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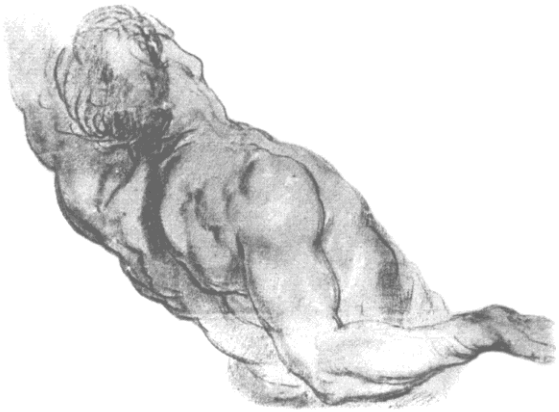

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What's Under the Hood? Using What We Know From Brain Research to Design Creative, Clinical Mind-Body Interventions.

M. Laurie Leitch, Ph.D.

Abstract

This article presents one clinician's method of using the results of brain-body research to design multisensory interventions in psychotherapy. Using multisensory techniques in therapy enlivens the work as well as de-pathologizes the patient. Each of us has preferences for some senses over others. In large part, each individual's learning style depends on the way his or her learning organs are neurally linked. When learning new information or in stressful situations, we have greater access to those senses that are directly linked to our dominant brain hemisphere. In order to determine which senses are most useful in these types of situations, we create "Dominance Profiles," (Hannaford, 1997) which provide clues regarding how each individual internally processes sensory information. This article describes ways to utilize this information in order to de-pathologize certain behavioral dynamics and design interventions to enhance competency. The article also presents ways to enhance neural connectivity by accessing information from the different lobes of the brain.

Keywords

Multisensory – Dominance profiles – Neural Connectivity

Why might you ask a client to hold his breath to the count of seven? How could you make use of your observation that a client is twirling her hair on the right side of her head? How could it be helpful to know whether a client focuses on the details rather than the big picture in her journal-writing? In a couples session, when would you choose to have one partner write to rather than speak to the other about important issues? Each of these clinical decisions and observations draws upon the clinician's knowledge of the brain…that extraordinary and complex marvel that remains largely a mystery to many of us.

Few clinical training programs provide the knowledge about brain structure and function that can help us to design clinical interventions. Yet, learning more about "what's under the hood" can be useful in assessing various presenting problems as well as in designing and implementing creative interventions. Learning how to assess each client's unique way of processing information provides a way to de- pathologize the client's maladaptive behaviors as well as to offer effective strategies to help enhance the client's functioning. In working with couples or families, understanding each individual's processing style can be extremely beneficial in order to promote clearer communication in their interaction with each other.

I began incorporating information on the brain into my own clinical work when my curiosity about brain function was sparked by training in neurotherapy, a biofeedback technique in which electromagnetic energy is used to interrupt brain wave patterning in order to help the brain rebalance itself. While training, I became aware of how little I had been taught in my doctoral program and subsequent education about the lobes of the brain, other brain structures, and their role in shaping information processing. The more I learned, the more I realized that I had neglected to work with my clients in ways that 1) assess the client's unique information processing style, 2) enhance connectivity in the brain to promote healing and improve functioning, 3) guide me in the design and implementation of multi-sensory interventions, and 4) provide approaches that de-pathologize entrenched patterns of interaction and promote competency. As a somatic practitioner, I began to use these methods, and then I continued to work with my clients on their sensory awareness to show them the results of using these multisensory techniques.

I recently began seeing a lesbian couple, whom I will call Jill and Pamela. They came to me after two aborted attempts at therapy while they were living in another state. They were a pair who had partnered for difference: Jill was full of emotion, very expressive and dramatic, while Pamela was self-contained and logical. They came to therapy with a wide range of issues and disappointments that had characterized their nine year relationship.

