



DELTA LIFE SKILLSsm



EMOTIONAL FREEDOM IS IN YOUR HANDS with REBsm

Integral Energy Psychology

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PART ONE: THE RADIANT ENERGIES BALANCE (REB)sm PROTOCOL: PHILOSOPHY/RESEARCH/THEORY BACKGROUND©

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19. ACCESSING THE BRAIN HEMISPHERES

In Ogden and Minton (2001) Somatic Sensory method, the coach/therapist, by facilitating the client's mindfulness of bodily symptoms and sensations, fulfills the role of Porges' Social Engagement System which gives humans immense flexibility of response to the environment; in other words, the coach/therapist ("healer") becomes an 'auxiliary cortex' for the client. This cortex, it seems, is lateralized into more and less competent or mature modes of functioning which depend on the issue being dealt with in a session. The goal is to identify this in the individual and use it to facilitate transformation. Again, the overall goal of a session or a course of therapy is to have both halves of the brain achieve a similar felt sense of the issue.

19.1 THE RIGHT ORBITOFRONTAL CORTEX

The right orbitofrontal area is a major focus of theory and research

REBsm Module 2 introduces this intervention. The overall goal of a session or a course of therapy is to have both halves of the brain achieve a similar felt sense of the issue. Thus, one of things to check for is a dissimilar experience either when checking the hemisphere (Schiffer) or eye (One Eye

Technique).

19.1.1. MASTER REGULATOR OF THE BRAIN AND BODY; Carol J. Schneider, (1997)

"[T]he right orbitofrontal area... is crucial to the regulation of our emotions and our autonomic nervous system as well as to the executive regulation of the entire right brain itself..." (Schneider,1997, p.8)

"The intact right orbitofrontal cortex has the most comprehensive and integrated map of the body-state available to the brain... [It is] a convergence zone which is privy to signals about virtually any activity taking place in our beings' mind or body at any time... It is the center where appraisals are made of social and sensory data." (Schneider,1997, p.9)

19.1.2. NEUROBIOLOGY OF THE SELF; Charles F. Stroebel,1997

"Allen Schore...has developed a coherent and integrated neuropsychological mode of the *location*, *development*, and *mechanism* of the self. The primary *location of self* is in the slightly enlarged right orbitofrontal cortex which is on the underside of the brain immediately above the nasal olfactory tract, and is intimately connected as the anterior [front] aspect of the limbic system." (Stroebel,1997 p.1)

"The *development of self* takes place in the memory banks of a child's right orbitofrontal cortex... Because they are based on imprinted, as opposed to conventional memory, self concepts are relatively impervious to significant alteration... Development of self seems to parallel some aspects of chaos theory, where there is an unusual sensitivity to initial conditions; namely the influence of the mother-caregiver... Orbitofrontal 'memories' and neurotransmitter templates from critical early experiences operate as algorithms for recognizing, interpreting, regulating, orchestrating and producing emotional behaviors... [T]his orbitofrontal locus of emotions and their memories has extensive interconnection with cognitive, sensory and motor neocortex elsewhere in the brain..." (Stroebel,1997 p.11)

"A biologically distorted self, riddled with developmental lacunae has major implications for treating what will become viewed as disorders of self-regulation, including anxiety, panic, phobias, hypochondria, somatization, affect dysregulation, and psychosomatic conditions.... Neuropsychimmunology research implies that 'every cell in the body can talk to every other cell.'" (Stroebel,1997 p.12)

19.1.3. OBSERVATIONS ON TRAUMATIC STRESS; Robert C. Scaer, 1997

"...[U]nresolved trauma results in continuing ANS [autonomic nervous system] imbalance involving sympathetic or parasympathetic arousal or both at the same time." (Scaer, 1997, p.7)

"...Allen Schore has outlined...the psychobiology of early childhood development involving maturation of orbitofrontal, and limbic structures based on reciprocal experiences with the care giver. Dysfunctional associations in this dyadic relationship result in permanent physiolchemical changes which have implications for personality development as well as a wide variety of clinical manifestations. An intimate relationship may exist between traumatic parent/child interactions and autonomic nervous system (ANS) hyperarousal. Thus, persisting hypertonicity of both branches of the ANS -- the parasympathetic and sympathetic nervous systems profoundly affects the arousal

state of the developing child. This overarousal phenomenon also occurs in the adult traumatic experience." (Scaer, 1997, p .4)

