



Conscious Life presents

# ANXIETY SUPER CONFERENCE

## How to cultivate a state of safety

Guest: Dr Stephen Porges

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### [00:00:10] Alex Howard

Welcome, everyone, to this interview where I'm really happy to be joined by Dr Stephen Porges.

Firstly, Steve, welcome, and thank you so much for joining me.

### Dr Stephen Porges

Well, thank you, Alex. I look forward to a very interesting hour. Thank you.

### Alex Howard

So in this interview, we're going to be particularly exploring the theme of safety and why having that inner sense of safety in ourselves, but also having that sense of safety with others is so important in the context of anxiety, but also ultimately in the broader context of trauma.

Just to give people a bit of Dr Porges' background, Dr Porges is a distinguished University Scientist at Indiana University, where he's the founding director of the Traumatic Stress Research Consortium.

He is Professor of Psychiatry at the University of North Carolina at Chapel Hill and Professor Emeritus at both the University of Illinois at Chicago and the University of Maryland.

He serves as a President of the Society for Psychophysiological Research and the Federation for Associations in Behavioral and Brain Sciences. And is a former recipient of the National Institute of Mental Health Research Scientist Development Award.

Dr Porges is also the author of several books, particularly the book we're going to reference a little bit today of *Polyvagal Safety*.

Steve, I think a good place to start would be just to open up this idea of what is the relationship between safety and anxiety?

### Dr Stephen Porges

Okay, I'm going to deconstruct it even further. Actually, when people ask me about anxiety, my knee jerk response is, I don't want to hear that word because it's disrespectful to your nervous system in your body. It's just like using the word stress. I'm stressed out. Is it that my body is stressed or there are stressful things in the environment?

**[00:02:09]**

So we end up literally not honoring what our body is desperately trying to tell us. It's trying to tell us that we're in a state, a physiological state of threat, our body is in states of defense. And what we do is we label it, we give it names. And when we give it names, we give it a pathology. So it becomes anxiety disorders. Can I take a pill? Can I do some breathing exercises?

What is missing is this misunderstanding that our physiology is really broadcasting and communicating to our conscious brain.

So let's get to what is safety? Safety is when those signals, those cues are cues that our body is supporting health, growth, and restoration, homeostatic functions. When does that occur? It occurs when we're safe and we're in the arms of, metaphorically, like a baby conforming to the arms of the mother. Or if you have a pet, where the pet feels so safe that they're on their back with their ventral side showing, so they are in a state of safety.

The problem we have is really in our language and we have a really, I would say, I'm going to use strong words, we don't honor what our body is trying to tell us. We try to create a language and then control our body through language, meaning intentional cognitive strategies.

And our body is screaming at us. It's saying, I'm disrupted, my physiology is destabilized. Recognize that, respect it. And when my physiology is destabilized, it means it's not supporting health, growth and restoration.

When it supports health growth and restoration, the natural emergency property coming from that is feelings of safety.

So in a sense, we are communicating with our conscious brain when we feel safe and when we feel threatened. And we use labels like anxiety or I'm happy, I feel pleasant, pleasurable with you, or in the real sense, I trust you, or I trust the environment with you. And that is a state in which our physiology is giving up its resource to defend and now using those resources to heal and grow and to explore intellectually, emotionally, and spiritually.

### **Alex Howard**

So in a sense, really what you're saying is that what people may label as anxiety is actually a symptom or it's a communication from something deeper that's going on.

### **Dr Stephen Porges**

Well, if you interview people who suffer from anxiety, they'll say, I feel jittery, I've got this thing going on in my heart or my gut. They're going to tell you, they're going to tell you that it's all in their body. It's autonomic.

And they're going to also tell you that it's not, I can't identify something today that is making me feel anxious, but I feel anxious. And what people tend to believe is if they can figure out what is making them anxious, they can get that out of their life and they'll be fine.

I would ask the people online, how effective has that been? We basically like to create a narrative that everything is outside of us. Our feelings are not ours. They're really driven by our context. And in the

work environment, we often use the word stress. And we have these dreams that if I didn't have these demands, I wouldn't feel stressed.

**[00:05:35]**

What they're really saying is the demands shift my physiology into a state of defense. When I'm in a state of defense, I don't feel safe. Why should you if your body is really telling you it has to take care of itself?

Now, defense can occur to a pathogen like during the pandemic, and it can occur in reaction to people. And within the world of mental health, people tend to think of it as external, someone is doing it to them. But there's great vulnerability because our nervous system is retuned by our own history. And if we have adversity history, our nervous system is so smart, it reorganizes to have a low threshold to be defensive.

