# THE WINDOW OF PRESENCE or FUNCTIONAL RANGE

**By Anna Chitty with Ray Castellino**

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*Anna Chitty wrote an earlier version of this paper that was titled, “Window of Tolerance” a phrase introduced by Dan Siegel. Anna and Ray collaborated to incorporate their understanding of ANS function and to broaden the concept. Anna uses the term “Window of Presence.” Ray uses the term “Functional Range.” We both feel that this understanding is a core necessity for all somatically-oriented practitioners, including body, energy, pre and peri-natal and trauma therapists.*

Background:

The “window of presence” or the “functional range” refers to the stress responses of Autonomic Nervous System (ANS). When ANS responses are functional, they are “within the window” or within the “functional range.” When responses are dysfunctional, they are “outside the window” or outside the “functional range.”

The ANS has three sequential branches: the modern sophisticated Social branch (attachment & communication), the more primitive Sympathetic branch (daytime excitation and mobilization), and the ancient Parasympathetic branch (baseline metabolism and times of rest).[[1]](#footnote-1) Each branch has a well-defined anatomy and physiology. Under stress, healthy people, including babies, try their social responses first (social– contact and engagement). If these do not work, they try the more primitive (sympathetic– flight or flight) and if that doesn’t work they try the oldest (parasympathetic– freeze, withdrawal, collapse).

Because the Social Nervous System provides the most effective regulatory function, the window of presence or functional range is present when and if the Social Nervous System is functional and can be accessed. The social nervous system has the power to regulate the more primitive layers of the nervous system.

The window of presence or functional range image gives a basis for understanding hyper- (too much) and hypo- (too little) states at each layer of the ANS. The window of presence or functional range can be thought of as the normal functioning middle ground, between the extreme highs and lows of stress response activity and neurochemistry.

During the healthy ANS function, the three branches– social, sympathetic and parasympathetic– all function at the same time. The social branch has the power to regulate sympathetic and parasympathetic branches into normal functioning. Using the metaphor of the gas and brake pedals of the car, the sympathetic nervous system acts more like the gas pedal. It moves the car from stop to motion. The parasympathetic nervous system acts more like the brake pedal, slowing the car down. In reality the sympathetic, gas pedal, and parasympthetic, brake pedal, work together at the same time. When looking at the sypmpathetic/parasympathetic wave form, we see the sympathetic arosual on the upward side of the wave curve, and the parasympathetic settling as the downward side of the wave curve. In actuality, both are on at the same time. When the sympathetic arousal side is active the “gas pedal” goes on a little more and the “brake pedal” backs off a little bit.

The primary functional states are:

1. Sympathetic arousal with the “gas pedal” a little more active that the “brake pedal.”
2. Parasympathetic settling with the “brake pedal” a little more active than the “gas pedal.”

Hyperarousal and hypoarousal states occur when one side predominates over the other side for survival, in the threat response. The sympathetic, gas pedal side, dominates with hyper- states. The parasympathetic, brake side, dominates with hypo- states. This sets up the conditions for fight, flight and freeze where the person loses connection with his/her social nervous system (mediated by the prefrontal cortex in the brain) and functions from the more primitive limbic and reptilian system. When this occurs the person will move toward a hyper-aroused state and will either fight or run, hence the fight/flight response. If the threat does not withdraw or the person does not get away, and the person perceives that survival is threatened, there is an increased probability for the gas pedal and the brake to both be applied with equal force. The sympathetic and parasympathetic systems working together in this way cause the nervous system to go to a freeze state.

Three dysfunctional states are discussed in this article, that are common outside the window of presence or functional range, when stress states are unresolved:

1. Hyper-aroused Sympathetic state – gas on, with repetitive cycling and anxiety

2. Hyper-sympathetic arousal, suppressed by the parasympathetic—gas and brakes on with equal force, leading to freeze

3. Parasympathetic hypo-arousal with sympathetic impulses no longer present—brakes on, leading to exhaustion/collapse/withdrawal and depression

With all ANS states, as practitioners, it is useful to de-pathologize one’s perception of the person. All states are the system’s intelligent attempt to find equilibrium under stress. To be more effective, therapies are deployed from a basic attitude of not interpreting ANS states as character issues or disease conditions, but as authentic adaptive strategies that at some time in life supported survival.

As a person descends from social to sympathetic and then, parasympathetic, particular conditions can be observed. It is very useful to be able to recognize these conditions and know how to work with them.

**SOCIAL NERVOUS SYSTEM**

A major neurochemical of the social nervous system is the hormone oxytocin

Oxytocin is the birthing, bonding and attachment hormone– the “love drug.”

