

HEAL YOUR OWN EMOTIONAL PAIN



Luli Faber Ph.D.

HEAL YOUR OWN EMOTIONAL PAIN

How to cure your anxiety and depression
EXTREMELY rapidly and permanently
without the need for medication

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Part 1

Introduction To Me

Introduction to me – scientific career

- Neuroscientist and pharmacologist (brain, spinal cord and drugs)
- I' m NOT a medical practitioner
- My PhD was on how pain is processed by the body and how drugs that treat pain work
- Spent 10 years researching how emotions are processed, regulated and stored in the brain

... spiritual epiphany!

- Followed by one year researching how spiritual practices affect the brains of people and brain function

Introduction to me - Losing my faith in the power of medical science

- While at University I was inspired by pharmacology and the power of treating problems with drugs
 - dreamed of finding a drug treatment for brain disorders such as schizophrenia or Parkinson's
- During my PhD I started getting chronic pain from ulceration of my oesophagus, which I felt was a direct result of the stress I was under
- The drugs didn't work, and had nasty side effects, so I had surgery. That only temporarily worked.

... my faith in pharmacology was gone!

- Throughout my life, and especially from the age of 20 to 35, I was constantly sick or injured, and have frequented doctors, chiropractors, physiotherapists on pretty much a weekly basis – WHY??

Introduction to me - My experiences with anxiety

- In 1999 I moved from England to Australia to work at the Australian National University in a lab that focused on how the brain processes and stores emotions
 - In particular I focused on the emotion of fear because this is an emotion that can be studied in animals with ease through a paradigm called fear conditioning
- The rationale was that if we could understand how the brain processes fear then we could somehow manipulate the pathways to prevent emotional disorders such as anxiety, depression and post-traumatic stress disorder
- However the problem was, and still is, being able to identify the pathway that carries the fear memory, and selectively target it
- At the age of 32, 2006, I got an anxiety disorder, and I started to have fairly regular anxiety attacks

Introduction to me - Exploring alternative therapies

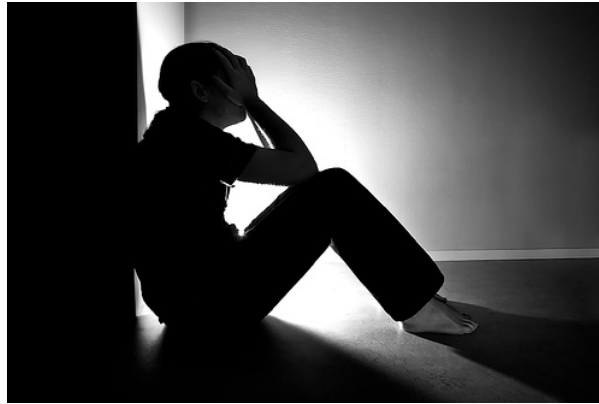
- Started opening my eyes to the limitations of medical science, and looking for other options that are out there
- When I was 32 I took up yoga (Yoga Chi Gung) as a way to help me deal with my anxiety
- This helped my anxiety but did not cure it - I would still get an anxiety attack if exposed to the right triggers
- Became a Yoga Chi Gung instructor, and studied Chinese medicine and the links between emotions, meridians and the physical body
- Also experimented with other alternative therapies, such as acupuncture, which *temporarily* relieved hay fever, and Buteyko, which improved but didn't cure my asthma

Introduction to me - Discovering Divine Truth

- In 2008 I discovered Divine Truth
- Divine Truth is God's, or absolute Truth
- Divine Truth teaches that we are emotional beings, and that emotions in our soul drive our thoughts, feelings and mental and physical wellbeing
- Experimented with this for almost 5 years
- ***Found that I could cure my own physical ailments by releasing negative emotions and I haven't had any illness for five years***
- **In 2009 I cured my anxiety disorder in ONE WEEKEND**
- I'm not here to try to convert you, but to show you that you have the power **CURE** your own emotional pain, **for free, EXTREMELY RAPIDLY**, and **permanently**
 - It doesn't matter what your spiritual beliefs are

Mental Health Issues

Mental health issues



- A mental disorder (or mental illness) is a “clinically recognisable set of symptoms or behaviours associated with distress and with interference with personal functions”
- Almost half the population suffer from a mental health problem during their adult life
- A 2007 survey by the Australian Bureau of Statistics found that almost half of all Australians had experienced a mental disorder at some point in their life
- Anxiety and depression are the most prevalent of the mental health problems
- Mental illness is estimated to cost the Australian economy around \$20 billion per annum

Statistics about anxiety



- Anxiety disorders generally involve feelings of tension, distress or nervousness
- Anxiety disorders include panic disorder, agoraphobia, generalised anxiety disorder and post-traumatic stress disorder
- Have some symptoms in common such as a pounding heart, sweating, trembling, shaking and having difficulty breathing.
- In 2007, anxiety disorders were the most common mental disorders, affecting 14% of adults in the 12 months prior to the survey (ABS study, 2007)
- Women were more likely to have experienced anxiety disorders than men (18% and 11% respectively)

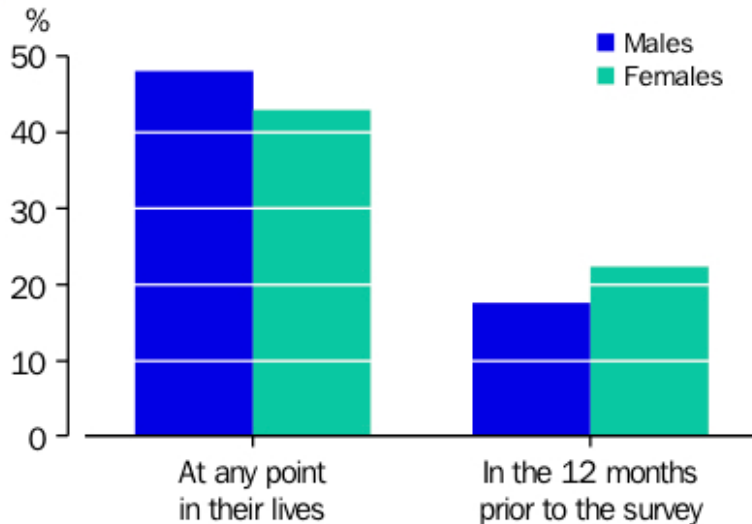
Statistics about depression



- Mood disorders (also known as affective disorders) include depression and bipolar affective disorder
- Depression may involve signs such as a depressed mood, loss of self-confidence and esteem, and reduced energy or activity over a period of at least two weeks
- Bipolar disorder involves episodes of mania either alone or together with depressive episodes
- Manic episodes may be characterised by less need for sleep, increased activity or restlessness and reckless behaviour
- Affected 6.2% of adults in the 12 months prior to the survey (7.1% of women and 5.3% of men) (ABS study, 2007)

The impact of mental health issues

Proportion of people aged 16–85 with a mental disorder^(a) — 2007



(a) Selected mood, anxiety and substance use disorders

ABS study, 2007

- The symptoms and severity of mental health can interfere with people's lives to different degrees
- It can impact on people's home management, social life, ability to work and relationships
- More obviously it impacts on people's ability to live a happy and fulfilling life
- It's common to get more than one mental disorder at one time (38% of people who have one mental disorder will also have another – ABS, 2007)
- People with a mental disorder are more likely to have a physical disorder e.g. back or neck pain, asthma, or heart trouble.

**Emotional Problems Have
Emotional Causes**

There is an emotional cause to emotional problems, not a physical cause



- The current view in Western medicine is that emotional problems are due to chemical imbalances in the brain
- This has led to the belief that there is a physical cause to emotional problems
- This is not the case!
- **Emotional problems have emotional causes**
- It is the emotional causes that create the chemical imbalances in our brains
- Therefore treatments that focus on the chemical imbalances the effect of mental disorders rather than the cause

Evidence that emotions and beliefs affect our own health – the placebo effect

- Symptoms get better when the patient **believes** they have received a treatment, and so they **believe** they will get better
- Accounts for at least 40% of the effects of pharmaceuticals that are currently on the market
- Improvements with placebo have been seen over the last 20 years, correlating with the belief systems of patients that the drugs are more effective
- Placebo is effective in treating depression and anxiety, as well as treating schizophrenia, pain, heals ulcers, it lowers blood pressure, dilates your lungs etc.



Evidence that emotions and beliefs affect our own health – the placebo effect

- In clinical trials, anti-depressants rarely perform better than placebo, but overall the effectiveness is increasing because there is a current belief in society that they are getting more effective
- Some scientists claim that anti-depressants are not more effective than placebo (Kirsch et al, 2008), although this is controversial (Penn & Tracey, 2012)
- How does this work? There is a **BELIEF and EXPECTATION** that we will get better
 - evidence for this in brain imaging studies of the placebo action on pain (Wager et al, 2004) and anxiety (Petrovic et al, 2005)



Evidence that emotions and beliefs affect our own health – the nocebo effect

- Symptoms get worse when there is a bad prognosis
- Up to 25% of people experience side effects when taking the placebo sugar pill
 - E.g. fatigue, vomiting, muscle weakness, colds, memory disturbances
- Patients who believe they're going to die during surgery have a higher likelihood of dying
- Women who believed they were going to get heart disease were four times more likely to die than women who did not
 - No differences in diet, blood pressure, cholesterol or family history between the groups
- Patients believed to be terminal who were mistakenly informed that they have only a few months to live died within their given time frame, even when autopsy findings reveal no physiological explanation for the early death
- Shows the power of negative beliefs on our health

Reasons for the physical cause view existing and persisting in society



- Ever since the birth of modern genetics, there has been a tendency to blame everything on our genes, and take the power away from ourselves
- Consequently in society there is generally a tendency to shirk self responsibility for health problems
- There is often a lack of willingness to look at the causes of emotional problems
 - E.g. what events in a person's childhood may have created adult anxiety or depression?
 - E.g. a lack of willingness to look at the ethics and morality of war, rather than send soldiers into battle who return with post-traumatic stress disorder

