

Bonnie Badenoch Interview

with David Van Nuys



Bonnie Badenoch, PhD, LMFT, is an in-the-trenches therapist, supervisor, teacher and author who has spent the last ten years integrating the discoveries of neuroscience into the art of therapy. She co-founded the nonprofit agency, Nurturing the Heart with the Brain in Mind (Portland, OR) in 2008, and was founder and former executive director of the Center for Hope and Healing (Irvine, CA) for 17 years. Her work as a therapist has focused on helping trauma survivors and those with significant attachment wounds reshape their neural landscape to support a life of meaning and resilience. Bonnie currently teaches at Portland State University in the interpersonal neurobiology (IPNB) certificate program and speaks internationally about applying IPNB principles both personally and professionally. She takes particular joy in offering longer term immersion training for therapists and others in the healthcare professions at her home in the Pacific Northwest because these experiences support personal transformation through embodiment of the principles of interpersonal neurobiology. Her conviction that wisdom about the relational brain can transform human experience led to the publication of *Being a Brain-Wise Therapist: A Practical Guide to Interpersonal Neurobiology* in the Norton Interpersonal Neurobiology Series in 2008 and *The Brain-Savvy Therapist's Workbook* in 2011. In 2013, she and Susan Gantt co-edited and contributed to a new book, *The Interpersonal Neurobiology of Group Psychotherapy and Group Process*. Therapists are saying that these books fill the gap between science and practice with clarity, compassion, and heart.

Dr. Dave: Dr. Bonnie Badenoch, welcome to Shrink Rap Radio!

Bonnie: Well, thank you very much David, I am delighted to be here.

Dr. Dave: And I am delighted to have you here I must say. Let me start out by saying how very impressed I am by your book *Being a Brain-Wise Therapist*, and accompanying the book your *Brain-Savvy Therapist's Workbook*. Each one of these is a tour de force and the fact that you have written these two volumes ... I can't tell you how impressed I am.

Bonnie: Well, thank you!

Dr. Dave: You have mastered an incredible amount of information, but I think in your workbook you have created a path for other therapists to follow and get some of this extensive information about the brain under their own belt.

Bonnie: Well, that was certainly my wish, with the second book in particular, a kind of a pathway from the beginning of therapy through transition ... but also to provide, in the first six chapters of the book, a pathway for us to pursue our own healing as well.

Dr. Dave: Yes. You know the old joke "How do you eat an elephant?" and the punchline is of course "One bite at a time!" ... I have to ask you, how were

you able to master all this information about the brain and then how to apply it to psychotherapy?

Bonnie: Well, I had the extraordinary good fortune to be in Dan Siegel's study group for five years, and what I discovered by being part of that wonderful group was that Dan went over the same information again and again because I don't think you get any of this in one pass, or maybe even ten, but over the year of being there it began to not only get into a left-hemisphere understanding but it began to really change how I saw the world—it began to become more embodied. And so I think that was hugely helpful to have the repetition.

Dr. Dave: I had the opportunity to interview Dan, I think two or three years ago, but I haven't had that repetition! Although I have interviewed other people and I'm hearing a lot of this information over and over again ... but I still have a lot to absorb.

Bonnie: I was a clinical director of a non-profit organization in Orange County, California, and I had about ten interns, and we walked together through this information in how it would direct us and support us in being with our clients. We worked almost exclusively with severe trauma and what are called Axis-II personality disorders at our agency, so we found this so amazingly supportive, then we began to be able to craft ways to use it and apply it. And that has been my passion about this, the applica-

tions part.

Dr. Dave: And I just love what you have done with that—you took it so to heart. I think for many people the information would have just washed over them, and not necessarily changed the way they work so extensively, but you have really wrestled with the material; and as a person who is in the trenches, you have really made it practical. And that's one of the things that really excites me about your work.

Bonnie: Well thank you! It supported some things we were doing, it refined others, and then gave us a whole new take on a lot of areas. And I think regardless of whatever paradigm you might work out of as a therapist, there is so much here that can support optimal ways of collaborating with

Dr. Dave: And that probably leads into the second one here ... right-brain to right-brain connection between therapist and patient.

