Case Study, A Cure for the Yips

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ABSTRACT

In Playing Scared: A History and Memoir of Stage Fright, Sara Solovitch tells the story of Triple Crown racetrack announcer Tom Durkin, who decided to quit after a reporter whimsically asked, "What's it like to be one easy mistake away from being a national joke?" Though I'm not convinced that Brainspotting provides direct access to areas "deep in the brain" or that unprocessed childhood memories are the root cause of most performance fears, Grand has certainly created a masterful embodiment of the factors Jerome Frank considered essential to therapeutic success. [...]his fervent belief in the power of his inventions undoubtedly inspires clients to risk a gradual return to the field of battle.

FULL TEXT

Case Study

A Cure for the Yips

Brainspotting and Performance Blocks

By David Grand

For the last 20 years, I've worked with many athletes and artists around performance blocks and anxiety, as well as performance enhancement. This kind of work is often viewed as something quite different from psychotherapeutic work, but I see performance as playing a part in most issues, including phobias, relational and parenting problems, and stresses around the demands of work and school. As therapists, we too often fail to recognize that significant changes in a person's inner state don't always lead to desired changes in performance.

Early on in my work with performance blocks, I was struck by how often the root of the problem could be traced to traumatic experiences, especially with athletes. Often these traumas involved sports injuries, both recent and stretching back to childhood. I discovered that preverbal and developmental traumas were often a crucial factor, even though literature on the psychology of performance has paid scant attention to trauma and dissociation as etiological factors.

One of the most common athletic performance blocks I treat is something called the yips, the loss by an accomplished athlete of an ability to perform a seemingly simple task that was once almost automatic, like an expert golfer suddenly being unable to drop a three-foot putt. It's primarily a sports concept, but it can be found in all walks of life, such as a surgeon whose hands inexplicably start to shake in the operating room, or a courtroom attorney who struggles to get words out during a trial. This condition is widely understood as a medical problemâ[euro]"the diagnostic label often applied to it is *focal dystonia*â[euro]"but I've found that the medical treatment is usually ineffective. Instead, I believe the symptoms found in the yips can more accurately be understood as a form of trauma- based dissociation.

Accomplishing precision tasks in front of an audience requires the athlete or performer to have the ability to dissociate adaptively or creatively. That involves achieving a state of hyperfocus, in which everything but the task at hand is shut out. But sometimes, especially under conditions of prolonged duress, even a highly skilled performer can lose the ability to achieve the proper state of mind and body, leading to loss of the necessary awareness and focusâ[euro]"or the yips.

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Rick's Yips

The case of Rick, a 19-year-old division-one baseball catcher who'd inexplicably lost the ability to throw the ball back to the pitcher, offers an example of how unacknowledged trauma and dissociation can undermine an athlete's performance. When he came to see me, Rick had been taken off the playing roster by his coach, and had already worked with two different sports psychologists to no avail. His throws were still either sailing over the pitcher's head or spiking into the ground. Baffled by how his throwing arm seemed simply not to take orders from his brain, he'd started suffering severe anxiety attacks.

In our first session, I asked Rick, as I usually do in cases involving the yips, "Can you tell me a bit about the injuries you've had in sports going back to when you were a young kid?"

"Nothing serious," Rick replied, turning his baseball cap backward as we talked. He then matter-of-factly narrated the long series of physical setbacks he'd undergone since an early age. "When I was 7, I broke my ankle sliding into third base," he said. "I had tendonitis in my elbow when I was 9. When I was 12, I had a concussion. Oh yeah, I had two more when I was 15 and 17, and I had two shoulder surgeries last year for a torn labrum. But none of it was a big deal." The world of highly competitive sports tends to promote dissociation regarding injuries with the play-through-pain mentality, and athletes themselves typically rush back prematurely from injuries for fear of losing their position on the team. Clearly, Rick was dissociated from the emotional impact of his history of sports injuries, which confirmed the likely source of his throwing yips for me.

I followed up by asking, "Have you ever had any big humiliations or failures in your sports?" I asked this question because, in addition to injuries, failures and humiliations often accumulate as sports traumas. Rick shrugged but didn't answer. When I pressed for more details, he said, "You know, the usual, people calling me loser, choker, head case. Sometimes the coaches berated me in front of the team and even in front of the people in the bleachers. If I dropped the ball, they'd tell me I sucked and make me run for an extra 30 minutes after practice while everyone else showered."

