IFS and Polyvagal integration with Ruth Culver

Full Transcription  
  
Today on IFS Talks, we're speaking with Ruth Culver. Ruth Culver is an Internal Family Systems therapist based in Brighton, UK. After her original career in events management, she retrained in clinical hypnotherapy. Ruth developed a keen interest in the nervous system and in finding ways to work deeply, yet safely with trauma. Ruth says that it felt like coming home when she came across IFS and the model is now at the core of her work. She loves facilitating groups and has adapted to somatic processes, constellations and intuitive drawing  as a way to use the IFS model in a group setting. Her infographic called the Survive Thrive Spiral, which maps Polyvagal theory alongside Internal Family Systems, went viral earlier this year.

Ruth, welcome to IFS Talks and thank you for being here with us today.

**Ruth Culver:**Thank you. It's a great honor to be here. I love listening to the podcast and I'm amazed to find myself with you.

**Aníbal Henriques:**Thank you for having us. How is it for you, Ruth, to hear this bio? What parts come up?

**Ruth:**Yeah, sort of amazement that I'm here in this place with that as my bio. An imposter part comes up who says "don't be so big headed." I know her well. She's been around a long time and, yeah, sort of ugly duckling part. I call her my ugly duckling part, she goes "Me? Really?" Yeah, and also some, a sort of proud amazement that I'm entering into this phase of my career where I'm starting to become a contribution in the world.

**Tisha:**Wonderful.

**Aníbal:**You are really busy, Ruth, those days, I guess. Once, besides your clinical work, you also do retreats, workshops and webinars, right? You organize Creative Constellations, Drawing Into Self Courses and more recently, the Survive Thrive Spiral webinars.  And you also are a jazz singer, I've heard.

**Ruth:**Yes, I'm not singing at the moment because the therapeutic work took over, and  I love it. But when I was living in London until a few years back, I was regularly gigging, and it was an exciting part of my life.

**Aníbal:**Beautiful. Missing it?

**Ruth:**Parts missing it and parts are relieved not to have the late nights.

**Tisha:**Will you share with us a little bit about your journey? You shifted careers at one point, and will you talk about how you found your way to the therapeutic world?

**Ruth:**Sure.I spent twenty-five years in event management in the arts and charity sectors. And of course, they're very underfunded sectors, so I worked really hard and my perfectionist parts drove me to exhaustion, so, I burned out. And then needed to take a little break and really looked at what was supporting me and my healing and realizing that it wasn't the job that meant I'd burned out; it was what was driving the job. So, I guess what I would now know as my perfectionist parts and my...The different aspects of my history that meant I was working too hard and not able to do self-care, to take care of myself, really. So, then I found that hypnotherapy was incredibly useful and trained in that, began working with clients and really focused on inner child work, understanding that this is a way to really heal.

But what I saw through the hypnotherapy and then through some other things that I trained in was quite often clients were, in IFS terms, it's really easy in hypnotherapy to get the protectors to stand aside and go straight to the exiles, and we know that that isn't safe. And I saw that also in other modalities that I trained in. So, I got really interested in the nervous system, and it was only when I found IFS that has so much in common with that inner child work and with the constellations work that I was doing, I was trained as a facilitator, working with internal parts and in a different process, and saw that this was a safe way to really look at the protectors first. And so, it's sort of, it was it was easy for me, relatively easy to come into IFS because it linked so beautifully with what I was already doing. But I didn't have to reinvent the wheel. It was all there.

**Aníbal:**Was there something determinant for you to become a psychotherapist in the first place?

**Ruth:**Really, from my own healing, it was finding the hypnotherapy. My earlier experiences of therapy had either been analytical in the head, which didn't help me, really got lots of upset parts around that or more what I'd call the empathy based, you know? Almost head on one side the empathy stuff, which also didn't help me. I didn't feel supported in it. So, I had actually thrown therapy aside as unhelpful. And then when I found the hypnotherapy, which went more to the subconscious, what was really going on, and emotions were allowed to be heard and expressed, that's when I got interested in complex trauma, relational trauma, attachment and I sort of fell into it. It wasn't a decision. It happened gradually and naturally.

