# Transcript of Faithful Brain Foundational Knowledge Lesson 7

Hello I'm Dr. Leonard Matheson.

This is the seventh foundational lesson for *“Your Faithful Brain: Designed for so much more!”*

These foundational lessons apply the *faithful brain model* to case histories. the case history for this lesson is a gentleman I will call Michael, a successful dentist and the father of four small children who was widowed when his wife Christine committed suicide six months before he called me to make an appointment.

The story of Christine and Michael and her suicide is the focus of foundational lesson six. If you've not yet had an opportunity to take lesson six, stop and do so now.

In today's lesson, I'd like to focus on how Michael was affected by his wife's suicide. There is a lot we can learn to help other people. Michael developed PTSD and severe clinical depression after his wife's suicide. Now most people who experience severe trauma do not develop posttraumatic stress disorder. There are several factors that determine whether or not any particular person in any particular trauma will develop PTSD.

One of the key determinants has to do with whether or not the trauma is relational. God has wired us for relationships and our brains and nervous systems are relational. A consequence of this is that when trauma is interpersonal it has a much higher likelihood of leading to posttraumatic stress disorder. Person-to-person violence or other types of person-to-person trauma that involve us are much more likely to bring about PTSD than severe trauma caused by accidents or natural events such as tornadoes and hurricanes.

Michael's trauma was personal in two ways: one, he discovered Christine dead in her car and tried to revive her for several minutes on his own. Two, he read the suicide note that Christine had left addressed to him. Let's take a look at both of these issues. First, Michael's discovery of Christine and his attempts to revive her was severely traumatizing. When we experience an extraordinary trauma that involves someone we love, we tend to play “what if?” and “if only”. Those are not benign questions. “What if” and “if only” are sneaky cognitive traps. We wrestle powerfully with the traumatic experience, playing what if and if only, trying to reject it and deny it and trying not to let it overwhelm us. But because the trauma involves someone we love, we cannot help but be overwhelmed.

In the C S Lewis book “Four Loves” he writes, *“To love at all is to be vulnerable. Love anything and your heart will be rung and possibly broken”.* In that book and other writings, Lewis describes love as a choice that we must make. Love is an act of will not merely an emotion. Lewis says that we must make the choice to love within the context of having chosen to love God. It is an act of will first and an emotion and an experience of desire second.

I want to return to our focus on Michael and how he came to develop his post traumatic stress disorder. I'm sorry if this is a bit complex and complicated. The story of Michael and Christine is both complex and complicated, so please bear with me. Their lives have many lessons from which we can learn.

Michael's PTSD developed out of his severe trauma with attempting to revive Christine. He was with her lifeless body for several minutes, struggling furiously to bring her back. In those minutes, he began to cycle with rejection and denial of the experience and being overwhelmed by all of the corrective emotions that a few hours later were made even worse when the police showed Michael Christine's suicide note.

This began the ruminating spiral in which he was submerged for the next several months and that he presented to me when we finally met. In Michael's brain, the ruminating spiral created a strong neural network that became dominant. This is very natural and is to be expected when someone has a severely traumatic experience about which they ruminate. Ruminating on the experience begins to create neural networks that gradually becomes dominant. People can't stop thinking about the episode. People have nightmares about the episode. People describe this as a tape that keeps playing on an endless loop over which they have no control. “I can't stop thinking about it”, is their urgent complaint. When people don't take steps to intervene in the rumination, the spiral will continue and often result in severe anxiety and depression. No longer just a very disturbing memory, the traumatic episode has brought about substantial changes in brain wiring and in neurochemistry. These changes cannot only lock in the emotionally traumatic memory, but bring about other even more severe psychopathology.

Now this occurred even though Michael's pastor had encouraged him to contact a counselor. But Michael allowed his rumination to continue for six months before he actually reached out. As an aside at the seminary where I teach graduate courses in counseling, I often have the opportunity to speak to people who are becoming pastors. I recommend to them that in situations such as the one that Michael was experiencing, that they go well beyond encouraging the person to seek counseling and actually connect them with a counselor. This is especially

important for American men like Michael who have a strong independent self-image. “I don't need a counselor” needs to be overcome by a pastor they trust.

But with Michael that didn't happen, and so after six months of ruminating and developing a dominant neural network devoted to the traumatic experience, it was absolutely no surprise to me that when he walked in the door to my office he demonstrated all of the signs of severe depression. He was not sleeping, he’d lost a lot of weight, he had difficulty concentrating. His affect was flat and he was listless. Even talking about his children brought about almost no emotional response. And so when Michael came in I asked him, *“Michael have you ever had thoughts of suicide yourself?”* His response was a reluctant and soft-spoken *“yes”*. I followed up with, *“Have you had any of those thoughts recently?”* He was silent for three or four minutes, a long time, and finally whispered, *“Yes, several times a day.”*

Counselors, if you see someone like this, especially a parent who is otherwise loving, this is a psychological emergency. His inability to respond emotionally to the thoughts of his children, to their continuing presence in his life, indicated that this was a serious psychological emergency. I canceled my next appointment and began to arrange for Michael to be admitted to a psychiatric facility. Within a few hours, he was in an inpatient facility where he resided for the next week receiving treatment and medication. I believe that saved his life and potentially the lives of others.

