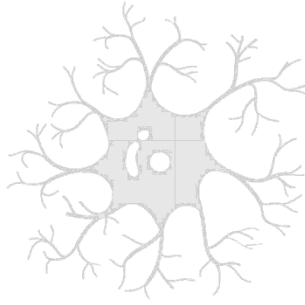


A NORTON PROFESSIONAL BOOK



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# FOREWORD

As a professor whose research career has spanned five decades, I have had ample time to contemplate personal goals. During my career, I have observed the trajectories of my colleagues as they matured and transitioned through the academic ranks. Some welcomed becoming emeritus and continued to be actively involved in their science through research, writings, and presentations. Others seamlessly left the academic world and retired.

Being a professor is a demanding position that includes managing laboratories, teaching undergraduate students, mentoring graduate students and junior colleagues, writing grants and generating resources for research, networking within a discipline, welcoming professional tasks such as reviewing colleagues, manuscripts, and grant proposals, and serving on committees within institutions. Some of us also have served in administrative roles within institutions and professional societies, while others have built liaisons with government agencies and industry.

This complex portfolio of experiences has given me insight into how I developed and accepted the specific benchmarks that define my personal goals. As I observed my colleagues, I realized that many professors were frustrated at the end of their careers. They seemed to feel that they were not successful and had not accomplished anything meaningful. This self-evaluation was often structured by their institutions encouraging them to retire, their sense that they had not received the recognition that they felt that they deserved. They felt that no one remembered them and their contributions. My colleagues had spent decades defining themselves in terms of the structure of academic evaluations, and when they were no longer able to fund their research through federal grants, they felt abused and neglected. Basically, from a Polyvagal perspective, the academic world with its chronic evaluation strategies had triggered the bodies and minds of my colleagues into a chronic state of defense. For many who did not have a

positive transition narrative, the experience of being a professor ended up abusive and isolating. Consistent with Polyvagal Theory, these experiences of vulnerability and chronic defense would retune autonomic state, leading to mental and physical health issues. Thus, we see that the experience of being a professor shares many attributes with abusive families and relationships. However, there is an important distinction: the experience of being a professor provides a powerful skillset that may be applied outside the university. Thus, if the professorial experiences are internalized as preparatory—enabling the scientist to deal with the challenges of the world outside of the university—then the personal narrative changes from one of abuse to one of adaptive resilience. This resilience is associated with autonomic states that may lead not only to better mental and physical health, but also to bold expansive thinking and rewarding social interactions.

Metaphorically, professors age out within the university. In professional circles, their peer group starts to disappear due to retirements and health. This change in social interactions marginalizes professors and their narratives become negative. When I was about 50, I started to think about personal transitions within academics. I realized that a passive stance toward what the institution defined as success would lead only to disappointment and frustration as I aged. I started to operationalize what I, personally, needed to accomplish to feel that my journey was successful. I focused on the realization that for me, the translation of my ideas into practice was my personal goal. However, I was ill-prepared to take my research ideas and move them into clinical practice, education, or public awareness. Thus, as an academic, I had structured my narrative to apply the tools that I had and focused on having an opportunity to archive my ideas and methods. I set my personal goals to publish papers that would present an integrative theory and provide the methodology to study the theory.

At the time I was contemplating the dimensions of academic success, I developed the initial formulation of the Polyvagal Theory. The theory stimulated interest in the clinical world and rapidly gained traction in the study and treatment of trauma. This good fortune supported my personal need to move ideas into practice. During the 25 years since the initial presentation of the theory, I have had the good fortune to have the opportunity to support insightful and talented therapists who have embraced Polyvagal Theory as a manual outlining the body's responses to safe, danger, and life-threat. These bold, passionate, and compassionate

therapists have used this information to help their clients organize and make sense of their reactions to danger and life-threat. As therapists embraced Polyvagal Theory, their therapies became Polyvagal-informed.

Deb Dana is one of these special therapists. Her books take the principles of Polyvagal Theory and provide therapists with a toolkit of therapeutic skills designed to enable the client—and often the therapist—to explore their bodily responses; to become reacquainted with a body that may have become numb. Through her clear and brilliant translation of Polyvagal Theory into practice, the client is guided to honor both the adaptive numbness that follows severe trauma, and vulnerabilities that are experienced when the portals to the nervous system are awakened through cues of safety. Through her exercises, the client is able to experience an unacknowledged intelligence of the nervous system as it initially rejects the validity of cues of safety. This skeptical reaction illustrates the disparity of the personal narrative with the narrative of the body (i.e., nervous system). The personal narrative that brings the client into therapy pleads for trusting relationships, while the narrative of the body emphatically screams that it will not be fooled again and will protect the survivor by not trusting that cues are truly well-intentioned cues of safety.

