

Relaxing the Brain Can Open Possibilities in Relational Therapy

As a marriage and family therapist whose first introduction to the deep effects of trauma came through one of Bessel van der Kolk's papers: *The Body keeps the Score*, I have been on a quest to learn respectful therapeutic approaches that support clients on their journey to wellness. I have seen the importance of a safe client-therapist relationship and how many approaches find success in the hands and hearts of those who do trauma-informed care. I have been particularly interested in mindfulness practice which has helped me see that successful therapy begins with attention to the body and especially to the brain. When I can pause in a moment of reactivity, it is my brain that helps me make that choice. All kinds of possibilities arise then for self-soothing, creativity and resilience in facing and resolving challenges.

Like so many therapists, I have come to understand that when we seek therapy, our issue is usually deeper than we realize. Most of the time, we request therapeutic services to resolve relationship issues which, quite often, have actually become difficult and complex because of physical and mental dysregulation. There is no longer any doubt that the different talk therapy approaches bring about personal emotional and physical well-being, most often, shifting one's perspective on life. Thoughts influence the body and our interaction with others.

What happens, however, when all the reality checking, reframing, self-care and positive affirmations do not relieve the anxiety or depression we are experiencing? We have all seen how limited our reflection can be when our brain's capacity to help us be mindful is compromised. Trauma-informed care takes that in consideration and pays attention to the body in order to effect changes in the brain, hence the advancement over the years of mindfulness-based therapy. Yoga has long been known to train the body gently into a mindfulness capacity; for those who can, meditation in all its forms anchors a person to their inner capacity by quieting the brain and relaxing the body. These are effective practices, and yet, how do we become more mindful when we can't sit still?

Since Bessel van der Kolk got me started on this journey of attending to the body and the brain, I want to reflect on what I have learned from him when it comes to traumatized clients. There are clients who can't talk about their experience because it is buried in their unconscious and there are others who don't want to talk about their internal world because it is too frightening. In his work, van der Kolk has helped me understand the role of the limbic brain in the evolution of our survival. Taming that amygdala is a challenge when experience has primed it for fight, flight or freeze. Throughout his writings, he makes it quite clear that insight is not able to quiet the limbic system. The challenge for me as a

therapist has always been about offering new experiences in which the client can feel comfortable and safe so that re-traumatisation does not occur.

Over the years, I have become familiar with brain-based-body-oriented approaches. I understand them as being useful in expanding a brain's neuro-networks out of our fear-based patterns, especially when there is a sense of caring in the therapeutic relationship. The conscious experience of safety, in itself, allows better cognitive function and capacity because of changes at the unconscious level. To support and enhance talk therapy, we need approaches that will help us relax and trust our body. Just to name a few: Peter Levine teaches a Somatic Experiencing approach; Francine Shapiro discovered the benefits of EMDR (Eye Movement Desensitization and Reprocessing); Gary Craig put the Eastern acupuncture benefits at our fingertips by developing the Emotional Freedom Technique. Dr. Moshé Feldenkrais brings remarkable changes in the body and mind by using gentle movement and awareness. Dr. Michael Moskowitz has developed treatment approaches based on what we now know about brain neuroplasticity and pain. Those with intuitive awareness, like Donna Eden, use their strength to tune into the body's energies to track down the cause of psychological and physical issues. Not all of us have that capacity. What I learn from these approaches is that the most therapeutic thing one can do sometimes is to stop trying to figure out what went wrong in the past and why. Having an experiential approach helps shift the focus of therapy into the present moment, actually creating new neuro pathways in the process.

The benefits of these brain-centered approaches made sense to me after a colleague passed me a video on *Understanding Trauma* by Robert Scaer. His declaration that all pathologies are trauma-based confirmed in me the need to use body-centered approaches as a therapist even though I had been trained to understand client symptoms and behavior in the context of relational interactions. Talk therapy and caring therapists had sustained me over the years as I tried to address depression; this had not, however, pulled me out of its grasp. In this video, Scaer introduced Brain State Technologies as a resource for addressing physical and psychological issues. When I followed up, I found myself in another city, sitting in a chair, listening to tones created by my own brainwaves. Something shifted deep inside my brain as its function came to balance and harmony. The black empty void of depression got replaced by appreciation for life and energy to follow its course.

It is interesting to me to read how in the past years Bessel van der Kolk has participated in some neurofeedback research which has been able to show that when we can quiet the '*frightened animal*' inside the participants, arousal drops and executive functioning increases. Neurofeedback, whose main

focus is brainwave activity, not reflection on content, fits into these brain-based-body-oriented therapies that help clients find relief from physical, psychological and relational issues by “being” in the present. Through another brainwave-based approach known as Brainwave Optimization[®], I experienced the quieting of my amygdala without any reflective interaction with a therapist or computer generated normative. Through this therapeutic modality, my brain frequency patterns responded to each other in real time and reset or self-calibrated. This process is congruent with van der Kolk’s discussion in a recent conference on Rethinking Traumaⁱ. Therapists need to help clients keep the parts of their brain aligned in order to counter the effects of trauma which overwhelmed and dysregulated the brain in the first place.

