

## **Radical Change through Radical Disruption**

*Many people believe that all kinds of problems are a result of a blockage of our “natural flow.” So it follows that a disruption of the blockage might be helpful.*

By Betsy Robinson

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It started as an upset whisper that turned into a rant that’s become a roar during the last decade or so. You can hear it in professional circles of traditionally trained psychotherapists who have opted to practice spiritual and mind/body therapies. It goes something like this: Traditional talk therapy doesn’t work! Telling your story over and over, unchallenged, actually makes you worse because it reinforces your distorted beliefs, furthering, rather than changing, your destructive patterns. To change, you must deal with (depending on who’s doing the rant) energy/the body/our spiritual nature.

This is not a new message. Pioneers such as Wilhelm Reich, M.D., the father of mind/body medicine, and his protégés have been saying it for more than 50 years. In the 1930s Milton H. Erickson, M.D., began practicing what would become modern therapeutic hypnosis, revolutionizing the field of psychotherapy as he helped those who were considered unhelpable by traditional doctors. He inspired legions of “Ericksonians” whose practices include words, tasks, rituals, and compassionate connection. And before Reich and Erickson, there were Zen masters who knew the power of the thwack and traditional shamans across the world who often cured through confusion or community ritual or some version of “[shaking medicine](#)”— literally jolting people out of their problems.

So what's new now? The roar is reaching a critical mass as neuroscientists and health researchers are beginning to reiterate what many have long believed: real change, or the “rewiring” of our beliefs and reactive patterns, may require radical disruption.

### **Why Radical Change Is Possible**

In his bestselling book, *The Brain That Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science* (Penguin Books), author Norman Doidge, M.D., a psychiatrist and researcher who teaches at Columbia University Center for Psychoanalytic Training and Research and the University of Toronto, details how just about every aspect of the brain — including structure and function — is plastic (changeable) and affected by what we do, our thoughts, our loves, our constraints, our culture, and more. And according to authors Andrew Newberg, M.D., and Mark Robert Waldman in their new book, *How God Changes Your Brain* (Ballantine, March 2009), those changes can happen fast, “appearing in short intervals after robust stimulation.” In case study after study, Doidge recounts how people of all ages have rewired themselves in ways that were heretofore believed impossible: people with debilitating brain damage and abnormalities, so-called incurable learning disabilities, strokes, and emotional problems, through creative physical and mental exercises as well as practice with innovative technologies, recovered full motor skills, changed their life patterns, or became intellectual giants in their areas of difficulty helping others in the process.

Doidge also explains how we get stuck in ruts: “Once the main neuronal connections are laid down, there is a need for stability and hence less plasticity in the system. When BDNF [brain-derived neurotrophic factor, which encourages nerve

growth] is released in sufficient quantities, it turns off the nucleus basalis [the part of the brain that allows us to focus our attention] and ends that magical epoch of effortless learning. Henceforth the nucleus can be activated only when something important, surprising, or novel occurs, or if we make the effort to pay close attention.”

Since it’s the surprise factor that often causes trauma, it follows that it might also be the surprise factor that makes the following disruptive healing therapies so powerful.

### **An Antidote to Fear**

It’s well known that chronic fear and stress have devastating effects on our health, shutting down our immune systems, making us prone to infection, cancers, tumors, and inflammatory disorders. But love heals, explains Eva M. Selhub, M.D., a senior staff physician at the Benson Henry Institute for Mind/Body Medicine at Massachusetts General Hospital. “Not in a greeting card, positive psychology kind of away . . . but at a biochemical, physiological level that actually makes your body well again.”

To stop the “Fear Response,” Selhub says you first need to recognize that it is active — which is not always easy; fear masks itself in any number of negative emotions and is often unconscious. For the sake of simplicity, assume that if you are unhappy, at some level you are fearful. To disrupt fear, Selhub suggests many exercises to activate your “Love Response,” and the concurrent release of hormones and peptides (endorphins, oxytocin, dopamine, vasopressin, and nitric oxide) that influence our ability to love and bond and be healthy. The more you activate love, the more you accumulate the experience of it, and the more your unconscious mind will evoke it in the future. Here is a basic exercise to disrupt the Fear Response from Selhub’s new book, *The Love Response*:

*Your Prescription to Transform Fear, Anger, and Anxiety into Vibrant Health and Well-Being* (Ballantine Books, Jan. 2009):

The SHIELD Visualization

**S** — **Slow down** and visualize white or golden light enveloping you in love and protection.

**H** — **Honor** what you feel or experience. Don't judge. Just acknowledge.

**I** — **Inhale**

**E** — **Exhale**

**L** — **Listen** to your thoughts, feelings, and sensations. Ask: How am I being reminded that I am not enough or do not have enough? Listen to the answer.

