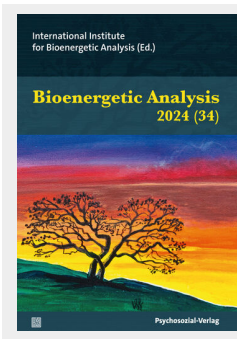


Thomas Heinrich

The Importance of Polyvagal Theory for Body Psychotherapies



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Thank you for the invitation, dear Mae!

It is an honor to sit here on a panel – not so much with almost Stephen Porges – but with you, Mae and Patrizia, Vincenzia in the Hawaiian background, and you all as the audience of bioenergetic colleagues and interested people in our Bioenergetic movement and therapeutic approach.

Thank you, Mae, for all the work you did to organize the whole conference with your team and especially to organize this panel with us here. Thank you, Vincenzia, that you organized and managed to get the interview with Stephen Porges. Thank you, Patrizia, for being a supportive colleague through the last years.

I don't know why I was elected to be on this panel, but my guessing goes in the direction of my interest for anatomical basics for our Bioenergetic work. Actually, I got the wish to study Bioenergetics and be trained in it after having studied Psychology where I got in contact with a completely new subject in the field of human research: neuro-anatomy. For me neuro-anatomy was so helpful then, because it gave me a frame like a map to understand all the contents about psychological processes better. When I started my Bioenergetic training in the mid-90's, all these processes and dynamics passing through me and our training group confused me. My own therapy and Bioenergetic theory helped only to some degree to get clearer. So I stayed with the old way of understanding anatomy.

It might be normal on a panel that the panelists bring up more questions than answers. But because we can't ask Stephen Porges here, I allowed myself in the following to give you some answers I got from PVT (polyvagal theory) and some answers I did not get from PVT.

You might ask the question: why should it be so important for us as Bioenergetic Therapists to know more about anatomy, that we should deal with it? My answer is: If we as Bioenergetic therapists claim to work as psychotherapists with

the body of our clients, we have to know more of the human body than others. We should know to talk with our clients about why we suggest to them what to do on a body level. We should know how to explain these aspects to colleagues and doctors and defend them, when we are asked for it.

More than that, there are some reason on a level of philosophy of science, why we should know more about the anatomic base of our work. There is a quote from the 14th century called Occam's Razor. Over simplified it says: "The simplest explanation is usually the best one."

– One meaning of this sentence is: If there is a simple explanation more people can follow it by logic. – Another one is: If the explanation is simple, it is easier to proof. The latter is a standard of scientificity. Transferred to our situation this means that if we can discover more of the anatomical and physiological basis of the Bioenergetic work, we can underpin the concepts of our Bioenergetic theory. So we can derive more methods like exercises and therapeutic strategies for the next steps with our clients. Vincentia did that very well in the interview and I will use her quotes later in my talk here. Since anatomy and physiology are the base for the medical world, it helps us to ground Bioenergetics more and more into the medical world as well. Nobody talked about fascia 20 years ago, nobody about the PVT 30 years ago. But nowadays fascia fitness is in almost everybody's vocabulary and so is the vagus nerve.

I was amazed when I read about Stephen Porges and his approach about the polyvagal theory. It helped me to find out, in which physiological and emotional state my clients are in during a certain moment of our contact in the therapy session. Furthermore, Porges' set of the three autonomous states of immobilization, mobilization and social engagement gave my clients a vocabulary to start recognizing and talking about which state they are in the present of the here and now. It became a helpful guideline for my clients to self check them in their every day life about stress, tension and fear – and it helped me as their therapist and human being as well. It is a guideline to conceptualize what our clients and we can do to come out of a state of freeze, of fight, or flight. It is a guideline for what they and we can do to stay longer in the state of social engagement to recover from stress, to enjoy life, nature, our partners, children, friends and ourselves. It is a guideline to see our clients more being on a relational level with us.

Social engagement – this is very difficult to translate into German, I found for myself the term "Zuwendung", which means "turning towards". It includes the "turning towards another person", but it also fits for the "turning towards oneself". This new name for the state of Social Engagement helped me to understand better the anatomical and physiological base for the development of "self-

efficiency” and how to develop it. If my clients are in a situation, in which they have almost no or no *close* people around, it is important that they learn to be there for themselves. “Self efficiency” is in the genes of Bioenergetics with all its exercises helping us to get connected with and grounded in ourselves. And we in Bioenergetic Analysis know how difficult it is to develop this capacity. How difficult it is to stay to ourselves, when the stress rises and we are in the mobilization mode by activating the sympathetic nervous system. In the interview, Porges mentioned the mobilization only in context with fight and flight as reactions of fear. But we are not only in the mobilization mode, when we are anxious. We are in this mode when we have to fulfill our duties in our daily life. Most societies nowadays have a culture of performance, where many people, especially the poor, live in a constant state of stress. So do people in wars, civil wars, people who are without merits (Verdienst), without a home, and those who suffer from an illness.

