

mBIT as an Experiential Coaching and Therapeutic approach, a series of case studies and scientific background

Grant Soosalu*, Suzanne Henwoodⁱ, Alexandru Ioan Manea*****

*mBIT International Pty Ltd, Australia

**mBraining4Success, New Zealand

***Faculty of Psychology and Educational Sciences, Psychology Department,
University of Bucharest, Bucharest, Romania

Abstract

Introduction: *This paper outlines the scientific background behind the mBraining approach (mBIT - multiple brain integration techniques) regarding the recent research in neuroscience revealing the relationship between the cerebral, enteric and cardiac neural systems and its potential as an optimization tool. In addition, a number of case studies have been detailed, to confirm the effectiveness of this approach and a number of extensive references have been included for further study. Moreover, parallels and common principles with experiential therapeutic approaches are being discussed.*

Objectives: *This paper aims to promote the mBIT approach as a complementary diagnosis and optimization tool with applications in coaching, therapy, counseling and overall personal optimization.*

Methods: *mBIT approach methodology and literature review.*

Results: *The five case studies included in this paper clearly indicate the effectiveness of the mBIT approach in managing and resolving issues such as: occupational stress, anxiety, depression and even in more delicate areas such as takotsubo and bipolar disorder.*

Conclusions: *The mBIT research so far shows us that it can successfully work as a complementary approach with other types of therapeutic approaches, especially experiential psychotherapies.*

Keywords: *neuroscience, coaching, multiple brain integration, embodied cognition*

ⁱ Corresponding author: Suzanne Henwood, mBraining4Success, website: www.mbraining4success.com, email: suzanne@mbraining4success.com.

I. Introduction

Exploring the latest science of Heart and Gut Intelligence and the field of embodied cognition

A wealth of recent research now suggests that our emotions, our cognition and the way we make decisions are deeply affected by processing that occurs in the body, beyond what happens in the head brain (Bechara & Damasio, 2005; Damasio, Tranel & Damasio, 1991; Park & Thayer, 2014; Thayer & Lane, 2000; Thayer & Lane, 2009; Craig, 2002; Craig, 2009; Craig, 2014; Critchley, Wiens, Rotshtein, Ohman & Dolan, 2004; Critchley, 2015). In lay terms we talk of ‘gut-feeling’ and ‘intuition’ and recent studies have shown how we have deep neural circuitry in the body, which communicates information from the body up to the head brain. In this brief paper we will focus on using the latest information regarding the cardiac neural plexus, or heart brain (Armour, 2007) and the enteric neural plexus, or gut brain (Gershon, 1999) when working with clients, which we further suggest could be used as a complementary adjunct to traditional psychotherapy.

The Heart Brain in Focus: the basis of current knowledge

A key influence in the field of heart brain bears Dr. J. Andrew Armour, who has shown the complex, functional and adaptive neural network that exists within the heart and coined the term ‘heart brain’. Other key work has been undertaken in this field by Ardell, 2004; Brack, 2014; Kukanova & Mravec, 2006; Randall D.C., 2000; Randall, Wurster, Randall & Xi-Moy, 1996.

Functionally, Armour (1991) has shown that the heart has the capability to function independently from the head, with the ability to have memories, independently learn, adapt responses and even feel and sense in its own right. Afferent pathways transfer the information from the heart to the head brain and have been shown to impact on, and influence how we perceive the world, make decisions and a broad range of both cognitive and emotive processing, including autonomic regulation (Armour, 2004; Thayer, 2007).

The Gut Brain in Focus: the basis of current knowledge

While literature varies, it is commonly accepted that the gut brain consists of around 500 million neurons (Cognigni, Bailey & Miguel-Aliaga, 2011). The enteric network is distributed from mouth to anus, and was originally written about in 1907, by Byron Robinson, M.D., but it is largely through the work of Dr.

Michael Gershon (1999) that the term ‘*the second brain*’ was offered in relation to the gut.

As with the heart, the gut has been shown to be able to work alone (Gershon, 1999; Goldstein, Hofstra & Burns, 2013, Holzer, 2017; Holzer, Schicho, Holzer-Petsche & Lippe, 2001). And, as with the heart, there is evidence mounting that the afferent information from the gut to the head impacts on the decision-making process and other types of information processing. Indeed, Mayer (2011) talks of a bidirectional communication and a plethora of studies have emerged in recent years, linking gut health and microbiome in the gut, to mental health (Clapp, Aurora, Herrera, Bhatia, Wilen, & Wakefield, 2017; Daulatzai 2015; Carabotti, Scirocco, Maselli & Carola 2015; Zhou & Foster, 2015; Ait-Belgnaoui, Durand et al. 2012). Also, Anthony Komaroff, the Editor in Chief of the Harvard Health Letter has written that “*a person's stomach or intestinal distress can be the cause or the product of anxiety, stress, or depression. That's because the brain and the gastrointestinal (GI) system are intimately connected*”, (Komaroff, A.L., n.d.).

