

# Deep Brain Reorienting

A cutting-edge psychotherapeutic approach for healing trauma developed by Scottish psychiatrist, Dr Frank Corrigan.

By [Maxine Sherrell](#)



## What is Deep Brain Reorienting (DBR)?

**DBR is a neuro-scientifically informed psychotherapeutic approach that effectively facilitates deep healing from the shock, distressing emotions and symptoms resulting from trauma and attachment wounding. In DBR, memory processing is promoted by activating and following the sequence of trauma responses as they occurred within your deep brain and physiology at the time of the traumatic event. This can be achieved even where the origins of a presenting trigger are not known.**

When we suffer an overwhelming or traumatic event, our body may rapidly register an initial shock response from the threat or horror of the experience. When the shock and emotional effects of this fail to be effectively processed, they become stored in the body's reactions and can continue to adversely affect our day-to-day life. The shock and emotional residues of the trauma can become hidden and concealed by a myriad of emotional, cognitive, and physical symptoms that render us unable to fully process the emotions resulting from the trauma.

Clearing the shock is essential for successful healing from traumatic experience and this is not often addressed in trauma-based psychotherapy approaches. Processing the shock enables efficient resolution of the often persistent and painful accompanying emotions and symptoms and trauma reactions, while simultaneously enhancing connection to our core sense of energy and vitality.

**DBR** can support fundamental and profound changes in terms of how we hold ourselves, others, and the world in mind.

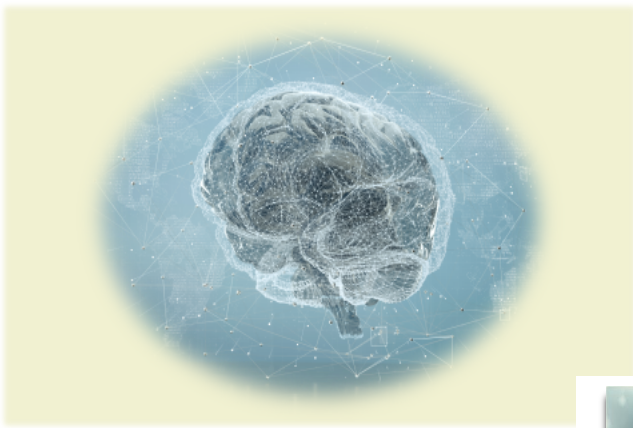
## How does DBR work?

**DBR theory is underpinned by the latest research in neuroscience. This knowledge and understanding is then applied by the therapist within the DBR process.**

To capture the body's often fleeting but immediate response to a traumatic event or trigger, in DBR attention is first given to the initial awareness of the experience and the 'orienting tension' (OT) associated with this is then established. At the time of the event, the OT is often a fleeting and undetected tension that comes into specific muscles to prepare us for action in response to the perceived threat. Re-activating the OT in relation to the trauma serves as an anchor supporting here-and-now presence during DBR processing and is protective against overwhelm and dissociation. As the OT occurs at the very beginning of the 'memory sequence', *before* there was any shock or overpowering emotion, it also provides access to the memory 'information file'.

The initial shock response occurs prior to our innate defensive responses of 'fight, flight, freeze' and before affective responses to trauma, such as fear, panic, grief, rage and shame, are activated. In DBR, where shock has been identified it is processed first. This typically makes the subsequent distress in relation to the trauma easier to clear.

Our response to trauma can become 'sequenced'; for some this might be reacting angrily; for others withdrawal or shutting down. Working on a 'memory sequence' which may underlie many different experiences means that processing of that one memory sequence can negate the need for each associated trauma episode or trigger to be processed one by one. This is more time efficient and will be less demanding for you.



# What happens in a DBR session?

After understanding more about what you are hoping to change or work on in the therapy, your therapist will talk to you about DBR to help you decide if this approach feels right for you. Depending on your needs, you might be taught some strategies to support you with any distress in between sessions prior to commencing DBR processing.

## What can DBR treat?

- DBR is known as a ‘trans-diagnostic’ approach, meaning that it has potential to be helpful in the treatment of emotional and physical conditions where there have been traumatic origins.

## Is DBR like hypnosis?

- No. During a DBR session you will be conscious and grounded in the present moment.

## Can DBR be done remotely?

- Many therapists offer DBR online. Discussing your circumstances with your therapist will help you to decide if remote sessions are best for you.

## Is talking in detail about my issue needed?

- No. Going into a lot of detail about the events, analysis of them, interpretation of the process and making meaning from what has happened in the process are not necessary for effective DBR.

## Will I get emotional?

- You will almost certainly encounter emotional feelings but the aim of DBR is to enable you to process things that have been painful for you with minimal risk of overwhelm or dissociation. You will be supported by your therapist to help you manage the experiencing of emotions, bodily sensations, memories, and thoughts as part of the process. These can sometimes be quickly resolved once any shock is cleared.
- Additionally, DBR will enhance your capacity to tolerate difficult affect and you will not experience the trauma symptoms in the same way after the therapy.

## What will I feel like after the session?

- You will be accessing a deep part of your brain to process traumatic events and you might feel tired after a session, though there is also the possibility of experiencing a sense of calm or increased energy.
- Sometimes people notice new memories or some emotions in between sessions which means that the processing is continuing.

## Does DBR take a long time?

- DBR will help you to accomplish your treatment goals and the duration of therapy will depend upon the complexity of the problems you are wanting to address.
- DBR works at a deep level of the brain and, when successful, you will likely experience a ‘felt’ sense of change in your day-to-day life.

When you are ready for DBR processing:

- The ‘problem’ you wish to address in each session is collaboratively agreed.
- Your therapist guides you to become grounded in an awareness of where you are in the present moment.
- To capture the body’s often fleeting but immediate response, attention is first given to the initial awareness of the traumatic experience and the ‘orienting tension’(OT) associated with this is established.
- From here the therapist will be very attentive to what is happening for you and support you as needed while your deep brain is processing the shock and the accompanying affective and defensive responses linked to the memory sequence.
- At the end of the session the therapist will help you to settle into any new perspectives resulting from the session.
- Following the session, it can be very helpful to allow yourself half an hour or more to allow your ‘system’ to settle and to allow for integration of any changes that have occurred.

*Further Information:*

[www.deepbrainreorienting.com](http://www.deepbrainreorienting.com)

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