

Brainspotting as a Neuroexperiential Process for Healing and Expansion

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Here we are. Over 1,200 Brainspotting practitioners together at the same time. Most of us are therapists but some of us come from other healing modalities. Eighteen years ago I walked into my office unaware, as far as I knew, that a life-changing, paradigm-shifting experience was coming my way, and ultimately our way. I called myself a psychotherapist and I suppose in most ways I still do. But that momentous day in March 2003 began a process that changed me both neocortically and subcortically. This pertains to my perceptions, my beliefs, my concepts, my language and ultimately my practice. Before that day of discovery, that moment of discovery, my conceptualizations and language were essentially derived from psychology, psychotherapy, psychopathology, diagnosis and treatment. However, in relation to all these stated aspects, my day of discovery provided an arc that bent and folded everything for me forevermore. It was the birth of the neuroexperiential model that I am presenting to you today.

Perhaps that's not entirely accurate. Maybe I'm giving my neocortex too much credit and my subcortex not enough. My subcortex was living and breathing in it's own neuroexperiential processes, as it had been in utero and birth right up to these unfolding moments of my presentation to you. And the same applies to all of your subcortices that are neuroexperientially receiving, perceiving and metabolizing the felt sense wisdom my words carry, reifying what your subcortices already intuitively know. It is the neocortex that seeks to observe, define, refine, categorize and name what the subcortex already knows and knew intuitively. The wise neocortex understands that it is only as knowledgeable as the information it receives from the knowing subcortex. The foolhardy neocortex believes it derives it's own wisdom from within itself. That is a foolscap believing it is actually the head that it sits upon. The wise neocortex knows that it's informational perceptions all derive from sensory perceptions. "It is what it is" long before "it is what it means". The self-absorbed neocortex believes that it's informational perceptions stand on their own. Accordingly, my subcortex already knew the salience of an eye wobble to the unprocessed trauma it both revealed and expressed. But on that day, my neocortex was compelled to notice and focus on the skater's profound eye wobble, freeze and the ten minutes of lightning fast, life-changing processing that ensued. My neocortex wondered whether this was the opening of a new door, a breakthrough, however, my subcortex already knew it was. My neocortex took confirmation from the skater's report the next

morning that the triple loop came to her effortlessly. My subcortex needed no confirmation because it already intuitively knew itself and its own myriad mechanisms, as well as that of the skater. When each of you attended your Brainspotting Phase 1 trainings, your subcortex already intuitively knew what your neocortex was to informationally learn at the training. The paradigm shift to come was in your neocortex, not your subcortex. So why was this new information you learned about uncertainty, frames, eye positions and focused mindfulness so unsettling and confusing to your neocortex? Perhaps because of all the information it was fed starting in undergraduate and graduate school.

Modern psychology is seen as beginning in the late 1800's with the foundational work of Sigmund Freud, Pierre Janet, William James and countless others. The 1900's saw the expansion of psychoanalysis and its offshoots, the birth of behaviorism and the evolution of clinical and experimental psychologies. Academic and research psychology brought evidence-based practice to the fore. The late 20th century brought attention to the prominence of body and brain processes and their centrality to our human experiences, and their interruptions, but these brain-body fundamentals existed primarily on the periphery of the field of psychology. We are now early in the third decade of the 21st century, so where are we? Despite the advances across the board in science, the digital age and social media, our universities, research laboratories, training programs, licensing boards, institutions providing therapy and insurance companies paying for it, are often mired in the increasingly outmoded concepts and language of not only the 20th century but even the 19th century. The DSM 5, the Diagnostic and Statistical Manual of Mental Disorders, is the reference material our fields rely on in many parts of the world. Reflect with me for the moment on its name: diagnostic....statistical....manual....mental....disorders. What do these words truly mean? How do these terms fit with the words we employ in Brainspotting: uncertainty, frames, attunement, presence, body awareness, neurobiology, relevant eye positions, focused mindfulness, dysregulation to regulation, attachment disruption, developmental trauma and survival/adaptive dissociation? The current lexicon, the language of our fields, which reflect the conceptualizations of our fields, provides little that relates to with what we see, and know and do with Brainspotting. Yet all of us, including myself, are still operating, explicitly and implicitly, from the outdated and incongruent language and concepts of our field's histories. How is the term psychology defined? APA posits that "psychology is the study of the mind and behavior", which is close to the definition provided by the Merriam Webster Dictionary which states, "the mental or behavioral characteristics of an individual or group". Merriam Webster additionally defines psychotherapy as, "treatment of mental or emotional disorder or of related bodily ills by psychological means". The words mind and mental lack clarity, relevance and groundedness

