

Reviewed by Dr. Leslie Ellis

Just at a time when the wider world is waking up to a more compassionate and inclusive way of understanding trauma and addiction, a timely book that addresses these issues in personal, historical, embodied, and practical ways has arrived. In *Treating Trauma and Addiction with the Felt Sense Polyvagal Model: A Bottom-Up Approach* (Routledge, 2021), author and psychotherapist Jan Winhall both demystifies and depathologizes addiction. She does so by demonstrating in theory and with compelling case studies how addictive behaviours are in fact resourceful attempts to regulate a body that has been thrown out of homeostatic balance by traumatic experience.

Winhall's new book incorporates both focusing and the polyvagal theory to create a treatment model that is both effective and humane. It's a model to help those afflicted with addictions and other effects of trauma understand their own physiological and emotional responses and begin to take steps toward change that are both self-compassionate and doable.



Winhall explains how addiction is a propeller of neurophysiological state change, and in doing so, she solves the mystery of addictive behavior that often puzzled her as a young therapist. She begins with a compelling story of her first women's group and the mystery of their deeply self-harming behaviors. At the time, she simply couldn't understand why this fascinating group of young incest survivors engaged in such self-destructive acts. Rejecting the idea that they were simply damaged, broken and 'borderline', Winhall went on a decades-long hunt for a more compassionate understanding of how to help these women heal.

A consistent thread through the book is Jan's story of her own development as a trauma therapist. It illustrates an evolution of ideas about the etiology and treatment of trauma over the past 40 years. Early influences include Ellen Bass and Laura Davis' (1988) *The Courage to Heal*, and Judith Herman's (1992) classic, *Trauma and Recovery*. Add to this mix a deep

understanding of Eugene Gendlin's focusing, which brings a method of listening to the body in a manner that assumes it knows the way forward. Stir in a healthy grounding in Dan Siegel's interpersonal neurobiology, John Bowlby's attachment theory, the compassionate views of Gabor Maté, the relational wisdom of Harville Hendrix and Helen LaKelly Hunt, and finally, the updated understanding of the nervous system's response to threat and connection as proposed in Stephen Porges' polyvagal theory.

When you combine all these embodied, compassionate approaches to working with trauma and addiction, what emerges is a model that stands in stark contrast to the medicalized version that pathologizes those who have already suffered so greatly. As Jan so aptly demonstrates, those who suffer trauma(s) and subsequently engage in a range of addictive behaviours are not broken, but in fact, are doing their best to manage their pain and overwhelming emotions in the ways that are most available to them. It reframes their stories from tales of illness to journeys of triumph and liberation.