II. Method

mBraining – multiple Braining: putting the multiple brains into a functional model

In their text book for the new field of ‘mBIT Coaching’ (multiple Brain Integration Techniques), Soosalu and Oka (2012a), describe a neuroscience-based model for communicating with and aligning the multiple brains of the head, heart and gut. This model has now been learnt and utilized by coaches in over 30 countries and has been gaining acceptance across many fields including cardiology, medicine, psychotherapy and leadership. While the model is predominantly seen as a Coaching methodology, Soosalu and Oka consider it to be a complementary model that can add a valuable set of tools, frameworks and insights to other domains of human process, such as the field of experiential psychotherapy.

A brief overview of the mBraining Model

While it could be difficult within the scope of one article to outline the depth and entirety of the mBraining model, this is an overview of the key components. It aims to show how mBIT (multiple Brain Integration Techniques) can be used in a practical way to enable clients deeply reconnect with themselves and bring into conscious awareness the functionality of their multiple brains, in order to reorganize the way they use their brains and allow their own innate wisdom to emerge.

The mBraining model is a heuristic and not a prescriptive, scripted process. mBIT coaches are taught to understand the underpinning knowledge to support their exploring of the multiple intelligences with clients who are ready to make a change.

In its simplest form, mBraining sits within the mBIT Roadmap: a framework to guide coaches in working with clients by using their multiple brains.

The mBIT Roadmap



The Preparation consists of three steps:

The Rapport – building rapport and creating the space allowing to safely explore the multiple brains.

Establishing the Present State (where the client is at), 'Desired Outcome' (where they would like to be and what they would like to be doing) and 'What Stops Them' represent a key difference compared to other coaching models, as the mBIT process coaches to 'What Stops You', in relation to how they are currently using their brains (their individual mBraining), to create the undesired results.

Another vital part of the Preparation is working with the client to balance their Autonomic Nervous System (ANS) prior to moving into the Roadmap. This is a key, as the competencies of the three brains change according to which Autonomic State the client is in and any dominance in either Sympathetic or Parasympathetic arms of the ANS would prevent effective communication and alignment.

Another aspect of Autonomic Balance is that once balance has been achieved, it is highly likely that

the Desired Outcome will change and we call this then the 'Emergent Outcome', leading to Generative Change for the client, rendering the model powerful and ontological in its philosophical approach.

Following the preparation phase, the coach communicates with each of the brains, around the areas of their Prime Functions. Each brain has three Prime Functions:

Heart Brain Prime Functions

- Emoting
- Values
- Relational Affect

Gut Brain Prime Functions

- Core Identity
- Self-Preservation
- Mobilization

Head Brain Prime Functions

- Cognitive Perception
- Thinking
- Establishing Meaning

Coaches use their multiple brains to establish communication across all 9 Prime Functions. There are specific techniques available to assist coaches when clients are reluctant or unable to connect with and communicate from any one of the brains or when there is a conflict or constraint of the communication between the brains.

Once there is a good communication channel to each of the brains, the coach progresses to gain alignment of Congruence between the brains, so that the three brains are working together towards the Emergent Outcome. A range of techniques are taught to enable a smooth transition to the Congruence phase, which includes working with the client to identify a value or resource which could be useful. This resource is taken around the three brains, in a particular order (the Foundational Sequence) which enables the client to reorganize their phenomenological experience. The syntax or sequencing of the coaching process from Congruence and beyond is key to facilitating wisdom to emerge.

The final active step of the mBIT Roadmap refers to working with the Highest Expressions: Compassion, Creativity and Courage. This is an accumulative process and without any of the individual previous stages in place, the client is unlikely to move to the top of the Roadmap. In practice, the journeying up of the Roadmap is a fluid, dynamic process, not a discreet, forced step by step prescriptive model, which requires coaches to understand the stages and the philosophical underpinning to guide their own art of mBraining. The pinnacle of the Roadmap is Wisdom –

which is not a stage that is coached, but a natural emergence of the innate wisdom of the client when all the stages are in place, making mBIT a gentle, yet profound enabling of generative change.

Highest Expressions as Integrative and Adaptive Competencies

As Soosalu and Oka (2012a) sustain, the Highest Expressions of heart (compassion), head (creativity) and gut (courage) are adaptive and integrative. Their expression, in conjunction with Autonomic Nervous System balance or coherence, supports the emergence of wiser conscious and unconscious decision-making processes and behavioral responses.

To demonstrate the importance and relevance of working with the Highest Expressions, it is worth exploring a range of examples.

