

AN "INSIDE VIEW" OF BRAINSPOTTING

Katherine F.H. Heart

I was in treatment for severe, chronic mental illness for many years. Brainspotting (BSP) helped me to finish therapy and get well. I am telling my story to inform people about how this technique may be helpful in healing trauma.

I experienced years of childhood sexual, physical and emotional abuse that ended only when I told my high school guidance counselor. This occurred in 1972 when people believed that incest was rare. My father was never arrested and I was sent to the psych ward of a local hospital, and then to a group home for "emotionally disturbed adolescents." Three psychiatrists gave me different diagnoses: Adjustment Reaction to Adolescence, Major Depression, and Schizophrenia.

An aunt and uncle who lived in another state took me into their family and provided me with the personal support to complete high school, college and graduate school. I earned a Division I athletic scholarship, major leadership awards, and a graduate assistantship. In early adulthood, I had a successful career in nonprofit program management for 15 years – much of that time as a victim advocate and trainer. I felt a strong drive to succeed, perhaps because I had to rely on myself for survival.

Everything wasn't great in my personal life: I had difficulty staying in relationships, felt moody, and had a confused sense of identity. I never forgot what happened to me as a child and looked for help as the true prevalence of rape and sexual assault publicly emerged in the 1980's. I worked with a succession of private therapists who offered psychodynamic psychotherapy, Jungian/feminist, gestalt, creative arts and somatic (psychophysical) therapies. These approaches offered new insights early in my healing process. The continuous focus on recovery helped me to feel stable and productive.

My life abruptly changed in 1992. After many years living far away from my family-of-origin, I was called to return for a life-threatening emergency. My mother had gone into a diabetic coma; she nearly died and the doctors had to amputate both of her legs at the hip. The lengthy, intense contact with my father triggered overwhelming emotions and a flood of painful memories that I could not stop. Upon returning to my own home, I became completely mentally disabled. My partner, who was a social worker, encouraged me to re-enter the psychiatric system for treatment.

My first adult hospitalization lasted three months. For much of the time, I was catatonic – in such a deep state of depression that I was unable to talk, move, eat or drink, or take care of myself – to the point of losing weight and having to receive intravenous fluids and tube feedings. During these episodes, which sometimes lasted for weeks, it was as though my mind was incapable of forming a single thought and my being was completely absorbed in some lost preverbal experience of profound sadness. Because my moods could abruptly change, I was given the diagnoses of Bipolar Disorder and Post-Traumatic Stress Disorder (PTSD).

I was severely and chronically mentally ill for fourteen years. I was also diagnosed with Dissociative Identity Disorder (the confused identity was a fragmented experience of the many parts of self). I had 26 hospitalizations, adding up to more than 18 months of my life spent in four separate psychiatric units in the region. I was seen by seven psychiatrists who tried out 40

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different medications and an untold number of combinations. They tried three rounds of electroconvulsive therapy – totaling 57 ECT treatments. I attended several partial hospital programs, including 8 weeks in a DBT (Dialectical Behavior Therapy) Program.

I resorted to self-injury (which I knew from my therapeutic training would release endorphins); cutting my arm and exercising intensively for hours temporarily relieved the emotional pain. My hopelessness felt so unending that I made several attempts to kill myself to try to stop the suffering. I lied about my level of suicidality at commitment hearings to stay out of the state mental hospital. Finally, I was diagnosed with Medication-Induced Parkinsonism from antipsychotic medication. Three extra medications for tremors and uncontrollable muscle spasms were added to my daily regimen, totaling up to 11 psychiatric and neurologic drugs prescribed in an attempt to carefully maintain my functioning.

Every medical and mental health practitioner I encountered gave the same prognosis: I was “too damaged” ... “would always be in treatment” ... “must always take medications” ... “not to hope for full recovery.” My experienced trauma-informed psychotherapist told me outright, “You are hard-wired for self-injury.”

In 2007, I reached a point of profound frustration and came to believe that the seven years of talk therapy with my psychotherapist, on top of the many years of treatment had brought me to a dead end. I turned to a trauma specialist who had worked with Dr. David Grand to develop Brainspotting. I experienced relief from my emotional suffering from the very first session. We used BSP as my primary therapy on mostly a weekly basis for about 10 months.

Here is a basic description of how it works. You begin with a few minutes of relaxed breathing and listening with headphones to BioLateral sound (www.biolateral.com). You find the place in your body where you feel the most distress. You give a ‘0 to 10’ rating for the level of distress you feel, and then the therapist helps you find an eye position (Brainspot) - a point in front of you where the eyes naturally focus when the specific stressor feels the most activated. The therapist acts as a guide and witness in helping you to slowly move through the awareness that unfolds inside after finding the Brainspot. You and the therapist focus deep moment-to-moment attention on the troubles presented by this one neural pathway.

What comes up? This is different for every individual and in every session. It may be visual images, memories, a few words, sensations in the body, forgotten sounds, a range of feelings. The point is to allow and witness these natural “leftover” responses from the trauma. The individual is free to just experience the associations or they can share it in words with the therapist as they go along. You may periodically re-rate the distress and shift to another Brainspot. The distressed state is significantly lessened by the end of the session. A gentle release of energy happens with the process, which can be felt physically as tingling, slight shaking (like from a chill), or a need to stretch. Mental relief often comes through a sense that this part of the trauma is now firmly in the past and no longer a concern.

This after-sense of change stays with you outside the session in everyday life. Brainspotting is facilitated within the context of a caring therapeutic relationship, and feels safe, noninvasive and contained. From my perspective as a patient, the “felt experience” of this intervention is like the

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difference between a precise laser beam versus the impact of a sledge hammer (the often overwhelming side-effects of medications and ECT).

