

TEMPER! Domestic Violence

The social engagement system.

The following brief quotes from the Porges book, below (with my bold, added), give a clear indication of positive aspects of how we translate work with domestic abusers as needing to be carried out by engaging the participants' social engagement system and at the same time it confounds the way in which the currently accredited work, accredited by RESPECT, endorsed by Cafcass, is completely misplaced, taking as it does a “confrontational” stance with abusers in the mistaken belief that confrontation will bring about change. The “confrontational stance” achieves a fight / flight / freeze frame of mind in participants. “Flight” translates into the men dropping out of the various projects in droves, usually in excess of 75%, typically between the 3rd and 6th sessions according to Tunariu based on the Duluth style work undertaken by RELATE, Coventry, Somerset and Bournemouth .

The mistake of the predicated notion of a man having the simplistic desire to achieve “power and control” over women was recognised and admitted by its author, the late Ellen Pence, in her book: Duluth and Beyond. The consequent focus adopted from this mistaken notion of “working around” the “power and control wheel” completely misses the needs of probably more than 80% of the men that are likely to attend the work.

What is positively needed in therapeutic work is:

- 1) To engage the social engagement system: this means, the engagement of gaze, the engagement, face to face, of all the people working on the course, with one another. This needs to be as interactive and involving as possible, rather than didactic.
- 2) The eradication of as many as possible “cues” to a lack of safety – this equals a secure environment, a closed group, constancy with facilitators, the (restrained) promise of confidentiality, the engagement of as much physical closeness as possible, the development of verbal skills and interpretative skills of emotion and “intention” to the highest possible level achievable by the individual.
- 3) The therapeutic group is a family, implying a female and male, working together. The building of “family team involvement” and a “working with”, as for example “parenting older children” rather than an authoritative position much more associated with, “parenting younger children”.
- 4) The development of each individual’s “autobiographical memory”.
- 5) “Stress testing” which brings the individual into emotionally difficult areas for them so that they can experience “empathy” first hand – as a first step to learning about empathic communication, with further steps to follow.
- 6) Alternatives to “communicating by behaviour”, acting out, by a) voice, b) touch c) attention via gaze.
- 7) The “regulation” of primary emotions, particularly Trust / disgust, anger /fear, Joy / grief, shock / curiosity and certain secondary emotions e.g. shame, jealousy, envy, betrayal.
- 8) The re-attachment of individuals to a “supportive network” contradicting their social “isolation”. See our diagrammatic schema of Siegel’s work in “The 39 steps”.

"Porges, Stephen W.. The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-regulation

THE SOCIAL ENGAGEMENT SYSTEM As mammals evolved from more primitive vertebrates, a new circuit emerged to detect and to express signals of safety in the environment (e.g., to distinguish and to emit facial expressions and intonation of vocalizations) and to rapidly calm and turn off the defensive systems (i.e., via the myelinated vagus) to foster proximity and social behavior. This recent neural circuit can be conceptualized as a social engagement system. The Social Engagement System involves pathways traveling through several cranial nerves (i.e., V, VII, IX, X, and XI) that regulate the expression, detection, and subjective experiences of affect and emotion.

The system is capable of dampening activation of the sympathetic nervous system and hypothalamic-pituitary-adrenal axis activity. By calming the viscera and regulating facial muscles, this system enables and promotes positive social interactions in safe contexts.

The social engagement system has a control component in the cortex (i.e., upper motor neurons) that regulates brainstem nuclei (i.e., lower motor neurons) to control eyelid opening (e.g., looking), facial muscles (e.g., emotional expression), middle ear muscles (e.g., extracting human voice from background noise), muscles of mastication (e.g., ingestion), laryngeal and pharyngeal muscles (e.g., prosody of vocalizations), and head-turning muscles (e.g., social gesture and orientation).

Collectively, these muscles function as neural gatekeepers detecting and expressing features of safety (e.g., prosody, facial expression, head gestures, eye gaze) that cue others of intention and control social engagement with the environment.

As a cluster, difficulties in gaze, extraction of human voice, facial expression, head gesture, and prosody are common features of individuals with autism and other psychiatric disorders in which the social engagement system is compromised. **Thus, we infer from the functioning of the face and the prosody of the voice, difficulties in both social engagement behaviors and physiological state regulation.**

NEUROCEPTION: CONTEXTUAL CUEING OF ADAPTIVE AND MALADAPTIVE PHYSIOLOGICAL STATES To effectively switch from defensive to social engagement strategies, the mammalian nervous system needs to perform two important adaptive tasks: (1) assess risk, and (2) if the environment is perceived as safe, inhibit the more primitive limbic structures that control fight, flight, or freeze behaviors. **In other words, any intervention that has the potential for increasing an organism's experience of safety has the potential of recruiting the evolutionarily more advanced neural circuits that support the prosocial behaviors of the social engagement system.**

Since the neural evaluation of risk does not require conscious awareness and may involve subcortical limbic structures (e.g., Morris, Ohman, & Dolan, 1999), the term neuroception (see chapter 1) was introduced **to emphasize a neural process, distinct from perception, that is capable of distinguishing environmental (and visceral) features that are safe, dangerous, or life-threatening.**

Neuroception might involve feature detectors involving the temporal cortex (see later discussion), since the temporal cortex responds to familiar voice and faces and hand movements and can influence limbic reactivity. **Thus, the neuroception of familiar individuals and individuals with**

appropriately prosodic voices and warm expressive faces translates into a social interaction promoting a sense of safety.

When the environment is appraised as being safe, the defensive limbic structures are inhibited enabling social engagement and calm visceral states to emerge. In contrast, some individuals experience a mismatch and the nervous system appraises the environment as being dangerous, even when it is safe. This mismatch results in physiological states that support fight, flight, or freeze behaviors, but not social engagement behaviors. According to the theory, social communication can be expressed efficiently through the social engagement system, only when these defensive circuits are inhibited.

If the person being engaged is in a state in which the social engagement system is easily accessible, the reciprocal prosocial interactions are likely to occur. However, if the individual is in a state of mobilization, the same engaging response might be responded to with the asocial features of withdrawal or aggression. In such a state, it might be very difficult to dampen the mobilization circuit and enable the social engagement system to come back online.”