CREATING SHARED EMPATHY AND INCREASED ATTACHMENT USING SELF-REGULATION THERAPY WITH COUPLES

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- Clients gain a sense of safety, ability to re-establish trust/ softening towards their partners, balancing equilibrium, empowerment, and reactivating a healthy social engagement system.
- A self-regulation approach offers couples relief from distress, increased attunement, and emotionally regulated relationships. Each partner witnesses the other sensing into their nervous system's 'felt sense.' Experiencing access to this portal presents an opportunity for creating empathy for the other, as it increases a shared understanding of their partner's attachment landscape. This approach is especially useful for trauma survivors.
- This clinical approach takes in the shared somatic sense and moves beyond to emotions. It creates change on a deep level, allowing couples to cut through thoughts, and even emotions, to the core of their attachment patterns. The works of Peter Levine, Sue Johnson, John Gottman, and Dan Siegel will be referenced. Time permitting, the presenter will do a live demonstration of Self-Regulation Therapy, highlighting the value of working with a regulated nervous system.

- As a Marriage & Family Therapist (MMFT) in private practice, I work from an integrated Systemic, Narrative and SRT (Self-Regulation Therapy) base. I've practiced in the counselling field for over 38 years, working cross-culturally with families/children, couples and individuals. My career experiences include work with all age groups, in schools, hospitals, contract work for agencies, University of Winnipeg (Conflict Resolution and Family Therapy) and private practice.
- I did my post-graduate work in Vancouver, training with Dr. Lynne Zettl and Dr. Ed Josephs (CFTRE). The Self-Regulation Therapy Model (SRT) which they taught me spiked my curiosity, and I began to combine the EFT couples' approach with the somatic SRT mind-body approach. I observed positive clinical results over a period of 14 years. I began to observe co-regulation (Porges, 2017, p.9) between couple clients right in my office. It was very exciting.
- Insights emerged regarding family-of-origin patterns, attachment, trauma and resilience. My clinical work yielded several pertinent systemic questions as key pieces of learning.

Questions:

Q. How does trauma influence the expression of emotional vulnerability towards one's partner? (Brown, 2017, p. 3-11)

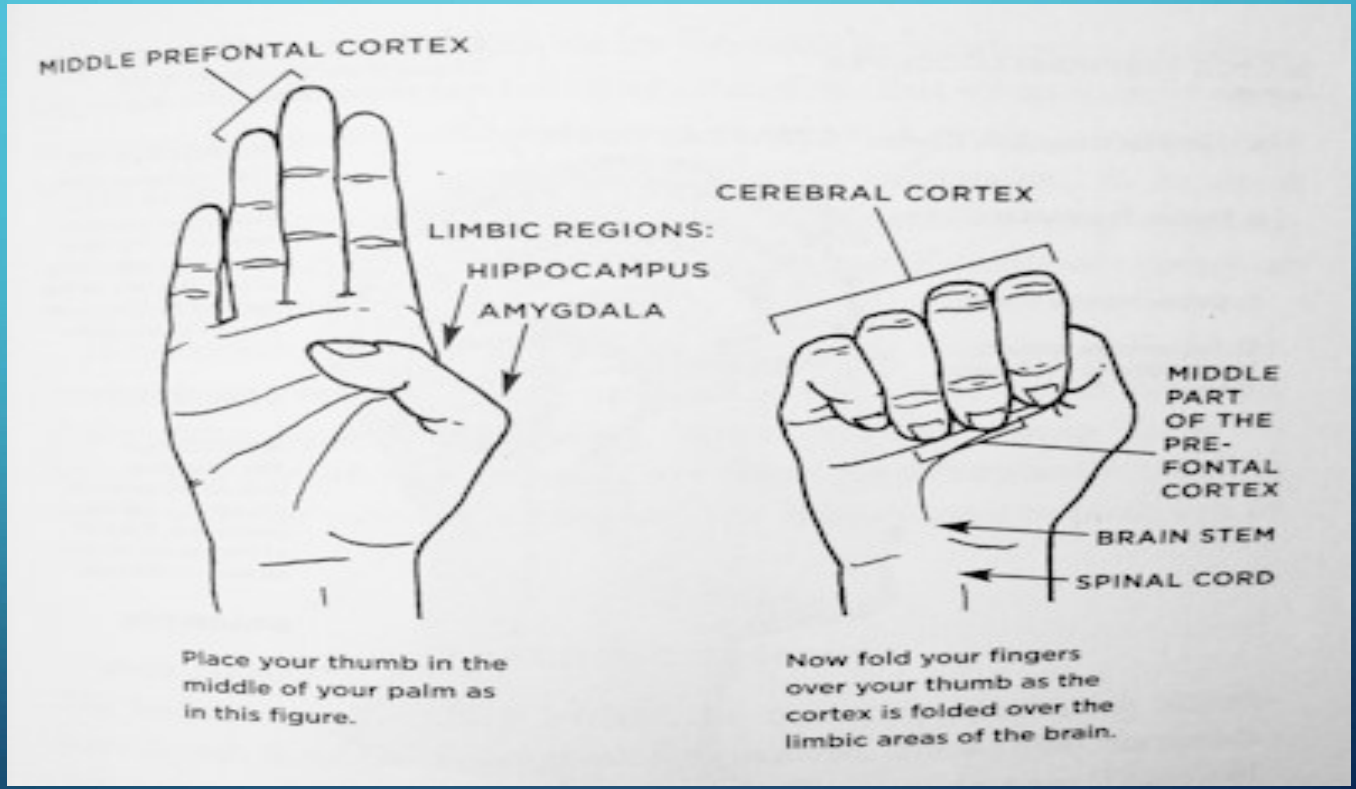
Levine (1997), p. 48 wrote:

- In our culture, there is a lack of tolerance for emotional vulnerability that traumatised people experience. Little time is allotted for working through emotional events. We are routinely pressured into adjusting too quickly in the aftermath of an overwhelming situation.

Q. How can therapists access the Social Engagement System for clients who have experienced trauma? (Porges, 2017, p. 26-7)

Proposed: SRT helps couples to soften, to hear each others' stories, to attune, and create space to change the procedure; thereby opening a portal for co-regulation.

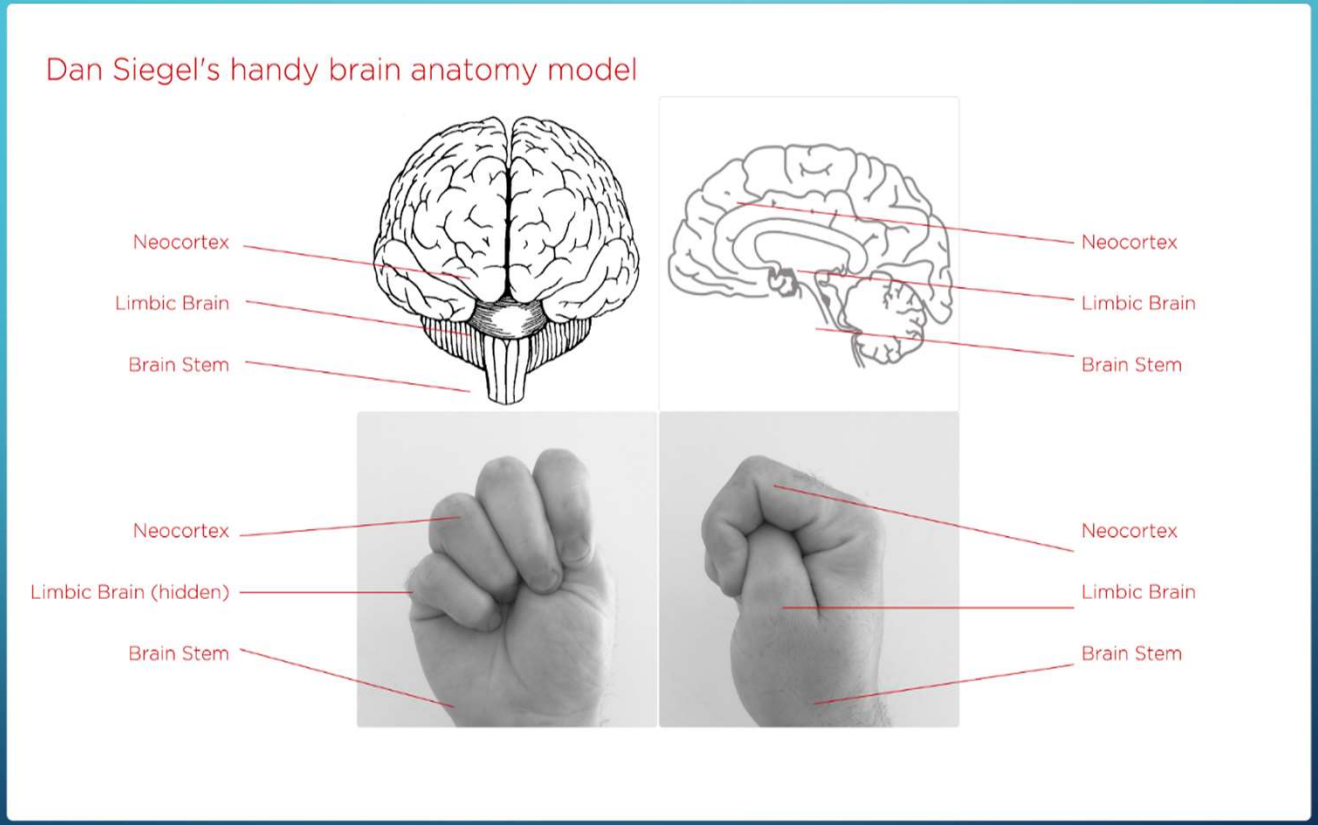
TRIUNE BRAIN: SIEGEL, 2011, MINDSIGHT (P.15)