Bonnie: Absolutely. All our relational circuitry is rooted in the right hemisphere. The left hemisphere reprocesses information but it doesn't have this core relational circuitry rooted there. Not that the whole brain doesn't fire for everything, but the roots of it are in the right. So if we want to connect with our clients in a way that supports them being able to open and move toward what it is they need to be present to, in order to heal it, we really both need to be in this right hemisphere orientation. As we do that, they are able to resonate with us and it helps them move more deeply into these very circuits where the injuries are held. So it's a crucial part.

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the brain's natural healing processes—if we can really put together what we are doing now, and what's possible with this new information that's coming.

Dr. Dave: Yeah ... I referred earlier to the elephant, and unfortunately we don't have time here to eat the whole elephant, but let's dig in and take some bites right now. Early on you wrote that there are four principles that guide your therapeutic work and I'd like to have you touch on them lightly. Number one is neural integration, and number two is right-brain to right-brain connection between therapist and patient, and number three, therapist's health, and number four, empathic awareness. So let's start with neural integration.

Bonnie: Well again this builds very strongly on Dan Siegel's work with the nine domains of integration and helping us to understand which parts of the brain need to be connected to which parts in order for us to have wellbeing, and be capable of empathic relatedness, and generally have good lives. He was a wonderful guide about that. Then working also with Allan Schore's work, understanding more and more deeply about what happens when these key areas don't become integrated, when there's been attachment loss or trauma or anything like that. As we begin to see and listen to our clients and what is connected and what isn't, I think it can really guide us. Not so much with specific intervention, but with ways to be with our clients that supports their brain's natural capacity to integrate.

Our culture these days pushes so hard toward the left hemisphere that this has become probably the center of my work ... understanding what this even means as well as being there ourselves in spite of the left pull of the culture.

Dr. Dave: When you talk about our ability to be there ourselves ... I think that flows into the third building block ... therapist health.

Bonnie: I'm in my 70s now and the rest of my career, my aim, is to help more and more therapists be able to heal whatever woundedness they may be carrying in terms of attachment patterns and implicit memory that keep us from being as present, as few judgments, and as open as we can be. We all have been wounded—there's no one who hasn't been—and those wounds, when they get tangled up with our client's wounds, then we wind up in a position where it's very hard for us to be as available as we want to be for them. These days we are doing longer term retreat experiences to help therapists really deepen into their own inner world so they can be as available as possible, not only for their patients but for their families.

Dr. Dave: I'm also in my 70s as it happens so I'm not going to be able to play the age card here [laughs]. I was going to say "I can't master all of this!"

Bonnie: It's a nice decade [laughs] ...

Dr. Dave: You've blown me out of the water here! Your fourth one is empathic awareness and I think that relates to what you were just saying.

Bonnie: It does, and I think the way that I said it in the book, and the way I think about it, is trying to be aware each moment of what is the most empathic way I can be present for my patients in this moment. That depends on where they are developmentally in that moment ... what part of their inner world are they touching. Are they in an infant state? Are they in a teenage state? Are they more in need of support in an adult state of mind? And so being able to resonate with them and get a sense of what might flow empathically that might meet them right where they are. It seems to me that this is the way we create safety in the room and the way the patient can move most deeply into the places they need to go.

Dr. Dave: In the questions that I've crafted here, I'm using the word patient here rather than client or some other designation. I'm following you lead in the book ... maybe you can share your rationale for favoring the word patient?

Bonnie: I struggled so much in writing the book ... to say client or patient? I really sat with the words for a long time. I generally use the word client. If I could I would use the words "courageous people" because that's how I see the people who come here, courageous people who are willing to begin to

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touch what is really painful for them. But having to choose between client and patient ... patient also means someone who bears with suffering, without complaining, who is willing to move through suffering with patience. I say this at the beginning of the book so people understand why I use patient. Client, I realized, can sound more like "someone who hires me as a coach and pays me dough", and it just didn't feel right. But again, I would much rather be able to say "courageous person".

