CHRONIC PAIN
A NEUROSOMATIC APPROACH

Judith Maizels and **Fiona Adamson** explain how a neurosomatic approach to chronic unexplained pain can reach to the source of the problem

Linda, a 56-year-old woman, had suffered from fibromyalgia since she was nine, when her parents divorced and she was sent to live with her aunt. She described to me (JM) how distraught she was when her father took her to her aunt's home, how no one seemed to notice or care about her distress, and how, as she entered the hallway of her aunt's house, she felt a tightening around her throat, as if she were being strangled. When her father left her and drove away, her neck seemed to seize up, and a sharp pain swept through her shoulders and down her back. Her aunt had said, 'Stop making such a fuss! You behave yourself, or you'll be sent to a much worse place, I can tell you.' Linda had remained silent and in physical pain for over 45 years, until she came to me, seeking help to manage her pain.

There are many different approaches to helping people deal with chronic pain, ranging from pain management counselling[1] to therapeutic methods for medically unexplained chronic pain (MUCP) that aim to dispel the pain entirely.[2] My own experience of complete recovery from 25 years of chronic fatigue syndrome/myalgic encephalopathy (CFS/ME), together with our experience of working with clients with fibromyalgia and CFS/ME, has taught us that MUCP can perform several extremely important functions. It can:

- protect us from having to bear deeply buried and distressing emotional pain
- alert us to the need to explore and express some of those suppressed painful emotions – and the emotional energy that they hold
- guide us as to the specific actions we need to take (and not take) in order to release and dispel the pain.

Mind and body

Despite many years of conventional psychotherapy, I only made a full and permanent recovery in 2004 after a three-month programme of a mind/body treatment known as reverse therapy.[3] Having trained in reverse therapy, counselling skills, wellness coaching and, later, CBT, I began working with clients in 2009. It was in my very first session, working with Linda, that I realised none of the approaches I had learned were adequate to address the origin of this woman's chronic pain and help her manage or lessen it. So Fiona and I began to develop a new approach for working with clients diagnosed with fibromyalgia and/or CFS/ME.[4]

We have learned that clients' MUCP is rarely a random agony, and the parts of their body affected are rarely incidental. We have come to realise that MUCP has a serious purpose and is giving out a powerful message from our non-conscious implicit memory that can guide us and the client to the actions necessary to dispel their chronic pain.

Our approach is based on the belief that our psyche knows exactly what we need to do to recover, if only we can overcome our fears of our emotions and hear what our symptoms are telling us. Recovery comes when clients learn that, contrary to their previous experience, they can protect themselves from emotional harm more effectively when they express themselves authentically. ▶

