



Understanding Emotional Trauma and How To Heal It

Guest: Professor Bessel van der Kolk

Niki Gratrix Okay, so Dr. Bessel van der Kolk, thank you so much for agreeing to be interviewed. It's an honor to have you onboard and speaking with us today.

Prof. Bessel van der Kolk Thank you.

Niki Gratrix So I've got so much I wanted to ask you about on such an important topic. And I've been talking a lot about trauma, emotional trauma and the adverse childhood events studies. But I think still people have this idea about what trauma and they have a very narrow experience of what trauma is. So they don't always think that it applies to them, when we say trauma they often think of maybe what veterans have been through. They might think of physical or sexual assault, perhaps car accidents. But I think it's much bigger than that and perhaps you can share, the kind of the spectrum of what trauma really is and kind of the prevalence of it as well.

Prof. Bessel van der Kolk You want me to start there?

Niki Gratrix Yes.

Prof. Bessel van der Kolk The study of trauma and the concept of trauma in our generations recently does come from soldiers. Because we live in this military industrial complex, you go to war all the time, these guys come home and they have these V.A. hospitals and research projects, and so the focus is on the military. What I found very early in my research with Vietnam veterans is that the issue of relationships, is a very core one. An issue of relationships is sort of left out of the whole concept of trauma. And it turned out in the work that I did that most of the time it was occurring in the context of people letting you down. People betraying you, your best friend having been killed, you go on a rampage and hurting people. And so I was from very beginning, impressed with the social context and how we are social creatures.

Then they tried to look at childhood trauma and the ACE study came out and they talked about specific events. But what slowly emerges out of the work that we are doing is that at the end, the quality of the safety of the relationship with your caregivers and your loved ones, trumps the issue of trauma. So it's not the event per say, although the event per say can be horrendous and profound. But it's also who is there for you when it happens? Who is the person who inflicts this upon you? And so what the ACE study leaves out, had to because of gigantic epidemiological study where they ask people just to answer a few questions, is the whole issue who did you feel safe with growing up? Who was there for your growing up? Who cuddled you and held you with terrible things happen to you? Who was there for you? And as the research is emerging slowly, it turns out who was there for you at the time is even more profound than what happened to you at the time.

So the issue of that, we are intrapersonal creatures. We are primates, we're like monkeys in a zoo. We don't exist independently from each other. And when our troops are playing with each other, and they all take care of each other, we can tolerate a lot of stuff, including we can tolerate a lot of stuff from our relatives. It can be difficult or hard to deal with. I would never put up with people at work who behave as badly as relatives do. But because being part of this troop and as long as the troop is basically okay, we can tolerate a lot. But if the troop banished you, you're left by yourself to your own devices. If somebody in the troupe molests you or secretly beats you up or blames you for what's happening, you get to be an outcast. That becomes a very big issue.

So the issue of who is there for you? Who is trying to protect you? Who is there for you when you are wounded? Is the critical issue or one very critical issue.

Niki Gratrix So this is fascinating. Would it help to speak the difference between a diagnosis of actual pure PTSD and what you've been describing as developmental trauma? Does that speak to some of that?

Prof. Bessel van der Kolk It's how we talk about it as we try to put it into our little pages of the DSM.

Niki Gratrix And what would be the symptoms? The differences in the symptoms of somebody with pure PTSD versus people with symptoms of more of the developmental trauma?

Prof. Bessel van der Kolk The sort of pure PTSD, more like something keeps coming back. We keep behaving and acting and reacting as if it's still going on. So basically your mind, your brain, body gets stuck in a particular event. We know how to treat that quite well, actually these days. In our EMDR study we had an 8 percent cure rate in our MDMA studies, we know also approximately 80 percent. So single incidents, one time stuff, is relatively simple to deal with and the technology for that is largely taken care of. The audience that you also talk about, the chronic physical illness and your body getting all uptight, your body holding stuff, that's oftentimes more relational trauma. Where you don't feel seen, you don't feel responded to. The whole issue of reciprocity, I will be there for you, you'll be there for me breaks down. And there is this sort of pervasive sense of alienation and loneliness of "the core of me is defective and I can't stand who I am". I live in a body that's disgusting, that's miserable.

