

TRAUMA

& the Polyvagal Paradigm

How you got stuck (not broken)

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Justin Sunseri	2
The Polyvagal Theory as a New Paradigm	9
“That’s bulls***”	10
A Polyvagal Rx	14
Actively build a new paradigm	15
Work toward a new self-narrative	15
the Autonomic Nervous System	17
Autonomic states	19
The Polyvagal ladder	20
Neuroception	24
Ladder descent	24
Neuroceptive predictability	26
Noticing neuroceptions	27
Healthy neuroception	29
Unhealthy neuroception	30
Neuroception & mental health	31
Story follows state	32
Primary States	35
Safety & Social Engagement	36
What safety feels like	37
What safety looks like	38
The more the better	40

What is needed for safety	41
Flight/Fight	44
What flight feels like	45
What fight feels like	45
Danger	46
What flight/fight looks like	46
Coming out of flight/fight	48
Shutdown	51
What shutdown feels like	52
What shutdown looks like	53
Coming out of shutdown	54
Mixed States	57
Freeze	59
Coming out of freeze in the moment	61
Coming out of freeze through thawing	62
Play	66
The importance of play	68
Play in video games	68
Mobilization without safety	69
Why is mobilization unsafe?	72
Stillness	75
Immobilization without safety	75

Why is immobilization unsafe?	77
Coping with immobilization	77
Trauma	80
2 paths to trauma	81
Path 1 - Acute Life Threat Reaction	82
Thawing the freeze	83
Freeze & PTSD	84
Path 2 - a Chronic Disruption of Connectedness	87
C-PTSD & Path 2	89
The Vagal Brake & Distress Tolerance	95
What the vagal brake is	95
How to Strengthen Your Vagal Brake	96
Return to the Present Moment	96
Pendulation	96
The Vagal Brake & Daily Life	97
Regulation	99
Self-regulation	99
Co-regulation	100
Why co-regulation matters	101
Adaptations to a Stuck State	103
Behavioral adaptations	104
Cognitive adaptations	106

Paradigm to Self-Narrative	110
Stuck Not Broken	111
Your Next Polyvagal Steps	115
About the Author	117

I want you to get a couple of things from this book -

1. I want you to learn some new foundational pieces of knowledge - to build a new paradigm. Specifically, the Polyvagal Theory and how it relates to trauma.

2. I want you to then begin to apply it to your own life. Having the top-down new narrative for yourself can be very validating and normalizing.

I also don't want you to rush into the second. It can be challenging and I want you to be very honest with yourself about your capacity to do so. As you read this and learn the new paradigm, you will naturally begin to apply it to yourself and form a new narrative for your own life. Pieces will fall into place. I hope they fall gently like a Tetris piece, snugly into its exact fit at the bottom of the screen. The new pieces could also come crashing down and stack chaotically if you're not prepared. (I hope the Tetris analogy is not lost on you.)

So be honest with yourself. Go at a pace that feels right. Challenging is okay. Even a good thing. Triggered and out of control probably isn't ideal.

For my fellow Stucknauts.
I hope this helps you in your exploration.

I.
**THE POLYVAGAL THEORY AS A
NEW PARADIGM**

“That’s bulls*”**

I work for a public school district and trauma is a regular aspect of what I work with. During the summers, students typically want nothing to do with school or school personnel, so they elect to skip therapy for a couple of months. Not all, but most. That gives my colleagues and I time to catch up on stuff, create curriculum and increase our professional development.

In the summer of 2018, I was caught up on all of my stuff (what I call “busy work”) and chose to use some time for my own professional development. I chose to revisit my understanding of trauma and how to work with trauma. I was taught in therapy school that “trauma lives in the body.” And this is a message that was repeated ad nauseam through various continuing education courses and seminars and lectures. But no one ever explained how. They didn’t explain what that meant. Not really.

So I did what any good scholar would do and I searched for “trauma” on YouTube. And then I let the YouTube rabbit hole do what it does, taking in video after video and sifting through the ones that needed to be sifted through. I was looking for primary sources in particular, not one of my peers’ rehashing of general therapist knowledge. But before delving into things, I told myself that I knew nothing about trauma. I needed to start over; to start from scratch and work from the ground up.

I eventually stumbled upon Peter Levine's work on YouTube, probably one of the interviews where talks about "Nancy". He is the creator of Somatic Experiencing, a modality that utilizes the felt sense of the body to release trauma stuck in the body. He had a treatment for trauma and also an explanation of what "trauma lives in the body" means. He discussed the autonomic nervous system and how the body can be prepared for safety or defense. I saw him perform a little miracle in his work with Rey up on stage, instructing him to slowly move his jaw, which resulted in Rey being able to do some discharge of his trauma, which was presenting as tics.

I'm glossing over the specifics; they don't matter right now and will be discussed later on in this book. The point here is this - I found someone that could answer the question of how trauma lives in the body. And my immediate reaction was - "*That's bulls***.*" How could someone "heal trauma" by moving their jaw slowly?! Was this some sort of snake-oil huckster con-man? This is nonsense!

And then I reminded myself that I know nothing. I reminded myself about working from the ground up and assuming I had everything to learn and lots of gaps in what I considered my knowledge. So I took a deep breath and continued, giving this Peter Levine character a chance... but also being wary of any snake oil offers.

As I continued with Peter Levine, things started to intrigue me. Things started to click. Like *why don't wild animals get traumatized?* They are literally at the mercy of predators and the natural environment, but they don't get traumatized like us humans. It began to make sense how people get stuck in *defensive states*. It at the very least got

me more curious. So I continued down the YouTube autonomic nervous system trauma rabbit hole.

The next thing I found was a very dry, very academic lecture by a certain Dr. Stephen Porges. He was lecturing about his "Polyvagal Theory " using awful power point slides. The audience seemed interested, while I could hardly make out a lot of what he was saying. But I could make out some. He was talking about the autonomic nervous system, just like Peter Levine. But he was able to go deeper into it. Apparently, he had been doing heart rate studies and literature review and could connect it to evolution. Or something like that.

Things started to make more sense. The pieces were coming together. As I continued to take in lectures and interviews from Dr. Porges, a bigger picture was forming, providing me with a new grounding in the world of understanding and treating trauma. From Porges, I found Deb Dana through the YouTube autonomic nervous system trauma vagal rabbit hole. She made things a lot easier to understand. *A lot*. I was able to get my hands on the writings of Levine, Porges and Dana. I studied and studied and studied. I took notes and built presentations, knowing that I could understand and teach this to my colleagues and the teachers and staff of my school district.

It made sense. I had answers about how trauma lives in the body. How it gets stuck and how we get unstuck from it. I was able to identify how the theory works in the therapeutic process and could see it live in my therapy clients. When I would share pieces of the theory with them, it would make sense and normalize their experiences. They felt validated and gained a deeper understanding of themselves.

I was really onto something. Something revolutionary in my mind, but also the field of psychology and the practice of therapy. Not only did it answer my questions and provide a new foundation, it inspired me to be an evangelist for the theory. I created the Polyvagal Podcast (now Stuck Not Broken), an Instagram, a blog and courses, all grounded in the Polyvagal Theory. I'm not done though. I keep learning and deepening my understanding of the theory and my ability to apply it to whatever I can.

Now I want to pass it on through this book. I think you'll find it interesting, if not enlightening. Probably normalizing and validating. That's my hope, at least.

And no, Peter Levine never tried to sell me any snake oils.

A Polyvagal Rx

A paradigm is like a pair of glasses. It's a way of viewing reality. If you put the glasses on, it changes how you see things. If you take them off, same thing. If you try out a new paradigm with different lenses, your view of reality changes again. The current paradigm glasses you're wearing may be incomplete, like when no one teaches you what is meant by "trauma lives in the body." Your paradigm may need an update or it may lead you to see things in very distorted ways that aren't helpful.

Paradigms are everywhere. There are paradigms for mental health, like the "chemical imbalance" hypothesis compared to a view of mental health as an issue of being "not strong enough." It's not about these being right or wrong; they're both ways of understanding mental health. There's even paradigms for the news - if you watch one new source they will have a much different way of seeing things compared to another, like CNN vs Fox News.

Paradigms don't have to be a "versus" thing and can actually be complementary to each other. The intersectional view of an individual is incomplete, but can be useful along with other paradigms for understanding ourselves. It could be useful to see yourself as a product of socialized racial and gender roles, while also viewing yourself as an individual responsible for their own change. These can live side by side, though neither is enough on their own.

You need accurate paradigms in your life. Having a paradigm that is aligned with reality is necessary to grow. If I told you that your thoughts are controlled by techno-organic fairy sprites in your head, that would probably not be helpful in making change in your life. This is obviously not grounded in reality, therefore we can't really do anything with it (unless we knew how to appease the fairies, I suppose).

Actively build a new paradigm

The new paradigm I want to pass on is the Polyvagal Theory. I don't want you to simply take in this new Polyvagal information though. I want you to actively tell yourself that you're creating a new way of understanding your reality. You're an active participant, even in this step of learning new information. And unlearning information you've held onto that has fostered a paradigm that has not been helpful and maybe even harmful. Or adjusting a paradigm you're holding onto. No matter what - you're an active participant.

I invite you to look deeper into the possibility that there is more going on within each of us, specifically on the biological level. And that this new information can be and will be instrumental in developing a greater knowledge, a more accurate paradigm. This can then be applied to yourself to develop a new narrative. The next step is to go deeper into the core concepts of the Polyvagal Theory and how this affects us on a more practical basis.

Work toward a new self-narrative

Having a new paradigm is the start. The next step is to build your personal narrative. Once you understand the

paradigm, you can apply it to the events in your own life and create a new understanding of these events. Not just the events, but also how you reacted or didn't react to these events.

I suspect that if you do, you'll end up with an understanding of yourself that is far less judgmental. I think you'll become more curious about who you are, how you are and why you are they way you are.

Building your new narrative is something I invite you to keep in mind as you read through this. There are a few journal prompts to help you with that, but the intent of this book is to help you understand the conceptual stuff. The knowledge.

Let's begin!

II.
THE AUTONOMIC NERVOUS
SYSTEM

Your Autonomic Nervous System governs everything about you, basically. It regulates all the internal organs without any conscious direction or effort. It's involuntary; automatic. Breathing, heart rate, sweating, pupil dilation, internal temperature regulation, digestion and more. These are not functions that you have to direct or plan out. If they were, daily living would probably be a lot more difficult.

Imagine having to be aware of and control your heartbeat. Or your breathing. Or your digestion. Now imagine doing all of these things at the same time. Now imagine doing all of these things at the same time while also knowing the optimal levels of each of these things. And even if you could do all of that, could you also adjust to what is necessary to the specific environment in that specific moment, then adjust to the next environment in the next moment? Probably not.

But that's what your ANS does. It adjusts to varying levels of safety, danger or life threat. Literal danger, but also perceived danger. Every moment of every day. If we could pull off all of that on a conscious level, we probably wouldn't be able to also enjoy a Netflix binge at the same time. We have a hard enough time just focusing on the person in front of us and sustaining a conversation! It's a good thing then that the ANS is outside of our conscious control.

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 Stephen Porges explains that it's more complex than that in his Polyvagal Theory. It turns out there is actually the sympathetic system and two parasympathetic systems that work in concert to benefit the mammalian organism.

The sympathetic system is the flight/fight mobilization biological pathways. The mobilization system is ideal for

pushing away a danger and then getting to safety. If you were to notice your flight/fight system being activated, you would probably notice shorter breath, increased heart rate and muscle tension.

The first and oldest parasympathetic system is the immobility system, stretching from the dorsal vagal part of the brainstem all the way to the gut. These pathways are responsible for shutdown, collapsed behaviors during a life threat situation. 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, the 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. This is because the body no longer needs saliva for chewing when it's mobilized for running or fighting. The body prioritizes its processes based on what it detects as safe, dangerous or life threatening. 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.

Point being, the ANS is always working and doing so outside of our conscious control. It allows you to survive, but also to maintain a basic level of functioning, so that you can then direct your conscious attention elsewhere.

Autonomic states

Our autonomic nervous system can be said to be basically in one of three different states. These are the primary states of the ANS:

- ▶ Safe/Social
- ▶ Flight/Fight
- ▶ Shutdown

There are also three mixed states, which are combinations of the primary states:

- ▶ Freeze (shutdown + flight/fight)
- ▶ Play (safe/social + flight/fight)
- ▶ Stillness (safe/social + shutdown)

These primary and mixed states each evolved within us to enhance the chances of survival. They each have a benefit to the organism in staying alive, which then increases the chances of that organism passing on its own genetic code.

