

Polyvagal Coregulation for Complex Posttraumatic Stress Disorder

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Polyvagal Theory and Psychotherapy

Polyvagal Theory was developed by Dr Stephen Porges PhD in 1994 as a method of understanding the relationship between individual heart rate variability and the Autonomic Nervous System. In recent years the field of psychotherapy has had great interest in Polyvagal Theory as Polyvagal Theory has been able to provide neurophysiological explanations for several of the experiences described by individuals who have experienced trauma. This is particularly true with individuals who have a history of repeated abuse or repeated traumatic incidences causing Complex Posttraumatic Disorder. This interest has led to numerous psychotherapeutic exercises assisting people with self-regulation, relational management and an articulation of the subjective experiences of danger and safety.

Polyvagal Theory and The Perception of Safety and Danger

Polyvagal Theory assumes, of course, that there are both dangerous and safe situations, but that people will have emotional, physical, cognitive and relational hardship if their perception of those safe or dangerous situations is inaccurate. It is important that people approach relationships and daily tasks with an accurate assessment of both the safety and the danger involved in those settings. In some cases, people who have a history of abuse, neglect or trauma will misread situations and inaccurately see a situation either as more dangerous than it is or safer than it is. Exaggerating danger might be shown by being easily offended, having difficulty accepting criticism or having irrational fears like phobias, generalized anxiety or panic. Also, people might misread situations as being safer than what they are. This happens when people stay in abusive relationships, voluntarily frequent threatening environments or allow verbal, physical or emotional boundary violations.

The Three States of the Autonomic Nervous System

Polyvagal Theory argues that people are regularly moving through three different autonomic states throughout their daily lives. This movement is caused by reactions to life events and the attempt to survive emotionally or physically, to restore oneself, or connect with others. These three states are the ventral vagal state (safe and social), the sympathetic state (mobilized for fight or flight) and the dorsal vagal state (immobilized and collapsed). Each state is managed by a specific set of nerves and each state serves a specific set of biological and social needs.

1. Ventral Vagal State – The ventral vagal state is a physical, emotional and cognitive experience facilitated by a set of nerves in the upper part of the body connecting the brain to the heart, neck, face, mouth, eyes and ears. The ventral vagal state, also known as the “safe and social state”, is responsible for detecting, accepting, evaluating and reciprocating states of social safety. Also, it regulates the other two defensive autonomic states listed below. Being in a safe situation and then actively looking for and seeing safety will activate the ventral vagal state. The activation of the ventral vagal state facilitates self-regulation and eliminates unnecessary defensive thoughts, feelings and behaviors. In a relational sense, people in the ventral vagal state feel safe which leads to a sense of connection, trust, comfort, restoration and happiness. It is best that individuals solve relational problem(s) in the ventral vagal state. If they do not, they will switch involuntarily to the sympathetic state and attempt to solve their problem(s).

2. The Sympathetic State – The sympathetic state is a physical, emotional and cognitive experience facilitated by a set of nerves coming from the center of the spine and connecting to various organs. This set of nerves alerts and activates people when they detect danger and prepares the body to act. The sympathetic state, also known as “mobilized for fight or flight state”, moves through various levels of intensity measured by both the level of fear experienced and the related amount of physical and mental energy that is given to deal with the event. When someone is in this state, they are pulled out of the ventral vagal state, lose the benefits of feeling safe and begin to disconnect from people. Relationally it is a state of conflict and fear. Clinically the sympathetic state parallels anxiety, anger, posttraumatic stress, relational discord, obsessions and cognitive distortions leading to self-questioning. Physical symptoms include headaches, high blood pressure, heart disease and joint pain. If the problem or event is not solved in the sympathetic state, the person will then involuntarily activate the next state which is the dorsal vagal state.

