

## **Bonus 5**

# **Advanced Master Program on the Treatment of Trauma**

## **A Polyvagal Approach to Working with Emerging Defense Responses**

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## How to Understand Collapse/Submit from a Polyvagal Perspective

**Dr. Buczynski:** When we view collapse/submit, attach/cry-for-help, and please and appease through a polyvagal lens, it can offer new insights on how we might approach these lesser-known defensive adaptations.

First, let's look at how a polyvagal approach might help us in working with a patient's collapse/submit response . . .

**Ms. Dana:** For clients that we want to help not habitually go to that dorsal collapse response as survival, we also don't want them to go to a sympathetic fight/flight as survival. So once again, we're back to, how do we bring enough ventral vagal energy into the system so that I can stand my ground from a place that feels solid, but doesn't feel aggressive?

I had a client come in one week and she had been in a real collapse around her boss, that her state simply went to that collapsed place and she could not stand up for herself, speak up for herself. And she came in one week and she was so proud of herself. And she told me, "I stood up for myself." And I said, "Oh, how did you do that?" And she gave me the scenario of what she had done with her boss. And I looked at her, I said, "So did he fire you?" And no, he hadn't fired her, but it was messy in another way.

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**Dr. Buczynski:** So how might we help patients strike a balance between collapse and aggression?

According to Deb Dana, we want to help patients practice advocating for themselves when they're in their regulated state. Then, we also want them to try this when their nervous system is in hypoarousal versus hyperarousal. And finally, we want them to compare those three experiences.

**Ms. Dana:** So to help a client begin to understand how their nervous system says, "No," in the three different states, I'll often do that with my client in a session. And again, we're doing this in an information gathering, experimenting way, which, as you work in a polyvagal informed way, you do a lot of information gathering and experimenting.

And so, if my client's more common, habitual response is going to be to go to sympathetic, then I'm going to ask them to say, "No," from that place. And I'm going to give them, "Oh, here's how my nervous system just responded." And then I'm going to say, "So let me say no to you from my sympathetic and see how you respond." So we play that way. Then we're going to go to dorsal. "Show me what dorsal, how dorsal would say 'no,'" and I'm going to receive it and give your response and then I'm going to show you mine.

And then we're going to come to ventral. I'll say, "So ventral might be a bit weird for you. So let me play around and let me show you some of the ways that my ventral system can say 'no.'" And I will say – I'll have them ask me a question – and I'm going to say, "No, I don't think that feels like what I want to do right now," and have them notice what happens. Ask me another question. "No, that won't work for me right now." Ask me another question, and answer it in another way until they begin to get a flavor of it.

So again, it's a question of playing around until your client says, "Oh, I felt that. My nervous system felt that," and then have them play around with it. And I'll ask them a question. I say, "So answer that from ventral." And most of the time when somebody is beginning to play around with this, they'll answer it from ventral. I go, "Ooh, that felt like it had some sympathetic edge there. At least my system felt that was not truly a ventral inspired 'no.'" And we're going to just keep playing. So it becomes an in-the-moment exercise. They get some practice, and then they get to go out there in the world and take the practice with them and play with it.

## **How to Use a Polyvagal-Informed Approach to Work With Attach/Cry-For-Help**

**Dr. Buczynski:** Now we already covered a lot of ground in Module 3 about how to view the attach/cry-for-help response through a polyvagal lens. Not only that, we talked about the importance of staying regulated.

But I wanted to give you just one more look at how you might use a polyvagal-informed approach to work with attach/cry-for-help . . .

**Ms. Dana:** It is incumbent on us to be able to stay in a regulated place in order to offer back to that sympathetically charged nervous system the sense of, there's this regulating predictable energy that is meeting you. Because that's what was missing. And that's what has set up this

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situation of an ongoing attach/cry response. There's no predictably regulating safe, trustworthy energy that is out there in the world to meet your client in that need, that desperate energy place.

And so as hard as it is for us – and it brings up our own places inside where we have our own nervous system response to someone who's doing this. This morning, I was doing consultation and I did this to see what the response was, because this is this attach/cry response. And so you can just notice what happens in your nervous

system as you feel my hands in that grasping, reaching place. And through, again, look through the lens of your ventral to say, "Oh, that is someone who is desperate." There is desperation there. That is fear-driven, that is terror driven.

**Dr. Buczynski:** So how might you help a patient shift from an attach/cry-for-help response into a more regulated state?

**Ms. Dana:** So when I'm talking to the client, I'm going to say, "So let's try a co-regulating experience and see if it helps your nervous system feel a little more ventral." Because the goal is to find some ventral. So if this co-regulating loop that we're in is not helping you find some ventral or come to ventral, we're going to stop it, and we're going to try something else.

So I want to reassure my client, “I'm not going to abandon you, I'm not going away, I'm not telling you that you have to learn to self-regulate because you also need to co-regulate so that you have a platform for self-regulation. But this is a both/and. We're not doing one or the other. We're going to do both at the same time. And we're going to assess as we go along, is this meeting the need of your nervous system?”

And so it gives us a way to track and find one or two co-regulating practices. And as those begin to work, and we can feel a little more of the co-regulation bringing ventral, then we may bring in some more co-regulating interactive resources. While we're doing that, we're also going to find one or two self-regulating resources that begin to bring even a drop of ventral. Because that's really all we're looking for in the beginning, is these drops of ventral, both through co-regulation and through self-regulation.

**Dr. Buczynski:** So by consistently providing co-regulation to your patients, it can help them feel more confident in their ability to self-regulate.

## Benefits of Viewing Please and Appease in the Context of Polyvagal Theory

Now, let's look at the please and appease response in the context of polyvagal theory. . .

**Ms. Dana:** I would think about it as, I have enough of my social engagement system online, but it's being co-opted, so to speak, for a survival response. So that rather than being this ventral vagal experience of social engagement, it's more of a sympathetically, active social engagement system integration so that I can do enough, to do what needs to be done, to be safe enough to make it through this experience.

It's not a dorsal vagal giving up. This is an active experience of finding a way to safely navigate through an environment or a relationship that is otherwise filled with some cues of danger. And it could be large cues of danger, it could be a domestic violence situation, it could be more an everyday pattern of needing to go along, get along to go along, that sense of, "I can't really be who I am in this place. It would not be safe enough for me to be."

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**Dr. Buczynski:** So like Deb said, the patient's social engagement is still functioning on some level. But because they've experienced trauma, their nervous system may revert to the automatic survival response of pleasing and appeasing others.

That's why we want to help patients reliably find their way to that regulated state where they can be socially engaged. Because it's from this place that we have secure, stable interactions.

Now in the next video, we'll look at how to use parts therapy to address the trauma of childhood abuse and neglect. I'll see you there."