In this book, *Polyvagal Exercises for Safety and Connection*, Polyvagal Theory becomes a living, felt process that can be shared with clinicians and clients. Deb Dana provides exercises that systematically unwrap the adaptive layers of neural regulation of the autonomic nervous system that shift, and at times distort, our perspective of events and others. Through these exercises we shift autonomic state and start to have an understanding that the personal narrative is not a documentary of events, but a documentary of feelings. This does not minimize the importance of events, but it emphasizes the importance of feelings in distorting, amplifying, or buffering the impact of events.

It is through Deb's creative and compassionate vision and the welcoming, expanding family of Polyvagal-informed therapists that Polyvagal Theory is being translated and embedded into tools that are transforming the practice of trauma-informed therapies. As a witness of this process, I am humbled by the impact that a vision of understanding our evolutionary heritage can, in the hands of Deb Dana and other gifted therapists, have on reducing the burden of personal pain and suffering that survivors of trauma have experienced. I am looking forward to Deb's continued brilliant insights in translating the principles of Polyvagal Theory



into an accessible language and useful toolkit for therapists.

—Stephen W. Porges  
Author of *The Polyvagal Theory*

# ACKNOWLEDGMENTS

There are “before and after” moments in life. These are the moments when the world we are inhabiting changes and we find ourselves in uncharted territory. The publication of my first book, *The Polyvagal Theory in Therapy*, was, for me, one of these life-changing moments. People read about my way of working and wanted to know more. I started traveling and teaching and my small polyvagal family grew into a global polyvagal community. In person and through email, I heard clinical case descriptions and personal stories of suffering. What all of these had in common was the recognition that looking through the lens of the autonomic nervous system changed the way people understood their stories and engaged with the world.

I came to realize that the simple activities of daily living offered ongoing opportunities for autonomic shaping. Everyday practices to nurture the nervous system are the foundation of *Polyvagal Exercises for Safety and Connection*, so it’s only fitting that this book was written not in quiet, uninterrupted stretches of time that is my preferred writing rhythm, but in smaller moments I lay claim to in the flow of my daily life. In the process of writing, I became a student of my own system; discovering patterns I wanted to savor and patterns I was ready to change. I learned from personal experience that shaping the nervous system in new ways requires patience, persistence, and is possible.

Writing *Polyvagal Exercises* was an autonomic adventure I couldn’t have navigated without the support of many people. There is a special place in my heart for the participants in my workshops who were willing to be my test pilots. Together we learned that some exercises were helpful in theory, but didn’t translate to practice, and others worked well with a bit of revision. Tina Zorger has been with me on this adventure since the beginning and was the person I trusted to listen to my frustrations and help me find a way forward. She knew when I needed to slow down and savor

and how to support me in continuing to create. My trusted guide Linda Graham invited me to see beyond the places I was stuck and trust my inner wisdom. Fellow author Gary Whited brought his gift of deep listening to our connection, offering me a safe place to talk about my writing challenges. My friend Marilyn Sanders shared my love of early mornings and many mornings, wherever we each woke up in the world, we would start our day with a cup of coffee and a polyvagal-inspired conversation.

This book would not have been possible without the support of my wonderful editor, Deborah Malmud, and her great team at Norton. She believed in this work, connected me with Trish Watson (who helped me organize the exercises so they would be easy to understand and access) and was always open to exploring new ideas. Deborah understood my moments of dorsal vagal despair and never failed to respond with a message of ventral vagal hope.

My life has been shaped in wonderful and unexpected ways by my friendship with Stephen Porges. Steve was always ready to help me understand the science of connection in a more nuanced way, showed up without question to offer a much needed moment of co-regulation when I lost my way, and continues to shape my world with invitations to join him on new polyvagal-inspired adventures.

My deepest appreciation is for my husband Bob who supported me every day during what often felt like a never-ending book writing adventure. He was there to celebrate with me when I found just the right words and helped me keep going when I was ready to give up. His love continues to fill my heart with joy.

While writing *Polyvagal Exercises*, countless people showed up with an offer of connection just when it was most needed. Friends checked in, colleagues tried out practices, and people shared their stories. To everyone who joined me on this journey, may your days be filled with ventral vagal abundance...