"Peter Levine developed a... model of the fight/flight/freeze response seen in animals in response to life-threatening experiences... If the animal survives the attack, it will go through a dramatic period of discharge of this high level autonomic arousal through the motor system. This discharge involves trembling, running, shaking, profuse sweating and deep breathing. Following this, the animal will return to its prior state of calm alertness... [T]he human species... usually will not discharge this high state of autonomic arousal after the freeze response in the face of severe trauma, but will suppress this discharge phenomenon, resulting in storage of a high state of autonomic arousal probably in orbitofrontal, limbic and procedural memory systems of the brain. Memory mechanisms in trauma probably involve both explicit (conscious, declarative) and implicit (unconscious, non-declarative) memory. Procedural memory is a form of implicit memory involving learned sequences of synchronized motor acts... Once learned, these motor sequences are stored with a high degree of recoverability probably in orbitofrontal and limbic, as well as cerebellar, vestibular and basal ganglia connections of the brain... [M]emories of the motor sequences of a traumatic experience may well be stored in this memory system... [B]y accessing the 'felt sense'... the individual may then access complex patterns of movement representative of prior traumatic experiences, may activate the sympathetic nervous system, and lead to a discharge of retained autonomic energy through the somatic/motor system..." (Scaer, 1997, p.4)

Thus movement in some manner is critical in psychotherapy.

19.1.4. HOW ARE OUR 'HEARTFELT' FEELINGS GENERATED?

Robert C. Scaer and Carol J. Schneider 2002

"... Childre and McCraty [of the HeartMath Institute] present the heart as a key point of entry into the psychophysiological networks that comprise the emotional system... [T]he continuous interplay between emotion and the organ systems innervated by the vagus nerve create an interactive environment that changes both the regions of the brain involved, and the visceral organs that provide sensory input, including, but not restricted to the heart. The body and the brain are one organ in this model, and the heart may play a special role, but many other organ systems likely also contribute to this process in exactly the same manner... Childre and McCraty argue that the heart is the *source* of feelings of love, care and compassion... However... the ability to have empathy, care and compassion for others is profoundly impaired by damage to the right orbitofrontal cortex..

(Scaer and Schneider 2002, p. 4). This is why the REBsm emphasizes giving positive sensations/emotions to the system, especially the heart, when ever there is a shift in the felt sense.

"...[T]he mediation of the right orbitofrontal area is necessary for the experience of empathy....A well developed emotional brain potentiates autonomic regulation by the right orbital frontal cortex. Poor development of this area results in poor attachment and bonding, problems with empathy and compassion and sets us up to have one or more serious physical illnesses once we are exposed to... traumatic experiences..." (Scaer and Schneider 2002, p. 5)

J.C. Pearce, in The Biology Of Transcendence, "... goes astray in his concepts of the heart-brain connection as being the '5th' brain, operating both on a physical and neurologic basis. He [and HeartMath theory] connects the heart to the brain from the theoretical basis that the heart contains the same neurological tissue as does the brain itself, and that the communication between the heart and the midbrain act as a shunt, delivering messages to the most advanced brain or the prefrontal cortex. " (Scaer and Schneider 2002, p. 5)

"... [The] vagal functions of the brain stem or 'reptilian brain,'... from Steven Porges' view may be essential for the evolution of bonding and... love. Studies of the afferent [to the brain] vagal pathways from the viscera to the nucleus solitarius suggest intimate connections between that nucleus and the amygdala as well as the hippocampus, suggesting that visceral afferent stimuli may play an important role in consolidating arousal-based memories ('gut feelings'). Such input is also provided from the heart through afferent pathways to the nucleus solitarius. Indeed, in this manner, the heart should provide input to arousal-based centers of the brain, which will then activate orbitofrontal cortex activity whose primary purpose is to regulate the autonomic response to any of these messages that are threat based." (Scaer and Schneider 2002, p. 5)

