How The Felt Sense Polyvagal Model Revolutionizes Treatment Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to trauma, addiction, and autonomic states

Welcome to this interview on the Biology of Trauma Summit 3.0. I'm your host, Dr. Aimie. And this interview is really exciting because we're combining two, two different models, essentially, and not only for addictions, which is where we start the conversation here, but really for chronic illness.

And as Jan will mention in the interview, really for anyone with a body and an autonomic nervous system, which includes you. Now, one of the concepts that we talk about in this interview is the idea of a state regulator or what she calls a state propeller.

And the state regulator comes from Dr. Stephen Porges work. And I want to help you understand that so that when we get to that part of the conversation, you will know what we're talking about.

So let me show you the three states so that you understand. Then there's my dog. The three, the state regulators and the state propellers. What does that mean?

So we have three states of our autonomic nervous system. Autonomic nervous system are these three states. So we have the parasympathetic or social engagement and we have the sympathetic or the stress response.

And then we have this down here and this is going to be a dorsal vagal response or a dorsal state, the freeze response, also known as the trauma response.

So all of those are interchangeable. And when we talk about a state regulator, that is what this is, is a perhaps somebody is stuck up here in stress and they can't get out of that adrenal lin and that anxiety, perhaps panic.

And so they do something that takes their body down into this state, which is, yes, calming down, but yet also a numbing and numbing where I just I don't feel that intensity of that anxiety and stress anymore.

And then there are some people who are down here and they are waking up exhausted and depressed and feeling heavy and perhaps in chronic pain, feeling like, what's the point?

Nothing that I do makes any difference anyway. And they will use something, do something in order to shift their state.

What the felt sense is and how it connects to polyvagal theory

So there's that state regulator and they will take something, perhaps caffeine or perhaps stressing them out in some other way. Procrastination, deadlines, those are all ways in which people can use that, but also food substances.

There's a number of things that we can use to regulate our states. But when we are using those kinds of tools as state regulators, we really will just be going back and forth between the sympathetic states and this dorsal vagal and freeze response.

There are lots of health problems that come as a result of this. But as we go into this conversation, those are your three states of your autonomic nervous system.

And that's what it means for state regulation or state propelling, as we talk about in this interview. And so with that, let me introduce Jan. Jan Winhall is a good friend of mine now, she is an author, teacher and psychotherapist.

She's an educational partner and course developer with the Polyvagal Institute, where she teaches a certification

course on her book, Treating Trauma and Addiction with the Felt Sense Polyvagal Model.

She is an adjunct lecturer at the University of Toronto and a certified coordinator with the International Focusing Institute. Jan is a seasoned trauma and addiction therapist who supervises graduate students and teaches internationally.

I'm excited for this interview and let's jump in and hear from Jan on this Felt Sense Polyvagal Model. Yes, for addictions, but also for anyone with a chronic illness.

So, Jan, the work that you do is amazing. And I know that you know this because you see the results that you're that your clients have. But for the audience.

Explain what the felt sense is because I'm not sure that they will have heard that and how that, how you have kind of bridged that with the poly vagal or this felt sense poly vagal model that you use.

Mm hmm. Yeah. So, you know, it evolved over time that I brought those two basic natural processes in the body of a neuroception. So connecting in with the autonomic nervous system and how safe we are in our environment and interoception, which is part of a felt sense process.

So that's connecting with what's happening in my body. How do I feel and what am I sensing and how how am I in here today is basically interoception. What's going on for me in my thoughts and my feelings, in my physical sensations, in the body.

So I brought those two basic processes together in the Felt Sense Polyvagal Model and that happened over years of working with people. I started 40 years ago now working with young women who were incest survivors and I was surrounded by this traditional psychiatric model where a lot of these women were being diagnosed with borderline personality disorder and really honestly being treated terribly in the system terribly.

And, you know, Judith Herman's book came out back then, trauma and recovery. And I gobbled it up and it just spoke to exactly what I was seeing and experiencing in the system.

So that's what got me going with finding out what there's another way to be with this. And, you know, back then, feminist therapists were working a lot with issues around safety, which of course, is all about the autonomic nervous system and Polyvagal Theory.

And Judith Herman saw that right, perhaps because she'd been medically trained. So she knew about the A N S. We didn't talk about the autonomic nervous system as trauma therapist, but we did talk about numbing and flooding.