And of course, what we find out in the mental health community is that if you have adverse histories, you're more likely to have mental health symptoms, whether they're anxiety, depression, or dispositive features. It's very much linked.

And also what do you find? You find that adversity doesn't just influence those mental health features, it influences physical health, and this makes the world, for many, they start talking about comorbidities. If I can only get a physical health problem taken care of my mental health would be better. They haven't acknowledged that it's the same system.

When our autonomic nervous system moves into a state of threat, it supports mental activities that we list as pathologies or difficulties. We have trouble attending, we have trouble engaging. And we also have all these gut problems, irritable bowel syndrome, fibromyalgia, migraines. We start seeing this whole cascade of autonomic representation of those same feelings of stress or anxiety, but really the nervous system moving into a state of threat. And it really doesn't distinguish whether the threat is a pathogen or psychological. Both are threats to the nervous system.

**Alex Howard**

Yes. And of course, that defense response is something that is programmed into our system from many generations ago, that it sounds like what you're saying is that often that defense system is firing at times that actually is not required or not helpful.

**Dr Stephen Porges**

Well, the system is so old that it's shared with many more evolutionarily, ancient vertebrae. So our defense systems are ancient, but mammals, social mammals have a newer system, and that's a safety system. And that enables them to turn off threat reactions so they could work together, they could cooperate, they could procreate. It's all about using sociality as this major portal to turn off threat reactions, how we use our voice, how the gestures, the cues to others.

And we're such a cognitively oriented, cortical centric society, we think everything is residing in our cortex. The foundational structures or elements are really our survival circuits that are very ancient and powerful.

So how frequently have you heard of people who have anxiety or their body is in a state of threat that they could think it away or they could talk it away?

**[00:09:03] Alex Howard**

Well, in a sense, what we often try to do is we try to think our way or talk our way, as you say, to a feeling of safety. It's like we're trying to get to a felt sense through a cognitive approach.

**Dr Stephen Porges**

I am not totally sure that we may think we were doing that, but I think we may be doing something else. I think we may be justifying our state of dysregulation, in a sense, our state of threat, we may direct it at what we think would be a cause, the person across the table from us, the person in proximity to us, the work environment. We may generate this very creative and rational explanation, but if we took care of that explanation, we still would not, in a sense, be cured.

**Alex Howard**

Yes. In a sense, there's no way to shift the state by thinking about it. There's something that has to shift moving more into our felt sense.

**Dr Stephen Porges**

Yeah, well, people will say, someone listening will go, I can think, I can meditate, I can do that, but what they're doing is really recruiting up memories of visualizations that have a positive pro homeostatic autonomic component. So they'll close their eyes and think of this wonderful time they had with their spouse or their children or even their pets, and suddenly their body loses its tension.

So it can be a top down, but it's working because that top down is associated with the bottom up signal. So we're complicated.

And so in the world of mental health, people talk about top down solutions and bottom up, and this creates more of a dualistic or even a bias. And we're an integrated system. In my conceptualization, I live at the fulcrum point of top down and bottom up, and that's in the brainstem. The brainstem has these primitive circuits that are trying to regulate our physiology to optimize our health and our growth.

But those circuits are vulnerable to top down signals, so they're very vulnerable to detecting cues of threat. Detecting is not the same as perceiving. And in polyvagal theory, I coined the term neuroception to move it out of a term, perception, that people might think, oh, I didn't perceive therefore it's all my fault.

Neural detection is outside of awareness. It's like if you're walking across the street and someone honks the horn and you startle, that's neuroception. Neuroception of threat is basically a process found in virtually all living organisms, including plants. They respond to threat. Social mammals were the divergence of invertebrate that responded to cues of safety. And as they evolved from reptiles, now birds evolve from reptiles after mammals, and they have cues of safety to each other as well. It's a different neural repurposing.

But what mammals did was they basically were able to down regulate the threat reactions. And what that really gives us clues about, if we move into anxiety, it gives us clues of portals, of how to deal with that anxiety.

**[00:12:23] Alex Howard**

Well, part of what you're saying that I think it's really important, is that just as we are responding to those cues of threats, we are also responding to those cues of safety, which of course, begs the question, which I think will come to a little bit of, how do we create those cues of safety? How do we respond to those?