in the context of Brainspotting. In fact, I've spent my entire career unsuccessfully trying to figure out what the mystifying words "mind" and "mental" actually mean, or at least what their relevance is to what I see and do in supporting people to heal. Disorder is a judgmental and blame-shifting term society gives for trauma-wound manifestations derived from the cruelties that befall the young and the vulnerable. Psyche in ancient Greek means breath, spirit or soul, however where are these derivatives present on the licensing exams for psychologists or psychotherapists? The answer is obvious. They are not.

Although I discovered Brainspotting 18 years ago and have been progressively developing, with the input of many others from around the globe, the theories, practices and language of Brainspotting, it is only in the last year that I have arrived at the designation of the Neuroexperiential Model, for Brainspotting, and for other healing modalities that wish to explore this concept. The name neuroexperiential, and all it holds, didn't come to me quickly, directly or easily. In fact, I wasn't fully aware that I was searching for it.

Perhaps it's that I'm simply not capable of thinking in the context of conventional wisdom, which can be an asset or a deficit, or that I rely on my subcortex more than most people appear to. My subcortex knew that you call something by what it is, not by what it was, and not by what others tell you it is. You call something by what it is. Brainspotting gives a name to what we do, but it doesn't describe what Brainspotting does, and what conditions and situations it works with. The words psychology, psychotherapy, treatment, "mental model" or "model of the mind" don't suffice. Freud's topographical (pre-structural) model of unconscious, preconscious and conscious begins to approach what we do, although it addresses the mind and ignores the brain and the body. The bottom-up neuroexperiential starts with the nervous system in the body and rises towards conscious awareness and being.

The word "neuroexperiential" came to me before I had a chance to think of it; it was a true subcortical gift. I knew it was right but I didn't know why, at first. So I pondered it and meditated on it and invited my neocortex to do its work, reviewing the words and the concepts my neocortex came up with, that I am presenting to you today. Neuro is of the nervous system, the neurobiology, the brain and the body which are primarily unconscious, out of our conscious reach. Experiential pertains to that which arises to and resides within our conscious awareness. To my observation, the foundation of the experiential is the sensory: sight, sound, feel, smell and taste. It is important to note that the brain receives the sensory input and creates a simulation of it, so what feels real is actually an internally created reality. In addition, it appears that our senses are much more attuned to our internal environment, or our felt sense, than our sensations or perceptions are of the world outside of us, our outer environment. From the sensory, the felt

sense, flows the emotional and the intuitive, which are intertwined closely together. The emotional refers to the flow of our transient feelings, about ourselves and others, our past, our present and our imagined future. Emotions, in my opinion, are rooted in the primal, fear and anger deriving from flight and fight, love deriving from core attachments, and joy reflecting the expansive possibility of our one to four quadrillion synaptic connections. The intuitive is what we know, simply because we know it. It derives from our instinctual animal heritage, a guide for how to survive and thrive in our dynamic, unpredictable environments. The intuitive appears to be a limbic process with autonomic underpinnings, ultimately flowing towards the neocortical, but not there yet. Perhaps the distribution of neurons throughout the body provides insight into intuitive input; the spine, the peripheral nervous system, the enteric (digestive) nervous system, the cardiac nervous system and perhaps other yet to be discovered body systems. All these yield the intuitive, gut, heart, energetic, generational and apparently psychic manifestations and awarenesses. Accordingly the intuitive is part neuro and part experiential, the way station Freud called the preconscious, the netherworld of self-presence. As the sensory, emotional and intuitive rise towards expanded conscious awareness, they begin to attract the attention of the neocortex. What is this? Where does this come from? What does this mean? What does this tell me about my world and myself? What words might best describe this? and ultimately; Where do I go with this? In this accurate, receptive process, the neocortical plays a crucial role in the experiential evolution. In Brainspotting, we are taught to devote most of our efforts to bypassing the neocortex, to not get bogged down in the language and thoughts that play no role in regulation. There is, however, a clear place for the neocortical in the experiential aspect of Brainspotting. Frontloading and backloading information are meant to engage the neocortex in anticipating before, and reviewing after, the process that is bookmarked in between. The parting question to the client, "what's your takeaway from this session" guides their neocortex to reflect and then continue reviewing the ensuing post-session processing.

