A Wounded Mind?

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From Eye movement Desensitization and Reprocessing (EMDR):

QEEG’s of PTSD and dementia look alike
(slow wave movement in the occipital lobe)
James Kowal - 2008 EMDRIA Conference, Phoenix

Why would the brain shut itself down?

Could AD result from a wounded brain that may be able to repair itself, if given the right focus? Opportunities? Like what we see with PTSD?

“Trauma is threat we’re not prepared to handle.”

(1994)

Having Alzheimer’s is traumatic.
Living with/caring for someone with AD is traumatic.

Trauma × Posttraumatic Stress Disorder

Trauma Resolution does require:
Focus
Feel the Feelings

Purpose of this presentation:

To ask the question:

Is learning more important in the treatment of Alzheimer’s than we’ve thought?

Purpose of this presentation:

To show that focusing directly on the traumatic impact of AD:

Helplessness, fear and frustration

May be one of the magic pills we’re looking for!

The brain is part of our immune system.
Purpose of this presentation:

To share what I’ve learned:
- about the impact of trauma (chronic illness)
- about the importance of beliefs
- about the role of emotion
- how trauma processing might benefit those with Alzheimer’s and their caretakers

Purpose of this presentation:

Your handout includes sources you can access.
Mine have been watching what works and what doesn’t.

What works:
Getting to the roots:
Original source (where you first learned what you learned)
Letting your mind:
Unlearn what you no longer need
Learn what is useful
Practice/USE IT! (including IMAGINATION)

Purpose of this presentation:

What we don’t know:

What causes Alzheimer’s?
- There may be multiple causes.

What would make the brain shut itself down?
Especially after it’s worked well for years?

Purpose of this presentation:

What we do know, from population studies,

- not everybody gets Alzheimer’s
- and not at the same age
- and not at the same rate of decline

If we interpret difficulty remembering as Alzheimer’s, could the brain give up trying and shut itself down?

What works:
Eye Movement Desensitization and Reprocessing (EMDR Institute and EMDR-HAP Facilitator - 1996)
Acupressure Methods (not in your handout):
Emotional Freedom Technique www.emofree.com
LEARN ABOUT:
Stefan Purner’s “Polyvagal Theory”
Jack Pankiewicz’s Affective Neuroscience (1998)

What we don’t know:

How much the brain can change.
The Brain That Changes Itself by Norman Doidge
(Should be required reading for every human.)
When change is automatic
When sequencing is necessary
When greater frequency/intensity is required
How easily “learned nonuse” (E.Taub, 1980) occurs
What we do know, from Epigenetics:

Genes need to be turned on and can be turned off. Only 80% of women with the breast cancer gene get breast cancer.

The Biology of Belief, by Bruce Lipton www.brucelipton.com
What we believe controls the body, even cells, and genes 95-99% of behavior is automatic, primarily learned by age 6

Could our beliefs about Alzheimer’s make a difference?

What we do know, from neuroscience:

The brain can make new neurons: neuroplasticity.
Michael Merzenich, PhD
Brain maps are topographical
Brain maps are continually changing
Neurons that fire together wire together
Plasticity is competitive: USE IT OR LOSE IT!

What we do know, from neuroscience:

"Merzenich thinks our neglect of intensive learning as we age leads the systems in the brain that modulate, regulate and control plasticity to waste away." (The Brain That Changes Itself, page 85)

"Anything that requires highly focused attention will help that system." (The Brain That Changes Itself, page 87)

Posit Science: www.positscience.com
A company devoted to helping people preserve the plasticity of their brains with computer games.

What we do know, from neuroscience:

- Mirror neurons provide automatic learning.
  Marco Iacoboni (2008). Mirroring People
  We are automatic learners up to age 3
  - semi-automatic to age 6
  - continue to learn by watching
  Could we LEARN to be like a parent with AD?

What we do know, from neuroscience:

Immediate memory
(lasts 2-3 minutes)

↓

(requires 30 seconds of focus)

Working memory
↓

(requires sleep)

Long term memory

Emotion accelerates learning
Novelty gets our attention
Danger trumps everything else

The brain/body has 2 primary goals:
1. survival
2. "don't change"
From Eye movement Desensitization and Reprocessing (EMDR):


Added the emotional and physical aspects of experience to Cognitive Behavioral Therapy.

