

THE THERAPY BEAT

# Turning the Spotlight on Brainspotting

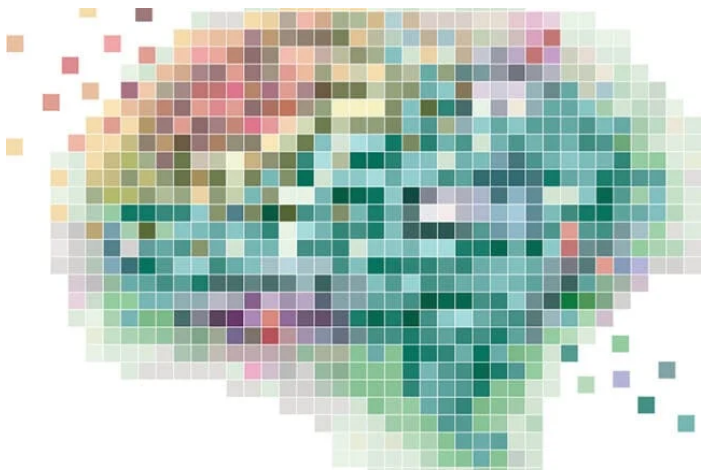
*Did an Unexpected Discovery Reveal a Quicker Path to Healing?*

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Compared to the methods he'd spent years using, this one would be easier for clinicians to master and less difficult for clients to stomach—and the results would stick.

The year was 2003. Somatic Experiencing had been around for 26 years, and EMDR for 16. Many therapists believed trauma treatment had reached its apex. So why would any clinician in their right mind—even a talented one—risk their hard-earned reputation promoting something nobody had ever heard of?

For starters, David Grand has never been one to sit still.

Twenty-seven years into clinical work, Grand had become a polymath of sorts: a social worker who'd studied psychoanalysis, spent seven years working as a sports psychotherapist, been personally trained in EMDR by Francine Shapiro, and proceeded to write a book about it (*Emotional Healing at Warp Speed*). He'd put those skills to use treating 9/11 first responders, then wrote a screenplay about the experience titled *I Witness*, which would go on to receive critical acclaim. It's hard to imagine that anything, let alone a happy accident, could've compelled Grand to devote himself to a singular pursuit. But that's exactly what happened.

In his capacity as a sports psychotherapist, Grand had been working with Karen, a 16-year-old ice skater, who'd been suffering from debilitating performance issues that "possessed a dissociative quality." In warm-ups before competitions, Karen would forget her routine or say she couldn't feel her legs. Unsurprisingly, she scored poorly. Grand turned to the old reliables: EMDR, Somatic Experiencing, and micromovements designed to improve body awareness. They helped, but only so much. He deduced that several traumas were likely to blame for Karen's problem, including her parents' messy divorce and a long list of sports-related injuries. But even though he processed these issues with her, a sticky problem remained. She still couldn't pull off a certain move: the triple loop, a crucial part of many skating performances. Without it, her competition days were over.

One day, Grand began their session with EMDR, as he'd done many times before. But when he asked Karen to imagine doing the triple loop in slow motion, then stop at the precise

frozen. “My hand locked,” he recalled in his 2013 book, *Brainspotting*. “It felt like someone had grabbed my wrist and held it in place.” After a moment, Karen reported a flood of new images and body sensations. Old memories—family fights, childhood injuries, and the death of her grandmother—suddenly resurfaced, seemingly out of nowhere. With Grand’s fingers fixed in place, Karen began to process the memories one by one.

The next morning, she called Grand from the practice rink. She’d successfully performed the triple loop, over and over again. It had been nothing short of a breakthrough, Grand later recalled, something he’d never seen in all his years of practice. But could he do it again?

