**My Envisioned Mind:**

**A 9 step program to Reclaim Self**

**Professional introduction**

The My Envisioned Mind is a nine-step process which integrates two major theories:

* Neuro-psychological theories on memory storage and retrieval in the Limbic System
* Sub-personality theory known as Psychosynthesis

**Bessel van der Kolk’s research on the storage and retrieval of trauma memories**

Particularly useful research has been conducted by Professor Bessel van der Kolk (*“The Body keeps the Score”:* 1995). He found that trauma is stored in pictures by the Limbic System, which is the emotional seat of the brain. Recurrence of the trauma is seen as “flashbacks” by people with Dissociative Disorders (D. D.) and Post-Traumatic Stress Disorder (PTSD). When a person has a trigger to a past trauma, the “flight/fight” impulse is activated. The Limbic System is accessed and the resulting emotions flood through the body. The traumatic experience is relived, leading to inappropriate behaviours out of time and place.

**Assagioli’s theory of sub-personalities**

Assagioli’s theory (*Psychosynthesis,* 1965) explores how life experiences are stored by sub-personalities in childhood.

With every new experience, the child creates a sub-personality to hold that particular experience. There are often hundreds, even thousands, of sub-personalities created. These sub-personalities are created by the baby, then the child, until approximately five to seven years old. Every new experience is built into and accepted by a sub-personality, who then, over time, takes on a “role” or a “mood.”

**The effects of trauma in childhood**

Using the theories of Assagioli and Van der Kolk, I have worked with adults who were traumatised as children. As a result of this research, my framework has been based on Van der Kolk’s research that the trauma has been stored in the Limbic System and re-activated as a “flashback”. I have accepted that, according to Assagioli, the child has activated a sub-personality to hold that experience. I have found that these theories explain the child’s reaction. When the experience threatened the child’s life (or was perceived by the child as life-threatening) the sub-personality has developed into a “personality” which takes executive control of the body and parts of the person’s life.

This is diagnosed as the experience of Dissociative Identity Disorder (D.I.D.). The personalities jointly run the life and come and go. This results in the person experiencing time loss.

**The evolution of My Envisioned Mind**

When I first started working with DID, it became apparent that there were two things which a person with this disorder did not have in childhood: safety and happiness. I began my counselling by meeting the individual personalities and getting each of them to create a safe and happy room in their mind. The rooms were then brought together to make a home in the head. From this beginning, of creating a safe and happy home, I found that the client already had a home in their head, developed in childhood.

I then helped the client to find their home and refurbish it. The client would access an “inner self helper” who, I found, was almost always present. The inner self helper is the personality who knows the DID “system”.

The system is the term used to describe:

* how a person with DID set up a structure in their mind, as a child
* the relationships among the personalities
* and the separation and schism of the personalities created by the traumas.

Through their knowledge of the system and how it works, the inner self helper assists in identifying and healing each of the personalities.

The inner self helper becomes an internal counsellor.

**Why pictures?**

Research has indicated that speech and language ability are connected to the Broca’s and Wenicke areas in the left hemisphere of the brain. Gazzanega, quoted by Restack, (1984)

‘concluded that the human brain is organized in terms of a “mental society.” In other words, alongside our verbal system, there may reside any number of “mental units” [that] can exist, can have memories, values, and emotions, and all of these can be expressed through any of a variety of response systems.’ What makes this whole process so eerie is that these systems may not be in touch with the verbal system at all but rather, have their own existence outside of the areas of our brain responsible for our language and our logic.’

One of these ‘mental units’ is the Limbic System. That is where trauma is stored; and the Limbic System, separate from the left hemisphere, does not have ‘language’. Traumatic memories when they are accessed or when they flood through come usually as ‘flash backs’, that is, visual and emotional experiences. This is a common occurrence with people suffering from PTSD or DD. These pictures need to be given words.

This is when therapies such as counselling, particularly narrative therapy and NLP, have been found useful.

But talking therapy does not change the pictures of trauma!

It is my belief and experience that these pictures are changed in My Envisioned Mind.

**Guided visualisation**

Van der Kolk found, working with Vietnam War veterans, that their memories of trauma were encrypted in the Limbic System. These are commonly called flashbacks. The traumatised women clients of Van der Kolk challenged and expanded his theories of PTSD. It is from the visual nature of these flashbacks that I conceived understanding the flashbacks through guided visualisation, which allowed some control over them. Van der Kolk also used guided visualisations.

Drawing on Assagioli’s work as well as Van der Kolk’s, I found that accessing the personality or sub-personality who experienced or held the trauma allowed the personality or sub-personality to go through a healing process. Assagioli asserts that personality and memory are energetic forms and can be changed. I then took this one step further, and used the inner self helper to access the personalities and sub-personalities in the sub-conscious mind. Then I directed the inner self helper to conduct a healing process. This meant that the healing happened at a remove, and the client did not have to revisit the memories of the original trauma.

By using the inner self helper, the client was not flooded by the emotions of the memories, and was not re-traumatised by the frightening, often horrific, emotions of the original incident. In Van der Kolk’s *The Body Keeps the Score*, he described the hormone cycle which strengthens the flashback.