It's important to recognize these different states and what they look like and feel like. They each have their own experience and being able to differentiate amongst them can make things more manageable, at least cognitively. We'll be spending a lot of time on understanding these primary and mixed states in depth. These are some of the building blocks for this new Polyvagal paradigm.

The Polyvagal ladder

The Polyvagal Ladder is a concept from Deb Dana that can help us to understand how we utilize our primary autonomic states on a mammalian level. The fact that it's a

ladder is essential in understanding how this works - just like with a ladder, you must start from the bottom to get to the top. And to get back down to the bottom, you start from the top. You can also stop in the middle and go up or down from there.

Same with our Polyvagal states. There's a top to our primary Polyvagal states. Actually, quite literally. The safety pathways (ventral vagal) connect our brainstem to our heart, neck and facial muscles. This is the top of the Polyvagal ladder and is also at the top of our bodies. In the middle of our Polyvagal ladder is the flight/fight system (sympathetic), which is in the spinal cord and the chest, controlling the arms and legs. And at the bottom of the ladder is the shutdown system (dorsal vagal), residing in the gut.

When we look back at things we've been through, we often blame ourselves for how we did or did not react. Like, "I should have ____" or "If only I didn't _____." But really, it's not an issue of choice when it comes to our Polyvagal states and what behaviors we utilize from the Polyvagal ladder. It's a sequence of events, not a menu of options. No one is picking their autonomic state.

Remember - these states are functions of the autonomic nervous system. These states are arrived at without our conscious awareness. therefore, we don't choose what autonomic state we exist in. And we don't choose our potential for socially engaging, running, fighting, hiding or freezing.

If you aren't safe, you drop down your ladder into the flight/fight system. If you can't run or fight the danger, you drop down further into your shutdown system. This is a sequence of shifts, not a choice you make. Just like a ladder, we work down and we work up in a sequence. Same with

our autonomic states - we shift through them in a sequence.
Not as a result of choice.

Journal:

1. *Is there a past situation that you blame yourself for? Or that you judge yourself for? You wish you did or didn't do something?*
2. *Is it possible that you went through some sort of autonomic shift and that your ability to choose was not at issue?*

Neuroception

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...

Dr Stephen Porges, Neuroception

“Neuroception” is the word that Dr Stephen Porges created for the concept of unconsciously detecting cues of safety or danger from the external (and internal) environment and then shifting into defensive or safety autonomic states. The body is constantly scanning the environment for these danger or safety cues. And it does so through the five senses. External information from the environment passes through our five basic senses, then goes to very primitive parts of the brainstem outside of our conscious awareness. Meaning, neuroception has nothing to do with choice. It has everything to do with predetermined neurobiological responses to safety or danger. These responses are encoded into our DNA, passed on from previous generations that survived long enough to pass on what helped them to survive.

Ladder descent

As the body moves down the Polyvagal ladder, we lose access to the behaviors higher up the ladder. Basically, these

three states unlock different behaviors. The neuroception of safety is like a key to utilize social behaviors. Things like gentle eye contact and a fuller range of voice. The neuroception of danger is a key to unlock flight and fight defenses of mobilization and aggressiveness. And the neuroception of a life threat is a key to unlocking the shutdown immobilization state. And along with it come numbness and dissociation.

Not only does neuroception unlock these states, it also inhibits the behavior of the other states. We lose access to the behaviors associated with safety when we move down the ladder. And we lose access to both safety and flight/ fight when we move down the ladder to shutdown.

Imagine a child running away from a dog. The child is in the sympathetic danger state, specifically flight. They aren't going to be able to use their safe and social state skills, not having access to that rung on their own Polyvagal ladder. They've dropped down the Polyvagal ladder and are in a sympathetic survival mode. Their body's potentials are entirely skewed toward survival through mobilized evasion. There is no use to smile or laugh in this state, so this child will not be able to utilize those skills.

Going down the ladder is not permanent. When this child gets to safety, they can climb back up their Polyvagal ladder and access their safety state again. Maybe that means getting into their house and connecting with a parent. As they calm in the arms of their parent, their system will slow down and they will settle gently into their parent's embrace. They may process what just happened, sharing the story and begin to smile and feel comforted. They may even laugh about the situation. But these behaviors only happen in their safety state.

Neuroceptive predictability

There are some things that are predictably probably going to provide a neuroception of safety or danger. We can safely say these are generally applicable to humans and other mammals too. This looks different between each species or individual organism, but these are generally predictable cues of safety or danger that will be neurocepted as such:

Safety:

- ▶ vocal prosody
- ▶ gentle touch
- ▶ face to face interaction
- ▶ gentle eye contact
- ▶ use of facial muscles, especially the upper face

Danger:

- ▶ harsh tone of voice - too low or too high
- ▶ wide eyes
- ▶ flat affect
- ▶ encroaching on space

This is what Dr. Porges means when he says - *"...neurobiologically determined prosocial or defensive behaviors."* The behaviors that we take in through our senses will trigger responses of safety or danger. When someone smiles genuinely, it triggers a neuroception of safety within us. When we see someone that has no facial movement, it triggers a neuroception of danger within us.

We don't choose how we feel about these behaviors listed above. We simply take in the external stimuli through our senses, like seeing someone's genuine smile. Then that stimuli gets filtered through our brain stem, which then shifts

our ANS accordingly. Because generally, some stimuli are more a cue of danger to our system and some are more a cue of safety. Not just to us in our self-aware, egoic, identity form. I mean to our biology. These are cues of safety or danger to our biology. To ourselves as organisms.

Noticing neuroceptions

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. This is something that can be noticed in that moment. We can be aware of it and listen to it. Even if we're not consciously aware of the biological shifts happening within us, the biological impulse is still there to do something.

Thought Experiment - *Use your imagination and notice what internal shifts are happening within you. Fill in the blanks and notice the feelings you have.*

You're walking down a sidewalk after having gotten off of work. It's dark outside as you make your way to your car, which is about a block away. You can hear the dull hum of traffic in the distance. As you walk, you think about the day's events, particularly the stressful ones. You look down as you walk, remembering what someone said that upset you. You feel _____ within you and begin to lose connection with the sounds of the environment. You don't consciously hear the footsteps approaching from behind. When you do notice the footsteps, you feel _____. Your body feels the

impulse to _____.

You probably had some biological shifts within the imaginary version of you (or maybe even the real you right now). Probably a shift down the Polyvagal ladder into flight/fight, maybe shutdown or even freeze. And that imaginary version of you may have also felt an impulse of some kind. An impulse to walk faster, to run or to turn around and see what the footsteps were.

Neuroceptive shifts are noticeable as they are happening or even after the event when thinking back. That's much more common; that we look back and can then recognize these neuroceptive shifts in our autonomic state. We can see when these shifts happened, identifying what state we were in and what state we shifted to. We may also be able to notice the environmental stimuli that triggered the state shift.

But we may not. What we neurocept as safe or dangerous easily goes unnoticed, even when we examine the situation later on. Because there could be otherwise benign aspects of the environment that mean something to a particular individual.

I was working with a teen on identifying what fidget might help her to discharge some stuck freeze energy. Fidgets can be useful for this, especially with a wide selection of items to choose from. There is one green rubber ring that I have that I offered to her. She declined it without trying it. She just didn't want it. She explained later in the session that the color green causes her to feel nauseous, being the color of her Father's corpse the last time she saw him.

Green has no meaning generally. It's probably more likely to be a neuroception of safety due to the greens found in

nature. But for this person, the color green had meaning. Not primarily a cognitive meaning, more a visceral one. She felt that during the session, a defensive neuroception, experienced as nausea.

Not all of us neurocept the same way. Even though neuroception has generally predictable elements, these can look different between individuals. We each have slight differences, but neuroception can also be very skewed. This is true for traumatized individuals.

Healthy neuroception

I understand "healthy" neuroception to indicate functional for the organism in maintaining survival. It's not about good or bad. And it has no judgmental value on the individual. "Healthy" refers to optimal on a biological level to maintain ideal functioning for the body.

In healthy neuroception, the body detects and shifts to the appropriate state based on the environment. The body uses social behavior in a safe environment and the body does not use defenses like fighting or fleeing unless in a dangerous environment.

The individual is able to accurately identify cues of safety and then climb to the top of their Polyvagal ladder or simply retain access to it. This could be a student that goes to a safe school, is able to sit down, interact with others and learn.

The individual is also able to access their defensive states when necessary. If they accurately detect cues of danger, like footsteps from our example, they feel mobilization. They lose access to their safety state and the body prioritizes survival.

Again, this is not an issue of the individual choosing to react or choosing to neurocept. Their body's ability to identify safety or danger is in alignment with their biological and evolutionary functions. Having healthy neuroception will ensure their higher likelihood to pass on their genetic material to possible offspring.

Unhealthy neuroception

In "unhealthy" neuroception, the body does not accurately detect or shift state based on the environment. The body does not fight or flee when in a dangerous environment and the body does not use social behavior in a safe environment. There is danger in the environment but the body does not detect it and then does not shift into flight/fight behaviors.

As you can see, if an organism is not identifying danger and then evading, their potential to survive is going to be lower. Their potential to pass on their genes to another generation is in jeopardy.

Unhealthy neuroception may be why some traumatized individuals continually repeat the same harmful decisions and even why trauma is passed on through generations. This is a common scenario of generational trauma that I have seen in my practice - the mom that was sexually abused by her authoritarian stepfather doesn't pick up on the danger of having her short term boyfriend living with her family. He is jealous, controlling of the Mother and demanding of the children. This short term boyfriend sexually abuses a child in the home, creating a new generation of sexual trauma by a substitute authoritarian Father.

This scenario is one I see very frequently with the children and families I have worked with. You can see in this sadly common scenario how the Mother's unhealthy neuroception thwarted her from detecting cues maybe early on. As she looks back, those red flags become more obvious and she'll realize the cues that she saw, but didn't register as dangerous. She may remember the first time the boyfriend erupted in anger over something miniscule. Or a "joke" he made with a perverse sexual innuendo that was far from appropriate. She can look back and see the escalation of control over her children he exhibited. In the moment, these red flags were missed because of an unhealthy neuroception from her own traumatic past.

And you can probably see that the child victim in this scenario, if they don't have a safe person to turn to, may end up with their own unhealthy neuroception and repeat these same mistakes in their own adolescent and adult life. This is a piece of how generational trauma continues.

Neuroception & mental health

Unhealthy neuroception might actually be at the core of many mental health disorders. With unhealthy neuroception, the result is an ANS in a defensive state even when it does not need to be. This person will have a harder time engaging in prosocial behaviors. Their biology is simply prepared for defense. This is something that "disorders" throughout the DSM have in common. They also have other features in common, all with potentially the same etiology - the social engagement system is inactive. Such as:

- ▶ Lack of eye contact
- ▶ Body is hyper- (flight/fight) or hypo-active (shutdown)

- ▶ Being close is a challenge
- ▶ Lack of vocal prosody

I would argue that someone who is diagnosed with a mental health disorder probably has less access to their safety pathways. Thus, more defensive state activation than they probably need. Lingering flight sympathetic arousal could look like anxiety in the various anxiety disorders. Lingering fight sympathetic arousal could look like defiance in Oppositional Defiant Disorder. Lingering shutdown state activation could look like the emptiness and isolation of depression. All of these share a lack of access to the biological pathways for social engagement.

When I work with clients in therapy - no matter their diagnosis - as they gain more access to social engagement, their "symptoms" ameliorate. First, reducing in intensity and then potentially stopping altogether. As their ability to access safety increases, the capacity to handle the defensive states improves, resulting in less intense defensive state presentations and "symptom" presentations.

Story follows state

Your autonomic state comes to life and then the information is fed up to your brain and it's your brain's job to make sense of what's happening in the body, so it makes up a story.

Dab Dana, SNB

When Polyvagal state shifts occur, we create a story to explain why - a concept from Deb Dana called "Story Follows State."

Stories may sound something like this:

- ▶ "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, then the narrative that the survivor creates to explain the state shift.

Our autonomic states also directly influence our thoughts throughout a normal day. These "stories" are not just in relation to traumatic events. 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.

Think back to the example of my client that had a nauseous reaction to the green rubber fidget ring. Her body responded to the sight of the green rubber ring, feeling nauseous, something she said is common for her with the

stimuli of green. Let's break down what happens within her from the view of the Polyvagal Theory.