## Lightning Strikes Twice

Grand tried replicating the experience with other clients. Again and again during bilateral stimulation, he’d notice their eyes wobble, then lock in certain spots. Just like with Karen, when he held his fingers still and instructed these clients to hold their gaze, unprecedented outpourings of emotion and processing followed. Many reported feelings of lightness and calm after just a few sessions. Others noticed pleasant sensations in their body or head. After sharing his findings with colleagues who repeated the experiment with their own clients and experienced similar breakthroughs, Grand was convinced he’d discovered something incredible. “A new method,” he wrote. “And perhaps a new paradigm.”

Wanting to know why this intervention had worked, Grand came across anecdotal evidence of a relationship between certain eye positions and brain activity associated with unconscious emotional experiences. By maintaining these eye positions—which he dubbed Brainspots—he speculated that people could access emotional energy trapped deep in the nonverbal, noncognitive areas of the brain, like the amygdala, hippocampus, and orbitofrontal cortex. These were the areas responsible for regulating emotions, motion, consciousness, and learning, but once they’d absorbed traumatic energy—the body’s attempt at maintaining a stable environment—they went into freeze mode, or “frozen maladaptive homeostasis,” as Grand called it. If clients could access their unconscious trauma, he reasoned, then they could process it.

from experimenting. The method carried a powerful set of tools that begged to be explored."

Soon, he had a process. Brainspotting interventions would begin with the clinician asking clients to recall the memory of the painful experience that had brought them to therapy, and to identify where in their body they felt distress. Then, they'd be asked to rank their body activation on a zero-to-ten scale, known as the Subjective Units of Disturbance Scale. Next came tracking the visual field and locating the Brainspot. After doing some focused mindfulness processing with the therapist, clients would recall the painful memory again. If they uncovered something new, they processed that too, did another round of eye movements, and then recalculated their bodily distress. From there, it was a matter of repeating these steps until their distress level reached zero.

This wasn't just EMDR by another name. Grand had found that up, down, forward, and backward movements worked just as well as bilateral stimulation, that slower movements were gentler on clients, and that other responses—like facial twitching, yawning, coughing, and body shifting—could indicate midbrain activity. A handful of studies found that Brainspotting was faster than EMDR, resolving trauma in an average of six sessions, compared to EMDR's nine. EMDR may have worked at "warp speed," but Brainspotting, it seemed, was a hyperspace engine.

Brainspotting was holistic and less procedural than other approaches: easier for clinicians to learn, and easier for clients to absorb. It didn't just help people process their problems, Grand claimed: it *rewired* the brain. And unlike with other mainstream treatments, reliving trauma wasn't a prerequisite to healing. Was it versatile? You bet, said Grand. Brainspotting could help resolve everything from anxiety, depression, and attachment issues to chronic fatigue, substance use, and fibromyalgia.

Over the following years, Grand would go on to use Brainspotting with survivors of Hurricane Katrina, combat veterans from the Iraq and Afghanistan wars, and survivors of the Sandy Hook shooting and the Bataclan attack in Paris. Miraculous firsts ensued: clients cried, cathartically, for the first time in years. For some, seemingly intractable physical pain

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As word of Grand's treatment spread, Brainspotting's popularity exploded. His work was featured on CNN, NBC, and *Nightline*, and in publications like *The Washington Post*, *The New York Times*, and *O Magazine*. In 2008, the PBS documentary *Depression: Out of the Shadows*, which included Grand as a featured expert, won a Peabody Award. Thousands of clinicians lined up for Brainspotting trainings. In interviews and demonstrations, Grand was often spotted with a softball-sized model brain and a collapsible silver pointer, the latter of which had belonged to his late father, a lecturer. Since holding his fingers aloft was tiring, Grand took to using the pointer to direct clients' eye movements instead.

Even therapists who'd pioneered different trauma treatments were singing Brainspotting's praises. Somatic Experiencing developer Peter Levine, one of Grand's early role models, was reportedly impressed by an early iteration of Brainspotting administered during a chance meeting. Bessel van der Kolk listed Brainspotting among the methods he claimed had "great success." And trauma specialist Gabor Maté later remarked that after just one Brainspotting session, he was able "to relax the grip of a burdensome perspective and its associated emotions, both of which I had carried for a long time."

