

BECOMING WHOLE



CARDWELL C. NUCKOLS, PhD

CNUCKOLS1949@GMAIL.COM

John O'Donohue

- One of the sad things today is that so many people are frightened by the wonder of their own presence. They are dying to tie themselves into a system, a role, or to an image, or to a predetermined identity that other people have actually settled on for them. This identity may be totally at variance with the wild energies that are rising inside in their souls. Many of us get very afraid and we eventually compromise. We settle for something that is safe, rather than engaging the danger and the wildness that is in our own hearts.

THE ART AND SCIENCE OF HEALING

It's surprising how many persons go through life without ever recognizing that their feelings toward other people are largely determined by their feelings toward themselves, and if you're not comfortable within yourself, you can't be comfortable with others.



Lakeside Pottery

KINTSUKUROI

- Kintsukuroi (*keen-tsoo-koo-roy*) is the Japanese art of repairing pottery.
- When a potter makes a bowl, he makes it by hand with malleable clay.
- Now, let's say the bowl broke. Would you even consider repairing it, let alone consider it *more beautiful for having been broken?*
- But others would not only repair it, but also elevate it to a whole new level of appreciation

SPIRITUAL OPPORTUNITY

- The tough times in life are really spiritual opportunities
- There is no good or bad only “what is”
- As one grows spiritually, the way we see the world changes (worldview)
- As one grows spiritually, the more spiritual energy one has to give to the world
- This energy is LOVE



the
guest
house

This being human is a guest house.
Every morning a new arrival.

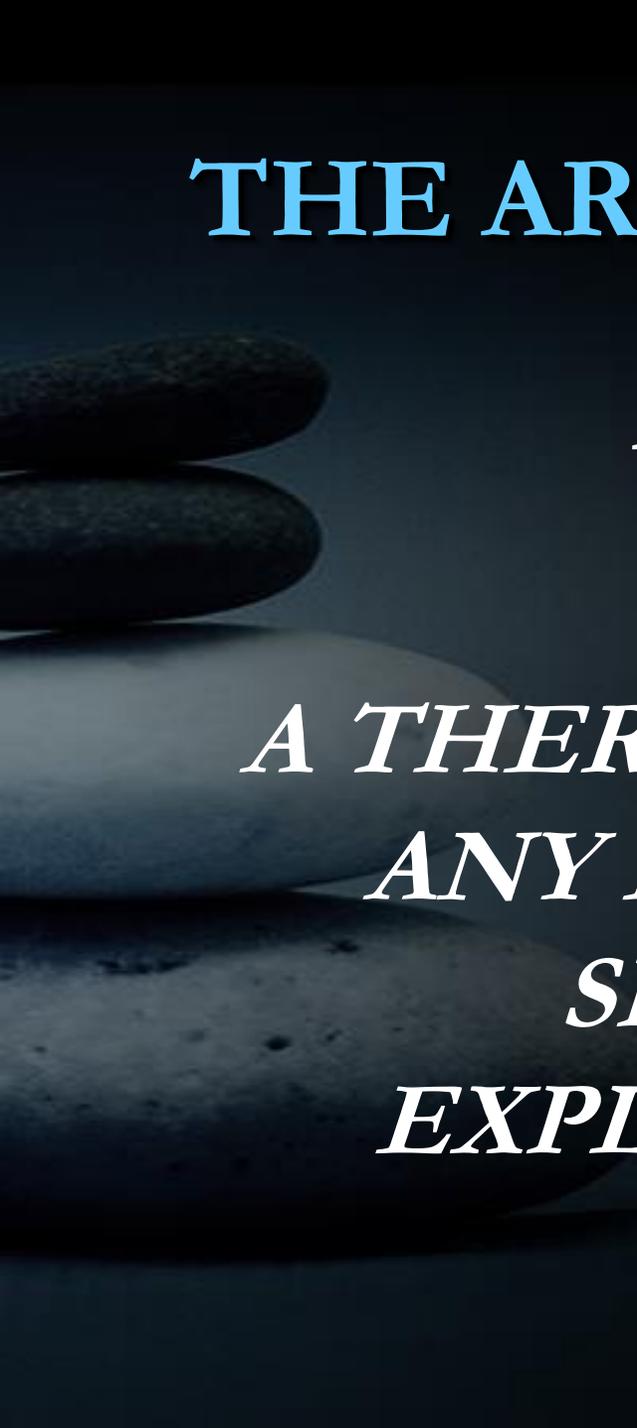
A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.

Welcome and entertain them all!
Even if they're a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.
He may be clearing you out
for some new delight.

The dark thought, the shame, the malice,
meet them at the door laughing,
and invite them in.

Be grateful for whoever comes,
because each has been sent
as a guide from beyond.

by rumi



THE ART AND SCIENCE OF HEALING

A WOUNDED HEALER

*A THERAPIST CANNOT TAKE A CLIENT
ANY FURTHER THEN THEIR OWN
SPIRITUAL AND PERSONAL
EXPLORATION HAS TAKEN THEM*

THE ART AND SCIENCE OF HEALING

- We cannot help people when we are not operating genuinely from the core of who we really are
- People we help want to know, “*Will you accept me as I am without judgement?*” and “*Will you truly listen to and hear me?*”
- To operate genuinely we must ask the same questions of ourselves- “Am I listening to myself?” and “Am I humbly willing to grow into my self?”
- It is your healing self that constellates the healing role inside of others

THE ART AND SCIENCE OF HEALING

- *CONDITIONS FOR PERSONAL/SPIRITUAL GROWTH*
 - Silence and solitude
 - Meditation and contemplation
 - Honesty and humility
- *PROCESS*
 - Change from *ego operating system* toward *Self operating system*
 - *From left hemisphere (past and future- negative emotion-) to right hemisphere (the moment- positive emotion)*
- *CHANGE IN WORLDVIEW*
 - Change from grandiosity of the narcissistic ego toward gratitude and unconditional regard of the Self



" Knowing your own darkness
is the best method for dealing with
the darkneses of other people. "

Carl Jung

VERTICAL DEVELOPMENT

- With the required continuing education for practitioners, a great deal of the available offerings focus on ethics, skills, modalities or new information gleaned from research. One's professional development can resemble graduate course work, and this type of learning can be predominantly informative or horizontal in nature.

VERTICAL DEVELOPMENT

- In addition, with the number of therapies in the hundreds and growing, and the demands for evidence-based practice, what seems lost is that three decades of empirical research finds that, other than pre-existing client characteristics, individual therapist differences and the therapeutic relationship are the most robust indicators of outcome.
- Therefore, it makes sense to continuously develop the instrument of influence: *the self*.

