

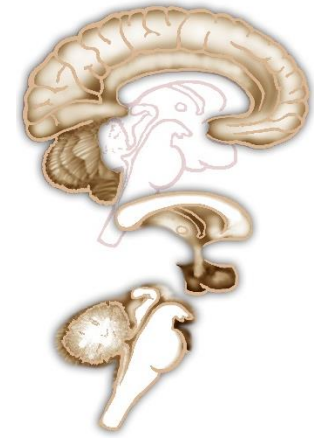


Downshifting—its Impact on Wellness, Longevity, Learning, & Patient Compliance

©Arlene R. Taylor PhD
www.arlenetaylor.org
www.LLM.life
Brain References



9-18



In situations that involve anger, fear, trauma, crisis, or threat (anything that triggers a sense of helplessness) the brain shifts its attention and energy automatically from the neocortex to the reptilian brain attempting to access functions that promote safety; and tends to experience a sense of anxiety rather than the excitement of a challenge

A natural brain phenomenon, ‘downshifting’ is designed for short-term situations of real or actual danger only (not for imagined fears)

—Joseph Chilton Pearce

The concept of downshifting appears to fit with what is now known about the triune nature of the human brain, and what can be seen happening continually in many areas of life

Any fear or anger related to health challenges can trigger downshifting; repress brain-immune system functions; impact memory; and result in failure on the part of the patient to follow recommended protocols consistently

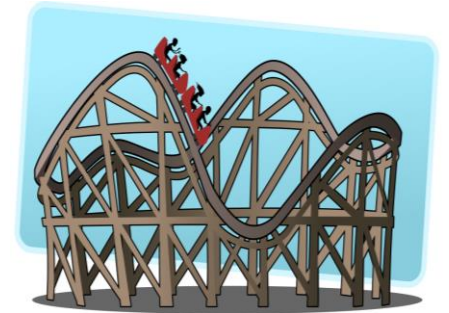
Typical reward-punishment practices prevalent in many schools can trigger downshifting and result in stress and learning failures



Downshifting! Everyone has done it! Everyone has observed it in others—but until brain scans no one really understood what was happening in the brain and the staggering consequences of downshifting—including kids failing in school, adults not following protocols for health and wellness, communication difficulties and misunderstandings ...



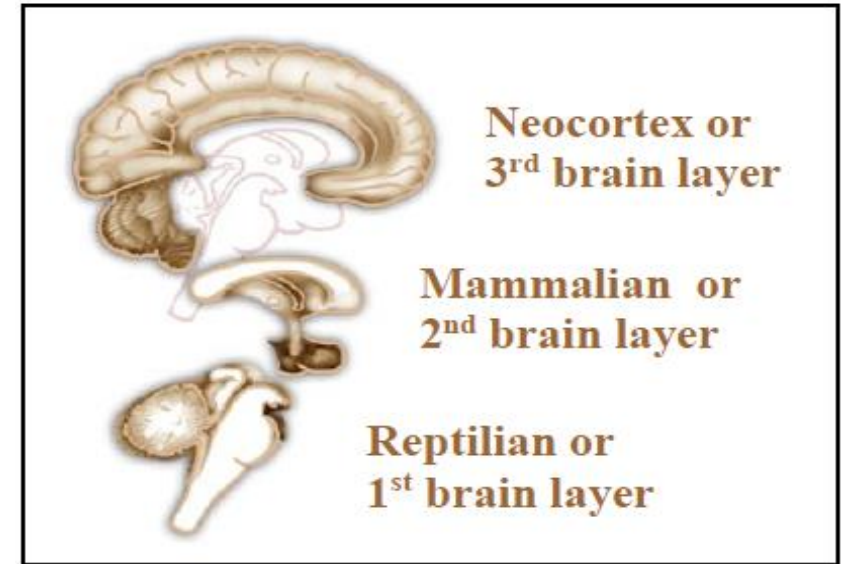
“It’s like taking a fast ride down a rollercoaster and getting stuck at the bottom—with your brain having no idea where you are and your stomach in your mouth”



Neocortex 3rd layer usually does the “cognitive driving” (think vehicle with an automatic transmission)

