

The background is a dark blue gradient. On the left, there is a faint, stylized illustration of a person's arm and hand, with a robotic or mechanical element at the shoulder. On the right, there is a profile of a human head facing right, with a brain scan or MRI image overlaid on the head. The text is white and positioned over these elements.

THE MINDBODY SYNDROME

By Emily Graepel

Musculoskeletal
Mindbody
Syndrome

TMS

Distraction
Syndrome

Psychosomatic
syndrome

The Theory in a Nutshell



Pain is a physical manifestation of suppressed emotions



A ploy by the brain to distract oneself from challenging emotions and prevent their conscious expression.

How pain becomes chronic...

- Chronic pain = pain > 3 months duration
- Central sensitisation
- Pain-Fear Cycle
- Functional MRI imaging
 - Increased activity in brain-related “emotional circuitries” in persistent vs acute pain.^{[8][9]}



Dr John Sarno

- Director at the Rusk Institute for Rehabilitative Medicine
 - Treated innumerable number of patients with chronic pain complaints
1. Imaging studies often normal
 2. Structural abnormalities identified in unrelated areas to pain
 3. People with no pain can often have underlying structural abnormality.^[5-7]



Similarities between patients

- Tenderness in multiple, but the same muscle groups
- PMH of conditions known to have a strong psychological basis
- History of adverse life events
- Shared personality traits
- Temporary pain relief with exercise, heat pads, massage



Powerful Negative Emotions



- Unconsciously repressed negative emotions:

- Rage
- Anger
- Grief
- Anxiety
- Fear
- Frustration
- Helplessness

Sources: unresolved childhood trauma, pressures of daily living, self-imposed pressure.

Personality Traits

The “Type T” personality ^[10]

Excessively Self-Critical

Responsible for Others

People Pleaser

Goodism

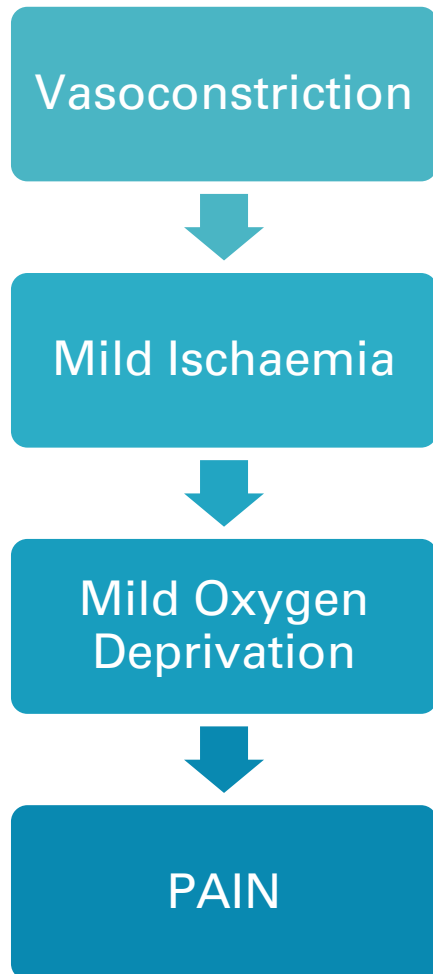
Highly Motivated

Conscientious

Perfectionism

Linking the Mind and the Body

The Autonomic Nervous System



Larsson & Colleagues (1994)

Klotter (2001)
Henriksson & Bengtsson (1991)

Bengtsson, A. and Bengtsson, M.,
(1988).

Diagnosis

| |
|--|
| The “Type T” Personality |
| Prior history of other functional disorders |
| Tender points (see Figure 4) |
| Relief with distraction |
| Symptom substitution or migration |
| Nonspecific structural etiology |
| Timing of symptom onset |
| Failure to respond to other treatments |

Table 1: Musculoskeletal Mindbody Syndrome diagnostic criteria.^[18]