She sees the green ring, then has a state shift felt as nausea, then remembers the image of her deceased Father, then has the thought that she doesn't like green. She didn't first see the green, then have the thought that she doesn't like green, then have a nauseous reaction. The "story" of not liking green followed the memory, another kind of "story" in this example. And these stories followed the biological autonomic shift.

The brain is attempting to explain the state shifts in response to the stimuli. "I felt shutdown, therefore I don't like green." And that's both true and not true. If we were to successfully renegotiate the trauma response for this client and get her more access to her safety state, then she might discover she doesn't really have any aversion to the color green and maybe even likes it.

Stories can be helpful to explain; but they're also useful to contain the state shift. It provides her an avenue to get a sense of control over the state shift and possibly to not fall further down her Polyvagal ladder. It also provides an avenue for her to communicate with me as a supportive person, which will also help her to maintain her spot on the ladder.

Her noticing the "I don't like green" story is the first step toward getting to the next story, which is the memory of the deceased Father. This second story - the memory - is a direct visual connection to the experience of the state shift from the traumatic experience. If we had just stayed with the thought of not liking green, we would be one step removed from the direct experience of the autonomic state, something she went into in the past and is recurring in the present moment of the therapy session.

III.
PRIMARY STATES

Safety & Social Engagement

...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, Love's Brain

This is the first state at the top of the Polyvagal Ladder. This state, like the others to follow, are not just thoughts, behaviors and feelings. They are unique biological pathways that govern thoughts, behaviors and feelings. Specifically, the parasympathetic safe/social ones are referred to as the "ventral vagal" pathways that come from the nucleus ambiguus of the brainstem (but that's probably more than you needed to know).

The state of safety and social engagement is responsible for our feelings and behaviors of social connection. Not just humans, but other mammals as well. We all share some level of ability to connect with each other, build families and herds, tribes or even cities.

The ability for early mammals to connect with each other increased the chances of survival. This was especially true in the context of the time, when large reptiles dominated the

planet. Along with the evolutionary biological changes of the social pathways, other biological pathways were repurposed to support survival advantages for mammals. Their ears were better attuned to hear the sounds of each other. The large reptiles of the time did not have the ability to hear the full range of mammalian voices.

This state is imperative for the general health and wellness for mammals. When we exist in this state, our bodies utilize resources for health, growth and restoration, as Dr. Porges often says. Our bodies function better, we're healthier and meet developmental milestones more predictably. We form healthy attachments with safe others and live generally happier and more fulfilling lives.

What safety feels like

These are some examples of what being in the safe/ social state can feel like:

- ▶ Happy, joyful
- ▶ Calm, relaxed, still
- ▶ Playful, excited
- ▶ Awe, expansiveness
- ▶ Safe, trusting
- ▶ Interested, motivated
- ▶ Empathetic, understanding

These feelings are needed to make safe connections with other people who are also in some level of their own safe/ social state. This may not be realistic in all of our lives, but activation of the state of safety is necessary to feel these feelings.

The world and our interactions in it just feel more safe. We experience less neuroceptions of threat. And when we are in situations with some elements of danger, these situations do not feel as overwhelming.

Life is manageable when we are in this state. Not perfect, but manageable. Life doesn't feel as overwhelming or tense or pressured. When we do face problems - which we will (sorry) - we can navigate them more easily. We can navigate them using negotiation and cooperation and not panic or overwhelm.

When we're in a safe/social state, we can better detect cues of safety or danger. We identify and feel safety and connection. If we are around someone that is giving off cues of danger, we're able to identify them more accurately. If we retain our access to our safety pathways in these moments, we can potentially navigate the situation and ameliorate it through providing our own cues of safety to the other person.

Along with changes in emotion and feeling, this state also brings cognitive changes. In this state, we can focus, plan, think, learn, assess and weigh pros & cons. We have greater access to our executive functioning, something critical for students to be able to succeed academically. This would also be helpful for someone that is considering a new career, new life path or a significant purchase. These cognitive skills are necessary for daily functioning of all types.

What safety looks like

You can tell when someone has access to their safety pathways by looking at their body language and their face. Someone in this state will be able to utilize their face and

neck muscles. When they listen, their head will tilt to one side and crinkles will form around their eyes as they squint. They wouldn't be able to do so without these biological pathways being activated. At least, not genuinely.

Making eye contact with someone else is a sign that you have access to your safety pathways. When you feel uncomfortable, you look away. When you're feeling safe and connected, you make and sustain eye contact. Oftentimes in therapy, a client will have difficulty doing so. As they gain more access to their safety pathways, they can make fleeting eye contact. They look up at the therapist and then look away, darting their eyes back and forth. As they gain tolerance to these feelings of being in safety, they can sustain eye contact for longer periods of time.

When the safety pathways are active, the inner ear muscles allow in a greater range of mammalian voice (vocal prosody). Human beings can hear each other better. We can even tune out other noises and focus on the prosody in someone else's voice. Think about being at a concert or some other crowded venue - you can hear the person you're with because you're attuned to hear their mammalian voice and can tune out the background noises.

Mammals are also capable of using their own vocal prosody. Meaning, they can use their voice to indicate a greater range of emotions and intention. We can raise our voice to show excitement and lower our voice to show threat.

Another obvious indicator that someone is in their state of safety is that they can spontaneously get closer to others. Think about the first time that you saw someone after coming out of quarantine in the early days of the COVID-19 pandemic. You probably felt a spontaneous impulse to hug them, right? When you see someone you love, you probably

hug or kiss when you greet each other. Or just shake hands when you greet someone new or someone you have some appreciation of.

Someone in their safety state can use a wider range of physical gestures. Their bodies are more animated to express themselves.

There are other physiological changes when in safety:

- ▶ Saliva and digestion are stimulated
- ▶ Heart rate slows
- ▶ Fuller breaths into the belly

The more the better

Nobody exists in a purely safe/social state. Generally, anyone can get these pathways active and feel them on some level. It might be a significant challenge, but it generally seems possible. Even for someone with a significant history of surviving severe traumatic events, they can eventually access these pathways with safe enough environments and safe enough people around them.

Again - no one exists 100% in these states. But we don't need to. We just need to have enough access to these biological pathways to actually feel safe and get the benefits of these biological functions. The safety pathways need to be active. And when they are, the defensive states won't be out of control.

So the more access we have to the safety states, the better. There will always be big and small events in life and even in a single day that will challenge our ability to exist in the safety state. That's not going to change. But what can change is how much access we have to the state and how exercised those pathways are.

What is needed for safety

When we discuss what's needed to feel safe, we're discussing what is needed for the safety biology to be active. Two major components of that are the environment and people in our lives. These provide potential neuroceptions of safety and help the individual to climb their Polyvagal ladder.

Perception can be helpful. If we view the environment as safe enough, we can access our safety biology. Even in environments where there is potential danger, the people within it can still socially engage and connect with each other. The environment doesn't have to be perfect. The school might be in a neighborhood that has danger, but the students within it can potentially access their safety state still. Especially if the people within that school are in their states of safety and are providing other cues of safety and protection. Same for someone in a less than ideal neighborhood or a crowded mall on Christmas Eve.

Safe people and safe environments are necessary, but there is a more voluntary method of accessing safety. People and environments can passively provide cues of safety. But you can also purposefully bring yourself to safety. It needs to be done in a safe environment or possibly with safe people, but could also be alone. And to do that requires that you know what helps you to feel the feelings of safety.

Journal:

1. *What can you actively do to bring about feelings of calm?*
2. *What can you actively do to bring about feelings of happiness?*
3. *What can you actively do to bring about feelings of playfulness?*
4. *What can you actively do to bring about feelings of awe?*
5. *What can you actively do to bring about feelings of connection to others?*
6. *What can you actively do to bring about feelings of connection to yourself?*

This is where my Building Safety Anchors course can be helpful. You might not know the answer to these questions. The feelings of safety might be new to you or you may have only been accessing them passively, dependent on others or on the environment. So the idea that you can take control and direct your ANS toward safety might be new.

Building Safety Anchors can act as a guide for you. It teaches you six unique paths to feeling safety:

1. Environment
2. Movement
3. Sensory
4. Music
5. Cognitions
6. Memory

Not only does BSA teach you these 6 paths to safety, it also guides you in identifying your own safety and in practicing accessing your own safety.

[Find out more on JustinLMFT.com/BSA.](https://JustinLMFT.com/BSA)

Flight/Fight

The second state of the autonomic ladder is sympathetic flight/fight. Flight and fight are both sympathetic, but have unique feelings, behaviors and overall functioning, so will be discussed separately. If we don't have access to the safe/social state, the flight/fight state follows as we drop one rung down the Polyvagal ladder.

The flight/fight state does exactly what it says it does. This state is responsible for an organism's ability to run away or use aggression. The point of these behaviors is to increase the chances of survival, just like the other states of the autonomic nervous system.

But specifically, the flight behaviors come before the fight behaviors. We at first attempt to avoid or run away from danger. If that is unsuccessful, then we shift into our fight behaviors. Rather than creating space, we actually decrease space. The evolutionary benefit is to get the danger to back off (fight), which then creates an opportunity for the potential prey to escape to safety (flight).

Flight and fight both stem from the sympathetic nervous system and have the same immediate biological responses, including:

- ▶ Higher heart rate
- ▶ Adrenaline release
- ▶ Tense muscles

- ▶ Wider eyes
- ▶ Ears attuned to danger
- ▶ Increased metabolic rate
- ▶ Shorter breaths into the chest and shoulders
- ▶ Increased pain tolerance
- ▶ Better ability to scan for danger

A moment of actual danger involving the flight/fight system looks and feels different than the day-to-day experience of it. This system is supposed to be active for very short periods of time. The sympathetic energy involved in these short periods of time evolved to be used immediately, not to linger in our system day after day. We're going to focus more on the daily experience of the flight/fight system.

What flight feels like

There are feelings of anxiety, worry and apprehension. These are feelings of being in or anticipating danger. The body is in a mobilized state; it is prepared to flee. So the experiential feelings reflect an organism that is experiencing danger.

What fight feels like

If someone is stuck in a sympathetic fight state, they'll have distinct feelings compared to flight. The body is still in a mobilized state. But if someone is in the fight state, evasion hasn't worked. So aggression is the next step. Therefore, the feelings associated with fight are ones like anger, irritability and hostility.

Danger

In the flight/fight state, reality is experienced through the lens of danger. The world in this state is:

- ▶ Scary
- ▶ Threatening
- ▶ Out to get me
- ▶ Untrustworthy

Even when this person sees someone else with a neutral face, they may experience it as threatening. A face that is staring forward in a daydream or boredom with no obvious emotion might be seen as dangerous. You can surely imagine that someone in this state is going to experience and interact with the world much differently than someone who is in their safe/social state.

What flight/fight looks like

The person stuck in a flight/fight state is going to be more tense, fidgety, evasive, loud and direct. This person might be perceived as (or maybe actually is) more rude and socially inappropriate. This person will have more difficulty in interacting with their fellow students or co-workers, seeing threat in their daily interactions. This person is more likely to flee in anxiety or erupt in anger when something goes wrong.

Remember - the body is being mobilized. It's prepared to run or fight in the face of danger. The observable behaviors for someone in this state will reflect this. It may not be overtly obvious, but there are subtle cues that can be observed.

One of these is in the breath. When flight/fight is active, the breath becomes shorter and faster. Breath goes quickly into the chest and the shoulders. The shoulders go up and down and the chest expands out and then decompresses. When in the safety state, breath goes lightly into the belly. As a result of this faster rate of breath, the individual will have a faster rate of speaking.

In the flight/fight state, we have dropped down the Polyvagal ladder into defense. Now, we are creating distance from others because others are seen as a threat. Someone in this state will have difficulty with being close physically and emotionally, even with safe others. This is not all or nothing. But the more entrenched someone is in their flight/fight state, the more pronounced these difficulties will be.

You can recognize someone in a stuck flight/fight state through their face. They will no longer be utilizing their facial muscles in the same way. They won't be smiling, eyes might be wider, they lack eye crinkles and their neck won't tilt to the side when they listen.

Someone in a stuck flight/fight state will have diminished ability to hear others accurately. Their inner ear muscles are now attuned to listening for danger sounds like high-pitched screams or low bass sounds like a growl. They may not be able to hear the full range of voice of a loved one, nor the intention of their words. Sarcasm is lost to the person who is not identifying the humor and is neurocepting the dead-pan delivery as threat.

