, and so I didn't know that *"no talk therapy"* didn't mean no talk. It really meant no persuasion. He was dealing with hard core addicts - and he wanted their treatment experience to draw them aboard, not words they'd soon forget, and fail to respond to.

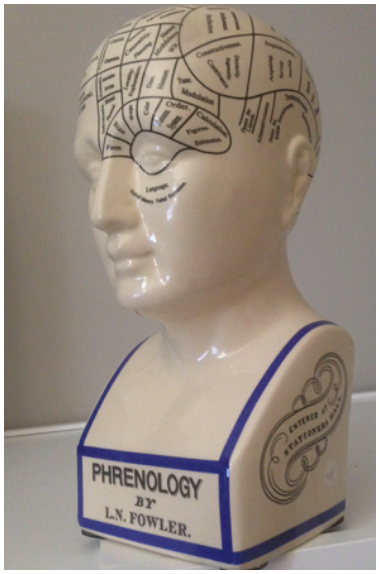
So, after 5 years of getting comfortable with his dictum I started off, and unbeknownst to me, my first patient had *Borderline Personality Disorder*. I'd missed the diagnosis but I'd finally gotten off my duff because I had this patient whom I disliked. Disliked! This was unprecedented for me. I later learned it's a diagnostic clue for *Borderline* that they stimulate dislike. She'd come in to every session with a list of complaints about everyone in her life - her husband, her son, her boss, the people who worked under her.

My experience had been and still is that I love every patient. But she frustrated me at every juncture and had done so for 18 long months of 90 minute sessions. I'd stuck with her because she said she'd made a lot of progress with my first therapy teacher. But my "talk therapy" had failed so I sent her to my colleague, acupuncturist, **Dorothy Taylor.** She lay on Dorothy's acupuncture silently for an hour. That's all there was to it. I didn't say anything to Dorothy about the patient I sent her. I didn't want to poison her in advance. After four weeks, Dorothy announced that she was finished her treatments. As an offhand comment Dorothy said *" I didn't like her at first, but you should see her now."* She was complaint-free. And it held.

The next part of the story, I tell my clients, but since it hasn't been replicated in them, many struggle with it. We'd not talked at all during treatment. About 60% of my patients progressed like the one described above. So we decided to invite them to evening follow-up groups, as an experiment. Those who made it to those evenings instantly loved getting together. But something we couldn't have anticipated was their discovering like beings and enjoying extra time with them. They had so much in common with the people they found out, that every time they came they sought out those people. As we watched this unfold, we saw that members of 3 spontaneously occurring groups had changed into either action-oriented **"instinctuals"** or perspective-holding **"thinkers/ sensors"** or compassionate **"feelers."** Each variation was unique. Clearly, this was the change available here and I named them after the three basic colours.



Chapter Two



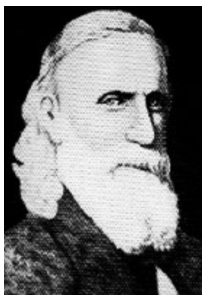
phre·nol·o·gy

(from the 19th to the 21st century)

/frəˈnäləjē/

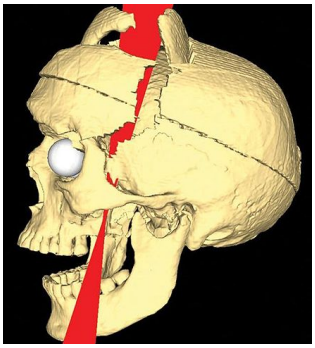
noun HISTORICAL

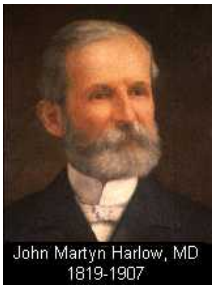
1. the detailed study of the shape and size of the cranium as a supposed indication of character and mental abilities.



Lorenzo Niles (L.N.) Fowler, creator of the bust on the right, was the son of New York farmers who grew up working on the farm and was educated at the district school. He later studied to become a clergyman at *Amherst Academy.* By the age of sixteen he had helped to found a student temperance society. In 1834 his elder brother Orson Squire Fowler (1809-1887) became a convert to phrenology while a student at *Amherst College* New York from fellow students and from reading J.G. Spurzheim and George Combe. Lorenzo soon followed his brother. Before long they were reading heads and offering lectures on the subject assisted by their sister Charlotte. They immediately found the new science of the mind profitable and eventually gave up on the idea of becoming clergymen. In 1836 Lorenzo set up a phrenological establishment in New York and in 1838 Orson set up a similar establishment in Philadelphia. Here in the same year they founded the *American Phrenological Journal and Miscellany* which would continue until 1911. Antique collectors like Lorenzo's mass-produced busts.

Phineas P. Gage (1823–1860) was an American railroad construction foreman remembered for his improbable survival of an accident in which a large iron rod was driven completely through his head, destroying much of his brain's left frontal lobe, and for that injury's reported effects on his personality and behaviour over the remaining 12 years of his life—effects sufficiently profound (for a time at least) that friends saw him as *"no longer Gage*."





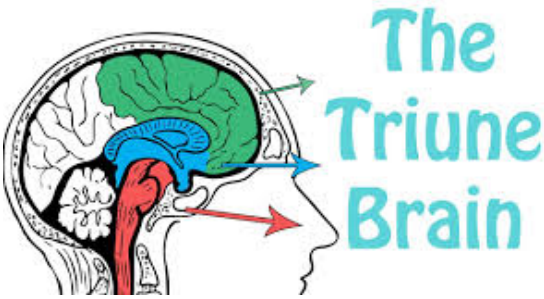
John Martyn Harlow, his doctor, was a student of phrenology. He was also the physician who first treated Phineas, who supported him through early infection caused by his injury and who wrote detailed descriptions of him over time. Dr Harlow described Gage as follows: *"Remembers passing and past events correctly, as well before as since the injury. Intellectual manifestations feeble, being exceedingly capricious and childish, but with a will as indomitable as ever; is particularly obstinate; will not yield to restraint when it conflicts with his desires."* Dr Harlow reports that Gage's employers, *"who regarded him as the most efficient and capable foreman ... considered the change in his mind so marked that they could not give him his place again.... He is fitful, irreverent, indulging at times in the grossest profanity (which was not previously his custom), manifesting but little deference for his fellows, impatient of restraint or advice when it conflicts with his desires.... A child in his intellectual capacity and manifestations, he has the animal passions of a strong man.... His mind was radically changed, so decidedly that his friends and acquaintances said he was 'no longer Gage.'"* Harlow's explanation of the personality change was poetic: *"the iron passed through the organs of Benevolence and Veneration, which left these organs without influence in his character…"* These were notions characteristic of 19th Century phrenology.

Australian professor Malcolm McMillan holds that Gage actually recovered. Did Gage become an unreported case of neuroplasticity? Did his personality reside in distinct brain areas? If so, can these areas recover? Subsequent reports of Gage's physical and mental condition shortly before his death imply that his most serious mental changes were temporary, so that in later life he was far more functional, and socially far better adapted, than in the years immediately following his accident. A social recovery hypothesis suggests that his almost 9 years of highly complex, and necessarily social endeavours as a stagecoach driver in Chile fostered this recovery by providing daily structure which allowed him to regain lost social and personal skills. Maybe he was *"no longer, no longer Gage"*

The **story of Phineas Gage** has been one of the most constantly told, avidly debated and roundly analyzed medical stories, with the documentation of Dr. Harlow the brilliant 19th century *phrenologist,* who looked for brain areas lost by Gage as clues to certain notions that the regions of the brain operate semiautonomously, and that associations between them are the determinants of behaviour and even personality. Gage's personality was changed, while his brain functioned pretty well. Out of Harlow's description scientists see emerging an entirety called **Frontal Lobe Syndrome**, McMillan's speculations about "social recovery" resurface in the 21st century as we look for answers about how to treat PTSD.

triune brain

(20th century phrenology?)



Learning has burgeoned along the way, The **triune brain** is one model of the evolution of the vertebrate forebrain and behaviour, proposed by the American physician and neuroscientist **Paul D. MacLean**. MacLean originally formulated his model in the 1960s and propounded it at length in his 1990 book *The Triune Brain in Evolution*. MacLean made a case for three brain regions expressing themselves quite autonomously i.e. that they were parts of differing personalities.

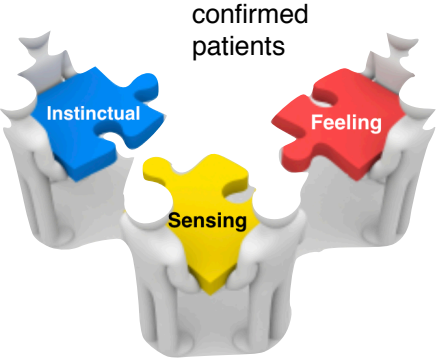
- **Reptilian complex**, or Primal Brain (Basal Ganglia). Referred to as the *monkey brain*.
- **Neo-mammalian complex** or Limbic System, some times called the *emotional brain*.
- **Neocortex -** the uppermost, outermost layer of the brain - is found only in mammals, and is linked with "high-level cognitive abilities" like abstract planning, tool-making, language, and self-awareness. **CLICK HERE** to see the 60 second triune brain movie. MacLean went on to hypothesize that these three "complexes" not only represented three distinct stages of brain evolution, but remained three separate, semi-independent brains, "[each] with its own special intelligence, its own subjectivity, its own sense of time and space and its own memory." MacLean was saying, in other words, that each human brain contains 3 independent subjective consciousnesses. We believe that's right. If feels like he was reading the "bumps" accurately.

Bessel van der Kolk, who likes the *Triune Brain theory* (*The Body Keeps The Score* page 69) writes that PTSD patients, Stan and Ute Lawrence became *"hypersensitive and irritable"* when part of their prefrontal cortex (DLPDC) was knocked out by emotional, not physical trauma for years after a tragic crash on the 401 in 1999. They appeared on a **CBC David Suzuki Nature of Things** documentary on PTSD. They were found with fMRI evidence to duplicate Harlow's story of how personality is situated and seen as different in each person's brain. See also Pages 48 and 51 below.

the three-coloured brain(lol)

(21st century phrenology?)

There have been **many theories of personality** along the way, stretching back to Hippocrates time. More recently, beginning with psychoanalyst **Karen Horney** in the 40-50's saying that all children could be divided into one of ***aggressives***, ***(red) detacheds*** **(blue)** and ***compliants*** ***(yellow)***, and more recently by neuroscientists who have concluded that different brain regions contribute to personality. We confirmed this in the most surprising way, discovering that when we assembled groups of patients who'd fared particularly well, without having any "talk therapy."I saw them spontaneously gather into three groups like **MacLean** and **Horney** had described. In a phrenology sense, it was as if their heads had different bumps from those in the next group. Each had a different way of succumbing to and getting over PTSD. Treating people according to their colour trumps any attempt at "one size fits all."



My 2020 Phrenology notes: I have already, in the opening chapter (Page 4), talked about the 3 types of people whose personalities were revealed by their getting better from trauma with Dr. Michael O. Smith's *5-point ear acupuncture.* These were people, like those who, pushed to the limit, while, say, witnessing the destruction and fall of the *World Trade Centre* towers, recovered in short order, or never ended up with PTSD.

These were the people who would have been seen either *withdrawing* into themselves and hiding **(blues)**, cycling around others to make sure they were OK (yelllows) or planning to get back at whoever had commandeered this travesty (reds). That's when they weren't at their best.

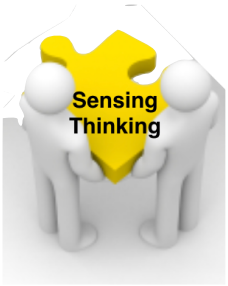
But at their best, in Smith's case after they had their ears pinned, the **BLUES** *"knew what to do"* from moment to moment (like **Lincoln** at *Gettysburg* or **Churchill** at *Dunkirk*,) or **YELLOWS** like **Mother Teresa** who were able to look after her self while she looked after others, or **Jill Bolte Taylor** who quite likely saved her own life by tripping over her **YELLOW** aspect when she needed it. Or **Martin Luther King**, a **RED** who graduated from being angry at segregationists, to being a fierce advocate for compassion for them, while **RED Oprah Winfrey** appears to always have had a very compassionate (and passionate) approach to her life and the lives of others.

TYPES OF PTSD When one surveys both the professional and lay literature there are any number of estimations of how many PTSD types there are - two, three, four, five? But most of these are based on presentation, and the majority of these make Dissociative PTSD a distinct entity as does the DSM-5. There is also some difficulty in what to do with Complex-PTSD, as it does not appear concisely in DSM-5 - so there must have been some disagreement over where it fit. But it's, in fact, the PTSD form we therapists see most often. From the photos above you'll see that my thinking is based on *personality.*

So I looked for a PTSD classification based on *personality,* as that's the spontaneous manifestation which was appearing to me right before my eyes. This does not account for severity, though the dissociative type has the greatest likelihood of being seen conjoined to a personality disorder. It might, for some be the hardest to treat. In my experience, it is sometimes the easiest. I found an article with a personality-

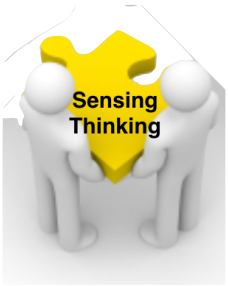
based classification, which others in the field might argue with. All I can say is “So what?” I will reproduce it almost verbatim as it has interesting features which could interest you as either a recipient or provider. **"Identifying PTSD symptoms typologies: A latent class analysis"** (published online in a *Psychology Today* article. Researchers found that a 4-factor model allowed for the best data fit. The subtypes were:

1. Dysphoric (23.8 percent): Intrusive thoughts; avoidance of situations and thoughts related to the trauma; negative thoughts and feelings; isolation, numbing and irritability; and difficulty with sleep and concentration. They were more likely to be younger, and male. They were less likely to have experienced combat. They were less likely to receive medication for PTSD. They were more likely to be diagnosed with depression, and less likely to be diagnosed with anxiety. They were more likely to use nicotine. **(I call this type the FEELING type. They make the least use of their limbic brain, not reading well what other people mean. In the armed forces, they’re likely found in special forces. They “hunker down” under stress, reduce their feelings to occasional anger or planning to move against the stressor. Their need is to learn to take others into their lives. One way they can do this is with Power of Eight.)**



2. Threat (26.1 percent): Increased re-experiencing symptoms; high self-blame and negative emotion; lower levels of loss of interest, numbing, isolation and irritability; and high levels of physiologic arousal (“hyperarousal”). They were more likely to be older, and less likely to have recent homelessness or unemployment. They were more likely to have personally experienced natural disasters, and had illnesses or injury to people close to them. They were less likely to report childhood sexual abuse as their worst trauma, and reported better mental health. They tended to have fewer additional psychiatric diagnoses. **(I call this type SENSING THINKING because, they have the strongest defences against PTSD - naturally being drawn to other people, yet always expecting adversity and are less likely than other personalities to fall apart. Even though it is probably not the best way for them, they are hyper-vigilant when adversity hits, as they are used to being that way. Our best way “in and through” trauma for therm is by learning to meditate actively - as described by *Silva Mind Control*.)**

3. High Symptom (33.7 percent): Elevated levels of all symptoms except trauma-related amnesia and high-risk behaviours. They were more likely to be female, less likely to be White, reported lower education and income levels, and were more likely to have recent public assistance, homelessness, and unemployment. They were more likely to report combat and childhood sexual abuse as their worst trauma, were younger when they developed PTSD and had it longer, and reported worse mental and physical health. They were more likely to have received therapy and/or medication treatment for PTSD. They had higher rates of other psychiatric conditions, including anxiety disorders, bipolar disorder, chronic depression, marijuana and alcohol use disorders, and personality disorders including Borderline, Schizotypal and Antisocial. This group most closely resembles **cPTSD**. **(I call this type INSTINCTUAL because their instinctual reaction to stress is to freeze, They need to establish more mature instinctual responses, usually by toning down their amygdala, in this approach emphasizing *Emotional Freedom Technique* or *emWave 2*.** Both induce activity.



4. Low Symptom (16.3 percent): Lower levels of all symptoms, except for intrusive thoughts, negative emotions, and hypervigilance. People in this group were more likely to have higher income levels. They were more likely to report the worst trauma to someone close to them, rather than to themselves personally, and were less likely to report personal war trauma.They tended to be older and have PTSD for a shorter time, and to have better mental and physical health. They were less likely to have received treatment with therapy and/or medications. They were less likely to have other psychiatric diagnoses, and less likely to have personality disorders. **(I see this as the mildest form or PTSD in a sensing/thinking type of person, probably requiring the least amount of treatment. Given But all of our “toys” might work as well. These folk might benefit from *Cognitive Behaviour Therapy*.**
As for Ute and Stan, I’ll come back to them in a more appropriate chapter.
They’re well described in *The Body Keeps The Score.*

Chapter Three

PTSD

Post Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with your day-to-day functioning, you may have PTSD.

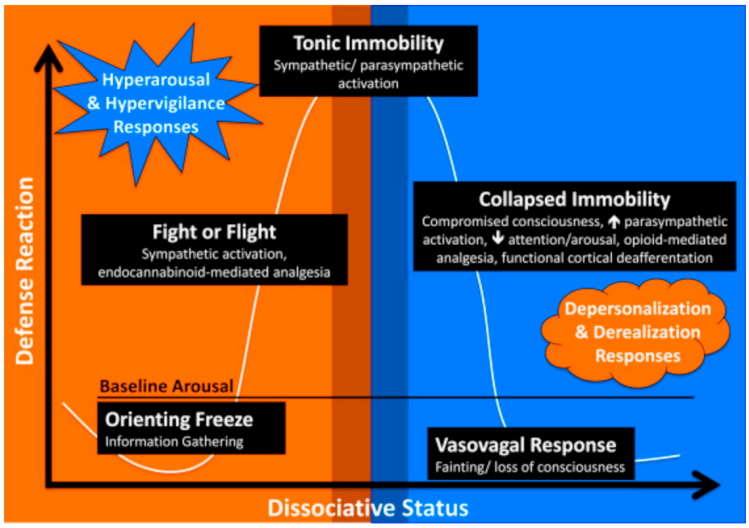
We normally think of *Post Traumatic Stress Disorder* as the singular result of a single event occurring in an otherwise normal individual. PTSD among military personnel has risen to such heights in recent conflicts (Iraq and Afghanistan) that there is a perception there that we are now seeing a combined problem of PTSD and Mild Traumatic Brain Injury, but with the brain injury side being refectory to treatment. **American military clinicians say this**. But is there as has been implied, a difference between the effects of wars in the past, World War v1 and Wold War II when PTSD was called “shell shock” and the plethora of cases seen today following the hostilities in Iraq and Afghanistan?

There has also been a change in the way PTSD is viewed in DSM-5 over the distinctions in DSM-IV. This has been largely proposed by Canadians, **Ruth Lanius and Paul Frewen at the University of Western Ontario**, suggesting that there is a Dissociative form of PTSD and a non-dissociative form. This differentiation has been in clouded in the recent DSM-5.

This is complex. Their colleagues and sometimes co-authors van Huijstee J Vermetten E add:

While individuals with non-dissociative PTSD exhibit an increased heart rate, decreased activation of prefrontal regions, and increased activation of the amygdala in response to traumatic reminders, individuals with the dissociative subtype of PTSD show an opposite pattern. It has been proposed that dissociation is a regulatory strategy to restrain extreme arousal in PTSD through hyper-inhibition of limbic regions. In this research update, promises and pitfalls in current research studies on the dissociative subtype of PTSD are listed. Inclusion of the dissociative subtype of PTSD in the DSM-5 stimulates research on the prevalence, symptomatology, and neurobiology of the dissociative subtype of PTSD and poses a challenge to improve treatment outcome in PTSD patients with dissociative symptoms.

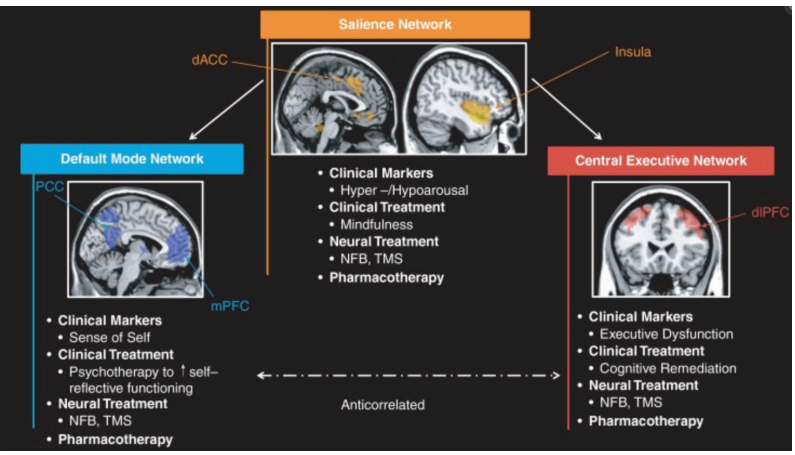
In their article **A review of the relation between dissociation, memory, executive functioning and social cognition in military members and civilians with neuropsychiatric conditions,** the same authors and others present a model of the dissociative and non-dissociative PTSD presentations saying:



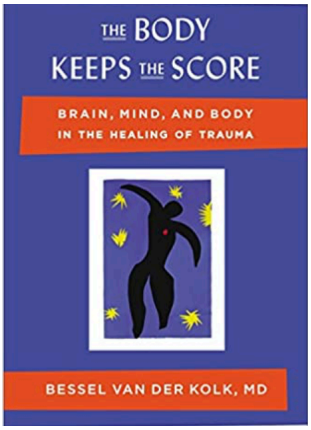
"The concept of a PTSD-DS is supported by evidence from studies using latent class and confirmatory factor analysis, where approximately 15–30% of individuals with PTSD can be classified as belonging to a dissociative subtype featuring symptoms of depersonalization and derealization…"

Then in a subsequent article: **Restoring large-scale brain networks in PTSD and related disorders: a proposal for neuroscientifically-informed treatment interventions**
Ruth A. Lanius, Paul A. Frewen, and Margaret C. McKinnon citing research which connects PTSD to three distinct brain regions the Central Executive Network (CEN) The Salience Network(SS) and the Default Mode Network (DMN) propose that Neurofeedback shows promising results in regulating the Sa and DMN network, saying:

"Neurofeedback is a form of biofeedback that uses a brain computer interface to provide feedback about brain functioning in the form of an electroencephalogram (EEG) or blood oxygenation level dependent response, thereby enabling self-regulation of brain activity. EEG neurofeedback training has been shown to aid in the regulation of the SN and the DMN networks.



