Safety, Autonomic nervous system & healing trauma
Keynote Speaker Anssi Leikola

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Anssi Leikola is a psychiatrist, psychotherapist, author and trauma survivor. He has worked intensively in the area of emotional trauma, and the basis of his therapeutic actions lies upon two theories above all else: the structural dissociation of the personality and polyvagal theory.

The most important aspect of healing trauma is external safety. Leikola has, as a patient, and therapist come up against the traditional model of patient care in regards to trauma, healing and mental wellbeing. He integrates an approach to care that is at its core concerned with evolution, holism, and multidisciplinary in nature. He contends that theory and practice should be closely connected.

Leikola has certain issues with current psychiatric practices – that psychiatry is not interested in what causes disorders. Instead Leikola is more focused on a traumatherapeutic community in which holistic approaches, idea sharing and discussion are highlighted.

External Safety

Safety is the most important precondition to obtaining success in healing. Trauma creates a vicious circle however, with the presence of safety, a positive circle can be formed between safety and realization (understanding). This circle is mutually strengthened. In the case of children, touch that is empathetic, harmonious, consistent and repeated creates a safe environment.

Polyvagal Theory

This is a new approach concerning neural and hormonal regulation and based on evolutionary functions. Leikola has found that polyvagal theory is useful in practice with 90% of his patients.

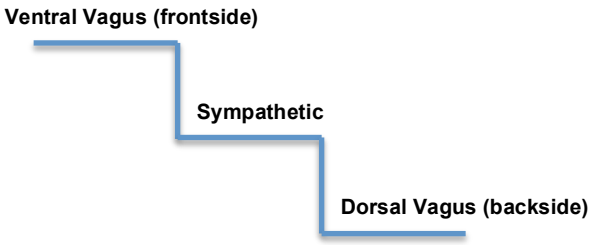
The traditional model of the nervous system shows the system as divided into two parts: sympathetic and parasympathic.

Polyvagal theory divides the nervous system into 3 parts:

- Sympathetic
- Parasympathetic
    - Ventral vagus
    - Dorsal vagus

Both the ventral and dorsal vagus are connected with immobilization but in different (opposite) ways. They are anatomically different.

Polyvagal Theory



Ventral Vagus (VV)

- Regulates middle ear muscles, facial expression muscles, throat muscles
- Unique to social animals, eg. Herd animals (reptiles to do have VV system)
- Forms social engagement system

For example, **mindfulness**:

- VV is strongly activated when a person is most aware & prepared for social engagement
- A long exhale (eg. Yoga ujjayi) forces activation of VV.
- Very important for healing trauma
- VV is activated most when we feel safe
    - Strengthened by experiences of safety

Sympathetic System

- Activated when the body detects threat
    - Before the consciousness becomes oriented
    - Eg. The fight, flight, freeze, panic response

Dorsal Vagus (DV)

- Activated when immediate threat to life (major threat)
- Oldest part (evolutionarily speaking) of the nervous system, eg. Reptiles have it
- Shuts down system to save energy
    - Inability, immobilization

Porges called the whole system neuroception – a kind of “radar” for safety assessment. This radar works unconsciously and preconsciously all the time. For humans, safest is a safe social engagement. This is has a huge implication on creating a secure health care scenario. By strengthening the VV, the therapy session becomes highly efficient. The therapist and patient are better able to regulate mental health status. The *vagal brake* is

suppression of the defensive nervous system. When the VV is activated we are able to face difficult situations while still remaining mindful.

Personality

Structural dissociation of personality – if an experience is traumatic it causes structural dissociation. Trauma memory must be stored somewhere which cause a division of the personality.

The personality is made up of two parts:

- Apparently Normal Part of the personality (ANP)
  - Avoids signs of trauma
    - Narrows life
    - Not able to self defend due to being partly bound to trauma memory
  - Amnesia, detachment, numbing, meaningless, shallow emotion, feeling unreal, no joy
- Emotional Part (EP)
  - Still lives in trauma time
    - Doesn't understand traumatic time has ended – trauma feels never ending
  - Activated through triggers, cannot be consciously retrieved
    - Nightmares, flashbacks
    - Involuntary movements, pain, paralysis, loss of speech – these negative symptoms are linked to the dorsal vagus
  - Can be latent or dormant for long periods of time

The sense of the self is different between the ANP and EP parts of the personality. The EP is bound to the sympathetic and DV parts of the nervous system while the ANP is bound to the VV. In other words, polyvagal theory can be integrated in ANP & EP theory.

Obstacles to Healing

One of the major obstacles to healing are concerned with the parts of the personality that guard the needs of the child and guard against disappointment. Leikola, in addressing his own trauma experiences, has success using Rosen Method in combination with trauma therapy to make a breakthrough in healing.

These obstacles can relate to DV tone – the inhibition of:

- Action
- Cognitive capacity
- Social engagement
- Physical and mental abilities

Psychology of Action

Trauma is incomplete action. In order to curb this, the psychophysical aim is to promote conclusion and have the action come to an end, resulting in healing. The structural dissociation will no longer be needed if the action is completed.

Childhood traumas lead to lack of realizations and the fragmentation of trauma memories that would otherwise be too much. The divided nature of the personality helps to cope.

At the mental level – completing the action is bringing on realization. Owning one's experience, in other words, the integration of experience. Medication is sometimes needed to help resolve childhood traumas but also have an added numbing affect.

In Leikola's own life the consequences of dorsal dominancy led to physical leaning, back problems. This was the EP expressing without words the existence of trauma history.

With the shutdown of the VV

- The patient loses the social engagement system
- Defensive actions (prominently submission) override the VV
- Ability to hear, understand, speak

To understand patterns of behavior, it is very useful to apply these theories. Does the behavior, tone of voice, facial expression and level of interaction change during sessions?

If the defensive system (EP) is structurally separated from the VV (the highest cognitive capacity –ANP) then, when trauma memories arise, a person's ability to understand and realize is greatly reduced. At that moment (and maybe during a session), cognitive capacity decreases as the trauma-related emotions surface. External safety can help to refresh the VV again, restoring facility for social engagement.

It is important to note that the ability to distinguish between past and present, between patient and therapist should be a focus. The task is to raise the ability to differentiate. It should be increased during the course of the therapeutic journey. This also enables increased affect regulation. At the level of nerves, the maturation (myelinisation) of the VV increases.

Resources

Van der Hart, Onno et. Al. (2006), The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization.

Ogden, Pat et al. (2006), Trauma and the Body: A Sensorimotor Approach to Psychotherapy.

Nijenhuis, Ellert (2015), The Trinity of Trauma: Ignorance, Fragility and Control.

Five Survivors, A Hundred Lives, www.fivesurvivors.com