Creating connections with others is a major challenge to someone in a stuck flight/fight state. Because that individual is perceiving others as a threat and missing cues of safety or misinterpreting neutral cues. Their ability to be close and form relationships is lower. This individual can be seen to be

avoiding interactions with others or becoming a bully. This individual will connect with others who are in a similar flight/fight state. Gangs are comprised of individuals in a similar flight/fight state who also share environmental, racial and cultural similarities.

Coming out of flight/fight

Ideally, the sympathetic energy of the flight/fight state is used in a large burst of movement. The individual runs away or uses aggression as a means to mitigate danger. Then they return to the safe environments and safe people in their lives.

Ideally.

This ideal may not be the reality for you. But it's still possible to exit from this state and climb the autonomic ladder, back into the safe/social state. Not easy, but possible.

And the way to do that is to mindfully attune your conscious awareness to the inner sensations of what it feels like to be in a stuck flight/fight state. That means being curious (not evaluative and judging) about what it feels like to be in that state. And then allowing those feelings to be felt. The conscious awareness and experiencing allows the stuck energy to begin the process of getting unstuck.

But this can be too much to ask. Before delving into the stuck state, it can be helpful to build up the strength of the safe/social pathways. And that means spending more time in that state, activating those pathways. Mindfulness can be helpful here in actually noticing and experiencing what it's like to feel safe.

You can do this through discovering what brings you to feelings of safety. What types of music, hobbies,

movements, sensory stimulation, for example. Whatever brings you those feelings of safety can be an avenue for strengthening those pathways. But you have to do so mindfully and really experience the feelings and sensations of safety.

Journal:

1. *Name one instance from this past week when you felt your flight/fight state active.*
2. *How could you tell?*

Shutdown

The final rung on the Polyvagal ladder is the shutdown state, stemming from the dorsal motor area of the brainstem. This is also a parasympathetic branch, like the safe/social state, but has a distinct function and experience. When we can't socially engage, when we can't run, when we can't fight, we shutdown. "In addition to the well-known fight and flight reactions, there is a third, lesser-known reaction to threat: immobilization" (Levine 48).

The shutdown state is responsible for the ability to immobilize. In shutdown, immobilization specifically takes on the characteristics of a limp collapse. Muscles go weak and bodily processes slow down dramatically. Shutting down - like the other two primary states discussed - might allow for an increase of survivability. When the organism shuts down, there are a handful of potential benefits.

The organism in shutdown is still neurocepting levels of safety or danger. If there is a potential for the organism to fight and flee the situation, it may do so. Dr. Porges has provided this example - the mouse in the jaws of a cat goes limp, but it may not be dead. It may come out of that limp collapse when the cat puts it down.

This brings up the next benefit to the shutdown state - the return of sympathetic energy. When an organism exits from shutdown, the next rung up the Polyvagal ladder is the sympathetic state, fight then flight. With this returning fight

energy, the organism can use its sympathetic power to create space between itself and the predator, then use its sympathetic flight potential to escape and return to safety.

During acute shutdown, the body might go into a dissociation and/or numbness, both of which may increase the chances of survival. If numb and not feeling the pain of what was experienced, then escape is more likely. Likewise, if dissociated, then not remembering the event and focusing on escape could also help to survive.

And finally, in this state the body is conserving resources. Everything in the autonomic nervous system is slowing down, including heart rate, blood pressure and breathing. The body is mimicking death and maybe even preparing for death, giving the organism a painless and disconnected end of life. These conserved resources can be used if the organism neurocepts that escape is possible and needs to consume large amounts of fuel for a sympathetic burst.

What shutdown feels like

Being stuck in a shutdown state can feel very disconnected. Disconnected from others or even disconnected from the self. Clients in therapy often report feeling very "alone" or "lonely."

Along with feelings of loneliness are also feelings of hopelessness, numbness and fatigue. A chronic sense of tiredness and a lack of energy are normal. Someone in this state does not have much access to their mobilization energy, therefore are left with a feeling of emptiness.

Someone in this stuck state is easily overwhelmed by things outside of their protective or comfort zone. Being with others in large gatherings or even socializing for too long can leave them feeling drained. Sources of large

amounts of stimulation can also induce this feeling of being drained and preferring isolation. This person may prefer to be at home in bed with low stimulation.

In this state, things can seem not only overwhelming, but also uninteresting or pointless. This person is lacking the energy necessary for feeling excitement and passion. A common experience of this individual will be of being in a “fog,” a “cloud” or “grey.” The vitality of life has been drained from them, leaving them with dulled experiences. The sensory experience of life for them is much different than for others.

What shutdown looks like

Shutdown is a state we enter when we can't run away or fight. In the moment of survival, it looks like a limp collapse, immobilization, “playing dead” or even fainting. There is a significant drop in blood pressure and heart rate as the body goes into conservation mode. There is an impulse to hide or even curl up and become smaller.

I overheard a coworker next door to my office after she made a major mistake (yes, I was eavesdropping, but it was hard not to!). At first, I heard her say, “Help me, Jesus!” She was mumbling to herself in exasperation and mild panic. I could hear her rapid breathing as another co-worker came to check on her (I thought about it, I swear). She explained to him that she sent a text message to the wrong person and it was not a flattering one (something about not wanting to deal with them and have them come over).

This was a situation that she could not run from and that she could not fight off. As the other co-worker chatted with her and attempted to provide reassurance and levity, she said, “I could go under that bridge over there and curl up

into a ball.” She was expressing that her body had an impulse to go into shutdown - to be smaller, be hidden, isolated and out of danger that she could not run away from or fight. She didn’t go into a full-on shutdown, but those biological pathways were active.

Luckily, she did receive that support from our co-worker (I swear, really, I was going to), she expressed gratitude to him as he reassured her it wasn’t that bad and he had seen worse. He provided smiles to her and laughter, easing her defensive state. She thanked him for being present and supporting her. And I sat in my office the entire time, eavesdropping. And I don’t even feel bad for it.

The shutdown state feels very lonely and there is often an impulse to be alone for someone stuck in this state. So someone in a stuck shutdown state can often be seen to be alone or isolating. This could be staying home and neglecting potential social avenues. It could also be staying in bed more than is necessary for basic rest.

This state looks very much like - and may be directly connected to - the clinical diagnosis of depression. Isolation, numbness, lack of motivation, easy overstimulation and a general lack of enthusiasm or interest in novelty are all similar between a chronic shutdown and depression.

Coming out of shutdown

To come out of shutdown, the organism needs to climb up their Polyvagal ladder into their sympathetic flight/fight state. Specifically, the fight sympathetic energy first, then flight. Wild animals are really good at doing this. They can emerge from shutdown, into flight/fight and then get to safety with no problem. Humans are technically able to do so, but we seem to have lost our ability to do so naturally.

Our human thoughts make it difficult to emerge from shutdown into flight/fight mobilization. We judge the experience. We question the experience. We tell ourselves things that keep us stuck in shutdown, like “I don’t deserve to be happier.” Or “There’s no point in trying” or “I’m not strong enough.”

But we can come out of shutdown eventually. Coming out requires a gentle return of energy for us humans. Animals can tolerate the large return of sympathetic energy, but us humans tend to do better with small pieces of that energy returning. We do so through small actions, like:

- ▶ Re-orienting to the environment through the senses
- ▶ Mindfully existing in calm and quiet
- ▶ Being with safe people in safe environments

Even if we can’t do all of these pieces, simply being more aware of our shutdown state can be helpful. Being aware of and actually mindfully experiencing it can be helpful. Feeling the sensations of being in shutdown without judgment can be helpful. It’s not second nature, but it’s possible.

Journal:

- 1. Name one instance from this past week when you felt your shutdown state active.*
- 2. How do you know it was shutdown?*

IV.
MIXED STATES

So far we've only covered the *primary* states of the Polyvagal Theory. There are actually three more states, but these are *mixed states*. Meaning, when two of the primary states are active simultaneously, it creates a mixed state. Like when you mix two primary colors together, you get a secondary color (a mixed color). Red paint mixed with blue paint makes purple paint. Two primaries create a mixed result.

The three mixed state equations are as follows:

- ▶ Freeze = Flight/Fight + Shutdown
- ▶ Play = Safe/Social + Flight/Fight
- ▶ Stillness = Safe/Social + Shutdown

Freeze

Flight/Fight + Shutdown = Freeze

You've probably noticed by now that I refer to the third defensive behavior set as "shutdown" and not "freeze." Typically, the word "freeze" is used and was my default word as well. Until I chatted with Dr Porges himself and he clarified that "freeze" and "shutdown" are distinct phenomena, though closely connected. "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 (SNB).

Shutdown is collapsing or going limp. Freeze is stiffening. Freeze is the combination of sympathetic arousal plus shutdown. It's flight/fight in combination with immobilization. There is an intense and rapid buildup of energy to run or fight, while at the same time the body is immobilized or immobilizing. "When functioning defensively as a fight/flight machine, humans and other mammals need to move. If we are... placed in isolation or restrained, our nervous system... wants to immobilize (Porges, Pocket Guide to the Polyvagal Theory 67).

The body will immobilize with a neuroception of life threat. This can be through external physical forced immobilization or the internal perception that the body is going to die. Sexual assault is an obvious example - there is

an impulse to run away, but the individual may be unable to do so for various reasons. They also aren't able to fight back. They may also be physically forced into immobilization with the sympathetic energy in their system. As a result, they may enter a freeze mixed state.

People can also enter the freeze state in everyday scenarios, like being put to sleep while highly anxious before surgery. When someone goes under in this state, they come out of their anesthesia with a sympathetic charge. They wake up in a fit, screaming or flailing. This is something that medical staff have told me they often witness in surgical rooms.

Panic is probably the most common experience of freeze. When we panic, we are highly charged, fearful, activated and alert. Yet we're also stiff, frozen in place and unable to move. We aren't completely gone; we're present enough to experience the discomfort. Panic might lead to being catatonic and not cognitively available.

For example, Melody enters her therapy session at a high level of sympathetic arousal, wanting to fight a group of off-campus peers she perceives as being a threat to her. She is not able to run, since they know what school she attends. Melody is convinced they might be waiting for her after school. She is also not able to fight them, since they are not present. Being outnumbered and surprised also leaves her without a clear target or possibility of winning the fight. In session, she ruminates on the thoughts, going deeper and deeper into her sympathetic arousal without the possibility of getting safety. The therapist attempts numerous interventions, including walking outside, deep breathing and reality testing, as well as discussing safety planning. All these interventions overwhelm her further in combination with the therapist's desperation and frustration, which sends

her cues of disconnection. Her nervous system attempts to immobilize, while she is sympathetically charged, resulting in panic, sending further internal danger cues and thoughts that spiral out of control. Finally, she enters a catatonic freeze, her entire body contorting and freezing in place, which lasts for a few minutes.

People also experience some version of freeze when it comes to phobias. They are highly sympathetically charged, yet neurocept that their life is in danger. I often have trouble when it comes to heights. There is a bridge that arches at a drastically high angle on the way to San Francisco, in the Walnut Creek area. This bridge is my worst nightmare. In my head, I know I am safe - my car is in good shape, I can drive just fine and the bridge won't collapse. Yet when I am on that bridge, my body gets highly charged with an increased heart rate, rapid and very shallow breathing, muscles tensing, rapid speech and an inability to ground myself despite my best efforts. Story follows state, so I imagine that the car is going to somehow turn off in the middle of the bridge and cause people behind me to crash into me and each other. While this is going on, since I am unable to escape the situation, my body begins to shutdown. I go numb, the blood exits my face, blood decreases to my brain which results in a noticeable dissociation. I make it over the hump and can see the Earth, but only after talking out loud and basically narrating everything that is happening while forcing myself to keep breathing regularly. The freeze immediately resolves itself after I get to the ground again.

Coming out of freeze in the moment

In the intense moments of panic, I don't know if there is an ideal answer or one answer that works for everyone. I

don't think that there is. In these intense moments, the individual does whatever has been the most helpful in the past or might be helpful in the moment. That could be a wide range of things.

Sensory stimulation seems to be helpful for some. Using their eyes or their touch to anchor themselves back into their body. It may help to have someone firmly grasp your hand and be with you. Saying things aloud can be helpful, like narrating what is happening or counting things in the environment. Anything to get grounded in your body/mind and activate the safety pathways *enough* for the defensive flight/fight and shutdown pathways to recede.

Part of coming out of that intensive freeze in the moment is to actually feel the feelings of being in freeze. If you can allow yourself to feel them, it might reduce the intensity. Or it actually might increase the intensity as the energy surges through your body. Allowing those feelings to be there, while focusing on breath and making sure you're regulating your breathing can be helpful.