…A similar investigation was subsequently conducted in PTSD patients who had suffered repeated childhood trauma. The results of this study indicated that voluntarily reducing alpha rhythm amplitude was associated with decreased alpha amplitude during training, followed by a significant increase ("rebound") in resting-state alpha rhythm amplitude. This rebound was related to increased calmness, greater default mode network connectivity, and enhanced SN connectivity (Kluetsch et al., 2014). **They call this metaplasticity.**



I don't mean to become overly technical here, so if the former page daunts you I will summarize it here for a more lay audience. ***Bessel van der Kolk***'s The Body Keeps the Score tells the story of two of Lanius and Frewen's patients, Stan and Ute, who were traumatized in a 80 car crash on the 401, during which they both observed another car passenger burn to death. The U of WO researchers did neuroscience brain tracings (fMRI) on both, finding that one had increased tracings and the other had reduced tracings. Why? This was a new observation, and begged explanation. The answer seems to be that one had non-dissociative trauma, and the other had dissociative trauma, discovered ***HeartMath's emWave2*** and had a recovery.

In February 2015 I was showing my colleague of many years, **Dr. Ted Leyton,** the workings which underlay AcuDestress, when I learned, in passing, that his entire practice had become completely oriented around *HeartMath's* **emWave2.** I did not yet have a good answer to PTSD other than an exercise called *Defending Against The Superego*, which I'll return to later. I hadn't heard of Lanius' patient's success with either Ute or Lanius' **emWAve2**. As a matter of fact I hadn't heard of Lanius.

But I was very taken with Bessel van der Kolk, as will be seen on my video The Territory Beyond Talk Therapy. I had already been working with three present-at-birth personality types who also had different patterns of Bowlby's attachment types. I had a bead on one type, with a lifetime tendency to withdraw I called **BLUE** *(for no other reason than to give it a name for no value attached to it)* in which dissociation was present - maybe even omnipresent. I had two other personality types who were more social, but one altruistically so and the other aggressively so.

I was trying to demonstrate this in 6 of Dr. Leyton's patients who were joined in on the *Ontario Telemedicine Network*. I will come back to the four patients of Ted's who had PTSD. none of whom were dissociative types. But I picked up on Ted's *emWAve2* and, after that session, I used it on my patients who were dissociaters *(they are not hard to distinguish.)* I was developing an interest in **alexithymia**, which is now widely linked to PTSD. The **emWave2** promised to teach patients using biofeedback how to turn amygdala fight-or-flight responses off by activating the vagus nerve. What a hoot! After 4-5 sessions there was no more *alexithymia*. Doubt this? Test yourself for alexithymia and if you score over 100, get an emWave2, and after a few weeks test yourself again. Two out of three people will score under 100 - particularly the **BLUEs** and **Yellows**. With their newly found freedom, they will be ready to take on their PTSD in earnest.

It's very easy to slip back into *talk therapy* if you respond to it yourself, as I do, so until **emWave 2** I was caught between a rock and a hard place. If someone had a flare-up on PTSD I took them aside in an individual session. But it didn't work. But once I had a training piece to use, I could use it, but if I didn't I slipped back into talk therapy *" Just try to imagine what it was that set you off."* Once I had Ted's magic little tool *(many others have lauded it too)* all of that went by the wayside. We now test for *alexithymia* the first day of our groups, get those scoring over 100 on the device before our exercise in combined mindfulness and neuroplasticity, which you'll also see Dr. van der Kolk extol elsewhere below. This isn't a full answer to PTSD but it's a start - a very promising one.

How Would This Work If the subject, instead of acupuncture, was doing The Citadel?
While we'll talk about this in later chapters, this online book is meant for both people who come for 5-point ear acupuncture and those who come at times when it's not available. *The Citadel* has three powerful exercises which also act as a *neuromodulator,* a subject we'll talk about later. Suffice it to say, in subjects who don't respond to talk therapy (which mine don't) one needs to do something in the realm of training them to access hidden talents - and the combination of *Silva Mind Control*, *Emotional Freedom Technique (Tapping)* and Lynne McTaggart's *Power of Eight* are a powerful threesome. So yes, in short, if you suspect PTSD you can profit learning these.

Dr. Bessel van der Kolk is the grand old man of PTSD. I can call him the *"grand old man of…"* because I'm the grand old man of treating serious mental illness with low cost neuromodulators, namely ear acupuncture, and because we are the same age. We both avoid *talk therapy*, while both have a longstanding grounding in it. **Bessel van der Kolk** has strong opinions on things - like COVID-19 and Donald Trump.

Bessel and I *(you'd think I knew him)* hold similar opinions on things, but for differing reasons. I'm a person who dissociates. He's not *(**he likes to tell the story** of his first response to the Twin Towers falling - he told a joke.)* Then he made sure he contacted everyone in his family, made sure they were all OK. Do I like this? Yes! That's pretty out there - a way to look after everyone by making them laugh.

When I knew Bessel was going to appear on this page, and I did because there's no one out there except perhaps Bessel's friend **Judith Herman** who holds a candle to him, I checked precisely what he believes - today. I don't care about yesterday as we've all made mistakes along the way. If we don't make any we won't get ahead, If we hadn't boobed, we wouldn't be where we are.. Bessel gets results. He also takes no prisoners, so somebody like me would have to stand up to him. So why not start here. I completely agree with his take on trauma seen in the **The Limits of Talk** *Bessel van der Kolk wants to transform the treatment of trauma by Mary Sykes Wylie*.

Like van der Kolk I find *" … what was the treatment that he felt was not really helping his patients to move on? It was standard talk therapy 101-helping them explore their thoughts and feelings-supplemented with group therapy and medications. During individual sessions with clients, he often focused intensely on patients' past traumas, in the interest of getting them to process and integrate their memories. "I very quickly went to people's trauma, and many of my patients actually got worse rather than better," he says. "There was an increase in suicide attempts. Some of my colleagues even told me that they didn't trust me as a therapist."*

And I agree when he says. *"It seemed to me then that we needed to find some way to access their trauma, but help them stay physiologically quiet enough to tolerate it, so they didn't freak out or shut down in treatment. It was pretty obvious that as long as people just sat and moved their tongues around, there wasn't enough real change."* Touché - I'm right there with you, Bessel.

My Approach to PTSD **Bessel van der Kolk's Approach to PTSD**

I think van der Kolk's been saying that something needs to occur to "prime the pump," whether its exercise, yoga, theatre or the like - or **emWave2** - but I wouldn't so as far as the sensorimotor people like Pat Ogden go, where patients are urged to act out their repressed feelings. I provide exercises, for example for people to do when they're angry which is not acting out and is not repressing their anger but *"being with it" mindfully*, until it spawns something that would be very useful to them. I encourage patients who have material from the past arise and *"haunt them"* to use *mindfulness* to *"be with"* the material, but, as **Jeffrey Schwartz would say:** It's important to get that *"you are not your thoughts and feelings."* But you have to get there first by dismantling *alexithymia* so the person has full and total access and an accurate picture of what's unfolding.

Bessel is delightfully always **trying to bring something new through.** (in this case in January 2020 with neurobiofeedback. I also speak of biofeedback, recalibrating the brain, in the case of **emWave2** (and even with Frank Lawliss' **Bioacoustic Utilization Device**,) so that the first steps are not trying to talk things through, but learning to switch the brain into a receptive state, a parasympathetic state if you will, where one can stand outside, as Schwartz suggests, at which point if our demons surface we can see them for what they are. If one practices always doing this, even for a short period of time the demons will stop coming. In my treatment mode, this may require repeating a session. In the first round the alexithymia goes, and the second, the PTSD. And if instead of **5-point ear acupuncture** you're doing *The Citadel*, the **EFT (tapping)** will do it.

Chapter Four

C-PTSD

Complex Post Traumatic Stress Disorder

(and unstable attachment)

Complex post-traumatic stress disorder (**C-PTSD**; also known as **complex** trauma disorder) is a psychological disorder that can develop in response to prolonged, repeated experience of interpersonal trauma in a context in which the individual has little or no chance of escape.

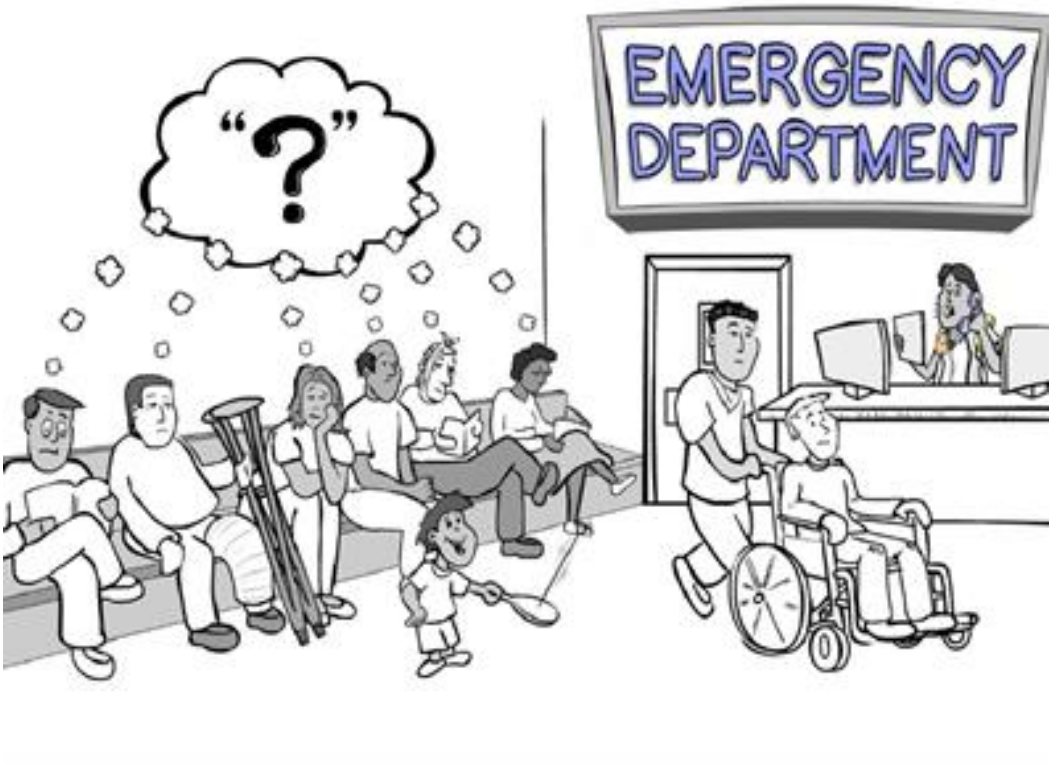
Many traumatic events (e.g., car accidents, natural disasters, etc.) are of time-limited duration. However, in some cases people experience chronic trauma that continues or repeats for months or years at a time. Some have suggested that the current PTSD diagnosis does not fully capture the severe psychological harm that occurs with prolonged, repeated trauma. Treatment considerations for those with such complex trauma histories are reviewed.

History of Complex PTSD Diagnosis

In 1988, Dr. Judith Herman of Harvard University suggested that a new diagnosis, Complex PTSD, was needed to describe and understand the indicators of long-term trauma. Differences from single event trauma include:

- Behavioural difficulties (e.g. impulsivity, aggressiveness, sexual acting out, alcohol/drug misuse and self-destructive behaviour)
- Emotional difficulties (e.g. affect lability, rage, depression and panic)
- Cognitive difficulties (e.g. dissociation and pathological changes in personal identity)
- Interpersonal difficulties (e.g. chaotic personal relationships)
- Somatization (resulting in many visits to medical practitioners)

Longer term or repeated trauma, including negligence and abandonment (as seen on the right) are probably, by now, more common than single incident trauma. Any prolonged restriction or pressure (like COVID-19) can be causative. One form we too frequently see in our practice are (especially) women who have taken emotional symptoms to their doctor, who quickly (but prolongingly) puts them on antidepressants, which temporarily cover up underlying C-PTSD, only to be discovered years later when the antidepressant no longer works. Criminal!



C-PTSD patients often present at *Emergency Departments,* as they often have somatic symptoms they can't cope with - symptoms which other people would take in stride.

Migraine can be one. Its not so much that the patient goes to the ER, rather that they go very often and with varying symptoms. There are, in Ottawa, 452 known ER "abusers." We may think of them as sad cases, but some hospitals have special classes for frequent users, to provide them with skills so that they can handle their own "somatization." There is a questionnaire called the ACES study, which identifies childhood traumatizing situations, While it isn't absolutely indicative of PTSD, it can give insight into what is going on underneath their need for excessive attention. This need for attention can happen in therapy groups as well.

About 60-70% of patients who come or are sent to our programs will have **TAS-20 scores** higher than 100. While there are other reasons than PTST it's a good bet that someone who scores that high has alexithymia and won't progress until the are over it. We have **emWave2**.

Our program is not set up to solve problems, like say, *Interpersonal Therapy* might. We deal with more serious, intransigent and refractory-to-treatment cases, But if you have C-PTSD the tendency is to want relief at every step along the way. You aren't prone to learning to cope. I have a cartoon video here that explains this . You may want to **show ii to some people.**

Here are the **ACES study** questions…

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
2. No___If Yes, enter 1__
3. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
4. No___If Yes, enter 1__
5. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
6. No___If Yes, enter 1__
7. Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

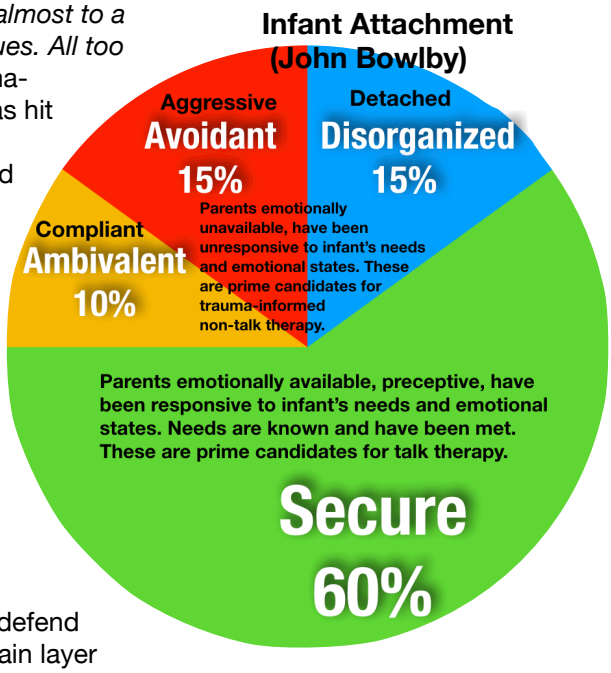
8. No___If Yes, enter 1__
9. Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
10. No___If Yes, enter 1__
11. Were your parents ever separated or divorced?
12. No___If Yes, enter 1__
13. Was your mother or stepmother:
14. Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
15. No___If Yes, enter 1__
16. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
17. No___If Yes, enter 1__
18. Was a household member depressed or mentally ill, or did a household member attempt suicide? No___If Yes, enter 1__
19. Did a household member go to prison?
20. No___If Yes, enter 1__

Now add up your "Yes" answers: _ This is your ACE Score

And here's **some perspective** on applying the questionnaire. Remember scores do not have a direct correlation with C-PTSD. The score, however, just may create "an index of suspicion."

Unstable Attachment (the background of much C-PTSD

Acquired Defencelessness *Those who don't benefit from talk therapy often test as alexithymic (oblivious to their own and others' feelings), overlapping almost to a person with those who have had Bowlby's childhood attachment issues. All too many develop Complex-PTSD, necessitating treatment with a "*trauma-informed approach*."* Early life (or, less frequently, later life) trauma has hit them "below the belt" where talking things through either had not developed yet, or, if later, overwhelmed them beyond what they could handle. Some of them were traumatized verbally, physically or sexually before coming upon any way at their childhood level of development, of talking themselves out of it at the time or through it afterwards. More about this below.

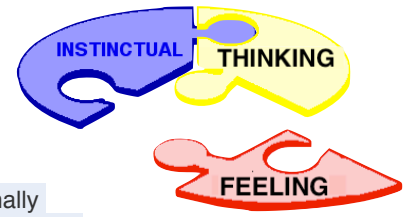


Add to this that all children had, to a person, by age 6 months, learned to cope with *helplessness* by developing primitive *object relation triads*- a reactive use of knee jerk emotional reactions as a default response to stress. This helped during infancy, but without unravelling the underlying problem - just coping with it. We hadn't learned to speak by this time, so our defences sprung from the more primitive brain layers where speech is absent.

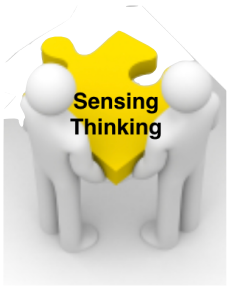
Traumatized subjects, left with only reflex fear or anger, ineffectively defend themselves, using their limbic brain (the mammalian development brain layer which adds discerning the feelings of others) and the brainstem (the primitive brain which in all animal including humans, adds "fight or flight.") Traumatized people reflexly feel fear or anger, or a combination of both, via a chemical pathway which produces them over and over when triggered. In other words, we can say that they become addicted to their responses, even to the extent of altering their brain's response to μ-opioid receptors as occurs in Borderline Personality Disorder.

Bowlby's Attachment Theory *(see also pie chart last page)*

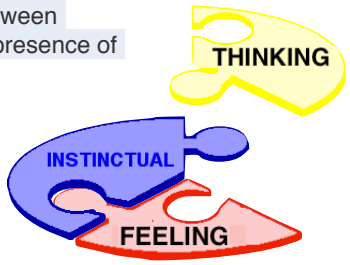
Secure attachment (55-65% in non-clinical populations)[1] In the Strange Situation (SS[2]), the infants used the mom as a secure base from which to explore. The infants noticed when mom left the room and protested. When mother returned, the infant went straight to the mother to be held, was easily reassured, and quickly returned to play. In the home, these parents were emotionally available, perceptive, and responsive to infant's needs and mental states. The internal working model of these infants is likely to be one that expects that their needs will be known and met, that they will be attuned to and emotionally regulated, and that they can freely explore their environment in safety. *(the placement of personality models below is mine)*



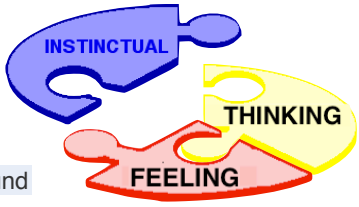
Avoidant attachment (20-30% in low risk samples) In the SS, the infants did not use the mom much as a secure base from which to explore. When the mother began to leave the room, the infant might move toward her, but often did not. When the mother returned, the infant acted like she was not even there and just continued playing. In the home, these parents were seen to be emotionally unavailable, imperceptive, unresponsive, and rejecting. Some were responsive in many non-emotional interactions, but were very dismissive and non-responsive when the infant was emotionally needy, frustrated, or angry. These infants often expressed random aggression, and were more clingy and demanding in the home then securely attached infants. The internal working model is likely, "mom does not respond to my emotions, especially when I am needy or angry, so I will shut down my needs and try to become independent." The infants then protect themselves from this difficult situation by dissociating from contact with their normal need for connection, and repress their emotions more generally. This is a "deactivating" strategy with respect to attachment.



Ambivalent attachment (5-15% of low risk samples) In the SS, these infants were more alert of the whereabouts of mother while playing. They were very upset when she left the room, immediately went to her upon return and got very clingy. Their behaviour upon reunion alternated between outbursts of anger and going limp, and in either case the infant was not soothed by the presence of the caregiver even if the mother was seen to be caring and emotionally available. In these homes, the mother was inconsistently available for the infant, and when she was available she was often pre-occupied and un-attuned to the infant in her responses. These infants were the most anxious, clingy, and demanding at home. The likely internal working model here is "even if mom is available physically, she will likely not be able to soothe me." These infants respond by "over-activating" their attachment system.



Disorganized attachment (20-40% in non-clinical populations?? And up to 80% in situations of abuse. This is not used as a primary classification, but rather an additional descriptor.) This was not an original classification in the SS, but later studies showed some infants who got disorganized when their mothers left the room, and also expressed disorganized patterns of behaviour on return (move towards mother, then away; freeze; go into a corner). They were not soothed if they made contact with the mother. The homes of these infants often had physical or sexual abuse histories, psychologically disturbed parents, and/or parents with substance abuse. Their inner working model of this relationship is not functional, and is one where the "supposed" source of soothing is also the source of danger — a situation of "fright without solution" — leaving their mind to exist in disorganized way. If the begins to sound a bit like *Borderline Personality Disorder* - it can be. Even then, **it can be corrected.**



[1] Forms of Attachment http://www.essentialparenting.com/2010/05/22/the-forms-of-attachment/

[2] testing attachment in infants and their mothers is done by watching how the infant responds to what us called the Strange Situation. The mother leaves the room, with a surrogate in her place. The baby is observe during her absence and when she returns. The way the baby relates to her allows a "diagnosis" of attachment typing.

DICTIONARY

talk therapy

Noun

Definition of *talk therapy*

: psychotherapy emphasizing conversation between therapist and patient

Examples of *talk therapy* in a Sentence

Please remind your readers that *talk therapy* is useful and can be lifesaving.