Treatment methods

Education

Emotional awareness

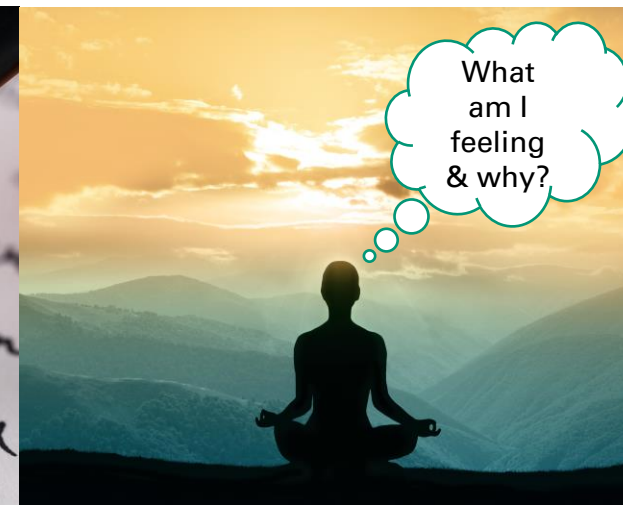
Acceptance

Tapering off
analgesics

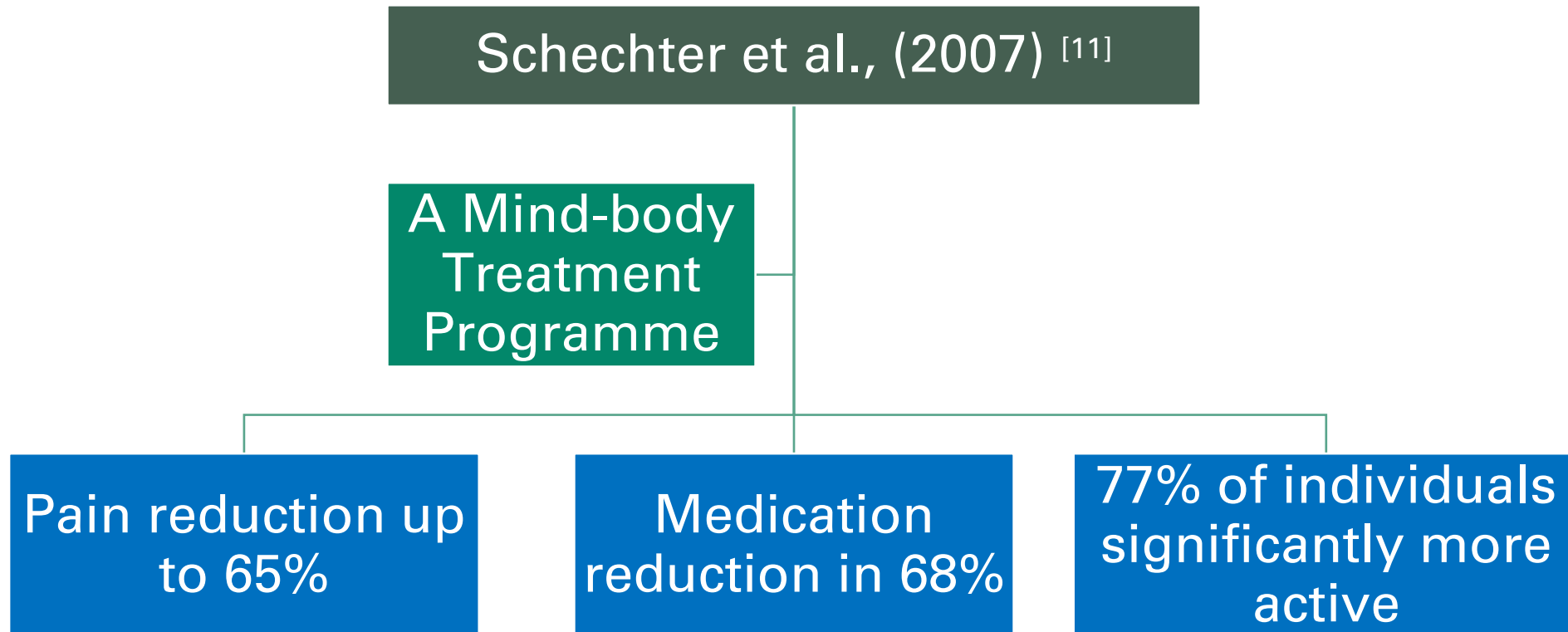
Engage in fear-
inducing activities

Expressive writing

Focused Meditation



Research supporting treatment methods

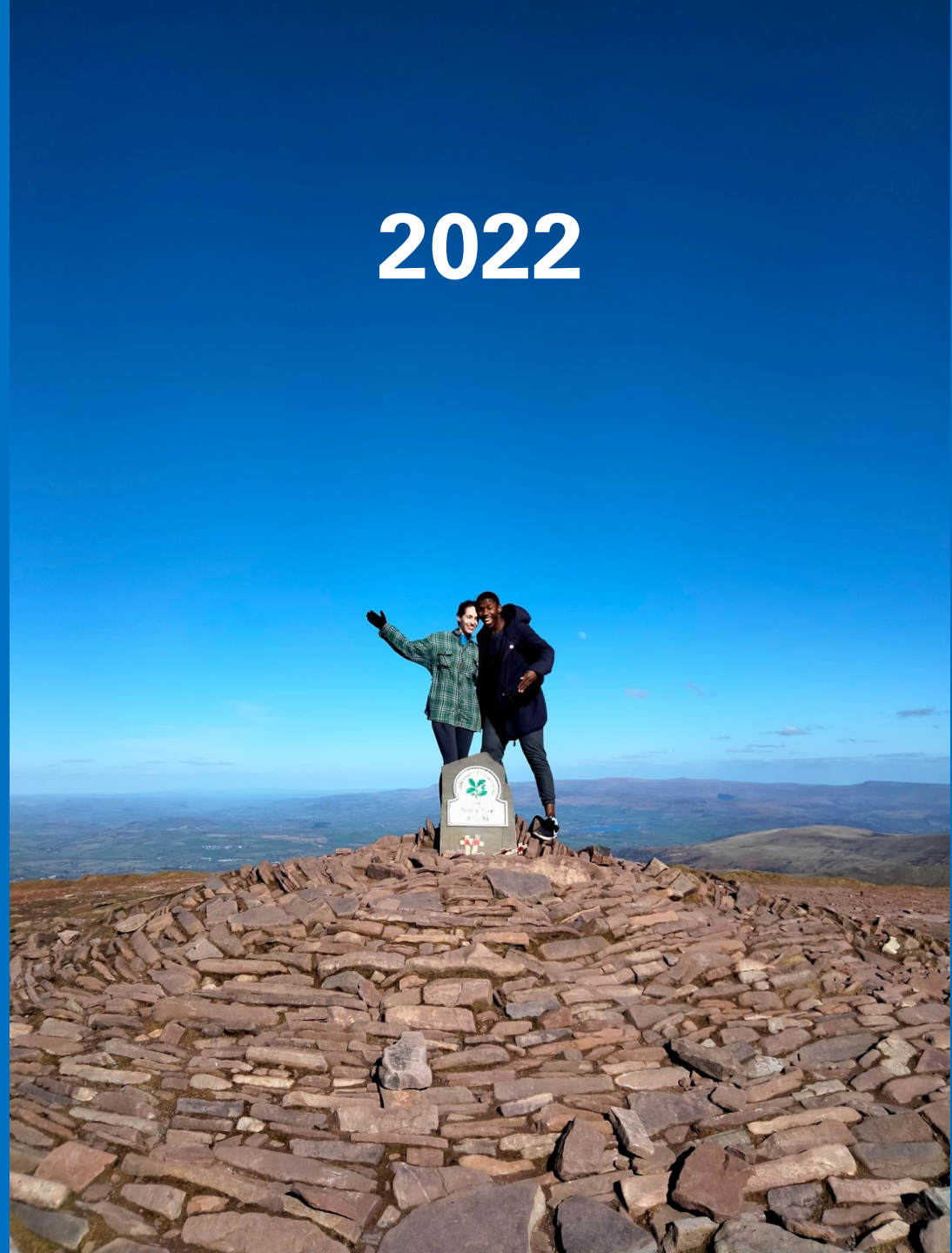


Summary

- Root cause of persistent pain lies within emotional mind.
- A centrally sensitised process.
- fMRI demonstrates activation of emotionally-related brain circuitries in chronic pain
- Must rule out serious pathology before diagnosing MMS.
- People can be cured from Chronic Pain using Educative and Emotional Awareness techniques.



