

**CREATING CORRECTIVE
EXPERIENCES WITH
TRAUMATIZED PATIENTS**



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Workshop Objectives:



- 1. Describe the 3 step model for corrective experiences for traumatized clients.**
- 2. List 3 ways to help clients embody their experiences to expand possibilities.**
- 3. Describe re-regulation and how this process is connected with co-regulation.**
- 4. Demonstrate tools to turn on social engagement & ventral vagal circuits to create more secure attachment.**
- 5. What are two ways to complete developmental repair to stabilize wholeness and enhance resilience.**

Polyvagal Theory

- Researched by Dr. Stephen Porges, and colleagues.
- Distinguished University Scientist at the Kinsey Institute, Indiana University & Professor of Psychiatry, U. of North Carolina.
- The polyvagal theory is based on evolution:
What contributes to human survival & reproduction is valuable, and will be passed along genetically to the next generation.



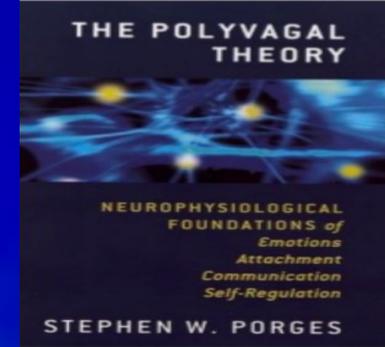
Polyvagal Theory Proposes:



- That two functionally separate tracks evolved within the vagus nerve to regulate activation. Both inhibit behavior within the parasym. system:

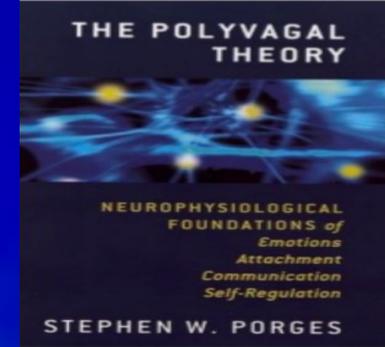
Old Vagus (DV – Dorsal vagal)

New Vagus (NV – Ventral vagal complex or Nucleus Ambiguus)



The Polyvagal System: A Blueprint for Pain and Healing

- Steven Porges' polyvagal theory (1995) helps us to understand the interplay between the sympathetic and parasympathetic branches of the nervous system with creation & maintenance of pain.
- 1) **The ventral vagal social engagement system** is “in charge” during nonthreatening situations. It helps us engage with the environment and helps us relate to others. It also helps to regulate the sympathetic system and keeps us in a “window of tolerance.”
 - 2) During times of traumatic threat, the ventral vagal system is overridden by the **sympathetic adrenal activation**, which mobilizes survival responses (fight and flight). The “alarm” is sounded by the amygdala and the hypothalamus turns on a cascade of chemicals, including cortisol, epinephrine, and adrenaline, which help to mobilize energy to meet the threat.

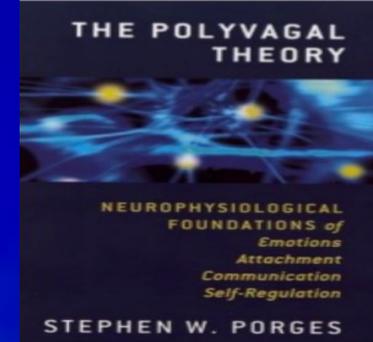


The Polyvagal System: A Blueprint for Pain and Healing

2) During times of traumatic threat, the ventral vagal system is overridden by the **sympathetic adrenal activation**, which mobilizes survival responses (fight and flight). The “alarm” is sounded by the amygdala and the hypothalamus turns on a cascade of chemicals, including cortisol, epinephrine, and adrenaline, which help to mobilize energy to meet the threat.

