

Trauma

The definition of trauma needs to be re-written; it is any experience which is *perceived as* a threat to your safety and it instigates a very particular stress response; it stimulates the limbic system (emotional brain) to code the memory permanently so as to avoid that situation in future. A traumatic memory is different to a normal memory as it not processed by the cortex (thinking part of the brain) but in procedural memory (a part of implicit or 'non-declarative' wordless memory) where it resides ready to trigger you at any future point in your life. Trauma can occur at any age but it is most common in childhood before the frontal cortex is active (prior to age 7) and thus cannot rationalise what is going on or inhibit the autonomic nervous system stress response of **fight, flight or freeze**. The most important point is that *perceived helplessness must be present* for the memory to be traumatising¹. This is common in childhood and unequal power situations where often fight and flight are simply not possible), hence *freeze* is a more likely response. This is a dissociation response where the other systems are disabled and the person is likely to 'leave their body' temporarily, viewing the situation as if from afar, or, more commonly, the person remains embodied but their systems go into shutdown (gut, metabolism, blood supply to the extremities for instance). This is important for many of the diseases of trauma of which chronic fatigue is one.

Traumas can be '**large t**' traumas like abuse, bereavement or '**small t**' traumas like operations, bullying or an unloving parent. Small traumas are no less damaging, especially if cumulative. What matters is not the event itself but the *meaning or interpretation* of the event within the person's mind e.g. if the message conveyed to them is that 'I'm bad' or 'I'm helpless' this is extremely traumatising (it induces shame) and may have long-lasting effects in the beliefs, behaviours and thus life experience of that person. Unfortunately once this memory is traumatically encoded, it becomes easier to trigger it in future as the neural pathways are hard-wired and 'stuck'. The stress response is continually activated and on high alert (sensitised). Hence the brain is landscaped for further trauma². Thus two people can have the same experience and one will find it traumatic whilst another won't depending on their personality type, interpretation and former life experience.

In traumatic memory, all aspects of trauma including the sensory information (sights, sounds, smells, feelings) can be stored in the brain³ to be retrieved again as part of an ancient survival mechanism. Whenever a similar threat is perceived in later life, (either consciously or *subconsciously*) the **amygdala** (within the limbic system) is stimulated and the event re-experienced *as if it were in the present*. Because the brain links all these experiences together by the emotion they triggered, makes retrieval almost instant and cumulative. Hence you are instantly bombarded with the emotions of all the associated memories without the memories themselves (it is a subconscious response). This is what makes it so overwhelming and confusing. You have no idea that *your feelings are a memory*.

Understandably this can cause long term mental health problems like anxiety, panic attacks, depression, and even personality disorders. But how is it that trauma can cause physical pain?

Trauma and Chronic Pain

Most Western medicine is end-organ driven (or systems-based). That is, if you have a back problem, the problem is considered to be in the back and Western medicine names this 'back pain'⁴.

Therefore, if a patient experiences a physical problem *the problem must have a physical origin*. This is true of acute injury of course but is not necessarily the case with chronic conditions (longer than 3 months duration) and particularly pain conditions. It is hard for most people to comprehend that chronic pain can be *emotional* in origin. It makes sense that when we touch a spot that feels tender, the cause of the pain must arise somewhere near that spot. This is not always true. Remember that pain itself is not produced in the damaged body part but is created by the brain from sensory information fed to it via sensory nerve pathways. There is no such thing as a 'pain' nerve; they all conduct signals which are then interpreted by the brain bringing together sensory information and psychological information such as the *meaning* of the pain.

There is a part of the amygdala that has a pain centre called the **nocioceptive (pain-perceiving) centre**. It is here that pain signals arriving from other parts of the brain are modulated. During trauma, inhibition by certain chemicals prevents the pain from being experienced at the time. This enables us to act promptly to get out of danger without paying attention to our wounds which is a powerful survival mechanism. It also 'labels' the pain as important to remember so it is permanently stored in the limbic system and not in the normal part of the brain for word-based memories (the hippocampus and other parts of the cortex). You will often see a person in shock after a traumatic event. In all animals including us *this energy must be discharged before health is regained*.