Let us return to the neuro piece of the Neuroexperiential Model. It might seem that my choice of the term "neuro" might appear to delimit the concept solely to the mechanisms of the nervous system. This is not my intention. It is my choice to stretch the term neuro from a solely Western conception of physiology to an expansive, permeable frame that encompasses all historical and present day healing wisdom. I have been quoted as saying that "Brainspotting is where East meets West and West meets East", implying that my background as a Westerner should not in any way preclude Eastern wisdom, healing and philosophy from informing and infusing itself into Brainspotting. An example of this resides in another quote of mine, "you don't have to know what it is to know that it is". Even though I am not highly knowledgeable in the

various energy healing modalities and practices, they are highly congruent with Brainspotting and are definitely inside the neuro frame I am presenting here. The same applies to Indigenous wisdom and healing practices, which are not coincidentally found historically distributed throughout the world, as they rely on the evolved, collective intuitions of millions, shared and developed over centuries and millennia. This Indigenous knowing fits perfectly into the neuro frame through observing, attuning, waiting and sharing with others who are doing the same. Brainspotting is mindful of being open, curious and respectful of the ideas and practices of others. It is for those in the Brainspotting community who possess knowledge of Eastern and Indigenous wisdom and practices, to contribute to and build on the neuroexperiential model. We evolve by sharing our collective wisdom, as such following the tale of the comet together, wherever it ventures.

Does this mean that when it comes to the neuro, anything goes? Of course not. Everything is received, perceived and held in the superordinate Brainspotting Frame comprised of all of its integrative components. It should be noted that Brainspotting practitioners often ask in trainings and discussion lists, "what is the set up for?" a variety of conditions or situations, when in fact the more accurate question is, "what is the frame for?" The set up only serves to, step by step, focus and activate in the service of frame development. In fact, the inchoate frame exists within the client long before they seek out therapy. It is the felt sense of dysregulation that is the genesis of the client's journey towards pursuing healing. Something is, or feels, not right and the client is unable to understand, determine or figure out how to right or resolve it. The dysregulation has to be painful, disruptive and inhibiting enough, for long enough, for the client to take the courageous steps towards and into the healing process. Brainspotting takes the view that the inability to move reflexively from dysregulation to regulation can be found in subcortical dissociative barriers formed during sustained developmental trauma, which are further calcified by repeated, accumulated adult traumas; retraumatizations that reverberate back to the original preverbal, intra-uterine and generational traumas. Brainspotting is directly trauma and dissociation informed, duly attuned to the substrates of all symptomatic and behavioral manifestations. The particular dysregulated felt sense possessed by each individual, reflects the frame in its earliest formation. This frame forms and develops until the potential client cries out, "enough is enough, I can't live this way anymore!" Brainspotting therapists know that the client brings their own personal, uniquely developed frame with them into their initial session. As we greet them, as we listen openly and intently, as they spontaneously reveal their story, the client is gently, yet tentatively, extending their frame out to us as we receive it. We hold their frame with them and develop it together. By doing so we are creating with them a space that enables

them to innately and intuitively verge from dysregulation to regulation, not in a linear fashion, but in a series of unpredictable spirals that mirror the neural processes of exploring and expressing. This is a quintessential neuroexperiential process.