You may also want to allow for movement as the freeze feelings increase. Don't keep it bottled in, but don't explode or withdraw either. Instead, start moving. Get outside and walk. Tense your muscles and relax them as you sit in place. Remind yourself that you're safe and these feelings are okay to have.

Coming out of freeze through thawing

But a freeze state can be ongoing. Not just a panic attack, but a state that someone exists in for years and years potentially. This long-lasting freeze should not be confronted head on. Instead, it should be gradually thawed. Ideally, the stuck sympathetic energy is felt in small pieces at

a time, something called titration. This process is beyond the scope of this book, but can eventually be done. I recommend reading up on Peter Levine, he has a number of books that can be helpful, including Healing Trauma and Waking the Tiger.

However, there is one essential aspect to thawing a freeze that is often neglected and ends up making things worse when it is neglected. And that is the process of building the strength of the window of tolerance. More on this later, but for now, understand that thawing through titration is only going to be successful if the window of tolerance is strong enough. And that means developing the strength of the safety pathways.

If you begin to feel the stuck frozen energy without being prepared, it may end up reinforcing the stuck frozen energy. It will be self-defeating and reinforce any fears you have around getting unstuck. So I know that you want to discharge that energy, “heal” the trauma and move on with life. Like, *right now*. But this is something that really should not be rushed.

When you’re well-enough anchored in safety, titration becomes an option. And part of that is another process called pendulation. This is when the individual identifies and feels themselves anchored in a safety resource, then pendulates to the stuck defensive energy, then pendulates back to safety and then back to the defense. This process goes back and forth until the defensive state softens enough to be tolerable or even discharges from the body.

Again, this is not something that I recommend you do right now. If you’re ready for this kind of work and have resources to assist you, like the teachings of Peter Levine or a therapist that specializes in this, best of luck. If this is brand new to you or you know you don’t have enough

safety development, then hold off. Continue laying the foundation of safety first. Besides my Building Safety Anchors course, I also recommend the books of Deb Dana (see the end of this eBook). They have lots and lots of exercises that you can do to increase your feelings of safety, like Anchored and Polyvagal Exercises for Safety and Connection.

Journal:

- 1. Name one instance from this past week when you felt your freeze mixed state active.*
- 2. How do you know it was freeze?*
- 3. Would you say that you have allowed a thawing to happen in your system?*
- 4. Would you say that you have wanted to rush through getting unstuck or that you have had curiosity and patience for your thawing process? Is there a difference between now and the past in your patience level?*

Play

Safe/Social + Flight/Fight = Play

Play is a combination of the safe and social circuitry being used along with sympathetic arousal of flight/fight. When we play, we're active, but we're safe. We use our faces and voice to signal safety to the other participant(s) in the play.

My children and I love to run around chasing each other. We play fight, we wrestle, we throw things, we scream and yell. All of these things are potentially danger cues in and of themselves, but when you see our faces, you'll see smiles, eye crinkles, upright eyebrows and eye contact. Our ears are attuned to the human voice still, so discussing the rules of the game or creating new ones on the fly aren't an issue. Our voices have a lot of range along with laughter.

Play can also be where two nervous systems are sharing attention. Doing a puzzle together is a safe and social activity, but doesn't require a whole lot of eye contact. It's two people working on a project together. The back-and-forth turn-taking rhythm of these activities is essential in play. Play is shared and turn-taking is integral to that.

Working on a project with a co-worker can be a form of play. My co-worker and podcast guest Mercedes Corona and I have a great time working on the podcast or developing curriculum for work together. It's a lot of work, but the two of us genuinely enjoy the shared experience

and consistently provide cues of safety to each other. We exchange ideas back and forth, challenge each other and encourage each other. For all intents and purposes - we're playing.

Play also extends into sports - a mobilized, shared activity that involves cues of safety. Of course, the other team is not looking to provide cues of safety. But there's a significant difference between an opposing player using intimidation and one that actually wants to hurt you. In fact, intimidation, trash talking and being overly aggressive can be seen as well within the rules/norms of many sports. Acting within the confines of those norms doesn't trigger a distinct neuroception of danger. But acting outside of those norms can.

Players on the defensive side of the football are supposed to tackle the quarterback on the opposing side, the offense. If they tackle the quarterback before he throws the ball, this is called a "sack" and has no penalty. Conversely, if the same player tackles the same quarterback after he has thrown the ball (after a couple of steps), this is not a sack and is actually a penalty for the defensive team ("roughing the quarterback"). It can be the same tackle, in the same spot, with the same players, but one type of tackle is okay and the other is not. The sack is considered fair play and part of the norms of the shared activity. Everyone agrees to it. But the penalty isn't. In fact, it can often be seen as a direct insult, threat or attack on the quarterback and his team. The offense will often come to the quarterback's aid and use physical and verbal intimidation on the offending defensive player. It's neurocepted as a cue of danger since it's outside of the norms of play. Especially if the offending player is trash-talking or indifferent to the well-being of the quarterback.

As we can see from the football example, play is reciprocal and synchronous. "Reciprocal" means it's back and forth. It's shared. There's an agreement between the playing parties. "Synchronous" just means at the same time and in the same bodily state, which would be safe/social and flight/fight. If one party drops too far into flight/fight, it's no longer play. It becomes something else.

The importance of play

Play is important because it exercises the ability to shift up and down the ladder. While playing, we are using mobility with safety. We're going down the ladder while staying firmly in our social engagement system. Or we're using the shutdown system, like with hide and seek, while still being planted in our safety system.

Since we are anchored in safety, we can actually travel up and down the ladder, building our resiliency to being able to handle doing so. We're also going to be strengthening our social engagement system at the same time, developing a stronger anchor in safety.

This is essential in children. Play is not just play to them. It's how they build the strength of their social engagement system. This is true for any of us, but the importance in childhood shouldn't be undercut. Setting children up with a healthy play history is a strong foundation for their future functioning.

Play in video games

Play can look many different ways: dance, sports, competition, puzzles, role-playing, theater... and I'd argue even video games. There's a huge competitive component

to video games, while also having a huge social component. If you can work with a teammate in a video game, you're going to be using strategizing and problem solving. You need to be anchored in safety to use these cognitive skills. But you also need the competitive edge that comes from being in a fight state. You will also be sharing vocal and intermittent facial cues with your teammates, like between rounds of the game.

Are video games the same as dance or baseball? I don't think so, but I think there's value to gaming. Especially if that's the best option you have at your disposal. If you're a parent that can't mobilize on a sunny day due to a chronic illness, then maybe you can play video games instead. Or a puzzle, or coloring in a coloring book, sure. But video games are... fair game, in my opinion. (Sorry for that.)

In my home, Mario Kart is a common way for my family of four to connect through play. We're able to soothe each others' high arousal states through social interaction, eye contact and vocal prosody.

Online gaming is different. The players don't see each others' faces. There is some vocal exchange, but not much and not necessarily. Many players don't use their mics and prefer to play in silence. While others do use their mics... unfortunately. It's commonplace for vocal danger cues to come from players, including yelling, groans and insults.

Mobilization without safety

Individuals who are stuck in a defensive state may not be able to handle the mobilization of play while also accessing their safety system. What ends up happening is that they mobilize, but aren't able to temper their flight/fight

behavior. Play quickly turns into something else. Ever heard of kids that “don’t play well with others”? This is them.

Their defensive systems are being activated simply due to the nature of play. But they don’t have the ability to co-regulate. Either because co-regulation was never a part of their nervous system development, or because they lost access to it from a traumatizing incident.

The kids and adults that push the limit of acceptable play will end up hurting someone. They won’t have guilt over it either. They will blame the person or shame them. In order to empathize and feel sorry for hurting another, you need to have access to the safety state. This individual has less access to the safety state, therefore does not feel empathy or sorrow.

I’m at my son’s first soccer game (which he ended up hating), a field with 12 toddlers on it. There’s a mix of nervous system states present. Many have dropped down the ladder and want their parents, refuse to go on the field or need something like a snack or water or they’re getting worn out. There’s parents on the field and coaches and a couple refs and everyone is telling the kids what to do. It’s a fairly dysregulated state of affairs.

One boy in particular is highly mobilized - on the field when he’s not supposed to be, not following directives from the coach or ref and touching the ball with his hands. He’s just moving around without conscious awareness. His safe and social system is not developed enough to inhibit the impulses to move. He crashes into other kids and falls down repeatedly as well.

There is one thing that I witnessed next that might shed some light on this particular soccer player’s dysregulation. At one point, the child had “fallen” down and stayed on the ground despite the game going on around him and the

adults telling him to get up. He's not in a tantrum or a meltdown, just laying there. His Dad walks onto the field (for the third time) to correct his behavior. The little soccer player gets up with his arms up, waiting to be held by the Dad... but the dad spins the kid around and gives him a little push back out onto the field. The Dad showed no emotion, no expression, didn't say anything, provided no support, no encouragement and no obvious signals of safety or love to his son. I didn't see the Dad do anything to help the kid regulate at all.

I have no idea what home life is like. Maybe Dad is typically more supportive of his child. But this little window provides a glimpse into the possible lack of support the little soccer player is getting from his Dad. The lack of emotional development. The lack of safety pathways being nurtured. It made sense to me at that moment why the child was so dysregulated, especially in an environment surrounded by other dysregulated nervous systems, noise, heat and eyes watching.

I recall another time during another soccer game (maybe the same one? I don't know) where a little girl stood frozen in the middle of the field. She didn't want to go out and resisted her Mother with a quiet protest. Her body was tense as the Mother carried her out and placed her in the middle of the field. When the initial ball was kicked and the kids started scrambling, this particular little girl just stayed in her spot, frozen in place. Her muscles were tense, her eyes were wide and avoided all potential eye contact. She was apparently deaf (not literally) to the sounds around her in that state. Her Mother and the coach attempted to use their vocal prosody to coax her into participating, but these attempts went nowhere.

This little girl was in a state of mobilization - evidenced by the muscle tension and shallow breathing. But she was also in a state of immobilization - evidenced by being immobile. She was in a freeze state. She was prepared to both run and shutdown at the same time. Not out of excitement, but out of fear. Maybe of the crowd or of failure or of immense pressure from parents. When she was given relief and escorted off the field by her Mom, she softened immediately as her Mom held her in her lap. This child did not have the safe/social pathways active in that moment; the context of the scenario overwhelmed that possibility.

Why is mobilization unsafe?

Well, anything is unsafe without access to the safety state or without the ability to accept co-regulation. The state of flight/fight is used when things aren't safe. That's what it's there for. Mobilization evolved within us in order to survive. The social engagement system is relatively new. So the mobilization system was there before the social engagement system. Thanks to the social engagement system, mammals are able to control their mobilization behaviors. If we didn't have a safe/social system, we'd all be either immobilized or mobilized. Play wouldn't exist. There would be no mixed state. If we're accessing the flight/fight mobilization system to play, without safety activated along with it, we're simply left with mobilized defensive behaviors - flight/fight by itself.

But it needs the safe/social system to be active to be play. If safety isn't involved, it's simply not play. It's an increased heart rate without the social engagement system necessary to regulate the flight/fight impulses.

If we don't have the safety system activated, the environment and others become a threat. Our perceptual filter of safety is gone. A person in a stuck defensive state has lost their ability to recognize safe facial cues that are necessary during play. They're also not providing those same facial cues. This person is not using vocal prosody to suggest they're having fun. They've lost the ability to use their full range of voice, signaling safety to the other parties.

Journal:

1. *Name one instance from this past week when you felt your play mixed state active.*
2. *How do you know it was play?*

Stillness

Safe/Social + Shutdown = Stillness

In particular, we're talking about stillness *without* fear. Stillness *with* fear is going to be the freeze mixed state, basically. You're shutdown, but sympathetically charged. Stillness without fear is different. It's calm, relaxed and reflective. It allows someone to sit in silence, to use the restroom, to be physically close with another, intimate with a partner or to lay down and fall asleep.

Immobilization without safety

Individuals that are stuck down their Polyvagal ladders in flight/fight may experience a neuroception of danger when immobile. For them, immobility is simply unsafe - they've exposed themselves to potential danger. If you're already in a state of danger, then you need to be mobile. If you were in the wild, your body would be primed 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.

Children in a sympathetic state will find sitting in a classroom environment challenging. First, just being immobile is a tall order. That child is ready to run or fight, not sit. But the environment itself is also going to have

numerous cues of danger which will keep that child down their ladder: people, sounds, pressure, falling behind in class, feeling dumb, teacher comments/sarcasm and more. All of these will serve to just keep that student down their ladder.

