Clinical support – The Vagus Nerve, Anxiety & trauma

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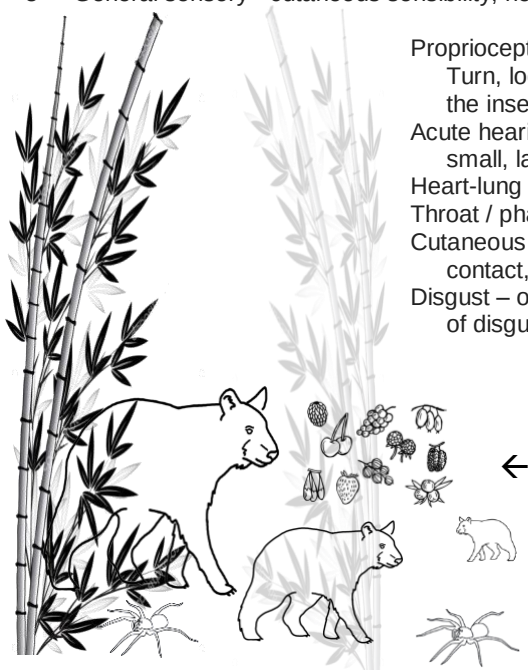
Major somatic levels of ANS threat response modulated by the vagal nerve.

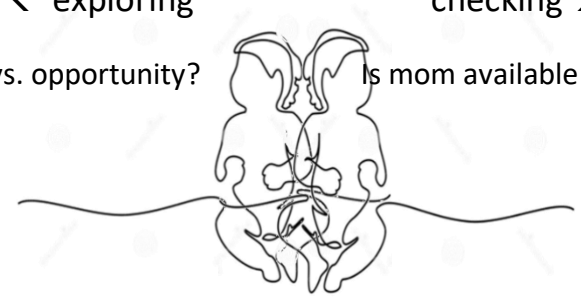
1- Branchial motor - throat, pharynx, cry, yell, vocal-signal, swallowing
2- Visceral motor - general defensive readiness - heart-lung survival pump. Uses cardiac, pulmonary, esophagus, gastric function, digestive tract, solar plexus
3- Visceral sensory/general - proprioception and heart-lung survival pump; uses cervical, thoracic, abdominal fibers, and carotid and aortic bodies
4- Visceral sensory/special - disgust function, epiglottis and taste buds
5- General sensory - cutaneous sensibility, heightened skin sensitivity, contact, pain, warm, cold, also auricular branch, heightened hearing



Proprioception – turning towards danger / safety – or something novel, possibly of value or edible. Turn, look, orient. Assesses body in space, body in environment relative to threat / safety. Is the insect/animal friend/foe, close, far, moving toward, away, is it between me and safety?
Acute hearing – both to detect threat and mother/tribe/safety. Is the sound approaching? From a small, large animal?
Heart-lung pump – prepare for fight/flight
Throat / pharynx – scream, cry, yell
Cutaneous sensibility – detect tiny sensations on skin, could be poisonous insect. Rapidly detect contact, pain and prioritize fight/flight response.
Disgust – one-trial learning / food poisoning, also imprints / associates deep, subconscious level of disgust, shame, horror for perceived extreme threat experiences.

← exploring checking→

←threat vs. opportunity? Is mom available for feedback? →



Trauma – Trauma is a word for the various forms of glitching, of ANS overwhelm, typified by an experience of not only fear/terror but also of other emotional and physiological dynamics. This results in confusing, conflicting internal signals and distortions of reality. For example, an abusive caregiver may sometimes be appropriate, thwarting the child's effort to differentiate sources of safety vs. danger. Molestation is sadly both common and an extreme example of trauma dynamics. Traumatic experience arises from adult manipulation of the child's innate skillset. Perpetrators pick victims whom they can exploit. They overwhelm the child's fledgling ability to comprehend, remember, describe or respond coherently. If needed, they overwhelm a child's natural fear and urge to stop, seek help, through lies, persuasion, confusion. When a child's natural fight-flight/rescue response is foiled leaving, they may experience a deep, subconscious disgust. In molestation, affectionate touch becomes a source of confusion. Touch done by someone not clearly purely a stranger/enemy evokes a first level of confusion. Touch itself may be something other than painful in the normal sense of being cut or punched but given where by whom, experienced as horrific and disgusting—evoking a deeper level of confusion. The ability to signal a safety figure is similarly scrambled, for example, by the simple fact that the perpetrator is an adult, an alpha, an authority, and commonly a known, sometimes positive or benign authority. He may sometimes live in/visit the home, know the family, and himself carry some degree of status as an attachment figure—yet more confusion. He may push the notion that it's OK or a special secret, use threats or rewards. Perpetrators commonly use twisted logic, e.g., that it's the child's desire or fault.