Pain Management

(Greater Acceptance of Pain)
Pain Management Group

Session 1

Duration: 90 minutes

Introductions

What is chronic pain?

Group Treatment Goals:

- To learn how ones thoughts impact emotions, influence the perception of and intensity of chronic pain and interfere with the quality of your life.
- To reduce the frequency and intensity of pain and flare-ups by learning new, effective strategies for managing your pain more effectively.
- To learn and practice new behaviors to regain control of your life versus pain ruling your life.

Paperwork

Expectations of Group Members

Homework: Read: The Seven Psychological Stages of Chronic Pain
What is chronic pain?

There are two major categories of pain. Acute pain is triggered by tissue damage and is designed to protect you from further injury. Acute pain is the type of pain that generally accompanies illness, injury or surgery. It may be mild and last just a moment, such as from an insect sting. Or, it can be severe and last for weeks or months, such as from a burn, pulled muscle or broken bone.

With acute pain, you typically know exactly where it hurts—the term acute refers to severe or sudden pain. A toothache from a cavity, a burning elbow from a scrape and pain from a surgical incision are examples of acute pain. With time and treatment of the underlying cause, the pain generally fades away—when the cavity is filled, the skin grows back or the incision heals.

Chronic pain refers to persistent pain—pain that continues after the injury is healed. Pain is generally described as chronic when it lasts three months or longer. This is reflected in the work itself. Chronic comes from the Greek word for “time.”

As with acute pain, chronic pain spans the full range of sensations and intensities. It can feel tingling, jolting, burning, dull or sharp. The pain may remain constant, or it may come and go, like a migraine that develops without warning.

Unlike acute pain, however, with chronic pain you may not know the reason for the pain. The original injury shows every indication of being healed, yet the pain remains—and it may be even more intense.

Chronic pain can also occur without any indication of injury or illness. Years ago, people who complained of pain that had no apparent cause were thought to be imagining the misery or trying to get attention. Doctors now know this is not true. Chronic pain is real.

Source: Mayo Clinic Guide to Pain Relief- 2013
Pain Management Group
Treatment Plan

Group Treatment Goals:

○ To learn how ones thoughts impact emotions, influence the perception of and intensity of chronic pain, and interfere with the quality of your life.
○ To reduce the frequency and intensity of pain and flare-ups by learning new, effective strategies for managing your pain more effectively.
○ To lean and practice new behaviors to regain control of your life versus pain ruling your life.

Patient will experience improved functioning and quality of life by:

○ Adjusting his/her thoughts and behaviors despite the presence of pain.
○ Reducing the negative impact of pain on daily life.
○ Improve physical and emotional functioning.
○ Increase effective coping skills for managing pain.
○ Reducing pain intensity.

Patient’s personal goals are:

○ ________________________________
○ ________________________________
○ ________________________________

Methods: Mental Health: Group Therapy

Frequency: Weekly-8 Group Sessions
I understand and agree to the goals and services outlined in this treatment plan. I have been given the opportunity to give my input into developing this plan. I am aware of the potential risks and benefits of the recommended treatment, as well as treatment alternatives.

______________________________  ________________________________
Name                                                      Date

______________________________  ________________________________
Therapist                                                  Date
Pain Management Group
Treatment Plan

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________________________________  _____________________________  
Name  Date

________________________________
Therapist  Date
Expectations of Group Members

○ It is the expectation that you attend all group sessions and complete the course. If you cannot attend, please call 720-2300 with a detailed message.

○ This is not a support group. It is a psychotherapy group that provides education to assist you to improve your quality of life, while living with pain. Please be mindful of this when time does not allow for extensive conversation.

○ Please be on time, and ready to go.

○ Bring comfort items from home for relaxation exercises. This may be a cozy blanket, pillow for your back, etc.

○ Homework is an essential part of treatment success; therefore, it is asked that you complete all homework assigned and to practice the skills that you have learned.

○ Cell phones on silence, please.

○ Please share as much as you feel comfortable with. Others may be nervous to share their thoughts and feelings, too. We learn the most from sharing, as well as listening.

○ Confidentiality: What is said in group stays in group. This is up to the group to enforce.

○ Feedback: Please keep feedback positive. Avoid “should” statements.

○ Recognize and respect that each individual member of this group may be experiencing different states of the grief cycle. Monitor your own tendency to compare/judge.

○ No one is obligated to share personal information outside of group.

○ If you do attend individual counseling, please note that some insurance companies will not cover both individual counseling and group counseling if they occur on the same day. Keep this in mind when scheduling.
Homework
The 7 Psychological Stages of Chronic Pain

September 14, 2015
By Jennifer Martin, PsyD, Columnist

Have you ever wondered if other people with chronic health conditions feel the same way you do?

Throughout my years with chronic pain and illness, along with the hundreds of patients I have counseled, I have found that, while everyone cope in their own way and experiences their condition uniquely, there are common feelings that most of us share. When I first began counseling chronic pain patients, I often used Elizabeth Kübler-Ross’s “Five Stages of Grief” to help them understand what they were going through. But as time went on, I reflected on what I experienced with my own chronic conditions and also on my patients’. It seemed that these stages, while very helpful, didn’t fully explain the broad range of emotions that people with chronic illness experience. After all, Kübler-Ross developed them to explain the responses to grief and loss. Having a chronic illness can be viewed as a type of loss, but they were not developed specifically to explain the emotions of people experiencing chronic conditions. I used Kübler-Ross’s stages as a model to develop the Seven Psychological Stages of Chronic Pain and Illness:

1. Denial

In this stage, we are in a state of shock and refusal. We wonder how our life is going to change and how we are going to live with those changes. Denial and shock help us to cope and make survival possible.

This stage can be dangerous for people with chronic pain and illness because if they are in denial about their condition, they may not take the necessary steps to get themselves the treatment they need.

*Example: “It’s not a big deal, it will go away” or “The doctor is wrong, I don’t have diabetes.”*
2. Pleading, Bargaining & Desperation

This is the stage where we want more than anything for life to be what it once was. We become fixed on anything that could make our illness and pain go away -- or anything that could give us some semblance of the life we once had.

We may find fault in ourselves and what we think we could have done differently. We may even bargain with the pain or illness because we would do anything not to feel them anymore. Guilt is common when bargaining.

Example: “Please just don't let this ruin my life” or “If you make the pain go away, I promise I'll be a better person.”

3. Anger

After we conclude that our pleading and bargaining is not going to change the diagnosis, anger sets in.

Anger is a necessary stage of the healing process. Feelings of anger may seem endless, but it is important to feel them. The more you truly feel anger, the more it will begin to subside and the more you will heal. Your anger has no limits and it may extend to your doctors, family, friends and loved ones.

Anger is often felt later on when the illness and pain progresses, or holds us back from doing the things we would like.

Example: “This isn’t fair! I didn't do anything to deserve this!” or “Just give me something that will make me feel better!”

4. Anxiety and Depression

Feelings of emptiness and grief appear at a very deep level. This depressive stage feels as though it will last forever. It is important to understand that this depression is not a sign of mental illness. It is the appropriate response to a loss or a life-altering situation.
We may withdraw from life and wonder if there is any point in going on. Depression after a loss is too often seen as unnatural or something that needs to be snapped out of. Being diagnosed with a chronic illness or experiencing chronic pain is a loss — a loss of the life you once had.

Having a chronic pain or illness may also bring up feelings of anxiety; anxiety about what the future holds, anxiety about not being able to live up to expectations, anxiety about social situations, anxiety about medical bills, etc.

Example: “I'm going to be in pain forever so why even bother?” or “I'm going to be in debt forever. How am I ever going to pay off these medical bills?”

5. Loss of Self and Confusion

Having chronic pain or illness may mean giving up some key aspect of what made us who we were. It may mean an inability to be physically active like we once were. It may mean not being able to be as sociable as we would like or it may even mean giving up a career.

You may wake up one day and not recognize the person you are now. You may question what your purpose in life is now. This stage may occur at the same time as anxiety and depression, or it may be separate.

Example: “I don't even recognize myself anymore.” or “My career was my identity. Who am I without that?”

6. Re-evaluation of Life, Roles and Goals

Having a chronic condition often means giving up a lot. We are forced to re-evaluate our goals and futures. We are forced to re-evaluate who we are as a husband, wife, mother, father, sibling or friend. While we once had a successful career that gave us purpose, we may find ourselves beginning to question what we can do for work in the future and how we can contribute to our families.

While we were once able to do it all, we are now re-evaluating what absolutely has to get done during our days and how we can accomplish these goals while still remaining in a positive mood. Re-evaluating your life, roles and goals is a crucial first step in accepting your condition.
Example: “I may not be able to be a nurse anymore but maybe I could teach classes a couple times per week.” or “I can’t be as physically active with my husband anymore so what else can I do to show him I love him?”

7. Acceptance

Acceptance is often confused with the idea of being “OK” with what has happened. This is not true. Many people don’t ever feel OK about having to live with pain or an illness for the rest of their lives.

This stage is about accepting the reality of your situation and recognizing that this new reality is permanent. We will never like this reality and it may never be OK, but eventually we accept it and learn to live life with it. It is the new norm with which we must learn to live.

We must make adaptations and alterations to our lives. We must find new things that bring us joy.

Example: “I’m not going to let this define me. I will learn to deal with this the best I can.”

It's important to remember that these stages are not linear. While some people begin in the denial stage, move through each stage and end with acceptance, many people jump back and forth throughout the stages. I hope that these stages give some comfort to those who are experiencing chronic conditions.

Jennifer Martin, PsyD, is a licensed psychologist in Newport Beach, California who suffers from rheumatoid arthritis and ulcerative colitis. In her blog “Your Color Looks Good” Jennifer writes about the psychological aspects of dealing with chronic pain and illness. Jennifer is a professional member of the Crohn's and Colitis Foundation of America and has a Facebook page dedicated to providing support and information to people with Crohn's, Colitis and Digestive Diseases, as well as other types of chronic pain. The information in this column should not be considered as professional medical advice, diagnosis or treatment. It is for informational purposes only and represents the author’s opinions alone. It does not inherently express or reflect the views, opinions and/or positions of Pain News Network.
Pain Management Group

Session 2

Duration: 90 minutes

Homework Review: Discussion-The Seven Psychological Stages of Chronic Pain

The Gate Control Theory of Pain

The Chronic Pain Cycle

Pacing Activities-Importance of Mastery

The Spoon Theory- Reading

Homework: Complete GATE control exercise. Read materials on common thinking errors individuals experience with chronic pain.
The Gate Control Theory of Pain

The Gate Control Theory

The way in which we experience pain is very complex. All sorts of factors influence our experience, including our thoughts and feelings.

