



TRAUMA, NERVOUS SYSTEM & TRAUMA-INFORMED SUPPORT

The Window of Tolerance

A clinical model for thinking about arousal, regulation, hyperarousal and hypoarousal — without treating it as a biological test.

The key idea

The Window of Tolerance is a therapeutic metaphor for a workable range of arousal. It can help people notice patterns, but it is not an anatomical structure, diagnostic threshold or direct measurement of autonomic activity.

What the model describes

The Window of Tolerance is associated with Daniel J. Siegel's clinical work and is widely used in trauma-informed psychotherapy. It describes a range of arousal in which attention, reflection, communication and flexible responding may be more available.

Arousal and regulation

Arousal refers broadly to psychological and physiological activation. Regulation includes processes influencing emotion, attention, behaviour and physiological state. Regulation is not synonymous with calm: excitement, anger, fear and grief can all occur within workable functioning.

Inside the window

Being 'inside' the window means activation is manageable enough for the demands of the moment. There is no universal normal range. A quiet person is not automatically regulated and an energetic person is not automatically hyperaroused.

Hyperarousal

Possible experiences include vigilance, agitation, racing thoughts, tension, startle, irritability, panic-like sensations or difficulty concentrating. These are non-specific and can also occur with anxiety, pain, medication effects, stimulant use, sleep deprivation or physical illness.

Hypoarousal

Possible experiences include heaviness, emotional numbing, slowed thinking, withdrawal, reduced speech or difficulty initiating action. Similar presentations occur with depression, fatigue, medication, sleep disorders, neurological conditions and other causes.

Mixed and rapidly changing states

Human arousal does not always fit a neat high-versus-low diagram. People may feel physically activated while emotionally numb, move quickly between agitation and shutdown, or experience different aspects of activation at the same time.

Dissociation

Dissociation involves disruption in normally integrated aspects of awareness, memory, perception, identity or experience. It can occur with varied levels of arousal and should not automatically be placed in the hypoarousal category.

Key distinction

Dissociation and hypoarousal are not interchangeable. Dissociation can occur alongside different levels of physiological arousal.

Autonomic physiology

The sympathetic nervous system contributes to mobilisation and parasympathetic processes contribute to multiple regulatory functions. Mapping hyperarousal directly to 'sympathetic' and hypoarousal directly to 'parasympathetic' is an oversimplification.

Important clinical point

The Window of Tolerance is a therapeutic model. It cannot tell us which branch of the autonomic nervous system is active in an individual at a particular moment.

Threat and appraisal

Arousal is influenced not only by external events but by appraisal, learning, memory, bodily state and context. The phrase 'your nervous system thinks you are in danger' can be useful shorthand, but it is more precise to describe threat-related processing and activation.

What changes the workable range

Sleep, hunger, pain, illness, sensory load, uncertainty, interpersonal conflict, medication, substances and cumulative stress can alter coping. This helps explain why a demand may be manageable one day and overwhelming another.

Early signs

Some people notice changes in breathing, muscle tension, speech, concentration, movement, sensory sensitivity, irritability, numbness or ability to make decisions before reaching severe distress. Personal patterns are more useful than a universal checklist.

Regulation versus suppression

Regulation means responding flexibly, not forcing emotions away or appearing calm. Suppressing visible distress can sometimes make a person look regulated while significant internal strain remains. Space to Breathe Therapy - Trauma, Nervous System & Trauma-Informed Support Window of Tolerance | 3

Widening the window

Therapists may use this phrase to describe greater capacity to remain engaged with a wider range of emotion or stress. It is not literal anatomical widening. Supportive relationships, treatment, environmental changes and practical stability can all contribute.

Self-regulation and co-regulation

Self-regulation concerns processes a person uses themselves. Co-regulation describes how supportive interaction can influence coping through pacing, tone, predictability and responsiveness. It should not be presented as a simple transfer of nervous-system states.

Strategies for high activation

Depending on the person, useful options may include reducing stimulation, movement, orienting to the environment, slowing demands, practical problem-solving, taking a break or using a familiar sensory strategy.

Strategies for low activation

Movement, light, music, conversation, purposeful activity, temperature change or sensory input may help some people feel more connected or alert. Medical causes of unusual fatigue or reduced responsiveness still need appropriate consideration.

Breathing and grounding

Slow breathing helps many people but is not universally comfortable. Breath awareness can increase panic, dizziness or trauma-related discomfort. Grounding can instead use external sensory details, movement, objects or verbal orientation.

Neurodivergence and sensory processing

Autistic people and people with ADHD may experience sensory load, under-stimulation, executive demands and communication differences that affect arousal. Stimming, movement, reduced eye contact or silence may be regulatory or communicative rather than pathology.

Important to remember

Sensory overload, shutdown, reduced speech or a need to withdraw should not automatically be interpreted as trauma responses. Neurodevelopmental and sensory explanations may also be relevant.

Using the model in therapy

The model can support shared language and pacing, but evidence-based trauma treatment may deliberately involve manageable contact with difficult memories or situations. Avoiding every excursion from the 'window' is not the goal of healthy regulation.

Example

Someone becomes restless, speaks quickly and struggles to follow information during an appointment. The model might describe increased arousal, but useful assessment also considers pain, caffeine, ADHD, medication, anxiety, sleep and the environment before assuming a trauma response.

Practical reflection

What are this person's early signs of overload? What tends to increase or reduce their capacity? Are we mistaking visible calm for regulation? Is the model helping communication, or is it being used to make unsupported claims about biology?

References & Further Resources

These resources provide useful starting points for further reading. They serve different purposes, from evidence-based clinical guidance to trauma-informed service frameworks and accessible educational material.

NHS England

Provides national NHS information and service-improvement resources relevant to personalised care, patient experience, safeguarding and trauma-informed approaches in England.

NICE

Publishes evidence-based clinical guidance for England and Wales. Relevant guidance can help distinguish trauma-informed principles from recommended assessment and treatment for specific conditions.

SAMHSA

The US Substance Abuse and Mental Health Services Administration publishes a widely cited trauma-informed framework covering safety, trustworthiness, peer support, collaboration, empowerment and cultural, historical and gender considerations.

UK Trauma Council

Provides evidence-informed resources about childhood trauma, traumatic bereavement and supporting children and young people. Particularly useful for accessible explanations of trauma-related research and practice.

How to use these resources

Trauma-informed approaches should be used alongside current professional standards, safeguarding procedures, consent and capacity requirements, and condition-specific clinical guidance. Guidance and resources can change, so check the most recent version before relying on them in practice.