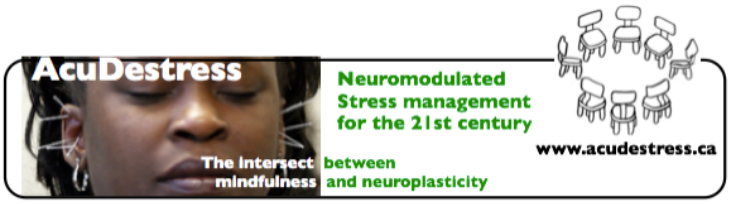


The Territory Beyond Talk Therapy

by Brian C. Bailey M.D.

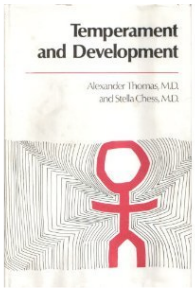
A MANUAL FOR PRACTITIONERS OF ACUDESTRESS

Chapter 9 The Importance of NOT being Ernest

*(or **An integrated view of the world from a BLUE, YELLOW and RED standpoint - and why it matters)***

*As you will remember from the Day 1 session, we issue unique name tags which identify participants to each other. They are, as you know, outlines of letters of the person's name, with blank space in the middle. Recipients are told that at some time during the program or shortly afterwards they will be able to "colour-in" the blank space when they know (metaphorically) what their "colour" is. While this is best understood for what it represents in retrospect, once one has moved to a **higher level of complexity**, this first day step, along with the discussion of "phenomena" are notice that the program is not about tackling the recipients' problems directly, but indirectly, by providing the wherewithal for the participant to approach them from a higher level of complexity. Here lies the difference from conventional treatment.*

You may remember that on Day 18, the last day of the program, with the usual three quarters of recipients having "coloured-in," I suggest that their colour is more important than their name - at least for a short period of six months when they will be solidifying (integrating) an expanded (more complex) identity. Their name is their historical identity, complete with memories of the past. But their colour is their present identity, their emperor's new clothes, as it were. ***If their name was Ernest at the beginning, of course it will still be Ernest at the end, but identifying with the entry point uncoloured-in Ernest is something people are seen to let go of. The BLUE ERNEST , the YELLOW ERNEST and the RED ERNEST are quite different from the uncoloured-in Ernest and each other.*** *After their session one embodies who they've become, not who they once were. This chapter begins to outline the reasons (and how it's done). Integrating the coloured-in identity is the key to restoring resilience or having it emerge for the first time. The presupposition that all children start life basically the same - and that all adults are basically operating from the same set of presuppositions about life was challenged, even shattered by the discovery by psychoanalyst John Bowlby that children start off like with differing "attachment styles" but confused by the fact that there is one secure attachment style and three insecure attachment style. With secure attachment. Ernest becomes BLUE ERNEST.*



A light at the end of the tunnel shines from **Judith Herman**'s observation that the insecure attachment styles can be *"trained out"* if done fairly soon after they have been engendered by mothers who are themselves secure mothers, interacting with **Karen Horney**'s three base temperaments (Ch.4 p. 35) showing up in their children as early as in the delivery room according to **Drs. Alexander Thomas** and **Stella Chess**, who reported this in their book, ***Temperament and Development*** (New York: Brunner/Mazel, 1977). In their longitudinal studies, which date from the early 1960s, they observed children beginning in their second and third months of life, things which are recognizable in infants (in the delivery room) and very young children. The nine temperaments are: ...

self-regulating, socially contactful, active, sensitive to social environment, held back socially, fearful, playful, difficult demanding, compliant-easy.

Consciousness researcher **Don Richard Riso**[33] using his knowledge of Horney's three basic orientations towards life in children (detached, compliant and aggressive,) cast a light of systemic understanding on the Thomas/Chess observations by interfacing each of Horney's three basic temperaments, with three experiential views of the subject's world, by which the viewer sees the world from a place *larger-than-the-world*, equal with and therefore *adapted-to-the-world*, or *smaller-than-the-world,* perfectly explaining why there are nine temperament variations at 2-3 months.

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[33]Riso, D.R.; *Personality Types*; 1887; https://www.amazon.ca/Personality-Types-Using-Enneagram-Self-Discovery/dp/0395798671

The (Sometime) Importance of NOT Being (Only) Ernest

What I suggest here represents a huge deviation from the goal (and the conduct) of conventional psychotherapy. It's far from a "put down" of talk therapy. Conventional psychotherapy, takes advantage of the fact that in most people (60%) of patients, most issues can be "talked-out" (i.e. are housed in the brain's cerebral cortex where speech is located) which works when the limbic and brainstem layers of the brain are themselves, working and thus uninvolved. This is why a therapy like *Interpersonal Therapy (IPT)* often weeds out bipolar subjects at the outset, knowing that it does not get results in more complex scenarios, involving matters of differing temperaments (i.e. personality work.)

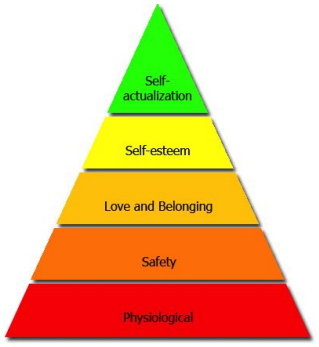
The Key Is the Three Ways of Being-in-the-World The success we've had derives largely from one fact - the fact that we found that people spontaneously evolved into 3 highly-complex cohorts (See Ch. 4, p. 34), in 1995, when doctor-patient talk had no part whatsoever in our treatment. The fact that ***5-point ear acupuncture*** as a sole method of treatment ended up, in 60% of our subjects, self-selecting 3 distinct personality types, who, meeting after their treatment, fell into good spirits with each other, especially those of like mind, people they'd never met before, suggested that an *integration* of all 3 brain layers had occurred, and that it was all that was needed. The 60%, without further intervention, were functioning well after 6 months. It greatly helped, however, when they knew which of the three brain layers had come alive.

