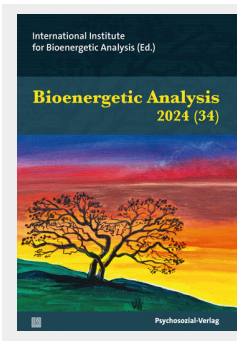


Vincentia Schroeter

Summary of an Interview with Stephen Porges



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I interviewed Stephen Porges, the creator of polyvagal theory, over zoom in June of 2023, for the IIBA conference in Brazil, that was held in August of 2023. Participants who attended the conference in person gathered in chairs to watch the interview. I appeared by zoom after the interview was shown, to join panelists Mae Nascimento, Thomas Heinrich, and Patrizia Moselli to make comments and take audience questions. The (edited) comments of Thomas and Patrizia will appear in this journal, separately from this paper.

My goal in this paper is to give a brief summary of the Porges interview.

Before getting onscreen I shared with Dr. Porges who the audience would be for this interview. I said:

“There will be 300 somatic (Bioenergetic) psychotherapists who work directly with the body. We use talk therapy along with movement and expression. We look at holding patterns in the body and assess their relationship to the individual’s early developmental history. We use hands on techniques and are trained in the ethics of touch in psychotherapy. Bioenergetics is psychoanalytically based, relationally based (working with attachment and regulation), and is trauma informed.”

Porges responded that he was somewhat familiar with Bioenergetics and feels somatic therapies are crucial for therapeutic change.

Interviewer: “Thank you, Dr. Porges for meeting with me. I am excited to discuss your important work, for the benefit of my colleagues, who are somatic psychotherapists. We have begun to incorporate your theories into our 4–5 year Bioenergetic training programs in many societies around the world. Can you start by giving an overview of polyvagal theory?”

Response: “Let’s conceptualize what the theory is from a functional level. It’s a theory that helps us understand what it means to be safe. It’s really a function

of our physiology. Being in a state that supports health, growth, and restoration [...]. Polyvagal Theory (PVT) sees autonomic state as a neural platform influencing behavioral, physiological, and psychological responses [...]. What this teaches us, and this is especially relevant to people who are in somatic therapy, is that the autonomic nervous system then becomes a portal for intervention.”

Dr. Porges shares his slides for fifteen minutes, showing the main points of Polyvagal theory, including the hierarchy of autonomic states, from fear related immobilization (dorsal vagal), to fight-flight mobilization in the SES, to a calm, socially accepted state (ventral vagal). He went over how survival challenges trigger dissolution, how safety and danger determine our responses, and how trusted people can help regulate the nervous systems of others.

Interviewer Comment: “What about the ‘vagal toning exercises’ all over the internet?”

Response: “I think there is a basic problem. It’s how we think in our Western world, especially as a scientist, I was brought up to think cause and effect. The problem with cause and effect modeling is individual variation [...] Clinicians know that human beings are not the same all the time. Not everyone is the same, so we forget what is going on in the body, not the external cause, and not the behavior. And we don’t ask the right questions because inside the body is neuroregulation and we can use the simple term homeostasis [...]. It is the neuroregulation of organs that keep it within a range that is healthy [...] that range is greater in more resilient people. When the nervous system is no longer resilient, the range starts to become restricted. So, the concept of feedback loops is missing.

In the world of somatic therapy, many of your clients have been to physicians. And what have the physicians told them? They said they can’t find anything wrong with your end organs. This becomes a problem – that medicine has very little knowledge and fewer toolkits to deal with neuroregulation of Visceral organs [...]. Polyvagal theory basically says, listen to your patient, listen to what the body is telling you [...]. And we need to think more in terms of mapping that dynamic neuroregulation of the organs rather than biopsies and the functional tests or blood tests that are so prevalent in medicine today.”

Interviewer comment: “That is a powerful point [...]. In western medicine we see this symptom and we want to treat that symptom or take the pain away. We need to look at the stress on the body and how that affects these systems.”