VERTICAL DEVELOPMENT

- Transformative growth involves more than what to do in the therapeutic process. If we are to meet clients where they are, we must first know who and where we are. This process is lifelong and includes learning and adapting personally and professionally.

VERTICAL DEVELOPMENT

- Vertical growth honors the tenets of developmental theory that suggests that, at some point, for adults, growth is optional. *This freedom of choice matters for research reveals a full 58 percent of the general population who have not developed to the point of self-authorship and conscious responsibility for one's inner life.*
- *Self-authorship* spans over three dimensions: cognitive, intrapersonal and interpersonal. It is based on theory involving adult learning and gaining of knowledge with the product of self-authorship including learning and growth.

VERTICAL DEVELOPMENT

- Further, principles of vertical development establish the following: each stage of development is qualitatively different; we have the potential towards deeper understanding, wisdom and effectiveness in the world; the depth, breadth and complexity of what we can notice can increase with development; *and our capacities for dealing with complexity increase while our defenses decrease.*

VERTICAL DEVELOPMENT

- *Vertical development is the on-going process of bringing subjective being into objective awareness.* Uncovering the psychological structures that give rise to our way of knowing is an intentional process, as we willingly examine our choices, beliefs, and actions.
- The stages and transitions of adult development are well-described and provide the path to higher levels of self-awareness.

VERTICAL DEVELOPMENT

- **Ways to enlist the process of vertical development:**
 - *Reflective practice.* Planning time in your day to observe your thoughts, feelings, and actions regarding significant events is a powerful tool. Commit to making space between the actions and the outcomes, and notice the process. Are you present? Are your roles balanced? Is there reciprocity in your relationships? Consider the emotional and motivational aspects of your choices.

VERTICAL DEVELOPMENT

- *Examine assumptions:* Our minds take lots of shortcuts and often we react from habits, values, and beliefs that haven't been examined in a while. The cascade of "Why?" questions is a great exercise to clarify if we are acting from principles or need to look at our perception in a new light. Also, rigidity is a sign that assumptions and expectations are blocking a wider view of a particular situation.

VERTICAL DEVELOPMENT

- *Set developmental goals:* The gap created by these goals creates discomfort for they involve examining our sense of identity. A developmental goal involves increasing your capacities at the boundaries of who you are and becoming more able and aware.
- *These goals spring from the basic needs of autonomy, belonging, and competence, and are the fundamental motivation for self-determination.*

VERTICAL DEVELOPMENT

- *Set developmental goals:* (continued) Developmental goals require ownership for your internal life and authoring your sense of self. These goals require you to ask the challenging questions, such as: *What is it like to be in a relationship with me? How can I add more value in the work I do? How am I meeting my needs? How can I take more ownership of my time?*

VERTICAL DEVELOPMENT

- *Challenge your mindset:* If we do the same things each day, with the same people, we tend to get locked into a particular mindset. A growth mindset focuses on improvement, effort, and attitude rather than talent or fixed abilities.
- *There are numerous ways to expand and challenge your thinking: learn a new skill; think systematically about a challenge you are facing; enlist a mentor or coach; volunteer; mentor. Changing roles is a powerful way to expose aspects of your current mindset.*

VERTICAL DEVELOPMENT

- *Integrate self-awareness:* Just as we try to help clients create a *coherent narrative*, there is nothing more powerful than making sense of our own lives. *Being clear on who we are, where we came from, and where we are heading, is the ultimate in vertical development.* This process highlights the flow of personal differentiation and integration based on a deeper understanding of our story. *Journaling is an effective way to monitor and explore this process.*

VERTICAL DEVELOPMENT

- You are sure to find as you grow, your capacity for the demands you face grows as well. It's a process that requires consistency and time, for you are pushing the boundaries of self
- *Vertical growth introduces us to the edges of our current way of knowing and how we construct meaning. Committing to reflecting on the challenges, assumptions, and actions at these boundaries, opens the door to the wider lens of vertical development.*

THE ART AND SCIENCE OF HEALING

- Researchers at the University of Virginia were recently amazed to discover that *many people would rather self-administer painful shocks than sit quietly with their own thoughts for 15 minutes.* They also found that men were significantly more likely to shock themselves than women.

THE ART AND SCIENCE OF HEALING

- Most people seem to prefer to be doing something rather than nothing, even if that something is negative.
- Men tend to seek “sensations” more than women, which may explain why *67 percent of men self-administered shocks to the 25 percent of women who did.*

Timothy Wilson et. al. *Just think: The challenges of the disengaged mind.* Science 4 July 2014: Vol. 345 no. 6192 pp. 75-77. DOI: 10.1126/science.1250830

THE ART AND SCIENCE OF HEALING

- A tremendous lack of tolerance for being alone
- Instead of spending time looking inward we are constantly looking outward
- Personal and/or spiritual growth requires solitude
- *Solitude is the precondition for having a conversation with your Higher Power*

THE ART AND SCIENCE OF HEALING

- The rates of suicidal ideation and attempted suicides have risen drastically, according to a study that examined emergency department trends between 2008 and 2015. “Increases were noted across all age groups, with consistent seasonal patterns that persisted over the study period. The growing impact of pediatric mental health disorders has important implications for children’s hospitals and health care delivery systems.”
- Pediatrics • [Hospitalization for Suicide Ideation or Attempt: 2008–2015](#) • May 2018.

SILENCE

- Florence Nightingale, the 19th century British nurse and social activist, once wrote that *“Unnecessary noise is the most cruel absence of care that can be inflicted on sick or well.”*
- Noise pollution has been found to lead to *high blood pressure and heart attacks, as well as impairing hearing and overall health.*

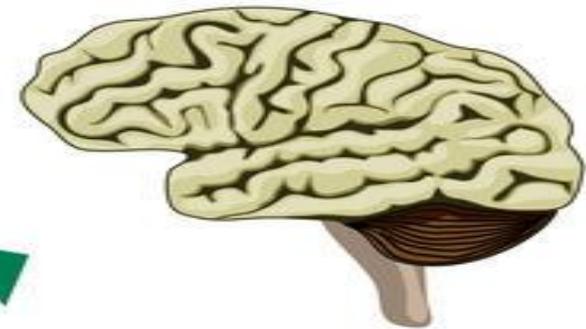
SILENCE

- Loud noises raise stress levels by activating the brain's amygdala and causing the release of the stress hormone *cortisol*
- An unpublished 2004 paper by environmental psychologist Dr. Craig Zimring suggests that higher noise levels in *neonatal intensive care units* led to *elevated blood pressure, increased heart rates and disrupted patient sleep patterns*

