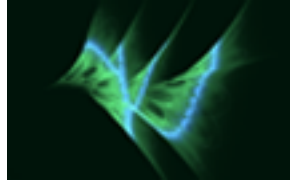


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NEW YORK NEUROFEEDBACK

NeurOptimal® and Anxiety

I'm going to tell you my own story first, because it's not just about how and why I became a NeurOptimal® trainer. It's really about anxiety and the difference NeurOptimal® can make for those who experience it.

It's now around a decade and a half since NeurOptimal® entered my life and changed it dramatically. At that time I had been a psychotherapist for 17 years. My work was primarily helping people with anxiety, depression, trauma. That's typical of what is encountered by a private practice therapist who doesn't specialize.

It makes sense if you think that I might have looked into neurofeedback to add another tool to my work. In reality, that didn't cross my mind until I was several sessions into my own training. My discovery of neurofeedback didn't happen because I was looking for something new to use with clients. It happened because my life long problems with sleep had worsened with age, to the point where my friends had started looking at me and asking, "Are you all right?"

In my search for decent sleep I had tried many approaches and many medications. They either didn't work or the side effects were worse than the symptoms. I tried alternative approaches, too. Nothing helped. A friend suggested neurofeedback. I had never heard of it, but I was willing to try.

With the help of the Internet, I found a NeurOptimal® trainer near my office. Very quickly my sleep improved. I had been waking up consistently around 3AM and then laying in my bed worrying for an hour or two. That unpleasantness stopped completely. As you can imagine, I was happy with the results. I felt better and looked better. When sleep improves, so do many other things.

Then something happened that was for a therapist even more interesting. One of the most common anxiety dreams people have has to do with school. If you ask a roomful of people, "Which of you has had a dream where you're back in school and you're not prepared? You forgot there was a test. Or you left your books home. Or you can't find the classroom." about 70% of the people in the room will raise their hand.

I had those dreams, too, once or twice a year for all my adult life. I thought of them as a permanent fixture. Then after several NeurOptimal® training sessions something remarkable happened. I had this dream:

I was at home getting ready for school when I remembered that there was a major exam that day, and I'd forgotten to prepare for it. I started to get anxious, but then in the dream I stopped and instead said to myself, "Don't worry. You know the material. You'll ace it." End of dream.

That was many years ago, and I've never had that dream again. I knew something special was going on. A decades old recurring anxiety dream had gone away without my doing anything consciously to create that change. Faces and names of clients who might benefit appeared in my mind. I knew I wanted to bring NeurOptimal® into my office.

I ordered a system and practiced on myself and my husband. Then I offered it to one of my clients. She sent a friend, who sent two people she knew. Now, it's the bulk of my work, because it works so well.

NeurOptimal® is not a medical treatment. It's training that typically produces results in the ways that are right for each person, whether that is depression, or problems with focus or sleep, or a desire to excel at a sport. Since we're giving the brain information that allows it to better regulate itself, changes can manifest in a huge variety of ways. That said, anxiety remains a special interest for me.

Anxiety is miserable. If you're identifying with this article, you know very well how true that is. It's very rewarding to watch it reduce for clients. There's not much that the central nervous system is involved with that I don't see improve with NeurOptimal®, but lessened anxiety can be strikingly life changing.

I'm going to share examples with you to illustrate that. (All client stories are amalgams of many clients. Any identifying details have been removed to protect people's privacy.)

All purpose anxiety

The medical profession calls this Generalized Anxiety Disorder, but you don't have to be a doctor to recognize how difficult life can be for the people who are the worriers of the world. They operate with a baseline of anxiety. Their brains can be counted on to find something in their lives to assign that anxiety to. Trying to talk them out of it generally has little affect, even though they often are desperate to feel better.

A client who illustrates this well is Carole, who came for NeurOptimal® when she hit her 40th birthday. "I actually have a nice life," she told me, "but I'm not enjoying it." She couldn't keep herself from imaging the things that might go wrong for her, her husband or her children. If a friend was late meeting her for lunch Carole thought of car crashes, not late subway trains.

Carole's busy mind tried to make a plan for all contingencies. If this sounds tiring, it was. Sometimes she wasn't sure what came first, the physical anxiety or the anxious thought. If nothing of concern was happening currently with Carole or her family, she would worry about climate change or the economy, or old age, or whether her kids would get into college.

