

# Understanding the Window of Tolerance

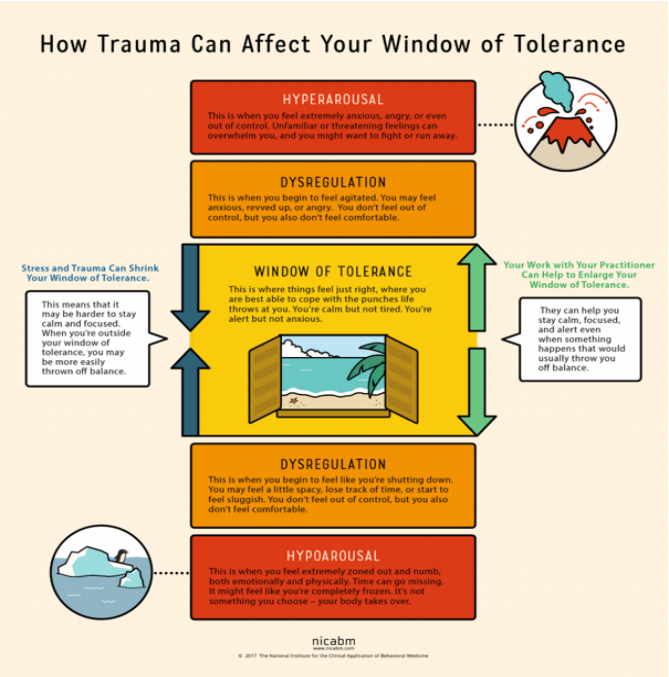
The term “window of tolerance” refers the optimal zone of arousal where a person is able to cope and thrive in daily life. In this physiological state, a person is able to be present, tolerate a range of thoughts and feelings, remain emotionally regulated, and connect with others. When youth and adults are in this space, they are able to engage with the world around them in ways that feel positive and rewarding. People who are always on the lookout for danger spend much of their time in survival mode and outside of their window of tolerance. When threatened, trauma survivors tend to shift towards one of the two internal states that we will next describe.

- **Hyperarousal:** A person may become hyperaroused, meaning they start to feel more anxious, agitated, angry, or out of control. This is what we refer to as the “fight response”. Behaviors associated with hyperarousal may include verbal or physical aggression, pacing, or running away from a situation.
- **Hypoarousal:** On the other end of the spectrum, a person faced with threat may respond by shutting down or “freezing”. We refer to this state as hypoarousal. Behaviors associated with hypoarousal are sometimes more difficult for providers to recognize as trauma-related responses because they may be more subtle than the behaviors displayed by people who are in fight mode. When a person is hypoaroused, they may appear to be tired, unfocused, dazed, blank, or not paying attention. They may also appear emotionally numb.

People with histories of complex trauma spend less time in a physiological state where relationship-building can occur. Providers working on building relationships with survivors must work to establish and maintain a felt sense of safety and trust that enables a person to move out of survival mode and into a physiological space where connection is possible.

## Activity: Understanding the Window of Tolerance

**Instructions:** Fill in the right column of the chart below with examples of child and/or adult behaviors that correspond with the three primarily internal arousal states represented in the infographic: 1) hyperarousal; 2) window of tolerance; and 3) hypoarousal.

Window of Tolerance	Behaviors
 <p><b>How Trauma Can Affect Your Window of Tolerance</b></p> <p><b>HYPERAROUSAL</b> This is when you feel extremely anxious, angry, or even out of control. Unfamiliar or threatening feelings can overwhelm you, and you might want to fight or run away.</p> <p><b>DYSREGULATION</b> This is when you begin to feel agitated. You may feel anxious, revved up, or angry. You don't feel out of control, but you also don't feel comfortable.</p> <p><b>WINDOW OF TOLERANCE</b> This is where things feel just right, where you are best able to cope with the punches life throws at you. You're calm but not tired. You're alert but not anxious.</p> <p><b>DYSREGULATION</b> This is when you begin to feel like you're shutting down. You may feel a little spaced, lose track of time, or start to feel sluggish. You don't feel out of control, but you also don't feel comfortable.</p> <p><b>HYPOAROUSAL</b> This is when you feel extremely zoned out and numb, both emotionally and physically. Time can go missing. It might feel like you're completely frozen. It's not something you choose – your body takes over.</p> <p><small>Stress and Trauma Can Shrink Your Window of Tolerance.</small> This means that it may be harder to stay calm and focused. When you're outside your window of tolerance, you may be more easily thrown off balance.</p> <p><small>Your Work with Your Practitioner Can Help to Enlarge Your Window of Tolerance.</small> They can help you stay calm, focused, and alert even when something happens that would usually throw you off balance.</p> <p><small>nicabm © 2017 The National Institute for the Clinical Application of Behavioral Medicine</small></p>	<b>Hyperarousal</b>
	<b>Window of tolerance (optimal state of arousal)</b>
	<b>Hypoarousal</b>

## Discussion Questions

1. What is the most common internal state for the survivors you serve (based on the behaviors connected to these states)?
2. What circumstances (e.g., environmental, relational) are most conducive to helping survivors access a state of calm and connection (i.e., be in or expand their window of tolerance)?
3. How does knowledge of these physiological states affect how you work with survivors?