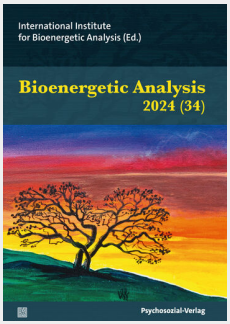
*Patrizia Moselli*

# Insight on Points of Contact and Differences between the Polyvagal Theory and the Bioenergetic Analysis

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# Insight on Points of Contact and Differences between the Polyvagal Theory and the Bioenergetic Analysis

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This article aims at investigating the possible bridge between polyvagal theory and bioenergetic analysis, starting from Vincentia Schroeter's insightful interview of Porges in 2023.

As Vincentia's interview shows, we find ourselves on common ground with Porges and his collaborators, who guide us in a deeper understanding of human nature, starting from the autonomic nervous system and observing aspects such as breathing and reactions to stress that are, as we know, simple and yet complex.

A first connection key-point is the "Face-Heart Connection", which is a core concept in bioenergetic empiric method, and is systematically studied in Porges' works.

At birth mammals have bidirectional neural communication between the face and the heart: behavior such as to suck, swallow, breathe, and vocalize, which in Porgers' view forms the core of a social engagement system, are fundamental for the bioenergetic understanding of development. For example, Porges states that safety cues work through the "face-heart" connection and the face reflects polyvagal states, which is something that is completely vouched for in bioenergetic analysis. These significant empirical findings in the field of neuroscience, allow the bioenergetic therapist to combine an emotional view of their clients with an attention to their energetic and physiological activation states. For example, metabolic demands, perceived danger, life threat, and illness result in a face that is not "social" and a physiological state (removal of the vagal brake on the heart) that promotes defensive behaviors.

From this point of view researchers partially confirm insights of Reich and Lowen, looking at concepts such as social engagement, neuroception, hyperactivation and hypoactivation. We know that through body-to-body contact, the

child learns the first communication patterns, and this occurs through the concept of building social engagement. The Polyvagal Theory assumes a phylogenetic hierarchy in which the newer circuits inhibit the older. Thus, when the ventral myelinated (supra-diaphragmatic) vagus and the social engagement system are dampened or go offline, the autonomic nervous systems moves into a sympathetic state that supports mobilization. If this functional shift in state does not lead to a positive survival outcome, the autonomic nervous system may abruptly shut down or be immobilized with fear via the unmyelinated dorsal vagal circuit (Porges, 2014). Jackson described this process of sequentially disinhibiting older structures as trauma and stress dissolution or evolution in reverse.

As described by Porges, the trauma retunes the autonomic nervous system into a state that supports defense. Being in an autonomic state that supports defense biases one experiences towards detecting threat and disrupts opportunities to establish safe trusting relationships.

In my opinion, Porges' statement reflects the B. A. vision on trauma and the consequences that are inscribed in the body and therefore in the *character* of the patient.

The concept of neuroception is innovative and important as it provides a neuroscientific basis for the bioenergetic concept of body memory. People's perceived environment is what can be found inside or outside the body. What happens in our environment interacts with the Nervous System and our neuroception describes how neural circuits distinguish whether situations or people are safe, dangerous, or life threatening. A "safe" situation spontaneously engages others and involves eye contact, facial expression, and visceral homeostasis. However, when a person perceives a dangerous situation, the person "activates" defensive strategies through fight or flight behaviors, also known as mobilization. When something is life threatening, defensive strategies such as death feigning or shutdown are implemented. this is known as immobilization. On this subject Porges states that "Immobilization as a defense strategy is a missing concept in psychology and psychiatry, although forced immobilization (restraint) is a frequent feature of trauma and chronic abuse" (Porges, 2022), whereas his studies on "Immobilization with Fear" validate all Lowen's studies on the schizoid defenses of our patients.

Furthermore, Porges also studies "Mobilization with Fear" which is described as "Metabolically Costly", and which we could define as "Energetically Costly". This has to do with all those states linked to aggression that remain inscribed in the body, or with the defensive fugues that often our patients reactivate in the therapeutic process.

As we can see, there is a possible common ground with Porges' polyvagal theory, but when we look at the polyvagal therapy, some differences emerge.

While the therapeutic derivation of the polyvagal theory seems to have as its only solution listening, safety, prosody and co-regulation, concepts, that although very important, are already part of the evolution of bioenergetic analysis, in my opinion bioenergetic analysis has a much more complex therapeutic vision – just think of the approach to resistances and defenses that is part of our Reichian-Lowenian psychoanalytic tradition. I believe bioenergetic analysis explores more in depth how breath inhibition directly affects the psyche and the body armoring, as well as how studies on neuroception, fear immobilization, and attack reactions – escape – have always been used in bioenergetic analysis to read how this aspect of the autonomic nervous system directly influences the patient's body and vital form.

The references to the clinical intervention change accordingly to the evolution of our theories. The goal of treatment cannot only be reparative; it is no longer the therapist who changes the patient, but the transformative processes within a relational system constituted by the patient-therapist dyad. Therapy is a particular interactive regulation in which both the story of the patient-client and that of the therapist converge. This also raises the aspect of the countertransference, which, again, is something that we cannot find in Porges' work, but represents our analytic tradition and the evolution of our theory in light of all the attachment and relational studies.

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