Linda's story

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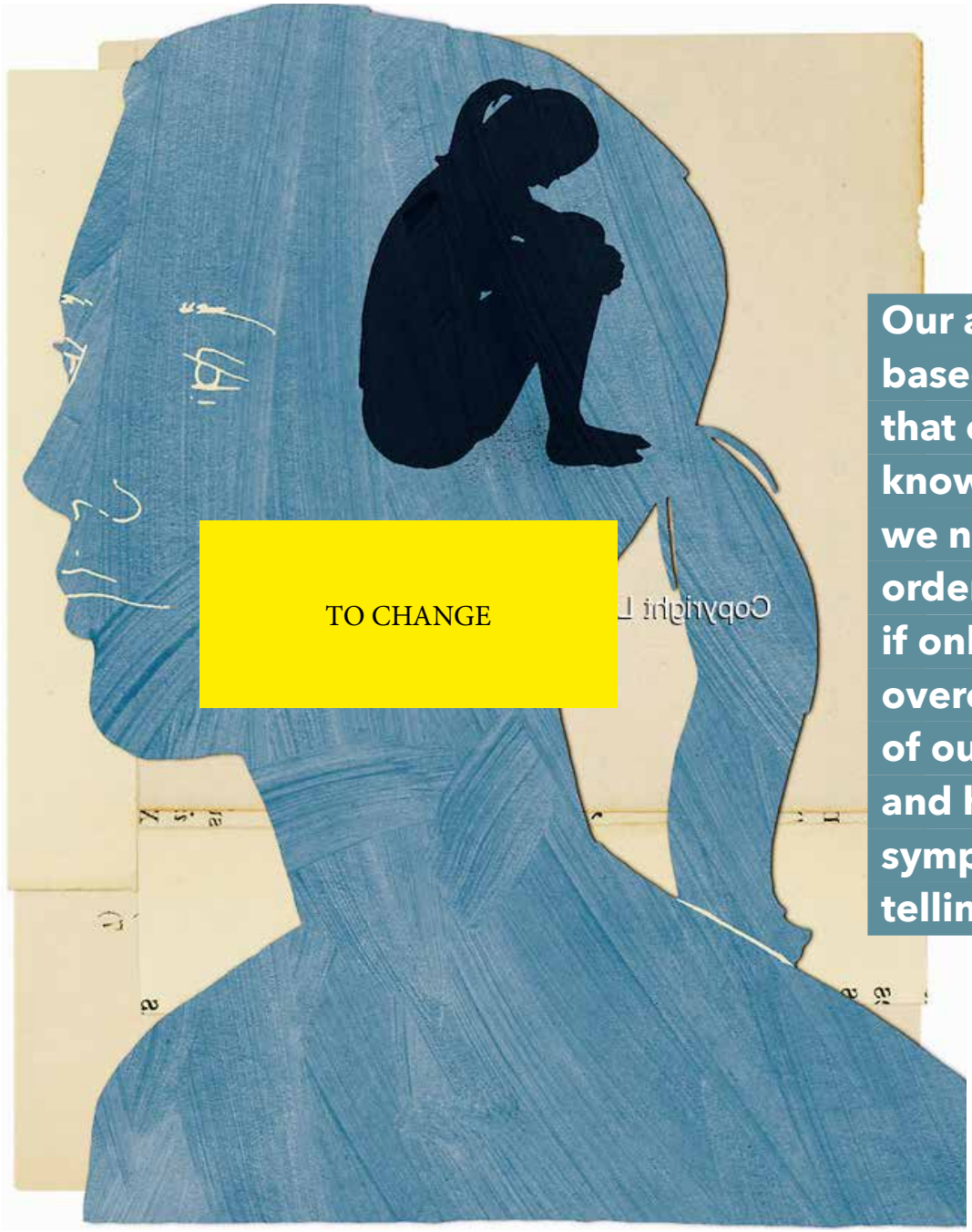
With guidance, Linda identified what she had really felt when her father left her: a desperate urge to run away, huge rage about how she had been treated, grief at the loss of her parents and home, fear of the future, and shame that 'it was her fault' that her parents split up.

We explored what she had actually said and done at her aunt's house – which was nothing: she had remained silent, vulnerable and alone, desperately trying to hide her feelings.

Then we explored what she wished she could have said and done in those moments. At first, her responses were timid: 'I just wanted to run away. I might have said I didn't want to stay here.' With encouragement, she gradually transformed her anxious words into more powerful exclamations: 'I don't want to stay here! I hate you! Take me home, now! Listen to what I want!' Gradually, her posture began to change to match her new flood of energy: her back straightened, she held her head high, her voice became louder and more strident, and she clenched her fists.

Finally, we went through an anger-



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release exercise that allowed her to affirm that she was utterly justified to feel the huge anger she had felt as a child, and that she had had no choice at the time but to keep silent, and so had carried this pain in her body ever since.

Now that she had started to release her anger, and had discovered how energising it was to do so, she could release the physical pain that had been masking the emotional pain. We repeated this exercise several times until she was shaking her fists, shouting her anger and laughing with relief, surprise and pleasure that her pain had been lifted and her energy had returned – and that she had achieved this transformation herself.

Using these new insights, gradually she was able to find new strategies for voicing her feelings with her teenage children and ex-partner. Although her recovery followed many emotional and physical ups and downs, by repeating the recall and anger-release exercises, her pain levels gradually subsided. After six months, she reported that she only had pain when she was feeling particularly anxious or stressed.