TRIUNE BRAIN ('BOTTOM-UP') AND AUTONOMIC NERVOUS SYSTEM (ANS) (SIEGEL, 2011, P.14-22)

- Brainstem: Primitive "reptilian brain " receives input from the body, sending it back down to regulate ANS functions (involuntary processes: EX: breathing, heart rate). It also regulates limbic and cortical regions by controlling arousal states: fight-flight-freeze (survival mode).
- Limbic Regions: the "mammalian brain" works with the brainstem to generate emotions and attachment. The limbic system has a regulatory role with the hypothalamus, influencing our endocrine system and hormone production (such as cortisol). The amygdala and the hippocampus are the seat of subcortically created intense emotions such as fear. The hippocampus is linked to emotional and perceptual memory. Implicit memory originates in the amygdala.
- Cortex: The seat of higher order thinking, ideas, concepts, the senses, perception, and voluntary muscles.

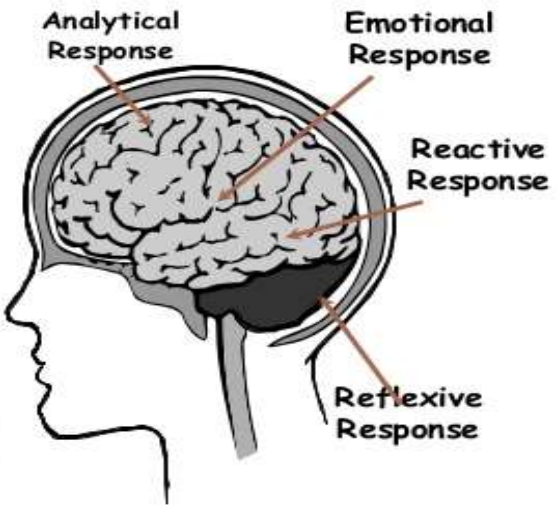
SIEGEL, 2011, MINDSIGHT



SIEGEL, 2012, THE WHOLE-BRAIN CHILD

UPSTAIRS/DOWNSTAIRS BRAIN

- Downstairs brain:
  - **Brain stem and limbic region**
  - **Basic bodily functions, emotional reactivity, attachment, fight/flight/freeze**
- Upstairs brain:
  - Cerebral cortex
  - Decision making, planning, self-understanding, control over emotions and body, empathy, morality, executive functioning



Upstairs Brain

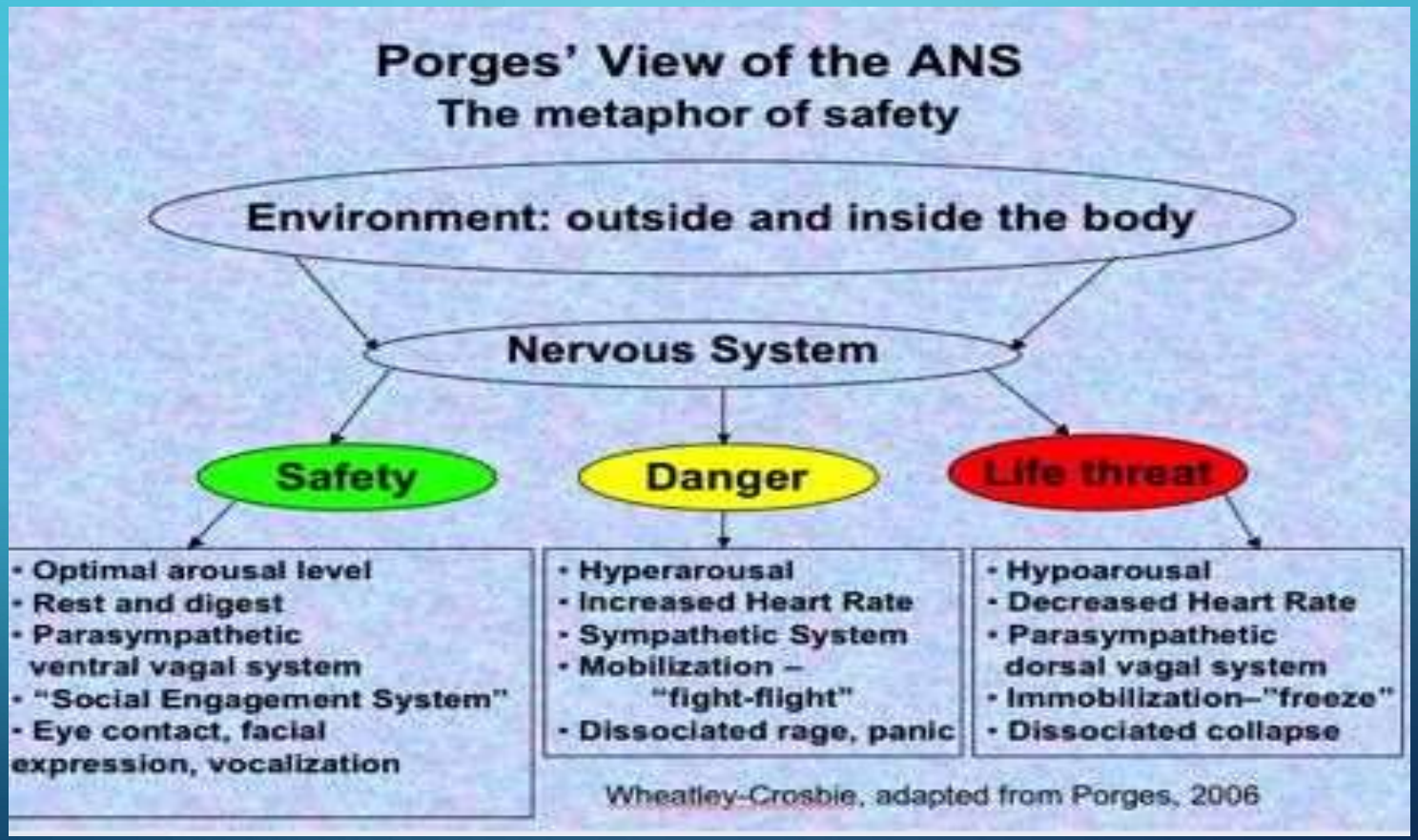
Allows us to think before we act
Decision-making
Control over emotions & body
Focus/concentration
Empathy
Self awareness