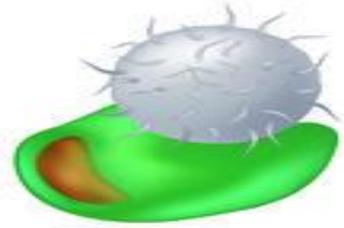
Increase blood sugar



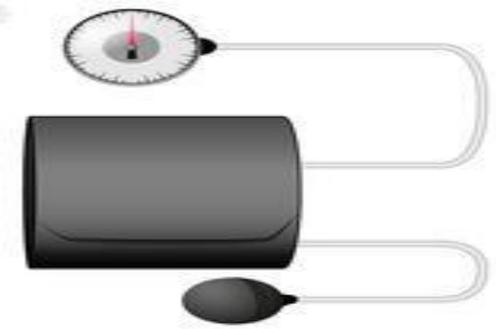
Heightened memory and attention



Suppress the immune system



Decrease serotonin



Increase in blood pressure



Decrease sensitivity to pain

SILENCE

- A 2006 study published in the journal *Heart* found *two minutes of silence* to be more calming than listening to “relaxing” music, based on changes in blood pressure and blood circulation in the brain
- *The ceaseless attentional demands of modern life put a significant burden on the prefrontal cortex of the brain*

SILENCE

- *When those attention resources are depleted, we become distracted and mentally fatigued, and may struggle to focus, solve problems and come up with new ideas.*
- *According to attention restoration theory, the brain can restore its finite cognitive resources when we're in environments with lower levels of sensory input.*

SILENCE

- The *default mode network* of the brain is activated when we engage in “self-generated” cognition such as *daydreaming, meditating, fantasizing about the future or just letting our minds wander (FLOW STATE)*.
 - Do you drive to and from work the same way every day?
- Engaging this network helps us to make meaning out of our experiences, empathize with others, be more creative and reflect on our own mental and emotional states.

SILENCE

- A 2013 study of mice published in the journal *Brain, Structure, and Function*, compared the effects of *ambient noise, white noise, pup calls and silence on the rodents' brains.*
- *They found that two hours of silence daily led to the development of new cells in the hippocampus, a key brain region associated with learning, memory and emotion*

THE ART AND SCIENCE OF HEALING

*CAN YOU REMEMBER AN EXPERIENCE WHEN
SOMEONE (A CLIENT, FRIEND OR CHILD)
CAME TO YOU WITH AN UNSOLVABLE
PROBLEM AND IN YOUR PRESENCE CAME UP
WITH THE SOLUTION WITHOUT YOU SAYING
A WORD?*

THE ART AND SCIENCE OF HEALING

- **ENTRAINMENT**
- **COHERENCE**
- **SEEING THE LOVE AND BEAUTY INSIDE
ONE WHO CANNOT SEE IT INSIDE OF
HIM/HER SELF**

THE ART AND SCIENCE OF HEALING

- *When two similarly tuned systems vibrate at different frequencies there is another aspect of this energy called entrainment which causes them to line up and to vibrate at the same frequency*
- ***LOVE IS THE UNIVERSAL VIBRATION THAT ALLOWS PEOPLE TO TRANSFER HEALING ENERGY FROM ONE TO ANOTHER***

THE ART AND SCIENCE OF HEALING

*RELIVE A TIME WHEN YOU TOTALLY
RESONATED WITH ANOTHER
(CLIENT, FRIEND, CHILD OR DOG
AND CAT)*

WHAT WAS THE EXPERIENCE LIKE?

THE ART AND SCIENCE OF HEALING

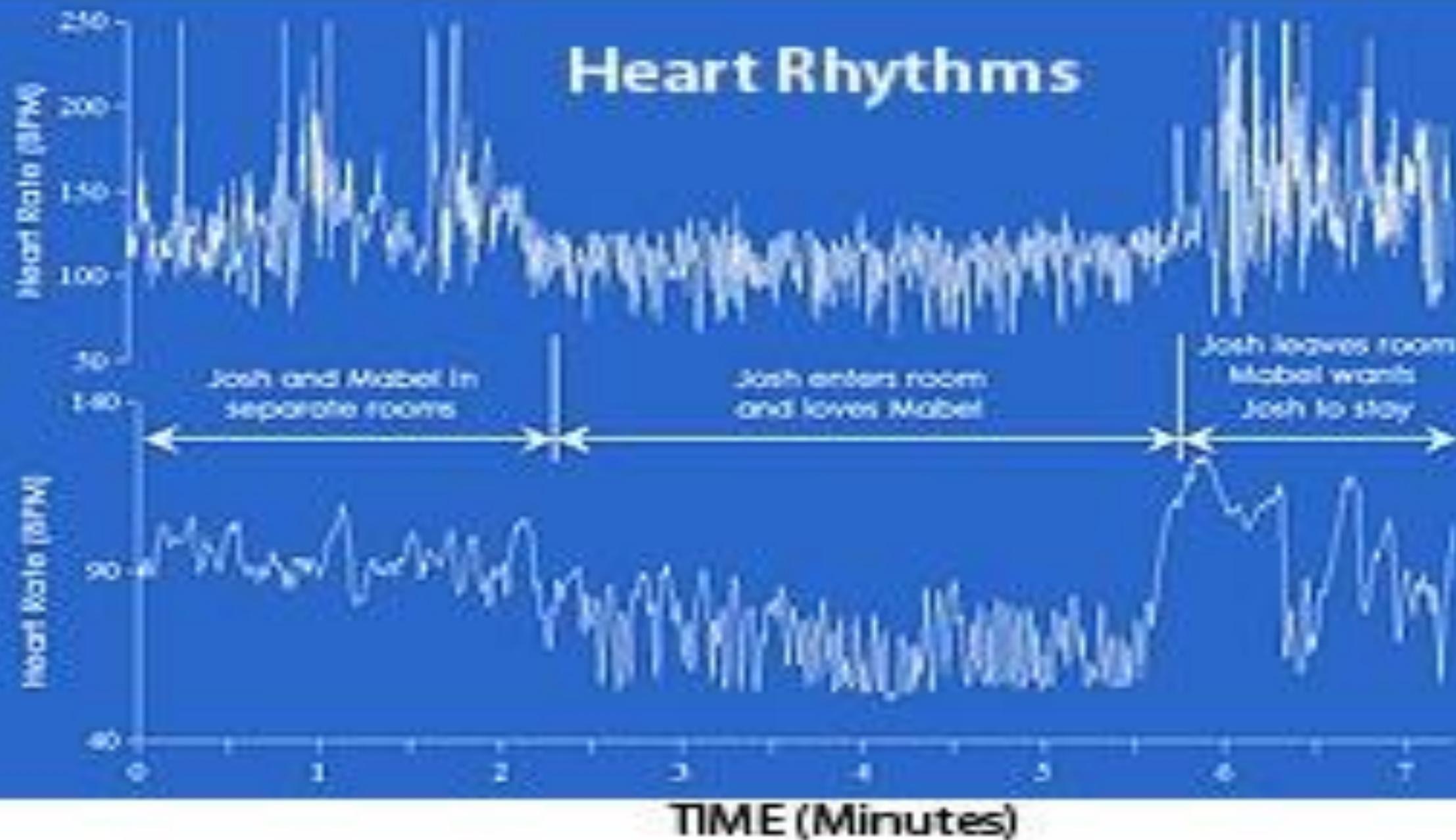
- A type of heart-rhythm synchronization can occur in interactions between people and also between people and their pets
- The top of the graph shows the dog's (Mabel) heart rhythm shift when the boy (Josh, shown in the lower part of the graph) entered the room, sat down and proceeded to consciously experience feelings of love towards Mabel.
- There was no physical contact between them.