These principles underlie our practice of neurosomatic therapy, an approach itself rooted in classical psychoanalytic theory (specifically, Freud's theory of conversion disorder).[5] We use the term 'neurosomatic' to describe somatoform disorders that arise through the dysregulation in childhood of neurobiological stress-response systems as a result of trauma or chronic distress, which leaves the person with a life-long vulnerability to developing such disorders.[4]

In all the clients we see, there is a huge part of the self - the intuitive, emotional, spontaneous, authentic or 'true' self - that the fearful, defensive survival mind (the 'false self') has repressed for most of their lives. We developed our neurosomatic therapy on the principle that the physical symptoms of MUCP and similar somatoform disorders are the embodiment of the client's unresolved inner emotional conflict between these two self-aspects. Their physical pain is understandably defending them from experiencing the unexpressed voice of their true self, especially their repressed anger and the energy that their repressed emotions hold. Their primary defensive and protective survival strategy has involved emotional disconnection, fear-based withdrawal, and self-silencing behaviours - strategies that research shows are characteristic of people with MUCP.[6,7] As neuroaffective psychotherapists Heller and LaPierre explain,[8] we learn to convert our 'shameful' traits into beliefs that give us the pride and perceived strengths that help us survive our traumas. But the downside of this strategy is that we can grow up driven to prove we are worthy and lovable by adopting behaviours that are perfectionist, excessively self-sacrificing and over-caring of others.

Neurobiological origins of MUCP

The link between repressed emotions and physical symptoms has, of course, been the foundation of psychosomatic medicine for many decades. But recent research in developmental and interpersonal neurobiology has provided a sound foundation for the neurosomatic model of medically unexplained symptoms that underpins our approach.[4] For example, the single greatest risk factor for pain syndromes in both children and adults is the damaging impact of childhood trauma, abuse, and/or disrupted attachment on a child's neurodevelopment - childhood abuse and neglect are often the most reliable predictors of chronic pain[6] and illness in adulthood.

Schore,[9] among many others, has also demonstrated that adverse childhood experiences can trigger the chronic 'freeze' stress response that leads children to withdraw and emotionally shut down. Numerous clinical studies now confirm that people who habitually suppress their emotions, and especially their anger (so-called anger-in states), do indeed experience the highest levels of MUCP and sensitivity to pain. According to Lumley, not only do early traumatic experiences act to sensitise the pain pathways, but the neural circuitry involved in pain processing substantially overlaps with the anxiety, fear and emotion-processing circuitry.[6] In addition, since emotions are forms of energy in which hormones and other neurochemicals move round the body, habitual emotional inhibition dysregulates neurochemical flows and blocks emotional energy, directly contributing to chronic fatigue and illness. Alongside, there is an emerging body of evidence that people who express their long-inhibited anger can dispel their MUCP.[2,4]

All our clients with a neurosomatic illness have experienced a period of acute neurosomatic stress prior to onset of their symptoms. This is the critical moment at which our true self reaches the limit of our emotional endurance, leaving us feeling trapped and overwhelmed by unbearable circumstances. Unable to see a way of resolving our situation, we are driven to using our old passive-withdrawal survival strategies. 'Escape' is effected by the body triggering the neurosomatic process by 'sending' us our symptoms, providing our fearful, defensive survival mind with a socially acceptable means of withdrawal. The onset of pain and illness is the only way in which the client's true self can protect them from 'having' to tolerate any further emotional suffering - a state demanded by their survival mind.

Neurosomatic therapy

The chronically ill client feels hopeless, helpless, confused, despairing, grief-stricken, isolated, abandoned and consumed with unacknowledged rage. As Driver, a psychoanalyst, has observed,[10] these are the feelings that they experienced as children. The feelings are rooted in neurosomatic despair - painful emotional memories that embody the unresolved emotional conflict - leaving the stress-response cycle equally unresolved. And, since physical pain and emotions both originate in the same part of the brain (namely, the limbic system), the path to accessing the hidden emotional pain is surely indicated by the one clear signal that we already have - the physical pain that has been generated by the body itself. We therefore explain to clients the process by which their chronic pain has arisen, and we teach them to become mindful of the emotional signals that their body is holding as we enquire what message their pain is desperately trying to impart to them. In this respect, neurosomatic therapy has much in common with other body psychotherapies.

However, recovery from chronic pain and illness comes only when clients experience new, positive forms of authentic action (AA), having first increased their conscious awareness (CA) of their once-silenced voice. This combination of CA and AA is so crucial for client recovery that we specifically teach clients the skill of 'neurosomatic intelligence' (CA+AA). Using the client's growing somatic awareness, we also explore the deeper nature of both their physical and emotional pain,

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address some of their fears, defences and other emotions, and help them find healthier ways to meet their own emotional needs. We integrate this approach with a variety of task-oriented assignments.

