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Bridging the mind-body gap
by Susanne Babbel, Ph.D., MFT

The Connections Between Emotional Stress, Trauma and Physical Pain

Chronic pain can be caused by trauma and stress.
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6

Studies have shown that chronic pain might not only be caused by physical injury but also by stress and emotional issues. In particular, people who have experienced trauma and suffer from Post Traumatic Stress Disorder (PTSD) are often at a higher risk to develop chronic pain.

Chronic pain is defined as prolonged physical pain that lasts for longer than the natural healing process should allow. This pain might stem from injuries, inflammation, or neuralgias and neuropathies (disorders of the nerves), but some people suffer in the absence of any of these conditions. Chronic pain can debilitate one's ability to move with ease, may hinder their normal functioning, and the search for relief can lead to pain medication addictions, which compound the problem. Chronic pain is also often accompanied by feelings of hopelessness, depression and anxiety.

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Many people are already familiar with the fact that emotional stress can lead to stomachaches, irritable bowel syndrome, and headaches, but might not know that it can also cause other physical complaints and even chronic pain. One logical reason for this: studies have found that the more anxious and stressed people are, the more tense and constricted their muscles are, over time causing the muscles to become fatigued and inefficient.

More subtly, one might develop psychosomatic symptoms or stress-related symptoms because of unresolved emotional issues. These are not new discoveries; researchers have studied the mind/body interrelationship for several decades because of the importance of this link.

Experts have noticed that experiencing a traumatic event can have an impact on the development of pain. In fact, approximately 15-30% of patients with chronic pain also have PTSD. Peter Levine, an expert on trauma, explains that trauma happens "when our ability to respond to a perceived threat is in some way overwhelming." Most researchers disagree on a precise definition of trauma, but do agree that a typical trauma response might include physiological and psychological symptoms such as numbing, hyperarousal, hypervigilance, nightmares, flashbacks,



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helplessness, and avoidance behavior.

During a traumatic event, the nervous system goes into survival mode (the sympathetic nervous system) and sometimes has difficulty reverting back into its normal, relaxed mode again (the parasympathetic nervous system). If the nervous system stays in survival mode, stress hormones such as cortisol are constantly released, causing an increase in blood pressure and blood sugar, which can in turn reduce the immune system's ability to heal. Physical symptoms start to manifest when the body is in constant distress.

If someone has experienced a trauma prior to their current injury or trauma, old memories can potentially be triggered, exacerbating the effects of the newer trauma. Dr. Bessel van der Kolk, a well-known trauma researcher, explains; "Research has shown that, under ordinary conditions, many traumatized people, including rape victims, battered women and abused children, have a fairly good psychosocial adjustment. However, they do not respond to stress the way other people do. Under pressure, they may feel (or act) as if they were traumatized all over again."

Often, physical pain functions to warn a person that there is still emotional work to be done, and it can also be a sign of unresolved trauma in the nervous system. Even if one has grieved and processed the emotional impact of a trauma, the nervous system might still unwittingly be in survival mode.

Maggie Phillips, author of *Reversing Chronic Pain*, writes: "Whether or not trauma was connected to the event or condition that originated their pain, having a chronic pain condition is traumatizing in and of itself."

Since trauma has been found to have a strong correlation to chronic pain, a combination of psychotherapy and physical therapy would be the most logical pain management option for stress and chronic pain relief. Psychotherapy that uses imagery, addresses the nervous system, and facilitates cognitive behavioral therapy is recommended.

To tackle the physical aspect of chronic pain, Mindy Marantz, director of the Healthwell clinic in San Francisco, suggests focusing on alignment in the body, as well as posture that supports organized alignment. Additionally, she advises to address potential inflammation, and provides strategies to help calm the nervous system such as Craniosacral therapy or Feldenkrais Movement Re-education. "These both will help 'stoke' the lymphatic system, which in turn helps diminish the effects of fluids that pool as a result of injury. Lymphatic massage as well as compression wraps and education help bring this often overlooked pathway to recovery to patients' attention."

Beginning a daily program of walking can help to mobilize the muscles and is the best way to stimulate the lymph system to do its job and oxygenate injured muscles. The International Association for the Study of Pain concluded that acupuncture is also effective in long-term chronic pain reductions related to musculoskeletal pain.

Although one might not be aware of the lingering effect of the trauma, or believe that the traumatic event has been put behind them, the body could be clinging to unresolved issues. Relevant psychotherapy can help to resolve the physical problems.

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