A Boy and His Dog

Mabel
(The Dog)

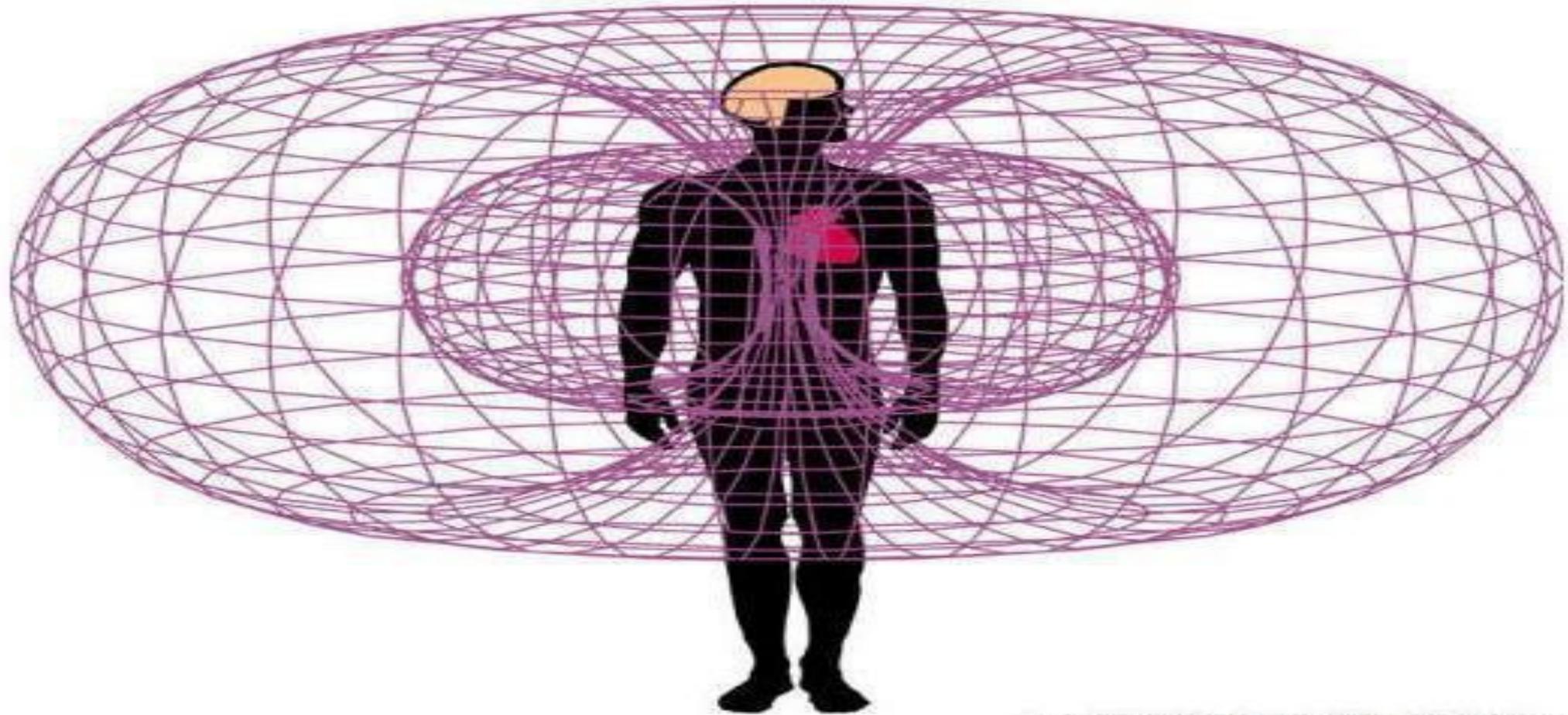


Josh
(The Boy)



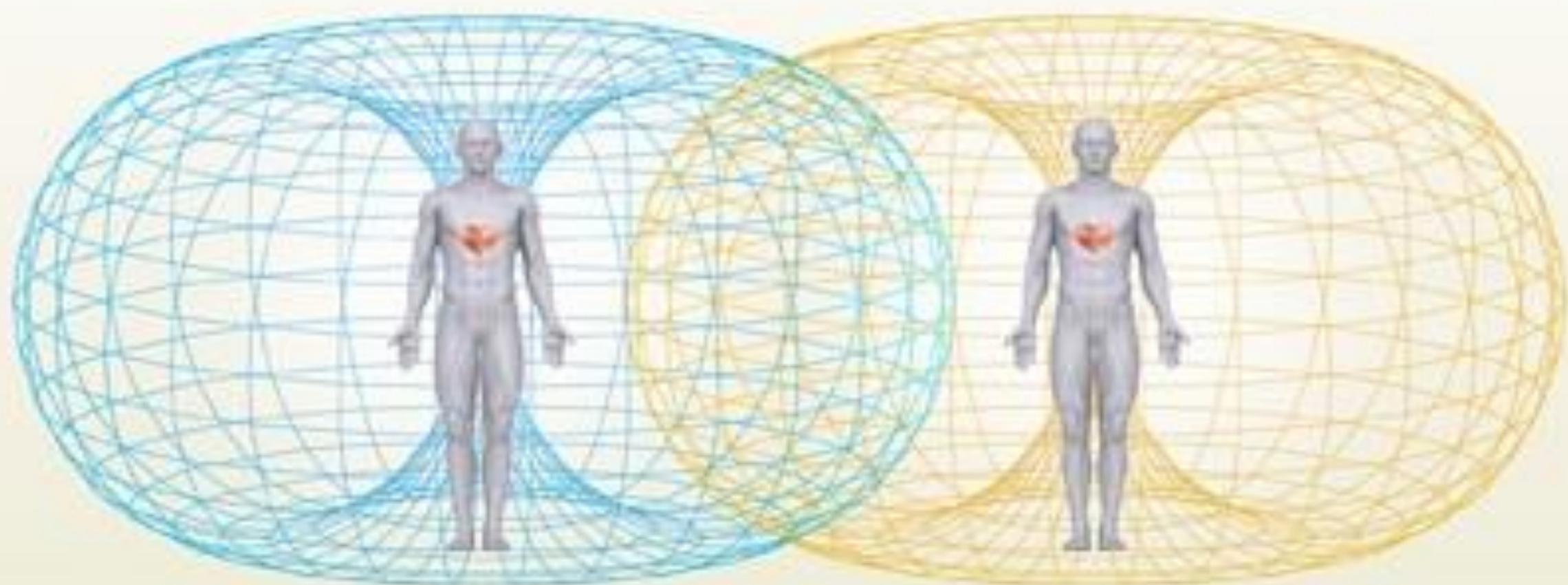
The Heart is more powerful than the Brain