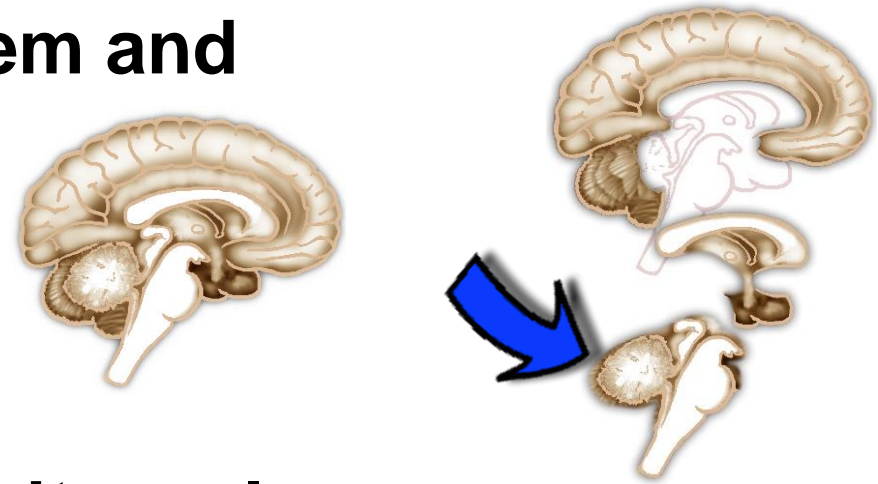
Anger or fear can trigger the reptilian 1st layer to grab the driving controls reactively

If brain attention and energy becomes divided among layers, the neocortex may think one thing, mammalian layer trigger emotional impulses, and reptilian layer act from impulses that differ from either thoughts or emotions



Reptilian or 1st brain layer (brain stem and cerebellum) functions include:

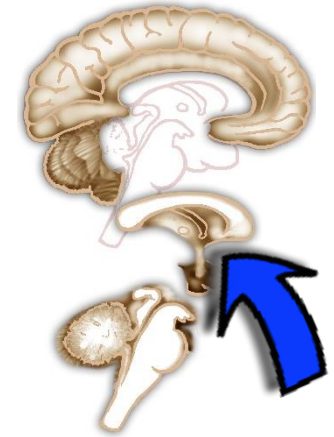
- Subconscious thought
- Processes present tense only
- Perceives positives easily; doesn't use language per se, but can follow pictures the words create
- Dominates when threat is perceived and can lash out
- Houses stress responses (fight-flight, tend-befriend, conserve-withdraw)



- **Loosely compares with the “id” – carries a perception that *“It’s all about me and keeping myself safe”***
- **Takes in sensory data, providing an awareness of the outer sensory world**
- **Houses the Reticular Activating System that influences one’s Extroversion-Ambiversion-Introversion position and that impacts sleep**
- **Is usually the last portion of the brain to die**

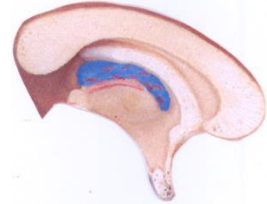


Mammalian or 2nd brain layer (a collection of small organs - the hippocampus and limbic structures)

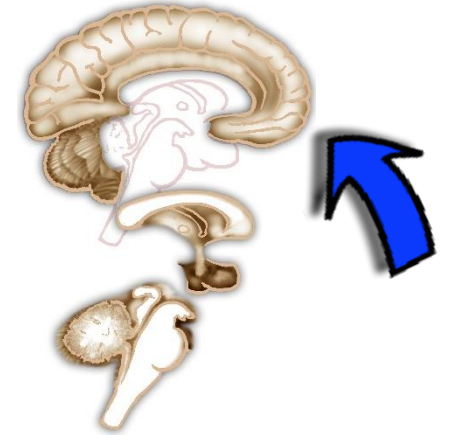
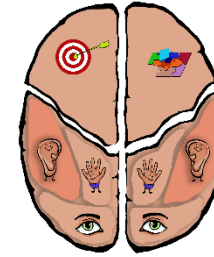