**Aníbal:**And when did you come across with IFS? I mean, when did you get into the IFS training?

**Ruth:**Yeah, it's only a few years ago, and that's why my imposter parts can jump up and down sometimes and say "Who are you to be here speaking publicly about something new to you?" But, yeah, I have very much more contact with Self-energy now, which really I'm clear that this was a natural progression for me and it was probably easier for me than many people to adopt the model because it was so much based on the gestalten parts and inner child work that I'd already been doing.

**Tisha:**Will you share with us a little bit about how you created the Spiral that brings Polyvagal and IFS together? The visual is incredible and it's so useful. How did that come up for you?

**Ruth:**Well, I was running workshops as a facilitator in this parts’ constellations process. And I was noticing that when I was working with clients, some of them would get overwhelmed. And in my experience of the training, some people were very badly overwhelmed, retraumatized, I would say. So, this was a real concern of mine that I didn't want to do it. I got very interested in the nervous system, started working originally with the window of tolerance. So, trying to map the parts onto the window of tolerance modeling Dan Siegel's model, where you've got the tolerance in the middle and at the top, you've got the hyperarousal, and at the bottom you've got the hyperarousal. And I mean, I'm a great admirer of Dan Siegel and his work, but this doesn't make sense to me because we don't go through a resilient place when we're going between fight, flight and freeze. That's not how it looks.

So, I then started mapping it in a different way so that it was a continuum, because on my model you have this what he calls the window of tolerance, I might call the window of resilience and where we're in contact with Self, in IFS terms, we have that lovely contact with Self-energy and then we go into fight-flight, and Polyvagal theory really shows this. That's how the nervous system works. So, our first instinct is fight-flight. If we can't run away, then we have to go to freeze-collapse-submittal or shutdown processes if we can't fight or run away. Hence, the hierarchy of the model. So, when I found Polyvagal theory, Deb Dana's amazing book on using it in practice clinically and IFS at roughly similar time, my model completely changed throughout the old prototypes. I was looking at them the other day, I've got quite a few different, the model looks very different at different times. And in came this spiral, and that's when it really started falling into place.

**Aníbal:**Let's focus on your Survive Thrive Spiral chart that recently went viral, right? This chart of yours is such an inspiring integration of IFS and Polyvagal. Let me say that our listeners can lately find your illustrated chart in our show notes. And you presented this spiral work at the 2019 London Trauma Conference.

**Ruth:**Yes.

**Aníbal:**And at the 2020 Online Embodiment Conference. This chart maps the physiological model of Polyvagal Theory, alongside the psychological model of Internal Family Systems. That's your intention, right?

**Ruth:**Hmm.

**Aníbal:** And you say it aims to demonstrate how the two systems, IFS and Polyvagal, are linked. And how parts affect the nervous system and vice versa and how each can provide information about and insights into the other. So, over the past few months, the spiral has been shared and downloaded tens of thousands of times. Am I correct?

**Ruth:**Yes.

**Aníbal:**And translated into German, Spanish, French, Russian and Hebrew by international psychotherapists and psychologists keen to use it in their native language. So, you were already used to make some integrations, I understood, once you came from, you were trying this integration with Dan Siegel Interpersonal Neurobiology and even other modalities, I believe. How did this come up? This integration and chart? Did you feel that you needed it?

**Ruth:**Yes. So, in these workshops and seeing people, their constellations process, everybody is in resonance. You're in a room with 10, 12, maybe even 14 different nervous systems working on trauma. And for people involved in the process, it can be quite strong. So, this ability to understand what's going on in themselves, my desire was to give them a tool, to offer a tool to just understand that what they were sensing in their body had a reason or maybe the emotions they were feeling had a physiological reason. So, it's this mind-body link they could understand it physiologically or psychologically from either side, whichever was the easier way in to in order to come into Self, really, that somebody else is turning up and saying "Oh, yeah, that numbness in my head or that twitching in my legs or whatever it might be, there's a reason for that. It's okay, yeah, that's a part of me that's really scared." So, it enabled, it gave an extra way in for people to come into Self when working in a group. That's my experience. By having the chart there in the wall, people reporting it, it's like an anchor "oh yeah, right, that's what's happening." So, you could just let that first process of IFS of noticing and naming the part that might be...That they're experiencing through emotions or through physical symptoms. So, yeah, it's supported that.

