

# Trauma

**Interview with Robert Scaer, MD**

Rick Wilkes and Cathy Vartuli

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## BIOGRAPHY

### **Robert C. Scaer, M.D.**

Robert Scaer, M.D. received his B.A. in Psychology, and his M.D. degree at the University of Rochester. He is Board Certified in Neurology, and has been in practice for 33 years, twenty of those as Medical Director of Rehabilitation Services at the Mapleton Center in Boulder, CO. His primary areas of interest and expertise have been in the fields of brain injury and chronic pain, and more recently in the study of traumatic stress and its role in physical symptoms and diseases.

He has lectured extensively nationally and internationally on these topics, and has published several articles on the whiplash syndrome and other somatic syndromes of traumatic stress. He has published a book in 2001, *The Body Bears the Burden: Trauma, Dissociation and Disease*, presenting a new theory of dissociation and its role in many diseases. A second edition of this book was released in October, 2007. A second book, *The Trauma Spectrum: Hidden Wounds and Human Resiliency*, released in July, 2005, explores the insidious spectrum of culturally-based trauma that shapes our lives, and how transformation and healing may still take place. He is currently retired from clinical medical practice, and continues to pursue a career in writing and lecturing.

More information can be found at his website:

<http://www.traumasoma.com>

*(Total Time: 43:40)*

**Cathy:** Hello everyone, this is Cathy Vartuli and Rick Wilkes from Thriving Now, and we're honored to welcome Dr. Robert Scaer with us today from Trauma Soma. Is that correct?

**Dr. Scaer:** Trauma Soma is the website, yes.  
(<http://www.traumasoma.com/>)

**Cathy:** Thank you so much for being with us.

**Dr. Scaer:** Thank you, it's a pleasure.

**Cathy:** Could you tell us a little bit about yourself and how you became interested in trauma?

**Dr. Scaer:** Well it's kind of a long, tortuous pathway. I'm a clinical neurologist. I spent ten years in practice in neurology, then had the opportunity to take over as a Medical Director for a rehabilitation center in Boulder, where I live, Boulder, Colorado. And I did that for twenty years.

In the context of that, we had a bunch of programs within the rehab center, including a pediatrics program, in-patient rehab, brain injury rehabilitation, and chronic pain rehab. And I, at one time or another, directed those programs selectively, including the pain program for the last five years that I was there.

**Cathy:** That's a great background.

**Dr. Scaer:** Yes. And in that context of dealing with chronic pain patients, I became well aware through the psychologists in our group that the majority of our patients, perhaps 40-50% suffered from borderline personality disorder. Which was an unusual relationship which I knew there must be something to it, but there's nothing clearly evidenced to why those problems should be linked.

**Cathy:** Right.

**Dr. Scaer:** I also saw hundreds, thousands, actually of auto accident victims, both severe brain injury and also just clinical whiplash. This was a cluster of patients, and I'd see two or three new patients a week. I'd say 95% were women, most of them over the age of forty, and most of them also carried the clinical diagnosis of post-traumatic stress disorder related to the accident.

Around that time, I met Peter Levine who is a psychologist who started a technique called "somatic experiencing" for trauma. He happened to live in Lyons, close to me and asked to consult in my pain program. I had him come and do a demo with a couple of my therapists who had minor chronic pain problems, and both of them got over their pain.

**Cathy:** That's fantastic.

**Dr. Scaer:** With this eclectic work that he did that mainly involved guided imagery and guided following of the felt sense, these sensations in our body.

And I sent him a couple of patients. One came back after five years and said, you know, I don't know what that guy does but my brain injury is gone and my mind is cleared. And so I went to see Levine and told him I wanted him to show me what he did. He put me through a session, which was, just in summary, was remarkable because there was a release of an old memory of sixty years duration related to a childhood injury and hospitalization.

And a lot of symptoms I had, including some eye tics, disappeared after that, and that sort of was my epiphany. I dived into the literature on post-traumatic stress disorder, especially the neurophysiology. And I found a lot of answers for how this worked, what it related to in my experience, and why my patients with physical problems got better with a supposedly psychological therapy for PTSD. That started me on my journey in trauma. It's been about fourteen years now.

**Cathy:** Wonderful, well we're so glad you did.

**Dr. Scaer:** Yes.

**Cathy:** For our listeners, could you define what trauma is?

**Dr. Scaer:** I define trauma as a threat to life. And of course that can be something much less than one would think as opposed to rape, warfare, incest or horrible sources of things we acknowledge as trauma.

It may be any situation where one is faced with a threat to one's well-being, one's survival. And that can be like losing a job, and a situation that is combined with a state of helplessness where one has no control over that event. And that's basically the definition of trauma.

**Rick:** That's what we see too. It's interesting, when you look at trauma and define it as the big things, most people say, well you know, I may not have had many of those.