Knowing that one is Ernest is one thing, but knowing that one is **BLUE** (or RED or Yellow, Ch.10) **ERNEST** makes the integration or embodying process a relatively easy process - which raised our results to 75%, but still short of Smith's 85% success. But he'd warned me I'd have to tinker with his methods. And our further tinkering, the training exercises I've added has raised our results even higher.

This discovery pointed me firmly towards strengthening the host rather than treating the symptoms or issues *(i.e. with talk, which is seen not to work in such cases,)* **when the whole brain (including its limbic and brainstem functions) is involved.** It's impossible to talk ones way through anything if the parts of your brain that don't talk are holding sway. Recovery from buried trauma, requires experience of oneself operating at an integrated and more complex level, and then, an affinity towards that vulnerable level. Once this happens, using our added training exercises rather than exhorting, a new complex resiliency arises with which mental trauma can be met, and life successes can occur even after the fact, by transcendence to the more complex reaches of humanity, equivalent to Maslow's self-actualization.

*I call this integration s***elf-actualization** *much as transpersonal pioneer,* ***Abraham Maslow*** *did. To pass it on absolutely requires the provider's experience-based belief, which you've acquired by your hands-on participation, that there actually is a state beyond self-esteem beyond what we, ourselves imagined possible, but now manifest in ourselves as living examples. And it ends up with seeing that the evolved Ernest is either a* ***BLUE ERNEST****, or a* ***YELLOW ERNEST*** *or a* ***RED ERNEST****. On Maslow's watch, he found self-actualization to be the case in only 5% of the population, and further developed transpersonal therapy to increase those numbers.*

"….Self-actualization is a term that has been used in various psychology theories, often in different ways. The term was originally introduced by the organismic theorist Kurt Goldstein for the motive to realize one's full potential. Expressing one's creativity, quest for spiritual enlightenment, pursuit of knowledge, and the desire to give to and/or positively transform society are examples of *self-actualization.* In Goldstein's view, it is the organism's master motive, the only real motive: *"the tendency to actualize itself as fully as possible is the basic drive... the drive of self-actualization."* Carl Rogers similarly wrote of "the curative force in psychotherapy – *man's tendency to actualize himself, to become his potentialities... to express and activate all the capacities of the organism."* The concept was brought most fully to prominence in Abraham Maslow's hierarchy of needs theory as the final level of psychological development that can be achieved when all basic and mental needs are essentially fulfilled and the "actualization" of the full personal potential takes place, although he adapted this viewpoint later on in life, and saw it more flexibly."



So, self-actualization means that individuals can go beyond meeting normal mental-emotional needs, and can rise to the vaunted level of higher levels of complexity where one's full personal attention is reached, a state achieved, in Maslow's research in about 5% of the population. He was able to increase those numbers. So have we been able.

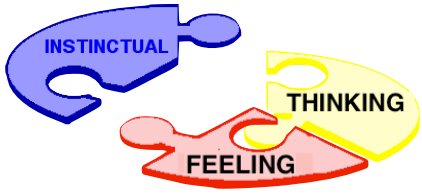
The Importance of NOT being just Ernest, but BLUE ERNEST

Ernest Age 29

I had a patient I'll call Ernest (not, of course his real name). This guy was NOT in the 5% whom Maslow would have seen as self-actualized. Decidedly not. As is the case with many of the Ernests of this world, people who have not responded to medication or conventional therapy who come to do our program, when it came to filling out of his *Patient History Form* this Ernest left it until he arrived for his intake appointment (due to procrastination or even confusion, or expecting someone would help him with it?) and it wasn't populated with much information. He had little to say about himself. As it also turned out typically, he didn't have much real understanding of his somewhat fragmented past, other than he'd come to Canada from Zimbabwe when he was three. On further questioning he enlarged on his story that he'd come, with his father, as his mother had died at the time of his birth. This thinking was disorganized, all over the map, alternating between chaos and rigidity. Upon prompting, he was able to enlarge on things that he was the only child of a single-parent well-educated father who'd had to struggle to upgrade his education coming to Canada to get a job, really didn't have very much time for Ernest and sometimes lost his temper with him. Ernest was bright enough and went through school with good marks, but he sequestered himself away as a loner, not picking up any real social skills. Life was not very happy for him.

There'd come an opportunity when he finished high school, not yet having had the courage to have a date with a girl, which he wanted, but was too shy to approach one, to attend university. He attended, and got a "vanilla" degree, without ever much talking to other people. When he finished, he could never find a job, perhaps not trying very hard, procrastinated, and moved back in with his father, even though he didn't like him much. So, at 29 when he came to us, he'd, on occasion, visited a family doc at about 24, who put him on medication for bipolar disorder, as he seemed to be up and down in his moods, and hardly participatory at all in his world, where he did occasional odd jobs and volunteer activities. He'd stopped his bipolar medications on his own. I experienced him as "vague," someone quite lost and without any kind of social support system. Handsome, he'd still never dated a girl.

If I had been doing talk therapy, as I did for the first 15 years of my career, I would've tried to engage Ernest in social conversation, have him do some homework of examining his negative opinions of himself, his reason for keeping to himself or even to lead up to more engagement with others with "baby steps." I'd have hoped that other people in the group would engage him. But if I'd been doing talk therapy I probably wouldn't have checked out whether he was *alexithymic,* because I wouldn't have had anything to address this even if it was diagnosed. Therapists are justifiably pessimistic engaging *alexithymics*, not because they know this about them, but because they're impervious to social contact. In fact that's exactly what they are. You cannot fix this situation with talk - because it comes from negative neuroplasticity - burnt into Ernest's brain at an early age. His red (sensing) and yellow (mentalizing) brain layers had become *dissociated* from each other. And his blue brainstem layer existed rudimentally as undeveloped potential.



One might say, if one were a neuroimaging therapist (which I'm not) that his *superior colliculus* and his *periaquaeductal grey* - his protections from danger, were underdeveloped.