# INTRODUCTION

“What if your neurophysiology could support safety and connection?” This is a question I ask my clients as we begin our treatment journey. Although there are many diagnostic possibilities in the *Diagnostic and Statistical Manual (DSM-5)*, fundamentally clients come to treatment suffering from a compromised ability to regulate their autonomic responses. A polyvagal approach to therapy is based on the knowledge that the autonomic nervous system is shaped by early experience and reshaped with ongoing experience, that habitual response patterns can be interrupted, and that new patterns can be created. Teaching your clients to safely listen to their autonomic stories and shape their systems toward safety and connection is possible.

Learning is a process of both discovery and mastery, and the ways to promote discovery are often different from the ways to encourage mastery (Gopnik, 2005). The therapy hour invites discovery and the time between sessions can be used to encourage mastery. A polyvagal approach begins with helping your clients explore the ways the autonomic nervous system is both creator of, and witness to, their lived experience, and then guiding them to become active operators of this essential system. The therapy session is the time in your clients’ week when they predictably experience co-regulation and connection to your ventral vagal state and can safely explore experiences of mobilization and collapse. The process of autonomic reorganization that starts in therapy is strengthened with practice between sessions. *Polyvagal Exercises for Safety and Connection* offers you ways to help your clients tune into their nervous systems and begin to reshape their responses through a variety of experiential practices that can be introduced in sessions and implemented between sessions.

Incremental change leads to transformational change. Kok and Fredrickson (2011) identified an upward spiral in which small, and often fleeting, moments of ventral vagal regulation accumulate and compound

over time leading to increased autonomic flexibility. These micro-moments, what I call glimmers, build the foundation for your clients' physiological and psychological well-being. Tipping points happen when a state of equilibrium is disrupted and replaced with a new state of equilibrium. These are the magic moments when a threshold is crossed (Gladwell, 2000). The exercises in this book give you a way to use the time between sessions to support your clients' progression toward a ventral vagal tipping point.

*Polyvagal Exercises for Safety and Connection* is organized in two sections and an appendix. Section I presents the organizing principles of Polyvagal Theory. This section is meant to be read first in order to build a theoretical foundation for the exercises presented in Section II. For those of you who have read *The Polyvagal Theory in Therapy* (2018), you'll find Section I offers new ways to explain and explore hierarchy, neuroception, and co-regulation. If this is your first introduction to Polyvagal Theory, Chapters 1–3 provide a polyvagal informed understanding of the organization and actions of the autonomic nervous system. Whether you are new to the polyvagal perspective or a seasoned polyvagal guided therapist, take the time to complete the mini exercises that are included in each chapter. These boxed prompts are designed to connect the organizing principles of Polyvagal Theory to your personal experience and create a solid foundation for working with your clients through the lens of the autonomic nervous system.

Research about how people develop habits shows that it takes an average of 66 days of practice for an action to become automatic, missing a day here and there is not a setback, and continued support over this time period is an important ingredient for success (Lally, Van Jaarsveld, Potts, & Wardle, 2010). Studies show that spaced learning produces long-lasting effects and that ongoing experiences spread out over time help learning generalize to new situations (Kang, 2016). Combining this information with the knowledge that enjoyment motivates you to want to learn (Lucardie, 2014), *Polyvagal Exercises for Safety and Connection* invites you and your clients into the practice of what my colleague, Amber Gray, calls *home-play* (Gray, 2018). Rather than homework, which can be experienced as a stressor and activate autonomic actions of protection and myriad stories of failure, home-play captures your client's interest with an open invitation to enter into, and enjoy, gentle practices of autonomic listening and skill building.

Based on this understanding of the ways people learn, Section II offers exercises designed to complement clinical work and keep your clients

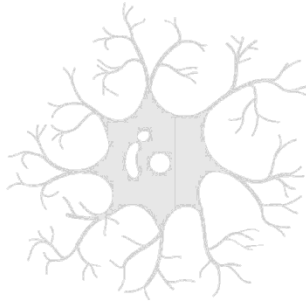
actively engaged in the process of autonomic reorganization beyond the therapy hour. Section II builds on the basic mapping sequence in *The Polyvagal Theory in Therapy* (2018) and complements the tracking and toning exercises presented in that text. The introduction offers an overview of the BASIC (Befriend, Attend, Shape, Integrate, Connect) framework and explores how to use the exercises presented in the section to help your clients build the capacity to safely connect to their autonomic responses and navigate their daily experiences in new ways. Chapters 4–8 focus on one element each of the BASIC framework, presenting a variety of exercises to use with your clients to enhance learning between sessions. Each chapter begins with an overview of the research that informs the section, followed by a series of exercises. The exercise format describes the exercise and its intended use, presents a bit of background for clients, describes the steps of the exercise, and includes tips for therapists.