When you define it as something that your well-being may be at risk for having talked back to your father, well then if you freeze at that point, right, that definitely can be a childhood trauma. Without going into too much of the technical physiological detail, how do you find a trauma is stored both in the brain as well as in the body itself?

**Dr. Scaer:** Well it's stored in memory, and there are a lot of ways to define trauma or to define what it is and what it does. And one of them is a corruption of memory, and that is that memories are stored. And that doesn't just mean things you can image and bring up to consciousness, but also, and most importantly perhaps, all of the sensory experiences surrounding that event, pain, stimulation of the vestibular system, like in a whiplash where your head goes back and forth. Touch, body movement patterns, any sensory input at the time of the trauma, if a freeze occurs, you store it in what is called "procedural memory".

Procedural memory is unconscious, implicit, non-declarative as opposed to declarative or explicit memory like trying to study or memorize a body of facts. It is totally unconscious. In fact, the somatic part is only experienced if it occurs with the somatic sensations being replicated that accompanied that trauma, whether it's pain or dizziness or stretching of a limb.

Whatever those memories constitute the storage product of trauma. And they tend to be resurrected with any subtle environmental cues reminiscent of the trauma.

**Rick:** What we often call triggering? Is that what you mean?

**Dr. Scaer:** Triggering, or triggers or cues, you're right. Triggering of the trauma through either a conscious or unconscious memory. And many times it's unconscious. And the reason I say it's a corruption of memory is that when one experiences the emergence of those memory patterns from an old trauma, it's as if they're real and in the present moment, like a flashback.

**Cathy:** Yes. Those can be very hard to deal with.

**Dr. Scaer:** Yes, and of course, that's a corruption of memory. Suddenly your present moment is occupied by a past event that in fact is over.

**Cathy:** Yes. You talked, at the presentation we saw in Denver, a little bit about the chemicals that go on in the body during trauma and before discharge. Could you explain a little bit about that?

**Dr. Scaer:** Well the chemicals that go on in the body have to do with the various neurotransmitters that trigger arousal and also trigger dissociation, which is what we perceive when we're in the freeze response as part of the fight/flight/freeze. And the fight/flight/freeze response of course is critical in understanding trauma because it is a state that is replicated in many ways in all of the symptoms of trauma later on.

**Rick:** What do you mean by that?

**Dr. Scaer:** When one has this type of memory stored and when one has frozen to do so, one has entered a state of dissociation, the numbing out or avoidance part of the symptom complex defined in the DSM-4. But avoidance and numbing is recurrence of the freeze.

**Rick:** Yes.

**Dr. Scaer:** It's endorphin-ergic, you're numb. It's all associated with very profound parasympathetic tone rather than sympathetic like in the fight/flight response so that your heart slows, you're weak, you collapse. It's a state that when those memories emerge, one is propelled back into the freeze response or dissociative state.

**Cathy:** You talked a little about how previous traumas can sensitize people, so if they're used to going into a freeze response or dissociative state, that they will tend to go back to that. Could you talk a little bit more about that?

**Dr. Scaer:** Yes, absolutely. That's of course what I learned, it's in the literature. But I learned it when I found out about the relationship of trauma to memory, and the whiplash syndrome was an experience, not a physical injury per se.

I went back and did trauma histories on everybody, in detail, asking them about every aspect of their life including asking them if they had abuse as a child or for that matter, had incest. And I found that every single one of the chronic pain patients with severe chronic pain, had had child abuse as had almost, virtually all, of the whiplash victims who simply hadn't recovered that I was seeing in my day-to-day practice there.

So I realized early trauma sensitizes one to later trauma.

**Cathy:** That's a huge statistic when you find that many people, that percentage of people who were affected previously.

**Dr. Scaer:** Well you know, none of them had been asked the questions I asked, including many who were seeing psychiatrists. They'd never asked them whether they had had sexual abuse. Even though they had been seeing a psychiatrist or psychologist for years.

**Cathy:** Wow.

**Dr. Scaer:** Of course, we're realizing it's disturbingly common in our culture, and in all cultures. But one can't really find out about it unless one asks the patient. They're not going to tell you spontaneously.

**Cathy:** No. Now you talk about flight, fight and freeze. Freezing is a common survival mechanism that all animals go through as well. Why does it affect humans so differently?

**Dr. Scaer:** Well I show a video of a polar bear who's been shot with a dart, an anesthetic dart to tag the polar bear's wanderings, and after he comes out of this coma, which was really a freeze response because before he collapsed from the dart, he was going into helplessness, so he froze. And what he did was, he went through what looked like a grand mal seizure, shaking all over, which in slow motion however, it was clear that he was running. The freeze response was the completion of the failed act of escape, of flight.

**Cathy:** Wow.

**Dr. Scaer:** And that process erases in procedural memory, all of the perceived events of that traumatic experience. It has a purpose to clear the decks because then one doesn't have to defend oneself again from that thing that's in the past, that you survived.