Using bodymind and somatic awareness techniques, and only when the client feels safe enough and ready, we focus mindfully on their, and our own, sensate experiences in relation to specific evocation states.[11] These represent situations or symptoms associated with blocked emotions – emotions that now become accessible to the client through their re-experiencing and re-enacting past and/or recent situations of their own choosing. The purpose of these re-enactments is for clients to 'change the ending' of the original situation in which they had felt so trapped, powerless and shamed. We encourage them to express at last the exact feelings that they had felt forced to silence at the time. Each time a client overcomes some of their fears of expressing their long-silenced feelings, the emotional associations of traumas or stressful relationships are diluted and the memories become coupled with the client's current, self-empowering experience of finally expressing their authentic self in the present moment, and this brings them a new sense of self-realisation.

Evidencing our approach

It is through these experiential exercises that clients are finally able to express some of their long-buried authentic emotions, which often results in dramatic alleviation of their chronic pain and other symptoms as they begin to resolve their inner conflict. Typically, clients will tell us, 'I'm a real person again,' or, 'I've got my life back.'

Of course, the path is not without obstacles. While the re-enactments are a powerful first step, clients find that sustaining and reinforcing their physical improvements day-to-day can be challenging. We work with them to address the non-conscious fears that can block or sabotage their recovery, provide longer-term support to help them sustain their freedom from pain and explore with them the deeper meaning of their illness and journey to recovery.

At present, we can offer only case-based evidence for the outcomes of this approach. We have worked with 31 clients, all but one of whom reported substantial or total recovery from the pain and/or the CFS/ME that dominated their lives. Two clients partially ▶

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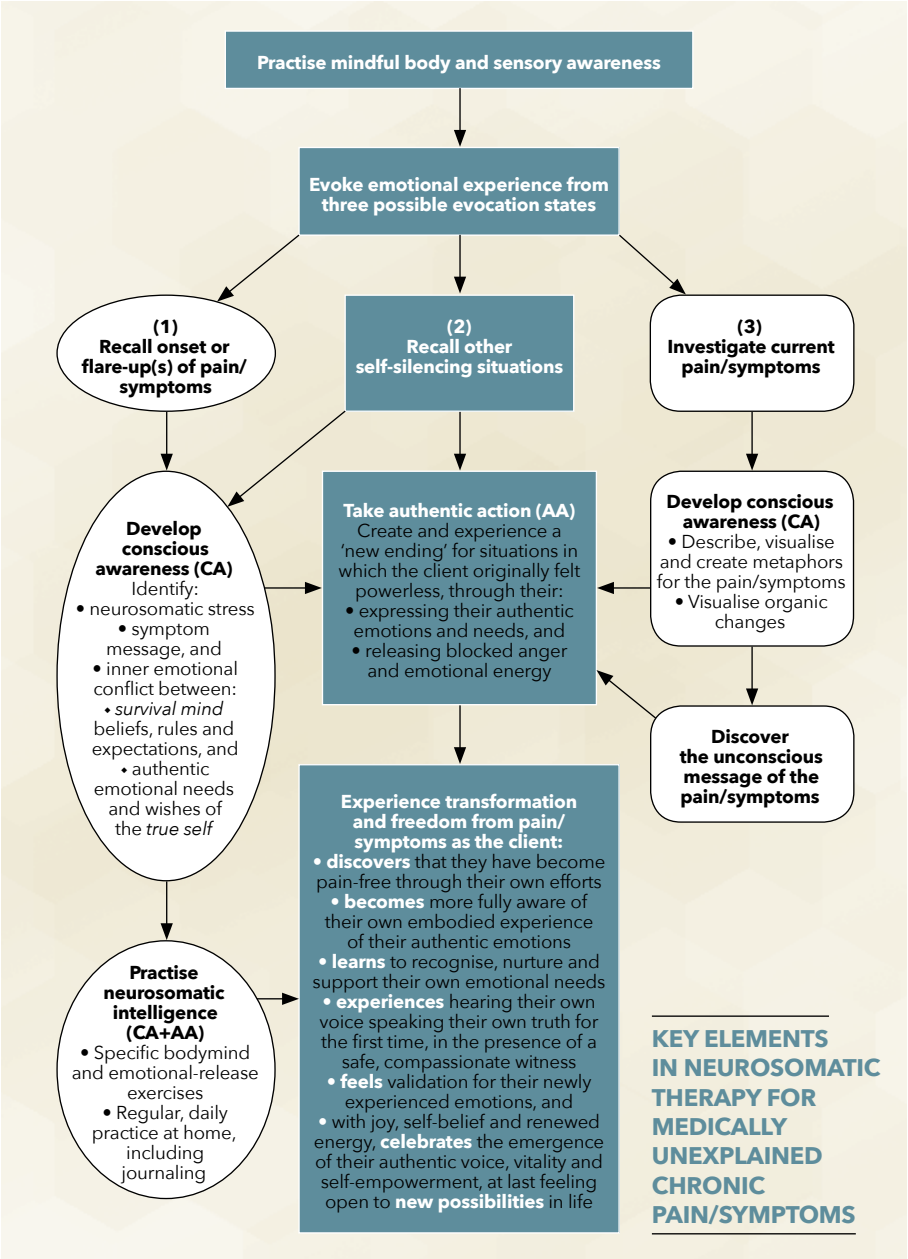


