

Polyvagal Perspectives on Emotionally Focused Couple Therapy

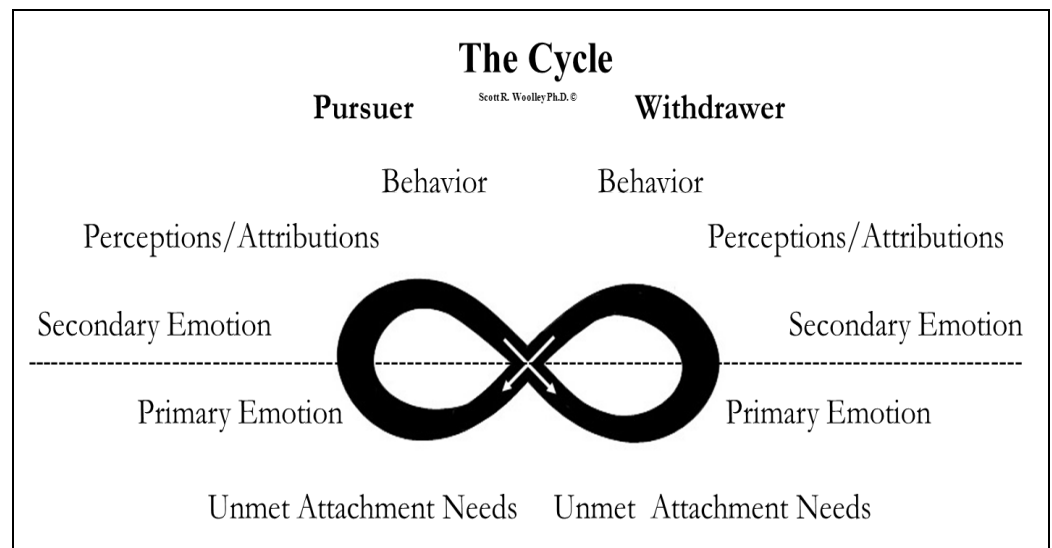
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Although I was introduced to polyvagal theory years ago, it wasn't until 2018 that I began a "deep dive" into it, a dive that was largely facilitated by the work of Deb Dana, LCSW. I am deeply grateful for her contributions in making this theory accessible to clinicians so that we can use it to further enhance our work.

The ultimate goal of Emotionally Focused Therapy for Couples is the cultivation (restoration or creation) of a secure attachment bond between the partners. In EFT, we conceptualize couple distress in terms of a self-reinforcing pattern or cycle that traps both partners. On the surface, the behaviors that drive the pattern can look like Pursue-Withdraw, Withdraw-Withdraw, or Pursue-Pursue. In the most common pattern, Pursue-Withdraw, one partner may display alarm, raising his/her voice and physically moving closer during the conflict while the other displays stoicism, going quiet, pulling back or even physically walking away. The pattern is experienced by couples as repetitive fighting and/or distancing/lack of connection.

Underneath, though, EFT posits that the pattern is fueled by each person's attempts to cope with/resolve unmet attachment needs and longings that are specific to love relationships (i.e. to feel important, valued, safe, loved). When they are caught in the negative cycle, neither partner feels safe enough to share those more vulnerable feelings/fears so they stay underground and usually outside of both partners' awareness (thus defining the relationship as insecure).