It also I found that people who are very, very blended with intellectualizing part, that can really help to know the science. Okay, right, now the intellectual part can relax because I got a scientific reason for my emotions. And also, people who maybe had been very shamed by the system for having conditions, things that were called conditions like manic-depression or bipolar or whatever, for them to understand this link between the mind and body that both are perfectly explainable, just gave this shame so much reassurance, the parts holding shame about what was happening in them. So much reassurance and then, of course, there's more connection to Self because they can notice what's happening and name it as a part.

**Aníbal:**So, you say that understanding there is a biological explanation for behaviors and symptoms often enables parts carrying shame to relax and also that our dominant cognitive parts relax as well, knowing there is an explanation for our parts, right?

**Ruth:**Yeah.

**Aníbal:**But still, do we really need Polyvagal? We need Polyvagal to do therapy? Isn't IFS enough?

**Ruth:**So, this doesn't aim to change IFS. The difference is when I was working with groups, we've got multiple nervous systems in the room, which are not only doing their own thing, they're also getting involved in the constellations process, which is about resonating with other people's feelings. So, it's quite a complex system. So, it was really in terms of the groups that I originally created this as a resource. But then it's become something that people have liked to use one-to-one as well. They've seen it or I hear from colleagues who say "Oh, yeah, my client came in with your chart the other day and waved it at me, now I understand." So, the feedback I'm getting is that it's adding some information for some people. I don't introduce it to every client by any means, but for some it's really useful.

**Tisha:**So, you really enjoy working with groups, as we understand. Can you talk a little bit about how you work with the IFS model and larger groups?

**Ruth:**Two main ways. One was this constellations process working with parts which then, I have spent the last two years gradually adapting the one I trained into fully morph into now an IFS based. It's completely founded in IFS; every step of IFS is there. And I was enjoying that so much. Was the last thing I did before lockdown when my retreats, where we're doing these IFS constellations together. And I really felt that my process had...I was maturing to the point at which I was really beginning to be really happy with it, that it was honoring IFS fully, that it was responding to the needs of the participants because lookdown happened. So, I had to mourn the loss of that for a while. But what happened as a result was that I started to integrate an intuitive drawing process that I developed initially one-to-one with people. When clients, as we know, and when people have a lot of blending in their system, externalizing can be really useful whether you use little objects or chairs around the room or whatever it is. But I found that by using crayons, big piece of paper and just colors, lines and shapes to start listening to the body, it's very somatic, we just see what color they reach for, if they're in contact with a part that's maybe angry or terrified, what the color is, what the shape is, how much space it takes and we find out about the parts that way. And then gradually, I guess, a called it constellation, because a constellation is simply the word for a collection of parts. That's what constellation means. A constellation would appear in relation to a certain issue and then we could work with it using the steps of IFS.

And so, I was doing this one to one with my clients and then when lockdown happened, I offered it as a workshop with eight people on Zoom and I'm now in the second course, eight week course, and it's maturing in a way that I'm really happy and proud, proud of. And I wouldn't have found it. It was one of those things that's come out of lockdown as a benefit, as a blessing. Because it's...I'm really happy with it. And it also then turned into this other workshop, which when we were socially distant in the summer but still allowed to meet, we did a group, in-person workshop where everybody had their own little space in the room. And we had basically a group therapy process where everybody was able to do that own process using the drawing, but also be seen, be witnessed, be heard by everybody there. Benefiting from each other's, from what they were hearing from each other, benefiting from being witnessed and benefiting from the group Self-energy that grows during the day. So, it's been a beautiful thing to emerge.

**Aníbal:**Well done. Beautiful.

**Aníbal:**So, IFS and Polyvagal go so well together. Let me ask you. Does this Survival Thrive Spiral is a new model in any way?

**Ruth:**I wouldn't say it that it's a new way of working. So, not a model in that way, but it's certainly an infographic, a chart, which might be called a model, just as a background information. So, it doesn't change the way I do IFS.