The Heart is about 100,000 times stronger electrically & up to 5,000 times stronger magnetically than the brain.



Electromagnetic Field of the Heart

Our thoughts and emotions affect the heart's magnetic field, which energetically affects those in our environment whether or not we are conscious of it.



THE ART AND SCIENCE OF HEALING

- Research since the 1970's has found one factor consistently associated with positive outcome in therapy-*the therapeutic relationship* (strength of the relationship between client and therapist) (Butler and Strupp, 1986; Horvath and Symonds, 1991; Martin, Garske & Davis, 2000)
- The therapeutic conditions consisted of increased levels of *empathy, unconditional regard* and *acceptance* (Rogers, 1961)
- Largely fostered through nonverbal communication of *respect, acceptance* and *affective attunement* (ability to be present to, and with, another's expression of their experience)(D'Elia, 2001)

THE ART AND SCIENCE OF HEALING

- Therapist as a *secondary attachment figure* promoting healthy neurological functioning and development of an adaptive stress response system
- Nonenriched (stressful) environments induce the adrenal-medullary system (SAM) to secrete epinephrine and norepinephrine (rapid and short-lived preparation of body to meet the challenge) and hypothalamic-pituitary-adrenal (HPA) axis to release cortisol (also prepares body but slower in onset and longer acting)

THE ART AND SCIENCE OF HEALING

- Altered activity of HPA associated with both *affective and disruptive behavior disorders* (Van Goozen, et. al., 2000)
- Some clients have difficulty managing response to stressful situations while others have problems inhibiting aggressive and reactive tendencies (McEwen, 2002a)
- *The secondary attachment figure can help correct these negative neurological effects* associated with nonenriched environments (Hertzman, 1999)
- Enriched environments can downregulate the stress system

THE ART AND SCIENCE OF HEALING

- Neurological effects of secure attachment impact right Orbitofrontal Cortex (rOFC) which can regulate the Autonomic Nervous System (ANS) by pushing down the emotional “clutch” that disengages the sympathetic “accelerator” while activating the parasympathetic “brakes” (Siegel, 1999)
- *An attuned relationship can influence neurobiology by releasing oxytocin which also down regulates and soothes the stress system* (Panksepp, 1998). This effect can last for several days (McEwen, 2002b)

THE ART AND SCIENCE OF HEALING

- The rOFC can serve the function of what has been theoretically referred to as an *“internalized object”*
- *The internalization of the therapist serves as a biological regulator of the client’s ANS*
- Implicit representations of the supportive experience allow for future self-soothing and are *stored as memories* (Cozolino, 2002)
- *Over time the client via plasticity manufactures their own functional connections allowing for self-soothing*

THE ART AND SCIENCE OF HEALING

- A “*selfobject*” represents an *experience of another as part of the self* (Kohut, 1977)
- A “*selfobject*” provides basic psychological needs of soothing, support and acknowledgment
- Rooted in empathic attunement or resonance between client and therapist where therapist utilizes nonverbal attending skills (eye contact, posture, facial expressions, gestures)
- By development of the rOFC the client internalizes the functions of the “*selfobject*”

THE ART AND SCIENCE OF HEALING

1. *Clients present with their unique histories of distress and manifestation of symptoms.* Such difficulties can reflect dysregulated neurological functioning and structure associated with a particular disorder.
2. *The therapist works to convey an appreciation of the content discussed and the manner in which the client presents the information and themselves.* Part of this experience is mediated through right orbitofrontal lobe activity.

THE ART AND SCIENCE OF HEALING

- 3. As the therapist accurately and empathetically reflects an appreciation of the client's experience through verbal and nonverbal communication, the client experiences the therapist as supportive, non-judgmental, and empathic. This attunement leads to an affective synchronicity, which resonates between attending right orbitofrontal lobes*
- 4. Such resonance promotes the soothing effects of oxytocin experienced within the supportive therapeutic relationship.*

THE ART AND SCIENCE OF HEALING

5. *Oxytocin and the experience of support from a caring and attentive individual down regulates activity of the HPA axis and the limbic system.*

6. *Following the experience of relief, the therapist attends to that which needs to be supported and reinforced. With depression this may be the experience of success in a social situation that promotes self-esteem. With externalizing disorders this may be related to the client successfully managing a reactive impulse. The cycle is then repeated again as clients express further distress or dysregulation.*

DO YOU REALLY WANT TO CHANGE

- Clients want relief from their symptoms and painful emotions.
- At the same time, they don't want to change the defenses that would allow them to develop and overcome their psychological maladies.
- Most people fear a basic change in their identity, be it positive or negative.

DO YOU REALLY WANT TO CHANGE

- Every child needs protection, love, and affection from adults
- In instances when a parent is misattuned or emotionally absent, the infant suffers heightened anxiety states that can, at times, feel life-threatening.
- Children make the best adaptation (defenses) possible to the circumstances in which they find themselves.

