

Chapter 2

Physical and Health Issues Associated with Trauma

The mind and the body are connected. When you've experienced something traumatic, it's natural for it to take a toll on your mental health as well as your physical health. Traumatic events may lead us to cope with our stress in unhealthy ways, which may in turn lead to long-term, negative health effects. For example, trauma survivors might turn to smoking, overeating, drinking alcohol, or using drugs to cope with their negative emotions. These behaviors provide a certain amount of short-term relief from the pain of negative emotions. However, in the long term, they lead to dangerous diseases like obesity, heart disease, and cancer. Overall, the way you cope with trauma can definitely have an effect on your physical health.

Why Trauma Affects Physical Health

There are two main pathways through which trauma can influence your physical health. The first way is through negative coping behaviors, which take a toll on your body over the long term. Over the course of years and decades, smoking, overeating, using drugs and alcohol, or having risky sex have terrible effects. Compared to people who haven't experienced trauma, survivors report higher levels of chronic pain, gastrointestinal disorders, lung and breathing problems, gynecological problems, and fibromyalgia (Letourneau et al. 1999; Sadler et al. 2000). Survivors also have higher rates of obesity (Perkonig et al. 2009). People who have experienced multiple traumatic events have more physical health problems than those who have experienced one traumatic event (Dennis et al. 2009). The relationship between mental health and physical health is strong. Compared to people who

don't visit their medical doctor very often, people who visit their physician often are twice as likely to have a diagnosis of PTSD (Deykin et al. 2001).

The Adverse Childhood Experience (ACE) Survey was a very large study that looked at how childhood experiences affected people's physical and mental health (Felitti et al. 1998). The researchers looked at over 13,000 patients in a large health maintenance organization (HMO) in the United States. An "adverse childhood event" was defined as an experience of any of the following before the age of eighteen:

- Recurrent physical abuse
- Recurrent emotional abuse
- Sexual abuse
- An alcohol and/or drug abuser in your household
- An incarcerated household member
- A household member who is chronically depressed, mentally ill, institutionalized, or suicidal
- Your mother being treated violently in your household

Participants were given one point for each of these adverse childhood experiences, with the total yielding their ACE score. The researchers found that compared to people with an ACE score of 0, participants with a score of 4 or more were 60 percent more likely to suffer from depression, 260 percent more likely to suffer from lung problems (likely due to their high rates of smoking), and 250 percent more likely to have a sexually transmitted disease. This was a very powerful study suggesting that people don't just "get over" traumatic events, particularly multiple traumas. Learning to deal with your trauma symptoms can help both your physical and mental health. So we can say that:

Traumatic events → mental health consequences → unhealthy coping → long-term physical health consequences

The second way that trauma influences health is through actual physiological changes in your brain. Over time, there may be biological changes due to chronic stress. Certain symptoms of PTSD actually cause changes in your body. For example, the increased arousal and re-experiencing symptoms (see worksheet 2) have been associated with increased blood pressure, and eventually with heart problems and poor physical health (Kimerling, Clum, and Wolfe 2000; Zoellner, Goodwin, and Foa 2000). People who have lived through traumatic events show neurological differences when they deal with stress. The amygdala, a part of the brain that is involved with emotional arousal, seems to show more activity in trauma survivors. Trauma survivors also seem to have higher base levels of cortisol, a hormone related to stress (Dutton et al. 2006; Ganiel et al. 2007). Over the long term, these biological changes may make you more vulnerable to heart disease and other chronic health problems. So we can say that:

Traumatic events → changes in brain and body chemistry → physical reactions → long-term physical health consequences

So how do we put all of this together? The figure below represents the complex relationship between traumatic events, coping, and mental and physical health. As you can see, traumatic events are related to brain and body reactions, ways of coping, and, eventually, physical health problems. Unhealthy coping is related to a risk of additional trauma, which of course makes it more likely you will experience biological and brain changes. The basic point of figure 3 is that if you can work on how you cope with stress and deal more effectively with your PTSD symptoms, you are more likely to avoid the long-term negative health effects of trauma.