It's interesting to me, actually that you're very much into ACE study. And I love to study but I look at the study and what I see is that a lot of the things that they uncovered in ACE study, continuing to smoke, taking drugs and becoming obese are issues of self-care. If you love your body, it says "hey, take your hair when you feel like something interesting but you know I've a body I'd like to take care of". "How about a little smoke?" "No you know, I like my lungs, and I'd like to live for a long time so I'm not going to smoke." So if you have a relationship with your body, you don't take do all these high risk behaviors. But when you get ignored and nobody is there for you, you feel it in your body as heart ache and gut wrench.

So emotions, a stuck emotion, gets stuck in your body anyway and gets stuck in that body-mind axis. And so your body goes berserk, it gets played out in the seed of the body. So like I have some grandchildren these days and what really strikes me is what do parents do? The kids are crying all the time because of falling on the floor all and always

falling off little tricycles. And what the parents do? They hold them and make them feel better. And so they instill that balance in their bodies. I think the more of the issues that you are interested in is, is the body getting stuck and not feeling safe enough?

Niki Gratrix This is profound because as I mentioned, a lot of people sort of just think of trauma as like these one-off events. Whereas, what we're actually saying is that people have been talking about silent AECs, which is just, you know, emotional abuse, emotional neglect, not being seen. Like as you say, that leads to things like core shame. And I actually think in my experience, what I'm seeing is that that's almost more devastating.

Core shame and emotional trauma is almost worse than having a physical thing happen. Because at least if it was physical, people could see it. It's grounded in reality. Whereas if it's just, say, a form of emotional abuse, it's more invisible. Have you found that?

Prof. Bessel van der Kolk Well, no. I think rank ordering, I do it sometimes also, is a bit of a dangerous thing to do. I'd rather I haven't been gang-raped than being ignored by my mother.

Niki Gratrix I didn't want to minimize that.

Prof. Bessel van der Kolk But I do the same thing sometimes. It's a different effect. It's a sense of unworthiness, that you are not worthy of being seen. Not worthy of being known. You're on your own. So it's a very pervasive sense of alienation, loneliness in a way where your body is protesting, your body is basically crying out.

So to my mind, the core issue goes very well with his notion of: "Don't cry. I'll give you something to cry about". So here you lift up your face and say please don't hit me. And instead of a person who's reciprocating saying: "Oh, I can see that. Let me take care of you", you get slapped. So just keep it to yourself. Stick with it. Hold it. And just you process your own misery inside yourself. The trouble is that we are much better at dealing with specific traumas than to deal with the sense of disconnection and not feeling seen and not being known.

Niki Gratrix And that's pretty devastating. It seems that it's very devastating.

Prof. Bessel van der Kolk And it is so pervasive in society. And I'm very worried about our cell phones, our iPads really diverting us further away from talking to each other.

Niki Gratrix Yes. This is big. And the official ACEs questionnaire was really too superficial to elicit that kind of relational trauma.

Prof. Bessel van der Kolk I certainly don't want to criticize the ACE study in anyway. They were looking at that particular piece and getting the lay of the lands. It's pervasive. It's intense. It happens to large numbers of people. And one of these nice best things about this ACE study is that it was done on a white, college-educated population. So you can no longer say: "Oh, this happens to these people in the slums or happens to these people over there". It's a representative sample of pretty well-off people by and large.

Niki Gratrix Yes. Okay. And if we start talking about some more on the mechanism side, like, say, how does this childhood biography becomes adult biology? In your book, which is the brilliant name "The Body Keeps the Score", you're really hinting that what goes on

emotionally and mentally is reflected in the body, in other words, the mind and body really are one thing.

Prof. Bessel van der Kolk Yeah. So the other thing that is very important and mainstream doesn't pay much attention to, my friend Bruce Perry says, the brain is a use-dependent organ. So our brain, our brain structures, is based on experience. And so if your experience is "I'm not seen", "I'm not known", "I don't know how you're going to react to me", that affects certain brain structures. I'd like to show videotapes that if you get upset and you know that your mom will come in and make you feel better. Because in terms of sense of timing, "Oh, I can really feel like crap but before too long, somebody will come to my rescue". And if you don't have the internal experience, you get this internal feeling when something bad happens to you, this will never go away. So life is tough for you.