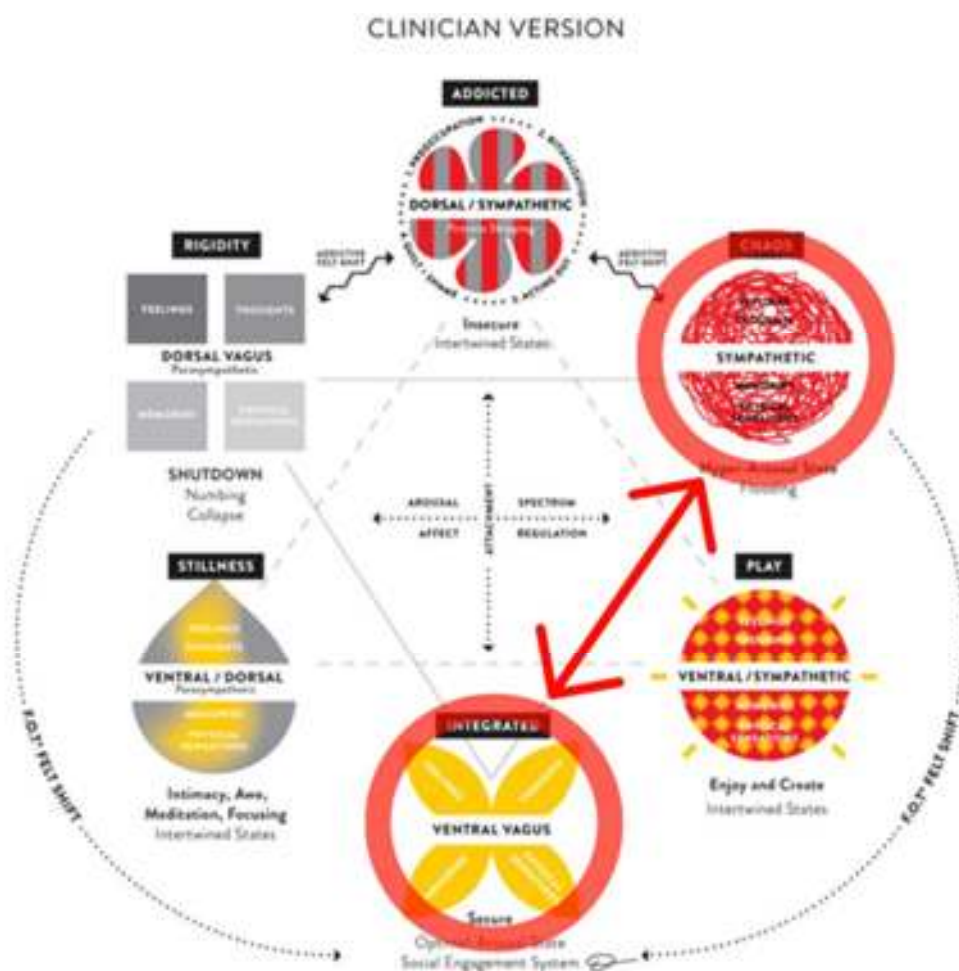
Winhall's definition of addiction is a simple and non-judgmental one: "It helps you in the short term, hurts you in the long term, and you can't stop doing it." However, the historic view of addictions is not so kind. Winhall leads readers through a history lesson that shows how the war on drugs, and the controversial evolution of the 'disease model' of addiction, has led to racist and pathologizing ways of viewing addictive behaviour. It has also prompted many resilient trauma survivors to view their own attempts at self-regulation as shameful and bad, an attitude that hampers their recovery.



The Felt Sense Polyvagal Model (FSPM)

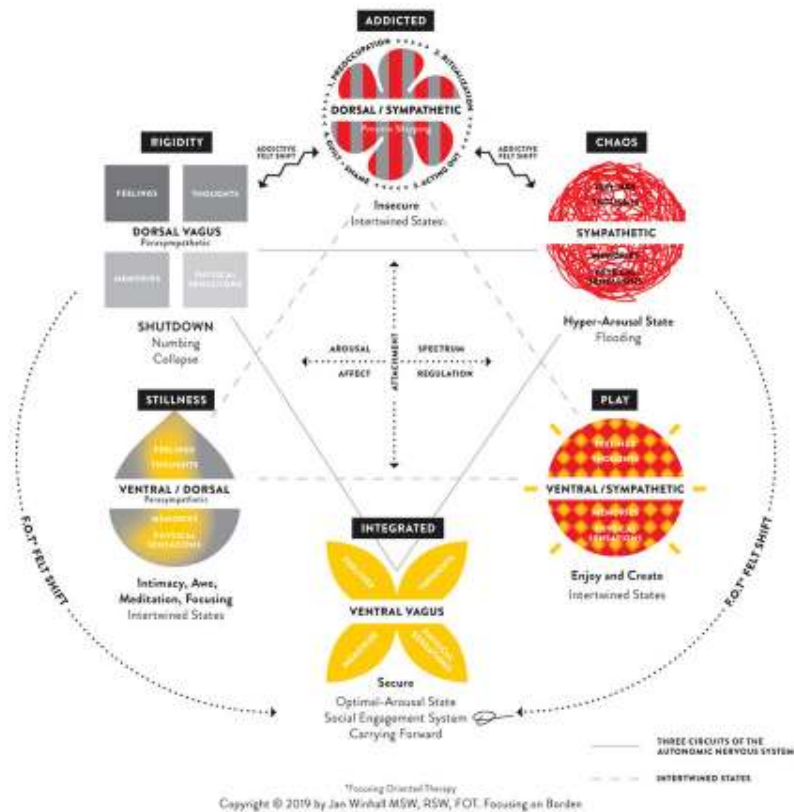
Over many years of working with those who have suffered from trauma, and with a naturally compassionate and inquiring approach, Winhall has developed a model that makes sense of addictive responses that alleviates blame and shame and replaces it with ways that clients can make sense of their own shifting states. Through a clear, graphic diagram of the physiological states described by Porges' polyvagal theory, and guidance on how to map one's unique pattern of experiences onto this chart, clients can begin to make sense of their own behaviours. They are then offered tools to help them decide how to take systematic and doable steps toward changing those behaviours that are most hurtful in the long term into more healthful ways of managing intense states.