Downstairs Brain

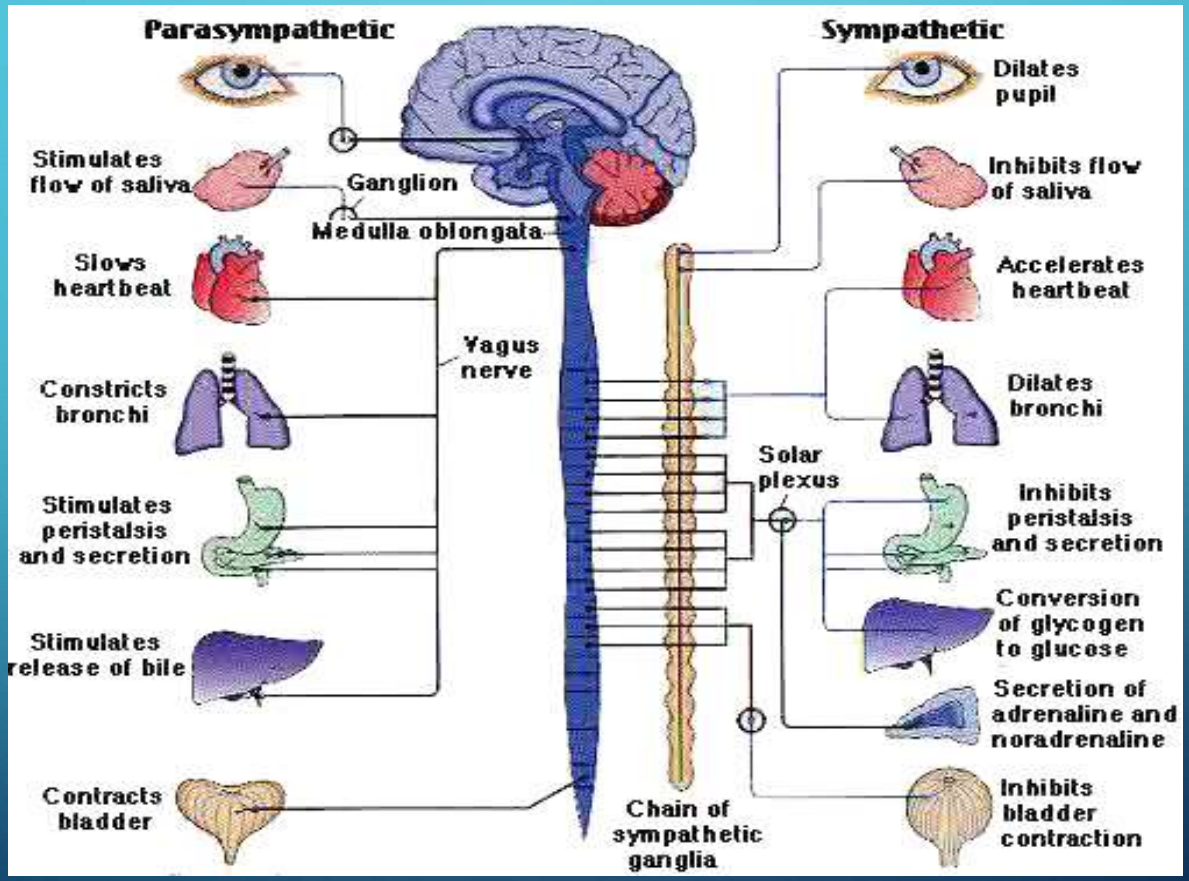
Allows us to act before we think
Fight/Flight response
Emotional reactions
Bodily functions

Source: Siegel & Bryson "The Whole Brain Child"

- Prefrontal Cortex: Highly evolved in human beings, the PFC gives us abstract thinking, symbolic concepts, moral judgements, and our sense of self. As the PFC links to our subcortical brain and ANS, we develop empathy and a social engagement system.
- Polyvagal Theory and the Autonomic Nervous System function: Porges (2017), p. 57-8, wrote: "The vagus (10th cranial nerve that exits the brainstem) provides a bidirectional conduit between the brainstem and the visceral organs."
- Porges identified two vagal systems: immobilization (dorsal vagal complex) and social engagement (ventral vagal complex). "If a life-threatening event triggers a biobehavioral response that puts a human into this state of immobilization, it may be very difficult to reorganize to become normal again. This is the case for many survivors of trauma." (p.61)


Porges' View of the ANS
The metaphor of safety
Environment: outside and inside the body
Nervous System
Safety
Danger
Life threat
• Optimal arousal level
• Rest and digest
• Parasympathetic ventral vagal system
• "Social Engagement System"
• Eye contact, facial expression, vocalization
• Hyperarousal
• Increased Heart Rate
• Sympathetic System
• Mobilization – "fight-flight"
• Dissociated rage, panic
• Hypoarousal
• Decreased Heart Rate
• Parasympathetic dorsal vagal system
• Immobilization–"freeze"
• Dissociated collapse
Wheatley-Crosbie, adapted from Porges, 2006

AUTONOMIC NERVOUS SYSTEM: LEVINE



Definition of trauma:

“Trauma is in the nervous system, not in the event. " (Levine & Kline, 2007, p. 4)

[Herman, J. (1992). *Trauma and Recovery (p.*33)]

- Psychological trauma is an affiliation of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. . .. Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror and evoke the responses of catastrophe.
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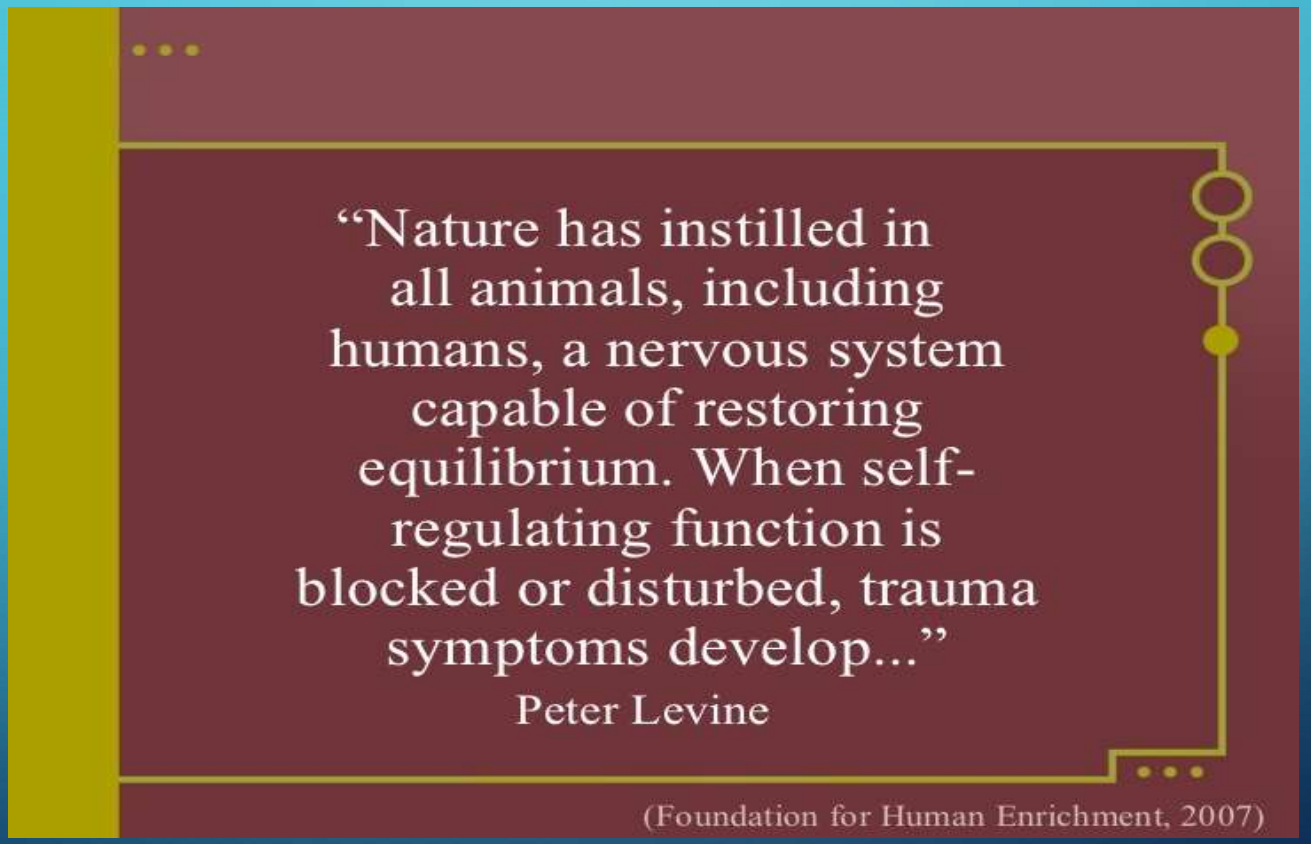

"Nature has instilled in all animals, including humans, a nervous system capable of restoring equilibrium. When self-regulating function is blocked or disturbed, trauma symptoms develop..."
Peter Levine
(Foundation for Human Enrichment, 2007)

SELF-REGULATION THERAPY: (ZETTL & JOSEPHS, 2005, VOL. I, P. 1-2)
[ADAPTED FROM SENSORY EXPERIENCING (SE) LEVINE, P. 1997.]

- Self-regulation is the innate ability to reset one's NS from dysregulation (inability to self-regulate after a traumatic event) back to homeostasis. SRT helps clients to renegotiate their implicit trauma memories and viscerally held trauma symptoms, without reliving the trauma, by creating a safe space to experience sensation within their body. (Resource-Titrate-Discharge- RTD) (Zettl & Josephs, 2005)
- Clients move into the swing of life, calm sympathetic NS responses, and improve SES (Social Engagement System). This mind-body somatic approach opens communication with their partners, as it begins to create an internal sense of safety (Levine, 2005, p.39). The healing power of social relationships produces greater comfort with closeness / proximity ('heart-face connection') moving towards co-regulation (Polyvagal Theory) (Porges, 2009 p. S38).