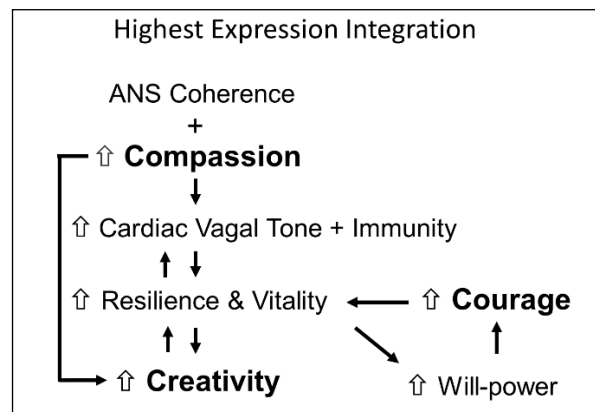
Firstly, research has shown that increases in compassion lead to increases in the cardiac vagal tone (Kok and Fredrickson, 2010; Taylor, Eisenberg and Spinr, 2015; Stellar, Cohen, Oveis and Keltner, 2015) and concomitant increases via psycho-neuro-immunological effects lead to increases in the immune function (e.g. Breines et al., 2014). This, in turn, leads to increases in the psycho-emotional and physiological resilience (Pace et al., 2009; Mascaro et al., 2016; Mascaro, Tenzin Negi and Raison, 2017). Therefore, these lead to helping a person be in a more adaptive and resilient state.

Secondly, increases in compassion and prosocial emotion also lead to increases in creativity (Grant and Berry, 2011; Zabelina and Robinson, 2010). Creativity has also been shown to increase resilience in a bi-directional manner (Conner, DeYoung and Silvia, 2016; Baas, De Dreu and Nijstad, 2008; Metzl, 2009; Metzl and Morrell, 2008; Amir, 2014).

Thirdly, an increase in resilience is also linked to increases in courage and the expression of will-power (Sikorska, 2017; Brokenleg and Van Bockern, 2003).

These examples show how each of these Highest Expressions of Compassion, Creativity and Courage, along with the Autonomic coherence, as expressed by the vagal tone, are interlinked and integrative, each supporting the other in a reciprocal systemic dance. It also demonstrates the importance of taking a client right up the mBIT Road Map, whereas practice clients often feel significant changes in phenomenology at the Congruence and sometimes even Communication Levels.

The examples above are summarized in the following diagram:



Overall, as expressed by Soosalu and Oka (2012a), the Highest Expressions support the integrative and adaptive expression of the human spirit and allow people to bring an emergent wisdom to coping with life issues. This potentially becomes a rich fruit for the Experiential Psychotherapist to utilize in helping clients cope with and adapt to their psychotherapeutic issues.

Bridging the fields of Experiential Psychotherapy and mBIT

In the following lines, we will take a look at the mBIT (multiple Integration Brain Techniques or mBraining) approach (Soosalu & Oka, 2012a) from an experiential psychotherapeutic approach lens, and outline some interesting aspects of this approach which can provide some advantages particularly for experiential oriented psychotherapists in regard to the use of new perspectives, principles and techniques in their practice.

The first major point of interest for experiential oriented therapists with regards to the mBIT approach is its focus on developing the full potential of the client. One of the core principles of the experiential psychotherapy approach is also rooted in the humanistic movement in psychology, namely the interest in developing the full potential of the human being. Taking into account the afore mentioned concern for developing the full potential of the client, one of mBIT's central concepts regards the 'Highest Expression', which represents an emerging competency which expresses the highest level and the optimal adaptive competency or intelligence for each of the three brains (Soosalu & Henwood, 2013).

Another common principle that the mBIT approach shares with other therapies in the experiential field regards the 'alignment' of the multiple elements which constitute the client as a human being. The 'being in the here and now' principle enables the client to come

into contact with his own perceptions, emotions, thoughts and feelings (Mitrofan, 2004). As a result, the client comes into contact, and becomes aware of his own self, thus he can perceive himself more clearly and will be able to better align himself with the meanings of both his internal (subjective) and external (objective) worlds, thus facilitating the therapeutic process through means of auto-restructuring. As we can see discussed by Soosalu & Henwood (2013), mBIT aims at integrating the clients' psychological processes by resolving the conflict between the clients' thoughts, feelings and actions through aligning the three neural networks found inside the head, heart and gut areas. The order in which each of the three brains is accessed can make a significant difference in the way that the change process emerges or not. The mBIT Foundational Sequence is seen as the neurologically most optimal sequence for mBraining in Wise coherent processing. For example, the results and outcome would be very different if the heart (or gut) were influenced and oriented by the head, compared to the heart coordinating any decision making and practical application.

The mBIT foundational sequence begins with the heart brain, namely connecting with one's and others' emotions and values, along with the consideration of other key stakeholders. The second step in this sequence is the head brain, the connected values and emotions influence and orient the thoughts and interpretations for a better alignment of the creative perspective. The third step is going back to the heart brain, in order to validate the insights gathered previously from the head brain and ensure there is alignment with core values and what is right for the client. In the fourth step, the combined information received from the heart and head neural systems connect with the enteric or gut brain for assimilation and transformation into practical and objective actions, in line with their core identity. The final step of this sequence revisits the first step, the heart brain, to verify and ensure that the values and emotional connections guide the actions over time.

Finally, we can see a natural continuation regarding the creativity process of experiential psychotherapy into the generative wisdom outcome aimed at the ending of the mBIT-based optimization process (Soosalu & Oka, 2012b). The experience of the client in the therapeutic process enables the manifestation of both personal and interpersonal creativity, which has a very strong relationship with the optimal functioning of human personality (Mitrofan, 2000). An outcome of this creativity, in our opinion, is

the generative wisdom that emerges from the alignment of the three brains while being in their 'highest expressions' state. Generative wisdom is a holistic type of enacted experience, because it creates the possibility of alignment for creativeness, compassion and courage. Generative wisdom has a transformational effect, because it continuously transforms the client, the way he perceives and creates meaning with the world around him and how he relates to it. Also, generative wisdom provides the emergence of the client's highest personal sense of the self through the pragmatics of his everyday life.

