

A background image showing a bright sun setting or rising over a range of mountains, with rays of light spreading across the sky.

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The Comprehensive Resource Model: Clearing The Way for Positive Neuroplasticity

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Re-membering Our True and Authentic Loving Selves

Traumatic experiences lead to a disconnection from self, other, and God, taking us further and further away from the experience of loving self and others. Unresolved trauma shapes, influences, and limits our ability to reach the potential of our life's purpose and personal evolution. Fear and disconnection, which are consequences of frozen remnants of traumatic experience, block the capacity for love; conversely, the restoration of love and connection reduces fear and the other negative emotional residues. This can be a Catch-22 for people with a complex trauma history. Healing processes such as those taught by Rick Hanson, Ph.D., are crucial in allowing individuals to re-member and return to their true authentic loving selves; however the neurobiological and dissociative sequelae of unhealed trauma can prevent effective or lasting access to the self-state of unconditional love. We may talk about love and encourage self-loving exercises, but when there is a powerful protective part of us who does not feel worthy of love, deserving of love, or feels threatened by the positive

Greetings

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experience of feelings such as love, those practices designed to return us to a loving state are rendered difficult if not impossible to achieve.

At this point it may be helpful to clarify what we mean by trauma.

Many people who hear the word trauma think immediately of experiences such as war, rape, natural disaster, physical abuse, and neglect. Historically, trauma writers have referred to these as “Big T” traumas. It is important to note that seemingly “normal” life events are also significant sources of traumatic experiences, the consequences of which include negative beliefs about the self, addictions, repetitive relationship problems, depression, and anxiety. Some examples of these familiar yet painful events are divorce, vacant parenting (parents are present “doing” all of the things that a “good” parents does, yet are not present energetically), overly critical parents, adoption, invasive surgeries, bullying, and problems during gestation or birth. These are often referred to as “Little T” traumas. Similar neural mechanisms occur in response to both types of events given that survival terror is at the root of both categories of traumatic experience. It seems, however, that many people do not

consider themselves trauma survivors, or connect their everyday emotional experiences, behaviors, and relationships to the factual existence of a compromised nervous system as a result of these “Little T” traumas.

Have you ever had an interaction with your boss where you were overwhelmed with shame? Or been in an argument with your spouse and find yourself frozen and unable to respond? Do you find yourself behaving like a child or adolescent when things don't go the way you expect or wish? Or maybe experience mood swings, bouts of depression, or substance use? These “symptoms” can be directly traced back to both “Big T” and “Little T” experiences, the foundation of which is unresolved survival terror and attachment disruption. The long-term effects of survival terror create the challenges to living peacefully and with joy. Identifying when and how survival terror was “wired in” to our nervous system is something that even “Little T” trauma survivors will benefit from exploring and resolving.

Treatment Targets

The primary obstacles to accessing and embodying love for self, others, and the planet include these frozen layers of survival terror and structural/neurochemical dissociation resulting from attachment disruptions which may occur in-utero and continue throughout the lifespan. Unmet infantile dependency needs and other attachment disturbances may all leave their residues. Even the most well-meaning of parents may inadvertently create the conditions for “frozen” response patterns originating in the midbrain which result in associated neocortical beliefs about the self, a “bottom up” process (Corrigan and Fay 2014). The survival terror, which is a consequence of disrupted attachment at a young age, manifests either overtly or covertly in the somatic responses to, and the cognitive beliefs of:

1. I am going to die
2. I do not exist



3. I am a failure as a human being
4. Mom and Dad don't love me

One or more of these can be present in a person, driving clinical symptoms (i.e., phobias, performance blocks, OCD, depression, and panic attacks), dysfunctional relationships in which “people pleasing,” co-dependence, and muddy communication are prevalent, and repetitive behaviors such as addictions. It is imperative to find and heal the source of these survival terrors. This can be a tall order when most people experience significant survival terror in the present when faced with the task of remembering and feeling this terror from the past. These beliefs and memories threaten one's safety, and the nervous system freezes

into capsules that hold the pre-natal, pre-verbal, and generational memories and experiences that produced these beliefs. The body memories, emotions, and negative beliefs that many people avoid feeling at all costs, year after year, continue to have a profound impact on their well-being, including blocking the willingness and ability to love the self and others. Having to return to and face the “truth of our life” and the subsequent shame, guilt, rage, disgust and profound sadness around attachment to those that hurt us, or “perpetrators” (Ross and Halpern 2009), is part and parcel with the survival terror work.



