

# Polyvagal One- Pagers

The “Polyvagal One-Pagers” are based on the works of Dr. Stephen Porges and Deb Dana, LCSW.

They are written by Justin Sunseri, a Polyvagal-obsessed psychotherapist (LMFT99147). He also lovingly and painstakingly designed the pages.

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# The Polyvagal Theory

## What's the basic idea?

The Polyvagal Theory is the science of connection. It explains how humans and other mammals connect with each other in safety, mobilize in danger, and immobilize when under life threat. PVT focuses on how the autonomic nervous system acts as a foundation for our emotions, thoughts, feelings, social interactions, and more.

The Polyvagal Theory is not a therapeutic or medical modality. It is not a prescription. It's science that is backed by verifying Polyvagal hypotheses in direct research, peer-reviewed interdisciplinary research, evolutionary and autonomic study, and clinical observations in mental and physical health.

## What do we do with the PVT?

The Polyvagal Theory is a cross-discipline science that is helping professionals to explain and predict their treatments better. But more specifically, it has become a global scientific phenomenon for those providing mental health and trauma recovery services.

Learning the Theory often provides a judgment-free understanding and shared language for providers and their clients. Instead of a narrative with blame and shame, PVT opens up compassion and understanding. Therapists and other wellness providers use the Theory as a lens for understanding their clients and also qualitatively measuring efficacy of treatment.

Dr Stephen Porges first published the Polyvagal Theory in 1994.



The Polyvagal Theory focuses on the vagus nerve and brainstem and how they impact who we are.



The term 'polyvagal' combines 'poly,' meaning 'many,' and 'vagal,' which refers to the important nerve called the 'vagus.'

Dr. Stephen Porges  
Reciprocal Influences on Affect  
The Polyvagal Theory p263

# The Autonomic Nervous System

What's your pancreas up to right now? How wide should your pupils be dilated? Are you getting the right amount of oxygen into your blood?

The Autonomic Nervous System controls these and more. And it does so without any conscious direction or effort - autonomously. Automatically. On auto-pilot.

It's historically been known as two antagonistic systems: sympathetic and parasympathetic. As if these two were competing against each other for dominance. But Dr Porges hypothesizes there are actually the sympathetic system and two parasympathetic systems that work in concert to benefit the mammalian organism; an idea that conflicts with the autonomic duality model.

The sympathetic system regulates flight/fight mobilization pathways. This system is located in the chest and controls the legs for evasion and the arms for aggression. The mobilization system is ideal for pushing away a danger and then getting to safety. The first parasympathetic system is the immobility

system, located in the gut. This pathway is responsible for the shutdown, collapsed behaviors that we see in a mammal when its life is threatened. And the second and newer parasympathetic system is the social engagement system, located in the face and neck and connected to the heart. This system is active when safe and allows for social connection with other safe mammals.

When autonomic shifts happen, internal organs and bodily resources are repurposed and used for defensive or connective purposes. For example, when in danger and more sympathetically charged, the mouth may go dry as the body no longer needs saliva for chewing when it's mobilized for running or fighting. When under life threat, all systems are reduced to support basic life maintenance, such as heart rate and breathing. The entire body slows down, imitating a corpse. The body prioritizes its processes based on what it detects as safe, dangerous or life threatening.

As the nervous system gets more complex... Oxygen needs may have provided a major environmental pressure leading to the evolution of the adaptive and sophisticated autonomic nervous system found in mammals.

Dr. Stephen Porges  
Orienting in a Defensive World  
The Polyvagal Theory p48

Autonomic shifts are encoded into DNA and hardwired into our biology.



# Autonomic State

Basically, our autonomic state is going to be either Safe & Social, Flight/Fight or Shutdown. Our state is going to be a reaction to the outside world, the internal world, and our perceptions of either or both. These primary states can actually mix, there appear to be degrees of severity/intensity for each, and they present differently based on context.

Our autonomic state is not just how we behave, but also the filter that we experience the world through. Being in the social engagement autonomic state is more calm, soothing, connected, hopeful and loving. In the flight/fight state, the experience is more anxious or aggressive. And in the shutdown autonomic state, there is an experience of emptiness, numbness, disconnection and lack of motivation.

What can trigger shifts in autonomic state is often unpredictable with someone that has been traumatized: the wrong look, the wrong sound, the wrong smell even. Any of these and more can trigger a state shift. One may seemingly have a meltdown or

panic “out of nowhere” and not be able to identify the direct trigger. That may be due to an autonomic shift that is connected to a trigger that is reminiscent of a past traumatic event.

Autonomic shifts have consequences for daily life. Although the shifts evolved within us to support survival, they turn on and off throughout a normal day: at work, school, home and in relationships. Events that the body detects as dangerous shift the body into a mobilized flight/fight energy even if the event is not actually dangerous. For example, a child saying “no” to a parent or a barista getting an order wrong.