But I think for some people who are experiencing significant, ongoing states of anxiety, may not even really know what that feeling of safety actually feels like. I think it'd be helpful to take a little bit of time just to explore, what is a feeling of safety?

**Dr Stephen Porges**

Well, you see, it's double edged because for many people, let's say you carry with you a severe adversity history, severe complex trauma, and someone says to you, what you really need to do is feel safe. Instantly they go through a set of procedures, let's say breathing or listening or chanting, and suddenly their body becomes accessible. What's the cue of accessibility? What does it do to a person who has severe trauma histories? It's a cue of vulnerability.

And their reaction to, in a sense, the body becoming accessible is severe vulnerability, and they react with a massive threat reaction, meaning their body gets mobilized. You might see it as highly anxious or threat oriented, and they just have to get out of there.

And you can see this actually in some of the exercises that have been done with people with severe trauma when they do mindfulness, when they start closing their eyes and breathing, and suddenly they can't sit in the room. It's not that the exercise is unusual. The exercises are working, but the state of accessibility and the state of safety is now associated with higher brain structures as a state of vulnerability. So feelings of safety are reserved for being in a safe context.

And so this is how therapies have to work. They have to cue the nervous system that it's safe and also respect the nervous system that it might have associations that safety is a trigger.

And the way that therapies are effective is that they titrate, they do it slowly. They allow people to enter those states and get out of it. I think therapies that incorporate movement are really optimized for this because as long as you're moving, you can't shut down.

So if you start to engage a person to calm them down and you're still moving and talking and they suddenly get those feelings, it's not catastrophic. If you're seated and you suddenly get those feelings, you have only one option, to get up and get out of that room as quickly as possible.

**Alex Howard**

So when we're in that state of safety, what's happening in our system? Because often I think a lot of conversation happens around fight, flight, or freeze response, but people I think talk less about what's actually happening when we move to a place of safety.

**Dr Stephen Porges**

Well, what you're bringing up is really the most important thing. We focus on threats. We don't focus on safety. We focus on a belief system that we'll have a safe world if we take away threats. I mean,

think of the politics of life. We think that we'll be happy if we have more resources, have more money, more prestige.

**[00:15:52]**

And often what we find out is that when we get that, we want more because it's not really fulfilling us because the culture didn't cultivate in us an appreciation of cues of safety. It cultivated an appreciation for acquisition, which is really a fight, flight driven motivation. When in reality the visualization is safe in the arms of another appropriate mammal.

I generalize it to appropriate mammals because some people are more comfortable with their pets than they are with other human beings, and that's because of association. But when we watch a mother and a baby, we get the signature, we understand what this is about. And it's about giving up a vigilance, giving up a sensitivity to cues of threat. We just give it up.

And so the removal of cues of threat is not sufficient to be in the state of safety. It's not bad to get rid of cues of threat, but it's not sufficient. And that's what's missing in, let's say, our developmental model of what it is to be a successful human.

**Alex Howard**

Of course, also, when we are in a state of threat, one of the things that happens is we tend to misread the cues in the environment as well. So there's a self-perpetuating cycle then that happens.

**Dr Stephen Porges**

Absolutely. And we do this for a very adaptive reason, that if we're in a state of the threat, it's better to make the mistake that someone is safe than to make the mistake that someone is not a threat.

So we actually have a very conservative, I would say neuroception strategy, that as our body gets into states of defense, meaning we're highly mobilized, the threshold to detect threat is lowered and we confuse neutral or neutrality in people's facial expressions and voices with threat.

You probably have all experienced, or many have experienced, that you might say something to a person and then you say, why are you talking to me that way? Totally misleading, misunderstanding the intentions, misreading intentionality.

And it's very painful because often you're engaging in this, I would say, accessible state. You want to reach out and it's authentic, it's accessible, but it's also vulnerable, which is what you feel when the person really starts to batter you, when you are really trying to be engaging.

And this is the issue with the person with the trauma history, their bodies wouldn't go into the accessibility because they've been functionally battered when they got into that state.

**Alex Howard**

One of the ways that I think the state of anxiety can be so difficult is it becomes self-generating, self-perpetuating, because the more we're in that state, the more we look for threat, the more we find threat, even when there may not be threat, and then we're responding as though it's actually there.

**[00:19:05] Dr Stephen Porges**

There's one other thing that supports what you're saying. When we are in a state of anxiety or physiological state of threat, we're broadcasting cues of threat to others. We're not co-regulating, we're not attentive to them. We may have a language that we think is attentive and compassionate, but our intonation of our voice, our facial expressivity, the muscle tone, our posture, our movements are literally cues of threat where people say, I don't want to go near that person.