- Porges (2017) wrote: “The neural pathway for healing overlaps with the neural pathway for social engagement…this is a vagal pathway that conveys information from the brain to the periphery…signalling safety to your body and calming you down” (p.101).

Building Blocks of Healthy Relationships

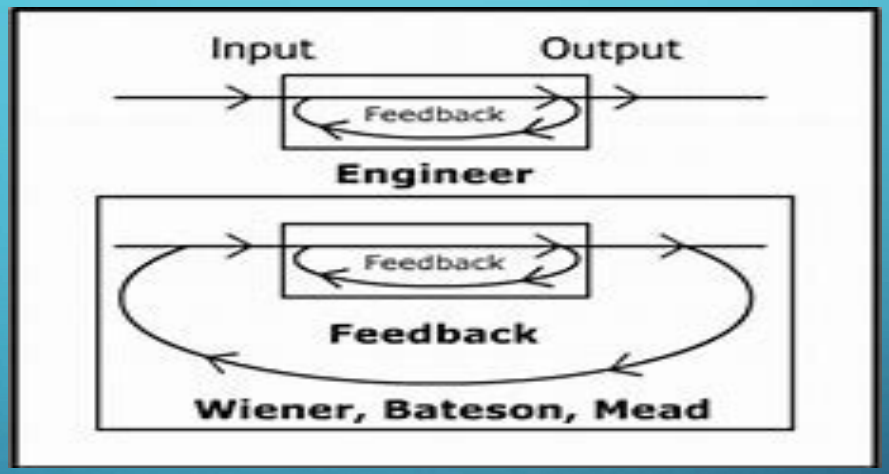
Social Engagement + Social Bonding

Safety----Proximity Contact-----Bonds

- Clients learn to feel safe as they ‘sense in’ to their bodily felt sensations, using these new tools to court their parasympathetic NS responses. This shift begins during the first session, and it changes the procedure between the partners (Zettl & Edwards, 2005). Interrupt the pattern; change the procedure (Ed Josephs, 2005).

Q. WHAT TAKES THE PLACE OF THE OLD PATTERN WHEN IT IS NOT ACTIVE?

SRT SYSTEMICALLY BREAKS THAT NEGATIVE FEEDBACK CYCLE,
OR "DOUBLE BIND ", (BATESON, 1972)



- Individual (witnessed) self-regulation therapy (SRT) with couples creates emotional safety between partners, leading to co-regulation. The power of the witness to hear / take in the pain of the other is enormous (White & Epston, 1990, ‘outsider-witness’). Getting below the anger, criticism and distance leads to being seen and heard (safety and proximity).

THERAPEUTIC PROCESS: HEALING TRAUMA ROADMAP FOR COUPLES:
(BASED UPON PETER LEVINE'S TWELVE-PHASES OF HEALING TRAUMA, 2005, P. 39-65; AND LYNNE ZETTL & ED JOSEPHS, 2005, SELF REGULATION THERAPY, CFTRE)

1. Establish emotional safety and containment: Create a calm, invitational, safe environment in your office. Embody emotional safety for both members of the couple / dyad.

- Clients need a calm NS to work with so that they feel safe enough to engage. Be relaxed and aware of / comfortable with your own bodily felt sensations, experience the therapy yourself via body awareness (Levine, 2005). EX: Deal with your own isomorphic issues, practice yoga, meditation, mindfulness, and seek somatic / relational based supervision.
- Establish emotional holding and connection with each member of couple/dyad.
- Cultivate authenticity and genuineness, (Rogers, 1961), via the persona of the therapist, client centered therapy, and core conditions such as empathy, congruence, and unconditional positive regard.

- Establish and maintain good boundaries, promoting differentiation (Minuchin, 1974; Bowen, 1974). NOTE: Containment is an important principle in SRT work. Therapists can model and imbody this throughout the therapeutic process.
- Create secure attachment with each member of the couple/dyad (Bowlby, 1988, Greenberg & Johnson, 1988, p. 18-19). “Safe haven/secure base.”
- Contain negative and angry energy (boundaries, again…) so each person feels emotionally safe in your presence.
- Isomorphic therapist issues: (Bowen, 1974). Learn to recognize when you are getting pulled in by your own isomorphic issues, stay balanced, deal with these issues and seek relational supervision and/or therapy.

- Staying balanced between the parties: A shared narrative (Gottman & Silver, 1999, p. 243-6) emerges as the couple softens towards each other and begins to hear their partner. Staying balancing as the therapist, not getting pushed off your stride, and staying present in the therapy room is fundamental.

Individual (witnessed) self-regulation therapy (SRT) with couples creates emotional safety between partners, leading to co-regulation. The power of the witness to hear / take in the pain of the other is enormous (White & Epston, 1990, 'outsider-witness'). Getting below the anger, criticism and distance leads to being seen and heard (safety and proximity).

2. GROUNDING

- Re-establish your body's connection to the ground and your centre of gravity. Somatic sense of grounding is healing because it connects us with our body's own resources. (Sense into the ground, floor, chair, armrest, pillow, noticing one's internal energy and 'felt sense.' …use Levine's 2-handed technique to calm NS. Notice contact, comfort, or support.)
- Learning to calm one's NS is containment; grounding is the beginning. The body itself, when connected to our parasympathetic NS, becomes a boundary.

3. RESOURCING

- External / internal resources help us to feel a healing sense of well-being. External: nature, pets, support from friends/family, music, beauty. Internal: yoga, spiritualty, resilience, strength, wisdom, courage, to name a few. NOTE: Developmental trauma occurred at a time when resources were few. Work with more recent events and build inner resilience as you 'resource' your clients. Anchor a resource in the healing vortex and open a new pathway.
- The therapeutic relationship itself / persona of the therapist is a powerful resource; built through social engagement with clients (safety & proximity); as well as bonding (contact & secure attachment). [Co-regulation, Porges, 2017].

Q. What's working? What got you through? Who helped you or believed you? Get to know your clients inner landscape. Court their parasympathetic NS.

Visualize beautiful / comforting scene.

4. TRACKING SENSATION

- Exploration of “felt sense” (Gendlin, 1978). Trauma survivors “are cut off from their bodies” (Levine, 2005, p. 37). “Trauma robs us of our body sense.” Be gentle, work slowly, use a soothing, invitational, empathetic voice. Develop tolerance towards sensing in. Teach them the language of sensation and engage or court their parasympathetic NS.

Q. What do you notice in your body? Where do you notice it? Can you follow or track that sensation?

5. HORIZONTAL TITRATION AS RENEGOTIATION

- (Zettl & Josephs, 2005, Vol I, p. 7) Stabilize your client's healing vortex ('felt sense', resourcing, the body becomes a resource) and build in safety. Work from the periphery inward with a small amount of activation from both vortices. Renegotiate trauma energy closer and closer to the core. Hold your client emotionally as they track intense sensations, images, emotions, or thoughts. Use corrective experiences. EX: replace panic with tracking of sensation.
- Be aware of fight/flight activation (hyperactivation, EX: fear, disappointment); but also freeze reactions and brace, or deep holding (hypoactivation, EX: helplessness, shame) (Window of Tolerance) (Siegel, 2012a, p. 281-286; Ogden & Fisher, 2015, p. 751-2). Be mindful of where each couple member resides within this window. Work to regulate and expand the window.

How Trauma Can Affect Your Window of Tolerance

HYPERAROUSAL

This is when you feel extremely anxious, angry, or even out of control. Unfamiliar or threatening feelings can overwhelm you, and you might want to fight or run away.

DYSREGULATION

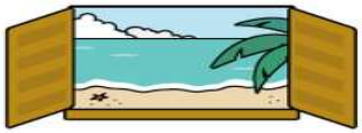
This is when you begin to feel agitated. You may feel anxious, revved up, or angry. You don't feel out of control, but you also don't feel comfortable.

Stress and Trauma Can Shrink Your Window of Tolerance.

This means that it may be harder to stay calm and focused. When you're outside your window of tolerance, you may be more easily thrown off balance.

WINDOW OF TOLERANCE

This is where things feel just right, where you are best able to cope with the punches life throws at you. You're calm but not tired. You're alert but not anxious.



Your Work with Your Practitioner Can Help to Enlarge Your Window of Tolerance.