Being in a defensive autonomic state for a prolonged period of time misdirects resources that the body would otherwise use for “health, growth and restoration,” as Dr. Porges often puts it. This is why trauma survivors have higher rates of physical problems, such as: autoimmune disorders, severe obesity, stroke, cancer, and more.

The polyvagal theory proposes that the autonomic nervous system reacts to real-world challenges in a predictable hierarchical manner...

Stephen Porges, PhD  
Reciprocal Influences on Affect  
The Polyvagal Theory p264



safety & social engagement



Flight & fight mobility



Shutdown immobility

# Neuroception

“Neuroception” is the word that Dr Stephen Porges created for the concept of unconsciously detecting cues of safety or danger from the internal world or the external world and then shifting into defensive or safety autonomic states. It’s one of the main pillars of the Polyvagal Theory.

The body is constantly scanning for cues of safety and danger. And it does so through the senses and through internal monitoring. This information is sent to the brainstem, then detected as safe, dangerous, or life-threatening. Neuroception shifts the body’s processes to adapt to the needs of the current context. Neuroception has nothing to do with choice. It has everything to do with predetermined neurobiological responses to safety or danger.

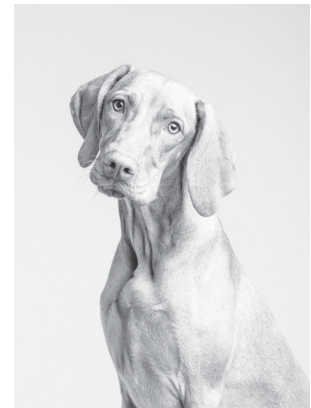
Neuroception ties directly back into the autonomic nervous system and autonomic state. Neuroceptions of safety, danger or life threat “hijack” the autonomic nervous system, shifting autonomic state. If autonomic state shifts, how we filter and react to the

world shifts along with it. For example, if we neurocept that we are in danger, our body becomes more mobilized for running away: heart rate goes up, hearing is more attuned to danger sounds and breathing becomes more shallow. In this autonomic state, social engagement becomes much more of a challenge.

Although unconscious, we can mindfully attune to the experiences of the state shifts that come from neuroceptions. For example, if you’ve ever been around someone that makes your stomach turn, you might be neurocepting a life-threat. Not that your life is actually in threat, but that system turns on around that specific person. Neuroceptive shifts are noticeable as they are happening or even after the event when thinking back.

Even though we may not be aware of danger on a cognitive level, on a neurophysiological level, our body has already started a sequence of neural processes that would facilitate adaptive defense behaviors...

Stephen Porges, PhD  
Neuroception





# Vagus Nerve & the Vagal Brake

## The vagus nerve

The vagus nerve is at the center of the Polyvagal Theory. But really, it's not the most important aspect. The nerve is an avenue the autonomic pathways utilize to get to their destination, like muscles and organs throughout the body.

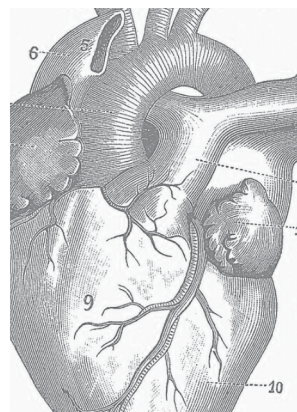
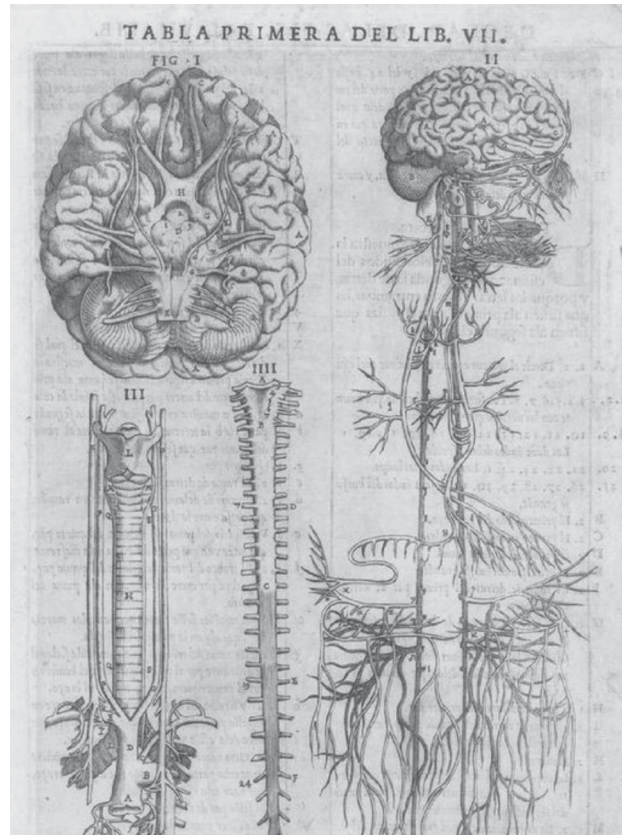
“Stimulating” or “hacking” the vagus nerve should not be your concern. Instead, it's about changing the communication that is sent up and down the highway. The vagus nerve should primarily be considered a bi-directional means of communication, from body to brain and brain to body.