Now when someone now withdraws from them, the person who was in that state says, told you so, they didn't like me, they're really horrible people. And so you start doing exactly what you're saying, that when you're in that state, it's a self-fulfilling prophecy. You have to literally stop where you are, go inside for a moment, find out where you are within your body, and then try to learn skills to manage that.

And those are big questions as well, but the first one is to know where you are in terms of physiological state. But the paradoxical issue is that when you're in that state, you're often numb to your own body.

**Alex Howard**

Yes.

**Dr Stephen Porges**

So it's like exactly what you're saying, that it's self-fulfilling. So you have to stop it. You have to take that slow expiration, stop it, and not use your big brain, your narrative that you're building. You have to stop and go inside. How does it feel?

**Alex Howard**

And of course, as we're going to come to in a moment, part of what's key to help kicking in that sense of safety, is that mirroring and that support and that holding from others.

And what you're saying is that when we're in that state where we're perceiving threat when it's not there, and we're sending out a message of threat, we're actually pushing away that very support and holding that we need.

**Dr Stephen Porges**

I totally agree. And if we say, look, I know I'm really destabilized, and now my voice is like that of angry person. Even if I say it, I use a voice that is in a state that's truly reflecting on what I'm in. Even though the words are trying to be accessible, the person is still pushed away.

**Alex Howard**

Yes.

So let's come a bit more to the social engagement system. Effectively, what is building these states of safety, which is really the antidote to much of what we're talking about.

**[00:21:43]**

Talk us through a little bit about how that social engagement system works. What are the ingredients that need to be in place to allow it to activate?

**Dr Stephen Porges**

So first we have to go back and look at that evolutionary story, that phylogenetic journey. And when mammals evolved from asocial reptiles, an area of the brain that controlled the vagus, part of it went on a journey and started to move in the brainstem from the dorsal area of the brainstem to the ventral, forward. And it came into an area that regulated all the muscles, muscles in the face and head.

Now think about the power of the muscles of the face and head in our human interactions. It's in our voice, it's our facial expressivity and even creates filters in how we hear human voice. So it regulates the muscles in the middle ear. So when we are exuberant, the upper part of the face is alive, the muscles contract, and we hear voices. And what happens to our voice in that state, it becomes prosodic.

So what we have is, in this evolutionary journey to become a social entity, we have a system that linked this cardioinhibitory, this calming vagal pathway with the muscles in our face and voice. Think about that.

So now we didn't have to put heart rate monitors on people to find out their vagal activity, even the more primitive mammals could know the physiology or physiological state of their specifics by merely listening to the vocalizations. The voice was carrying the physiological state in it. And that's because laryngeal and pharyngeal nerves are vagal.

So just like the vagus goes to the heart, okay, so we're very interested in heart rate, heart rate variability, but we should be even more interested, because it generalizes more easily, to intonation of vocalizations.

We just completed a study where we looked at mother and baby reactions following what's called the still face procedure. And this is where the mother freezes her face, doesn't express, and the baby literally goes ballistic.

It's a paradigm developed by Ed Tronick several years ago. It's a very powerful one. And the protocol is really 2 minutes. The mother's playing with the baby, 2 minutes, the mother freezes her face, then she has a reunion where she tries to calm the baby down.

Now, how does she calm the baby down? Well, with voice. So we analyze the vocalizations of each mother, and we measured the heart rate patterns and behavior of each infant.

If the mother's voice carried more intonation, more prosody, more prosocial intonation and vocalizations, the baby's heart rate slowed up very rapidly.

If the mother didn't, the baby's heart rate didn't calm at all. And if you looked at the baby's behavior, it was a parallel. The baby calmed down or didn't.

So the point is, you can see in infants this power of intonation. It was not a question of, do I love my baby? The question was, does that love come through? Is it broadcasted in my voice?



**[00:25:00]**

And so we realized that with this wonderful social engagement system, not only are we broadcasting to others, but others are interpreting what we're broadcasting and calm down. This creates reciprocity or co-regulation. And this really is the building block of humanity that we can feel safe enough with another. And that's the whole roots of civilization.

### **Alex Howard**

And of course, what also is happening is that early holding environment, we are internalizing in ourselves. And so the way that we learn to relate to ourselves emotionally, the way that we relate to ourselves in terms of our choices and our behaviors is often mirroring those experiences.

