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1) From your point of view, what impact has the change in habits related to the COVID-19 health emergency restrictions had on the emotional stress of us all?

A report that was prepared by a task force of the journal The Lancet, highlighted the psychological distress and its trend, anxiety, depression and other forms of psychological distress, rose significantly during the first lockdown and then reached a level of stabilisation; starting around June of last year, the levels of psychological distress gradually began to decline. As regards psychological distress in general during the first lockdown, we went from 20% distress (reported by the subjects interviewed in the pre-pandemic studies) to 27%, so we are talking about a third of the population that reported some kind of psychological distress due to confinement due to the lockdown.

Depression has increased significantly, with figures doubling or even tripling in some countries. The data regarding depression: while in the pre-pandemic phase the percentages were around 5.8%, during the pandemic period we reached percentages of depression that touched even 15%.

With specific regard to issues concerning musculoskeletal pain, an interesting study conducted in Spain in which about 3,000 subjects were interviewed is worth mentioning: the results of this study show that 63% of the subjects interviewed reported a worsening in musculoskeletal health due to confinement. And among people who reported a worsening, 80% highlighted how this worsening was primarily due to a reduction in physical activity, so not having the opportunity to move to exercise.

About 22% of respondents reported increased pain or significant episodes of pain primarily in the spine and lower limbs. There was also a higher incidence of these disorders especially in women and people with overweight problems and also in people over the age of 65. Clearly, the restrictions during the lockdown phases with respect to being able to move less and not being able to maintain those good psycho-physical maintenance practices also had an impact on musculoskeletal pain.

2) Are there individuals who have experienced the change in routine more than others from a psychological standpoint?

The various studies have highlighted that women and young adults were the ones who experienced increased psychological distress, an increased condition of anxiety and depression; combining these two variables, therefore gender and age, it also emerged that the risk of suicide increased especially in young women. Although the data show that psychological distress as a whole has returned to pre-pandemic levels, it will be necessary to continue to monitor people who for different reasons have been identified as more vulnerable.

3) A situation of psychological distress and high stress can have repercussions at physical level, for example with problems in the back and cervical area. Conversely, when the body suffers and feels pain, the mind therefore is also affected.

How can this correlation/connection between mind and body be explained?

We can say that the body speaks and does not lie. In the sense that the body is often a tool to communicate to oneself and others emotional or affective distress, a condition of psychological malaise. It is what we call somatisation, which is to convey through a bodily message something that we cannot fully process on an emotional/psychological level. What happens is that the psycho-physiological reaction induced by emotional activation may perhaps in the short term generate headaches or a feeling of tightness in the stomach. Typically, these manifestations are transient and resolve spontaneously within a few hours. Let us take an example: fear. When there is the perception of a danger in our body, it activates a psycho-physiological reaction that prepares the body to protect itself against that danger with what is called a reaction of attack or escape, so I either fight to ensure my survival, or I escape and the body's preparation to be able to attack or escape involves a greater supply of blood to the lower limbs and arms.

There is also an increase in heart rate and respiratory rate and the production of a whole series of biochemicals that allow the body to respond to danger. When the danger disappears or our perception of danger goes away, the body returns to a level of equilibrium.

What happens that if the perception of danger is perennial, chronic or if a traumatic event occurs: it creates an overload of this emotional reaction that is discharged through the body and therefore through its use. In this case, an individual may develop chronic persistent physical symptoms and even disabling diseases; for instance, association between chronic stress, irritability and a tendency to be very competitive with cardiovascular disease is well-known and proven. Sometimes the body's manifestations also appear to be unexplained and clinical investigations are all negative. This is the condition that is defined as MUS so "medical unexplained symptoms". This paradoxically can in turn become a source of concern and frustration and thus further fuel the condition of psychological distress in a mirror-like manner. It is also important to say that where a chronic disabling clinical condition is present, the psychological impact is often significant.

When we talk about pain, we obviously take into consideration the somatic manifestation, but also all the aspects that concern the psychological impact, relationships, social life, the way in which, for example, a family responds to the needs of an individual suffering from chronic pain.

4) Pain is certainly one of the symptoms related to disorders of the musculoskeletal system.

What impact does pain have on:

- **Mood**

There are studies that highlight the association between depressive states (i.e., mood changes) and chronic pain and there seems to be a two-way communication mechanism between depression and chronic pain. There is a shared psychophysiological substrate between these two conditions, so that in 60% of cases those who suffer from chronic pain also report a depressive condition or mood changes. Therefore, it is critical that this association with mood be considered in the treatment of chronic pain.

- **Quality of sleep:**

Those who suffer from chronic pain lose on average about 40 minutes of sleep per night, a condition that is potentially extremely disabling. Worse quality and quantity of sleep increases the pain perceived throughout the day, and in turn, increased pain perception impacts falling asleep and sleep quality throughout the night.