Winhall has included both a detailed model for clinicians and a simplified one for clients in the book as a visual aid for understanding patterns of behaviour that can readily be reframed from addictive to adaptive (see pages 27-29 in this article). In addition, she offers a detailed Embodied Assessment and Treatment Tool (EATT) and a comprehensive list of focusing-oriented strategies that can be tailored to clients and their unique challenges. There is also a version for couples that includes a case study detailing how these tools led a couple struggling with the impact of childhood sexual abuse toward deeper connection, understanding, and mutual compassion in the face of the painful experience of sex addiction.



FELT SENSE / POLYVAGAL MODEL OF TREATING ADDICTION

CLINICIAN VERSION



First are the three circuits of the ANS, connected via a solid lined, inverted triangular

- A) the ventral vagus is in yellow at the bottom of the page,
- B) the sympathetic in red on the right, and
- C) the dorsal vagus is in grey on the left.

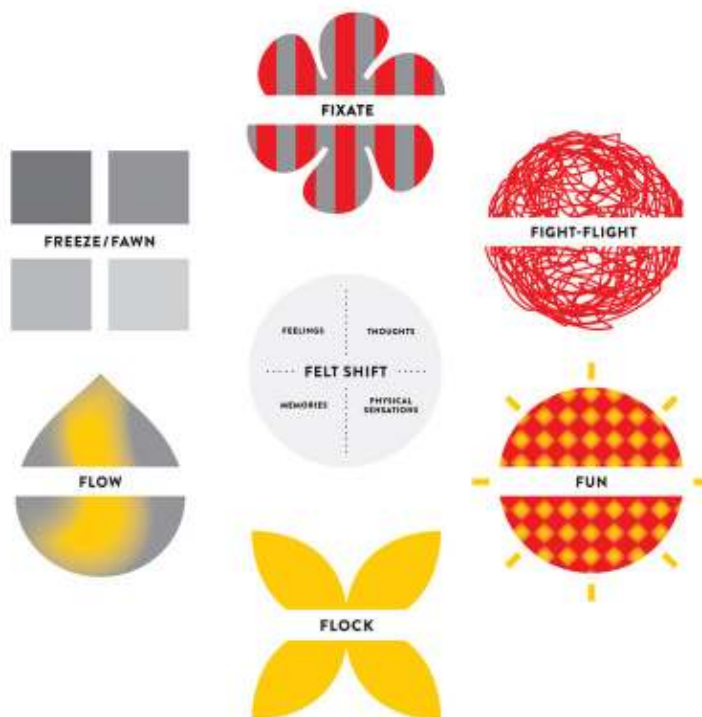
Next are the Intertwining States, connected by the dotted line triangle. Intertwining states are states in the system that utilize two pathways. The ANS has the capacity to blend states creating a greater range of experiences. The intertwining states are represented in the model in mixed colors.

- A) Play is on the bottom right in yellow/red.
- B) Stillness is bottom left yellow/grey.
- C) And the FSPM proposes a third intertwining state of Addiction, which is at the top of the model, red/grey.

As a state, Addiction is a blending of sympathetic and dorsal. Without the presence of the ventral vagus, the Social Engagement System is offline. When trauma and other states of emotional dis-regulation occur, the capacity to regulate through the ventral vagus are compromised. The ANS shifts into survival mode. People then employ addictive behaviors to seek relief from suffering.

FELT SENSE / POLYVAGAL MODEL OF TREATING ADDICTION

THE 6 F'S CLIENT VERSION



*Focusing Directed Therapy
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The simple version for clients uses what Jan calls the 'Six F's' to define the states of the autonomic nervous system: Flight/Fight, Fawn/Freeze, Fixate, Flow, Fun, Flock.