Reasons for the physical cause view existing and persisting in Western medicine



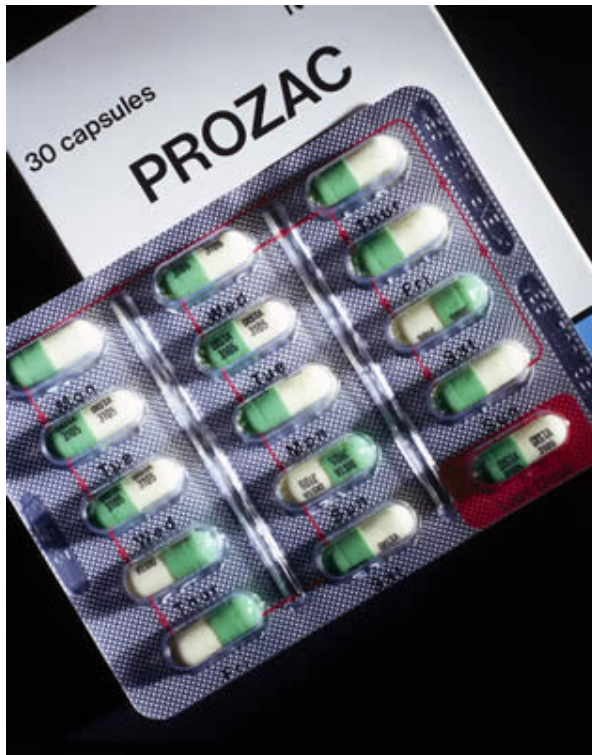
- Pharmaceutical industries have a hold over the medical industry, promoting drug use over other approaches
- There is mentality in current society where people just want a quick fix i.e. take a pill and they don't have to do anything else – band aid solution
- Doctors feel they have to pander to patients and give them what they want

Reasons for the physical cause view existing and persisting in Western medicine



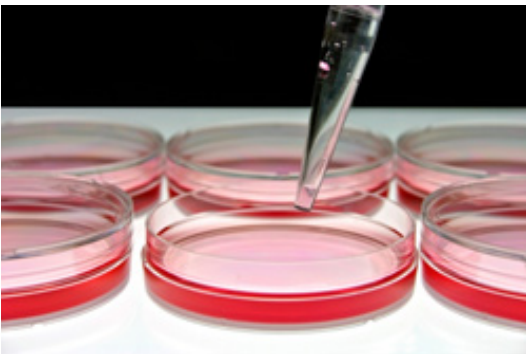
- There is a stigma attached to there being an emotional cause to mental disorders, where it can be implied that the patient is “imagining their emotional problem”
- Or that it can be implied that there’s something wrong with the patient as an individual, and attributing the problems to the physical distances them from this notion
- I’ m NOT suggesting this

Problems with the view that emotional problems have physical causes



1. It dis-empowers people with emotional problems from healing themselves
2. It often makes people reliant on others (medical professionals) to help their emotional problems
3. It makes people reliant on medication to help their emotional problems
4. It creates dysfunctional adults when given to children e.g. Ritalin
5. It makes people believe that temporary relief is the best they can manage, since temporary relief is all that medication is currently able to offer

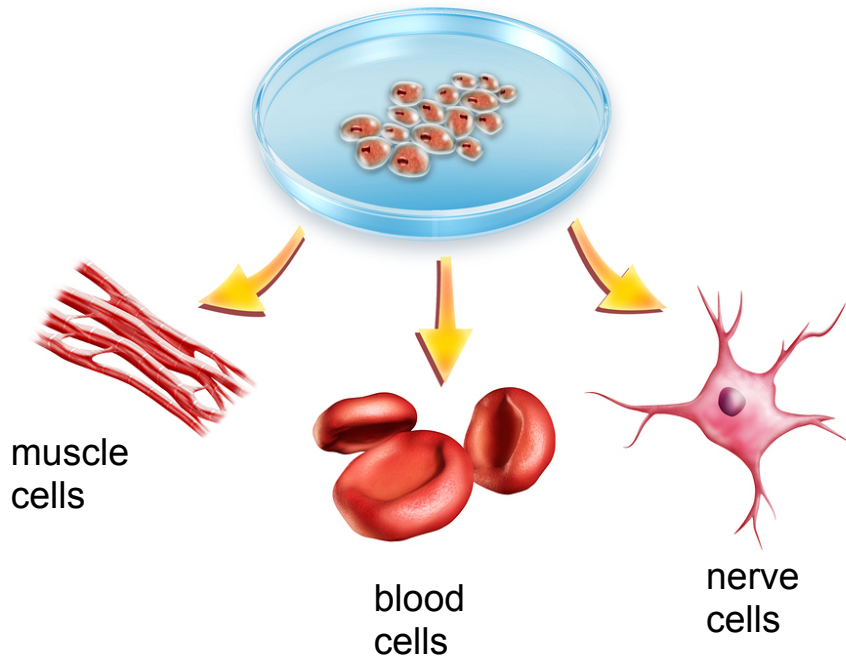
We are not victims of our genes (Bruce Lipton)



- Darwinian evolution theory has said that life is all about “survival of the fittest”, creating the “dog eat dog” world that we live in
- Since genetics became prominent in society, this has led to beliefs in society that we’re “victims” of our genes
- We’ve been led to believe that genes determine what the cell becomes, how it behaves etc
- This is not true!
- If you put our cells in a culture dish, and in a healthy medium, then they live
- If you put our cells in a culture dish, and in an unhealthy medium, then they die
- Shows that they are responding to the environment, and that they are not pre-programmed

Cells respond to their environment, are not dictated by their genes (Bruce Lipton)

The *same* stem cells
in different media solutions



- Proves that our environment (and the environment and chemical soup of our body) controls the functioning of our cells, not our genes
- Since we are a collection of cells, it suggests that we can create things and change things ourselves by changing the internal environment of our bodies
- In other words we're not *victims* of our genes and our biology

Yet people are still trying to find genes that encode certain physical qualities or problems, and expect that if they change the gene they'll fix the problem

Limitations Of Current Medical Sciences

Limitations of modern medicine

- Western medicine has accomplished astonishing feats over the past 50 years
 - BUT these have all be in the area of **treatments** rather than **cures**
- At present almost ALL Western medical practices focus on the physical body as the cause of the problem and attempt to treat that
- This is treating the EFFECT of the problem, not the CAUSE



Limitations of modern medicine

Almost all medical practitioners do not know the CAUSE of our illnesses

- E.g. why did we get injured on that particular day, doing a certain task, compared other days when we did exactly the same thing?
- E.g. why did we injure that particular part of our body e.g. the right hand side rather than the left hand side?
- E.g. why can one person do a certain physical task and be fine, and yet another do the same task and get some kind of repetitive strain injury?
- E.g. why can one person have a certain unhealthy lifestyle and be fine, but another family member, with similar genes, have the same lifestyle and get sick?

Limitations of scientific research

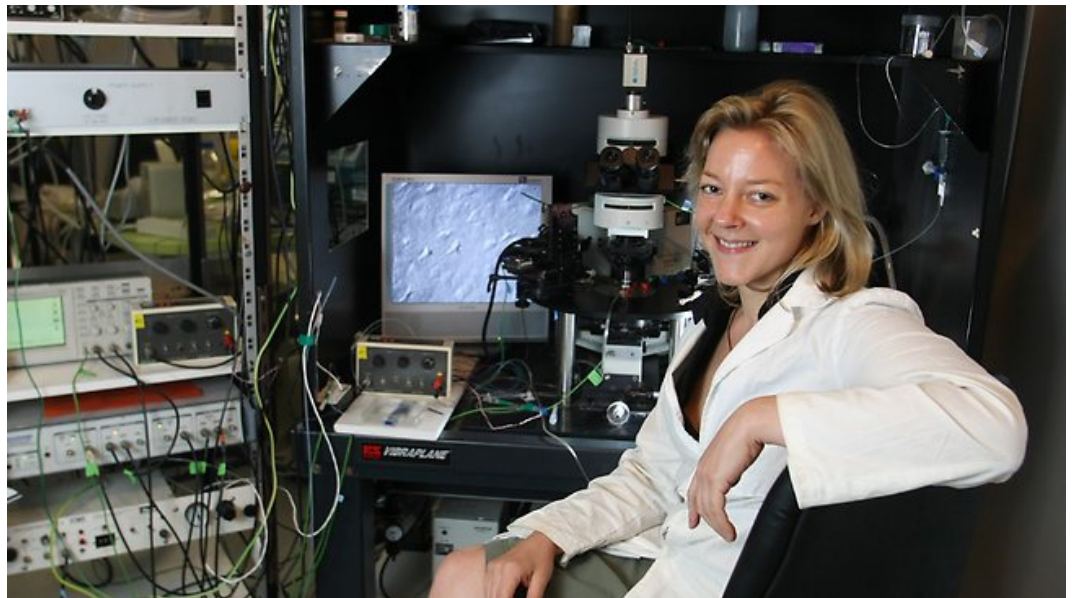
- There have also been some incredible developments in pharmaceutical treatments BUT these also **only treat and do not cure**
- Most pharmaceutical research is done on models of a system in an attempt to replicate the human body
- E.g. animal models, or cell culture
 - These models are incomplete and lack the environment of the human body
 - Animals are not a good model for humans
 - They ignore the effect of our emotions
 - They ignore the effect of that the experimenter has on observing the experiment (quantum physics)
 - They aim to *treat the effects* in our physical body

None of these approaches focus on the cause of problems



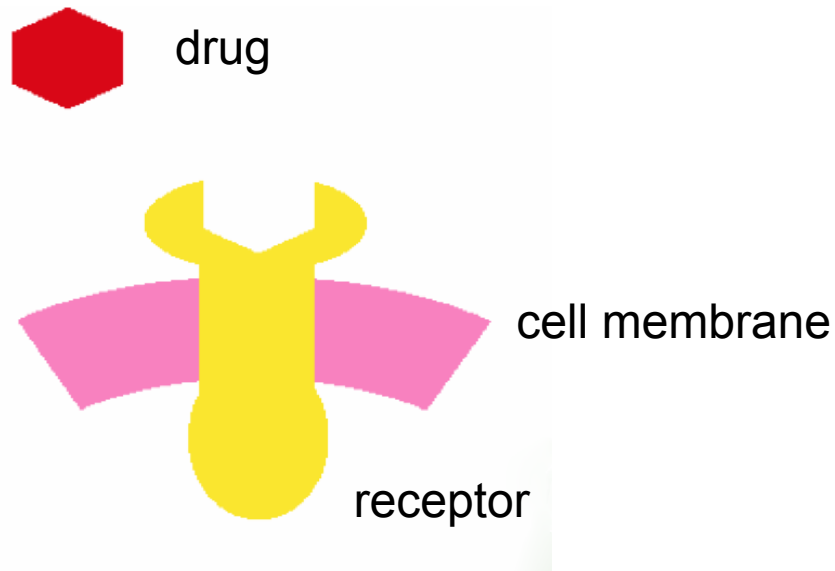
Limitations of scientific research

- Scientists are massively constrained by funding, and their entire career & funding is built upon the good opinion that others
- Therefore they are afraid to do anything controversial that challenges the scientific community
- My own personal experience...