"Didn't that bother you?" I asked, trying to ascertain the extent of Rick's denial.

"They do it to everyone. I guess I had it coming, especially after the whole throwing problem started" he replied. At this point, with the mention of his throwing block, Rick pulled in his legs and looked down.

"Tell me what happened," I urged gently.

Tearing up he answered, "They started calling me a wuss. Every time I made a bad throw back to the pitcher, the coach would yell that out. My teammates picked it up and started to call me that name behind my back."

As Rick's emotion came closer to the surface, I felt this was a good time to get a sense of how his history and personal traumas might be connected to his current symptoms. When I asked about his parents, Rick told me, "I was a foster kid. My mom was a drug addict, so they took me away when I was a baby, and my foster parents adopted me when I was 2. They weren't the kindest people, but they saved my life, so how can I complain about them?"

As we talked more, I learned that Rick had always been a gifted athlete, playing baseball, football, and lacrosse in school. His adopted father was a former athlete who drilled Rick hard, regularly pulling him out from school during lunch to hit ground balls to him on a rocky baseball infield. It wasn't uncommon that the ball would take an errant bounce and hit Rick in the head, throat, or shins. "Shake it off," his father would tell him.

"How was that for you?" I asked him.

"He did it for my own good," Rick replied. Then he added, "It sucked. I hated it, but I was too afraid to say anything."

Rick's stuffing of his emotions is common for young athletes in relation to intrusive parents, especially when their involvement approaches abusive levels.

Because of the greater availability of academic scholarships for playing baseball, Rick ultimately had to give up lacrosse, his favorite sport, in his sophomore year in high school. He became the team star, both at bat and behind the plate. By his senior year, he's accepted a scholarship to a university with a strong baseball program. He played well in his freshman year until one night a foul tip hit the crease in his shoulder pad on his throwing side. He looked

to his coach for guidance, who instead simply turned his back. When he tried the routine toss back to the pitcher after the next pitch, his arm locked up. "It felt like a giant hand had grabbed my arm and pulled it backward," he said. He compensated by forcing the motion and the ball sailed over the pitcher's head. "It was weird." he continued. "On the next pitch, the runner on first tried to steal second on me and I gunned him down. But then I spiked my next toss back to the pitcher into the ground six feet in front of me."

My work with other clients like Rick has taught me that if a catcher has experienced repeated traumatic injuries, eventually the whole natural sequence of tossing a ball can shut down, even though this makes no sense to him. Rick's catching coach had seen this condition before and tried to talk him through it by saying, "Hang in there. It'll pass." But Rick's team coach was much less understanding and accused him of lacking guts. When the team coach pulled Rick out of his starting position and made him a backup to a player of lesser talent, he told him, "At least your replacement cares." Soon Rick was relegated to the third string, behind a freshman right out of high school. Needless to say, it made matters worse when Rick tried to hide all this from his father, fearing his disappointment and rejection.

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Using Brainspotting with Performance

Brainspotting is a therapeutic approach I've developed over the past 12 years to access the emotional and somatic areas deep in the brain, bypassing the areas of thought and language. Through an integration of EMDR and Somatic Experiencing, it focuses on using eye gaze and body awareness to access and process traumatic memories that may be difficult to bring to consciousness otherwise. But unlike other brain-based technologies, Brainspotting recognizes the healing power of relationship, relying on the therapist's ability to observe closely how clients visually orient as they immerse in their deep personal issues and to attune to what the clients say and how they say it.

Using the Brainspotting approach, I guided Rick to remember the last time his arm had locked up throwing back to the pitcher, and he chose the practice from the previous day. I asked him how activated he felt on a Subjective Units of Distness Scale (SUDS) from 0 to 10 (0 being neutral and 10 the most). It wasn't hard for Rick to summon up his activation, as he'd been obsessing about the incident all day. He shot back, "Nine."

I next asked where he felt the activation in his body. He said, "In my stomach and my shoulder." To get more comprehensive access to two different somatic systems, I slowly scanned a pointer across Rick's visual field, looking for the spot where he felt the most body activation. In Brainspotting, a client's feeling of somatic activation is used to locate hot spots in the visual field that trigger emotionally intense memories. Once located, clients are guided to maintain a gaze on these spots while mindfully observing their internal experience.