- **Subconscious thought**
- **Perceives the present and can recall the past**
- **Perceives positives easily (1-step process); tends to follow the pictures the words create**
- **Processes the sense of smell directly**
- **Processes information 80,000 times faster than the neocortex or 3rd brain layer**

- **Transfers information from short to long term memory and assembles associations to facilitate memory recall (Hippocampus)**
- **Can be compared loosely to the “ego” –**
“I am here—oh, but so are you. Hmm-m, my actions may impact you . . .”
- **Generates emotional impulses as well as phobias; orchestrates relapses to old behaviors and addictions**
- **Provides the foundation for relationships with its tools of emotion**
- **Directs immune system functions**



Neocortex or 3rd brain layer (8 lobes)



- Provides functions of consciousness
- Registers awareness of present, past, future
- Processes positives easily; can process negatives but they are a 2-step process and a challenge
- Decodes most sensory stimuli (smell in mammalian)
- Can compare it to the concept of a “superego” – able to do good *self care* AND think of the *good of others*

- **The pre-frontal cortex contributes executive functions: (e.g., abstract thought, metaphor, planning, goal-setting, paying attention, conscience, willpower, morality, creativity, consistency, follow-through)**
- **Has limitless potential for processing concepts**
- **Uses all forms of language with complex analysis (reading, writing, spelling, grammar, speaking, listening)**
- **Can process 125 bits of information and 40 bits of human speech per second**



You always give up something to get something something—when downshifted you:

