

Forget Stress – It's Trauma that Kills

By Marian Mills

Stress is widely accredited with being the prime suspect in the development of disease, whether this is seen as mainly emotional as in depression and anxiety disorder, or physical such as with cancer or autoimmune conditions. But what causes the stress? Why are we finding it so hard to adapt to our way of living, or to give it up and live stress-free lives? The answer is trauma – both big 'T' and little 't' traumas have a dramatic impact on our body/mind's ability to adapt.

There is a concept called homeostasis, in which the body naturally cycles through states of being, from aroused to passive and back again. Recent work on the effects of trauma has shown that this homeostatic balance can be easily disrupted, and the swings become greater between the peaks of arousal and the troughs of passivity. Each extremity of this increased swing has a different effect on the bodymind. In peak arousal when the sympathetic nervous system is activated, the adrenal glands are operational, cortisol may flood the bloodstream, over action in the parts of the brain designed to detect and recognize threat, heart rate is raised, mouth goes dry and extremities become cold. This is what we commonly call the "fight or flight" response. Symptoms that arise from this state of being are often anxiety, panic disorder, high blood pressure, insomnia, phobias, diarrhea and sickness.

At the other end of the spectrum, we experience the "freeze" response. Although less well known, this also has its origins in our animal precedents. When a creature goes into freeze response it is flooded with endorphins which block pain – useful if you are about to be killed or eaten. In this state where the parasympathetic nervous system is activated, we see symptoms of fatigue, dissociation, indigestion and gut disorders such as constipation, and accompanying dulling of mental activities.

In fact the condition of IBS shows us how the digestive system deals with both ends of the cyclical nature of this wave, with diarrhea and constipation along with indigestion and GERD (GastroEsophageal Reflux Disease)

Robert Scaer believes that 100% of the population has been traumatized at some point in their lives and he defines trauma as a perceived life threat whilst feeling helpless. This is contrary to the DSM IV guidance which tends to recognize only significant and unusual events such as terrorism, incest, rape, torture, natural disasters and combat as traumatic events. However, there is also a huge diagnostic category now called DESNOS which stands for Disorders of Extreme Stress Not Otherwise Specified and much trauma falls into this category. PTSD is just the tip of the iceberg whereas DESNOS is something that we all experience.

Birth, especially in the west where hospital interventions have become increasingly common, is a very common cause of trauma, both to mother and baby. Natural birth facilitates bonding and that in turn has a significant impact on the brain development of the baby. The bonding process stimulates the part of the brain that regulates the

emotional brain and the autonomic brain and results in a well-adjusted child able to control excessive swings of neurological activity. Many babies born in the west in the past 150 years have experienced a significant disruption to that bonding process, either through the use of anesthesia or forced separation from the mother. This creates autonomic disruption which can last for the remainder of the individual's life. It is a traumatic event that has an impact on the further health and well-being of the individual because of the change in very early brain development. This has made a huge impact on the neurological stability of the population and on its own could well account for the majority of dis-ease that we see so prevalent in the West.

Almost all of us have some underdevelopment of the part of our brain that assesses current threat levels (amygdala) and this means that all threats become viewed as existential. This also reduces our social activity and many people suffering anxiety and depression, or even cancer, MS, ME, AIDS and other ailments can become very isolated, further compounding the problem. The hierarchy of brain regulation^[1] means that social activity can only take place when we feel sufficiently safe to engage with others. When we do socialise it is highly beneficial to us both physically and emotionally and dampens the activity of the amygdala. This is possibly why many people can heal better when they work with a therapist than they can alone.

The development of the affiliate bond – that between mother and newborn baby - is critical and creates more resiliency than any other factor which in turn predisposes the individual to more healthy responses to future traumas.

This kind of trauma is then held within the body, not just in the change in brain development, and the helpless 'freeze' response, if not discharged, means the individual loses resiliency as well as learning a helpless response to threat.

The Adverse Child Events Study, with thousands of participants, discovered a correlation between the volume of traumas experienced in childhood and subsequent major causes of death. What we experience as everyday little traumas have a profound impact therefore on our later ability to retain well-being and health. Where there has been a major trauma, maybe experienced as child abuse, the individual is more likely to develop disease later in life. Our diseases are determined by our early life experiences and this is not well known in medical literature, only in behavioural studies. The dysregulation of the autonomic nervous system leaves us highly vulnerable to disease development.

The primary resource of a child facing threat is to freeze or dissociate. This then leaves them vulnerable to more trauma and the more they do that, then the more they will do it throughout their lifespan. An early childhood of abuse will result in vulnerability to trauma and further expanding expression of that tendency.

A child who is traumatized by a parent cannot blame the parent because they need them for survival and have nowhere else to go so they tend to blame themselves instead. Many trauma victims will report no trauma in their lives because they believe that they

deserved it. We are often attracted to characteristics in others that remind us of our abusers because we become conditioned in the same way as the dog which salivates at the sound of the bell. This is known as repetition compulsion and many traumatic experiences tend to be replayed throughout the person's life.

“Children are not resilient, children are malleable. In the process of getting over it, elements of their true emotional, behavioral, cognitive and social potential are diminished -- some percentage of capacity is lost, a piece of the child is lost forever”.[2]

There is a distinct gender and age difference in our predisposition to responding to trauma.