— Amy Dickinson, *oregonlive*, "Ask Amy: Aunt wants to reunite long-lost family," 24 Apr. 2020

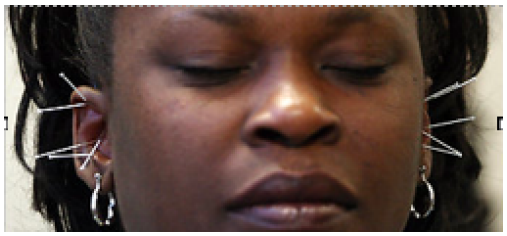
Cognitive Behavioral Therapy

Unlike psychoanalysis, cognitive behavioral therapy is not focused on uncovering the underlying causes of your mental or emotional issues. Rather, it's a goal-oriented approach with a focus on how to change the thoughts and behaviors troubling you. The idea is that, if you change your maladaptive thoughts, then your emotions and behaviors will change in a similar fashion. During cognitive behavioral therapy, you'll work with a therapist to understand the cause-and-effect relationships between your emotions, thoughts and behaviors, and you'll learn how to cope with your mental or emotional disorder on a daily basis.

Dictionaries trace the origins of the phrase *"talk therapy"* to 1979, about the same time I sold my general practice, moved and set up a new office. I described my modalities as *"acupuncture and psychotherapy."* I'd certainly have assumed that psychotherapy and *talk therapy* were one and the same, but since that time *"talk therapy"* has been described as either psychoanalysis or **Aaron Beck**'s *Cognitive Behaviour Therapy (CBT)*. So in the years 1979-1995 my practice certainly wasn't psychoanalysis, but in all important aspects did resemble *Cognitive Behavioural Therapy*.

I'm glad of my familiarity with CBT it, but it also has limitations.Not every client can use it. From 1979-90, two changes occurred. The patients I saw, as I got better, had more serious, less easily treatable problems, and I became a searcher for a therapy which could be expedited with some haste, that reached to the deepest levels, so that it, over time, transferred the onus to the patient, and could help rose intractable to medications. With this in mind and due to the fact that what I was looking for was elusive, the reader might understand how thrilled I was to attend a 1990 presentation by the *Ontario Alcohol and Drug Research Foundation* who delivered my answer, NYC psychiatrist **Michael O. Smith,** and his innovative clinic at the *Lincoln Hospital.*

Smith, like me, had despaired of treatment we each saw as the *"slow boat to China."* His bugaboo became treatment of heroin addiction with 3-5 years of methadone. He went to China in 1973 after reading that **neurosurgeon H.L.Wen** was using ear acupuncture to treat refractory cases of addiction. As a neurosurgeon, Wen has performed prefrontal lobotomies for the most desperately addicted. Smith found that he could replace methadone by what he later called AcuDetox, 15 days of *5-point ear acupuncture*, making treatment "short and sweet'." His shocking news to me was that my treatment-refractory patients were addicted - even if not substance addicted. His even more shocking news was that if I used his method I'd have to forego t*alk therapy.*



Actually, with the *Lincoln Hospital* being positioned between Harlem and the Bronx, many of Smith's erstwhile patients were the most difficult - *"street addicts."* Smith had wisely seen that they were not candidates for any form of talk or persuasion, such that the treatment itself had to compete in how it felt compared with the addictive substances they regularly used. And lo and behold it did compete.

Waiting patiently for me to jump in at the deep end, my acupuncture partner, **Dorothy Taylor** went to NYC and trained with Smith at the *Lincoln*, seeing 150-200 addicts a day who were pinned then lounged, or chatted in the ER waiting rooms, often completely spaced out. There was little talk. Smith didn't convince them to come. Acupuncture did.

And Smith insisted that his staff do no *talk therapy.* He even named his 1985 training organization the *National Acupuncture Detoxification Association (NADA)* with the letters NADA meaning *"nothing"* in Spanish just to remind students that *talk therapy* wasn't welcome in this hospital with his patients.

Michael O. Smith was an iconoclast. While we became friends, he took no prisoners and didn't suffer fools gladly. He quickly learned that the existing addiction treatment community was threatened by his successes - and only offered his work to those who lacked other ways to counter addiction - like the *Miami Drug Court (1979) where AcuDetox worked but also led to the usual 44% recidivism rate falling to 3%. Something more than just addiction control was afoot!*

Still, unless they actually met someone who'd received Smith's *5-point ear acupuncture* the addiction treatment community was slow to come aboard. Smith used to say (he died in 2017)*" My patients are relearning how to learn."* Learning came only after the treatment. Smith told me that treating people with who were highly refractory to traditional psychotherapy was going to vary from his putting the pins in substance addicts and letting the patients detoxify before expecting them to graduate to an altered post-addiction life.

AcuDetox discoverer Dr. Michael O. Smith & AcuDestress founder Dr. Brian C. Bailey

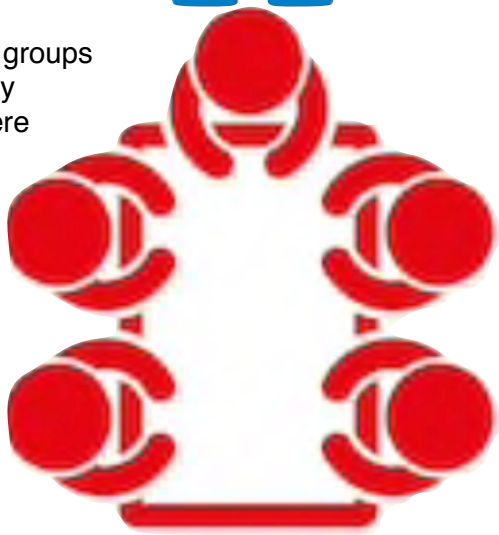
So, for ten years (1995-2005) I put off talking over patients' stress related problems until after they had done 16 totally silent sessions with acupuncturist Dorothy Taylor. Never did we offer *talk therapy*, which made it difficult to get longstanding patients of mine on board. They wanted to talk. Incessantly! I pinned them myself, Dorothy treated them as regular acupuncture patients lying on a table, I even sent them to other acupuncturists. We soon had longterm results we couldn't have anticipated, without one word having been spoken.

Something happened, right off the bat, though which led us back into the world of words. We started assembling our patients into follow-up groups 2 months after their treatment. We did not plan to do therapy. That was still *verboten*. But we found attendees to be particularly verbal, highly articulate and friendly with each other. In fact, they clamoured for more such evenings, and very quickly found one of three little clutches of friends with whom they always wanted more contact.

First, there were really verbal people, those who'd been the most people-oriented before their treatment. They were still the most verbal but now they talked about themselves, what was important to them, and less about things in the world that disturbed them or made them hyper-vigilant. To identify them without any value judgement implied, we chose to use the three primary colours, red, yellow and blue, all of which have equal importance. We named this group, who'd gained a personal identity, **YELLOWS**.

Then there was the group of people who'd been the quietest when they first came for treatment. You hardly knew they were there, as they loved solitude. Now it was apparent these these people had had interesting ideas and lots of feelings all along, but had kept them inside, at work preferring a corner office or a secluded cubicle where they could ponder their work alone. We called these people the **BLUES.** These formerly quiet souls suddenly *"knew what to do"* - not once, not twice but many times a day. They'd come alive.

Then there was the smaller self-assured, alongside a formerly self-assured group, those who tended to be self-confident. They'd been the most independent, the most used to getting things done, and the least aware of how others felt about their plans they thought the group would enjoy. Now they were adding another aspect to their ideas, the now-powerful ability to check things out with others. The **REDS** once activated are overly generous, filled with newfound gratitude.



Really, these already changed individuals who attended our follow-up groups needed little help at this juncture, two months after treatment. But they benefitted from seeing others who had similarly changed. Yes they were talking and yes, they often now seemed ready for talk therapy that hadn't worked before. But few of them were interested in therapy at all. They had "graduated" - a very good sign. They were Dr. Smith's *"relearning how to learn"* cadre, in full bloom. Each colour is unique, its members with their unique direction of movement to follow up.

Admittedly our groups didn't appeal to everyone who'd come to treatment. Only to 60%. People who felt nothing, didn't attend. And so the design work for the next years was trial and error ways to work with them after the group to offer what others had gotten.

Still, those who self- identified with a colour prospered. Those who could relate to others of the same colour made the most progress at all. I began to introduce same-coloured subjects one to another. This was moderately successful, but it was srill short of a design which dealt with the laggard folk in a way that predictably brought them alive. Many of this slower-to-prosper group had PTSD and were still labouring over dissociated memories which surfaced at the most inopportune times. In 2005 two breakthroughs occurred. One was the *HeartMath emWave2* biofeedback device. It allowed people to send calming messages to their amygdalae with only 4 days training while being pinned. The other was **Dr. Norman Doidge**'s book *The Brain That Changes Itself.* Doidge told of the pioneer work of **Paul Bach y Rita** in returning his college professor father to full functioning by engaging him non-verbally. I imagined us doing that!

All our *5-point ear acupuncture* clients become spontaneously *mindful* after 5 days of treatment. We give them a music-listening exercise that shows them that things are changing within. They become able to stand outside themselves, to watch dispassionately what's occurring within. With this in play, we move quickly to training them in *neuroplasticity.* It may seem that this is a return to talk therapy, but there is no going back here to analyze maladaptive thoughts. It's training people to move forward - to use *mindfulness*, to bring about self-selected neuroplastic change and self-reliance. It does not read like analysis and there is no homework to correct faulty thinking. It is clearly not *Cognitive Behavioural Therapy (*CBD). Give CBD its due; for the 60% of people in whom it naturally arises, it's great. The other 40% must do something else.

The same would be possible to someone who learned *mindfulness meditation*, and then applied what we do. We actively teach neuroplasticity so that experience it in the group leads to using it outside the group. We no longer need to take people aside to work with them. In the early days we had to deal with people's struggles with this, individually, offline. To have interventions occur offline wastes good energy which otherwise can lead to breakthrough. The exercise I designed, called *Odd Man Out*, which has people actually feel helplessness and then replace it with *"being present"* is best taught and practiced in the group, then is quickly practiced in real life.

People choose two partners to work with and engage in a conversation about our approach to therapy. As time passes two of the members will find an point of agreement, leaving the third as "*the odd man out."* Alternatively one person may imagine being "*odd man out."* It's the same either way. Once the person feels "out" they silently go the state of *mindfulness* they've now become good at, and substitute it for their feeling of helplessness. This exercise is tough sledding for some, sometimes results in tears and it's wonderful to have the support of the group to get them over the hump. Everything about this goes on internally so there are no corrections, no help, and none needed. This exercise is often repeated once the group is over and is the most remembered 6 months later.

Needing to show that *"there are more ways to skin a cat,"* when COVID-19 made acupuncture impossible, I substituted a mix of **José Silva's** *Mind Control*, the *Emotional Freedom Technique* (tapping) and **Lynne McTaggart**'s *Power of Eight*, and once again people could direct energy to their amygdalae, remain present when meeting obstacles, exactly as it happens with *5-point ear acupuncture* - which is admittedly faster but no more thorough. *Talk therapy* has morphed into training. But the disappointment of those not being able to talk things through is no longer there.

Chapter Six

“no-talk” therapy

Noun

Definition of *talk therapy*

: psychotherapy emphasizing conversation between therapist and patient

Examples of *talk therapy* in a Sentence

*“if you and your doctor are finding traditional t**alk therapy** ineffective, there are a lot of mental health treatments that aren't talk therapy that may be worth exploring.”*

— KYLI RODRIGUEZ-CAYRO. Seven Mental Health Treatments To Try That Aren’t Talk Therapy (2018)

It would be wrong to get an impression that we’re alone in opting for “no talk” psychotherapy. My mentor, **Dr. Michael O. Smith** made a wise choice.* History reveals it to have been brilliant. He saw that he was dealing with a disease entity where talk has surprisingly little influence over the results. Smith knew that even **talk therapy** *Alcoholics Anonymous* where he directed his patients post-*AcuDetox* had a marginal success rate.** We have seen substance addiction treatment in recent decades reduced, in many instances to *“harm reduction.”* I see this term as an oxymoron. It says to me: *“Nothing we do really works, but leave us alone to muddle through.”*

Toronto General Hospital

Toronto Western Hospital

St. Joseph’s Hospital

Brilliance is rarely recognized early-on. I, myself only followed Smith on a hunch - a good hunch! Keep in mind that 3 huge, university-based hospitals in Toronto now use Smith’s approach as an alternative to sending addicts to a $60,000+ sojourn at an in-patient facility that can offer **18-21% probability of longterm sobriety.** The per patient cost at these hospitals, with Smith’s approach is, I’m told, in the $500 to $2,000 range - a pittance; for our OHIP-funded stress management program, AcuDestress, it’s $1,000, with a 20% chance one will need to repeat. The real crux of the matter, vital to a 2020 psychotherapy program, isn’t the relief of symptoms, but the graduation of the client to self-management, ending therapy with a highly functional patient, permanently returned to everyday life.

---

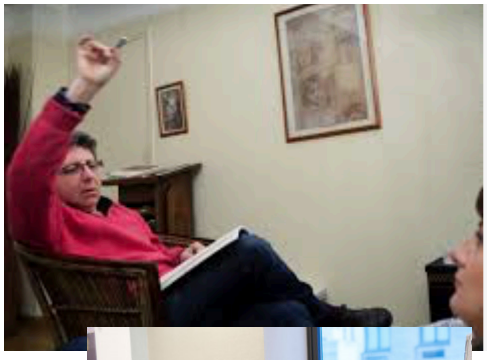
*A 2002 study by Dr. Spencer Eth, published in world PTSD expert Bessel van der Kolk’s *The Body Keeps The Score* records that Smith’s no-talk ear acupuncture was the most successful approach to preventing PTSD in New Yorkers’ search for relief after the 2001 *World Trade Centre* disaster. Smith has been widely celebrated for what was seen as an unlikely method of success.In recognition, an organization using Smith’s approach named *Acupuncturists without Borders* is funded by the City of New York to fly in to every major disaster and terrorist shooting in every area of the world.

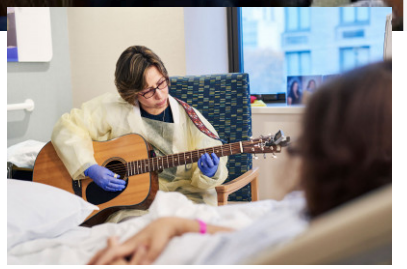
**Although AA has been criticized by some sources for having a low success rate, the rate likely isn’t 5% like some say it is. Addiction specialists cite success rates slightly higher, between 8% and 12%.
•A New York Times article says AA claims that up to 75% of its members stay abstinent.
•Alcoholics Anonymous’ Big Book touts about a 50% success rate, stating that another 25% remain sober after some relapses.9
•A study conducted by AA in 2014 showed that 27% of the more than 6,000 members who participated in the study were sober for less than a year. In addition, 24% of the participants were sober 1-5 years while 13% were sober 5-10 years. Fourteen percent of the participants were sober 10-20 years, and 22% were sober for 20 or more years.

Today, several years after Smith's breakthrough, search is replete for therapies which don't require words. That is because only 60% of the population **can make use of talk therapies.**

Kylie Rodriguez-Cayro says: *"You're not out of the norm if you feel like talk therapy, aka psychotherapy or counselling, isn't a super effective way to manage your mental health. The success of talk therapy varies from individual to individual, and can also depend on mental health diagnosis and severity. Some researchers think the effectiveness of talk therapy is somewhat exaggerated: a 2015 meta-analysis published in the journal PLOS One found that the efficacy of psychotherapy as a treatment for depression has been "overestimated" thanks to publication bias, though the study emphasized that it is still effective. Talk therapies, including cognitive behavioural therapy (CBT) and dialectical behavioural therapy (DBT) can be extremely beneficial to your mental health if you stick with it, and attend regular sessions. But, if you and your doctor are finding traditional talk therapy ineffective, there are a lot of mental health treatments that aren't talk therapy that may be worth exploring."*

Here are the 7 therapies she mentions as alternatives:





1. **EMDR** *(Eye Movement Desensitization and Reprocessing)* wipes out past traumatic memories in a way that defies reason. The therapist uses swinging pendulums or moving a finger back and forth before your eyes, with the result that past trauma becomes desensitized. Its limitation (I personally like it) is that is doesn't work so well with multiple traumas or Complex PTSD. A 2014 study found EMDR was more effective at treating people with trauma than regular *Cognitive Behavioural Therapy.*
2. **Music and Gong Therapy** Music soothes. Great music soothes greatly. Well-done music therapy and vibrational sounds relieve anxiety and depression, reduce physical pain and even have hospice patients better accept their illness. People are now experimenting with gong therapy or sound baths - for stress relief, blood pressure lowering and the like. Drumming is now seen to reenergize Alzheimer patients.

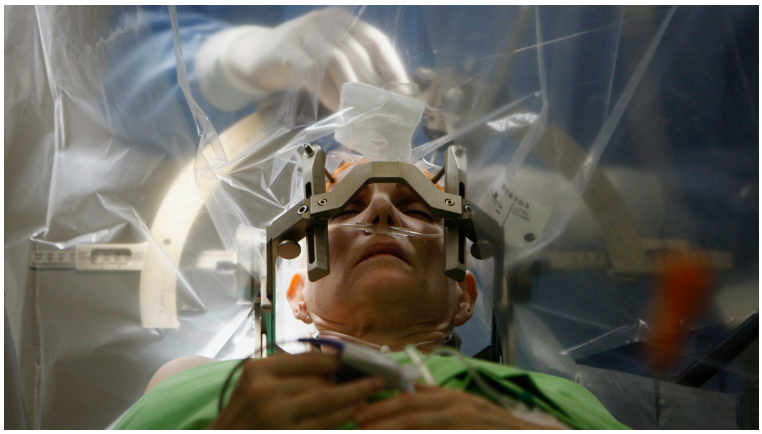
   "If I were not a physicist, I would probably be a musician. I often think in music. I live my daydreams in music. I see my life in terms of music." – Albert Einstein

   "Music is a language that doesn't speak in particular words. It speaks in emotions, and if it's in the bones, it's in the bones." – Keith Richards

   "...music in itself is healing. It's an explosive expression of humanity. It's something we are all touched by. No matter what culture we're from, everyone loves music." – Billy Joel
3. **Sand Tray Therapy** This common childhood pastime has been turned into a therapeutic tool by using miniature toys and coloured sand, creating a reflection of one's life, where problems are solved, obstacles are overcome and one's self is better accepted. It is done without need to put deeper thoughts into words.
4. **Art Therapy** A skilful art therapist can with engaging in understanding-based word exchanges, induce the client to *"paint themselves out of a corner."* Art enriches the lives of patients, allowing expression in the form of burgeoning creativity. Words and insights are rarely needed.

5. 6 and 7. **Dance/movement Therapy/Wilderness Therapy, Light Therapy.** Light therapy is utilized for people with *Seasonal Affective Disorder (SAD,)* A light therapy lamp often produces remarkable change without any need for talk therapy. It's amazing what can be done without talk.

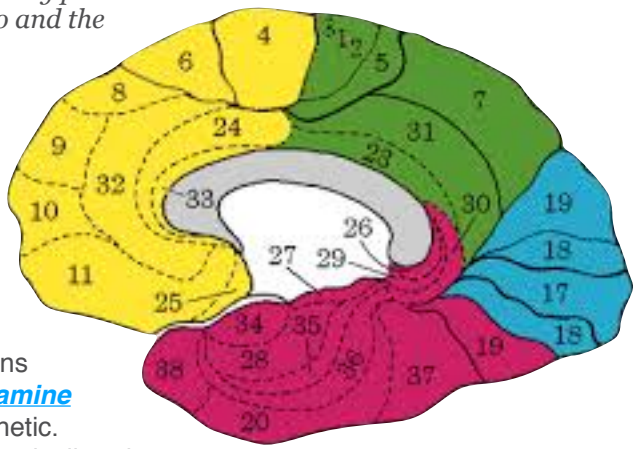
But breakthroughs in neuroscience shows that new technology is also providing new answers.



The Emergence of Neuromodulation

Dr. Andres Lozano, now chair of neurosurgery at the *University of Toronto* **gives a TED talk** well worth viewing on his development of one of the world's first **neuromodulators** - or neurotransmitter enhancers - *Deep Brain Stimulation* (DBS.) Born in Sevilla Spain, he moved to Ottawa at a young age and graduated in medicine from the *University of Ottawa*.

The University of Toronto reports: *"(Lozano) and his team have pioneered the "first in man" applications of DBS in dystonia, Huntington's, depression, anorexia and Alzheimer's disease and locomotor brainstem areas in Parkinson's disease. His recent work in experimental animals has shown that DBS can drive neurogenesis and enhance memory function. He is currently leading a large multi-centre trial of DBS for Alzheimer's disease. Dr. Lozano is particularly proud of the residents in the neurosurgery training program in Toronto and the more than 60 functional neurosurgery fellows that have trained with him and gone on to become leaders in their field."*



Lozano places a tiny electrical stimulator on **Brodmann Brain Area 25** and before leaving the operating room the subject is relieved of years of medication-refractory depression. What does this tell those of us who have been pursuing psychotherapy as "the answer?" That we have part of the answer at best. So, in recent years, both ***acupuncture*** and other **neuromodulators** have been tested for their similar therapeutic value, and psychotherapy itself has seen new directions emerge which make use of **neuromodulation**. For example, ***Ketamine treatment*** for refractory depression and suicidality uses an anesthetic. ***MDMA (ecstasy)*** is now being used to treat PTSD. Both of them typically twin drug treatment with ***Transpersonal Psychotherapy***, as the results work at the highest brain levels. Here we see ***a video of Rachel Hope*** describe her success with MDMA-assisted psychotherapy, now known to cure 83% of PTSD patients compared to 25% with psychotherapy alone.

