Resociative Medicine – Information for associated practitioners

Resociative Medicine (RM) is an integrated mind-body approach for chronic 'physical' conditions linked to nervous-emotional system overwhelm: including pain, functional movement disorders, frozen joints, headaches, irritable bowel, intolerances/'hypersensitivity' states, post-viral syndrome(s) and stable auto-immune syndromes.

RM is also effective for dissociative mental and/or emotional health problems such as post-traumatic stress disorder, somatic symptom disorder, disordered personality states (including multiple personalities), phobias, addiction, eating disorders and adjustment disorder/grief processing.

Further information about RM and the conditions it can treat is on the following pages.

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Siobhan Reddel is a specialised General Practitioner with recognition by Medicare to provide Focused Psychological Strategies. She has additional clinical interests in sexual health and addiction. Siobhan is also a philosopher, a trained Somatic Experiencing (SE®) practitioner, an epidemiologist and a medical hypnotist. She is an author on a number of publications concerning challenges in psychotropic/opiate medication prescribing and optimal community-focused preventative health practices.

Siobhan has worked in numerous health settings in urban, regional and rural Australia, as well as in rural India and Pakistan, Palestine, Vietnam, the Philippines and South Sudan. A significant proportion of her work has been with highly traumatised or vulnerable populations. She also has experience as a Psychiatry registrar, an Emergency Career Medical Officer, a Clinical Forensic Medical Officer and a Custodial (prison) Medical Officer.

Her broad practical and academic background has enabled Siobhan to develop an integrated therapeutic approach that equips clients to resolve the legacy of a spectrum of experiences that may have overwhelmed their nervous/emotional (and linked) systems, from extremely challenging events to cumulative daily upsets. This accessible therapy is in keeping with the increasing evidence for body-focused hypnotherapy, as well as vagal nerve conditioning, in the treatment of conditions associated with autonomic/enteric nervous system dysregulation (including visceral hypersensitivity).

At a holistic level Siobhan assists people to process current situations and/or settle the legacy of past incidents that have challenged core self and identity, whilst also fostering resilience to future events.

Please direct enquiries to enquiries@resociativemedicine.com

What is Resociative Medicine (RM)?

RM involves a client-tailored approach for conditions linked to unresolved **Nervous-Emotional (and related immune and inflammation) system overwhelm (NESO)**. Clients may be aware of the event(s) which were overwhelming, or they may not, but problematic functioning (mental, emotional and/or physical) point to unresolved charge in the system.

RM is non-judgemental and safe: It focuses on the whole person as an integrated system and works with the client, at their own pace, to regain control of particular challenging health issues and behaviours, by assisting them to re-regulate from the inside out.

In unresolved NESO states the Autonomic Nervous System (ANS) is dysregulated.

In the setting of complex NESO the ANS and/or linked systems are usually dissociated, with one or more parts of the system in conflict with another.

Clients may be hypervigilant and in sympathetic overdrive, or conversely have 'collapsed' into an excessively deep parasympathetic state (or may cycle between these two). The combination of ANS (including Enteric Nervous System) links with the central and somatic nervous systems, and individual vulnerabilities from past experiences, injury, illness and/or genetics determine how the dysregulation is expressed. Chronic inflammation and immune system dysregulation (subtle or pronounced) may also be present, via disruption of various inter-related systems including the hypothalamic-pituitary-adrenal axis, the vagal nerve inflammatory reflex, and microbiomal-immune-metabolic signaling. Underlying this is the emerging Western awareness that unresolved charge is stored in connective tissue – providing further basis for how dysregulation can be pervasive in complex states, whilst being more limited to single systems or areas in less complicated situations.

For example, in chronic pain states people often have hypervigilant responses to sensory input from resolved lesions, which in another person will cause no problems. Such increased sensitivity may be exacerbated by chronic low-level peripheral inflammation. Anticipation and fear of the pain (or fear of the fear of the pain), and the stigma associated with it, can also affect the size of the relevant brain areas and the emotional response, so a vicious cycle may ensue. A similar pattern with a central focus is found in people who experience emotional flooding and distorted cues from routine input and exchanges, as is the case in Post-Traumatic Stress Disorder.

On the other hand deep parasympathetic dysregulated states may be the result of sympathetic 'burn-out'. In such cases excessive input may be required to just 'feel' again: pathological stimulant addiction states are an example of these. Emotional 'blocks' in the setting of functional paralysis are another.

An example of mixed chronic SNS/PNS dysregulation (with an Enteric Nervous System component) may be someone who has an irritable gut of both constipating and frequency type. Significant grief also often follows a pattern of mixed ANS cycling – with sufferers swinging between magical thinking and shutdown as they try to come to terms with their emotions.