For example, you will probably be aware that there are times when, even though you have pain, you are only dimly aware of it. This can happen, for example, when you are really engrossed in doing something interesting or having to face a situation which demands all your attention. A very good example of this are the stories you might have heard about wounded soldiers, who despite being seriously injured will continue in battle and not really be aware of much pain until after the danger has passed.

On the other hand, you will probably be aware of how in some circumstances your pain can feel much worse. Indeed, you may find that the more you think about your pain, the worse it can feel.

Nerves from all over the body run to the spinal cord, which is the first main meeting point for the nervous system. In the spinal cord, you might imagine a series of gates into which messages about pain arrive from all over the body.

These gates can sometimes be much more open than at other times. This is important because it is through these gates that messages from your body pass towards your brain. If the gates are more open, then a lot of pain messages pass through to the brain and you are likely to experience a high level of pain. If the gates are more closed, then fewer messages get through and you are likely to experience less pain.
So, what are the factors that make a difference to how open or closed the gates are?

### Factors that open the gate

There are three main ways in which the gates to pain can be made more open, so that the pain feels worse. These are to do with how we feel about things, how we think about things, and what we are doing.

1. **Stress and Tension**
   All sorts of emotional states can lead to the gates to pain being more open. These include being anxious, worried, angry, and depressed. Having a lot of tension in the body is a common way of opening the pain gates.

2. **Mental Factors**
   One of the most effective ways of opening the gates and increasing your pain is to focus all your attention on it. Boredom can also lead to the pain gates opening.

3. **Lack of Activity**
   Another factor that seems to open the gates to pain is to not move around, to have stiff joints and to lack fitness.

### Factors that close the gate

In the same way as above, the way we feel, the way we think and what we do can all have a part to play in helping to close the gates to pain.

1. **Relaxation and Contentment**
   Feeling generally happy and optimistic has been found to help to close the gates to pain. Also, feeling relaxed in yourself seems to be a particularly useful way of closing the gates.

2. **Mental Factors**
   Being involved and taking an interest in life helps to close the gates. Also if you concentrate intensely on something other than the pain (e.g. work, T.V., book), then this can distract you from any pain, helping to close the gates.

3. **Activity**
   Taking the right amount of exercise, so that you develop your fitness,
can help to close the gates.

4. Other Physical Factors
You may also find that for you certain types of medication can help to close the gates, as might certain types of counter-stimulation (e.g. heat, massage, tens, acupuncture).

Putting Theory into Practice

So, how can you apply the gate control theory of pain to you? The best way is to experiment with some of the ideas that are described above. How might you be able to use the fact that emotional factors can make a difference? Are there ways of becoming more relaxed, for example? And what about mental factors? Are there ways that you can get more involved in life? Can you use distraction more than you have been doing? And what about physical factors? Could you increase your fitness and activity levels (provided that you don’t over do it)? And might you be able to make more use of counter-stimulation?

Knowing about the gate control theory of pain can give you the opportunity to experiment with what opens and what closes the gates for you. Keep a record of your experiments. For example, you might have two headings “factors that open the gate” and “factors that close the gate”. And put what you find into practice. You might not be able to remove your pain, but you might well find that, for at least some of the time, you can influence just how much the gates are open or closed to your pain.

The Center for Integrated Healthcare gratefully acknowledges the Health Psychology Service, Chesterfield PCT for authorship of information contained within this brochure.
**The Chronic Pain Cycle**

Many with chronic pain fear that movement will increase pain or cause physical damage/injury. This often leads to decrease in activities, which leads to physical deconditioning (e.g., less strength and stamina, weight gain). Dealing with constant pain may also lead to negative thoughts and emotions such as frustration and depression. All of these factors contribute to increased avoidance of people and activities.

While this cycle is understandable for those with chronic pain, it is not helpful! In fact, it actually makes your pain and its effects worse over time. Now that we are aware of the cycle, we must learn how to break it.

**The Costs of Inactivity**
- More pain
- Poorer physical fitness
- Less time with family and friends
- Depressed mood or increased irritability
- Lower self-esteem
- Increased strain on relationships
- Decreased quality of life

**Remember: There’s HOPE**
If we understand the cycle, that gives us the power to break it!
PACING ACTIVITIES

Sometimes people are prone to “pushing through” pain in the name of accomplishing a task and will not stop until it is complete, while others may be preoccupied with fears about harming themselves and avoid activity altogether. Sometimes those with chronic pain use a “good pain day” when they are feeling better to try and complete one or more rigorous activities that have fallen by the wayside. The next day, they wake up with increased pain levels and rest for a day or more to recover. This **Overactivity Cycle** may happen on a recurring basis and can lead to negative consequences such as increase stress and anxiety, decreased efficiency, lower self-esteem, and avoidance of any activity.

![Overactivity Diagram]

Engaging in a moderate, safe level of activity on a regular basis is how to avoid this cycle. Using the skill of pacing, where time is the guide for activity engagement, can be helpful strategy. Pacing is about balancing activities, planning ahead, and working “smarter not harder”.
My best friend and I were in the diner, talking. As usual, it was very late and we were eating French fries with gravy. Like normal girls our age, we spent a lot of time in the diner while in college, and most of the time we spent talking about boys, music or trivial things, that seemed very important at the time. We never got serious about anything in particular and spent most of our time laughing.

As I went to take some of my medicine with a snack as I usually did, she watched me with an awkward kind of stare, instead of continuing the conversation. She then asked me out of the blue what it felt like to have Lupus and be sick. I was shocked not only because she asked the random question, but also because I assumed she knew all there was to know about Lupus. She came to doctors with me, she saw me walk with a cane, and throw up in the bathroom. She had seen me cry in pain, what else was there to know?

I started to ramble on about pills, and aches and pains, but she kept pursuing, and didn't seem satisfied with my answers. I was a little surprised as being my roommate in college and friend for years; I thought she already knew the medical definition of Lupus. Then she looked at me with a face every sick person knows well, the face of pure curiosity about something no one healthy can truly understand. She asked what it felt like, not physically, but what it felt like to be me, to be sick.

As I tried to gain my composure, I glanced around the table for help or guidance, or at least stall for time to think. I was trying to find the right words. How do I answer a question I never was able to answer for myself? How do I explain every detail of every day being effected, and give the emotions a sick person goes through with clarity. I could have given up, cracked a joke like I usually do, and changed the subject, but I remember thinking if I don't try to explain this, how could I ever expect her to understand. If I can't explain this to my best friend, how could I explain my world to anyone else? I had to at least try.

At that moment, the spoon theory was born. I quickly grabbed every spoon on the table; hell I grabbed spoons off of the other tables. I looked at her in the eyes and said "Here you go, you have Lupus". She looked at me slightly confused, as anyone would when they are being handed a bouquet of spoons. The cold metal spoons clanked in my hands, as I grouped them together and shoved them into her hands.

I explained that the difference in being sick and being healthy is having to make choices or to consciously think about things when the rest of the world doesn't have to. The healthy have the luxury of a life without choices, a gift most people take for granted.

Most people start the day with unlimited amount of possibilities, and energy to do whatever they desire, especially young people. For the most part, they do not need to worry about the effects of their actions. So for my explanation, I used spoons to convey this point. I wanted something for her to actually hold, for me to then take away, since most people who get sick feel a "loss" of a life they once knew. If I was in control of taking away the spoons, then she would know what it feels like to have someone or something else, in this case Lupus, being in control.

She grabbed the spoons with excitement. She didn't understand what I was doing, but she is always up for a good time, so I guess she thought I was cracking a joke of some kind like I usually do when talking about touchy topics. Little did she know how serious I would become?

I asked her to count her spoons. She asked why, and I explained that when you are healthy you expect to have a never-ending supply of "spoons". But when you have to now plan your day, you need to know exactly how many "spoons" you are starting with. It doesn't guarantee that you might not lose some along the way, but at least it helps to know where you are starting. She counted out 12 spoons. She laughed and said she wanted more. I said no, and I knew right away that this little game would work, when she looked disappointed, and we hadn't even started yet. I've wanted more "spoons" for years and haven't found a way yet to get more, why should she? I also told her to always be conscious of how many she had, and not to drop them because she can never forget she has Lupus. I asked her to list off the tasks of her day, including the most simple. As, she rattled off daily chores, or just fun things to do; I explained how each one would cost her a spoon. When she jumped right into getting ready for work as her first task of the morning, I cut her off and took away a spoon. I practically jumped down
her throat. I said “No! You don’t just get up. You have to crack open your eyes, and then realize you are late. You didn’t sleep well the night before. You have to crawl out of bed, and then you have to make your self something to eat before you can do anything else, because if you don’t, you can’t take your medicine, and if you don’t take your medicine you might as well give up all your spoons for today and tomorrow too.” I quickly took away a spoon and she realized she hasn’t even gotten dressed yet. Showering cost her spoon, just for washing her hair and shaving her legs. Reaching high and low that early in the morning could actually cost more than one spoon, but I figured I would give her a break; I didn’t want to scare her right away. Getting dressed was worth another spoon. I stopped her and broke down every task to show her how every little detail needs to be thought about. You cannot simply just throw clothes on when you are sick. I explained that I have to see what clothes I can physically put on, if my hands hurt that day buttons are out of the question. If I have bruises that day, I need to wear long sleeves, and if I have a fever I need a sweater to stay warm and so on. If my hair is falling out I need to spend more time to look presentable, and then you need to factor in another 5 minutes for feeling badly that it took you 2 hours to do all this.

I think she was starting to understand when she theoretically didn’t even get to work, and she was left with 6 spoons. I then explained to her that she needed to choose the rest of her day wisely, since when your “spoons” are gone, they are gone. Sometimes you can borrow against tomorrow’s “spoons”, but just think how hard tomorrow will be with less “spoons”. I also needed to explain that a person who is sick always lives with the looming thought that tomorrow may be the day that a cold comes, or an infection, or any number of things that could be very dangerous. So you do not want to run low on “spoons”, because you never know when you truly will need them. I didn’t want to depress her, but I needed to be realistic, and unfortunately being prepared for the worst is part of a real day for me.