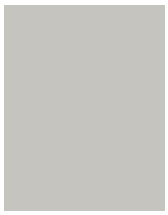
KEY ELEMENTS IN NEUROSOMATIC THERAPY FOR MEDICALLY UNEXPLAINED CHRONIC PAIN/SYMPTOMS

relapsed after a year, which might be because they had to terminate the work too soon, for financial reasons.

We have published two volumes on our work:[4] a comprehensive literature review of research into the emotional roots of chronic pain in medically unexplained conditions, and (still at press) a description of the recovery programme and detailed casework.

We recognise that this approach potentially takes us into very sensitive territory; we are all too familiar with the stigma and shame that people feel when told that their pain is 'all in the mind'. Having had ME for 25 years, I know exactly what that hostility and disbelief feels like. The pain is utterly genuine, and neurobiological and epigenetic in origin.

Wellbeing depends on learning to be more fully emotionally authentic and the ability to protect our deeper emotional needs from old, conditioned (self-)expectations. Clients discover that, if they are empowered to act authentically, their body no longer 'needs to send' them their symptoms. Neural networks and brain neurochemistry become normalised as the client's new behavioural patterns become automatic, reducing the likelihood of any future relapse. We believe that this neurosomatic approach, integrated into an established pain-management programme, could also help alleviate medically explained chronic pain. ■



Judith Maizels
My CV

Judith Maizels is a neurosomatic therapist in private practice since 2009.

She works exclusively with clients with fibromyalgia and/or CFS/ME.

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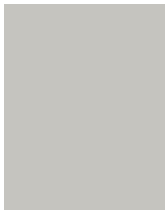
GIVING ANGER A VOICE

This is a short summary of an anger-release exercise from our neurosomatic recovery programme. The therapist can modify the protocol to suit the client and situation.

- Stay in your bodymind throughout this task, noticing any physical sensations and symptoms.
- Complete your bodyscan, and then repeat aloud the following affirmation: 'I am safe to be who I truly am.'
- Recall a current, recent or past event when you remember not speaking up; describe that event, and your thoughts, feelings and actions and any pain or other symptoms that arose.
- If you kept silent and hid your feelings, what stopped you from speaking up (your 'survival mind')?
- 'Change the ending.' Now is the time to stop keeping silent and start expressing your true feelings (your true self) about those events. Use as much physical and emotional energy as feels comfortable.
- Validate and celebrate releasing your anger. Focus on 'What do I need for myself right now?'
- Come out of your bodymind. Notice how your actions have affected your pain, energy and any other symptoms. Write about your experience in your reflective journal.
- Your symptom message may tell you: 'My pain is here to tell me to STOP hiding my feelings and START speaking up about how I truly feel and what I truly need – NOW!'
- Apply your symptom message daily.



Fiona Adamson
My CV

Fiona Adamson is an executive coach supervisor, and transpersonal and gestalt psychotherapist in private practice for over 30 years.

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