Dr. Dave: Yes, I really like that. Now, your book is divided into two main sections, and part one is entitled Theoretical Foundations, and part two is entitled Practical Matters. Before diving into the theoretical foundations, I love the way you set up the technical discussion that follows and I'd like to read a brief quote in which you say:

... To this end we are going to weave a tapestry with the warp of science-based discoveries and the woof of subjective experience and intuitive art, reaching toward a coherent paradigm that will encourage neural integration through the power of knowledge and compassionate relationship.

That really captures something that you do throughout the book, which is to combine science with subjective knowing, intuition and compassion. And wow, that's quite a feat! And it's also a mission that I'm on in my interview series here.

Bonnie: Wonderful. If we can't have the felt sense of relatedness side-by-side with the knowledge, it's only half. If we can have both, then we can have this whole brained way that leads with the right hemisphere relationship that has the support of the understanding. What I've come to understand in these last ten years of being with all this is that this is the most supportive combination both for therapists' mental health and for our patients, our courageous people.

Dr. Dave: Just this morning in the paper they announced three Nobel Prize winners who have done work on the brain studying an area of the hippocampus that allows us to navigate physically through the world—remembering how to get from here to there. So there's another piece of the puzzle, hot off the press ...

Bonnie: Which is very interesting to me because I have several people whose hippocampi would have been damaged by the level of abuse they had. One woman, when she steps out of our office, doesn't even know whether to turn right or left to go to the bathroom after being in the building for five years. It just really sparks something in my mind.

Dr. Dave: The thing that blows my mind is that the hippocampus is a relatively small area of the brain and yet it seems to be so pivotal, and to carry such a load, in relation to memory. Everything I read about memory, the hippocampus keeps popping up.

Bonnie: And the amygdala is even smaller and has an even bigger impact.

Dr. Dave: You go into some detail about the brain's building blocks and you cover such topics as

neural pruning, neural nets, neural plasticity, various structures and regions of the brain, including the limbic region, the cerebral cortex, the differing functions of the two hemispheres and the autonomic nervous system. I might be tempted to ask you to take us through all that but I don't think we have time. But it might raise the question for some therapists out there, "Why do I have to know all that stuff? I'm already an effective therapist, and this all seems like window dressing."

Bonnie: I can really understand that. It can be very daunting in some ways to face all of this, especially if we try to learn it alone. In the workbook there is a suggestion to do it with a listening partner. That seems to help more than anything, to go through this with someone else. So you can deepen

minish shame in people as they begin to understand that they are doing the best that they can. And once shame is off the table there is a way the connection can be made. Because when a person is sunk deep in shame they are lost to the relationship, they are heading toward what Stephen Porges would say is the dorsal vagal—the collapsed, dissociated state. They can't be in relationship in that state. So when this information can help people lift out of shame and make the connection, then we can move ahead with the healing process.

So that's one piece.

The other piece is that, as I understand more deeply about how our earlier experiences in particular shape us, I really do have not only the words "We

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into this relationally. It is interpersonal neurobiology and to learn it interpersonally is really supportive.

What I'd like to do ... and you had asked me to pick up a small section of the book that I particularly like, and I think this helps answer the question you are asking.

A young woman, shivering with fear and sorrow, sits across from me, talking about yelling repeatedly at her two young children. She had promised herself she would never do that because she had suffered so much from the rage that ricocheted around her home as a child. The sight of her eyes rooted to the floor and her chest collapsing in on itself in this embodiment of shame touches me. After a few words of understanding, I begin to talk to her about how her brain had wired in this angry response to frustration from the time she was a baby. I speak softly of neural nets and triggers; of the speed of her limbic circuits compared with the slow deliberation of the prefrontal cortex; of neural integration being blocked by the emotional trauma of her childhood; of how working to integrate her brain would change her responses. I say, "It's not your fault." I tell her this isn't meant to make an excuse but is simply the truth about how our brains work. As I talk, she gradually lifts out of her shame and is able to meet my eyes.

I have found that sharing at the right empathic moment where it can really land, sharing some words about brain function, is the best way to di-

are doing the best we can" but a really strong felt sense that has dramatically reduced judgments in me, that everyone who comes to me has very sound reasons for doing what they do, even when what they are doing is "horrible" (given their neurobiology and the level of support they have in this moment). So that allows me to be there with increased compassion and allows them then to not feel blamed or shamed. We can really begin to resonate with compassion for these wounded parts of themselves.