Daniel Siegelⁱⁱ, who also spoke in this Rethinking Trauma series, is helping us understand the effects of trauma throughout our developmental process. He speaks about procedural memories, which grow from the moment of our conception, as body memories that have us behaving in certain ways without conscious awareness. He speaks of the importance of new experiences in our body in order to address trauma imprints and interrupt the cycle of trauma repetition so that implicit unconscious feeling memories can change. He and others, like Babette Rothschild, Gordon Neufeld and Gabor Maté, invite us to use brain science to help clients understand that trauma is an injury to the brain, not an illness, sickness, weakness or character flaw. When I, as a client, can understand, for instance, that the brain, for survival’s sake, holds on to the trauma due to impaired integration of the hippocampus, the corpus callosum and the prefrontal cortex, hope of a brighter future opens up for me. With the neurotechnology developed by Lee Gerdes, new experiences can be offered directly to my brain, helping it relax and self-calibrate so I can open the doors for that future. As a therapist, I watch as clients relax to the point of falling asleep during sessions. After their sessions, clients share how they are now able to sleep at night, feel safer in their own skin and start processing memories they didn’t know affected them. I think addressing the brain directly can accelerate integration and healing, increasing awareness and resilience so that the client can manage future negative situations on their own terms.

On that note, we could learn a lot from animals. Peter Levine has brought a whole new understanding of what trauma release looks like in the animal world where the immobility or freeze response gets shaken off once danger has moved on. Unfortunately for humans, this discharge gets shamed into hiding by our ‘correct’ social norms, deeply settling as implicit memory where, as van der Kolk says, the body keeps the score. In his Somatic Experiencing approach, Levine stresses the importance of staying with the here-and-now, moment-to-moment experience in the body and of using this experience as a base from

which to give voice to implicit memories. Of course, this may not be comfortable at first. As clients first begin to experience their body sensations, they may actually feel worse for a bit because those are exactly the sensations they have been avoiding. When clients are helped to see this as a contraction and are supported through it by a warm, empathetic therapist, they actually experience an expansion in the present moment. This rhythm between contraction and expansion starts to give clients a sense of hope. Levine emphasizes that just a small amount of attention to that contraction creates opportunity for expansion and an increase in stability, resilience and reorganization of the nervous system. What if that small contraction could be done at the neuronal level without the experience of discomfort? As a Brainwave Optimization® technologist, I often see myself as a “brain whisperer” patiently waiting for the “wild one” inside that brain to relax so the client’s consciousness or awareness can expand giving them access to their own creativity.

Researchers like Van der Kolk, Peter Levine and Daniel Siegel help us understand the effects of stress and trauma on our bodies, which drive our emotional and mental states. There is an innate need in us for attachment through which we can develop into independent self-sufficient, self-regulating individuals who are capable of managing stresses and negotiating relationship dynamics. We very easily see how ‘BIG’ trauma affects us and how quite often the support of others can help us process this. It is well known that those who live trauma events, e.g. natural disasters, as a group have less long term effects because they have more opportunity to grieve and to work at rebuilding together. It is those who live through traumatic events on their own who are the most at risk for post-traumatic stress effects. For some, traumas accumulate over time in a more subtle and chronic way: take into consideration emotional abuse at the hands of a bully-family member or cumulative and on-going effects of colonization on First Nations communities. Then there are the stresses that come from inside the body – hormone imbalances, viral or bacterial infections, toxicity build-up, adrenal fatigue, side effects of medications. How does one talk about that?

We are works in progress from the moment of our conception and we do not have explicit recall of everything that happened in our lives. Yet the body has registered everything at the cellular level. Talk alone may not help our body recover. Some people feel that their body is betraying them so they don’t feel safe in their body. And yet, it is through our body that we live in this world. To be able to negotiate with others around us, we first need to get in touch with ourselves. How do we do that when our body is unsettled and unsettling? Too often, we depend on the allopathic approach which can medicate to the point of creating individuals who no longer have the capacity to discern their needs because they are

numb. We need other ways of relaxing the system, of supporting both the body's healing possibilities and the brain's capacity for conscious awareness.

Trained in a systems-oriented approach, I am amazed to discover where my curiosity has led me as I search for respectful therapeutic approaches. I never expected to find in the body so many answers to relationship issues. I now see that when we address physical imbalances in the body and the brain, our emotional and mental selves can lead us to action that is congruent to who we are, deep inside.

