BRAINSPOTTING PAIN REDUCTION SETUP (BSP PRS)

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INTRODUCTION:

This is how I came up with the physical pain reduction setup. In 2017 my client whom I am here calling T.H. came to see me for symptoms of major depressive disorder. A male in his 40's, 6'7 feet tall and weighing over 300 lbs., T.H. walked slow with a cane in hand. Once in my office he could not focus on the intake interview due to experiencing excruciating pain from a past surgery on his right kneecap despite medication treatment. T.H. felt hopeless and depressed as the kneecap the surgeons replaced was not big enough for his size and moved around with every step he took. My intuition told me to pull out my pointer and asked T.H. if he would be willing to try a quick exercise by using his eyes to get relief from pain. He agreed and I began the process you will read below. T.H immediately began to experience relief, "Are you a fucking wizard?", "what you did to me?" he asked me. We completed the intake and walked out of my office. He carried his cane on one hand, smiling and talking to strangers he encountered in the corridor on his way out.

A. There are two distinctive experiences of pain, a **stand-alone pain** and **entanglement pain**. When the experience is associated with other distressful emotional neuronal networks such as those found on the Childhood Adverse Experience (ACE) questionnaire it is called an entanglement pain. When the experience of pain is not associated with any emotional neural networks then is a stand-alone pain, the example of T.H. is that of a stand-alone pain. We will focus on both experiences on this setup.

B. The word *"Pain"* comes from the Latin word *"Poena"* meaning retribution, punishment, and atonement from where we get the derivative word "penalty". [i] Words may be pregnant with meaning for the subconscious mind. The definition of pain: "*Pain is an unpleasant **sensory** and **emotional** experience associated with actual or potential tissue damage or described in terms of such damage"* (International Association for Study of Pain)

*"Pain is an unpleasant bodily experience that feels like something in the body has been or is being damaged or destroyed, **perceived or expected** as a threat to or interference with one's ongoing functionality and that is **associated with emotions** such as fear, anxiety, anger or depression"* (Eimer, Bruce, PhD) [ii]

This definition recognizes that pain is a subjective experience as it contains a mix of sensory components and emotional-belief components and these two are intertwined in the experience of pain. In my understanding, the key to relieving both stand-alone pain and entangled pain is to disentangle these two components in order to separate the **sensory physical** from **the emotional-belief components**. This is our objective with the BSP PRM.

C. Pain is one of the most ancient tools for projected interpretation of stimuli received from the depths of our nervous system traveling at speeds of 250 miles per hour, that has endured until the present time. Pain is part of the alarm mechanism that has alerted our primitive nervous system to avoid danger, seek help and repair tissue to survive in this planet for over a billion years. Without this internal alarm we would have disappeared as a species long ago. Our subcortical regions of our brain are constantly scanning our body receiving stimuli from receptors in our skin and organs, detecting tissue irritation or damage. However, this alarm system could be either oversensitive to scanning for body sensations or may get easily stuck sounding danger even long after

repairs may have taken place. "*Pain is a warning signal; when everything that CAN be done and should be done has been done, there is no reason for it to continue…"* (Thompson, Kay F., D.D.S.) [iii]

For this reason, begin by asking the client to tell you about the history of their relationship to pain. Take as much time to discuss how client views pain and watch for patterns of beliefs about pain and how these have served the client as a secondary gain or has been a part of their personal identity or attachment. You may use the McGill Pain Questionnaire to facilitate this discussion. You will find a free copy online.

D. The problem is not the pain, because it is a valuable alarm, we just do not need it on all the time specially if we are seeking treatment. Tell your client to think of pain as the smoke detector in their kitchen that may get triggered after the toaster has burnt the bread. They may first attend to the toaster, open the windows, and shut the alarm off. There is no need for the alarm to keep sounding.