## The vagal brake

The vagal brake is the influence of the safety pathways - the social engagement system - on the heart. When the safety pathways are active, they calm the heart. The heart beats about 20 beats less per minute - which keeps defensive state activation minimized.

If the vagal brake comes off, then heart rate goes up. If heart rate goes up, then the body becomes mobilized for flight or fight behaviors. The mammal's ability to socially engage is gone and they exist in a defensive state.

For survival emergencies, this is ideal - a temporary removal of the vagal brake. However, for daily life, this is less than ideal. The vagal brake allows humans to interact with each other without defensiveness.



(Above) The vagus nerve; this image pops up everywhere in the Polyvagal world.  
(Left) Drawing of a heart.

The vagus nerve is a conduit. It's a wire. That's not really what we're concerned about... We're more concerned with the feedback loop between organ and brainstem that's going through the vagus than the nerve itself.

Stephen Porges, PhD  
Stuck Not Broken episode 15

# Story Follows State

When these autonomic state shifts occur, we create a story to explain why. It may sound something like this:

- “The teacher hates me. There’s no point in trying.”
- “I deserved it.”
- “I’m worthless and unlovable.”
- “I shouldn’t have been there.”
- “I must have wanted it because I didn’t say ‘no.’”

These stories are there to explain the world and attempt to make sense of what caused the autonomic state shift. However, these stories do not necessarily reflect reality - they serve the function of creating an explanation and possibly minimizing the overwhelming nature of the state shift.

Unfortunately, these narratives can add to the problem by keeping the survivor in their defensive autonomic state. The narrative can unintentionally act as a reinforcer. There’s the actual event that happens, the autonomic shift in response to the event and our perception of the event, then the narrative that the survivor creates to explain the state shift.

These “stories” are not just in relation to traumatic events. Our autonomic states also directly influence our thoughts throughout a normal day. In our state of safety, our thoughts will be more empathetic, understanding, validating and normalizing. In a flight/fight state, thoughts will be more anxious, catastrophizing, avoidant or aggressive. And in a shutdown state, thoughts will be pessimistic, lacking hope or belief, and devoid of purpose.

Deb Dana, LCSW. She is a pioneer in applying the PVT to the practice of psychotherapy. “Story follows state” comes from her mind.



[The] story changes depending on [your] state, not depending on what [you] choose to think.

Deb Dana, LCSW  
Stuck Not Broken podcast  
Episode 8/27/2019



# The Polyvagal Ladder

The “Polyvagal ladder” is another Polyvagal concept from Deb Dana. It’s a metaphor for the mammalian autonomic nervous system. The ladder illustrates the hierarchical stacking of the three autonomic pathways and also the sequence of shifts that occur during the process of autonomic regulation.

A ladder is the perfect metaphor because mammals shift up and down the autonomic systems in a sequential order. From top to bottom and from bottom to top, just like a ladder. Likewise, rungs on the ladder cannot be skipped, they must be descended or ascended in order. At the top of the ladder is the ventral vagal safety state. The sympathetic flight/ fight state is in the middle. And the dorsal vagal shutdown state is at the bottom.

Mammals respond to danger or safety in a predictable sequence of autonomic shifts. If a potential prey cannot be safe in the herd, it drops down the ladder into sympathetic flight. If it cannot escape, it will shift further down into sympathetic fight. If it cannot use evasion or aggression to mitigate the predator, then it will drop to the bottom of its Polyvagal ladder and collapse in an immobile shutdown.

The opposite is also true. When it has the opportunity, that same prey will come out of its shutdown collapse. A sympathetic surge of fight energy will allow it to be aggressive and create space, then it will use its legs to run to safety, back to the herd and back to its connection of safety.

Other metaphors have been proposed, but the ladder is the most succinct and usable.



From the top of the ladder in safety...



...to the middle in mobilization...



...to the bottom in shutdown.



Your nervous system knows just how to do this... It knows the way back to ventral.

Deb Dana, LCSW  
Stuck Not Broken podcast  
Episode 8/27/2019

# Safety & Social Engagement

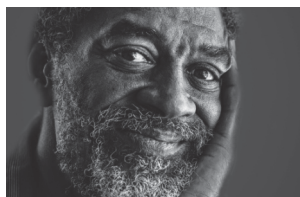
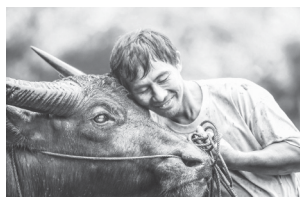
The safety and social engagement system is the ventral vagal parasympathetic branch of the autonomic nervous system.

The safe & social state evolved within mammals and is important for optimizing the resources that the body has for health, growth and restoration.