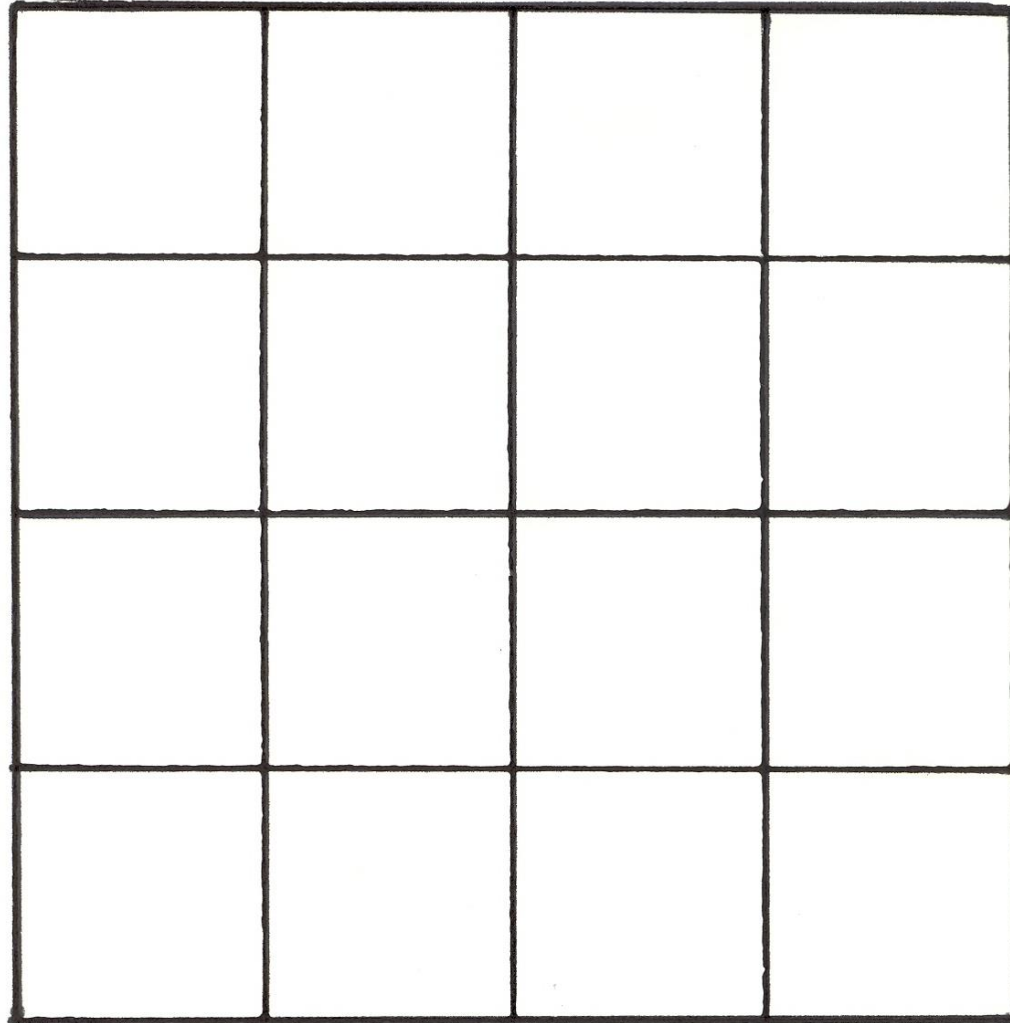


- **Have reduced recall (e.g., tend to remember about 15% of what you were told or heard during a crisis)**
- **Experience a decrease in cognitive functions (e.g., learning, cause-effect reasoning, rational and logical thinking, planning, problem solving...)**
- **Find it difficult to engage in complex mental tasks (e.g., less creativity, taking cues or input into consideration when making decisions, perceiving options)**

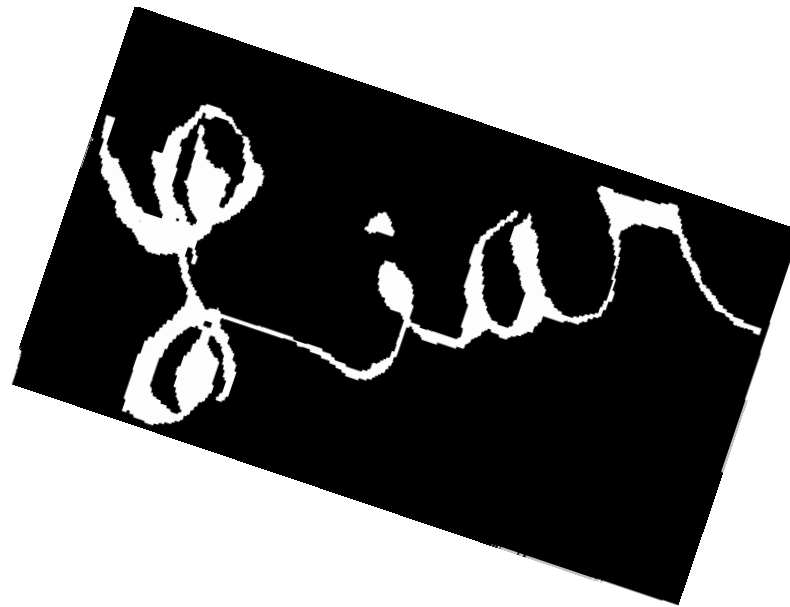
- **Fail to see interconnectedness or generate solutions to problems or practice high levels of EQ or Emotional Intelligence**
- **Tend to reactivate old learned beliefs and behavioral patterns and are more likely to continue / relapse into addictive behaviors in spite of available information**
- **Accelerate the aging process**
- **Struggle with relationships and may ignore helpful suggestions or fail to access support networks**



**How
many
boxes
do
you
count?**



**What
do
you
see?**



**7H15 M3554G3 53RV35 70 PR0V3 HOW
YOUR M1ND C4N D0 4M4Z1NG 7H1NG5!
1MPR3551V3 7H1NG5! 1N 7H3 B3G1NN1NG
17 WA5 H4RD BU7 NOW, 0N 7H15 LIN3
YOUR M1ND 1S R34D1NG 17
4U70M471C4LLY W17H0U7 3V3N 7H1NK1NG
4B0U7 17. B3 PR0UD 17 Y0U C4N R3AD
7H15. Y0U 4R3 UP5HIF73D!**

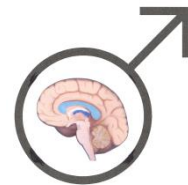
Be aware that downshifting triggers may differ by gender

Girls: tend to have more difficulty coping with permanent separation or with **death** (increases anxiety)



Females: stressful events in the present, chronic stress, **conflict**, lack of rewarding relationships