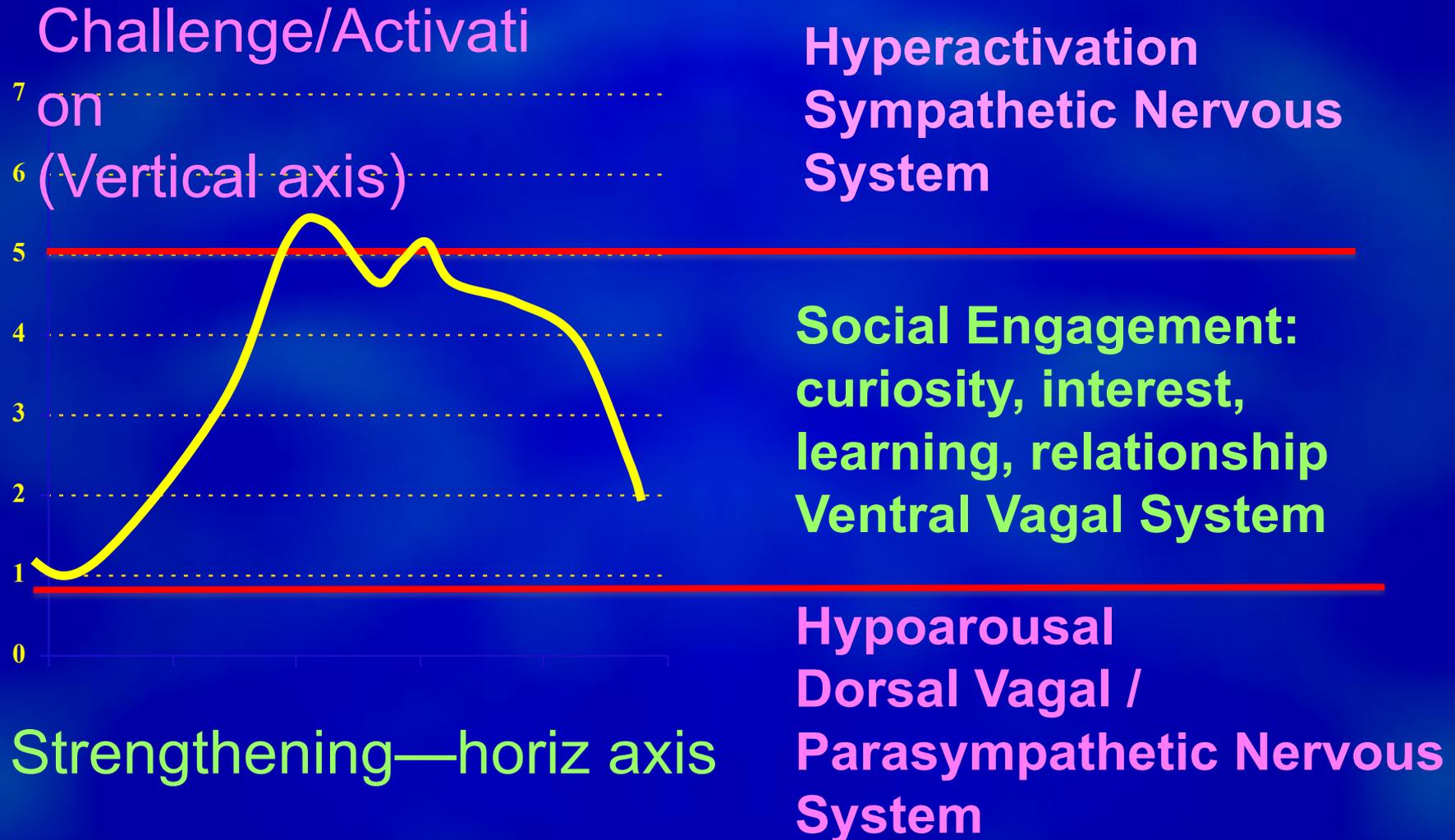
Activation of the sympathetic system results in increased blood flow to body’s muscles, decreased flow to the brain cortex, & increased vigilance. These reactions maximize our chances for survival.

The Polyvagal System...



3) If both the ventral vagal social activation system and the fight/flight response do not match the threat, then the **dorsal vagal system** is turned on. This is the most primitive system and is triggered by lack of oxygen in tissues and muscles. It turns on the **immobility response** displayed by the possum as “fake death.” The immobility response shuts down many functions of the body leading to decrease in heart rate and respiration and accompanied by numbness. Although this immobility protects survival, it can be lethal over a long time period, leading to heart and breathing problems, among other medical disorders.