When I work with couples, I always listen for the disabling beliefs they carry about each other; it didn't take long before I heard Jill's. She believed that Pamela "doesn't listen to a thing I say. I've told her so many times what she does that hurts my feelings and she doesn't listen and doesn't care." Before I began using brain function information in my practice, I would have looked for interactions in the session that indicated that Pamela did listen, encouraged Jill to share her feelings with Pamela in ways that were easier for Pamela to hear, assisted each of them in tracking their bodily sensations, etc. While I still rely heavily on in-session process and somatic awareness in designing interventions with clients, I now have more in my repertoire, and I suggested we create dominance profiles (Hannaford, 1997) for both Jill and Pamela.

Each of us has a particular dominance profile that shapes the way we process information and learn. Most of us are familiar with the right brain/left brain dominance pattern in which people who are left brain hemisphere dominant prefer logic, sequence, and reasoning from parts to whole; this was Pamela's brain dominance. And people who are right brain dominant are oriented to the gestalt or bigger picture, rely more on image and emotion, and process from whole to parts; this was Jill's pattern. While the above dominance pattern is commonly known, there are other, less-known dominance patterns that also shape the ways we learn and communicate (especially under stress). The different dominance patterns of Jill and Pamela were causing the two women to clash with each other.

In addition to having a dominant brain hemisphere, each, person also has a dominant eye, ear, hand, and foot. Combined, these form each person's dominance profile and reflect our individual neuronal programs. In psychotherapy sessions, these profiles can provide doorways to new and creative ways of working that help clients expand their views of themselves and their potential. Since there are simple ways to determine each person's dominance profile, it is an easy and effective tool.

I asked Pamela and Jill to fill in their dominance profiles (using a cartoon-like figure developed by kinesiologist Carla Hannaford). Pamela's dominance profile showed her to be left-brain dominant and left ear dominant. Because sensory organs are cross-lateral, meaning those on the right connect to the left brain hemisphere and those on the left connect to the right brain hemisphere, any sense organ (except the nose, which is not cross-lateral) that is on the same side as the dominant brain hemisphere will function less effectively under stress or in new learning situations. Most of us are familiar with the concept of cross-laterality through seeing people who have had strokes; if the left hemisphere was damaged by the stroke, the impairment shows up on the person's right side and vice versa. Because Pamela's dominant ear is connected to her right brain (which is not her dominant hemisphere), hearing is not her most effective mode of processing when she is in stressful situations or learning new things.

Once Pamela and Jill saw and interpreted their profiles, Jill (whose dominant ear is on the opposite side of her dominant brain and, therefore, can hear every detail, even under stress) recognized that it wasn't that Pamela wasn't listening or didn't care. She saw that Pamela lost optimal use of her hearing under stress. While she could still hear, she did not have full access to her hearing and fell into the category Hannaford calls, "auditorially limited." Using this knowledge, Jill began to write her concerns to Pamela during our sessions. In between sessions, they used e-mail to debrief fights. We tracked the changes in body sensations that each noticed with this new way of communicating under stress. Gradually, Pamela began to feel less stressed during arguments, which enabled her to increasingly rely on *hearing* Jill rather than *reading* what she had to say. Pamela's progression can be described as a pendulation from the use of one sense to another. Because touch and movement anchor her learning, Pamela found it effective to respond to Jill in writing. Since she is right handed, the touch and movement that are involved in the process of writing connect to her dominant (left) hemisphere. She is also right eye dominant, which makes reading easy for her, even under stress.

Optimally, all our dominant sense organs would be on the opposite side of our dominant brain hemisphere. However, this is not the case for many of us. While there certainly are many alternatives to using dominance profiles to help couples reconcile their differences and enhance communication, in Jill and Pamela's case, this method helped to immediately de-pathologize Jill's beliefs about Pamela and greatly enhance Pamela's ability to remember details that she had been trying so hard to retain. Once these changes were introduced, we used sensory awareness to help reinforce these new patterns. Not only did these changes help Pamela in her relationship with Jill, but they also helped her to communicate with me during our sessions and yielded excellent results when used during her high-stress job. While this was certainly not the only step needed to get on stable footing with each other, it gave early therapy sessions a big boost forward, de-pathologized the beliefs each woman had about the other, established somatic resources in the body, and generated a lot of laughter which, in itself, is a boost in the early stages of this type of work.