"Pearce implies that nurturing of the prefrontal cortex comes from nurturing of the heart, requiring physical closeness to the mother's heart from birth on. Scientific studies of brain regions related to nurturing and social bonding, as well as maternal bonding, however, suggest that this nurturing of the prefrontal cortex probably takes place within the anterior cingulate cortex, as part of the limbic system. The anterior cingulate area is closely tied into messages from the locus ceruleus regarding threat-based information. The cingulate appears to provide a gating mechanism of fear conditions...The orbitofrontal cortex acts in response to threat-based messages, dampening the amygdala response, and providing modulation of the anterior cingulate as well... in the manner that Pearce ascribes to the 5th brain heart. The right orbitofrontal cortex is also involved in generating experiences of joy and connection to the other..." (Scaer and Schneider 2002, p. 5, 7)

The question becomes how best to re-educate the right orbitofrontal cortex and in general the right brain's emotional processing system including the "smart vagus." The REBsm, in agreement with the HeartMath approach, feels the most powerful approach involves bringing the heart into coherence. Since the heart is the most powerful bio-oscillator in the body, its psychophysiological state has the most impact on all areas of the body, including the brain. This is why the REBsm emphasizes giving positive sensations/emotions to the system, especially the heart, whenever there is a shift in the felt sense.

19.2 ACCESSING THE MORE RESOURCEFUL HALF OF THE BRAIN

19.2.1. SCHIFFER MODEL

Schiffer (2000 quotes are from the web) developed a simple and elegant method whereby the person can perform this function for themselves. Again, this has been incorporated in the comprehensive REBsm protocol in Module 2 (see section 4.2). Sargent (1999) provides protocol using NLP approaches. This is introduced later in this section.

"... [T]raumatic memories are associated more with one hemisphere (left or right), than the other... [M]any patients among a range of psychiatric diagnostic categories, but especially posttraumatic stress disorder and major depression, have two very different, intact ways of seeing themselves and their world, each with congruent cognitions and affects. One view is generally similar to the way the patient saw the world as a distressed child; the second is generally a more mature, more realistic view of the present world... [E]ach of these views is associated with one hemisphere and that lateralized sensory stimulation, which has been known to affect relative hemispheric activity, can induce shifts in the patients mental perspective. For instance,... clinically and in the laboratory,... lateralized visual stimulation can cause marked changes in a patients disposition from immature to mature or vice a versa. This theory of dual mental states may be a guide to understanding patients

and helping them overcome their traumas... [L]ateralized sensory stimulation can be used as an effective adjunct to psychotherapy..."

"In ... Schiffer (1997),... limiting vision to the left or right lateral visual field (using taped safety goggles allowing vision out of only the lateral third of one eye...) and comparing anxiety levels from one side to the other revealed that 42 (60 percent) of 70 psychotherapy patients experienced a least a 20% difference in their anxiety levels between sides and that 38% of these 42 patients reported at least a 40% difference. The side on which the great anxiety was experienced varied between diagnostic groups. Among 21 patients with major depression, 71 percent had at least a 20 percent difference in anxiety levels between sides and of these 73 percent felt more anxiety when looking to the left visual field (right brain). Among 18 patients with posttraumatic stress disorder, 78 percent reported at least a 20 percent difference between the two lateral visual fields, but the majority, 71 percent, experienced more anxiety when looking to the right visual field (left brain)."

"In anecdotal observations (Schiffer, 1998), I [Schiffer] reported that many patients who had intense affective responses to lateral visual field stimulation reported not only differences in anxiety, but also often reported dramatic cognitive changes congruent with the affect changes. Repeatedly, I observed, in responsive patients that they reported very different perceptions of their sense of their inherent value and of their sense of their safety depending on which lateral visual field they were looking from. Many of these anecdotal reports include transcripts (Schiffer, 1998) from sessions with patients while they wore different lateralized goggles, and they are notable for the psychodynamically relevant effects which have frequently been observed. For example, typical very responsive patients might report that they believe they are stupid and lazy on one side and within seconds of changing glasses will feel that they are ambitious and intelligent. Their opinion on the negative side is consistent with what they were told as children by abusive parents. Some patients have reported feeling that I was expressing negative affect towards them on one side but not the other. In these cases, I have asked the patient to look at a photograph of a famous person, and he or she felt the expression in the photograph changed depending on from which lateral field it was viewed. The side which saw the photograph as troubling was the same which saw me in that manner...."

