

Tension Myositis

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Tension Myositis Syndrome (TMS)

Primary Disciplinary Field(s): Psychosomatic Medicine, Chronic Pain Management, Rehabilitation Psychology

1. Core Definition and Terminology

Tension Myositis Syndrome, frequently abbreviated as **TMS**, is a diagnostic concept developed by the late psychiatrist Dr. John E. Sarno. It posits that many common chronic pain conditions, particularly **chronic back pain**, neck pain, fibromyalgia, and various musculoskeletal ailments, are not caused by structural or physical abnormalities but are instead psychophysiological reactions to repressed emotional conflict and psychological stress. The term **Tension Myositis** originally suggested an inflammatory muscular condition (myositis) driven by tension, but Sarno later expanded the concept to **Tension Myoneural Syndrome** to reflect the involvement of the nervous system (neural) in addition to muscles (myo).

According to Sarno's theory, TMS represents a physiological mechanism triggered by the subconscious mind as a defense mechanism against psychological distress. The physical symptoms--which include muscle tenderness, joint pain, and nerve-related sensations--serve as a distraction, drawing the individual's attention away from painful or unacceptable emotions, such as rage, anxiety, or perfectionism. Crucially, the definition rests upon the premise that no identifiable organic or structural pathology can account for the severity or persistence of the pain experienced by the patient. This framework fundamentally shifts the focus of treatment from biomechanical repair to psychological understanding and confrontation.

While widely studied and embraced by certain communities, TMS remains a highly **controversial diagnosis** and is not currently accepted as a standard diagnosis within the mainstream medical community, which typically attributes chronic pain to structural, inflammatory, or neuropathic causes. Proponents argue that the identification of TMS is critical for patients who have exhausted traditional physical treatments without success, offering a pathway toward full recovery by addressing the root psychological cause rather than the physical manifestation.

2. Etymology and Historical Development

The conceptual foundation of Tension Myositis Syndrome was established by John E. Sarno, M.D., during his tenure at New York University School of Medicine and the Rusk Institute of Rehabilitation Medicine, beginning in the 1970s. Sarno initially observed a pattern among his rehabilitation patients: many exhibited chronic pain symptoms that seemed disproportionate to their physical findings, often showing little correlation with scans or surgical results. This led him to question the prevailing purely physical model of chronic pain.

The initial term, Tension Myositis, focused on the idea that tension caused minor physiological changes, specifically slight oxygen deprivation (ischemia) in the soft tissues, primarily the muscles. However, as his work evolved and he recognized the migratory nature of the pain, the involvement of nerve symptoms (like numbness and tingling), and the wide array of potential psychosomatic analogues, he broadened the terminology to Tension Myoneural Syndrome. This shift acknowledged the centrality of the nervous system and the psychological component in mediating the symptoms.

Sarno disseminated his ideas primarily through popular non-fiction books, starting with *Mind Over Back Pain* (1984), followed by *Healing Back Pain: The Mind-Body Connection* (1991), and *The Divided Mind: The Epidemic of Mindbody Disorders* (2006). These publications, rather than traditional academic journal articles, served as the primary means of educating both the public and fellow practitioners about the TMS diagnosis. His institutional setting at the Rusk Institute provided a clinical basis for treating thousands of patients using this unique psychophysiological approach, leading to reported high success rates among his patient population and solidifying his position as a pioneer in the mind-body approach to chronic pain.

3. Key Characteristics and Symptom Presentation

The symptoms associated with Tension Myositis Syndrome are characterized by their "psychosomaticmusculoneuralskeletal" nature, meaning they involve the mind, muscles, nerves, and skeleton, often simultaneously. The primary characteristic is pain, most commonly severe, chronic **back pain** (lumbar and cervical), which frequently lacks a clear anatomical source or fails to respond to conventional physical interventions such as chiropractic care, physical therapy, or surgery.

A defining feature of TMS symptoms is their often **migratory nature**. The pain may shift locations--for instance, moving from the lower back to the neck, or from one leg to the shoulder--which is inconsistent with structural injury. Furthermore, symptoms frequently include neurological manifestations such as **numbness**, tingling, or weakness, even in the absence of demonstrable nerve compression or physical damage. These symptoms are interpreted not as genuine nerve injury but as sensory manifestations of the underlying psychological mechanism.

In addition to typical musculoskeletal pain, Sarno identified a wide range of "TMS equivalents" or pain analogues that he believed stemmed from the same psychophysiological root. These analogues include conditions such as tension headaches, migraines, irritable bowel syndrome (IBS), chronic fatigue, fibromyalgia, repetitive strain injuries (like carpal tunnel syndrome), and certain types of dermatitis. The presence of these simultaneous, seemingly unrelated physical complaints is often considered a strong indicator of a TMS diagnosis, pointing toward a centralized, emotionally driven mechanism rather than separate organic disorders.