Examples include: homeostasis of bodily functions, hormone release, immune system and digestive system functioning. When the ventral vagal pathways are activated, our heart rate slows, we take fuller breaths into the belly, and we also have the ability to use our face and neck muscles.

When in the safe & social state, we instantaneously socially engage with others through:

- closer proximity
- gentle eye contact
- wider range of facial expression
- wider range of physical gestures and posture
- hear human voice more accurately, while tuning out other noises
- vocal prosody: stress, pitch, intonation, pauses, volume and pacing



## **The world is:**

safe, fun, peaceful, interesting, manageable

## **Thoughts become:**

understanding, empathetic, balanced, hopeful, curious

## **Feelings of:**

calm, happiness, connection, joy, motivation, excitement, relaxation, hope, awe

## **Able to:**

focus, plan, weigh options when making a decision, self-regulate and provide co-regulation, use play, be self-reflective



...connectedness with other mammals, other humans, and even our pet dogs and cats, is really, in a very pragmatic way, our purpose in life.

Stephen Porges, PhD  
Love's Brain: a Conversation with  
Stephen Porges  
Nalanda Institute

2019

# Flight & Fight

The flight and fight system is the sympathetic branch of the autonomic nervous system.

This system is important for optimizing the body for evasion or aggression. It repurposes resources because some functions are not necessary during moments of danger. For example, chewing is not necessary when in danger, so saliva is not produced and the mouth goes dry. The body needs to stay at a higher level of energy, so breathing becomes shallow and heart rate increases. These changes are intended to be temporary; for small bursts when in times of danger.

When in the flight/fight state, we lose our social engagement with others:

- increase in distance when in flight
- invasion of space when in fight
- removal of eye contact or aggressive eye contact
- flat facial affect
- muscle tension
- ears attune to sounds of danger
- voice becomes more monotone and rushed

## **The world is:**

dangerous, threatening, out of control

## **Thoughts become:**

concrete, evaluative, focused on the past or the future, ruminating, blaming

## **Feelings of:**

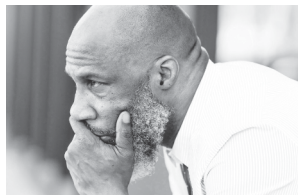
danger, tension, anxiety, anger, pressure

## **Able to:**

mobilize, escape, avoid, use aggression, push, lift, hit

## **Unable to:**

self-regulate, provide co-regulation opportunities, think critically, weigh options, be empathetic



The SNS is primarily a system of mobilization. It prepares the body for emergency by increasing cardiac output...

Stephen Porges, PhD  
The Polyvagal Theory p160

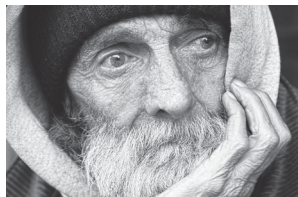
# Shutdown

The shutdown system is the dorsal vagal parasympathetic branch of the autonomic nervous system and the oldest of the autonomic states.

The shutdown system is important for conservation of bodily resources. If the body goes into shutdown, it's anticipating that its life is in threat and shuts down all bodily processes. This serves to not only conserve resources, but also provides potential opportunities for survival. Predators are less likely to eat a corpse, which "playing possum" looks like. This conservative shutdown state is intended to be temporary and something the body comes out of when able to mobilize to safety.

Shutdown results in significant changes in social functioning:

- disconnection from the self and others
- numbness and dissociation
- removal of eye contact
- flat facial affect
- inhibited movement
- voice becomes more flat and monotone
- limited range of emotional expression



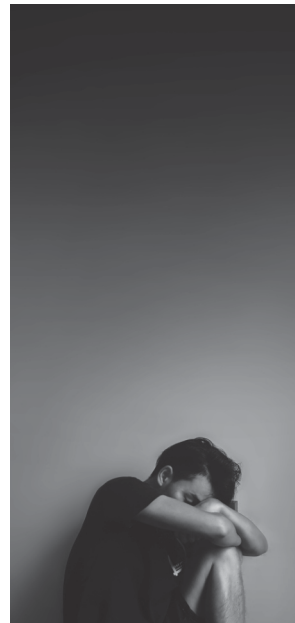
**The world is:**  
overwhelming, uninteresting, pointless

**Thoughts become:**  
hopeless, apathetic

**Feelings of:**  
hopelessness, fogginess, tiredness, numbness, disconnectedness, aloneness, worthlessness

**Loss of:**  
energy, motivation, connection, hope

**Become more:**  
cold, disconnected, isolated, lethargic, unmotivated



In the beginning, for many people, climbing out of [shutdown] is really difficult... They need a co-regulator. They need somebody to accompany them.

Deb Dana, LCSW  
Stuck Not Broken podcast  
Episode 8/27/2019

# Play

## safety + flight/fight = play

Play is a mixed state of the social engagement system being utilized along with the sympathetic flight/fight system. Play is being mobilized while safe.