E. Once your client understands this premise, then educate your client that our subconscious is very logical and when we tell our brain that we don't need pain, it does not understand the negative and instead it hears "I need pain". How can we then communicate with our brain that we need the opposite of pain? What is the opposite of pain? The opposite of pain is pleasure. However, when the client's subconscious mind has attached value to pain, the client's subconscious may resist to stop pain. That is why I suggest informing your client that we may need to replace the word "pain" for the word "discomfort". Follow the logic and ask the client, "What is the opposite of discomfort? The answer is "comfort". "What does your body need?", "comfort" is the answer. From here on, we will refer the word "pain" as "discomfort". The concepts of stand-alone pain and entanglement pain will be refer as sand-alone discomfort and entanglement discomfort.

F. One final thought, you want to remind the client that they are made up of 50 trillion brilliant cells. Each of these cells have memory and they remember everything. The body has a memory. [iv] Therefore, before we begin, we need to know that our job is to help the cells of the body remember the comfort level that it used to feel in that part of the body long before the discomfort appeared. Neurons that had fired together remember when they were wired together. And we do this through the eyes, by finding the spot that access this memory. Where we look affects how we feel. [v]

BSP PRS SET UP FOR STAND-ALONE DISCOMFORT:

1. Ask your client to notice if they have saliva in their mouth. Liquid saliva in the mouth is one of the signs of parasympathetic nervous system activation. *"For psychoanalgesia it is important to start with the production of liquid saliva in the patient's mouth. The vagal predominance that this means facilitates its obtention."* (Escudero, Angel, M.D.) [vi] Escudero has performed over 700 surgeries without anesthesia in Valencia Spain. When I met with him in 2017, he recommends using saliva as a sign for ventral vagal response and connection between neo cortex and sub cortex areas of the brain to reach faster analgesia. If your client's mouth is dry, ask them to take 3 slow deep diaphragmatic breaths and notice fresh saliva coming into their mouths.
2. Identify the client's physical discomfort in the body.
3. Using the 0-10 Subjective Units of Distress (SUD) scale, have the client rate the level of the current physical discomfort. 0 = comfort and 10 = extreme discomfort.

4. Ask the client **"does this discomfort serves you in any way?"** this question is important for the client to give itself permission to disconnect from the discomfort. **"What does your body need?"**. Then ask, **"Would you be willing to welcome comfort into your body?"**
5. Inside Window **BSP#1**:
    a. Have the client go back in time to a **comfortable or pleasant memory** when they were active, maybe outdoors while playing, hiking, or taking their pet for a walk when **their body or affected part of their body felt comfortable.** If the client has several memories, chose the one that has the highest positive emotions and have them notice it in their body.
    b. Find the spot for this memory by using inside window BSP, using x and y axis and ask the client to label this spot as BSP#1.
6. Advanced Z Axis:
    a. Use Advanced Z Axis, brainsweeps with slow movements. By using the BSP #1 have the client notice their body while thinking of the pleasant memory.
    b. Have the client be curious about their sensations in their body, "**Notice what happens in your body when I move the pointer slowly, closer to you or farther away from you".**
    c. Ask the client for SUDs on their discomfort level on moving further away versus moving closer.
7. Notice which sweep movement brings the most comfort to their body and use the most comfortable sweep movements.
    a. Ask the client to follow the pointer as you do brainsweeps very slowly. "**Just stay with your body sensations, while thinking of the pleasant memory and follow the pointer**". Let the client process in silence. Do as many sweeps as it is needed. Notice any body reactions or movement or facial expressions.
    b. Once the client reports lower SUD's level on their discomfort it is important to ask them if this experience is comfortable enough or would they like to lower their discomfort even more and to give you their ideal SUD number level. Then say, "**As we repeat the process let me know when you have arrived at your ideal SUD level number"**
    c. Repeat brainsweeps until client reports arriving to ideal SUD level number.
    d. Sometimes I have a client stand up and use prudent movements to make sure the body feels comfortable. If the client reports increase discomfort while standing up or moving, then I ask the client if they would be willing to repeat the process while standing up or moving their body in a prudent manner. Use your clinical judgement with this step.