**Rick:** So just to be clear there, this animal has a natural healthy way of discharging that freeze response and if I heard you correctly, it erases the trauma at that point. It ceases to be a frozen trauma after it's discharged?

**Dr. Scaer:** Yes. What it does is, of course, extinguishes that event from memory because trauma is fear conditioning. You're conditioned to associate all these cues with the trauma and they will elicit the symptoms and that's just plain old classical conditioning. So this is a process of extinction, and all of the unconscious and conscious memories are extinguished as being

traumatic, and now they're perceived as being in the past through this healthy process of completion or discharge.

**Cathy:** Can't we become more resilient and more capable of surviving after we survive and discharge a trauma?

**Dr. Scaer:** Absolutely. When one has done it. Now there's studies, you heard a little study about the baby chase, if you have been traumatized or you have been threatened and freeze, and discharge the freeze, your brain has learned something.

It's learned the path to resiliency. And in fact, you're more resilient than because you've also learned about the risks of that trauma without being traumatized by the messages. It's how we learn, it's how animals learn to survive in the wild, is freezing and recovering. And so it is actually facilitating that process.

**Cathy:** It's encouraging to know that people can actually get through this and feel really good about themselves afterwards.

**Dr. Scaer:** Oh yes.

**Cathy:** Empowered.

**Dr. Scaer:** You can learn how to discharge a freeze, too. Very interesting. If you've done it a while, you know how to let go and let it happen. And of course the thing I'd like to say about the human species and other, some other animals, is that we don't do it very well in a very formal, acculturated society because it's unseemly.

**Rick:** It's unseemly in what way?

**Dr. Scaer:** It's not in keeping with behavior that is, goes along with our norms of societal behavior in a very hierarchical culture. We sort of live in a cage because zoo animals and domestic animals and lab animals tend not to discharge the freeze either. So we live in a cultural cage, I think, and that is one reason why we are prone to being traumatized.

**Cathy:** I really like what you just said a minute ago about we actually learn to discharge trauma and we get better at that.

**Dr. Scaer:** Yes.

**Cathy:** As we practice, our body and our mind apparently learn how to do that more easily. Is that the case?

**Dr. Scaer:** You do learn how to do it, and point of fact, most of the effective therapies for trauma achieve this and allow the person to go through a discharge.

Now it may not be a dramatic thing like the polar bear by any means because a lot of our trauma does not involve that type of violent physical activity. But it allows the system to re-regulate itself and to go back to a state of what's called balance or homeostasis of the autonomic and all of the systems of the brain.

And that's what trauma therapy is all about is literally discharging the memories of the event through either the physical experience of that once again, or through re-regulation of the systems that are dis-regulated in the process of going through trauma.

**Cathy:** You mentioned different types of therapy. You've already talked about Peter Levine and you know, we do a tapping, EFT type of approach. What other techniques have you seen that work?

**Dr. Scaer:** There are a lot of new techniques out there. The field of what I call "somatic psychology" is a controversial field.

**Cathy:** Yes.

**Dr. Scaer:** Because it has to do with not, a lot of techniques and activities that are non-verbal, that one does with or to the patient that want to elicit, or allows to emerge through the type of therapy one does.

And they're very hard to test as far as efficacy. Although probably not much harder than the verbal therapies like I do, behavioral therapy. But because they are strange, they don't go along with the way psychology is taught, they don't go along with the theories of psychodynamics and also the theories of verbal therapy. So these techniques generally have not been exposed to evidence-based studies.

And as a result, they're not accepted by some in the field of psychology. However, I spend a lot of my time trying to study these techniques, looking at what the essential ingredients are in the healing process, and to try to ferret out the essential ingredients in some of the therapies. And I can go into that as well. But the therapies that I see have been the most tested include Eye Movement Desensitization of Reprocessing, which is EMDR.

**Rick:** Right.

**Dr. Scaer:** Which has been exposed I think to evidence-based studies and is shown to be effective although there are still some hard core people who deny the importance of the research in EMDR.

Peter Levine's somatic experiencing has not been subjected to scientific study, but it is in the process of being so and there are many studies going on.

There are new studies coming out, the tapping techniques, including Roger Callahan's TFT, Thought Field Therapy, and the Gary Craig's Emotional Freedom Therapy or EFT have had thousands of non-controlled studies. In so called "outcome studies"?

**Rick:** Yes.

**Dr. Scaer:** A lot of people don't accept those, I guess because of the placebo effect. But they've been shown to be very efficacious in thousands of outcome studies. And these are probably the three best known so-called "body based" or "somatic techniques".

There's some other ones on the horizon, David Graham's brain spotting is a technique derived from EMDR. David was one of Francine Shapiro's early students and devised this technique. And I'm very taken with it. I've done a lot of work with David in studying it, and I think it is another very exciting technique as well. Then there are things like neurolinguistic programming and a number of older techniques...

