

# Polyvagal Theory: A Brain-Body Science of Connection, Trust, and Safety

*Stephen W. Porges, PhD*

*Distinguished University Scientist, Kinsey Institute, Indiana University*

*Professor Psychiatry, University of North Carolina*

# No Health Without Mental Health:

- Problem

- Individuals with major mental illness die 14 to 32 years earlier than the general population
- The severely mentally ill die of chronic health disorders such as cancer, heart disease, stroke, pulmonary disease, and diabetes

- Solution

- Understand the common mechanisms involved in mental and physical health
- Apply interventions that function as 'neural exercises' rehabilitating and promoting resilience

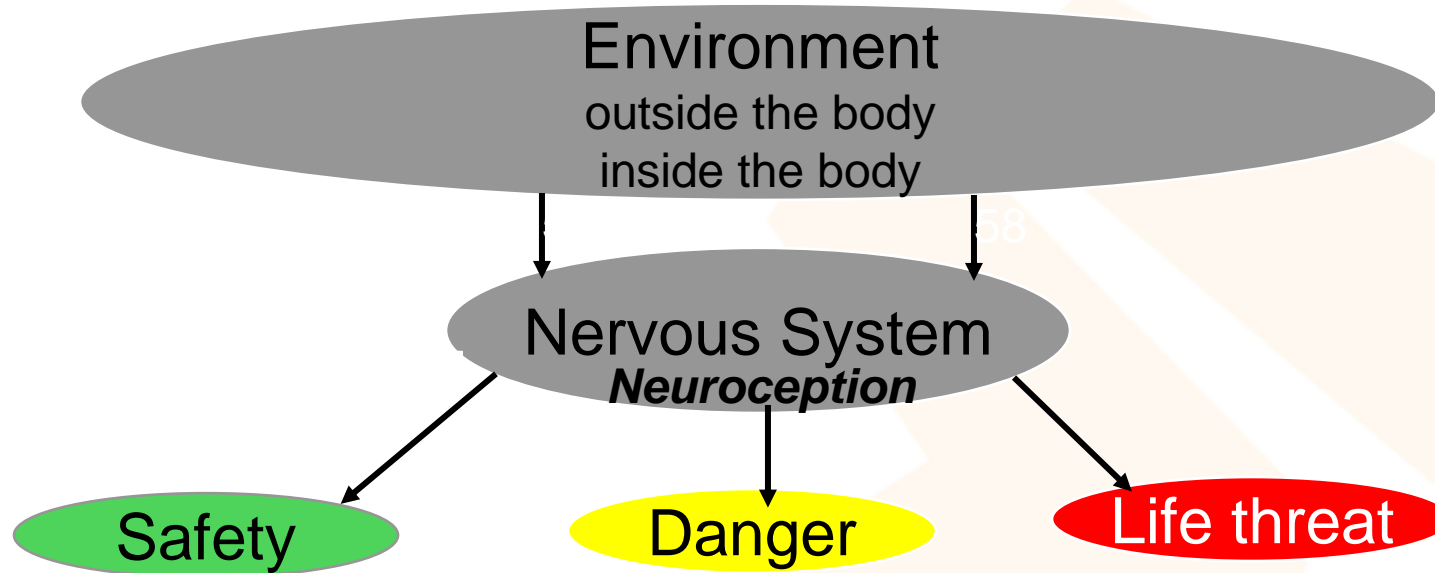
# Do Mental and Physical Diseases Have Common Mechanisms?

- Most chronic diseases are autonomic or involve the autonomic nervous system (ANS).
- Most mental health disorders involve a disruption to the neural regulation of the ANS.

