



Defense and Veterans Brain Injury Center
“The TBI Family” Podcast
“Balance and Mantrams,” Episode 102, Transcript
TRT: 24:05 min
Host: Dr. Samantha Finstad

December 6, 2016

[Wind noise]

WELCH: It’s a breezy, chilly evening in early December in Silver Spring, Maryland, and Paige, age 7 is walking on a balance beam.

PAIGE: It’s easy. WELCH: Why’s it

easy?

PAIGE: Because all you have to do is put one foot in front of the other. WELCH: Is this

wind helping you?

PAIGE: No. (Laughs.) No.

[Sound of feet hitting the ground] WELCH: So you

didn’t make it that time. PAIGE: Mm-mm.

WELCH: Why’d you fall?

PAIGE: Because it swayed too much. WELCH:

So, it looks like a log, right? PAIGE: Uh-huh.

WELCH: And it tips back and forth while you’re walking? PAIGE: Mm-

hmm.

WELCH: Would it be hard if it felt like the floor was doing that while you were walking? PAIGE:

Uhh...yes.

WELCH: This balance beam has something above you. Why don't you tell me what else is on this balance beam.

PAIGE: There's a rope, that, if you feel like you're going to fall, you can hold onto the rope and it helps you keep your balance better.

WELCH: Do you think it helps people to have something to hold onto when they have problems with balance?

PAIGE: Prob'ly. [Theme music plays]

HELLO, AND WELCOME TO THE 'THE T-B-I FAMILY,' A BIWEEKLY PODCAST FOR CAREGIVERS OF SERVICE MEMBERS AND VETERANS WHO'VE EXPERIENCED TRAUMATIC BRAIN INJURIES. THIS PROGRAM IS PRODUCED BY THE DEFENSE AND VETERANS BRAIN INJURY CENTER, OTHERWISE KNOWN AS DVBIC. I'M DOCTOR SAMANTHA FINSTAD.

IN THIS EPISODE, WE'RE GOING TO INTRODUCE YOU TO A TECHNIQUE THAT'S THOUSANDS OF YEARS OLD AND NOW BEING TAUGHT TO CAREGIVERS AND CARE RECIPIENTS, TO HELP THEM RELAX AND FIND FOCUS AND BALANCE IN THEIR DAILY LIVES.

BUT FIRST: WE'RE GOING TO TALK ABOUT "BALANCE" IN THE PHYSICAL SENSE.

AT THE TOP OF THE PODCAST, YOU HEARD A YOUNG GIRL HERE IN SILVER SPRING TALKING ABOUT THE CHALLENGE OF WALKING ON A WOBBLY, PLAYGROUND BALANCE BEAM ON A WINDY EVENING.

PAIGE: What makes balancing harder is, when the wind pushes you, it kinda unbalances your feet, so it's harder to concentrate. The easiest thing is when there's no wind and it's warm outside.

FOR SOME WHO'VE SUSTAINED A T-B-I, A WALK TO THE MAILBOX CAN SEEM JUST DIFFICULT AS CROSSING THAT WINDBLOWN BALANCE BEAM.

DR. KATIE STOUT, DVBC'S DIRECTOR OF CLINICAL AFFAIRS, TALKED WITH US ABOUT THE CAUSES OF BALANCE ISSUES AFTER A TRAUMATIC BRAIN INJURY, HOW CAREGIVERS CAN HELP PROVIDERS BETTER UNDERSTAND AND TREAT THOSE ISSUES AND HOW SOME SIMPLE TECHNIQUES CAN MAKE A HOME SAFER FOR CARE RECIPIENTS DEALING WITH DIZZINESS AND IMBALANCE.

DR. STOUT WAS INTERVIEWED BY THE TBI FAMILY'S DEBORAH BAILIN.

BAILIN: Tell me a little bit about what you mean by balance problems.

STOUT: Balance problems can occur when people feel off balance, or feel like they're falling, or have trouble finding their footing. It can occur after a TBI. It can occur in many different settings. And sometimes it doesn't always happen in all settings. So balance problems could only be present when somebody's in a crowded area and they're fine at home. Balance problems could happen when somebody's on uneven terrain, but they're okay walking on a flat surface.