How drug treatments work

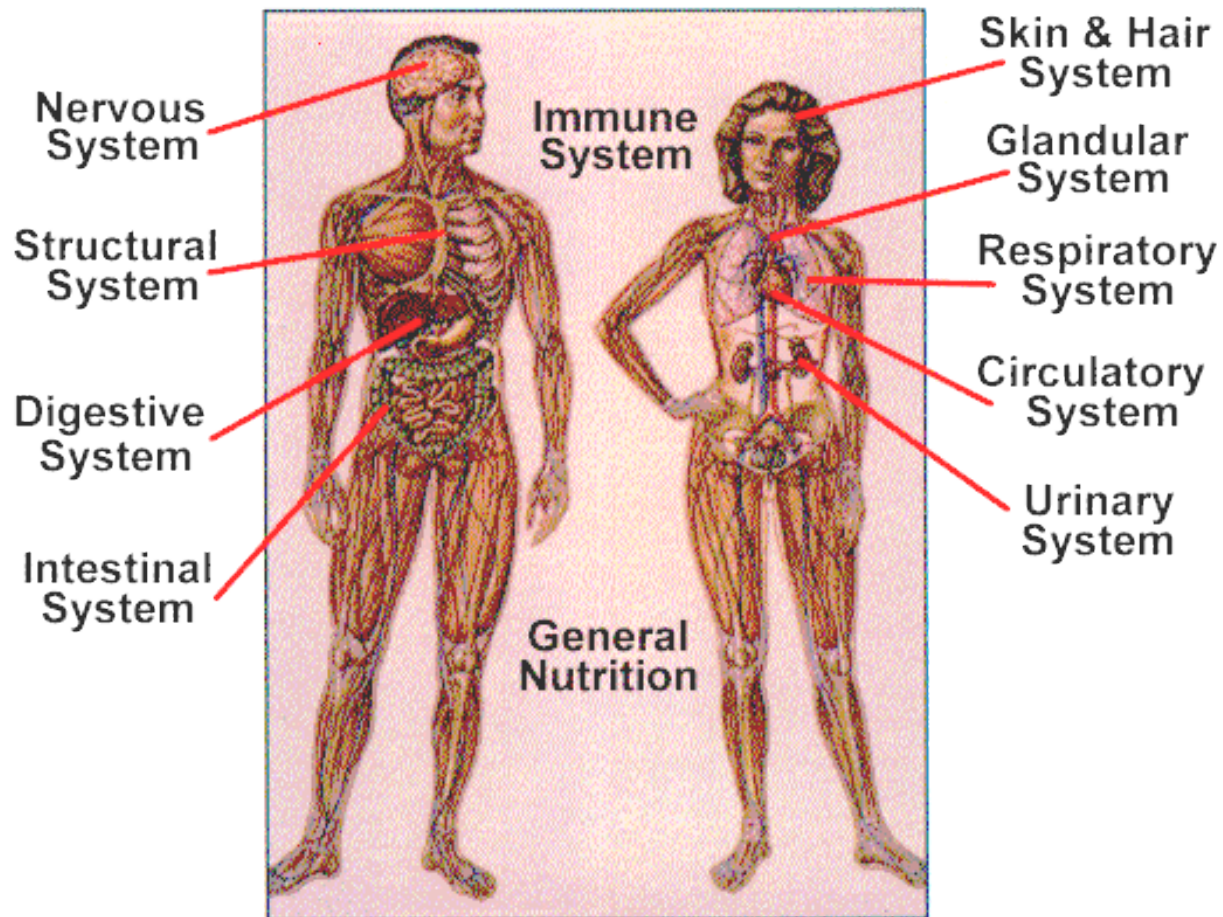
- Drugs act in the body by binding a protein that fits the drug – the receptor
- Pharmaceutical companies develop drugs by playing around with the chemical structure to get a compound that binds in a certain way, and acts in a certain way on the receptor



The idea is that the receptor activity will then be blocked or activated, and this will then prevent whatever malfunction is happening in the cells that is causing the illness

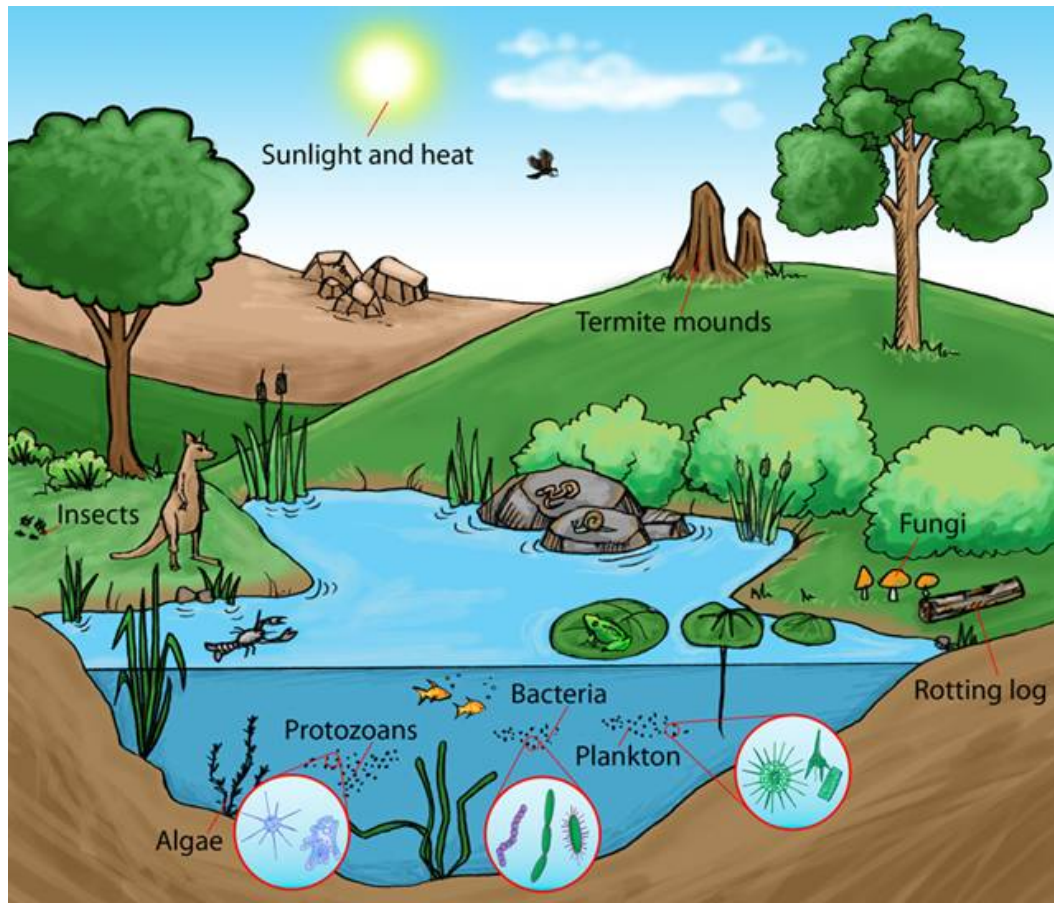
Problems with drug treatments

The same receptors are found all over the body, in many different types of systems e.g. the receptors in the brain are also located in the central nervous system, the digestive system, the cardiovascular system, the immune system etc



Problems with drug treatments

- The way the body works is not by having one good chemical and one bad chemical – our body is like an **ecosystem** where everything works in balance, in the right place at the right time



Problems with drug treatments

- This means that it is IMPOSSIBLE for a drug to selectively target one problem, and not have side effects
- If you disrupt one function, then it's going to disrupt the whole ecosystem of the body
- It is also impossible for the drug to work perfectly because there will be many different receptors and many different chemicals in the body associated with one particular function or aspect of the illness that the drug doesn't affect
- In other words the whole pharmaceutical industry works on a knowledge foundation that is an overly simplistic view of how the body works



Problems with drug treatments in the brain and nervous system



- The issue is even worse for drugs that work on the brain e.g. with drugs that are used to treat anxiety and depression
- They attempt to act on one pathway on the brain but the same receptors are located all over the brain
- So any drug that acts on a certain type of receptor will have effects on pathways all over the brain
- So if you take an anti-depressant for example, you're not just affecting your emotional state, you're affecting your ability for a whole range of mental functions e.g. your ability to concentrate, your energy levels, your memory

Current Strategies Used To Treat Anxiety And Depression

Current treatments for anxiety

Cognitive behavioural therapy (CBT)



- CBT is a structured psychological treatment, which focuses on how a person's way of thinking (cognition) and acting (behaviour) affects the way they feel
- In CBT, a person works with a professional to look at the patterns of thinking and acting that are either predisposing them to anxiety, or keeping them from improving once they become anxious
- Once these patterns are recognised, the person can consciously and deliberately make changes to replace these patterns with new ones that reduce anxiety and enhance their coping skills

Current treatments for anxiety

Cognitive behavioural therapy (CBT)



- For example, thinking that is focused on catastrophising (thinking the worst, believing something is far worse than it actually is, anticipating things will go wrong) is often linked with anxiety
- In CBT, the person works to change these patterns to use a way of thinking that is more realistic and focused on problem-solving
- Anxiety is also often heightened when a person actively avoids the things of which he/she is afraid. Learning how to face up to situations that are anxiety-inducing is also often helpful.