We went through the rest of the day, and she slowly learned that skipping lunch would cost her a spoon, as well as standing on a train, or even typing at her computer too long. She was forced to make choices and think about things differently. Hypothetically, she had to choose not to run errands, so that she could eat dinner that night.

When we got to the end of her pretend day, she said she was hungry. I summarized that she had to eat dinner but she only had one spoon left. If she cooked, she wouldn’t have enough energy to clean the pots. If she went out for dinner, she might be too tired to drive home safely. Then I also explained that I didn’t even bother to add into this game, that she was so nauseous, that cooking was probably out of the question anyway. So she decided to make soup, it was easy. I then said it is only 7pm, you have the rest of the night but maybe end up with one spoon, so you can do something fun, or clean your apartment, or do chores, but you can’t do it all.

I rarely see her emotional, so when I saw her upset I knew maybe I was getting through to her. I didn’t want my friend to be upset, but at the same time I was happy to think finally maybe someone understood me a little bit. She had tears in her eyes and asked quietly “Christine, How do you do it? Do you really do this everyday?” I explained that some days were worse then others; some days I have more spoons then most. But I can never make it go away and I can’t forget about it, I always have to think about it. I handed her a spoon I had been holding in reserve. I said simply, “I have learned to live life with an extra spoon in my pocket, in reserve. You need to always be prepared”

It’s hard, the hardest thing I ever had to learn is to slow down, and not do everything. I fight this to this day. I hate feeling left out, having to choose to stay home, or to not get things done that I want to. I wanted her to feel that frustration. I wanted her to understand, that everything everyone else does comes so easy, but for me it is one hundred little jobs in one. I need to think about the weather, my temperature that day, and the whole day’s plans before I can attack any one given thing. When other people can simply do things, I have to attack it and make a plan like I am strategizing a war. It is in that lifestyle, the difference between being sick and healthy. It is the beautiful ability to not think and just do. I miss that freedom. I miss never having to count “spoons”.

After we were emotional and talked about this for a little while longer, I sensed she was sad. Maybe she finally understood. Maybe she realized that she never could truly and honestly say she understands. But at least now she might not complain so much when I can’t go out for dinner some nights, or when I never seem to make it to her house and she always has to drive to mine. I gave her a hug when we
walked out of the diner. I had the one spoon in my hand and I said "Don’t worry. I see this as a blessing. I have been forced to think about everything I do. Do you know how many spoons people waste everyday? I don’t have room for wasted time, or wasted “spoons” and I chose to spend this time with you."

Ever since this night, I have used the spoon theory to explain my life to many people. In fact, my family and friends refer to spoons all the time. It has been a code word for what I can and cannot do. Once people understand the spoon theory they seem to understand me better, but I also think they live their life a little differently too. I think it isn’t just good for understanding Lupus, but anyone dealing with any disability or illness. Hopefully, they don’t take so much for granted or their life in general. I give a piece of myself, in every sense of the word when I do anything. It has become an inside joke. I have become famous for saying to people jokingly that they should feel special when I spend time with them, because they have one of my “spoons”.

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Homework
GATE CONTROL EXERCISE

List below some of the physical and mental factors that seem to open and close your "gate" to pain

Factors That Open My Gate to Pain

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________

Factors That Close My Gate to Pain

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________
6. ____________________________________________________________
7. ____________________________________________________________
8. ____________________________________________________________
Mind Reading

No, this post isn’t about telepathy. It’s about a common problem faced by people with chronic pain and how to overcome it.

**Mind reading defined**

The phrase “mind reading” is a piece of technical jargon used in cognitive behavioral therapy and chronic pain rehabilitation programs. It refers to a particular type of thinking in which a person thinks that other people are judging him or her even though the other people might not ever say anything. As such, mind reading is a type of thinking that involves an assumption — an assumption that you know what others are thinking.

Mind reading involves two essential components. First, it is an assumption in which you think you know what others are thinking. Second, you assume that what others are thinking are negative judgments about you.

Mind reading typically occurs without much awareness on the part of the person who is doing it. When engaged in mind reading, you don’t intentionally set out to do it. Rather, it happens almost automatically. Before you even know it, you’re doing it, thinking that others are judging you and coming to feel judged and reacting accordingly. It’s for this reason that psychologists consider mind reading as a type of automatic negative thought. (We have previously discussed a different type of automatic negative thought in our blog post on catastrophizations.)

Typically, mind reading doesn’t accurately represent what others are really thinking. When engaged in mind reading, we tend to think we know what others are thinking of us, but this ‘knowing’ is more often than not an unwarranted assumption. Usually, we really can’t say with any degree of certainty that the assumption is accurate. Indeed, if we step back and think about it, as we are doing right now, it might be more accurate to say that most people don’t spend a lot of time judging us as they go about their own life activities. In reality, most people are too involved in their own business to notice us with any more than a casual glance in our direction. Despite this fact, when mind reading, the assumption that others are negatively judging us feels so accurate. We feel so certain that they are judging us. As such, we simply react as if it is really happening when in all likelihood it isn’t. Psychologists oftentimes call mind reading a type of cognitive distortion. In other words, mind reading is a type of thinking (i.e., cognition) that distorts reality, leading us to believe things and react to others in ways that aren’t accurate to what’s really going on in the thoughts of others.

Mind reading leads to emotional and behavioral reactions that are indicative of being judged by others, even though, typically, in reality, the other people aren’t really judging us. We might
feel anxious or ashamed or angry or defensive. We might start fretting about why people are so judgmental or what we might say if they say something first. We might also change our plans in response to these perceived judgments of others. You might, for instance, hurry through the grocery store because you just ‘know’ that everyone is judging you by the way they look at you. Maybe, you leave the family reunion early because you just ‘know’ that Aunt So-and-So is snickering behind your back. Such thoughts and their subsequent feelings and behaviors typically occur automatically, in the background of your awareness, and it all goes on unquestioningly, without you ever checking it out against reality.

Every one of us engages in mind reading. Some people only do it on occasion and as such it doesn’t cause a whole lot of problems. Some people, though, engage in it more often. For them, it can become problematic.

It’s stressful to feel as if you are the object of judgment. It wears on your ability to cope with the problems of life. It saps your enthusiasm for the activities of life. It can also lead to anxiety of different kinds as well as depression. (We bring this fact up not to judge, but simply to acknowledge it and provide an explanation.)

So, while everyone does it, we can see mind reading as a type of thinking that occurs along a spectrum from those who do it less often to those who do it more often.

**Mind reading and living with chronic pain**

Mind reading can occur in all walks of life including in those who live with chronic pain. No doubt, at least some readers have already started to apply this notion of mind reading to themselves and have begun to identify examples of it from their own lives.

Countless patients over the years have expressed to me their ambivalence over the use of a disability parking permit. They report feeling conspicuous when they park in a disability marked spot, thinking that they need to justify their use of the spot to every passerby. I have had a few patients acknowledge that they really don’t need their cane, in terms of the potential of falling, but carry one anyway because it signals to others that their slow gait is justified. Countless patients have reported that they hardly ever go to parties anymore because they know that everyone judges them if they acknowledge that they aren’t working and are disabled.

Notice the assumptions that are happening in these examples. In each, the people think they know that others are judging them for having chronic pain or being disabled by pain and have subsequently changed their behavior as result. It’s like there is a persistent low-grade fear that pervades their daily experience — a subtle worry of what others think and what they might say, given a chance. Notice, too, that such subtle worry or fretting so often goes on automatically and unquestioningly, without a lot of awareness, at least until it gets named.
The persistent, low-grade nature of mind reading can take a toll. Such worry and fretting take energy. It’s one more drain of energy among all the other drains that can occur when living with chronic pain (such as insomnia, sedating medications, and the pain itself). It can come to justify social isolation and lack of activity outside the home. Mind reading can also lead to anxiety and depression and can even trigger panic if you are already prone to such problems.

In all, when it comes to living with chronic pain, mind reading makes coping with pain more difficult.

Common reactions to learning about mind reading

The notion of mind reading is commonly introduced and discussed in cognitive behavioral therapy and in the coping skills training courses that occur in a chronic pain rehabilitation program. Usually, once introduced, patients know exactly what we are talking about and can quickly come up with examples from their own lives. As discussed earlier, everyone does it, including those with chronic pain.

However, some people become troubled by the discussion and express one of two common objections.

One objection is that the notion of mind reading seems like a judgment itself. In other words, it seems like a criticism and that what we are saying is that people worry too much about what other people are thinking.

The intention, here, is not to criticize, but simply to acknowledge a problem that we all share to one extent or another. We don’t want to be in a position in which we maintain a pretense that we never worry or fret about what other people think of us. We all do it. There need be no shame in acknowledging it and nor should it be a criticism to talk about how we each do it. Moreover, it is a mark of strength to acknowledge one’s own problems, learn about them, and to learn about how to overcome them. Our discussion today is simply an opportunity to learn about a common problem and how to overcome it.

The other objection is that sometimes other people really do judge or criticize us. You may have someone in your life right now who does it. Perhaps it is a spouse or other family member or your supervisor at work. Maybe they tend to doubt the legitimacy of your pain or your sense of disability and have expressed, “Aw, come on now, it can’t be that bad!” Such judgments hurt and can make a lasting impression. You fret about it now, having conversations in your head with this person about what you could or should have said. These kinds of judgments from someone close to you and the resulting fretting can easily lead to persistent, low-grade worry that maybe everyone judges you similarly. This worry then can further lead to changing your behavior in public or with family in anticipation of what these other people might say. Notice how easy it is to start mind reading.
So, yes, the objection is a point well taken. Other people can in fact be judgmental.

And yet, is this fact the exception or the rule? Might we not agree that most people, most of the time, are simply too preoccupied by their own thoughts and worries to notice us, let alone think about us for long enough to actually judge us? I think most of us would agree that people don’t judge us as much as we tend to think they do.

It is this tendency that we are discussing – the tendency to mind read. So, while it is true that sometimes people really do judge us, maybe we can also spend too much time and energy worrying and fretting about what others think of us because in reality most people aren’t judging us.

So, what can we do about it?

**Overcoming mind reading**

The first step in overcoming the tendency to mind read is to simply learn about it, as we are right now. The second step is to learn to identify it in yourself. The third step is to get good at challenging it, once identified, by talking yourself through it in the moment.

As described above, usually the notion of mind reading gets introduced in cognitive behavioral therapy or in the group coping skills training within a chronic pain rehabilitation program. The discussion involves the use of examples, sometimes made up examples, but other times examples from the actual lives of patients. By using examples, the component parts of mind reading are identified and clarified. The use of this post is intended to provide a somewhat similar experience for the reader.