2015



2022

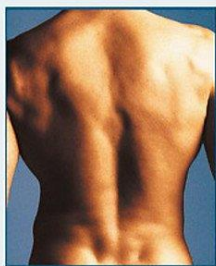
Books

WITH A NEW PREFACE FROM THE AUTHOR

THE NEW YORK TIMES BESTSELLER

HEALING BACK PAIN

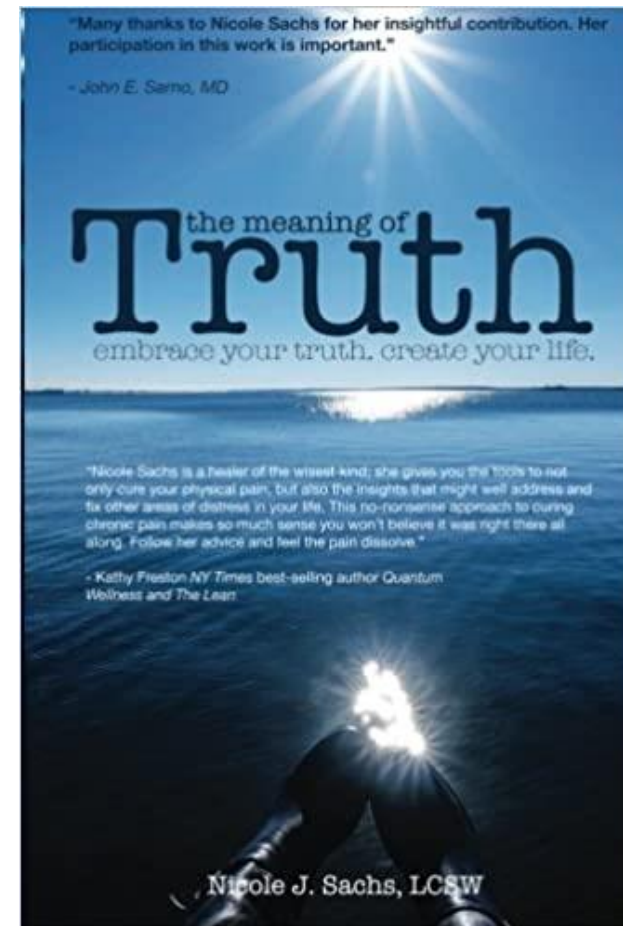
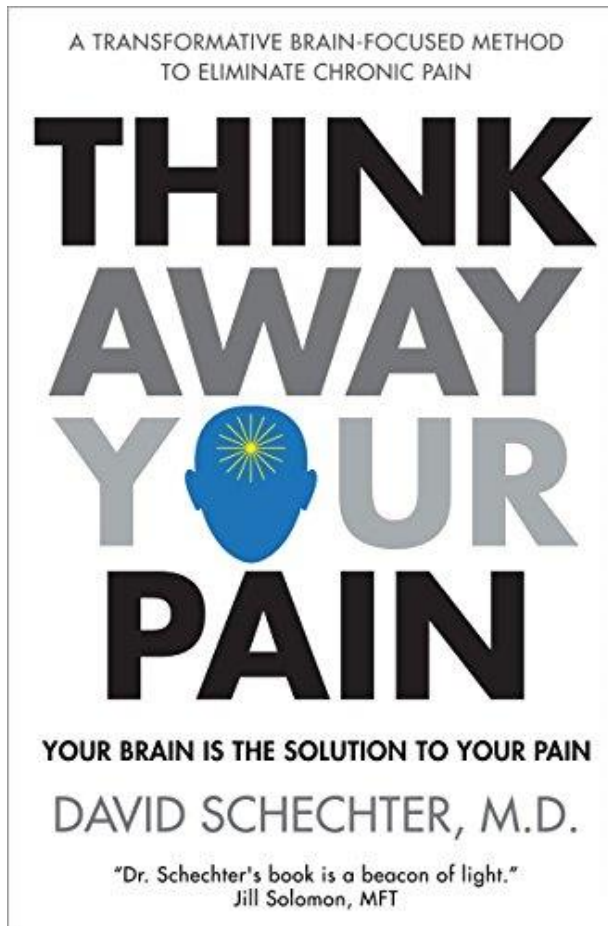
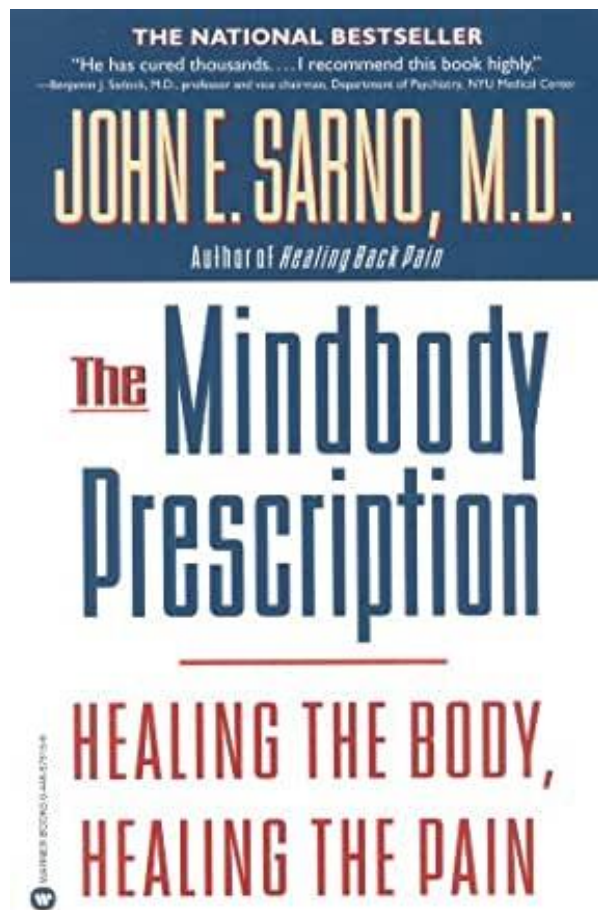
THE MIND-BODY CONNECTION



