

# Dual Attunement in Brainspotting

## Attunement Is Both Relational and Neurobiological

Attunement is one of the most frequently used words in psychotherapy, yet it is rarely examined closely. Most therapists assume they understand what attunement means. It is often taken to refer to empathy, presence, or emotional resonance between therapist and client. While these are important dimensions, they represent only part of a much deeper phenomenon.

Attunement is not only relational. It is also neurobiological.

From the beginning of life, human attachment experience unfolds within patterns of attunement. The infant enters the world neurologically undeveloped. Regulation of emotion, physiology, and stress does not yet exist as an internal capacity. Instead, regulation develops within the core of relationship. The infant's nervous system organizes itself through repeated interactions with caregivers whose facial expressions, vocal tone, touch, timing, and responsiveness continuously communicate cues of support or threat. These interactions are not interpreted cognitively. They are absorbed directly through the body and nervous system.

A caregiver's soothing voice slows the infant's heart rate. A responsive gaze stabilizes distress. Rhythmic rocking regulates breathing. Facial expression and tone signal whether the world feels manageable or overwhelming. Over thousands of such moments, neural pathways governing regulation, attachment, and self-experience are formed.

Attunement, in this developmental sense, is the caregiver's ability to sense and respond to the infant's internal state. When the infant becomes distressed, the caregiver moves toward regulation. When the infant seeks engagement, the caregiver responds. When the infant becomes overstimulated, the caregiver helps the nervous system settle. This ongoing dance between two nervous systems gradually becomes internalized, allowing the child to regulate themselves over time.

However, attunement is never perfect. Every caregiver misattunes at times. What matters is not perfection but attachment. When mismatches are followed by reconnection, the child learns that dysregulation can return to regulation. The nervous system learns flexibility rather than remaining trapped in defensive states.

Developmental trauma often arises when attunement failures are chronic or overwhelming. Caregivers may themselves be dysregulated, unavailable, frightening, or unpredictable. In such environments, the child's nervous system adapts for survival. Hypervigilance, dissociation, emotional numbing, or chronic anxiety may develop as necessary responses to unsafe conditions. These are adaptations to impossible situations, yet they often persist long after the original danger has passed.

In these circumstances, the child does not learn stable regulation and healthy attachment. Instead, the nervous system organizes around survival responses. Later in life, individuals may find themselves repeatedly triggered by situations that resemble early experiences of misattunement, even when no real danger is present. The nervous system responds as if threat is immediate, because the underlying survival patterns remain unresolved.

Psychotherapy therefore becomes, in part, an opportunity for new attachment and attunement experiences. A therapist's steady presence, emotional availability, and regulation offer conditions

in which previously unintegrated experiences may surface and reorganize. Clients often describe feeling understood, accompanied, or emotionally held in ways they have never previously known.

Yet relational attunement alone does not always reach the deepest layers where trauma is stored. Many clients have experienced supportive relationships without significant change in long-standing trauma patterns held in the body. Something more is required.

Brainspotting revealed that attunement must operate simultaneously at another level: the level of the client's neuroexperiential processing. In Brainspotting, the therapist is not only attuned to the person in front of them. The therapist is also attuned to the client's nervous system as it accesses and processes unintegrated trauma configurations. Eye positions, shifts in breathing, micro-movements, changes in facial expression, fluctuations in activation, dissociative shifts, and body sensations all signal movements occurring below conscious awareness. These signals often emerge when relevant eye positions access midbrain and subcortical networks that hold defensive and survival responses which were previously frozen and truncated.

Dual attunement refers to the therapist's simultaneous attention to both dimensions: the relational experience between therapist and client, and the unfolding neurobiological processing within the client's nervous system. The therapist is present with the person while also following the deeper organizing wisdom of the nervous system itself.

This simultaneous attunement gives Brainspotting much of its power. The relationship supports regulation, while neuroexperiential attunement allows access to trauma stored below neocortical control. Together, they create conditions in which the nervous system can move from dysregulation toward integration and regulation.

Attunement, therefore, is not simply kindness, empathy, or understanding. It is a precise and complex process of being with another person while also tracking and supporting the movements of their nervous system as it reorganizes itself. Presence, curiosity, compassion, patience, and trust are not merely therapeutic virtues; they are the conditions that allow this process to unfold.

