Information about

Pain and Trauma
You might be wondering why the healthcare professionals you have seen in the pain service have asked you to talk about other parts of your life – after all, you are here to talk about your pain!

However, we know that your experience of pain can be influenced by lots of different factors. We are interested in finding out more about your life, in order to help you better understand your pain. It is often useful to find out if you have had other difficult experiences in life, and how you have dealt with them. This can also help you learn about more effective ways to manage your pain.

**What do we mean by trauma?**

“Trauma” is the psychological and bodily response to experiencing an event outside the normal range of human experience. Here are some examples of events that can lead to a trauma response:

- Sexual assault
- Physical or sexual abuse
- Domestic violence
- Terrorist attacks
- Witnessing a violent death
- Being in an accident

It is important to note that these events do not always lead to a trauma response. However, sometimes following a traumatic event, people might experience symptoms of Post Traumatic Stress Disorder (PTSD). The symptoms of PTSD can vary from person to person. They tend to fall into the categories below:

- **Re-experiencing**: when a person re-lives the traumatic event or events, without wanting to. This can take the form of nightmares, flashbacks, or images and sensations.
- **Avoidance**: a person may try to avoid reminders of the traumatic event – for example, by avoiding people or places, or avoiding talking about what happened. Sometimes
people will try and numb their emotions – for example, by distraction.

• **Feeling on edge (hyperarousal):** a person may find it hard to relax. They may also be easily startled and always on the lookout for threats.

All these responses are related to anxiety. They are your nervous system in action. The persistent, unwanted thoughts and memories lead to fear and anxiety. Feeling on edge is associated with physical symptoms of anxiety, including muscle aches and tension, shortness of breath, increased heart rate, feeling sick and shaky, and sweating. Avoidance is a common coping strategy for things that are anxiety provoking. It’s a way of not getting reminded of the event.

What is the connection between trauma and pain?

Studies tell us that people who experience chronic pain tend to report higher rates of trauma in their backgrounds, when compared to people who do not have chronic pain.

This does not mean that traumatic events caused your pain. It also certainly does not mean that your pain is not real – we know that your pain is real.

What it does mean is that trauma might be related to the development of chronic pain. It may be one factor that makes people more vulnerable to developing chronic pain. Of course there may be other factors involved. So, what might explain the connections between trauma and pain?

Trauma and chronic pain **both** affect the nervous system.

As we have talked about, trauma affects the nervous system. It can make the nervous system very alert and very sensitive.

We also know that chronic pain involves our brain and nervous system. As you probably know, pain is produced when the brain perceives threat to the body. When pain persists, the nervous
system becomes overly sensitive and over-protective - a bit like an alarm that is too easily set off. Over time, this can make pain sensations more intense. For example, things that would not normally be painful, like touch, can become painful.

So, when someone with a history of trauma is injured or becomes unwell, their nervous system might already be “wound up”. This might mean that it does not take very much for pain to wind the nervous system up even further.

On top of this, the symptoms of PTSD can cause pain. Feeling on-edge and anxious (hyperarousal) often comes with physical symptoms such as tense muscles. Over time this may contribute to pain.

The way people cope with symptoms of trauma and pain may unintentionally keep the chronic pain cycle going. For example, avoidance may lead to people spending less time being active. Over time, this can lead to your muscles losing fitness. This may mean you feel stiff and tense when you try to do activities that you used to.

People with chronic pain are, understandably, often very “tuned in” (hypervigilant) to pain signals. This can create a vicious cycle – the more attention you pay to the pain, the more the nervous system continues sending threat messages to the brain which in turn results in more pain being produced. As mentioned, people with PTSD are often hypervigilant. This might mean you are more like to be hypervigilant to the pain.

Some people also notice that their pain can be worse when they remember the trauma. You might also notice that trauma symptoms are worse when the pain is worse. This is linked to the way our brain is trying to make sense of our present experience and work out how to help us cope by drawing upon past experiences.
What can help?

Your psychologist will spend time talking to you about what might help. This might include ways to “turn down” the dial on the sense of threat. You might also look at more helpful ways of coping with symptoms of trauma and with your pain.

If you have symptoms of post-traumatic stress disorder, your psychologist might talk to you about being referred to another service to find ways to cope with these symptoms. They will talk to you about this first, to decide the best course of action together.

You can find more information about PTSD here:

https://www.moodcafe.co.uk/media/8417/PTSD%20-%20new%20alt%20version%20(PDF).pdf