

Chronic Fatigue Syndrome, Childhood Traumas and the Tonic Immobility

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LETTER TO THE EDITOR

Chronic fatigue syndrome (CFS), also referred to as myalgic encephalomyelitis (ME), is a medical condition characterized by long-term fatigue and other symptoms that limit a person's ability to carry out ordinary daily activities. A variety of biological, genetic, infectious, and psychological mechanisms have been proposed, but the cause is not understood (1,2,3).

Epidemiological studies suggest that emotional traumas during childhood is a major risk factor in chronic fatigue syndrome (CFS). More than half of these patients has experienced at least one type of early trauma, with the majority of these patients reporting multiple traumas (4,5).

It is proposed that the CFS is an equivalent of the tonic immobility of the “freeze” or apparent death response of animals in life-threatening situations. If the “fight/flight” behavior fails to protect the animal, the result is a defensive tonic immobilization (6). Tonic immobility is a behavior in which animals become apparently temporarily paralyzed. Despite appearances, the animal remains conscious throughout tonic immobility. Tonic immobility has also been hypothesized to occur in humans undergoing intense trauma, including sexual assault (7).

According to this idea the developmental traumas make the genetically or developmentally (8,9) susceptible individuals hypervigilant and oversensitive for environmental or internal danger signals in later life. The result of this trauma-related sensitivity would end up in the autonomic vicious cycle and in the tonic immobility of the patients with chronic fatigue syndrome,

If this idea is true, the search for biological etiological biomarkers would be futile, as the numerous hormonal, immunological and gut-

bacterial findings reflect only the trauma-precipitated biological states of “fight/flight”- and “freeze”-states of the body (10). The fact of the numerous childhood traumas among the CSF patients also calls for trauma-therapeutic approaches at least with the more severely affected CSF patients.

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