**Rick:** Right.

**Dr. Scaer:** That also have many of the features of the effective somatic psychology techniques.

**Rick:** Well you mentioned the essential ingredients. What are those in your opinion?

**Dr. Scaer:** Well they're based on studies of the brain, and trauma in general. And we do know that the amygdala is the center for fear conditioning. The amygdala is in the limbic mammalian or emotional brain. It is the early warning system.

**Rick:** Right.

**Dr. Scaer:** It is the nucleus that processes all information from the environment that might carry with it, a threat. The amygdala, without it, one cannot be traumatized.

There's a very compelling case study by Antonio Damasio, a neurologist, who found a woman with calcification of both amygdala and it had somehow been destroyed, probably by a latent violent section that selected for that part of the brain. And in doing testing, he found she was incapable of fear or being traumatized, or for that matter, of rage. The arousal part of her brain made her very placid.

The amygdala is controlled when it is brought online by threatening material. The part of the brain that inhibit it to keep a lid on it because every system in the body has a servo-system to inhibit that system to produce balance. And those parts of the right orbital frontal cortex and the cingulate gyrus, these are parts of the brain that have to do with affiliation within a tribe or a culture, or a group or a family. They also have to do with the attunement and bonding of a mother and their infant.

So if one can bring these centers of the brain online when one is reliving or re-experiencing the messages or memories of a trauma, that will inhibit the amygdala. And if you experience these cues or signals of the trauma without arousal, that's extinction. That's extinguishing a conditioned response.

So if you can facilitate the parts of the brain that turn down the amygdala, that's a potent means of extinguishing trauma and healing. And so what sorts of things do that? Well in the case of the cingulate gyrus and the orbital frontal cortex, these are the social bonding centers.

**Rick:** Right.

**Dr. Scaer:** And so you look for things that have to do, that society has developed, to produce affiliation. One of those is ritual. And in indigenous societies, societies heal through ritual. Sometimes with the guidance of a shaman, and I think that's how shamans heal trauma, that's what they do.

So if you can replicate ritual that's accepted, that will tend to inhibit the amygdala. When the right hemisphere is lit up by arousal, and the right side of the brain is the part of the brain that processes threat, if you bring on the left side of the brain, it will inhibit the right side. And so bringing on the opposite, the left hemisphere will tend to also turn down the right amygdala.

And finally if you empower the individual, that's the antithesis of helplessness...

**Cathy:** Right.

**Dr. Scaer:** That will also inhibit the amygdala. And so these are some tools that one can use. And there are many ways to do this. I presented a talk with David Feinstein at a psychotherapy networkers some years ago about EFT, and I brought this model to play. And of course it fits with EFT.

**Rick:** Yes.

**Dr. Scaer:** Because EFT is associated with a lot of ritual, whether or not the tapping and the meridian planes and points is homeostatic, regulating the autonomic nervous system, or whether it is ritual. It probably isn't important. It probably is both.

The eye rolling? You're looking down to the right, down to the left, rolling to the right, rolling to the left, integrates the cerebral hemispheres in the same way that EMDR does. And EMDR also works with bilateral sensory and auditory stimulation that does the same thing.

And finally, the statements that one makes, they sound trivial, they sound mechanistic in a way, but they are statements of empowerment.

**Rick:** Yes.

**Dr. Scaer:** I deeply love and respect myself. And so EFT has many of these ingredients that I think are part of the healing power of somatic psychology in general.

**Cathy:** I'm wondering, we often talk about what we're feeling and what we're feeling in our body? We're using a verbal description while we're tuning into the right brain. Do you think that might have a similar discharging effect?

**Dr. Scaer:** Well I think it does because somatic experiencing uses body scanning as an attempt to discover and find the failed sense. Well the failed sense in an individual who carries a lot of body cues of old trauma, will tend to predominate within the areas of the memories for the traumatic associated somatic sensation.

So eliciting those will often bring out actually a freeze discharge, which can be dramatic like the polar bear. However, it also brings up these in the

context of a safe environment, and one thing that I say is that all of the techniques in the world will fail unless one has an empathic attuned therapist performing them. Because the environment in which the healing takes place is just as critical as anything else one does.

And so the attunement and the capacity for attunement of the therapist is a critical feature in these for this reason, the same reason.

**Cathy:** Do you think that is because it symbolizes the social bonding?

**Dr. Scaer:** Well I think it brings online those parts of the brain that are associated with bonding and create a moment free from the amygdala.

**Rick:** I know for myself that sometimes I can tap on an issue for myself, by myself, and I think in that case, I'm in a safe environment and I'm aware of it.

**Dr. Scaer:** Yes.

**Rick:** For trauma, am I hearing you that working with a group or with someone who creates that safe space is like adding that extra missing component that was missing at the time of the trauma itself?