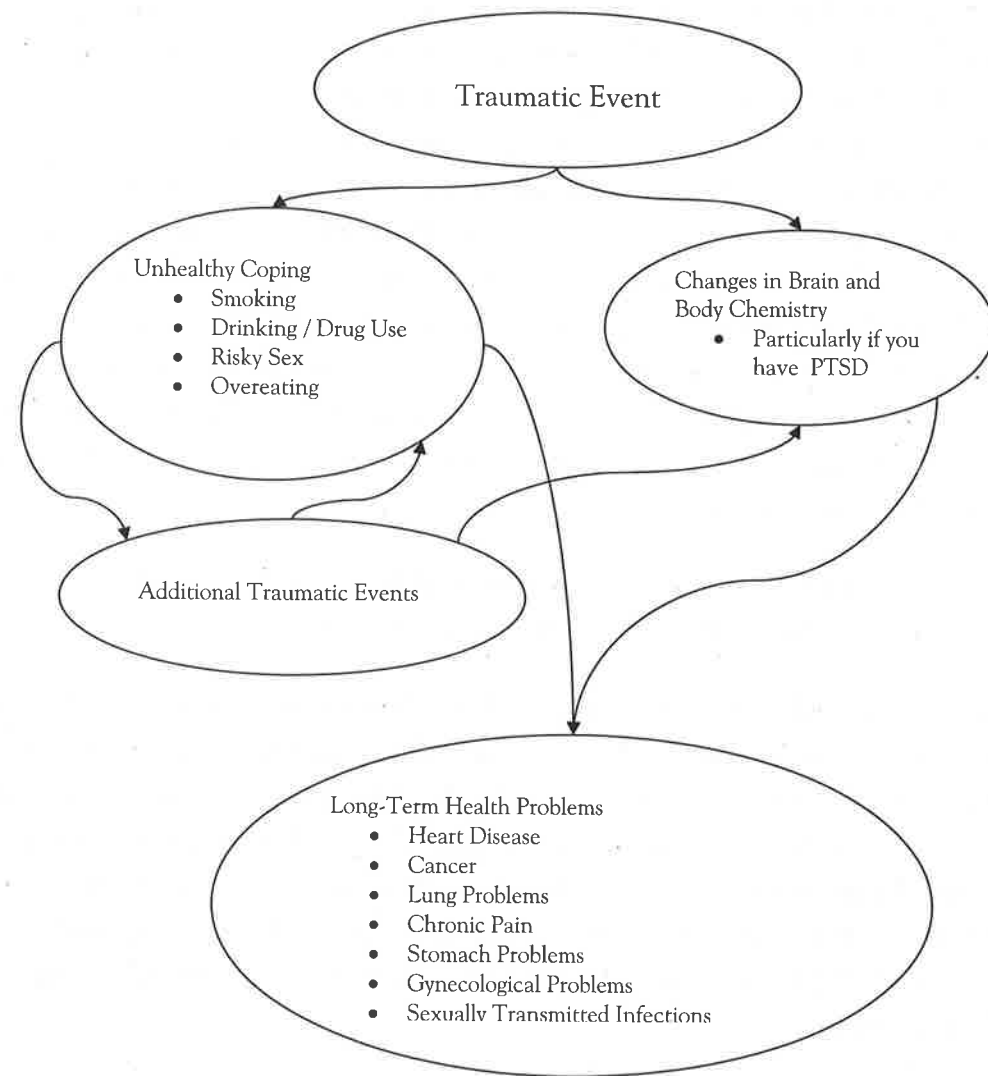


Figure 3: Traumatic Events, Coping, Biology, and Physical Health

Thinking about Coping

Everyone has ways that they cope with stress. It's easy to fall into a trap of thinking that some types of coping are good (for example, exercise) and some are bad (for example, smoking). In truth, thinking about things in this way doesn't get you very far. You usually feel guilty for choosing "bad" ways to cope, which makes you feel worse about yourself, and then you are even more likely to feel stressed (thus setting up a cycle of "bad" coping). Instead, try to think of coping as "helpful" or "harmful." That is, some types of coping work to keep you healthy and other types of coping are harmful to your health and your long-term goals.

Unfortunately, there is evidence that experiencing traumatic events increases your chances of using maladaptive coping methods. In fact, trauma survivors are more likely than non-trauma survivors to drink alcohol, use drugs, smoke cigarettes, overeat, and practice unsafe sex (Breiding, Black, and Ryan 2008; Felitti et al. 1998). Depending on the specific type of maladaptive coping, it is possible that you may become even more vulnerable to future trauma. For example, if you are drinking to try to escape your emotions about a sexual assault you survived as a teenager, you may be more likely to become exposed to an unsafe situation and be assaulted again as an adult. This doesn't mean it is your fault and it doesn't mean you asked for it. What it means is that this way of coping (in this case, substance use) is not working to keep you healthy and safe. Similarly, there is evidence that trauma survivors are less likely to practice safer sex than nontraumatized individuals. This might seem strange at first, but it makes sense when we look at the deeper issues involved. For example, a woman who has experienced sexual assault and domestic violence may not feel confident in her ability to negotiate condom use and sexual boundaries with a partner. Instead, she might avoid thinking about sex and sexuality entirely—clearly making a discussion of safer sex practices with her partners quite difficult. Unsafe sex behaviors might expose her to future traumatic events, including the diagnosis of HIV. So we can say that:

Traumatic events → unhealthy coping → increased chances of future trauma

Preventative Health Services

When it comes to survivors taking care of their health, the data seem to show something very inconsistent going on. On one hand, compared to others, trauma survivors use a lot of medical services. They tend to go to the doctor and emergency room more often, and experience a greater number of physical health problems. This is true no matter how you get the health information—if you ask patients directly, if you look at their labs or medical chart, or if you ask their doctors (Ouimette et al. 2004; Wagner et al. 2000). A diagnosis of PTSD (compared to simply being a survivor of a traumatic event) makes it even more likely that you experience a lot of health problems. But on the other hand, people who have survived traumatic events are also much less likely to take advantage of preventative medical care. So for example, you might be avoiding getting regular mammograms, cervical cancer screenings, or dental appointments.