And then the other piece is when we begin to talk about the brain. What I see in my courageous people is that they take that home and they begin to become observers of their own brain processes—embodied brains including the belly and the heart. As they do this it is in and of itself regulating. They begin to have the capacity to have a sense of what's going on within them from a caring/observer place just by having a bit of this information. Again, delivered at the right empathic moment so it really lands. And I could go on and on, but those are some of the ways I've seen it be tremendously helpful.

Dr. Dave: Yeah, that's a really complete answer. And in the midst of that answer you said something about making a shift where you were able to see people more compassionately ... I wonder if you could say something about what brought about that shift?

Bonnie: Well again, over time, and studying

with Dan, and doing an immersion class with Dan—actually where we had to read all of *The Developing Mind*, which is not an easy book, and then we were going to teach it to him. So coming out of a history of shame myself, it became very important for me to not look like an idiot in front of Dan, so I really got a chance to go through that and learn what was in that book deeply. I think that began to help me really sense, as the people were in front of me ... this man came in and had shaken his child, and the instant response is to protect the child and say “How could you do this to your baby?” but what I could sense was a curiosity about “What must have happened to you that made you do that?” And I would soften and open, and I could feel how that would resonate with the person, and then they could open with me about their history and we could move forward with an understanding ... This was the best that this man could do; he was a hero; he was here, looking for help so it wouldn’t happen again.

Dr. Dave: Would that be an example of right-brain to right-brain communication?

Bonnie: I think so, because the left-brain awareness that supports this opening to compassion (which is a whole brained experience but rooted in the right-hemisphere), and that resonance that we could have, is a right-hemisphere embodied kind of thing that transfers itself from my body to his body and allows him to feel less shame, more understood, and makes him more available to do the work that needs to be done so he never shakes his child again.

Dr. Dave: You mentioned working so closely with Dan Siegel, and in the book I think you give him

sense our oneness and connectedness with everything—not as an idea, but as a felt sense in the body. And transpirational is a word he coined to mean “breathing across”—that we breathe across into the lives of others. I have found in doing this work I have very long-term clients because I work with severe trauma, and I’ve had the luxury for my whole career to see people for as long as necessary, and I love that. And I’ve had this experience of watching their spiritual lives begin to open as we move through the traumas and they come to the other side and they begin to have this broad compassion for everyone. Which is just such a beautiful thing to see emerge out of these deepest wounds. And I’ve often thought that the most wounded people may be capable of the greatest degree of health and compassion if we could only have the support to move through enough of this terrible pain that they’ve experienced.

Dr. Dave: That reminds me of a discussion I had recently with a Jungian analyst, Donald Kalsched, where he was talking about trauma and some of the dimensions that can open up.

Bonnie: It’s quite amazing to me ... and it just happens that we know the brain is open to continual integration, that’s part of it being a complex system, and so as a person has sufficient support the brain seems to find its way toward the next paths, and I just love supporting that.

Dr. Dave: Now you had the incredible nerve to take on the age-old question of the relationship between brain and mind, and that’s really taking a big bite out of the elephant! What’s your take on this age old question?

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credit for what he characterizes as nine ways of integration. Certainly there is not enough time to go through all of them here, but one of the most interesting to me here was the ninth one which you characterize as “transpirational integration”.

Bonnie: Those are actually Dan’s words, that stage of development, and it comes out of healing whatever attachment losses we have had and releasing any traumas until we get to a fairly secure and balanced state. And then, I think, coming out of Dan’s personal experience is this sense that he has that there is a step beyond that, where we begin to

Bonnie: Well, again, a lot of what’s in the book is stolen from Dan with his permission! He was actually my consultant for creating a handbook for my interns (which we got a huge grant to do) and so I got to have him as consultant and it became the first book ultimately. So out of his experience of working with people in all different fields to try and define this, they were able to come to an agreement that I would characterize this way: the brain, the embodied brain, is a set of neural connections that are able to change, but the mind itself may be a process. The mind is how we attend. And this ties in with something that we might talk about later—Iain McGil-

christ's work on the two hemispheres. The mind, as we focus our attention on wherever that may be (on pain or healing or wherever we are focusing) ... it causes neural firing to happen. And the mind may be more like a verb and a process that goes on all the time.