Social nervous system capability often defines an individual’s window of presence or functional range

**The qualities of the Social Nervous System are:**

**Presence and engagement with what is happening – inside the body and with the world outside**

* People with access to their Social Nervous System functionality can relate to, and engage with, themself, other, and the environment, with presence
* There is energy, color, fullness, expressiveness, and engagement in their face
* The field around them feels soft, aware, open, contactful
* There is a felt sence of safety, and orientation to the room– there a sense of well-being
* A person is curious about their experience and able to describe it with mindfulness
* They can respond to internal and external stimuli, make eye contact, think clearly, vocalize and listen
* They don’t feel regressed or threatened
* There is an “adult on board,” a witness, aware of the present
* They can be with their sensations in a mindful way– even difficult sensations
* They have the capacity to differentiate: their experience from others; the present from the past; present time experience from implicit somatic memory
* They are able to set healthy boundaries for themselves
* They are able to perceive and hold the boundaries of others

Access to Social Nervous System function is not black or white in its expression; instead it has subtle shades of more or less, that depend on the situation. Sometimes it looks like the elements above are happening, but at a subtle level there is the sense that full presence is not being expressed. Any of the above can be happening in a mechanical way. But without the sense of presence, the person may be out of the window of presence or functional range.

# MOVING OUT OF THE WINDOW OF PRESENCE OR FUNCTIONAL RANGE

# 1. HYPER AROUSED STATES - SYMPATHETIC NERVOUS SYSTEM– cortisol, adrenaline, etc.

This happens when the sympathetic nervous system gears up to take action in relation to a perceived threat. Hyper arousal is held in the system when a person is unable to successfully complete survival actions and integrate the energy. The energy is still held in the body and the person is easily aroused. The arousal state easily feels intolerable, frightening, or unmanageable. It is often coupled with strong emotions, which may be perceived as being even more threatening than the original stimulus.

This can express as symptoms that are subtle, or more obvious. The symptoms can be acute, or become chronic, if the energy is not resolved and integrated. The unintegrated energy can be triggered when there is an arising of stimulation similar to the level of energy of the original stimulus or trauma. If the arousal is detected and responded to when it is subtle or when it is still within the window of presence or the functional range, it can be much easier to bring the person back into the window. It is within the window of presence or functional range that the triggered or unresolved energy can be integratedand the survival actions completed**.**

Neuropsychophysiologists propose that during the hyper sympathetic states the person loses the discriminating, compassionate functions of the orbital frontal cortex.

**The qualities of hyper-sympathetic states are:**

* Anxiousness and fear, with a sense of danger
* A sense of revving up that starts to feel unmanageable
* Increased heart and repiratory rates
* Energy is displaced upward in the body, toward the head
* Blood moves to the muscles and away from the periphery, organs, and face; extremities are cold
* Hypervigilance– expectation of, and orientation to danger
* Dilated pupils, pale skin color, cold and clammy skin
* Easily startled
* Hypersensitivity to light, sound, motion
* Fast paced thinking – intrusive thoughts and images
* Regression – identification with fear or terror with less awareness of the present, relationships, or the room (This could be happening subtly while the person is still talking and responding to questions)
* Wanting to control– resisting
* Inablity to contain the energy, attempts to discharge or blow off the energy with a tendency to lose one’s focus
* Aggressiveness (Fight) or escape behaviors (Flight)
* Loss of descrimination, acting more out of desperation
* Compulsive behaviors– as an attempt to regulate

**In the hands, Sympathetic feels:** agitated, hot, prickly, buzzy, fidgety, chaotic, incoherent, unsettled

**To bring hyper-sympathetic states back into the window of presence or functional range:**

* Slow the pace or tempo - PAUSE
* Bring containment to the process - give them firm contact or have them cross their arms
* Limit their attention to sensation only– have the person notice sensations in the body in the present
* Ask them to drop the content for now– put thoughts and emotions aside
* Increase mindfulness by getting specific details about the sensations, e.g., location, qualities, movement
* “If you could be CURIOUS about that, JUST AS SENSATION, what do you notice now?”

“And what happens next?” “How does it move or change?”

Have them notice the edges of the sensation and watch for movement or change there

* Use breath into the belly, with sound – or have hand contact with the belly
* Remind them they are in 2 time zones - their body is having a memory, because there is no

actual danger right now

* Help with containment –have them hold their upper arms with their hands or press with their hands into the center

**When the hyper-state has calmed and come back into the window of presence or functional range**

1. Stay with awareness of sensation and watch for subtle signs of discharge; ask, “What happens next?”
2. Sequence tension to complete the frozen defensive movement– non-volitionally if possible
3. Ask them to notice the impulse or gesture, underneath the muscles, that wants to move
4. Trust the body to show the movement– get the specifics of the directionality of the movement that wants to happen
5. If the non-volitional is not happening naturally, suggest volitional movements

–by having them imagine and make a movement

–or by offering resistance

–then have them repeat it slower, and see if the impulse becomes available

1. **If they do not return to the window** through mindfulness and orientation to the present
2. Do the Body-Low-Slow-Loop practice[[2]](#footnote-2) – take them to an awareness of their feet
3. Guide them to notice in detail, specific sensations of the feet
4. When they have clearly rested with awareness in their feet, have them bring their attention back to the place in their body that was difficult
5. There may need to be several loops to the feet or hands, until the sensation in the torso eases