**Aníbal:**Yeah.

**Ruth:**It simply informs parts about what's going on, which can help them relax.

**Aníbal:**Beautiful. So, can we jump into these five stages, you say. Are they five stages? Am I saying well?

**Ruth:**The different zones on the chart you mean?

**Aníbal:**Yeah.

**Ruth:**Yeah. On the right-hand side, which represents Polyvagal theory, there are three, three colors. The green at the bottom is the flow state of self-regulation, co-regulation. So, that's what in IFS terms would be connected to Self-connected. Then you've got in the center band horizontally, you've got the amber zone, which is the fight-flight state, where the sympathetic nervous system is taking over in order to help us find safety through action. And then at the top, the red third top that is red, that's the freeze zone, which, in Polyvagal terms, that's the dorsal vagal, which is collapse. And then also this state that feels like dorsal vagal, but you're still doing, even though it has a hopeless feeling to it. So, “I can't fight. I can't run away. I will carry on.” I call it submit. So, people are still doing, but it has this, this shut down feeling of...This hopeless shutdown feeling of dorsal vagal. So, that's the way safety is got in that zone through disconnection.

**Aníbal:**Yeah, so, you differentiate a ventral state of resilience from states of survival, corresponding to the parasympathetic and sympathetic states of fight-flight-freeze, right?

**Ruth:**And then on the left-hand side is where I put Internal Family Systems, and that's where these two other zones come in. And they are represented by circles rather than these horizontal straight lines, these bars, which, by the way, in the UK, that's the color of traffic lights. I don't know if it is in Portugal or the States, but yeah. I think some countries is the other way around for the traffic lights, but certainly where I am, that's, that's how it works. So, we have these two other zones right at the bottom of the spiral and the spiral goes from the bottom up to the top in the center. So, right at the bottom there's this darker green space, which is where I've put in Self. So, it's a space, it's a place of being not doing. So, it's not activity, it's not protector activity or even manager activity when it's connected to Self, it just is Self. And so that holds all the feelings of, all the qualities of Self and I've named that *I am*. And then for the managers who are connected to Self, going about it as they need to in our daily lives still Self-connected, that's this paler green zone, the flow state, the Self co-regulation, this ventral vagal connected space of *I can*. And then the other circular space that's not in Polyvagal theory, but it is in Internal Family Systems is the exiles. And they inhabit a brown circle, which straddles the line between fight, flight and freeze and in it I sense, the words I heard, that's the kind of quality I heard of exiles. And it's surrounded on every side by either freeze protectors or fight-flight protectors. And we get to see how it's kind of contained, both protected and kept away by always protectors. And again, it's circular. And it feels to me, and I don't know if this is something that other people would recognize, it's only recently occurred to me that it's another state of being not doing, this exile state. And if you put that in terms of, sometimes is referred to as the masculine and the feminine or the yin and the yang, if we have those protectors and managers in the masculine or the yang and then the exiles and the Self in the yin or the feminine, that being not doing. I don't know, I'm playing with this idea at the moment. But it seems to work. And it's interesting that we've got the squareness of the yang and the circular nature of the yin. It's just interesting that that emerged. I'm kind of still emerging as I speak, yeah.

**Aníbal:**There you are, integrating.

**Tisha:**It makes me curious about what typical protectors and exiles you find in a really activated nervous system. Like, if somebody is in shutdown and there is that state of being that they're experiencing of just being in shutdown, are there protectors there as well or is it always reflective of a traumatic experience?

**Ruth:**Well, the protectors that are doing the freezing are doing them through two different, if you like, I call them behaviors, through fainting, narcolepsy, chronic fatigue physical or emotional, that very extreme collapse, because "I cannot cope with this, it's too much, I have to go as close to death or face death, it's the only way to cope." So, that would be the strongest type of freeze protector. And then we've got these submit freeze protectors, which kind of disconnected but carrying on, so, just going through the motions or people pleasing, not speaking up and all the numbing addictions. The addictions are just numbing me out, so I don't have to be here. So, that would be part of this kind of submit I can't help myself. And that's why that red zone has this very short phrase *I can't*. Whereas the protectors in the amber zone in the fight-flight they got that short phrase *I must*. So, they have protectors...You've got to do something, got to run, they've got to fight through behaviors such as bullying or criticizing or being hyper vigilant or being perfectionist, using addictions that distract them, you know, work addictions or exercise addictions, things that have much more of that energy here as I speak. So, the protectors, it's the quality of *I can't* flag, that submit or collapse, or *I must*, it's more sympathetic arousal. It comes in the quality, so that when you've got some behaviors might be in either zone. So, spiritual bypassing, for example could be in just “I'll just numb out, I don't want to feel anything, I am super Zen.” Could have that or you could have spiritual bypassing "Oh yeah, I’m going to do lots of yoga, I'm really, I am so connected to myself." For each of those the exiles are not being heard. And you have a different quality of "I can't, I'm out of here" or "I've got to do this to stay away."