I really took that straight from Dan and have developed that in a way so we don't have to be having an ongoing conversation about it so much, because

importing others into our system all the time. And they are imported as a single neural net with us, because what fires together wires together. So there is my experience and my mother's experience in that moment and becomes a single neural net held inside. This dyad then, because it's filled with pleasant wonderful experiences, integrates throughout the brain and becomes the inner support for my healthy life.

I think one of the things that I'm very dedicated to helping all of us therapists recognize is that we bring our own attachments, our own implicit memories, our whole self into this endeavor.

talking about it in any other way doesn't seem to get us anywhere.

Dr. Dave: Well I really love your rendering of Dan's work and I'm sure he would be very happy with it as well. One of the things that you write about quite a bit in the book is "inner community". Maybe you can give us a sense of what you mean when you say inner community... and you talk about some guiding principles you use in your work there.

Bonnie: This is something that again has been borrowed—I'm a great borrower! I had a pretty rugged childhood and when I finally got some good therapy in my 40s I actually had a therapist who intuitively seemed to know about the multiple selves inside of us. Having nothing to do with multiple personalities, just that we develop multiple selves. So in my process of my work with him I got a really good sense of the different parts of me. And then in the process of studying with Dan and others and learning how we actually form when we are young, it made all the sense in the world to me that we aren't a single self but that we are really a community that is often formed out of dyads inside.

... So here I am, and I'm a baby, and I'm looking to my mom, and here is this warm smiling face coming toward me, you know. And so I'm having my own felt sense experience of that—oxytocin, my body is relaxing, I feel a sense of warmth and goodness—and at the same time I am encoding that experience in my own embodied brain, I am also (through mirror neurons and associated resonant circuits) encoding my mother's response, what she's feeling. Through that resonance we encode things like her embodied state, her emotional state, and her intention in that moment. Through the senses we are also encoding what she looks like, smells like, (I'm a baby), tastes like, sounds like, all these sensory pieces. So we are

Dr. Dave: And certainly there are a lot of therapeutic approaches that divide us up into various inner parts...

Bonnie: I wouldn't say they divide us up into inner parts as much as they recognize that's how we really are—I mean that's how we are really built. My goodness I found it so helpful for myself and everybody else when we can go toward an inner pair like that. It's also regulatory because we are not activating so much neural territory all at once, we are able to focus on a little less territory, and in that way we are able to have a little more regulation around the pain that's arising.

Dr. Dave: Something that you write about beautifully is the mutuality of the therapeutic relationship. Tell us about that mutuality if you will.

Bonnie: I think one of the things that I'm very dedicated to helping all of us therapists recognize is that we bring our own attachments, our own implicit memories, our whole self into this endeavor. That it is completely a two-person system, and that the way we are able to hold ourselves and hold others together involves this mutuality of being humans together.

One of the beautiful things we have learned in attachment studies is that we only get it right (the first time) about 33% of the time (this is Ed Tronick's work), and all the rest is rupture and repair. I think as we come together in this mutual state of being human beings we become humble enough so that when we have ruptures we're able to recognize them and able to make the repairs, which is really the essence of secure attachment. It isn't just getting it right all the time—it's the ruptures and repairs that create resilience and security. So I think we have to come from that humble place inside ourselves first

before we can offer the fullness of our being to our courageous people, and that they can in return offer the fullness of their being ... and that's where healing happens.

Dr. Dave: Yes, and that flows onto the second part of your book on practical matters, and you have a chapter there titled "Through the Lens of Diagnosis". There you talk about depression, anxiety, dissociation and addiction. How does this new information about the brain inform us about these diagnostic categories, and does it bring anything new to our understanding of diagnosis or have implications for treatment?

