

“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 **talk 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.*”

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.



Toronto General Hospital



Toronto Western Hospital



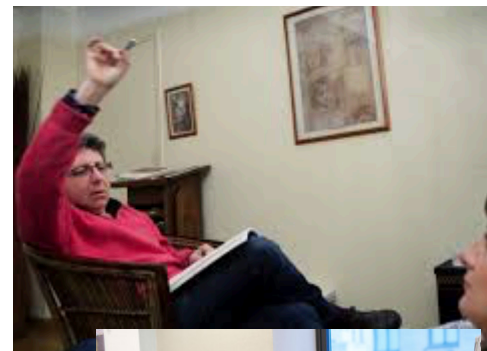
St. Joseph's Hospital

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 it 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.

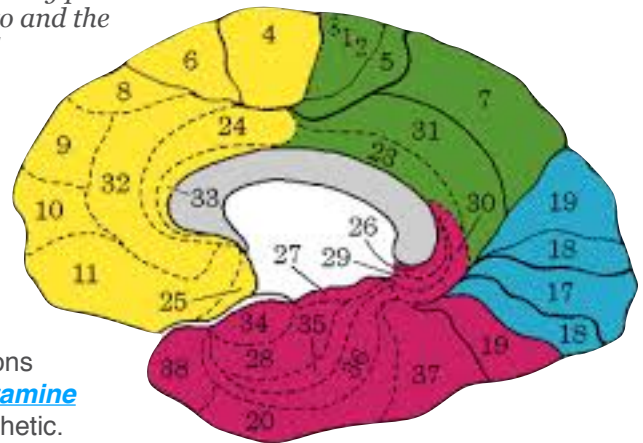
The Emergence of Neuromodulation

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. *Mindfulness* 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.

