



BRAINSPOTTING

Healing Trauma Through the Brain–Body Connection

A powerful, evidence-based therapy that reaches the root of trauma — below the level of conscious thought.

WHAT IS BRAINSPOTTING?

Brainspotting (BSP) was developed in 2003 by Dr. David Grand, who discovered that **where you look affects how you feel**. By identifying specific eye positions — called "brainspots" — that correlate with unprocessed trauma stored in the subcortical brain, therapists can access and release emotional pain that talk therapy alone often cannot reach.

BSP works directly with the body's nervous system, allowing the brain to process trauma at its source rather than simply managing symptoms. It is gentle, client-led, and effective for a wide range of presenting concerns.

"Where you look affects how you feel — and where you feel it is where it is stored."

HOW IT WORKS

- 1 Attunement**
The therapist creates a calm, attuned presence. You are never pushed — the pace is always yours.
- 2 Identify the Brainspot**
Using a pointer or your own gaze, you locate an eye position that activates a felt sense of the issue in your body.
- 3 Focused Mindfulness**
You hold your gaze on the brainspot while staying present with whatever arises — images, sensations, emotions, or memories.
- 4 Deep Brain Processing**
The subcortical brain processes stored trauma. This often happens without words — the body leads the healing.
- 5 Integration**
Insights, shifts, and relief emerge naturally. The therapist supports you in integrating what was processed.

BENEFITS FOR TRAUMA PROCESSING

1 Reaches Subcortical Trauma

Accesses trauma stored below conscious awareness — where talk therapy cannot always go.

2 Reduces Hyperarousal

Calms the nervous system's fight-or-flight response, reducing anxiety, reactivity, and overwhelm.

3 Non-Verbal Processing

Ideal for trauma that is difficult to put into words — abuse, early childhood experiences, or complex PTSD.

4 Faster Relief

Many clients experience meaningful shifts in fewer sessions compared to traditional approaches.

5 Somatic Integration

Releases trauma held in the body — tension, numbness, chronic pain linked to emotional experiences.

6 Empowers the Client

You are always in control. There is no pressure to re-tell your story or relive painful events.

WHO CAN BENEFIT FROM BRAINSPOTTING?

PTSD & Complex Trauma — Childhood abuse, neglect, attachment wounds, and repeated traumatic experiences.

Depression — Especially when rooted in unresolved emotional pain or trauma history.

Anxiety & Panic — Generalized anxiety, social anxiety, phobias, and panic disorder.

Dissociation — Gentle processing for those who disconnect or feel numb in response to stress.



Grief & Loss — Processing the death of a loved one, relationship loss, or life transitions.

Military & First Responders — Combat trauma, moral injury, and occupational stress.

Performance Issues — Athletes, performers, and professionals experiencing blocks or performance anxiety.

Chronic Pain — When physical symptoms are connected to emotional or traumatic experiences.

BRAINSPOTTING VS. EMDR: HOW ARE THEY DIFFERENT?

Both Brainspotting and EMDR (Eye Movement Desensitization and Reprocessing) are powerful, evidence-based therapies for trauma. While they share some similarities — both work with the brain-body connection and bypass the need for detailed verbal retelling — they differ meaningfully in approach, structure, and client experience.

BRAINSPOTTING	EMDR
Uses a fixed eye position (brainspot) held throughout processing.	Uses bilateral stimulation — eye movements, taps, or tones — in sets.
Largely non-directive; the client's brain leads the process at its own pace.	More structured and protocol-driven with defined phases and therapist guidance.
Minimal verbal processing required — works well for pre-verbal or wordless trauma.	Involves more verbal check-ins and cognitive interweaves during processing.
Deeply somatic; focuses on body sensations and felt sense throughout.	Somatic awareness is included but the protocol is more cognitively structured.
Often described as quieter and more internally focused.	Can feel more active due to the bilateral stimulation component.
Developed by Dr. David Grand in 2003 from EMDR roots.	Developed by Dr. Francine Shapiro in 1987; extensively researched.
Particularly effective for dissociation, complex trauma, and performance issues.	Strong evidence base for single-incident PTSD and phobias.
No formal homework or structured phases between sessions.	Typically follows an 8-phase protocol across sessions.

Which is right for me? Both therapies are effective — the best choice depends on your history, nervous system, and personal preference. Some clients thrive with BSP's quieter, body-led approach; others prefer EMDR's structured protocol. Natalie can help you explore which approach fits your needs.

Interested in exploring Brainspotting? Natalie Ellis, DSW, LCSW-QS is a trained Brainspotting therapist offering sessions via telehealth in Florida, Pennsylvania, Alaska, and Texas. **Schedule a free consultation at sagesoltherapy.com.**