BAILIN: So how are balance problems different from say, dizziness?

STOUT: Balance problems can be caused by dizziness, but you can have balance problems without feeling dizzy. So you can feel off balance and not feel dizzy. And sometimes people are dizzy and they don't necessarily feel off balance. The balance system is part of your inner ear, and it can cause dizziness. It's also linked to hearing. Your hearing and balance [are?] very close to one another, so sometimes if somebody has hearing damage, their balance might also be affected, but it's not always. They can have balance problems with intact hearing. And they don't have to have balance problems after hearing.

BAILIN: As a practitioner, how do you recognize when somebody has balance problems? Is it really just obvious they're a little wobbly, or are there things that you do to figure out what those problems are?

STOUT: There's a big range of balance problems. It can be anywhere from somebody is fine until they start running and they feel off balance, or they're fine running on the road and then they start running up a hill and there are very minor balance deficits to very profound deficits. And it depends on where in that spectrum the problem lies in terms of how easier/difficult it is to detect. But people can have very subtle balance deficits that make a big impact on their daily lives. And sometime somebody with very profound deficits can adjust and normalize for that deficit. It's not always clear that somebody has balance problems just looking at them. There are certain tests that a provider can do to look at balance. And there are many different aspects of balance that need to be looked at, whether it's balance trouble with your eyes open or balance with your eyes closed, or balance if you're standing on a flat surface or on a mobile surface or a compliance surface, so a rug or something squishy or something soft. It might be more difficult to balance than on the hard surface.

BAILIN: It's interesting. You mentioned about balance problems with the eyes open and the eyes closed. And you talked about how your hearing, damage to that area, can affect balance. Is there a similar kind of thing with your vision, with your eyes?

STOUT: Your eyes, your ears and your proprioception all make up your balance. So if any one of those systems is off your balance could be potentially off. In proprioception, there's little receptors in all of your joints that act as gyroscopes that tell your body where you are in space. So if there's a joint damage, or there's damage to your eyes, or there's damage to your ear where the balance center is, there can be trouble with your balance if the information getting to your brain doesn't all match up. That's when the balance problems can occur.

BAILIN: So that's really interesting. And a TBI can of course affect any of those things. So then, what can a caregiver do to help to manage or mitigate problems with balance that a TBI patient is having?

STOUT: There are a couple of things a caregiver could do to. The first thing to do is if there's challenge with balance you certainly need to make sure an appointment is scheduled with a provider. If it's an immediate or sudden change in balance. If suddenly your loved one can't stand or has trouble walking, then that's a very drastic change. That's something that they should seek emergency care, because that can indicate something is really wrong. But if there's chronic problems after a TBI with balance deficits, hopefully they've had an appointment to have their balance evaluated by a neurologist, and if that is the case, depending on the findings of that evaluation, there's been a referral to some sort of rehabilitation to work on the specifics of those balance deficits. As I said, there are many different components to balance. So there's many different reasons that some [inaudible] balance could be off. And the treatment for those is different, so it's very important to know what the cause is, because the cause can help direct what the treatment is. But at home, some things that people can do to keep their loved ones safe, are to make sure that throw rugs are either taped down or they're removed. If there's carpet, to make sure if there's carpet in a transition to hardwood, make sure there's a visual cue that they're moving to a different surface. If there are children or animals in the house, making sure toys, leashes, are contained to certain areas so they're not a trip hazard. So removing any trip hazards for somebody that has balance problems is a big, important factor to keeping someone safe at home.

BAILIN: What can a caregiver say to you when they come in, maybe with their loved one who's having some balance issues, what kind of words can they use to help explain what the problems are to help you better diagnose and recommend things for them to do?