III. Case Studies – mBIT utilized in complementary process with psychotherapeutic modalities

In the following case studies we intend to show how the mBIT Coaching techniques and insights can and have added value in real-life psychotherapeutic issues and interventions. In particular, we focus on issues that have impacted autonomic, heart and gut processing of the concerned individuals, and how mBIT assisted in understanding and working with these impacts.

Case Study no. 1: Extreme Stress at Work

Sarah H. is a U.K. born academic and health care professional who, in 2008, moved to another country to take up a senior academic role. The geographic relocation went well, but the workplace she joined, rapidly turned toxic following a change of senior management and a revelation that she had got her job through the intervention of someone who had headhunted her. Later, she discovered someone else had got the job she applied for, which meant she joined a team who were negative towards her before she even arrived.

A combination of disgruntled colleagues, toxic senior leadership and excessive workloads (logging approximately 75 hours a week average) created a stressful work environment, which accumulatively got worse over time. By her own admission, over time, Sarah started to react badly to bullying behaviors towards her and found herself becoming disengaged and negative (behaviors that were totally out of character for her as a high achiever).

Sarah tackled the situation by taking three formal grievances out, all of which were upheld, and formal apologies given, but the behaviors did not change. Despite her skills in emotional self management, she found herself dropping into a negative spiral of hopelessness and helplessness, as she started to believe she could not influence the bullying behaviors,

and nor did she feel she could leave the workplace as she was the sole wage earner for the family.

Sarah got to the point where she considered taking her own life as a way out. At around this time she was invited to attend an mBIT Coach Certification as an NLP trainer, as the organizers felt it might be of value in her situation. While the event is a coaching skills training course, it gave Sarah an opportunity to explore her situation in a different way and she reports that mBraining saved her life. She reconnected with her gut brain, finding the courage to take a different way forward and reconnected with her heart brain, and her passion and values. The ability to now balance the autonomic nervous system, enabling a ‘silencing’ of the head, a reconnection with heart and gut, was enough to enable Sarah to make new choices and begin to believe in her-self again.

As a result, Sarah left her job, establishing her own business, where she is now thriving and teaching others the mBIT processes for health and well-being.

Case Study no. 2: Bipolar Disorder

Martin D. is a U.K. born Accountant and Change Management Professional who, at age 44, was diagnosed with Bipolar disorder. He has suffered from periods of deep depression followed by episodes of psychoses and mania. In conjunction with traditional psychotherapy, Martin has been utilizing mBIT as a complementary model to effect a calmer, more balanced flow in his daily life. He reports that with mBIT he is able to immediately calibrate and pick up on stress from internal signals and use the mBIT coaching techniques to bring himself back to balance. He stated in the interview that, “The value in mBIT is that my bipolar head-brain now accepts it’s not perfect, and I am now guided through my courageous gut instinct and able to effect within myself sufficient self-compassion to help both myself and others. mBIT has literally saved my life.” According to Martin, thanks to the mBIT methodology and skills he is now able to consistently maintain a healthy balance of medication, diet, sleep, exercise, and mental and emotional hygiene, allowing him to successfully function as a life coach and mental health advocate.

Case Study no. 3: Takotsubo based Grief, Depression and Anxiety

Lily L. is an elderly woman who, at 80 years of age, lost her husband from a severe and unexpected heart-attack. She herself then subsequently suffered a takotsubo (heart break syndrome) induced heart-attack 2

hours after his death. Takotsubo is considered to be an acute stress-induced cardiomyopathy. It is also known as broken heart syndrome. Milder forms of it can occur during times of stress, loss and grieving. According to the British Heart Foundation (2018), approximately 75 per cent of people diagnosed with Takotsubo cardiomyopathy have recently experienced either a significant emotional experience or physical stress.

In Lily’s case, she and her husband had been together for 63 years and were still deeply in love. Lily and her husband considered each other soulmates, and indeed, Lily had written a poem 30 years before about her love for her husband, in which she expressed the desire that they be taken together when their time came to die. It is no surprise therefore that her mind-body system attempted to deliver on her deeply unconscious desire to leave the planet coincident with her beloved husband by inducing a stress based ‘heartbreak’ heart attack. Subsequent to her heart attack, her heart was stented and, following cardio rehab, she returned home to resume life.