1. Sympathetic Response: Flight is a state of fear and anxiety. In this state the body mobilizes to run and escape. Fight is a mobilizing state of anger.
2. Dorsal Response: Fawn is a state of surrendering to someone with power over you. Freeze is a collapse of the ANS into a dissociative state when sympathetic response is ineffective.
3. Fixate is the intertwining state of addiction that acts as a propeller between Flight/Fight and Fawn/Freeze.
4. Flow is an intertwining state between ventral and dorsal. A state of safety with stillness.
5. Fun is an intertwining state between ventral and sympathetic, a state of playfulness.
6. Flock is the ventral state of grounding and safety.
With time our clients learn how to identify and track the state they are in and to use the tools that we teach them to move more into the ventral vagal state.

Focusing and Thinking at the Edge

Focusing, developed by Eugene Gendlin, is another thread that runs through this book, and is a foundational practice for Winhall. She takes us back to her first meeting with 'Gene', as he is affectionately called, and the ways in which his conception of the *felt sense* brought all the pieces of the puzzle together for her. She writes, "The felt sense contains the whole of our experiencing, including content *and* process, thinking *and* feeling: the sweet spot of integration" (pg. 130).

Winhall's book not only contains a primer on focusing concepts and their rich underlying philosophy, but also practical examples. There are many places in the book that invite readers to pause, check inside, and engage in the material in a focusing-oriented way. In this way, the book is an example of what it describes: a personal journey into the heart of addiction and trauma that invites an embodied response to the material, not just an intellectual one.



Winhall weaves historical and factual information with personal vignettes and poignant case studies told with the mastery of a novelist. Another enduring theme also emerges: one of *consilience*. What we see, over the course of this immersive journey, is how all these ideas are related and how they are often different ways of saying the same thing. This makes sense: we are all human beings, sharing the same basic emotions and responses; Winhall helps us see how we are truly all in this together. Addiction and responses to trauma are not something 'out there' that only ill and damaged people engage in. Rather, we are all 'shaky beings' (to use Gendlin's phrase) that are doing our best to self-regulate, to engage in life, and if needed, to liberate ourselves from patterns of behaviour that were brilliant solutions at the time and may need updating.

The FSPM teaches us all how to identify our autonomic states, to feel into them in the moment, and to understand what drives them. It teaches us how to deepen into our own experience and to subsequently guide others into this inner terrain in ways that feel safe and respectful. It moves us from a medical model to one of both self and co-regulation, from framing responses to trauma as acts of triumph and courage rather than freakish acts of self destruction.

This book reads like a story that begins and ends with Winhall's first women's group, and her lifelong drive to understand and help these women heal. She offers the example of Bridgette, who was convinced she was a 'freak' because of the times she would awaken from a dissociated state to find she had taken a razor to her own vagina. Winhall speaks of how she knew, even before she had fully articulated her model, to ground and connect Bridgette, and to 'validate and celebrate' her body's response to trauma, to see it as a way to release the pain and shift away from an unbearable state.

Jan writes, *"As I explain this new way of understanding, her face opens. She looks around and sees the women in the group riveted by her journey. It is their journey too. Looking incredulous, her jaw drops, and she lights up. Bridgette moves from feeling like a disordered person to a hero who made it through living hell. It is a moment of liberation, a profound shift that changes everything. These moments of liberation, arising out of a system that shames and pathologizes, are the heart of transformational healing. I pause here inside. These are the moments that I live for in the work"* (pg.148).



Dr. Leslie Ellis, author of *A Clinician's Guide to Dream Therapy* (Routledge, 2019), offers online programs to therapists on dreamwork and focusing-oriented therapy. She is an expert in nightmare treatment for trauma relief and suicide prevention. She writes and speaks about embodied experiential ways to cultivate inner life. She is vice president of The International Association for the Study of Dreams and coordinator and past president of the International Focusing Institute.
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Photo Credits

Man in mirror Med Ahabchone from Pixaby

Charts from Winhall, J. (2020). *Somatic Psychotherapy Today, Volume 10, number 1*, Spring 2020, pp. 64-73.

For further information you can access Jan Winhall's PDF slide show explaining her process during a webinar for the United States Association for Body Psychotherapy, open access online : [Click here](#)