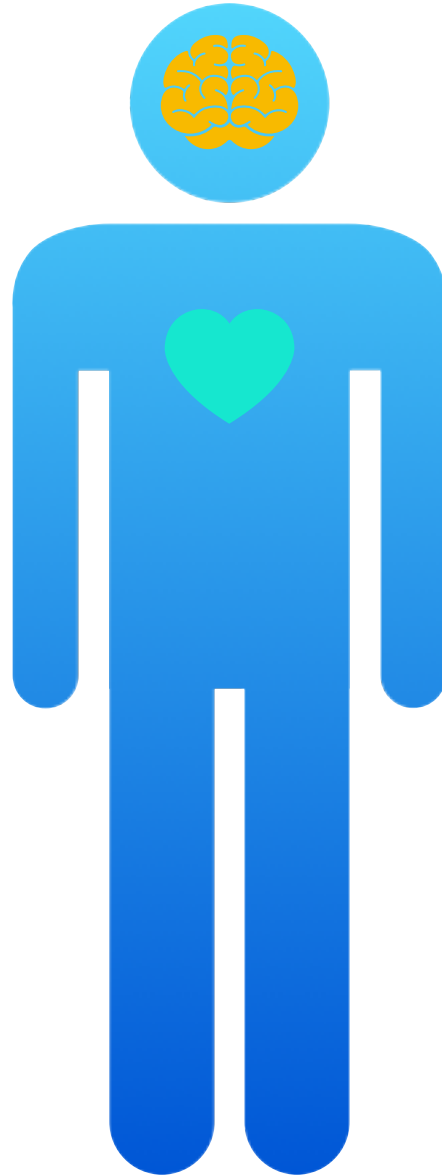


Hypoarousal

(Dorsal vagal collapse)



Physical symptoms:

General appearance

- Dissociation
- Flat unresponsive face
- Collapsed posture
- Lack of energy / Frozen
- Lack of speech
- In extremis - fainting

Communication

- May not hear words
- May not hear tone of voice
- Often can't see faces
- May be able to hear and see but unable to respond

Breathing and Heart Rate

- Slow heart rate
- Shallow breathing
- Low blood pressure

Skin

- Skin may feel dry

Eyes

- Pupils may be smaller
- Eye lids may be heavy
- Appear vacant

Long term symptoms:

- Problems with memory
- Stomach problems
- Depression
- Chronic fatigue
- Fibromyalgia
- Type 2 diabetes
- Weight gain

Thoughts and Beliefs:

- Fears displeasing others
- Feels isolated and abandoned
- Sense of fogginess
- Feels too tired to think or act
- A sense of going through the motions - Robotic

'I've given up'

'I don't want to be a bother'

'I hate myself'

Emotions:

- Grief
- Sadness
- Shame
- Disgust
- Hopelessness
- Despair
- May be too dissociated to feel anything - numb



Therapeutic Interventions:

Shut down of the autonomic nervous system (ANS) can **prevent us** from continuing **therapeutic processing** and **integrating** past traumatic experiences. (Due to the frontal cortex being 'offline'/ inaccessible).

Help co-regulate the client and return them to a safe (ventral vagal) state by encouraging gentle activation, connection and co-regulation.

It is useful to remember that from hypoaarousal (dorsal vagal collapse), we become hyperaroused (sympathetically activated) before returning to a safe (ventral vagal) state.