Now let's take a look at what else was going on and what we began to work on when he returned after the hospitalization. Christine's suicide note left Michael feeling responsible for her death. In the note Christine wrote, *“I just can't love you enough to keep living.”* Unfortunately, the police did not handle their review of the note with Michael constructively. I don't blame them for this because their first concern is to confirm that a death such as this is actually a self-inflicted suicide and had not been predictable or encouraged by someone else.

Michael had not yet seen the note when the police shared it with him. They reviewed it with him a few hours after her death and asked if there was anything he had done to, *“push her over the edge.”* The question itself lodged in Michael's mind and shifted his interpretation of the experience mightily. I just can't love you enough to keep living.

Now what does that mean to you, “I just can't love you enough to keep living”? It's really open to several interpretations that over the next few weeks Michael and I explored to help him broaden his perspective. But his first interpretation that terrible night several months before was the one that he got stuck with that

began his ruminations so that he was overwhelmed with guilt and shame and self disgust. He got stuck on having asked more of Christine than she was capable of giving.  Actually in the first few hours as the trauma unfolded, Michael's response ran through the early corrective emotions, from confusion to guilt to embarrassment. When the police officer asked the question about whether Michael had done something to push Christine over the edge, Michael's thinking trapped him in a shame and self disgust rumination that was solidly in place and directing his life when I first saw him six months later.

We've talked about these corrective emotions in earlier lessons and the corrective emotions cycle is described in chapter 3 of *Your Faithful Brain.* God designed us to have painful responses when we perceive that we've done something wrong. I call these corrective emotions because I believe God built them into us to help correct our behavior. The more Michael ruminated, the deeper the focus on self disgust. A ruminating spiral such as this often seems to get stuck on self disgust. Counselors, when you hear persistent self disgust from a client, you must realize that the person is at significant risk of self harm. The person will be seeking relief from pain that has become intermittently unbearable.

Explore what they are doing to relieve the pain and don't be shy about exploring the reasons that they have stopped short of suicide. Their safeguards may be so flimsy that they are right on the edge and you will need to step in immediately to protect them from themselves.

I want to take a moment to explain to you how the ruminations lock in an inaccurate memory of Michael's responsibility for Christine's suicide. Every time we recall a memory, it is vulnerable to neural reconsolidation based on salient information that is available during the period of vulnerability. Let me repeat that, every time we recall a memory it is vulnerable to neural reconsolidation based on salient information that is available during that period of vulnerability. Please be careful about this. It basically means that every time you ask the client to explore their experience of the traumatic event, they are re-creating it and reconsolidating it. During this period of vulnerability, clumsy exploration guided by you can actually make the memory of the experience even more traumatic and potentially dangerous.

The counselor who does not respect the plasticity of the neural network that's been created to store that traumatic memory is really flying blind in their attempt to help the client and may do more harm than good. Be extremely careful with this and do not explore traumatic memories unless you have excellent rapport

with the client and a commitment from the client to continue to work with you until you determine that the client is safe to move on.

Neural reconsolidation must be respected. Research shows that leaving the memories alone and not exploring them is actually a better choice for many people. This is because repression of painful life experiences is a self protective mechanism that God designed into our brains that we must respect.

To explore this further, google Elizabeth Loftus L-O-F-T-U-S, Julias Shaw and the McMartin preschool case. Exploring traumatic memories is important for some people but not for everyone. And when the traumatic memories are appropriate to be explored, this must be undertaken with extreme caution and full awareness of the downside potential.

And so what did I do with Michael?

In our first session after hospitalization I described to him the importance of brain and nervous system integration within the context of God's love. Together we read Mark 12 chapters 30 and 3, *“Love the Lord your God with all your heart and soul and mind and strength, and love your neighbor as yourself.”* These are the words of Jesus Christ.

I asked Michael to help me understand what this meant to him and how it applied to his situation. Michael's first response was confusion and withdrawal, *“I’m not sure anymore”.* Now that's really an excellent place to start and so we spent most of that session exploring these commandments beginning with wondering aloud why Jesus placed so much importance on them. In my demonstration of respect for Michael's confusion and withdrawal, I tried to communicate to him that I was a safe person with whom he could share thoughts that may not be acceptable in other company.

