

POLYVAGAL DEBATE BULLETPOINTS FOR PRACTITIONERS

WHAT DOES POLYVAGAL THEORY GET RIGHT THAT IS NOT CONTESTED?

- The ANS is comprised of three primary systems (two vagal, one 'sympathetic'), not two (autonomic balance)
- This framing permits us to attach descriptive language to stress states that do not involve activation, muscle tension, adrenaline, cortisol, etc.
- Specifically provides a neural mechanism undergirding 'shutdown'-type stress responses that have been clinically observed for at least a century, but could not be explained previously
- Discerns that autonomic state functions as an intervening variable between our physiology and our environment, dynamically surfacing autonomic energy-processing templates (states) that shape how organisms detect, evaluate, and respond to cues of safety, danger, and life threat.
- Proposes a mechanism for this moment-to-moment autonomic discernment, which is not made by our ordinary sense of self.
- Emphasizes that human relationships are social in nature, and that embodied safety is a precondition for wellbeing
- restores primacy of embodied experience (versus cognition), orients us towards the felt, towards the present moment

NONE OF THE ABOVE IS CONTESTED BY GROSSMAN ET AL.

WHAT DOES THE GROSSMAN ET AL. CRITIQUE OF PVT SAY?

- Respiratory Sinus Arrhythmia is not a direct and reliable measure of central vagal outflow to the heart.
- PVT characterizations regarding the neuroanatomy and functions of two major brainstem vagal nuclei (the ventrally situated Nucleus Ambiguus and the Dorsal Motor Nucleus of the vagus nerve) are not accurate
- PVT assertions regarding the evolution of the vagus nerve are not accurate
- PVT claims about the specificity of mammalian social behavior in relation to nonmammalian vertebrates are not accurate, and
- PVT interpretations of earlier seminal physiological literature are not accurate.

WHILE THE TONE OF THESE CLAIMS IS AGGRESSIVE, THEY ARE VALID CLAIMS THAT DISTILL DOWN TO TWO ASSERTIONS

- RSA is not an accurate measure of vagal tone¹
- the proposed ANS hierarchy in PVT is not accurate

IF YOU FEEL THESE CLAIMS ARE IN ERROR, THEN DO NOTHING DIFFERENTLY.

IF YOU FEEL THESE CLAIMS ARE POTENTIALLY VALID, THEN:

THE POLYVAGAL LADDER

Ventral Vagal
safety and connection

Sympathetic
fight or flight

Dorsal Vagal
shutdown, stress

1) STOP TEACHING THE POLYVAGAL LADDER. IT IS NOT AN ACCURATE MODEL OF HOW THE ANS WORKS.

2) INSTEAD OF

- POLYVAGAL SAY AUTONOMIC
- VENTRAL VAGAL SAY CONNECTION
- DORSAL VAGAL SAY SHUTDOWN

3) FOCUS ON DESCRIBING WHAT PEOPLE DO, FEEL, AND EXPERIENCE RATHER THAN THE TERMINOLOGY OR BRAIN STRUCTURES INVOLVED.

4) DON'T REDUCE LIVED EXPERIENCE TO MEASUREMENTS OR NEURAL SIGNALS. THE EXPERIENCE ITSELF MATTERS.

5) ENCOURAGE THE MAIN DECISION-MAKERS IN THE POLYVAGAL THEORY (PVT) COMMUNITY TO ENGAGE WITH THE CRITIQUE DIRECTLY, RATHER THAN TREATING IT AS A PERSONAL DISAGREEMENT WITH PAUL GROSSMAN.

¹ Respiratory Sinus Arrhythmia — the rhythmic acceleration of heart rate during inhalation and its deceleration during exhalation — has been the dominant non-invasive index of vagal tone in autonomic research for three decades (Task Force, 1996; Porges, 2007; Berntson et al., 1997). It is the technology in your smart watch & smart ring. So this is not just a problem for PVT. What should we use as a measure of vagal tone instead? Respiration.