But if you've seen the common presentation of such people before *(as you'll need to do as a provider of AcuDestress, you already know that they're not going to respond to being drawn out.)* They don't get the cues that are offered. You can treat them *" till the cows come home"* and they'll sit there oblivious to what's happening. So, I begin to suspect that Ernest's early life had been traumatizing and that perhaps PTSD was lurking under the surface, As it appears in Frewen and Lanius *Healing the Traumatized Self*, Chapter 4, (p.101) the consciousness of a traumatized person is pervaded with *"negative content, fragmented plots, and altered perspectives."* This is well worth exploring. Ernest"s "negative content" was his vagueness - melancholic disposition to helplessness which I

relate to laggard dysfunction of the red limbic brain layer, turned down in intensity, and which, as such, didn't see him enthusiastic about much. In fact, in other similar members of his personality type, most would tell you if you asked, that in no time in their life did they ever have a sense of an exciting future, or any wishes they hoped to achieve. They just don't expect much, and never have. This was Ernest's **dysfunctional "yellow" (left cerebral cortex)** piece or brain layer, and belied his equally dysfunctional "altered perspectives." He saw himself as ***larger-than-the-world***, someone who had no real place in the world, no ability to fight back against the *"slings and arrows of outrageous fortune"* other to *"pull up the drawbridge"* and save himself from an inhospitable world. He was missing the crucial elements of attributing meaning to his life. He was simply *"going through the motions."* His "fragmented plots" were perhaps more evident when he was put on bipolar medication *(which one should be careful doing off the bat, as 69% of the time, first appointment bipolar diagnoses turn out to be wrong[34].)* He was later seen to be *dissociated*, but in such a bland, mild way that it hardly registered with him (hardly knowing how to put two and two together"). He was up to nothing. His social worker, who had, herself, participated in our program, had sent him after finding that nothing she did registered. He was a zombie. In short Ernest was lost. He didn't *"know what to do."* He *"didn't have a clue.[35]"*

In my description above, Ernest fit all of Frewen and Lanius conditions for trauma-generated depression (PTSD.). We were well placed to activate all three of his dysfunctional brain layers. **5-point ear acupuncture** tended, as I see it, to activate, and *integrate*, what I took to be the brain's M*irror Neuron System* and it's *Mentalizing System.* All we needed to add *(which we have been doing since 2015 since I picked up EmWave2 use from my colleague,* **Dr. Edward Leyton**, was to re-activate Ernest's sleepy sense of self and tendency to misread others - a.k.a. *alexithymia.*

The **emWave2** did that in short order, and he became more expressive in the group. articulately so, alerting me that he was back in the social game (what Stanislas Grof calls **The Cosmic Game**) . The finishing touches were apparently supplied by our fourth week *Defending Against The Superego* exercise which tends to still the negative voices which flitted through his head. They'd never been that apparent, as nothing but thoughts registered with Ernest. It then became apparent to all that though he had covert PTSD, he was now "sociating" (my word for the opposite of dissociating.) When this happened he turned into a for-all-intents-and-purposes a "yakadak" *(someone who always had something pleasant and captivating to add to a conversation)* as if he was making up for lost time. When we saw him two years later, he was in fine shape, rolling right along. He'd gone back to school and gotten some practical qualifications, but most of all, he was "in the world" for the first time - but not "of the world" *(which means her wasn't totally taken up with adapting to the world.)* Ernest was his own person, with the intention-based ability to *"know what to do"* in situations now, not just random situations. When he told stories, which he now did freely, they had a start, middle and finish, a first person narrative style which bodes well for such a person. All in all, this'd happened without ever talking out any of his "bad habit." symptoms. He'd done that himself - in the process of living, with skills he'd picked up. He'd become self-actualized (integrated), not fixed. He'd become **BLUE ERNEST.**

For all the beauty there may be,
I'll never throw away my soul.
Only for something I don'y know,
That one may come on randomly.

St John of the Cross

Ernest's trauma began in Zimbabwe with the death of his mother in her postpartum. His father, who was prone to drink but otherwise a good man, living in a troubled country from which he needed to escape. When Ernest was three, they emigrated to Canada, where he scurried around to find jobs, and had little time for his young son. He was somewhat short-tempered. Ernest's young life had thus became "disorganized." From Ch. 5 Page 44 we have:

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

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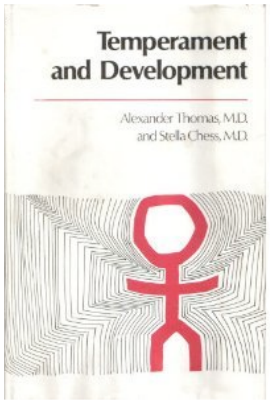
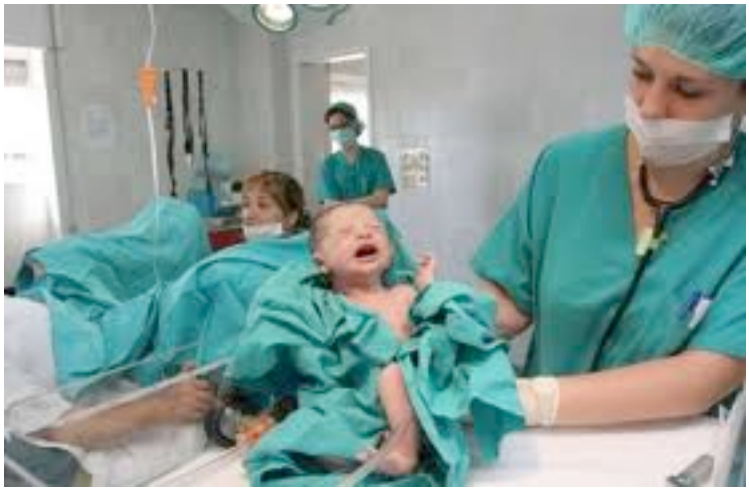
[34] Singh T., Raiput, M.; *Misdiagnosis of Bipolar Disorder;* Psychiatry (Edgmont). 2006 Oct; 3(10): 57–63. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2945875/

[35] "Not having a clue" is, of course, a way of expressing this in the common vernacular, but it means the inability to take outside sensory input into consideration, in order to create future plans, when expressed in a more medical/psychological way. **Dr. Ruth Lanius**, in a 2018 *National Institute for the Clinical Application of Behavioural Medicine* presentation called Treating Trauma Master Series suggests that three brain functional networks, the pre-frontal **default mode network** (which is seen to gather information and create future plans, **the salience network** which helps us pick out what's important in our environment, and the **central executive network** which helps us plan, think, concentrate, and focus attention. I will return to this suggestion below.