They can help you stay calm, focused, and alert even when something happens that would usually throw you off balance.

DYSREGULATION

This is when you begin to feel like you're shutting down. You may feel a little spacy, lose track of time, or start to feel sluggish. You don't feel out of control, but you also don't feel comfortable.

HYPOAROUSAL

This is when you feel extremely zoned out and numb, both emotionally and physically. Time can go missing. It might feel like you're completely frozen. It's not something you choose – your body takes over.

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- Levine (2005): 'Pendulation', tracking somatic rhythms of contraction, and expansion (p. 55-6). Trauma survivors free up locked in sensations, many for this first time. There is a 'rhythm and flow of self-regulation' which develops with practice

  (Zettl & Josephs, 2005, Vol I, p. 9)

- Aim: To bring one back to one's body. As discharge is liberated, let the process flow. Go slow, less is more. Activation, even intense activation, has a beginning, middle, and end. Teach containment and savour the expansion. Tracking or following sensation will lead to 'space' in one's sensory container. [EX: In Yin Yoga, let thoughts flow in, and then flow out, without struggle; always return to the internal awareness of your body as you hold the poses.]

- Warble: (Zettl & Josephs, 2005, Vol I, p. 8.) Too much activation can produce a 'warble'; meaning speeding up (shakiness) of NS, relative to internal resilience. Slow down the sensing inward via support for your client and attention to their internal state. Restore equilibrium. EX: open eyes, focus on something in the room, make eye contact, ground to chair / floor.

- This is especially useful with couples because the non-activated partner witnesses the activated partner calming their own NS. This changes the pattern, interrupts the procedure and activates the Social Engagement System (SES) (Porges, 2015).

- Discharge: (Zettl & Josephs, 2005, Vol I, p. 8.) Release of ‘bound energy’ stored in one’s NS, discharged via titration between the two vortices. EX: shaking, trembling, tingling, shivering, laughter, tears, heat, cold, felt activity in feet/hands, increased heartbeat, or breath.
- GOAL: Not to re-experience the trauma; rather to release and renegotiate; or to free up some somatic energy, a little at a time, to empty the container (of one’s bodily felt sensations).

Q. What do you imagine would break up that tension, or tightness?

- Gentle questioning may open the NS towards discharge. Likewise, if activation becomes too intense return client to the present (open eyes, focus on something in the room, make eye contact, ground to chair / floor).

6. WORKING WITH ADAPTIVE SURVIVAL RESPONSES:

- Fight response: Natural aggression versus violence. Remember that trauma overwhelms one's NS, to the point of collapse. The process/aim of therapy is to actively restore one's protective balance of defences. Complete the flight and flight responses: sensing in, managing extreme activation by returning to the here /now, or taking a break, and resourcing.

Q. If your anger were a force of nature, what would it be? Help clients find middle ground between numbness / rage, by completing the fight cycle (Resource-Titrate-Discharge, R-T-D).

- Flight response: Natural escape versus anxiety. Q. What was the missing resource? Can you imagine the best defense / protection? Help clients to imagine the ability to escape, to get away, and their fear/ dread may subside. (Pillow under feet exercise, Levine, 2005, p.61)
- Fight/flight/freeze: GOAL: To complete the response. Titrate between healing vortex (resource) and trauma vortex (discharge) (Zettl & Josephs, 2005, Vol I, p. 9-10).

7. BUILDING STRENGTH AND RESILIENCY:

- Building strength and resiliency versus collapse (depression…I give up) and defeat. Titrated discharge of energy restores equilibrium to NS. That balance (absence of collapse)might feel foreign. Guide your client with positive images of safety. (Porges, 2015, safety & proximity).

- Uncoupling fear: from immobility. Keep your client flowing through their freeze response with emotional holding / reassurance. Experience freeze / brace without experiencing fear (Levine, 2005, p.62-3). Trauma is fixity. Ask…What happens next? Coming out of freeze into fight (Zettl & Josephs, 2005, Vol. I, p. 10)
- Q. Where in your body do sense / notice that? Is there a dividing line between the two sensations? Ask about pre/post-event.

(Hyper-coupling, Zettl & Josephs, 2005, Vol. III, p. 11-12)

8. Orientation to the present (Levine, 2005, p. 64-65): Moving from internal to external environment and social engagement. Engage the senses, use a soothing voice, make eye contact, and draw clients in via social engagement system (SES) (closeness, proximity, contact, bonding) (Porges, 2015). Restore equilibrium and balance in the here and now.

9. Settling and integrating: Clients learn to feel safe and “settle” as they "sense in" to their bodily felt sensations, using these new tools to court their parasympathetic NS responses. This shift begins during the first session, and it changes the procedure between the partners (Zettl & Josephs, 2005). Interrupt the pattern; change the procedure (Ed Josephs, 2005).

ROLE OF THE THERAPIST

- The therapist needs to help clients renegotiate how trauma takes up space in their body and NS. S/he acts as a conduit gently guiding clients towards sensing inward, tracking, moving the energy through the body, and completing the fight/flight cycle, as well as uncoupling freeze and fear. Moving from fixity to flow. (Levine, 2005, p. 32)
- Markers: Setting boundaries, identifying which stage the couple is in, modelling self-regulation, empathy, moving towards co-regulation, and attunement. Therapy with couples is unique as progress is reveled in real time. Session by session it is reciprocally reflected through changing dynamics, words, eyes, body language, ventral vagal tone, and each partner's sense of hope.
- The process of SRT and titration (R-T-D) helps to calm one's NS, restore hope, a sense of well being, and self-regulation. It is very important for the therapist to hold and express the hope that healing, self-regulation, and social engagement are possible.

BLENDING: COUPLES THERAPY AND SELF-REGULATION THERAPY

- Intake / Initial interview: Short interview / several forms are initially completed. EX: Family of origin history, family patterns / dynamics, history of previous therapy, trauma check-list.
- Mapping and F.O.O. genogram: (Family Systems Model, Bowen, 1974; Monica McGoldrick, 1995). The couple therapist's role is to understand and to hold up the pattern like a mirror and help clients to see it. The genogram is part of the systemic assessment.
- Goal setting: Generally done in session one. Q. If things were better, what would be different? Seek out a shared narrative between partners. If it is weak, or non-existent, this is information to work with.
- Developmental Gestures: "reaching out, grasping, eye contact, holding on, letting go, pulling forward and pushing away" (Ogden & Fisher, 2015, p. 30). I use these in session as couple attachment markers, and vehicles for connection.

BLENDING: COUPLES THERAPY AND SELF-REGULATION THERAPY

- Emotionally Focused Couples Therapy (EFT): Delineate conflict, identify negative cycle, access primary emotions, redefine problem, identify disowned needs /self-acceptance, acceptance of the other, expression of needs, new solutions, and consolidation (Greenberg & Johnson, 1988, p. 82-104). Couple attachment patterns range from pursue-distance, mutual-withdrawal pattern, and mutual-accusation pattern (Greenberg & Johnson, 1988, p. 74-5). Healing is internal (attachment based) and produces resiliency, self-regulation and integration.
- Gottman's Principles: Nurture your fondness and admiration, turn towards each other instead of away, overcoming gridlock, creating shared meaning (a shared narrative), and learning to repair (Gottman & Silver, 1999).
- Developing self-compassion (Brown, 2015), will set the stage for the development of empathy between partners. As the old pattern starts to change, the therapist can model empathy, and coach clients through the development of mutual empathy.
- Psychoeducation: Beginning with intake, ask clients to read about the process [Gottman, Johnson, Levine]. Explain it to them as you go along, working from 'bottom-up' in therapy and 'top-down' with psychoeducation (cortical over sub-cortical).