The next step is for you, the reader, to consider the role of mind reading in your life. Reflect on when you might do it and identify some examples from your own life. Perhaps, discuss them with your health psychologist or while you participate in your chronic pain rehabilitation program.

What you are doing while reflecting on examples from your daily life is getting better at identifying instances of mind reading. It’s important to develop this skill of identifying instances of mind reading in your life. As you get good at it, you can then use it to identify instances of mind reading in the moment. It’s the skill of becoming more aware of what it is that you are thinking and recognizing in the moment that you are engaged in mind reading – worrying about what others are thinking of you and changing your behavior accordingly.

The skill of being able to identify or recognize that you are mind reading is an example of a more broad skill that psychologists call developing an ‘observational self’ (what was once called
an ‘observing ego’). An observational self is the ability to step out of any given moment and reflect on what we are thinking and feeling and doing. In short, it is our ability to think about our thinking. It is our observational self that allows us to be able to step out of the moment and recognize that we are mind reading – “Oh, there I go again, I’m mind reading right now.”

Without an ability to step out of the moment and recognize that we are mind reading, we go on in life engaged in mind reading without awareness, allowing it to guide our behavior and sap our energy and abilities to cope with pain. So, this skill of being able to identify and recognize our thinking is important.

But, what do we do once we recognize in the moment that we are mind reading?

You use your understanding to provide reassurance that your mind reading is unwarranted and as such you can be more self-confident in your daily activities. This further skill takes practice.

Say, for example, you go to the grocery store and park in a disability spot because you have a disability permit. You are not in a wheelchair, though, and so as you get out of your vehicle you start to worry about what others are thinking of you. Initially, you are automatically convinced that they are thinking, ‘Hey, what’s wrong with you? You don’t look disabled! You shouldn’t be parking there!’ You start to feel nervous and look down as you walk into the store, not wanting to make eye contact with anyone. But then you recall our discussion and this notion of mind reading. You use your understanding of it to identify that you are doing it right now! You think to yourself, “Oh, there I go again!”

As a result of this recognition, you talk yourself through it. You recall that mind reading relies on an unwarranted assumption – that just because some people are judgmental doesn’t mean that everyone is judgmental. You subsequently reassure yourself that in all likelihood the people passing you by right now are not judging you. Instead, they are likely lost in their own thoughts, hardly noticing you. You can then say to yourself, “I can be confident right now” and you lift your head up walk into the store.

Now, of course, at first you are not going to be very good at it. You might fail to recognize that you are mind reading and only come to think about it long after the fact. At other times, you might recognize it, but be unable to stop it or provide any meaningful reassurance to yourself. For instance, you might try to reassure yourself, but the words seem flat and empty. In other words, the nervousness of worrying what others are thinking might continue to get the best of you.

With practice, however, you will get better at it. Over time, you come to believe your reassuring self-talk more and more. Maybe you also start predicting that you will start mind reading before you even do it and begin providing reassurance preemptively. At some point, with
practice, you begin to notice a budding sense of self-confidence. You find that you are a little lighter in your step and have a little more energy when you are out in public or when you are spending time with family.

As you practice, it’s important to recognize that you will never get to the point where you won’t ever mind read again. No matter how good you get at recognizing your mind reading and providing yourself with reassurance, you will never gain one hundred percent control over your thoughts and be able to stop mind reading forever.

A more realistic goal is to get to a point, with practice, where you engage in mind reading less and less often and that, when you do mind read, you catch it early in the process and successfully provide yourself with reassurance. When you can do all that, you will be more self-confident and better able to cope with pain.

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Date of last modification: 9-8-2014

Institute for Chronic Pain Blog-How to Cope with Pain Series
Posted on September 7, 2014
http://www.instituteforchronicpain.org/blog/tag/mind-reading/
All or Nothing Thinking

All or nothing thinking is one of the most common, problematic ways of coping with pain. It’s right up there with catastrophizing, fear-avoidance, and refusing to accept the chronicity of pain. All of these problems prevent people from coping with pain well and being able to live a full life despite having chronic pain. Since we have reviewed the other problematic ways of coping with pain in previous posts, let’s discuss all or nothing thinking today.

All or nothing thinking defined

All or nothing thinking is a type of thinking that leads to perceiving a situation as having only two ways to look at it. We come upon a situation and conceive of it as leaving us with only an either-or choice: it has to be either this way or that way.

Sometimes, these two options are conceived as both bad in some way. The common, everyday phrase for this kind of all or nothing thinking is being “stuck between a rock and a hard place.” There’s no middle ground – at least in our initial way of thinking about the situation. So, when engaged in all or nothing thinking, we think about some situation and conceive of it as having only two responses and oftentimes we see these options as both bad.

Some examples of this kind of all or nothing thinking are the following:

- A patient complains that she doesn’t want to take opioid medications for pain anymore because they cause sedation, constipation, and she doesn’t like how her friends and family look down upon her for having to take them; but she thinks that the only alternative is to not take the medications and subsequently live in intolerable pain and suffering.
- A patient believes that since he can’t work anymore he must be a loser.

Notice that in these examples the people engage in all or nothing thinking because they seem to be able to only consider two possibilities, and both of them are bad. In the way they are approaching these problems, there seems to be no middle ground. As far as they are concerned, it’s an either-or situation and both options are bad.

Sometimes we engage in all or nothing thinking in yet a different way. While we conceive of a situation as having only two options, we see these options as not both bad, but rather as either all good or all bad. Again, there’s seems to be no middle ground. We have either two potential ways to respond – either the best way or the worst way.
Some examples of this kind of all or nothing thinking are the following:

- A patient tends to believe that he has to clean the entire garage if he were to clean it or he might as well not even bother with it at all.
- A patient believes that, unless there is a cure for her chronic low back pain, she has to remain on disability.
- A patient says to her provider, “My life used to be perfect. Now, it can’t get any worse.”

Notice that in these examples the people conceive of their situation as having only two possible ways to look at it. It never occurs to them that there might be some middle ground. For them and the way they see it, there are really only two options – either one that’s all good (or would be all good if it could be obtained) or one that’s all bad (i.e., the one they are living with).

_all or nothing thinking is a cognitive distortion_

Psychologists characterize all or nothing thinking as a type of cognitive distortion. Cognitive distortions are habitual ways of thinking about things or perceiving things that fail to accurately reflect reality. We have discussed cognitive distortions before in posts related to catastrophizing and mind reading. These types of habitual ways of thinking are also cognitive distortions.

Cognitive distortions, such as all or nothing thinking, tend to occur automatically, without much awareness of the person who is doing it. Typically, we don’t intentionally make a choice to view things in such black or white ways. Rather, they occur reflexively or habitually. We sometimes call cognitive distortions ‘automatic negative thoughts’ to capture the characteristic of them as going on without much intention or awareness on our part.

Another important characteristic of cognitive distortions is that they tend to influence what we believe about any given situation. Without much awareness that we are engaging in all or nothing thinking, we tend to believe that the way we are perceiving a situation is in fact the way the situation is. In other words, when engaged in all or nothing thinking, we mistake the either-or way of perceiving the situation as reality itself. We thus tend to think that in reality we really do have only two limited options. So, therefore we feel stuck in a no-win situation.

It can be hard to get outside of the all or nothing thinking and see the situation from a different perspective. Sometimes, of course, if someone comes along and helps us to see that there is some other way of looking at the problem, we come to see it too and we are subsequently grateful. We might exclaim, “Oh! I never thought of it that way!” This kind of help liberates us, if you will, from the no-win either-or way that we were conceiving of the problem and we can then cope better with the problem. Other times, though, we might not see any other way of looking at the problem, even if others are trying to help us see it differently. In fact, we might respond to their assistance with thoughts that they are just minimizing or invalidating the
severity of the situation. Still other times we might think that they just don’t get it – they have never lived through what we are living through and so we think that they are unable to understand. In such cases, it can be hard to get outside of our either-or way of conceptualizing the problem and see that perhaps we have more than just two limited options.

**All or nothing thinking leads to poor coping with problems**

All or nothing thinking doesn’t lead to coping well with pain. It’s easy to start seeing the reality of life with chronic pain in binary ways that leave people stuck and exhausted and possibly hopeless and lonely:

- “I have to be on opioid medications or face intolerable pain and suffering.”
- “I have to clean the entire house or not at all.”
- “I have to be cured or remain on disability for the rest of my life.”
- “You either have chronic pain and so ‘get it’ or you don’t have chronic pain and so can’t understand where I am coming from.”
- “I’m on disability and so I must be a loser.”
- “My provider didn’t cure me... so she must be incompetent.”
- “My previous provider wanted to talk to me about learning ways to cope better, but he doesn’t get it. I’m coping extremely well under the circumstances. It’s just that the pain is so bad. He’s supposed to fix that – not talk to me about how I could cope better with it.”
- “Before chronic pain, my life was perfect.”

Notice that these common sentiments admit of no middle ground. They are ways of seeing life with chronic pain in stark, either-or ways. All of them are no-win situations. They either leave people with two bad options or one good option and one bad option, but the good option is typically unobtainable. Either way, when engaged in such ways of thinking, they leave people stuck.

As such, all or nothing thinking leaves people feeling pretty lousy about themselves or their lives in general. Put yourself into such ways of thinking, entertain what it would be like for a moment, and you can see how easy it would be to begin to feel stuck in life, becoming anxious, angry, alienated, dejected, hopeless, or depressed.

From here, we can see how all or nothing thinking doesn’t lead to coping with pain very well.

Please note that we are not criticizing or judging anyone for not coping well when engaging in all or nothing thinking. No one is perfect and no one copes perfectly with life’s adversities, including chronic pain. We are simply trying to describe one of the ways in which we sometimes don’t do it very well. By describing it, without criticism, we can learn from our common mistakes and subsequently learn how to approach the problem of living with chronic pain differently and more effectively.
A student wouldn’t learn very much if her teachers only told her that she was doing things well, even when she wasn’t. No, at some point, her teachers have to provide her with feedback about the things she is not doing well. Now, of course, they do it without judgment or criticism, but rather warmth, respect, and a high regard for her well-being.

It is in this spirit that we discuss problematic ways of coping such as all or nothing thinking.