**Dr. Scaer:** Yes. I think that's true, absolutely. I think one can create the safe place in many ways. Dan Segal is a very famous neurobiologist and psychologist, deals with trauma, who has really morphed into the concept of mindfulness in therapy, in psychotherapy. And he's absolutely right because what people would define as the "present moment" in a meditative state, is a moment which is basically free from arousal.

**Cathy:** Right.

**Dr. Scaer:** If one can achieve the present moment, and that's done in a mindful, attuned, therapeutic setting, one is in a space where trauma can heal. And whether simple mindfulness or meditation can do that, I think is quite variable because that's a discipline, and for some people it's very hard to learn. But when they facilitate that position of that space through their own personal skills and attunement and bonding.

**Cathy:** Yes.

**Dr. Scaer:** And that's an essential feature as well.

**Cathy:** Wonderful, thank you. We've noticed with some people, some of our clients, that one client will have a traumatic response or frozen state around an event that seems quite mild.

**Dr. Scaer:** Yes.

**Cathy:** And we do understand that the age of the child influences this as previous traumas. Do you have a way to explain why two similar people in similar situations might experience the same event very differently?

**Dr. Scaer:** There are lots of reasons. I mean, there are lots of reasons. If that particular event happens to have similar cues to other major traumas, even though the event by itself is trivial, that association in procedural memory, with old traumas having some similarity, may be enough to trigger them even though it's a silly event. Most of my auto accident victims have rear-end collisions. Most of them under ten miles an hour. And ten miles an hour is not very fast.

**Cathy:** Right.

**Dr. Scaer:** Whereas if a person is "kindled" and kindled means neurosensitized, and that is one of the essential elements of trauma, is this exquisite hypersensitivity to environmental stimuli. If that person is kindled by prior trauma, that assumes a huge volume of traumatic implications. So there are a variety of things that would explain why one person would be more sensitized than another.

**Rick:** It's not a weakness of character, it's not really a defect of the person's willpower that they get triggered like this.

**Dr. Scaer:** Absolutely not. It's not, you want to call it psychological, because this is a term, psychological applied to a symptom, is pejorative. It's critical, it has a negative context unfortunately. I don't use the term psychological, I think it's a metaphor, it's not a real term, it doesn't describe anything.

**Rick:** Right.

**Dr. Scaer:** But I think that anytime one does that, there's a reason for it from their past. And the reason for kindling usually is early childhood trauma. Now I want to say a couple of words about that because I think increasingly as I've worked with this, the core issue in trauma is attachment. It is the attachment of the child or infant to their caregiver through the process of nurturing and bonding.

And this is given short shrift in many circles, although now there's an emerging science of attachment, which is actually rapidly invading the field of trauma. Thank goodness, because attachment disorder itself is considered to be a personality disorder, but when it's not, without attachment, without bonding part of the brain the orbital frontal cortex on the right side that is one of the major modulators of the amygdala, doesn't take place.

That part of the brain doesn't grow and without that, one is subject to being sensitized for their lifespan, not only to psychological threat, to stress, but also to physical illness and early death, as we know now that early, early trauma shortens the lifespan.

**Cathy:** What do your studies say contributes to that shorter lifespan?

**Dr. Scaer:** My first book is about that because I am a neurologist. You know, I was a psych major in college, I'm not a behavioral scientist, at least I wasn't when I started this process. And I realized that so many of my patients have this cluster of diseases. Every one of them had irritable bowel syndrome or a lot of them developed fibromyalgia and had fibromyalgia. A lot of them developed esophageal reflux disease like all the soldiers have coming back from Iraq? Gerds.

**Rick:** Yes.

**Dr. Scaer:** So many of them had syndromes of dysfunction of the viscera, the lungs, heart, intestinal tract. All of these are parasympathetically innervated organs, and I call these diseases the diseases of the freeze because they are profound, excessive, parasympathetic activity of the freeze response that seems to trigger them.

So there are diseases which result from this and probably a lot of things that we take for granted, like cancer, which is really an impairment of the immune system, have to do with the physiology of trauma as well, which affects the endocrine system and therefore the immune system. So what we've got is sort of a continuum between the physiology of trauma and the physiology of many of the major causes of death.

**Rick:** Do you see when people start working on their traumas, discharging them, even later in life, that people are able to reverse some of these conditions?

**Dr. Scaer:** Absolutely, in my experience, of course these are anecdotes, these are outcomes, they're not controlled studies. But we've had many, many patients who remit these diseases including Gerds, irritable bowel

syndrome, fibromyalgia, basically disappearing. A terrible pain condition called reflex sympathetic dystrophy?

**Rick:** Yes.

**Dr. Scaer:** Which is a real conundrum in the medical science, which is clearly a disease of regulation of the circulation of a part of the body that experienced the messages of trauma, and it's dissociated and develops this horrible painful circulatory condition, which we've cured many cases of RSD, and that's remarkable because it's extremely hard to treat.