What we Brainspotting therapists call the set up starts with an invitation to the client; “what would you like to work on today?” This is another way of asking, “what neuroexperiential frame have you brought into today’s session?” Other modalities may require that the choice of issue fit into certain categories, parameters or targets. This demands that the client to fit into predetermined frames, and reflects a lack of attunement and openness on the part of the practitioner and their model. The neuroexperiential approach understands, respects and supports the client’s internal and intuitive wisdom of knowing and identifying the deeply personal and individual sense of what burdens them. The neuroexperiential model also knows and respects the subcortical, nonverbal and somatic quality of the client’s presentation. That’s why Brainspotting practitioners don’t immediately ask for extensive history, detail and client impressions. We ask, “are you activated around this issue?” We mindfully use the designation “activation” because it is a frank, neuroexperiential term neutrally reflecting nervous system activation, intentionally steering clear of meaning and connotation. There is no “too much” or “not enough” activation as it is what it should be within the client’s perception and experience. If the activation is low and the client appears stable, we may encourage them to activate themselves, a sort of initial squeezing of the lemon. Regardless, whatever the level of activation is, we trust and accept it and move ahead to taking the SUDs, Subjective Units of Disturbance Scale, rating activation from zero to ten. This rating process numerically engages the neocortical aspect of the conscious experiential. It carries no meaning, rating in a similar fashion to the gradations of a thermometer. Despite being subjective, the SUDs provides a numerical assessment that can be revisited throughout, or at the conclusion of the session. If during the processing the SUDs rises, it does not indicate a problem, rather the locating and approaching of dissociative barriers protecting unprocessed trauma. This elevation of the SUDs level actually reflects that the process is working by finding it’s way to and into trauma buried deep in the subcortex. Following the SUDs we ask, “where do you feel the activation in your body now?” This is a purely neuroexperiential question devoid of any psychological aspect or intent. It is akin to a medical doctor asking, “where does it hurt?” We accept whatever the client reflects back to us as they know their system best, from the inside out. As the client is observing the activation in their body, their visual systems are simultaneously responding with eye reflexes, orienting and spontaneous gaze. Brainspotting therapists quickly move to observe and harness these ocular phenomena, with or without a pointer. This gains subcortical access down to the midbrain

level of the visual layer of the superior colliculi, finding the right file and holding it open by maintaining the fixed gaze. This is an incredibly neuro process within the neuroexperiential and forms a frame capable of a powerful focused mindfulness healing journey.

Although Brainspotting therapists select either Outside Window, Inside Window or Gazespotting, all three are simultaneously present and can be accessed with all clients. We have yet to determine if all three express or access separate or overlapping neuro-ocular systems. Outside Window gains perhaps the deepest access to the activated nervous system as the reflexes in the eyes, face and body are almost entirely beyond the client's awareness. These reflexes emanate from the brainstem and the spinal cord, which are purely neurological and devoid of psychological meaning, interpretation and discourse. Clients queried at the end of an Outside Window process will frequently say, "I have no idea why you stopped there but it felt right", a neuroexperiential observation indeed. Inside Window was named as such because the client chooses the spot from their inside observation of the highest activation, or groundedness in the case of the Resource Model. Despite the client's conscious participation, it may well be that they are observing internally discharged reflexes that are not observable to the therapist. The increased respiration and circulation, the muscle tightening and the pain intensification are all reflexive expressions that redound to the brainstem and spine as in Outside Window. Yet the client's greater awareness of these reflexes reflects that the experiential is also present with the neuro, receiving and observing the rising and emerging sensations from the deep regions of the soma. Inside Window manifests the orienting reflex which both alerts us to potential danger, as well as possibility including sustenance, and social engagement. Accordingly, Inside Window is a highly somatic process where not only the eyes orient left, right, up and down, but the head, neck, torso and whole body also shifts and turns. Gazespotting, led by the client and observed and followed by the therapist, makes use of the client's saccadically patterned eye movements, flitting here and there, pausing longer on some spots than others. This phenomenon appears as if the client was accessing information on the inside by spontaneously gazing at positions on the outside. When a client locks on a spot, orients to it with their eyes and perhaps their body, it is clear that something meaningful and dynamic is occurring. Yet it is so natural and ever-present that we tend not to notice it in others and ourselves. Perhaps that is what is most compelling about Gazespotting. Similar to Outside Window and dissimilar to Inside Window, Gazespotting occurs outside of the client's awareness, making it more neuro than experiential, of course until we point it out to the client. Brainspotting's strategic and mindful use of three divergent ocular phenomena makes Brainspotting unique among other healing modalities, including the many somatic and brain-based approaches. This

eye observing and interfacing strategy allows deep, direct, focused, access to subcortical and somatic processes and provides a unique, powerful example of Brainspotting's neuroexperiential model.