DO YOU REALLY WANT TO CHANGE

- *Children deny or minimize the reality of parental inadequacies and abuses, and in the process idealize their parents while at the same time internalizing their parents' negative attitudes and feelings towards them.*
- *Children come to see themselves as unlovable, bad, or deficient, and they carry this basic image forward into their adult lives. It becomes a fundamental aspect of their core identity.*

DO YOU REALLY WANT TO CHANGE

- *Any break in either the parental idealization process or the negative conception of self leads to feelings of tension or discomfort*
- *When defenses are challenged there is a feeling of dread, an acute awareness of being helpless and alone*

DO YOU REALLY WANT TO CHANGE

- *Challenging the parental idealization or helping clients see themselves in a better light can paradoxically be experienced as threatening rather than freeing.*
- *Instead of feeling better, they may feel shaky or uncomfortable and tend to negate their insights or progress. For this reason, although people may wish to change, they may fight against positive developments.*

DO YOU REALLY WANT TO CHANGE

- Indeed, most people, in or out of therapy, are afraid, even terrified, of making powerful changes in life for the better because of the threat that these changes pose to their core defenses.
- People are reluctant to challenging their *psychological defenses* because these defenses were once essential and protected them when they were the most vulnerable.

DO YOU REALLY WANT TO CHANGE

- *They were the most effective adjustment they could make to destructive environmental influences they encountered as children, and they served to reduce tension, anxiety, and emotional distress.*
- *Destructive behavior derives primarily from the defensive manner in which people deal with interpersonal and existential pain. There is no way to be personally defended without hurting others, particularly those people closest to us, especially our children.*

DO YOU REALLY WANT TO CHANGE

- Faced with pain and frustration in our developmental years, we form psychological defenses to alleviate our discomfort. *The tragedy is that the same defenses that enabled us to survive the emotional pain of our childhood are later maladaptive in adulthood, limiting our personal potential for living a full life.* Furthermore, they also predispose negative behavior toward others, thereby perpetuating a cycle of destructiveness.

DO YOU REALLY WANT TO CHANGE

- *To the extent that we rely on psychological defenses, we tend to become emotionally deadened and lose spirit. When we are cut off from our feelings, we become desensitized toward ourselves and tend to be more self-destructive, and we are also more likely to act out aggression toward others.*

DO YOU REALLY WANT TO CHANGE

- The process of differentiation is breaking with negative parental introjects and moving away from fantasy and addictive attachments, while at the same time working toward autonomy and independence.

HOW DOES THIS HAPPEN?

THE ART AND SCIENCE OF HEALING

*WHAT IS YOUR
WORLDVIEW?*

*HOW DOES YOUR
WORLDVIEW IMPACT YOUR
CLIENTS?*

OPEN MIND

- Everyone has a worldview
 - According to this we judge, evaluate, choose and act
 - Much of our thinking and behavior derived unconsciously and automatically from this framework
 - Until we bring it into consciousness we are stuck in subjective viewing
 - The movement toward objectivity is a way of knowing other as they are in themselves

OPEN MIND

- Not a deliberate act of moral judgment but the mind's autonomous act of unconscious discrimination
- Subtle form of judgment linked to self-awareness
- Example-seeing someone as they are in ourselves not as they are in themselves
- Cannot see other as totally new or as if it were the first time

OPEN MIND

- Lack of open mind as a hindrance to more perfect charity, compassion, forgiveness and justice
- *Our reflexive mind is an autonomous discriminator*
- Continuous expectation of how things should be according to our point of view
- *Key to “open mind” is the cessation of judgment*

OPEN MIND

- Putting an end to judgment is a form of detachment
- It is an end to putting others down which is our unconscious way of building ourselves up
- An “open mind” allows for communication with others and a level of understanding between us



WHAT DO YOU SEE?



THE ART AND SCIENCE OF HEALING

"Where attention goes, neural firing flows, and neural connection grows."

Daniel Siegel

THE ART AND SCIENCE OF HEALING

- *WORLDVIEW*

- Your philosophy of life based upon all the experiences that make you uniquely who you are
- Examples:
 - *GRANDIOSITY- Ego (false self), Ego Operating System*
 - *GRATITUDE- Self (true self), Self Operating System*
- As the ego is reduced via honesty and humility, the worldview of the Self shines through

THE ART AND SCIENCE OF HEALING

- *WORLDVIEW OF THE EGO-GRANDIOSITY*
 - Some things psychology and pharmacology cannot effectively treat
 - *Narcissism is such a problem*
 - All character defects come from the narcissistic self-image of the ego
 - *For example, the ego compares and contrasts leading to envy, jealousy and greed*

THE ART AND SCIENCE OF HEALING

- EGO...

- Ego is primarily developed between the age 2-10
- During this time the ego develops unconscious programs for happiness
- As we get older upwards of 90% of our decisions influenced by this unconscious programming
- Introspection (self-honesty) and humility necessary to achieve spiritual movement and realize a state of well-being

THE ART AND SCIENCE OF HEALING

THESE UNCONSCIOUS PROGRAMS ARE FULLY IN
PLACE BY AGE 12

THEY START OUT AS “NEEDS” AND GROW INTO
“DEMANDS” FINALLY BECOMING “SHOULD”

IF DEPRIVED OF THE MATERIAL SECURITY
SYMBOLS OF THE CULTURE ONE GROWS UP IN,
THESE SYMBOLS BECOME VERY ATTRACTIVE
WANT TO CONTROL AND CHANGE OTHERS TO
FIT OUR IMAGE OF HOW THEY SHOULD BE

THE ART AND SCIENCE OF HEALING

THE EGO HAS EXPECTATIONS BASED UPON
OLD UNCONSCIOUS PROGRAMS FOR
HAPPINESS

WHEN THESE EXPECTATIONS ARE NOT MET
WE SUFFER AND OFTEN SO DO THOSE
AROUND US

WE BLAME PEOPLE, PLACES AND THINGS FOR
OUR SUFFERING AND BECOME VICTIMS
("SHOULD", "COULD HAVE" AND "OUGHT TO")

THE ART AND SCIENCE OF HEALING

- EGO...

- Resistant to letting go of negative programs despite suffering
- Source of resistance is the secondary payoff the ego gets from negativity
- Ego derives pleasure from resentments, blame, self-pity, getting even, being the victim, feeling guilty, prejudice etc.

SECONDARY GAIN

- EMOTION, ESPECIALLY NEGATIVE EMOTION ARE “TOOLS” OF THE EGO



THE ART AND SCIENCE OF HEALING

- *Pride, shame, and guilt all activate similar neural circuits, including the dorsomedial prefrontal cortex (sense of self, “me-ness”), amygdala, insula and the nucleus accumbens. Interestingly, pride is the most powerful of these emotions at triggering activity in these regions — except in the nucleus accumbens, where guilt and shame win out. This explains why it can be so appealing to heap guilt and shame on ourselves — they’re activating the brain’s reward center.*

THE ART AND SCIENCE OF HEALING

- You know what the antidepressant Wellbutrin does? Boosts the neurotransmitter dopamine. *So does gratitude.*
- The benefits of gratitude start with the dopamine system, because feeling grateful activates the brain stem region that produces dopamine. ...