**Overcoming all or nothing thinking**

To overcome all or nothing thinking and subsequently come to better cope with pain, people need to develop two internal skills. One skill is being able to maintain what we call an ‘observational self.’ The second skill is what we call ‘ego strength.’ These skills are closely related to each other, but let’s review them one at a time.

What we mean by an observational self is the capacity to step outside ourselves and think about how we are reacting at any given moment. In common everyday language and situations, we refer to our observational self when we say things like ‘Think before you speak!’ or ‘Listen to yourself!’ or ‘Think about what you are doing.’ In each of these situations, the speaker is asking the other person to reflect on what he or she is saying or doing. When we take ourselves as our own object of consideration, and think about how we are reacting, we are engaging in our observational self. In other words, as human beings, we have the capacity to think about thinking! We can consider and reflect on, not only our thinking, but our ways of conceptualizing a problem or how we are reacting to it or how we are feeling about it and what it is that we want to do about it.

We can use our observational self to think about whether we are engaging in all or nothing thinking. It helps, of course, to do what we have been doing today, which is to learn about all or nothing thinking. We can subsequently use our newly learned understanding of all or nothing thinking to begin identifying it in the moment. In doing so, we use our observational self skills. We step outside the given moment and observe how we are perceiving a situation. In doing so, we can come to recognize that we have been engaging in all or nothing thinking. We identify it and name it to ourselves. “Oh, there I go again. I am engaging in all or nothing thinking.” Notice that this ability assumes that we are able to step outside of ourselves and begin to reflect on what it is we are thinking. In other words, we use our capacity to engage in our observational self.

Once identified, we can begin to challenge the accuracy of the all or nothing thinking. Inherent in our understanding of all or nothing thinking is that this kind of thinking distorts our understanding of the reality of the situation. The reality is not really what we think it is. By understanding this aspect of all or nothing thinking, we come to see that perhaps we have more than two, limited options. Maybe we remind ourselves that there must be more than two ways of looking at the problems that confront us – even if we don’t see it right a way. By challenging
the accuracy of how we have been conceptualizing a problem, we come to see that perhaps we are not as stuck as we thought we were.

More often than not, in these situations, it is helpful to have someone you trust help you to see the problem differently. We often say, in everyday life, ‘Two heads are better than one’ because another person can have a different perspective from the one that we have. In this way, another person can help us to get outside of ourselves and access our observational self. Subsequently, we can then come to see that how we are thinking about a problem is not the only way to think about it. In other words, we can identify that we have been engaging in all or nothing thinking. We then come to understand that we have more options than simply two bad options. It’s at this point that we often look at our trusted companion and say, “Oh! I never would have looked at it that way, but that’s a great idea!” It’s the proverbial light bulb moment.

Now, it requires ego strength to allow ourselves to see the point of view of another. It’s our capacity to tolerate feedback from another and learn from them. We call it ‘ego strength,’ because it is a sense confidence that we are still a good person even if we didn’t think of it first or have to learn from another. We might say that it is an inherent sense of security that we are still okay even if we don’t know everything and sometimes have to rely on others for help.

We likely all know people with a low level of ego strength and people with a high level of ego strength. People without a lot of ego strength tend to have difficulty admitting it when they don’t know something. They have trouble tolerating feedback from others and get defensive or irritable. They tend to think it is weak to ask for help. They tend to deny that they are struggling to cope with a problem, because doing so would mean for them that they are weak. People with a high level of ego strength can acknowledge when they don’t know something. They can admit that they are not doing something well and can ask for help. And they do these things without feeling ashamed. They remain confident in some manner that they are still a good person, even if they need help coping with a problem.

We need at least a certain level of ego strength to allow others to help us. It takes a certain degree of internal strength or confidence to acknowledge that we need help and to listen to the feedback of others. The pay off here, though, is that the feedback of others can help us to step outside of ourselves and see our problems from a different point of view. We sometimes need a different perspective and we can only get it from another person. There’s no shame in that! It’s called learning and learning is good!

So, in overcoming all or nothing thinking, we need to rely on our capacities for our observational self and our ego strength. We need to step outside of our all or nothing thinking and recognize it as not accurate to the reality of the situation. Oftentimes, in such situations, we require feedback from another person who sees the problem differently. We need to allow this different perspective in, and acknowledge that we can learn from it. We need to acknowledge that we are not coping perfectly and can learn a thing or two from others.
However, we can only acknowledge that we aren’t coping well if we know that it is not weak or shameful to do so. We need to be able to maintain some degree of confidence that we are still a good person even if we aren’t coping well at the present moment. In other words, we need to have at least a certain level of ego strength.

**Coping with pain well**

It’s possible to cope with pain well. It’s possible to live well despite having chronic pain. Now, it takes a lot of work and the majority of this work lies in learning how.

The work involves developing your ego strength and capacities for engaging your observational self. With such skills, you begin to catch yourself in all or nothing thinking. You challenge whether it accurately represents the options that you have. You also allow trusted others to help you to see problems differently, allowing you to see that you have more options than you thought you had. It can be quite liberating to see that you have options when you initially thought that you were stuck.

Of course, to have these kinds of insights more frequently, it takes practice. All or nothing thinking tends to be automatic or habitual. It is often hard to see that you are doing it. You have to catch yourself in all or nothing thinking, reflect on it, and come to see that you have more than two, limited options. With practice, however, you get better and better at it. In other words, with practice, you come to cope with pain better and better. At some point, you come to be able to live well even if you do have chronic pain.

Institute for Chronic Pain Blog-How to Cope with Pain Series

Posted on October 13, 2014

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http://www.instituteforchronicpain.org/blog/category/all-or-nothing-thinking/
Catastrophizing and Chronic Pain

It’s not uncommon to exclaim, at the beginning of a pain flare, “I’m not going to be able to stand it!” Another might express, “Now, I’m not going to be able to do anything today!” Yet, another takes it as a given that the increased pain is an indicator that the underlying health problem is getting worse. From this assumption, it’s easy to start thinking about how the future holds nothing but increasing disability, wheelchairs, and suffering.

These sentiments are examples of catastrophizing.

What is catastrophizing?

Catastrophizing is what we do when we see something through the lens of it being the worst-case scenario. We believe and feel that something is worse than it actually is.

We all do it. Everyone catastrophizes at least occasionally. Some of us do it a lot. Most of us are somewhere in between. The point, though, is that we all do it.

The most common example of catastrophizing is simple worrying. When we worry, we don’t ponder good things happening to us. We don’t even tend to think about minimally bad things happening to us, such as inconveniences or hassles. We don’t tend to waste a lot of time worrying about those things. Rather, it’s the really bad stuff that we tend to worry about. It’s the worst-case scenarios that hold our attention and get us worked up.

Now, the thing about catastrophizing is that we tend to overestimate the likelihood that the worst-case scenarios will occur. Of course, worst-case scenarios are possible. Sometimes, they do in fact occur. If, however, we step back and take a real objective look at them, we might compare how often they occur with the countless number of times when they don’t occur. The comparison is stark. Worst-case scenarios are possible, but they are not likely. They tend to be once or twice in a lifetime events. When catastrophizing, though, we see the worst-case scenario as all-but-inevitable or, worse yet, already happening. There’s an assumption of certainty about it. That is to say, this sense of certainty comes about by overestimating the likelihood of the worst-case scenario.

Like anyone else, people with chronic pain can catastrophize. Take the common sentiments expressed in the above examples. When experiencing a pain flare, common automatic reactions are that you aren’t going to be able to stand it or that now you’ll never get anything done or that you think the increased pain is indicative of an inevitable worsening of the underlying health condition that initially started the pain. There is a sense of certainty that goes along with these automatic reactions. You just “know” that you won’t ever be able to stand it, or that you’ll never be able to get anything done, or that increasing disability is inevitable. However, if
you can step out of the moment, and hold on your judgment of such certainty, you might begin to reflect on how true, really, these sentiments are.

What makes you so sure that you’ll ‘never be able to stand it’? How do you ‘know’ that this pain flare is going to be the whooper of all whoppers? Maybe it would be best to hold judgment, and see if it will be as bad as you anticipate. It might just turn out to be a run-of-the-mill flare. In fact, it is much more likely that it will be an average pain flare than the one that you’ll ‘never be able to stand.’

How warranted is your certainty that you’ll ‘never be able get anything done’? How likely is that scenario to occur? With a little creativity, there is almost always going to be something that you can do, even while experiencing a pain flare. Maybe you could sit and pay bills. Maybe you could call someone who you have been meaning to call but haven’t gotten around to it. Maybe you are at work and you decide to use the afternoon to catch up on reports and emails. You sit for a while at the computer and then you stand for a while at the computer, putting a few books under the keyboard, so you can still work at the computer. You also might take breaks to walk the hallway or stretch or both. Now, it won’t be the most productive day you’ll ever have, but, with pacing and a little adaptability, it’s much more likely that you’ll be able to do something productive.

What about the certainty that your pain flare is a sign of your inevitable decline? How true is that worst-case scenario? Of course, it is possible, but it’s not very likely. The nature of chronic pain is that pain waxes and wanes – pain flares come and pain flares go. What’s the likelihood that this pain flare is the one that won’t ever go away and from which you’ll start the decline into becoming wheelchair-bound? Isn’t it much more likely that this pain flare, like the others that come before it, will come and go?

While always possible, worst-case scenarios are low probability events. When we catastrophize, though, we overestimate the likelihood that the worst-case scenario will occur and become certain that it will happen or is already happening. We lose perspective on the problem and become certain that it is worse than it actually is.

Catastrophizing influences our perceptions

The sense of certainty that goes along with catastrophizing colors our perceptions, making what we experience worse than it actually is. This fact is what leads psychologists to categorize catastrophizing as a form of cognitive distortion. Catastrophizing distorts what it is we perceive.

It’s not very mysterious. Rather, it’s super common. We can think of any number of examples. Suppose your boss makes a critical remark about you and later looks at you strange after you say something in a meeting. You associate these events with some problems you have been having at work and before you know it you are taking the boss’ remark and the look as
confirmation that any day now you are going to be let go. If you don’t step out of the moment, and gain some perspective on how you are perceiving these events, your experience is that you simply and unquestionably are in the process of getting fired and it can’t get much worse. To take another example, suppose you are arguing with your spouse and he or she walks out of the room hurt and angry. Your first thought is that your last hurtful remark put your spouse over the edge and that he or she is now leaving you. Your immediate reaction is one of ‘Don’t leave me!’ For the moment, your thoughts are going a million miles an hour and you have all the accompanying feelings of fear, anger, and abandonment. If you don’t step out of the moment, get grounded, and reflect on what’s going on, your experience is that your marriage is unquestionably ending and it can’t get much worse. In both these cases, we see that catastrophizing distorts our experience of what is really happening.