Bonnie: Well I think it does. This chapter is kind of funny, [you] really brought this back to me! This was not originally in the book, and Allan Schore (one of the most brilliant men on the planet) was one of the founding editors of this interpersonal neurobiology series with Norton, and he required me to write this chapter. I don't ordinarily think about diagnosis very much, I'm just with people. But I think this really helped me deepen into the common pathways that are there for all of these diagnoses, which are (unless there is a genetic component) all arising usually with roots in early injury. We can begin to see how we can be with people as we understand that they aren't so much distinct things but they are different manifestations that (for whatever reason) our system is using in that moment as a way to deal with the pain inside. They are all coping strategies. They are all protectors in some way. That was really helpful for me. So if you read through that chapter you get a sense that it's all the same thing, it's just dif-

ferent ways of protecting—whether it's depression, anxiety, or dissociation. The outcome of all this is, "I can't stand this pain so I will go toward something addictive to try to manage it."

Dr. Dave: You talk about needing to ground therapy in the right-brain. Maybe you could give us a case example of grounding therapy in the right-brain?

Bonnie: Probably the best way for me to answer that ... I'm trying to think of a case example ... is that there is nobody who I work with where this isn't going on because it's all I do. So instead I'll say a

bit about how each session begins. If it is possible for me to be in as an available a state to receive the person exactly as he or she is in the moment, without any agenda or judgment, our nervous system experiences that as safety. And that allows the person to open internally to whatever needs to happen next.

Before each time I'm about to open my door to welcome someone in, I go through a little (and I can do it very rapidly now) meditation exercise of grounding my feet, coming up and being with my muscles and my belly and my heart, all of which are making connection with my skull-brain ... taking a couple of breaths and opening into what we call a bowl of receptivity. And then, with that sense of open chest, open heart, open the door and just be with whatever part of them has come in that day. That to me is where to begin. And if we can begin that way our clients can step into safety and their embodied brains know what to do next ...

I feel so grateful to Stephen Porges for his work on the nervous system. It has illuminated so much for me and anyone who's been around me in terms of what safety actually is and how to be present in that way.

Dr. Dave: That leads me into my next question. I've been doing a whole series of interviews focusing on mindfulness, which as you know is a very hot topic these days, and you have a chapter "The Three Faces of Mindfulness". What are the three faces?

Bonnie: Well there's probably 87 faces so this is a small sampling, but for me it begins with what I've called ordinary mindfulness. By that I mean be-

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ing attentive to my own inner state and again open to whoever this person is who's coming in right now. One of the acronyms (Dan loves acronyms) is COAL (Curiosity, Openness, Acceptance and Love) which is basically opening a loving compassionate space for a person, and when that's there the person feels safe enough to begin to really settle into the therapy. That to me is what I hope I can extend to any human being, whether a bank teller or my daughter ... or my dog, you know, on an ordinary basis. That this is our gradually developing ordinary state of mind, that receptivity.

Then the second phase—what I called (for the lack of a better word) daily mindfulness—which means beginning to help my courageous people as they come in begin to attend more and more to their own felt sense experience in their bodies. So we practice that a lot together. Someone might come in and begin to talk about something painful that’s happened and what they will hear from me very quickly is, “And where do you feel that in your body?” and “Can we just be with that sensation in your body and see what it would like to show us?” So that to me is a daily mindfulness practice of beginning to be more attentive to what’s happening in this moment (which is often a result of what happened way back

couldn’t even name, but of the changes that we felt in our physiology. I had felt like this dark sludge hanging out in my belly, I didn’t know what it was from or what it was about, but I would just focus on that when we would do the sand play and over the six months it lifted and went away. I realized later that was my mother’s depression sitting in my belly. So we had these unbelievable experiences with it.

Then, without further training, we had the temerity to bring it into every room in the agency—every room had sand play availability, from little kids to adults. We began to see that if we could hold an open space, people could begin to explore in ways

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when but still lives in our body as a lived experience today). And just noticing it, we get into a relationship with it in a way that it begins to calm and regulate a bit. So that’s daily mindfulness.

And I have had some clients who have actually asked for specific mindfulness practices, and I’m willing to do that. I’ve been meditating for a long, long time and there are a lot of different ways we can approach what for them might be a formal practice. That’s just a few people. The majority of the work is around ordinary and daily mindfulness, and then other practices can come in if they want to.