Therefore, conceptually, the following Truths of Our Life are also targeted in treatment:

1. What happened (from conception to the present)
2. What didn't happen that should have happened (particularly in terms of secure parenting and the profound grief around not having the parents you wished you had)
3. The experience and paradox of being attached to a "perpetrator" and the consequences of this (perpetrator referring to anyone who inflicted pain and suffering either advertently or inadvertently)
4. How your life was shaped and limited as a result (including the rage, hopelessness, and sadness regarding one's belief that their dreams and heart's desire are unattainable)

Ironically, there is survival terror around working through the survival terror /Truth of our Life and a highly resourced therapeutic modality is necessary to prevent re-traumatization during the therapy itself.

So What Do We Do With This Paradox of Love Conquers Fear AND Fear Prevents Access To Love?

Psychotherapy has evolved with the goal of enabling individuals and families to return to optimal emotional, relational, and behavioral health. Unfortunately, the methods most frequently employed to further this goal focus on and set intention for changing our thinking - the neocortex or cortical functioning (a "top down" process). Given that trauma, dissociation, and defense responses are activated, driven, and stored in the subcortical (thalamic, basal ganglia, and brainstem) structures (Corrigan 2014), cognitively-based modalities are limited in terms of what can be achieved regarding access, re-processing, release, and reconsolidation of traumatic material. People cannot change the way they think if their midbrain is set in a response pattern that perpetuates survival of, and protection from, memories that are not experienced in a linear time frame. Furthermore, "understanding" and "reason" does not necessarily lead to healing.

Fortunately there is climate change in the therapy world. More and more therapists and

body workers are willing to learn new and different healing modalities that are based in the integration of mind-body-spirit. In order to clear the nervous system of its “sludge,” and open the door to self-love and “God,” brain and body-based safety is imperative even if emotional safety is not initially present.

Complex Problems Require Sophisticated Resources

Complex PTSD is just that – complicated - and the clinical process necessary to heal this kind of life history is a sophisticated one, developing a scaffolding of resources that allow for complicated work to be done safely. The Comprehensive Resource Model (or CRM, developed by Lisa Schwarz, M.Ed.) is a nested modality with each resource used in a fashion that prepares the way for the next level of resource to be developed and utilized. The final goal is processing the traumatic material from a place of comprehensive neurobiological resourcing in various brain structures simultaneously. Consequently the willingness to engage in positive self-care practices is not only made possible, but is welcomed.



CRM combines a variety of fundamental somatic, relational, and spiritual methodologies to heal the trauma that prevents us from stepping into and embodying the universal resources of love, compassion, and the God energy that is internal as well as external. Seven primary resources and four secondary resources comprise the CRM model. Eye position is used to anchor the resources; this is key to the approach and to orientation toward the memory being done safely and gently. Few of the resources inherent in the CRM are brand new inventions. It is the combination, sequencing, flow, and nested use of these established resources that allows people to safely and fully heal without being re-traumatized. It is the construction of scaffolding resources and the process of nesting them together concurrently or sequentially throughout the healing work that is at the core of the support afforded to the person's journey of mind-body-spirit healing through the CRM. Changes in thinking, perception, and relationship with the self are a natural consequence of this work. This kind of resourcing provides not only the feeling of safety, but the physiological state of safety.

The seven primary resources are the following:

1. Three levels of attunement
2. Seven different breathing exercises
3. CRM version of "safe place"
4. Various types of Somatic grids
5. Internal Attunement/attachment behaviors
6. Target issue
7. Core Self/Authentic Self

The four secondary resources are:

1. Sound/Tones
2. Languaging
3. Generational material
4. Sacred Geometry

Given that dissociation is inherent in Complex PTSD, the degree to which varies from client to client, it is helpful to tease out the aspects of self that are responsible for “holding” our attachment history and truth of our life. Ego state work, or work with “parts” of the self, is woven throughout CRM and is an important aspect of the work. Somatic Dissociation (such as dissociation that is manifesting in chronic pain, recurring injuries, and medical conditions) is also addressed in this model.