Section II presents the BASIC framework in a sequence that builds from one chapter to the next. Begin with Befriending and go through the sections in order. Each chapter includes a number of different exercises to choose from, with the understanding that clients will be drawn toward some and find others less engaging. For clients new to the polyvagal perspective, the exercises are an invitation to autonomic connection. If you have been working in this way and your clients have a beginning understanding of their autonomic patterns, the exercises will deepen their experience. Whether your clients are novices or polyvagal-informed, the exercises offer a pathway to autonomic reorganization.

The Appendix completes the book, offering personal progress trackers for each of the BASIC components and presenting the exercises in a format that can be copied and shared with your clients. One important predictor of change is the perception of moving toward a goal. Studies show that even when you identify a goal as important and meaningful, you don't automatically track changes and, when you do, you tend to take in some pieces of information and ignore others (Webb, Chang, & Benn, 2013). Having a way to see and measure progress supports change. The personal progress trackers for Chapters 4–8 are simple evaluation tools designed to help your clients bring explicit attention to the subtle shifts that show their autonomic nervous systems are reorganizing. The trackers are intended to be used at regular intervals, first while working with the exercises in the chapter and later to see how ongoing autonomic change is continuing to impact behaviors and beliefs. Complete them in your sessions, return to

them later as an ongoing check-in, and invite your clients to use them at home on their own.

*Polyvagal Exercises for Safety and Connection* gives you a way to help your clients keep the process of autonomic awareness and reorganization alive outside of the therapy hour. The organizing principles outlined in Section I will help you understand how the autonomic nervous system works and create a platform for teaching the exercises in Section II. The BASIC exercises will help your clients attend to the actions of their autonomic nervous systems between sessions, begin to reshape their autonomic pathways, and strengthen their movement toward safety and connection. “Joy lowers the neural threshold for perceiving life events as being positive and hopeful, while raising the threshold for perceiving events as negative and hopeless” (Lucardie, 2014, p. 440). With this book, you and your clients have a guide to building the autonomic foundation for ventral vagal-inspired joy.



## SECTION I

# THE AUTONOMIC NERVOUS SYSTEM: PATTERNS AND PATHWAYS

*I realized that there was a thrilling undiscovered country to be explored in the mechanisms of the mammalian nervous system.*

—WILDER PENFIELD

The ability to respond to and recover from the challenges of daily living is a marker of well-being and depends on the actions of the autonomic nervous system. When you think about the autonomic nervous system, where do your thoughts go? Perhaps you have a fuzzy memory of biology learned long ago and a feeling that this system is somehow important to survival. With the development of Polyvagal Theory, Stephen Porges has provided a modern map of the territory of the autonomic nervous system and a new understanding of the ways it shapes moment-to-moment experiences of connection and protection.

The three organizing principles of Polyvagal Theory are:

### **1. Autonomic hierarchy**

The autonomic nervous system is divided into three parts, each with its own set of protective actions.



- The earliest dorsal vagal system brings strategies of immobilization.
- The sympathetic system, next to arrive, adds fight and flight.
- The most recent ventral vagal system offers the ability for safety through connection and social engagement.
- Recognizing where on the hierarchy your client's autonomic nervous system has taken them is fundamental to the success of therapy. When the autonomic nervous system has moved into a dysregulated dorsal vagal or sympathetic state, your client's body and brain have been hijacked and they are held in a survival response. When the ventral vagal state is active, body and brain work together, and processing and change are possible.

## 2. Neuroception

Neuroception, detection without awareness, describes the way the autonomic nervous system interfaces with the world.

- Working below the level of awareness, the autonomic nervous system listens inside the body, outside in the environment, and in the relationships between people.
- Reshaping the autonomic nervous system involves first making the implicit experience explicit by bringing perception to neuroception and then adding context through the lens of discernment.
- Neuroception is at work in every moment of the therapy session. The ability to tune into the implicit autonomic conversations that are happening between you and your clients is an essential part of creating therapeutic presence and building trust in the therapy process.

## 3. Co-regulation

Co-regulation is a biological imperative. It is essential to survival.

- The ability to self-regulate is built on ongoing experiences of co-regulation. Through co-regulation we connect with others and create a shared sense of safety.
- With a reliable, regulating other, we engage in the rhythm of reciprocity and build experiences of safety in connection. For many of your clients this earliest experience of being with a safe person in a safe place is missing.
- As a therapist, you are responsible for being a regulated and regulating presence for your clients. Without your predictable,

ongoing offer of co-regulation in the therapy session, your clients will struggle to engage in the therapeutic process of change.