With all its accolades, it might seem as if Brainspotting was destined for a pedestal in the hallowed halls of psychotherapy's most revered interventions. And it might have been, if not for one big problem.

## The Research Question

There's a rare document living in the depths of the American Psychological Association's website—or at least rare in that it gives a clear sense of where the association stands on alternative treatments like Brainspotting. The document is six pages long, an uploaded summary of a 2014 meeting in which the APA's Clinical Practice Guideline Development Panel for PTSD had been assessing for "harms and burdens" in prominent treatments, including CBT, CPT, exposure therapy, EMDR, and narrative therapy. Brainspotting is mentioned just once, barely a footnote.

navigate not closing down development of future treatments while still addressing the lack of current empirical support?" Perhaps it's no surprise that although the APA publishes a list of recommended PTSD treatments, Brainspotting hasn't made the cut.

The APA's note underscores Brainspotting's Achilles' heel: compared to more mainstream trauma treatments, it doesn't have a strong research base, nor vast empirical evidence, to back up its claims. The bulk of the studies that do exist, critics say, were developed and conducted by Brainspotting practitioners, suffer from small sample sizes, include nonclinical populations, and aren't published in peer-reviewed journals. A study that Brainspotting critics often point to, published in a 2017 issue of the *Mediterranean Journal of Clinical Psychology*, found that Brainspotting could largely eliminate PTSD, anxiety, and depression in as little as three sessions, but it lists Grand as a study coordinator.

A handful of psychology professors, including Scott Lilienfeld, known for his tough examinations of evidence-based treatments, took down Brainspotting in a 2015 *Canadian Journal of Psychiatry* article. Brainspotting's claims, they wrote, "are based on the scientifically dubious assumption that highly aversive experiences are typically banished from consciousness. To the contrary, a sizable corpus of findings reveal that emotional memories are usually highly salient and memorable."

Even a handful of Brainspotting practitioners have advised caution. Brainspotting, wrote practitioner Kjerstin Gurda in a 2015 article published in the *Journal of Aggression, Maltreatment Trauma*, "entails relatively foreign techniques or mechanisms, and thus perhaps holds the greatest risk for misunderstanding or inappropriate implementation."

It's hard to read these critiques and not second-guess whether Brainspotting holds water. Yes, it's helped tens of thousands of people resolve trauma. But who's to say the secret sauce isn't something that exists in many therapy methods, like an empathic witness who makes space for you to process hard feelings and encourages you to go places you've been reluctant to explore on your own? Maybe Brainspotting is just an amalgam of many effective treatments, some detractors say, and it's the EMDR, Somatic Experiencing, psychoanalytic, or mindfulness aspects of Brainspotting that make it work. Maybe it's the

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What, precisely, is the reason Brainspotting works?

Grand points to established science about the relationship between the eyes and the brain. “Where you look affects how you feel,” he often says. “If something is bothering you,” he wrote, “how you feel about it will literally change depending on whether you look off to your right or to your left. Our eyes and brains are intricately woven together, and vision is the primary way that we, as humans, orient ourselves to our environment. Signals sent from our eyes are deeply processed in the brain.”

Other explanations haven’t exactly been reassuring. “The mechanisms that underlie the Brainspotting approach are either yet to be understood or are known in fields outside the purview of my knowledge base,” Grand wrote in 2018. “Ongoing extensive research is important not only to understand and validate Brainspotting, but to further understand the interactive mechanisms of the eye and the brain.”

I’m torn, but I want to believe in Brainspotting. Who doesn’t love a good miracle, let alone one that’s helped tens of thousands of people find healing and peace? To get some clarity, I emailed Grand to ask if he’d be willing to chat. Not only would he speak with me about Brainspotting, he replied, but he’d show me how it works.