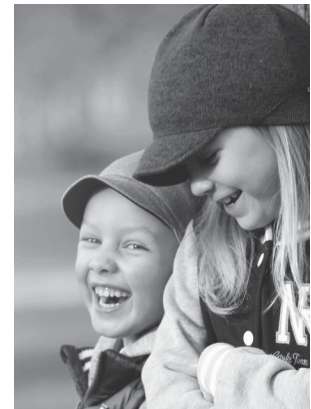
Play is shared, synchronous, in the same state and following the same rules. Face to face contact is an important aspect of ensuring play remains safe. Using the face signals that the autonomic nervous system is still accessing the pathways for safety and social engagement, an important cue for the other play participant(s).

Play exercises the ability to self-regulate; to tap into the defensive states while staying in the safety state. The flight/fight mobilization system is accessed and utilized, while under the influence of the social engagement system. When playing tag, the flight system is used. In wrestling, the fight system is being used. And when playing hide & seek, the shutdown system is being used. But all while actually safe.

Play can also be sharing attention on a task or game. Doing a puzzle, playing soccer, baking a cake or even working together can all be considered play.

For traumatized individuals, play may become unsafe or be unappealing. The safety system needs to be accessible, which can be a significant challenge for a nervous system stuck in a defensive state. Both (or all) of the nervous systems that are engaging in play need to be able to give and receive cues of safety.

Have you ever heard of kids that “don’t play well with others”? These kids have lost access to their safety state. What was once play becomes something else. They may end up hurting others, breaking the rules or quitting entirely.



What if play, rather than displacing learning experiences, actually provides a neural exercise that would facilitate learning?

Stephen Porges, PhD  
Play as a neural exercise:  
Insights from the Polyvagal Theory



# Stillness & Intimacy

## safety + shutdown = stillness

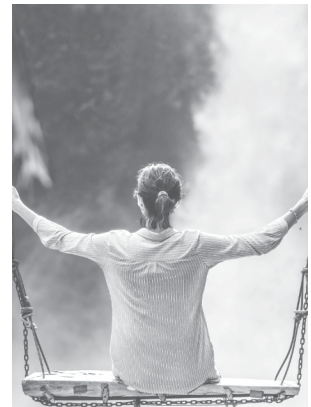
Stillness is the combination of safety and shutdown; immobilization while in safety. Intimacy is stillness with a co-regulative other.

The ability to be immobile while safe is imperative for basic life functioning:

- Using the restroom
- sitting in class or working
- physical and emotional connection with another
- sleeping
- self-reflection

Individuals that are stuck in a flight/fight defensive state may experience feelings of danger when still. For them, being immobilized in stillness is simply unsafe. The safety pathways are not active enough to settle into a calm stillness.

If you're already in a flight/fight state of danger, then you need to be mobile. If you were in the wild, your body would be ready to run or fight. You wouldn't sit in a chair in this state. The gazelle that is running from a lion doesn't lay down to go to sleep. They use the energy within them.



...how do you come into quiet, into stillness, without stimulating shutdown? It's a tricky thing to do... Because stillness is a very vulnerable place and I have to really feel safe to come into stillness.

Deb Dana, LCSW  
Stuck Not Broken podcast  
Episode 8/27/2019



# Freeze

## flight/fight + shutdown = freeze

Freeze is a mixed state combination of the sympathetic mobilization system along with the dorsal vagal shutdown system. Freeze is being immobilized while highly charged. It's like using a car's brake and the accelerator at the same time.

The freeze mixed state is possible when an individual is highly charged in sympathetic flight/fight energy and then forced into immobilization. This could be through various potentially traumatic events but could also be from more routine events like surgeries - anesthesia forces the individual into immobilization while they may be in a highly sympathetic state.

More commonly, someone may experience freeze as a panic attack. During a panic attack, the body has a high level of sympathetic energy but immobilizes. The muscles are tense, breathing is shallow and thoughts of danger race, yet the body is paralyzed.

Freeze energy may become frozen into the body. This is at the heart of PTSD, resulting in flashbacks, nightmares, being easily triggered, intense and prolonged distress, changes in thought and emotion, and increased isolation. That frozen energy is either chronically present or easily triggered into overwhelm, panic or rage.

The frozen body has less access to the safety pathways. Building the strength of the safety system is important in thawing the freeze mixed state. This builds the individual's window of tolerance.



There is this whole ambiguity because people use the word 'freeze' when they really mean 'shutting down'. The mouse in the jaws of a cat is not frozen, it's just limp... The limp loss of muscle tone is a dorsal vagal response.

Stephen Porges, PhD  
Stuck Not Broken episode 15

2019

# Fawn & Appease

**safety + flight/fight + shutdown = appease**

**flight/fight + shutdown = fawn**

The Polyvagal Theory officially conceptualizes **fawn** as activation of flight/fight and shutdown.