The use of eye positions and the frame cohere to the Uncertainty Principal, which is the substructure of Brainspotting, extending beyond the one to four quadrillion synaptic connections. In Brainspotting we say, "in the face of uncertainty all we have is the frame." The Uncertainty Principal follows the infinite, unknowable nature of the macroscopic universes down to the minute, yet infinite, mysteries of the microscopic universes. This reflects that everything inside us, down to subatomic level, bound together by unseen forces, as well as everything outside of us, both infinitely complex and dynamic, expanding beyond our imagination, is essentially unknowable and uncertain. If this conception sounds like it's verging on the spiritual, that's because it is. It's no secret that there are scientists who are deeply religious and that quantum physics and spirituality increasingly dance together. Does this mean that the spiritual is contained in the expansive frame of the neuro I am proposing? I will leave that up to each of you to ponder this question and hopefully process it deeply. Thousands of years ago, peoples distributed around the world developed their own conceptions of a higher power and religious ritual, even though they never communicated or knew of each other's existence. "You don't have to know what it is to know that it is".

The Dual Attunement Frame, the structure of Brainspotting, takes the relational hold and focuses and deepens it utilizing the eyes direct access to the subcortex and the spine. The relationship is primal and archaic, evolving from the social engagement of primates and subprimates. As such, relationships are somatic and experientially mostly out of our conscious awareness. The relationship, seen as being psyche to psyche, is perhaps more precisely couched as subcortex to subcortex and soma to soma. Even the utterances, tones and cadences of verbal communication are primarily subcortical expressions molded into words and phrases by the neocortex. The watch words of Brainspotting, "where you look affects how you feel", inform the neuro of the neuroexperiential, as the retina, comprised of 100 million neurons, is an extension of the brain that is formed embryonically from neural tissue. It is no surprise that the reflexes expressed in the eyes, and the visual orienting system, reveal and provide instantaneous access to subcortical processes. Accordingly, the Dual Attunement Frame, molded and held simultaneously by the client and the therapist, is a central concept in both the neuro and experiential aspects of the neuroexperiential model.

The frame, painstakingly set up together with the client, step by step, both creates a space and focuses and intensifies the systemic activation within the client. This heightened state leads to processing which in Brainspotting is called Focused Mindfulness. This is both a portal and a process where subcortical processes flux and flow under the supported, open, curious observation of the client. Based on the complexity of the trauma inspired dissociative networks, the dynamic processing change may appear rapid or incremental. In either case, it is observed and experienced by the client over the course of minutes or hours, months or years. It is as if the neocortex is observing the mysterious subcortical processes in real time, a true expression of vertical integration. This Focused Mindfulness is where the deeply unconscious neuro processes transmute into conscious, neocortical awareness, the experiential of the neuroexperiential. This awakening can emerge through the sensory, body sensations, memories, emotions, insights, connections, awarenesses and releases. All systems are in action simultaneously, fully organic and free of any contrivances. The Brainspotting therapist attempts to get into, and stay into, the tail of this comet, which is not coincidentally an astronomical reference, in the context of this cosmic phenomenon. The therapist, gracefully surrendering to Uncertainty, knows they can't truly know what the process is or where it's going. All the therapist's knowledge, wisdom, experience and intuitiveness are gently pushed to the side, so as to valiantly have a chance to chase the vector of the client's trajectory. Unless the client is deeply destabilized and in need of grounding support, most non-Brainspotting therapeutic interventions actually subvert the client's subcortical journey, by diverting it towards the neocortex.