Anxiety generates stress hormones. They are powerful and necessary – when you look up and see a bus aiming for you – but it's not good for us to swim in them regularly. People who are anxious too much of the time have difficulty turning that response off. The body thinks that the person is in danger, so it ignores needs like good digestion and other normal functions. Carole demonstrated that. She was living with near constant gastric distress. Other anxious clients may have tension headaches, back pain, or other signals from their bodies. Sleep problems are common.

Anxiety can also make us irritable. Carole constantly felt remorse for having snapped at her children or her husband. After a few NeurOptimal® sessions, she reported, "My kids aren't

bugging me as much.” It wasn’t because their behavior had suddenly improved. It was because Carole’s reactivity had decreased.

Once they’ve started training, it’s very common for people like Carole to realize how unnecessary all that worry activity is, often in the middle of their complicated thinking and the actions it generates. A thought pops up: “This doesn’t make sense.” Or just, “I don’t need to do all this planning for things that might not happen.” And, “If something goes wrong, I’ll deal with it then.” Can you imagine the relief?

Fortunately, Carole didn’t lose sleep, but many all-purpose anxiety sufferers do. That typically changes with training. Improved sleep gives them more energy. “Who is this?” one said to me. “I don’t know myself.” But he was smiling. With training, middle of the night worriers start to trust that they’ll go back to sleep, and they do.

Even without a history of sleep problems to correct, Carole felt more energetic. Worrying takes energy. She started enjoying her life more. She began to have fun, formerly a mysterious concept for Carole.

Social anxiety

Socia

Panic attacks

This is a manifestation of anxiety that is particularly unpleasant and very, very physical. Panic attacks can cause increased heart rate, palpitations and chest pain. Often sufferers end up in the local hospital emergency room thinking they are having heart attacks. Feelings of choking, nausea, dizziness, numbness, chills, hot flashes, the list of things someone with panic attacks may experience is long.

The very first client I met who had panic attacks was especially unhappy. Panic attacks themselves and the fear of setting them off were running his life. Five or six years previously Martin had been in a weather-related car accident in which he was injured – not severely, fortunately, but he had to wait a long time for help. The weather had created more emergencies than could be responded to quickly.

Martin's body recovered quickly, but the accident stayed with him in the form of panic attacks. At first he had attacks of intense fear, sweating and heart palpitations only when in a car during stormy weather. Then he began feeling at least the beginnings of an attack every time he was a passenger or the driver. As is common, Martin started avoiding the triggers. Then he started having panic during other, seemingly random circumstances. Two or three times a week he woke in the middle of the night sweating and terrified.

A common treatment for panic attacks is the prescription of anti-anxiety medications. Sometimes just carrying the bottle in pocket or purse is enough comfort to ward off the panic. That wasn't helping Martin, and he was concerned about long-term use. He also wanted to be able to drive a car with comfort again.

His therapist suggested neurofeedback. Martin was willing to try anything. He's a high achiever, and the hardest part of the panic for him was the way it was affecting his work. His avoidance of cars and taxis had been noticed, and he couldn't always find a workaround. Martin was hoping that would change first. His brain, however, decided to first correct the sleep disruption. Martin came in reporting that he was sleeping through the night but asking "When will it help me at work?"

The central nervous system has its own priorities, and sleep is very often at the top of its list. Martin's panic attacks at work and elsewhere gradually decreased in intensity, frequency and duration (the big three we look for in assessing change). Eventually, he stopped avoiding situations that involved four wheels.

When Martin decided he was done training, he had gone from a high of four or five big to small panic attacks a week to none in two months. When I checked with Martin six months later, it was still none, including when he had to drive in inclement weather. Martin was confident that his panic days were over.

Obsessive compulsive thoughts and behaviors

These are interesting clients to work with. Besides the classic hand-washing, repetitive lock-checking suffering that most of us have heard about, there are other behaviors and traits that are not as well known. Perfectionism, for example – lots of compulsive behavior there. Endlessly thinking things through, especially problems that haven't happened yet (like Carole), is obsessing.