Although I have focused on Pamela's dominance profile in this example, I also used Jill's profile in ways that could enhance her integrative functioning over time. For example, I encouraged her to experiment with different types of journal writing. Since she is right brain dominant and right hand dominant, she accesses her left hemisphere when she writes. The act of journal writing alone is useful for her in promoting integrative functioning because it links her right and left hemispheres; I took it a step further, however, when I suggested she use skills that come from the left brain, such as focusing on details and describing sequences of experiences and her thoughts about them. Since she is right brain dominant, Jill's orientation would most naturally have been to the gestalt of an experience. By asking her to list details, sequences, and analysis, I helped her develop more "left brain fluency." While she initially found this exercise difficult, Pamela's interest in Jill's writing helped encourage her. Meanwhile, Pamela was already a journal writer of sorts; she often wrote lists of her goals and self-assessments. Had I asked her to experiment in her journal, I would have had her focus on her feelings and perhaps write with her non-dominant hand, which would help her gain more access to her right brain.

Another technique that incorporates brain function into psychotherapy involves using multisensory interventions to access memory. Since memory can be accessed from more than one location in the brain, we must ask: How can we maximize connectivity so that we have greatest access to each storage site? As we know that the specific location of different lobes of the brain are associated with individual qualities of the self, how can we draw fully upon what each has to offer? For example, procedural (e.g., handwriting) memories are stored in different places than episodic (e.g., remembering a person's name) memories. Short-term memory is stored in the hippocampus, while long-term memory is stored in multiple places. Areas that receive sensory stimulation from touch are different than those that receive sensory stimulation from sound and sight. Using multisensory interventions to heighten connectivity in the brain enables us to explicitly draw upon the many alternate pathways for processing information.

Have you ever squinted your eyes in order to "see better?" Squinting is effective because it screens out detail and activates the right brain (which reasons from whole to parts). With its gestalt orientation, the right brain is best suited to interpret incomplete information. When the squinting reduces the details, the right brain fills in the big picture. In therapy,

when I ask a client to draw a part of herself that she struggles with, I suggest she use "soft eyes," meaning she gently squint so the details become fuzzy. In doing so, she increases access to the right hemisphere, where emotions are primary. Since the right brain has no linear meaning of time (i.e. it is timeless), when right brain activity is heightened, the client also has greater access to her emotional content and to images of her early life.

Increasing access to this type of information forms a good foundation for somatic awareness work and the release or discharge of blocked traumatic energy.

Another way I might use my understanding of brain structure and function is to have my client trace her drawing, first with her right index finger and then with her left. Because tracing employs touch, it activates the parietal lobe of the brain, which is concerned with interpersonal relationships (among other things). The right parietal lobe focuses on others and their meaning to the self, while the left parietal lobe focuses on reportable self-awareness. Tracing with each index finger activates first the left parietal lobe (via the right index finger) and then the right one (via the left index finger).

Sometimes the emotional material linked with the client's right parietal lobe is so intense that he bursts into tears when he traces a drawing with his left finger. For this reason, I use sensory awareness to titrate the touch that connects to the right hemisphere in order to work with small gradations of activation. In other instances, a client might literally be unable to "make" her left finger trace the drawing. These responses help me assess how I can best use the mind-body patterns of the client to work efficiently, promoting sensory awareness and integrative functioning. For example, I might ask a client to choose three words that describe the part of herself that is represented in the drawing. This intervention activates her left frontal lobe, which is used in sequencing and word choice. Activating more areas of the brain yields a more holistic and integrative experience for the client.