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 state and behaviour very disorganized.Trauma makes it particularly hard for people with unstable attachment histories to use their limited resources to keep their heads above the water. The two brain layers they use to function adequately become teased apart from each other. This is not serious until it is. **Judith Herman** reports that *unstable attachment* can be repaired by addressing it early. Addressing it means spending time with a stabilizing mother figure and teaching the real mother to follow suit. But not so much by therapists, but by "community workers" whose own histories are of creating stable attachment in their own children. Good mothering goes a long way to give their child a "leg up" in the world.



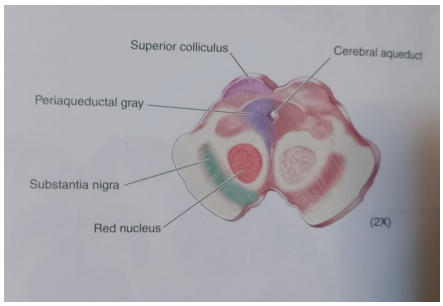
The "personality" of the child, or at least the temperament which underlines it, is present at birth, largely apparent in the delivery room according to **Drs. Alexander Thomas** and **Stella Chess**, who report this in their book, ***Temperament and Development*** (New York: Brunner/Mazel, 1977). Others have confirmed their findings, many times over. But is it genetic or epigenetic? So, when we have an Ernest who is then exposed to parenting with the (See Ch. 4, p. 34) ultimate goal of preparing him for life, the functioning brain layers activated a birth are "set in stone."



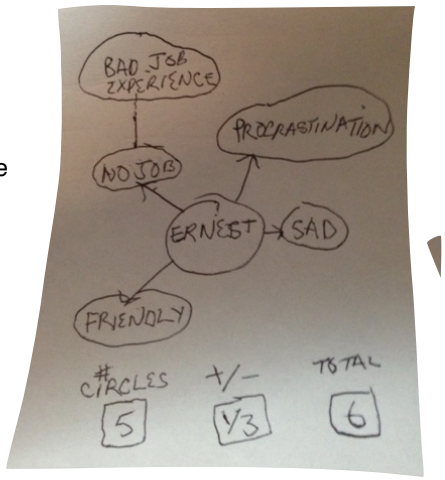
The parent is not the sole arbiter of what will happen next, though she can be responsible for stable attachment. She doesn't determine which of the unstable attachment styles her child will pick up, only the intensity of the instability, for which she may be the factor which makes their child stable or not. Good parenting makes the best of whatever style their child is born with. And this happens 65% of the time. When it doesn't happen, we have out work cut out for us.

Approximately <u>two thirds</u> of the adults who come to do our work and who turn out to have either hidden or (more often) overt PTSD have *withdrawing* (or what Horney called "detached") temperaments. The other third, the non-dissociating PTSD sufferers are REDS and YELLOWS and will be covered in <u>Chapter 10.</u> Temperament, as seen above, could be either genetic or epigenetic. So what about the effect of nurture? I haven't talked anything about this yet. But while nurture is causative, recovery from trauma is nature-driven.

<u>So what is disorganized attachment?</u> If *withdrawal* was pathognomonic, exactly the same in all withdrawers, this tendency would be obvious, But often it isn't. Without taking the differentiating effect of nurture into consideration, those with a withdrawing tendency would *"stand out like a sore thumb."* But it doesn't. Nurture causes variations. **Drs. Alexander Thomas** and **Stella Chess**, label withdrawing/detached types, at 2-3 months, not right at birth, as either **1.) sensitive to social environment, 2.) held back socially, or 3.) compliant-easy.** I'll have more to say about these below. But here, let's just say that detecting *withdrawal* is often subtle. Ernest above, bipolar or not, was a **held-back-socially variant**, for obvious reasons when you learned about his early environment. I have adopted Riso's further delineation of the temperament into the ways each subject comes to view their world - either *Smaller-Than-The-World* (embroiled in an unfriendly world), *Larger-than-the-world* (able to feel above any need to join the world) or *Must-Adapt-To-the-World*. Ernest (above) was *Larger-Than-The-World* until he wasn't - i.e. when he acquired the full use of his **BLUE (brainstem-related) piece**. One might say (I'm not sure of this, as it's outside of my field of training) as Lanius does in the *National Institute for the Clinical Application of Behavioural Medicine* presentation, the *Treating Trauma Master Series*, p.7, that he had regained or gained for the first time the use of two structural networks in the brainstem called the ***superior colliculus*** and the ***periaqueductal gray***. These structures are involved, according to Lanius, in the host's immediate defensive responses.