The Complex Resource Model is Body-Based

All of the CRM resources are body-based. This is a strong statement when it is recognized that individuals suffering from complex PTSD have difficulty with being grounded and embodied, and are therefore unable to benefit from psychotherapy let alone self-care practices. When a person is in a chronic state of dissociation or “freeze,” interventions which are cognitive, somatic, or spiritual do not have the chance to “stick” or integrate into the functioning whole of the nervous system. The nature of the CRM work provides all of



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the skills and options needed to navigate the obstacles to somatic embodiment in the present moment and then uses that very same “present moment” embodiment to process and heal the wounds that created the fear of embodiment in the first place. There are two primary purposes for the use of Resourcing:

- 1) to access these hidden Resources and their anchoring eye positions as a place from

which to process survival terror and the “truth of your life” (in sessions); and 2) to activate the dormant neurobiology of the Resources themselves for day-to-day use into perpetuity. When this occurs, the willingness to engage in emotional and spiritual self-care practices becomes a desirable and achievable state of being.

The conundrum of fear preventing connection and hindering access to one’s highest potential plays itself out not only in the context of client evolution but also in the process of therapists who work from a place of “attachment to the outcome” of their clinical work. If a therapist is working from a self-state of “I have to show good results” or “I am.....not good enough,” “not earning my money,” “a failure,” “unlovable,” or in the extreme “inexistent without achievement,” that therapist does not have full access to unconditional loving energy and subsequent attunement to the client. Often the exhaustion and inability to consistently connect with clients is attributed to “compassion fatigue” or “secondary traumatization.” In fact, the subconscious fear that the therapist holds around their own unresolved survival issues prevents optimal attunement to the client, and it is this “exhaustion” or “burn out” that would benefit from more active exploration – personally, as well as in the world of healing as a whole. Not being attached to the outcome doesn’t mean one does not “care” about their client or their work – it means that the work is done from a place of “I am doing the best work that I can from my clearest state of Be-ing. I am present through the entire session in a way that allows the flow of information and healing

to happen in an embracing way, rather than from a state of anxiety and contraction...this allows my client to author their own healing.”

The Power of Breath

The simplest (but not always easiest) resource to work with is breath. Breath is Life. Breathing with intention initiates a shift of awareness within the body’s physical, energetic, and perceptual systems providing an increased accessibility to mind-body conscious and sub-conscious processes. If one is consciously breathing they are experiencing the present moment and dissociation is prevented. Where breath goes, awareness goes, where awareness goes, energy moves - shaking up the homeostasis of the frozen neurological wiring of emotional dysregulation. This allows for a new orientation to and memory reconsolidation of profound wounding.

Paradox is again a potential concern here – mindful breathing prevents dissociation, and allows for full somatic presence and movement of frozen material. Full somatic presence enables energy to move and re-remembering to occur, which will lead to



healing. The protective genius of the brain, body, and dissociated parts of self “know” that to remember in body-mind-spirit is to heal – and for many complex PTSD clients, healing is perceived by these protective aspects of self to be threatening, dangerous, disloyal, and unconsciously undesirable despite conscious adult thinking. Consequently, breath and the resulting somatic embodiment is not only not perceived as a resource by the client, but is in fact “known” to be dangerous and therefore avoided.

So how do we work with the parts of us who are afraid to notice their breathing, afraid to be in their body in the present moment, and afraid to heal? Stepping into the obstacle, in this case the fear and the part of us that holds that fear, is necessary. Validating and inviting understanding of the fear of embodiment and healing is the starting point. This also provides opportunity for relational attunement within the client, between client and therapist, and enhanced co-consciousness, (meaning awareness of separate aspects of self which may be fighting for control or operating simultaneously.) It is necessary to be cognizant that the parts of self who prevent mindful breathing and drive dissociation also happen to be the parts who need much attention and love. Inviting these aspects of self to verbally speak about or manifest their story through somatic distress or disturbance in order to be “seen” or verified is the first step. Loving these parts of self in attuned, creative, and non-threatening ways facilitates the clearing of barriers to healing.

