

Two Paradoxes of Providing a Safe Therapeutic Process for Trauma Patients

Albert [Terry] and Beatriz Winstanley Sheldon

First Paradox

- Protective mechanisms to keep Trauma Patients safe interfere with the adaptive emotional co-regulation and the safeness of a healing therapeutic attachment relationship
- ‘Safe’ Relationship feels Unsafe

Second Paradox

- When the Trauma Patient does feel safe in the Therapeutic Attachment Relationship then:
- The Safeness of the therapeutic process inevitably uncovers 'unsafe' emotions such as feelings of shame, unworthiness, pain, and terror

Trauma

- “Trauma happens when people’s bodies get stuck in the fight/flight/collapse mode” [van der Kolk]
- “They [trauma patients] are constantly vigilant to avoid danger, they are in an avoidant pattern that can never be satisfied” [Grawe]

Physiological Responses to Trauma

- Adaptive Physical responses to physical and emotional Danger
- Stress => Elevated cortisol, Norepinephrine
- Tension, anxiety, Vigilance
- Implicit learning Amygdala and Hippocampus
- Damage to Hippocampus with sustained Danger

What does it look like?

Psychophysiology:

- Voice- pitch, prosody, loudness, spontaneity
- Eye contact
- Chest Breathing
- Pupil dilation, blink rate
- Facial Animation; Polyvagal - [Porges]

How can we help their bodies to feel safe?

- Safety vs Safeness [Gilbert]
- Left shift in Prefrontal Cortex [Davidson]
- Interventions to Activate Neural networks and Neurotransmitters to calm and/or inhibit the Physiological Stress Reactions

Safety System, Threat System

- Stress and Vigilance, Hyperalert
- Active protective mechanisms- flight, fight, displacement aggression
- Passive protective mechanisms- freeze, faint, conceal, submission, appeasement
- Psychophysiological changes => elevated cortisol, norepinephrine

Safeness System- Relational

- Active=> Open attention, alert, engaged, non-defensive, explorative interest
- Passive=> Calm, Relaxed, Fulfillment, contentment, tolerant
- Access to Compassion
- no inhibitory mechanisms
- “Invisible”, no search patterns for safeness.

Safeness changes the PsychoPhysiology

- Reduction in cortisol and norepinephrine
- Eye contact and engagement increase serotonin and oxytocin
- Diaphragmatic breathing reduces cortisol
- Shift from Sympathetic dominance to Parasympathetic dominance: More spontaneous body movements
- Facial and Voice changes [Ventral vagal- Porges]

Therapeutic Attachment Relationship provides Safeness

- Attunement => releases serotonin
- Connection, closeness, safeness=> release oxytocin, endorphins, [endogenous opioids]
- Co-regulation of Anxiety and Affect leads to inhibition of Hypothalamus-Pituitary-Adrenal axis

Safeness often feels dangerous!

- “People with Trauma do not regulate their physiology with other people” [van der Kolk]
- Attachment relationships were often the major source of trauma
- Attachment and Danger are often ‘wired together’
- Need to Titrate the relationship for patients with trauma; can be too activating

How do we Operationalize this for Psychotherapy?

- Therapist's job is to get the alliance going, to be a witness and be very present during the process [Abbass]
- Bring the body into Psychotherapy [Panksepp]
- Mindful presence necessary for closeness, emotional experiencing and leads to the next step [Kalpin]
- “Arousal must be regulated sufficiently --dyadically and/or via self-regulation in order to function neurophysiologically and to engage socially” [Porges]

Therapeutic Attachment Relationship provides Energy for therapy

- Therapeutic Attachment Relationship can be very energizing
- SEEKING and PLAY [Panksepp]
- Approaching the difficulties with curiosity and explorative interest in the transpiring present moment.

Therapeutic Attachment Relationship

- Direct Eye contact=> co-regulation of anxiety and affect
- Collaboration vs cooperation, compliance
- ‘We are here together
- Invite intentional mindful effort to collaborate on the therapeutic task: ‘Do YOU want to work on this together?’
- Explore ‘safeness’ explicitly: ‘To what extent do you feel safe right now?’

Therapy Demonstration

- What does it look like?

Ongoing Use of Therapeutic Attachment Relationship

- Safeness and Therapeutic Attachment Relationship will co-regulate distress of Anxiety, fear, shame, pain, unworthiness and terror. [Oxytocin and endogenous Opioids]
- Utilizing SEEKING and PLAY to activate neurotransmitters [dopamine, GABA, opioids] to override distress

Optimal Arousal for Therapy

- Moderate stress [off-balance] increases amygdala functions => more implicit learning, Neuroplasticity
- Attention, awareness and focus=> long term learning and change
- Investigative Interest, 'Isn't that Interesting!' 'That is Curious.'

Interventions to Reduce sense of Danger

- Meditation- 'left shift' [Davidson]
- Being in the moment, attunement=> serotonin and oxytocin
- Focused attention and Direct Anxiety regulation => GABA
- Goal directed focus => Dopamine

Increasing Safeness=>

- Reduced Vigilance
- Increased openness and spontaneity
- Uncovering hidden, repressed, depressed emotions

Therapy Demonstration

- Working with Safeness

Uncovering deeper implicit emotional processing

- Feels unsafe to be safe [let go of vigilance]
- Feels unsafe to feel connected [safeness]
- Shame
- Unworthiness
- Release of Pain
- Terror

Text

Increasing Safeness in the Therapeutic Attachment Relationship

- Reduces psychophysiological stress reactions from Trauma
- Enables Restructuring of Affect Processing
- Facilitates Co-regulation of shame, guilt, pain, grief and terror in Therapeutic process

Thank you

- Questions and Discussion