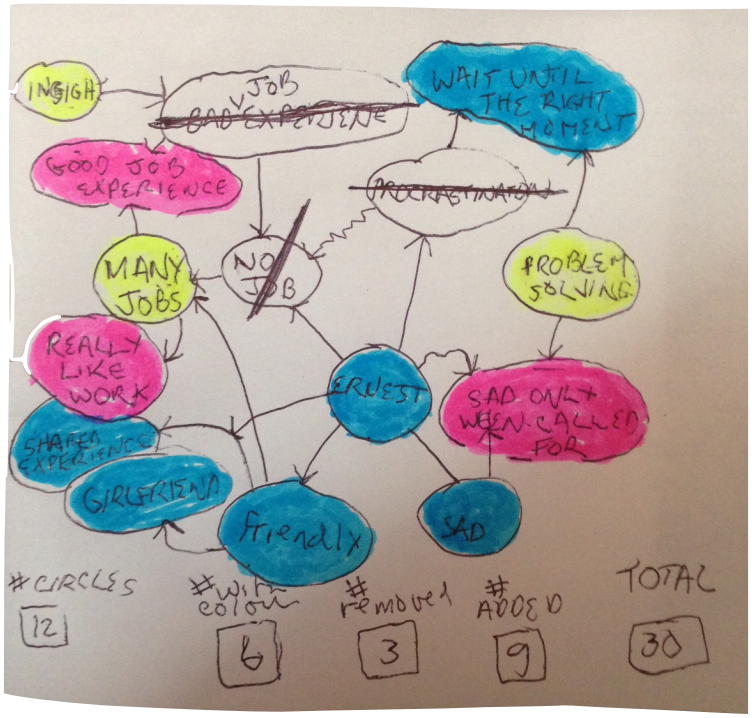
So, with such a wide spectrum of presentation potential BLUES are often not immediately identifiable. Time and experience, however, make us better at seeing through their surface veneer to the often-hidden personality they represent. We are not helped by the fact that dysfunction extends to not being able to tell their story narratively, and, at times, withdrawal in the very defensive variations, causes them to conceal their real selves and real intentions. Having said that, there seems to be evolutionary value, as suggested in Chapter 1, Page 5, that "*knowing the truth"* about what brought one to one's present symptoms, can actually give rise to a breakthrough. Frewen and Lanius have developed an interesting schema which patients use to track their progress through therapy.[36] I've explored adapting it (quantifying it even) for use in *Acudestress*, as it tends nicely to illustrate *complexity* and *adaptiveness*, and could equally be quantified as a measure of these two important markers of progress.The subject is asked to put their name in a circle in the centre of a blank page (p. 85), then to add as many circles as needed to describe themselves at the onset of treatment, adding at least one defining experience illustrating how they function at the outset.



On the above right, we see such a schema which might have applied to Ernest as he came in the door to his intake interview. His chief complaint was that at 29 he couldn't get a job and that he was vaguely feeling "to blame." The one positive thing to which he admitted was that he was "friendly."

What happened was that Ernest came to the program, was immediately categorized as *alexithymic*, *(this is not really considered a diagnosis, but perhaps should be)* and treated with *Heart-Math's emWave2.* In 4-5 days his TAS-20 aleithymia score was well under 100, our cut-off point (50—70% of our patients score over 100 at the outset. Four out of 5 of them lower scores under 100 during a month of treatment. Ernest was one of the 4 out of 5. From there he became cautiously (experimentally) more social. He edged out to talk to others. Baby steps - but nevertheless the rudiments of adaptability.

As the session went on, the exercises he participated in, increasingly with others, became more complex and more challenging as we went on. **Ernest** *"rose to the occasion"* and was occasionally heard to laugh. It was only shortly after the session that repressed PTSD memories from the past began to surface. But **Ernest** was ready for them. He was *present* to them. At his out-take session we decided that he would be good to return for another session, as a place where he could best choose to be "present" to his emerging memories. He did so, and that's when he became the *yakadak* we eventually knew him to be. As he faced the emerging memories with presence, he was "home free." When he returned two years later to serve on a panel of his type, he was the life of the party, laughing and smiling in tune wth the atmosphere of the room, and filled with stories of success. He now operated a computer business of his own, but what he really enjoyed were his exchanges with others. He now had a girlfriend. His schema would have looked like this…..



Ignore the "scoring" at the bottom for now. We'll get to that in a separate document which describes how to construct such a schema based on our work. I have added descriptive appendix (Appendix A) and **a page on my web site** which shows in detail how adding the colours makes the schema into an *integration schema*. Have a look. You'll need this!

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[36] Frewen P, and Lanius R." *Healing the Traumatized Self* ; p. 116

What is a Self Schema Sheet (Brainstorming)

The diagram on the right is taken from the Canadian psychiatry textbook, *Healing the Traumatized* Self by Paul Frewen and Ruth Lanius, page 116. The schema is the patient's representation of self and is used during therapy for patients who are working through childhood pervasive and continuous trauma, to follow the progress made in therapy. It is drawn by the patient, and forms a comprehensive "progress note" of the patient's course through therapy.

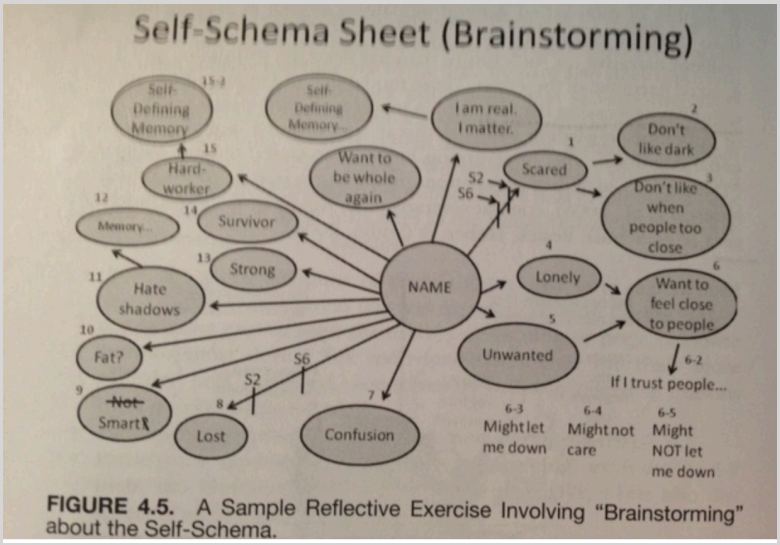


FIGURE 4.5. A Sample Reflective Exercise Involving "Brainstorming" about the Self-Schema.

Our *Self Schema Sheet* could read the same as the Frewen & Lanius Figure 4.5. but it could also be taken to a higher level of complexity, which is, after all, the underlying purpose of work with the AcuDestress model and the understanding we promote of the three-layered brain and its evolutionary function. In our schema one is permitted to add linkages between the circles you have constructed, and even to apply colour to chosen parts of your Schema.