Window of Experiential Acceptance



Adapted from Levine, 1996; Siegel, 1999; Ogden et al., 2006; Van der Hart et al., 2006

Action Systems: Creating Corrective Experience **The 3 R's**

- 1) **Resourcing** through the body to shift trauma-laden relationships with body experiences
- 2) **Re-regulation** of nervous system responses to triggering; strategies to turn on VV rhythms to enhance self-regulation & co-regulation
- 3) **Repair and rewire** by exploring enduring self-integration and secure attachment with others; form alliances and provide developmental repair to stabilize wholeness and enhance resilience

The Benefits of Resourcing

- **Resource loss is damaging after exposure to trauma.**
- **Resource gain is beneficial.**
- **Interventions that develop and measure gain of resources must be encouraged.**

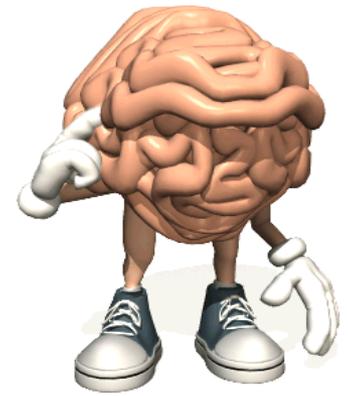
M. Hollifield, NIH, 2016

Structures for Healing: Explore Implicit Memory_



- **Bodily sensations**
- **Emotional surges**
- **Behavioral impulses**
- **Perceptions**
- **Sensory experience**
- **Proprioception & interoception**
- **Usually more implicit than conscious**

Embodied Brains



All encoded attachment patterns begin before birth

- **Heart brain: 40,000 neurons. Receives info much faster than cranial brain & can sense, feel, learn & remember; decides independently.**
 - **Coherent heart influences the cranial brain the most.**
- **Belly brain: A hundred million neurons and neurotransmitters; Eastern "center"; 90% of serotonin is created here; digests not only food but relationships, emotional experiences**
- **Muscle brain: How tension in the muscles transmits 80-90% of essential sensory information; adaptive, protective patterns**
- **Autonomic nervous system: A neural stream that brings essential somatic info to the cranial brain**

Step 1. Resourcing through the Body



- Find the body safe place.
- Ask the client to go inside and notice where there is an area that feels a little more comfortable than all the rest of the body.
- Explore this place using language of sensation.
- Find out if this is a place where all of the self can rest.
- Imagine that you are a cat, dog, etc. who can curl up and settle and then allow yourself to go to a deep resting place.

Utilization: Indirect Hypnosis



- **Use what is already working and make it more functional (ex. dissociation)**
- **Negative behaviors can be a portal to positive intent. For example, a stress symptom can be viewed as a way of providing an opportunity for self-care or for deeper self-learning**
- **Because this approach does not require clients to give up negative self-image or behavior, this method is particularly useful with more challenging patients, allowing them to establish a positive alliance and feelings of security and safety, invaluable resources in the process of change.**

What is Utilization?

- **Conversational flow between conscious & creative unconscious.**
- **Creative acceptance + transformative states**
- **Powerful in not requiring a client to change their thinking= Yes set**
- **“Under what circumstances could this symptom, belief, etc. be your most important asset?”**

Step 2

What are Re-Regulation, Co-regulation, & Self-Regulation?

- **Regulation is how the client is attempting to regulate themselves.**
- **It may not be very effective but is the best tool the client has.**
- **Re-regulation is helping them to find a more effective way.**

Starting with Connection

Bonnie Badenoch (2018)



- **Connectedness is a *biological imperative* (Porges, 2017).**
- **The body's need is to co-regulate biobehavioral states through engagement with others.**
- **Connectedness provides the neurobiological mechanism to link social behavior and physical and "mental" health.**
- **Once in connection, our VV is affecting the prosody of our voices, the mobility of our faces, and the attentiveness of our listening and maintains social connection. Since the VV lateralizes with the right brain, we can more easily stay rooted in connection with ourselves and each other.**

Starting with Connection



Bonnie Badenoch (2018)

- **Mirror neurons & resonance circuitry help us take in each other's bodily state, feelings, & intention. This info gives us empathy for the other.**
- **However we are filtering through our own implicit lens & intention. Inevitably this will lead to rupture since this filtering is not wholly accurate.**
- **Research suggests that even healthy mothers are out of attunement with their babies more than 80% of the time, yet they are very likely to offer repair which reinstates the VV connection.**

Co-Regulation = Mutual Regulation



- **In mother–infant dyad, the mother is not only calming her baby, but the infant’s responses have the reciprocal effect of calming the mother.**
- **If the mother is unsuccessful in calming her baby, the mother’s physiological state becomes dysregulated.**
- **Co-regulation can also extend to groups, such as families, communities, or rescue operations.**

Co-Regulation Phase I

S. Porges



- **Face to face behaviors**
 - Facial expressions
 - Gestures
 - Prosodic vocalizations

Co-Regulation Phase II



Physical contact while immobilizing without fear:

- **Maintains a physiological state that supports health, growth and restoration**
- **Optimizes ability to rest, relax, sleep, digest**
- **Enables feelings of trust, safety and love**
- **A challenge!**

Importance of Self-Regulation



- When traumatic dysregulation occurs over time, somato-affective experience can become extremely intense, leaving the traumatized person stuck in fight, flight, or freeze response outside the window of tolerance
- Renegotiating trauma involves completing autonomic patterns and **exchanging active, intentional** defenses for passive ones in order to achieve homeostasis in the CNS, which then produces new internal responses.

