Physical pain and emotional pain often go hand in hand for trauma survivors. STARTTS Physiotherapist VEENA O’SULLIVAN relates some practical insights into how she helps survivors release their pain and heal from trauma.
physical pain is rarely an isolated sensation; it is almost always accompanied by emotion and thoughts. Traumatised clients tend to dissociate traumatic memory from feelings and the accompanying physiological sensations.

As a result, emotional trauma gets trapped in the body and it is often somatised in the form of chronic physical pain. Refugees who have experienced trauma don’t normally realise this because the process is usually unconscious.

In our physiotherapy sessions I guide clients to gain some insights as to how their body sensations, feelings, and images from traumatic experiences are inter-related. They then gain awareness of the body-mind connections, and learn how to prevent and release pain.

STARTTS acknowledges the multiple needs of clients who have undergone severe trauma and torture. It provides a holistic and culture-sensitive approach to healing by addressing the biological, psychological and social aspects of a client’s health.

As a physiotherapist, my work in facilitating the healing process of survivors of torture and trauma is also integrative. My patients present a wide range of musculo-skeletal symptoms which are not isolated from other aspects of their psychological health or daily life. In addition I guide clients in making connections between their physical symptoms and psychological health.

Suffering is deeply imprinted in the body because the reactions involving the brain (sympathetic nervous system and hypothalamus–pituitary–adrenal axis) spread throughout the body, and the body’s stress mechanisms are activated when traumatic experiences threaten one’s sense of safety, satisfaction and connection.

A loss of balance between the sympathetic and parasympathetic nervous system over time leads to illness. It is the cumulative negative experiences and the resultant negative emotions (fear, anger, sadness, etc.) that create this loss of balance. As a result, the immune system is weakened and a wide range of health problems ensue.

The physiological effects of stress typically constrict blood vessels and reduce blood flow to the soft tissues such as muscles, tendons and nerves. This process leads to a decrease in oxygen flow and to the build-up of pain-producing chemicals, causing muscle tension and subsequent pain.

As a physiotherapist, I use my skills to work on the body as a starting point, using the powerful tools of touch and movement to begin the work of healing. My goal is to align the three aspects of one’s being: the physical, emotional and mental. Through the body, one can access the emotional and mental layers that contribute to illness.

**THE MIND-BODY CONNECTION**

For many clients, it is difficult to differentiate the physiological, emotional and mental layers of their traumatic experiences, so deep feelings of hurt and being wounded are usually expressed as aches and pains in the body.

In my physiotherapy sessions clients gain a clearer awareness of the body-mind connections, and thereby are able to better understand how to prevent and/or release pain. This understanding also allows them to work more effectively within their counselling-psychotherapy process. They can take the information to their counsellors, and the counsellors also receive feedback from me to further assist their clients.

**A CASE STUDY**

Muscle tension is a fundamental way in which the body traps emotional pain. One of my clients has headaches that both a clinical assessment and some discussions reveal are clearly related to mental tension and conflict.

I asked a few questions to my client that confirms this understanding:

*What do you think has caused your headaches?* I ask.

“I don’t know for sure; but when I think too much, especially at night, I can’t sleep and my head feels bad,” he replies.

*Can you tell me a little about those thoughts?* I reply.

“I am nowhere. You know I can’t go back to my side. Can you feel it where my hands are? Do you also notice that your breathing is a little shallow, and that areas where you describe the pain, especially on the right side. Can you feel it?”

*Where in the body do you feel the anger?* I ask.

“It’s in my shoulder blades (mid-thoracic region) and my neck. The pain travels from there to his head, giving him vice-like headaches as the energy of anger rises from the thoracic region up the spine and across to the forehead.”

*Of course, I feel very upset. I am angry.* next.

*What do you think has caused your headaches?* I ask.

“Of course, I feel very upset. I am angry.”

*Where in the body do you feel the anger?* I ask.

“Of course, I feel very upset. I am angry.”

*What do you think has caused your headaches?* I ask.

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*Where in the body do you feel the anger?* I ask.
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A Summary of the Practical Aspects

Record a careful history and assess the physical symptoms to establish baseline measures (including their effect on daily function).

1. Make recommendations on other interventions that may be required.
   - In this case, he does need a medical review to assess the exact state of the hip to ensure that the plates are not causing pain.

2. Use various techniques to release pain and stiffness in the body as well as to promote relaxation (see Diagram 2).

   a. By asking questions:
      - What do you think has made the headaches worse in recent months?
      - By getting him to keep a diary and observing the links between physical pain and the situations that contribute to the pain (including thoughts and feelings that arise as a result of the situations).

   b. By reflecting back and giving feedback on what I perceive (I am wary of imposing any interpretation on the patient).

   c. Gentle mobilisations to the facet joints of the spine (areas that are tender and stiff are targeted, namely the cervical and thoracic vertebrae joints). These mobilisations are used to release pain and improve joint mobility.

   d. Soft tissue release of specific muscle groups to assist further in pain relief (e.g. trapezius, muscles of scalp).

   e. Muscle-skeletal dry needling (targets neuromuscular healing and release of energy blocks).

   f. Breathing exercises: to help anchor awareness in the present moment and as a tool for managing pain.

   g. Physiotherapy for other areas as appropriate (such as hip, lumbar spine), because the whole body is linked; a weak link affects the whole chain.

   h. Self-care techniques (use of heat pack, posture correction exercises, exercises to strengthen neck muscles, breathing/relaxation practice for home).