Traumatized individuals oftentimes have difficulty with things like meditation or yoga for the same reasons. They're immobilized and open to danger. Their eyes may also be closed while meditating - another potential danger. Or certain poses may cause a neuroception of danger in yoga, based on that person's history.

Compounding the issue are what the person finds when looking inward. Both of these activities involve and require a lot of self-reflection and awareness. When immobilized and focused inward, there's really no filter between awareness and what one may be attempting to avoid that is still alive within them. Those memories, thoughts and feelings will be felt in these moments of unsafe immobility.

Another experience of potentially unsafe immobility is sleep. Or more likely, being awake before falling asleep. Laying down to go to sleep, in the dark, with your eyes closed, in the silence of night is filled with danger cues. And maybe even worse if the person next to you is a danger cue as well.

Laying down and immobilizing to go to sleep brings a lot of stress, anxiety and worry. Your sympathetic state is active and distracting yourself is now removed as an option to cope. You're just... laying there. Immobilized. While possibly charged to run or fight. Thoughts shift along with your state and your feelings. Anxious thoughts like what needs to be accomplished the next day, something you didn't do that day, memories of the past and panic about not falling asleep might cloud your head.

Why is immobilization unsafe?

Just like with mobilization, anything is unsafe without the social engagement system active. If you're immobile, that means being open to a predator. That's the message your body will send to your brain. Your brain needs the social engagement system active to be able to handle the immobilization and repurpose it for stillness.

Unfortunately, we need to be still throughout the day to get through a class, get through work, go to sleep and use the restroom. These and other instances aren't exactly something we can escape either. We're stuck. Our bodies are charged if we exist down the ladder in flight/fight, but then we're immobilized throughout the day with no option of fighting or running. So our bodies do not get the relief of energy discharge. It just stays within us.

Coping with immobilization

So we adapt. We do things to deal with the immobilization necessary in stillness. Not solve the problem, really. Just deal with it.

While you're laying down to go to sleep, do you have a screen on? Something to distract you while you lay there? Something to listen to, like music? Or a white noise machine? Do you drink or get high? These are ways to distract ourselves from what's happening within. An external way of coping with the internal world. To get enough relief from our distress that we can immobilize and maybe even fall asleep.

The phenomenon of ASMR is something I find intriguing. For many, this brings a sense of safety. ASMR encourages relaxation through a safe other and that others' cues of

safety, such as being taken care of or pampered. The audio is very quiet, with the ASMR host whispering while also providing facial safety cues. Their whisper gives the viewer something to focus on, something to orient to. There's also a sense of being taken care of, cared for and cared about. Many people report "tingles" while they listen to the ASMR sounds. This may be small sensations of stuck defensive energy being let out. Peter Levine has discussed tingles as being small versions of shaking and trembling, something that may come along with flight/fight discharge.

In the classroom, children will often create behavior problems to avoid the unsafe feelings of immobilization. Behavior problems bring a sense of danger, which matches their internal state and provides the danger that they are constantly scanning for. They may also be an outlet in and of themselves, a way to use flight/fight energy. Fighting with a peer or running from one, for example.

Problem is, it doesn't actually solve anything. The energy isn't actually released. It's probably reinforced because the student is again in a situation where they are perceiving danger without a way to efficiently discharge the energy. And these behavior problems create further problems, like getting in trouble, being shamed and missing out on valuable social time. Mindfulness needs to be attached to the energy release for it to actually take place. Students like this might be better served with classroom mindfulness strategies combined with fidgets.

Journal:

1. *Name one instance from this past week when you felt your stillness mixed state active.*
2. *How do you know it was stillness?*
3. *Can you identify any ways that you have of coping with being immobile?*

V.
TRAUMA

Trauma is not the event(s) that you went through, like surviving a disaster. Nor is it the events that you *didn't* go through that you should have, like developing a healthy attachment with a parent. *Trauma* is being stuck in an autonomic nervous system state of defense. Trauma is being stuck in flight/fight, shutdown or freeze. Trauma is having the inability to regulate back up to the top of the Polyvagal ladder.

This is significant in light of the paradigm that we have already built around the Polyvagal Theory. This new understanding of trauma can provide an additional layer to that paradigm and new opportunities for narrative building for your own personal story.

2 paths to trauma

There are two distinct paths to being stuck in a traumatized state. These paths can take many different forms in how we get to the traumatized state, but these are the two paths in essence. Meaning, to get to point B, you start at point A. But there are two paths from A to B; you could take path 1 or path 2. You can choose any mode of transportation you like, but you need to stay on path 1 or 2.

Trauma works the same way. There are 2 paths to trauma, just like path 1 and path 2 from point A to point B. Point B is traumatized and point A is not traumatized. There are two different potential paths from being not traumatized to being traumatized. But the way you travel those 2 paths can look different. And the two paths can potentially intersect as well.

Path 1 - Acute Life Threat Reaction

An “acute life threat reaction” is one where the autonomic nervous system goes into a defensive state due to the neuroception of potential death, while also unsuccessfully utilizing impulsive flight/fight energy.

“Trauma occurs when we are intensely frightened and are either physically restrained or perceive that we are trapped” (Levine 48).

In this path to trauma, the person is neurocepting that their life is under threat, not that they are “just” in danger. It’s beyond the risk of bodily harm. This is also sometimes referred to as “shock trauma” and is more associated with “Big T” trauma as well.

This type of response is going to be more closely associated with the freeze mixed state. The individual’s shutdown state and their flight/fight state is activated at the same time. There is more of a likelihood of the individual immobilizing in a tense, rigid way. This could be because they are perceiving that immobilization is necessary while they are in flight/fight. Or it could be that they are in flight/fight and then are forced to immobilize. Some obvious and not so obvious examples:

- ▶ Surviving a sexual assault
- ▶ Surviving a car crash
- ▶ Surviving an explosion

- ▶ Surgeries and other procedures
- ▶ Falls in childhood
- ▶ Being strapped down or anesthetized

Yes, even falls in childhood and routine medical procedures. I was dismissive of this myself when I first heard it. "That's just normal childhood stuff!" But that's not the point, whether it's normal or not. If the body goes into a defensive state and cannot utilize the energy, this could result in a stuck defensive state. You can read more about this in Peter Levine's Trauma Through a Child's Eyes.

Even things like routine surgeries or medical procedures where the individual is immobilized while in a sympathetic state. This includes being held or strapped down and anaesthetized. I've heard from nurses in surgical units that people will often come out of surgery flailing and in a panic. The sympathetic energy was stuck in their system, then chaotically erupts at the first chance.

Thawing the freeze

When I was discussing thawing the freeze energy back in the Mixed States section, this trauma path is when that would be important. The stuck freeze energy cannot typically be utilized all at once for someone who is traumatized. The sensations of releasing this stuck flight/ fight energy is intense. When the freeze energy is activated, it often will result in not just anxiety, but panic. Not just anger, but rage. Not just stress, but overwhelm.

The flight/fight energy is in the system, never having been allowed to complete the impulse to run or fight. It may have been compounded with years of traumatic events, like ongoing childhood sexual abuse.

If it's more of a frozen fight state, the stuck energy could explode when triggered. This looks like uncontrollable, blackout anger. *Rage*. This person becomes highly mobilized, aggressive, lashing out at whatever it is perceiving to be the threat. But there is no control; it is not an ownership of their feelings and a mindful experiencing of their stuck state.

If the frozen energy is more flight, then it will look like an anxiety or panic attack when triggered, immobilizing the individual. They could first become frantic, the anxiety building to a crescendo and then into a panic. The panic is immobilizing, paralyzing them in fear.

Therapy can be a great context for doing one's thawing. The therapist should be able to provide safety, both environmentally and interpersonally. Then can gradually assist the client through their stuck defensive states.

However, if the client is not ready, then talking about and feeling their defensive state can be retraumatizing. Thinking about, sharing and feeling the events bring up the potential to shatter the freeze, again resulting in panic, rage or overwhelm. The strength of the vagal brake *must* be developed before delving into trauma work.

I focus first and foremost on safety and maintaining safety when working as a therapist with my clients. We can absolutely discuss the painful memories, but the client needs to be anchored in safety for that discussion to be effective. From there, they can mindfully discuss and feel their stuck traumatic state.

Freeze & PTSD

I would argue that this first path of trauma is closely associated with Post Traumatic Stress Disorder (PTSD). Just

like with PTSD, the individual is stuck in a certain moment of time. That stuck defensive reaction can be triggered by aspects of the event. The person who was molested as a child jumps when someone unexpectedly touches them. The person that survives a car crash is triggered into intense anxiety when getting into a car.

The event was never processed on a somatic level. These people had an impulse to run or fight, but were not able to complete the impulse. The energy stays dormant, triggered by aspects of the event, even otherwise benign ones.

The body and brain take stock of sensory stimuli during these life-threatening or dangerous events. During an attack, the individual may focus on one thing, like a texture or an object. This probably has some survival benefit to it. Aspects of what is life-threatening get "tattooed" into our consciousness. "At the moment a trauma takes place, all of a person's senses automatically focus on the most salient aspect of the threat... they become the intrusive image or imprint" (Levine 142). And the next time we are near that stimulus, the same defensive reaction is triggered, preparing us for another possible survival scenario.

With PTSD, there is a reliving of the event. Daydreams, nightmares and flashbacks are ways that the event lives on, because the impulse to survive was not completed. The flight/fight energy is frozen in the system, the body existing with an obvious or not-so-obvious underlying freeze state. Story follows state, so the mind creates an explanation for what is happening in the moment of being triggered. The brain conjures images of what it associates with the freeze, like the events that lead to the freeze.

When the traumatic state is successfully relieved and the individual can access their safety state, then the memories don't hold the same level of charge. They become

renegotiated into the body and working memory of the person and come to represent something else. Instead of a moment they are frozen in paralysis in, the events are a piece of their journey. Instead of fear, the person might feel respect for their past self and see a survivor, not a victim.

Path 2 - a Chronic Disruption of Connectedness

A "chronic disruption of connectedness" is when someone's impulse to connect and form a healthy attachment is repeatedly severed. The individual is not allowed to access their safety pathways and maintain access to them. Commonly, someone - like a caregiver or a significant other - abuses or neglects the individual, which cuts off their safety access. This path of trauma is going to be closely connected to flight/fight, shutdown and even freeze.

Let's say that a child survives an attack by a pack of wild dogs. This could easily leave them in a stuck freeze state. But this individual could go on to live a relatively functional life as they age. Maybe their traumatic state is triggered by certain aspects of that event, like when they see a dog or hear a bark. They could develop otherwise normally, outside the context of these triggers. They can find love, have self-worth and live productive, fulfilling lives. But when it comes to the triggers for that event, they could quickly go right back to the moment of the attack they survived, with flashbacks and intense autonomic shifts. This would be an example of the first path of trauma from the preceding chapter.

This is different from the child who goes through repeated events of abuse or neglect, especially from

caregivers that are supposed to provide safety. This child is not given the chance to develop their capacity to feel safety. And if they do, it's interrupted again and again.

This child who goes through repeated abuse will no doubt go into a freeze state through these episodes. But they will also be going into a deeper and deeper shutdown state. As they quickly learn that they cannot utilize their flight/fight energy to any level of productivity, their only option will be to enter a shutdown. This child will become disconnected from themselves, from others, numb and hopeless.

Their very identities may become enmeshed with their abusers, giving up on any semblance of what may bring them genuine feelings of wholeness, happiness or fulfillment. This isn't a conscious giving up, but a biological one. The conscious thoughts will follow, but first, the shutdown biology becomes active and the dominant state in that person's life.

Growing up, living a functional life will be much more of a challenge for this individual. They won't be able to identify safety in others. They might identify manipulative individuals as being "normal" and gravitate toward those types of relationships. They will lack the motivation and discipline to get ahead in life. They won't find purpose or fulfillment from much of anything. Life is very empty and pointless. This might seem extreme, but it's not. This is a realistic scenario for a child who is not allowed to build their capacity to feel safety, build healthy attachments, receive co-regulation and build self-regulation. Safety is a complete foreigner to their bodies. So much that they don't recognize it in others, nor within themselves when it is there.

Children have a great capacity for "forgiveness". Or what looks like forgiveness. Not because they are highly self-

actualized, enlightened and moral creatures. It's more out of necessity. They have a biological drive to connect to their parents. If they don't have parents who are taking care of them, they don't survive. It's just that simple. So they will put up with a lot and *still* make attempts to connect. Or at least hope for connection. For safety. Not because they are actually forgiving or actually forgetting, but it's simply a biological imperative to continue to put trust and hope into the people that are their caregivers.