When my pointer reached to his left, just above eye level, Rick felt a spike in his chest and shoulder. As he focused on the spot, the bad throw repeated over and over in his mind, which made it clear that Rick's brain had started to process his sports trauma. Then previous bad throws in practice and game play started to pop up for him. It was as if Rick was watching a lowlight reel of his throwing failures. This kind of processing is quite common and usually leads to significant resolution and reduction of symptomsâ[euro]"which is what happened for Rick when the lowlight reel faded away and his mind started to wander to mundane issues of the day. At that point, I guided him back to the original bad throw in practice. In doing so, he noticed that the image had faded, as had the sensations in his stomach and shoulder. When I asked about his SUDS activation number, he responded with surprise that it had dropped to a three.

As we came toward the end of the first session, I urged Rick not to expect any immediate performance improvements, but to simply observe with curiosity. That can stave off disappointment and help keep clients focused on ongoing treatment rather than quick results.

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Ongoing Treatment

When Rick came back for his next appointment, he reported some small improvement in his throws in practice and bullpen warm-ups. We then decided to focus on the emergence of his throwing woes when he'd been hit in the

shoulder. My sense was that we might make further progress by going back to the incident that had led to the original outbreak of the symptom.
"What comes up when you go back to that incident now?" I asked.
Rick winced and said, "I see the ball coming in right into the crease in my shoulder pad. I feel the electricity running down to my hand, which feels numb." He opened and closed his hand as if he was trying to get the feeling back. "Now I see the coach turning his back on me and my stomach drops."
I noticed Rick's eyes riveted on a spot on the wall as if he was watching the coach's back right there, so I put the pointer down, recognizing that Rick had spontaneously found his own Brainspot. "Keep looking at the spot on the wall and tell me how activated you are from 0 to 10," I said.
Rick answered, "10." When I asked him to keep watching that spot and tell me what happens, he said, "I see that horrible throw playing again and again and again. Then I see my dad making me practice until late at night. He's yelling at me every time I make a mistake." Tears began pouring down Rick's face as he spontaneously recalled a torrent of hurtful incidents with his father, both on and off the field. Some memories were recent, and some were from early childhood, and they jumped around nonsequentially. When processing accesses deep memory material, it frequently doesn't follow the more linear processes of the conscious brain.
After about 45 minutes, I guided Rick to recall the memory of his initial shoulder injury and how his coach had turned his back on him. He looked amazed and shared, "It's like the images have splintered apart. I can't explain it, but I can barely make them out." These significant changes in imagery usually accompany a reduction of symptoms and indicate that the frozen trauma in the brain is releasing.
"How activated do you feel from 0 to 10?" I asked.
He said, "It's a two. It's barely bothering me."
At his session a week later, Rick reported slow but steady progress in his throws. He was beginning to feel hope that he might escape the grip of his yips. I was hopeful, too, but I've learned from experience that the Brainspotting process is often unpredictable and that yips can pop up even when you think you've got them beaten. I've found the more comprehensive the trauma processing, the better the odds are for successful resolution. So we pushed forward and in this session, we targeted his sports injuries, especially his multiple concussions. My theory, generated from prior experiences with impaired athletes, is that sports injuries accumulate into an unprocessed network in the brain and are best processed one by one.
When Rick focused on memories of his head traumas, the activation level soared to a 10. He became dizzy and felt pressure in the back of his head. As he slowly tracked the pointer that I moved slowly across his visual field, just past the center point, his head suddenly recoiled backward. I held the pointer right there and his pupils dilated. Rick looked startled and said, "I see myself falling out of a tree and landing on my head. I must have been 7. I never told anybody about that. Now I see my concussion when I was 12, and the one from when I was 15, and then 17. And now they're gone." At that point, Rick said he was looking at a blank spot on the wall that had previously held images he'd tried hard to forget. His activation level dropped to a flat zero.
A week later, Rick cheerfully reported that his improvement had led his coach to let him warm up pitchers during a game, and he only had one errant throw. After some discussion, he asked if we could work on his resentment and fear of disappointing his father. We chose an aggregation of memories of his father pounding ground balls to him on a rocky infield and chewing Rick out every time he misplayed a ball. The activation level was a nine, which Rick felt in his arms and chest. The processing then shifted to Rick's memories of his father's rages being directed at him and his mother over the years. Physical violence was rare, but it did happen at times. Tears streamed down his face as he repeated aloud, "I hate him!" In my work both with performers and all trauma survivors, I've observed how traumas of different varieties and different times often seem to be networked together.
By the end of the session, Rick was totally depleted but reported feeling relaxed, with low activation. He looked at the brain spot we'd used earlier and said, "There's nothing there now." So Rick and I finished up the session discussing his feelings as well as his intentions of how he wanted to stand up to his father in the future.