STOUT: There are some really good resources on the DVBIC website. There's a patient education fact on dizziness and balance, and on that is a couple factors that caregivers can keep track of before the appointment. So if you're taking somebody to an appointment to have their balance evaluated, some key

points are when is the balance challenging? Is it first thing in the morning? Is it after certain events during the day? Are there triggers that make their balance better or worse? Does it happen only at night? Sometimes balance deficits can also be related to medication. So is it after they take a certain medicine that they're having troubles with their balance? Also, if there are points in the day that their balance is really good, keeping track of that, almost keeping a journal of when they're having trouble, and what the factors are leading up to that and immediately after to look for patterns in what their trouble is with balance. That can really help the provider narrow in on what the cause of their balance dysfunction is.

BAILIN: Is balance something that people regain?

STOUT: People can regain their balance. Some people do and some people don't. It depends on what the cause is. And I will say that balance is often treated in rehab clinics. It's not an uncommon problem to be treated, and there are a lot of really good treatment modalities to improve balance. Balance is not always 100%, especially after a brain injury. But again, it depends on the cause, and it depends on the ability to fully rehabilitate, or teach people techniques to mitigate their balance deficits after an injury.

IF YOU'D LIKE MORE INFORMATION ON DIZZINESS OR BALANCE ISSUES, YOU CAN DOWNLOAD DVBIC'S "HEAD INJURY AND DIZZINESS" FACT SHEET AT DVBIC.DCOE.MIL. IT HAS EXERCISES TO HELP WITH DIZZINESS AND A LOG YOU CAN FILL OUT IN ORDER TO BETTER INFORM MEDICAL PROVIDERS. IT ALSO EXPLAINS WHAT SYMPTOMS SUGGEST YOU SHOULD SEEK EMERGENCY HELP. THERE'S A LINK TO THE FACT SHEET IN THE DESCRIPTION OF THIS PODCAST. (<https://dvbic.dcoe.mil/material/tbi-symptom-management-head-injury-and-dizziness>)

- SEGMENT TWO -

FOR THOUSANDS OF YEARS, SPIRITUAL TRADITIONS AROUND THE WORLD HAVE INCLUDED THE REPETITION OF WORDS AND PHRASES AS PART OF THEIR PRACTICE. KNOWN AS MANTRAM REPETITION, THE TECHNIQUE HAS BEEN USED EFFECTIVELY BY THE VETERANS HEALTH ADMINISTRATION TO IMPROVE COPING SKILLS AND RELIEVE ANXIETY IN SERVICE MEMBERS

EXPERIENCING POST TRAUMATIC STRESS. NOW THIS PRACTICE IS BEING TAUGHT AS A TOOL TO ALLEVIATE SOME OF THE PSYCHOLOGICAL BURDEN OF BEING A MILITARY FAMILY CAREGIVER. OUR PRODUCER, TERRY WELCH, SPOKE WITH ONE OF THE PRACTITIONERS BRINGING MANTRAM REPETITION TO CAREGIVERS.

WELCH: Today we're talking with Dr. Jill Bormann. She's a nurse scientist at the VA in San Diego. Welcome to the show.

BORMANN: Thank you.

WELCH: Dr. Bormann, you are a specialist in Mantram Repetition which seems like the most ancient new technique out there. Why don't you tell us a little bit about it?

BORMANN: Well, I would agree that Mantram Repetition is taking ancient wisdom from all different cultural backgrounds and spiritual traditions, and we've adapted it into a type of health education program for both stress management, symptom management, and well-being. So the word mantra or mantram, we add the M on the end to make a distinction, is merely a word that you repeat, and it has an effect upon you. And throughout history in all the major wisdom traditions, people have discovered that by repeating certain words and phrases that they find a sense of comfort, a peacefulness, and in our program, I like to think of it as tapping into one's spiritual resources. So in our program, we ask people to choose from a recommended list of mantram words or phrases, and that's different than coming up with your own such as an affirmation, I am lovable and capable or a motto. And that separates it from other types of mantra, programs, or other types of mindfulness meditation.

WELCH: You've done a lot of research on this, and then a lot of research has been done by others on this. How do we think that it works?

BORMANN: Well, we've speculated about how it works and I can say that, in a simple way, that it interrupts one's thoughts, which can help with monitoring one's feelings. So, it kind of interrupts the stress response. And studies have shown that it helps people improve their self-efficacy, or their ability to manage symptoms. And we've also found, in studies that have looked at brains and brains scans, that the repetition of words has a calming effect. And this is shown on brain scans. And so I think it has to do with how the mind focuses attention. And when you focus attention on one single thing, that alone can be a calming factor.