“In childhood more boys have met diagnostic criteria for externalizing disorders such as ADHD, conduct disorder, and oppositional-defiant disorder while more girls have a higher incidence of internalizing disorders such as depressive, anxiety or dissociative disorders.”[2]

Women and children are designed to freeze whilst men are predisposed to fight or flee which explains the 3:1 ratio seen in the development of PTSD and also in the diseases that arise from prolonged freeze such as IBS and fibromyalgia.

Trauma produces a flood of endorphins in the brain which allows us to use flight or flight response without experiencing the pain, and this itself can become like a trap and explains why abused women find it difficult to leave their abuser. They are frightened of the pain of actually experiencing life without the endorphin rush. Some people get engaged in extreme sports in order to keep this endorphin flow and people can become addicted to this state.

There is a high incidence of child abuse in the male criminal population and in soldiers and in sports enthusiasts who cannot give up the exposure to the risk, even just observation of it is enough for them. This process determines a lot of our social behaviour including violence in video games and watching CSI and similar programs. We are a nation of disassociated people because of the changes in our birth procedures and the increase in early abandonment of children into daycare because of the pressure on both parents to work. We are very open to fear-based control because we have been conditioned in this way through our childhood experiences.

The freeze response is one of profound parasympathetic dominance and we experience excessive gut activity giving rise to GERD, fibromyalgia, IBS. What we have then tended to do is to use caffeine to get us out of freeze response and smoking or alcohol or drugs to get out of fight or flight. Our attempts to regulate ourselves have in fact exacerbated the problems with significant health deterioration as a direct result.

Allopathic medicine does not currently have models sufficient to understand the causes of, and therefore treatment methods for, these chronic illnesses which are being caused by an accumulation over time of many little traumas experienced in every day life.

Ongoing and recent studies are developing a trauma-related model for the development of cancer, where it has been discovered that nearly all people who develop cancer have experienced a significant trauma within the prior 2 years to onset of the disease. Hamer New German Medicine (<http://www.newmedicine.ca/overview.php>) Hamer postulates 5 biological laws, and the 5th is possibly the most relevant to healing work. He states that :

“Disease is not a meaningless "error" of nature or biology but a special program created by nature over millions of years of evolution to allow organisms to override everyday functioning and to deal with particular emergency situations; they are wonderful programs and, if understood correctly, provide the individual and the group with a way to deal with "out of the ordinary" circumstances.”

However, all too often, we live our lives in a state of continuous “out of the ordinary” circumstances when we are exposed to so many little traumas.

Trauma is like a capsule containing all the experiences – thoughts, feelings, sensations, brain changes, perceptions, memories – at the time of the event. It needs to be processed in its entirety which is why conventional psychotherapy alone has a poor record of alleviating PTSD.

There is also somatic dissociation where we split off from the part of the body that perceived the threat, resulting in reduced circulation and this part can often be seen as being either weak-toned or protected by layers of fat.

Animals discharge the freeze response naturally, usually seen as neurogenic tremors where the freeze is released and the fight or flight response kicks in replicating the act of running as if it was now actually escaping. This restores autonomic balance. If this freeze response is not discharged, the individual loses resiliency and becomes more vulnerable to further trauma. Recent research into the healing of trauma has led to the deliberate invoking of this freeze discharge response, and some people working in the fields of hypnotherapy and EFT have witnessed excessive tremors in their clients after releasing a traumatic capsule.

Where the freeze response doesn't complete, we get what is Robert Scaer calls “kindling”. The term kindling was developed from the description of spontaneous combustion of materials reaching a certain critical temperature. This means that a trauma experienced repetitively will eventually produce a spontaneous and self-perpetuating repeating cycle of arousal. The brain region most susceptible to kindling is the amygdala. An undischarged freeze response could result in such a feedback loop which would routinely activate the amygdala which in turn would interpret the resulting emotion-based memories as threatening, resulting in the triggering of arousal once again. The result would be the spectrum of memory events seen in PTSD: flashbacks, intrusive memories, arousal-triggered memories and nightmares. Another result would be the arousal symptoms of PTSD: anxiety, panic attacks, phobias of events and places reminiscent of the trauma, memory and situation-induced arousal, mood changes, irritability, stimulus sensitivity, exaggerated startle, and insomnia.

This is where the stimulus for the traumatic event is effectively replayed through the brain continuously. Again, this has a great impact on resiliency and is something that tends to worsen over time. Hence people who are traumatized may take many years to develop the disease for which they eventually seek treatment. Looking at a longer timeline usually helps to uncover the trauma which has not been suppressed or encapsulated as with the freeze response, but is also probably no longer viewed as traumatic. Illnesses such as RSI (repetitive strain injury) and carpal tunnel syndrome arise from this kindling response, where tension in the muscles and constricted blood flow lead to injury and inflammation.

It is clear from this research that much of our lifestyle contributes to our pandemic of ill health, whether we consider asthma or cancer, anxiety or depression. Part of healing work must, therefore be, to educate the patient/client about all aspects of balance within their various physiological systems, and how they can recognize early signs of disharmony before it goes on to create dis-ease.

Online Resources for Dr. Robert Scaer

See www.brainguidance.com/robertscaervideo.html
www.consciosmedianetwork.com

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

[1] *Polyvagal Perspective* by Stephen Porges -
http://www.nexuspub.com/articles/2006/interview_ma.htm

[2] Child Trauma Academy
http://www.childtrauma.org/CTAMATERIALS/states_traits.asp

See also Peter Levine's seminal books "*Waking the Tiger*" and "*Healing Trauma*". The latter book outlines a 12-step treatment plan for the slow and gentle release of trauma from the body.

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