However, as we know the brain does not make a distinction between the actual experience of the event and recall of the event (which is why our imagination is so powerful). Your brain perceives them in exactly the same way. A subconsciously triggered procedural memory of a traumatic event can be stimulated *by experiencing that same emotion later in your life* or by any of the *associated features* of that memory. For example, if you felt terrified when crossing a bridge once in your life you can begin to associate bridges with fear and you may develop a phobia which defies explanation. So far so good, we understand emotional pain may result from trauma. However, the subconscious may repress emotional pain *if it is deemed unbearable* and may then be interpreted by the brain as physical pain (interestingly they share many of the same pathways).

Pain as a subconscious distraction

In addition to traumatically encoded fearful events as a cause of pain, trauma researcher Dr John Sarno⁵ suggests that symptoms arising from *repressed subconscious rage* may also trigger somatic symptoms. The inability to express strong negative emotions can come from fear of punishment, helplessness, the need to be in control, and the need to be seen as the 'good one' ('goodism'). Areas where pain is most commonly described in chronic pain conditions such as frozen shoulder, lower back pain and Fibromyalgia, etc are the back, neck, head and upper limbs. These are the postural muscles and are in constant use even while you are static hence they have the highest energy requirements. Pain may result from the brain sending signals via the nerves to limit the blood supply to these muscles which causes hypoxia (lack of oxygen), prompting lactic acid formation as the muscle goes into anaerobic respiration. Lactic acid build up is painful as many athletes know! Many people also grind their teeth and clench their jaws at night to discharge tension (called bruxism). Remarkably these are also the locations of the muscles described for use during defensive rage. This triad of neck pain, back pain and temporomandibular joint syndrome (TMJ) is very common.

Remarkably for some clients, just giving them the information that their pain is subconsciously repressed rage/shame can be enough to release it. Sarno reports that for those people simply

reading his book has been enough to cure them of the pain syndromes. However, more commonly people will need therapeutic release via **psychosensory therapy**⁶ to release their deeply held subconscious emotion. They will need to discharge the stored/uncompleted energy of that original emotion in order to heal.

This is an area which I now specialise in and for which I can claim some expertise. To observe pain changing in intensity, or moving position entirely after administering a treatment like Emotional Freedom Technique (EFT or Tapping) is to realise that pain is indeed not located in that body part for which the patient has endured a range of physical treatments from massage/physiotherapy to steroid injections and ultimately surgery). I am not denying that surgery and other Western approaches can be of help with many such physical problems but practitioners like myself also find chronic problems for which no, or only partial, solutions are available. People have often come to the end of the road with these allopathic treatments when they come to see me.

Of course it is important that purely physical causes are investigated first and eliminated, that goes without saying. Once these have been eliminated we are left with chronic, intractable pain for which no organic reason can be found. For these issues, a psychosensory approach to trauma resolution (such as EFT⁷, EMDR⁸) is a suitable treatment. Talk therapy may help elucidate *why* a person feels the way they do but it will not change the feeling which is stored wordlessly in implicit memory. After treatment many patients report a release of emotional pain in other areas of their lives. A feature of these pain syndromes is that they are intimately tied up with many layers of experience and belief systems that were formed at the time of the initial experience. Of course, the longer you have been suffering, the more likely anxiety over the pain has driven these subconscious emotions underground. I often liken it to the layers of an onion; we work on one layer only to expose another. But once identified and released the benefits of emotional processing are profound and long-lasting.

I have had many clients who have worked with me on releasing neck and back pain, some have had full-blown chronic fatigue or fibromyalgia. My task always is to uncover the subconscious drivers of their pain and make the unconscious conscious so that the person can release the pain and get on with their lives. It is a simple process but takes commitment to change and a willingness to suspend most everything you thought you knew about pain and disease. However, the rewards are immense; ultimately healing your life. I welcome you to try it.

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¹ The past is always present by Ronald A Ruden

² This may explain why most war veterans who experienced PTSD had a history of childhood trauma

³ Within procedural or somatic (body) memory.

⁴ Indeed medical practice is divided along these lines; medicine and psychiatry are entirely separate.

⁵ The Mindbody Prescription; Healing the Body, Healing the Pain by Dr John Sarno

⁶ Psychosensory therapy uses body sensation as a means to change subconscious (limbic system and brainstem) programming. This is because the body and the subconscious are in constant 2-way communication.

⁷ Emotional Freedom Technique or Meridian Tapping

⁸ Eye Movement Desensitisation and Reprogramming

⁹ www.thechrysaliseffect.com www.mecfsrecovery.co.uk