In any situation, if input distortions remain unresolved and/or become pervasive, a catastrophic shift may take place which can influence identity structure. This can be seen in 'emotional dysregulation' states (aka Personality Disorders) as well as AD(H)D, eating and other dissociative disorders. Identity shifts are also particularly at risk with major medical diagnoses caused by underlying dysregulation or dissociation and hyper- or hypo- vigilance (e.g. cancer and autoimmune conditions).

Because of the amount of charge associated with potential threats to identity in dissociated states, it is important to work with both the conscious and subconscious when working with such conditions. So RM usually (at least initially) involves talk-based interventions conducive to this, such as Socratic dialogue, narrative exploration, voice dialogue, modified gestalt and other cognitive approaches.

During this Siobhan also assists clients to notice and develop nervous-system calming 'resources', so that areas of symptomology and/or traumatic memories can be more easily processed and the nervous systems re-regulated. In this state deep implicit/emotional problems (coupled with cellular memory) are being accessed and resolved/rewired, but the client is fully conscious and actively involved in the process.

In addition touch may also be involved to help support the system release charge, or focus the client to particular areas, particularly if the predominant concern is 'physical'. However touch-work is normally reserved for established clients or those who are already experienced in somatic therapies.

The entire process is supported by dietary and modest integrative medicine suggestions to assist with the physiological demands of working with this degree of charge. Siobhan may also suggest other complementary practices and/or practitioners to assist the process.

The aim is for clients to gain skills in self-regulation of their own nervous/emotional systems and responses, both in continuing to resolve past problems as well as to assist in dealing with future ones. With this support regulation of the ANS will lead to improvement of linked immune/inflammatory system dysregulation in turn.

Siobhan often sees clients who are trying to manage their symptoms with numerous Western pharmaceuticals or other types of medications/supplements, and/or very strict diets, exercise regimes or living arrangements. As such she is more than happy to discuss a client's situation with other practitioners involved in care and appreciates the need for a collaborative approach.

However, whilst encouraging the maintenance value of healthy lifestyle habits, **the objective of Resociative Medicine is to minimise/ameliorate clients' needs for highly restrictive diets, special environments, excessive exercise, medications and/or supplements on a chronic/daily basis.**

Resociative medicine conditions treated:

Resociative Medicine is effective for a range of health issues that have been linked to nervous-emotional system (and related immune/inflammation system) overwhelm *(although the actual event(s) do not need to be identified by the client because we can work directly with the body/sensations).*

Unusual or recurrent physical conditions may be the primary concern.

Alternatively (or in conjunction with) clients may present in states associated with anxiety/depression, adjustment, grief, addiction and/or problematic relationship patterns, as well as more formal diagnoses of somatic-symptom, post-traumatic stress, bipolar (II) or unstable personality. Resociative Medicine is also a suitable approach for those with phobias, eating disorders and attention-deficit-type disorders.

Physical complaints/situations may include (but are not limited to):

- Adhesive capsulitis (e.g 'frozen shoulder' or other 'frozen' joints)
- Breathlessness (unexplained or under-explained (e.g. erratically triggered ‘asthma’))
- Carpal Tunnel syndrome/recurring fascia issues not responding (or not fully responding) to other physical modality interventions (including mild-moderate Dupytren’s contractures)
- Cough (unexplained or un-resolving (e.g. post intubation/surgical))
- ‘Globus hystericus’ and other unexplained swallowing issues
- Fainting with emotion/stress
- Ganglions
- Headache (particularly if associated with stress and/or from past injury/vascular dominant aetiology such as migraine/cluster headaches)
- Heart arrhythmias/palpitations (benign or adequately controlled)
- Irritable bowel syndrome and stress-linked reflux/gastritis (not responding to dietary intervention or requiring marked ongoing dietary restrictions)
- Insomnia (particularly if involving chronic nightmares/vivid dreams)
- Intolerance and inflammation (food/chemical/EMFs/other)/ and ‘borderline auto-immune conditions’ including Chronic Fatigue Syndrome, Fibromyalgia, Long Covid and *stable* diagnosed auto-immune conditions.
- Mast Cell Activation and related syndromes
- Metabolic Syndrome
- Paralysis (unexplained/functional/‘chronic neurapraxia’)
- Pain (particularly if migratory/referred and/or anticipatory states, 'neuro-plastic' and/or 'neuralgia'. And including pain related to sexual intercourse, endometriosis, Complex Regional Pain Syndrome or unexplained breast pain)
- Post-cancer (in remission) system re-regulation/stabilisation
- Post-surgery / physical trauma (if not optimally functioning after normal physical rehabilitation)
- Rashes (unexplained/recurrent and/or that flare with stress/emotion)
- Restless legs syndrome
- Seizure disorder (with a recognised psychogenic/emotional seizure component)
- Tics / Stutters
- Temporomandibular Joint dysfunction (not responding or not fully responding to other therapies)
- Tendinosis (recurrent/chronic tendinitis)
- Varicose veins (mild or post-surgery/stripping for re-regulation/ secondary prevention)

All clients are offered an email follow-up after each session to assist with their therapy.