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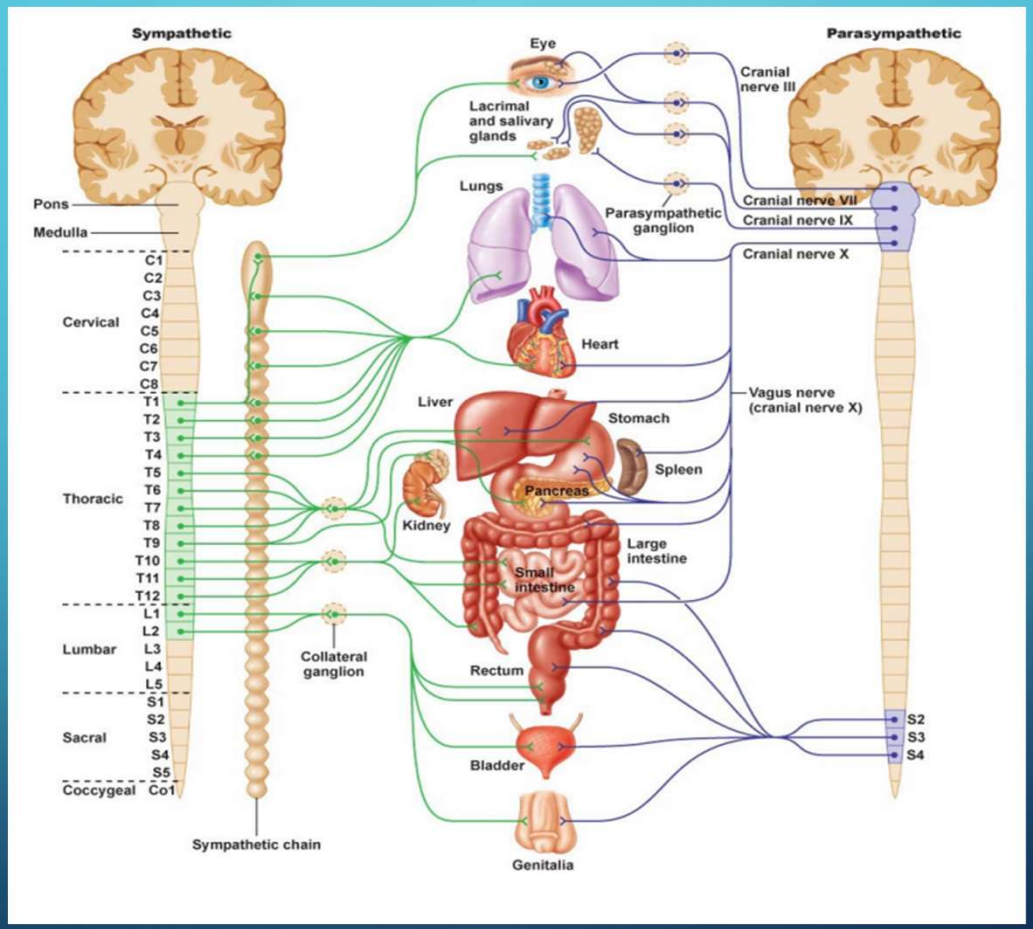
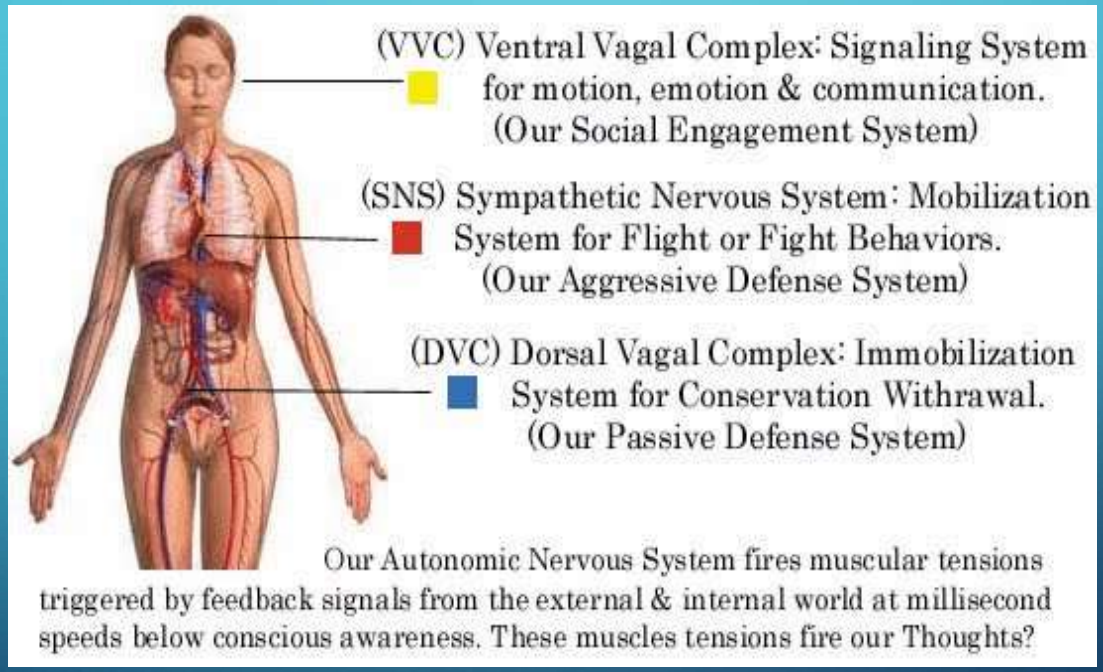
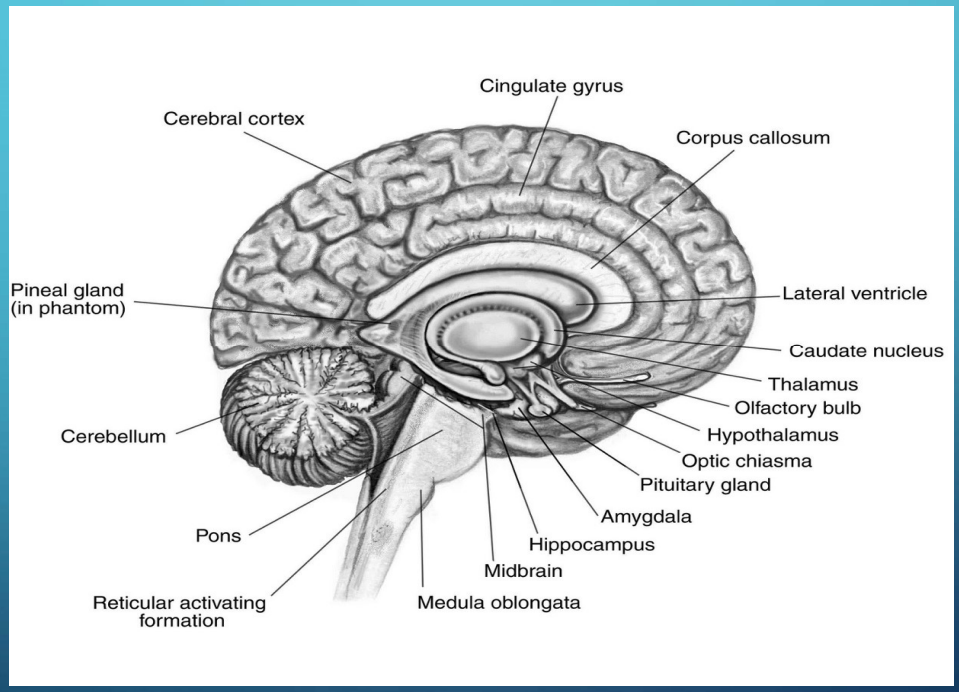

Sympathetic
Parasympathetic
Eye
Cranial nerve III
Lacrimal and salivary glands
Lungs
Parasympathetic ganglion
Cranial nerve VII
Cranial nerve IX
Cranial nerve X
Pons
Medulla
C1
C2
C3
C4
C5
C6
C7
C8
Cervical
T1
T2
T3
T4
T5
T6
T7
T8
T9
T10
T11
T12
Thoracic
L1
L2
L3
L4
L5
Lumbar
S1
S2
S3
S4
S5
Sacral
Co1
Coccygeal
Heart
Liver
Stomach
Spleen
Pancreas
Kidney
Large intestine
Small intestine
Vagus nerve (cranial nerve X)
Collateral ganglion
Rectum
Bladder
Genitalia
Sympathetic chain
S2
S3
S4

PORGES, 2001


(VVC) Ventral Vagal Complex: Signaling System
for motion, emotion & communication.
(Our Social Engagement System)
(SNS) Sympathetic Nervous System: Mobilization
System for Flight or Fight Behaviors.
(Our Aggressive Defense System)
(DVC) Dorsal Vagal Complex: Immobilization
System for Conservation Withrawal.
(Our Passive Defense System)
Our Autonomic Nervous System fires muscular tensions
triggered by feedback signals from the external & internal world at millisecond
speeds below conscious awareness. These muscles tensions fire our Thoughts?

SIEGEL, D. (2012). THE DEVELOPING MIND



Creating Shared Empathy and Increased Attachment using Self-Regulation Therapy with Couples

Irene Boxer-Meyrowitz, M.Ed., M.M.F.T.

Clients gain a sense of safety, ability to re-establish trust/ softening towards their partners, balancing equilibrium, empowerment, and reactivating a healthy social engagement system.

A self-regulation approach offers couples relief from distress, increased attunement, and emotionally regulated relationships. Each partner witnesses the other sensing into their nervous system's 'felt sense.' Experiencing access to this portal presents an opportunity for creating empathy for the other, as it increases a shared understanding of their partner's attachment landscape. This approach is especially useful for trauma survivors.

