



Deb Dana



Stephen W. Porges

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Excerpted from *Clinical Applications of the Polyvagal Theory* © 2018 Stephen W. Porges. Used with the permission of the publisher, W. W. Norton & Company. The following is the chapter: "Polyvagal Theory: A Primer."



Reviewed by Nancy Eichhorn

What happens when a question sparks a search? When a curious mind latches onto a quest to find answers that make sense, not just at a cognitive level but also with a bodily resonance, so it *feels* right?

Well, if you're Stephen W. Porges, you end up trying to understand how our physiology is related to our mental and behavioral states and then, with data in hand, you propose the Polyvagal Theory (1994), which links the evolution of the vertebrate autonomic nervous system to the emergence of social behavior.

According to Porges, Polyvagal Theory was generated as an expansive brain-body model that emphasized the bidirectional communication between the brain and the body. He proposed his theory as a structure to generate testable hypotheses and to stimulate research. He never considered clinical applications in terms of mental health; yet, clinicians have flocked to his workshops, his writings. They are drawn to the man and his theory. And at those trainings and webinars, meetings and symposiums, workshops and academic gatherings, repetitive requests resulted in two cohesive themes: make the academics more user-friendly and give us clinical examples—how can we better grasp the Polyvagal Theory and how does it integrate into what we do with our clients?

In response, Dr. Porges (2017) wrote *The Pocket Guide to the Polyvagal Theory: the Transformative Power of Feeling Safe* ([see our review in the Winter 2018 issue, volume 7, number 3, page 30](#)). *The Pocket Guide* uses a more conversational

approach, revised interviews actually so the text was originally created for therapists listening to Porges rather than reading his content that was original intended for academics and researchers.

Addressing the need for clinical examples was not quite as simple. Being an ethical scientist/researcher, comfortable with data and such, Dr. Porges knew his limitations. He was more than able to discuss clinical case presentations, deconstruct said presentations into constructs described by the theory but not being a therapist presented a challenge. So, he reached out to colleagues who were practicing therapists, some originators of their own methodological approaches others immersed in creating weaves of various approaches including a Polyvagal perspective. The result is his newest co-edited anthology, *Clinical Applications of Polyvagal Theory: The Emergence of Polyvagal-Informed Therapies*.

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“Polyvagal theory explains in scientific terms much of what I do in my own work as a therapist and trainer.”

Dr. Porges and Deb Dana worked with 25 contributors to highlight how Polyvagal Theory played into their understanding of their clients’ physiological responses—how their physiology impacted their bodily responses emotionally, physically, and at times I would venture to say spiritually. Their goal was to have the authors explain how Polyvagal Theory enabled them to expand their work rather than have them simply recapitulate the theory itself. Porges does that in Part 1, Chapter 4: Polyvagal Theory: A Primer. Here he provides dense data, his ‘scientist’ voice is clear, articulate. His intention was to provide space for an academic tone, thus freeing authors to write in a more personal voice to convey how Polyvagal Theory influenced their work.

According to Porges, “The chapters provide vivid examples of how Polyvagal Theory provides the language of the body that has enabled the authors to passionately express their desire to understand and to optimize the human experience” (pg. xxv).

“The reading of the entire book works as an integrated ‘whole’” Porges shared. “My ‘visceral’ response to the entire work was different than my responses to the individual chapters. There was something about the process of reading the entire collection of papers... when I did, I knew it worked!”

Deb Dana shared that the “edited collection was a labor of love” and that at times “it was a delicate process of weaving in the Polyvagal Theory language.” It seems that though the contributors were using a foundation of Polyvagal Theory, they were not necessarily recognizing it so Dana and Porges worked to make it explicit.

Four Parts Make the Whole

There are four parts, 22 chapters, a preface written by Dr. Porges, and detailed biographical information about the contributors. There are over 400 pages. I received a PDF prior to the book’s release so was reading it on my computer. As many readers know, this is not my best way to access a text. I thought I’d simply scan the book, get pertinent information to start something while waiting for the book to be

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available in print form from W. W. Norton and Company. I started to scan, then I thought, *I want to read more to get background for the article about Dr. Porges receiving the USABP Pioneer for Body Psychotherapy Award* (see PP in this issue) so I focused. Then, I was hooked. I spent the entire day reading chapter after chapter. The writing styles varied. Some authors did discuss the theory more than I thought necessary, others were personal and enlightening and informative. I appreciated many of the anecdotes and the experientials that were shared. I recognized the name of a contributor who has written for SPT in the past and as expected, her voice captured my full attention; her case study of a woman named Rita was insightful.