JOHN E. SARNO, MD

AUTHOR OF MIND OVER BACK PAIN AND THE MINDBODY PRESCRIPTION

WITHOUT DRUGS • WITHOUT SURGERY
WITHOUT EXERCISE
BACK PAIN CAN BE STOPPED FOREVER



Other Resources



Breakthrough with Healing Chronic Pain |
Howard Schubiner | Talks at Google
<https://www.youtube.com/watch?v=0VyH1IaOd2M>

References

- 1) Sarno, J., 1999. *The mindbody prescription*. Little Brown & Co, pp.48-49.
- 2) Sarno, JE., 1991. Healing back pain. Warner Books. New York.
- 3) Rashbaum, I. and Sarno, J., 2003. Psychosomatic concepts in chronic pain. *Archives of Physical Medicine and Rehabilitation*, 84(1), pp.S76-S80.
- 4) Schechter, D. and Smith, A., 2005. Back Pain as a Distraction Pain Syndrome. *Evidence-Based Integrative Medicine*, [online] 2(1), pp.3-8. Available at: <https://link.springer.com/article/10.2165/01197065-200502010-00002>
- 5) Jensen, M., Brant-Zawadzki, M., Obuchowski, N., Modic, M., Malkasian, D. and Ross, J., 1994. Magnetic Resonance Imaging of the Lumbar Spine in People without Back Pain. *New England Journal of Medicine*, 331(2), pp.69-73.
- 6) Magora, A. and Schwartz, A., 1980. Relation between the low back pain syndrome and X-ray findings. 3. Spina bifida occulta. *Pain*, 9(3), p.388.
- 7) Borenstein, D., O'Mara, J., Boden, S., Lauerman, W., Jacobson, A., Platenberg, C., Schellinger, D. and Wiesel, S., 2001. The Value of Magnetic Resonance Imaging of the Lumbar Spine to Predict Low-Back Pain in Asymptomatic Subjects. *The Journal of Bone and Joint Surgery-American Volume*, 83(9), pp.1306-1311.
- 8) Lumley, M.A. et al., 2011. Pain and emotion: A Biopsychosocial Review of recent research. *Journal of Clinical Psychology*, 67(9), pp.942–968.
- 9) Hashmi, J., Baliki, M., Huang, L., Baria, A., Torbey, S., Hermann, K., Schnitzer, T. and Apkarian, A., 2013. Shape shifting pain: chronification of back pain shifts brain representation from nociceptive to emotional circuits. *Brain*, [online] 136(9), pp.2751-2768. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3754458/>
- 10) Schechter, D., 2014. *Think away your pain*. 1st ed. Culver City, CA: Mindbody Medicine Pub.
- 11) Schechter, D., Smith, A., Beck, J., Roach, J., Karim, R. and Stanley, A., 2007. OUTCOMES OF A MIND-BODY TREATMENT PROGRAM FOR CHRONIC BACK PAIN WITH NO DISTINCT STRUCTURAL PATHOLOGY--A CASE SERIES OF PATIENTS DIAGNOSED AND TREATED AS TENSION MYOSITIS SYNDROME. *Alternative Therapies in Health & Medicine*, [online] 13(5), pp.p26-35.