19.2.1.1. THEORETICAL IMPLICATIONS

"The observations of marked changes in cognition and affect in response to lateral visual stimulation, which has been shown to shift hemispheric dominance,... [imply] that the induced changes in mental status are related to the induced changes in relative hemispheric activation. A common observation in responsive patients is that lateral visual stimulation will on one side evoke a relatively mature psychological perspective and that stimulation of the opposite side will evoke a relatively immature perspective related to traumatic experiences the patients had in their childhoods. In light of the split-brain studies which have demonstrated the ability of each isolated hemisphere to be capable of a high level of independent mentation, and in light of [the]... finding of a high level of psychological change induced by lateral field stimulation, [it seems]... that the lateral visual stimulation alters hemispheric dominance which leads to a change of psychological status... [C]linical observations that patients very often had a fairly intact, internally consistent immature psychological aspect as well as a more mature contrary aspect may relate to... observations following lateral visual field stimulation, and that each hemisphere may be associated with psychological traits differing in their level of psychological maturity and in their associated perspective on past traumas."

"Thus,... the human mind [has]... a major division between two intact perspectives one more mature

and realistic and one more childlike with perspectives related to past traumas, holding on to misperceptions that the world remains dangerous and rejecting as it once was. The relationships between these two mental aspects can be varied and complex. At times one might dominate or sabotage the other, or they might cooperate. When the immature aspect dominates, the person might be seen clinically as 'regressed.' If the mature side suppressed the troubled side, and the person might be seen as 'repressed.' At times the immature side may act covertly as an 'unconscious mind' inducing 'neurotic behaviors' such as airplane phobias which are experienced but not easily understood by the person. In this view, an 'interpretation' is the decipherment of the thoughts and feelings of a troubled, less mature mind working covertly beyond the awareness of the consciousness of the more mature side. At times when the immature side is the dominant, conscious mind the patient may be seen as having a 'personality disorder' and as 'acting out.' 'Transference'... is the relationship between the immature side of a patient's personality and the therapist."

"... [T]he immature side maintains a perspective very similar to one consistent with that which a child in a troubled circumstance might be expected to experience... Patients with posttraumatic stress disorder in my [Schiffer] practice have been the most responsive group to lateral visual stimulation, but other patient groups have also been responsive.... [T]he great majority of psychological problems are due to traumas which can range from a relative neglect to extremes of abuse, and so [we] would expect this trauma based hypothesis to relate to a very wide range of psychological problems. Certainly profound abuse will have different consequences from less severe traumas, but... findings suggest that all types of abuse could have some tendency to relate to one hemispheres more than the other, at least in the large number of patients who have typical, intense responses to lateralized stimulation."

19.2.1.2. CLINICAL IMPLICATIONS

"There are two aspects to the ideas... and both have clinical relevance. The *first* is the general psychological theory that most people have a mature and an immature part to their personalities. This hypothesis has usefulness in our attempts to understand human behavior and to assist people with their psychological problems. This conceptualization of the mind allows the theoretical insights described in the previous section. It formulates psychopathology as usually coming from an immature aspect which still believes it is in the midst of a traumatic experience. Psychotherapy is then conceptualized as the teaching of this troubled, immature aspect, that it is in fact safer and more valued than it has realized. Usually the troubled part of the personality does not realize that a new, more mature, more realistic part of the mind has come into existence since childhood. The therapist can help the patient find and use this more mature part of the patient's personality to help the troubled part. Regarding the troubled aspect as a well developed mental entity with its own thoughts and feelings, allows the patient and therapist to more concretely and directly address, communicate with, and then teach this more childlike aspect... I [Schiffer] often talk directly to the immature aspect of the patient, and this not infrequently evokes an almost immediate improvement in the patient's mental state. This improvement, though usually temporary, may be the inarticulate response of the immature aspect of the personality to my statements. The resolution of clinical problems can be achieved when the therapist and patient's mature side successfully teach the immature part that it is now in fact safer and more valued than it had believed based on past traumatic experiences. The establishment of a trusting, enduring, positive relationship between the therapist along with the mature aspect of the patient and the immature aspect is necessary for this teaching to take place."