This culture of performance often keeps us too often in an activated sympathetic nervous system state. Porges’ PVT helps us to have an orientation to leave it. It makes clear why sitting on the couch watching a soap opera or a crime story with a glass of beer or wine might help us to cut the threat of rumination (Grübeln), but it can keep our arousal high or our mind blurred and focused on some issues which are not in the room. So we might feel more exhausted after an evening in front of a screen than one in which we do some yoga or bioenergetic exercises.

The development of the capability to stay turned to oneself needs the possibility to stay turned towards another person. For a lot of clients with early issues, this is a big step and a first goal in bioenergetic therapy. Here, clients have the possibility to turn towards the therapist – with their fear, anger, hate, confusion, and/or inability. This is why it is so important to offer our clients our bodies – to reach out with our arms; to stay apart, when physical contact is too much for them; and to hold them tight if needed with our arms, chest and heart. We have to do that in a very reflective way and in a relational way. It is about giving our clients the possibility to make new and safe experiences about getting into contact with another person. That is not always easy for us as therapists, but that is our work.

I would be very interested in getting more information how that work runs on an anatomical level.

Coming back to Porges results, PVT can help us to decide which kind of exercise is appropriate at a certain moment in therapy. Sometimes it is important to activate us with some exercises of self expression: to bring ourselves out of the state of freeze into one of mobilization. As Porges stated in the interview, this

state of mobilization is metabolically costly. The immobilization is the same with its activation of the nerves of the dorsal vagus and therefore the activation of the muscles of the startle reaction, which often endures for a long time. We consume a lot of energy. So on one hand it is important that we are able to come out of a freeze mode by expression. On the other hand it is important to come back to ourselves, by grounding exercises and those of self contacting, like by touching ourselves.

Here is the other point of why I love this PVT. It supported me in a more cautious approach in Bioenergetic Analysis. In the time of the origin of Bioenergetic Analysis, the expressive element was very much in the foreground of therapy. It was important to expand and even go to the edge of our boundaries with expression, i. e. try to be loud and very expressive with our movements. When we did that in training, sometimes I felt like I was only performing. The expression sometimes had an opposite effect on me. It did help that there were already the concepts of the cephalic shock and trauma published and discussed, when I came to Bioenergetics in the 1990's. With these, a more calm approach found entrance into Bioenergetics.

(To be precise, the expression of anger is a king's road to build up boundaries again. And we have built up a great variety of techniques to express it. But especially for those of us with early issues, the big stomp on the floor with a loud "no!" in our exercises groups is often not possible at the beginning of Bioenergetic therapy and can bring us into an inner freeze state again.)

This leads me to our conference theme, "Giving Voice to the Body in Challenging Times". As we heard again from Stephen Porges in the interview, for traumatized people the "Here and Now" is always a challenge, because we are very easily activated in our fight or flight or alertness, as well as in our freeze shut down state. Giving voice – in sense of starting to make a sound – in bioenergetic therapy can take hours. With some clients it can take a year and longer to start to open the voice in a non- verbal, vocal form. This is more frequent if there are severe traumatic experiences in the client's past. So I started to ask those clients if they could hear an inner sound, before I asked for expression. They did not have to tell me the sound, so they could be as safe as possible with this issue. If the client and I come to a stable base in our relationship, talking about the inner sound might become possible. Then, I explain the difference between a sound and a noise. A noise is a sibilant, or consonant sound like a "ssss". A sound includes a movement of the vocal cords. The vocal cords are innervated by the nerve glossopharyngeus, which is one of the cranial nerves and interconnected with the vagus nerve. As Porges mentioned in the interview, the expression can create a change into the

state of social engagement, when the prosody is warm and welcoming. But how can a sound of a traumatized child or a person being traumatized in the early childhood start with a warm sound? Or with a loud and powerful one? It is the contrary, as we know. The sounds which go together with experiencing trauma, if there are still sounds at all, are screams of pain, for help, crying of despair, or a whimper of helplessness. At the end there are no sounds anymore. They are locked down, shut away.

So when we help these clients in Bioenergetic Therapy to open their voices again, their first sounds are more like sounds of opening the Pandora's box: Creaks like a door's hinge, hisses like a cat of prey, growls like a mastiff, rumbles like a thunder. Such a soft sound is very difficult at the beginning and my clients all start with sibilants. But the softer the sound, the bigger its possibility to be authentic. This enables a further bioenergetic process of resonance, discharge and relief. As Vincentia described it in the interview, the expression has to be titrated until more and more is possible – at its best without any reaction of immobilization. I would like to express some of her sentences here: “Expressive work in not a cathartic way”, “The window of tolerance becomes longer”, “If you really go through the body movement work, you will come to a place where there is enough safety to scream fully”. “So discharge becomes retuned and grounded.” “The body gets the information: Now I get it!”