**D** — **Decide** to heal and shift out of the Fear Response into the Love Response.

For more information about Selhub's work, go to her [website](#).

### **Magic Healing through Eye Movements?**

Although it has been around for almost two decades, Eye Movement Desensitization and Reprocessing (EMDR) still is not fully understood. However, done with a trained EMDR therapist, it is a powerful method of processing and changing the cascade of emotions and biological events that constitute a trauma response.

Briefly, the EMDR process involves working with a therapist in a carefully designed sequence of steps including giving a full history, rating emotional upset, then remembering and telling a story of upset while doing directed side-to-side eye movements, sometimes accompanied by sounds or physical stimulation alternating from side to side. EMDR (as well as some of the other modalities described in this article) can

trigger associations and memories that may or may not be true because of the nonlocalized nature of brain function and memory (discussed fully in *The Brain that Changes Itself*). The literal truth of such memories is irrelevant to healing. What's important in all of the methods described in this article is what happens here and now as you experience them.

Oftentimes, before you can experience healing, you must ask for help. Alexis Johnson, Ph.D., an expert in EMDR, is fond of telling students in her trauma recovery workshops that she may be the only therapist left who will tell a client, "No, you really can't make this better . . . alone." Understanding this may be the beginning of recovery.

Trauma is not necessarily caused by one event or by a series of experiences that one can remember. Many people don't even know they're traumatized. They chronically move from a stimulus to a response without realizing what's happened. "Your thinking mind can't keep up with your biology," explains Johnson, "and intense negative emotions such as terror, anger, panic, or shut-down may be elicited by minor, even irrelevant, triggers. In our experience, catharsis is not a good container for trauma victims," she says. "They don't need to 'let it out.' Instead they need to find the pieces, to find the personal meaning." And EMDR creates a very strong container for the pieces, allowing people to re-integrate: they literally create connections between the deep brain, which is full of feelings and pictures, and the neo-cortex, where words and meaning are created. EMDR does not require you to remember something from the past. You may tell the story of a specific trauma, or you can recount a present-day, seemingly benign event that triggered your intense reaction. "The telling of the story will create a rhythm," says

Johnson. It is “the rhythm of falling apart and coming together, falling apart and coming together — the rhythm of life as we know it.”

To learn more about shock — for yourself and for helping others — read Johnson’s article “Helping with Shock Trauma” at [IntentionLiving.com](http://IntentionLiving.com). To learn more about EMDR or to find a therapist, go to [emdr.com](http://emdr.com).

### **Tapping Your Body into Peace**

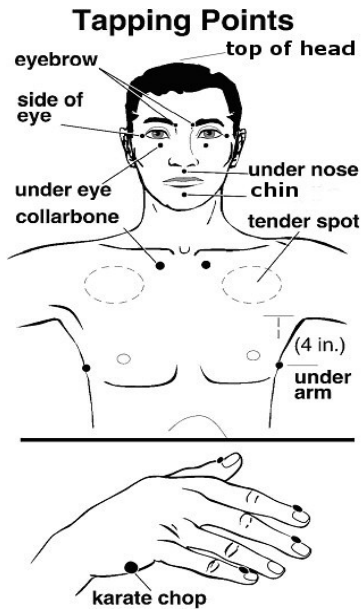
Can tapping a sequence of acupuncture points while focusing on a problem and repeating affirmations really cure fears, pains, mental and emotional obstacles, and other serious problems? In the new DVD, *Try It On Everything*, seven of ten volunteers experience just that. The documentary records a four-day intensive and a six-month follow-up of Emotional Freedom Techniques (EFT) practiced by experts on a Vietnam vet with post-traumatic stress disorder (PTSD), an insomniac with breast cancer, and people suffering from fibromyalgia, phobias, and several addictions. The success was particularly striking for those volunteers who committed to practicing EFT after the intensive was over.