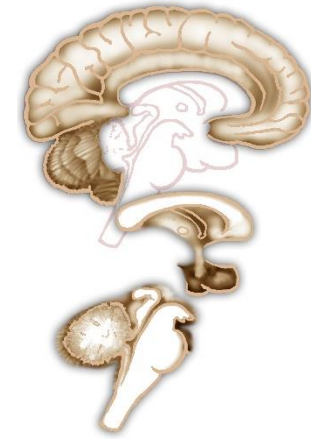
Boys: tend to have more difficulty coping with parental **fighting or divorce** (increases anxiety); effects are more intense and last longer—can take 2-3 years for a boy to return to learning readiness



Males: **unemployment, divorce**

For yourself:

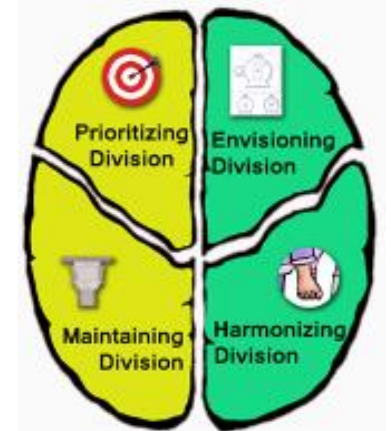
- **Aim to prevent unnecessary downshifting**
—Balanced longevity lifestyle, good EQ
- **Identify downshifted states quickly**
- **Upshift as soon as possible**



To upshift - select a couple of strategies and preplan to use them as soon as you become aware you're downshifted

These are mine:

- **Think of something humorous and choose to laugh (a sense of humor is in the right frontal lobe of the neocortex; laughter is in the left frontal lobe)**
- **Identify something for which to be grateful (it physiologically impossible for the brain to be in a state of fear and gratitude simultaneously)**



While your behaviors can trigger downshifting in another's brain, you cannot make upshift; but you may be able to **help the other brain feel safer so it upshifts on its own**

Strategies that can make it easier for a downshifted brain to upshift include:



- **Use affirmations - short, positive, present-tense words (all brain layers can perceive this one-step style or picture)**

The brain tends to feel safer when it can make a choice

**Offer a choice but only two options at a time
because your brain only has two hemispheres:**



- **Do you prefer to sit on the stool or in the chair?**
- **Would you like a drink of water or hot tea?**
- **Do you prefer to speak with me in private or bring a support person?**

Be congruent and make sure your facial expression, body language, words, and voice tonality match

Studies have shown the way in which emotionally laden content is conveyed in face-to-face communication

- **Verbal: 7% to 10%**
- **Voice tonality: 15% to 38%**
- **Body language: 55% to 75%**



Minimize use of the word “why” as it can create a sense of anxiety and dis-ease in the other person’s brain

Ask yourself: “What is my goal in asking the question?”

Ask less threatening questions:

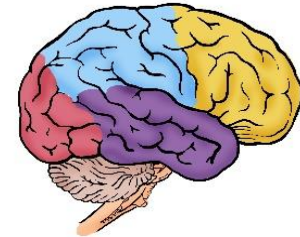
What did you want to have happen in this instance?

When you made this choice what did you think might result?

Is there anything you could you do differently another time?

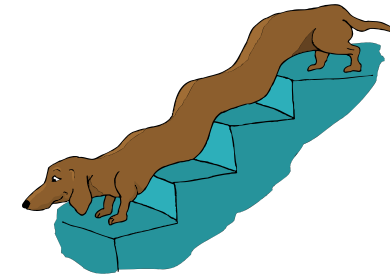


- **Communicate at eye level if possible. If the patient is in bed, sit down – even for a couple of minutes (they'll think it was much longer)**
- **If it is a stressful diagnosis or conference, ask the patient to bring someone with them who can listen to the conversation**
- **Consider having some simple handouts of instructions that the patient can read later on**
- **Use humor and mirthful laughter**



Remember:

- **Downshifting occurs automatically when the brain feels unsafe—
upshifting occurs by choice**



Think:

- **When communication is not going well, perhaps someone is downshifted—
and it *could* be you ...**