Except we live in Los Angeles, for everybody else life is tough for a good amount of the time. And crap happens to people all the time. But if you have an internal sense of – this, too, shall pass. It goes way back. Everything always passed. Even though I felt very bad some of the time because this internal sense of: "This will go away so I can deal with this". But if your caretakers aren't there for you, you get this internal sense of this will last forever. And the only way to make it come to an end is by taking drugs or getting surgery or doing something drastic. Because the capacity of the interpersonal world to take care of is not only in your mind frame, but in fact it may be harder for the interpersonal thing to take care of.

If I get upset by whatever, an interview possibly, I go to my wife, who's actually very nice to me, and I say to her: "I had this horrible interview." "Oh, honey, don't listen to that person". So there's something about her. The actions will make it go away, make it pass. But if you're in terrible frame, it's like, oh, this will never go away. Then I may take a drug after a failed interview.

Niki Gratrix So you're saying, it still shocks me we're talking about a neurological change in the brain, in the structure of the brain in response to what you're saying, causing that cascade of stress symptoms and then that changes the epigenetic expression, the biology. And that's why we talk about leading to physical illness, right? And it still shocks me so much that we're talking about these neurological changes and yet we still treat people who are addicts, or such as criminals, you know, behaviorally-challenged people are punished. People with chronic fatigue, we treated like they had deviant psychiatric behavior. And it's incredible.

Prof. Bessel van der Kolk You're helpless. Whatever you do, don't make your doctor feel helpless. If you make your doctor feel helpless, they will take it out on you. Do the thing that helps your doctor to say: "Oh, this is what's going on with this person. Let me give the right treatment". But if you make your doctor scratch his head and make him feel helpless? They may not take it so well.

Niki Gratrix Yes. I think there's a lot of people who know not to badly react with their doctors. It's very true. So another thing we see in the community, people we see with sort of burn out, chronic fatigue, fibromyalgia, we see these tendencies to perfectionism, over-thinking, over-achievement, over-giving, which is all at the expense of self. And that comes back then to this core issues of self-worth and shame that causes the burnout behaviors.

Prof. Bessel van der Kolk Yeah. See what strikes me is, and why I gave my book the title "The Body Keeps the Score", is that if it's in the body, the treatment should be in the body. Body treatment is somewhere like way on the periphery of the world. Inhabiting your body and feeling safe in your body. We sit in a chair and we talk to people. Somehow trying to magically make people save their body. And you cannot magically get there by yakking.

Niki Gratrix Let's talk about healing by yakking. Well, I guess CBT. I was just exactly going to ask you about this.

Prof. Bessel van der Kolk I get too emotional about it.

Niki Gratrix I was going to say, but it's the official treatment plan for chronic fatigue and it's very unpopular. Only 30 percent of people say they get any benefits, a huge dropout rate. Can you talk about the limitations of rational approaches?

Prof. Bessel van der Kolk CBT is my wife's hobby. As she always says: "Oh, honey, thank you for pointing out my stupid ways. You're so much wiser than I am."

Niki Gratrix Well, it doesn't change the behavior.

Prof. Bessel van der Kolk So the issue is you need to experience your body. You need to feel safe in your body. You should introduce the issue of touch. Traditionally, nurses used to touch, I think they touch less, but they were taught how to touch. They were the people who always made you feel better. But that now it's far from the mainstream. And see if your insurance company will pay for your cranial-sacral therapy or you for your Feldenkrais. Or something that you have to do with moving your body and actually feeling how your body interacts with its environment. Yoga. So I did the first NIH funded study on yoga. And finally, to get that, it is more effective for chronic PTSD than any drug with people I've ever studied.

I didn't see a single drug-selling firm office turn into a yoga studio after we published this data. But this data was serious. If you learn how to really inhabit your body and learn to feel comfortable moving your body and being in your body, something starts shifting.

Niki Gratrix That's so critical. It's phenomenally important what you're talking about, these bottom-up body approaches. Yeah, a lot of people also, by the way, find it really difficult to meditate. A lot of the group that I work with, I realize they're not in their body. They're in their head, in anxiety. And they can't sit and meditate. So that's the group that needs to do the body work.

Prof. Bessel van der Kolk So meditation would be contraindicated for the majority of these people because the trauma is not about events that happened a long time ago. It's about something living inside yourself now. It used to be outside. And so now, you know, you're trying to distract yourself all the time from all that's inside of you. So I just sit there and we see all the demons start coming out.