So now let's describe what we use…

I was already, from the get go, seeing some patients recover from PTSD with *5-point ear acupuncture* alone. And this does occur in most patients using DBS. Admittedly I was not seeing improvement in all of our patients. Back to the drawing board. Many PTSD patients have backgrounds of *Borderline Personality Disorder* (***76% of military patients***). Our patients with *Borderline* ***tend to do very well***, but may still suffer from co-morbid PTSD. In 2005 we learned how to approach this problem without reverting to *talk therapy. Talk therapy* isn't known to work well with PTSD patients, and now we know why. By solving it!

Enter *HeartMath's* **emWave2.** Two thirds of our patients with PTSD are now able to protect themselves from PTSD flare-ups by tuning down their amygdala's responses to triggers using biofeedback. This is especially true of our **BLUE** (withdrawing) clients who've always been prone to withdrawal and who often have histories of *disorganized attachment*. These people's youth often saw a scary, damaged parent who gave out vastly different messages at different times. The child grew up never knowing what to expect, and in response started to dissociate. Not responding to stimuli as they really are, spawns ***alexithymia***, the shutting down of self-awareness, the failure to understand the emotions of others, and the resultant inability to be creative when spontaneous problem-solving is called for.

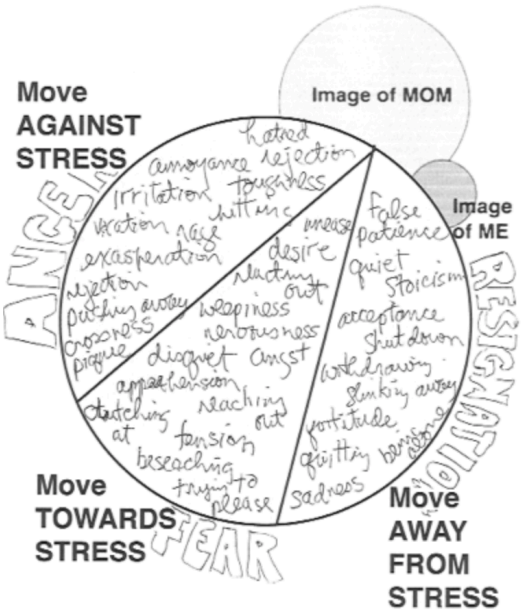
We now know this includes shutting down the vagal nerve pathways between the heart and lungs and the amygdalae, the activators of sympathetic system fight-or-flight. We use **emWave2** short term, but sometimes it's good for people to ***buy their own***. How we work with it is very simple. We are getting a **neuromodulated response** because people are also receiving *5-point ear acupuncture* or the equivalent (we'll come to that later.) About 60-70% of people who come to us refractory to antidepressants and "immune" to CBT have underlying PTSD. *Borderline* patients also have a deficiency of *μ*-opioid receptors in their prefrontal brain areas where decisions and evaluations are made. We test for this (***TAS -20 test***) online usually, at the outset. M*indfulness* is spontaneously appearing at the same time, so it only takes about 4-5 sessions of **emWave2** to be good at it. TAS-20 scores fall below 100 and remain there.

Once the amygdala is not responding to everything by activating one's fight or flight responses, repressed memories start surfacing. Often subjects are not ready for this yet. They will be if they persist. When they recognize their mindfulness, it spawns neuroplasticity - which, when a traumatic fear from the past comes up, they greet it with the equanimity of being in the present. This remind you of EMDR 2 pages back?

Now lets go back to our *Odd Man Out* exercise's role in activating neuroplasticity. It is described in the last chapter, but not in detail. It starts with people, already recognizing *mindfulness* is manifest in them, forming groups of three. People must not know each other in other contexts. We have spent the prior session having the group create a map (below) of early life responses to being truly *helpless* i.e. not being able to look after their own needs for food or drink, changing their diapers, or needing to be held. People can often identify their own, as they persist into childhood and then into adulthood. They are called ***object relations triads***. They are, here, coping mechanisms, which are triggered by feeling *helpless.* They occur at about age 6 months and persist into adult life. When we feel *helpless* we activate them to protect us

We then show the assembled threesomes how groups of three have a natural tendency to become groups of two with one person feeling like an outsider i.e. the *"odd man out"*. We ask people to imagine for 30 seconds what it would be like if, in their present triad, they were the *"odd man out."* We then have them enjoin in conversation. It could be on any topic. Whenever a person feels like they are the *odd man out*, they are instructed to look at the *Object Relations Triad* map (on the right) which they created as a group the day before, and find where their own *helplessness* reaction appears on that map. Having spent the week before learning to "be present," otherwise called *" being mindful,"* they have the choice of *mindfulness* or their lifelong coping mechanism.

We find people are much better at *being present* than they had predicted after learning about the exercise they were about to be part of. There is no "talk therapy" here. The talk is just the background. Everything happens inside, without a word being spoken. All that remains, regardless of how they have performed (which is generally well) is to practice this in everyday life when conditions are less than perfect. In this way no-talk therapy becomes our medium of learning.



Chapter Seven

Dictionary

pla·ce·bo

/pləˈsēbō/

noun

noun: **placebo**; plural noun: **placebos**

1. a harmless pill, medicine, or procedure prescribed more for the psychological benefit to the patient than for any physiological effect."his Aunt Beatrice had been kept alive on sympathy and placebos for thirty years"

    - a substance that has no therapeutic effect, used as a control in testing new drugs.
    - a measure designed merely to calm or please someone.

If you activated the link above in the word **placebos** you now know a lot about the placebo effect, so if you didn't, do it now. I've followed **Ted Kaptchuk** and **Dr. Irving Hirsch** for some years. Their research is state-of-the-art, something users of acupuncture have bandied about for years. Harvard seems to be the hot bed of placebo research so let's turn now to researchers **Richard Harris and V. Napadow** who used PET scans to tell the difference between sham acupuncture *(placebo)* and traditional Chinese acupuncture. This is one of the most important literature references to direct difference between true acupuncture and placebo responses. It says that neuroscience proves that acupuncture is both. Let me quote the article:

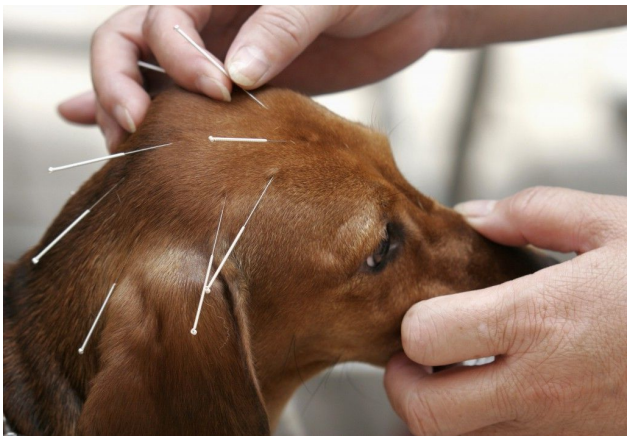
"…Acupuncture therapy also evoked long-term increases in MOR binding potential in some of the same structures including the cingulate (dorsal and perigenual), caudate, and amygdala. These short- and long-term effects were absent in the sham group where small reductions were observed, an effect more consistent with previous placebo PET studies. Long-term increases in MOR BP following TA were also associated with greater reductions in clinical pain. These findings suggest that divergent MOR processes may mediate clinically relevant analgesic effects for acupuncture and sham acupuncture." **Vitaly Napadow**

But we must keep in mind here that both psychotherapy and antidepressant treatment are known to have a *placebo* effect. But, the patients who come to us report no positive effect after several years of treatment, suggesting that these patients are not as prone to placebo as others.

So, let's say that we know that acupuncture has a placebo effect. As large placebos work better than small placebos, penetration of the skin should have more of a placebo effect than taking a pill. But there again, the placebo effect is largely limited to the time the sham treatment is applied, where it is also known that traditional acupuncture treatment lasts much longer than the treatment period and has more physiological effects, in particular ones which emulate changes in the medial prefrontal brain (MPFC). In the case of *5-point ear acupuncture* the effects most often are seen to increase in the 6 months following treatment. When mindfulness generated by ear acupuncture is measured in the same way as the Kabat-Zinn mindfulness meditation researchers measure it, values are seen to increase by 50% in the 6 months following *5 point ear acupuncture treatment*. This is a long time for a placebo to be working. And the magnitude of the effect is not really placebo-like. It's far beyond it!

In our first ten years of AcuDestress, we both assiduously avoided talking to the patient to follow the dictum held by Dr. Smith. Perhaps that was unnecessary, given that we have been able to add spoken interventions and get 50% better results each time, but we are still dealing with a population segment who don't have the genetic variations which lead to placebo effects. Undoubtedly there is considerable skill in play with *Cognitive Behavioural Therapy,* but the positive effects are purported to come from insight derived from rethinking one's problems, and not just by the attention paid to them by the person administering treatment. Placebo means *"I please!"*

Then there is the (delightful) problem of knowing that acupuncture results in domestic animals parallel those in humans, and we cannot attribute the positive effects to the animal thinking things out in a new and different way. Placebo?

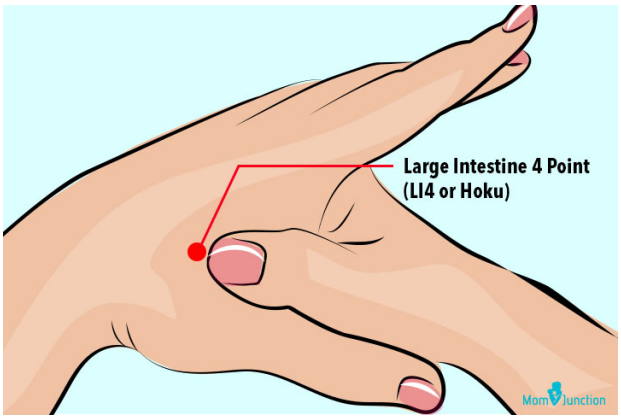


My own initiation to acupuncture came after I had had many impossibly positive results treating migraine, arthritis, organic entities like ulcerative colitis, hay fever and low thyroid function. But things were never so confirming as when I was sitting on a scaffolding 10 feet off the ground, when the scaffolding collapsed and I fell with my ankle resting under the board I'd been sitting on. I'd been enjoying considerable success with acupuncture, but I was chief-of-the-medical-staff at two local hospitals so I headed straight there, even though I could not even walk.

After the nurses did all they could for me, I stood outside the ER doors with my crutches, realizing I still couldn't even put my foot on the ground. Then I remembered my colleague across town, whom I'd gotten interested in acupuncture. I headed to his place, He tore off all the splinting and taping, put the pins in, and twenty minutes later sent me out to walk around the block. I felt nothing, walked perfectly and have never felt a shred of pain in the 40 years since. Was it placebo? Perhaps, but a full and total removal of pain and suddenly no swelling around the injured joint? Generally placebos are deemed not lower one's cholesterol or repair a cut, but where does this fit? Well, I know where it fits for me.

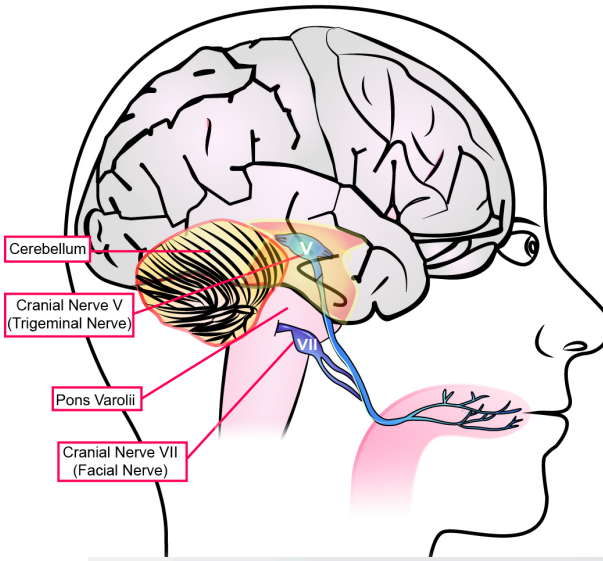
Then there was the couple who'd had trouble conceiving. I'd pinned such couples before and several of them got pregnant. While I saw them in our stress reduction context I was seeing repeated failures of sperm implantation wearing on them, as there remained a hormonal problem. Whether that depended on attitude or proclivity to depression or whatever, everything came together with *5-point ear acupuncture.* They were pregnant in no time. And much happier!

So, if not a placebo, what is going on here?

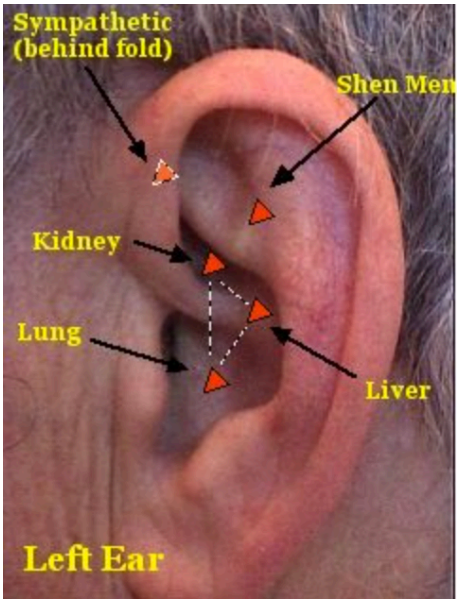


Acupuncture is said to exert its effects largely in the central nervous system, and not so much in the periphery of the body where it is applied. This point, called Hoku or *Large Intestine 4* is often used to treat a headache. In fact, there was a time when the hospital I worked at was told it was no longer insured for acupuncture (the insurer was owned by big pharma.) What we did as doctors was to inject Hoku with 1 c.c. of xylocaine and the headache was gone in 2-3 minutes. We did nothing to our patients to suggest this effect - but it always occurred. We know now that Hoku registers specific effects on the brain which differ from side to side. Hoku responds to touch (or massage) as well, explaining the effects of *Emotional Freedom Technique* which also uses acupuncture points

Dr. Smith's ear acupuncture points



You will see here (on the right) that Canada's newest neuromodulator, ***The Portable Neuromodulation Stimulator (PoNS™) Device***, which is placed on the tongue and is seen to work by stimulating Cranial Nerves V and VII, the Trigeminal and the Facial nerves, stimulate the brain area under the ear. The PoNS has many of the same results as *5-point ear acupuncture,* and so it makes sense that, when stimulated, these points have an effect on much the same brain area, the very region where acupuncture is seen to stimulate μ-opioid receptors - the MPFC. **Neuromodulation** seems to be poised to be the future of mental health intervention. Andres Lozano's **Brodmann's Area 25** (see Page23) is close to this area as well.



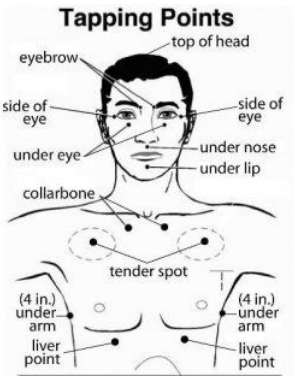
Knowing that some people are more responsive to placebo effects than others, and having accepted that there is a known placebo or sham effect associated with acupuncture, but unique and not the same as (and not as powerful as) the traditional Chinese treatment effect, the candidates we see - people with long histories (up to 30 years) of non-productive, results-free psychotherapy, and/or histories of often 5+ years on antidepressants without significant benefit, it does not seem that the placebo effect is a major player here. So what is the case for the other modalities which serve as neuromodulation treatment equivalents when acupuncture isn't used?

What about Silva Mind Control meditation - Does it exert it a Placebo Effect?

Probably, yes. Students do receive advice and encouragement from teachers, who could be felt as a placebo is felt, and in turn feel buoyed up by results which follow the course's predictions. If this is a placebo effect is a pretty good one at that. And desirable. In Chapter 17 of Silva's book - *A Psychiatrist Works With Mind Control,* Dr. Clancy D. McKenzie set out to see how workable it was, how safe it was for psychiatric patients, and what results could be expected.

His findings were largely strikingly positive, and he determined that he could send any of his more severely ill patients, including the most severely affected to *Mind Control* and expect good results. During a period of four and a half years, 189 psychiatric patients volunteered to go through *Mind Control* training. Dr. McKenzie focused on the patients in this group were psychotic, Borderline psychotic, or who had recovered from psychosis. There were 75 of these.

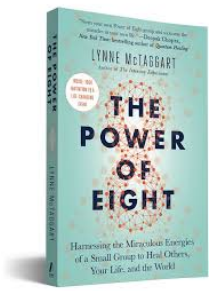
There was consistent improvement among this latter group. *"As a part in study McKenzie tested 58 of these patients before and after the course to see what changes it might cause. The test, the Experiential World Inventory, consists of 400 questions designed to measure a person's perception of reality something like the famous Rorschach ink blot test but in written form. The differences between the before and after scores was impressive: 36 showed dramatic improvement in reality perception, 21 remained about the same and one showed a drop."* My guess would be that the results are impressive but not entirely due to the patients, but due to how closely to Silva's ideas the course is presented.



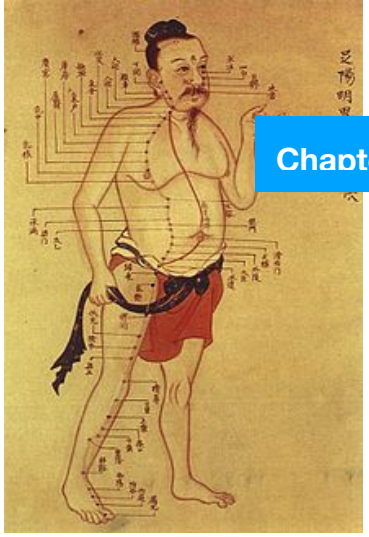
And the Emotional Freedom Technique?

Certainly there can be a teacher's exhortation to the student to follow the supposedly beneficial procedures of tapping on the acupressure points. This is the direct opposite of Smith's acupuncture, during which there is no pressure on the recipients to do anything. NADA. So this is a process of mutual support and socialization for everyone involved. Is there a placebo effect? Most certainly!

What *About Power of Eight*?



If someone prompts you to undertake certain activities like sending good vibes to somebody else in the world, certainly in the sense of placebo ("I please you!") there is something in it for you. It's like something would be in it for you from your taking that pill. Lynne McTaggart teaches that. The reason's not entirely altruistic. **Anyone providing these three skills should well aware that the placebo effect here is quite a bit different from AcuDestress, where the two effects go hand in hand.**



Chapter Eight

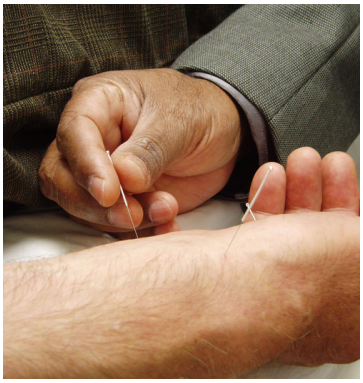
Dictionary

ac·u·punc·ture

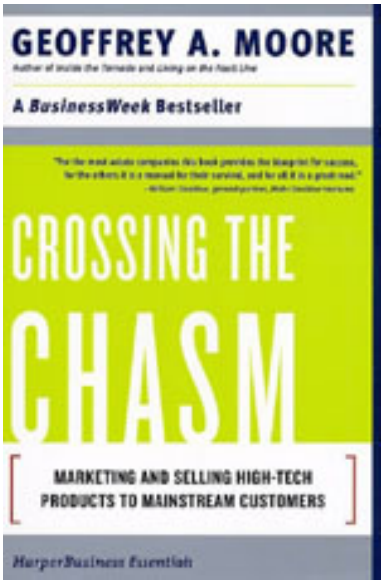
/ˈakyo͞oˌpəNG(k)(t)SHər/

noun

A system of integrative medicine that involves pricking the skin or tissues with needles, used to alleviate pain and to treat various physical, mental, and emotional conditions. Originating in ancient China, acupuncture is now widely practiced in the West.



I learned to do acupuncture in 1976. I'd read about it with fascination when I was in medical school *(but wasn't in a position to do anything about it then as needles weren't available.)* I'd heard about it from colleagues after going into practice *(whom I imagined might be talking from ignorance.)* I was a cautious but eager *Early Adopter*, in **Geoffrey Moore**'s sense of adoption.



Moore's argument is that there is a chasm between the *Early Adopters* of the product (the technology enthusiasts and visionaries) and the *Early Majority* (the pragmatists). Moore believes visionaries and pragmatists have very different expectations, and he attempts to explore those differences and suggest techniques to successfully cross the "chasm." **Malcolm Gladwell** argues in *The Tipping Point* that Moore's chasm happens with all new revolutionary ideas.

Acupuncture* which has existed far back into antiquity some 10,000-years back, became a "new idea" in 1971 when it reached North America. I'd read about it being discovered by army medics during the Vietnam War. By 1976 I couldn't resist, though I pretended otherwise by refusing to read books or literature about it. But after learning it formally at the *Acupuncture Foundation of Canada* I, like other students, developed an ability to get results - " like they were going out of style." Through hands-on experience I crossed the chasm from being the skeptic to being firmly on the pinning bandwagon. If it had been found to be a placebo, It'd be a welcome one.

* **Acupuncture** was first introduced to North America during Richard Nixon's visit to China in 1971 when a reporter for the New York Times was given acupuncture after having an emergency surgery. Modern acupuncture may involve insertion of very fine needles through the skin, or placing TENS or a low power laser over various points found on the body. Anatomical acupuncture is a more modern approach used by some acupuncture therapists. Clinical studies have shown an 80 % success rate for symptom relief when treated with acupuncture. It has also been indicated that acupuncture may be even more effective when combined with other treatment techniques. Acupuncture works by causing the release of the body's natural pain killers "endorphins", which blocks pain messages from being sent to the brain and influences the nervous system. https://www.researchgate.net/publication/276152358_Acupuncture_journey_to_America_A_turning_point_in_1971

Toronto General Hospital

QUESTION: How does one get across Moore's chasm?
ANSWER : By doing it, despite one's doubts, and seeing the results

I was perhaps the *placebo* (or perhaps more accurately, the catalyst) for patients joining me on the bandwagon. My general practice patients loved it from the outset and obliged by being strong responders. My *Early Adapter* colleagues loved it too. And, it has been the same with *AcuDestress*.

