

Deep Brain Reorienting (DBR) in Complex Trauma Disorders: Patient Information

During traumatic episodes the person being neglected, abused, or otherwise badly treated, is without the protection or loving contact of caring others. The experience then of a core pain of aloneness can drive emotions such as fear, rage, grief, and shame and these can become intense and overwhelming, especially when there is no way to safely express them. The person may then be left with a continuing difficulty in the regulation of distressing emotions and sometimes this results in the adoption of unhealthy coping strategies. Another possibility is that the young person's brain, looking for a way to survive and get on with life, opens memory compartments for storing the distressing feelings. These compartments, engaging upper levels of the brain, can become parts of the self, relatively independent in their way of acting when they take control. They may be so shut off from day-to-day awareness that they become isolated and don't keep up with the passage of time in the outside world, leaving them open to behave as if they are still in the situation of abuse and trauma. Sometimes they lose contact with the lower levels of the brain and have a very limited range of emotional responses. At other times they lose contact with the "Where Self" and act in ways that are totally out of keeping with their age and life circumstances.

Some therapy approaches work primarily with these parts of the self, getting to know them and increasing their communication and co-operation, as well as orienting to the present. These methods are effective but don't always get to the underlying pain of aloneness and abandonment. In DBR the focus is, instead, not on the upper-level parts of the self — but on the underlying emotional pain and the rage, fear, grief, and shame that this deep wounding generates. Working at this lower level is difficult because the brain has found it necessary in the past to turn away from the pain. However, the person is now in a different situation, at a different age, and may have the capacity to confront that pain in a way which allows healing at the core of the trauma and abuse history. The brain has gone on developing around that core pain in such a way that it might be possible now to approach it from a different angle.

Parts of the self at the upper levels may be alarmed at this approach as they have worked hard to take awareness away from the core pain. However, they are also suffering and their ways of coping may not have kept up with the changes in the person's life. We will ask them to let us work at this deeper level with the aim of helping all parts of the self. The pain is common to many, if not all, parts of the self so all can feel better with the deep-level healing — but inevitably there will be more contact with emotional distress during the process. The grounding in the "Where Self" is not only a protection against overwhelm during the sessions but also gives a different perspective for working with the upper-level parts of the self. All being well, therapy will be experienced as slow and careful and lead to an increase in feelings of care towards the parts of the self-holding the trauma memories and the defences around them.

There are no studies of the safety and efficacy of DBR for Core Aloneness Pain compared with the approaches that focus on the parts of the self that have become compartmentalised so the information helping you choose the right therapy for you is limited. Sometimes people move between the approaches — working with the parts when necessary, working with the pain when possible. It is hoped that the collaboration between you and your therapist can identify the right method — or combination of methods — to promote your healing as safely and effectively as possible.