## The Train to San Francisco

On a Monday afternoon, I’m sitting on a Zoom call, watching as Grand prepares a new client, 40-something Marshall, for his first Brainspotting session. Grand leans back in a black leather desk chair, earbuds dangling around his neck.

He starts with a little priming. He tells us that in Brainspotting, the therapist regards the client’s issues as manifestations of developmental trauma. “We look at development in terms of primary attachment issues,” he says, “and everything else is built on that.”

Grand tells Marshall they’ll be looking at his body activation as he describes what brought him in today. He won’t do a lot of talking, he says, but plans to “stay in the tail of the

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SO WHAT'S YOUR SENSE OF WHAT YOU'D LIKE TO WORK WITH? GRAND ASKS HIM.

"I had an experience that I'd consider the most traumatic of my life," Marshall says. He goes on to share that, years ago, while doing human rights work overseas, his team was almost ambushed by a foreign military. They took cover in some nearby bushes and sat crouched in the fetal position for hours, until night fell and the danger passed. "I couldn't rustle a leaf for fear of being heard," Marshall says. "I dreamed about it for years. I haven't talked about this for a long time."

Grand gently rocks in his chair, mostly expressionless. He asks Marshall how activated he feels on a scale of zero to ten. A seven, he replies.

"Let's do some processing and see where it goes," Grand says. "We don't even have to get into any more detail about it because you know what it is inside of you, and I know that you know what it is inside of you. Now, I want you to do whatever you need to do to activate your self-criticism."

Marshall closes his eyes and tilts his head down slightly. After a minute or two, he looks up. "Okay, I've got some hooks," he says. "It's around feeling incompetent, like I don't belong. I feel this urge to be good enough, to perform well enough, to work three times as hard as anybody else to feel normal."

Grand nods. "We're going to look for the eye position where you feel that the most," he says, reaching for his silver pointer. Slowly, he moves it from right to left, until Marshall tells him that's where he feels the most discomfort.

Now that they've found the Brainspot, Grand tells Marshall he can close his eyes or keep them open. Although he keeps the pointer still, Marshall no longer needs to focus on it. "Be aware of what you're feeling in your body right now," Grand instructs, "and just notice what comes next. Just be curious about it. Trust it and follow it wherever it goes."

Grand gives these kinds of directives often over the next 45 minutes: when Marshall furrows his brow and clenches his fists in anger, when he rubs his face with both hands in



eyes again, and continues to search inward. After a few minutes, he's made a new connection.

"I had highly critical parents," he says. "These memories of being embarrassed keep coming up. I tried a lot of things other kids didn't, took a lot of risks, and the criticism was relentless. When I was little, I brought home a picture I'd drawn at school, and my parents asked, 'Why'd you put the sun over there? And why'd you leave out the dog?' It felt like nothing was ever good enough."

"That's the programming," Grand replies. "And the fact that you still have that self-doubt means the programs are still operating. But here's the thing about programming: whatever it makes you believe is never the truth, about yourself or the world. What are you feeling in your body right now, Marshall?"

"I feel sad in my body," he replies. "It feels like I'm wearing a lead jacket. It feels like I *could* take it off, but I'm not sure I'm ready yet."

"Keep going," Grand instructs. But after a few minutes, it's clear that Marshall is spent. "I feel okay," he tells Grand. "I feel like I've gone far enough."

Grand smiles. "If you were taking a train from New York to San Francisco, and you never even expected to make it to St. Louis, but you did, would you get off there?"

Marshall smiles back. "No," he replies.

"The only way you're going to find out what happens if you keep going is to keep going," Grand says. "And I'm mindful of the process. I'm more implicitly holding it and guiding it. What's your activation level right now?"

"Pretty low," Marshall says. "There's a sense of understanding and care for that young part of me."

For the second time, Grand asks Marshall to look at the silver pointer. Slowly, he brings it

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I didn't feel an uptick of anything. It kind of took me out of the experience, actually.

"Wouldn't that be a healing resolution, if you could be taken out of the experience of self-criticism?"