Toronto Western Hospital

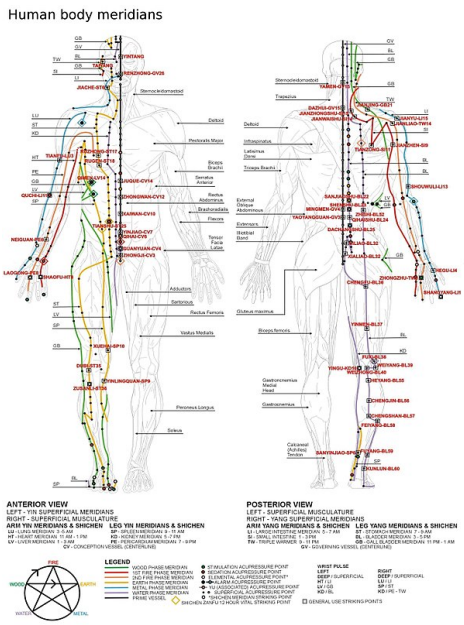
Even though I knew as a fledgling psychotherapist in those early general practice days that building enthusiasm around an idea was how to get it adopted, I also realized that the end result needed to be a patient who no longer needed treatment. I didn't wan't to be *"selling a pig in a poke."* I was unhappy with the practice of keeping patients within one's psychotherapy practice any longer than they absolutely needed. Same for acupuncture. In 1976, If I didn't get results after six treatments, I tried something else.

But not everyone can become an acupuncturist, and not everyone wants to. Without a medical background it takes five years. With an MD, four years of weekend workshops. Michael O. Smith addressed this well by convincing one American state after another and eventually one Canadian province after another, by showing his results, to allow lay persons with only two days of NADA training, learning only Smith's 5 acupuncture points, to practice it.

St. Joseph's Hospital

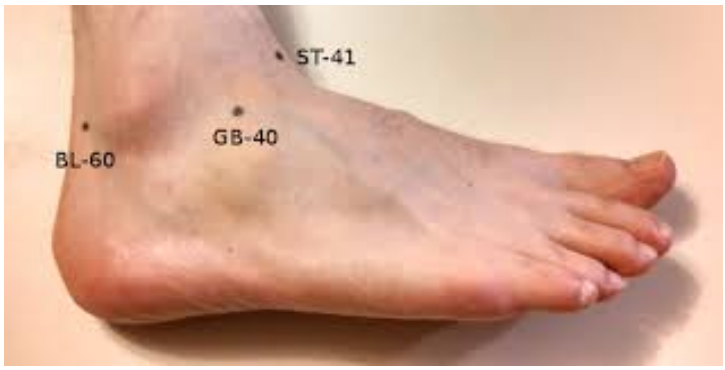
In Ontario, where it became exceedingly popular through being featured at the three Toronto hospitals, it eventually passed into legislation in 2013 (the **Traditional Chinese Medicine Act**, Bill 50) stating that persons treating addiction could put pins in, as long as it was in a "health care facility." This latter provision was important so that *5-point ear acupuncture* fell under a jurisdiction where the practice was overseen by a professional college.

What is the experience of *5-point ear acupuncture*?



Well, let me start with my first experience of it. I was at Dr. Smith's daylong presentation of it at the *University of Toronto* in 1990, having sat through a day of revelation. Smith was most charismatic in an offhand Robin Williams way. Our group was in the palm of his hands in short order. Then he announced one final demonstration. Everyone in the room was an acupuncturist physician. He assembled us theatre-style, and asked for a volunteer. As skeptics become believers by volunteering for hands-on exercises, soon I was sitting in front of my colleagues with 5 acupuncture pins in each ear. Smith handed me a paper and asked me to write the names of any 3 body acupuncture points on it, then told me to fold it up and put it in my pocket. He hadn't seen what I wrote. Then he went from row to row, pinning everyone else in the room. It took 30 minutes in all to pin 65 people. Then he gave those in the audience a similar piece of paper to mine. He asked them to write down the acupuncture points I'd chosen. Some gasped in disbelief. Probably I did too. But when my points were revealed the audience had scored 80% correct. There are some 400 points in all.

Many of you may never have had regular body acupuncture, but a large portion of you have experienced *5-point ear acupuncture*. That's probably why you're reading this. Body acupuncture can be applied without the recipient knowing that something i*ntuitive* is happening, but the day when my severe ankle sprain was treated with acupuncture and I was told to go out and walk around the block, I had sensed exactly where to put my next step, exactly how to space my steps. I could see that this was happening *intuitively.* I certainly didn't know logically how to do it.



So, if you've done *5-point ear acupuncture* you probably do know that *intuition* is involved. So, what is *intuition*? Well, here, it's the appearance of *phenomena*, strong hunches that bear fruit.

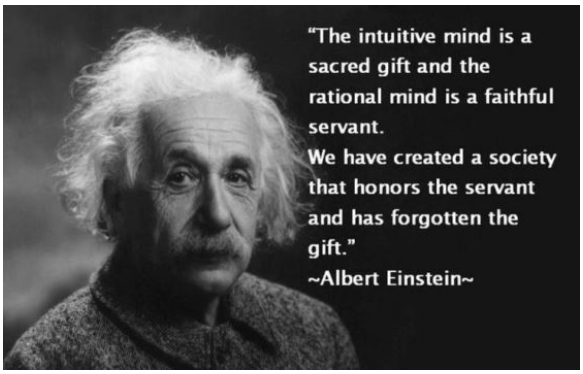
in·tu·i·tion

/ˌint(y)o͞oˈiSH(ə)n/

noun

noun: **intuition**

1. the ability to understand something immediately, without the need for conscious reasoning."we'll allow our intuition to guide us"



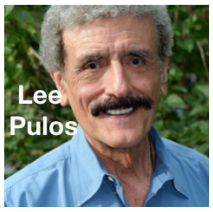
   - a thing that one knows or considers likely from instinctive feeling rather than conscious reasoning.plural noun: **intuitions**
     "your insights and intuitions as a native speaker are positively sought"

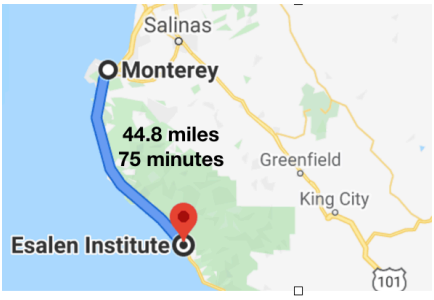
So, *5-point ear acupuncture*, as Dr. Smith was trying to demonstrate, spurs *intuition*, but we don't see this right off. I was once asked by a clairvoyant, who was teaching a class on *intuition,* to *"take over."* I thought the idea was preposterous but i*ntuitively* I thought of a can of Coke I kept around because it had been manufactured half full. I put it carefully on a tray and showed it to the group, saying *"What's this?"*Two people said: *"Yuck! Sugar!"* Eighteen people answered *"It's half full."* I sometimes, as some of you'll remember, talk about *phenomena* as being like a bunch of old friends sitting around a kitchen table. One of them remarks: *"Anybody heard from ol' Sally?"* Twenty years have passed and nobody has. And then the phone rings and it's Sally.

I thought that had make-believe ring to it but two clients over the years took it seriously,. This was what they were to do. They came back with a story of it happening to them. I was so taken with this that next it then happened to me too. It harkened me back to my instant ankle cure. What was that? Was I a placebo? Was I a catalyst? Surely I played some role. *Intuition* isn't just an internal single person phenomenon, it's an extra-corporeal, pulling-of-all-reality-together, a *transpersonal* experience as well. It was the brain (or better the mind) rising to a new level of complexity. It didn't stop within what a person experienced personally. It exists everywhere.

I'll quote here from a paper I wrote to introduce *Silva Mind Control* which is heavily about *intuition* too. A teacher I met, named **Lee Pulos**, had been a longtime student of José Silva:

I wrote:"Some people are thanking me for the results of their recent fast-track learning of José Silva's deceptively simple way of having the universe dance to your tune, as long as it is positive. You will remember, I hope, my story of encountering Silva's work decades ago ('70's) when I met one of this students, **Lee Pulos**, a professor at the *University of British Colombia*. I met Lee in the most mind-bending way, having signed up for his *"Further Frontiers of Hypnosis"* five day course at *Esalen Institute*. I was in general practice and was teaching the hypnosis of resistant subjects for the *American Socially for Clinical Hypnosis*, and I always yearned to know more.

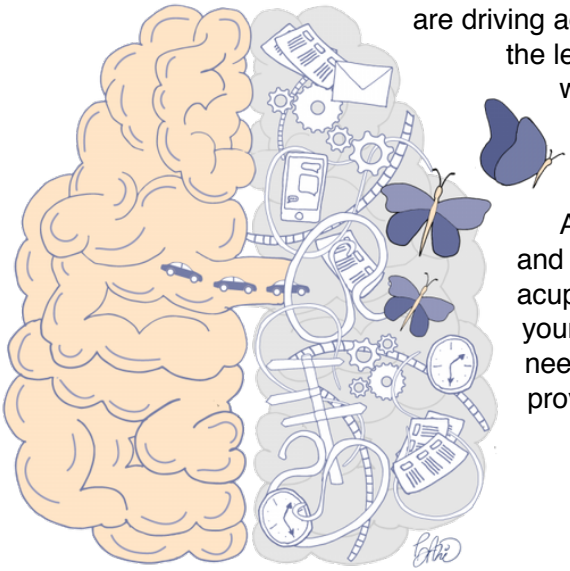




But this was more than I bargained for. I was relaxing in my dormitory room at *Esalen* when a wild-eyed man came barreling into the room exclaiming *"Who's in the Pulos seminar? Who's in the Pulos seminar?"* Soon I was to hearing his incredible unlikely story. He was from Monterey, some 45 miles up the coast. He was passing by the Monterey airport, on his way, when he spotted a hitchhiker. It occurred to him that it was strange to see a hitchhiker, as hitchhiking is illegal in California. *"Must be from out of state,"* he thought, but he impulsively stopped to pick the hitchhiker up. Who was it but Less Pulos who was about to be his hypnosis teacher in a few hours. Pulos, was indeed from out of state - from British Columbia and had never been to *Esalen* before. He'd simply gone over his class list and seen the name of the one person from the city he was flying into, Monterey, and had mediated on his flight, invoking his name. Getting off the plane, he'd collected his baggage, crossed the nearby highway and stuck out his thumb. The first car that passed was his student, who, incredibly, stopped to pick him up.

Pulos had a lot to teach in those 5 days, ending it up, as Silva does in his book, by teaching us how to "work cases." That means that when one is given the initials, age and geographical location of someone only known to one's exercise partner, that in a semi-hypnotic state, one can scan the person's body and pick up on even subtle details of ways in which the person deviated from perfect health. Pulos even held up a (Canadian) hundred dollar bill, offering it to anyone who *couldn't* do the exercise perfectly. No takers! But the credit here goes to a school drop-out, José Silva! "

Where Silva teaches people to "work cases" *AcuDestress* teaches people to work their own case. *Power of Eight* teaches one to "work everyone's case." By finding a way to access our right brain - and later in the process, our guts, we find ourselves connecting with other people's right brains as well. And if we are women, as seen in the picture on the left where the three cars are driving across, this is named the *corpus callosum*, the connection between the left and right brains, which is thicker in women, suggesting that women are quicker in transferring from left to right brain thinking. All in all, if you can't talk things through, you can still learn to think and feel them through. And his turns out to be highly valuable.



Acupuncture centralizes bodily balance, leading to diverse brain and body areas to contribute to each other - and to others. If I place an acupuncture needle at BL-60, as seen one page back, I am connecting your peripheral nervous system, spine to differing brain areas, and, if needed, to other brains as well. This keeps it interesting, requiring the provider, but not the receiver to be in a receptive frame of mind.

hands-on *(learning)*

\ ˈhan(d)z-ˈȯn

Chapter Nine

adjective

1

: relating to, being, or providing direct practical experience in the operation or functioning of something

hands-on training

also **:** involving or allowing use of or touching with the hands

a *hands-on* museum display

2

: characterized by active personal involvement

a *hands-on* manager

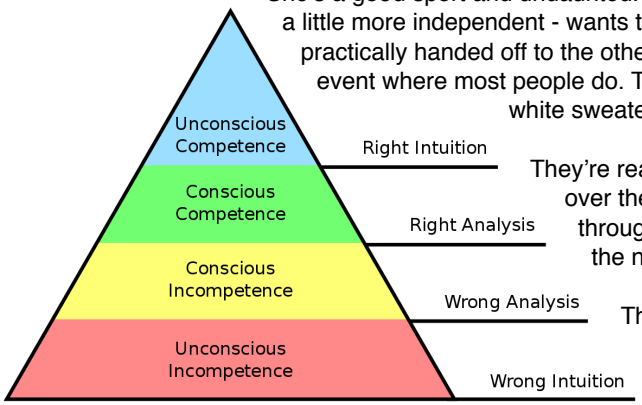
In addition to doing therapy I conduct and design team building exercises. Say you''ve asked me or are planning a hands-on event which will be free of *talk-based learning* because the audience has either been unresponsive to talking things through, or more likely has already done more talking *"than you can shake a stick at?"* Good leaders know intuitively about talk that sometimes "enough is enough." Then they yearn to do something else.

I 'm putting this out to you because groups can become as refractory to "talking things through" as individuals. Thus we plan teaching events now as "hands on" events, by which talk exists, but it's not meant to take on or solve interpersonal situations, but rather to build a novel framework which leads to increasingly complex skills. This stands in contrast to my early-on misinterpretation of Smith's NADA dictum - no persuasion or psychotherapy. Smith didn't mean no words or no talk, although he might have meant *"no chit chat."* He did mean it as a form of the old axiom - KISS - "Keep it simple - stupid!". At this point I'll ask you to **CLICK ON** the 3 1/2 minute video of a team on a *Ropes Course.*

What a *hands-on* way to introduce *hands on*. In the video you're almost there yourself at the *Rope Course* event, *Spider's Web.* I had two of these on my property for *Ropes Course team building*, which is one of the most *"hands on"* forms of learning. *Ropes Course* events were designed to spur "outside the box" planning. Their appeal to me is that more than one person is learning simultaneously and we learn best among other people. In my usage there are three things one can learn here, either - 1.) if you're naturally quiet - how to put your ideas forward, or 2.) if you spend your life focused on others - to focus on yourself, or 3.) if you always need to be in control - to enjoys letting others be in control. This may be subtle, but my experience doing team building is that people often come to the *debrief* with such memories of their experience.

The debrief of this event In the beginning we catch the group milling around wondering how they are going to follow *Spider Web* instructions. Are they wanting to shrink away, worrying about others, or are they waiting to take charge?

The first girl in white looks pretty independent. She'd prefer to do this without receiving help, don't you think? The girl in the double pink stripes is a perfect passive subject. She's letting the others do it, not struggling to get through it on her own. Then the girl in the bluejeans and grey shirt - she's easily going over the top and the team is finding fun in what's required. Notice the cheer as she lands on the ground! Next the blond girl in the green sweatshirt. Notice the grey-haired lady with the blue hat. Have you noted her always there pitching in. One wonders if she always does that.

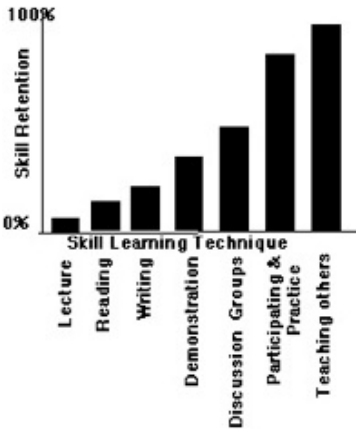


Hierarchy of Competence

She's a good sport and undaunted. It's getting easier, folks. Next the woman with the pinkish sweatshirt. She's a little more independent - wants to do more of it herself. Then there's the girl in the purple sweater who's practically handed off to the other side. She seems to be letting herself enjoy this - but *Spider's Web* is an event where most people do. The next one we see the grey haired lady again with the purple, grey and white sweater playing it to the hilt. The next pass-through is followed by a loud cheer.

They're really getting onto it. The blond woman in the white t-shirt is almost tossed over the top - to everyone's delight. Then we see the grey-haired lady going through. She's such a good sport! And she's there helping from the other side on the next pass-through. She may be the most competent person in the group.

The women are vocal, are passed over first while the men are not so much. Then the men go over.The man in double blue is pretty independent but accepts help from the man in the yellow hat. He's independent. Nobody's going to pass this guy through.



The bottom line with hands-on training (as seen on the graph to the right) is that what is learned by participating and practicing is 80% retained, as compared to 15-20% retention of classroom material. When things are hands-on, participants glide through 4 stages of competency, diagrammed above and described below.

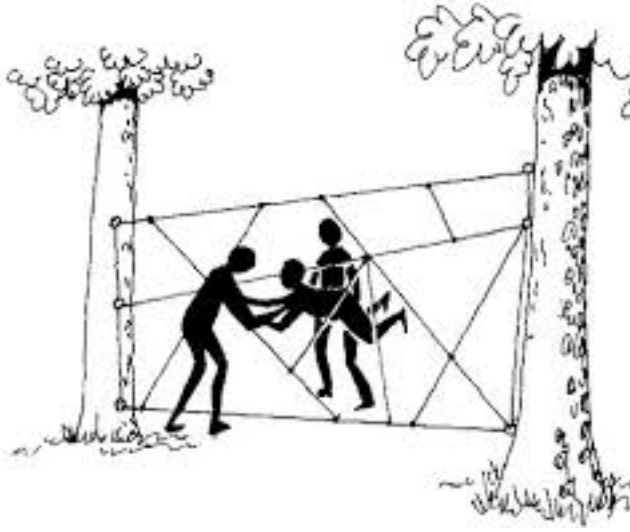
1.) Unconscious Incompetence This group is performing very well. This is unlikely their first event. It demonstrates what hands-on learning is all about. No one's there to teach. No one's there to ask. The skills needed for each event are unknown to all, until the group come on scene. This leaves people at the bottom rung (unconscious incompetence) of the 4-step competency triangle. If they think they know more than they do, they will remain stuck at this level. Ways exist to display one's ignorance, and there are ways to hide it. The step upward is to admit to what one doesn't know. This propels you upwards. This group has experience. They don't stay at Level 1 long.

2.) Conscious Incompetence Here, as is the case with all of the traditional *Ropes Course* events of the WWII ilk, the challenge is to *"think outside the box"* the object of every event in the first place. It may spur looking for an easy way to get through. It may be looking for a way to participate that fits your skill set. It may embarrass you as you're not the lightest feather in the peacock's tail. Maybe you should just watch for a bit. These steps bring out the challenge of the event before you. How are you going to participate best? Should you be the first through so you can help from the other side? Should you be looking around for others to help. Do you always do that? Could this time be different? What people report at **debrief** is that in this scenario they chose a different easy of playing than they usually chose.

3.) **Conscious Competence** Of all the things you could have done, you picked the right one. Where in earth did it come from? You weren't too pushy and you weren't too much of a wallflower. You were just right, like Goldilocks' porridge, but you were still enjoying being in a strategic or thinking mode. Things were coming to you almost naturally.

4.) **Unconscious Competence** Here you perform correctly without thinking, known as ***"being in the flow."***

"*Being in the flow,"* as will be seen, is the ultimate hands-on result. The *Spider Web* just provides an opportunity. With *Spider's Web* it's easy to admit *"I don't know what I'm doing,"* Each *Ropes Course* event features learning throughout. Then the "debrief" which completes it leads to "flow." Once emotional learning occurs, the learner becomes articulate, and must then be expressed.



de·brief

/dēˈbrēf/

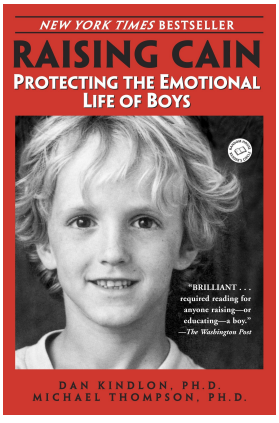
verb: **debrief**; 3rd person present: **debriefs**; past tense: **debriefed**; past participle: **debriefed**; gerund or present participle: **debriefing**; verb: **de-brief**; 3rd person present: **de-briefs**; past tense: **de-briefed**; past participle: **de-briefed**; gerund or present participle: **de-briefing**; noun: **debriefing**; plural noun: **debriefings**

1. question (someone, typically a soldier or spy) about a completed mission or undertaking."together they debriefed their two colleagues."

During WWII the British military invented *"Ropes Courses " On them,* groups of officers found themselves deep in the woods, confronted with a man-sized "puzzle" which required group *outside-the-box* thinking to solve.In the *Spider's Web* (left and above) bungee cords are strung into a weblike configuration. You've seen this already. A team must get from one side to the other without anyone touching the cords. An opening can only be used once, so things get more difficult, require help as the bottom "holes" are used up. After the exercise the team meets to **debrief.** Learning occurs as talk goes to what happened. For example, the conversation could go to *"Did I feel bullied?Yes!" "Did I handle it? Yes!"* Bullying can't be ruled on as against the rules or solved by punishment. Tell a bully not to do x; she'll just do more. Bullies learn bullying. But by learning on a *Ropes Course* bullying can be transformed into leadership! And people who are usually shrinking violets join in.

In 1999, four years into doing AcuDestress, I became the co-designer of a boys' adventure weekend, meant to bring out the best (i.e the magical) in boys 10-19. My partner, Ken Victor, had designed courses for *Outward Bound,* working on prison-based programs. *Outward Bound* worked for everyday kids but sadly, tended to make young offenders worse. I'd seen with my own eyes, belief-defying breakthroughs from a youth adventure weekend designed by Vancouver realtor, **Brad Leslie** - but only for the few select kids who'd more or less had an epiphany. I wanted to expand and adapt Leslie's work to get results for large numbers of kids. I wasn't used to working with adolescents, so I asked myself what boys liked to do. *"Beat each other up!"* said one of the other design team members. Indeed, we found that to be true.