At either propitious junctures, or when edging close to a conclusion, we guide the client to "go back to the beginning", and once again attempt to revive the starting cause of activation. This is a profoundly neurological process where the client tries to reactivate the original neural networks that now have been transmuted by the frame-induced, sustained focused mindfulness. This is also a profoundly experiential process where the client's conscious, neocortex observes the sensory, affective and somatic changes. The SUDs rating, subjective as identified in its name, draws upon the client's computational abilities. It should be noted that we rarely ask the client about what the change means to them, as Brainspotting is about feeling and being, not about interpretation. It's not unusual for the return to the beginning to yield a response of, "something has changed but I can't put it into words". This too is a neocortical observation, honoring that healing change can be undefinable and indescribable.

One might ask, “how does the neuroexperiential model fit in with research?” I might answer, “how does the neuroexperiential model fit into science?” Psychology has struggled to establish itself as a hard science, in the face of physics, chemistry and mathematics. It might surprise you that there are zealots who don’t even consider biology a hard science. Single variable hypothesis testing studies are the backbone of what has been designated as evidenced-based practice in psychology. The search for validity at a .05 or even .01 level is a rather narrow lens with which to view the activity within the one to four quadrillion synaptic connections. The deeper we delve into the neuroexperiential model, the less it looks like psychology, the more it looks like a less-western approach viewing the self through the body, it’s systems and it’s fluid, dynamic awareness of itself. Based on uncertainty, presence, attunement, observation, connection, movement, and inevitable change, the neuroexperiential can be seen through a variety of lenses. We shouldn’t eschew hypothesis testing research, but we shouldn’t be delimited by it. The neuroexperiential can also be studied through the lens of biology, neuroanatomy, neuro-ophthalmology, exploratory research, neuroscience of consciousness, Eastern medicine and practices and the indigenous research paradigm. The neuroexperiential frame is expansive, encompassing, dynamic, inclusive, permeable, never static, always evolving.

In conclusion, the Neuroexperiential Model presents coherent conceptualizations and reflective language for what we know, observe and do as Brainspotting frame holders. It doesn’t reject the current and historical psychological and psychotherapeutic models of theory and practice, it builds on and expands beyond them. The Neuroexperiential Model presents a mindful, expansive, inclusive, dynamic, evolving, permeable frame that attempts to fit the healing needs of those who are drawn to us. The neuro reflects an open, seeking, organic, culturally-attuned and respectful model of the nervous system integrated into all body systems. The neuro recognizes the infinitely complex, perpetually dynamic, energy-infused and driven nature of the human being. The experiential reflects our intuitive awareness of the neuro forces that drive, guide and shape us. The experiential expresses the unity of our conscious awareness, our internal and external environments, and their constant interplay. The neuroexperiential is who we are, what we are, where we have been and where we are going.

You may have noticed that I haven’t directly presented from my chosen title, “Brainspotting as a Neuroexperiential Process for Healing and Expansion”. To be precise, the neuroexperiential is more of a process than a model as it is fluid, dynamic and always evolving. The Greek philosopher Heraclitus said, “No man steps in the same river twice, for it’s not the same river and he’s not the same man”. We are

always in process, whether inside the Brainspotting frame, or inside the cosmic frame. A model is a snapshot of the moment, a compilation attempting to capture the moving narrative of human existence. This limitation is certainly true of the Neuroexperiential Model, as well as all other models. And why did I include “healing and expansion” in my title? The universe is inexorably expanding as are we in our own internal universes. Healing is accordingly always an expansive process. The Brainspotting frame, received from and held with the client, focuses, contains and propels this expansive, neuroexperiential healing. The destination is always unknown because there is no destination. Healing is a process, and an expansive one at that.

What I have presented today is an invitation for you to receive, process and then make your own contributions to. The Neuroexperiential Model is a preliminary, flexible scaffolding intended to be woven upon by those inside and outside of the Brainspotting fold. As it is organic, multisystemic and evolving, it will never be a fixed model easily researched. It is grounded in the clinical sciences, what we all have collectively learned about the human systems, and what the sciences East and West have taught us about life as we know it. This presentation is intended to undergird every conference workshop that follows during the coming three days. You already have it in writing so feel free to review, reflect and discuss it. Thank you for your time, presence and attention.