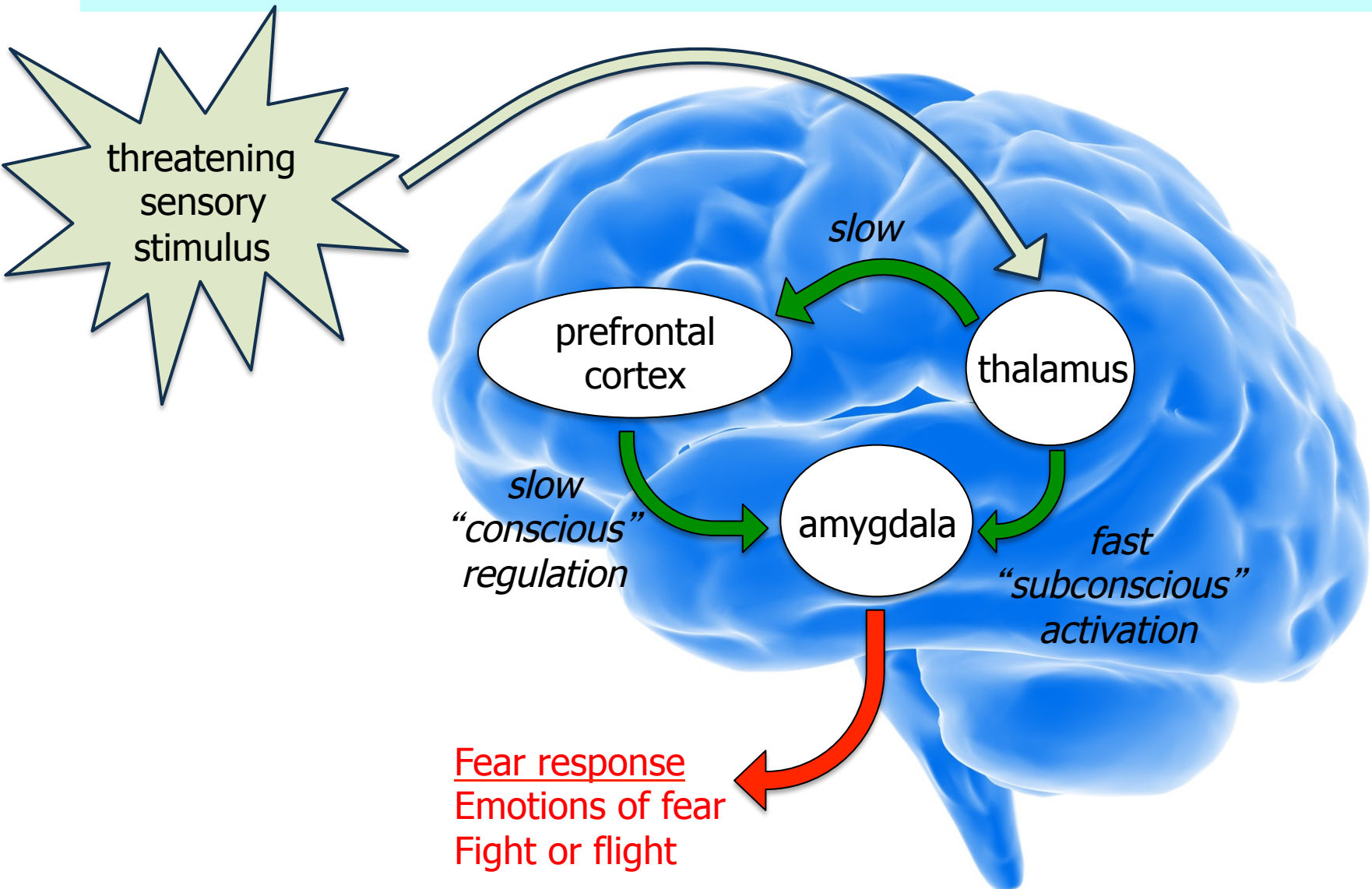
Current treatments for anxiety

Behavioural therapy

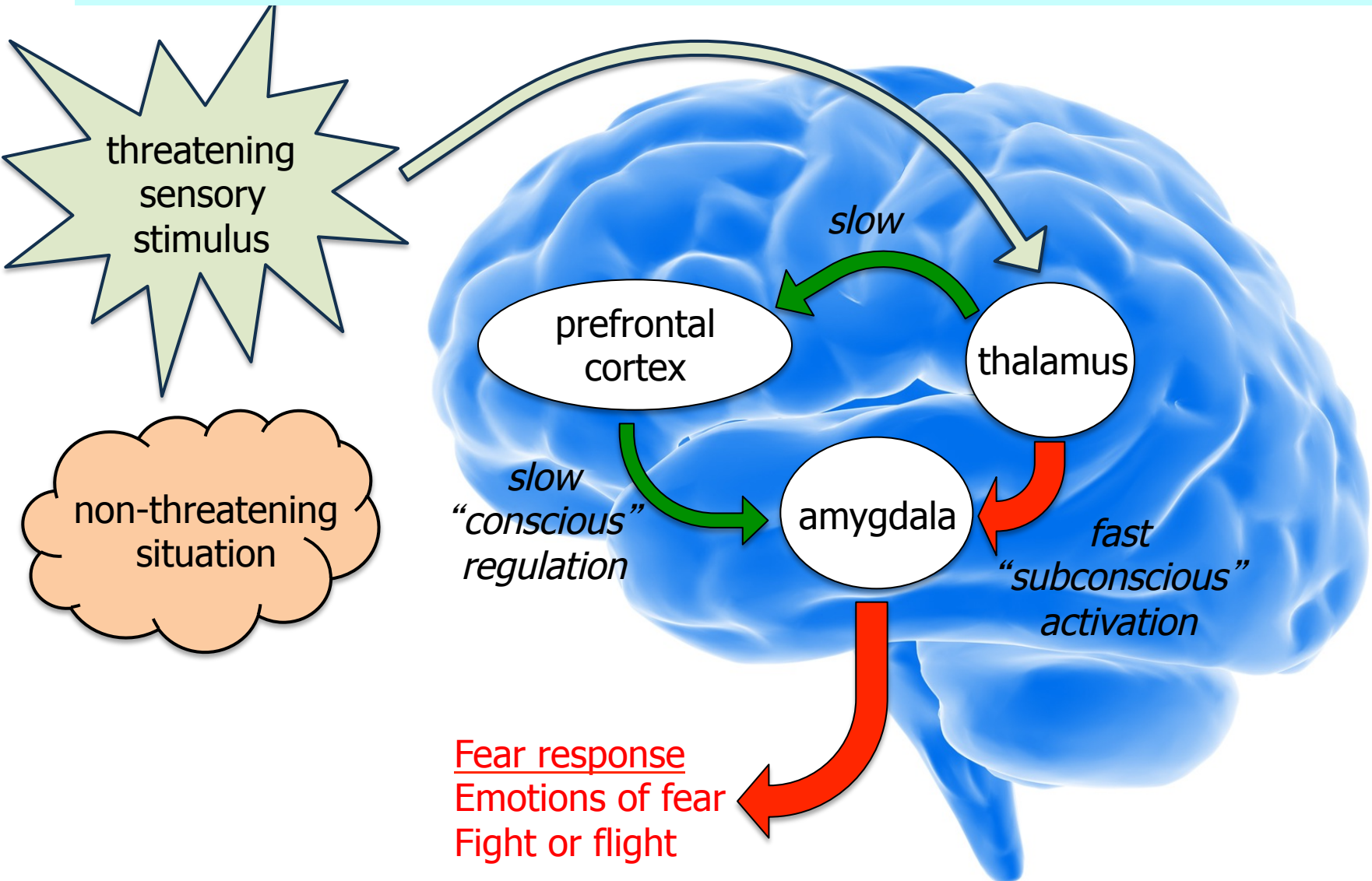
- Behaviour therapy is a major component of cognitive behaviour therapy (CBT)
- However, it is different to CBT because it focuses exclusively on increasing a person's level of activity and pleasure in their life
- Anxiety problems often persist because the person avoids fearful situations
- Avoiding these situations means that the person does not have the opportunity to learn that he/she can actually cope with the fear
- Behaviour therapy for anxiety relies mainly on a treatment called 'graded exposure'
- There are a number of different approaches to exposure therapy, but they're all based on exposing people to the specific things that make them anxious
- The person learns that their fear will diminish without having to dodge the need to avoid or escape the situation and that their fears about the situation often do not come true or are not as bad as they thought

(From Beyond Blue website)