Those of us who employ EMDR often use the floatback technique to help clients access early memories and/or images. The floatback technique provides access to the right parietal lobe, giving the client a sense of timelessness. The headphones often used in EMDR treatment send bilateral tones into the ears, activating the temporal lobe, the part of the brain that stores body memory. Sometimes I use the hand sensors in an EMDR session, which activate the parietal lobe through touch.

Multisensory interventions sometimes focus on very small observations in a session that can be elaborated into competency-based learning for the client. For example, Sam is a survivor of childhood sexual abuse and exhibits frequent dissociative symptoms. Together, we have found ways that he can use his knowledge of the brain to help him mediate these symptoms before he gets so "foggy" he can barely hear me.

When we first began working, I often saw him twirling his hair. One day, as he described a painful exchange that made him feel particularly vulnerable with me, I noticed that he was twirling the hair on the left side of his head. Since the left side connects to the right brain and he was already on right-brain overload, this didn't make sense to me. Rather than initially ask him to describe his "felt sense" of the hair twirling, I told him that if he twirled on the right side, he would be accessing his left brain, which, with its focus on control and structure, would be more calming for him. He laughed and said that he usually did twirl on the right side, but he had done it so much he had gotten a big bald spot there, so he switched sides. From that point on, he held a squishy ball in his right hand. When he felt the beginnings of dissociation, he squeezed the ball and counted each squeeze (counting activates the left hemisphere). Not only did this method enable him to stay present with me during sessions, but it also helped minimize hair loss!

When I saw that Sam was overloaded emotionally, I also had him close his eyes and hold his breath, activities that trigger a part of the brain stem called the Reticular Activating System (RAS), which acts as the brain's alarm; it puts all systems on alert, which heightens attention. While I used to think a client's closing her eyes during a session was an act of "resistance" or distancing, I now comment on how she intuitively knows what to do when she is emotionally overloaded. I then explore other ways her intuition guides her in self-management. When we return to her overwhelming feelings, she brings an enhanced sense of her coping strategies.

At various points in our therapy, I talk with clients about these brain structures and their functions, and together, we map out their dominance profiles. My waiting room has books and articles about the brain, and my clients often bring me brain-related cartoons. Clients are often as intrigued as I am about "what's under the hood." Although there is still so much of the brain's capacity that we still have to learn, our knowledge is growing by leaps and bounds. It is exciting to find ways to use this rapidly expanding knowledge base in the therapy room.

References

Hannaford, C. (1997). *The Dominance Factor.* Arlington: Great Ocean Publishers.

Biography

Laurie Leitch, Ph.D. is a clinical trainer, researcher and psychotherapist. She has spent over 25 years working with individuals, couples, and groups using competency-based, mind-body psychotherapy. She is the Co-Founder and Director of the Trauma Resource Institute (TRI), a non-profit trauma training center that provides training in Trauma Resiliency Model (TRM). TRM is a trauma treatment appropriate in emergency settings, with complex trauma, and with adults and children suffering from long-term and acute trauma. She is also the Director of Research for the Foundation of Human Enrichment, provider of Somatic Experiencing training. Dr. Leitch has extensive experience providing clinical training and consultation in diverse settings. She has particular

interest in "at risk" populations, including survivors of catastrophic events, and she provided treatment following 9/11, treatment and clinical training in southern Thailand after the tsunami, and treatment in Louisiana following Hurricanes Katrina and Rita. Dr. Leitch's research has included social program and clinical evaluations for national foundations, the federal government, and non-profit organizations, as well as outcome studies of TRM. Most recently, Dr. Leitch provided TRM1 training to counselors working with genocide survivors in Rwanda, Africa. She can be reached at l.leitch@comcast.net

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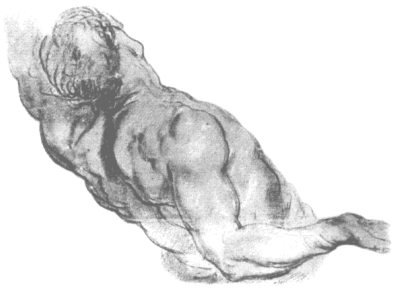

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