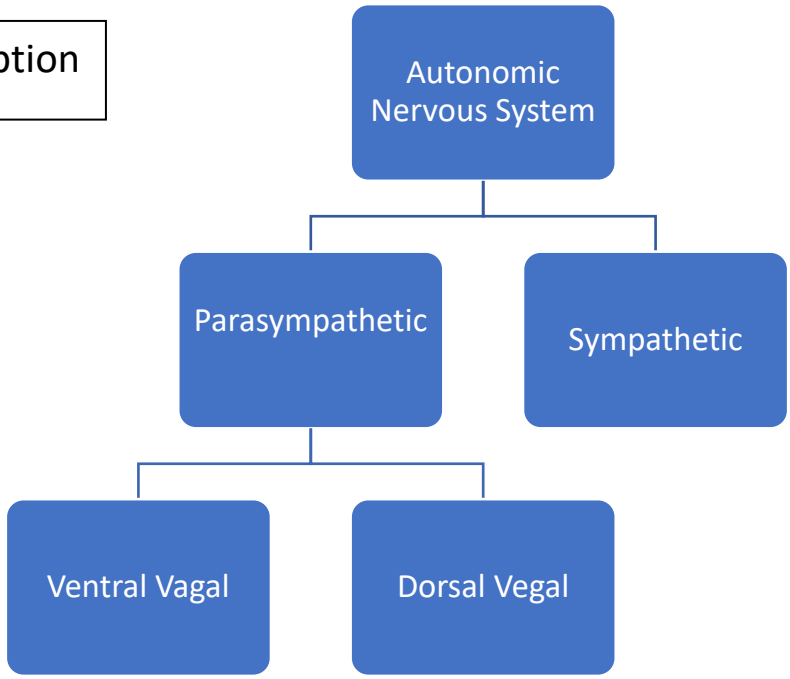
Neuroception




Neuroception is detection, without awareness, of what is safe and what is dangerous. This occurs through unconscious noticing of facial expression, especially through the eyes, and prosody (Prosody generally refers to intonation, stress pattern, loudness variations, pausing, and rhythm of speech. We express prosody by **varying pitch, loudness, and duration**).

The polyvagal theory says that the nervous system of mammals all work in coordination and are influenced heavily by social cues that indicate whether we should feel safe or afraid. The vagus nerve is a cable-like nerve that runs from the brain to the base of the spine and is connected to all the internal organs and the autonomic nervous system. The vagus nerve runs through the lifeline from the brain to the body, and information garnered from the neural circuits as soon as they receive information by neuroception and sensory input. (from Modernintimacy.com)

One way to begin healing trauma is to learn about "neuroception." Steven Porges, the founder of the Polyvagal Theory, uses the term neuroception to describe how neural circuits distinguish whether situations or people are safe, dangerous, or life threatening. He writes, "Because of our heritage as a species, neuroception takes place in primitive parts of the brain, without our conscious awareness. The detection of a person as safe or dangerous triggers neurobiologically determined prosocial or defensive behaviors. Even though we may not be aware of danger on a cognitive level, on a neurophysiological level, our body has already started a sequence of neural processes that would facilitate adaptive defense behaviors such as fight, flight, or freeze." (from Lissarankin.com)

**Ventral vagal anchor: Identify the who, what, where, and when of the ventral vagal system. (i.e., who is the person you feel safe with or that makes your ventral vagal system come to life? It could be a person you know, your pet, your therapist, a spiritual being, or someone who is deceased).**

**Create a practice of turning to these when looking for a resource to help bring us back to the ventral vagal state.**