

A Message from the USABP Honorary Director of Research

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At the 2018 USABP conference, I was honored to receive the Pioneer Award. However, since I am neither a somatic therapist nor a member of USABP, I didn't immediately understand the contribution I had made to body psychotherapy, or to the organization, that would merit being honored. In accepting the award, I had to reflect on the history of somatic therapies and how my work conceptualizing the Polyvagal Theory influenced and interacted with the diverse community of somatic-oriented therapists. I started to review my experiences and interactions with the world of somatic therapists.

The more I reflected upon and reviewed these interactions, I realized that there were strong synergistic relationships between my work developing Polyvagal Theory and the field of somatic-oriented psychotherapies. This history started in the mid-1970s when I met Peter Levine, who was exploring neurophysiological explanations for the consequences of trauma. Peter was curious about atypical autonomic response patterns that emerged during trauma-related memories. From these initial interactions, we developed a strong friendship. Through conferences and workshops at Esalen in the late 1970s and early 1980s, Peter introduced me to the world of body-oriented therapies. Although the body is now an acceptable portal for treatment in many trauma-informed therapies, its acceptance is relatively recent. Only during the past decade have body-oriented psychotherapies become accepted in the world of academically oriented or affiliated therapists and clinical researchers.

My first exposure to the diverse realm of body-oriented psychotherapies predated the formation of USABP, when I was invited to the first US Conference of Body-Oriented Psychotherapy in 1996. As an academic scientist, the meeting was remarkable in scope, enthusiasm, and metaphor. The meeting provided an opportunity to witness variations

in somatic treatment models and schools of therapy, and to meet many passionate therapists who would be leading and defining the emerging discipline of somatic-oriented clinical practices.

I was struck by four aspects of the meeting: first, the passionate commitment of the participants to somatic therapies; second, the welcoming curiosity of the participants about my research as providing a language to understand their clinical practices; third, the lack of an integrated underlying theoretical theme that could identify common mechanisms across treatment models, and be translated into the metaphors and vocabulary of medicine, psychology, or neurophysiology; and fourth, the relative importance of treatment brand (e.g., school of therapy) that seemed to provide the strongest organizing principle for the emerging discipline. It was this latter point that concerned me, since if too much effort were dedicated to differentiating treatment models (i.e., treatment brand), then there would be limited interest in identifying common mechanisms that would support positive outcomes.

A few years later, in 2002, I was invited by Mark Ludwig to be a keynote speaker at the third National USABP Conference. The meeting highlighted the transitions that were occurring in somatic-oriented psychotherapy, including the widening acceptance of somatic therapies in trauma, and the evolving strong interest in underlying mechanisms through which research could explain how and why body psychotherapies worked — especially with cases that did not respond to other forms of psychotherapy or pharmaceuticals. My talk formally introduced Polyvagal Theory to the world of somatic psychotherapy. The talk started a dialog with somatic-oriented therapists about how the theory could be used to understand and treat trauma. In subsequent years, I gave a keynote at EABP in 2012, and will be giving a keynote talk at the 2020 EABP in Bologna.

As my dialog with somatic therapists expanded, I realized that many somatic-oriented therapists were on a quest for a viable theoretical perspective that would integrate the more traditional top-down models (i.e., traditional psychotherapy) with their intuitions and observations of the power of bottom-up treatment models (i.e., somatic manipulations). I also realized that Polyvagal Theory might support this quest by providing a bidirectional understanding of how psychological processes could influence physiological states, and how physiological states could influence psychological processes.

Metaphorically, as the body has become an acceptable portal to work with the consequences of trauma, Polyvagal Theory has become the neural thread providing the bidirectional connection between brain and body. Through the welcoming and timely acceptance of the role of the body in trauma treatment, Polyvagal Theory is emerging as an integrative construct within the world of trauma-informed therapies.

As Polyvagal Theory has become embedded in somatic and other trauma-informed therapies, I have experienced the dual roles of being both teacher and student. Since I was not a therapist, I was curious about the impact of somatically-oriented therapies on autonomic state, and how shifts in autonomic state would provide a neurophysiological platform for improvements in mental and physical health. Trained as a psychophysiologicalist, my research initially focused on how mental processes, including cognitions and emotions, influenced physiological state. My research

strategy was based on a top-down perspective in which neural pathways originating in higher brain structures could reliably influence autonomic function. This top-down approach supported a metaphor that the heart is a window to the brain. However, as I entered the world of somatic therapies, this top-down perspective was informed by a bottom-up perspective. In a way, my interactions with the world of somatic therapy provided an opportunity to integrate top-down and bottom-up metaphors. Thus, as Polyvagal Theory evolved, it became welcome in somatic therapy.

Polyvagal Theory was welcomed because it provided a tangible functional model that contained intuitive metaphors to support the expanding world of body therapies — including therapies directed at optimizing psychological processes as well as those targeting shifts in physical structure and neurophysiological function. Polyvagal Theory provided a neuroanatomical/neurophysiological basis to potentially explain how somatic therapies work. Polyvagal Theory is not only explanatory, it also provides a language that is consistent with contemporary neuroscience and compatible with Western medical practices. Moreover, many of the constructs embedded in the theory are also consistent with Eastern philosophical practices, such as yoga.

This issue of the *International Body Psychotherapy Journal* contains papers based on presentations at both the EABP and USABP 2018 meetings. The papers reflect the maturation of somatic therapies as a clinically relevant perspective, especially in the treatment of trauma. This maturation brings with it a greater scientific sophistication in method, and a deeper understanding of neurophysiology. My observations and interactions with the somatic therapeutic community have spanned more than 40 years. During this period, I have been appreciative of how the somatic community has welcomed me and helped me understand, often through demonstrations, the powerful impact that shifts in structure and functional physiology state have on psychological processes. The product of these interactions contributed to the evolution of the Polyvagal Theory.

Personally, it has been a wonderful experience to witness how somatic therapists have used Polyvagal Theory as they embed features of the theory into their treatments and explanations for healing. Polyvagal Theory provides a roadmap of portals for treatments. Thus, from a Polyvagal perspective we are learning that subtle forms of stimulation, such as listening to sounds, vocalizing, and breathing may have a powerful impact on neural regulation of both visceral organs and somatic structures. We are also learning that top-down visualization strategies may complement bottom-up manipulations as more coherent personal narratives are structured in response to bodily feelings. I look forward to the new knowledge that we gain as science and clinical practices work synergistically to develop treatments that optimize health, growth, and restoration, as well as our capacity to co-regulate with each other.