Brainspotting does not require "reliving the trauma" as much as it "releases the trauma from the memory." I no longer felt the pain, upset and distress from those childhood ordeals. As a result, many signs and symptoms of trauma in my system --- depressed and fluctuating moods, excessive anxiety, flashbacks, and dissociation --- gradually resolved. Even the uncontrollable movements of Parkinsonism have diminished to the point of no longer needing medication.

In retrospect, I can see how BSP helped me when talk therapy's usefulness had ended. Cognitive-behavioral approaches demand processing information from the outside-in. This requirement often felt overwhelming to my already flooded, over stimulated system. When one is traumatically distressed, too much is already happening inside. Being expected to follow "behavioral rules" and describe experiences for which there were no words was not the most helpful approach.

The therapist's attunement and facilitation of my "felt experience" of each moment and the practice of mindfulness outside of sessions helped to counteract the rapid fluctuating self found in dissociative process, and evolve an associative, continuous state of being. Brainspotting never felt like "a technique" that was "done to me." I was nurtured and supported in a relationship that helped to resolve the traumas held by each fragmented part of myself. It was every bit as transformative to experience the relational healing that came from having close contact with a helping professional who believed in my innate capacity to become well and whole.

I found new purposes for talking with BSP technique: communication about my felt-sense experience; intentionally reconnecting thought-feeling-sensation in the integrative process; and building a narrative trauma story, which involved my parts recording and telling the therapist about the beginning and middle of the trauma. The psycho-neurophysiologic release of trauma encapsulated in my parts prepared them to take a leading role in re-solving core dilemmas and creating their own fitting and satisfying end to the internal "trauma drama." All the parts yearned to be remembered heroically for their jobs well done. Transforming my life's tragedy to triumph was a profoundly joyful and meaningful spiritual experience. I finished my integrative therapy in May 2008.

I took a break from the drug regimen and found much less of a requirement for medication after the resolution of my symptoms. Today, a low dose of Depakote aids in focusing my thoughts in the presence of vigorous, positive energy.

I've had a number of months just "living life," and have never before felt this level of certain, vibrant mental wellness. My encounter with BSP has caused me to revisit aspects of my personal-professional life in ways too numerous to describe here – as if practicing the technique has also enhanced my ability to visualize a new future.

The process can be used quite naturally as a self-help tool outside of the therapy session. I use a favorite BioLateral tape and short personalized protocol to relax and troubleshoot small problem

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situations that arise in daily life. BSP has improved my self-regulation ability and expanded my view of human potential.

Some of the lessons I learned:

- My mind-body-spirit is a safe, fascinating, and resourceful being that is “hard wired for healing and wellness.”
- Mental suffering is within my capacity to change.
- I am able to prevent episodes of high / low mood – the extreme stress reactivity of escalation into hypomania and avoidance into depression. Brainspotting a stressor allows me to take control and replace the “felt sense” of reactivity or avoidance with a relaxed mindfulness. My response to situations is a reasonable proportion of disappointment or excitement, rather than the extreme symptoms of what was labeled Bipolar Disorder.
- The process of becoming a whole, integrated person has been a lengthy, worthwhile journey. I feel authentic, resilient and optimistic. Integration released fresh energy for living. I have seamless access to the strengths and gifts of the former parts of self. My worldview changed as I began to actively experience the interconnectedness of whole self with others and nature.
- When trauma causes symptoms of mental illness, traditional talk therapy and medication treatment may assist and support recovery, but I’ve come to believe that psycho-neurophysiologic approaches may expand these boundaries to enable individuals to become well. The organic wellness that I feel now is the ultimate antidote to mental illness and suicidal thinking. My joy in the present compels such an intrinsic motivation to live to the fullest, for as many years as possible, that the previous illness cycle has been transformed into a self-reinforcing positive feedback loop for effective healthy behavior. *I call this state of being Post-Trauma Wellness.*

At one time I believed the people who told me I was beyond repair. Now I believe in myself because I have succeeded in breaking through and ending the cycle of chronic illness to become a happy, healthy and contributing member of society.

There is no doubt that our treatment system and professionals are dedicated to helping people who experience mental suffering. However, the brain’s healing power is greater than commonly held beliefs and practices allow. I hope that the psychiatric / mental health community takes steps to explore the promise of positive outcomes that this transformative discovery offers to the significant percentage of individuals with a history of trauma. Taking this new path will lead from the limited disease orientation of the ‘trauma-informed’ perspective to becoming ‘trauma-competent’ in facilitating the underlying wellness awaiting other survivors.

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Katherine F.H. Heart, M.Ed. is a Health Educator, Writer and Advocate living in Pittsburgh, PA (USA). She is the author of *Tellings: From Wound to Wellspring* (Outskirts Press, 2008) about her healing journey prior to Brainspotting, and other mental health publications. Her blog will soon appear at www.post-traumawellness.com. Katherine offers writing and presentations about post-trauma wellness, as well as grants consulting for integrative community health / mental health projects through HEART Resources, LLC.

This article may not be sold, but can be copied for individual and practitioner use. Every person's trauma history and coping mechanisms are unique, along with the relationship between client and therapist. Therefore, the insights about methods that this author and therapist utilized in the course of therapy are intended to spark dialogue, not to prescribe process or predict outcomes. Trauma survivors are encouraged to exercise due diligence in choosing helping professionals and take an active role in their healing process. This article is not a blanket endorsement of all practitioners trained in Brainspotting.

Katherine is collaborating with Dr. David Grand to gather anecdotal evidence on Brainspotting outcomes. Share your comments about this article and send for guidelines on submitting your Brainspotting story to: yourbspstory@aol.com. Information about Brainspotting training and referrals in the United States can be obtained at www.lisaschwarz.com. For international training and referrals, contact Dr. Grand's assistant at lauriedela@aol.com.