(20 years of research, e.g. phantom limb pain)

[www.emdria.org](http://www.emdria.org)

[www.emdr.com](http://www.emdr.com)

From Eye movement Desensitization and Reprocessing (EMDR):

Our system will go toward health

DeTUR EMDR protocol for urges/addictions

(Popky, 2004, in *EMDR Solutions*)

Prefrontal cortex is not available if distress is high

memory can't be stored; information can't be accessed

Blood is going to the legs to get away/arms to fight back

(van der Kolk, 1996)

From Eye movement Desensitization and Reprocessing (EMDR):


Abstract: Several authors have found smaller hippocampal volumes in patients with PTSD and some have suggested that psychotropic drugs may promote hippocampal neurogenesis and reverse the decrease in hippocampal volume. However, the only study that has investigated the effects of psychotherapy on hippocampal volume failed to show a volumetric increase after effective psychotherapy. The authors evaluated the hippocampal volumetric changes after successful EMDR treatment of a 27-year-old man with a history of childhood sexual and physical abuse. After 8 weeks of EMDR treatment the patient had an increase in both left and right hippocampus volumes (adapted from Text)

Could the hippocampus (the filing clerk if the brain) shut down access to memory because of unresolved trauma?

From Eye movement Desensitization and Reprocessing (EMDR):

Trauma before age 3 results in;

- feelings of helplessness
- overwhelming emotional distress

The EMDR Early Trauma Protocol

(O’Shea, 2009, *EMDR Solutions II*)

Vulnerability needs to be UNLEARNED.

Emotional circuits can be updated.

From Eye movement Desensitization and Reprocessing (EMDR):

Anger:

- calls attention to harm
- must be directed toward the original cause or it gets triggered, wipes out whoever's there, and boomerangs back
- can be safely released in the imagination


From Eye movement Desensitization and Reprocessing (EMDR):

LEARNING and UNLEARNING

The brain is continually updating itself:

ADAPTING

The brain IS NOT a machine that gets broken.

It IS a living organism that can repair itself just like the body does.
LEARNING and UNLEARNING

The brain automatically clears what’s not useful
And connects whatever useful information is available

UNLESS the brain/body believes:
- There’s life threat and it gives up, concluding, “I’m helpless to protect myself.”
- We’ve tried a number of times and failed.
- We’ve been taught: “You’re helpless.”

LEARNING and UNLEARNING

The BELIEF we need to be concerned about is:
- “I’m helpless.”
- We want to believe it when it’s true
- but not when it’s not true.

We don’t need to ask for the ability to:
- Accept what I can’t change
- Change what I can!
(Serenity Prayer)
It’s completely built in:
- Adaptive Information Processing (AIP)

What we can do (with EMDR and other accelerated information processing methods):
- Accelerate acceptance of symptoms and reduce distress by targeting:
  - the Alzheimer’s diagnosis (early in treatment)
  - distressing symptoms as they occur.

Trauma = threat we’re not prepared to handle (Katie O’Shea, 1994)
What we can do (with EMDR and other accelerated information processing methods):

Target (review and update) what has been learned from life experiences e.g.
- trauma and neglect including medical procedures, losses
- stressful environments, particularly in childhood e.g. parents’ who were in distress
- repetitive teachings including cultural viruses re: emotions, aging

Optimize functioning (update brain-body circuits) by targeting (reviewing and updating)
- what has been learned from life experiences
- what is being learned from having AD

John and Gail Goeller
Re: their experience

What we might be able to do:

By:
1. providing ways to safely feel and release distress
2. clearing early and later trauma (helplessness)

the brain may not need to shut itself down.


Can a wounded mind heal itself?

We need research:
- Which methods are/may be effective?
- What frequency is optimal? daily? e/o day? 2 day to 2 wk intensives?

A WOUNDED MIND?

“Life is a continuous process of
Learning
Unlearning
Relearning
and compensating for what we don’t know.”

Thanks for your attention and all your good work!

Katie