However, she was unable to express grief, and began to spiral into deep depression concomitant with intense anxiety, ultimately becoming suicidal and needing to be hospitalized for psychiatric treatment. Depression and anxiety were treated with psychoactive drugs and, once stabilized, she returned home. However, she was still suffering from unresolved grief and had no real will to live, and ultimately ended up back in hospital in a state of deep vegetative (dorsal-vagal) depression allied with ongoing periods of intense sympathetic dominant anxiety. In the interview, she claimed that it “feels like my body is attacking me.” She reported that the emotional pain she was experiencing felt like physical pain when the waves of anxiety attacked her. And she also reported that she was unable to feel any emotion in her heart, to connect with her heart, neither feel sadness or grief for the loss of her beloved soul-mate. Previously she had lived a very heart-centered way of being and so she expressed it that she had now “lost her connection with her own heart”.

In conjunction with and with permission from her Psychiatrist, mBIT Coaching was used as a complementary modality to help Lily begin to work through the issues underlying her deep depression and anxiety. From an mBIT perspective, Lily had been, up until the death of her husband, a very heart-focused individual. Her neural syntax preference (the sequence in which she preferred to access and utilize her multiple brains for conscious and unconscious decision-making and embodied cognition) was Heart then Head. Her gut intelligence was her least preferred and skilled area of

attention. In contrast, her husband was largely head then gut oriented, with a huge focus on courage and willpower.

Together they brought a beautiful balance of head, heart and gut to their lives. Individually, her husband utilized his heart the least in his neural-syntax, and she utilized her gut the least. Each other's weakness utilized the other's strength. Lily was the emotional heart of the family; her husband was the intuitive courageous gutsy function for the family. On her husband's death, with her heart having suffered a heart-break induced heart-attack from grief, she spiraled into anxiety and depression. Her heart-brain refused thereafter to engage in the process of grieving since, at the time associated it with the experience of attack and damage.

Using mBIT Coaching techniques Lily's heart was gently guided back to connection and to re-engaging with her sense of self and presence. Indeed, the techniques worked so well that her psychoactive medication was substantially lowered and her Psychiatrist reported that she "had never seen someone respond so quickly to an intervention". Ultimately, Lily has been able to get back into life, with continued support from both therapy and mBIT, and is working through the natural and challenging processes of grieving the loss of a soulmate and of finding a sense of self as an individual without the backstop of a gutsy and courageous life-partner.

Case Study no. 4: Relationship Breakup and Takotsubo

Rhiannon R. is a 54-year-old female, with a background as a senior therapist, working predominantly with domestic violence and sexual offenders. In 2014, Rhiannon went through a very difficult relationship breakup, which she describes as causing her deep heart pain. After this, she changed country to begin a new life but found herself in a difficult work environment, where she felt her values were conflicted. Over time, she felt that her heart continued to experience deep emotional pain and her stress levels were high, leading to an uncharacteristic lack of ability to be rational in her feedback to others. As she expressed it, "the work environment inflicted many painful episodes on my heart devaluing my values and killing the passion my heart had for the work."

She changed jobs and continued working, not without issues, recognizing an inability to influence what she cared so much about and realizing that she was increasingly unable to work through what was happening within herself. In addition, she experienced chronic pain in both hips, which affected her sleep and

general well-being. Subsequent to this, she experienced what was diagnosed as an acute Takotsubo cardiomyopathy episode towards the end of a facilitated work event. Rhinanon described a prolonged stressful state over 3 years and the awareness, especially in hindsight, that her heart was hurting with deep emotional pain and was expressing that it could not "do this anymore". She recalled in the interview, that during this extended period, a new narrative had become common in her dialogue, often stating to others "my heart hurts" or "my heart is in pain", however she stated that in saying this she was referring to the emotional pain and did not believe the pain she felt had a physical cause.

During these difficult times, Rhiannon engaged in various interventions and practiced the stress reduction strategies she knew, all in an attempt to interrupt her declining emotional health. These included engagement in 6 sessions with a psychologist, who encouraged a proactive approach in creating change and taking responsibility for stepping away from the stressors. She practiced mindfulness and meditation with little effect and utilized cognitive therapy interruption techniques but the rational thinking was, after a short time, overwhelmed by emotional stress.

Ultimately, this culminated in the acute Takotsubo attack, where her heart felt it had been consistently hurt and devalued, and it was not going to take any more and an intense physical Takotsubo pain ensued. Her physical condition escalated over four hours, where she eventually felt very unwell and she felt she was going to pass out. Rhiannon managed to stay conscious and prevent any further escalation by using mBIT balanced breathing which she had learned at an mBIT training. She believes this technique allowed her to influence the evolution of the acute condition to control the severity and progression of damage until the ambulance arrived. She was hospitalized for 12 days in total, had a further week of home-based recuperation, and then gradually returned to work, initially part time and then full time. She feels that the underpinning framework of mBIT gave her an excellent way to better understand the condition and the experience as she went through it. She relays the belief that the balanced breathing kept her conscious initially and the underpinning knowledge and way of being and understanding of herself and her body through the mBIT Framework enabled a speedy recovery to date. Her previous passion for her job and for full emotional function, as yet, remains a little flat.