WELCH: You've been looking into the use of mantram repetition in caregivers, in medical providers, and patients. Tell me what you found, what that specifically would help those groups.

BORMANN: Well, let me start first of all with our veterans that have post-traumatic stress disorder. Because over and over again, what they report is that by repeating a mantram in times of stress, like say they get something triggered, an emotion, and they feel agitated or angry, what they report is that by repeating a mantram, it interrupts that stress response and reduces their reactivity or hyper-arousal. Similarly in caregivers who are burned out or feel a lot of stress in caring for someone, whether it be a health care provider or a family caregiver, there are times

when a person just feels helpless, or feels hopeless in trying to make a difference, or they feel burned out. And by repeating a mantra gives them a respite. It gives their minds a chance to rest for moment, and that can then help reduce exhaustion. That's one thing we found in our studies of caregivers, family caregivers. We have found that the levels of caregiver burden have been reduced, levels of depression have been reduced, and improvements in spiritual well-being and quality of life is another finding. So that mantra seems to work by reducing the negative and helping to improve what we're after, which is quality of life, improve the positive.

WELCH: So, to the person who's listening to this and says, "This is exciting to me. I could use this.", how should they get started? How would you recommend they get started?

BORMANN: Well, fortunately through the PsychArmor Institute, anyone can log in to the www.psycharmor.org and look in their lists of schools, and there's a caregiver program. And within that are several modules. And we've just made live the Mantram Repetition module. And so I would ask people to start there. There's also other websites where this work has been disseminated. One of which is my website, www.jillbormann.com, all one word. And also, at the Blue Mountain Center of Meditation, where many of the materials that we use originated from.

WELCH: So I'm looking over a list that was on I believe one of your sites of recommended mantrams, and they kind of run the gamut of spiritual traditions. But what would you say to the person who worries that this seems too far outside their traditional spiritual practice for their comfort?

BORMANN: Well there are people for whom anything that even sounds remotely like religion-- there are people for whom that is distasteful. Or they may be an agnostic or an atheist. And we just recommended that people come and bring with them whatever their belief system is, and they can choose from a list of words or phrases that represent various spiritual backgrounds, some of which some kind of neutral. For example, Muhatma Gandhi - even though he was Hindu - his mantram was Rama, R-A-M-A, which means joy within. And to most people, Rama doesn't have any other associations, and so that's a great mantram. Another example might be what Herbert Benson recommended in his early work. He recommended repeating the word one, like the number one. And that's a fairly neutral mantram, but I think the key thing to remember is that when you are repeating a mantram, the point is not to think about what it means because that's a distraction but rather just to focus on the sound. So Om Shanti, for example, means peace or shalom means peace. But there's a hypothesis that is the sounds of the words are what have an effect upon you and so thinking about the meaning isn't necessary. And it is somewhat unique in comparison to a lot of other meditations that tend to be secular on purpose. A lot of the mindfulness-based stress reduction was intentionally designed to be secular and to try not to make it any kind of spiritual thing. But I think there's a bigger bang for the buck when you do include spirituality particularly for people that have a spiritual background, and they want to incorporate that.

WELCH: And yet because there's Buddhist, Christian, all these different backgrounds here, they could be part of the inroad to getting people to use this, is that correct, too?

BORMANN: Well, that's correct, too. Herbert Bensen early on when he asked people to choose any word or phrase that they wanted to repeat he found that about 85% of people chose some kind of prayer, or they chose some kind of comforting phrase. And, I mean, similarly, these words and phrases that we recommend have been handed down through generations and generations. And therefore I like to think of them as having sort of a divine spark, or a divine power or energy

that's embedded in those words or phrases. But again, the point of it is to use a mantram as a rapid focus tool, something that you can wrap your mind around anywhere, at any time. You can repeat it just a few times, or you can repeat it for a whole minute or longer if you wish. The idea is that it is something that you can turn to in times of despair, distress, frustration, times when you just need to calm yourself down a little bit. Our minds are so speeded up. And that, by the way-- there's two other points to the program. And that other one is slowing down, the idea of slowing down your thinking. And the third point that we teach is one-pointed attention, giving whatever it is you're focusing on your undivided attention. And just by repeating a mantram, you are automatically slowing down the thought process, which helps you see more clearly and you are automatically being one-pointed, or developing your ability to concentrate.