Stephen Porges

**“Safety is THE Treatment
For
Trauma”**

How Do We Turn On the VV and Safety?



- The calming effect of breathing is amplified when we exhale and dampened when we inhale.
- According to Porges, **longer duration of exhale** is linked with perceiving surroundings as safer and more positive.
- Muscle tension is reduced during **slower exhale**.
- Visceral pain is reduced during **slower exhalations**.
- **When you teach someone to exhale longer and more slowly, make sure it is truly *relaxing* to them.**

CIRCLE BREATHING FOR SELF-REGULATION



Circular breathing.

- (a): Breathe in from the base of the pelvis and follow the flow of breath up the middle of the body to the face and then back down again. Continue until the breath cycle feels like a circle.**
- (b): If there is more discomfort on one side of the body, imagine that you can breathe in up the more comfortable side, feel the breath crossing over and then breathe out down the less comfortable side. Modify by adding several breaths if needed to focus on particular areas of pain; start with feet & legs.**

CIRCLE BREATHING FOR SELF REGULATION



- C) Breathe in from the pelvis up the midline of the body to the face and/or up to the top of the head. Then breathe out down the back of the head and spine to the tailbone. Alternatively, breathe out down through the shoulders and arms.**
- D) Imagine your breath as a magnet; as you breathe in up one side of the body or up the middle, self-suggest what positive sensations you are picking up and what you are letting go of as you breathe out**

Other Simple Breathing Practices



- **“Just One Breath”:** Ask the client to take one breath without changing anything. What is different?
- **Porges:** Out breath twice as long as the inhalation
dropping the diaphragm: Start with what is easy and then expand. If it helps, place hands on your diaphragm and press down gently toward your feet.

Rebalancing the VV

Basic Exercise

Stanley Rosenberg



This is what Stanley calls **the basic exercise**.

- Place your hands on the back of your head....Turn eyes to the right very slowly. Stop when you meet resistance. Hold the position until you get a deep breath, swallow, or release/
 - Then move your eyes back to center and then turn eyes to the left ever so slowly until you meet resistance. Hold the position until you get a deep breath or swallow.
 - Repeat at first 2-3 times then use for a couple of times a week.
 - Notice what is different in your body.

The Newest Vagus: VV Social Engagement



- For calming; DV & S/A for defense
- *Neuroception* is the term for how we use “feature detectors” to identify safety & calm us down.
- Nervous system detects safety through voice prosody (rhythm, speed, pitch, & emphasis).
- Traumatized people have difficulty making eye contact but they cannot turn off their ability to interpret voice qualities.
- If we process cues= safety, muscles of our faces loosen and become spontaneously engaging
- We can rapidly distinguish between false smiles and real, spontaneous smiles

Stimulate Vagal Afferents: Group Practice



- **Vibrating a sound from the diaphragm—"voo"—"ahhh" long sigh...also releases jaw**
- **Sing, vocalize, or chant especially in higher range—create prosody**
- **Many of the powerful afferents are in the diaphragm so pushing the diaphragm down toward the feet & extending the duration of exhalation increases the VV flow, which triggers the DV & sympathetics to go back into homeostasis.**
- **Rocking forward from head toward feet can also turn on afferents. Start with slight movement then extend down through upper body to waist or hips. Sometimes bringing the feet slightly up toward the head can help at the same time head is going down.**

Rebuild, Repair, Rewire: Step 3



- **Create new relational VV pathways**
- **Explore pathways to lasting self-integration and secure attachment to others**
- **Explore how ego states connect with the polyvagal circuits & basic survival responses**

Self Fragmentation



- Occurs with severe stress or repeated trauma.
- The mechanism of dissociation occurs **when the brain compartmentalizes experience to prevent connection with too much distress**. Dissociation may be experienced as a detachment or “spacing out.”
- **One explanation of dissociation is biochemical; dissociation is linked to freeze/shut down. Some of the chemicals involved may lead to dissociation.**
- **Another factor is disorganized attachment where the parent is unpredictable and inconsistent.** The child may end up with multiple, incompatible views of themselves and the caregiver, with difficulty combining them into a cohesive structure, laying the foundation for dissociation.