Catastrophizing tends to happen when we are ungrounded, vulnerable, anxious, or upset already and then something bad happens. In such cases, it’s hard to see the problem clearly. We are too ungrounded or anxious or upset. As such, the overall experience of the problem is that it is worse than it actually is. Conversely, when a problem occurs during a time that we are grounded, focused, supported, and confident, we deal much better with it because, in part, we see the problem more accurately.

The two parts that make up experience

This last notion leads to an exceptionally important, yet often overlooked, fact about human experience. We tend to think that whatever it is that we experience is solely due to what is happening to us. That is to say, we often simply assume that the quality and intensity of our experiences are only due to the qualities and severity of the external things that occur to us. It’s as if we forget that there’s a perceiving subject, who has these experiences.

Now, of course, what we experience is determined in part by external events — what they are, whether they are bad or good, and how bad or good they are. But, our experience is also determined in part by where we are at when these events occur.

When we are grounded and present, we might notice the beautiful sunset and fully appreciate it. The sunset subsequently might have a big impact on us. If, however, we are lost in our thoughts, or fretting because we are stuck in rush hour traffic, we might hardly even notice the beautiful sunset, let alone appreciate it, and subsequently it has little to no impact on us. It’s the same external event, but two very different experiences and the experience is determined by how we are at the time of the external event.

Human experience is made up from two parts: 1) the things that happen to us and 2) how we are when things happen to us. When we are grounded, supported, confident and well-rested, we tend to experience the same event differently than when we are anxious, upset, vulnerable, lonely, abandoned, or overly tired and fatigued.
Catastrophizing is one of the ways that we color our perceptions of events when we come to the event feeling anxious, upset, vulnerable, left alone, or fatigued.

**Catastrophizing is all-too-human**

Sometimes, people are reluctant to acknowledge that they catastrophize. You can sometimes feel judged when people tell you that you’re making a mountain out of a molehill. You might automatically want to respond with assertions that the problem really is that bad — it really is catastrophic — and then feel invalidated when they don’t believe you.

It’s important to remember, though, that we all do it. It’s part of our all-too-human condition. Human beings are not perfect. We are not omnipotently objective observers of the things that happen to us. We have all sorts of beliefs, attitudes, and feelings that bias and distort our perceptions. And, yes, we also catastrophize. All of us sometimes perceive things as worse than they really are. Some people do it rarely while other people do it a lot. Most of us are somewhere in between, catastrophizing more than rarely and less than all the time.

A good healthcare provider tends to remind us of things that we already know, but tend to forget in our day-to-day routines. One of these reminders is that it is a mark of health to be able to admit our imperfections. The first step towards getting better with regard to a problem is always to admit that you have the problem. In the case of catastrophizing, it’s a mark of health when we can acknowledge that we catastrophize, especially at the time when we are actually doing it. Indeed, an important health skill is the ability to step out of any given moment, reflect on what’s going on, and come to see the problem more clearly. By gaining perspective on the problem, we reduce the distress that’s associated with the problem and the problem comes to no longer have such a big impact on our lives. The problem comes to be less problematic as we initially experienced it to be.

This process is one of the many ways that people come to cope better with problems in life, including chronic pain. That is to say, we come to cope better with a problem when we get better at catching ourselves catastrophizing it, acknowledge that we are doing it, and reality-checking it. We thereby come to see the problem more clearly and subsequently we cope with it better— the problem becomes less distressing and less impairing.

**Institute for Chronic Pain Blog-How to Cope with Pain Series**

**Posted on November 24, 2013**

**Author: Murray J. McAllister, PsyD**

http://www.instituteforchronicpain.org/blog/catastrophizing-chronic-pain/
Session #3

Duration: 90 minutes

Homework Review: Share GATE control exercise. What did you learn from reading materials? What could you relate to?

Cognitive Behavioral Therapy for Chronic Pain

Pain Thoughts: Identifying and Replacing Thoughts that are Not Helpful.

Homework: Observe/monitor your automatic negative thoughts. When do they occur? How do they impact your mood/behavior? Do they resolve? Complete a “Catch it, Check it, Change it” worksheet for next group. Complete a BRAGS worksheet to share.
COGNITIVE BEHAVIORAL THERAPY for CHRONIC PAIN (CBT-CP)

Chronic pain may result in patterns of negative thoughts, feelings, and behaviors, which can, in turn, worsen the pain condition! The goal of CBT-CP is to target these maladaptive patterns in thinking and behaving so that alternative, more adaptive, pain coping skills can be learned. CBT-CP empowers individuals struggling with chronic pain to take an active approach to improving their functioning and addressing the negative impact of chronic pain on their lives.

THE CBT-CP MODEL

Remember:
- Chronic pain can impact every part of your life
- CBT-CP allows you to make the necessary changes to get your life back
PAIN THOUGHTS:
Identifying and Replacing Thoughts that are Not Helpful

Thinking about how much pain you are in does not help you cope with the pain. As pain increases, thoughts may become more negative; as thoughts become more negative, pain often increases further.

Negative thoughts can lead to:

- Worsening mood
- Avoiding activities
- Isolating/avoiding others

Although pain thoughts can be automatic, with practice you can become more aware when you have them. Then you can replace unhelpful thoughts with ones that are more helpful.

Here are some examples of unhelpful pain thoughts and some coping statements that you can use to replace them:

**Common Pain Thoughts**

<table>
<thead>
<tr>
<th>Types of Unhelpful Thoughts</th>
<th>Examples of Unhelpful Thoughts</th>
<th>Examples of Helpful Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Catastrophizing:</strong></td>
<td>When my pain is bad, I can't do</td>
<td>Even when my pain is bad, there are</td>
</tr>
<tr>
<td>Believing something is the worst it</td>
<td>anything.</td>
<td>still some things I can do.</td>
</tr>
<tr>
<td>could possibly be.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Should Statements:</strong></td>
<td>My doctor should be able to cure</td>
<td>There is no cure for chronic pain, but</td>
</tr>
<tr>
<td>Thinking in terms of how things</td>
<td>my pain.</td>
<td>I can use skills to cope with my pain.</td>
</tr>
<tr>
<td>should, must, or ought to be.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All or None Thinking:</strong></td>
<td>I can only be happy if I am pain free.</td>
<td>Even if I am in pain I can still be happy. There is always something that I can do to have a better quality of life.</td>
</tr>
<tr>
<td>Seeing things as “either or” or “right or wrong” instead of in terms of degrees.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overgeneralization:</strong></td>
<td>I tried doing exercises for my back pain before and it didn't help. So, it isn't going to help now.</td>
<td>Although physical therapy didn't help much before, maybe this time it will help. I might as well try.</td>
</tr>
<tr>
<td>Viewing one or two bad events as an endless pattern of defeat.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Jumping to Conclusions:</strong></td>
<td>When I move my back hurts, so it must be bad for me to move.</td>
<td>Hurt does not equal harm.</td>
</tr>
<tr>
<td>Making negative conclusions of events that are not based on fact.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emotional Reasoning:</strong></td>
<td>I feel useless, so I am useless.</td>
<td>Even though I can't do all the things I used to do, it doesn't mean I can't do anything.</td>
</tr>
<tr>
<td>Believing how you feel reflects how things really are.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disqualifying the Positive:</strong></td>
<td>So what if I am doing more, I am still in pain.</td>
<td>Doing more is important for me to live the life I want to live.</td>
</tr>
<tr>
<td>Focusing on only the bad and discounting the good.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Used with permission from KM. Phillips, Ph.D
Unhelpful Thinking Styles

**All or nothing thinking**
Sometimes called 'black and white thinking'

- If I'm not perfect I have failed
- Either I do it right or not at all

**Mental filter**
Only paying attention to certain types of evidence.

- Noticing our failures but not seeing our successes

**Jumping to conclusions**
There are two key types of jumping to conclusions:
- Mind reading (imagining we know what others are thinking)
- Fortune telling (predicting the future)

2 + 2 = 5

**Emotional reasoning**
Assuming that because we feel a certain way what we think must be true.

- I feel embarrassed so I must be an idiot

**Labelling**
Assigning labels to ourselves or other people

- I'm a loser
- I'm completely useless
- They're such an idiot

**Personalisation**
“this is my fault”
Blaming yourself or taking responsibility for something that wasn’t completely your fault. Conversely, blaming other people for something that was your fault.

**Over-generalising**
Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw

- “everything is always rubbish”
- “nothing good ever happens”

**Disqualifying the positive**
Discounting the good things that have happened or that you have done for some reason or another

- That doesn't count

**Magnification (catastrophising) & minimisation**
Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important

**Should vs must**
Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed

If we apply 'shoulds' to other people the result is often frustration
Helpful Thoughts

While there are some things I can’t do, there many I can.
If I pace myself, I can do quite a lot.
I can cope better if I relax more.
I know I can cope if I plan properly.
There are many things that I find easy to cope with. With practice, it is possible that even the things that seem difficult to cope with now, may become easier in time.
I won’t let unhelpful thoughts interfere with my plan.
The next thing I need to do is....
I don’t have any evidence that...
I have coped well before now.
I am having the thought that....
Be peaceful sweet body working so hard to support me.
Am I sure? I truly don’t know what others are thinking.
I am doing everything I have been told to do to take care of my body.
Today....
Right now....
In this moment.....
Homework
"BRAGS" — Brags are opportunities for you to share with group how you handled a situation differently than you normally would have handled it, why handling the situation differently was important and what you learned personally, by taking this risk, stepping out of your comfort zone and trying to handle a situation in a healthier way.

What (What was the situation & how did you handle it differently than you normally would have?):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Why important (Why is this a brag? Why was it important that you tried to handle the situation this way?):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What learned (What did you learn from handling the situation this way? What did you learn about yourself? What did you learn about others?........)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Developed by Dottie Fonstad, MSE, LCSW, CADC 111
**CATCHING ANTs:**
How to Catch, Check, & Challenge Automatic Negative Thoughts

When you get upset, you often have negative thoughts. These thoughts may happen automatically and worsen your pain and negative mood. You can feel better physically and emotionally by catching ANTs when they occur, noticing how they make you feel, and challenging them with a more balanced thought.