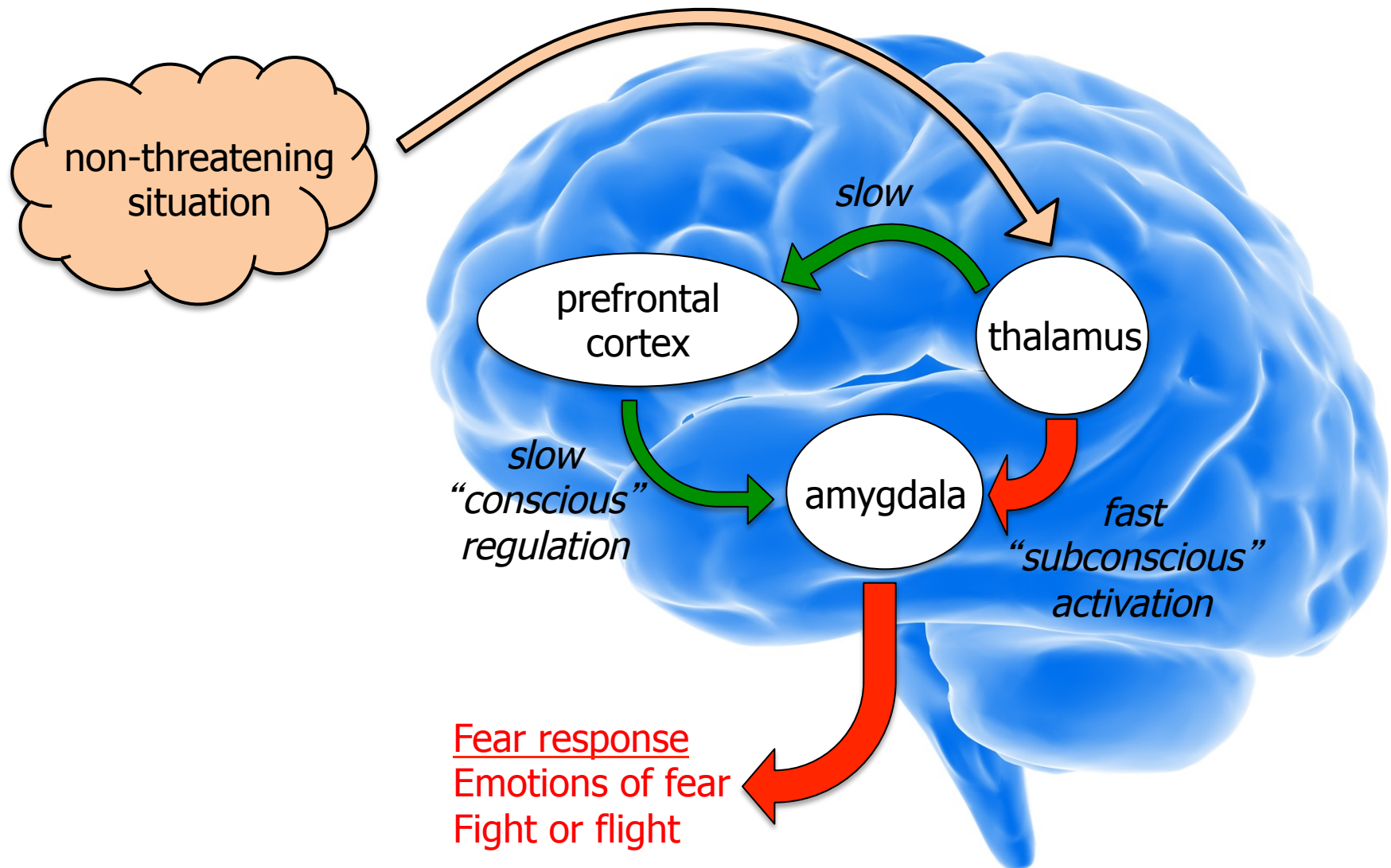
The neuroscience of fear



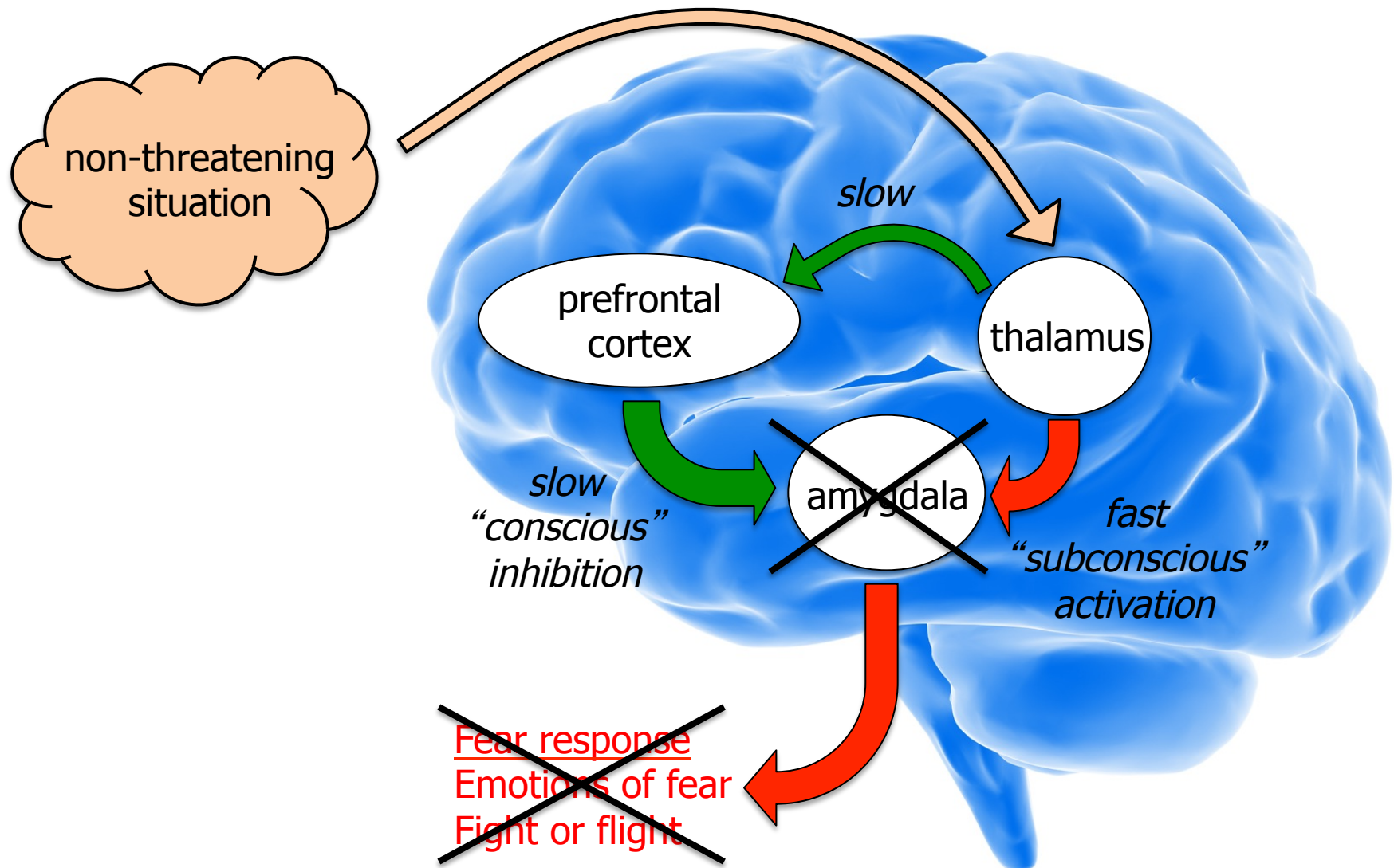
The neuroscience of anxiety disorders



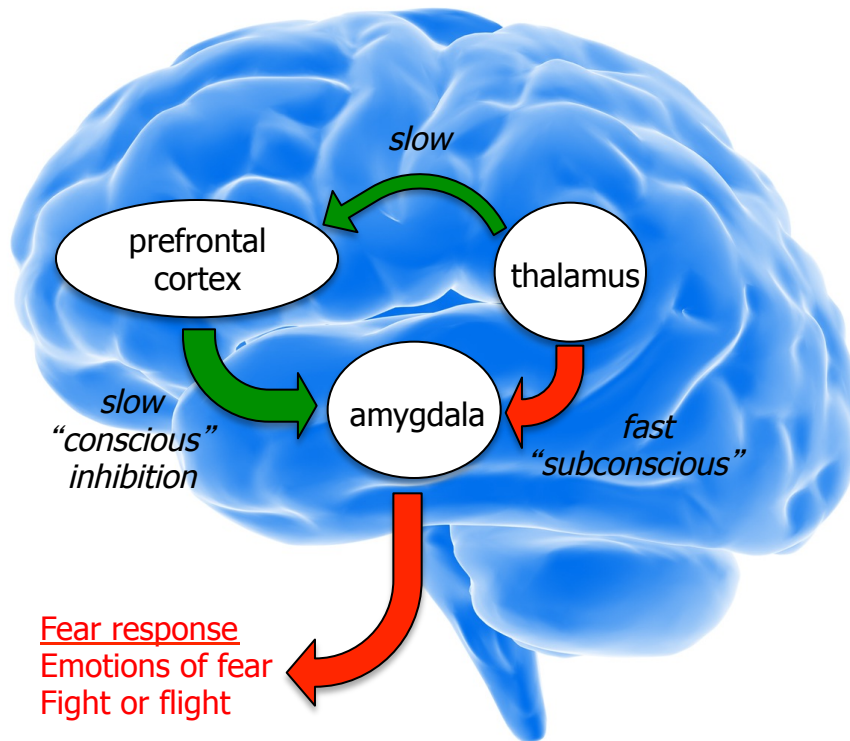
The neuroscience of anxiety disorders



The neuroscience of cognitive behavioural therapy

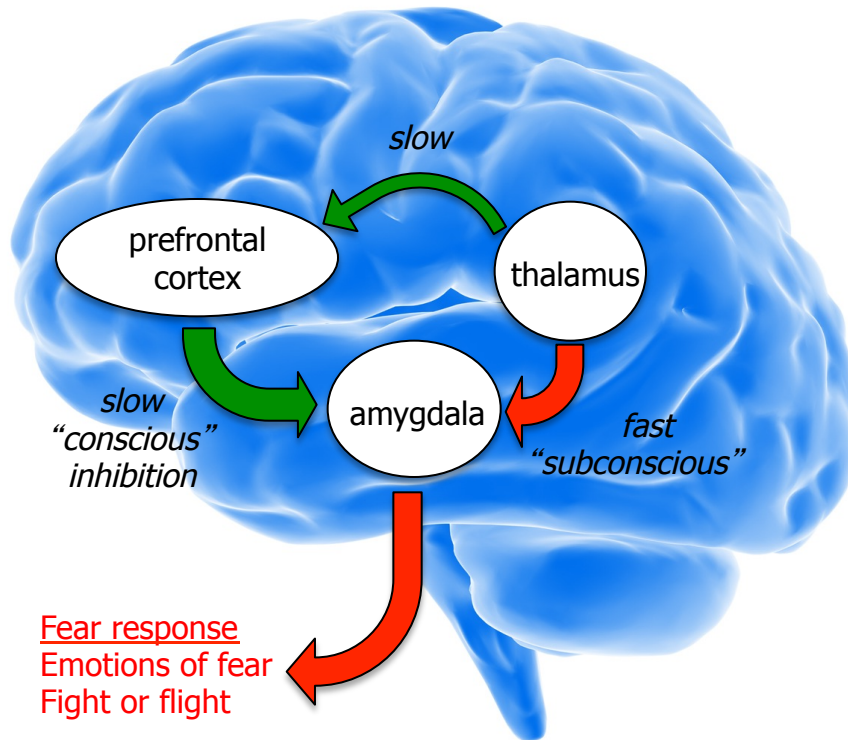


Problems with cognitive behavioural therapy



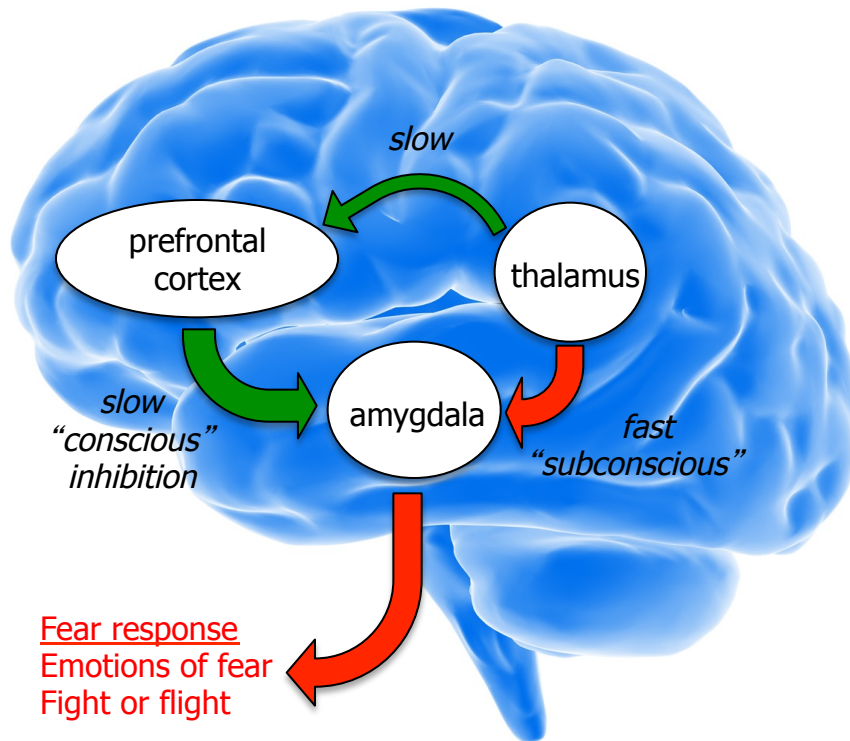
- All cognitive and behavioural therapy activates “top down” pathways from the cortex to inhibit the amygdala and prevent the fear response
- However the fear pathways are still present from the thalamus to the amygdala – they have not been over-written
- Instead new pathways have been created in other areas of the brain
- This means that if you put the person in a different situation, the fear pathways will re-activate