Please address the theme of the conference: giving voice to the body in challenging times.

Response: “The pandemic caused a state of threat in our bodies as we lived in fear and many suffered from too much isolation [...] when we are in a threat state we can’t engage and there is a need to learn to become ‘re-tuned’ (in the presence of an empathic other) to find our voice again [...]. Our job should be in recruiting the patient’s nervous system.”

Talk about afferent vs efferent messages (from body to brain; brain to body).

Response: “80% of the vagal fibers or maybe more, are going from the body to the brain stem. Our vagal system, meaning afferents is really a surveillance system of our bodily organs. We have an efficient ‘surveillance system,’ with the brain and body scanning and constantly sending messages back and forth to each other” (for instance – the gut brain and the heart brain send messages that do not need to pass through the thinking brain). “But are we listening to the decisions our brainstem is making? We are taught not to.”

Interviewer: “What about the breath?”

Response: “When we exhale slowly the ventral vagus starts to work. It calms us down. When we inhale, we are literally blocking the efferent, the motor action of the Vagus [...]. This is in a way, why song and prayer also have impact because they emphasize slower exhalations. If you are singing or you are talking, you’re exhaling, and your ability to feel threat decreases because you are calming your body.”

Can you talk about portals that support or shift ANS states?

I (Vincentia) tell Porges how Bioenergetics and PVT dovetail at portals or openings in the body:

SNS – we use big muscles, legs, arms, and back to activate movement toward fight/flight;

SES – therapeutic connection, soothing voice; engaging, welcoming facial expressions, warmth, safe touch/ warm holding; (ventral vagal)

PNS – therapist places their hand on the back of the neck, and the other hand on the lower back to support or shift into PNS. (dorsal vagal)

Porges agrees that the neural pathways help inform somatic therapists in ways to intervene to shift or support states. He emphasizes the prosody or calm, warm voice of the therapist as a primary regulating factor to help a client feel safe and engage in the SES.

Can you briefly respond to criticism of your work?

Interviewer comment: “I have read your written scientific response to some criticism, and we want to give people the access to that. As I read it, it seems to relate to a misunderstanding and different emphasis. We don’t need to go into that here. Your response to that criticism can be found in the October 2022 volume of the PVI website.”

Response: “Well, there are two points. One is the criticisms have been inappropriately representing the theory, in a sense, blatantly wrong of what the theory actually says. And the other point is, when I went through the five principles, none of the criticisms have anything to do with the five principles of the theory.”

What are you doing that is new and exciting in your work?

Response: “I am actually working with a classical music composer to create polyvagal music. It is basically music that is embedded in the rhythms of the body [...]. We are focusing on the relationship between music and the ANS, related to the ‘safe and sound’ protocol. I am interested in how we become ‘efficiently defensive’, how we know that we are safe enough to, for example, sit closer.”

This has been a brief summary of the interview with Stephen Porges by Vincentia Schroeter. The main message was how PVT champions recruiting the nervous system to help retune the body, which can be an asset in somatic psychotherapy.

The interviewed

Stephen W. Porges is the Professor of Psychiatry at the University of North Carolina at Chapel Hill and also Director of the Kinsey Institute Traumatic Stress Research Consortium at Indiana University Bloomington. He is author of *The Polyvagal Theory*.

<https://www.polyvagal institute.org/>

The interviewer

Vincentia Schroeter, PhD, is a licensed marriage and family therapist, specializing in Bioenergetic Analysis. She was the coordinating trainer of the Southern California Institute for Bioenergetic Analysis (SCIBA) for many years and past editor (2008–2018) of the clinical journal of Bioenergetics. As a member of the international faculty, she has taught in Europe, South America, Canada, and Asia. She has written three books: *Bend Into Shape. Techniques for Bioenergetic Therapists* (co-author: Barbara Thomson) (2011); *Communication Breakthrough. How Using Brain Science and Listening to Body Cues Can Transform Your Relationships* (2018); *Tilt: Seeking Balance in Troubled Times* (2021).