

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.

Releasing the Pain: Physiotherapy with Victims of Torture and Trauma



Diagram 1
Connection between breathing and muscle tension

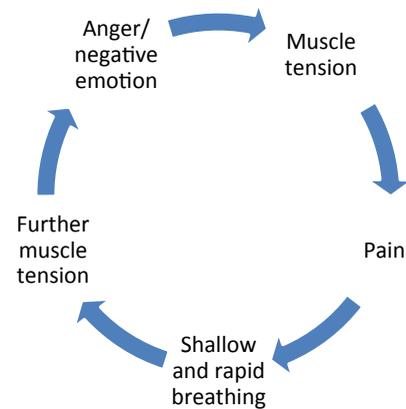


Diagram 2
Breathing as a tool to manage pain

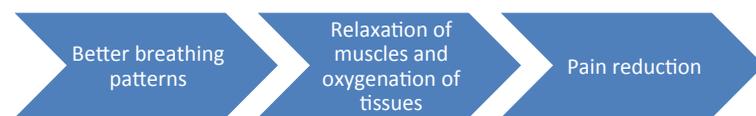


Diagram 3
Reason for increase in pain

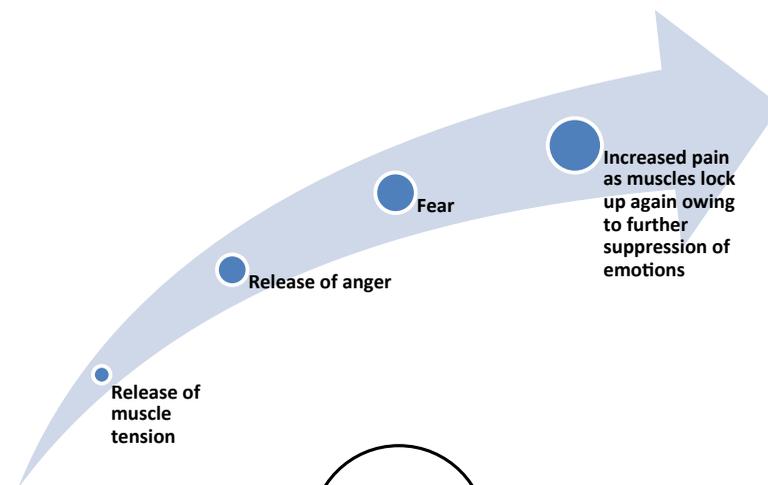
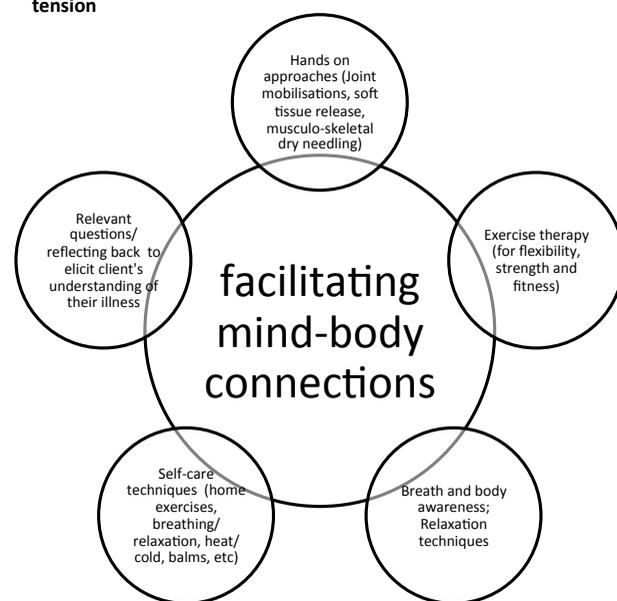


Diagram 4
Integrative approach used in physiotherapy



Physical pain is rarely an isolated sensation; it is almost always accompanied by emotion and thoughts. Traumatized 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 somatized in the form of chronic physical pain. Refugees who have experienced trauma don't normally realize 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 am nowhere. You know I can't go back to my country and I can't do anything here."

How does that make you feel?

"I don't know. What do you mean?"

Is it sadness, anger, or fear or something else? (I offer him some options, as he has difficulty identifying and naming his emotions. Many clients have difficulty distinguishing between feelings like anger and fear. They will generally say something like "I am tense".)

"Of course, I feel very upset. I am angry."

Where in the body do you feel the anger? The client notices that his body aches especially between his shoulder blades (mid-thoracic region) and his 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.

Next, I begin to work on this area of the body and reflect back to him what I observe and feel through my touch. For example, I say: "Your muscles are tight in the areas where you describe the pain, especially on the right side. Can you feel it where my hands are? Do you also notice that your breathing is a little shallow, and that

you are quite tense around the shoulders?" I use a mirror as a tool for providing feedback, so that he can see directly how the body is held.