### **Dr Stephen Porges**

We often, in a sense, I would say strange or vague ways, bring back those memories because we have this kind of sense of what it is like to feel safe.

Now, for many of us now, there are people who don't have memories of those types of experience. And this is really problematic. And when people have severe, complex trauma, they often have no memories to draw on because as a child they were abused. And this is very difficult to deal with. And it's very difficult in terms of therapies.

I work with a group that deals with fostered children. And think about a foster child, a child that is in a home environment with biological parents that is too dangerous for the child to remain there. And so just think of that in terms of the history.

Now, we used to glamorize, well, they bring them to a foster home, and then they find loving parents and they get adopted, but they're coming into the world having learned certain things. As your point is, these associations, they basically have learned that if they become accessible, they're going to be injured.

So in a sense, biological learning, it's not really intention. Many of them will have the narrative of what they want is to be safe with others. But in those environments, their bodies feel extraordinarily vulnerable and they react.

So I would ask my colleagues who work with these very challenged populations, how do they do it? How do they make it work? And the issue is really you try to find those islands of feelings of safety and co-regulation. Let's say, like a child feels happy while being on a swing, you, in a sense, try to expand those moments.

Because they are very vulnerable in terms of nervous... Let me move this statement. Their nervous system is extremely cautious and it's cautious about being safe with another. And we have to understand that a nervous system's detection of safety and risk is different than our intentional brain.

Our intentional brain creates these wonderful narratives of idealized life experiences. We want these things. It doesn't matter how much abuse we've experienced, we still have that same wonderful narrative of finding like minded people, being treated nicely and basically riding off into the sunset.

But our body has a different narrative. It says, you can paint this wonderful story, but if the cues of safety aren't really true and there, and my body can go to that, I'm getting out of here as well.

**[00:28:48] Alex Howard**

Not because we're crazy, but because we're intelligent. That caution response is a healthy survival response based upon the circumstance they found themselves in.

**Dr Stephen Porges**

Well, you see, the level to determine intelligence, intelligence is literally co-opted by our intentional brain, our where brain. And we tend not to talk about the native intelligence of a nervous system in trying to keep us alive. And so it is the intelligence of the evolutionary process of this very protective nervous system.

What this means that many things that are viewed as pathological have evolved to keep us alive. We like to create narratives that are rational, and we can't quite get our hands on the fact that our body literally has a mind. Meaning our body, when I use that term, I really mean our brainstem.

A very low area of our brain has literally a decision making system, meaning it has a mind of its own. And what it's going to do is do what it thinks it should do. It's not thinking. It's really making an executive decision. This is dangerous. I'm going to get you out of here.

**Alex Howard**

Yes. So let's talk, Steve, a little bit in terms of some of the methodologies and some of the approaches that can help work with this.

Something you said earlier that I thought was really interesting, you said that when we're doing some sort of movement based work, what it means is our system can't then go into a shutdown response.

And I know that one of the methodologies that you talk about in the book and I've also heard you talk about previously, is the practice of yoga. So say a little bit about how that can be a helpful part of the wider toolkit in terms of healing.

**Dr Stephen Porges**

Well, let's get back to the basic principle that our autonomic nervous system evolved in a sequence, with a shutting down response being the most ancient, and then a mobilization or sympathetic response system coming on next. And finally, there's social engagement, ventral vagus.

When that ventral vagus is on the whole system is, this is happening. It coordinates, it utilizes all attributes. But it's hierarchical, that means that as long as we, if we have been traumatized and our social engagement system is basically dormant, we're living in a world of threat. Coming back to our initial topic, we're living in a world of high anxiety. Nothing is really safe to us. So we're highly mobilized.

So we understand that with anxiety, there's often a lot of muscle tension, a lot of movement, and sitting down or immobilizing is a great vulnerability. It's a great vulnerability because to the nervous system, immobilization is death. It's the great abyss.

And what happens is that this is the reaction, it's the most primitive reaction our nervous system is capable of doing. And once it does it, it doesn't want to go back there because it's potentially lethal. So mobilization keeps you out of there.

**[00:32:04]**

So you find out that people who've had really profound trauma histories are highly mobilized. They could be workaholics. They keep going because as long as they keep going, they can't shut down. But there's a paradox to that, and that is the system movement. And since being in an immobilized state, which is frequently associated with threat, is metabolically costly.

Our nervous system doesn't like to do that because it's not supporting our health, growth or restoration. Keep doing it, it will trigger a shutting down response. The body will say, I've had enough.

