

Polyvagal Theory Quick Reference

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The Three Autonomic States

State	System	Physiology	Client Experience	Clinical Markers
Ventral Vagal	Social Engagement	Myelinated vagus; vagal brake modulates HR; innervates face, larynx, middle ear	Safe, calm, present, connected, curious	Eye contact, vocal prosody, facial expression, relaxed posture
Sympathetic	Fight/Flight	Sympathetic chain; adrenaline release; blood to muscles	Anxious, hypervigilant, racing thoughts, restless	Rapid speech, fidgeting, scanning, shallow breathing, tension
Dorsal Vagal	Shutdown	Unmyelinated vagus; bradycardia; reduced metabolic output	Numb, frozen, disconnected, collapsed, dissociated	Flat affect, monotone, no eye contact, slumped, lethargy

Core Concepts

Concept	Definition	Clinical Relevance
Neuroception	Unconscious detection of safety/danger/life threat in brainstem — <i>before</i> conscious awareness	Faulty neuroception = trauma: clients detect danger in safe environments. Recalibrate through consistent cues of safety
Autonomic Hierarchy	Three systems recruited in phylogenetic reverse: ventral vagal → sympathetic → dorsal vagal	Clients cannot “think their way out” of trauma responses. Must establish safety first to bring ventral vagal online
Co-Regulation	Mutual regulation of physiological states between individuals via social engagement	Therapist’s regulated nervous system = neural scaffold. Therapist self-regulation is a clinical tool, not optional
Social Engagement	“Face-heart connection” — ventral vagus linked to muscles of face/head	Observable markers of autonomic state: facial expression, vocal prosody, eye contact, postural tone

Session Language

Context	Examples
Assessing State	“What do you notice in your body?” · “More revved up or more collapsed?” · “What does your body want to do — move, freeze, reach out, pull away?”
Cues of Safety	“I’m right here. You’re not alone with this.” · “Look around the room. Notice what you see.” · “There’s no rush. We have time.”
Naming States	“Your system is in protection mode — that makes sense.” · “That shutdown is your dorsal vagal system. Not weakness — survival.”
Dorsal Shutdown	“Can you feel your feet on the floor?” · “Wiggle your toes — a tiny movement.” · Do NOT use release breathing — it deepens shutdown.

Window of Tolerance Connection

PVT → Window: Within window = ventral vagal (regulated). Above = sympathetic hyperarousal (fight/flight). Below = dorsal vagal hypoarousal (freeze/collapse). **Goal:** Widen the window by expanding ventral vagal capacity through co-regulation, not cognitive override.

Across Modalities

Modality	Polyvagal Integration
DBR	Targets brainstem structures (SC, PAG) where autonomic state shifts originate
SE	Pendulation = moving between states with flexibility; titration prevents dorsal overwhelm
EMDR	BLS may activate ventral vagal via rhythmic bilateral stimulation
IFS	Self-energy = ventral vagal state; exiles often carry dorsal vagal collapse
Sensorimotor	Tracks autonomic arousal through body sensation; resources expand ventral capacity
Gestalt	I-Thou relationship = co-regulatory; here-and-now awareness tracks autonomic shifts

Porges, S.W. (2011). The Polyvagal Theory. Norton. | Porges, S.W. (2022). A Science of Safety. Frontiers in Integrative Neuroscience. | Dana, D. (2018). The Polyvagal Theory in Therapy. Norton. | currantraumaresources.manus.space