And that was the first felt sense polyvagal model, really the first version that I created because what I saw there was the ways in which women were shifting back and forth in these states, right between the sympathetic activation and then the numbing and shutting down.

And of course, what Steve Porges gave us this dorsal branch of a vagus that he named as the numbing dissociative state. And so I saw that back there. I knew that through listening to women and hearing them telling me these stories about ways that they were soothing themselves but also harming themselves.

Right. And it was clear back then, more so around like drinking, you know, large amounts of alcohol or doing a lot of drugs, that this was a way of kind of, you know, soothing this sympathetic rash.

But what wasn't so clear was more of the self-harm around like cutting, pecking at the body, pulling the hair, those kinds of things. Right. And those were being seen in this traditional psychiatric system as self-mutilation portion or masochism or attention seeking.

And it didn't match what I was hearing from these young women. They weren't behaving like that with me. And as

we listened, more and more it became clear and I learned from the group to back then.

We all learned together really, that those behaviors that were less kind of clearly understandable were also they knew that that they they hurt them, but they also felt like it helped them, but they couldn't explain it.

So my curious brain body went on a hunt to try to figure that out. Really. And I first then found Gene Gendlin's work and focusing in the felt sense. And so here was a whole body of work and therapists working in focusing oriented psychotherapy who were connecting in with what people were experiencing in their bodies.

And so I knew I needed to go to that somatic place back then.

Addiction as state regulation and survival adaptation

So the felt sense, one of the most the simplest ways to describe it, it's like people call it the spidey sense. It's part of intuition. It's a bit like when you leave the house to go off to visit your friend, and there's this niggly feeling that something you didn't do.

Something is missing. Not right. Whatever. You know, there's some place in there that knows, but it's implicit. And then all of a sudden, what comes is, you know, I forgot to lock the door or I forgot my keys or.

And then there's this. Oh, yeah. And it feels better. That's a felt shift in the body that we talk about that helps us to really pay attention to what our body knows that maybe our head hasn't caught up with yet.

And problems are like that, too. We get this niggling feeling that doesn't feel good. You wake up and you think, Oh, you know, am I getting sick? My whole thing?

So but I don't feel good. My stomach's in a knot. And then you go and, you know, we have coffee together and we talk and you say, What's going on, Jan?

And I start to tell you. And then I just start to feel better because you've given me this space and listen to me without judging me. And bodies love that.

And then they kind of start to light up. And what we know in our body begins to connect with what we know in our mind. And then we have this beautiful space of integration.

And it feels good, even if what I tell you is terrible, it still feels better because it's out there and I'm connected to it. And now I'm an integrated person.

I know what's going on in me. So that's part of how we work with a felt sense of what's going on. Yeah, and that's genuine work originally. And I now I'm thinking of the work that you're now doing really heavily with the, with the whole addiction model and being able to apply this to those behaviors that are very much falling in line with, with this kind of numbing and flooding where yeah, self-harm.

But yet for some reason that sometimes they can't seem to explain it helps them feel better. Yeah. Yeah. And it helps them feel better even on a survival level that makes them do things that they promise that they will never, ever, ever do again.

Only to find themselves doing that very thing because it feels such like a strong survival impulse of their body. Yes. And how do you apply this felt since then to those people who are stuck in that cycle and and can do it in a safe way?

Because I can only imagine that it it must be could be could be quite difficult, challenging for them to connect with their body and and to feel things that they have not wanted to feel.

And here's Jan, telling them to feel their body and they're like, I don't want to fill this body. So how do you apply it to

yeah. To to the addiction behaviors, but then also how do you do that in a safe way that guides them through that process.

So the way we understand addiction through the poly vagal lens, through the nervous system, is that these are really what Steve calls state regulation strategies.

I call them propellers because they these behaviors shift you. They propel you from one autonomic state to another. Right. So when there isn't enough safety or perceived safety, because sometimes we get locked in these trauma feedback loops.

But originally, what occurs is when a person does not feel safe enough to be integrated into a full felt sense experience, I know what I'm thinking, feeling physical sensations in my body and also memories.

That's a nice, integrated, sweet spot, but when we are in environments either growing up where we don't feel safe or it can also occur later on in life when terrible tragedy or whatever happens, it can occur right from the very beginning of life.

If we're marginalized and we don't feel and we aren't safe in the world, that the body then shifts into a sympathetic response flight fight to try to survive.