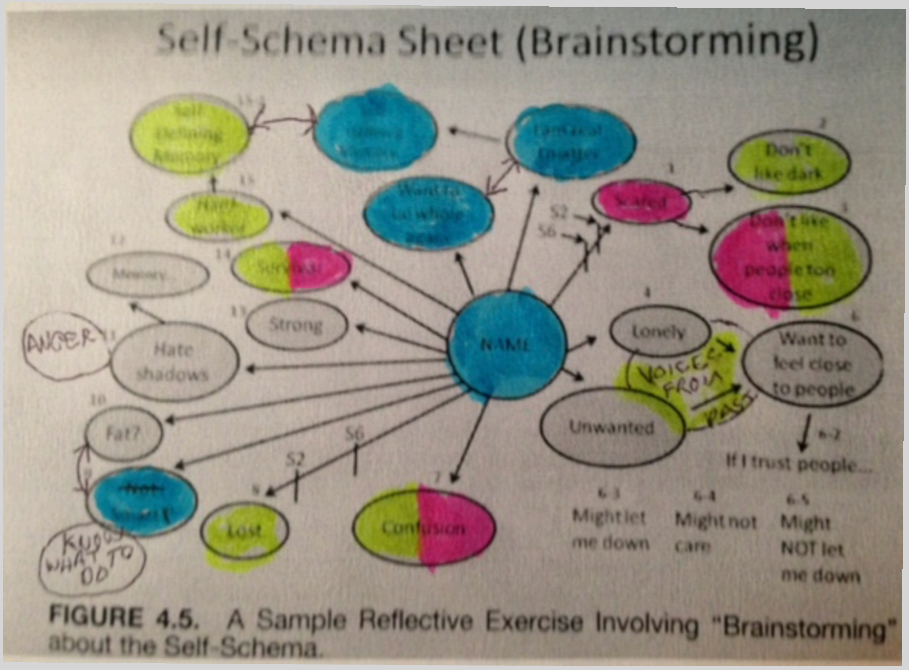


FIGURE 4.5. A Sample Reflective Exercise Involving "Brainstorming" about the Self-Schema.

Here are your instructions…..

1.) Draw the centre circle for your name (Name Circle), or if one is provided, write in your name, and if you know it and experience it, your colour.

2.) Draw four outlying circles. Draw and arrow from the Name Circle to each of your other four circles. Insert a word in each circle, indicating a trait, a role, a strength or weakness with which you identify, today. As you need all three colours functioning to recover from complex trauma, see if you can add a colour to the positive entries you have made. In brief, the colours and their positive manifestations are as follows: BLUE: spontaneity, gut-level hunches as to "what to do" YELLOW: flexibility, ability to focus awareness on what is now important RED: compassion, ability to see where love is needed, supply it unconditionally. The colours may be applied at home,

3.) Create 1 more circle close to one of your 4 circles indicating an event or detail which pertains to that circle, example: Scared———> Don't like the dark or Smart———> Know what to do, Draw arrows from one to the other.

To learn how to use the AcuDEstress adaptation of Frewen/Lanius' schema by our clients, See Appendix 1 and Appendix 2 beneath Chapter 10 icon of the book web page

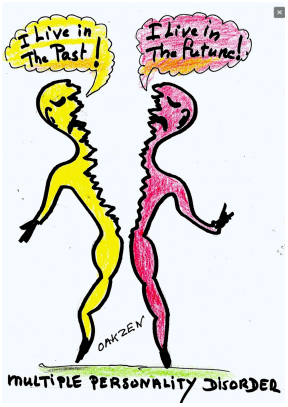
Ernest showed no indication of *complexity* in his thinking when he first came to the program, but did that change. Over 2 years he had added 9 new active work areas which were strongly positive, none that were negative and was able to identify 6 areas where his new BLUE piece had added *complexity* to his approach to life, and other areas he coloured with red and yellow, which indicated that his original personality had become highly *adaptive*. This was so descriptive, and with the quantifying features, it can well be used to measure the progress made by the subject. As it measures *complexity* and *adaptability*, I decided to use it as an overall measure of treatment success.

What Makes It Difficult and Challenging for the Learning Provider

There are many confounding factors, which will create a challenge for those of you who want to learn to do this work.The most important (and most insidious) of these is the fact that the ***neuromodulating effect*** *of Smith's* ***5-point ear acupuncture*** *is so adventitious that one can afford to get lazy, sit back and let the neuromodulator do all the work. One then just has to create a favourable environment for people like* ***BLUE ERNEST****, who required nothing but a modicum of praise for the steps that he took a long the way. As such he took all the right steps. I did almost nothing (as Smith had suggested strongly when I first met him.)*

If every case were as straightforward as the one above, the janitor could put in the pins, and the results would be the same. I proved this to myself during the first 12 years when I didn't talk much at all to the patient until well after (2 months) the pinning process was finished. I did an intake with the patient and determined that they really did need something beyond *talk therapy*, and then I sent them to acupuncture colleagues *(not Dorothy, as by this time she had retired,)* I explained nothing to my pure acupuncture buddies and just gave them a prescription to treat people 15 times, without talking to them. Acupuncturists often don't like talking to patients anyway, as it gets in our way of our feeling out the situation, in knowing which points to use. In this case, a very different use of acupuncture, the points used are " one-size-fits-all." The patients I sent to acupuncturists who knew nothing about what of what we were doing really, were as likely to have a good result is those for whom I did or Dorothy did the acupuncture itself.

But what if Ernest, prior to activating his **BLUE or brainstem layer** *(a feat in its own right without neuromodulation),* also has a complicating personality disorder, or multiple personality disorders? He will then throw at you *"everything but the kitchen sink"* (most frequent of which is to *blame* you) not to change. Such patients are seriously on the defensive. Take red/yellow **ERNESTINE** (Ch. 5 p. 47) for example. She had *Borderline Personality Disorder* and *Dissociative Identity Disorder (DID)* wholly on account of a mother being so troubled herself that she was sexually abusing her 3-year-old child, who, in turn, learned to dysfunctionally fragment herself as an extreme dissociative measure. This allowed her to fashion a sub-personality that was free of everything that was happening. It may have saved her life at the time, but it's not something one would want to take into adult life. In such a case if one engages in a conventional talk therapy conversation with one of the so-called personalities, that personality will be rendered even stronger. **Norman Doidge**[37] warns us of an antiphenomenon called *" the plastic paradox"* by which unskilled use of neuromodulators makes the situation worse.