**Appeasement** is conceptualized as all three primary states active, with a significant safety state presentation.

Fawn and appeasement are both mixed states that may manifest in circumstances of extreme and ongoing life-threatening danger. Escape and aggression would not be possible remedies for the context, and ongoing extreme shutdown would be fatal.

**Fawn** results in behaviors of compliance, like in ongoing abusive contexts. Fawn would serve as a method of placating one's captor or abuser. If the fawnee could successfully anticipate the needs of their perpetrator, the resulting life-threat may lessen. The intent of fawning may be to appear invisible and not as a threat to the perpetrator.

**Appeasement** results in behaviors of joining with the perpetrator as well as co-regulative safety cues. The appeaser is able to use their safety state to lower the life-threat potential of the context. They also join with their perpetrator in values and goals, even identifying authority figures as enemies.

Both fawn and appeasement likely involve significant shutdown states and dissociation. The dissociative element may help the victim to psychologically cope with their behaviors as well as enable functioning without a complete shutdown collapse.



When we apply and refine the concept of appeasement to the Polyvagal Theory's assertion of the fundamental drive to internalise a sense of safety, we can more accurately describe the powerful instinctual desire to survive and thrive, regardless of the circumstances. In this context, the concept of appeasement eliminates most suggestions of mutual affection and bonding when in survival mode.

Porges, at al  
Appeasement: replacing  
Stockholm Syndrome as a  
Survival Strategy

# Trauma & the Polyvagal Theory

## Trauma is being stuck in a defensive state

The Polyvagal Theory has a specific proposition for what “trauma” is. It’s a word that you probably hear often. Very often. And the meaning of it has been watered down severely.

PVT describes “trauma” as specifically being related to the autonomic nervous system being stuck in a defensive state. Trauma is not the event. It’s not the incident that someone went through even though that’s typically how the word is used. Trauma is the impact of the event. It’s how the event affected you in the moment and how it still affects you.

There are many different events that one could go through that leave them in a traumatized state. But the same event is going to affect people in different ways based on many factors. We could survive the same bus crash and walk away with much different autonomic shifts. And one of us may get stuck in a defensive state.

Even though many different events could lead to a traumatized state, there are only two types of trauma:

### 1. An acute life threat reaction

This is something that someone survives, like a crash, an assault or an explosion. This is most likely related to the freeze mixed state. The body is ready to mobilize, but forced into immobilization or unable to complete the mobilization survival response.

### 2. A chronic disruption of connectedness

When someone repeatedly gets cut off from safe others, that will leave them in a stuck defensive state. Children are particularly susceptible to this due to their biological impulse and need to attach to safe caregivers. The safety state does not get developed, leaving that child in a chronically defensive state and unable to climb their autonomic ladder.

The issue is - does the body shift state into a chronic state of threat? [That is] what trauma is, the body has been retuned.

Stephen Porges, PhD  
Trauma and the Nervous System:  
Stephen Porges & Gabor Mate -  
Wisdom of Trauma Series

2021



# Behavioral Adaptations

A behavioral adaptation is a behavior that we engage in as an adaptation to a stuck defensive state. It's something we do to avoid feeling the discomfort of shifting up the Polyvagal ladder or of existing in a defensive state.

When we are in these defensive states, it's really important that we actually feel the experience of that defensive state. Mindfully. When we do so, it allows the defensive energy to run its course and discharge. Then the autonomic nervous system can regulate to the top of the Polyvagal ladder, into the safe/social state.

Instead of feeling into - and not avoiding - the defensive energy, we engage in some sort of behavior. Substance use is an obvious one. It relieves the pain and might give a pseudo ladder climb. Through using a substance, one can "cope" with the defensive energy. It doesn't ultimately help, but it provides an immediate pseudo-relief. (Substance use not recommended.)

## Examples of behavioral adaptations:

- addictions of all kinds
- physical abuse
- bullying
- isolating
- acting out in class
- self-harm
- oversleeping
- disordered eating
- workaholism
- social media binges



I think what you would find is it really doesn't matter what the diagnosis is... [T]hey share some common features. And the common features have to do with state regulation. And in fact the manifestations... has to do with the strategies that the higher brain structures developed to regulate their state.

Stephen Porges, PhD  
Stuck Not Broken episode 15

# Co-regulation

Mammals have the capacity for social interaction and receiving cues of safety from other mammals to help them into their ventral vagal state of safety and social engagement. This is done through an unconscious biological process called “co-regulation”.

Co-regulation is not self-driven, nor is it imposed by an other either. It’s something received through unconscious cues of safety. This is mostly a passive process done through neuroception.

Through neuroception, a dysregulated individual can detect cues of safety from a regulated individual. Someone stuck in an anxious flight state can see the gentle smile of a safe other, which triggers some activation of their safety pathways. They don’t choose to have those pathways activated; they

simply are activated with the correct biobehavioral cues from the safe other, like using the upper part of the face, or expressing vocal prosody.