So that's why I see things like you going to yoga might be much more useful because your actions focus on making eye movements. So while you still go inside your body and

activate these critical brain areas of the temporal parietal cortex, insula has to do with owning of yourself. You don't have to be still and allow stuff to bubble up.

Niki Gratrix Right and are there certain interventions that you would say more suited to these singular one-off events than other? Some treatments that are better for the relational trauma?

Prof. Bessel van der Kolk So EMDR, for example, is great for a single incident trauma, the eye movement desensitization. In our study we had an 80 percent cure rates in people who had a single incident. Adult onset trauma. A few weeks of that took care of it. So it is no longer a major treatment challenge. But we did not beat the childhood trauma, relational. And some people got a bit better, something got a little bit worse. And then people who practice EMDR also said, oh, you're doing it wrong because we cure everybody. I said, no, you don't. That's not what the data show. This is not about a memory. This is about an infant: "I'm not seen. I'm not known. I know no comfort inside of myself." So I would say that's the answer for not knowing comfort is to learn about comfort.

Let's say the exploration is because one size doesn't fit everybody. So, for example, I happen to like yoga, but I hate tai chi. Next person hates yoga and loves tai chi. So what was right for you and what's a right body treatment for you? And so it's always an issue of exploration, of my body feels calmer with this person when I do that particular thing. So you need to find something. So for example, one of the heroes coming to office is Matthew Sanford, who was in a severe car accident age 13 and which caused him to become a paraplegic. He is a paraplegic yoga teacher and his books are spectacular, of a guy who really has every part of his body that is still somehow movable and functional. And I just admire him tremendously.

So even though your body hurts, you still need to live with your body. Your natural inclination is to go the other way. So a lot of people like who you describe will say, no, but my body hurts too much when I do yoga. And then the question is, well, then you can just get somebody who can help you get there. The natural inclination with all trauma is to guard against this. It's too overwhelming, it's too painful which it is to go back to it. So you try to run away from it as fast as you can. But the reality is you need to slowly own it and live on the edge of exploring it.

Niki Gratrix Right, okay. And just some of the other interventions. Are you still a big fan of neurofeedback?

Prof. Bessel van der Kolk Well, I research also, I research neurofeedback. And neurofeedback, particularly we studied the most frequent resistant population. Kids being moved from foster home to foster home. People with horrendous history of abuse and neglect. And their brain is always on fire or their brain is always in shutdown. And so with neurofeedback, you can help people to activate certain brain tracts of enlightenment and engagement.

Niki Gratrix OK, so it is something you recommend? Would you say it's quite difficult? The challenge right now is finding practitioners that are well-trained.

Prof. Bessel van der Kolk Yeah. I barely know anybody. Most people I refer for neurofeedback come back very disappointed.

Niki Gratrix Really?

Prof. Bessel van der Kolk Because I think people are not very aware of what they're dealing with. These DSM categories. Panic reaction. Autism. These are all labels. But it's not about a body that's feels unsafe. It doesn't have that category. So I'm trying to teach a generation of people who can do it better.

Niki Gratrix So that's still one of the challenges with that intervention at the moment in terms of people who obviously want to look at ways they can start to feel safer in their body. Do you still use EFT or recommend it?

Prof. Bessel van der Kolk Tapping. It's a very old technique that gets packaged as EFT. Well, it's basically tapping on acupuncture points. It's one way of helping people to calm down. Just a little technique.

Niki Gratrix Yes, OK. So it could be useful in some circumstances?

Prof. Bessel van der Kolk I use it all the time. It's very helpful, but it's a little technique. It's not like, you know, if you have fibromyalgia, if you do a little tapping, you'll get cured. It's something that you may find helpful as a part of the whole deal.

Niki Gratrix OK. And, you know, can people really, if they've had this pervasive sense of this loneliness, this core shame, they've had that their whole life. Is it really possible to transform that? Have you seen that?

Prof. Bessel van der Kolk Yes, we see it. And I think they're well-known people, like Oprah Winfrey to some degree, account for a childhood like that. Those people who have been there. Some of my patients really have come a long way. But it's a long journey. It's a journey of courage, incredible courage, and is for people to say this isn't working. Because when you have that background, you're so uncertain about yourselves and so people also stay too long in things that they know isn't really working but they feel so lost.