Identify at least one ANT each day. Evaluate the thought and generate a new, more helpful one.

<table>
<thead>
<tr>
<th>Day/Situation</th>
<th>Challenge it! Identify ANT</th>
<th>Check it! Effect on your pain/mood</th>
<th>Challenge it! Positive/balanced coping statement</th>
<th>Helpful or Harmful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday/Cleaning garbage and pain flares</td>
<td>I can't do anything anymore.</td>
<td>Helpful or Harmful</td>
<td>I know that if I will pace myself to get the job done.</td>
<td>Helpful or Harmful</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

*Adapted with permission from S. Palyo, Ph.D. & J. McQuaid, Ph.D.*
Pain Management Group

Session #4

Duration: 90 minutes

Relaxation Exercise

Review Thought Logs and BRAGS

Stress Management:

- Fight or Flight Stress Response
- Diaphragmatic Breathing
- Relaxation Techniques
  - Muscle Relaxation
  - Guided Imagery
  - Focus on the Breath
- Self Care Activities
- Planning for Difficult Days-Self Soothing Kit Introduced
- When it feels like more than stress.
  - Signs and Symptoms of Depression and Anxiety Disorders

Homework: Create a self-soothing kit for next session to share. Complete BRAGS worksheet.
The FIGHT/FLIGHT/FREEZE Stress Response

The Perceived Threat
The perceived threat is what induces or causes the Fight/Flight/Freeze stress response to occur. This threat can be either PHYSICAL or MENTAL. No matter if the situation is life-threatening or not, your body will activate and experience the SAME stress response. In other words, you may experience the same sensation of fear and stress and anxiety when you have to give a speech as when you are faced with a group of uncaged lions.

Preparation
It’s important to note that your body will respond to the perceived threat BEFORE you even realize what the danger or threat is. This is your body’s way of preparing to deal with the perceived threat the moment your brain has finished processing what the threat is.

What Happens During the FIGHT/FLIGHT/FREEZE Response?
- Heart begins to race
- Lungs expand to allow you to take in more oxygen
- Muscles tense up
- All five of your senses become ACUTE
  - Pupils dilate to let in more light
  - Hearing is enhanced
  - Skin “crawls”- the hairs on your skin bristle from your enhanced sense of touch
- Endorphins like ADRENALINE are released
- Thyroid hormones speed up metabolism so you can burn your body’s fuel FASTER
- Digestion shuts down
  - Blood is directed to your muscles and away from your digestive organs
- Pancreas releases sugar and insulin for an immediate energy supply
- Sex hormone production decreases
  - This prevents distraction libido
- Blood thickens
  - This can INCREASE clotting
- Skin becomes pale and sweaty
  - Blood supply is directed away from your skin to your muscles, making skin appear pale
    - The decreased blood supply to the skin helps reduce bleeding if you suffer any lacerations to the skin surface
  - Sweating helps to cool off your overheated muscles

**When Short Term Stress Becomes a Long Term Experience**

The FIGHT/FLIGHT/FREEZE stress response is only meant to be short term. It is meant to give your body the short burst of energy it needs to deal with the perceived threat, with the assumption that the threat will not last forever.

...but what if this short term response became a long term experience? When your body is preparing to take immediate action, as it does in the FIGHT/FLIGHT/FREEZE response, activities needed for long term functioning in the body are shut down.

**What does this mean?**

- Your long term risk of having a heart attack or stroke increases
- Gastrointestinal problems like bloating, nausea, discomfort, or ulcers could occur
  - This is due to the fact that blood is directed away from your digestive organs during the FIGHT/FLIGHT/FREEZE response, shutting digestion down
  - Inhibition of your immune and inflammatory systems occurs
- Hardening of arteries can occur
- Reproduction concerns could occur
  - Lack of periods, ovulation issues, impotence, loss of libido
  - Often due to hormonal changes that could be brought on by or lead to depression/anxiety
- Increased respiratory issues/conditions like asthma could occur
- Conditions like arthritis, chronic pain, or diabetes could worsen
- Normal tissue repair processes in the body are suspended which can cause decalcification of your bones, leading to an increased risk of developing osteoporosis
Diaphragmatic Breathing and Chronic Pain

Introduction

Chronic pain is defined as a persistent, long-lasting pain that lasts longer than six months in spite of the required medical treatment. Individuals with chronic pain often tense their muscles in reaction to pain, which in turn aggravate pain altogether. Chronic pain can present itself in a series of forms including:

- Headaches
- Arthritis
- Shingles
- Sciatica
- Back pain
- Neck pain
- Cancer pain

Besides chronic pain leads to impairment of the normal functioning in life and is usually accompanied by fatigue, difficulty in sleeping, anxiety and depression.

Diaphragmatic Breathing – The Basics

Diaphragmatic breathing is typically defined as an act of breathing deep into the lungs by flexing the diaphragm instead of breathing shallowly by flexing the rib cage. This form of breathing is marked by expansion of the stomach rather than the chest and is considered to be a healthier and fuller way to ingest oxygen.
Also known as deep breathing, diaphragmatic breathing aims to help an individual use the diaphragm correctly, while breathing in order to:

- Strengthen the diaphragm
- Decrease the work of breathing by slowing the breathing rate
- Decrease oxygen demand
- Use less effort and energy to breathe

The diaphragm is the most efficient muscle of breathing. It is basically a large, dome-shaped muscle located at the base of the lungs. The abdominal muscles help in moving the diaphragm and give you more power to empty your lungs.

Diaphragmatic breathing is an essential component of relaxation training and is often recognized as a part of the bio-behavioral pain control. When used for the treatment of chronic pain, this also involves the development of proper breathing techniques in coordination with body movement to avoid muscular guarding and the resulting referred pain.

**Effect on Chronic Pain**

Diaphragmatic breathing has an extremely therapeutic effect on chronic pain. It has a major influence on relaxing the muscles which tense up as a result of pain and in turn further aggravate the pain itself. Experts insist that individuals with tensed muscles and in an anxious state of mind are generally known to breathe through their chest. This type of breathing will lead to a disruption of the balance of oxygen and carbon dioxide, which are essential to be in a relaxed state. It is this state of health that the correct technique of diaphragmatic breathing facilitates. Diaphragmatic breathing helps in the treatment process of chronic pain in a number of ways. Here we list the key benefits.

1. Helps in relaxation – Deep breathing is perceived crucial to many relaxation procedures and can independently induce a relaxed frame of mind.
2. Distraction strategy – Deep breathing makes you concentrate hard on the breathing process, thus taking your mind away from pain or other stressors.
3. Reverses physical symptoms of anxiety – When anxious or stressed, people often take shallow, rapid breaths or might even hyperventilate. This can further result in dizziness,
blurred vision, pins and needles and chest pain. Slow and deep breathing helps reduce these symptoms to a major extent.

It also improves circulation and facilitates the most efficient exchange of oxygen and carbon dioxide with the minimum amount of effort.

The Steps

Learning to breathe diaphragmatically requires practice, concentration and awareness of your system. Diaphragmatic breathing can basically be done in two postures i.e. lying down and in the sitting position. Here we list the main steps involved in each of the forms.

A) Lying Down

1. Lie on your back on a flat surface or in the bed. Keep the knees bent and head supported. If required, use a pillow under the knees to support the legs. Place one hand on your chest and other below the rib cage.
2. Breathe in slowly through the nose allowing your stomach to move out against your hand. Try to keep the hand on the chest as still as possible.
3. Tighten the stomach muscles, letting them fall inward as you exhale through pursed lips.

B) In sitting posture

1. Sit comfortably, with knees bent and the shoulders, head and neck relaxed.
2. Place one hand on the upper chest and the other below the rib cage.
3. Tighten your stomach muscles, letting them fall inward as you exhale through pursed lips.

To begin with, diaphragmatic breathing should be done for 5-10 minutes about 3-4 times a day. You can gradually increase the amount of time once you are comfortable doing the same.

***When breathing in, count to the number of 4. Hold your breath to the count of 2, and then release your breath to the count of 6. If these numbers are difficult for you to do, just make sure your out breath is longer than your in breath.

http://www.londonpainclinic.com/resources/diaphragmatic-breathing-and-chronic-pain/
Muscle Relaxation

**Progressive muscle relaxation**

Often, people don't feel muscle tension until it causes pain. If you'd like to avoid that kind of pain, progressive muscle relaxation may help.

This relaxation skill teaches you what tight muscles feel like — and what it feels like when you are totally relaxed. Knowing that difference can help you find stress spots in your body so you can release the tension whenever it’s needed. With practice, you will be able to more-quickly notice when you have muscle tension.

![Muscle diagram]

**How this works**

Lie flat and start at your toes or your head, whichever you prefer. Move (progress) up or down your body “in order.”

- Work on only one set of muscles at a time. Keep the rest of your body relaxed.
- Tighten all of the muscles in that group, or “zone.”
- Hold the muscles tight for several seconds. Notice how it feels as you tighten the muscles.
- Release the tightness in those muscles. Note the difference between the tight state and the relaxed state.
- Move on to the next muscle group.
Work on each of these parts of your body:

☐ Head & face: Clench your jaw. Scrunch your eyes and your forehead.

☐ Neck & shoulders: Lift your shoulders toward your ears and tighten your neck as you do it.

☐ Chest, stomach & back: Do all of these areas together. Hold your breath and try to pull your belly button down to your spine.

☐ Arms & hands: Make fists and tighten every muscle in your arms.

☐ Thighs & calves: Tighten the muscles behind your lower legs (the calves) and your upper legs (the thighs).

☐ Feet: Curl the toes downward, as though you’re trying to tightly grip something with your toes.

Passive muscle relaxation

Passive muscle relaxation helps you relax by using your mind to relax your muscles.

With this relaxation skill, you focus on breathing in a regular rhythm. Next you think of a pleasant physical sensation, such as your arm feeling very relaxed, heavy and warm. Many people repeat a specific word or phrase with each breath. For example, “My arm feels very relaxed, heavy, and warm. Relaxed... heavy... warm...”

When you focus on the words, your breathing and the sensation, it helps reduce tension in your body. And it slows your heart rate.

Passive muscle relaxation is also called autogenic relaxation. “Autogenic” describes something that comes from within you.
Guided Imagery

The mind and body react the same to imagined pictures as they do to real pictures, or *images*. Guided imagery uses all of your senses to help you imagine enjoyable moments. These may be memories for you or images you've seen that you'd like to experience.