"The dramatic psychological effects of lateralized stimulation are the *second aspect*.. to have clinical relevance. First, these effects lend support for the hypothesis that the immature aspect of a

person is a well developed cognitive and emotional entity with a perspective on itself and the world which is based largely on past traumatic experiences. This assertion is based on the fact that lateralized stimulation often evokes on one side a consistent perception in patients that they are deficient in value and safety. This view is consistent with their symptoms and with their past experiences."

"In addition to supporting the psychological hypothesis, the findings from lateralized stimulation, in... clinical experience, have had clinical value as an adjunct to psychotherapy. In patients who are responsive to the lateralized stimulation,... allowing them to dramatically alter their perceptions of themselves and their world within seconds of switching the side of lateral stimulation is often remarkably helpful. First, such experiences force the patients to challenge their entrenched negative perceptions, for if perceptions can be so easily altered, their veracity requires reconsideration. Further, stimulating the positive aspect of the patients will offer them a direct experience of their positive value and safety. If [you] were to tell a person that he was valued and safe, [you] would not have the compelling power of the patients' seeing this for themselves. Lateralized stimulation appears to be a powerful adjunct for teaching the troubled aspect of the patient that they are truly valuable and safe."

"... [A]s the troubled hemisphere improves, it forms a better relationship with the other side. In this sense the hemispheres become more harmonious or balanced, but such improvement is possible only after the troubled side becomes healthy enough to begin to engage in that relationship. This model resembles the relationship between a traumatized child and a therapist or a healthy parent."

"[Some] patients... were able to access negative feelings only when they wore the lateralized glasses which evoked the negative side and this use has been helpful in responsive patients who tend to repress their affect. With other patients... the goggles... help them discuss traumatic events which would be too distressing to talk about without the aid of the comforting glasses. A number of patients have used the taped goggles at home usually as method for inducing a state of comfort and calmness, in a manner resembling the way some people use the practice of meditation."

19.2.2. SARGENT NLP MODEL

In the book The Other Mind's Eye: The Gateway to the Hidden Treasures of Your Mind, Sargent (1999) writes "you will learn how your brain codes information for emotional responses, and how to consciously access information stored in both hemispheres. You will also learn simple step-by-step techniques to help you use your entire brain to get what you want in life."

In the preface to the book, Sargent writes (quoted from web):

"Young Johnny is walking home from school when a car drives by and one of the teenage occupants of the car throws a water balloon that hits Johnny on his left leg. Instantly, two separate impressions are simultaneously imprinted into Johnny's memory, one in the left hemisphere of his brain which is responsible for logical linear thinking, and another in his right hemisphere which is more interested in the processing of spatial relationship."

"These two related yet separate perceptions of the same event are emotionally coded according to the specific qualities and interests of each hemisphere of the brain. In the left hemisphere of Johnny's brain the information may be coded as a simple case of three teenagers who were bored and wanted to have some fun. With this understanding, Johnny is most likely going to continue on his way home, change into some dry clothing, get a snack, maybe do his homework, and go to a

friend's house to play. Having this perception of the event, it is unlikely that Johnny will be affected in a way that is more than an inconvenience."

"In Johnny's right hemisphere, however, the same event could have a more far-reaching effect on him. His right hemisphere is more concerned with how he is personally involved in the situation and how it may affect his safety. His right hemisphere might perceive this event more like the following. Three big teenagers out to cause trouble drove by, selected him to terrorize, and threw something at him from a car. Next they drove off laughing at his misfortune, probably circling the block to get yet another shot at him. With this perception, Johnny races home, runs upstairs, and finds refuge in his room as the effects of the stress response fade and his body starts to return to normal. Not only has he lost his appetite for an after school snack, but also he is in no mood to do his homework. Even the possibility of going to his friend's house to play is out of the question, because the teenagers might spot him, and this time he might not escape so luckily."