Rhiannon acknowledges that her heart was disconnected during this prolonged period of stress and

relationship grief. And that even now she knows she needs to be gentle, as her heart is not ready yet to fully engage. She recognizes that it is not yet fully aligned, however using the mBIT processes, her head and gut are now both playing their part to nurture the heart while it heals. Overall she knows her recovery to date has been remarkably quick. Rhiannon puts this down to her in-depth understanding and relating to herself through the mBIT lens: “mBIT has underpinned my recovery – rather than being part of my recovery”. It is not about a set of techniques for her, but a way of life which forms the understanding of her body. She has managed to do her recovery without stress using mBIT as a framework of understanding that allowed her to view this episode with a calm lens. “I would not question that my knowledge, skills and ability around mBraining have allowed me to recover this quickly.” Rhiannon says, “I do balanced breathing every day knowing that this causes physiologically changes. And I now continually dialogue with my heart.”

Case Study no. 5: A spiritual break

Alice K. was born into a religious cult and lived within its ontological confines for most of her adult life. In her early fifties she finally began questioning the structured beliefs of the religion and ultimately decided that it was not something she could accept any longer as a true and valid life path. She left the cult and started afresh in her life. However, as she explained it, her whole identity had been formed based on the rules, behaviors and relationships of the cult and its religion. In throwing away the beliefs and leaving the cult she was left adrift with no core beliefs to organize her ways of being. Added to this, her family and friends also rejected her. Indeed, her daughter refused to speak to her or to allow her any access to her beautiful grandchildren. All of these factors compounded into an upset that literally broke her heart. She suffered from Takotsubo, which resulted in cardiomyopathy. This has led her to being up hospitalized a number of times with Takotsubo induced arrhythmias and heart attack symptoms.

She sought help with traditional psychotherapeutic therapy and also tried methodologies such as NLP counseling; however, none of these were able to relieve the terrible pain in her heart. As complementary modality and with agreement from both her Cardiologist and Therapists, she engaged in mBIT Coaching work. Out of all the methodologies tried, Alice indicated that this seemed to provide the most help. Alice reported that she now uses mBIT practices to help her manage her state and her heart on a daily

basis. As she stated in the interview, “Some days are easier than others; how do you repair something that is continually reminded of its brokenness by the constant questioning of self and rejection? I wish that I could just forget how much I love my daughter and how I miss her and my grandchildren, but I can't. The other therapies I tried didn't seem to do much. I now use what I know about mBIT to help me cope. Not only does it do that, it also provides me with a methodology that helps me to move forward. I don't know whether or not my heart will be repaired, I know though that I am able to more readily access its intelligence and provide it with some degree of comfort. mBIT has given me that gift and I am grateful for it.”

IV. Discussion

In summary, what we are suggesting in this current article is not that mBIT is a therapeutic modality in its own right, however if used as an adjunct in a complementary approach with other therapeutic systems and techniques, it can bring a rich set of tools and insights for working with issues that are deeply embodied. When working with clients who have had life challenges which have impacted them at a deep heart, gut or autonomic level, we suggest that it is potentially very useful to utilize models and techniques that work with the embodied neural intelligences that the fields of neuro-gastro-enterology and neuro-cardiology have labeled as ‘brains’ in the science literature. The finer nuancing of these neural systems and their prime functions, core competencies, highest expressions and ways of communicating can bring additional insights to existing experiential psychotherapeutic approaches.

V. Conclusions

We invite the field of experiential psychotherapy to begin to engage with and explore the work of mBraining and to work in complementary modality with mBIT Coaches. This collaboration may bring a fruitful approach.

References

- Ait-Belgnaoui, A., Durand, H., Cartier, C., Chaumaz, G., Eutamene, H., Ferrier, L., & Theodorou, V. (2012). Prevention of gut leakiness by a probiotic treatment leads to attenuated HPA response to an acute psychological stress in rats. *Psychoneuroendocrinology*, 37 (11), 1885-1895.
- Amir, M.T. (2014). *The role of resilience in individual innovation*. Retrieved from: <http://ro.ecu.edu.au/theses/873>
- Ardell, J. (2004). Intrathoracic neuronal regulation of cardiac function. In Armour, J. A., & Ardell, J. L. (Eds.). (2004). *Basic and clinical neurocardiology* (pp. 118-152). Oxford University Press.