Dr. Dave: I was fascinated to discover that you have chapters on both sand play and the integration of art into psychotherapy. I’ve interviewed a lot of Jungian analysts in this series and I tend to associate those sorts of interventions with that theoretical orientation. I have no doubt of its effectiveness, but what’s brought you to include them in your brain-wise approach?

Bonnie: Well, in the tradition of stealing from everyone with great respect, back in 1993 I went with one of my fellow clinicians to a play therapy conference and saw an old nun present on sand play therapy, and the hair stood up on the back of my neck. It was like “Oh my goodness, this is really important”. So we went back to our agency, bought a bunch of cheap toys and plastic bins, and three of us at the agency began to do trays together. Just to see what would happen. And we were blown away by the depth of stuff that came up for us, that we

that they couldn’t otherwise. And eventually, coming out of experience into theory, began to realize of course that all our early attachment experiences are not available to words. The first twelve to eighteen months of life we don’t even make explicit memories, we only make implicit embodied memories. So there is really no way that [those memories] can come into the therapy room except in the relationship between the therapist and client or through non-verbal means.

We have found this to be such a rich way to explore this, and it’s different from the way a Jungian approaches it (and I have a huge respect for what they do), and at the same time, even without the formal training, we have found that our courageous people find amazing ways to use this modality for us to hold together these early attachment experiences in particular.

Just to give you one example. I had a woman come in who had a pretty tragic time with her mother dying shortly after she was born and had a father who really did not know what to do with her. His parents really didn’t know what to do with her either. So she had very, very, little early attachment. And I will never forget this one tray where she put this tiny little bear with this one little flower in the very center of the tray and just began to weep. I felt moved to just put my arms around the tray from one side and she put her arms around from the other side and we just held hands around this baby. We just sat there, in tears and silence (I had some tears too), and just held this little one. It was like a major turning point

in her beginning (in a felt sense) to acknowledge the depth of loss that she had had in life. It was not just an idea, it was an experience.

Dr. Dave: Oh that's so sweet. What a beautiful example. And you mentioned attachment theory, and attachment pre-dates the explosion of recent research on the brain and yet the two seem to map one another incredibly well.

Bonnie: I think there have been so many people that have been able to intuitively resonate with their courageous people and begin to understand what was going on inside long before we had any kind of science behind it. I think that's really beautiful. Bowlby's initial work on attachment, and Main and Hess and all of those [researchers] were able to observe through behavior that something was happening here in the relationship between parent and child. They could see it in the behaviors and the way these people were together ... and then more research on how this is so challenging later on in life if our attachments were not so good. So we could observe it through behaviors, but now we have also ways of understanding what it is that's happening in the brain around all of this, and so we have been able to follow the pathway deeper inside, and maybe this gives us an even deeper compassion for what the losses were, even at a brain level, and how our own more integrated brains (which brings us back to therapists' mental health) can begin to step in and be able to offer what was needed as babies that [the patient] didn't get ... when [they] didn't have parents with these integrated brains. It's always possible to go back and mend.

reas of the brain that do specific things, and we can know this because when those regions are hurt we lose those capacities. And that is interesting. But what is a more overarching truth is that it's really about how all these regions play together. Let us be the people that we are to be able to understand connectivity and which areas work with which areas to create this unbelievably rich subjective experience that we have—but we have no idea how neural firings can create our ecstasy at the smell of a rose! There is just so much mystery in all of it as well.

Dr. Dave: You have a chapter where you talk about flow, after dealing with these specific parts and anatomical structures and so on, where you try to communicate to the reader a sense of what you've just said—it's really the pattern of interactions.

Bonnie: Right, and to know (with different people beginning to explore it) that it isn't always more connectivity that's optimal ... This is from Iain McGilchrist's work on the divided brain. After Dan's book I would say he has been the most influential person for me, just in the last couple of years. I hadn't read him even when I wrote the second book so he's become a strong focus for me. One of the things that he notes is that the two hemispheres of the brain are wired more to inhibit one another than to join. And that if you get an over-joining of the two hemispheres you can wind up with a kind of schizophrenic experience. There are parts where optimal connection is less rather than more. The brain knows how to seek that optimal kind of connectivity.