**Tisha:**So, the sympathetic activation is to keep the individual from feeling the exile pain rather than a product of experiencing the exile pain again?

**Ruth:**Well, I'd say it's the same as in core IFS. It's either to keep the exiles away. Keep you from feeling it. Or to keep the exiles from feeling more pain. I've got to do this so that my wounded little girl does not feel it again. It's exactly the same.

**Tisha:**Yeah, great.

**Aníbal:**So, Ruth, if I say I can't, I may be in a freeze or collapse or a submit state or part, right? Also, if I say this hurts or I hurt, I may be in a freeze part that may elicit a fixing reaction from our sympathetic system, meaning a fight or flight response?

**Ruth Culver:**Fight-flight state.

**Aníbal:**And this equals the exiles, right?

**Ruth Culver:**Yeah. The exiles are the...I haven't separated them into freeze or fight-flight.

**Aníbal:**Yeah.

**Ruth Culver:**Because those are the behaviors of the protectors.

**Aníbal:**Exactly. And so, if I say I must this comes from our sympathetically energized managers. And if I say *I can*, eventually Self-centered or ventral-centered and ventral energized?

**Ruth:**Yeah, “I can, even though it's hard, we'll get there.” You know. “We'll make it.” Yeah.

**Aníbal:**Good. And *I am* what is it about? Is it pure Self?

**Ruth:**Yeah. It's just you're being, you know. Self is sometimes called the essence or our true Self. It’s just like my being. I, as we know, we think of ourselves as our protectors. We think that's what our personality is. But actually, who we truly are is this Self. So, here it is, *I am*. I'm not busy doing stuff, even if it's Self-connected way, they’re still managers connected to Self, but no, this is just Self that doesn't really need to do anything, it just is.

**Aníbal:**Good. That's why you differentiate a ventral state of resilience from states of survival.

**Ruth:**Yeah.

**Aníbal:**Corresponding to the sympathetic and sympathetic states of fight-flight-freeze, yes.

**Ruth:**Yeah. What I would say is that this chart is very much focused on trauma. If I were to do another one side by side with an integrated nervous system, someone who's got lots of lovely resilience, actually, let me just say something about resilience, if I may, because I know it can trigger a lot of people. It has been used sometimes or certainly interpreted as…people often feel shame about it because they don't have resilience. Well we're not born with it; I don't believe we're born with it. We're born with Self. But our system has to learn resilience. And we learn it from our carers, our caretakers. You know, it's usually the mother who has enough resilience in her system to be able to deal with the child's needs. The child crying, she can calm herself and then the child, the baby learns gradually to soothe itself. And that's the resilience. So, we learn it.

**Aníbal:**Yeah.

**Ruth:**So, if I was to put side by side of this chart with the resilient nervous system, the resilient system, what we've got is an ability to go into those survival states, fight-flight-freeze when needed and not get stuck, come back down again. So, our connection to Self is there. The spiral is that connection to Self and ideally we can move up and down without getting stuck. And we can also use the lovely bits of the sympathetic energy and indeed the dorsal vagal energy when we want to. So, that be in play, in lust for the sympathetic energy and then, for the dorsal energy it might be for self-connected meditation, bliss, this kind of thing. So, we could, again, we can use the nervous system states, but they're connected to ventral, just as if you go to the other side connected to Self.

**Aníbal:**Beautiful.I also noticed you've put the ventral at the bottom of your chart instead of Deb's ladder that puts the ventral as a superior level. So, why is that?