THE ART AND SCIENCE OF HEALING

- Additionally, gratitude toward others increases activity in social dopamine circuits, which makes social interactions *more enjoyable and subjectively beneficial*

THE ART AND SCIENCE OF HEALING

- Know what Prozac does? Boosts the neurotransmitter serotonin. So does gratitude.
- *Think of things you are grateful for forces you to focus on the positive aspects of your life. This simple act increases serotonin production in the anterior cingulate cortex.*

THE ART AND SCIENCE OF HEALING

- It's not finding gratitude that matters most; *it's remembering to look in the first place*. Remembering to be grateful is a form of *emotional intelligence (EI)*.
- Gratitude can enhance neuron density in the ventromedial and lateral prefrontal cortex increasing EI.
- With higher EI, it simply takes less effort to be grateful.

NOTE: *EI allows one to recognize, understand and influence the emotions of others*

THE ART AND SCIENCE OF HEALING

“I HAVE WORKED WITH MANY PEOPLE WITH YOUR PARTICULAR PROBLEM AND JUST ABOUT ALL OF THEM HAVE GOTTEN MUCH BETTER. I EXPECT YOU TO GET BETTER ALSO.”

THE ART AND SCIENCE OF HEALING

- *EXPECTATION*
- A sample of alcohol-dependent patients received naltrexone, acamprosate or placebo
 - No difference in outcomes
 - Those who believed they were taking an active medication consumed fewer alcoholic drinks and reported less craving

THE ART AND SCIENCE OF HEALING

- Some investigators estimate the placebo effect may account for *as much as 75%* of the benefit of antidepressants (Kirsch I., et. al., *PLoS Med* 2008; 5(2):e45)

*THE MIND IS THE TOOL THAT CHANGES
NEUROBIOLOGY*

THE ART AND SCIENCE OF HEALING

- 80 patients with irritable bowel syndrome
- One group of participants got no treatment. The other group was given inert pills, clearly labeled "placebo pills," and told the medications were fake. But the researchers also explained that patients often experience benefit from placebos. To everyone's surprise, *this group reported twice as much improvement as the untreated control group.*

THE ART AND SCIENCE OF HEALING

- Find people in pain.
- Enroll them in a study.
- Admit you can't do much to help.
- Give them a fake pill.
- Tell them that's exactly what you are doing.

But here's the crazy thing: It works.

- Ted J. Kaptchuk, Elizabeth Friedlander, John M. Kelley, M. Norma Sanchez, Efi Kokkotou, Joyce P. Singer, Magda Kowalczykowski, Franklin G. Miller, Irving Kirsch, Anthony J. Lembo. **Placebos without Deception: A Randomized Controlled Trial in Irritable Bowel Syndrome.** *PLoS ONE*, 2010; 5 (12): e15591

DOI:[10.1371/journal.pone.0015591](https://doi.org/10.1371/journal.pone.0015591)

THE ART AND SCIENCE OF HEALING

- *“The psychotherapy research literature reveals the equivalence paradox (i.e. all bona fide psychotherapies regardless of their specific treatment techniques have equally efficacious global outcomes), and that effective therapists behave similarly in conducting therapy irrespective of their theoretical orientation.”*

Wampold, Mondin and Moody. “A meta-analysis of outcome studies comparing bona fide psychotherapies. *Psychological Bulletin*. 1997; 122(3):203-215.