# Do Mental and Physical Diseases Have Common Portals of Treatment?

- Portals of treatment
  - Neural exercises reconnect the body with the brain.
  - Neural exercises connect individuals through their social engagement systems
- Neural exercises
  - Yoga
  - Mindfulness
  - Breathing exercises
  - Singing/chanting
  - Listening
  - Playing
  - Team sports

# The Quest for Safety: Emergent Properties of Physiological State



Spontaneously engages others  
eye contact, facial expression, prosody  
supports visceral homeostasis

Defensive strategies  
fight/flight behaviors (mobilization)

Defensive strategies  
death feigning/shutdown (immobilization)

# Trauma Triggers Dissolution: Evolution in Reverse

<b>Structure</b>	<b>Function</b>	<b>VVC</b>	<b>SNS</b>	<b>DVC</b>
<b>Head</b>	<b>Communication</b>	<b>+</b>		
<b>Limbs</b>	<b>Mobilization</b>		<b>+</b>	
<b>Viscera</b>	<b>Immobilization</b>			<b>+</b>

# Neuroception

## Unconscious Evaluation and Detection of Risk

- The nervous system's detection of risk in others – *without awareness*.
- Can dampen defensive systems and facilitate social behavior (safety).
- Can promote defensive strategies of mobilization (fight/flight) or immobilization (shutdown, dissociation).

# Neuroception

## Our Personal TSA Agent



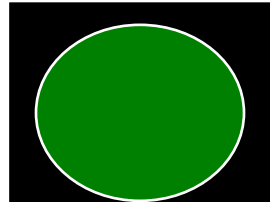


# Neuroception

Environment

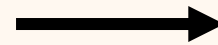
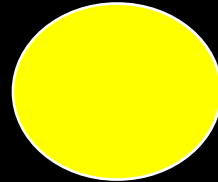
Behavior