"How Johnny actually responds to a situation similar to this one will generally be somewhere between the examples I have given, since the left and right hemispheres of the brain communicate information back and forth through a network of fibers in the brain called the corpus callosum. Information stored in Johnny's brain from previous experiences will also have an important influence on his response to this event."

"Since the most primary and vital functions of the brain involve survival and personal safety issues, the brain automatically responds to and evaluates events that might threaten a person's immediate safety. In most people, the right hemisphere of the brain stores emotionally charged memories, while at the same time, the left hemisphere records a relatively unemotional sequence of events. There are two separate and unique pictorial representations for each event in our lives for which an external visual stimulus has been imprinted."

"Think of how often we have heard the phrase 'I see it in my mind's eye.' Imagine how many possibilities will be opened up by understanding your 'other mind's eye.' When we recall an event with the right hemisphere's 'mind's eye' our response will be very different than if we recall it with the left hemisphere's 'mind's eye.' Each hemisphere of the brain records and recalls useful information. If we consistently utilize the perceptions from only one side of our brain, our choices are limited, often leaving personal issues unresolved. 'I have half a mind to...' is another phrase we often hear people use. If this is descriptive of what is actually happening in our thinking process, we may literally be using only half of our potential." [emphasis added]

"Learning how to have conscious control of which hemispheric image to utilize broadens the range of choices and responses available to us. Additional benefits result from being able to integrate information from both hemispheres when dealing with an issue."

Again, the comprehensive REBsm protocol uses the above findings, incorporated in Module 2 to more efficiently facilitate the transformation of negative to positive, immature to mature, and thus give people the freedom to progress in their lives.

19.3. THE ONE EYE TECHNIQUE of Cook and Bradshaw

The "One Eye Technique," described in the manual Toward Integration: One Eye at a Time, (Cook and Bradshaw, 2000) is an outgrowth of the use of EMDR. Cook discovered around 1995 that having clients tune into their issue with just one or the other eye often produced dramatically

different narrations. So she began experimenting with doing EMDR on one eye at a time and eventually developed the "One Eye Technique." The technique involves first discovering if there are differences in the clients' experience when "viewed" from one or the other eyes. If so, there is a need to integrate these two "viewpoints" into one consistent view. This is possibly related to Porges' "smart vagus" model discussed in part 15 and the issue of the right orbital frontal cortex discussed above in part 14.1.

The technique emphasizes paying close attention how the eye tracks the lateral movement stimulus. If there is anything but smooth tracking, then this indicates a disturbance has been identified for the presenting issue. There are several of these eye movement disturbances:

- ∞ "Glitch" indicates a discontinuity when there is an intense reaction (psychophysical) when a certain point is reached in the visual track.
- ∞ "Hold" where the eye temporarily pauses while tracking the lateral moving visual stimulus.
- ∞ "Lock," similar to the "hold" except it is more permanent, occurs when the eye is moving across the visual field and suddenly ceases to track.

On pages 61-62 of their manual they discuss some of the proposed neurophysiology of the technique. However, because of the sensory anatomy of the retina, there is no isolation of the cortex when you close one eye. The left half of the sensory fibers of EACH eye go to the left hemisphere and the opposite for the right half. Thus, in terms of sensory input, each eye goes to each hemisphere. Interestingly, the motor control of the eye is controlled by its opposite hemisphere. Thus, the interesting question is: Why is there such a difference in some clients when they view their issue with one or the other eye closed? I don't know.

Cook states "I believe the value of exploring one eye at a time is not to explore personality within the mind [which Schiffer proposes] but to explore perspectives, emotions, body sensations and different SUDs [Subjective Units of Distress] levels from one side to the other... [When clients have different experiences with the different eyes] they may begin to understand *objectively* some of the experiences they are having *internally* around particular events... I [Cook] find that integration is a natural outcome of exploring the covering of one eye at a time." (Cook and Bradshaw, p. 62)

In the REBSsm, when this difference between "viewpoints" arises, we can stop and check it and do some integration using relevant aspects of the protocol (Module 3d, 3e, 3f, 3g, and Module 6), The goal is to have both "viewpoints" in agreement and equally in touch with the issue. It will be especially useful in Module 6 where the eye/head movements are explored.

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