Thompson and **Kindlon** had come out with their book *Raising Cain* that year (2000.) They saw boys of this age in deadly competition with each other. A boy's tendency is to humiliate other boys at every turn, to dominate wherever possible. In Vancouver we'd seen some boys, somehow "rise to the occasion"- to get beyond their proclivity to be mean to each other. Thrilled, we started designing in a series of *Ropes Course* events, including the part adults profited from after each event - the ***debriefing***, as that was usually when adults had insights about overcoming obstacles with grace, strength and dignity. Ken invented a made-for-kids **debrief** by which 10-19 year olds on their own picked a *value (say "consideration" or "ingenuity")* they'd seek to demo during the next *Ropes Course* event. They then had to present convincingly to a costumed adult *"High Council"* which could give or withhold a treasure map puzzle piece. Say the team picked *"kindness"* for the next event. If they convinced *High Council* they'd been notably kind, they walked a way with a *"kindness"* puzzle piece. This worked! Not only did it work - it worked "in spades." Despite their natural proclivity to be mean to each others, the boys loved the competitive nature of the game of building on values, over winning at all costs.



And it came not to matter to them that they picked more and more workable *values* to embody teamwork. Kindness, c*reativity, strength, steadfastness.* I'd never seen kids exert an effort to embrace a value. They were playing for keeps. They ate it up. Furthermore they lost pieces already gained if they were seen to let down the *value* they won it for. A ***debrief*** par excellence, because after a few *High Councils* they were a real team who really liked and valued each other. If the *value* had been picked for them, they'd have felt imposed upon by adults and balked.

During each event, individuals strove to embody a new value Not all of them at the outset, but enough that the others eventually joined in. There was no convincing, no cajoling, no pleading, no adult-like criticisms of their failure to behave. Adults who might have been tempted to rag on them would have been asked to leave. But in 9 iterations of the program over five years, no adult was ever asked to leave. A few left on their own, awed by the task before them but no-one was sent. In fact, most men volunteers were seized with awe and wonder as team harmony struck.

One of out volunteers wisely asked after seeing this self-generated team building happen time and time again *"Where are the bullies gone?"* Our design had nothing to do with bullying. We never even thought about it, and the word *bully* never came up, but now it did. We realized that the inevitable bullies in the group were so taken by leadership that bullying went out the window, usually at a ***debrief.*** Suddenly these rowdy boys had something softer to say.

In the exercise called The Blind Square, blindfolded youth discover leadership by untangling a tangled rope and forming it into a perfect square

Robert *(not his real name)* is the oversized 15 year old in the white T-shirt in the Ropes Course *Blind Square* picture to the left who attended the 2003 iteration of the *Young Canadian Leadership Challenge*. The *Blind Square* is a representative *Ropes Course* event from the original WWII group of events, which I often use with adult groups as a team building exercise. Participants are blindfolded then a thick rope is interwoven amongst and around them, even knotted among them, and they are handed their position on the rope, unable to see anything. They must untangle the rope and then fashion it into a square. It must evoke loud-mouthed leadership in the beginning to get things moving and gentle working together in the end. What a combination - a leadership shift with blindfolds on.

At this event, I was the supervisory person taking the picture. As soon as the blindfolds were on, Robert started nipple-inching the scaredy-cat 14 yr. old in the white shirt at the front. It was everything I could to restrain myself from stopping Robert, but I knew that every time we do this program, the bullies stop bullying once we give them a chance to assume the mantle of leadership. I struggled with myself to keep from restraining him. Just as well, as if he would've pent up his attention defying me, rather than seizing an opportunity at hand to be bigger than himself. After the *Blind Square* was over, the team gathered, having solved the puzzle of creating a rope square while blindfolded, and approached *High Council* to ***debrief.*** But *High Council* weren't impressed with their pitch for the reward icon. They didn't get the jigsaw puzzle piece which they sought. **Robert** stood by, watching. He'd avoided vying for a leadership role.

But the very next *Ropes Course* event, as I watched carefully from a distance, I saw a miracle. **Robert,** out of the blue, found a 14 yr. old laggard who had come on special scholarship, due to the fact that he was intellectually challenged (we used to call it *mentally retarded*). **Robert** surprised everyone by taking him under his wing; you could see him conversing privately with the boy, helping him participate in the next challenge. When it came to the next approach to *High Council*, to try for an icon. **Robert** spoke up, saying the team had demonstrated *kindness* (towards the intellectually challenged youth.) But really, in all fairness, it was almost totally **Robert** who'd showed the *kindness*. This time the team got the icon. After this, from that event on, **Robert** took on the role of cheerleader and led the team by example even when he wasn't chosen leader. **Robert** was on a roll, and everyone else was the beneficiary. With the bully defanged, the kids who were usually bullied emerged from the doldrums and started to pitch in.

Later th*at* evening, after about six *Ropes Course* events during the day, we'd scheduled in an exercise called *Best Day Worst Day*. The group circled up. Men and boys both got to tell the story of the best and worst days of their lives. This event ***debriefed*** the whole day and one's life combined, and the participants were amazingly ready for it. If poorly scheduled without priming the pump, this exercise can go over like a lead balloon. Ours never did!

When well placed, following some pent-up excitement over accomplishing things beyond explanation and even belief, the same exercise can be an outpouring of joy. **Robert** told his story of being 11 and learning that his father, an alcoholic who'd abandoned his family 11 years before, when Robert was born, wanted to come and see his kids. When the day came, his father failed to show up. **Robert** called it the worst day of his life, saying it had put a permanent chip on his shoulder. Now it was that chip he was **debriefing**.Then he said that today was the best day of his 15 year old life because he'd gotten rid of the chip. He was, what we've spoken of above *"in the flow."*

Chapter Ten

flow

noun

1. The definition of a flow is an act of moving or running smoothly, a movement of water or the continuous moving of ideas, stories, etc.
    - *An example of a flow is a steady movement through the development of a research paper.*
    - *An example of a flow is the movement of a stream.*
    - *An example of a flow is a class session where students constantly offer input.*
2.

verb

To flow is defined as to run or move smoothly.
An example of flow is a classroom session run without any problems

In the last chapter I showcase **Robert,** from our third iteration of the *Young Canadian Leadership Challenge (YCLC)*, Keep in mind the this was 2003, eight years into our work with *5-point ear acupuncture*, which was still a silent process, just as Dr. Smith had ordained it. Meanwhile we were always researching ways to get even more from our parallel YCLC which we ran as volunteers. We hadn't quite come to understand what we were dealing with here and so we looked to others to help us define it.

While I will show you a longer movie of the YCLC below, and while I can tell you about how we made it even better, this program of 18 *Ropes Course* events over three days was already something to write home about, creating major change in about 2/3 of participants. At the second iteration, volunteer **Gary K exclaims in awe and wonder here:** *"I was very, very skeptical, that somehow in the cold and the damp and the complaining, and the aches and the pains, that anything truly magical could come of this. But this morning, on the Ropes Course, that huge burden of being skeptical evaporated, and then this afternoon with my team, it totally disappeared, I hope forever, and was replaced by a great deal of inspiration, and real admiration for my team first of all and for all of you next of all. So I want to thank you and honour you, because you took care of my burden for me."* This was a *phenomenon.* ***It's such breakthroughs we were looking for.***

By giving boys (and men) the opportunity to express what had occurred to them, freshly, as they "rose to the occasion" the kids (and the adult volunteers) were suddenly heard as *articulate*. There was so much positivity going on here at at every iteration the bullies became leaders, by being able to talk about it.

Debriefing Is Much More Important Than Insight.

Mihaly Csikszentmihalyi *born in 1934,* is an American psychologist who was 10 years old when youths hid out in the Hungarian mountains in Nazi resistance groups. Mihaly's brother had been killed. Teams would sneak out, attack some location, quickly create mayhem and disappear into the underbrush. When they returned to camp they ***debriefed.***

Watching his older colleagues **debrief** *(his two older brothers had died by this point, one during the Nazi invasion,)* Mihaly, struck with awe, yet too young to be involved himself, saw these "midnight marauders" as his superheroes. Here were 15 and 16 years olds performing like men. As he grew older Mihaly* decided to make a career out of understanding what made young people suddenly turn into heroes. First he established that those who rose to the top in the war retained their swagger after the war. And so did our newly-minted YCLC former bullies and bullied kids. *Csikszentmihalyi* 's work complimented ours. The change was often permanent, and sometimes, rather than instantly, it took several years to fully emerge.

* ***Mihály*** *(Hungarian pronunciation: ['miha:j])* ***is*** *a Hungarian masculine given name, It* ***is*** *a cognate of the* ***English*** *Michael and may refer to:* ***Mihály*** *Apafi (1632–1690), Hungarian Prince of Transylvania.*

Csikszentmihalyi called the state they were in *"flow"* - as in *"in the flow."* He was sure it came from their experience, not their genes, So he developed a list of the formative experiences they'd been exposed to and came up with eight categories. Learning maximizes when the following adjuvants occur. They are:

1. Complete concentration on the task;
2. Clarity of goals and reward in mind and immediate feedback;
3. Transformation of time (speeding up/slowing down);
4. The experience is intrinsically rewarding;
5. Effortlessness and ease;
6. There is a balance between challenge and skills;
7. Actions and awareness are merged, losing self-conscious rumination;
8. There is a feeling of control over the task.

The Young Canadian Leadership Challenge Our introduction to ***Flow*** à la **Mihaly Csikszentmihalyi** was exactly what we needed to further increase our YCLC *Ropes Course* results. And it did, just as introducing, at about the same time (2005) **Dr. Norman Doidge**'s *The Brain That Changes Itself* introduction to neuroplasticity increased our AcuDestress results 15% as we applied Mihaly's eight galvanizing conditions everywhere. We rejigged *Ropes Course* events and **debriefs** on these principles, and our YCLC results got 30% better. Don't miss this! Here is **a video of the 4th iteration (2004)** which shows how our program came to operate like a well-oiled machine.

I could describe how we built all our events around Csikszentmihalyi principles but let's just do one event and one principle: *Complete concentration on the task.* This one had already been tweaked for us. *Ropes Course* events aren't seen anywhere else than *Ropes Courses,* and are interpreted by trained *Ropes Course* facilitators. So, when kids (or adults) come upon them they are *(because they were designed that way)* mysteries from the get-go - they fully absorb one's attention. One is riveted to what one sees and by one's imagination simultaneously.

In working with *5-point ear acupuncture* the task has come to be a creation of the conditions for neuroplasticity to occur. Think here again of Csikszentmihalyi's Hungarian teenagers going out into mortal danger, night after night - and coming home the better for it. Who needed to learn neuroplasticity, their turning themselves into a more evolved form of an everyday 15-6 year old, more than they did? So once *AcuDestress* participants spontaneously acquire *mindfulness* simply by being pinned, or *Citadel* participants, by doing one of the exercises, the next step is to make it count for moving beyond helplessness into *"being present"* to the world around us.

If everyone could see this from the outside, it'd be our groups of three doing the *Odd Man Out* exercise as a threesome, beginning to focus on each others' eyes. This leads to activation of each person's *Mirror Neuron System* by which skills and attitudes hidden within one are made available to the other(s). Folks are quite taken with this, and are able to replicate it on their own. They remember this for months and years and can replicate it at will. So, here too, they **debrief**. People are in disbelief, a pleasant form of *awe and wonder* at being free rather than enmeshed in *helplessness.* And by putting it into words they are almost gasping at what they can newly do. Then they go out and practice it…

Now take *The Citadel*.

The reader may or may not be familiar with ***The Citadel.*** It is an acupuncture-equivalent course I created at a time when it was impossible (COVID-19) to do *AcuDestress* as it existed. The first time I ran *The Citadel* we were starting with a group of pretty special people all of whom had completed *AcuDestress.* They were, I soon saw, already functioning at a higher level than most - but many were "oldie mouldies" unknown to each other, so they didn't have the immediate rapport characteristic of *AcuDestress*. Many had pizzazz and self-confidence - and what they had confidence in was solid. There is a certain acting in parallel to where they've been before here, but with totally different activities, *The Citadel* was the inspiration for this book.I've come to consider familiarity with this book to be seen as adequate training to run *The Citadel* yourself.

The three mental exercise activities have all been scientifically *"proven in their own right"* in that each has undergone scientific research and is known to work. The skills available here, like during *AcuDestress* can be picked up within a month. Overnight even! How common is this? Not too!

The skills need practicing like *AcuDestress* skills - and here they are in a group again - an ideal practice milieu. And things begin to happen at lightning speed. Each of *Silva Mind Control, Tapping* and *Power of Eight* are taught and practiced in groups. Each also calls for private exercise and *presence* on the part of organizers, quiet, and each skill grows quickly when they are joined to activation of the *Mirror Neuron System.* It's all that's required *(though it may not be the easiest at first for those who tend to be anxious.)* They really don't know what's hitting them but when organizers encourage and get them to ***debrief*** - lightning happens. So make it happen. If you want great results you can do it just by *being present*. Your presence is picked up upon by the beginning participants.

So, this brings us back to **Mihaly Csikszentmihalyi**. Remember him? He's the guy who hung out as a young boy with 15-16 year old members of the Hungarian youth Nazi resistance during WWII.(His name does sound Hungarian, doesn't it?) He found these young warriors who risked their lives daily greatly inspired him, Why? Because, despite adversity, they were happier than anybody he'd ever met. Certainly happier than most adults he remembered. Happy enough that he's spent the rest of his like studying what form of learning makes young people happiest?

And later he went on to study what had made adults happy with the way they operated. It sure interested me when I was challenged to build my rapid-learning program for youth - the *Young Canadian Leadership Challenge.* So, if you ever want to get to know MIhaly, here's his talk on **TED talks**. *(it's not actually that good. I think he's given it too many times,) but there's a great graphic (left) on it I want to share with you below on the left.) I actually heard from him when I wrote something that got published saying he was 5 years old during WWII, when actually he was 10. He was born in 1934, so go figure!*

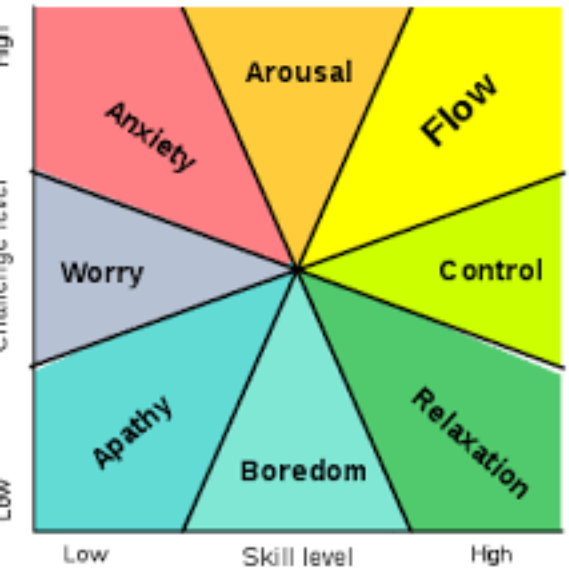
After all, make no mistake, I'm here to entertain you. I want, by the end of this page to add something special to your life, so fasten your seat belts! And when somebody comes along and tells you that somebody out there holds the secret to happiness, you'd better fasten your seat belts and pay attention.

Here's what WikipediA says about Mihaly and *learned happiness*:

In his seminal work, *Flow: The Psychology of Optimal Experience*, Csíkszentmihályi outlines his theory that **people are happiest when they are in a state of *flow***—a state of concentration or complete absorption with the activity at hand and the situation. It is a state in which people are so involved in an activity that **nothing else seems to matter.** The idea of flow is identical to the feeling of being *in the zone* or *in the groove*. The flow state is an optimal state of *intrinsic motivation*, where **the person is fully immersed in what they are doing**. This is a feeling almost everyone has at rare times, characterized by a feeling of great absorption, engagement, fulfillment, and skill—and during which temporal concerns (time, food, ego-self, etc.) are typically ignored.

In an interview with *Wired* magazine, Csíkszentmihályi described **flow** as "**being completely involved in an activity for its own sake."** The ego falls away. Time flies. Every action, movement, and thought follows inevitably from the previous one, like playing jazz. Your whole being is involved, and you're using your skills to the utmost." He uses the word "autotelic" to describe this special state.

"Csikszentmihályi characterized 9 component states of achieving flow including "challenge-skill balance, merging of action and awareness, clarity of goals, immediate and unambiguous feedback, concentration on the task at hand, paradox of control, transformation of time, loss of self-consciousness, and autotelic experience"... (in) a flow state, a balance must be struck between the challenge of the task and the skill of the performer. If the task is too easy or too difficult, flow cannot occur. Both skill level and challenge level must be matched and high; if skill and challenge are low and matched, then apathy results."



Flow threads the needle between anxiety on the one hand and boredom on the other. It is a state of ecstasy and accomplishment of abilities chosen by the person themselves, created by being totally absorbed in one's activity, however complex (or not.) It is a learned state. If one is aroused by the inspiration to act, and has the requisite abilities, one can tip into "flow."If one in in control of one's thoughts and feelings, even if one is low in native ability for the activity of choice, one can also tip into "flow"

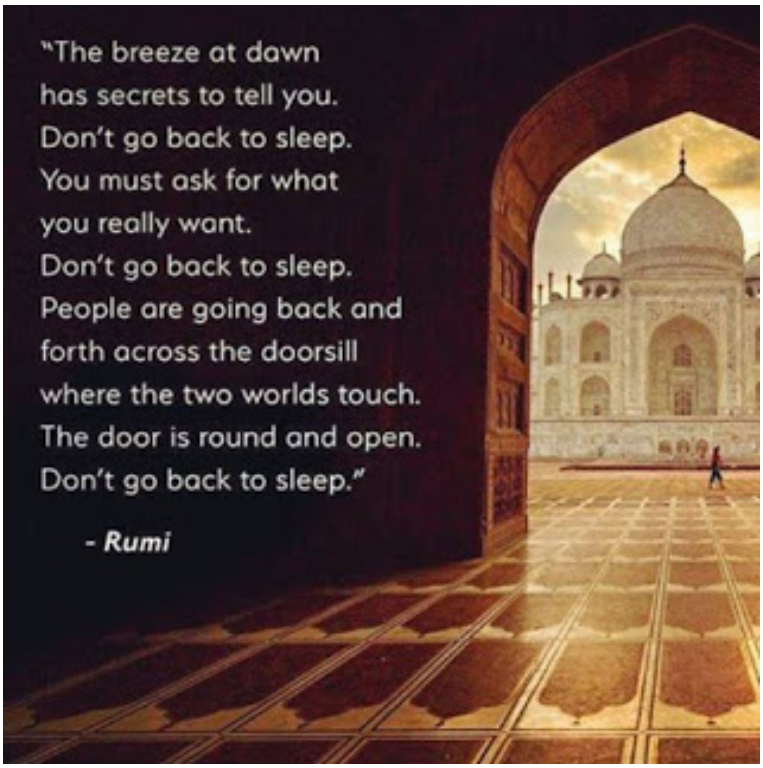
On the right, girls in the 2004 YCLC are able to do things they've never done before, act as a team, which most hadn't previously experienced. But most of all, even among girls, the bullies find leadership their cup of tea, and previously bullied girls feel a space has opened up for them - a space called *flow.* Many feel **"It's about time."**

Chapter Eleven

the (inner) citadel

The teaching of the citadel addresses how to organize one's life and environment to support essential development *(i.e. being over having)*, to live according to realization *(i.e as if having had lost its importance)* while addressing conditioning, reactivity and habit – to explore more deeply service to the truth.

A.H. Almaas, the Ridhwan School



"If you are **pained by external things**, it is not they that disturb you, but your own judgement of them. And it is in your power to wipe out that judgement now."
— Marcus Aurelius, Meditations

"The best moments in our lives are not the passive, receptive, relaxing times… The best moments usually occur if a person's body or mind is stretched to its limits in a voluntary effort to accomplish something difficult and worthwhile."

Mihaly Csikszentmihalyi (1990, p. 3)

"I am an old man and have known a great many troubles, but most of them never happened." — Mark Twain

When one attempts to create value for others (as we are doing here), especially others who have been suffering for some time, when they begin to emerge from the doldrums, it is best to have something for them that hangs together internally. AcuDestress had one purpose, much like Smith's AcuDetox before it, to introduce its subjects to higher skills which existed at the outset as unrealized potential. We can go back there, make sure we are doing that, but having unearthed some skills, what are we going to do with them? I'm not here to lead you down any particular road, but every age has had its Stoic philosophers. Roman emperor, Marcus Aurelius called what the were up to was building an inner citadel, where outside reality gave cause for reflection, but never to giving in to "the part of least resistance." Some people say **"things go better!"** and they really mean it. What follows here makes the foregoing chapters meaningful.

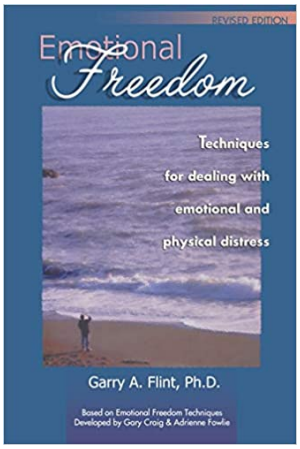
Yes, things go better **"when you're present,"** and even better **when you're singing it**. Have you begun to notice that I'm populating these pages with things that might come in handy when you're nudging people towards what's best in them? So, the next three pages will be devoted to the three essential parts of **The Citadel**, the important things that will enhance its presentation. **So don't ever print these pages**. They are meant to be resources which **link** you to the places which will help the process. Let me remind you or tell you for the first time why *The Citadel* was fashioned. It was not to replace *AcuDestress* which was doing well on its own, but people had to leave their houses to attend, this became less and less wise, then not permissible, and our clinic closed its doors. Thus, if something was going to continue it needed a new form. This is it.