Safe



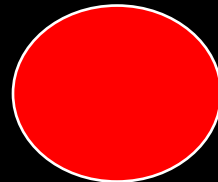
Social Engagement

Danger



Fight/Flight

Life Threat



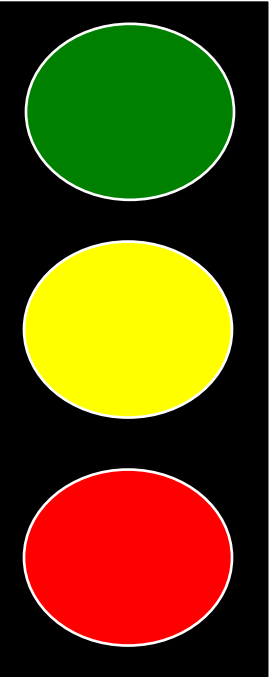
Shutdown

Physiological State

# Neuroception

Environment

Safe



Behavior

Social Engagement



Play

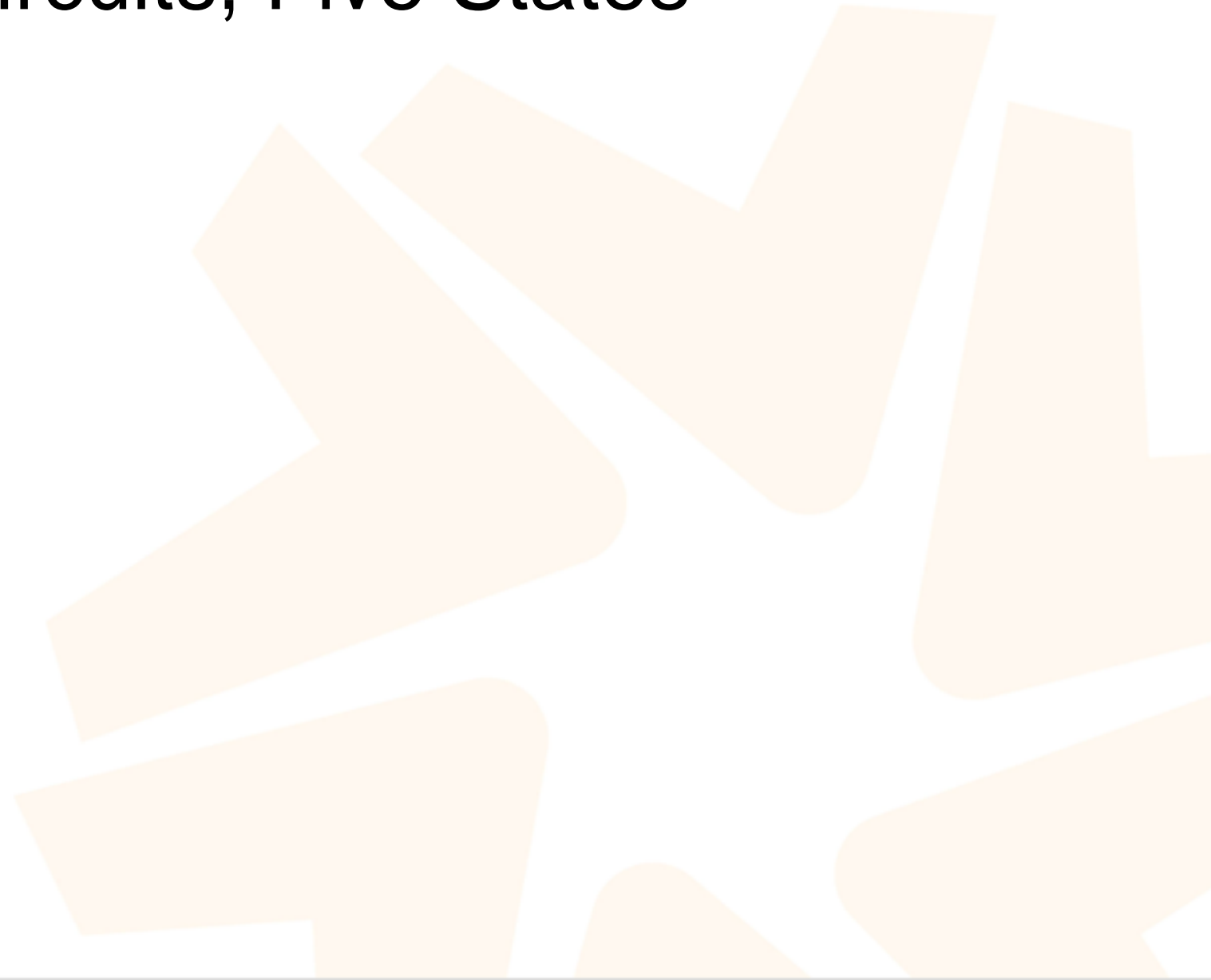


Intimacy



Physiological State

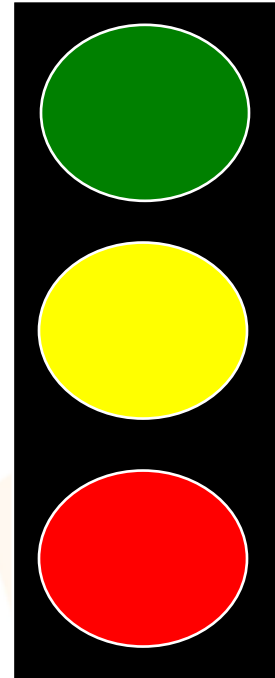
# Three Circuits, Five States



# Social Communication

Circuit

VVC



Physiological State

Behavior

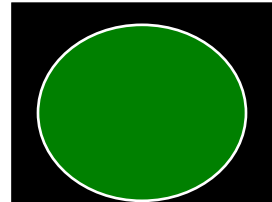


Social Engagement

# Play/Dance

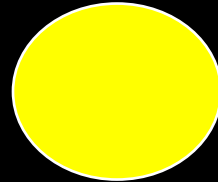
Circuit

VVC



Social Engagement

SNS



Mobilization

Behavior

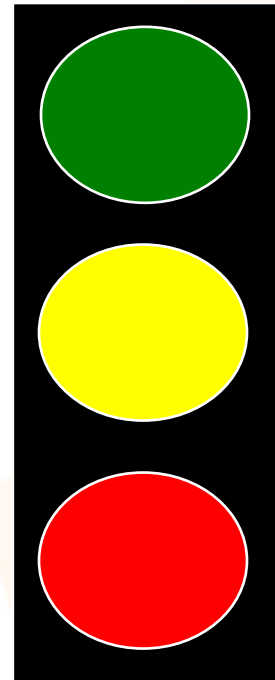
Physiological State

# Fight/Flight

Circuit

Behavior

SNS



Mobilization

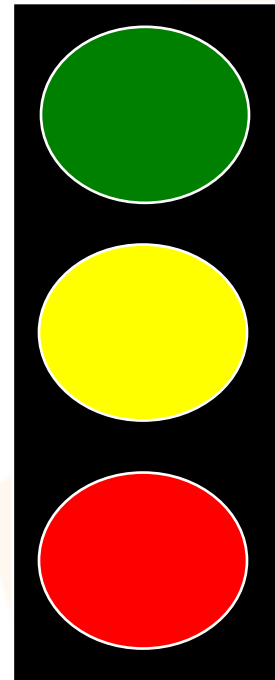
Physiological State

# Intimacy

Circuit

Behavior

DVC



→ Social Engagement

→ Intimacy

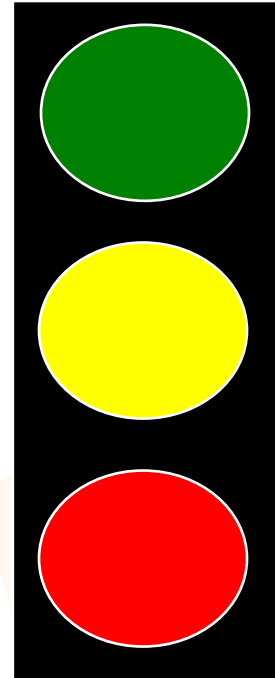
Physiological State

