

# Polyvagal Theory and Attachment

Attachment, Social Engagement and Safety

From Shutdown, Dissociation, to Anxiety, to Social Engagement – In  
Polyvagal Theory

# The Vagus Nerve and Polyvagal Theory - Hierarchy

- Hierarchy: The autonomic nervous system responds to sensations in the body and signals from the environment through 3 pathways of response. They work in a specified order and respond to challenges in predictable ways based on evolutionary order from oldest to newest –
  - (1) dorsal vagus (immobilization),
  - (2) the sympathetic nervous system (mobilization) and
  - (3) ventral vagus (social engagement and connection).

# The Vagus Nerve and Polyvagal Theory – Neuroception and Co-regulation

- Neuroception: How our nervous system responds to cues of safety, danger, and life-threat within our bodies, in the world around us, and in connections to others. This occurs below conscious awareness.
- Co-regulation: A biological imperative: a need that must be met to sustain life. It is through reciprocal regulation of our autonomic states that we feel safe to move into connection and create trusting relationships
- Supported by co-regulating relationships, we become resilient.
- In each of our relationships, the autonomic nervous system is “learning” about the world and being toned toward habits of connection or protection.

# Why People Act the Way they do

- Actions are automatic and adaptive, generated by the autonomic nervous system well below conscious awareness. This is not the brain making a conscious choice. Autonomic energies moving in patterns of protection -> compassion. This doesn't rule out conscious processes having a role in anxiety.
- Removes shame for those who have experienced trauma – also applies to anxiety. Our bodies instinctually respond via shutdown or fight/flight. This isn't a choice.
- Perception is more important than reality – consider social anxiety, rejection.
- Clues to person's present-time suffering can be found in our automatic response history. Story follows state.

# More details – Vagus Nerve

- We come into the world wired to connect.
- What begins as wordless experience of Neuroception drives the creation of a story that shapes our daily living.
- In the parasympathetic branch, Polyvagal Theory focuses on two pathways traveling within a nerve called the vagus.
- Ventral vagal pathway responds to cues of safety and supports feelings of being safely engaged and socially connected.
- Dorsal vagal pathway responds to cues of extreme danger. It takes us out of awareness, and into a protective state of collapse – we feel frozen, numb, or “not here.” Think depression or dissociation.
- When firmly grounded in our ventral vagal pathway, we feel safe and connected, calm and social.

# Autonomic ladder – Top of the ladder

- What would it feel like to be safe and warm; snuggled close, joined by tears and laughter; free to share, to stay, to leave.
- Newest part of the nervous system – our social engagement system is active in the ventral vagal path of the parasympathic branch.
- Heart rate is regulated, our breath is full, we take in the faces of friends, tune into conversations and tune out distracting noises.
- We see the big picture and connect to the world and people in it.
- I might describe myself as happy, active, interested, and the world as safe, fun, and peaceful.

# Fight or Flight Sympathetic Nervous system – Stepping down the ladder

- Fear is whispering to me, and I feel the power of the message. Move to take action, escape. No one can be trusted. No place is safe.
- Something triggers a neuroception of danger.
- Our breath is short and shallow, we scan our environment looking for danger. I am anxious or angry.
- A rush of adrenaline fuels this.
- The world may seem dangerous, chaotic and unfriendly.
- Problems of daily living: anxiety, panic attacks, anger, inability to focus or follow through, distress in relationships.

# Dorsal Vagal Pathway – The bottom of the ladder

- I'm far away in a dark and forbidding place. I make no sound. I am small and silent and barely breathing. Alone where no one will ever find me.
- I am my proverbial shell.
- Part of parasympathetic branch. The “primitive vagus” takes us into shutdown, collapse and dissociation.
- Alone with my despair and escape into not knowing, not feeling, not being.
- I might describe myself as hopeless, abandoned, too tired to think or act and the world as empty, dead and dark.



# Attachment Styles - Secure

- Caregivers were emotionally available – sensitive to your needs and often responded appropriately.
- Infants were soothed by their caregivers when they were upset.
- Adults are able to navigate relationships well and are generally loving and trusting toward others.
- We can tolerate being alone and feel safe in our relationships

# Attachment Styles – Avoidant (anxious avoidant)

- Insecure attachment style
- Caregivers may have been emotionally distant or absent. Caregivers were inconsistent. Children might be inconsolable or not seek support when distressed.
- We didn't seek out caregivers during distress.
- Felt rejected and left to fend for themselves.
- Adults have a hard time trusting others and have a strong sense of independence or non-reliance.
- I am not independent in a general sense but often feel like I should not trust others to do what is necessary.

# Attachment Styles – Anxious (anxious-ambivalent)

- Insecure attachment style.
- May be clingy and crave attention from caregivers but may also push them away.
- May not trust others.
- Intense fear of rejection or being abandoned and alone.

# Attachment Styles – Disorganized (fearful-avoidant)

- Insecure attachment style – children can seem confused at times.
- Actions of caregivers may not have been consistent.
- Your behaviors may appear confusing – aloof one day and emotional the next.
- Associated with mood disorders and personality disorders.
- Also associated with abusive relationships where caregivers are frightening.