It was helpful to see how therapists interpreted Polyvagal Theory in their work and in their lives. Safety has become the most prominent emergent theme from Dr. Porges’ work over the past few years, perhaps the past decade (I’m not the best with time sequences). And these therapists, doctors and nurses are using their knowledge of our physiological states—triggers, cues of safety, cues of danger and/or life threat—to inform their client work (including patients that are in fact animals); seeing it in action breathes life into what some might consider a stagnant theory—though they would be far flung clinging to that thought. One of the beauties of this theory is that, like the evolutionary basis forming its foundation, the theory itself continues to evolve, to expand as new data is forthcoming.

Parts and Contents

The Preface, written by Dr. Porges offers his personal story as well as his part in creating Polyvagal Theory and its transition into the world of trauma treatment and psychotherapy in general. It is a fascinating portal into a personal perspective that readers are not always offered.

Part 1 is entitled, The Introduction of Polyvagal Theory into the World of Trauma Therapists. The three contributors in this section (not counting Dr. Porges' chapter, the primer discussed earlier in this review) are close colleagues and friends of Dr. Porges. These are the people who embraced his work early on and supported the application of Polyvagal Theory in the trauma field of the psychotherapeutic world. The contributors include Peter A. Levine, Bessel van der Kolk and Pat Ogden. Part 2 covers aspects of "Safety as the Core of Therapy". Part 3 offers chapters dealing with "Therapeutic Approaches and Clinical Applications". And Part 4 offers three chapters dealing with "Applications in Medicine".

The diversity of applications in different clinical settings is striking. You will read about work in a newborn intensive care unit, therapy with a survivor of torture in East Africa, and physician/patient interactions in an educational sense—per the author: being aware of the neurophysiology underlying reactions to illness and medical treatment, Polyvagal Theory can inform doctors as to "when to build trust and when to gather medical information".

Topics include: congenital heart defects; stroke and stroke recovery; Asperger's Syndrome; Post Traumatic Stress Disorder; Flight therapy—literally being afraid to fly in an airplane; and ethical animal care written from a veterinarian's (Polyvagal Theory influenced) perspective. And a nurse talking about the importance of person-to-person relational skills and cues of safety and caring that contribute to a patient's recovery.

Approaches include: Polyvagal Playlab (see page 185); Dance Movement Therapy and Core Rhythms (see page 207); Energy Psychology (see page 270); Theraplay (see page 227), Somatic-Psychological-Interactive-Model (see page 285);

Sensorimotor Psychotherapy (see page 34); Somatic Experiencing (see page 3).

As previously noted, the spread of Polyvagal Theory's influence is far and wide, nationally, internationally, impacting education, medicine, trauma work and divergent therapeutic methodologies/approaches/theories with their respective client considerations (man and animal). Yet they all maintain the commonalities of safety and social engagement in their work.

Quotes about Safety

"Polyvagal theory proposes that cues of safety are an efficient and profound antidote for trauma" (pg. 61).

" . . . safety is a deeply visceral experience, felt in the heart, held in the lungs as breath, a connected experience, a familiar tone of voice, gazes, hand gestures" (pg. 90).

"Polyvagal theory can be thought of as the science of feeling safe enough to fall in love with life and take the risks of living" (pg. 188).

Conclusion

My intention was to offer a glimpse of the contents, a sense of what the book covers and a perspective, well, okay, a personal opinion—this is a worthy read. If you want to experience the Polyvagal Theory in clinical settings, see how other therapists and clinicians interpret the theory and apply its principles to create safe, healing, nurturing environments with bi-directional neural communication to help maintain clients' nervous systems in a state of safety for optimal regulation, social communication, state regulation and learning, check out the book.