This clinical approach takes in the shared somatic sense and moves beyond to emotions. It creates change on a deep level, allowing couples to cut through thoughts, and even emotions, to the core of their attachment patterns. The works of Peter Levine, Sue Johnson, John Gottman, and Dan Siegel will be referenced. Time permitting, the presenter will do a live demonstration of Self-Regulation Therapy, highlighting the value of working with a regulated nervous system.

Introduction: As a Marriage & Family Therapist (MMFT) in private practice, I work from an integrated Systemic, Narrative and SRT (Self-Regulation Therapy) base. I've practiced in the counselling field for over 38 years, working cross-culturally with families/children, couples and individuals. My career experiences include work with all age groups, in schools, hospitals, contract work for agencies, University of Winnipeg (Conflict Resolution and Family Therapy) and private practice.

I did my post-graduate work in Vancouver, training with Dr. Lynne Zettl and Dr. Ed Josephs (CFTRE). The Self-Regulation Therapy Model (SRT) which they taught me spiked my curiosity, and I began to combine the EFT couples' approach with the somatic SRT mind-body approach. I observed positive clinical results over a period of 14 years. I began to observe co-regulation (Porges, 2017, p.9) between couple clients right in my office. It was very exciting.

Insights emerged regarding family-of-origin patterns, attachment, trauma and resilience. My clinical work yielded several pertinent systemic questions as key pieces of learning.

Questions

Q. How does trauma influence the expression of emotional vulnerability towards one's partner? (Brown, 2017, p. 3-11)

Levine (1997), p. 48 wrote:

> In our culture, there is a lack of tolerance for emotional vulnerability that traumatised people experience. Little time is allotted for working through emotional events. We are routinely pressured into adjusting too quickly in the aftermath of an overwhelming situation.

Q. How can therapists access the Social Engagement System for clients who have experienced trauma? (Porges, 2017, p. 26-7)

Proposed: SRT helps couples to soften, to hear each others' stories, to attune, and create space to change the procedure; thereby opening a portal for co-regulation.

Triune brain ('Bottom-up') and Autonomic Nervous System (ANS) (Siegel, 2011, p.14-22)

Brainstem: Primitive "reptilian brain " receives input from the body, sending it back down to regulate ANS functions (involuntary processes: EX: breathing, heart rate). It also regulates limbic and cortical regions by controlling arousal states: fight-flight-freeze (survival mode).

Limbic Regions: the "mammalian brain" works with the brainstem to generate emotions and attachment. The limbic system has a regulatory role with the hypothalamus, influencing our endocrine system and hormone production (such as cortisol). The amygdala and the hippocampus are the seat of subcortically created intense emotions such as fear. The hippocampus is linked to emotional and perceptual memory. Implicit memory originates in the amygdala.

Cortex: The seat of higher order thinking, ideas, concepts, the senses, perception, and voluntary muscles.

Prefrontal Cortex: Highly evolved in human beings, the PFC gives us abstract thinking, symbolic concepts, moral judgements, and our sense of self. As the PFC links to our subcortical brain and ANS, we develop empathy and a social engagement system.

Polyvagal Theory and the Autonomic Nervous System function: Porges (2017), p. 57-8, wrote: "The vagus (10th cranial nerve that exits the brainstem) provides a bidirectional conduit between the brainstem and the visceral organs."

Porges identified two vagal systems: immobilization (dorsal vagal complex) and social engagement (ventral vagal complex). "If a life-threatening event triggers a biobehavioral response that puts a human into this state of immobilization, it may be very difficult to reorganize to become normal again. This is the case for many survivors of trauma." (p.61)

Definition of trauma:

"Trauma is in the nervous system, not in the event. " (Levine & Kline, 2007, p. 4)

[Herman, J. (1992). *Trauma and Recovery (p.*33)]

> Psychological trauma is an affiliation of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning… Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror and evoke the responses of catastrophe.

Self-Regulation Therapy: (Zettl & Josephs, 2005, Vol. I, p. 1-2) [Adapted from Sensory Experiencing (SE) Levine, P. 1997.]

Self-regulation is the innate ability to reset one's NS from dysregulation (inability to self-regulate after a traumatic event) back to homeostasis. SRT helps clients to renegotiate their implicit trauma memories and viscerally held trauma symptoms, without reliving the trauma, by creating a safe space to experience sensation within their body. (Resource-Titrate-Discharge- RTD) (Zettl & Josephs, 2005)

Clients move into the swing of life, calm sympathetic NS responses, and improve SES (Social Engagement System). This mind-body somatic approach opens communication with their partners, as it begins to create an internal sense of safety (Levine, 2005, p.39). The healing power of social relationships produces greater comfort with closeness / proximity ('heart-face connection') moving towards co-regulation (Polyvagal Theory) (Porges, 2009 p. S38).

Porges (2017) wrote: "The neural pathway for healing overlaps with the neural pathway for social engagement…this is a vagal pathway that conveys information from the brain to the periphery…signalling safety to your body and calming you down" (p.101).

Building Blocks of Healthy Relationships

Social Engagement + Social Bonding

Safety----Proximity Contact-----Bonds

Clients learn to feel safe as they 'sense in' to their bodily felt sensations, using these new tools to court their parasympathetic NS responses. This shift begins during the first session, and it changes the procedure between the partners (Zettl & Edwards, 2005). **Interrupt the pattern; change the procedure** (Ed Josephs, 2005).

Q. What takes the place of the old pattern when it is not active?

SRT systemically breaks that negative feedback cycle, or "double bind ", (Bateson, 1972).

Individual (witnessed) self-regulation therapy (SRT) with couples creates emotional safety between partners, leading to co-regulation. **The power of the witness** to hear / take in the pain of the other is enormous (White & Epston, 1990, 'outsider-witness'). Getting below the anger, criticism and distance leads to being seen and heard (safety and proximity).

Therapeutic process: Healing trauma roadmap for couples: (Based upon Peter Levine's twelve-phases of healing trauma, 2005, p. 39-65; and Lynne Zettl & Ed Josephs, 2005, Self Regulation Therapy, CFTRE).

1. Establish emotional safety and containment: Create a calm, **invitational,** safe environment in your office. Embody emotional safety for **both** members of the couple / dyad.

- Clients need a calm NS to work with so that they feel safe enough to engage. Be relaxed and aware of / comfortable with your own bodily felt sensations, experience the therapy yourself via body awareness (Levine, 2005). EX: Deal with your own isomorphic issues, practice yoga, meditation, mindfulness, and seek somatic / relational based supervision.
- Establish emotional holding and connection with each member of couple/dyad.
- **Cultivate authenticity and genuineness,** (Rogers, 1961), via the persona of the therapist, client centered therapy, and core conditions such as empathy, congruence, and unconditional positive regard.
- Establish and maintain good **boundaries,** promoting differentiation (Minuchin, 1974; Bowen, 1974). NOTE: **Containment** is an important principle in SRT work. Therapists can model and embody this throughout the therapeutic process.
- Create secure attachment with each member of the couple/dyad (Bowlby, 1988, Greenberg & Johnson, 1988, p. 18-19). "Safe haven/secure base."

- Contain negative and angry energy (boundaries, again…) so each person feels emotionally safe in your presence.
- **Isomorphic therapist issues:** (Bowen, 1974). Learn to recognize when you are getting pulled in by your own isomorphic issues, stay balanced, deal with these issues and seek relational supervision and/or therapy.
- **Staying balanced between the parties:** A **shared narrative** (Gottman & Silver, 1999, p. 243-6) emerges as the couple softens towards each other and begins to hear their partner. Staying balanced as the therapist, not getting pushed off your stride, and staying present in the therapy room is fundamental.

2. Grounding: Re-establish your body's connection to the ground and your centre of gravity. Somatic sense of grounding is healing because it connects us with our body's own resources. (Sense into the ground, floor, chair, armrest, pillow, noticing one's internal energy and 'felt sense.' …use Levine's 2-handed technique to calm NS. Notice contact, comfort, or support.)

Learning to calm one's NS **is** containment; grounding is the beginning. The body itself, when connected to our parasympathetic NS, becomes a boundary.

3. Resourcing: External / internal resources help us to feel a healing sense of well-being. External: nature, pets, support from friends/family, music, beauty. Internal: yoga, spiritualty, resilience, strength, wisdom, courage, to name a few. NOTE: Developmental trauma occurred at a time when resources were few. Work with more recent events and build inner resilience as you 'resource' your clients. Anchor a resource in the healing vortex and open a new pathway.