To say to somebody, no, thank you very much, this isn't working, I'm going to look for something else, is a very scary thing to do. And one thing that I really encourage is to find somebody else who has done so. Also, the survivor groups for people who can support each other in their explorations. But you know, it has its downside also. It is very intense. People have very strong opinions about it.

Niki Gratrix So I was going to just ask you, there is this study that I quote and it's a meta-analytic review. It was a landmark study in 2004 of over 300,000 adults were they found that social support was a stronger predictor of survival than physical activity, body mass index, hypotension, air pollution, alcohol consumption and even smoking 15 cigarettes per day. And that really speaks to the power of social relations. And you kept hinting at it. Humans don't exist in a vacuum.

Prof. Bessel van der Kolk We're social creatures. But one of the things that trauma does, it makes you shut down or it makes you overreact. So you're not the easiest person to deal with. So just say to a traumatized person, just have deep love and deep social relationships and good luck to you. Easier said than done. That's when you're always on the edge and you're always jumping out of your skin. It's very hard to have an easy

relationship with someone. That's why groups are important to know that we're imperfect people and we can support each other in our imperfection.

Niki Gratrix Yes. So this aspect of recovery and healing in the context of social relations is gigantic.

Prof. Bessel van der Kolk This is interesting because there was a study in Israel, for example, looking at three levels of these communities after the scud missile attack. Turns out the most fanatical religious group did best. It's very clear if you have a deep belief, you have a community of social beliefs, life becomes much easier.

Niki Gratrix That's amazing. Yes. So the biggest problem is OP, other people. So this isn't actually car accidents. It's actually other people that are the cause and part of the healing.

Prof. Bessel van der Kolk Yes. I think that's the nature of us as a weird species. You hurt each other and you heal each other. We have never figured out how to do that the right way.

Niki Gratrix Yes, I was reading about people who, there's many people prefer their pets than other people.

Prof. Bessel van der Kolk I find it understandable. There's sometimes a lot of opposition and I hang out with people that that's their opinion. And I think it can be extraordinarily helpful. I'm a great fan of that. But in the end, you probably have to hang out with people who are from our species.

Niki Gratrix Yes. If we really want to heal. Yes. Can I just ask you finally on a few of the other interventions and therapies like psychomotor therapy or sensory motor therapy and somatic experiencing?

Prof. Bessel van der Kolk They are very different things, actually.

Niki Gratrix Yeah. They are actually.

Prof. Bessel van der Kolk I'm a great fan of somatic experiencing, and of Peter who's a good friend. And sensory motor therapy. I think they're doing some great things. With psychomotor is something else. It's psychodrama, which I happen to do. It is also good.

They're all somewhat different things a bit too complex to go into right now. But basically, I think, you know, for me personally, my own growth and development, reading Peter Levine first really changed my whole orientation. And also, it was personally very important to me as a healing Christian. I think what I learned from them was incredibly profound.

Niki Gratrix Well, OK. And it's just final comments then. What are you most interested in terms of your research of what are the most promising therapies? What would you say is the most promising? And you're excited about researching?

Prof. Bessel van der Kolk That's a good question. I'll first say something else. I am

shocked by how few people do good therapy. So if you say what your wishes would be, first of all, I wish people would learn what already exists.

Look and work with the body. Learn the current body techniques, learn neurofeedback, learn EMDR. Just because there's a lot of things that are extremely helpful but are still very difficult to come by. And then, of course, I like to also be on the cutting edge always. I see neurofeedback as very promising, but I've had a hell of time getting funding for my neurofeedback research, even though we had very good results, very striking actually. Really spectacularly good results and yet the funding isn't coming, which is silly. And I'm also involved in psychedelic stuff. Those can be extraordinarily helpful.

Niki Gratrix Wow. So sort of plant medicines. Psychedelic. That's very interesting, so the kind of, you're talking about things like ecstasy?

Prof. Bessel van der Kolk Ecstasy, MDMA. That's the study we're doing.

Niki Gratrix OK. And you finding that's having profound results.

