

Safety: The Preamble for Social Engagement

An interview with Stephen W. Porges, PhD



By Nancy Eichhorn

Our bodies, brains included, are designed to respond without thinking. Primed to protect our personhood via reactionary behaviors, our brain's reliance on pre-patterned programming impacts how we interpret what we perceive and how we react behaviorally. Yet, if we slow down the automaticity, if we read our environment from a state of openness and conscious awareness and override our internalized, evolutionarily-organized, knee-jerk response, our lives change.

To save time, unconsciously of course, our brains learned to scan and capture parts of experiences real and written, a glimpse or two, a syllable or so, and fill in the rest, for better or worse, right or wrong. And in that instant we determine the situation, assign meaning, and respond.

With this in mind, I offer two words bandied about in psychological literature today and invite you to notice what comes to mind the instant you read "attachment theory"? Most

likely other terms popped up associated with the concept itself and what you know about it, and perhaps names like John Bowlby and Mary Ainsworth arose since their ideas constitute the basis of said theory.

Next I offer the term social engagement. Then I'll add the name Stephen W. Porges. The words social and engagement most likely moved from a general concept based on different perspectives to a specific argued position and theory, namely the Polyvagal Theory which Dr Porges originated, which spawned a plethora of

clinical applications in a multitude of science based and educational focused fields.

The problem, however, with terms like attachment and social engagement is that they are definitively linked to theories—Bowlby, Ainsworth, Porges—when we hear the word attachment we intuitively interpret it and limit it to the theory. Intellectual expansion, clinical application is stalled unless someone can stop the thought process for a moment, confound the known, and intrigue the listener/reader to look with their mind's eye.

Porges does just that. Building

on a lifetime of research, he spreads his viewpoint beyond current theory, including his own, to build new constructs that positively impact peoples' lives. Take for instance the term 'social bonding'. It presents a larger concept; there is no specific theory in the mainstream lexicon to address the question, "What facilitates social bonding?"

The answer, according to Porges, resides in the concept of safety—without safety there is no social engagement which is the precursor for healthy social bonding.

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whether the individual is safe in the presence of the other,” he said. “If safe, then you (the therapist) have created a neural platform, a biobehavioral platform and social bonding. If the platform is not safe, if it is chaotic with unpredictable relationships, it will fail.”

Safety, it seems, is tied to predictability. If we are in a predictable environment (geographically as well as relationally) people may experience a sense of inner peace and connection; unpredictability triggers the physiological states of flight/fight associated with the sympathetic nervous system. The degree of predictability colors our experiences, Porges said.

“To feel safe in a defined environment and to turn off our adaptive defensive systems is the goal of civilization; the underlying strategy to optimize attachment is to negate evolution,” Porges said. “We have wonderful defense systems, but we can’t create relationships, can’t access wisdom and creativity unless we can turn off our evolutionarily programmed defense systems.”

When we are mobilized for defense we give up access to social engagement components: benevolence, care, compassion, shared experiences,” he continued. “Being mobilized for defensive states results in ‘biological rudeness’ and the whole aspect of what is gained by being interactive with another can’t play out because we are in survival mode. The parts of the prefrontal cortex that give us the ability to be relational go offline, we can’t separate beyond good and bad. Our

expansiveness, creativity and social relationships are hampered.”

Addressing our current educational system, Porges noted that current theory assumes humans are learning machines which conflicts with the reality that we are mammals trying to survive. Because adaptations to survive perceived dangers limit our processing systems, children who do not feel safe in the classroom setting cannot process language—there goes following verbal instructions. Children who do not feel safe in their classroom cannot remain calm—their bodies are primed for defensive maneuvers.

Despite the reality of physiological impacts on learning and engagement, the predominant features of learning theory minimize the importance of individual differences and developmental differences. Colleges of education base their curriculums on a behavioral level learning model with no respect for individual development and state (affective state), Porges said. By understanding features of the environment that trigger sympathetic nervous system responses, we can change where and how we learn (and work), such as focusing on low frequency noises and predictable environments to create states of safety that promote proximity.

“To balance our needs for social interaction with our needs for safety, we must know when to turn the defenses off and when to turn the defenses back on,”

said Porges. “This is a major issue in our society. When are we safe to be in the arms of another? When are we safe to go to school? When are we safe to go to sleep? People often say they don’t feel safe, and because they have difficulties turning off their defense systems, they can’t truly experience safety. We don’t want our clients to live their lives tightly wrapped, anxious, and defensive—if they are tightly wrapped with tense muscles and a highly activated sympathetic nervous system they convey a state of defensiveness to others that signals it isn’t safe to be in close proximity with this person. Social interactions are characterized by continuously transmitting cues of danger whether it is safe to be held in the arms of another or retreat and protect ourselves. I have used the term ‘neuroception’ to explain this dynamic interactive process.”