- Armour, J. (1991). Anatomy and function of the intrathoracic neurons regulating the mammalian heart. In Zucker, I. H., & Gilmore, J. P. (Eds.). *Reflex control of the circulation* (pp. 1-37). Boca Raton, Florida: CRC Press.
- Armour, J. (2004). Cardiac neuronal hierarchy in health and disease. *American Journal of Physiology, Regulatory, Integrative and Comparative Physiology*, 287 (2), R262-271.
- Armour, J. (2007). The little brain on the heart. *Cleveland Clinic Journal of Medicine*, 74, S48-S51.
- Bechara, A., & Damasio, A. (2005). The somatic marker hypothesis: A neural theory of economic decision. *Games and economic behavior*, 52 (2), 336-372.
- Brack, K. E. (2015). The heart's 'little brain' controlling cardiac function in the rabbit. *Experimental physiology*, 100 (4), 348-353. Doi: 10.1113/expphysiol.2014.080168.
- Breines, J. G., Thoma, M. V., Gianferante, D., Hanlin, L. Chen, X. & Rohleder, N. (2014). Self-compassion as a predictor of interleukin-6 response to acute psychosocial stress. *Brain, behavior, and immunity*, 37: 109-114.
- British Heart Foundation (n.d.). *Takotsubo Cardiomyopathy*, retrieved from <https://www.bhf.org.uk/heart-health/conditions/cardiomyopathy/takotsubo-cardiomyopathy>
- Brokenleg, M. & Van Bockern, S. (2003). The Science of Raising Courageous Kids. *Reclaiming Children and Youth: The Journal of Strength-based Interventions*, 12 (1), 22-27.
- Carabotti, M., Scirocco, A., Maselli, M. A., & Carola, S. (2015). The gut-brain axis: interactions between enteric microbiota, central and enteric nervous systems. *Ann Gastroent*, 28, 203-209.
- Baas, M., De Dreu, C. K. & Nijstad, B. A. (2008). A Meta-Analysis of 25 Years of Mood – Creativity Research: Hedonic Tone, Activation, or Regulatory Focus? *Psychological Bulletin*, 134 (6), 779-806.
- Clapp, M., Aurora, N., Herrera, L., Bhatia, M., Wilen, E., & Wakefield, S. (2017). Gut microbiota's effect on mental health: The gut-brain axis. *Clinics and practice*, 7(4). Doi: 10.4081/cp.2017.987
- Cognigni, P., Bailey, A., & Miguel-Aliaga, I. (2011). Enteric neurons and systemic signals couple nutritional and reproductive status with intestinal homeostasis. *Cell Metabolism*, 13, 92-104.
- Conner, T. S., DeYoung, C. G., & Silvia, P. J. (2016). Everyday Creative Activity as a path to flourishing. *Journal of Positive Psychology*, 1-9, Doi: 10.1080/17439760.2016.1257049.
- Craig, A. (2002). Opinion: How do you feel? Interoception: the Sense of the Physiological Condition of the Body. *Nature Reviews Neuroscience*, 3, 655-666.
- Craig, A. (2009). How do you feel now? The Anterior Insula and Human Awareness. *Nat Rev Neurosci*, 10 (1), 59-70.
- Craig, A. (2014). *How do you feel? An interoceptive Moment with your Neurobiological Self*. New Jersey: Princeton University Press.
- Critchley, H. (2015). *Interoception, Emotion and Self: How the Heart Gates Feelings and Perceptions*. Retrieved from <http://www.rotman.uwo.ca/events-2/hugo-critchley-interoception-emotion-and-self/>
- Critchley, H., Weins, S., Rotshtein, P., Ohman, A., & Dolan, R. (2004). Neural systems supporting interoceptive awareness. *Nature Neuroscience*, 7, 189-195.
- Damasio, A., Tranel, D., & Damasio, H. (1991). Somatic markers and the guidance behaviour: theory and preliminary testing. In Levin, H. S., Eisenberg, H. M., & Benton, A. L. (Eds.), *Frontal Lobe Function and Dysfunction* (pp. 217-229). New York: Oxford University Press.
- Daulatzai, MA. (2015). Non-celiac gluten sensitivity triggers gut dysbiosis, neuroinflammation, gut-brain axis dysfunction, and vulnerability for dementia. *CNS & Neurological Disorders-Drug Targets*, 14, 110-131.
- Gershon, M. (1999). *The Second Brain - A Groundbreaking New Understanding of Nervous Disorders of the Stomach and Intestine*. New York: Harper Perennial.
- Goldstein, A., Hofstra, R., & Burns, A. (2013). Building a brain in the gut: development of the enteric nervous system. *Clin Genet*, 83 (4), 307-316.
- Grant, A. M., & Berry, J. W. (2011). The necessity of others is the mother of invention: Intrinsic and prosocial motivations, perspective taking, and creativity. *Academy of Management Journal*, 54 (1), 73-96.
- Holzer, P. (2017). Interoception and Gut Feelings: Unconscious Body Signals' Impact on Brain Function, Behavior and Belief Processes. In Angel, H. F., Oviedo, L., Paloutzian, R. F., Runehov, A. L., & Seitz, R. J. (Eds.), *Process of Believing: The Acquisition, Maintenance, and Change in Credictions* (Vol. 1) (pp. 435-442). Springer.
- Holzer, P., Schicho, R., Holzer-Petsche, U., & Lippe, I. (2001). The gut as a neurological organ. *Wein Klin Wochenscher*, 113 (17-18), 647-660.
- Kok, B. E., & Fredrickson, B. L. (2010). Upward spirals of the heart: Autonomic flexibility, as indexed by vagal tone, reciprocally and prospectively predicts positive emotions and social connectedness. *Biological Psychology*, 85(3), 432-436.
- Komaroff, A. L. (n.d.) *The Gut-Brain Connection*. Harvard Health Letter, Retrieved from: www.health.harvard.edu/diseases-and-conditions/the-gut-brain-connection
- Kukanova, B., & Mravec, B. (2006). Complex intracardica nervous system. *Bratsl Lek Listy*, 107(3), 45-51.
- Mascaro, J. S., Kelley, S., Darcher, A., Negi, L. T., Worthman, C., Miller, A., & Raison, C. (2018). Meditation buffers medical student compassion from the deleterious effects of depression. *The Journal of Positive Psychology*, 13 (2), 133-142. Doi: 10.1080/17439760.2016.1233348
- Mascaro, J. S., Negi, L. T., & Raison, C. L. (2017). Cognitively Based Compassion Training: Gleaning Generalities from Specific Biological Effects In Seppälä, E. M., Simon-Thomas, E., Brown, S. L., Worline, M. C., Cameron, C. D., & Doty, J. R. (Eds.). *The Oxford Handbook of Compassion Science*. Oxford University Press.
- Mayer, E. (2011). Gut feelings: the emerging biology of gut-brain communication. *Nat Rev Neurosci.*, 12 (8), 453-466.
- Metzl, E. S. (2009). The role of creative thinking in resilience after hurricane Katrina. *Psychology of Aesthetics, Creativity, and the Arts*, 3 (2), 112-123. Doi: 10.1037/a0013479
- Metzl, E. S., & Morrell, M. A. (2008). The role of creativity in models of resilience: Theoretical exploration and practical applications. *Journal of Creativity in Mental Health*, 3(3), 303-318.
- Mitrofan, I. (2004). *Terapia Unificării, Abordare Holistică a Dezvoltării și Transformării Umane (The Unifying Therapy, A Holistic Approach on Human Development and Transformation)*. Bucharest: SPER Publishing House.
- Mitrofan, I. et al. (2000). *Orientarea experiențială în psihoterapie. Dezvoltarea personală, interpersonală și transpersonală (The Experiential Orientation in Psychotherapy. Personal, Interpersonal and Transpersonal Development)*. Bucharest: SPER Publishing House.
- Pace, T. W. W., Negi, L. T., Adame, D. D., Cole, S. P., Sivilli, T. I., Brown, T. D., Issa, M. J., & Raison, C. L. (2009). Effect of Compassion Meditation on Neuroendocrine, Innate Immune and Behavioral Responses to Psychosocial Stress. *Psychoneuroendocrinology*. 34 (1): 87-98.