What is an Ego State?



- **An ego state is a cluster of personality energy that has its own beliefs, history, needs, reactions, somatic experience, etc.**
- **It is possible to make a connection, verbally or nonverbally, and develop a relationship with any ego state.**
- **Ego states can be resources even if destructive. Finding out its purpose and also what is lacking can lead to a therapeutic alliance with even the most difficult state.**

Ego-State Therapy: The Heart of Trauma



- **Fragmentation is part of the organism's attempt to maintain integrity in the face of overwhelming stress. The intolerable aspects are split off from the central self—physically, emotionally, mentally, and sensorily. The splitting becomes structural over time, manifest in defenses, actions, avoidance, denial, and compensation for the numbed out state(s). Van der Kolk (2014) *The Body Keeps the Score*.**

Polyvagal Theory

& Ego States S. Porges w/ S. Zanotta



- **Autonomic states provide a neural platform on which behavioral and psychological processes emerge.**
- **Many features that have been labelled personality parts may be reconceptualized properties of specific physiological states.**
- **For example, an aggressive state may require an activated sympathetic state while a victim state might require a dorsal vagal state.**

Polyvagal Theory

& Ego States S. Porges w/ Silvia Zanotta



- **A ventral vagal state may provide the neurophysiological foundation for a more integrated and socially interactive self part.**
- **When a psychophysiological state is disturbed, we are not aware of the basis of our neuroceptive evaluation of threat and therefore may conclude causality, which eventually is supported by the self-narrative we create.**

Types of Ego States



- Those with a **constructive** role that benefits other states and the whole personality (**adaptive states**)
- **Frozen in time states (trauma states)**. Are influenced hugely by trauma and enact the past.
- In **conflict with the core self or other ego states** to the point where symptoms are created and normal functioning is interrupted (**Introjects**)

Why Work with Ego States?



- **One way of expanding the ventral vagal circuit**
- **Resolve inner conflicts and symptoms related to self-division that have not responded to other approaches**
- **Necessary when working with complex PTSD, dissociative disorders, DID to achieve self-regulation**
- **Brings greater self-cohesion and personality integration**
- **Working with the inner family of self can generate changes in external relationships**

Building Internal Secure Attachment



- **Regulate the whole self—
Breathing, conflict free, inner strength**
- **Dissociative table: States can take turns with leadership, use team building exercises**
- **Renurturing with ideal mother, ideal father—
archetypal introject states**
- **Internal dyadic repair: Ex. Older more mature/younger less mature pairs**

How do You Find Ego States?



- **Explore somatic states—for ex. When pendulating, asking if there is a part of the self related to the constriction or expansion**
- **Imagery such as the “dissociative table technique”**
- **“Talking through” to parts related to symptoms and solutions**
- **“Calling Out” a part related to the symptom or its solution**
- **Asking the client “What do you know about the part of you who...?”**
- **Journaling, letter writing, art work**

Repair in the Tx Relationship



- **Remembering that alliances with the client's whole personality can provide models for alliance that moves toward integration**
- **Offering support for deep emotional connection with the therapist that includes mirroring of acceptance, allows for idealizing and even emotional "twinship" with the therapist, while also fostering independence and autonomy.**

*****From Phillips & Frederick (2010). *Empowering The Self through Ego-State Therapy*. E-book
http://reversingchronicpain.com/EmpoweringSelfEgoStateTherapy/EST_ebook.pdf**



Nonverbal, Preverbal States

- **May be detected from what other states say**
- **May appear in nocturnal dreams, somatic symptoms, forms of “resistance”**
- **May be encoded in sensory flashbacks**
- **May try to distract the therapist from painful traumatic material (barriers=ego state conflicts)**
- **Therapist needs to form an alliance & shift to more direct communication**
- **Expressive arts (drawing, sculpting, etc.) can be helpful in forming an alliance**

Books by Maggie Phillips:

Freedom from Pain (2012) with Peter Levine

Reversing Chronic Pain (2007)

Finding the Energy to Heal (2000)

Healing the Divided Self (1995)

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**Webinars in Mindbody Healing, Trauma, &
Pain**

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