# Shutdown/Dissociation

Circuit

Behavior

DVC



Immobilization

Physiological State



# Immobilization with Fear

- Immobilization as a defense strategy is a missing concept in psychology and psychiatry, although forced immobilization (restraint) is a frequent feature of trauma and chronic abuse
- Not all stressors result in “fight/flight”
- Not all vagal (parasympathetic) influences are restorative

# Apnea and Bradycardia



# Immobilization with Fear



# Immobilization with Fear

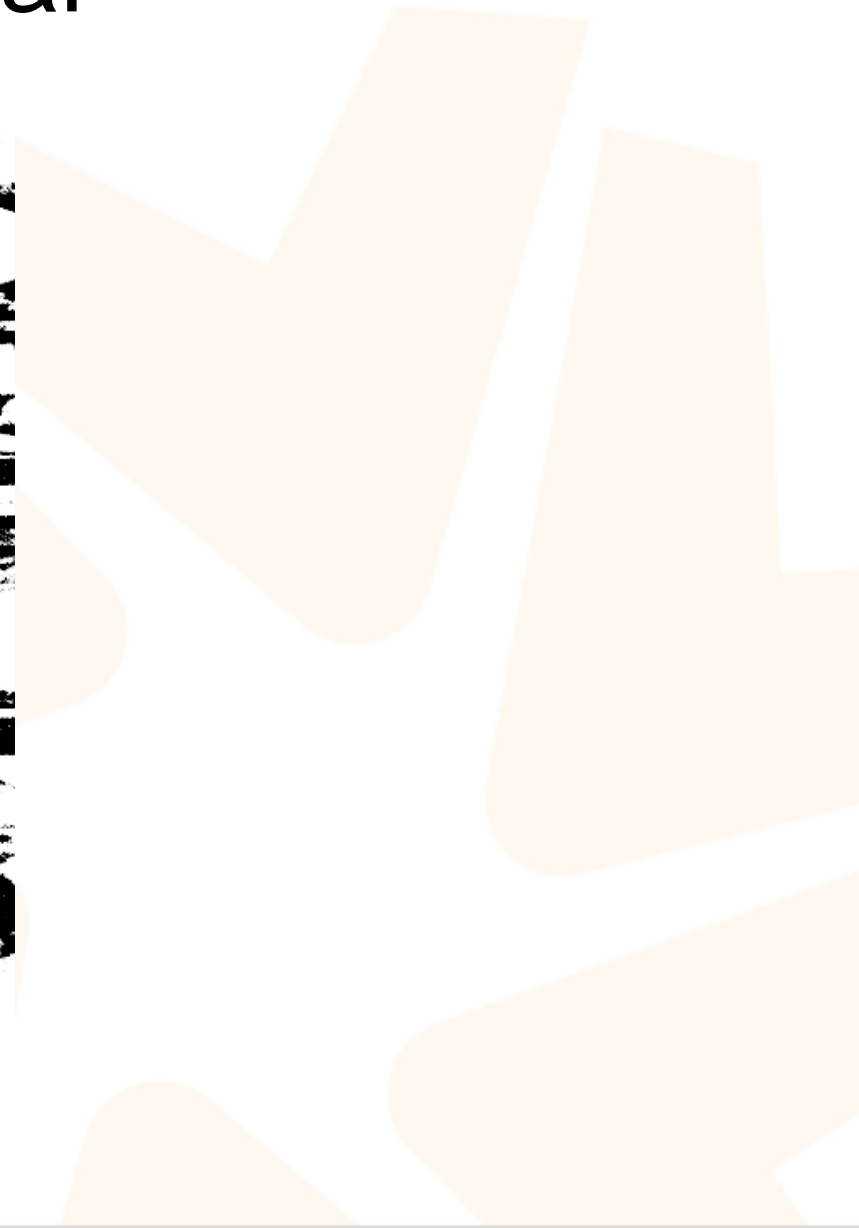
... I read about the body immobilizing instead of fighting or fleeing. I am now 69 and when I was 18 I was nearly strangled and then sexually assaulted. Years later I was speaking with my daughter about this incident and she was disbelieving that I did what I did and that I froze. I felt so ashamed and judged. After reading your theory I cannot tell you how excited and vindicated I feel.. I am crying right now.