I knew that the people experiencing flashbacks did not want to re-experience the incidents because of the pain of the emotions that accompanied them. They were continually re-living the past, being drawn back to re-live horrific memories of trauma, never moving on.

I knew that people dropped out of counselling because they did not want to re-visit the trauma, and I knew that a way around this had to be found.

**Some examples**

* a client had a personality who was a baby and could not talk. The inner self helper accessed this baby and did the healing process.
* a client regularly purged by taking Laxettes, up to 20 at a time. Using the inner self helper, the client and I asked to speak to the sub-personality doing this. The client saw her as a fifteen-year-old who was filled with black pus. When asked why this was so, the reply was “Because I’m evil.” The Laxettes flushed the evil out of her. She felt clean for a time, then the evil would build again and she took the Laxettes again.
* a client had his father’s voice always yelling at him in his head, telling him he was “useless, hopeless, would never amount to anything.” When the client and I accessed the inner self helper, the inner self helper directed the client to a room in his house where the father was still yelling at a small boy. The inner self helper evicted the father and took care of the small boy, who was healed. The voices stopped in his head.

**My research with clients**

I developed this My Envisioned Mind, first by working with people diagnosed as having DID. I have spent over 15 years researching DID. For seven years I worked in the Dissociative Identity Society of SA (DISSA) as a home telephone and group support person. For two years I was co-ordinator of DISSA. I came to this position from personal and family experience of this disorder. I have been able to research at close hand the results to the human psyche of childhood trauma.

Having worked with people who had “split” into DID, I applied the same principles with people with PTSD and other mental health problems and disorders. I applied the psychological theories I had used with DID and adapted them to others. I maintained the concept of the inner self helper who oversees the meeting and healing of sub-personalities, rather than fully formed personalities.

As a result, I have worked with people with schizophrenia, bi-polar disorder, BPD, panic and anxiety disorders, eating disorders, depression and addictions, as well as DID and PTSD. The figures below indicate that The My Envisioned Mind is as effective with other mental health problems as it is with DID and PTSD.

I have also changed my terminology from “trauma” to “adverse life events” when talking with clients. Everyone has adverse life events and how a person reacts to these can cause depression, anxiety, anger, panic, obsessions or stress. Sometimes adverse life events can cause mental disorders. I have found that there is always an aspect of adverse life events in any mental illness or disorder and using The My Envisioned Mind helps in alleviating many stressful symptoms.

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**References**

Assagioli, R. (1975) Psychosynthesis, Penguin Press, England

Restak, R. (1984) The Brain, Bantam Books, New York.

Van der Kolk. B., (1995) *The Body Keeps the Score*, Harvard Press, U.S.A.

Figure 1

A oneway repeated measures ANOVA was performed to compare scores on the DASS scales for depression, anxiety and stress at the start (week 1), at week 5 and at 5 months follow-up (see Figure 1). There was a significant improvement on DASS scores for depression, *F* (2,72) = 10.81, *p*<.001, for anxiety, *F*(2,72)= 6.86, p=.002, and stress, *F*(2,72)=6.49, p=.003. In all cases Tukey’s post hoc tests revealed a significant difference between week 1 and week 5, and week 1 and 5 months follow-up, although not between week 5 and 5 month follow-up. This suggests that most of the improvement occurred in the first 5 weeks and was sustained at 5months. This was despite the fact that only seven of the 25 participants reported using the maintenance procedure of THE SELF RESTORATION PROCESS\* between 5 weeks and 5 month follow-up. Furthermore, all improvements were clinically important. From start to 5 months follow-up, scores on the depression scale fell from the severe range (*M*=10.32, *SD*=4.53) to normal (*M*=4.52, *SD*=4.48); anxiety dropped from moderate (*M*=6.32, *SD*=5.31) to normal (*M*=2.48, *SD*=3.39), and stress scores dropped from moderate (*M*=10.4, *SD*=5.77) to normal (*M*=5.84, *SD*=4.13).

\* Now called My Envisioned Mind



A one way repeated measures ANOVA was performed to compare scores on the DASS scales for depression, anxiety and stress at the start (week 1), at 4 weeks follow-up (week 5) and at 5 months follow-up. There was a significant improvement over time in the DASS depression score, *F*(2,21)=5.47, *p*=.012. This represents a marked reduction in depression from a rating of severe at week 1 to mild at week 5 and 5 months follow-up.

Eight women took part in the ‘At Home in Your Head’ workshop for overcoming depression, May 2004, with ages ranging from 29 to over 50 years old.

Diagnoses of these women were: Obsessive Compulsive Disorder with Depression and Agoraphobia; Bi-Polar and Borderline Personality Disorder; mild depression; Post-Natal Depression; Depression and Generalised Anxiety Disorder; Post Traumatic Stress Disorder and ‘Mental Illness’. Six were on medication.

At five months the women were asked:

Have you been using the maintenance procedure of The My Envisioned Mind?

6 reported NO. 2 reported YES.

Have you experienced any major adverse life events since attending the At Home in Your Head workshop?

5 reported NO, 3 reported YES

I believe that the maintenance of the much lessened depression is due to my work. If the 6 women who did not use the ‘maintenance procedure’, over 5 months, had done so, it is my contention that the rate of depression would have been less.