
Your Symptoms are real, and the solution is too

Most Chronic (aka Persistent) Pain sufferers have fearful **beliefs** that their painful body structures are fragile, damaged or degenerating and will never recover.



Changing these fearful and inaccurate beliefs is *essential* for recovery

Scientific and clinical evidence shows that CHRONIC PAIN IS RARELY CAUSED BY STRUCTURAL DAMAGE

You may be surprised to know that no studies have shown a link between pain, ageing and the amount of degeneration found on scans and Xrays. In fact, not only may pain be present without injury or any abnormality found, but it has also been seen that some people have an injury without pain!

This may seem strange, but advances in neuroscience have demonstrated that pain is not produced in the body and sent to the brain but, in fact, ALL PAIN IS PRODUCED BY THE BRAIN

You may have experienced that physical treatments like manual therapy, injections or surgery directed at the painful structures may have given some temporary ease but have not resolved your problem. This is because these approaches are directed towards the symptoms rather than the root cause, like firefighters aiming their hoses at the fire alarm instead of at the fire.

Pain is a danger alarm in response to a *perceived* threat that may be physical, psychological, social and/or emotional. With Chronic Pain, the danger alarm is sensitised due to prior learned experiences so that some normal daily activities or events are interpreted as dangerous by the brain. This creates protective neural circuits in the brain that become anticipated, learned and automated. The good news is that we now know the brain is not a fixed organ and is in fact neuroplastic, so these neural circuits can be rewired back to pain-free circuits.

Evidence also now demonstrates that pain is an OUTPUT of the brain based on the summation of:

- sensory inputs (nociception)
- emotional inputs
- fearful beliefs
- memories
- expectations
- cultural norms
- past experiences



Successful treatment of chronic pain and other mindbody symptoms requires shifting focus from physical structures to the nervous system, life stress and emotional factors.

Dr John E. Sarno (1923-2017) was a pioneer of the mind body approach, where emotional and psychosocial factors are considered as being involved in a condition, rather than just the physical presentation. He was a Professor of Rehabilitation Medicine in New York and he wrote several bestselling books including, **‘The Mindbody Prescription’**. Through clinical and retrospective clinical studies Dr Sarno found that **patients’ symptoms were the direct result of strong emotions repressed in the subconscious brain in reaction to current and past stressors and/or trauma, particularly in early life.**

It can be helpful to consider not ‘What is wrong with you?’; but ‘What happened to you?’. This enquiry helps you understand the pressures and events, particularly in younger life when your nervous system and beliefs are being formed, all of which shape the reactivity of your nervous system to future stress triggers later in life.

For example, it can help to consider what was going on in your life around the time of the onset of the pain/symptom. This could help you identify a possible link between an uncomfortable emotion which has been triggered by some stress or even a minor event or thought, especially if self-care has been poor and you are feeling overwhelmed.

We now know that our experience of trauma and persistent stress can evoke a chronic physiological stress response in our body through our unconscious nervous system. This can manifest as symptoms, including pain and numerous other persistent symptoms, either at the time or even years later. The symptoms are part of a protective response by our primal brain, making us slow down or even stop, if necessary.

Main types of Stressors

- 1 Life stressors** such as, financial, family, work, bereavement, relationships etc
- 2 Stress from our past**, particularly associated with family dynamics as well as social and cultural expectations plus past trauma, including adverse childhood experiences (ACE's)
- 3 Stress from our own internal pressures**; perfectionism, being overly conscientious or analytical and people pleasing to name just a few
- 4 Overstimulation**: Constant bombardment in today's online world keeps our nervous system in a state of constant high alert... it's no wonder we can't sleep at night, or we self soothe using food, drink, alcohol, work, or exercise... anything to try and make ourselves feel better.

DISCLAIMER: We recommend that you visit your doctor to rule out symptoms related to organ disease or other tissue damage, such as a fracture, infection, tumour, an immune disorder or cauda equina syndrome. When there is no evidence of tissue damage causing your symptoms, then it is likely that these medically unexplained symptoms are related to stress.

Let's recap:

OUR ISSUES ARE IN OUR TISSUES

- 1** The nervous system in childhood can learn that certain emotions are dangerous, and they become wired with an anxiety/fear pathway.
- 2** Later in life, 'dangerous' emotion evoked during a stressful life event in adulthood, can trigger a physical pain if it is unconsciously repressed due to fear.
- 3** The nervous system reacts reflexively to protect us by creating physical pain or other mindbody symptoms, having learned that it is 'dangerous' to experience this emotion consciously.
- 4** When there has been a physical injury and pain persists after the tissues have healed, science now shows that, as with other neuroplastic conditions, this is due to protective neural circuits that have become learned and sensitized and not due to a problem in the area the pain is felt.

The good news is that recovery is possible!

Although Chronic Pain is complex, it is not complicated and can often be resolved using an evidence-based, mindbody approach. Recovery is possible when all the factors are considered, the missing puzzle pieces are understood and the root causes are addressed, rather than targeting treatment towards the symptoms themselves.

- A mindbody approach converges knowledge of pain and trauma science, stress physiology, psychology, and emotional factors.
- The nervous system is about survival and protection. Pain and other neuroplastic symptoms are messengers, not the enemy. Therefore, learning new, accurate information about the reasons for your symptoms helps resolve the fears driving the pain/symptom cycle.
- Success involves education, understanding the sources of the chronic stress response manifesting in your body, addressing fears and learning how to restore a felt sense of safety and ease in the nervous system.
- It is important to reframe your understanding about movement being safe and chronic pain being due to the brain mis-perceiving the need for protection, rather than it being harmful.
- The brain is neuroplastic which means you can unlearn neural circuits involved in chronic pain and other neuroplastic symptoms, rewire symptom-free neural circuits, and re-regulate your Autonomic Nervous System out of constant survival mode setting.
- Recovery also requires a willingness to explore conscious and unconscious beliefs as well as removing the fear of emotions, therefore allowing them to be acknowledged and expressed safely, removing the reason for repressed emotions to be expressed physically.
- And finally, recovery is dependent upon taking an active and empowered role in recovery and acceptance of a mind-body disorder diagnosis.



Understanding pain and trauma science, as well as reading success stories of others provides hope and inspiration.

Case Study Evidence

www.sirpa.org

www.ppdassociation.org

www.mindbodymedicineinfo.org

www.curable.com

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