Dr. Dave: I had the privilege of interviewing him [McGilchrist] too and I love having you replay some

It's always possible to go back and mend.

Dr. Dave: What you have just said really affirms that there are two really important paths to learning or to knowledge. One is the path of observation and intuition, and figuring things out if you will, and the other is the scientific exploration of the brain. It's not that one way is the right way to the exclusion of the other.

Bonnie: Well, no, and there is a beautiful thing happening in the research now—we are beginning to move away from a focus on [only] what one part of the brain does (not that isn't interesting, and it's important that we value it). You had referred me to look at [Nancy] Kanwisher's TED talk, which was very interesting, and she was pinpointing specific ar-

of these people back to me and reminding me of what they said.

Bonnie: Well, Iain's work on the two hemispheres is really ground-shaking for all of us, if we can persevere; as he would say with his book *The Master and His Emissary*, "If somebody gave me this book I wouldn't read it, it's too big!" I got to interview Iain too and it was just a delightful experience. His perspective on the right hemisphere's view of the world being about immediacy and in the moment and in the in-between and the relational. When a society moves away from that and gets locked into the left hemisphere, which is about reprocessing mechanisms, about creating systems but without

any relational awareness. When we get moved into that direction we are in real trouble. The research suggests that about 75% of us (I think in response to how scary and overwhelming the world is) shifted left now. So that means it's really hard now to get into a state of being truly present in the world from a right hemisphere perspective. That's why I'm writing the next book ... It's about that.

Dr. Dave: Let's talk about that. Before the interview you mentioned that you were working on another book and that you have new ideas. Tell us about those.

Bonnie: Built on the other books and their basic orientation toward relationship, but now having really developed a concern that there are aspects of the culture that are traumatic at this point, the amount of information that's flooding us (research suggesting that there's something like 174 newspapers worth of information flooding us every day) and so much of it is about suffering—and in order not to feel all that a lot of us are having to disconnect in various ways, whether it's though all the devices that we use ... and those kind of things are shifting us out of the right hemisphere relational circuitry so we don't feel so much. The left doesn't feel the way the right does. The right feels the suffering. So I'm becoming concerned that the culture itself is traumatic in some ways—and how does that influence how we are as therapists, how's the culture influencing us? Especially with all this protocol and interventions and skills, and all of these kinds of more left hemisphere rather than relationally based treatments, evidence based stuff—how are we losing the relationship? That's one piece of it and the other is I'm doing year-long trainings now here in Portland where people come for three days four times a year. At the beginning of these trainings we talk about how important it is for us to be present, but what I hear at the end of the year, I hear, "Gosh, at the beginning of the year I didn't even know what presence meant." Because we spend the year deepening into the capacity to be truly present to our clients. That's my work now, so the new book is called *The Heart of Trauma*; maybe the subtitle will be *The Healing of the Embodied Brain in the Context of Relationships*.

Dr. Dave: Well I think maybe it would be good if we could have another conversation after that book comes out.

Bonnie: I would love that. I've enjoyed this so much.

Dr. Dave: I'm glad. Is there anything more that you would like our listeners to know before we hang up?

Bonnie: I just want to express so much gratitude for the work in particular of Dan Siegel, Allan Schore, Lou Cozolino, Marco Iacoboni, Steve Porges and Iain McGilchrist. For me they are the giants on whose shoulders I have been privileged to stand. I feel so close to them in certain ways because of deepening into their work over the years and wanting to make it available to people. I was a lit major from bachelor's, master's, to doctorate, and so I love writing and I think it gives me the opportunity to say things in a way that people can hear them maybe a little more easily than going straight to the horse's mouth sometimes. And that to me is a real privilege to do that.

Dr. Dave: And as a result I think you have made a really considerable contribution. So, Dr. Bonnie Badenoch, I want to thank you for being my guest today on Shrink Rap Radio.

Bonnie: I thank you for inviting me David. I look forward to doing it again sometime.

Original interview recording can be found at <http://shrinkrapradio.com/424-being-a-brain-wise-therapist-with-bonnie-badenoch-phd/>



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