Prof. Bessel van der Kolk We haven't had enough subjects ourselves yet. But I know from what I read the research up to now, it's very promising. What will that do for the somatic part? I don't know. Maybe part of the reason why I wanted to study it is actually to explore how well that takes care of this developmental trauma piece. And if it really change people's relation to their bodies, I don't know that for sure. It has to be explored.

Niki Gratrix Whether it makes a lasting difference, because you can sort of have a short-term experience, but it might not last.

Prof. Bessel van der Kolk It makes a difference in terms of people being haunted by terrible events. The early research is really quite key, it has to establish that more or less. What we don't know is how deep it goes to also take care of that uptightness and not having relation with your body. We don't know at this point. Right. These are the questions we have.

Niki Gratrix OK. Fascinating. OK. And I suppose, you know, it's incredible. I'm still overwhelmed by the data and the information about this coming out, about the epidemic levels of childhood trauma, how we teach our children. Is this kind of a sign of how civilized we are as a society? Right?

Prof. Bessel van der Kolk Things are worse today.

Niki Gratrix Do you think? Really?

Prof. Bessel van der Kolk Look who's our president. It's OK to say the things that he does. And, you know, before this abortion cycle, about women being in charge of their own bodies. I'm actually very perturbed by where we're going with this.

Niki Gratrix Really, I was going to ask you cause I was hoping that it's more to do with these truths. Hidden truths are now coming to the surface, if you like. So it all looks much worse because even the Me Too campaign is like very relevant to, you know, what you deal with and what we're doing with the trauma causes and health. And it's coming to the surface now.

I had this hope that it's because truths are coming out, like the true extent. It was always there for many, many years. But people are starting to see it now. The whole truth in it. It's so it looks worse than ever.

Prof. Bessel van der Kolk Well, I hope you're right. I'm alarmed.

Niki Gratrix Are you really? Right now? Just with mainly with the politics?

Prof. Bessel van der Kolk Also the politics of medicine. There's this fringe element that you and I would both belong to who is into the body and self-care. But I'm not sure that's mainstream.

Niki Gratrix Not at all.

Prof. Bessel van der Kolk I totally hope I'm wrong but I see very alarming things.

Niki Gratrix Yeah. Even the medicating of children is one example. For those of us who know, like it's just this massive lack of understanding, isn't there, about the causes of things like mental illness and quite complex illness and addiction in adulthood. And this really narrow approach that we've been taking, ignoring this biopsychosocial model.

Prof. Bessel van der Kolk Such a complex issue because medication can be so bad for kids. And obviously, you think of the millions of kids who are taking medication. I think it will make it impossible for them to ever function fully as adults because the interference is very much an issue. But at the same time, are there enough places where people can actually take care of these kids where they don't need to be shut up and made to behave so that we have enough of a comprehensive system of care?

So what's interesting is that countries like Norway, Sweden, Denmark, Finland, Holland to some degree we can see we are paying more attention to these things but the US is not one of them.

Niki Gratrix Right.

Prof. Bessel van der Kolk The studies come out of the US and the residents of the US, but they don't get applied on a logical basis?

Niki Gratrix No. I think the power structures in place aren't allowing this to take place, profit centers around pharmaceuticals and so on.

Prof. Bessel van der Kolk I think we should be careful with baseless optimism.

Niki Gratrix Yes. Yes. I agree. Well, we're trying to raise awareness, like by doing things like this, right. Is there any final things that you want to share or say, especially maybe to the health community. I mean, what I've been trying hard to get the word out. I start with ACEs just because the data is so huge and I'm trying to sort of get the information because people still don't consider trauma, how traumas affected them, how that is linked to their illness, that they have this chronic illness that potentially a huge contributing factor is coming from trauma. And practitioners haven't even been assessing for it. The functional medicine practitioners, they kind of they give these glib

recommendations, reduce your stress, you know, go and do yoga it kind of paying lip service.

Prof. Bessel van der Kolk Yes. I think we have covered a lot actually. Anything else I would say would be totally overwhelming to people.

Niki Gratrix Okay. Okay. Well, Prof. Bessel van der Kolk, thank you so much for spending the time with us. You're a hero to many of us actually. You may not know, but I quote you all the time and all the people in our community are increasingly aware of the brilliant work that you do. So once again, thank you so much for your time and being part of the podcast.

Prof. Bessel van der Kolk Bye bye.

Niki Gratrix Thank you, bye bye.