Problems with cognitive behavioural therapy



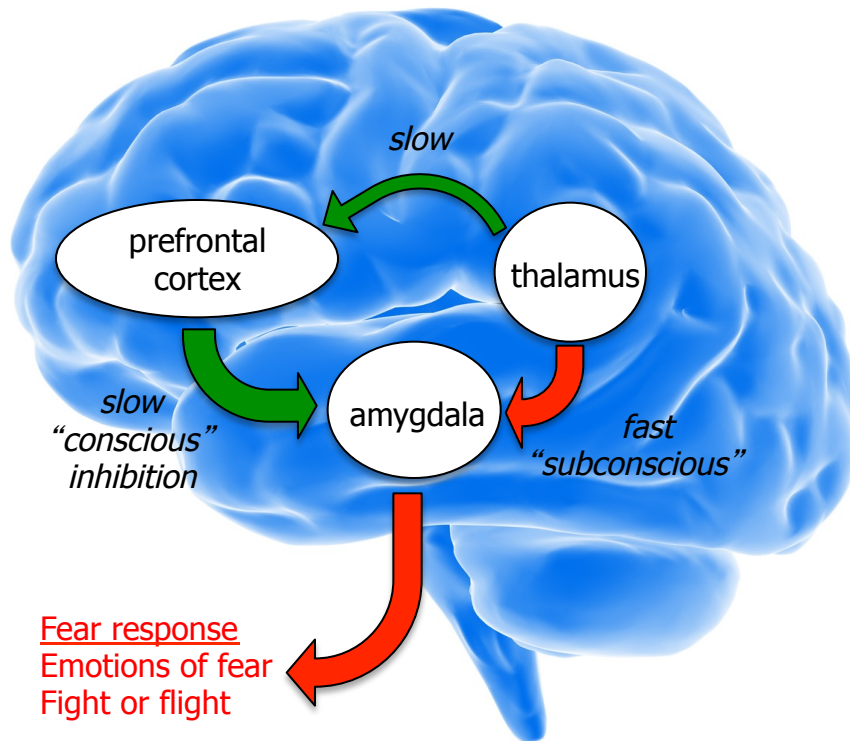
- This is why it is so difficult to treat anxiety for all situations
- It takes many sessions and so is high in cost both in terms of money and time
- It is slow to take effect
- It is an attempt to bypass the problem, rather than solve it
- It is not addressing the cause of the fear

Problems with drug treatments for anxiety



- The receptors that are targeted by anti-anxiety drugs e.g. Valium are present in all the brain areas
- There is no way for the drugs to target one brain area over another e.g. the amygdala rather than the prefrontal cortex
- Therefore all drugs have very broad, non-specific effects with a wide range of side effects e.g. dependency, memory loss
- It is an attempt to bypass the problem, rather than solve it
- It is not addressing the cause of the fear

Future directions in anxiety treatments



- Neuroscientists, doctors and patients are all aware of the short comings of current treatments
- Research is underway to attempt to directly remove the amygdala pathways involved in fear
- However at present there is no way of identifying which pathways are associated with which emotions
- There is no way of targeting specific pathways without affecting other pathways
- These new treatments are therefore a long way off
- It will be highly invasive involving gene therapies
- Still not addressing the cause as to *why* the person has anxiety

Current treatments for depression

Cognitive behavioural therapy



- CBT is a structured psychological treatment which recognises that a person's way of thinking (cognition) and acting (behaviour) affects the way they feel
- CBT is one of the most effective treatments for depression, and has been found to be useful for a wide range of people
- In CBT, a person works with a therapist to identify the patterns of thought and behaviour that are either making them more likely to become depressed, or stopping them from improving once they become depressed
- CBT has an emphasis on changing thoughts and behaviour by teaching people to think rationally about common difficulties, helping them to shift their negative or unhelpful thought patterns and reactions to a more realistic, positive and problem-solving approach

Current treatments for depression

Interpersonal therapy (IPT)

- IPT is a structured psychological therapy that focuses on problems in personal relationships and the skills required to deal with these problems
- IPT is based on the idea that relationship problems can have a significant impact on a person experiencing depression, and can even contribute to the cause
- IPT is thought to work by helping people to recognise patterns in their relationships that make them more vulnerable to depression
- Identifying these patterns means they can focus on improving relationships, coping with grief and finding new ways to get along with others



(From Beyond Blue website)

Current treatments for depression

Behavioural therapy



- Behaviour therapy is a major component of cognitive behaviour therapy (CBT), but behaviour therapy focuses exclusively on increasing a person's level of activity and pleasure in their life
- Unlike CBT, it does not focus on changing the person's beliefs and attitudes
- Instead it focuses on encouraging people to undertake activities that are rewarding, pleasant or give a sense of satisfaction, in an effort to reverse the patterns of avoidance, withdrawal and inactivity that make depression worse

(From Beyond Blue website)

Current treatments for depression

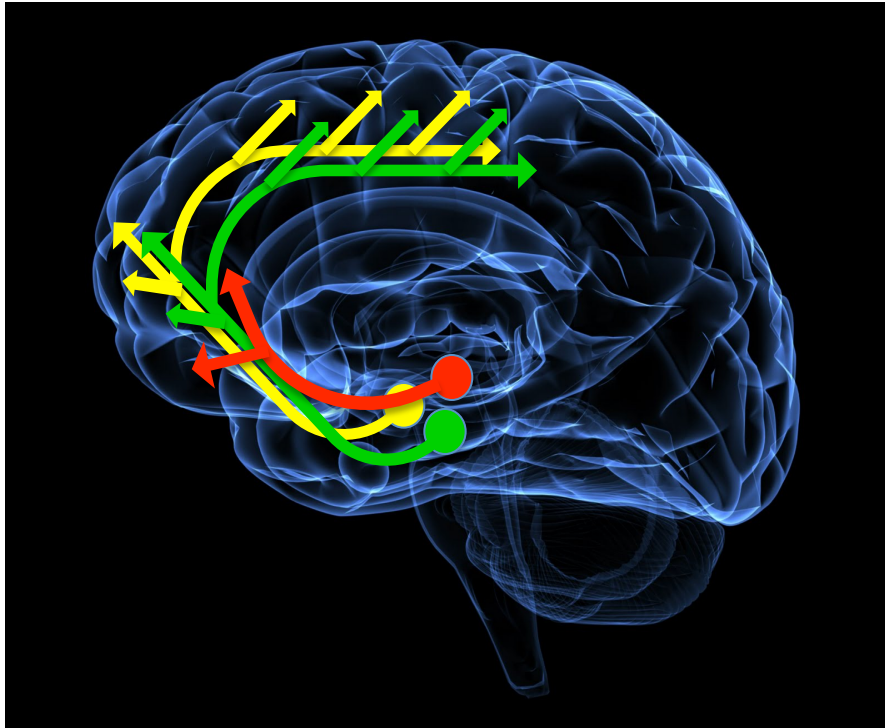
Mindfulness based cognitive therapy (MBCT)






- MBCT involves learning 'mindfulness meditation'
- This meditation teaches people to focus on the very present moment, just noticing whatever they are experiencing, be it pleasant or unpleasant, without trying to change it
- At first, this approach is used to focus on physical sensations (like breathing), but later it is used to focus on feelings and thoughts
- MBCT helps people to stop their mind wandering off into thoughts about the future or the past, or trying to avoid unpleasant thoughts and feelings
- This is thought to be helpful in preventing depression from returning because it allows people to notice feelings of sadness and negative thinking patterns early on, before they have become fixed
- It therefore helps the person to deal with these early warning signs better

(From Beyond Blue website)