For four months, Rick continued his sessions with me, and we processed all the way back to his earliest memories. His throwing yips mostly went away, and he won the backup catcher's job, a triumph for him but still short of his potential. He regained a starting position only when he transferred to another college and escaped the coach who'd stubbornly blocked his path. Eventually, I became an ongoing source of support for Rick, allowing him to be more forthright with his father and draw closer to his mother. After our work concluded, he stayed in text contact, updating me on his continued progress.

Talk therapy alone is limited in its reach into the early trauma history that resides in the unconscious regions of the brain and in the body. In many cases, Brainspotting and other state-of-the-art brain-body-based approaches can achieve results that more traditional methods can't, providing a powerful healing modality that needs to be individualized for each client and integrated with other treatment techniques. Gone are the days when we relied solely on the relationship or nonrelational approaches in working with trauma. Now more and more therapists are learning how to mindfully marry them together.

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CASE COMMENTARY

By Jay Efran

One has to applaud David Grand for his willingness to tackle cases of the yips and other perplexing performance issues. This is an under-researched domain that often calls for extraordinary therapeutic patience and flexibility. My hunch is that Grand has both.

As a magician and musician as well as a psychologist, I've had my own struggles with performance anxiety. In fact, I was once so nervous that I put a match down in the wrong place and set fire to my entire prop table. I stumbled through the rest of that performance in a kind of daze. Fortunately, the local reporter who wrote about the event interpreted the conflagration as part of the show and praised the clever way I grabbed the audience's attention "by causing a gigantic blaze."

While yips (in sports) or drying up (on stage) are sometimes career-ending events, less severe cases can often be resolved without professional intervention. For example, second baseman Steve Sax, whose throwing difficulties led sportscasters to coin the term "the Steve Sax Syndrome," later declared himself fully recovered and went on to have a highly successful career.

The yips often emerge with a physical injury, as Rick's did with the blow to his shoulder. They can also follow an embarrassing public gaffe, in which the performer's worst nightmares seem to come true. This is what happened to Barbara Streisand when she forgot her lyrics in front of a Central Park crowd of 135,000 and a national television audience. She later told Barbara Walters that it was the "absolute lack of control" that was so devastating.

After such events, it's no surprise that performers lose their self-confidence and start to dread tasks that were once effortless. In my own case, it took a long while before I was comfortable putting a fire effect back in my magic show, even though triggering a second inferno was highly unlikely. Those in the public eye have an even tougher time regaining their equilibrium. In *Playing Scared: A History and Memoir of Stage Fright*, Sara Solovitch tells the story of Triple Crown racetrack announcer Tom Durkin, who decided to quit after a reporter whimsically asked, "What's it like to be one easy mistake away from being a national joke?"

Though I'm not convinced that Brainspotting provides direct access to areas "deep in the brain" or that unprocessed childhood memories are the root cause of most performance fears, Grand has certainly created a masterful embodiment of the factors Jerome Frank considered essential to therapeutic success. Briefly, these are a confiding relationship with a helping person, a healing setting, a rationale or mythology that accounts for the client's symptoms, and a plan that both client and therapist believe can work.

Grand's Brainspotting approach satisfies all those requirements. In addition, he prescribes visual and auditory exercises that capture his clients' imagination. He justifies those methods using scientific-sounding, neurobiological lingo and calls attention to falling SUDS ratings as an indication that the treatment is workingâ[euro]"what magicians call "convincers." Finally, his fervent belief in the power of his inventions undoubtedly inspires clients to risk a gradual return to the field of battle. If his clients then experience some real-

life successes, the laws of learning will take over and help loosen the grip of past hobgoblins. Rick's case is a good illustration of this kind of positive trajectory.

In *Brainspotting: The Revolutionary New Therapy for Rapid and Effective Change*, Grand claims that his approach enhances creativity, boosts athletic performance, and cures just about everything from insomnia to fibromyalgia. I find no research or other evidence in support of these rather extravagant claims. Nevertheless, I admire this demonstration of what a passionate practitioner can accomplish by creatively harnessing therapy's basic principles.

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