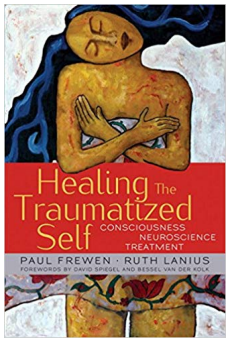
"Neuroplasticity has the power to produce more flexible but also more rigid behaviours—a phenomenon I call *"the plastic paradox."* Ironically, some of our most stubborn habits and disorders are products of our plasticity. Once a particular plastic change occurs in the brain and becomes well established, it can prevent other changes from occurring. It is by understanding both the positive and negative effects of plasticity that we can truly understand the extent of human possibilities." *Norman Doidge*.

Given that we have been warned that we can make things worse *(which I have seen happen, but luckily, not too many times)* it's better that we know how to (continually) make things better. We've advanced the learning curve several notches. I expect to make further progress still. It certainly is not just allowing the patient to set the agenda, or to trying to set our own agenda for them. This is the practice in conventional therapy (*" tell me what's bothering you today"*… Remember, I did this kind of therapy for15 years.) Still, we're encouraging them to bring up emotionally-charged things they'd like to process or have begun to process (*"tell me what's new for you today!"*")

Rather, for us, it's seeing things that we'd need to address if we're going to get the integrating result we need in the time we have to get it - about which the patients should know nothing, at least at the outset. It's all new to them, and

[37] Doidge, Norman: *The Brain That Changes Itself;* http://www.normandoidge.com/?page_id=1639

they often get it wrong on the first go round. This is a matter, by analogy, of needing to get the brain, and mind "chugging on all cylinders" - in the face of the subject only being familiar with 2 cylinders, not 3, then suddenly have to adjust to there being 3 cylinders firing. This is, both to myself and others, what integration of brain functions represents.

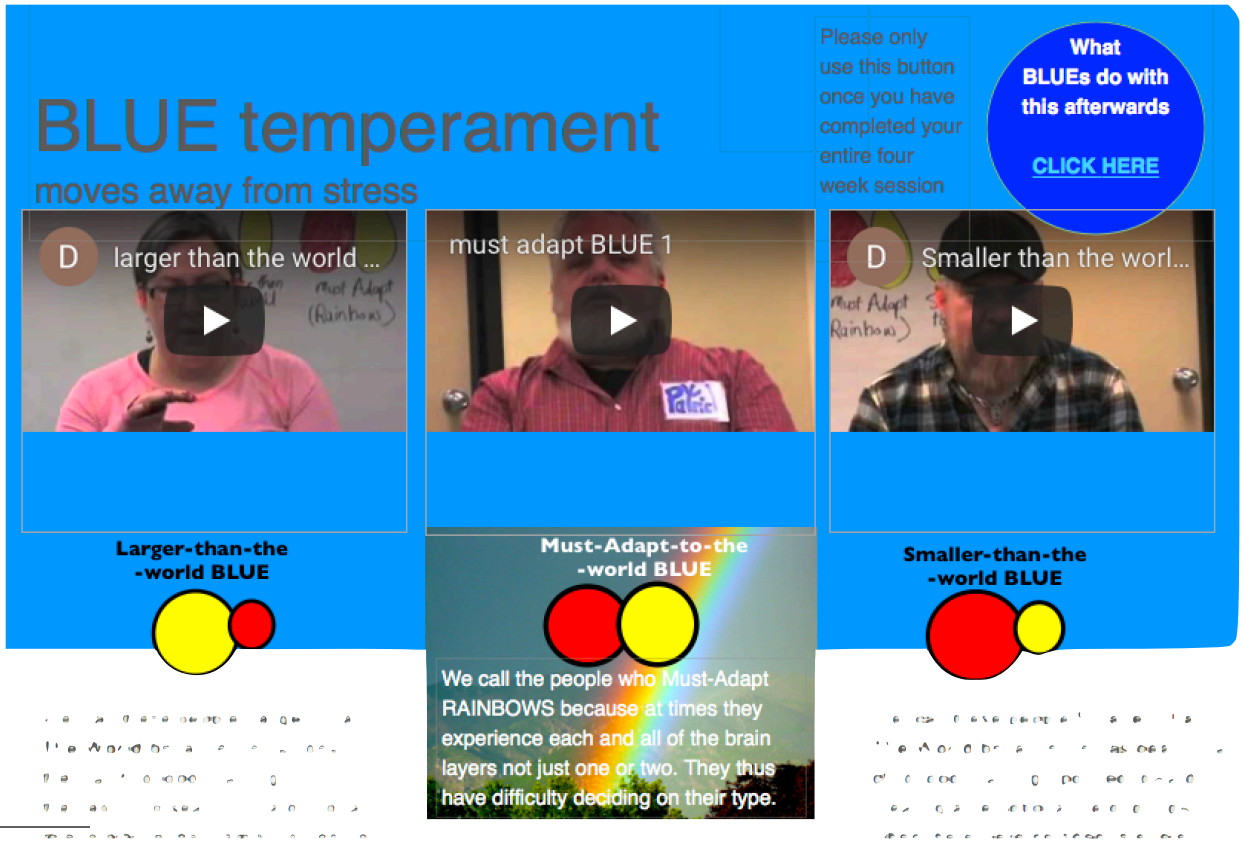


To unravel one's difficulties dealing with life after trauma, one must know how to assist each of Lanius and Frewen's[38] cylinders *(not their words, but mine)* firing both individually and together with the others. It's quite an operation in the 40% cohort who don't have it fall into place naturally, but it can be done. And the ways it's done are unique to our process, are *"beyond talk therapy,"* and, as traing, not therapy,work better than methods which have already failed them. Let's see how what we do meet the parameters researchers have set for recovery from complex trauma.

Consciousness *"seems to be intrinsically referential. The referential nature of consciousness is noted in two ways; consciousness normally refers to some object)s and 2.) a subject or agent.…(it is) to say that it has content or "aboutness".. experientially inseparable from some stimulus to which one's attention refers."*[39] I couldn't agree more. This is, after all, an intersubjective world.

