

The PTSD Work of Robert Scaer

Robert Scaer is a medical doctor and trauma therapist who has made significant contributions to the field of post-traumatic stress disorder (PTSD) therapy. His work focuses on the role of the body in the development and treatment of PTSD, and he has developed a number of approaches that aim to address the physical symptoms of the disorder.

One of Scaer's key contributions to the field is his theory of "traumatic neurosis," which suggests that PTSD is not just a psychological disorder, but also a physical one. According to this theory, traumatic events can cause changes in the brain and nervous system that lead to the development of PTSD. These changes can include hypervigilance, heightened arousal, and difficulty regulating emotions, all of which can be symptoms of the disorder.

PTSD is the tip of the iceberg, it's what we see. But beneath it is this incredibly complex structure of the trauma and PTSD is only a tiny portion of the complex, which explains all of these body sensations and body phenomenology, which aren't included in diagnosis of PTSD.^{Robert Scaer¹⁾}

To address these physical symptoms, Scaer has developed a number of techniques that aim to help individuals regulate their nervous system and return to a more balanced state. These techniques include somatic experiencing, which involves using body awareness and physical sensation to help individuals regulate their arousal levels, and the 5-Phase Trauma Healing Protocol, which is a structured approach to helping individuals work through their trauma.

The protocol consists of the following five phases:

- **Stabilization:** The goal of this phase is to help the individual feel safe and grounded. Techniques such as somatic experiencing and mindfulness can be used to regulate arousal levels and establish a sense of physical and emotional stability.
- **Tracking:** In this phase, the focus is on helping the individual become more aware of their physical and emotional responses to trauma. This may involve exploring body sensations, memories, and feelings related to the traumatic event.
- **Discharge:** The aim of this phase is to help the individual release any stored tension or energy that may be related to the trauma. This may involve techniques such as shaking, crying, or screaming.
- **Integration:** In this phase, the individual works to integrate their experience of the trauma into their overall life narrative. This may involve finding meaning in the traumatic event and making sense of it in the context of their life.
- **Completion:** The final phase is focused on helping the individual complete the trauma healing process and move forward in their life. This may involve setting goals and developing a plan for the future.

Throughout the protocol, the therapist works to create a safe and supportive environment in which the individual can explore their trauma and work through their emotions at their own pace. The protocol can be adapted to the needs of the individual and may involve a combination of techniques such as talk therapy, somatic experiencing, and mindfulness practices.

Scaer has also written extensively on the role of the body in the healing process, and he has

emphasized the importance of addressing physical symptoms in addition to psychological ones. He has argued that traditional talk therapy can be insufficient for addressing the full range of symptoms associated with PTSD, and that a more holistic approach is needed.

Scaer's work has helped to deepen our understanding of the complex relationship between the body and the mind in the development and treatment of PTSD, and his approaches have helped many individuals find relief from the physical and emotional symptoms of the disorder.

Psoas Muscle

The psoas muscle, also known as the iliopsoas muscle, is a large muscle located in the lower back and pelvis. It is involved in a number of movements, including flexion of the hip, rotation of the trunk, and stabilization of the spine. In his work on PTSD therapy, Robert Scaer has emphasized the role of the psoas muscle in the development and maintenance of the physical symptoms of the disorder.

According to Scaer, traumatic events can cause the psoas muscle to become tense and overactive, leading to a state of chronic arousal and hypervigilance. This can contribute to the development of physical symptoms such as difficulty sleeping, digestive problems, and a general feeling of being “on edge.” Scaer has argued that addressing the tension and activation of the psoas muscle can be an important part of the treatment process for individuals with PTSD.

To address the psoas muscle in therapy, Scaer has developed a number of techniques that involve gentle stretching and relaxation of the muscle. These techniques are often combined with other approaches, such as somatic experiencing, in order to help individuals regulate their arousal levels and return to a more balanced state.

The psoas muscle, also known as the iliopsoas muscle, is a muscle located in the abdominal and hip region. It originates from the lumbar vertebrae and the inner surface of the ilium (a bone in the hip), and inserts on the lesser trochanter of the femur (thigh bone).

The psoas muscle is responsible for flexing the hip joint, and it also helps to stabilize the spine and pelvis. It is a key muscle in activities such as walking, running, and climbing stairs. In addition, a tight psoas muscle can contribute to lower back pain and discomfort.

Key points regarding the psoas muscle:

- The psoas muscle is considered a “deep” muscle, meaning it is located deep within the body and not easily visible from the surface.
- It also plays a role in core stability, by working with the abdominal muscles to maintain proper alignment of the spine.
- The psoas muscle is often tight in people who sit for long periods of time, such as those who have sedentary jobs or spend a lot of time driving.
- The psoas muscle can be stretched and strengthened through specific exercises and stretches. It's important to work with a physical therapist or personal trainer to learn the proper techniques for stretching and strengthening the psoas muscle.
- Psoas muscle can also be involved in lumbar herniated disc, and it can be a source of pain in some cases

- Psoas muscle can also be affected by certain conditions, such as hip arthritis and lumbar spinal stenosis.
- Psoas muscle can be also be affected by certain conditions such as, Psoas abscess, Psoas tendonitis and Psoas bursitis.

Somatic Experiencing

Somatic experiencing is a form of therapy that focuses on the role of the body in the healing process. It was developed by Peter Levine, a trauma therapist, and the term “somatic experiencing” was coined by him.

According to Levine, trauma can be stored in the body as tension and dysregulation, and somatic experiencing aims to help individuals release this stored tension and return to a state of balance. The therapy involves helping individuals become more aware of their physical sensations and emotions, and using these sensations as a way to regulate their arousal levels and find relief from physical and emotional symptoms.

In somatic experiencing, the therapist works with the individual to identify and track physical sensations related to the traumatic event, and to gradually process and release stored tension in a safe and controlled way. The therapy is typically focused on the present moment and does not involve a detailed exploration of the traumatic event itself.

Somatic experiencing is a holistic approach to trauma therapy that recognizes the interconnectedness of the body and the mind, and it has been found to be effective for many individuals seeking relief from the physical and emotional symptoms of trauma.

Books

Scaer, R. (2005). *The trauma spectrum: Hidden wounds and human resiliency*. W W Norton & Co. (Scaer, R. C., 2005)

Scaer, R. (2014). *The body bears the burden: Trauma, dissociation, and disease*, 3rd ed. Routledge/Taylor & Francis Group. (Scaer, R. C., 2001)

¹⁾ Interview with Robert Scaer archive.org

1. ^ Scaer, R. C., 2005. *The Trauma Spectrum Hidden Wounds and Human Resiliency*. W. W. Norton & Company, ISBN 0393704661.
2. ^ Scaer, R. C., 2001. *The body bears the burden: Trauma, dissociation, and disease*. Routledge, ISBN 9780415641524.

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