BSP PRS SET UP FOR ENTANGLEMENT DISCOMFORT

1. Use the Adverse Childhood Experiences (ACE) questionnaire and notice if the client has scored 3 or greater as this may indicate higher probability for entanglement with adverse emotions that may affect and lead to entanglement discomfort. Ask the client to briefly bring to their awareness any current tension, or anxious memories related or not to the ACE responses, without talking or thinking much about them. This helps to transfer raw implicit

adverse memories into the working memory file in the brain to be processed when doing the "blink of the eyes" exercise on step 7 below.

2. Ask your client to notice if they have saliva in their mouth, if their mouth is dry ask them to take 3 slow deep diaphragmatic breaths and notice fresh saliva coming into their mouths.
3. Identify the client's physical discomfort in the body.
4. Using the 0-10 Subjective Units of Distress (SUD) scale, have the client rate the level of the current physical discomfort. 0 = comfort and 10 = extreme discomfort.
5. Ask the client **"does this discomfort serves you in any way?"** this question is important for the client to give itself permission to disconnect from the discomfort. **"What does your body need?"**. Then ask, **"Would you be willing to welcome comfort into your body?"**
6. Inside Window **BSP#1**:
    a. Have the client go back in time to a **comfortable or pleasant memory** when they were active, maybe outdoors while playing, hiking, or taking their pet for a walk **when their body or affected part of their body felt comfortable**. If the client has several memories, chose the one that has the highest positive emotions and have them notice it in their body.
    b. Find the spot for this memory by using inside window BSP, using x and y axis and ask the client to label this spot as BSP#1
7. Blink of the eyes: Tell the client that while gazing at BSP#1 and doing brainsweeps you will be saying the word "**blink**" several times and they are to just close and open their eyes 3 times as fast as they can. In my experience the blinking of the eyes functions as some sort of eraser or break state in the brain that clears distress, anxiety placed in the working memory file in the brain. I am not aware of any evidence base research to back up my clinical experience.
8. Advanced Z Axis:
    a. Use Advanced Z Axis, brainsweeps with slow movements. By using the BSP #1 have the client notice their body while thinking of the pleasant memory.
    b. Have the client be curious about their sensations in their body, **"Notice what happens in your body when I move the pointer slowly, closer to you or farther away from you".**
    c. Ask the client for SUDs on their discomfort level on moving farther away versus moving closer.
9. Notice which sweep movement brings the most comfort to their body and use the most comfortable sweep movements.
    a. Ask the client to follow the pointer as it moves very slowly further away or coming closer to them. **"Just stay with your body sensations, while thinking of the pleasant memory and follow the pointer".** Let the client process in silence. Do as many sweeps as it is needed.
    b. Say the word "**blink"** randomly during the process and notice client blinking their eyes
    c. Once the client reports lower SUD's level on their discomfort it is important to ask them if this experience is comfortable enough or would they like to lower their discomfort even more and to give you their ideal SUD number level. Then say, "**As**

we repeat the process let me know when you have arrived at your ideal SUD level number"

d. Repeat brainsweeps until client reports arriving to ideal SUD level number
e. Sometimes I have a client stand up and use prudent movements to make sure the body feels comfortable. If the client reports increase discomfort while standing up or moving, then I ask the client if they would be willing to repeat the process while standing up or moving their body in a prudent manner. Use your clinical judgement with this step.

BSP PRS SET UP FOR ENTANGLEMENT DISCOMFORT (FOR TELEHEALTH SESSION OR PERSONAL SELF-CARE)