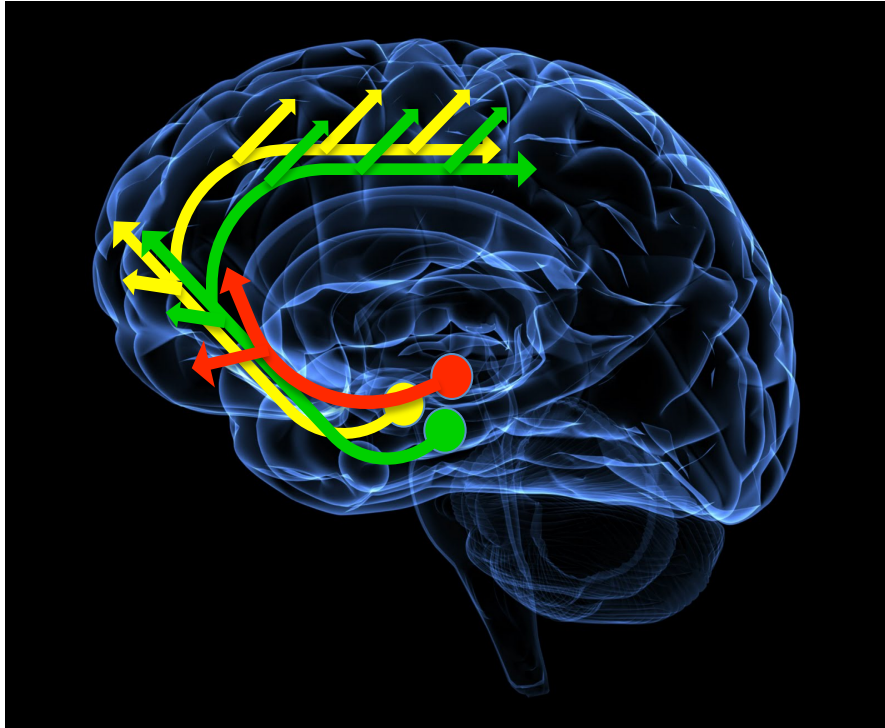
The neuroscience of mood and emotion






-  Noradrenaline
-  Serotonin
-  Dopamine

- There are 3 main types of neurotransmitters in the brain that affect mood
 - noradrenaline
 - serotonin
 - dopamine
- The neurotransmitters are manufactured in nuclei deep within the brain
- They are then released throughout the brain, especially the cortex (involved in higher brain function)
- These neurotransmitters are known to play a role in mood and emotion
- Drugs that interfere with these neurotransmitters change mood and emotion

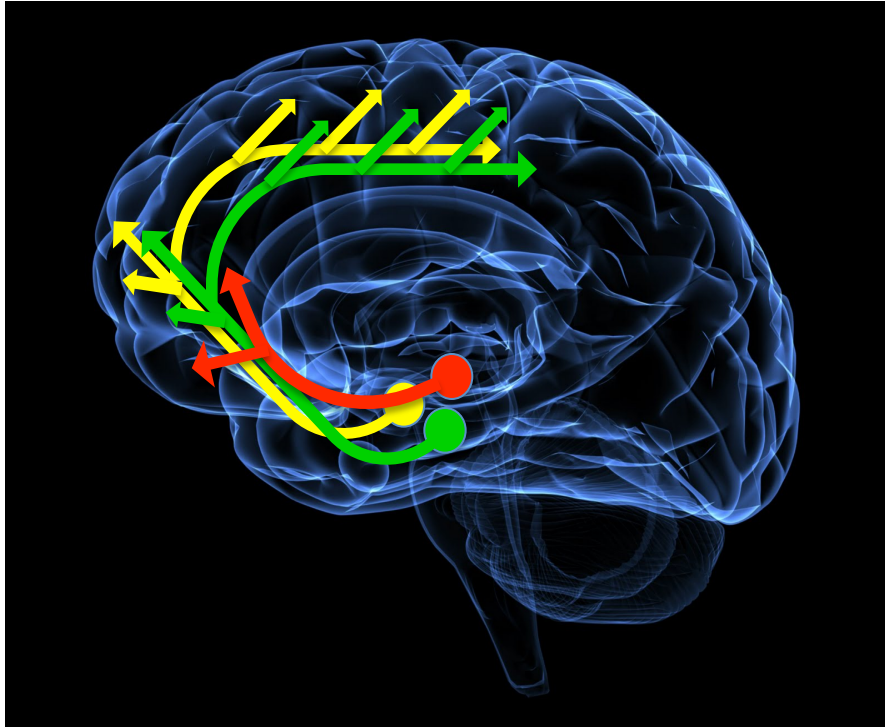
The neuroscience of depression






-  Noradrenaline
-  Serotonin
-  Dopamine

- The brain pathways involved in depression are not well understood
- Anti-depressants target the noradrenaline, serotonin and dopamine neurotransmitters involved in mood and emotion in the brain
- E.g. Prozac specifically targets the serotonin system
- The drugs used to modify these systems e.g. Prozac takes 2-4 weeks to have a therapeutic action
- The fact that it takes 2-4 weeks for anti-depressants shows that the therapeutic effect can't just be due to regulation of neurotransmitters, because this happens immediately, but rather some downstream targets

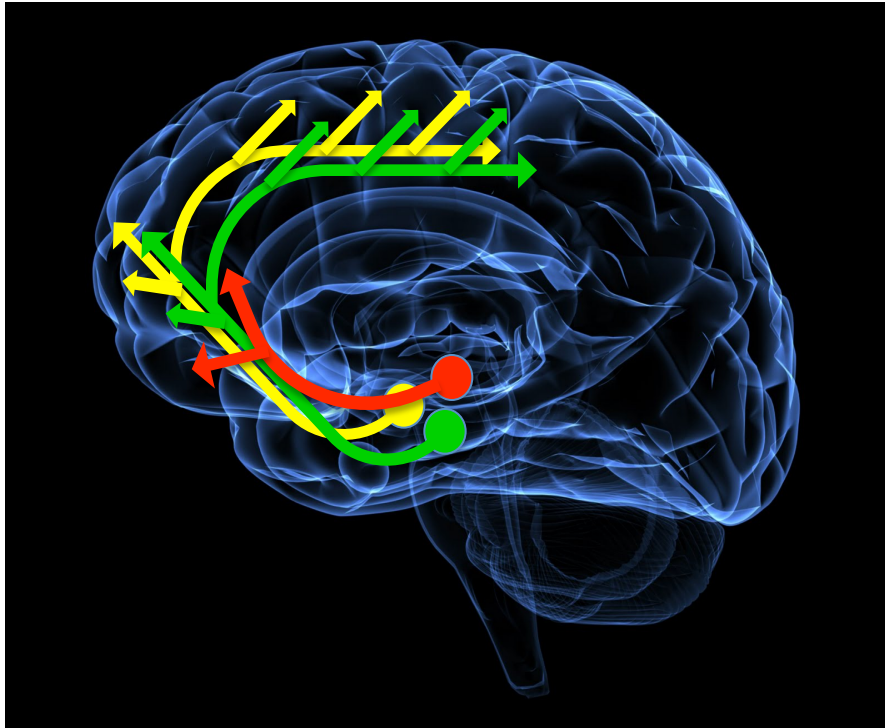
Problems with drug treatments for depression






-  Noradrenaline
-  Serotonin
-  Dopamine

- The drugs act non-specifically by acting at receptors that are located all over the brain
- Therefore the drugs have widespread affects in the brain and side effects
- There is a delayed onset of action of 2-4 weeks of anti-depressants, so no immediate relief
- Current research suggests that neurogenesis in some brain regions may underlie the delayed action

Problems with drug treatments for depression



-  Noradrenaline
-  Serotonin
-  Dopamine

- E.g. Prozac and other drugs have been associated with extreme violent behaviour in the 2-4 week period before the therapeutic action begins, including suicide and murders
- Some people find the drugs intolerable due to side effects
- Some forms of depression are “resistive” to drug treatment
- Some milder forms of depression are not responsive to anti-depressants
- Relapse often occurs once patients come off the anti-depressant medication

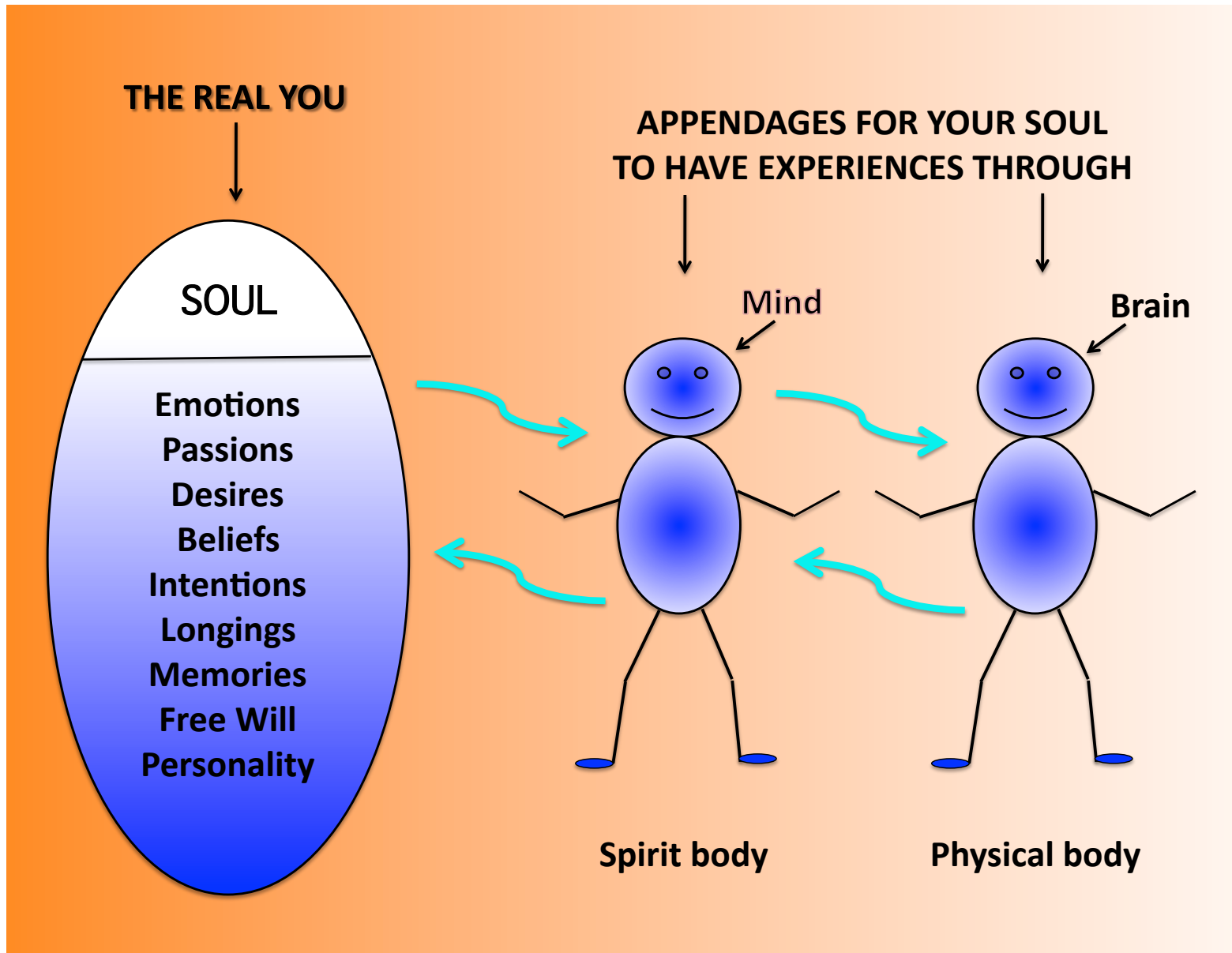
Problems with behavioural treatments for depression



- The behavioural therapies are focusing on “top-down” processes from higher to lower brain centres
- As with the anxiety treatments, this does not erase the malfunction in the brain that is creating the imbalance of neurotransmitters
- Buddhist techniques require *years* of dedicated practices before changes in their brain function are observed
- They are not addressing the cause as to *why* the person is depressed

How Do Emotions Affect Our Mental Health?