Some people have to repeat and count actions or words. It may take some of those who deal with these behaviors hours to get ready for work. Often, it interferes with having healthy relationships and a satisfying life. Do you feel you have to “knock wood” to ward off bad events? Imagine that being multiplied hundreds of times a day.

What happens with NeurOptimal®? In general I find that when reducing or ending obsessive or compulsive behaviors is on people’s wish lists it may take a bit longer to shift than “plain” anxiety. (I always prepare to be surprised, though, and often I am.)

Frequently the client’s relationship to the behaviors and thinking changes first. Here’s an example: Joe had many, many rituals that he had to perform to soothe powerful anxiety. Most had to do with things that open and close something: Locks and doors, zippers, buttons and buttonholes all required tedious and tension filled repetitions. Joe routinely wore slip-on shoes because they came without fasteners, eliminating the need for a ritual.

The number of repetitions changed often. It typically started with four, then became eight, then 16. When it was unbearably high, Joe would “reset” the requirement to four. All the repetitive behaviors had to be done in even numbers. Sometimes he could make one go away, but the behavior would pop up somewhere else.

People who don’t have this kind of problem usually wonder why the person doesn’t just stop. It’s not that easy. It’s as if one part of the brain hijacks the rest.

One rainy day Joe came in to my office wearing brown and yellow lace-up foul weather boots. I looked down at them and asked, “Is it getting easier to wear shoes that tie?” He shook his head. “No, but I decided I didn’t want the presence or absence of shoe laces to control my choice of shoes. And it’s a lake out there today!”

That was Joe’s relationship to his rituals changing – powerfully. Down the road, he found he had to do less and less of the rituals. He had worked with a specialist in the past but hadn’t been able to implement the techniques they talked about. He went back to that therapist and was much more successful the second time around. His rituals didn’t go away completely, but his life became much easier. Joe estimated he had reduced the rituals to 5% of their previous level. “I have a life now,” Joe said.

That kind of revelatory moment – Joe’s choosing to not let his choices be limited – is common for clients. They realize that they’ve been worrying about a feared disaster for years, sometimes decades, without it ever having happened. They begin to trust their ability to cope if something bad does befall them. Prioritizing for behaviors that are life-affirming becomes possible because they have deeply recognized the lack of true usefulness in the old way of living. Their brains have rewired themselves.

Phobias

In my mind, there are two types of phobias. One is the fear of something with no history of anything bad having actually happened. Spiders and snakes are popular choices for that kind of phobia. Other phobias may start up after a traumatic experience. I’ve found both respond well to NeurOptimal®. This is not because we are treating their phobias. We’re not treating anything. We’re training the brain to be more resilient and flexible. Through the training, clients’ brains seem to recognize the waste of energy involved in the phobia and choose differently. Often the phobic reactions drop away seamlessly, as happened with Wally.

Most of the trainers I know who have been around for a while have a phobia story to tell that makes them shake their heads in wonder, even though they witnessed the unfolding of the story. This type of experience illustrates the well-known (at least to NeurOptimal® trainers) ability of the brain to make changes using what it has learned – without the owner of that brain noticing what’s going on.

Wally is a good example of this. He’d had the misfortune of being on a city bus that was in an accident. He wasn’t injured but some of his fellow passengers were. The bus doors were damaged or blocked and it was many minutes before Wally and his fellow passengers were able to exit and paramedics were able to get in to help the injured.

Wally had been grateful to have survived physically unscathed, but he soon found himself unable to get on a bus. When he thought about bus trips, even short ones, the amount of dread he felt staggered him. Living here in New York, that became a very real handicap. Wally was constantly creating alternative strategies or paying for cabs he couldn’t afford. Wally didn’t have panic attacks like Martin. It was the avoidance of dread that was running his life.

Wally didn't actually come for neurofeedback for his bus phobia. He came because he was depressed. He'd lost interest in his work as a nurse – which he normally loved – and was withdrawing from his friends. Those were the things at the top of the list of changes he hoped to see.

I like to do a really thorough intake with new clients, gathering general and specific information about their current and past life. I knew about Wally's bus aversion because phobias are on the list of things I ask about.

He'd been making good general progress. His mood had lightened; he was liking his job again, and was once again socially active. His friends and family were remarking on the change in him.