4. The Psychophysiological Mechanism

The core mechanistic hypothesis behind TMS is rooted in psychodynamics. Sarno proposed that the chronic pain symptoms are the result of repressed negative emotions, most often rage, but also severe anxiety, fear, or guilt, often stemming from childhood trauma or intense self-imposed pressures (e.g., perfectionism). The subconscious mind views these emotions as too dangerous or unacceptable to face consciously.

To protect the conscious mind from these painful emotions, the subconscious initiates a physical distraction. This distraction takes the form of temporary, localized physical symptoms, which Sarno hypothesized were caused by the autonomic nervous system triggering a slight restriction of blood flow (ischemia) to soft tissues--muscles, tendons, or nerves--in various parts of the body. This mild but chronic oxygen deprivation produces the pain, numbness, and tenderness experienced by the patient. The mechanism is entirely reversible once the subconscious need for distraction is removed.

The choice of symptom location is not random but often symbolic or related to prior minor injuries. The subconscious exploits areas of the body that have previously experienced pain or are vulnerable, making the physical symptoms seem plausible to the conscious mind and thus more effective as a distraction. The crucial element is the patient's belief in the structural cause of the pain; as long as the patient attributes the pain to a herniated disc or muscle tear, the distraction mechanism successfully keeps the repressed emotions hidden.

5. Therapeutic Approach (Knowledge Therapy)

The treatment for Tension Myositis Syndrome, often referred to as "Knowledge Therapy," differs radically from conventional physical treatments. Since the pain is understood to be psychologically generated, the physical symptoms are intentionally ignored, and the focus is placed entirely on the psychological and educational components. The therapy is centered on convincing the patient intellectually and emotionally that their pain is harmless and non-structural, caused only by restricted blood flow due to emotional repression.

Key components of the TMS therapeutic model include:

Education: The patient must fully accept the diagnosis of TMS, understanding that their pain is real but not physically damaging. Reading Sarno's books and associated literature is often the first step, providing the intellectual framework necessary to challenge the fear associated with the pain.

Journaling and Emotional Processing: Patients are encouraged to deeply explore and write about the repressed feelings, anxieties, pressures, and personality traits (such as perfectionism or "goodism") that Sarno identifies as common triggers for TMS. This act of confronting the emotions begins to negate the subconscious need for the physical distraction.

Resumption of Normal Activities: Patients are strictly advised to cease resting, physical therapy, or any specialized treatments aimed at the physical symptoms. They must immediately and fully resume all normal activities, including those previously avoided due to fear of injury. This behavioral defiance is crucial for signaling to the subconscious that the distraction is no longer effective.

Psychotherapy (Optional): In cases where the repressed emotions are particularly profound or linked to severe trauma, formal psychotherapy may be utilized to help the patient process the underlying psychological stress that fuels the syndrome.

6. Debates and Criticisms

Tension Myositis Syndrome remains highly contentious within the medical community. The primary criticism centers on the lack of rigorous, peer-reviewed scientific evidence and controlled clinical trials meeting modern methodological standards that validate Sarno's specific mechanism (localized ischemia driven by emotion) and treatment outcomes. While proponents often cite high rates of self-reported success, critics argue that these results may be attributable to the powerful placebo effect associated with hope and intense therapeutic focus, or spontaneous remission typical of many chronic conditions.

Mainstream medicine also expresses concern over the potential for misdiagnosis. By attributing chronic pain solely to psychological factors, critics argue that serious underlying organic pathologies--such as rare tumors, specific autoimmune disorders, or genuine neurological compressions--could be overlooked, leading to delayed or inadequate treatment for dangerous conditions. This concern necessitates a thorough physical and diagnostic workup prior to applying the TMS diagnosis.

Furthermore, the theory is often critiqued for its reliance on psychodynamic concepts (such as unconscious repression of rage) that are difficult to measure empirically. Nonetheless, the core insight--that psychological distress significantly influences chronic pain experience and requires a centralized, mind-body approach--has gained broader acceptance, influencing fields like cognitive behavioral therapy (CBT) for pain and pain reprocessing therapy (PRT), which share common educational and behavioral principles with Sarno's method.

Further Reading

[Tension Myositis Syndrome](#) (Wikipedia entry detailing the theory and criticism)

[John E. Sarno](#) (Biographical and professional information)

Sarno, J. E. (1991). *Healing Back Pain: The Mind-Body Connection*. New York: Warner Books.