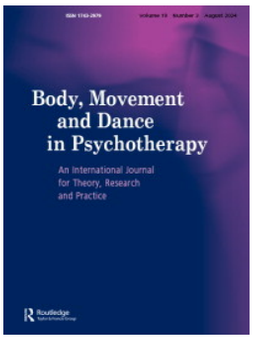

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Polyvagal perspectives: interventions, practices, and strategies

by Stephen W. Porges, W. W. Norton & Company, First edition, publication date 08.13.2024, 352 pages. ISBN-13: 978-1324053408

Nancy Eichhorn

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BOOK REVIEW

Polyvagal perspectives: Interventions, practices, and strategies, by Stephen W. Porges, W. W. Norton & Company, First edition, publication date 08.13.2024, 352 pages. ISBN-13: 978-1324053408

As a seasoned laboratory scientist, Stephen W. Porges presented his polyvagal theory (PVT) in 1994 and simultaneously started a revolution. His research and resultant theories reframed our understanding of the ANS's impact on stress, resilience, sociality, feelings of safety, and more.

Porges's newest book, *Polyvagal Perspectives: Interventions, Practices, and Strategies*, discusses concepts embedded in his original theory that transcended its theoretical framework. It represents his desire to 'clarify his original theory and rectify potential misunderstandings by documenting its scientific foundation' (pg. 24) and counter academic attacks and misrepresentations of clinical applications. The materials also demonstrate that a polyvagal perspective may deepen our understanding of vagal impacts on human health and experience.

A brief history

To understand how PVT came about, it is helpful to know that Porges was initially intrigued by what he called the vagal paradox. Two vagal systems exist in the human body. One is associated with calm states and social engagement behaviours. The other is a vestigial defensive system that is potentially lethal to mammals. Porges wondered how the vagus could protect us when expressed as respiratory sinus arrhythmia (RSA) and threaten our lives when expressed as bradycardia and apnoea. Identifying 'the vagal mechanism underlying the paradox evolved into the polyvagal theory' (pg. 24).

After presenting his PVT, Dr. Porges became an overnight sensation. By the late 1990s, he spoke at meetings focused on clinical trauma work for healthcare workers. Helping clients understand the neurobiological foundations of their unconscious reflexive reactions helped them release shame and blame and arrive instead at a place of understanding with curiosity. His work has been generalised across disciplines and cited in more than 25,000 peer-reviewed journals. Thousands of therapists currently self-identify as being 'polyvagal informed.'

However, according to Porges, social media influencers, many lacking proper academic accreditations who joined the bandwagon purporting the efficacy of polyvagal-informed therapies, popularised his work, but the information was inaccurate, misconstrued, and misused. In this new book, theory, research, and applications to practice are revisited in five parts to correct any misunderstandings.

Structural components: five parts

Part I: Theory. Four chapters elaborate on the three pillars of PVT: neurophysiology, sociality, and safety. The Science of Safety focuses on the subjective feeling of safety, neuroception, and an innate human need: 'Humans are on a lifelong quest to feel safe,' Porges notes. Embedded in our DNA, the drive for safety is a 'profound motivating life force' (pg.74).

Part II: Clinical Applications. Three chapters deal with Appeasement and Stockholm Syndrome, working with a sensitive patient, and neuromodulation using computerised altered music to treat a ten-year-old child for a functional neurological disorder. Porges discusses his Safe and Sound Protocol TM (SSP).

Part III: Monitoring and Stimulating the Vagus. There are three chapters. One is part memoir and part historical essay on heart rate variability (HRV) and its dependency on technology's ability to measure and quantify beat-to-beat activity. Porges was a 21-year-old graduate student when he found his focus in psychophysiology. He discovered systematic changes in HRV during sustained attention and became interested in identifying mental effort and intentionality from physiological signals. However, he had to measure HRV effectively using a machine he and his colleagues built with cast-off parts. Heart rate variability became Porges' personal journey – his research has focused on HRV for seven decades.

Part IV: Brief Papers. Five previously published papers discuss cardiac vagal tone, addiction, autism, Ehlers-Danlos Syndrome, and empathy and compassion.

Part V: Blogs and Interviews. Five previously published blogs/interviews cover the nervous system's role in survival and safety, the anatomy of calm, keeping cool in high-stress situations, Vladimir Putin's physiological state from a polyvagal perspective, and a 2017 interview with Christina Devereaux from the American Dance Therapy Association.

The appendix includes excerpts from Porges' original 2007 paper introducing the concept of polyvagal perspectives, a lengthy section for sources, and a bibliography. The content and format were structured to support his vision for PVT.