The therapeutic relationship itself / persona of the therapist is a powerful resource; built through social engagement with clients (safety & proximity); as well as bonding (contact & secure attachment). [Co-regulation, Porges, 2017].

Q. What's working? What got you through? Who helped you or believed you? Get to know your clients inner landscape. Court their parasympathetic NS. Visualize beautiful / comforting scene.

4. Tracking sensation: Exploration of "felt sense" (Gendlin, 1978). Trauma survivors "are cut off from their bodies" (Levine, 2005, p. 37). "Trauma robs us of our body sense." Be gentle, work slowly, use a soothing, invitational, empathetic voice. Develop tolerance towards sensing in. **Teach them the language of sensation and engage or court their parasympathetic NS.**

Q. What do you notice in your body? Where do you notice it? Can you follow or track that sensation?

5. Horizontal titration as renegotiation: (Zettl & Josephs, 2005, Vol I, p. 7) Stabilize your client's healing vortex ('felt sense', resourcing, the body becomes a resource) and build in safety. Work from the periphery inward with a small amount of activation from both vortices. Renegotiate trauma energy closer and closer to the core. Hold your client emotionally as they track intense sensations, images, emotions, or thoughts. Use corrective experiences. EX: replace panic with tracking of sensation.

Be aware of fight/flight activation (hyperactivation, EX: fear, disappointment); but also freeze reactions and brace, or deep holding (hypoactivation, EX: helplessness, shame) (Window of Tolerance) (Siegel, 2012a, p. 281-286; Ogden & Fisher, 2015, p. 751-2). Be mindful of where each couple member resides within this window. Work to regulate and expand the window.

Levine (2005): '**Pendulation**', tracking somatic rhythms of contraction, and expansion (p. 55-6). Trauma survivors free up locked in sensations, many for this first time. There is a 'rhythm and flow of self-regulation' which develops with practice (Zettl & Josephs, 2005, Vol I, p. 9).

Aim: To bring one back to one's body. As discharge is liberated, let the process flow. Go slow, less is more. Activation, even intense activation, has a beginning, middle, and end. Teach containment and savour the expansion. Tracking or following sensation will lead to 'space' in one's sensory container. [EX: In Yin Yoga, let thoughts flow in, and then flow out, without struggle; always return to the internal awareness of your body as you hold the poses.]

Warble: (Zettl & Josephs, 2005, Vol I, p. 8.) Too much activation can produce a 'warble'; meaning speeding up (shakiness) of NS, relative to internal resilience. Slow down the sensing inward via support for your client and attention to their internal state. Restore equilibrium. EX: open eyes, focus on something in the room, make eye contact, ground to chair / floor.

This is especially useful with couples because the non-activated partner witnesses the activated partner calming their own NS. This changes the pattern, interrupts the procedure and activates the Social Engagement System (SES) (Porges, 2015).

Discharge: (Zettl & Josephs, 2005, Vol I, p. 8.) Release of 'bound energy' stored in one's NS, discharged via titration between the two vortices. EX: shaking, trembling, tingling, shivering, laughter, tears, heat, cold, felt activity in feet/hands, increased heartbeat, or breath.

GOAL: Not to re-experience the trauma; rather to release and renegotiate; or to free up some somatic energy, a little at a time, to **empty the container** (of one's bodily felt sensations).

Q. What do you imagine would break up that tension, or tightness?

Gentle questioning may open the NS towards discharge. Likewise, if activation becomes too intense return client to the present (open eyes, focus on something in the room, make eye contact, ground to chair / floor).

6. Working with adaptive survival responses:

Fight response: Natural aggression versus violence. Remember that trauma overwhelms one's NS, to the point of collapse. The process/aim of therapy is to actively restore one's protective balance of defences. Complete the flight and flight responses: sensing in, managing extreme activation by returning to the here /now, or taking a break, and resourcing.

Q. If your anger were a force of nature, what would it be? Help clients find middle ground between numbness / rage, by completing the fight cycle (Resource-Titrate-Discharge, R-T-D).

Flight response: Natural escape versus anxiety. Q. What was the missing resource? Can you imagine the best defense / protection? Help clients to imagine the ability to escape, to get away, and their fear/ dread may subside. (Pillow under feet exercise, Levine, 2005, p.61)

Fight/flight/freeze: GOAL: To complete the response. Titrate between healing vortex (resource) and trauma vortex (discharge) (Zettl & Josephs, 2005, Vol I, p. 9-10).

7. Building strength and resiliency: versus collapse (depression…I give up) and defeat. Titrated discharge of energy **restores equilibrium** to NS. That balance (absence of collapse)

might feel foreign. Guide your client with positive images of safety. (Porges, 2015, safety & proximity).

Uncoupling fear: from immobility. Keep your client flowing through their freeze response with emotional holding / reassurance. Experience freeze / brace without experiencing fear (Levine, 2005, p.62-3). Trauma is fixity. Ask…What happens next? Coming out of freeze into fight (Zettl & Josephs, 2005, Vol. I, p. 10)

Q. Where in your body do sense / notice that? Is there a dividing line between the two sensations? Ask about pre/post-event. (Hyper-coupling, Zettl & Josephs, 2005, Vol. III, p. 11-12)

8. Orientation to the present (Levine, 2005, p. 64-65): Moving from internal to external environment and social engagement. Engage the senses, use a soothing voice, make eye contact, and draw clients in via social engagement system (SES) (closeness, proximity, contact, bonding) (Porges, 2015). Restore equilibrium and balance in the here and now.

9. Settling and integrating: Clients learn to feel safe and 'settle' as they 'sense in' to their bodily felt sensations, using these new tools to court their parasympathetic NS responses. This shift begins during the first session, and it changes the procedure between the partners (Zettl & Josephs, 2005). **Interrupt the pattern; change the procedure** (Ed Josephs, 2005).

Role of the therapist: The therapist needs to help clients renegotiate how trauma takes up space in their body and NS. S/he acts as a conduit gently guiding clients towards sensing inward, tracking, moving the energy through the body, and completing the fight/flight cycle, as well as uncoupling freeze and fear. **Moving from fixity to flow.** (Levine, 2005, p. 32)

Markers: Setting boundaries, identifying which stage the couple is in, modelling self-regulation, empathy, moving **towards co-regulation,** and attunement. Therapy with couples is unique as progress is reveled in real time. Session by session it is reciprocally reflected through changing dynamics, words, eyes, body language, ventral vagal tone, and each partner's sense of hope.

The process of SRT and titration (R-T-D) helps to calm one's NS, restore hope, a sense of well being, and self-regulation. It is very important for the therapist to hold and express the hope that healing, self-regulation, and social engagement are possible.

Blending: Couples Therapy and Self-Regulation Therapy:

Intake / Initial interview: Short interview / several forms are initially completed. EX: Family of origin history, family patterns / dynamics, history of previous therapy, trauma check-list.

Mapping and F.O.O. genogram: (Family Systems Model, Bowen, 1974; Monica McGoldrick, 1995). The couple therapist's role is to understand and to hold up the pattern like a mirror and help clients to see it. The genogram is part of the systemic assessment.

Goal setting: Generally done in session one. Q. If things were better, what would be different? Seek out a shared narrative between partners. If it is weak, or non-existent, this is information to work with.

Developmental Gestures: “reaching out, grasping, eye contact, holding on, letting go, pulling forward and pushing away” (Ogden & Fisher, 2015, p. 30). I use these in session as couple attachment markers, and vehicles for connection.

Emotionally Focused Couples Therapy (EFT): Delineate conflict, identify negative cycle, access primary emotions, redefine problem, identify disowned needs /self-acceptance, acceptance of the other, expression of needs, new solutions, and consolidation (Greenberg & Johnson, 1988, p. 82-104). Couple attachment patterns range from pursue-distance, mutual-withdrawal pattern, and mutual-accusation pattern (Greenberg & Johnson, 1988, p. 74-5). Healing is internal (attachment based) and produces resiliency, self-regulation and integration.

Gottman’s Principles: Nurture your fondness and admiration, turn towards each other instead of away, overcoming gridlock, creating shared meaning (a shared narrative), and learning to repair (Gottman & Silver, 1999).

Developing self-compassion (Brown, 2017), will set the stage for the development of empathy between partners. As the old pattern starts to change, the therapist can model empathy, and coach clients through the development of mutual empathy.

Psychoeducation: Beginning with intake, ask clients to read about the process [Gottman, Johnson, Levine]. Explain it to them as you go along, working from ‘bottom-up’ in therapy and ‘top-down’ with psychoeducation (cortical over sub-cortical).

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