The process of co-regulation is encoded into our DNA. Co-regulation helps a mammalian organism to function at its peak, from its state of ventral vagal safety. A baby receives co-regulation from a parent that has a soothing voice and gentle touch. The baby doesn’t choose to calm itself. The baby as an organism detects safety, which triggers the Polyvagal shifts into its own safety state.

Co-regulation can involve gentle touch, eye contact and genuine smiles.



[Words] only carry a small aspect of the meaning of life. Our voice, our intonation, our facial expressivity are really the cues to tell the other person that we’re safe to come close to and we’re there to help them co-regulate..”

Stephen Porges, PhD  
Trauma & the Nervous System:  
Stephen Porges & Gabor Mate  
Wisdom of Trauma Interview



# Self-regulation

Self-regulation is the ability for a mammal to exit out of a defensive state and into its safety state. In other words, to climb their own Polyvagal ladder. Self-regulation involves coming out of a shutdown collapse, into sympathetic flight/fight and then into safety and social connection.

Self-regulation requires a high level of mindfulness - of listening to the needs of the body's autonomic state and being able to act on those impulses. When the body is in a shutdown state, self-regulation could look like immobilizing in a space that is non-stimulating. When the body needs mobilization, self-regulation could look like fidgeting or working out. These actions - when done mindfully - may help that individual climb their Polyvagal ladder.

The experience of self-regulation may be uncomfortable for someone and cause them to remain in a defensive state. Physical sensations, emotions, cognitive and behavioral changes all occur. If not prepared, the individual will experience discomfort (e.g., fear) and stop their natural self-regulation process.

Traumatized individuals have a more difficult time with self-regulation. They are stuck down their Polyvagal ladder in a state of defense. If they were able to self-regulate into their safety state, they wouldn't be stuck; wouldn't be traumatized. By definition, trauma is not only being stuck, but also lacking the capacity for effective self-regulation.

Safety cues are important in self-regulation. Learn to self-regulate through the Polyvagal Trauma Relief System on [JustinLMFT.com](http://JustinLMFT.com).



With physical maturation, neural pathways... exhibit a greater efficiency in regulating the [ANS] and enable the maintenance of physiological homeostasis in both safe and dangerous situations... These maturational changes provide greater abilities to self-regulate and to reduce dependence on others.

Stephen Porges, PhD  
The Polyvagal Theory p160



# Polyvagal Theory Fundamentals

<b>Primary states</b>	<b>Safe &amp; Social</b> ventral vagal parasympathetic	Connection, executive functioning, play, stillness, health, growth and restoration
	<b>Flight &amp; Fight</b> sympathetic	Mobilization, survival, heart rate up, shallow breathing, tense muscles, scanning for danger
	<b>Shutdown</b> dorsal vagal parasympathetic	Immobilization collapse, numbness, dissociation, blood pressure and heart rate drop, conservation
<b>Mixed states</b>	<b>Freeze</b> dorsal vagal + sympathetic	Immobility while mobilized for flight/fight; panic attacks, rage, overwhelm
	<b>Play</b> ventral vagal + sympathetic	Social engagement while mobilized; shared, synchronous, reciprocal interaction
	<b>Stillness &amp; Intimacy</b> ventral vagal + dorsal vagal	Immobility while safe; calm, relaxation, meditative, self-reflective, in solitude or with another (intimacy)
	<b>Fawn</b> Flight/fight + shutdown	Compliance when under severe and ongoing life-threat
	<b>Appeasement</b> Safety + flight/fight + shutdown	Joining when under severe and ongoing life-threat
<b>Key terms</b>	<b>Neuroception</b>	Unconscious method of detecting safety, danger or life threat in the internal and external world
	<b>Vagal brake</b>	Influence of the social engagement system on the heart; “distress tolerance,” “window of tolerance”
	<b>Polyvagal ladder</b>	Metaphor for how autonomic pathways hierarchically evolved and shift in the body
	<b>Co-regulation</b>	Unconscious sending and receiving of safety cues between mammals

# Co-regulation Fundamentals

## Co-regulation looks like

### Gentle eye contact

(vs. the stare of your favorite sociopath)

No need to force it. Just offer it and the other person will come around and meet your gentle, loving gaze when they're in their ventral state enough. Be patient.

### Vocal prosody

(vs. a deeper monotone; think "Bueller")

Let your playfulness, curiosity, concern and love come through in your voice. Bring a sing-songy quality to it. Actual singing not necessary.

### Head tilts

(because you're not a statue)

Let your head tilt when you're curious or in a wonderful state of wonderment.

### Eye crinkles

(they aren't wrinkles. They're lines of connection)

You know, like when you have a genuine smile (see next) or when you're listening so dang good that your eyes crinkle. You know.

### Genuine smiles

(not wide-eyed creepy ones)

Let your joy and excitement for the other person come through! Or just the love and admiration that shows with a slight smile and raised eyebrows.

