



THE REORIENTING SPACE
Brain • Mind • Body Psychotherapy

What is Deep Brain Reorienting (DBR)?

Deep Brain Reorienting (DBR) is a new trauma-processing therapy developed by Scottish Psychiatrist Dr Frank Corrigan. It uses knowledge about the brain and the order of neurobiological activation when we are exposed to something unbearable or horrifying — experiences that capture our attention but that we don't want to turn towards, and instead, turn away from and brace against. These include different kinds of relational hurts or experiences of abandonment.



These early and deep conflicts of looking towards and away can form the foundation of “stuck” patterns of strong emotional and behavioural reactions, different forms of 'disconnection', and/or bracing when faced with similar events and experiences in the here and now.

It can be very hard to release the natural healing flow for any wounding that takes place early in life. These very early wounds often don't involve conscious memory and are hard to reach with other effective trauma therapies and standard mindfulness-based practices working at higher regions of the brain. The impacts from these experiences tend to arise and continue in ways that are quick and hard to capture, put into words or link to specific past events.

DBR can be used to try to resolve and transform any mental health, behavioural or physical pain issue where:

- There is an underlying event or experience at its origin (regardless of whether these are consciously linked, remembered or understood); and
- We are able to establish and identify the DBR-specific 'grounding anchor' (as outlined in step one of the next page) when turning towards the targeted source of distress

Compiled by Natalia Ranson, Clinical Psychologist, www.thereorientingspace.com
From the resources and teachings by Dr Frank Corrigan and Dr Jessica Christie-Sands
More information can be found at www.deepbrainreorienting.com



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Deep Brain Reorienting (DBR) The Sequence

1

Grounding by focusing on **where** you are, here and now, relative to your surroundings. This is called grounding in the 'Where Self' and differs from other common grounding practices that focus on **what** you sense around you in your surroundings.

From here, DBR invites a turning towards the event or experience that captures attention while holding initial focus on any internal sensations that arise in the face (around the eyes and forehead, specifically) and base of the skull. Any tension arising in these areas as a result of turning towards the 'Activating Stimulus' from the 'Where Self' is called 'Orienting Tension'. Focusing on internal sensations above the neck tends to be more tolerable and less overwhelming for many clients with past trauma (relative to bringing attention to sensations elsewhere in the body).

These specific and unique grounding and anchoring practices offer a strong base (within the 'deep brain' where traumatic reactions first arise) for processing unresolved shock and the emotional overwhelm that follows. This anchoring has been observed to reduce the risk of being swept away by intense emotions or quickly disconnecting when turning back towards distressing events and their related experiences.

2

With the guidance and presence of a DBR therapist, slowing down the internal sequence being observed enough to capture and clear any shock that registers in the deep brain **before** emotional overwhelm and survival-based behaviour arise. This key step allows for the subsequent emotions to be processed in a gentler way than would be experienced otherwise (as unprocessed shock acts to amplify any emotional distress that follows).

3

As the layers of shock clear and resolve, it is then more possible to fully orient towards and process the consequences of **what** captured our initial attention. Processing at this stage of the sequence involves the basic emotions and their related survival-based behaviours, including seeking, fear (flight, freeze, hide), rage (fight), panic/grief (attach, withdraw), and shame (hide). In some instances, any associated 'Aloneness pain' and/or stress-induced neurochemical reactions (which can present as light headedness or sleepiness) may also arise and can be processed.

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