The purpose of this paper is to explore attunement in its full complexity. In doing so, we examine how relational attunement and neurobiological attunement operate together in Brainspotting, how eye position and bodily responses deepen access to unprocessed trauma, and how therapists can cultivate the presence required to support this process.

### **Attunement in Human Development: Where the Process Begins**

To understand attunement in psychotherapy, we must first understand attunement in human development. Long before therapy exists, attunement is already shaping the nervous system.

The human infant enters the world neurologically undeveloped. Regulation of emotion, physiology, and stress does not yet exist as an internal capacity. Instead, regulation develops within relationship. The infant's nervous system organizes itself through repeated interactions with caregivers whose facial expressions, vocal tone, touch, timing, and responsiveness continuously communicate cues of support or threat. These interactions are absorbed directly through the body and nervous system.

Over thousands of interactions, neural pathways governing attachment, emotional regulation, and self-experience are shaped. Attunement becomes the bridge through which regulation is learned.

When attunement failures become chronic or overwhelming, developmental trauma may result. The child's nervous system adapts through survival strategies that later appear as anxiety, emotional numbing, dissociation, or relational difficulty. These patterns represent survival adaptations that remain active even after danger has passed.

Therapy then becomes an opportunity for new attunement experiences. Yet relational connection alone does not fully reach trauma configurations embedded within subcortical networks. Brainspotting therefore pairs relational attunement with direct access to neuroexperiential processing, allowing trauma held within the nervous system to reorganize.

Dual attunement extends developmental attunement into domains that traditional relational therapies often do not fully access. The therapist becomes both relational companion and attuned witness to the nervous system's movement toward integration.

### **What Makes Attunement Dual in Brainspotting**

Attunement has long been recognized as essential to psychotherapy, particularly within relational traditions. Yet Brainspotting proposes that attunement must extend beyond relational sensitivity to reach trauma stored within deeper organizing structures of the nervous system.

Dual attunement involves simultaneous attention to the lived relational experience between therapist and client and to neuroexperiential processing occurring within the client's nervous system.

Across psychotherapy traditions, some approaches emphasize relationship while others emphasize direct engagement with somatic or parts-based processes. Each offers important contributions. Yet therapists often encounter tension between approaches centered on relationship and those emphasizing technical access to nervous system processes.

Brainspotting does not resolve this tension by choosing one side. Instead, it recognizes that trauma lives within the nervous system and reorganizes most effectively within relational connection. Relationship alone may not access defensive responses locked in subcortical networks, while technical access without relational connection may leave clients feeling alone in activation.

Eye position serves as a bridge between these domains. Outside Window, Inside Window, and Gazespotting processes access orienting and defensive networks organized in midbrain structures such as the superior colliculi. Within relational connection, these networks become accessible and previously frozen responses begin to reorganize.

The therapist therefore holds two simultaneous attentional fields: presence with the person and attunement to nervous system processing. Neither dimension can be neglected. Without relational connection, activation may overwhelm. Without neuroexperiential access, therapy risks remaining superficial rather than transformational.

Dual attunement allows trauma organized across the multiple subdivisions of the nervous system to gradually reorganize. Regulation emerges through the nervous system's own movement toward integration when met with attuned presence.

### **Eye Position, Orienting, and Neurobiological Access**

Brainspotting recognizes that eye position provides a pathway into the neurobiological organization of traumatic experience. Vision is not simply cortical; eye position is deeply connected to orienting and survival responses organized in midbrain and brainstem structures, including the superior colliculi.

When threatening experiences occur, orienting and defensive responses may become frozen or truncated. These unresolved responses remain stored within subcortical configurations in the nervous system and may reactivate long after the event.

Specific eye positions correlate with access to these networks. When maintained, activation increases, emotional and somatic memories surface, and reflexive responses emerge. Tears, swallowing, trembling, and breathing shifts often accompany this access.

This allows processing that bypasses neocortical control and accesses survival networks directly. Multiple cranial nerves coordinate visual orientation and facial expression, linking ocular responses with autonomic regulation.

Outside Window processing often reveals reflexive orientation to external threat. Inside Window shifts attention inward, allowing access to interoception. Gazespotting refines access when activation is spontaneous and subtle.