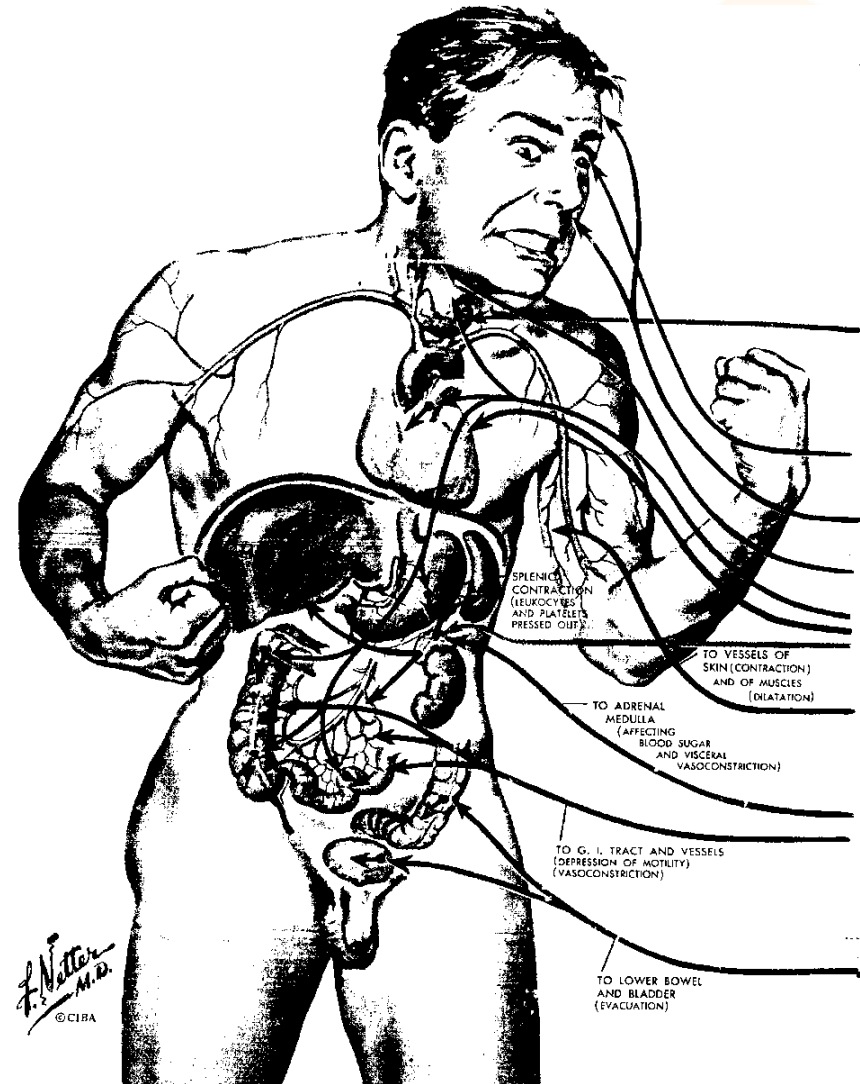
# Co-morbidities: Viberzi Commercial for IBS