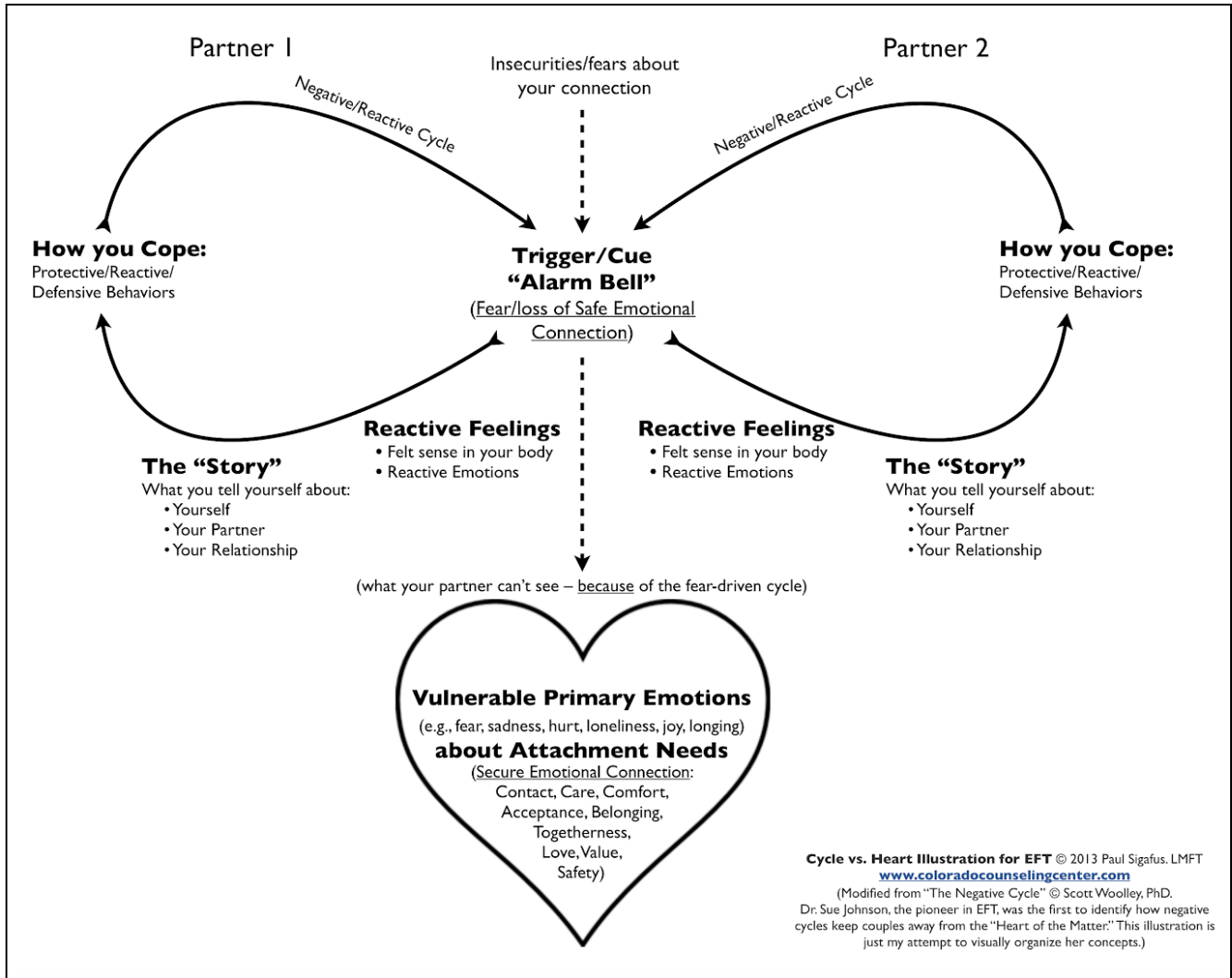
EFT therapists think about what is happening when a couple is caught in their arguing/distancing dance in terms of an infinity loop. The chart to the right is how Scott Wooley, Ph.D. an ICEEFT Certified EFT trainer, mapped out this pattern. (The labels/steps of the cycle on each side of the loop reflect Magda Arnold's description of emotion as a process.)



In the negative cycle, one partner's behaviors cue/trigger their partner's attachment fears/needs/longings which give rise to both vulnerable primary emotions and secondary emotions that generate associated perceptions/attribution of self and other (and of the relationship) and that lead to related actions/behaviors which then become a cue for the

partner's unmet attachment fears/needs/longings to be triggered, giving rise to primary and secondary emotion and associated thoughts/perceptions and behaviors which become another cue...and on and on. Generally, partners are only aware of their secondary emotions, thoughts and behaviors; the rest unfolds outside of (or below) conscious awareness. (The line in the diagram represents the line of awareness.)

Below is another way of visualizing this. Created by EFT therapist, Paul Sigafus, LMFT, this chart represents the pattern in a slightly modified way and adds notes that reflect what an EFT therapist is looking to understand and uncover when we work with a couple:

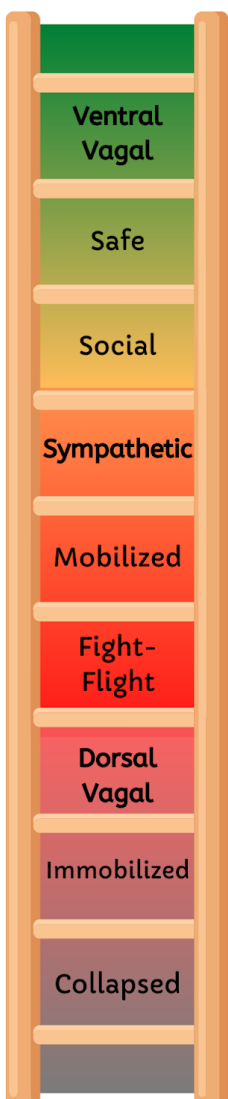


Polyvagal Theory adds an additional layer of understanding to this picture. Developed by Stephen Porges, Ph.D., this theory provides insight into the physiological basis for what's happening when couples are caught in a negative cycle. By introducing the concept of neuroception, along with its associated autonomic nervous system state changes, polyvagal theory can shed light into how and why the negative pattern develops, what makes helping couples escape it so difficult, why what we do in EFT works, what may be happening when what we do doesn't work, and what to look at/consider when we find ourselves feeling stuck.

A (very brief!) primer on Polyvagal Theory.

