



Patient author

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WHAT YOUR PATIENT IS THINKING

Linking my chronic pain with trauma

Keeping an open mind about factors contributing to chronic pain can help patients to explore what approaches might work for them, writes Barbara Holtzman

Barbara L Holtzman

At age 29, with a desire to get stronger and feel more alive, I took up intermittent jogging. After two days, my knee swelled and the pain forced me to stop. Even with prescription strength ibuprofen from my doctor, I needed a knee brace to walk a block or two. Fearful of the pain, I stopped running.

The stiffness and pain in my knee lingered for many years—sometimes a mild ache and sometimes more debilitating. Over time, I started having pain in other parts of my body as well, including my back, hip, neck, and shoulder. I had multiple x rays, magnetic resonance imaging scans, and laboratory tests. My doctors found mild, and eventually moderate osteoarthritis in my joints, but nothing autoimmune related such as rheumatoid arthritis or Lyme disease. No one could figure out why I felt and moved like the tin man from *The Wizard of Oz*.

I consulted many practitioners over the following years. I tried to manage my symptoms with yoga, monthly chiropractic adjustments, frequent referrals to physical therapy for flare-ups, my knee brace, and consistently high doses of ibuprofen—which caused serious digestive side effects, forcing me to cut back the dose. I removed sugar and wheat from my diet which reduced the level of pain temporarily, but it always returned.

Connecting mind and body

The first time I experienced complete and total relief from the pain in my body was after an exceptionally effective massage. As I lay there savouring a deep, exquisite release, a thought crossed my mind: “How long will this last?” Almost immediately, I felt a muscle tighten. Another negative thought brought another tightening, and the ease and sense of wellbeing I had just experienced disappeared. I had read about the mind-body connection, but this was the first time I felt it so viscerally.

I dived into research, investigating the link between mind and body, and how a perceived lack of safety dysregulates the nervous system. Based on this research, I began to suspect that, during childhood, my brain might have developed protective strategies to cope with feeling unsafe. While my mind had dissociated from overwhelming emotional pain, my body had remembered and stored it all. I had talked about my trauma history in therapy, but it was a shock to realise that my body had been feeling the emotions I had been too scared to feel. It was also a relief because now that I understood my pattern, I could change it. Interestingly, I noticed that the automatic protective reaction of tightening against

the pain actually increased the sensations. Additionally, my habitual strategy of racing to figure out what was wrong and how to fix it created an obsessive loop, which not only exhausted me but actually increased the pain.

Addressing the cause, not just the symptom

Trauma informed, somatically based therapies, gave me the tools I needed. Body based trauma healing altered the loop of pain reaction by enabling me to expand my tolerance so I could actually feel—not fight—my feelings. An online support group encouraged me to become curious about my painful sensations, instead of tightening against them or avoiding them. I learnt how to allow my muscles to relax enough to reveal the memories and emotions my body had been suppressing.

My chronic pain started when I was 29. Now 72, I no longer identify as having chronic pain. Now, when pain is triggered, I listen to my body for what it needs. I have learnt to be with the sensations and feel compassion for myself. I am no longer afraid of my bodily sensations and do not create secondary pain from guarding against the sensations; even if some discomfort remains, I feel more at ease.

Most of the healing treatments I found helpful were discovered on my own. I wish my doctors had spoken to me about the link between trauma and chronic pain so they could have guided me in my healing journey. It is my hope that by understanding my experience, doctors will keep an open mind when exploring the factors that contribute to chronic pain.

What you need to know

- In some people, a history of trauma may be contributing to their experience of chronic pain.
- Consider inviting patients with chronic pain to become curious about their symptoms. Do flare-ups coincide with increased stress? Does fear of the pain increase it? Is there anything that helps?

Education into practice points

- How might you support a patient who is experiencing chronic pain? Are you aware of local or online peer support networks they might try?

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