



EXPLORING POLYVAGAL THEORY AND ITS APPLICATION TO COACHING

Kerry Cullen reflects on the importance of understanding how the autonomic nervous system works and invites us to befriend our own nervous systems for the good of ourselves and our work as coaches.

I came across Stephen Porges' polyvagal theory (PVT) a few years ago when I received a medical diagnosis that was potentially life threatening. PVT and its suggested practices provided me with a compass to navigate this difficult period, and has since transformed the way I coach. In recent years, polyvagal theory has mainly been applied in therapeutic settings, and the majority of the participants on the training course I did were psychotherapists. However, the theory and the practices are now starting to gain traction in the coaching world – and for good reason.

The acronym VUCA (volatile, uncertain, complex and ambiguous) is often used to describe the modern-day landscape. PVT provides insights into our underlying physiological responses, helping us interact with our nervous system and become more resourceful as we navigate such landscapes.

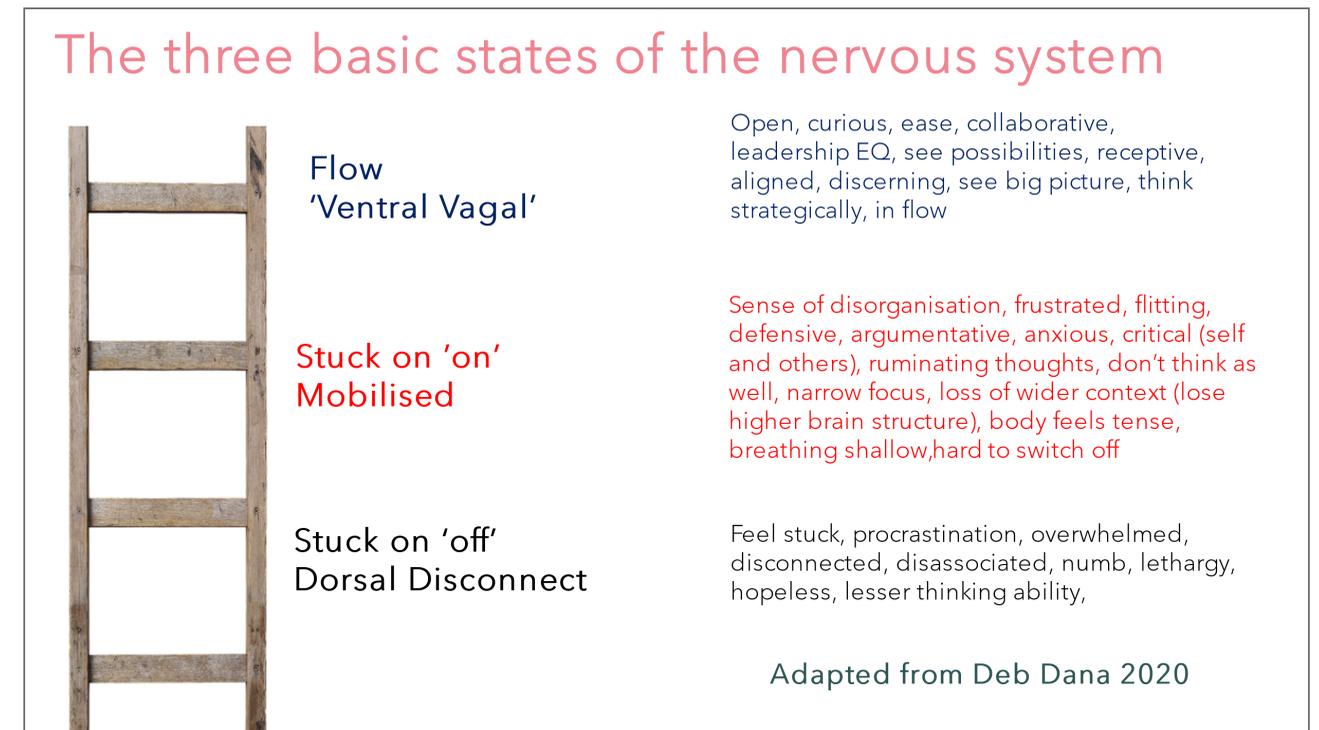
So, what is it? PVT provides a paradigm shift with regards to our understanding of the nervous system. Traditionally, we have thought of the sympathetic branch of the autonomic nervous system (ANS) as bringing our energy up and being responsible for our 'fight or