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Bibliography:

- Alfred, Gerald Taiaiake. *Colonialism and State Dependency* (**Journal of Aboriginal Health**, November 2009; p. 42-60)
- Bretherton, Inge. *The Origins of Attachment Theory: John Bowlby and Mary Ainsworth* (Developmental Psychology, 1992, Vol 28, No. 5, 759-775)
- Brogan, Kelly. *A Mind of Your Own – The Truth about Depression and How Women Can Heal Their Bodies to Reclaim Their Lives* (Harper Collins, New York, NY; 2016)
- Feinstein, David; Eden, Donna; Craig, Gary. *The Promise of Energy Psychology – Revolutionary Tools for Dramatic Personal Change* (Penguin Group, New York, NY; 2005)
- Gerdes, Lee. *Limitless You – The Infinite Possibilities of a Balanced Brain* (Namaste Publishing, Vancouver, BC; 2008)
- Germer, Christopher; Siegel, Ron; Fulton, Paul. *Mindfulness and Psychotherapy* (Guilford Press, 2013)
- Grabner, Alfons. *My Feldenkrais Book (2nd edition) – How to do somatic exercises, develop mindfulness, improve motor skills and feel your best: A companion for Feldenkrais group classes* (Createspace: Alfons Grabner, Bregenz, Austria; 2015)
- Levine, Peter. *“Getting to the Root of Trauma: Why It’s Critical to Understand the Role of Memory in Trauma Therapy”* (**Rethinking Trauma** Series organized by NICABM – National Institute for the Clinical Application of Behavioral Medicine, Jan 2016)
- Levine, Peter. *Waking the Tiger – Healing Trauma* (North Atlantic Books, Berkeley, CA; 1997)
- Manitoba Trauma Information and Education Centre. *“The Trauma Toolkit: A resource for service organizations and providers to deliver services that are trauma-informed”* (Klinik Community Health Centre (Manitoba); 2008)
- Maté, Gabor. *When the Body Says NO – the Cost of Hidden Stress* (Vintage Canada Edition, 2003)
- Moskowitz, Michael H.; DePolo Golden, Marla. *Neuroplastic Transformation Workbook* (Neuroplastic Partners, LLC Store; 2013)
- Neufeld, Gordon. Maté, Gabor. *Hold on to Your Kids: Why Parents Need to Matter More than Peers* (Random House, New York, NY; 2006)
- Perlmutter, David. *Brain maker – The Power of Gut Microbes to Heal and Protect your Brain – for Life* (Little, Brown and Co., New York, NY; 2015)
- Rothschild, Babette. *8 Keys to Safe Trauma Recovery – Take-Charge Strategies to Empower your Healing* (W.W. Norton, New York, N.Y; 2010)
- Saint-Elizabeth First Nations, Inuit and Métis Program. *“Trauma Informed Relationships: Building Safety and Trust”* (course, Jan 2017)
- Scaer, Robert. *The Trauma Spectrum – Hidden Wounds and Human Resiliency* (W.W. Norton, New York, NY; 2005)

- Scaer, Robert. Video: “On Brain State Technologies and Trauma” (http://www.metacafe.com/watch/874271/robert_scaer_md_on_brain_state_technologies_and_trauma/; October 2007)
- Shapiro, Francine. Eye Movement Desensitization and Reprocessing – Basic Principles, Protocols, and Procedures (The Guilford Press, New York, NY; 2001)
- Shapiro, Francine. Getting Past your Past – Take Control of Your Life with Self-Help Techniques from EMDR Therapy (Rodale, New York, NY; 2012)
- Siegel, Daniel. Brainstorm – The Power and Purpose of the Teenage Brain (Penguin Group, New York, NY; 2013)
- Siegel, Daniel. “*How to Use Brain Science to Help Patients Accelerate Healing after Trauma – Strategies for Working with the Traumatized Brain*” (**Rethinking Trauma** Series organized by NICABM – National Institute for the Clinical Application of Behavioral Medicine, Jan 2016)
- Van der Kolk, Bessel. “*How to help patients rewire a traumatized brain – applying the latest strategies to speed healing and reduce symptoms for even the most traumatized clients*” (**Rethinking Trauma** Series organized by NICABM – National Institute for the Clinical Application of Behavioral Medicine, Jan 2016)
- Van der Kolk, Bessel. *The Body Keeps The Score: Memory & the Evolving Psychobiology of Post Traumatic Stress* (**Trauma Information Pages**, Eugene, Oregon. 1994. <http://www.trauma-pages.com>)
- Van der Kolk, Bessel; Hodgdon, Hilary; Gapen, Mark; Musicaro, Regina; Suvak, Michael K.; Hamlin, Ed; Spinazzola, Joseph. *A Randomized Controlled Study of Neurofeedback for Chronic PTSD* (**PLoS ONE**. Published by Trauma Centre at Justice Resource Institute. Brookline, MA December 2016 http://www.traumacenter.org/products/pdf_files/Randomized_Controlled_Study_Neurofeedback_Chronic_PTSD_V0002.pdf)

ⁱ See Bessel van der Kolk’s “*How to help patients rewire a traumatized brain – applying the latest strategies to speed healing and reduce symptoms for even the most traumatized clients*” This was part of the series **Rethinking Trauma** organized by NICABM in January 2016 which has contributed to the development of this discussion.

ⁱⁱ See Daniel Siegel’s “*How to Use Brain Science to Help Patients Accelerate Healing after Trauma – Strategies for Working with the Traumatized Brain*”