- **Family relations**

Chronic pain is always a family affair. On one hand, this may relieve the chronic pain sufferer from some tasks, but on the other hand, it may also be counterproductive because this may lead the chronic pain patient to feel even less effective and more vulnerable, thus impacting his or her self-esteem and sense of self-efficacy.

Therefore, it is important to communicate openly within the family about how to manage daily life, agreeing on which activities the chronic pain patient can continue to contribute to and which ones he or she should avoid because they may represent an overload.

- **Social life**

People suffering from chronic pain tend to organise their daily lives around pain and therefore decide what to do or not to do based not only on the pain they perceive but also on the predictions they will make about the pain they might feel at a certain time of day. This clearly impacts social relationships and very often there is a tendency to self-isolate. Those who were already in a condition of self-isolation saw a further worsening of this condition during the lockdown. The aspect of isolation must absolutely be taken into account because today we know that one of the main sources of psychological well-being are precisely relationships with other people.

- **Work life**

Research conducted in the United States and in the United Kingdom show that those who suffer from chronic pain lose productivity, not only as a result of absences from work but also in terms of those who, despite suffering from chronic pain, go to work even on days when they are particularly suffering. In this sense, great attention is also needed from organisations and companies with respect to the phenomenon of chronic pain and how it can impact on performance and therefore to put in place a whole series of actions to prevent and protect against musculoskeletal pain.

For example, we know it very well. We have talked a lot about how during the lockdown the many hours spent in front of computers for work or teaching have led people to stay for a long time for most of the day in postures that are not correct, also because at home people do not have those chairs that are instead available in the workplace and so this has created an increase in the number of cases of musculoskeletal pain or a worsening of the situation in those who already suffered from this type of disease.

5) How is it possible to manage, from an emotional and psychological point of view, pain considering that often it can even limit our daily life?

Pain management must necessarily be multidisciplinary, and pain must be approached in biopsychosocial terms, therefore taking into account the organic and physiological aspects as well as the psychological and social aspects.

From a psychological point of view: first of all, we can talk about relaxation techniques or meditative techniques (we can define them as routine maintenance practices) and if, when tried, they do not completely solve the problem it is important to contact a professional.

There are many scientific publications for example that highlight the excellent results of clinical hypnosis in the management of chronic pain precisely because clinical hypnosis procedures in some way interrupt the connection that exists in the circuits of location and therefore in the circuits that concern pain perception.

Lifestyle is very important for pain management, so let us talk about diet. Being overweight is one of those variables that worsen conditions in cases of musculoskeletal pain. Let us definitely talk about exercise: the former director of the Center for Disease Control (the most important institution when it comes to health in the United States) a few years ago defined exercise as a "real drug".

6) What are the main tips you can give to prevent and combat stress also to avoid the onset of problems and disorders at a physical level?,

The first thing is to learn to recognise your emotions, master the basics of emotions.

In reality, emotions are not negative or positive, they can be pleasant or unpleasant, but they always have a value in terms of survival, that is, they always give us messages that can contribute to our health, so it is important to learn to recognise emotions, to give them a name, and this then allows to put in place behaviours that can help to lower or rather to restore a balance in what is the state of psychophysiological activation and therefore in all those psychophysical reactions that are related to different emotions.

Research has now shown that 30 to 40 minutes of walking at a brisk pace is enough to have a significant impact on one's health.

The other series of maintenance practices involves diet; not only do emotions influence what we eat, but the way we eat also influences our emotional state.

The connection between the gut and brain has been studied extensively and continues to be so; there are already some very interesting results and what we know today is that a healthy diet contributes to psychological well-being so much so that, especially in the United States, diet is now included among the cornerstones for the treatment of pathologies in the field of mental health. Finally, a final group of maintenance practices involves meditation; not just actual meditation, but there are other practices that contribute significantly to psychological well-being.

One of the most investigated ones that has also been shown to have its own impact at a psychological level is the practice of gratitude. It consists in keeping a gratitude diary, that is, writing down for two or three weeks every evening three things for which we are grateful, that is, three things that during the day we can recognise as a gift that we have received from others, from nature, from the environment, from ourselves.

Another practice that we can include in this meditative group is immersion in nature.

To combat stress it is also important to refer to a specialist. It is perhaps time to say that there does not have to be an overt condition of mental pathology to resort to psychological support.

So, in the event that maintenance practices are not enough to lower the level of stress and thus contribute sufficiently to psychological well-being, it may be important and useful to contact a psychologist, a psychotherapist who will direct towards the most appropriate path for a given person at a given moment of his or her life.

7) How can the greater knowledge and awareness of the general public on issues related to emotional stress, its repercussions on our body and pain, can promote prevention and optimal management?

Often in the past there was the idea that pain should be endured, tolerated and that there was no need to complain. Increased awareness and understanding/knowledge of the phenomenon of pain can lead the various stakeholders to become more productive in identifying solutions that are effective, and therefore patients suffering from chronic pain can recognise signs of pain earlier and bring them to the attention of specialists in order to receive the correct guidance on available treatment pathways from professionals.