flight' response, and the parasympathetic system as being the 'saviour' of the nervous system, restoring calm and equilibrium. Porges posits that the parasympathetic nervous system is made of up two functionally different branches – the ventral vagal and the dorsal vagal, and that the dorsal vagal is part of the nervous system's adaptive defence response.¹

The three branches or states of the ANS operate as a hierarchy, which Deb Dana has illustrated through the analogy of a ladder:

'If you want to improve the world start by making people feel safe'
– Stephen Porges

Figure 1



The theory proposes that our ANS is always reading our internal and external environment for cues of safety and danger in a process called neuroception. This is a conversation that goes on below our level of conscious awareness. Porges says that 'the nervous system doesn't do appropriate, it just does what it does to keep us safe.'² I have found this to be an incredibly powerful frame to turn to when our nervous system's adaptive defensive response stops us from showing up as we want to.

A number of years ago I was presenting to a senior group and froze: I could not speak and my co-presenter had to take over. After it happened, I kept experiencing feelings of shame and I doubted myself when I thought about it. This is something that psychologist and author Tara Brach describes as 'the second arrow' – the thoughts we have after something negative has happened that are often worse than the event itself. Knowing that my nervous system was just trying to keep me safe helped me to be more compassionate towards myself and be more accepting about what happened. I have also found this very helpful for coaching clients. One client found huge potential in reframing her burnout experience, moving from seeing her body as letting her down to seeing it as keeping her safe.

From a biological perspective, PVT is centred around the vagus nerve, known as the wandering nerve as a result of its path from the brain stem to our frontal cortex, face, eyes, ears, chest, heart, lungs and right down into our abdomen and digestive system.

As the ladder in Figure 1 shows, when we feel safe our nervous system is in flow (ventral vagal). We feel open and connected with the world, our heart rate is regulated, we have access to our peripheral vision and our frontal cortex is online. This is the place

where we can do our best thinking, better see possibilities and think strategically. As coaches, when both us and our client are in this state we have the best possibility of achieving the best coaching outcomes.

I believe we intuitively know this: making a client feel safe, settling in, perhaps starting with a breathing exercise. I think in many ways PVT just makes scientifically explicit what we implicitly know. From a nervous system perspective, coregulation describes how two persons' nervous systems connect on a certain level, finding safety together through the reciprocal sending and receiving of signals of safety. It can also be that your nervous system picks up cues of danger from someone (remember, it is not governed by the rational part of your brain: it could be that a characteristic of someone reminds you of someone you felt unsafe with in your past). The times when we are actually safe but in which we perceive a situation as unsafe are known as neuroception mismatches. Of course, there are also times when the perception of danger is a match with reality and hence completely appropriate and necessary for our survival.

When we start to perceive more cues of danger than those of safety we begin to move down the ladder, mobilising for action and triggering our fight or flight response. In this state, we can get stuck on 'on'. We hear things differently; we are primed for sounds of danger and even 'neutral' voices can be perceived as dangerous. Our focus narrows, our heart rate increases, we might feel flighty and our thoughts begin to churn. Sleep can become difficult and we can feel like we can't switch off.

When I was dealing with my diagnosis and I was 'mobilised', I would ruminate about who would look after my kids if I was incapacitated or if I died. I also found it hard to focus and I was irritable.