It was not an attempt to reinvent the wheel. It preserves the best parts of the same wheel I've been working on for years. I've always been a program designer. I mean always. I can remember those days between ages 5 and 10 when I just loved to go outside, because it gave me the opportunity to create a "program." In 1979 when I sold my general practice and opened a psychotherapy practice, I went to Werner Erhard's *est*. I liked it, admires the creator, but I had to rely on seeing it work for my friend who went with me. It didn't work for me. So I replicated it a few times. It worked for others. *est* opened with a scripted putdown of everyone in attendance, culminating in a tongue-in-cheek suggestion that things were going to get so bad, that people might have to use "barf bags." We had to learn how to say this with a straight face, so before hand we rolled in laughter on the floor, before the participants arrived. So one time we did our best iteration of the "barf bag routine" and one of the participants started laughing. Now I mean laughing. Not mere tittering! Laughing to the point of his having to leave. As we glanced out the window at him driving away, peals of laughter kept coming from his truck. So, the show went on, not without a few people getting a little worried for him.

Then, four days later, with the program complete, we had the participants gather to debrief, who should arrive but our laughing man - but, guess what, he was still laughing, not just giggling but full-throated laughter. Then he explained things. He hadn't so much as cracked a smile in 35 years after something really let him down. He has retreated into himself. He said he just needed to get his smile back, thanked us, and went out the door still laughing. Now that's what iI call beyond talk therapy. Do you think we (or anyone) could have convinced him, or he could talk himself into it? It probably had happened but failed. I won't go into the details of other programs I created. One you've heard of - *Young Canadian Leadership Challenge*. Another was *AcuDestress.* One thing about them - I always stuck with them till they worked - really worked. I didn't wait until I had every detail worked out, but eventually every detail worked out.

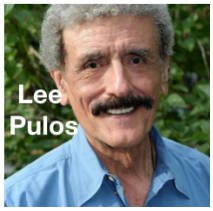
So, *The Citadel* is natural follow-on of what I'd learned from *AcuDestress*, that as a person destined from birth to struggle with withdrawal, was at my best if I just let it come to me what to do next. I only had 5 weeks to put it together and it came together in three! I've often counselled a **BLUE** like myself to give themselves a day, with no plans, during which I keep asking myself *"What am I to do next?"* And that's the way *The Citadel* was designed. I kept asking myself what to put in next, and I listened to what people were saying around me and the design just **flowed** out of me. There's that word **"flow"** again. Touché.

TAPPING (Citadel Part 1) Hold on here. I have only this small segment left of the page to talk about **(Emotional Freedom Technique)**. I'd come upon, spontaneously, a memory of 10 years ago. I had a patient who, among other things had severe *Hashimoto's Thyroiditis* and fibromyalgia. At the end of the program she and her family moved to Australia. She loved *AcuDestress* and the **intuition she'd gained** and wanted to stay in touch. After a few months she wrote to say she'd taken up tapping (EFT), that both her fibromyalgia and Hashimoto's were gone, and that she was teaching EFT. No words needed here. **Just get tapping.**



While EFT is easy to take up, and just takes doing, and not even any theory, that's the way that acupuncture works too. We Westerners don't understand it. Easterners don't really understand it either. They just accept it for what it does. I had a serious motor vehicle accident four years back. Serious enough that they X-rayed me at the hospital - but I also had an acupuncture appointment that afternoon. I went in walking like a cripple, and I went out, dancing, as if I were 30 years younger. Don't think too much about EFT. If you have to, see **the scientific studies** of the results. Take **anxiety**, for example. So, there. If you need proof, you have it. All it takes now is a little patience on your part. **Want the book?**

SILVA MIND CONTROL METHOD (Citadel Part 2) So, you've got the picture, now. The write-ups are really just ways to expand on the topic, which is already covered on the web page, but I like to tell stories about my experience with the methods I support.

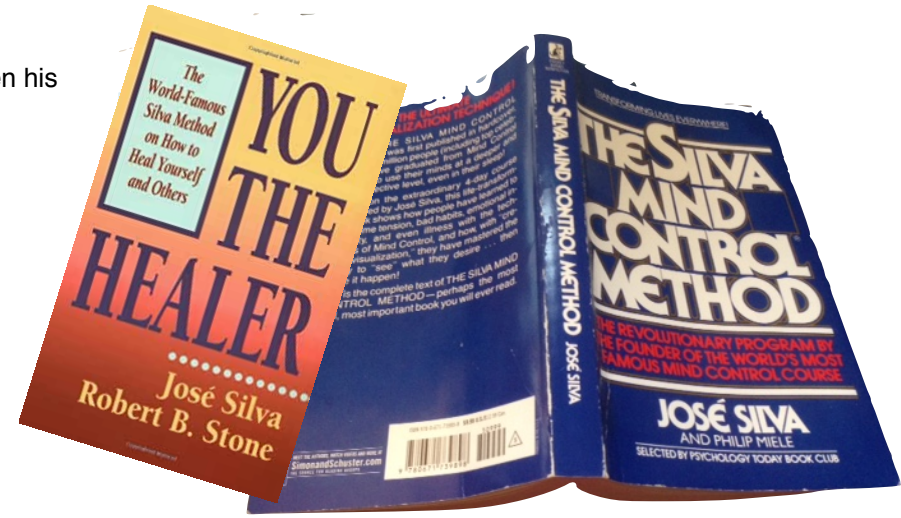


You'll remember in my Chapter on acupuncture and intuition my story of **Lee Pulos** and his student from Monterey who became acquainted simply because Pulos concentrated on his name on his plane trip between Vancouver and Monterey. I didn't have time to tell the whole story, but after the traveler from Monterey and I had gone through his story in detail, he said: *"Why don't we go down and have supper with Pulos. I know him now."* So we went. I'd never been to Vancouver at this point that I had a friend who would become my landlady a few years later, who went to Vancouver once a year. Her name was Eleanor Sim. So I sit down to supper, and Pulos is somebody who doesn't engage in chitchat. Everything was serious and on the table. In short order I felt compelled to say (and I don't really understand to this day what I mean by *"compelled to say*") *" You know Eleanor Sim don't you?"* Pulos shot back: *"Of course."* Why did I ask that question? I still don't know but when I got back home I asked Eleanor if she'd ever mentioned Lee Pulos. She said *" No I hardly know him."* Weird!

By the end of Pulos seminar, I was introduced to José Silva's "working a case" which appears to be his signature exercise. Little did I know then that I would find a book by **Dr. Carl Simonton**, called **" Getting Well Again"** which detailed Simonton's learning how to pull people back from the brink of death, people who had Stage 4 cancers, with a mere visualization *(which I later learned that he had learned from Silva)* that simulated what might happen in the body, if it were to reject the cancer. This was very important to me because at the time my mother was awaiting surgery for breast cancer. After the surgery, with a pathology report that showed that she had a serious cancer, I was able to work with her with *Getting Well Again*. Her visualizations were kind of fun, as she would make up a mythical bugs that had the capacity to eat up the cancer, like bugs or spiders or ladybirds. And she would practice that everyday. She died 25 years later, at age 91 without the slightest whiff of cancer. Remarkable.

In **You the Healer**, after eight million had taken his course José promised his students, that they could:

* Fall asleep at will
* wake up any kind without alarm clock;
* stay awake when drowsy;
* get rid of the headache;
* solve problems by means of a dream;
* stop smoking;
* lose weight;
* remember long lists easily;
* study with greater concentration and

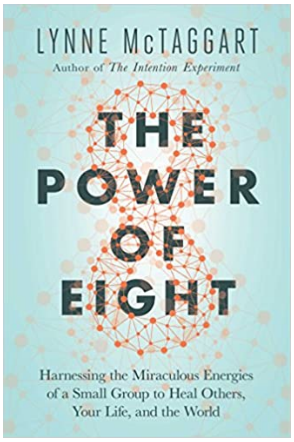


* recall;
* answer difficult problem;
* reach goals;
* get rid of pain anywhere in your body;
* correct abnormalities in your body;
* trigger both brain hemispheres to work for you;
* become more creative and perceptive;
* correct health problems in others

You The Healer reads*: "You will acquire the 16 benefits through what I call formula type techniques. By formula I mean "first do this, then do this, then do this "– simple mental steps, performed mostly at the alpha level. With an 8 million graduates in some 70 countries have taken a minimum of 32 hours of instruction in the Silva method,"* as compared to the 500,000 detective out in the *Silva Mind Control Method.* I would think it would be best to have both books, and to have someone make sure that people are following the steps precisely as they're written down. Even though the steps in AcuDestress aren't as rigid, better results come from being at all the sessions, from reading all the material, and from taking it at face value. I've just ordered his second book. Maybe you don't need to unless you're doing this alone.

One last Silva footnote. *I never recommend that my AcuDestress patients learn to meditate or use meditation that they've learned along the course. with 5-point ear acupuncture, they become mindful spontaneously without any effort or spending any time. Other people have said that mindfulness separate from meditation is more effective, and* ***the jury's out*** *but I believe they are right - and besides when I learned meditation took me five years to become good at it, so with only a month to work with, it wasn't something I could recommend. I must admit though, when I meet people afterwards I suggest things like meditation and Qi Gong. Silva's meditation is about as simple as you can get, but it works like a charm.*

POWER OF EIGHT (Citadel Part 3)

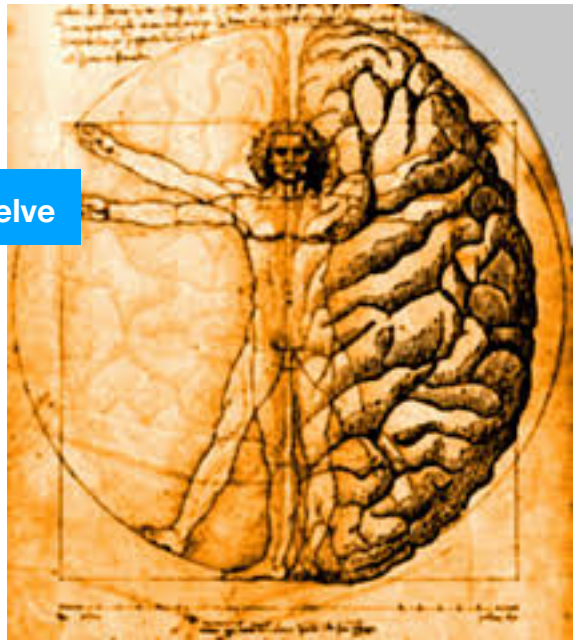


I'm not going to say as much about **Power of Eight**, as I have just scratched the surface, but of all 3 this one has the most research behind it. A book review reads:

"This is a monumentally significant book, a once-in-a-generation work that will turn the tide in how we unleash the power of healing for each other and for the world. Drink in its meticulous and transparent scientific method, its countless uplifting stories of vivid healing breakthroughs and its breathtakingly luminous vision. Then go manifest *The Power of Eight*." —James O'Dea, peace activist, former President of the Institute of Noetic Sciences and author of *Soul Awakening Practice*

Discover how to tap into your extraordinary human capacity for connection and healing, using astonishing new findings about the miraculous power of group intention and its boomerang effect, in this new book by the author of the international bestsellers *The Intention Experiment* and *The Field*.

What we send out into the universe comes back to us, magnified. Although the power of intention—the energy of positive thoughts—is widely accepted as an influential force in transforming lives, the exponential power of group intention has never been explored, until now. In *The Power of Eight*, Lynne McTaggart, an expert on the science of spirituality, reveals her remarkable findings from ten years of experiments about how group intention can heal our lives—and change the world for the better. Drawing on hundreds of case studies, the latest brain research, and dozens of McTaggart's own university studies, *The Power of Eight* provides solid evidence showing that there is such a thing as a collective consciousness. Now you can learn to use it and unleash the power you hold inside of you to heal your own life with help from this riveting, highly accessible new book." I think that's enough to say for now.



Chapter Twelve

em·bod·i·ment

/əmˈbädēmənt/

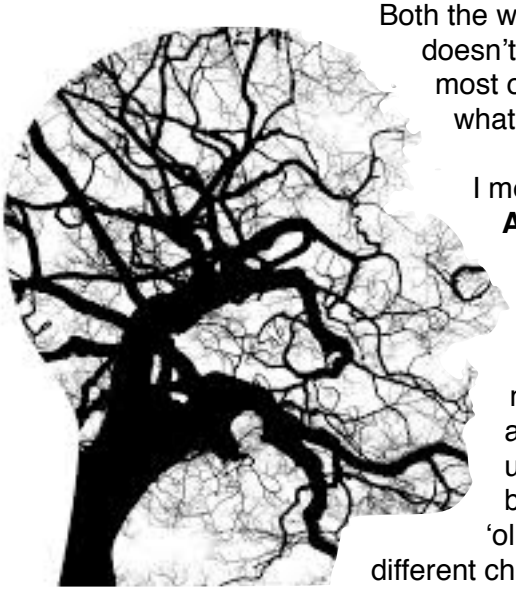
noun

noun: **embodiment**; plural noun: **embodiments**

1. a tangible or visible form of an idea, quality, or feeling."she seemed to be a living embodiment of vitality"
   Similar: personification, incarnation, incorporation, realization, manifestation, expression, representation, actualization, concretization, symbol, symbolization, paradigm, epitome, paragon, soul, model, type, typification, essence, quintessence, exemplification, example, exemplar, ideal, idea, textbook example, reification

   - the representation or expression of something in a tangible or visible form."it was in Germany alone that his hope seemed capable of embodiment"
   -

If you **embody someone**, you put him or her "in-body," as **when** an actor gives a complete and compelling representation of a character. You can also use **embody** to describe character traits you see in a **person**, like, “He **embodies** truth,” or, “She is the **embodiment** of goodness.”

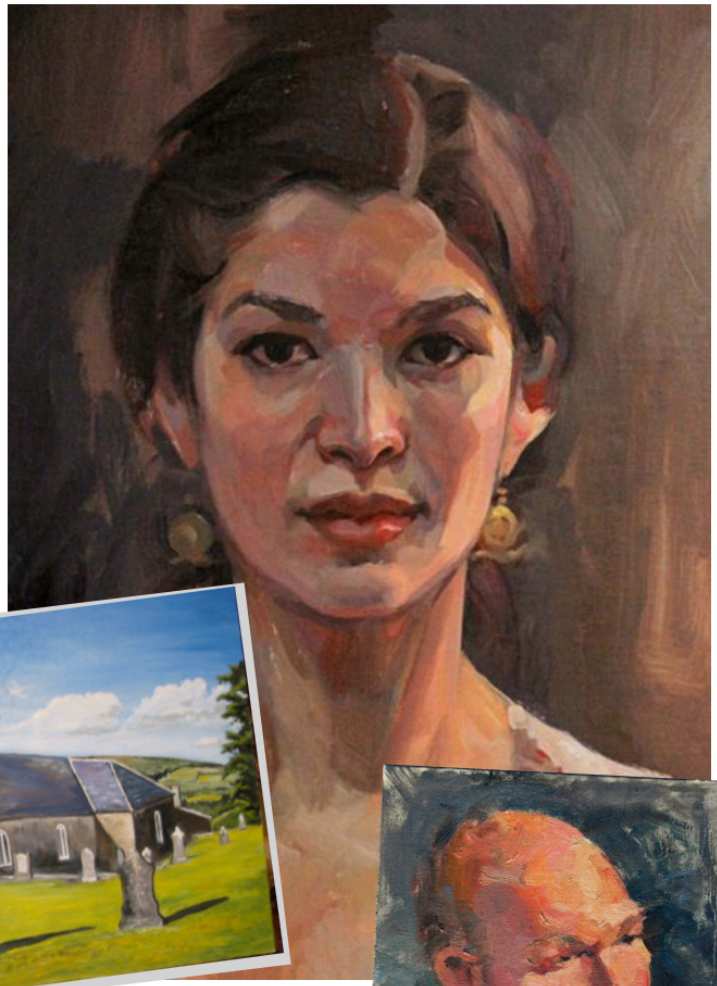


Both the word and the notion of **embodiment** certainly has a lot of synonyms, doesn’t it? While when it comes to my usage I say: *“Close but no cigar!”* to most of them, there are a few that come close. So let me tell you first what I mean by *embodiment and then we‘ll see which words come close.*

I mean that once we are listening to and influencing our mind at what **Abraham Maslow** used to call a more *actualized* level, we are in a new ballpark. We have ceased living in our bodies from the shoulders up, literally. We are living by listening to our gut feeling, and we are sending messages from out heart and lungs which modify or brain’s amygdala. Our vagus never is sending more message to the brain than it receives. We are “embodied.” In our attendees’ case, this occurs from practicing what is bubbling up in us. We lose the sense of our own individuality by the boundaries between ourselves and others breaking down. Otherwise how does ‘ol Sally know when to phone us? We are not fixed, We are a new and different character seeking to create a new identity, a new purpose in life. So, how about *incarnation, realization, actualization or exemplar* as descriptors?

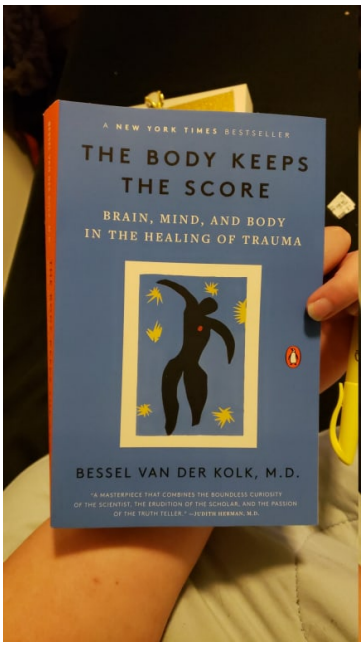
So once our whole body gets to play role in the process, we start to get messages from within we begin to call "guidance" - as we feel guided - without logic intervening.

There was a time, early in my career, before I took up *transpersonal psychotherapy* that I was very taken with oil painting, though I didn't paint very often. And my default painting position was to do landscapes - which were easy for me. I was also a very cautious painting, no swashbuckling moves, everything in its place. Whatever I was going to produce it would be high realism



Whatever I was going to produce it would be high realism. Just above is one of my paintings of a 1712 Church of Ireland in Coolkenno Ireland attended by my ancestors before they emigrated to Canada. I dreamt of painting a portrait like the one in the top right (which is not mine) and at this time my specific passion was to paint a picture of my girlfriend who loved horses, on a horse and then just her face as we see above, But I procrastinated. I had lots of time as her birthday was far away and my painting was to be a birthday present. I told myself *"I have to be in the mood (whatever that meant.)* But then the day before her birthday arrived and no painting, not even a furtive try. But it was a perfect day, the light was just right, the shadows perfect, spring was bursting out all over - a perfect day to paint. So, I painted, finishing off the easier, smaller part where she was riding her horse and then moved on to the face. It took me 14 hours to get the canvas totally covered in oil and I was getting tied from being so absorbed in my work. At 8 p.m. I stood back to see how I was doing. Omigod! It was a dog's breakfast. Right away Im wanted to give up. I hadn't told anyone what I was up to. I could just put it away, pull the covers up over me and "hit the hay."

But as I stood back, 20 feet from the easel, inn the shadows with my pallet knife in hand, some thing urged me to dab some light yellow ochre at points that the sun would be shining on. Then I felt impelled to dab some purple here and there, the places that needed darkness it seemed to me. On and on it went., there was no thought in my dabbing; there was impulse or demand or compulsion. It was like there was music playing and I was dancing to it. At one point I was so tired after some two hours of this that I collapsed into bed, without really being able to decide whether things had gotten better or worse Logically I thought (probably) worse. I got up the next morning, and she did look better, but I wasn't sure. It wan't my kind of painting. I took it over to show mutual friends. ***They thought it was a photograph***. What was my response,? Sheepishly I presented the perfect painting and didn't paint again for five years. I knew it was a fluke, something I could never replicate. Little did I know that I had stumbled into **embodiment.** My skills had suddenly came together in a blaze of glory. I was in ecstasy. *But I didn't know that yet.*



You know, I never even took a photo of my perfect painting, and that's why I had to use somebody's else's as an example on the previous page. The story has an ending, but only years later when my son was 12 and wanted to paint. Art school was a 20 minute drive away. Living in the country he needed a drive, I went with him to art school, signed up too. In my intermediate class I'd be sketching and painting models who sat for us. My first night I painted another dog's breakfast, but the next week I painted like a photographer. And how did it happen? My teacher had come around and said to me *"Don't you see the yellow ochre right there? And what about the purple."*

So, in the period of **embodiment**, after all the paint is on the canvas. I'm sure this is why **Bessel van der Kolk** named his book *The Body Keeps The Score.* Damn right it does! In the article she wrote about van der Kolk, **The Limits of Talk** *Mary Sykes Wylie tells this van der Kolk anecdote*.

In 1989, directly after Hurricane Hugo had ravaged Puerto Rico, van der Kolk accompanied FEMA officials to lend his expertise to dealing with the traumatic aftermath of the devastating storm. "I arrived in the middle of this devastation, and what I saw were lots and lots of people working with each other, actively putting their lives back together--carrying lumber, rebuilding houses and shops, cleaning up, repairing things."

But the FEMA officials immediately told everybody to cease and desist until assorted bureaucracies could formally assess the damage, establish reimbursement formulas, and organize financial aid and loans. Everything came to a halt. "People were suddenly forced to sit still in the middle of their disaster and do nothing," van der Kolk remembers. "Very quickly, an enormous amount of violence broke out--rioting, looting, assault. All this energy mobilized by the disaster, which had gone into a flurry of rebuilding and recovery activity, now was turned on everybody else. It was one of the first times I saw very vividly how important it is for people to overcome their sense of helplessness after a trauma by actively doing something. Preventing people from moving when something terrible happens, that's one of the things that makes trauma a trauma."