# Mobilization with Fear



# Mobilization with Fear



# Social Engagement





# Through Evolution the Social Engagement System Became Integrated with the Body



# Deconstructing the Social Engagement System



# Social Engagement System

## Observable Deficits in Several Psychopathologies

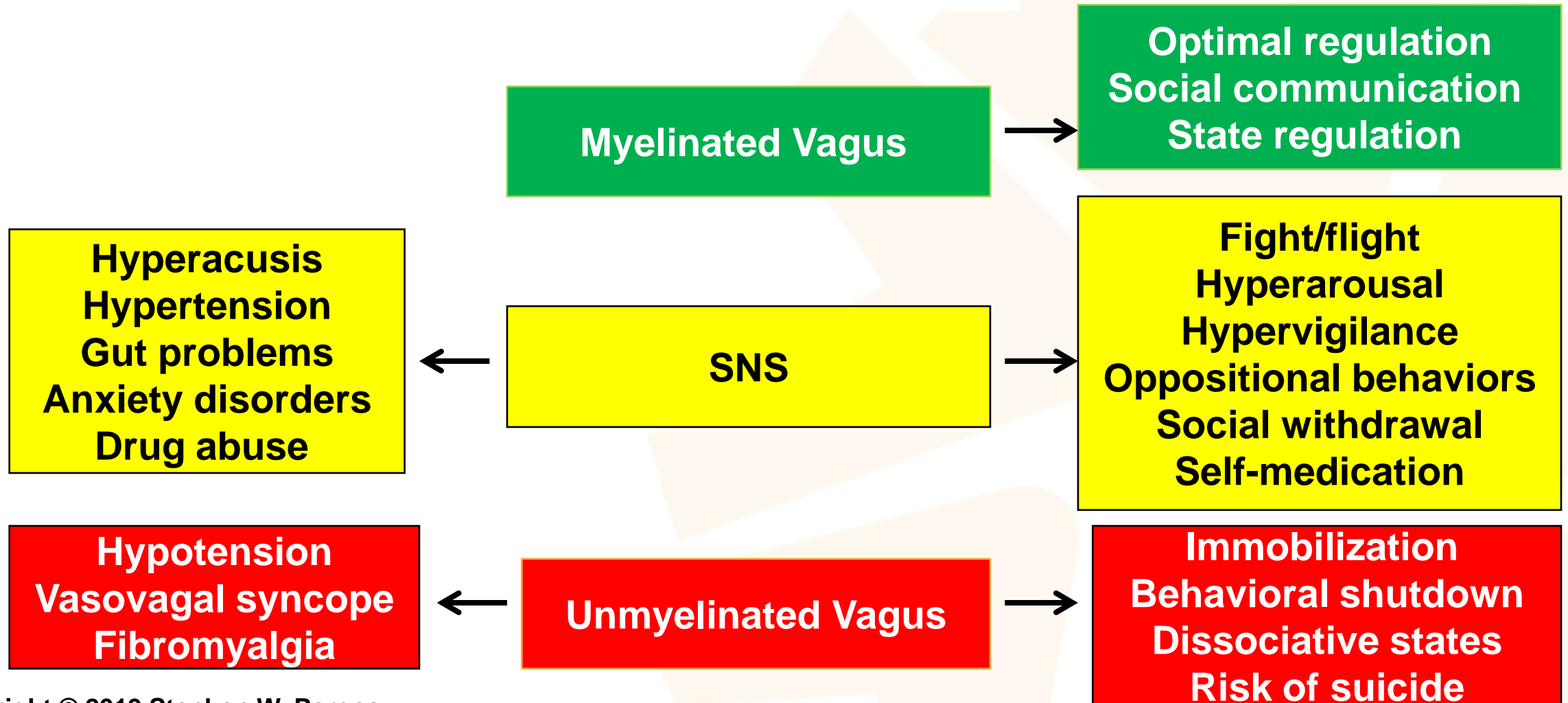
- Lack of prosody
- Poor eye contact and difficulties in social communication
- Blunted facial expressivity
- Difficulties in behavioral state regulation (hypervigilant, anxious, distractible, impulsive, tantrums, hypoarousal)
- Compromised vagal regulation (e.g., state regulation, digestion)
- Difficulties in listening, following verbal commands, speech-language delays
- Sound sensitivities
- Oral motor defensiveness (e.g., ingestive behaviors)