Well, we can't stay there forever because adrenaline and cortisol, as you know, work so well are pumping like crazy. And so the body, I believe, instinctively seeks out behaviors that help us to make that shift down into the dorsal branch through, for example, drinking.

It's a really great one, but there are others like cutting the body releases. Endogenous opioids and endogenous opioids shift you into a dorsal state.

That's really interesting to consider. This is not masochism. This is the body saying, I can't cope with this level of intensity in a sympathetic response.

And I'm designed to shut down, to survive, to to to seek out that dorsal branch in order to adapt to a maladaptive environment, not a maladaptive person.

And, you know, it also works. The other way with cutting cuttings of really interesting ones. So if you're too long in a dorsal state, if you cut the body, it can also release sympathetic response of adrenaline or whatever.

So people shift back up into sympathetic. So addictions we see as having a very powerful function, adaptive function in a body that is not perceived as safe enough to be in to to stay in the ventral branch.

And so in addictions, we work very gently harnessing the wisdom of the body and the autonomic nervous system and teaching clients. There's a lot of psychoeducation in the field since there's a model when working with the nervous system and teaching clients.

Also a bit about how that works in the body and how how we're going to really honor your body's need to be in this dorsal shutdown state a lot of the time.

And that through co regulation, we make a relationship and over time we work with the body to practice more and more presence around noticing what's going on in your body, connecting a little bit, just a little bit over time.

And we also begin then slowly to introduce focusing practice, because there's six steps to a focusing practice with partners. So we build in I work in groups and with partnerships with the felt sense political accountability partnerships in slowly easing up on those behaviors.

So it's a very it's a harm reduction model because we're working with the body and increasing that sense of safety over time. And of course, people have to also be in an environment where, at least for a moment in time, they can

go inside and learn to find something, some place in there that feels safe enough to to become a little more present.

So it's a gentle but firm because addictions are, you know, tricky because we just need to survive, right? So we get that. We get that. And when you reframe it like that, it's just really wonderful work because you're not in a power struggle.

You're working in collaboration with this person's body and their desire to to adapt to an environment that hasn't created enough safety. And when we understand that the body does have this intelligent design and that it is operating from the only standpoint that it knows which is survival.

Yet being able to see it from that lens, it's like, isn't this interesting?

Felt sense practice, chronic illness, and healing through presence

We get to be curious, isn't that interesting that my body feels that this is the only solution right now for survival? Mm hmm. And it it allows us to gain perspective when we can notice and get to that get to that level of curiosity and perspective of the body, rather than the traditional model, which is very shaming still.

Yeah. How could you do this. Now, even in the best of circumstances? We still, you know, the models for addiction. You know, you're either morally bad or you're sick.

But really, when you think about it, like a lot of people actually do, stop addictive behaviors completely. Cold turkey, a lot of people do that. Like, if addiction is a disease, how do you just stop it?

How do you just decide one day you're going to stop? Because, you know, that's a it's a very common thing in addiction that we don't talk about very much because it doesn't match the current models.

Right. Of course, diseases come from addiction, but the function of addiction through a somatic poly vagal sort sense lands is to survive. And, you know, when I think back to these incredible women, young women that I worked with, I mean, how else think, goodness, that bodies can dissociate from rape and the level of betrayal of incest, really?

How else would we survive? This is a gift in that environment. The problem, of course, is that we move out of those environments if we're lucky enough and if we're able to get into an environment that is safe enough, the body is still often locked in the trauma feedback.

But that's where we come in, right as therapist to say, explain that to people and that there are specific things you can do to rewire. And one of those things is a focusing felt sense practice.

And there are lots of others engaging socially, you know, connecting with your friends meditation. My son will do it through playing the piano. Now come into the house.

Her and I don't even talk to him. Then he just goes right to the piano and then 20 minutes later he's shifted into vengeance. And then we'll joke about it, you know?

Geez, I was so mad. Now. And there it is. That's. That's a general practice, right? Yeah, I love that one. Yeah. And I and I and I love how we can see these just as state regulators or as you say, state propellers.

Yeah. And I like that terminology then because that's very much how it can feel, right. Like this is propelling you. Like this is not necessarily a gentle, you know.

Yeah. Oh, we're going to propel you right into that dorsal vagal response or from that dorsal up and the sympathetic with all the adrenaline just released it very much feels like the fast road.

