



COALITION FOR WORK WITH PSYCHOTRAUMA AND PEACE KOALICIJA ZA RAD SA PSIHOTRAUMOM I MIR

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THE BODY-MIND CONNECTION, PARTICULARLY WITH REGARD TO TRAUMATIZED PEOPLE

A few days ago, I saw a man who had severe thyroid problems, which were not being treated. He also was severely depressed. He was an asylum seeker. He had seen people being blown up. He had been beaten by border police and had been denied asylum and resettlement. I saw another man who had severe pain in his stomach, and had been diagnosed with gastric ulcers. He also was an asylum seeker who had been imprisoned in several countries and was trying to move further. Whenever he is nervous, his stomach symptoms increase, and whenever his stomach symptoms increase, he gets more nervous. Another client whom I saw over several years had lost his parents at an early age. He had incidents of coughing every time that we talked about them. Still other clients, a number of them, both male and female, had problems with sexual desire and functioning after the wars here. This created relational problems, which made their psychological states even worse, which, in turn, made their sexual functioning even worse.

It is well-known that the mind influences the body and vice versa. We see this in all of our clients in one form or another, as well as in our staff and in anyone working with other people.

Many people, especially men, don't want to, or, because of social norms, may not be able to admit that they have emotions, that they are "weak", and so they translate their emotions into their bodies.

We must caution people that these issues are real, they are not "just in the mind".

The kind of statement that says that things are "just" psychological is a dangerous one in several ways. It implies that psychological reactions are not real and are not valuable and that the people that have them are "crazy" and ill. *Everyone* has psychological reactions. We use the word *reactions* here rather than *disorders*, because we don't see these as pathological. Rather, we see them as normal reactions, given a person's background, upbringing, personality, and the events, traumatic or not, that have occurred in and shaped his/her life. Rather, we feel that it would be pathological for a person *not* to react to events. If a person doesn't react, there are blockages, of whatever cause, which are, indeed, additional issues. These reactions are individual for each person. In general, they are a combination of psychological and physical reactions.

Psychological reactions can go in virtually any direction. Very frequently, frustration and dissatisfaction and psychological injury translate into depression, anxiety, and anger. It can cause violence and addictions. The addictions can be to substances and even to people, in the sense that someone can become very dependent. The reactions even can be psychotic. Psychotic reactions are those in which a person becomes disoriented in person, space, and time. That is, the person may think that s/he is someone else, that s/he is living in another

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place and/or in another time period. Sometimes, these reactions are indeed organic, but there always is a psychological element. The forms of the reactions can be transmitted from parents or others to children.

The physical reactions also can go in all directions. Frequent reactions include high blood pressure, and heart attacks and strokes. There can be reactions of the digestive system, including ulcers and diarrhea and/or constipation, and other stomach symptoms. Endocrine reactions are frequent also, including thyroid reactions, and diabetes. Immune reactions also occur, and so people have more colds and flu, and are generally more ill. People also can get autoimmune diseases. Also, people can get breathing problems. Several studies also have shown that cancer is more frequent among people who have been psychologically traumatized and/or who are under stress. As with our clients, sexual dysfunction, as well as a lack of desire for sex, also is frequent.

While, of course, the symptoms and the real diseases – do not, again, say that they are “only in the mind” – need to be treated, psychological work also needs to be done with all of these people. Again, there are strong interactions between body and mind. The *causes* of the reactions need to be found and expressed. Usually, talking – venting – is of considerable assistance. This is very difficult for some people, especially those who come from traditional cultures. Friends and associates can assist. Increasing communication between family members also can be very important. Here, we make the caution that, if the situation is serious, a professional should be consulted. Also, a type of assistance known as body therapy exists. This involves exploring the part of the body involved, psychologically and sometimes with massage. Again, this should be done only by people with expertise.

As has been mentioned, we see these kinds of reactions in almost every client with whom we work. We find that there is too little attention paid to these interactions, and that, usually, only the symptoms are treated. We feel that this needs to change.