EFT, often called “tapping” or “emotional acupuncture,” had a long evolution, but it’s generally agreed that it was invented in its present form by an engineer and personal performance coach named Gary Craig in the late 1980s. However, until recently, it had not undergone scientific scrutiny.

One of the leading EFT researchers is Dawson Church, Ph.D., executive director of Soul Medicine Institute and the author of *The Genie in Your Genes* ([GenieBestseller.com](http://GenieBestseller.com)). Church has been conducting a number of clinical trials of EFT, the most recent of which involves Iraq combat veterans suffering with PTSD. “The

particular study we're doing is a randomized blind trial of three groups. One gets EFT, one gets psychotherapy sessions, and one gets nothing at all," says Church. "We measure their cortisol levels before and afterwards, and we'll determine if their psychological symptoms decrease, if their anxiety and depression levels go down, and if that's accompanied by a drop in cortisol. We've got two batches of data in so far from two groups of subjects, and both of those have shown much larger drops with EFT than with either no treatment or with conventional psychotherapy."

Church, whose doctorate is in integrative medicine, and several other experts on various aspects of physiology and psychology believe that when our fight or flight mechanism kicks in — even though there's no objective threat, as in the case with PTSD — with all the physiological symptoms (increased blood pressure and heart rate, shallow respiration, blood flowing to the peripheral muscles away from the frontal lobes of the brain — indicated by a rise in cortisol), when you then do EFT, it tells the body to stand down by introducing an "incongruous signal," tapping. Says Church, "Now you're getting mixed signals: the stress signal from the brain and a physiological signal from the tapping" — which you wouldn't be doing if you were really in trouble. Your stress memory is being challenged, which reconfigures that neural circuit involved in the stress response.



In order, tap:

1. Karate Chop and/or Tender Spots
2. Rub tender spots
3. Top of Head
4. Eyebrows
5. Sides of Eye
6. Under Eyes
7. Under Nose
8. Chin
9. Collarbone
10. Under Arm, both sides

#### EFT Short Form

1. Measure your stress level on a scale of 1 to 10 (most stressed).
2. Select an issue to work on: a troubling memory, a fear, a pain, a compulsion — something with at least a level 5 stress rating (but not the most stressful event for your first time doing EFT).
3. Select a scene that represents this issue (not overwhelming for your first time)
4. Create a mental movie of the scene.
5. Rate your stress level.
6. Title your movie.



7. Create a setup phrase or “EFT statement.” It should start with “Even though . . .” followed by a problem turned into the affirmation: “I deeply and completely accept myself.” For instance, “Even though I fear heights, I deeply and completely accept myself.” (You do not have to believe this.)
8. Create a shorthand version of this statement: “Afraid but accepting.” As you go through a progression of taps, the phrase can change. For instance, “Terrified, but I know I’m good.” “Scared but calm and confident.” “Uncomfortable but relaxed and worthy.”
9. First, with a couple of fingers, repeatedly and quickly tap the “Karate Chop Spot” on the opposite hand or rub the “Sore Spot(s)” (see illustration), repeating your EFT statement three times. You can use either or both hands. Now repeatedly and quickly tap the points illustrated in the sequence that they are numbered, repeating your shorthand statement, modifying it as it seems right.
10. Notice your stress level after one round of tapping. Do it again until your stress level comes down to a comfortable level.

To learn more, check out the *Try It On Everything* DVD and companion book by Patricia Carrington, Ph.D., (associate clinical professor at UMDNJ-Robert Wood Johnson Medical School in New Jersey): [dvd](#), [book](#). The book offers a complete history of EFT, case studies, and a comprehensive list of online resources. For a longer form of EFT and a free manual, go to EFT founder Gary Craig’s website, [emofree.com](http://emofree.com).