# 2. THE FREEZE STATE - PARASYMPATHETIC ANS SUPPRESSING SYMPATHETIC ANS RESPONSES

**This is the body’s way of managing when the hyper-arousal has become overwhelming or ineffective. The body immobilizes, to contain the sympathetic arousal. This can be quite subtle or it can be obvious.**

**The qualities are:**

* **Hyper- arousal** with **immobility**– a frozen denseness, with a lot of suppressed energy underneath
* Lowered heart rate and minimal breathing
* Stiffness, rigidity, numbness, dullness
* Tension, constricted muscles
* Inability to access options
* Frozen anger and fear– frozen eyes that don’t see or relate with presence
* Inaccessibility of energy– held back, locked down
* “Deer in the headlights” appearance
* Little ability to relate
* Pasty or waxy skin color– the feeling that nobody is home
* Inability to feel feelings
* Dissociation– disconnection from sensation and relationship

Freeze states can happen throughout the body or in specific places – e.g., the arms, or one arm, or leg, or the belly, intestines, lungs, etc..

**In the hands, this state feels:** numb, stiff, tense, frozen, dense, locked, hard, immobile, suppressed

# To bring this state back into the window of presence or functional range:

* Become mindful and bring curiosity to the specific sensations of the numbness, frozenness; note the specific location and specific quality
* Move the threat away– even if they don’t consciously know what this means – their body will know
* When there is a freeze we can assume that, unconsciously, the threat is still there
* Remind them the body is having a memory of immobility and that now they could move if they wanted
* They can change states at any time to titrate the experience
* Have them flex and release muscles locally or globally
* Pay attention to any movement– or have them imagine or do micromovements
* Sequence frozenness volitionally into defensive movements– fight or flight movements
* Support the numbness with firm contact and mindfulness
* Allow time, with mindfulness, curiosity, and a sense of safety, for the body to unfreeze
* Notice if there is a sense of cold or hot arising– once they can “feel” the cold they are coming out of the freeze
* Be aware that as the person comes out of the freeze they may go to hyper-arousal– work with that as explained above
* Use breath into the belly, with sound– to soften the frozenness

**3. HYPO-AROUSED STATE - PRIMITIVE PARASYMPATHETIC NERVOUS SYSTEM - endorphins**

* Endorphins are endogenous morphine– the body’s natural opiates
* Opiates have an anesthetic effect that can separate us from our experience
* Parasympathetic responses come from repetitive events where the best option was to submit and from overwhelming events that occurred very young, before the capacity to defend was developed– or from exhaustion from being in a sustained freeze state

**The qualities of primitive parasympathetic states are:**

* Collapse
* Withdrawal
* Minimal breathing
* Submissiveness
* Passivity
* Flaccid muscles
* Difficulty noticing impulses or being aware in the present
* Low affect– no expression in the face
* Unable to think clearly
* Little energy, life force, or presence
* Spaciness, diffuseness
* Depression
* Non-relational

**In the hands, primitive parasympathetic feels: flat, dull, flaccid, unresponsive, weak, low energy, collapsed, withdrawn, thick, spacey, diffuse, lacking dynamism**

# To bring these states back into the window of presence or functional range:

* Use “Focusing” (Eugene Gendlin) to bring interest and meaning – (find a word or phrase for the felt sense)
* Focus on the breath in the chest to awaken the sympathetic
* Add stimulation – have the person be aware of images, feelings, smells, sounds, words, thoughts that go with the sensations
* Remind them that the body is having a memory – there is no danger now
* Supplant passive collapse and helplessness with active, empowered defensive responses
  + Work with volitional defensive movements or imagine active movements
  + Encourage movements that move out from the body
  + Engage dynamic creative opposition
* Stay in verbal contact
* With presence, wait for the potency to gather
* Introduce micro-movements
* Watch for any movement or changes
* Contact with a stimulating touch

When recognized and worked with, the system will naturally progress to deeper phases. The dynamism (potency) liberated in the process will fuel the journey to go deeper. Sitting with the blueprint while navigating nervous system territory always helps. Rest in fluids, in your seat, in the field, and align with the midspace while speaking. Adjust your touch as needed – to provide more containment or space as needed. Be aware of the relational field and keep returning to the sweet spot.

For further study:

Dancing with Yin & Yang 2013 Chitty, John

Mindsight 2010 Siegel, Dan

Crash Course 2001 Heller, Diane

Polyvagal Theory 2011 Porges, Stephen

In an Unspoken Voice 2010 Levine, Peter

Trauma & the Body 2009 Ogden, Pat, et al

[www.energyschool.com](http://www.energyschool.com/) 2003 Chitty, John

1. To learn about the ANS, see [www.energyschool.com](http://www.energyschool.com). This site has presentations, video lectures, articles and other support materials. [↑](#footnote-ref-1)
2. A free 13-minute guided BLSL practice audio is available at www.energyschool.com/resources [↑](#footnote-ref-2)