Dr. Stephen Porges developed Polyvagal theory as a way to more fully describe how the autonomic nervous system (ANS) functions and to explain the influence evolution has had on this functioning. One of Dr. Porges' proteges, Deb Dana, LCSW, has made his ideas very accessible for therapists to use with clients through her ladder metaphor.

Almost entirely outside our awareness, the ANS is constantly monitoring our environment, our bodies/minds and our relationships for cues of safety and cues of danger. The primary pathway for this nervous system activity is the vagus nerve, the longest cranial nerve in the body (and the namesake for polyvagal theory). This complex, branching nerve "wanders" through the body, connecting the brain stem to muscles and sensory fibers in our face, throat and ears (including our voice box and ear canals), our heart and lungs (regulating our breathing and heart rate) and our abdomen (including our digestive tract). Dr. Porges coined the term "neuroception" for this monitoring process. Through neuroception, the autonomic nervous system assesses safe/not safe and then responds accordingly, mobilizing (or de-activating) resources in the service of survival.



When the ANS "neurocepts" cues of safety, we experience a sense of pleasantness or okayness, an experience that is communicated primarily by the ventral vagal pathway of the vagus nerve. Deb puts the ANS state of Ventral Vagal Safety at the top of her ladder. This is "our home," as Deb calls it - the natural state where our nervous system longs to be and seeks to return. It is also the only state where we can both send and successfully receive cues of safety from our partner (as well as our environment).

When a threat is detected through neuroception, the body's first response is to mobilize the sympathetic nervous system, getting us ready for fight, flight or a kind of freeze where we're ready to run at any second (think deer in headlights). This is the middle section of the ladder in Deb Dana's metaphor - we start to fall down the ladder as we become dysregulated due to a neuroception of threat. Sympathetic mobilization can look like angry protesting, verbal (or physical) defensiveness and/or aggression, arguing, raised voices, moving bodies, etc.

When a threat is sufficiently overwhelming - either through the immediate neuroception of a life-threatening condition or through neuroception of inescapable danger/hopelessness - the de-activating parasympathetic nervous system starts to take over, sending us into a Dorsal Vagal shutdown response (at the bottom of Deb Dana's ladder) - think limp mouse in a cat's mouth that "wakes up" and runs away only after the feline has dropped it, believing it to be dead. In humans, this response can look more like dissociation, numbing out, spacing out, disconnection, depression.

Remember, the detection of threat and mobilizing or de-activating of energy resources is all happening outside conscious awareness. As the brain receives signals about these bodily changes, the mind automatically begins trying to make sense of them - by creating a narrative that seems to fit all available data. In EFT terms, this is the meaning making or cognitive appraisals that are doorways into each partner's felt experience. The story the mind creates is compelling - because it is a survival strategy, designed to keep the nervous system in a state where it's ready to deal with the threat.

Whenever a state change happens in the autonomic nervous system, it colors everything - what we see, what we hear, how we feel, the meaning we make of our situation, what we do/say, and how we sound (our tone of voice), etc. Deb Dana uses the phrase "story follows state" to capture the profound impact that the state of our ANS has on our moment-to-moment experience. We see the reality of this every day in our consulting rooms and clinical offices.

Back to EFT

As mammals, our wired in set point for safety is attained and maintained through connection with other mammals. Unsurprising to EFT therapists, mammals use "connect and communicate" with each other in order to feel safe. The specific cues that trigger "safe" or "not safe" to our ANS are shaped by our early experiences and reshaped by ongoing experience - in that way, each of us has a uniquely responsive nervous system that nonetheless functions in the same way for all of us.

Because neuroception happens outside of our awareness, clients often have trouble naming their cues, especially at first. The cue sets off the client's threat detectors - from our EFT perspective, the threats are always related to the client's sense of safe connection with their partner: their often hidden/underground and very well protected attachment needs and fears. So, when we ask a client, "what did it say to you that he didn't call?" we are accessing this threat detection and helping the client articulate the meaning they made of it. ("It said he didn't care about me. I felt I wasn't worth his time and effort.")

The thoughts that accompany a shift into sympathetic activation are not just compelling, they are impossible to ignore because they are physiological. Thus, when a client seems "unreasonable" or seems not to have heard what their partner is saying, it is most likely because their ANS has so fully shifted into a state of activation or one of shutdown that their capacity to reason or to listen has quite literally been compromised. In practice, we might identify this as a client getting flooded or shutting down.

I find it is immensely helpful to understand this phenomenon from a polyvagal perspective: as a physiological response to an out of awareness cue of threat/danger. From this perspective, I immediately get curious: what just happened for this client? These are the golden moments in session for EFT therapists when the negative dance comes alive right in our offices creating an

opportunity not just to help the couple understand what is happening differently, but also to help their nervous systems have a different experience.

The EFT Polyvagal cycle

Below is an image I created to help visualize how polyvagal theory & Deb Dana's ladder metaphor integrates into the EFT cycle.

