

## BOOK REVIEW

# Treating Trauma and Addiction with the Felt Sense Polyvagal Model

*A Bottom-Up Approach*

by Jan Winhall

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**A**s we in the modern world transition from the industrial age to the information age, it is becoming clear that many, if not most, of the institutions that act as mediators between us and our lives, such as education, medical systems, financial services, and food no longer serve us well (if they ever did). Foundational to each one of these institutions are various models and maps that drive individual psychology and cultures. As those institutions show their weaknesses and limitations, the models and maps that underlie them are shown barren as well. Transitional times can be, and often are, very hard and challenging. The very ground on which we collectively stand for our own safety and security is unstable. Yet these times also offer an opportunity to create anew.

Jan Winhall has done just that in the field of psychology and counseling. In her new book, *Treating Trauma and Addiction with the Felt Sense Polyvagal Model: A Bottom-Up Approach*, she reveals the limitations of the model that has been the bedrock of modern psychology and psychiatry for the last 60 years – the biomedical model and its pathological orientation.

Of course, it is easy to critique the existing model, just as its twin in physical medicine has also been shown to be wanting through the latest research in epigenetics. The biomedical model is quite reductionistic, and does not see the human as a complex adaptive system with both interior and physicality contextualized in social and natural ecologies. Jan's research, study and clinical experience offers us a new foundational model, which is that humans are complex adaptive systems who can and do adapt to life conditions. Not only does she take into account the human system with both interior and physical (physiological) domains, but she also contextualizes all this in the interpersonal space – that is, relationships matter (literally). She humanizes the human, and integrates various approaches such as Gendlin's felt sense, interpersonal neurobiology, and Porges' Polyvagal Theory, among others.

Jan's work has been a deep exploration through observation and paradigm shift questioning, which first began when she ran an incest survivors' group in her early days as a therapist. Although her formal training had taught her that the self-destructive behavior of the women in her group, such as cutting and unsafe sexual practices, were pathological, she chronicles how this explanation did not sit well with her. At the time, she did not have the background and understanding that she gained through studying the felt sense and polyvagal theory, but she had an intuition that the consensual model did not quite explain what she was seeing. Through continued observation, questioning, and study, she began to see that the self-destructive behaviors found in her clients who had suffered from various types of traumas were not pathological, but were rather quite adaptive – at least in the short run. Her clients were attempting as best they could to manage their affect and regulate their nervous systems. She began to see addiction in a similar vein. For instance, cutting or drug use or promiscuous unsafe sex were attempts by her clients to induce certain emotional and bodily states. This is where the latest research on the nervous system has proven so valuable, as it provides a physiological explanation for the behavior and subjective reporting she was noticing from her clients.

A continuum exists from emotional flooding and chaotic responses to numbing and rigidity. She could see that her clients were vacillating between extreme sympathetic activation (fight/flight) and extreme parasympathetic activation (shutdown and rigidity). Not only were they vacillating, but both extreme states could and did exist at the same time. Through their adaptive responses to these internal states, her clients were attempting to shift states. They were, in fact, self-medicating, whether through drugs, sex, or cutting. She could see that these were the best strategies her clients could create for themselves at a time when there was no sense of safety. Jan could see that her clients' behaviors were their nervous systems' natural and self-organizing attempt to self-regulate in order to survive. It was their attempt to offer themselves a respite when being present was too threatening and overwhelming. Instead of shaming her clients as does the pathological model, she saw their behavior as heroic reactions in the face of perceived unsafe environments (both interior and external).

As mentioned above, over time, research from Polyvagal Theory and interpersonal neurobiology, as well as more bottom-up approaches that integrate the body as a first-person phenomenon, began to emerge, and provided conceptual models as well as practices that gave Jan's intuitions empirical and experiential grounding. As an integrator, she saw the value in these different approaches and wove them into her work. She saw that what her clients really needed was to develop the capacity to ground themselves, to feel safe, and to be able to find healthier ways to manage their affect in the context of human connection. With the help of a good therapist's love, compassion, and skills, they basically needed to learn to move their system from dysregulated, i.e., chaos and/or rigidity, to states of integration, health, and restoration.

Not only does Jan offer a new model to explain the adaptive responses of humans to trauma, but she also presents ways of addressing trauma through a non-pathological, humane and relationship-centered approach. Before I touch upon the approach she articulates, which is to help her clients deal with their trauma in a healthier long-term manner, it is important to expand this conversation to the socio-cultural level, as it is reductionistic to see trauma and addiction as only individual issues.

Jan also addresses oppression as a cultural issue, and how certain cultural forces show up in individual body-mind systems. She discusses exploitation, marginalization, powerlessness, cultural imperialism, and violence. So, we can't just "work" with the individual and their trauma, but must also take into consideration the socio-cultural forces that contribute to and cause the trauma in the first place. Otherwise, we will simply be doing social symptom management.

There are two basic approaches she integrates into her work to assist her clients to learn to self-regulate and create an internal sense of safety, autonomy, and health. One is through the therapeutic relationship itself. The love, care, and compassion of a therapist can and does go a long way in showing clients what is possible interpersonally. A safe container created by a trusted therapist can be a good first step in helping their client begin to co-regulate their internal states. Done concurrently, the second approach is to teach the client to deepen their awareness of their own internal states (as appropriate), and how to regulate them through awareness, breath, and various embodied practices.

Jan's book *Treating Trauma and Addiction with the Felt Sense Polyvagal Model: A Bottom-Up Approach* is a paradigmatic game changer. It is not just a new and useful mental model; it is an embodied approach that, when enculturated in the modern world, will offer us an opportunity to really help people who suffer from trauma, as well as create the conditions that can lessen the likelihood of trauma occurring in the first place.



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