WELCH: Well, thank you very much. I really appreciate you taking the time to talk to us today. BORMANN: Oh, you're welcome.

DR. BORMANN'S COURSE ON MANTRAM REPETITION - AND OTHER SELF-CARE COURSES FOR CAREGIVERS - CAN BE FOUND AT PSYCHARMOR.ORG. MODULE 3 OF DVBIC'S CAREGIVER CURRICULUM ALSO FEATURES A CHAPTER ON "TAKING CARE OF YOURSELF." WE'LL LINK TO BOTH IN THE DESCRIPTION OF THE PODCAST (LOOK DOWN, THEY'RE PROBABLY RIGHT THERE ON YOUR PHONE RIGHT NOW) AND WE'LL BE COVERING OTHER TECHNIQUES TO HELP CAREGIVERS TAKE CARE OF THEMSELVES IN THE WEEKS TO COME.

(<http://psycharmor.org/caregivers-1/mantram-repetition>)

(<https://dvbic.dcoe.mil/files/DVBIC Manual Mod 3 2010 updated.pdf>

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- CONCLUSION -

SO THAT'S THE SECOND EPISODE IN OUR TEN-EPISODE FIRST SEASON OF THE T-B-I FAMILY. IF YOU HAVE ANY QUESTIONS ABOUT THE PODCAST OR ABOUT DVBIC PRODUCTS OR PROGRAMS OR ARE INTERESTED IN TELLING US

YOUR STORY, PLEASE FEEL FREE TO E-MAIL US AT INFO@DVBIC.ORG.

TO MAKE SURE YOU DON'T MISS OUT ON ANY EPISODES OF THE PODCAST, PLEASE REMEMBER TO SUBSCRIBE TO THE PODCAST ON I-TUNES OR YOUR FAVORITE GOOGLE PODCAST APP. REMEMBER: REVIEWING THE PODCAST HELPS ITS RANKINGS, WHICH HELPS MORE PEOPLE FIND US WHEN THEY NEED US.

ON THE NEXT EPISODE, WE'LL HEAR ABOUT A VETERANS AFFAIRS PROGRAM THAT HELPS PROVIDE CAREGIVERS WITH TIME TO RUN ERRANDS OR EVEN SPEND A FEW DAYS RECHARGING WHILE INSURING THEIR LOVED ONE IS STILL BEING CARED FOR.

'THE T-B-I FAMILY' IS PRODUCED AND EDITED BY TERRY WELCH AND IS HOSTED BY ME, DOCTOR SAMANTHA FINSTAD. IT'S A PRODUCT OF THE DEFENSE AND VETERANS BRAIN INJURY CENTER, COMMANDED BY ARMY COLONEL GEOFFREY GRAMMER, AND THE DEFENSE CENTERS OF EXCELLENCE FOR PSYCHOLOGICAL HEALTH AND TRAUMATIC BRAIN INJURY, COMMANDED BY NAVY CAPTAIN MIKE COLSTON.

THANKS THIS WEEK TO THE NATIONAL INTREPID CENTER OF EXCELLENCE, THE WALTER REED NATIONAL MILITARY MEDICAL CENTER AND THE SAN

DIEGO V-A MEDICAL CENTER. THANKS AS WELL TO THE NAVY'S VISUAL INFORMATION TEAM AT WALTER REED, WHO HELPED RECORD THESE DULCET TONES YOU'RE HEARING RIGHT NOW, AND TO PAIGE, WHO HELPED EXPLAIN THE FINER POINTS OF BALANCE BEAM WALKING.

THANKS FOR LISTENING!

WE'LL SEE YOU IN TWO WEEKS.