So what is going on here? Maybe it is difficult for you to face a medical appointment where you know you might feel out of control and your body will be touched. Some of the exercises in the book will help you manage those feelings of anxiety and helplessness. There is also a chance that your medical providers do not know that you have experienced a traumatic event. It's important for you to find ways to communicate about your needs, even if you decide not to go into the details of your experiences (we'll talk about this in chapter 8). It is very important for you to consider this issue in order to get the support you need and the long-term health you deserve. In summary, you cannot separate your mental health from your physical health. You need to look at both issues so you can develop resilience and live the life you truly want. Worksheets 4 and 5 will help you take a look at how you are coping and how to know if you need more help.

Worksheet 4: How Am I Coping?

Purpose: To think about how you are coping with stress, and to determine whether your coping mechanisms are healthy or unhealthy ones.

Instructions: Think back to how you have dealt with stress this past week. Write down a few sentences about how you have been feeling and what you have done to cope with those feelings. Then take a look at what you have written, and try to decide what is adaptive and what is maladaptive coping—that is, what is healthy and what is unhealthy.

Example:

What happened, how I felt, and how I coped: *On Monday I felt really tired after my boss yelled at me at work. The way he was disrespecting me reminded me of how my ex-husband used to treat me. It brought back all the memories of hitting and screaming. I felt so awful—I smoked a few cigarettes on the way home. I ordered a pizza for dinner, watched TV, and didn't pick up the phone when my daughter called. On Thursday I was feeling a lot more upbeat. I actually went out to lunch with my friend—which was really nice. It was good to laugh.*

My healthy coping: *getting support from my friend, humor and laughing*

My unhealthy coping: *eating greasy food when I wasn't that hungry; smoking; isolating myself*

Exercise:

What happened, how I felt, and how I coped:

My healthy coping:

My unhealthy coping:

Seeking Help

Worksheet 5 will help you to decide if you need more help. In general, if you are using drugs and alcohol to cope, if you are engaging in risky sex, or if you are dealing with strong feelings of anger or thoughts of suicide, you should seek more assistance as soon as possible. Dealing with trauma and PTSD can be very difficult, and in conjunction with some of these other issues, it can be very challenging to deal with alone. There is no shame or stigma in seeking help. Remember, resilient individuals are those who know when to turn to others. Chapter 7 will give you more information about how to choose a professional who is right for you. You can still use this book as a guide to healing, but a trained professional may help you through it, particularly if you are dealing with many of the symptoms in worksheet 5.

Worksheet 5: Do I Need More Help?

Purpose: To find out if you may need the help of a trained professional to deal with your symptoms.

Instructions: Check the answers that apply to you. If you check off any answers that are next to an asterisk (*), you should consider consulting a professional about your treatment plan.

How often do you drink alcohol to cope with stress?	Rarely (less than a few times a year) ____ Sometimes (once a month or so) ____* Often (every week or almost every week) ____*
Has alcohol use caused you difficulty in keeping up with your work or school, or in your relationships?	No ____ Yes ____*
Have friends, family, or your doctor expressed concerns about your alcohol use?	No ____ Yes ____*
Have you had trouble with the law because of alcohol use?	No ____ Yes ____*
How often do you use drugs (prescription or nonprescription) to cope with stress?	Rarely (less than a few times a year) ____ Sometimes (once a month or so) ____* Often (every week or almost every week) ____*
Has drug use caused you difficulty in keeping up with your work or school, or in your relationships?	No ____ Yes ____*
Have friends, family, or your doctor expressed concerns about your drug use?	No ____ Yes ____*
Have you had trouble with the law because of drug use?	No ____ Yes ____*

Have you ever engaged in risky or unprotected sex?	No ____ Yes ____ *
Have you ever threatened someone with physical violence?	No ____ Yes ____ *
Have you ever hurt someone physically?	No ____ Yes ____ *
Have you had serious thoughts of hurting yourself?	No ____ Yes ____ *
Have you ever attempted suicide?	No ____ Yes ____ *

Conclusion

PTSD and trauma can definitely take a toll on your physical health. It is important to pay close attention to the ways you are dealing with your feelings of depression, anxiety, guilt, or self-blame. In the long term, using drugs and alcohol, smoking, overeating, or engaging in risky sex can harm your health in many ways. The exercises in this workbook, along with professional assistance, can help you to find alternative ways to cope with negative feelings so you can live a longer, healthier life.

Part 2

Integrating Current Therapeutic Techniques into Your Life