Polyvagal Journal Writing 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 particularity 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. One of those exercises is called "Polyvagal Journal Writing" which is a process of articulating the day to day experience of being in various states of the autonomic nervous system and how to decrease defensive states for increased restoration and problem solving.

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 exercise of Polyvagal Journal Writing will assist individuals to better recognize how life experiences and anticipated life experiences can impact them physically, cognitively, emotionally and relationally.

Before beginning the exercise of "Polyvagal Journal Writing" it is important to understand specific topics in Polyvagal Theory that are impacted by this exercise. These topics are The Three States of the Autonomic Nervous System, The Vagal Brake and The Window of Tolerance.

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. An initial goal of Polyvagal Therapy is the tracking and awareness of these states.

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 Vegas 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 to not overuse a defensive state position. People who have a history of trauma and nonacute trauma found in PTSD and Complex PTDS 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 PTDS.

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. The window of tolerance is expanded by this exercise and other Polyvagal exercises. It also is expanded by other treatment models notably Schema Therapy and Eye Movement Desensitization and Reprocessing.

Directions for Completing Polyvagal Journal Writing

The purpose of Polyvagal Journal Writing is to assist one in recognizing both the intensity and triggers of the ventral vagal, sympathetic and dorsal vagal state experience. This is done through daily writing and addressing these three topics, State Calculation, State Reflections and State Anticipations. This exercise can be done alone. However, it is used most effectively if one has first completed the exercises listed in the article "Polyvagal Mapping for Complex Posttraumatic Stress Disorder". See directives below for completion.

State Calculation

State Calculation is the process of measuring the intensity of the ventral vagal, sympathetic and dorsal vagal states as they occur. Since each state is different, each requires different measurement considerations. These calculations will be used in the State Reflections and State Anticipation exercises.

1. Ventral Vagal - To measure a ventral vagal state, consider the level of safety experienced in the thoughts, emotions, body sensations and relational connectedness of the state. To do this, pick a number between 0 and 10 with 0 being a nonexistent sense of safety and 10 being safety as high as can be imagined. Write this number when the exercise requires it. In most all cases the number will be above 4, since a low number response would indicate being in a defensive state.

2. Sympathetic State – To measure the sympathetic (mobilized) state, consider both the level of energy and fear when in the state. First, when evaluating energy levels, consider the energy spent on relational topics such as a verbal confrontation or a physical fight or threat. Also consider the energy put into a cognitive topic such as challenged self-perception leading to preoccupation of self-worth or performance. Second, evaluate the subjective experience of fear and measure it. For both fear and energy sensations, calculate the level by providing a number between 0 and 10 with 0 being nonexistent and 10 being as high as imaginable. List these numbers as the exercise requires it.

3. Dorsal Vagal – To measure the dorsal vagal (immobilized) state, consider both the level of shut down and fear when in this state. First, the level of shut down might be experienced as pulling away from people, feeling flat, feeling nonexistent, feeling disconnected or having depressed cognitions or an inability to recall recent events. Second, evaluate the subjective experience of fear in these experiences and calculate it. Again, use a number between 0 and 10 with 0 being nonexistent and 10 being as high as imaginable. List these numbers as the exercise requires it.

The State Reflection Exercise

The State Reflection Exercise involves reviewing an entire day, then labeling and measuring the current and past states. The exercise should be done daily. This exercise increases the awareness of state influence and increases the capacity of the vagal break in social and individual settings. Follow these directives.

1. Evaluate the current state - Pick a general time at the end of the day for the journal writing exercise. Using a journal or computer, list the current state experienced, whether that state be ventral vagal, sympathetic or dorsal vagal. Calculate the level of the state using the state calculation directions.

2. List significant events - Next, think chronologically through the day making a mental note of the events throughout the day. Ask if these events increased, decreased, triggered or maintained the previous a state. List all the events chronologically and

their accompanied state. Reflect on the intensity of each state experience and complete a state calculation on each event.

3. Determine the level of rational response – Review what has been written and ask if the current state is a rational holistic response to the collective state experiences of the day. If it is rational, it means there is a sensitivity and recall to both the immediate and holistic impacts of life events. If not, it means an event(s) was not recalled or there is a disconnect with the impacts of immediate state experience or the impacts of collective state experiences or both. If this is the case, reevaluate the exercise starting with a rethinking of the day's events and their level of intensity. Following this, ask if an event is missing from recall. If so, include and measure it and continue until the current state seems to be a rational position.

The State Anticipation Exercise

The State Anticipation Exercise involves the processes of looking ahead to future events and calculating their possible impacts on state experience. This exercise will assist with the development of the window of tolerance since it increases the understanding of the impacts of future events and creates methods of problem solving to decrease reactivity.

1. List future events - Following the state reflection exercise, continue journal writing and list planned future events such as the tasks of the next day. Imagine each event and begin to anticipate if the event will cause fear, heightened mobilization or shutdown. Based on this information, imagine what state the event might trigger weather it be ventral vagal, sympathetic or dorsal vagal. List each event.

2.Calculate state intensity – After listing each event, use the state calculation method to calculate its intensity considering fear, energy and shut down levels.

3. Do a holistic calculation - Based on the calculations of step two, evaluate how the combination of events might impact the entire day and consider the possible end state position.

4. Problem solve for window of tolerance capacity - If it is anticipated that the following day's events lead to a defensive state, then go through each event and evaluate how to decrease fear, energy or shut down in each event. List the answers.

5. Imagine success – Image successfully decreasing the anticipated fear, energy or shutdown reactions, recalculate state positions and consider how these changes would impact the state position of the end of the day.

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)

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