Understanding our true nature...



The soul is dominant over the mind

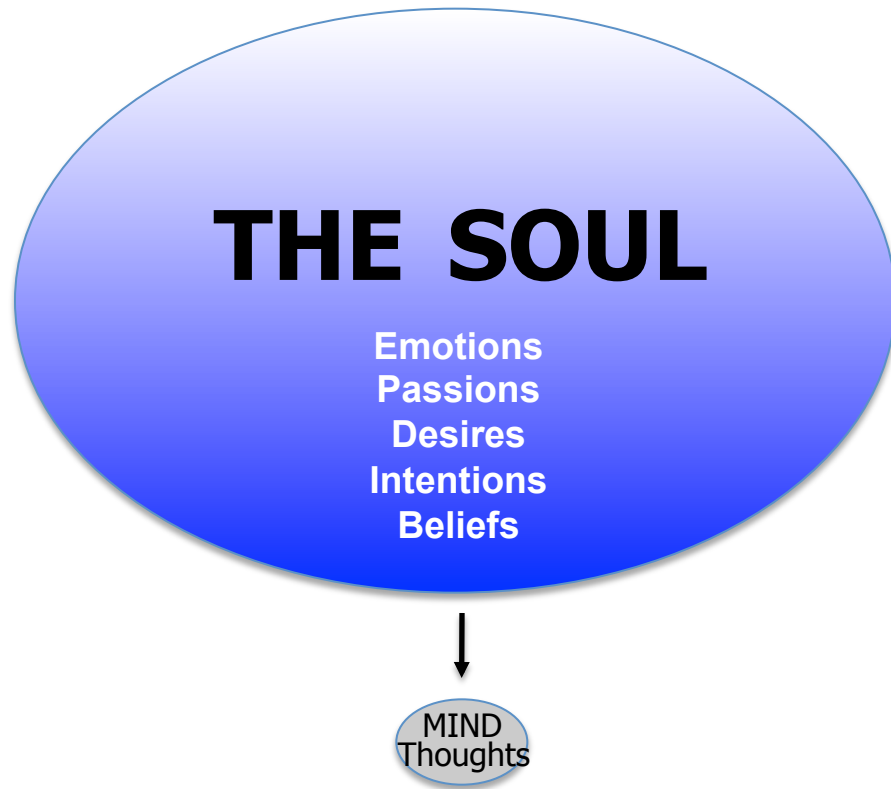
THE SOUL

Emotions
Passions
Desires
Intentions
Beliefs



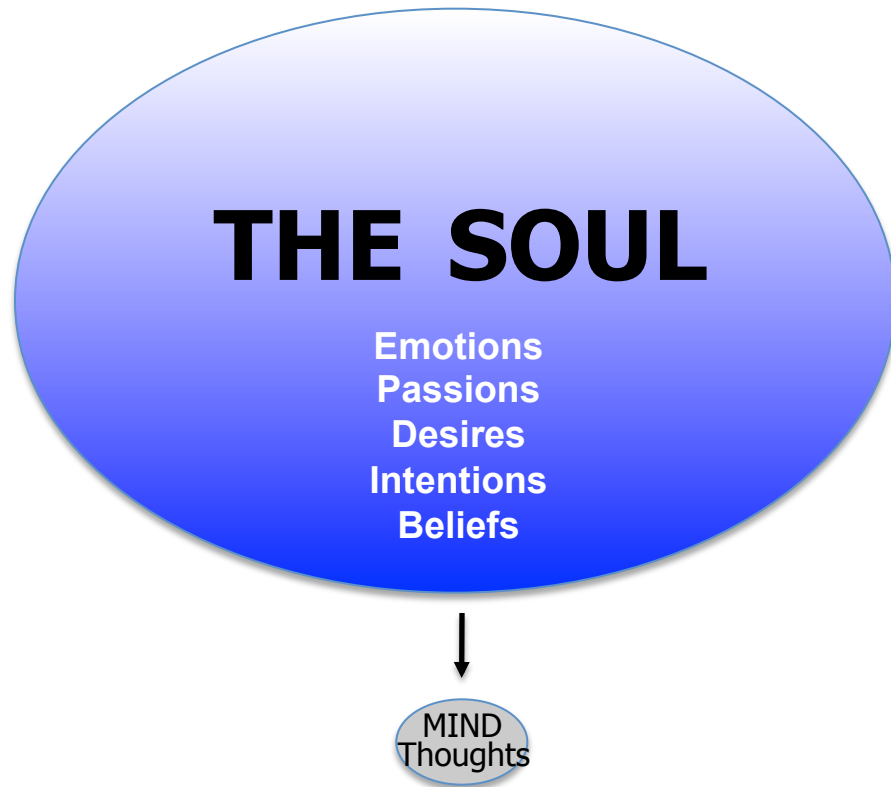
MIND
Thoughts

Emotions create thoughts



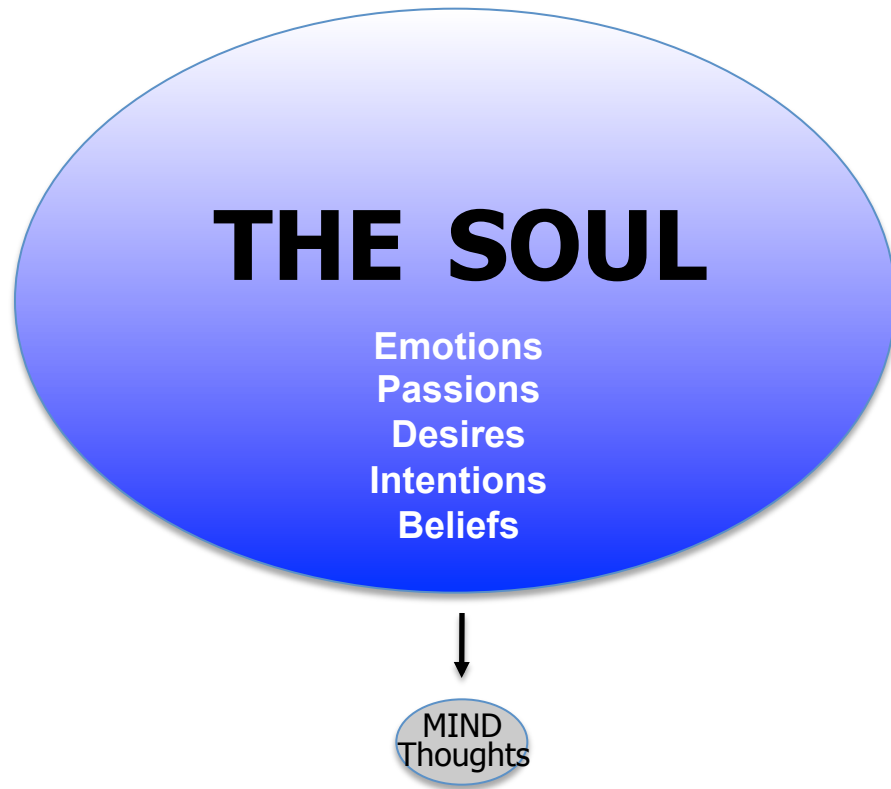
- If you remove an emotion by experiencing it, the thought will never re-occur
- This happens automatically, without any mental effort
- In contrast if you try to tell yourself you no longer have an emotion with your thoughts, the emotion will still arise in another situation
 - E.g. a fear will be reactivated when stimulated with a particular situation where there has been fear associated in the past
 - e.g. a fear of snakes will come up every time you see a snake
 - This is consistent with what neuroscientists have found when studying the amygdala and fear
 - This is understood to be the main problem with the way treatments for anxiety currently work

Focusing on emotions rather than thoughts



- Therefore to change the way we feel, we need to focus on our feelings in our soul, not on our thoughts in our mind
- Using this approach **cures the problem** rather than treats it
- It is **fast and effective** because it is addressing the cause rather than trying to literally “work around” the problem in the brain
- It is **permanent** because it changes the cause in our soul, rather than an effect
- Therefore the soul won't then just create another problem in the mind/brain

The sub-conscious vs. the conscious



- Psychologists and neuroscientists believe that we have a subconscious and a conscious part to our brain
- E.g. the amygdala is a subconscious part because it can rapidly detect stimuli that we're not consciously aware of
- However the subconscious is really just parts of ourselves that we have **chosen to suppress**
- It arises in the soul, which processes information faster than the brain, driving our thoughts and behaviour below our level of awareness
- We are capable of becoming aware and accessing any emotion or feeling within ourselves by connecting to our soul – we only need to **choose** to

Denied negative emotions create mental health problems



- It is the SUPPRESSED negative emotions that cause our mental health problems
- All our of psychological problems are caused by the DENIAL of an emotion

The longer we deny our negative emotions, the more they will affect our mental health



- The longer we carry them around, the greater the impact on our psychological wellbeing.
- This is why older people are generally less happy than younger people, and have more anger and higher fear levels
 - because they have been suppressing the emotions for longer, and these build up and up

Layers of emotions that affect our mental health

- Any type of negative emotion that we don't want to feel can cause psychological problems
- The negative emotions include
 - Anger (ranging from feeling slightly irritated or annoyed, through to rage and hatred)
 - Fear (ranging from feeling slightly unrelaxed, through to stressed, through to terrified)
 - Grief (deep sorrow about pain we have caused others or pain that others have caused to us)



Types of emotions that affect our health

- Addictions are the main way we use to avoid our emotional pain
- They can be either **physical or emotional** in nature
- We learn ways in which we can avoid our pain at a very young age in our childhood, and then use these ways (addictions) for the rest of our lives
- They cover our fear and our grief so well that usually we can't even tell that we have fear and grief in us
- Any time we feel sad, hurt or any form of anger it shows we have an addiction that is not being met