**Rick:** Have you noticed that these same people become less vigilant, that some of that oversensitivity goes away as well just in general, going through life, doing their day-to-day stuff. Or are they still having to cope with that at a much, much higher level?

**Dr. Scaer:** No, no. No it goes away before the disease does.

**Rick:** Ah, yes.

**Dr. Scaer:** Diseases are sort of a tertiary entrenchment of the physiology of trauma, but the syndromes go away quickly like my patient who said, my brain injury's gone. And coincidentally, her chronic pain in her arm and shoulder was gone too, within three sessions with Levine.

**Cathy:** That's wonderful.

**Dr. Scaer:** It stayed away. I followed it for a couple of years, and she was cured.

**Cathy:** Wow.

**Dr. Scaer:** And she was a victim of physical abuse by her father throughout her childhood. That was the substrate for her chronic pain and her so-called brain injury.

**Cathy:** Do you find that people that are very vigilant because of earlier traumas are more prone to exhaustion, fatigue, stress in their every day life?

**Dr. Scaer:** Oh yes. Well chronic fatigue syndrome and fibromyalgia are so commonly linked that some people include them as one syndrome. Chronic fatigue and weakness is a very prominent syndrome of this. If you think

about it, these are all diseases of the freeze, and of course in the freeze response it's a state of collapse. And therefore...

**Rick:** Let me ask you a question because I think I may have a misconception. I thought that if someone was hypervigilant that they were constantly stressed, that they would be more in the sympathetic side of their behavior during their day than your average person.

**Dr. Scaer:** Yes. It's a very good point.

**Rick:** So is this a disease of the parasympathetic, meaning that the freeze response as you described it is, you're not fighting, you're not running, those would be sympathetic responses, you're freezing, in which case you flood parasympathetic. Is that the dynamic?

**Dr. Scaer:** Yes. There's a nucleus in the brain stem that runs the parasympathetic system and the viscera called the dorsal vagal nucleus in complex.

**Rick:** Right.

**Dr. Scaer:** And that complex is what is brought online to cause the freeze response. But you've got to remember that's the other problem here. All of these syndromes and diseases, including RSD, have both cyclical sympathetic and parasympathetic manifestations.

**Rick:** Right.

**Dr. Scaer:** And RSD, the limb first gets red hot their hair grows excessively, their nails grow, then they fall out and the limb gets cold and contracted. So it is a cyclical problem. These are all diseases, what I say are diseases of regulation because one of the models for trauma notes that it is a state of abnormal cycling of the autonomic nervous system to the extremes of both sympathetic and parasympathetic dominance.

**Rick:** So they lose their ground, their stability, their homeostasis...

**Dr. Scaer:** Exactly.

**Rick:** And they're really floundering from one side to the other side and back and forth.

**Dr. Scaer:** Exactly. So in these diseases of sensitization, you're right. The sensitization is sympathetic, but all of them then are manifested by freezing

in response to the slightest sympathetic stimuli. And so these are disease of regulation which is why the medical profession struggles so much with them because there's no fixed end point. There's no lab test to define the status of that disease. It's a disease of regulation, it's cyclical and you can't put a number on it. That's the reason a lot of doctors call it psychosomatic.

**Cathy:** Oh yes.

**Dr. Scaer:** Because it doesn't make sense by their fixed paradigm for disease like diabetes, is a fixed disease.

**Cathy:** Right.

**Dr. Scaer:** And actually, most diseases have some of this cyclical feature to them.

**Cathy:** Yes. When people freeze or respond to old traumas in the present day, are they putting more chemicals, hormones into their bodies? Is that part of the pain and fatigue response?

**Dr. Scaer:** Well they are of course. When the person is kindled, is triggered, by a cue, and sensitized. There is a period of time when there's increased fight and flight hormones and enzymes including an increase in serum cortisol, which is an important hormone. Cortisol is the stress hormone.

It is activated during the cycle of arousal, but then it persists in the face of ongoing stress. But like everything else, it's cyclical. And of course there is a normal cycling of cortisol in day-to-day life for the hours of the day. But in chronic late trauma, the traumatized individual we're talking about, that early trauma, has been traumatized over and over again, their serum cortisol tends to run a little low, which would simply be compatible with the fact that they tend to be more in dissociation or freeze than they are in fight and flight most of the time.

Complex traumas characterized by that state of rather more prominence of the parasympathetic state. Although every time you get excited, you dissociate after you dissociate you tend to come out of it in a state of panic too, so it is a cyclical problem.

**Cathy:** It's very stressful for people. We've talked a lot about how it can affect the body and the health, have you done any studies or read or seen effects on people in their present day life in terms of wanting to achieve financial abundance, being successful at work, or have good solid relationships where the traumas affect that?