### Facial affect

(you have muscles in your face for a reason)

Your face shows your state. If you're safe, you're gonna smile, crinkle and squint.

### Safe touch

(appropriate, welcome, gentle)

This is obvious, right? Please, please tell me this is obvious.

## Don't fake it

If you aren't able to do these things, that means you aren't in your social engagement system enough. Self-regulate up your Polyvagal ladder as much as you can and you'll be providing co-regulation in no time.

## More than support

Co-regulation is a biological process. It's more than simply listening to someone. More than being empathetic. More than understanding. That might be what co-regulation looks like behaviorally and feel like experientially, but there are psychophysiological cues of safety and danger being exchanged.

# Next Steps on JustinLMFT.com

Learn more about  
the Polyvagal  
Theory

JustinLMFT.com

JustinLMFT.com has many more Polyvagal-informed resources for you to learn from:

- blog
- podcast
- free members center with more

Free eBook

Sign up for the email list and you will get immediate access to “Trauma & the Polyvagal Paradigm.”

—JustinLMFT.com/books

Trauma recovery

**Stuck Not Broken: Total  
Access Membership**

If you are ready to get unstuck, and take your self-development and trauma recovery to the next phase, a private community and three trauma recovery courses are waiting for you in the “**Total Access Membership.**”

The Polyvagal Trauma Relief System teaches you deeply and simply about the Polyvagal Theory and self-regulation. You will build your vagal brake strength and then relieve your stuck defensive state through 3 self-paced courses.

The private community gives you exclusive access to numerous perks to boost your learning and build connection with others as you are ready to:

- twice-monthly meetups for open Q&A with Justin
- private discussion forum
- private podcast
- daily growth challenges and prompts

# Polyvagal Checklist

If you have a solid understanding of these pieces, put a check! If not, keep learning!

Checklist from Justin Sunseri, LMFT99147  
Find more at [JustinLMFT.com](http://JustinLMFT.com)

Polyvagal Theory from Dr. Stephen Porges

- Autonomic nervous system
- Autonomic state
- Polyvagal ladder
- Neuroception
- The vagus nerve
- The vagal brake
- Story follows state
- Safety & social engagement
- Flight & fight
- Shutdown
- Play
- Stillness & Intimacy
- Freeze
- Fawn & Appease
- Behavioral adaptations
- Co-regulation
- Self-regulation
- Connection to trauma

# Polyvagal Primary Books

Affiliate notice: The links will take you to Amazon; a portion of your purchase will go to Justin Sunseri at no extra cost to you.

All books and more can be found in Justin's Amazon storefront.

[Go to Justin's store >](#)

## **The Polyvagal Theory (2011)**

The first book from the Theory's creator. It's dense and highly academic. If you try it, make sure you have a dictionary handy. And a biology professor or two also. Hardcore PVT Nerds only.

[Buy the book >](#)

## **Pocket Guide to the Polyvagal Theory (2017)**

This was made for the layperson. There's a very handy glossary of terms to turn to; it'll be your best friend. Highly recommended as your starting point. More accessible than his first and in a literal conversational tone.

[Buy the book >](#)

## **Polyvagal Safety (2021)**

This is another collection of essays, most of which are found online for free. They range from easy to difficult in approachability for the layperson. An interesting read, though repetitive since each essay explains the Theory again and again. The highlight here is Porges' rebuttals to critiques of his Theory.

[Buy the book >](#)

## **Our Polyvagal World (2023)**

This might be the most approachable book on this list from Dr. Porges himself, but that's because it's cowritten by his son, Seth. It applies the PVT to many aspects of life and society, including work, the covid pandemic, and prison. It briefly adds three new mixed states that leaves the reader with questions. Overall worth the read though.

[Buy the book >](#)

## **Clinical Applications of the Polyvagal Theory (2018)**

A collection of essays from various writers that apply the PVT to nursing, therapy, grief, and more. Very interesting and easy to read. This is recommended for those that are broadening their understanding of the theory and are interested in various professional applications.

[Buy the book >](#)

## **The Polyvagal Theory in Therapy (2018)**

Deb Dana does an incredible job of translating the PVT for anyone. This book is directed at therapists, but anyone can read it and benefit from it. If you are on a self-regulation journey, this is easily approachable and applicable to your recovery process.

[Buy the book >](#)

## **Polyvagal Exercises for Safety... (2020)**

Deb Dana provides lots more practical activities to engage with your nervous system and develop your safety state. These are designed specifically for one to use between therapy sessions, but is great for anyone on a self-regulation journey.

[Buy the book >](#)

## **Anchored (2021)**

Similar to her Polyvagal Exercises book, this one is for the person that is looking to anchor more into their safety state. Lots more Polyvagal exercises.

[Buy the book >](#)

## **Polyvagal Practices**

Another one that is written for the lay person from Deb Dana. This is super duper short and very approachable, with another breakdown of the theory and lots of practical things to implement.

[Buy the book >](#)