# New Model

Clinical

Polyvagal State

Behavior



# No Health Without Mental Health: Polyvagal Informed Brain-Body Perspective

- The same neural circuits that optimize “physiological” health, optimize social behavior and “mental” health.
- The same neural circuits that optimize behavioral defense, disrupt the circuits that maintain mental and physiological health.
- Health is based on “regulation” of physiological states and humans require social interactions to “co-regulate” physiology.
- The autonomic nervous system is the bidirectional connection between the brain and visceral organs.
- This perspective leads to the use of brain-body neural exercises to optimize mental and physical health.

# Polyvagal Syndrome: Symptoms

- Lack of prosody
- Poor face ↔ face gaze
- Flat affect (facial expressivity)
- Sound hypersensitivities
- Inappropriate posture during social engagement
- Poor mood and affect
- Atypical state regulation
- Low threshold to become fight/flight
- Low threshold to be dissociative
- Lower gut problems
- Fibromyalgia

# Do Mental and Physical Diseases Have Common Portals of Treatment?

- Portals of treatment
  - Neural exercises reconnect the body with the brain.
  - Neural exercises connect individuals through their social engagement systems
- Neural exercises
  - Yoga
  - Mindfulness
  - Breathing exercises
  - Singing/chanting
  - Listening
  - Playing
  - Team sports

# What if Descartes Where Trauma-Informed

- Je pense, donc je suis (I think, therefore I am).
- Je **me** sens, donc je suis (I feel, therefore I am).



# The Look of Love: Inferring Polyvagal State from the Face

*The look of love is in your eyes*

*The look your smile can't disguise*

*The look of love is saying so much more*

*Than just the words could ever say*

*And what my heart has heard*

*well it takes my breath away*

*I can hardly wait to hold you*

*Feel my arms around you*



# The Look of Love: Inferring Polyvagal State from the Face

*The look of love is in your eyes*

gaze- orbicularis oculi

*The look your smile can't disguise*

facial muscles

*The look of love is saying so much more*

facial, neck, lip muscles

*Than just the words could ever say*

prosody

# The Look of Love: Inferring Polyvagal State from the Face

*And what my heart has heard*

vagal regulation of the heart, middle ear muscles, face-heart connection

*well it takes my breath away*

vagal regulation of the bronchi

*I can hardly wait to hold you*

*Feel my arms around you*

intimacy (immobilization without fear and not restraint)



**Kinsey Institute**

INDIANA UNIVERSITY

# Traumatic Stress Research Consortium

Studying the impact of traumatic stress on health, relationships,  
& sexuality

To become an affiliate: [trauma@Indiana.edu](mailto:trauma@Indiana.edu)