Pondering this striking lesson, van der Kolk wondered if perhaps the most damaging aspect of trauma wasn't necessarily the awfulness of it, but the feeling of powerlessness in the face of it, the experience of being unable to escape or fight or have any impact on what was happening. "The brain is an action organ," he says, "and as it matures, it's increasingly characterized by the formation of patterns and schemas geared to promoting action.

People are physically organized to respond to things that happen to them with actions that change the situation." But when people are traumatized, and can't do anything to stop it or reverse it or correct it, "they freeze, explode, or engage in irrelevant actions," he adds. Then, to tame their disorganized, chaotic physiological systems, they start drinking, taking drugs, and engaging in violence--like the looting and assault that took place after Hurricane Hugo. If they can't reestablish their physical efficacy as a biological organism and recreate a sense of safety, they often develop PTSD.

To complete our learning a way back to normalcy or to avoid getting stuck, we must actually do things, and to do them in Csikszentmihalyi fashion. He'd say:*"Many lives are disrupted by tragic accidents, and even the most fortunate are subjected to stresses of various kinds. Yet such blows do not necessarily diminish happiness. It is how people respond to stress that determines whether they will profit from misfortune or be miserable* — Mihaly Csikszentmihalyi, Flow

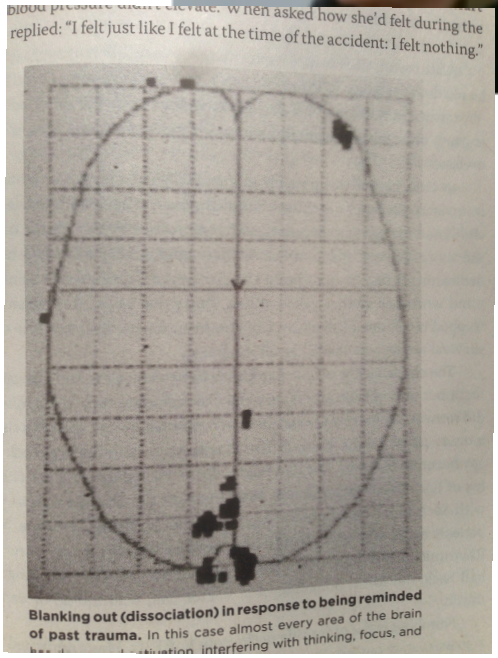
Marcus Aurelius chimed in on this too:
You have power over your mind - not outside events. Realize this, and you will find strength.
Everything we hear is an opinion, not a fact. Everything we see is a perspective, not the truth.
The universe is change; our life is what our thoughts make it.


PET scanner

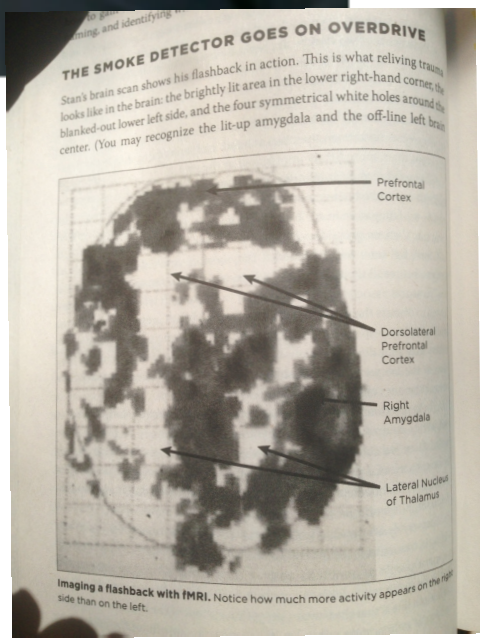
So embodiment is doing things until you are “in the flow” from day to day. In the future it may involve doing things until your brain scan normalizes. I say, in the future, because it probably won’t be the case for me, or most of us, but if you’re Paul Frewen and Ruth Lanius in London, Ontario, of you’re Bessel van der Kolk in Boston, that future is now. As they used to say in the space program *“We have the technology!*”

So, treatment in the future will likely mean that the diagnosis will be made by a PET scanner or a fMRI. No more quibbling over diagnosis, and probably a radically different DSM-VI. No more saying the patient has gone into remission - unless their scan indicates it. This equipment is obviously prohibitively expensive but even now, in Ontario, if you can get your patient to the *University of Western Ontario* in London and you can get them seen by Drs. Lanius or Frewen, you can have this type of diagnosis today. This was the case in 1999 even when Ute and Stan Lawrence had their PTSD-causing accident on the 401. In their case, their scans (below) ended up in Bessel van der Kolk’s *The Body Keeps the Score*.


fMRI scanner


replied: “I felt just like I felt at the time of the accident: I felt nothing.”

Blanking out (dissociation) in response to being reminded of past trauma. In this case almost every area of the brain


THE SMOKE DETECTOR GOES ON OVERDRIVE

Stan’s brain scan shows his flashback in action. This is what reliving trauma looks like in the brain: the brightly lit area in the lower right-hand corner, the blanked-out lower left side, and the four symmetrical white holes around the center. (You may recognize the lit-up amygdala and the off-line left brain

Prefrontal Cortex

Dorsolateral Prefrontal Cortex

Right Amygdala

Lateral Nucleus of Thalamus

Imaging a flashback with fMRI. Notice how much more activity appears on the right side than on the left.

They had been in the same accident, Stan driving, Ute in the passenger seat, They had the same experience of the 18 wheeler that crashed over them and of the 14 year old girl who burned to death, but their brain scans were markedly different as was their recovery. Each, being different had to practice and **embody** something different to return to functionality.

Chapter Fourteen

self-responsibility

the state or position of being **responsible**. a person or thing for which one is **responsible**. the ability or authority to act or decide on one's own, without supervision.

You will see that this is Chapter 14. Where the hell is 13? You never see a 13th floor or Room 13. And what about Friday the 13th? The origin of the bad luck associated with Friday the 13th is that this was the date, on Friday, October 13, 1307, when officers of King Philip IV of France arrested hundreds of the *Knights Templar,* a powerful religious and military order formed in the 12th century for the defence of the *Holy Land.*

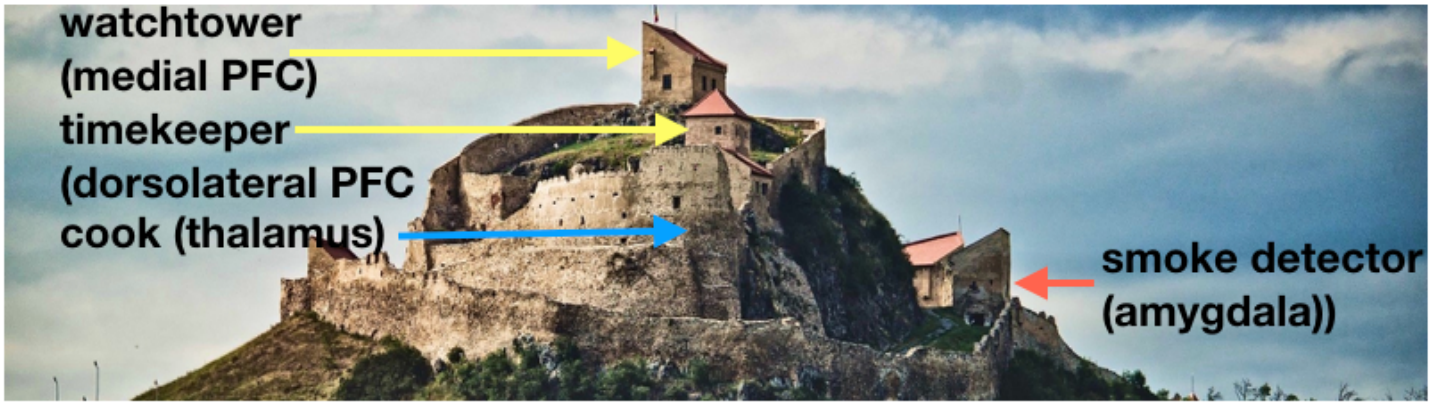
Imprisoned on charges of various illegal behaviours (but really because the king wanted access to their financial resources), many *Templars* were later executed. Some cite the link with the *Templars* as the origin of the Friday the 13th superstition, but like many legends involving the *Templars* and their history, the truth remains murky. What is less murky is that the last *Grand Master of the Templars* was Jacques DeMolay and that a society for young men from 12-21 was created in 1919, so that young people would aspire to public service in the fashion of Jaques DeMolay. By accident we had decided to hold our first young men's weekend on Friday October 13th 2000. We knew that some very famous people had been DeMolays - Walt Disney, John Wayne, Edgar Mitchell, Dan Rather, and in Canada, John Diefenbaker and Tommy Douglas.

One of our volunteers, again by accident, met Dick Pound, Canada's Olympic representative, and either Dick of his brother loaned us a genuine *Templar* sword to officiate at our program. What a pleasure! It made our day, and in return we made 45 young men happy. What has seemed ominous to millions over seven centuries convinced us that Friday the13th was our lucky day.

Whatever the truth about the original *Templars* the DeMolays were expected to be "at their best" for everyone. And we, in turn were our "best selves" for the youth. When you're at your best a good whack of the time, you're ready to move on and not be seeking help from others. This occurs when you stop blaming others when you're miserable. As they say ***"If your life worked, who would there be to blame?"*** I was fascinated that José Silva determined that a person could not get in to alpha frequency if they are either angry or fearful. Makes sense though.

What I have found after 25 years of presenting AcuDestress (and now The Citadel) is that there needs to be a point where one says goodbye to therapy. Goodbye to being looked after. It comes when you notice that when something comes up you don't like, you don't blame anyone else for it, and you take responsibility for addressing it. You may still prefer to do it with others, but they should be your equals, not somebody teaching you. The time for teaching has limits.

Now lets talk about the way to get beyond therapy! Turn to the pages in Bessel Van der Kolk's *book The Body Keeps the Score, (*page 55 to 73) where his discussion of PTSD includes an explanation of Stan and Ute's brain scans. I will also go back to discussion of *The Citadel.* In this regard, what remarks I make equally apply to *AcuDestress* and *The Citadel,* as they are variations on the same theme. The picture below is from Page 41 if you'd like to refer back to it.

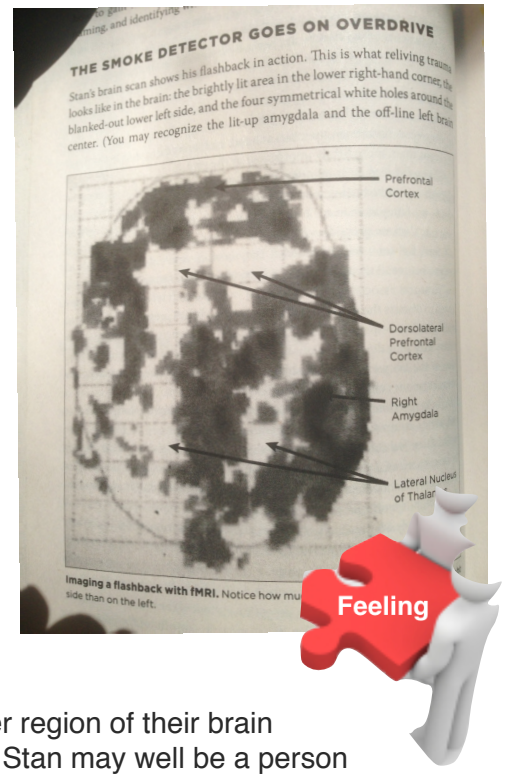


Van der Kolk states: *"Psychological problems occur when our internal signals don't work, when our maps don't lead us to where we need to go, when we are too paralyzed to move, when our actions do not correspond to our needs, or when relationships break down."* This gives us a list of priorities, suggesting that all 3 brain layers must be repaired not just our thinking apparatus. After we look at what will be required we'll suggest a mechanism to do this on the next page.

The ***Amygdala*** *(van der Kolk's smoke detector)* is part of the limbic brain (what we arbitrarily call the red brain,) It is usually the first and the strongest reactor to trauma. On the other hand the *Medial Prefrontal Cortex or MPFC (vdk's watchtower)* keeps us *"being able to hover calmly and objectively over our thoughts, feelings, and emotions (an ability I'll called mindfulness throughout this book) and then take our time to respond allows the executive brain to inhibit, organize, and modulate a hardwired automatic reactions preprogrammed into the emotional brain"* Neuroimaging studies of human beings in highly emotional states reveal that intense fear, sadness, and anger all increase the activation of the subcortical brain regions involved in emotions and significantly reduce activity in various areas of the frontal lobe particularly the MPFC

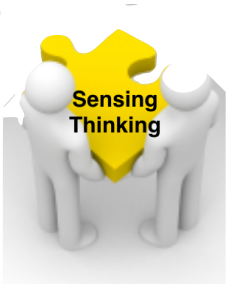
Insight is not the answer *"Psychologists usually try to help people use insight and understanding to manage their behaviour. However, neuroscience research shows that very few psychological problems are the result of defects in understanding; most originate in pressures from deeper regions of the brain that drive our perception and attention. When the alarm bell of the emotional brain keeps signalling that you are in danger, no amount of insight will silence it. I'm reminded of the comedy in which the seven-time recidivist in anger management program extolled the virtues of the technique is learned: "They are great and work terrific – as long as you're not really angry."* van der Kolk p.64-5

When Stan did his fMRI in a situation which artificially recreated the experience of the MVA trauma, he started sweating and his heart raced, and his blood pressure was sky-high. This suggests to me that a brainstem reaction was occurring when he recalled the accident.

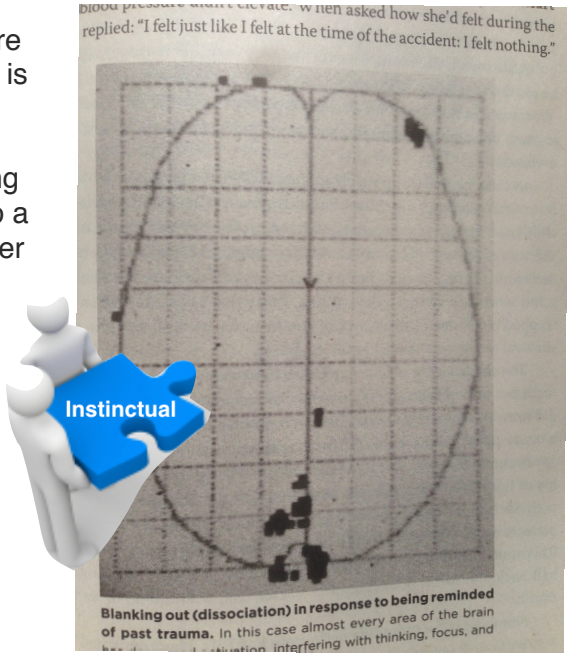


On Stan's fMRI the dark areas are the overactive ones and the white areas are the quiet areas. As is typically the case when a person has a flashback of Stan's type, the left hemisphere shows a shutdown. The great majority of the activity is on the right. With Stan there is silence in the Dorsolateral Prefrontal areas (the timekeeper) and the lateral nucleus of the thalamus (the cook) on both sides. Note that the darkest, most active area is in the area of the right amygdala (vdk's smoke detector.) Van der Kolk comments that there is no way a person like Stan can process the past until these offline areas are functional again - thus the dictum he also has against "talk therapy."

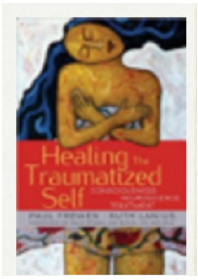
Our experience of patients recovering by activating the quieter region of their brain through *mindfulness and neuroplasticity*, suggests to me that Stan may well be a person who thinks-and-acts-thinks-and-acts, over and over and that right now he can't *"think his way out of a wet paper bag."* We would guess that this makes him a **RED** in our terminology, and that he will recover by activating compassion for himself and others, and thus re-activate his think-and-act-think-and-act, through the help of his limbic brain. There is a slight possibility here that Stan may be a feeling-doing-feeling-doing type who activates his right brain as Jill Bolte Taylor did during her stroke, but it appears in the scan that there is already a great deal of tight brain activity. Note that of all types, **YELLOWS** are least prone to PTSD. This may be because they tend always to be on the lookout for danger. Their naturally-occurring hyper-vigilance is a boon to them when trouble strikes.

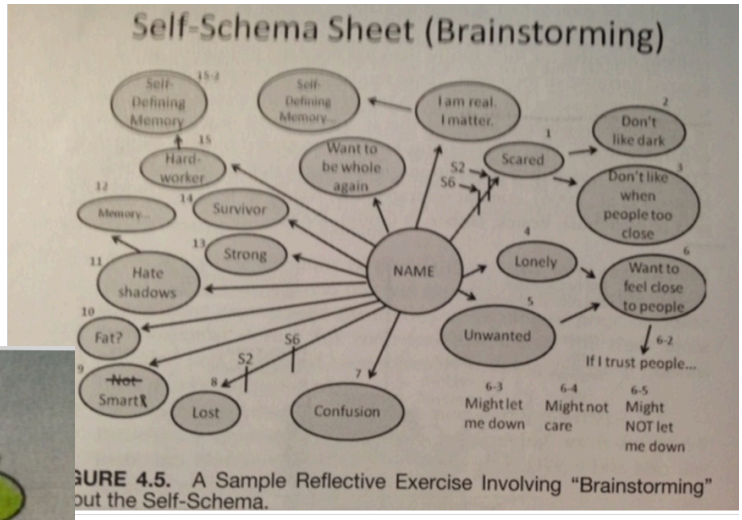


Ute on the other hand is a different kettle of fish. In her brain everything shuts down, leaving her disorganized. It is so severe that one might imagine the she had pre-existing trauma. But it is clear as clear can be that she is a withdrawing personality as most or even all dissociaters are. Such people are prone to *alexithymia,* and I note from reading her book that she found her way to a *emWave2* which not only helped her progress (probably by relieving *alexithymia*) but she also ended up teaching it to others, which is great way to enhance it for oneself. She can be none other than a prototypical **BLUE.**



Schema As I finish up here, I would like to share with you a little advantage to be derived from combining a *schema* with our perception of the *dominant red, yellow or blue personality in play*. It is generally agreed that patients (especially those with C-PTSD) come in with a *schema*, a roadmap of *"the way things are always done around here."* Without them actually having a roadmap of how they are doing in the face of trauma, they do keep going down the same roads time after time. They're addicted to their own behaviours. Again, how could they be talked out of things that even have things like the **μ-opioid receptor deficiency** as is known to happen with *Borderline Personality*. So, Lanius and Frewen have their patient construct a self-created new *schema (like the one on the right)* once they start improving, to record both what's left to break up and whats been completed. This is helpful to keep track of progress and to see how close one is to discharge. Since we are discussing in *AcuDestress* people's "colours" we add them to the *schema* for an even richer depiction, a living *schema* they may actually pin up on their wall. If you want to know more about this **you can visit it in detail** on my web site. This is an excellent way to follow where you are in it all.





GURE 4.5. A Sample Reflective Exercise Involving "Brainstorming" out the Self-Schema.

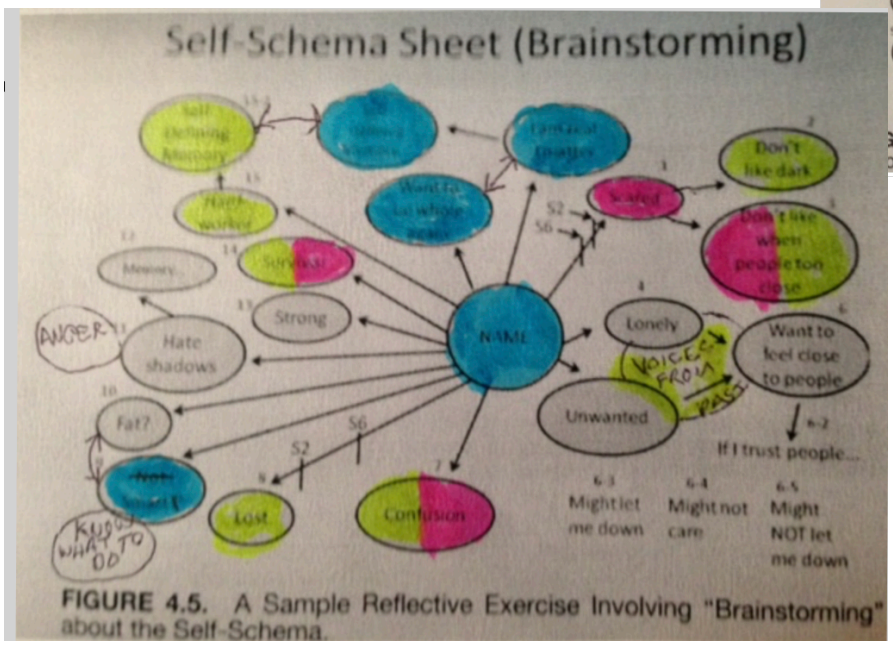


FIGURE 4.5. A Sample Reflective Exercise Involving "Brainstorming" about the Self-Schema.

As I draw to a close here, I see some of you out there becoming 21st century phrenologists, if you are not already one. You have, even if you haven't done *AcuDestress* our new alternative, *The Citadel*, in these pages and the web site there's enough to tell you what colour you are. As colour is not something pathological, but rather a helpful and useful depiction of the temperament one was born with, it is neither good nor bad to be a colour- everyone is one. I have just endeavoured to tell you even on the is page that knowing one's colour conveys certain advantages, just like the pinning, the *Silva Mind Control, The Emotional Freedom Technique and Power of Eight*.

What I have in mind here is that with you using this as an Manual, I'd be happy to consider you as a franchisee who'd conduct **The Citadel.** on your own. I've prepared a test on the material presented here, **and I'd be happy to consider you for a franchise.** There will be no cost. And you may even charge for producing it. I'm clear that we have something new and powerful. As my friend and *AcuDestress* graduate, **Nigel Harris**, who makes his living as a troubadour sings (he also wrote the lyrics)…. **Things Go Better Then You're Present.**