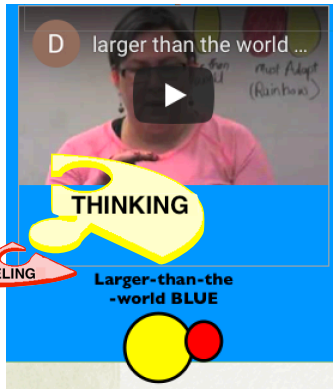
The authors created their own ***Self-Schema Sheet (Brainstorming)*** (p. 85) as a way for patients and their therapists to follow longitudinally the referential nature of consciousness, and their progress through therapy, which gives us a way to actually measure their progress along the way, in a way inapparent to the subjects own use of their self-self-created diagram. But to bring it alive so it means something more systemic in their question to become organized, we have panels of exemplars visit in the third week of the program, so participants can hone in of their dynamics.

One sees above the Day 15 web page, provided to all participants (*privately because real people who have been in the program are depicted, and real people who attend the program are invited to these panels as exemplars)* as these are people who have done the program and have benefited from it in specific ways. It helps the participants to identify themselves, seeing someone like them in the state of freedom, who can still tell the same stories that would have been in play at the beginning of their treatment, and from which they are now freed, able to move on with their lives. New providers, like yourself, need to know details of each of the three types, as we describe them at the time.



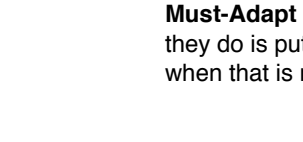
[38] Frewen P, and Lanius R.; Healing the Traumatized Self; Ch. 4 101-147

[39] ibid p. 103



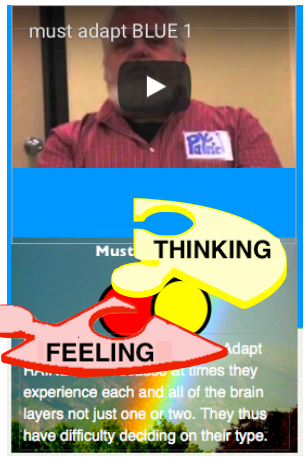
A ***larger-than-the world*** **BLUE** enters the world, whether genetically or epigenetically, with their (blue) brainstem function largely muted, in favour of two layers which are featured in their makeup, a larger thinking/sensing (representing the **(yellow) cortical left brain)** with a smaller/lesser representation of the **(red) limbic brain** (see diagram, left). Without a fully functioning **superior colliculus**, and **periaqueductal gray** in their quiescent brainstem, they are no match for the complex world around them. When they sense trouble as infants, the last thing they do is cuddle up to their caregiver. Some are *Borderlines*. They roll up into a ball in perplexity. It is not in their genetic nature to do otherwise. As children, they love books - anything that matches their highly active **(yellow) cortex layer**. Dry, heady and rigid, they yearn for instructions, but not from humans, for whom they lack trust. They are sensitive to what is going on in others, but mostly to find the most efficient and effective way to be aloof from them. Where would a *larger-than-the world* BLUE be without something to read? Looking for the life of the party? Don't look here. They may even be *Bipolar.*

When a ***larger-than-the world*** **BLUE** expands to include their BLUE brain layer, they are no longer lost but instinctually *"know what to do."* They need no instructions, but the first thing happens is that their existing red layer expands in their ability to tune into their own deeper feelings and those of others. Like Ernest.



I will go over to the other side, to the ***smaller-than-the-world BLUES*** before describing the ones in the middle that we call *"rainbows,"* as *rainbows* are the more complex, least discernible of the 3 types. *Smaller-than-the-worlds* with their predominant RED limbic layer, are overly sensitive to the world around them, but "stew" over what to do in the face of it and perform chaotically. They lack regulators on their behaviour, and so can blow hot and cold in the space of a few minutes. Very *Borderline* of them! They are both highly passionate, as they pick up on the "vibes" in the room and exaggerate their responses. When they emote, it seems to be attached to all the feelings that they ever had, as if everything in the past were all available at once. They epitomize the saying; *" when she was good she was very very good and when she was bad she was terrible!"* Many patients with *Borderline Personality Disorder* come from this personality grouping, some of whom may also show *Narcissistic Personality Disorder.* These are the drama kings and queens of the world of personality. And if they are not too traumatized they can be enticing. They love to sing and dance emotion into being.

When a **small*er-than-the world*** **BLUE** gets their BLUE piece, they can be the most empathic of all types. They've *"been there (in emotional chaos) done that and got the T-shirt."* That gives them the intuitive facility to understand how bad it can be for others, replicate the feeling, and transmit it where needed. Can be the rock of Gibraltar when needed. Knowing what to do, prompts their thinking side to become transcendent.



Each colour grouping has the same three worldview variations. Each has it's middle road, by which the contributing brain layers are equal and matching. I call these folk "rainbows" because they exude all colours. This renders them harder to pin down, both by others and themselves. They are the last to know who they are, as the chameleons they are can be anything needed at the time. This is a mixed blessing. *"Everyday" Must-Adapts* mirror the energy of whomever they are with, and so are short on definitive options of anything. They are *"hail fellow, well met"* by nature, as they bob and weave between being sensitive to the feelings of others (red) while being up in the clouds with their cockamamie ideas. Bobbing and weaving works to keep them out of trouble, but being mindful is even better, as then they can ground themselves on one side or a question or the other. Otherwise they sit on the fence, see every side to problems. They dither. Unlike the rigid "largers" or the chaotic "smallers" they are irritatingly non-committal. "Going with the flow" can be the worst way to get things done, as Abraham Lincoln learned in the first 3 years of his presidency when trying to please everybody was leading the Union cause into defeat and disarray. At Gettysburg in1863 Lincoln found **his BLUE piece** in the words *"we here highly resolve that these dead shall not have died in vain—that this nation, under God, shall have a new birth of freedom, and that government of the people, by the people, for the people, shall not perish from the earth."* And on this resolve Lincoln went on to win the war.

Must-Adapt BLUES do not dissociate because they are already dissociated, by their nature. What they do is put dissociation to good use, by being sensitive when sensitivity is called for and decisive when that is needed. Pope John XXII was a wishy-washy cardinal but *"rose to the occasion"* to be a kick-ass pope.