Tools For Support Between Sessions

While the processing of profound traumatic, dissociative experiences is best supported and accomplished with a trained clinician, the CRM model also provides exercises and tools for clients to use at home for self-care practices in preparation for the facilitation of positive neuroplasticity.

The following is an example of CRM practices that can be used during the session with a therapist or at home for self-care.

- When feeling distressed, activated, or “symptomatic,” ask your body not your brain, “How old do I feel right now?” Take the first answer that pops into your head.

- See yourself at that age and begin the attunement behaviors of eye contact, physical contact (in your mind's eye), breathe together, give that part of self the reassuring soothing messages needed, and simply make space to be together in the moment without expectation.

- Find the eye position that anchors this sense of connection between adult self and child self. Keep your eyes on that eye position throughout the exercise. This is achieved by allowing your eyes to roam until you find the specific position where the sense of connection is enhanced or anchored.

- As your adult self, start breathing in through your feet from deep in the earth, through all of the layers of the earth into your heart while simultaneously breathing in through the crown of your head from the sky/heavens into your heart.



- Hold that breath in your heart, filling every nook and cranny of your heart with breath.

- Exhale out the front and back of your heart at the same time, intentionally sending the exhale breath to the part of self that you have been connecting to through eye position and attunement.

- Continue this “heart breathing” to the wounded, distressed self as long as possible.

- It is also very helpful to alternate heart breaths so that the exhale is sent to the wounded self for a few breaths then to the adult self for a few breaths, allowing this pattern to continue for several minutes.

- Allow yourself to return to the original distressing issue and notice your experience of it now.

- Notice what happens in the body, in the eyes of the wounded self and allow for a “New Truth” to come to the surface (New Truth can be a word, a sentence, a sound, or a body sensation).

- Say or sound the New Truth six times out loud, finding the corresponding body sensation to that New Truth, and find the eye position that enhances it.

- Notice what geometric shape and color is associated with this and imagine every cell in your body enclosed in this colored shape.

- Make the sound or tone that goes with the New Truth, breathe in the colored mist that goes with this New Truth, and heart breathe again multiple times to both the adult and wounded self.

In the case of the above practice, the New Truth allows for somatic and cognitive embodiment of the shift that occurs through internal nurturing of the wounded self. Over the course of actual therapy, there are New Truths that come from each session and which benefit the client greatly when practiced day to day by returning to the New Truth eye

position and simply allowing the shift to deepen in the brain and body through breath, shapes, and color.

Teaching Self-Sufficiency

CRM does not give clients fish, it provides the tackle box from which to become self-sufficient. The fact that CRM skills can be practiced anywhere, anytime, outside of session is empowering and enhances the depth and speed of true healing.

In CRM, the nested or layered conceptualization and use of resources is a flexible and “forgiving” model and all of the components of the model should be taught to the client for use at home, between sessions, and when the client is no longer in therapy. The individual resources and the model as a whole can stand alone or can be used during any and all types of psychotherapeutic models including CBT, Psychodynamic psychotherapy,



EMDR, AEDP, Somatic Experiencing, Sensorimotor Psychotherapy, Clinical Hypnotherapy, Internal Family Systems, Brainspotting, and many others. This is the beauty of the model: it includes effective tools similar to many modalities, and each resource within CRM can be used with any other type of healing work. It is a streamlined model in which deep healing occurs quickly, gently, and it “sticks.” Work is done from the time of conception through the present and includes methods for working with generational trauma out of the realm of the client’s conscious knowledge. This is a heart-centered approach in which clients are guided to re-member who they really are and to learn to embody this true spiritual essence in their day-to-day lives.

For more information about the Comprehensive Resource Model, please visit www.comprehensiveresourcemodel.com or contact Lisa Schwarz at jccharlieinc@yahoo.com.



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