**Dr. Scaer:** Well traumas will inhibit any effective performance of activities that would sustain you in your life. Chronic trauma victims, many times are disabled by their trauma physically and emotionally.

Many of my patients who before I got into this deal, then started to realize these somatic techniques really would make a big difference. A lot of them went on social security after a minor auto accident. They were disabled physically and emotionally.

**Rick:** And of course the judgment comes that you know, the accident wasn't that bad, they shouldn't be traumatized this much, they must be faking, etc., etc., when what you're saying and the evidence is showing that when it builds on these old traumas, the trigger can be mild, but the impact on the human being can be immense.

**Dr. Scaer:** Absolutely. And I've testified, probably one hundred times in whiplash cases in court, and making a case that this is a real syndrome. It's very difficult. And the juries often are skeptical based on the evidence of the severity of the impact. And I can understand that.

**Rick:** Well it's not part of our culture to talk about trauma or to look at trauma as you know, people go through earthquakes that destroy their country and some are not terribly traumatized by that...

**Dr. Scaer:** That's right.

**Rick:** After a period of time they become resilient, whereas another person, they must be faking it, it's "psychosomatic" and all of that.

I appreciate your time here because I think getting the word out of the effects of early trauma on the triggers that happen later in life and how debilitating they can be, as well as the hopeful message that there are new technologies, new techniques, that are bringing relief to these mystery conditions. This is a message that isn't well covered and well known yet and I appreciate all that you did. It certainly, your presentation when we saw you in Denver, was extraordinarily eye opening for me. It helped connect a lot of the dots, and I really appreciate that.

**Dr. Scaer:** Well thank you. Good. It's still not in the mainstream by any means. I do a lot of lecturing and workshops and I occasionally have the opportunity to address physicians, some of them dismiss it out of hand because it's not their paradigm.

**Rick:** Yes.

**Dr. Scaer:** Others say this is really neat, look at this. But it's going to be a long time before anything I say is accepted broadly, I'm afraid. Because it's not what we're taught in medical school. I had to redraw my paradigms.

**Cathy:** I think it could help so many people. I have one last question. Many of our clients are frustrated with themselves because they're very bad at self-care. Is that part of the traumatic experience? They've learned that they aren't able to take care of themselves?

**Dr. Scaer:** Well you know, when you are in a state of dissociation, which is the predominant state, PTSD is a meaningless diagnosis in the long run. It simply contains some of the elements of early trauma. But the trauma changes and becomes a debilitating, exhausting state of chronicity of pain and physical symptoms and what is dissociation. And dissociation is a state where the brain is shut down. One is cognitively impaired in dissociation, and I realize as I got into this field, that a lot of the patients I'd interpreted as having minor traumatic brain injury such as the epidemic in our soldiers coming back from Iraq?

**Rick:** Right.

**Dr. Scaer:** They were actually traumatized and were dissociated much of the time. And that produces cognitive impairments. So you are not as capable.

When you're dissociated periodically, you're not there, you're not processing information, and you'll say things, you don't remember you said them. You'll get lost in familiar situations, you'll lose your car in the parking lot, you'll forget where you put your keys. It looks like these Alzheimer's ads on television. That is a pervasive problem in late trauma, is cognitive impairment. That is comparable to that of a minor brain injury.

**Cathy:** Wow.

**Dr. Scaer:** So it's hard to cope. It's hard to function.

**Rick:** Are some people high functioning, but dissociated? And if you were to look at their brains in action, they're doing something on auto-pilot, even their job or you know, making dinner and things like that? Or if they're on that kind of autopilot, they're really not dissociated at that point.

**Dr. Scaer:** Well I'll tell you, there are certain circumstances where individuals may find a niche where their function is sufficient, that they can get by and survive. And one of those is in the area of competitive athletics which attract trauma victims markedly because running, sprinting, doing a marathon, riding a day in the Tour de France, floods you with endorphins the whole time that you do it, and you generally are not in a state of arousal or anxiety. And so people, trauma victims will see states where their endorphins are increased in the release, and they may function through those if they don't require intellectual performance.

**Cathy:** Is that why a lot of people that have been traumatized turn to drugs or sexual addictions to get by?

**Dr. Scaer:** All addictions are due to trauma. All addictions are due to the neurochemistry of trauma. And all of the abused drugs replicate neurotransmitters in the brain that are dysfunctional. And all addiction is, is an attempt to re-regulate the brain through flooding with these neurotransmitters, which are otherwise deficient in action. So trauma victims, and the whole field of addiction psychology now has turned to trauma. I now get invited to speak to addiction meetings more than any other type of meeting.

**Rick:** That's wonderful. Bring trauma relief and the need for self-medication often goes away on its own without...

**Dr. Scaer:** Absolutely.

**Rick:** Without the person having to hold onto it, even needing or wanting to hold onto it. And with the trauma relief you take away someone's self-medication, they're going to find something someday, somehow. They're going to be in a very uncomfortable state of being.