This implicit need and trust in adults is easily misused, abused and manipulated. Parents and caregivers need to be able to be self-regulated enough to nurture this drive within children. If not and especially if they are downright hurtful, then the child's innate impulse to connect will not be developed in the proper direction. They won't develop the ventral vagal pathways, which are necessary to identify and build healthy relationships in the future. They won't meet expected development milestones in a healthy way. They will lack the foundation necessary for safety, resulting in a stuck defensive state.

C-PTSD & Path 2

C-PTSD stands for Complex Post-Traumatic Stress Disorder, currently not an officially recognized diagnosis in the 5th edition of the Diagnostic and Statistical Manual, the "Bible" for people working in mental health. It is closely associated with PTSD, but has a few distinct features and is more connected to the second path of trauma, compared to PTSD and the first path.

Judith Herman originally proposed C-PTSD and said a core feature is prolonged, repeated trauma. She said "...prolonged, repeated trauma can occur only when the

victim is in a state of captivity, unable to flee, and under control of the perpetrators” (p. 337). This can apply to many different scenarios *:

- ▶ concentration camps
- ▶ prisoner of war camps
- ▶ prostitution brothels
- ▶ long-term domestic violence
- ▶ long-term child physical abuse
- ▶ long-term child sexual abuse
- ▶ organized child exploitation rings

All of these involve the victim being under the control of another. They cannot run and cannot fight the captor. The only other option is to shut down if the flight/fight impulse is unable to be used. The long-term control is more likely to result in shutdown, I would argue. But there is another level to C-PTSD, because the survivor is potentially also undergoing repeated violent acts, such as sexual assault or physical abuse. One of these acts is enough to leave someone in a stuck freeze state. Repeated acts solidify the freeze state along with the total control of the captor.

For children in particular, they are *supposed to be* developing into their own unique individual selves. But they need a secure attachment in order to do so. Parents that have a home where the children are more like captives than members of a family will not produce healthy attachments. Without healthy attachment, the child will not develop from a solid foundation of love.

Instead, they may become what their captors want them to be, relinquishing their sense of self in a deep shutdown. From this unhealthy attachment platform and lack of self-

regulation, the child will grow up more likely to have emotional regulation problems and interpersonal problems.

There is a chronic feeling of unsafety. The individual from the first path can have a well-rounded life outside the context of any reminders of the traumatic events. The individual from the second path, however, is constantly in a defensive state, never having their safety pathways developed. "The nervous system gets shaped in relationship with other nervous systems... With trauma survivors, it's been shaped in a certain trajectory, probably more away from connection and towards protection" ([Dana](#)).

This person did not have a readily accessible attachment from which to build other healthy relationships from. This person will repeatedly find the wrong people to connect to. People that don't support their well-being and are probably in their own stuck defensive state.

This person has a deeply negative concept of themselves. They may have never really gotten to know who they are and maybe had to become what someone else wanted in order to survive. They had to ignore their own natural, bodily impulses to run or flee.

As children, we believe what adults tell us about who we are and what our potential is. This person may not have received positive messages and expectations from their caretakers. Instead, they may have received rage, panic, unhealthy boundaries, violence, control, jealousy and more. Their home did not have the emotional space for them.

So naturally, they did not develop an internal reference point for safety, something to anchor them in the present moment. Safety became about the outside world. Appeasing the people that needed it. Or aggressing upon those that could be aggressed upon in an attempt to release frozen rage.

As with the first path, the priority in treatment is safety. And with this client, we really work from the ground up. We slowly build a relationship and notice small moments of connection and safety as they appear. We be with them nonjudgmentally in their emotional dysregulation, maintaining our own access to safety and offering it to them passively. We help them to create healthy boundaries, recognizing their true feelings and thoughts as distinct from others'.

It's a long process. And a slow one. With a lot of frustration. But change is possible.

Journal:

- 1. Can you identify events or context in your life that were more likely to result in path 1? How about path 2?*
- 2. Is it possible that your stuck state is simply a result of your life's context? And not a reflection of who you are or your worth?*

Building Safety Anchors helps to reduce defensive feelings

Getting stuck in these defensive states is difficult to get out of, climbing your way back to the top of your Polyvagal ladder. It helps to have some assistance, something like a course that can guide you to safety. That's why I made Building Safety Anchors - it focuses on what brings you to safety, not on what alleviates the defensiveness.

Once you identify and attain the safety feelings, then the defensive feelings naturally reduce.

If you're feeling safety, then that means your autonomic nervous system is ready for social engagement or calm, not for evasion, aggression or hiding.

Safety doesn't come in just one form. There's many and BSA teaches you about six of them, then guides you through them, helping you figure out what works for you.

Safety doesn't look the same for everyone!

Even though there are many many resources out there to help you "cope" or reduce your defensive feelings, BSA is specifically tailored to you and your wonderful autonomic nervous system. It's not about teaching you the specific technique. It's about helping you identify many ways to bring feelings of safety into your system.

[Find out more on JustinLMFT.com/BSA.](https://JustinLMFT.com/BSA)

The Vagal Brake & Distress Tolerance

What the vagal brake is

Remember - the social engagement system is at the top of the Polyvagal ladder. It's the newest autonomic pathway, exclusive to mammals. As mammals developed the social engagement pathways, the sympathetic flight/fight and dorsal shutdown pathways became repurposed with the safety ventral pathways active at the same time. Without the ventral pathways active, the sympathetic flight/fight and dorsal shutdown systems still function, but for survival purposes. With the ventral pathways active at the same time, these survival pathways are now repurposed for prosocial behavior. But the ventral safety pathways need to be activated.

The vagal brake is the influence of the ventral safety pathways - the social engagement system - on the heart. If the ventral pathways are active, it will keep the heartbeat at a calmer pace. Without the ventral pathways active, heart rate increases about 20 beats per minute. If the safety state is inactive, then the vagal brake is off. If the safety state is active, then the vagal brake is on. The safety state is what keeps the defensive states in check.

How to Strengthen Your Vagal Brake

You'd strengthen your vagal brake like you would anything else - by exercising it. Meaning, utilizing your ventral vagal safety and social engagement system. If you have a goal to lift heavier weights, then you have to start by actually lifting weights. You won't be able to lift 200lbs before you lift 100. And you won't lift 100 before you lift 50. But you'll be able to reach your goal of 200lbs by starting with what you can and then building from there. You meet your goal of utilizing your safety pathways by starting with what you can. It may not be much, but it's better than nothing.

"Cool, Justin, but how?" Okay, okay.

Return to the Present Moment

If you're consciously existing in the present moment, that's probably a really good indicator that you're utilizing your ventral vagal pathways. And if that's true, then that means you're now exercising that system and building the strength of your vagal brake. It gets more complicated, but that's the basic idea.

Let's get a little more complicated...

Pendulation

"Pendulation" refers to the action of pendulating - going back and forth - from the stuck defensive state to the state of safety. In Polyvagal terms, it is going up and down the Polyvagal ladder. Pendulating requires an anchor - something that grounds the individual in the present moment. The act of pendulation can strengthen the vagal

brake. It's like the Polyvagal way of lifting weights. It builds the autonomic nervous system's capacity for tolerating distress by building the strength of the safety pathways. "With each cycle - contraction, expansion, contraction, expansion - the person begins to experience an inner sensation of flow and a growing sense of allowance for relaxation" (Levine, Trauma and Memory).

The process of titration comes along with the process of pendulation. Titration is the act of feeling into the stuck defensive energy a little bit at a time. The key here is to do so a little at a time, not all at once. And to do so mindfully. Titration allows small bits of a defensive state to discharge, which allows for more capacity for feelings of safety. Titration can be a part of pendulation. As you feel into the defensive state, titration will naturally happen if you are doing so mindfully.

The Vagal Brake & Daily Life

When your vagal brake is sufficiently strengthened, a big benefit is being able to use the processes of pendulation and titration. But daily life also just becomes more manageable and less threatening.

Your daily life now has a calmer heartbeat and less potential to be triggered by benign or even negative things. People and events that are truly dangerous will still be treated as dangerous. From the safety state, you're actually better at recognizing safety and danger on a very biological level. With a stronger vagal brake, that means more access to the safety state.

The work, school and relationship stresses of daily life are not as triggering. The parent that would otherwise yell at their child has more patience. The jerk at work is no longer

as upsetting. Listening to friends and partners is more likely to come from empathy and understanding. These little to big daily assaults on our autonomic nervous system are not felt as assaults. They are manageable pieces of everyday life.

Regulation

“Regulation” - loosely - is an individual’s ability to get to a calm enough emotional baseline. There’s way more to this on many levels, but this is the basic idea for now. Even if the person is not entirely happy or entirely social; if they can exert self-control over their behaviors, we could say they are well enough *regulated*. They have enough capacity to notice what is happening within them on an emotional level and can then use their conscious thoughts to self-soothe in some way.

If someone has lost access to their conscious awareness and their capacity to direct their behavior within the contextual rules and social norms, we could say they are in a state of *dysregulation*. Their emotions and thoughts are out of control and have overwhelmed their conscious mind. This individual has exceeded their limits of being able to tolerate and cope with whatever is happening within them.

Self-regulation

But it’s not just about what someone does in the moment of need, it’s also about creating the capacity to tolerate greater amounts of distress. Regulation is something that can be built up. Regulation is really the result of enough tolerance having been cultivated within an individual - the building of their vagal brake. This level of distress tolerance

can be nurtured within someone from birth and throughout life. We learn to tolerate distress from the modeling that we see as children. We also learn distress tolerance from having our needs be taken seriously and receiving support from others. Neither of these things makes our distress go away, but it makes it bearable. It makes it tolerable.

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. By definition, trauma is not only being stuck, but also lacking the capacity for effective self-regulation.

There are numerous ways to regulate yourself. I don't think there is one right answer for any specific person or specific situation. Some things might be universally helpful, like slowing your breathing on the exhale from your belly. But even then, there might be times where you're too dysregulated to breathe into your belly and this won't be helpful. You might need something else. You might need the assistance of another person.

Co-regulation

Co-regulation is something that happens between two mammalian organisms. Only 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. Through co-regulation, a mammal can access their safety state. This is done through an unconscious biological process.

Co-regulation is not self-driven, nor is it imposed by the other either. It involves yourself and it involves someone else, but it is something received through unconscious cues

of safety. This is mostly a passive process, like receiving cues of safety from the environment. A more active process would be adjusting your breathing, dancing or singing. This passive process of co-regulation is 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 input from the safe other.

This process is biologically hardwired to help us regulate as mammals. A baby receives co-regulation from a parent that has a soothing voice, 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.

Why co-regulation matters

Humans are social. We need each other. On a very biological level, we need each other. We don't develop self-regulation unless we have good enough co-regulation and attachment growing up, then continued opportunities for co-regulation as we age. We don't do well as individuals in isolation.

Yes, we are individuals. Yes, we can self-regulate and develop the capacity to do so more and more. But before that, we're social. We build on the foundations of our social connections. Those of us that are struggling with self-regulation need others that are already self-regulated to provide safety cues. Those that are struggling with self-

regulation will benefit from more and more people who are self-regulated and able to provide their eye crinkles and genuine smiles.

It's important to surround ourselves with people who are able to provide co-regulation. We need safe people, safe friends, safe relationships, safe co-workers. This is not always possible or easy. Maybe you have safe people at home but not at work. Or safe people at school but not at home, as is often the case with my student clients.

Even if you don't have everyone in your life in their self-regulated safety state, having *someone* is much better than no one. That might be a professional someone. Many of my student clients are able to identify that one staff person is their co-regulator. It's not a solution to life's problems. But it's something. And it might be enough to get them through their day and maybe even provide a template for safety in relationships. Therapy can often be that template.

We may even be able to get aspects of co-regulation from artificial sources. Not ideal, but something. People often write to me and say my voice is a cue of safety on the Stuck Not Broken podcast. There may be a certain singer's voice that helps bring you to safety. Or a certain voice on a meditation track.

If we don't have others to co-regulate with and we can't self-regulate, this is a good indicator that we will engage in a *behavioral adaptation*...

Adaptations to a Stuck State

As we have already laid out, trauma is being in a stuck defensive state. This is an inability to regulate back up the Polyvagal ladder and into the ventral safety pathways. That is, the inability to self-regulate. An *adaptation* is a means to cope with stuck defensive energy and the discomfort that it brings.