Porges' vision for PVT

Porges never intended PVT to be static; instead, he wanted the theory to be researched and modified. PVT has two components: a descriptive model and a series of hypotheses that are 'driven and future-oriented, which could potentially lead to enhancements of mental and physical health' (pg.70). Porges emphasised the ANS's role in our response to internal and external cues to challenge scientists to frame research questions that 'incorporate an integrative understanding of the role neural mechanisms play in regulating biobehavioural processes' (pg. xiv). Working from a polyvagal perspective, Porges wants to 'shift research' from 'theoretical strategies towards a

theory that drives paradigms dependent upon explicit neural mechanisms' … 'Foremost, a polyvagal perspective emphasises the importance of phylogenetic changes in the neural structures regulating the ANS' (pg. xiv).

Overall

Authors must present their vision so the content is understood and well-received. This book is well-written and well-documented – it is densely filled with data, references, and an academic tone. While the interviews are not as laden with academic terminology, they still require a background in PVT to participate.

New information supports older data. Several concepts have been updated, such as the conversation on dissolution. Some information is repeated in different contexts because articles are being repurposed from other publications. This is not a criticism; papers are published in places not all readers can access or are even aware of. The information is informative and insightful. There is a lengthy discussion on the five principles of the PVT and the hierarchy of autonomic reactivity. Porges looks at criticisms of PVT, which he notes are based on inaccurate misrepresentations of the theory (pg. 49). He deconstructs their arguments to show that PVT is (A) not speculative and (B) it is scientifically supported. Porges notes that his critics articulated inaccurate versions of the theory. They argued that those inaccurate versions didn't have a scientific basis; thus, the PVT was false. Per Porges, misrepresentation number one was that RSA is a mammalian form of cardiorespiratory coupling, which Porges notes is factually inaccurate. Misrepresentation number two was that myelinated cardioinhibitory vagal fibres originating in the nucleus ambiguous was a defining feature of the phylogenetic transition from ancient long-extinct reptiles to mammals.

The content is well-rounded and offers an educated vantage point on various aspects of PVT. This review highlights two chapters. One discusses empathy and compassion, creating a new potential foundation for clinical understanding. The other is a reprint of an interview with Christina Devereaux (2017 American Dance Therapy Association) with Dr. Porges, focusing on PVT and dance and movement therapy.

Empathy and compassion from a polyvagal perspective

This chapter stood out because it clarified the neurophysiological roots of empathy and compassion and why some people can't feel one or the other. Porges explained that empathy was a reflexive, autonomic bodily reaction to pain and suffering in others. It's an adaptive shift in our physiology (beneath our consciousness) that prepares our body to attack, defend, protect, escape, etc.

Compassion, which follows empathy, may falter if the person remains stuck in a defensive state (a loss of vagal control/unable to return to a

parasympathetic state) because they have been deeply triggered by the other person's pain (pg. 224). Compassion depends on the vagus being able to calm feelings of threat and discomfort. Regaining control is a two-step process. First, the vagal social engagement system comes back online so the person can recover to safety, connection, and autonomic regulation – the ability to flexibly move between physiological states that support empathy and compassion. Toggling back and forth involves 'vagal efficiency' – 'the effectiveness of our vagal brake in dynamically regulating heart rate and metabolic output to match the demands of the environment, interaction, or situation' (pg. 227) and the neurophysiological foundation for our capacity to be self-compassionate and to build trusting authentic relationships.

PVT and body, movement, and dance in psychotherapy

In the interview, Porges notes that reciprocal movements with social engagement behaviours support neural mechanisms in optimising mental and physical health (pg.231). In his perspective, dance and play are neural exercises that shift affective states in a safe context. Music as an intentional tool in movement therapies and ways to create evidence-based research in dance and movement therapies are explored in this chapter. Porges notes that the "important point for dance and movement therapists is to understand the power of their treatment models and their intuition in manipulating cues of safety to manage behavioural states of their clients during treatment" (pg.231).

Conclusion

There is much to gain from reading this book, regardless of one's therapeutic orientation. Readers have the opportunity to understand how PVT provides a theoretical basis for a neuroscience of safety, which promotes spontaneous social engagement behaviours and creativity and optimises health, growth, and restoration. Safety, Porges writes, drives our biological imperative to connect, cooperate, and collaborate. With this understanding, therapists can use their knowledge of PVT to inform their clinical work.

Nancy Eichhorn
Independent Scholar, Carmichael, California
nancy@nancyeichhorn.com

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