Marshall nods.

"One last thing," Grand instructs. "Go back to the trauma overseas and see what it looks and feels like."

Marshall closes his eyes. "It doesn't come up like it did before," he says after a moment.

"When you were overseas in the fetal position for hours and felt terror with those soldiers around, the trauma that was inside of you as a child was also inside of that young man lying in the bushes, so if you get some healing from that, it means that young man in the bushes is now in a different place, too."

"I never would've connected the two," Marshall says.

"But it's all in the trauma networks in your nervous system," Grand explains. "Between now and when we follow up, your system is going to be processing this, so when we step in the river again, you're going to be in a different place than you are now."

Our time is up. Marshall smiles, thanks Grand, and signs off.

My head is spinning. How did Grand connect Marshall's troubles in early childhood to his trauma overseas—and with such limited information? Does the connection even make sense? From what I can gather, Marshall is equally baffled. But if he's still on the train, I hope he makes it to San Francisco.

## Letting Go

Three weeks later, I sit down to debrief with Marshall, with one question at the top of my

imagine some people need a little more guidance, but David's silence allowed me to go to places I don't know I would've otherwise."

I ask him whether he feels more at peace, whether he has any answers or clarity he didn't have before.

"I do feel more integrated," he says. "During the session, I could almost feel my brain putting the pieces together. I'm a little more cognizant of my defenses now."

What about Grand's gentle pushes to keep going? I ask. Was it too much?

"I was getting tired," Marshall replies. "After an hour, I was done. But I saw it as an invitation more than a directive. I would've liked to hear him say, 'We can pause whenever you want.' But I felt deeply honored that he believed I knew the way."

I circle back to Grand with a different question: Outside of the occasional invitations to keep going, why not intervene? As it turns out, that's an essential part of the process.

"Once you drop down and your nervous system takes over, it's the holding presence you need," Grand says, "not the guidance." In fact, he adds, it's not uncommon for some Brainspotting sessions to have no dialogue for up to 40 minutes.

"The brain knows what to do," Grand wrote in *Brainspotting*. "And 99 percent of the time, it knows what to do better than the therapist does. The Brainspotting therapist's job is to know what to do during that one percent of the time they are called upon to step in."

Grand was able to see what I couldn't, even after I'd witnessed it with my own eyes: making space for clients to do their own internal work isn't just important, it can mean the difference between staying stuck in your trauma and finding your way out of it. That's a common oversight, Grand says, even among seasoned therapists.

"Thanks to David, I was able to honor the way my system sees my problem," Marshall tells me. "It was my own words, my own story, my own narrative. It feels wholly mine." He pauses

It's been a long time since 2003, since Grand's breakthrough with Karen the ice skater, since he stumbled upon something that wouldn't just change his life, but the lives of tens of thousands of people. Grand doesn't say whether he'll retire anytime soon, but when he does, he knows Brainspotting will be in good hands. More than 30,000 therapists have been trained in Brainspotting, working in over 100 countries.

"The fact that Brainspotting continues to be brought to new countries by trainers other than me," he wrote, "is proof positive that Brainspotting has grown well beyond me and is the best sign of a job well done on my part."

Grand doesn't expect Brainspotting will last forever. In fact, he hopes that one day it will become obsolete, improved upon and transformed into something even better. The next big therapy discovery, he writes, "may happen in the office of a therapist in some far corner of the world, who will have a transcendent experience like the one I had with Karen."

As for Brainspotting's evidence problem? A handful of peer-reviewed studies have come out over the last two years that point to its benefits. This time, the study coordinators appear to have no formal connection to Brainspotting. It may not be much, but it's a start.

Regardless, at the end of the day, Grand doesn't need a wealth of research to keep going. He's seen Brainspotting work time and again, and for him, that's enough.

"Good therapists know that all therapy work is trial and error," he writes. "They don't do something because they know what's going to happen. They do something because they think it might help, and then they sit back and see what happens."

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