3. The Dorsal Vagal State – The dorsal vagal state is a physical, emotional and cognitive experience facilitated by a set of nerves that extend from the Vagus Nerve to the organs located below the diaphragm. When the dorsal vagal state, also known as “the immobilized and collapsed state”, is activated an individual will shut down. Often this will follow the overwhelm of energy and fear caused by the sympathetic state. This overwhelm can be physical, emotional, or cognitive. The body will grow cold, weak, slow and lacking in energy. Socially the individual feels disconnected from others. Clinically this state triggers symptoms of depression, dissociation, performance anxiety, paranoia and cognitive distortions leading to challenged self-concept. Physical symptoms consist of low blood pressure, immune system disorders, stomach problems, obesity, fibromyalgia and irritable bowel syndrome.

The Vagal Brake and The Window of Tolerance

The **vagal brake** is a term created by Stephen Porges PhD to describe the process of stopping physiological reactivity to life events that lead either to the sympathetic or dorsal vagal defensive state. It is important that individuals accurately read the level of both safety and danger in life events in order to not overuse a defensive state position. People who have a history of trauma and nonacute trauma found in PTSD

and Complex PTSD have histories where it was necessary to maintain states of high defense. However, in different life settings, or in adulthood, the level of threat generally is less and the need for a defensive state is less. An unnecessary overactivation of a defense state will create emotional, physical and cognitive overwhelm and a relational management style that is ineffective. The activation of the vagal brake, at the right time, will ease a defense reaction and leave the individual in a position to self-regulate and return to a ventral vagal state of safety. The development of an accurate vagal brake response can be done by polyvagal exercises described in this article and others and is a central focus in the treatment of Complex PTSD.

The **Window of Tolerance** is a clinical term used to describe the parameters of one's state of non-defense. It is necessary to recognize one's own window of tolerance since it will determine what are manageable tasks, thoughts, memories, relationships and topics in and out of therapy. Thus, the awareness of one's window of tolerance will assist in self-regulation and with creating the most likely positive results from the use of internal resources and therapeutic suggestions. A goal of treatment is for the client's window of tolerance to increase over time so one can actively problem solve needed topics of change while maintaining a ventral vagal state position. As this relates to the vagal brake, the window of tolerance will expand as one can more quickly use their vagal brake to inhibit defense response, maintain a state of safety and "tolerate" life events.

What is Coregulation?

Coregulation is the moment to moment act of managing a relationship to self-regulate. Coregulation is based on attachment theory which argues that the regulation of a child doesn't only come from the "good enough" behavior of the parent, but is a processes by which the child feels calm in reaction to the parent's self-regulation which is in response to the child's initial signs of self-soothing. In relationships, coregulation is the individual act of keeping a relationship safe in an effort of bring oneself to state of regulation. In Polyvagal terms, the individual has an awareness of both their window of tolerance and sensitivity to their vagal brake and will use methods to manage the relationship to remain in or return to a ventral vagal state. This often requires the need to defuse the defensive states of sympathetic defense and dorsal vagal defense that occur both in oneself, but also in others. Often individuals with a history of abuse or neglect leading to PTSD or Complex PTSD have a past of strained and conflictual relationships which did not provide examples of problem solving leading to self-regulation and relational management. This article explains the six steps needed to coregulate a relationship. They are Calculating Safety in Relationships, Evaluating Boundary Management, Evaluating Communication Skills, Reciprocity and Validation.

Calculating Safety in Relationships

The first part of coregulation is calculating relational safety. This involves the processes of looking at specific relational topics and measuring the level of safety experienced within the relationship. See the directives below.

1. List broad topics - Using a piece of paper or a computer, list the seven broad categories found in relationships that are stated below. These categories are communication, work, play, physical intimacy, emotional intimacy, spiritual connectedness and daily activities.

2. Rank the relationship - Choose any relationship and review a general pattern of safety and connection that is experienced in each category. For each category give it a ranking between 0 and 10 with 0 being nonexistent and 10 being as high as imaginable.

3. Review danger - Review any numbers below 5 or 6. Ask why the number is low considering experiences of safety and connection. Evaluate if this topic represents times of ventral vagal safety or defense.

4. Review safety - Review numbers above 6. Consider what is being done by both people in the relationship to create safety. Consider if it parallels times of ventral vagal safety.