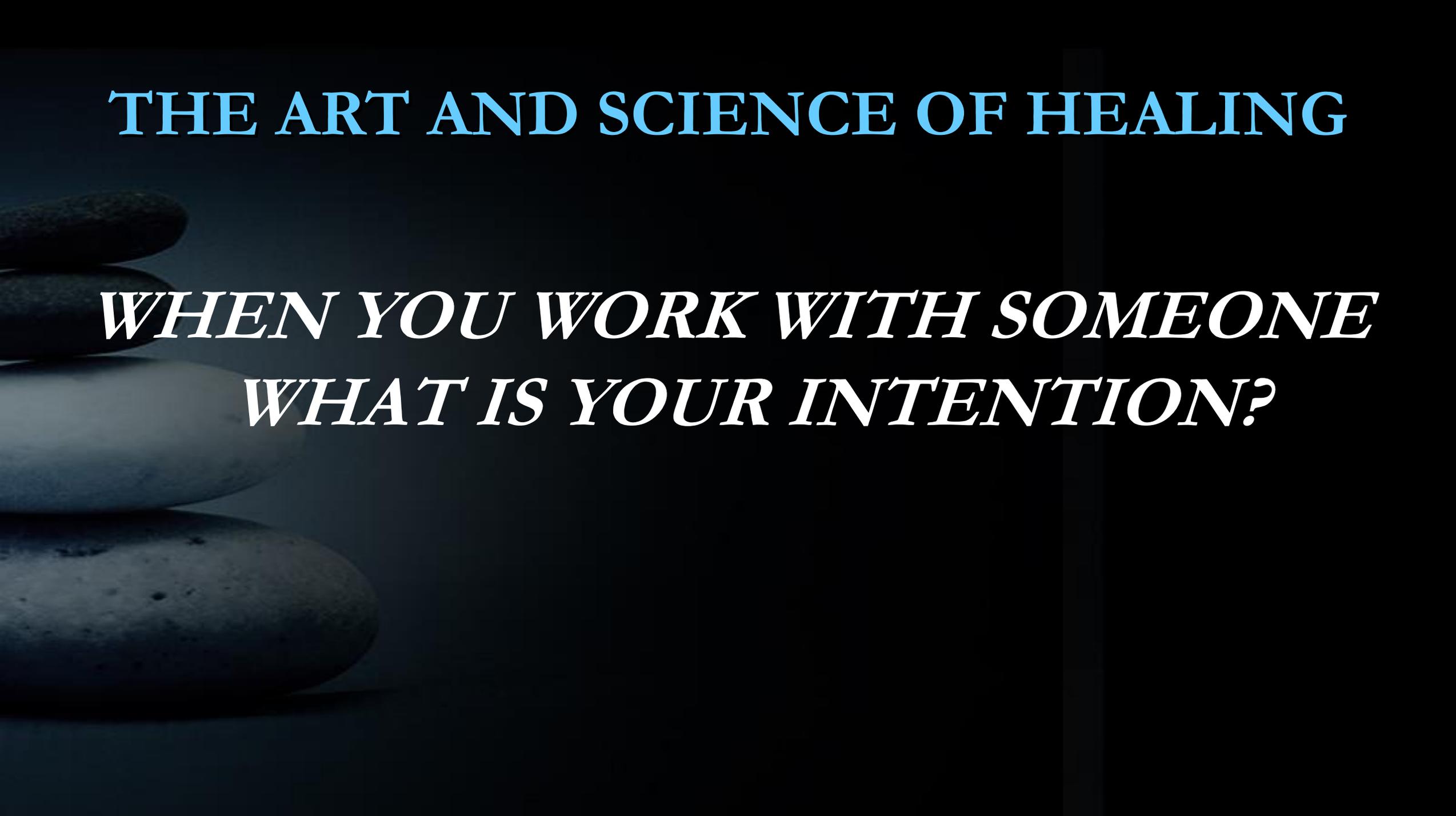
THE ART AND SCIENCE OF HEALING

- In an oft-cited study (Strupp and Hadley. “Specific versus Nonspecific Factors in Psychotherapy. A Controlled Study of Outcome. *Arch Gen Psychiatry*. 1979; 36(10):1125-1136) *university professors with renowned reputations for warmth and trustworthiness* but no previous therapy experience as therapists could produce good outcomes comparable to those of therapists with 20 years’ experience

THE ART AND SCIENCE OF HEALING

- 112 patients treated by 18 psychiatrists (50% in a drug arm and 50% in a placebo arm) from the NIMH depression collaborative research program revealed *the therapeutic alliance as the largest contributor to improvement in depression. The placebo-enhancing psychiatrists had better outcomes with inert pills than others had with drugs*

McKay, Imel and Wampold. "Psychiatrist Effects in the Psychopharmacological Treatment of Depression". *J Affect Disord*, 2006;92(2-3):287-290

A stack of smooth, dark-colored stones is visible on the left side of the image, set against a dark, textured background. The stones are stacked vertically, with the top one being the most prominent.

THE ART AND SCIENCE OF HEALING

*WHEN YOU WORK WITH SOMEONE
WHAT IS YOUR INTENTION?*

THE ART AND SCIENCE OF HEALING

- *INTENTION CHANGES OUTCOME*

- *If one works with the intention of doing the best they can with integrity and unconditional regard...*

- *Whatever you do will be right*

THE ART AND SCIENCE OF HEALING

- CARL ROGERS (1986)

“AS A THERAPIST, I FIND THAT WHEN I AM CLOSEST TO MY INNER, INSTINCTIVE SELF, WHEN I AM SOMEHOW IN TOUCH WITH THE UNKNOWN IN ME, WHEN PERHAPS I AM IN A SLIGHTLY ALTERED STATE OF CONSCIOUSNESS IN THE RELATIONSHIP, THEN WHATEVER I DO SEEMS FULL OF HEALING.”

THE ART AND SCIENCE OF HEALING

- “THE CURIOUS PARADOX IS THAT WHEN I ACCEPT MYSELF AS I AM, THEN I CAN CHANGE” ...CARL ROGERS
- AS WE HEIGHTEN OUR AWARENESS OF OURSELVES WE....

ELEVATE OUR PRACTICE

THE ART AND SCIENCE OF HEALING

- Cozolino, L. (2002). *The neuroscience of psychotherapy: Building and rebuilding the human brain*, New York: W.W. Norton & Company.
- D'Elia, G. (2001). Attachment: A biological basis for the therapeutic relationship. *Nordic Journal of Psychiatry*, 55, 329–336.
- Hertzman, C (1999). The biological embedding of early experiences and its effects on health in adulthood. *Annals of the New York Academy of Sciences*, 896, 85–95.
- Horvath, A., & Symonds, D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38(2), 139–149.
- Horvath, A. (2000). The therapeutic relationship: From transference to alliance. *Psychotherapy in Practice*, 56(2), 163–173

THE ART AND SCIENCE OF HEALING

- Kohut, H. (1977). *The restoration of the self*, Connecticut: International University Press, Inc: Madison.
- Panksepp, J. (1998). *Affective neuroscience: The foundations of human and animal emotions*, New York: Oxford University Press.
- Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 64, 95–103.
- Rogers, C. (1961). *On becoming a person: A therapist's view of psychotherapy*, Boston: Houghton Mifflin.
- Schore, A. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*, New Jersey: Lawrence Erlbaum Associates.
- Schore, A. (2001a). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22(1–2), 7– 66.

THE ART AND SCIENCE OF HEALING

- Schore, A. (2001b). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22(1–2), 201–269.
- Schore, A. (2002). The neurobiology of attachment and early personality organization. *Journal of Prenatal Psychology and Health*, 16(3), 249–263.
- Schore, A. (2003). *Affect regulation and the repair of the self*, New York: W.W. Norton and Company.
- Siegel, D. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*, New York: Guilford Press.
- Siegel, D. (2001). Toward an interpersonal neurobiology of the developing mind: Attachment relationships, “mindsight,” and neural integration. *Infant Mental Health Journal*, 22(1–2), 67–94.

THE ART AND SCIENCE OF HEALING

- Strupp, H. (1970). Specific vs nonspecific factors in psychotherapy and the problem of control. *Archives of General Psychiatry*, 23, 393–401.
- Van Goozen, S., Matthys, W., Cohen-Kettenis, P., Buitelaar, J., & Van Engeland, H. (2000). Hypothalamic–pituitary–adrenal axis and autonomic nervous system activity in disruptive children and matched controls. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(11), 1438–1445.
- Butler, S., & Strupp, H. (1986). Specific and nonspecific factors in psychotherapy: A problematic paradigm for psychotherapy research. *Psychotherapy*, 23(1), 30–40.
- Martin, D., Garske, J., & Davis, K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68(3), 438–450.

REFERENCES

- Cook-Greuter, S. R. (2004). Making the case for a developmental perspective. *Industrial and commercial training*, 36(7), 275-281.
- Dweck, C. S. (2006). *Mindset: The new psychology of success*. Random House Incorporated.
- Kegan, R. (1982). *The evolving self: problem and process in human development*. Cambridge, MA: Harvard University Press.
- Kegan, R. (1994). *In over our heads: The mental demands of modern life*. Cambridge, MA: Harvard University Press.

REFERENCES

- Kegan, R., & Lahey, L. L. (2009). *Immunity to change: How to overcome it and unlock potential in yourself and your organization*. Boston, MA: Harvard Business Press.
- Norcross, J. C. (2001). Purposes, processes and products of the task force on empirically supported therapy relationships. *Psychotherapy: Theory, Research, Practice, Training*, 38(4), 345.
- Panepinto, John C. “Vertical Development: 5 Ways for Practitioners to Grow Personally and Professionally.” *Psych Central Professional*, 2018.