**Ruth:**Yeah, I had a lovely chat with Deb, actually. She was generous enough to give me an hour on Zoom to chat this through and, of course, for her the traffic lights it's the other way around. So, it doesn't make sense to her. But for me this is how instinctively happened that when we are in contact with Self, we are naturally grounded. That is, as Dick says, you know. That we're grounded when we're in contact with Self and there it is on the ground. We come back down to ourselves. Whereas when we dissociate, which all these protectors are busy trying to take us away from things, we actually leave our Self. And so, we come down, back down. And for me it's much easier to come down into Self than to have to climb up to it. That sounds like a bit of an effort. So, for me, it makes sense this way. And Deb and I had to, respectfully, agree to disagree on our approach to this.

**Aníbal:**Again, we reinforce that we will put your beautiful chart, inspiring one in our show notes for everyone to have access to it.

**Ruth:**Thank you. There was one more thing I wanted to add, if I may. Is that okay?

**Tisha:**Yes, please, of course.

**Ruth:**People often ask how attachment fits in with this.

**Tisha:**Oh, good point.

**Ruth:**Yeah. And initially I had a version where I put attachment in, and I was super excited because it's really clear that disorganized attachment flips between the red and the amber zones and secure attachment is clearly in the green zone. But then I started thinking about the avoidant and anxious and I realized that different protectors would deal with this in different ways. So, avoidant could be numbing out. Just “I can't have a relationship. I can't do it. I'm not going to go there,” or avoidant could be running away, going into a relationship, running away, going to a relationship, running away. Or attacking men, for example, a woman who just attacks men, that's probably more accurate, actually, because, of course, going into relationship and running away would be more disorganized. So, yeah, for avoidant you might just “I'm just going to attack men, make them really bad,” but that's much more sympathetic. So, you've got two different energies. Similarly, with anxious. You could have the baby who's incredibly anxious and has to numb out to deal with her anxiety because she can't get what she needs. So, she might go into a collapsed state or she might develop OCD from her anxiety or self-harming from her anxiety that she's never going to be loved. So, they don't fit in this particular moment.

**Aníbal:**Okay.

**Ruth:**So, for me, there are just two styles of attachment relevant to this model, which is securely attached and insecurely attached.

**Aníbal:**Amazing, thank you, beautiful integration.

**Tisha:**So, the link that we'll share to the spiral image, will that also enable our listeners to find you to participate in your groups? I believe it brings listeners to your website. But I imagine there's going to be a good deal of interest in the groups that you facilitate.

**Ruth:**Yeah. If they sign up to download it from my website, which is calmheart.co.uk, I imagine that's the link you'll give. If they go to download it there, they can choose at that point to either get my mailings or not get my mailings. Yeah. And so they’ll hear about, I do webinars to discuss this. I have lots of lovely questions from people, rather they’re more Zoom meetings, because I can see everybody, and we can chat about it. And there's often quite a few of IFS colleagues there asking questions as well as therapists for whom IFS is completely new and, yeah, you can also find out details of my other online courses and in-person workshops and retreats.

**Aníbal:**Beautiful Ruth. We can see you are having a great time teaching this integration and offering others good learnings. Congratulations.

**Ruth:**Thank you.

**Tisha:**Thank you so much for taking the time with us. I've learned so much just listening to you today, and I'm so glad you're a part of the big Internal Family Systems community.

**Ruth:**It's given me more than I can ever express. So, I'm just really happy to be part of that community. I Really am.

**Aníbal:**And we will check with you later on the road, to see how this chart is evolving. Eventually, but by now, Ruth, thank you so much for having us and for organizing this interesting integration. Also, we will end this episode with one of your performances as a jazz singer. A beautiful standard, *If I should lose you* from your 2008 album *Refashioned*. And yes, it was such a lovely time together. I hope we keep meeting.

**Ruth:**I'd love that.

**Aníbal:**And may our days be filled with ventral vagal abundance as Deb Dana use to say. Thank you so much.

**Ruth:**Thank you so much for having me. It's been a real delight.

Recorded 23th Oct 2020  
Transcript Edition: Carolina Abreu