PVT is furthermore helpful to give us more ground for today's anatomical knowledge in the bioenergetic concept of character structures. As we know from PVT there is the possibility on an autonomous level to react almost like a reflex to switch from one autonomous state into another like from social engagement into immobilization. Actually, we have had this in our bioenergetic mind since Bob Lewis brought up the concept of the cephalic shock. PVT is a proof of it in a more modern anatomical vocabulary. Still there is a question. What is the base of the Character structures on an anatomic level then? Following my anatomical knowledge this is the fascial net in our bodies. I don't want to elaborate this here. You can find an article about this in a recent volume of the *Journal of Bioenergetic Analysis*. Here contemporaneous fascia research on the anatomical field and PVT on the physiological field run very well together to ground our theory of character structures better. It is a good example of how we can use different results of anatomical and physiological research to get a deeper understanding of our theory and develop more precise tools for our work as Bioenergetic therapists.

But it is an example, which makes clear that it needs more than integrating Porges' PVT into Bioenergetics to give the latter a more profound anatomical base, i. e. to understand better the concept of somatic resonance which our

colleague Vita Heinrich-Clauer elaborated as a concept of transference and countertransference on a body level.

Finally, as I said at the beginning, there is a danger in using anatomical terms. Every theory could be proven wrong. It is even more dangerous to be proved wrong to use anatomical words in a not correct sense. If we read Lowen's descriptions in "The language of the body" of the female sexual organs and of the physiology of female orgasm, he uses this to underpin his theory of the non aggressive, only receiving nature of women. I am pretty sure that this was not the contemporaneous anatomical knowledge of the time. It is not only the men who can express their sexual energy in orgasm expelling fluids, an even stronger spill can happen by some women's orgasms. Furthermore, not only women can have two different types of orgasms like a clitoral and a vaginal one. Men can have a penile and an anal one as well – thanks to the prostate. If the task of women following Lowen is to develop more from a clitoral to a vaginal orgasm, is this the similar task for men to develop a more anal-prostate orgasm during their normal development?

The worse thing about Lowen's writings on sexual function is that these aspects are still influencing the view in Bioenergetic therapy about what is suitable for men and women, and further what is an appropriate gender. Therefore it becomes dangerous for the whole Bioenergetic movement. Bioenergetic Analysis is in one line of Freud and Reich, who gave sexuality words to talk about in an anti-sexual Victorian society, who founded the first counseling center in at least the Western world and who inspired the sexual revolution in the 60's. Bioenergetic Analysis is still one of the few therapeutic approaches which includes sexuality as a topic in its program to work with on. But there is no discussion yet about how can we support trans people on their way to more self-determination. And it will be difficult, if we stay with Lowen's patriarchal understanding of gender and his axiom "The body knows the answer."

I am looking forward to this conference with its possibilities to meet and discuss about our movement. I hope we can just start the discussions now.

Lowen took over the principle of Reich's approach for the rigid and the masochistic character structure that their base is an unsolved conflict which is materialized by chronic muscle tension in the body. This makes sense for the character structures of these developmental phases, where we could suppose that there is a possibility to have a conflict. A conflict means that there was a possibility to choose: to say "yes" or "no", to fight or flight, hit or withdraw.

But what about the core issue of the Schizoid Character? The baby has no choice to accept or to reject the mother in that age at all. There is no voluntary musculature which could be tensed up by will.

Because all parts of our body are enwrapped into fascia, probably this might be it. The fascia of the muscle system got the name myofascial and tendons, the fascia of the nervous system is called simplified dura mater. The fascia is not only collagen fibers but it contains the mechanoreceptors in our body, which are the base of our interoception. The mechanoreceptors send their information via the afferent paths to the brain. Porges was talking about some of these and that they make 80% of the vagus nerve. So fascia is not only a structure giving and protecting system, but an information system as well. The less flexible this system is by less movement, the less information the brain gets out of it. That makes us unconscious about our posture, movement, the base of our behavior. It limits our awareness and self consciousness.

The author

Thomas Heinrich, psychologist, CBT since 2001, member of the Southern German Society for Bioenergetic Analysis (SGfBA) and faculty member of the IIBA since 2015, has focused in recent years on the anatomical foundations of Bioenergetic Analysis. He works especially with early traumatized clients and those with non-heterosexual orientation as well as non-cis gender identity.

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