And what's interesting is you can start seeing even the issue of getting COVID, if you start looking at adversity history and subjective use of autonomic activity, of whether or not people got COVID. And in terms of the study we did, we had 2000 people during the pandemic. 100 of them got it because it was early in the pandemic. But those who got it, virtually all of them, and we're talking over 75%, had high adversity scores.

But I view the more interesting one, which is really more thematic of what we're talking about. Those with low adversity scores, virtually none of that got COVID in that first cohort. I think COVID basically has hit everyone, regardless of adversity.

But the other part was that during the pandemic, if you didn't get COVID, you still had mental health symptoms of anxiety and depression and worry and that was highly linked to both adversity history and what I called a retuning of the autonomic nervous system, meaning that they were destabilized autonomically, and that was linked to mental health outcomes, not the disease.

### **Alex Howard**

Then coming to yoga as a methodology and movement practices as a way of addressing this, say a bit more about how, you've spoken to in terms of how it helps, but in a sense, I think sometimes what people think, and to go back to what we said earlier as well, people will sit down to meditate, for example, if you have trauma or suffering from anxiety.

And in many ways, it's the opposite of what they need, immediately the system is shutting down because of all of the experience they're trying to escape from is they're immediately there in their experience. And by using a movement based practice, it then is allowing us to avoid that shutdown, effectively.

### **Dr Stephen Porges**

In a way, what it's saying to the body is that you're already up and moving, and if things get really bad, it's not that much harder for you to just get out of there.

Now if we're seated or on the floor, which some exercises are, and your body starts feeling uncomfortable, it's a major effort to change posture and mobilize. So you're already halfway there. And so if you're uncomfortable, you can even label it in different ways. I have to go to the bathroom. I have to do this. So it's closer to where the body is.

Over the years, I've been invited to talk and meet people in various therapeutic modalities or strategies. And I think the part that we have underplayed within our trauma community is dance movement. I think it needs to be integrated into other strategies, that it is a portal.

**[00:35:38]**

So rather than thinking of it as a total clinical intervention, thinking of it as a portal that should be intertwined, merged with other strategies. And I think the bottom line of all the strategies dealing with trauma are really, I would call it a complex journey of re-embodiment where we're learning about inside our body and in a sense, we're co-regulating this thing that's on top of our shoulders, our head and our brain, with our visceral organs.

Because the management responsibility is in the brain and primarily the brainstem for those organs. And guess what happens during trauma? The management of our bodily organs is diverted to basically keep us alive. So the strategy is exquisite if it's acute, but it's devastating if it's chronic. And we have to understand that it's the chronicity that has confused our nervous system.

### **Alex Howard**

Yes. Something else that the book speaks to which I'm really interested to open up a little bit, is the impact and the power of stillness. Because often in the state of anxiety or a defensive state, that's the one thing that's missing. Either shutdown, there's a defensiveness or there's the activation. I'd love to speak a little bit to that.

### **Dr Stephen Porges**

I would say this is a personal journey because I love stillness. It's kind of like what I want to do. I want a world where things can be still for a while, and I can now explore it mentally. I can explore it spiritually. It's kind of opens up the playground for me. But I didn't understand that stillness for many was a threat to you.

And this is since we live in literally a traumatized society, people's bodies don't want to be still. It's frightening to them. It's frightening because it's vulnerable. It's not like they're reading the cues poorly or inappropriately. It means that they've had history, and it could be even transgenerational history where parents and grandparents talk about vulnerabilities. And so you basically have this difficulty of giving up your defenses.

So for me, I actually came up with a very simple question. I said, you have a continuum. It's a continuum of how you experience stillness from accessibility on one edge to vulnerability on the other. Where are you?

So it's an interesting question. So for me, it's really on the accessible side. I see accessible to others and to other dimensions. But for many others, and I would probably say most people it's vulnerability.

And in a sense, you can get into these types of very interesting discussions, like, I don't want to be still. Don't make me do that or something of that order. Why would you want me to be still? Don't you understand what it does to me? Are you respectful?

So we have to, in a sense, understand what our body is telling us. So asking a person a simple question like, what do you think of stillness? Is this something you like to experience or something that bothers you? Tell me a little about that.

### **[00:39:07] Alex Howard**

I know you're asking me that question directly, but what comes to my mind is my experience with stillness is that I love the experience of being there, but I don't always enjoy the journey to get there.