One hot and steamy August day Wally came in and off-handedly remarked, "Usually I don't like how cold the air-conditioning is on city buses, but it sure felt good today." I gave him a look. He looked back. "Wally," I said, "You were on a bus?" His jaw dropped. We stared at each other. Wally had started riding buses again a few weeks previously, and he hadn't noticed this stunning change. The phobic reaction had disappeared so completely that riding the bus just felt normal.

Post-Traumatic Stress Disorder

Most people think of military veterans when they think of PTSD, but it can happen to civilians who have never seen a war. Natural disasters, being personally attacked, many things can result in post-traumatic stress. Those who suffered long-term abuse as children can also have PTSD-like conditions.

With NeurOptimal® training, those with PTSD generally find their anxiety and depression decreasing. Nightmares, flashbacks, and avoidance of situations that may trigger reactions can melt away. It can be a smooth ride or a bumpy ride, but it's rare to not see substantial progress. As always, we're not targeting symptoms. We're letting the brain see what it's doing and then choose what to do with the information. All those unpleasant reactions to the past are highly uncomfortable energy drains. The central nervous system apparently sees that and uses what it learns to change itself.

A few years back, I had a client who had gone through several surgeries as a child and as a teenager. The surgeries were needed to successfully repair a congenital heart condition. Marilyn had a

supportive family who helped her through the surgeries, and she thought that she was fine, that there was no lasting effect.

Marilyn didn't connect her early history with the fact that she avoided doctors. She wasn't getting regular checkups of any kind, and if she was ill she tried to tough it out on her own. She didn't question this. She saw it as "just the way it is."

One night when Marilyn was in her thirties, she found herself in the local emergency room because of abdominal pain so severe she couldn't just endure it. It was a busy night in the ER and it was a while before she was attended to. She was given a CT scan and left in a curtained off bed waiting for the results. Eventually she was told she had an inflamed appendix. Surgery was scheduled for the next morning. It was successful, and Marilyn's physical recovery proceeded well.

But something else was going on. Marilyn was regularly awakened during the night by a body shaking with fear. She was having nightmares she didn't understand. The dreams featured bright lights and strangers whose faces she couldn't see. The loss of sleep was affecting her at work.

Marilyn didn't want to see a doctor. In fact, because of her automatic avoidance of the medical world, it didn't even occur to her. But knowing NeurOptimal® was a training, not a treatment, made it okay.

Quite quickly, her sleep improved. Sleep is so important a priority that the brain will often make changes there first. Marilyn felt considerably better just because of that. The nightmares decreased in frequency and intensity.

Then one night Marilyn had a dream she couldn't wait to tell me about. In this dream she was in the hospital having her appendix removed. She was in an operating room, but she was a small girl. The child Marilyn began to wail for her mother, but her mother didn't come. Then she saw herself as an adult walking into the OR. Adult Marilyn lay down next to the little girl and put her arms around her. "It's okay. I'm here and I'll take care of things. I'll make sure you're safe." Marilyn woke at that moment. She was in tears, but they were tears of relief.

Marilyn said to me, "It's as if my body remembered those old surgeries in a way I didn't. I think the fear I was feeling after the appendectomy was old fear from when I was a child. The dream took the fear away!" Marilyn's central nervous system used the training well.

We started this chapter with the story of my own anxiety dreams and how they changed. We're ending it with Marilyn's story. I especially like these dream events because they so clearly illustrate the brain's ability to heal itself – without conscious intervention – given the right information.

Last thoughts

People who suffer from anxiety often wish they could “just turn their brains off.” They have come to see this marvelous organ they were born with, and without which they could not navigate life, as a problem or even as an enemy.

Even before starting training, education about how NeurOptimal® works can be empowering. Understanding that they possess a brain that is masterful at taking in information and using it to regulate itself can help clients begin to trust their own brains again. As training progresses, NeurOptimal® gives the brain the chance to see what it's up to. The person's brain takes it from there.

It's important to keep making the distinction that this is training, not treatment. Treatment is something that is done to you. Training is an activity you initiated and that you are an active participant in. Using what happens in sessions, your brain creates change in the way that is right for you. That is a huge difference, especially for people who have often gone from one form of treatment – and treatment authority – to another without good results.

Through training with NeurOptimal®, our clients come to naturally trust that they are their own agents of change, that their brain is the authority. It is marvelous being part of that.

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