**Dr. Scaer:** If you look at the success of the simple 12-step programs, including AA, the recidivism rate is astounding.

**Cathy:** Yes.

**Dr. Scaer:** You're never cured. You're never cured. And addicts will say that, but the recidivism rate is huge because unless one heals the trauma, one is not going to solve the neurotransmitter deficiency.

**Cathy:** That's wonderful. Thank you so much. Is there anything else you think would be important to cover?

**Dr. Scaer:** No, we've covered a lot and there's a lot more to cover. I can talk for a day and a half. But I think we covered the core of this. The theories behind why trauma therapy works I think is very important to consider. You have to have a rationale for the brain's healing, the brain's physiology before you assume something really works. So all the techniques have that element to them.

The considerations of early childhood trauma are absolutely critical. We have to solve our malattachment problems in our culture because we are a culture that has been dissociated since 9-11. And I think that has a lot to do with societal behavior that we've experienced over the last miserable decade.

**Rick:** Yes.

**Dr. Scaer:** And so we need to find how we can begin to attune our babies. That's the beginning. There are a lot of things I think one can conclude from this model.

**Rick:** Thank you so much. We are looking forward to continuing the dialogue and hearing more about what you discover, and continuing to put that out to people.

As you said, when someone feels a sense of empowerment, it starts shifting the trauma as well. And for people to have been through it and start to understand that this is a change that occurred in their brain, it was not something that was under their conscious control, there's nothing that they could have done "better" at the time, and as they start understanding that and realizing that there are some techniques and approaches that can give them relief, well, that puts it all in an environment of empowerment.

And if we can get rid of the attacks on people who are suffering, we can help create an environment of safety where they have an opportunity to heal in an environment of respect and choice.

**Dr. Scaer:** I couldn't agree with you more.

**Rick:** Thank you so much.

**Cathy:** We so appreciate you taking the time.

**Dr. Scaer:** I'm glad to. Thanks for asking me.

## Other Resources

### **Learn Tapping**

<http://www.thrivingnow.com/tapping>

### **Free video on Trauma and the Primitive Brain**

<http://www.thrivingnow.com/trauma>

### **Free video on Inner Tapping**

<http://www.thrivingnow.com/innertapping>

### **Grounding Exercises**

<http://www.thrivingnow.com/grounding>

### **Anxiety Constricted Breathing**

<http://www.thrivingnow.com/breathing>

### **Group Coaching Program at Thriving Now**

<http://www.thrivingnow.com/team>

### **Self-Sabotage**

<http://www.thrivingnow.com/self-sabotage>

### **Stress Relief**

<http://www.thrivingnow.com/stress-relief>

### **Understanding the Law of Attraction**

<http://www.thrivingnow.com/understanding-loa>

### **Free Yourself Program**

<http://www.thrivingnow.com/free-yourself>

### **When You Are Really Stuck: Fundamental Questions**

<http://www.thrivingnow.com/really-stuck>

### **Childhood Trauma Relief: Starter Set**

<http://www.thrivingnow.com/childhood-trauma-package-1>

## About Us

Rick Wilkes is the founder of Thriving Now, LLC and a coach in the film [The Tapping Solution](#). In the past six years he has worked with over 1,500 clients and has become known for his innovative methods.

"I am a student of the intelligent energy that animates all Life. To me, emotions are energy in motion, and this work gives me an opportunity to explore with you the leading edge of new vibrational technologies. Energy Tapping literally taps into Source Energy. It taps into our natural ability to know ourselves and to align with the restorative, self-healing power of that which created us and keeps us living, laughing, and loving. I thank you for letting me share with you what we've discovered (so far) that can bring quick and long lasting relief, and for joining us as we take these practical approaches to the next level of understanding and effectiveness."



Rick Wilkes  
Emotional Freedom Coach  
[www.thrivingnow.com](http://www.thrivingnow.com)



Cathy is a PhD engineer and the founder of The Joy Connection, LLC. She has worked with more than 500 clients in the last three years.

"I have always been curious about healing. It seems like an incredibly intriguing puzzle—trying to figure out why some people are happy and some are stuck in misery. After years of exploring various therapies and healing techniques, I found Energy Tapping and a light went on. I experienced for myself, and later with clients, the power and speed of the relief brought by tapping. The wisdom and peace left behind, the connection with ourselves, is beyond price.

Rick and I combine body guidance, the Law of Attraction, energy tapping and inner child work to release old traumas and empower parts of us that are stuck and frozen... so we can be emotionally free. I believe that these techniques can help even extremely traumatized people heal deeply and completely and live the way they always dreamed."



Cathy Vartuli  
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[www.joy-connection.com](http://www.joy-connection.com)