And what I mean by that, and I say this partly having done, I think, 35 week long meditation retreats in my 20s and early 30s that I would arrive at this very still and holding environment but I'd be frenetic and I'd have lots of things happening in my mind and work things, whatever else.

And those early hours and even a few days would sometimes be really quite uncomfortable because the tension patterns in my body start to become obvious that I'm disconnected from the emotions that I've been avoiding feeling because I'm too busy and the problems I'm wrestling in my head that I'm trying to get away from.

So in a sense, that my experience of stillness and what I learned over the years is that the more uncomfortable it feels, actually, the more I need to move towards it. And actually that moving towards it, there is a great relief and a great holding that then arises, but it's not always easy.

### **Dr Stephen Porges**

I think it's very hard because the world does not... Okay if you have responsibilities to others, which most of us have had at different stages of our lives, we're parents or we're spouses or friends or faculty members, we just can't say, I'm forgetting everything for a week. It doesn't work that way.

And then because what we realize is that if we do, maybe we don't want to go back. And because there's part of us that's in a sense it's saying that part is really what, let's say the unfolding of our nervous system says, I know what to do with you and you're not doing what you're supposed to do.

And I think that's part of what those retreats start to tell us that the body has its own wisdom and somehow we're not allowing that wisdom to be expressed. But I am actually, I would say, more compassionate with myself on those because I really understand, I think I understand a good portion of the motivational system that we are living in. And that is we have to honor the fact that we have responsibilities. It's not bad.

And sometimes the responsibilities are to be creative, to be generative, and sometimes the responsibilities are to be benevolent. But these are all attributes of being a human. And to say that it's really about my own internal feelings is in part correct, but they're basically packaged within all these other circuits that help us define who we are.

And my journey of navigation has always been, I would say, framed with what I would call transformation to meaningfulness. In a sense, what have I learned along the way that makes me understand what it is to be a human? And then how can I utilize that information? How can I package it? And how can I frame my science to be informed by my own personal experiences?

### **Alex Howard**

It's beautiful.

What helps you get closer to stillness?

### **[00:42:32] Dr Stephen Porges**

Well, I would say, let's step back for a moment and say the first thing we have to do is really respect our own physiology and what state we're in, given the state of the world. So it's not like nothing is occurring, and it's not like 2 and a half years of the pandemic had no impact. We've been retuned.

And so the first part is to acknowledge that we've been retuned and the price we are paying for being returned. That means we're less welcoming to others, we're less successful of others to us. We're in many ways more approximately oriented, meaning self-defensive.

And to understand that these are driven by a shift in our physiology and that what we need as a species is social nourishment, we need to feel safe with others. And that social nourishment is really what I hope will be, I would say the global intervention that will hopefully change the world over the next few months as we reach out and see others.

I think for me, which is you're directing the question at me is, I had to acknowledge that the past 2 years, plus years and then with the pandemic has certainly shifted my comfort zone with people. And given the fact that I had viewed myself as a social individual, it was literally shocking to watch, to literally be a self-observer and to see the, I would say the social insecurity, which had nothing to do... My body just didn't feel comfortable.

But there's an intellectual part that I have, and that is this understanding these systems are retunable. And that has been really my lifelong research model. And that is not to think of these as neuroplasticity, but think of these as state changes that have certain optimal, they optimize certain things. But in the same case, they also challenge other types of features. Okay, based on my own knowledge set, I'm saying that I will rehabilitate through social interaction.

### **Alex Howard**

That's beautiful. And it's interesting, the beginnings of coming together again, one of the things that several people, the last 6 months or so, have been coming back into the office a fair bit more.

And we were starting coming in on Mondays, and it was Mondays and Wednesdays. But what was interesting was two or three people in the team kept noticing that they would just not sleep on a Sunday night because they were so used to being in the cocoon of being at home and either by themselves with family and then this idea of coming back into the office and being around other people. And they had to, in a sense, retune their system back to being in social contact in that way.

### **Dr Stephen Porges**

It's an amazing experiment. And like, we're on Zoom today and Zoom is fine, but it's not the same. So if I were in a studio with you, it would be a different experience. You'd have a different one. I would.

It's really interesting to me that, I would say the modified social nutrients of Zoom are better than nothing. I feel them. I actually enjoy doing an hour every other day or so. To me, it's therapeutic. It enables me to kind of reach out and understand other people.

But I miss it. I miss the sociality and I miss conferences, by the way, and workshops where people are there. It's not merely one directional. I think what Zoom has gotten us into is thinking that it's a one direction of lecturing.