Using these cues, I then work on posture correction, relaxation and breathing (see Diagrams 1 and 2), and the use of touch to release muscle tension. After some time in this session, the muscles begin to relax. He is free of the headache, he feels more relaxed, but also more stirred up because he is noticing the effect of the anger on his body.

This constitutes the first step in guiding the client to link his emotions with sensations in the body.

The client was given homework, to keep a diary and notice more carefully the links between his thoughts, memories, emotions and his physical sensations. He is asked to identify the situations that trigger a rise in anger, and is invited to recognise the thoughts, beliefs and emotions that accompany the anger.

He is also asked to record the physical sensations that will accompany these and to locate them in his own body. The client's counsellor is informed of the process, so that she can then work more specifically with him on the psychological issues.

A week later, when the client returns for his second session, he says that whilst he experienced pain relief initially, his symptoms became worse the next day. Although they lessened a little during the week, the level of pain remained the same. He had not maintained his diary because he felt angry—angry that the pain had returned. He thought that if he wrote in his diary, he would feel more anger. He said, "My mind is bad."

The worsening of his symptoms is a common phenomenon, and indicates that with an initial release of the anger, as the muscles relax, he felt better and also was more in touch with his emotions, but when he judged himself severely for experiencing anger, his muscles locked again as it was unpleasant for him to experience the emotion of anger. So, he began to suppress it, as he believed it was wrong to feel anger. In suppressing emotions, his muscles became tenser and so did his experience of pain (see Diagram 3). This tension indicates the intra-psychic conflict between experiencing anger and suppressing it. I used this information to provide feedback to the client.

This formed the basis of the next stages of the healing process. In the third session, the client had filled his

diary and noted some of the correlations between his anger and the physical pain (especially headaches). In order to further raise his awareness between the suppressed emotions and physical pain, I asked him, "What feels worse, the anger or the pain?" This was an important question, I also asked this to empower him to release the anger.

He responded, "They are both terrible, and I know that the pain is there because of the anger. I feel helpless. I can't change anything."

I said, "You have two options: You can trap the pain forever, because you can't find a solution to the anger, or you can allow the anger to be released in a safe way, with a combination of counselling and physiotherapy."

I began to work on his neck and upper back, gently releasing stiffness in the joints and muscles. At this point, he started to sob uncontrollably. He was able to release some of his deep-seated pain and sorrow, and on this occasion, he spoke of his feelings of guilt (which in due course will need to be addressed).

The session ended with some gentle breathing and relaxation techniques, and he reported being free of headaches and back pain. He was keen to return the following week, and said that he would put into practice some of the exercises I had prescribed.

The brief therapeutic process that occurred so far in these sessions with the client reflected the interplay between the mind and the body. A

reduction in muscle tension, and increased flexibility in the tissues of the cervical and thoracic regions, resulted in a subsequent reduction in headaches.

This appeared to be accompanied by a reduction in some of his rigid thought patterns that were locking in the emotion of anger in his body. The client is now more accepting of the anger, and feels it is safer to talk about it. He speaks about deeper aspects of his anger, such as rage, and he discusses it with his counsellor so that he can address it in a safe and appropriate manner.

Our clients at STARTTS have complex problems based on difficult trauma and torture histories. Their difficulties are further compounded by the re-settling process. For some, visa restrictions create uncertainty, insecurity and further distress.

An integrative approach that helps people build inner strengths and resources for self-care, despite unpredictable external circumstances, is essential in the process of trauma recovery. ▮

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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). I aim to create an environment where the patient is more comfortable, physically and emotionally. When the body experiences a more pleasurable state, then it is easier to reach the 'mind'. Also, working on the body releases emotions that are blocked. Medical sciences, biomechanics, neuroscience and psychology inform my approach in the selection of the various techniques used.
3. Guide the patient to make the connections between his physical symptoms and psychological status, for example:
 - a. By asking questions: What do you think has made the headaches worse in recent months?
 - b. 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).

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

Working with tension headaches

One of the main problems that this client reported was headaches. In order to ease his physical pain, I have used a list of the techniques specifically for him, and these are given below. (See Diagram 4 for the overall model of care used)

- 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.
- Soft tissue release of specific muscle groups to assist further in pain relief (e.g. trapezius, muscles of scalp).
- Musculo-skeletal dry needling (targets neuromuscular healing and release of energy blocks).
- Breathing exercises: to help anchor awareness in the present moment and as a tool for managing pain.
- Physiotherapy for other areas as appropriate (such as hip, lumbar spine), because the whole body is linked; a weak link affects the whole chain.
- Self-care techniques (use of heat pack, posture correction exercises, exercises to strengthen neck muscles, breathing/relaxation practice for home).