- Park, G., & Thayer, J. F. (2014). From the heart to the mind: cardiac vagal tone modulates top-down and bottom-up visual perception and attention to emotional stimuli. *Frontiers in psychology, 5*, 278.
- Randall, C., Wurster, R., Randall, D., & Xi-Moy, S. (1996). From cardiac-accelerator and inhibitory nerves to a heart brain: an evolution of concepts. In Shepherd, A. D. (Ed.). *Nervous Control of the Heart: The Autonomic Nervous System* (Vol. 9). Taylor & Francis.
- Randall, D. C. (2000). Towards an understanding of the function of the intrinsic cardiac ganglia. *The Journal of physiology, 528* (3), 406-406.
- Robinson, B. (1907) *The Abdominal and Pelvic*. Betz.
- Sikorska, I. (2017) Resilience in the light of positive psychology - adventure education and adventure therapy. *Psychoterapia, 28*(2), 75-86.
- Soosalu, G., & Henwood, S. (2013). mBIT Coaching for Leadership: Coaching the head, heart and gut brains. *Rapport, 36*, 14-15.
- Soosalu, G., & Oka, M. (2012a). *mBraining: Using your multiple brains to do cool stuff*. mBIT International Pty Ltd.
- Soosalu, G., & Oka, M. (2012b). *Neuroscience and the Three Brains of Leadership. mBraining: The New Field of mBIT*. Retrieved from <https://www.leader-values.com/FCKfiles/File/mBIT%20and%20Leadership%20article.pdf>
- Stellar, J. E., Cohen, A., Oveis, C., & Keltner, D. (2015). Affective and Physiological Responses to the Suffering of Others: Compassion and Vagal Activity. *Journal of Personality and Social Psychology, 108* (4), 572.
- Taylor, Z. E., Eisenberg, N., & Spinrad, T. L. (2015). Respiratory sinus arrhythmia, effortful control, and parenting as predictors of children's sympathy across early childhood. *Developmental Psychology, 51* (1), 17-25.
- Thayer, J. (2007). What the heart says to the brain (and vice versa) and why we should listen. *Psychological Topics, 16* (2), 241-250.
- Thayer, J. F., & Lane, R. D. (2009). Claude Bernard and the heart-brain connection: Further elaboration of a model of neurovisceral integration. *Neuroscience & Biobehavioral Reviews, 33*(2), 81-88.
- Thayer, J., & Lane, R. (2000). A model of neurovisceral integration in emotion regulation and dysregulation. *Affect. Disord., 61* (3), 201-216.
- Zabelina, D.L., & Robinson, M. D. (2010). Don't be so hard on yourself: self-compassion facilitates creative originality among self-judgmental individuals. *Creativity Research Journal, 22* (3), 288-293.
- Zhou, L., & Foster, J. A. (2015). Psychobiotics and the gut-brain axis: in the pursuit of happiness. *Neuropsychiatric disease and treatment, 11*, 715.