What I mean by this is that we all know morally superior Christians whose answer to the doubt that is a key part of faith is the certainty of the Bible, and yes, there is certainty in the Bible. I'm not arguing against that. What I am arguing against is simplistic notions of the lessons of Jesus. Competent biblical scholars are amazed at the depth of the parables and the lessons of Jesus. I and many others have spent countless hours exploring the depths of, “love your neighbor as yourself.”

One of the most fruitful explorations that helped me in coming to Christ was exploring that commandment in terms of what I knew about neuroscience. Within the context of the first commandment to love God with all of my being, loving my neighbor as myself, expands all of the brain mechanisms for our capacity to love

ourselves and our neighbors. Please consider this and trust that neuroscience will lead you deeper into your own faith and will put you in a position to help others trust the Bible, trust God and turn to Jesus as our Lord and Savior and guide through life.

And so Jesus' command to love the Lord your God with all your heart soul mind and strength and love your neighbor as yourself expands love way beyond desire, way beyond a feeling and into an act of will, a choice that we need to make. Just like I recommended that you choose to intrude into the life of a person who's become suicidally depressed, we choose to engage with others and in our engagement we find that reciprocated, they respond to our coming toward them to love them and care for them.

And so that's the context of our interaction with the client that's the therapeutic milieu in which we work with the client, providing whatever services we do whatever techniques we rely on.

The next thing that I did with Michael was to help him with his insomnia. I did this because this was low hanging fruit, as it often is with many of my clients. I also do this because it has only upside potential and it gives us an opportunity to develop rapport.

I used brain restorative sleep with an emphasis on personal prayer relaxation. Helping Michael identify his personal prayer relaxation phrase was a wonderful and salutary experience for both of us. I purposely guided him away from choosing a memory that involved Christine. We went to his childhood and selected an episode to develop that involved a summer fishing trip with his father and grandfather. Remember, that just as traumatic memories are reconsolidated after we recall them, so are good memories. I actively worked with Michael to help him recall aspects of that experience many years before that involved all of his senses, the smell of the campsite, the warm sun almost putting him to sleep as he sat on the river bank watching his bobber, the dip of the bobber and the strike of the biggest bass that he had ever caught, the fear turning to excitement as he struggled with the fish as his grandfather ran up stopping short to allow Michael to manage it on his own, the pride Michael experienced when he and his grandfather showed his catch to his father later that afternoon.

Sensory memories were able to be tied to all of these experiences giving Michael a rich and wonderful self narrative that he tied to the phrase “sunny river”. Sunny river was Michael's personal prayer relaxation phrase. Over the next three or four sessions as Michael made progress with brain restorative sleep and his insomnia

began to be manageable, we made preparations to undertake systematic desensitization.

I favor systematic desensitization over other methods of dealing with anxiety disorders including phobia and PTSD because I believe it is safer. There is no doubt that EMDR and flooding and prolonged exposure therapy have efficacy, but based on what we know about neural reconsolidation, I don't believe that they are as safe as the process that I am describing to you. In fact, the potency of EMDR as a technique without proper training and certification is of great concern to me. EMDR is easier to learn and therefore used by people who may not be adequately trained in methods to build a safe context for using the technique itself.

I've had tremendous success with systematic desensitization and conversely, I've had to pick up the pieces of emotional re-traumatization for people who been inappropriately treated with flooding and prolonged exposure therapy and EMDR.

For therapists who are interested, there are several good resources for systematic desensitization beginning with the books and articles of Joseph Wolpe W-O-L-P-E. There are many good research articles from the 1970s and the 1980s that are worth reading. We offer training on brain restorative sleep and I've written a short manual that's available. If there is interest in training for a faith-based approach to systematic desensitization, that can be arranged. Please contact us at faithful brain.com.

Returning to Michael, we used an anxiety triggers hierarchy and the Subjective Units of Distress Scale to go through a process of reciprocal inhibition using the phrase *sunny river* and the personal prayer relaxation response. He found it very helpful for reducing the traumatic emotional salience of the memories of that night on the garage floor with Christine's body.

By actively working with the personal prayer relaxation phrase we improved its potency for dealing with the anxiety that interrupted his sleep in the early morning hours.

One additional benefit from this approach was Michael's use of personal prayer relaxation with his oldest daughter. She had developed problems with sleep after her mother's suicide. He actively recalled an experience that she selected concerning her mother before her final pregnancy. Now this occurred spontaneously without my knowledge and turned out to be quite helpful. Just another example of how loving parents often know what's best for their children. I

have to admit I'm not sure I would've gone down that road with that little girl, I tend to be pretty conservative in situations like that but I'm glad Michael did.

Michael did very well in his therapy and has gone on to have life without PTSD. Well beyond the cessation of PTSD symptoms, Michael has begun to flourish and has remarried.

So thank you for your attention. Thank you for considering the lessons that Michael and Christine offered to us.

For further information about any of these issues, please contact us at faithfulbrain.com.