5. Evaluate methods of change - Looking at all the answers, consider if the relationship falls within the window of tolerance and if the vagal brake can be applied during times of conflict. Determine if topics with lower rankings can be improved.

Maintain Boundary Management

Coregulation is the moment to moment act of managing a relationship for the purpose of self-regulation. Setting boundaries allows one to manage the negative influences of a relationship and to keep those influences at a distance as needed. Boundary management involves creating visible or invisible lines between oneself and another and can change over time. The typical categories of boundary consideration are verbal, emotional, sexual, physical and mental. In polyvagal terms, one creates boundaries to decrease and eliminate states of defense or potential states of defense. In order to do this, the person needs to be sensitive to their ability to manage their own vagal brake as well as to sense and predict if the level of danger in the relationship will fall outside of their window of tolerance. Consider if applying boundaries to conflictual issues in the topics ranked low in the safety calculation brings more safety.

Use Effective Communication Skills

If someone feels safe enough to allow another person in their space (boundaries) there needs to be an ongoing method to manage the other person to ward off aggression and conflict. Throughout the act of coregulation, communication skills empower an individual to maintain a consistent atmosphere of safety so they can thrive. In polyvagal terms this means one is managing another person well enough that they can ward off defensive states, maintain safety and stay self-regulated. In addition to assertion skills, some of the most valuable communication skills are, knowing your rights, knowing ways to manage criticism, using assertive listening and recognizing the qualities of fair fighting. For a detailed explanation of these skills see "Messages: The Communication Skills Book" by Fanning, McKay and Davis.

Demand Reciprocity

Individuals require a sense of belonging and without it one will move into defensive states like the sympathetic or dorsal vagal states. Reciprocity means “returning the same way” and reciprocity generates an ongoing sense of belonging and safety. In relationships this can be described as the consistent give and take of hearing, expressing, meeting and receiving needs. Ideally, the meeting of needs is equally balanced with an ongoing exchange of physical, emotional and practical provision that is not coerced. In polyvagal terms, reciprocity is a central part of the ventral vagal state and will increase one’s window of tolerance within that specific relationship. Relative to coregulation, reciprocity is a relational process leading to feelings of trust which is the foundation for relational safety.

Use Validation

When two people are in conflict, they will both attack the other and defend themselves. This cyclical process causes two people to perpetuate a process of anger, disconnection and poor problem solving. Validation is a relational strategy that ends the cycle of attack and counterattack. Validation is a diffusion technique and perhaps one of the fastest ways to end a verbal conflict.

Validation means communicating to another person an understanding of their current experience. Validation is actively trying to understand and empathize with another person to make sense of their position. Validating messages can be formed by using phrases such as “ That makes sense because...” or “That makes sense because as I know you...” Validation is not necessarily agreeing with another person but rather seeing things from their point of view to the extent that it makes sense.

Here are four things you can expect from successful validation

1. **Validation will disarm the other person** – The continuation of conflict requires that both people be involved. The act of validation stops the counter attacking posture and leaves hostility to be useless.
2. **Validation opens the way for communication** – As validation happens and hostility and defensiveness diminish, it allows each person to focus on the root of the problem and discuss it for resolve.
3. **Validation soothes negative arousal** – Relational conflict creates a defensive sympathetic response. If someone expects conflict they will defend. If someone is in conflict they will defend. If one validates then the usefulness of arousal disappears.
4. **Validation builds trust** – If a person takes an active role to validate another it sends a message that the relationship is important and deserving of consistent effort. This active role creates safety as others trust the other’s commitment.

Resources

The Pocket Guide to Polyvagal Theory: The Transformative Power of Feeling Safe by Stephen Porges (2017)

The Polyvagal Theory in Therapy by Deb Dana (2018)

The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment Communication and Self-Regulation by Stephen Porges PhD (2011)

Traumatic Stress: The Effects of Overwhelming Experience on The Mind, Body and Society by Bessel Vander Klok, Alexander Mc Farlane, and Lars Weisaeth (2007)

"Messages: The Communication Skills Book" by Fanning, McKay and Davis (2009)

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