We build resilience by developing strategies to befriend our nervous system and move back up the ladder

Porges' theory proposes that when we experience more cues of danger than safety we will slip even further down the ladder, into being stuck on 'off' (dorsal vagal). This involves the parasympathetic nervous system (previously not thought to be involved in the stress response). This is our oldest form of protection in evolutionary terms. Think about a mouse caught in a cat's mouth: it will play dead. Dorsal vagal is an adapted response to playing dead – we disassociate, we feel numb, we feel disconnected, we feel alone. It is characterised by a loss of muscle tone that can be seen in the posture and face. It can easily be mistaken as a 'calm response'. Once, my son went missing (he was 11 at the time) on a mountain for several hours. Before we found him, a policewoman told me that I seemed very calm. In reality, I was having a dorsal response of overwhelm and I was disassociated. I can also think of examples when I too have misread a dorsal response as calm in others.

I spent a lot of time stuck on 'off' after my diagnosis. It is worth noting that these states are not buckets. We experience different flavours and intensities. For example, a dorsal response is not restricted to feeling totally immobilised. It can also be experienced through drifting off and thinking about something else when you are having a challenging conversation with someone, or zoning out in a meeting that has gone on for too long. This is very relevant from a coaching perspective. If a coaching client goes quiet and seems lower in energy, they could be feeling overwhelmed and slipping into a dorsal response.

For us as coaches, I also think it is relevant to know that simply too much of anything – something too soon or something not enough – can manifest as a cue of danger for our nervous system. In other words, if we have too many clients back-to-back, not enough breaks or simply too much going on, we can find ourselves slipping out of ventral vagal (where we do our best coaching) and slipping down the ladder to sympathetic or dorsal, where we will be less present to our clients.

Deb Dana says that 'we are always somewhere on the ladder'; in our humanness, there will be times when we will be acting from a dysregulated state. She also says that a resilient system is a flexible system. In other words, we build resilience by developing strategies to befriend our nervous system and move back up the ladder, thus enabling us to bring ventral energy to difficult situations. When dealing with my diagnosis, this meant spending time in nature and coregulating with people that I felt very safe with. I remember I had the privilege of spending a day with the wonderful Nancy Kline, author of *Time to Think*. Being in her presence I was able to come up the ladder into ventral vagal, and from this place I could access a new level of curiosity and better start to see possibilities: what about getting a second opinion? What about collaborating with my neurosurgeon to do this? That's just what I did – and this course

of action resulted in a very different outcome. For us as coaches, the more we can cultivate our ventral vagal the more we can offer coregulation to our clients.

Will PVT become a cornerstone of coaching in the future? I believe so. PVT is currently being used to inform many other fields, particularly those related to health and education. I heard recently about research currently being conducted in midwifery that has found that if a mother in labour interacts with a dysregulated midwife, or even a dysregulated receptionist at the hospital, her oxytocin production can stop and the birth process can be affected. This research is looking into how to create a PVT-informed environment for birthing mothers, ultimately creating more safety in order to promote better birthing outcomes.

To quote Stephen Porges: 'If you want to improve the world start by making people feel safe.'

I leave you with some questions for your top pocket:

- How might you increase cues of safety for your clients?
- What if you knew that your autonomic nervous system has only ever been trying to keep you safe? What would it be like to befriend your nervous system?
- What brings you a sense of connection? What brings you ease? Joy? What makes your heart sing and how can you orientate more towards it?
- Given that too much of something can in itself be a cue of danger for our nervous system, how can you honour your natural rhythm as a coach? Are you taking breaks when you need them? Are you honouring your need to recharge?
- How might things be different if you changed your lens to see a 'difficult client' as dysregulated?

ABOUT THE AUTHOR



Kerry is a chartered business psychologist (BPS) who has been coaching for 20 years. She aspires to create a coaching environment where people can come home to themselves. Her works spans the public and private sector and she works internationally. She loves exploring new edges in coaching, and discovering and training in polyvagal theory felt like coming home to herself. Kerry is jointly launching an inaugural polyvagal course for coaches with Sandra Dunsmore, under the auspices of Deb Dana. Details can be found at kerrycullen.com.

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- Porges, S. The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-regulation, W. W. Norton & C. (2011)*
 - Dana D. Polyvagal Exercises for Safety and Connection: 50 Client-Centered Practices, W. W. Norton & C. (2020)*