1. Use the Adverse Childhood Experiences (ACE) questionnaire and notice if the client has scored 3 or greater as this may indicate higher probability for entanglement with adverse emotions that may affect and lead to entanglement discomfort. Ask the client to briefly bring to their awareness any current tension, or anxious memories related or not to the ACE responses, without talking or thinking much about them. This helps to transfer raw implicit adverse memories into the working memory file in the brain to be processed when doing the "blink of the eyes" exercise on step 7 below.
2. Ask your client to notice if they have saliva in their mouth, if their mouth is dry ask them to take 3 slow deep diaphragmatic breaths and notice fresh saliva coming into their mouths.
3. Identify the client's physical discomfort in the body
4. Using the 0-10 Subjective Units of Distress (SUD) scale, have the client rate the level of the current physical discomfort. 0 = comfort and 10 = extreme discomfort
5. Ask the client **"does this discomfort serves you in any way?"** this question is important for the client to give itself permission to disconnect from the discomfort. **"What does your body need?"**. Then ask, **"Would you be willing to welcome comfort into your body?"**
6. Inside Window **BSP#1** using the client's index finger.
    a. Have the client go back in time to a comfortable or pleasant memory when they were active, maybe outdoors while playing, hiking, or taking their pet for a walk when their body or affected part of their body felt comfortable. If the client has several memories, chose the one that has the highest positive emotions and have them notice it in their body.
    b. Find the spot for this memory by using their index finger from either hand as a pointer and use inside window BSP, using x and y axis and ask the client to label this spot as BSP#1
7. Blink of the eyes: Tell the client that while gazing at BSP#1 and doing brainsweeps you will be saying the word "**blink**" several times and they are to just close and open their eyes 3 times as fast as they can. If the client is doing this exercise in private, have the client say "blink" on their own about every 10 seconds.
8. Advanced Z Axis:
    a. Use Advanced Z Axis, brainsweeps with slow movements. By using the BSP #1 have the client notice their body while thinking of the pleasant memory.

b. Have the client be curious about their sensations in their body, **"Notice what happens in your body when you move your index finger slowly, closer to you or farther away from you".**
c. Ask the client for SUDs on their discomfort level on moving farther away versus moving closer.

9. Notice which sweep movement brings the most comfort to their body and use the most comfortable sweep movements.
    a. Ask the client to follow their index finger as it moves very slowly farther away or coming closer to them. **"Just stay with your body sensations, while thinking of the pleasant memory and follow your index finger".** Let the client process in silence. Do as many sweeps as it is needed.
    b. While the index finger is moving, say the word "**Blink"** randomly during the process and notice client blinking their eyes.
    c. Once the client reports lower SUD's level on their discomfort it is important to ask them if this experience is comfortable enough or would they like to lower their discomfort even more and to give you their ideal SUD number level. Then say, "**As you repeat the process let me know when you have arrived at your ideal SUD level number"**
    d. Repeat brainsweeps until client reports arriving to ideal SUD level number
    e. Sometimes I have a client stand up and use prudent movements to make sure the body feels comfortable. If the client reports increase discomfort while standing up or moving, then I ask the client if they would be willing to repeat the process while standing up or moving their body in a prudent manner. Use your clinical judgement with this step.

- One last note, I have had clients that I perceive they need urgent comfort when they come into my office due to chronic discomfort. I have learned to never come to their rescue and assume what is best for my client, even if I sense that my client needs comfort. Rather I ask about their sensation of discomfort, what does it mean to them, their history and wait until their internal ego state parts give full permission to work with their discomfort. The goal with chronic discomfort is not to make it go away, but rather be friend it, welcome it, do not resist it. Chronic discomfort is a protective response, is here to help the client. Use your clinical judgment and stay in the tail of the comet.

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[i] Pain, 11th Century word from the Latin Poena, or penalty, retribution, punishment. From the Greek Poine, meantine atonement and the French word Peine, a 13th century word meaning agony suffered by Jesus Christ. *Online Etymology Dictionary*

[ii] Eimer, Bruce, PhD., *Hypnotize Yourself Out of Pain Now!*, Crown House Publishing Limited, Second Edition, 2014, page 4

[iii] Kane, Saralee, and Olness, Karen, *The Art of Therapeutic Communication, The Collected Works of Kay Thompson*, Crown House Publishing Limited, Second Edition, 2004

[iv] Levine, Pater A. Ph.D. *Trauma and Memory: Brain and Body in a Search for the Living Past: A Practical Guide for Understanding and Working with Traumatic Memory*. North Atlantic Book, 27 October 2015

[v] Grand, David, Brainspotting: *The Revolutionary New Therapy for Rapid and Effective Change*, Sounds True, 2013

[vi] Escudero, Angel, M.D., *Healing by Thought, Noesitherapy Biological Basis*, Impreso En Signo Grafico, Valencia, Spain, Fourth Edition, 2003, page 249