Yeah. And, and when we can see that oh like an addiction is just one of those state propellers. And food can be another one. The point to be another one.

Meditation can be one. We can see that. Then there are these buffet options that are presented to us of. Well, let me try another tool for state regulation.

Mm hmm. Yeah. Because I'm right like you're talking about, the addiction can fall away overnight for some people. And it's not that they all of a sudden didn't need a state regulator, is that they switched state regulators and they were able to access something else as their state regulator.

Yes. With the difference being, we would say in focusing that a felt shift in the body would be a shift in those central states, you know, that bring you into grounding, whereas an addictive shift doesn't carry you forward.

It doesn't have meaning, it doesn't hold a felt sense. It's really just that pure kind of physiological shifting that happens right? It doesn't have integration.

And what's fascinating to me is that it seems like the felt sense is the polar opposite of. Yes, addiction. That's right. Like the addiction for from many of the substances, not necessarily all of them, but for many of them.

The point is to not feel. Yes, in order to feel sensation, but not emotion or not not a full experience that's connected to your whole self. Right. It could be an excitement, an adrenaline rush.

Right. But that's really different. Then how does all of me feel about what's happening in this moment? You know. And that's a really good point, because many patients of mine would describe I don't feel much of anything.

Yeah. And so here is then that desire to feel something, but yet not the emotional stuff. Yeah. Not the, the feeling into your life and all the little threads that go with that because that might take you down a road that feels painful.

So you back up because, you know, being present, it's all about being present, right? Being present has been painful. So we go to these addictive states to to protect ourselves, to adapt to that.

But in a full thought sense, presence is remarkable. And yet, Jan, when you start to talk about presence and how being present in our life can be painful, you're no longer just talking to those who have an addiction.

No, you're now talking to a lot of people. And so this felt sense is a powerful tool for anyone with a human body and an autonomic nervous system. Absolutely.

And you know, Jen Lynne knew this. Right. And this beautiful little book you wrote called Focusing way back in 1978. I mean, he was you know, he's dead now. He was he started this work with Karl Rogers actually in the fifties, in the University of Chicago.

And what they found when they were studying, you know, what is it that produces change? How do people heal? And what they saw in sounds is of process recordings that they did of psychotherapy sessions that were successful was that you could see the change happen in the body.

You could see people shifting states. And he called that the sound shift, you know, which which it is. That's the Intersect. It's part of it, like the feeling into the intuitive part of it.

But we also see those changes in the autonomic nervous system, right? Like if I'm in a dorsal state, I'm down here and you can feel that in your body.

And if I look up at you and I smile and we know each other a bit and it's fun, I'm socially engaged and I'm in ventral and you can see the difference in my body.

And so that's what I bridged. That's what I crossed together was the felt shift. Oh yeah. Now I get it right. That

feeling. Now I know why that was bugging me.

That shift and then the shift that is also there in the autonomic nervous system that comes into ventral and brings us into such a sweet spot right. Of really being present.

Yeah. So we can use these processes for anything. I, I found I worked with them that a lot of them ditched because that's where it started was with self-harm, but of course with chronic pain, with all of the things that you work with.

Amy, you know, especially chronic pain because we can bring attention to parts of the body that do that still can feel okay and then work with that kind of attention, you know, as a as a skill, a skill building practice. Right?

It's wonderful work. It's wonderful work. And the transformations that happen are lasting. Yes. Because you you have these experiences with your body, with your nervous system, and you you learn things that you're never going to forget.

Like, you. Know, the body doesn't forget those things. When you get that shift into presence, you know, sometimes I'm working with someone who's really locked into the addictive place and just through call regulating and seeing me be like How no in there, you know, and bodies.

Don't forget that. And so, you know, it comes again and then you're building a new neural pathway into that sweet spot with the whole felt sense of wonder and joy of connecting with another person.

And that's really what the coagulating process is about right? Yeah. So to finish up, walk us through what are those six steps to the self since practice that you mentioned.

So the first step that Jacqueline added actually after working with this whole idea of the felt sense is clearing a space. And that really is like a meditation practice where you you it's a little bit different in that you first ask, you know, what's coming between me and feeling okay?

And you take that in down inside and you know, usually there's four or five things that you're that are roaming around in there. Sometimes there's more, sometimes there's a bit less.

And he taught us how to take each of those and gather them up and put them just at the right distance from you in here. So it's a beautiful it's like a meditation process.