Over the course of evolution both the brain and the autonomic nervous system have grown and changed. John Hughlings Jackson proposed a hierarchy of brain structures in which higher levels regulate the function of lower levels; he defined *dissolution* as a sort of evolution in reverse that happens when higher brain structures no longer inhibit lower structures (Franz & Gillett, 2011; York III & Steinberg, 2011). You see this when your client's prefrontal cortex shuts down in response to a situation that feels overwhelming, leaving their limbic system to mount a response. The autonomic nervous system can likewise be seen through the lens of hierarchy and dissolution. Looking at the evolution of the autonomic nervous system, there is an emergence of a three-part system that is distinct and measurable, creating a predictable hierarchy of response (Porges & Carter, 2017). The autonomic nervous system also follows a predictable pathway of dissolution, moving from ventral vagal safety and connection down the hierarchy into the sympathetic mobilization of fight and flight and finally to the earliest state of dorsal vagal shutdown.

Using images, you can feel the flavor of each autonomic state. Humans evolved from ancient reptiles similar to turtles (Porges, 2015a). The image of the turtle hiding in its shell is an apt one for the dorsal vagal state of disconnection. Continuing to the sympathetic nervous system, imagine the darting movements of a fish reacting in an instant to avoid a predator. Finally, arriving in the uniquely mammalian ventral vagal state, picture people talking and smiling in a shared moment of connection.

Darwin understood that the brain and the heart were connected and engaged in a two-way conversation through what was then known as the pneumogastric nerve, now called the vagus or Cranial Nerve X (Darwin, 1873). William James (1890) wrote that, "A purely disembodied human emotion is a nonentity" (p. 194) and that intellectual feeling must be connected to "a bodily reverberation of some kind" (p. 201). This early understanding of the two-way conversations between the body and brain was abandoned in favor of envisioning the brain as the dominant force directing daily experience. Polyvagal Theory reestablished the understanding that through bidirectional pathways, psychological processes influence body state and body state colors your perceptions (Porges, 2009). Sensory fibers send information to the brain and motor

*image*

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autonomic origin in their past.

The autonomic nervous system learns through experience. Even before birth, this system is taking in and responding to the environment. Prenatal exposure to a variety of adverse experiences including socioeconomic hardship, inadequate social support, and the use of substances influences the baby's autonomic function (Alkon et al., 2014; Fifer, Fingers, Youngman, Gomez-Gribben, & Myers, 2009; Hambleton et al., 2013). Maternal mood is transmitted, with anxiety and depression impacting the developing baby's level of activity and heart rate (Kinsella & Monk, 2009). First in the womb and then in the family, early experiences influence the autonomic nervous system, creating habitual response patterns. Through repeated experiences of co-created regulation, the intimate interactions between mother and baby shape the baby's system (Ostlund, Measelle, Laurent, Conradt, & Ablow, 2017). Mother and child "sharing at the autonomic level" create the experience of attunement (Manini et al., 2013, p. 2). Held in a relationship with a responsive caregiver, the dyadic dance of connection, falling out of connection, and a return to connection, creates the foundation for a regulated nervous system. With a reliably regulated and regulating person, rhythms of reciprocity build experiences of safety in connection. When family dynamics are based in experiences of autonomic misattunement, there is little chance for experiences of repair. When the adults in a family carry their own patterns of dysregulation, habitually triggered into states of protection and unable to return to regulation and offer the safety of connection, the child's autonomic nervous system responds by creating its own patterns of protection. "Without the experience of an organizing other, the nervous system is stunned" (Fisher, 2014). Without intervention, a legacy of dysregulated autonomic organization is passed from one generation to the next.

Trauma survivors often suffer from unpredictable, rapid, intense, and prolonged states of dysregulation. This autonomic imbalance and lack of flexibility leads to health problems. Physical problems include impaired immune function, digestive problems, respiratory problems, diabetes, increased risk of heart disease, stroke, and chronic fatigue (Andersson & Tracey, 2012; Dorrance & Fink, 2015; Mazur, Furgała, Jabłoński, Mach, & Thor, 2012; Merz, Elboudwarej, & Mehta, 2015; Thayer & Sternberg, 2006; Vaillancourt et al., 2017; Van Cauwenbergh et al., 2014). In addition to physiology, psychology is impacted. Social isolation and loneliness, a vigilance for angry faces, distraction from tasks, inability to discern

*image*

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- When I think about my autonomic nervous system I . . .
- I'm grateful to my autonomic nervous system for . . .
- I wish my autonomic nervous system would . . .