### **Reclaiming Your Animal Nature**

In 1969 psychologist Peter A. Levine was attempting to get an upset patient to relax and, in response, she went into a full-fledged panic attack. “You are being attacked by a large tiger,” he exclaimed, surprising himself. “See the tiger as it comes at you. Run toward those rocks, climb them, and escape!” Letting out a blood-curdling yell, the patient began to shake and sob uncontrollably, and to Levine’s surprise, her legs started doing running movements. This response went on for about an hour as the patient recalled childhood terrors, and at the end she felt like herself again and stopped having panic attacks.

For nearly 40 years, Levine, who holds doctorates in medical biophysics and psychology, has been exploring, teaching, and researching the radical modality for healing trauma that he happened upon that day. He calls it Somatic Experiencing™ (SE),

and through its practice he gained a profound respect for trauma. “The same immense energies that create the symptoms of trauma, when properly engaged and mobilized, can transform trauma and propel us into new heights of healing, mastery, and even wisdom,” he wrote in his groundbreaking book, [\*Waking the Tiger — Healing Trauma\*](#) (North Atlantic Books, 1997). There is “an animalistic and a spiritual dimension” to the lives of those who heal trauma. “They more readily identify themselves with the experience of being an animal. At the same time, they perceive themselves as having become more human.”

The key to why SE works is understanding what really causes trauma. “Traumatic symptoms are not caused by events,” says Levine. When faced by something terrifying, all animals (including humans) fight, flee, or freeze. If caught by a predator, the freeze response serves two purposes: to numb the victim to the pain of being killed, and sometimes to “turn off” the predator, allowing the victim to escape. Observing that wild prey animals rarely suffer trauma, Levine reasoned that it is because they instinctually “regulate and discharge the high levels of energy arousal associated with defensive survival behaviors.” Levine believes that many trauma sufferers identify themselves as survivors rather than as animals with an instinctual power to heal. SE clients learn to “renegotiate” and heal their traumas, rather than relive them, by essentially doing what our nervous systems are trying to do. “When danger is perceived, the body organizes an energetic defensive response,” says Levine. Traumatic symptoms happen when you are essentially stuck in the freeze response and residual energy from fight or flight impulses is not discharged — effectively wreaking havoc on your nervous system.

Levine is a member of the Institute of World Affairs Task Force with Psychologists for Social Responsibility and serves on the American Psychological Association initiative for response to large-scale disaster and ethno-political warfare. He believes that trauma is a societal problem, often passed from one warring generation to the next, and he is attempting to interfere with that cycle with SE. (For 2017 clinical study results, see this PTSD [study](#).)

Trauma creates a need for re-enactment, which can become a problem between people. Traumatized people often are afraid of their own aggression and thus, withdraw from life. For a taste of your own healthy aggression, with all the accompanying body sensations, try this partner exercise from the book and CD set [Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body](#) (Sounds True). (Note: This is the seventh of a twelve-exercise series. Levine suggests you do the exercises in sequence, so if you are presently in an agitated or traumatic state, it would best not to do this exercise.)

### Push Hands Exercise

This exercise requires a pusher and a pushee. Place the palm of one hand comfortably against the palm of your partner's hand. If you are the pusher, begin to feel strength and force arising from your center. Start slowly exerting pressure on the pushee. Push as far as you like, while keeping your balance. Experiencing the "pendulating" of your sensations. Take as long as you like.

The pushee's job is to be there, to provide the resistance necessary to meet the pressure by mirroring the pusher's strength. Some eye contact is beneficial, but too much can be overwhelming.

Take turns playing the role of pusher and pushee. When you are the pushee, if you sense that the pusher is collapsing or backing off, reduce eye contact until you feel the pusher has regained his or her strength. Decrease resistance slightly from time to time to determine if the pusher is maintaining his or her balance.

For more information, go to [HealingTrauma.org](http://HealingTrauma.org).

### **A Dance for Laughter, Joy, and Silliness**

You don't need to be suffering from trauma or shock or pain to enjoy and benefit from this next exercise. No matter what your frame of mind, try the following to experience pure fun:

#### The GratiDude Dance

Invented by former rocket scientist Matthew Ashdown (MattiDude) and college drop-out and radio host Brad Morris (BradiDude), cofounders of Agents-of-Change – Global Movements, Inc., the dance has been done and filmed around the world. To join, go to the [GratiDude Dance Video](#) link, and do what comes naturally.

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