When we are in these defensive states (and the safe/social state), 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, what we humans do is ignore the defensive energy. And I don't blame us - it kinda sucks! That energy is experienced as sorrow, despair, panic, rage, anger, anxiety and more. These are all perfectly natural and simply a part of the process. But feeling them can be very challenging first. Eventually, we can build our capacity to feel them and actually welcome them. But at first, we typically lean toward avoiding feeling these things.

Adaptations can be understood as maladaptive coping mechanisms. Or someone's best attempts at coping. Coping doesn't mean the individual is actually making change; they're mostly just getting through the moment or have adopted a prolonged coping mechanism. Porges

specifies *behavioral adaptations* as a means to cope; and I will be adding *cognitive adaptations* into the discussion as well.

Behavioral adaptations

A *behavioral adaptation* is a behavior that we engage in as an adaptation to stuck defensive energy. It's something we do to avoid feeling the discomfort of shifting up the Polyvagal ladder or of existing in a defensive state. Even though we want it - to climb the ladder - doing so is vulnerable and leaves us feeling exposed. Feelings and memories will come up that cause a neuroception of danger and send us right back down the ladder. Being able to tolerate the experience of these states and of ladder climbing is essential to the process of getting unstuck. We have to stay firmly anchored in our ventral vagal safe/social state.

But again, 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 us a pseudo ladder climb. Through using a substance, we can cope with the defensive energy. It doesn't help, but it provides a pseudo-relief. (No, I am not recommending that you use a substance.)

Other 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

Imagine someone is a workaholic. They work all night and neglect their spouse and family. They have a history of childhood abuse and are stuck in a fight sympathetic state. If they were to mindfully feel their aggression, it would be too much for them. They are not ready for it. Their vagal brake is not developed.

To cope with this, they focus their fight energy into their work. They don't actually feel their aggression, they just continue to channel it into their work. They are able to complete a lot and be successful, but their state never changes and so neither does their life satisfaction.

Interactions with their family arouse feelings of pressure and frustration, which they again channel into their work instead of feeling. They have successfully avoided the defensive state and the pains of actually mindfully being with it. But this strategy keeps them stuck in their state.

These behaviors obviously involve some level of cognitions. The gambling addict has intrusive thoughts about the need to gamble and a big payoff. Our workaholic has thoughts of needing more money, more security and the family's well-being. These thoughts compliment the behavior.

Let's more specifically call these *stories*, to use Deb Dana's phrasing. The stories follow the state and reinforce the behavioral adaptation. The workaholic spends so much time working because they "have to provide more for the family!" The story of providing for the family is driven by feelings of aggression and pressure, coming from a stuck

fight state. The story reinforces the behavior that reinforces the state.

Cognitive adaptations

Cognitive adaptations are top-down skills that are implemented in order to cope with the pains of a stuck defensive state. Same as a behavioral adaptation. But rather than being body-based, it's brain-based. Porges does not specifically differentiate cognitive or behavioral adaptations, so this is my own insertion into the theory that I think adds something.

I'm not specifically discussing the thought stories, like needing to provide more for the family. I am more interested in the skills that support the thought stories. Using the phrase *thought skills* might add more clarity, in comparison to *thought stories*. The thought skill drives the story that compliments the behavior.

There are numerous ways that we humans cope through our cognitions:

- ▶ rationalizing
- ▶ minimizing
- ▶ maximizing/catastrophizing
- ▶ denial
- ▶ projection
- ▶ intellectualization
- ▶ ignoring

I don't think that the thought skill used necessarily follows the Polyvagal state like a story does. The flavor of the thought skill definitely will though. For example, let's look at the thought skill of minimization. This refers to the

skill of reducing the intensity or the importance of something, done through a thought.

Minimizing through shutdown - *"It's not a big deal. Doesn't really matter anyway. Nothing will change."*

Minimizing through fight - *"It's not a big deal, get over it already! Why do you have to make it such a big thing?!"*

Minimizing through flight - *"It's not a big deal. I'll do better next time, I promise! It's okay it's okay, please don't be mad."*

Minimizing through safety - *"It's really not a big deal. Anyone could have discovered time travel, but thank you. I'm glad I got to do my part."*

Each of these involves minimizing, but they sound a lot different. You may have used your imagination and created a scenario around these examples. You could probably see the face of the person in the fight example and how different it would be from the person in the safety example. Yet, they are both using the skill of minimizing. And they both intend to reduce the importance of something.

The flavor is different and that comes from the Polyvagal state. Minimizing from fight results in someone attempting to make someone else's thoughts less significant. If successful, the individual in fight feels dominant, which is very much a fight-fueled feeling. Minimizing from safety resulted in a story of doing one's part and being a part of a larger group.

This leaves us with the potential to use our thought skills for the purpose of coping with a stuck defensive state. The

person in fight copes by minimizing others' feelings. This leaves them feeling dominant, misusing their fight energy, but also remaining stuck. The person in flight misuses their thought skills to avoid a danger but reinforces their stuck sympathetic flight state. The person in shutdown misuses their thought skills to appear invisible or insignificant; again, reinforcing their stuck state.

This is similar to a behavioral adaptation. The potential behavior can look similar depending on one's state, but have a different flavor to it. If you wrestle with someone in a safety state, it'll be playful. If you wrestle with someone in a fight state, it will be to dominate.

I think this is worth differentiating. A thought skill as supportive of, but distinct from a thought story. And how a thought skill is colored by the Polyvagal state.

Journal:

- 1. Do you have behavior adaptation you engage in when you're dysregulated?*
- 2. What emotion is driving the adaptation?*
- 3. What state is driving the emotion?*
- 4. Do you have a thought story about yourself? In other words, how do you feel about yourself? What is your worth in the world? What is your worth to others?*
- 5. Is it possible that thought story is wrong?*

Paradigm to Self-Narrative

This is what this paradigm-building has been leading up to. You understand the Polyvagal Theory on a cognitive level. The biology, trauma, the importance of connection. Knowing is not good enough though. A nostalgic phrase from my childhood speaks volumes here - *Knowing is half the battle* (G.I. Joe). It's not enough to simply know, you also need to apply that knowledge. When you apply the Polyvagal paradigm to your own life, it builds a narrative.

A narrative is the story that you have around yourself. Who you are, how you are, why you are. Your worth in life - to yourself and others. Your potential in life. Your responsibility in making change in your own life. The role of your parents then and now. Why events in your life unfolded or did not unfold. How lovable you are or are not. The answers to these things are all narratives, for better or worse.

I can't answer these for you, but I invite you to journal around these when you can. I do have one more piece I would like to offer you, hopefully a new narrative that you can take on...

Stuck Not Broken

You're stuck. You're not broken. I know it can feel that way, but really, you gotta believe me on this - you're just not broken. You're stuck. This is the central idea of the Stuck Not Broken podcast.

And the great news is that being stuck means you can get *unstuck*. It means that your momentum is still moving forward, but there's something blocking that from happening. The momentum, the potential to get unstuck is there within you. The momentum might be to release the freeze energy that you've got stuck inside of you. Or the momentum could be allowing the sympathetic energy to return, getting unstuck from your shutdown state.

The body is ready to make this happen. Your body knows exactly what to do. It's just stuck. And what's keeping it stuck? You are. Okay, it's not that simple, because maybe you're in an environmentally unsafe place. But for the most part, you're stopping this unstuckness from happening.

From the bottom up, from the body to the brain, the change is ready to take place. That energy is ready to discharge or to come back. But from the top down, from the brain to the body, that's where things get more difficult.

There's probably something(s) you're doing to keep yourself stuck without even realizing it. Here's a short list:

- ▶ judging yourself

- ▶ escaping your internal feelings somehow
- ▶ distracting yourself from the inner stuff somehow
- ▶ blaming yourself
- ▶ blaming others
- ▶ dismissing or minimizing your pain
- ▶ and more

Basically, you're doing some sort of behavioral or cognitive adaptation to your stuck defensive state. When we do these things, it just serves to keep the energy stuck inside or to prevent it from returning. It's like putting a cap on a bottle before tipping it over. Or if the internal momentum is like rolling a bowling ball, then these thoughts/behaviors are like placing a wall in the middle of the alley.

So what happens is the internal stuff that you're ignoring/avoiding/minimizing/squishing festers and worsens. It doesn't just sit there patiently. You know that already though. It tends to grow and get worse. It infects other facets of your life, like your relationships or work.

The pain that you're going through - the anxiety, panic, fear, depression... it's telling you something. And it's your job to listen. Not to ignore the pain. Not to dismiss it. Not to squish it down or fight it off. To listen. Calmly and curiously. Not judging or evaluating it. But to listen in moments where you're actually safe. And look inward at what your body is telling you. Just a little bit at a time.

It's hard work, I know. You might be cut off from your body in a major way. I do a lot of therapy work with clients who have survived abuse and are left in a numbness or fog. When they look inward, they find nothing (at first). Or they've been left with a ton of anger or anxiety. And when

they look inward, they don't like what they find and escape in one form or another (at first).

So looking inward and expecting to deal with all of your stuff all at once isn't always practical or doable. You come face to face with the energy that wants to get unstuck; that's ready to come back to life and do its thing. And it's too intense. And with that intensity, memories pop into your mind that aren't very comfortable. Which makes things worse. At first.

The good news is - you don't have to do any of that. You don't *have to*. You may want to. That's your call. But to get unstuck, you can basically do the opposite. Focus on the positives; focus on what energizes you safely. Things like art, dancing, music, singing, cooking, playing sports - whatever it is. It doesn't matter. As long as it brings you some energy, some joy, some connection or being a bit more in the present moment. If you're really struggling with identifying safety, my course [Building Safety Anchors](#) can be helpful. It helps you to identify what brings you to safety.

You do these things, but do them mindfully. Listen to your body while you draw. Let it speak to you through your artwork. Or listen while you're running, listen to your muscles as they carry you. Do something safe, which will allow you to listen safely. Little by little, you may notice that the pain isn't as intense. And you might be ready to go inward and listen more directly. But at first, it helps to have a positive energy resource.

Or even a safe person. Not necessarily someone to talk to about your pain. But someone you feel safe with. Not protected. Safe. Someone you can smile around. And be a bit vulnerable. This could be a club, a yoga class, being with family or a friend. When we're with safe people, we can become unstuck. But again, bring some mindfulness to the

experience of being with a safe person and hold it while it's there. Build the capacity to be able to handle the stuckness.

And obviously find a safe place. Might be home or a certain place in your home. Might be a church, might be at the gym or even grocery shopping. Somewhere you feel safe, comfortable and more at ease. A place that helps your energy to return without being overwhelming.

You could also do the more direct route of looking inward and allowing the stuck energy to discharge or to return. This can be done through meditation, in therapy with someone who is incorporating somatic skills or through yoga, among many other options.

There is so much hope it's ridiculous. That momentum is inside of you, ready to take off. Once it gets safety and permission to do so.

Your Next Polyvagal Steps

Don't let this be the final step on your Polyvagal journey. There's a lot more to get into, including applying the PVT into different areas of your personal and professional life. I have more free resources for you to learn more from, many of them linked to in this eBook. I also have my two courses, one for the Polyvagal Theory and the other to help you build your safety system.

My courses built on the Polyvagal Theory

- ▶ [Polyvagal 101](https://www.justinlmft.com/pvt101) - <https://www.justinlmft.com/pvt101>
- ▶ [Building Safety Anchors](https://www.justinlmft.com/bsa) - <https://www.justinlmft.com/bsa>

My Polyvagal Freesources:

- ▶ Website - <https://www.justinlmft.com>
- ▶ Blog - <https://www.justinlmft.com/blog>
- ▶ Podcast - <https://www.justinlmft.com/podcast>
- ▶ PDF Downloads - <https://www.justinlmft.com/filesare>

Polyvagal Books

There are also a number of paid Polyvagal books you can purchase. Here are my recommendations and who I think they are for.

- ▶ For therapists - [The Polyvagal Theory in Therapy](#)

- ▶ For those building their self-regulation - Anchored & Polyvagal Exercises for Safety and Connection
- ▶ The Polyvagal Theory applied to various professions - Clinical Applications of the Polyvagal Theory
- ▶ For a deeper level of Polyvagal reading that's still digestible - the Pocket Guide to the Polyvagal Theory
- ▶ For serious Polyvagal nerds that want the primary source in all the academic jargon - The Polyvagal Theory

About the Author

Justin is a Licensed Marriage & Family Therapist working out of Stockton, California. He is currently working with teens in various high schools during the day and with adults in the late evening virtually. Justin is the host of the popular Stuck Not Broken podcast. He has been married since 2008 and is the Father of two kiddos.