“From a therapeutic perspective, we look at people as being capable of using another human being to regulate their (affect) state, can they use someone to calm, to feel comfort, or are they better off isolated from other people and using objects to regulate?” he continued. “Sure there are individual differences and state variations in the ability and propensity to regulate with others or alone; yet, society has mandated that we need to always use other people. In the clinical world, we focus regulation on the interpersonal interaction restricting the individual to interact with the other. Face-to-face or hands-on-the-body, the recipient is required to feel safe with features of the environment whether he/she feels safe or not.”

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chronically in a state of evaluation and defensiveness,” Porges added. “However if we can engage the circuits that support social engagement, we can regulate the neural platform that enables social engagement behaviors to spontaneously emerge. From a Polyvagal Perspective, this is the objective of therapy.”

Our nervous system is bombarded with cues to be on the alert, to be prepared to protect and defend. Yet, safe environments are important for everything we do, especially psychotherapy. Thinking about various therapeutic approaches such as Sensorimotor, Somatic Experiencing, and Mindfulness Meditation, Porges realized that even these exercises need to be conducted in a safe environment. Mindfulness meditation, for example, involves experiencing a state of non-judgmental existence while our defensive system, associated with the sympathetic nervous system, is all about judgment and evaluation. Furthermore, if someone is practiced in the art of self-regulation during a meditative state, he often loses that regu-

latory ability when he returns to the outside world (and interacts with others). One goal of therapy, then, might be to help clients regulate their visceral state both together and then in varying degrees alone in order to engage and enjoy interactions with others. Perception, Porges said, involves a degree of awareness and cognition, while neuroception emphasizes that the process also occurs on a neural basis.

Safety is an embodied experience, sensed first within the pulse of our blood, the beat of our heart, the rate of our respiration, even the sweat on our skin. Our bodies offer subtle cues, a slight sense of dis-ease, as well as overt reactions. In social interactions our bodies function very much like a polygraph, Porges explained, and we need to learn more about how to read and to respect our body's responses. We have to know that when we feel uncomfortable there's a reason our body is feeling uncomfortable. Rather than dismissing or denying this bodily feeling, we need to adapt and adjust to it.

People are often pushed to evaluate behavior as good or bad rather than being supported to see the adaptive function of their behaviors as regulating physiological and behavioral states. When we can view our adaptations as a means to secure survival and respect how our body and nervous system put us into a physiological state to survive, Porges said, we can also acknowledge that those same adaptations now hamper our ability to live fully and creatively and engaged.

Offering the example of a rape victim who dissociated during the attack, Porges noted, what if her body didn't betray her but actually saved her? If the client focused on the power of her body to do what it needed to do in that moment to keep her alive, it changes the human narrative of the experience and shifts her body from a position of victim to hero.

"Humans have the ability to develop narrative," Porges said. "If we feel bad, we have to justify it with a story. We need to understand that the motivation behind these personal narratives is to make sense of our experiences. However, the experiences are not merely behavioral events and situational challenges. The experiences are neurobiological. Thus, we need to understand that our nervous system, including specific areas of our brain, is involved in dynamic processes translating bodily sensations and visceral feelings. The effective narrative then shifts from elaborating on the horror of the event, but towards an understanding of adaptive function and the predictability of the bodily reactions."

"I participated in the workshop in which a clinical case was presented of a young lady who believed she had been sexually abused as an infant. She had no memories of the abuse, nothing concrete, no family documentation, yet her belief impacted her ability to be loved and to be touched by another. All she had was a sensation of something being forced down her throat. I wondered if these vague memories had a different history. What if she had been incubated (a tube

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put down her throat) as an infant? She would have had the same bodily memory, the same oral sensation of choking. How would she function if she developed an alternative narrative that focused on a medical procedure and not sexual abuse? Would it enable her to restructure her life?"

"With this change in narrative, the physical sensations would not be challenged, but she would no longer be the victim of abuse. Rather than being violated by relatives entrusted to protect her, she would have cast the same sensations in a context of a procedure delivered to be helpful and not hurtful. The change in the personal narrative from victim has massive consequences especially on the ability to develop safe relations with others."

For detailed information on social bonding in adults, be sure to attend Dr Porges' keynote lecture at the 13th International EABP Congress of Body Psychotherapy.

Stephen W. Porges, PhD is currently Professor of Psychiatry and Biomedical Engineering and the Director of the Brain-Body Center at the University of Illinois at Chicago. He leaves the University of Illinois in July, 2012 to become the Principal Researcher for Behavioral Neuroscience at Research Triangle Institute (RTI) International in North Carolina. He is a former president of the Society for Psychological Research and also the Federation of Behavioral, Psychological, and Cognitive Sciences. He is a former recipient of a National Institute of Mental Health Research Scientist Development Award. He has published more than 200 peer reviewed scientific papers across several disciplines including anesthesiology, critical care medicine, ergonomics, exercise physiology, gerontology, neurology, obstetrics, pediatrics, psychiatry, psychology, space medicine, and substance abuse. In 1994 he proposed the Polyvagal Theory and published "The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation" (Norton, 2011).