Dual attunement ensures that this access occurs within relational connection, allowing activation to reorganize rather than overwhelm. Eye position provides direct access; attuned presence allows integration.

### **The Therapist's Nervous System as an Instrument of Attunement**

Dual attunement arises from the therapist's own nervous system. The therapist becomes the instrument through which attunement is communicated. Clients continually perceive cues of support or threat through facial expression, posture, breath, and tone of voice. Therapist dysregulation may lead clients to lose focus or disengage, while therapist regulation supports deeper processing.

The therapist's nervous system therefore becomes part of the therapeutic environment, lending stability when activation rises. This unfolds within the frame, which both therapist and client inhabit together. The therapist often senses energetic fluctuations within this shared field and remains influenced by them. Attunement includes awareness of these shifts while maintaining presence.

Therapists may also experience limbic countertransference, where emotional or bodily responses mirror exposure to the client's internal state. When recognized, this deepens attunement; when unrecognized, it may lead to loss of attunement and premature intervention.

Training in Brainspotting involves cultivating therapist presence rather than mastering technique alone. Therapists learn to tolerate silence, uncertainty, and emotional intensity while remaining present.

Dual attunement becomes less a technique and more a state of being. Healing unfolds through the meeting of two regulated nervous systems within a shared frame.

## **Tracking Activation, Regulation, and Processing in Dual Attunement**

Therapists often ask what they should track during processing. Much occurs beneath observable behavior. Activation may appear through breathing changes, facial shifts, trembling, emotional responses, or body sensations. Processing often unfolds through bodily experience rather than narrative recall.

At times processing deepens into stillness. Subtle autonomic shifts signal internal reorganization. Dual attunement helps distinguish inward processing from dissociative withdrawal. Regulation returns gradually, often through sighs, emotional release, warmth, or settling posture. Therapists recognize these changes without needing to interpret them.

Pacing is essential. Activation may need support if it becomes overwhelming, yet intervention too early may interrupt completion of survival responses. Therapists also track their own impulses to intervene, recognizing when discomfort arises within themselves rather than within the client's nervous system.

Throughout, relational connection remains constant. Even in silence, therapist presence supports the client's ability to remain engaged with powerful processing. Dual attunement allows therapists to accompany cycles of activation and settling while trusting the nervous system's intrinsic movement toward regulation.

## **Common Therapist Losses of Dual Attunement**

Maintaining dual attunement can be challenging. Therapists may drift into excessive verbal engagement, interrupting inward processing. Others may become overly focused on technique, missing relational disconnection.

Therapist discomfort with uncertainty often leads to premature intervention. Rescue impulses may interrupt survival responses before completion. Intellectualization may replace embodied presence. Investment in outcomes may lead therapists to guide sessions prematurely.

Therapists may experience tension or urgency reflecting limbic countertransference, resonating with client activation. When recognized, this deepens attunement; when unrecognized, it may drive intervention. Recognizing these drifts with curiosity allows therapists to return to attunement. Dual attunement remains an ongoing practice rather than an occasional achievement.

## **Therapist Development and Learning to Trust Attunement**

With experience, dual attunement shifts from effortful practice to embodied presence. Therapists discover that the nervous system reorganizes when given relational support and focused attention. Therapists learn to tolerate uncertainty and trust the pacing of processing. They become more familiar with their own internal responses, including limbic countertransference, and hold these with awareness.

Silence becomes recognized as space where deep processing unfolds. Interventions become fewer and more timely. Therapists come to experience sessions less as something they conduct and more as something they accompany. Dual attunement becomes a way of being rather than a technique.

## **Conclusion: Attunement as the Healing Mechanism**

Healing occurs in the presence of attunement. Trauma is organized within the nervous system and reorganizes when met with relational presence and neuroexperiential access. Dual attunement bridges relationship and nervous system processing. Eye position provides access; attuned presence supports integration.

The therapist accompanies rather than directs change. The nervous system resumes processes once interrupted, and regulation gradually returns. Attunement is not simply supportive of healing. Attunement is the mechanism through which healing occurs.

Brainspotting articulates and operationalizes this dual process, teaching therapists to remain aware of both relational connection and neuroexperiential processing.

Dual attunement becomes a stance of presence, curiosity, compassion, openness, and trust. When human beings are deeply met, relationally and neurobiologically, the capacity for healing is already present within them.