And then after you've done that, you kind of invite your body to choose one of them to spend time with, because focusing really originally came from working with problems in your life as a, as a way of doing that, right?

Connecting with what's going on in there, that's creating discomfort. So then one of those things comes back in and you learn how to, as people are saying so much now sit with it, to be with it and to be curious about it, but not to fall into.

Right. So it's a lot of tie training, getting the right closeness and distance from whatever that is that say in your tummy that you woke up with that doesn't feel good.

And when we do that, especially in partnerships and our friends, as are our partners, is you know, what's going on in there. You know what's what is it need or what's the worst of that, or is it okay to stay with that?

Or then it starts to open, right? And then we get a handle for that place in there. That's like a word or a phrase that really captures the essence of what it is.

And each time that happens, it starts to become clearer about what is really going on in there. Right. And then we might resonate with that. Say it back, you know, is the handle is that the right handle?

Is it kind of a in the handle sound funny because they come from the right hemisphere, right the body, and they

might be a squiggly stuck place or a blue vague, cloudy place or might be an image or might be a gesture in the body and movement in the body.

And then we might spend some time asking into it more about it, but not up here. We follow what's going on physically down, often in the center, around in the center of the body.

And then the last step is to really welcome and appreciate what key even and especially when it's uncomfortable, because the more we know about all of how we're losing our lives, the more we can really integrate it and not run from what's uncomfortable, which is what we're taught to do in this Western culture.

And it's killing us, you know? It's like the things that build up under the rug and then you flip over. It's, it's it's it's really. It's killing us. We have to get this right.

Yeah. Because when we're not connected to our bodies, we really hurt ourselves, each other. In the natural world, which is where we are right now. And I'm thinking of those people who have some type of chronic illness.

You mentioned chronic pain earlier. Yeah, at first, so many other chronic illnesses being in their body, feeling their body is the last thing that they want to do.

Their body hurts. And so for them, like what would be what would be the. Work then with one place in the body, if you can find at the tip of your nose, your ear lobes, your toes, it's also really helpful for working with ADHD because you're working with attention.

That's what you're working with, right? And healing so much of healing is what you pay attention to. So we might go there. If that doesn't feel good, we might look for an experience.

So getting the whole felt sense of the experience of this moment, that feels good to me right now. So you might ask a client, is there a moment in time that feels good for you?

Just a little moment doesn't have to be anything fancy. You could be saying hi to your neighbor in the morning. And where do you feel that in your body?

Oh, it's it's actually right here. And then we help people to put a hand where you feel it, because it really helps to kind of ground it. And then we use body cards as a way of people can write or draw or color where they feel it in the body, and then you can resource them.

And it's incredibly powerful to resource that visually because you might think, I can't find anything about no, there's no way. And then you look at this image of this warm glow that you have in your chest and you think, well, I don't know where the heck that is, but I did feel that and I've got a witness.

Jan saw me, you know, that was there, that was real. And it's interesting how slowly over time, especially if we do it together, it can start to form again.

You can't push it, but you can invite it. And bodies want us to heal. They want to carry forward. So very often there is some place in there that we can begin to form or go back to, you know, and if there isn't in that moment, well, we just welcome being together here we are in this hard place.

Yeah, we're together. Yeah, yeah. Trusting that it'll come because bodies know how to, you know, if you give them what they need. This is what General taught us.

If you give a body what it needs, it knows how to keep going and looking, moving towards the sunlight, just like plants. Do, you know? Yeah. I hope you enjoyed this interview.

This is fascinating. And the more that you understand the poly vagal theory, the more that you understand this the three states of the autonomic nervous system, the more that you can understand your body and be able to notice

those three states that we're talking about and being able to notice in the moment when you have shifted, when you've gone up into that sympathetic, and how long can you sustain that before you are going to need to shift out of that?

And how are you going to shift out of that? There is so much that we have to learn about our bodies. This is what I do in the 21 day journey. As I take you on a journey into your autonomic nervous system for 21 days and teaching you different exercises that will help regulate your state in a healthy way.

Now, I know that this is a lot, and so please don't forget that you can purchase all of these recordings and have them available to you even after the summit is over, so that you can watch them as many times as you want and review them because this is a lot and I want you to be resourced and have all the knowledge and tools that you need for your trauma healing journey.

I'm your host for this summit, Dr. Aimie. And I will see you on the next interview.