**[00:46:36]**

And my reason I actually like to do interviews is that it's bidirectional. I really don't like doing PowerPoints on Zoom. The distance is too great. I don't learn anything. I don't get any emotional feedback. I like interviews because there's a personal component that's being shared and that's being processed by my brain and my brainstem.

### **Alex Howard**

So, Steve, people that are watching this and they're recognizing that this place of safety is something that's a really important part of their healing process, really, for them to learn to cultivate that.

And they're also recognizing that in what you're saying, that we need that social engagement, we need that holding from others. But in a sense, what comes up for them is that defensiveness. And they recognize they need it, but they also recognize they're pushing it away.

As a closing point, what helps someone make that move? Because in a sense, it's partly a move of courage, isn't it?

### **Dr Stephen Porges**

I want to slow you up on this little bit because what you'll be interpreted or I'm interpreting it, that you want people to be motivated to make that step. And so when you use the word courage, it now becomes an evaluation of others, because if you don't do it, you lack courage. And that becomes a label.

Let's move it back and say, I'm learning about my nervous system. My nervous system is very tentative to this. I'm very respectful of that. I also know that I have the attributes to be a social human being. Let's see if I try a little bit. And how is my nervous? How does it resolve?

So it's a sense of self-compassion. And I want to bring this into this mode. It's not like a right way or a wrong way. There's only a way in which we kind of monitor ourselves and we learn about our own bodily feelings when we challenge our system. Because if our system overreacts, it's going to really lock us out. It's going to say, don't go back there. So in a sense, if we try to get that social nourishment from an intentional brain perspective and our body isn't ready, the body will say, you injured me. Don't do that again.

And so it's going to ramp up the negative valence of social interaction. And what we want to say is, I can understand you're talking to your body now. I can understand how proximity may make you feel uncomfortable, but let's do it gently. Let's take a person you knew or you know that you feel relatively comfortable with.

My model, and I haven't done it yet, was to have house guests because we used to have house guests before the pandemic. And people aren't traveling to, we're in North Florida, and people would come down, especially in the winter, and it was very interesting. And you felt you didn't need a large local community because you had many people coming in all the time, or we did.

That didn't occur. So the issue is, so I had another idea, let's do a conference in the community, let people come. And we're going to do one in July. So I'm doing a face to face live workshop here. And that was really going to be my test of coming back into the whole world. So I didn't have to travel. I could sleep in my own bed, and then I could interact with, let's say a couple of hundred people.

**[00:50:09]**

And I think for me, that may be the switch. And then I'm doing another switch. Which is a total physiological switch. I'm going to Australia. I'm going to talk in Australia. I figured let's really trigger the whole physiology. Let's get it so confused that it has to reset.

So the flight to Australia will do it. And I'll be with friends. So it's going to be real nice. I'm basically trying to figure out the pathways that will work for me.

The bottom line is we need to not be so rational about decision and fixing ourselves. We have to be more self-compassionate. And realize that our body is screaming to be heard. And what we're going to tell it, we're listening to it and we're going to try some things, and when our body says, that's enough, we're going to respect that. And then later we'll try some more until the body feels reassured that the world is a safe place.

**Alex Howard**

It's beautiful.

For people that want to find out more about your work, I certainly want to recommend your more recent book, *Polyvagal Safety*, but also tell us where people can find you online and some of what they can find as well.

**Dr Stephen Porges**

Sure. We created a not for profit entity called Polyvagal Institute which is developing course materials on polyvagal theory. It's also running a hybrid conference in the fall.

And it's also working with other organizations to make them, let's say, certify them as being polyvagal informed. And what it really is about is how do you interact with other people? Are you listening? Are you aware? Are you creating safe environments in the work environment?

So this is part of where we're trying to expand the application of polyvagal theory. So the website is [polyvagalinstitute.org](https://polyvagalinstitute.org). It's one word.

And my personal website is [stephenporges.com](https://stephenporges.com).

But the whole idea is to say to the world, take the theory and use it.

And it's a journey of gratitude for me because I can see where ideas can literally be embedded in other people's strategies. So it's not an issue of ownership. It's the issue of allowing others to be creative with the building blocks of the theory. And so I just feel really good about that.

**Alex Howard**

Wonderful. Dr Stephen Porges. Thank you so much for your time and for giving of yourself. I really appreciate it. Thank you.

**Dr Stephen Porges**

Thank you, Alex. I enjoyed the hour with you. Thank you very much.