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Three Studies Explain Why the Connection Practice Works

1. Naming feelings reduces the reaction of the amygdala.

In a UCLA research study called *Putting Feelings into Words*, 30 participants were shown photographs of people who were emotionally upset, and then were asked to label the emotion (for example, “angry”) while the researchers measured the response of their amygdalae. The researchers found that naming the feelings in this way reduced the amygdala’s response.

In a control group, the participants looked at faces and selected a name underneath them that corresponded to the person’s gender, like “Harry” or “Sally” while the researchers measured the response of their amygdalae. The researchers discovered that the amygdala – the part of the brain that sounds an alarm in time of danger – was *less* active when an emotion label was attached to the upset face, compared to when a name was attached. This leads us to believe that when the amygdala has been triggered, naming feelings reduces its reaction. Naming feelings is the first step in the Connection Practice.

Source: *Putting Feelings Into Words: Affect Labeling Disrupts Amygdala Activity in Response to Affective Stimuli*

Matthew D. Lieberman, Naomi I. Eisenberger, Molly J. Crockett, Sabrina M. Tom, Jennifer H. Pfeifer and Baldwin M. Way

Association for Psychological Science, Volume 18 – Number 5, p. 421-428

2. Naming needs leads to cognitive empathy.

Cognitive empathy includes perspective taking which has been shown to increase empathic concern. Empathy plays a critical interpersonal and societal role, enabling sharing of experiences, **needs** and desires between individuals and providing an emotional bridge that promotes pro-social behavior. This capacity requires an interplay of neural networks and enables us to perceive the emotions of others, resonate with them emotionally and cognitively, to take in the perspective of others, and to distinguish between our own and others’ emotions.

Research in the neurobiology of empathy has changed the perception of empathy from a soft skill to a neurobiologically based competency. A cardinal feature of empathy is that it usually helps connect people to others. Because of the evolutionary development of this brain-based capacity, affective empathy, or emotional sharing, most easily occurs among members of the same “tribe”. Individuals tend to have the most empathy for others who look or act like them, for others who have suffered in a similar way, or for those who share a common goal. We see these biases play out repeatedly in communities, schools, sports teams, and religious communities.

All perceptions in our environment are routed through the thalamus. From there, the amygdala, the threat sensor in the brain, reacts to threats, unfamiliar stimuli, conditioned fears, and perceived threats in as few as 50 milliseconds long before conscious thoughts come into play. When these threat signals reach the midbrain, (specifically in the area of the pons) automatic reactions such as the fight, flight or freeze response take place unless there is cognitive input from executive functions in the prefrontal cortex.

Because of this evolutionary bias, *cognitive empathy* must play a role when a lack of emotional empathy exists because of racial, ethnic, religious, or physical differences. Important research on empathy and altruism has demonstrated that enhancing perspective taking, the capacity to see a person's situation from his or her point of view, coupled with enhanced value being placed on the welfare of those who are unfamiliar can override bias.

In an interesting study, Batson explored the relationship of perspective-taking to valuing a person who is in need. Perspective taking is a well-known precursor to empathic concern. In the first experiment, both perspective taking and valuing were variables and each increased empathic concern independently.

In the Connection Practice, when we guess another's needs, we are employing cognitive empathy in an attempt to take that person's perspective. Building the skill of guessing needs is at the heart of the Connection Practice.

Source: *The Science of Empathy*, Helen Riess, MD, *Journal of Patient Experience*, June 2017 4 (2): 74-77

3. Heart-brain coherence leads to insights.

A Brain Mechanism for Facilitation of Insight by Positive Affect showed that people in a better mood are more likely to solve problems by insight. Research demonstrated that self-reported positive affect of participants uniquely increased insight before and during the solving of a problem, as indicated by differing brain activity patterns. People experiencing anxiety showed the opposite effect, and solved fewer problems by insight.

Heart-brain coherence changes an individual's mood to one of positive affect, which results in the insights that are discovered in the last step of the Connection Practice.

Source: *A Brain Mechanism for Facilitation of Insight by Positive Affect*, Karuna Subramaniam, John Kounios, Todd B Parrish and Mark Jung-Beeman
Journal of Cognitive Neuroscience, Volume 21, number 3, p. 414-432

Conclusion: When the steps of the Connection Practice are followed, irrational reactions are reduced and insight for daily living becomes accessible. This has been confirmed by the personal experience of people from all walks of life who have taken the Connection Practice Foundations Course.