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.

“The real issue in therapeutic modeling and relationships is...
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/flight 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 (affectionate 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.”

“If we are not safe, we are 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-
bodily feeling, we need to explained, and we need to learn beat of our heart, the rate of physiological state to survive, behavioral states. When we ported to see the adaptive bad rather than being sup-

People are often pushed to evaluate behavior as good or bad rather than being sup-
ported 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 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 crea-
tively 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 behav-
ioral 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 dy-

“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 sen-

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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 Neurosciences 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 pro-
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