As you begin, do relaxed breathing. Then imagine a relaxing place — somewhere you'd like to be.

Use your five senses to picture every detail about this place. Make it "alive," or vivid, in your mind.

After each question, pause to picture the answer and to use your sense.

- What do you see here?
- What do you hear?
- What do you smell in the air?
- If you'd eat something here, what would you taste?
- What do you feel under your feet and in your hands?

Also think about what you do when you are there. How do you relax? Use your senses again and repeat the questions as you think about relaxing in that scene.

With each question, explore details. For example, if you're on a beach, is the sand under your feet warm or cool? What colors do you see around you? How many shades of blue are there?
Tips for guided imagery

- This relaxation method works best when you are not worried about “getting it right.” Just have fun imagining.
- If you feel “stuck” on a sense, it’s okay go back or move onto the next sense.
- If you choose to revisit a favorite memory, it’s okay to add details — even if they weren’t part of your original experience. Your body won’t know the difference. It will simply relax as you explore the images.
- You can use this tool alone or with other tools.
Seven Types of Self-Care Activities for Coping with Stress

Try these simple self-care activities to cope with stress.

Barbara Markway Ph.D.
Posted Mar 16, 2014

When we’re stressed, self-care is often the first thing to go. Why is this?

1. Our brains go into fight-or-flight mode and our perspective narrows. We don’t see we have options—options for coping with stress and making ourselves feel better.

2. We’re so busy trying to solve problems that we’re stuck in “doing mode”—trying to get more and more done—when switching to “being mode” may be just the break we need.

3. We may not have a “go to” list of self-care activities. Self-care has to become a habit, so that when we’re dealing with stress, we remember that, “Hey, I need to take care of myself in this situation.” And, you need a variety of activities to try—if one doesn’t work, you can switch to another. Like my Self-Compassion Facebook page for daily self-care inspiration!

Fortunately, there are several pathways to self-care, and none of them need be difficult or take a lot of planning:

SENSORY

When you feel stressed and need a calm mind, try focusing on the sensations around you—sights, smells, sounds, tastes, touch... This will help you focus on the present moment, giving you a break from your worries.

- Breathe in fresh air.
- Snuggle under a cozy blanket.
- Listen to running water.
- Sit outdoors by a fire-pit, watching the flames and listening to the night sounds.
- Take a hot shower or a warm bath.
- Get a massage.
- Cuddle with a pet.
- Pay attention to your breathing.
- Burn a scented candle.
- Wiggle your bare feet in overgrown grass.
- Stare up at the sky.
- Lie down where the afternoon sun streams in a window.
- Listen to music.

PLEASURE

A great way to take care of yourself when you're coping with stress is to engage in a pleasurable activity. Try one of these ideas.

- Take yourself out to eat.
- Be a tourist in your own city.
- Garden.
- Watch a movie.
- Make art. Do a craft project.
- Journal.
- Walk your dogs.
- Go for a photo walk.

MENTAL MASTERY

You can also give yourself a boost by doing a task that you've been avoiding or challenging your brain in a novel way.

- Clean out a junk drawer or a closet.
- Take action (one small step) on something you’ve been avoiding.
- Try a new activity.
- Drive to a new place.
- Make a list.
- Immerse yourself in a crossword puzzle.
- Do a word search.
- Read something on a topic you wouldn’t normally.

**SPIRITUAL**

*Getting in touch with your values—what really matters—is a sure way to cope with stress and foster a calm mind. Activities that people define as spiritual are very personal. Here are a few ideas:*

- Attend church.
- Read poetry or inspiring quotes.
- Light a candle.
- **Meditate.**
- Write in a journal.
- Spend time in nature.
- Pray.
- List five things you’re grateful for.

**EMOTIONAL**

*Dealing with our emotions can be challenging when we’re coping with stress. We tend to label emotions as “good” or “bad,” but this isn’t helpful. Instead:*

- Accept your feelings. They’re all ok. Really.
- Write your feelings down. Here’s a list of feeling words.
- Cry when you need to.
- Laugh when you can. (Try laughter yoga.)
- Practice self-compassion.
PHYSICAL

Coping with stress by engaging the body is great because you can bypass a lot of unhelpful mental chatter. It’s hard to feel stressed when you’re doing one of these self-care activities:

- Try yoga.
- Go for a walk or a run.
- Dance.
- Stretch.
- Go for a bike ride.
- Don’t skip sleep to get things done.
- Take a nap.

SOCIAL

Connecting with others is an important part of self-care. This can mean activities such as:

- Go on a lunch date with a good friend.
- Calling a friend on the phone.
- Participating in a book club.
- Joining a support group.

It can also mean remembering that others go through similar experiences and difficulties as we do.

We’re not alone.

Simply acknowledging that we’re all part of this human experience can lessen isolation and lead to a calm mind. That’s the best self-care strategy I know.
1. Exercise (running, walking, etc.).
2. Put on fake tattoos.
3. Write (poetry, stories, journal).
4. Scribble/doodle on paper.
5. Be with other people.
6. Watch a favorite TV show.
7. Post on web boards, and answer others’ posts.
8. Go see a movie.
9. Do a wordsearch or crossword.
10. Do schoolwork.
11. Play a musical instrument.
12. Paint your nails, do your make-up or hair.
13. Sing.
14. Study the sky.
15. Punch a punching bag.
16. Cover yourself with Band-Aids where you want to cut.
17. Let yourself cry.
18. Take a nap (only if you are tired).
19. Take a hot shower or relaxing bath.
20. Play with a pet.
22. Clean something.
23. Knit or sew.
25. Listen to music.
26. Try some aromatherapy (candle, lotion, room spray).
27. Meditate.
28. Go somewhere very public.
29. Bake cookies.
30. Alphabetize your CDs/DVDs/books.
31. Paint or draw.
32. Rip paper into itty-bitty pieces
33. Shoot hoops, kick a ball.
34. Write a letter or send an email.
   Plan your dream room (colors/furniture).
35. Hug a pillow or stuffed animal.
36. Hyperfocus on something like a rock, hand, etc.
37. Dance.
38. Make hot chocolate, milkshake or smoothie.
39. Play with modeling clay or Play-Dough.
40. Build a pillow fort.
41. Go for a nice, long drive.
42. Complete something you’ve been putting off.
43. Draw on yourself with a marker.
44. Take up a new hobby.
45. Look up recipes, cook a meal.
46. Look at pretty things, like flowers or art.
47. Create or build something.
48. Pray.
49. Make a list of blessings in your life.
50. Read the Bible.
51. Go to a friend’s house.
52. Jump on a trampoline.
53. Watch an old, happy movie.
54. Contact a hotline/your therapist.
55. Talk to someone close to you.
56. Ride a bicycle.
57. Feed the ducks, birds, or squirrels.
58. Color with Crayons.
59. Memorize a poem, play, or song.
60. Stretch.
61. Search for ridiculous things on the internet.
62. “Shop” on-line (without buying anything).
63. Color-coordinate your wardrobe.
64. Watch fish.
65. Make a CD/playlist of your favorite songs.
66. Play the “15 minute game.” (Avoid something for 15 minutes, when time
   is up start again.)
67. Plan your wedding/prom/other event.
68. Plant some seeds.
69. Hunt for your perfect home or car on-line.
70. Try to make as many words out of your full name as possible.
71. Sort through your photographs.
72. Play with a balloon.
73. Give yourself a facial.
74. Find yourself some toys and play.
75. Start collecting something.
76. Play video/computer games.
77. Clean up trash at your local park.
78. Perform a random act of kindness for someone.
79. Text or call an old friend.
80. Write yourself an “I love you because…” letter.
81. Look up new words and use them.
82. Rearrange furniture.
83. Write a letter to someone that you may never send.
84. Smile at least five people.
85. Play with little kids.
86. Go for a walk (with or without a friend).
87. Put a puzzle together.
88. Clean your room/closet.
89. Try to do handstands, cartwheels, or backbends.
90. Yoga.
91. Teach your pet a new trick.
92. Learn a new language.
93. Move EVERYTHING in your room to a new spot.
94. Get together with friends and play Frisbee, soccer or basketball.
95. Hug a friend or family member.
96. Search on-line for new songs/artists.
97. Make a list of goals for the week/month/year/5 years.
98. Face paint.
99. www.yourlifeyourvoice.org
Distress Tolerance

Pay attention to what soothes you, and then share this information with others. Create a space in your home that appeals to your senses, and spend time there. Or, create a self-soothing kit with items that appeal to all of your senses.

With Vision:

- Buy flowers just for you
- Clean a room to make it look nice
- Light a candle and watch the flame
- Spend time watching nature
- Watch the stars
- Look at pictures of loved ones
- Watch an art/dance performance
- Observe a Lava Lamp
- Watch fish in a fish tank
- Watch a bonfire
- Play with a Zen Garden
- Watch children play

With Hearing:

- Play music that soothes you, or makes you happy
- Listen to sounds of nature
- Hum a soothing tune
- Play an instrument
- Listen to the sound of water running/trickling

With Smell:

- Wear our favorite perfume
- Light a scented candle
- Diffuse essential oils
- Boil cinnamon
- Bake Cookies/Bread
- Walk in a wooded area, and breathe in the smells of nature.
With Taste:
- Have a favorite meal
- Have a soothing drink/coffee/tea/hot chocolate
- Treat yourself to dessert
- Peppermint Candy
- Chew your favorite gum
- Splurge and spend money on something you usually do not (i.e. fresh squeezed orange juice)

With Touch:
- Take a bubble bath
- Put clean sheets on your bed
- Pet your dog/cat
- Have a massage
- Hug someone
- Wrap yourself in your favorite blanket
- Soak your feet
- Color!
- Rock on a rocking chair
Signs and Symptoms of Depression and Anxiety Disorders

Chronic pain is not a form of depression, and it’s not an anxiety disorder. It’s natural to feel discouraged or anxious about being in pain. But, if you have several of the signs or symptoms of depression or anxiety in the following checklists that linger for two weeks or more, or if they make it hard for you to do your daily activities, tell your doctor.

If you have thoughts about suicide or hurting yourself, tell your doctor right away.

Depression and anxiety are common conditions that can be effectively treated.

Checklist – Signs and symptoms of depression

- Activities don’t seem as fun as they used to be
- Feeling sad or hopeless
- Crying spells
- Difficulty thinking or concentrating
- Changes in weight or eating patterns
- Difficulty sleeping through the night
- Feeling restless, irritable and easily annoyed
- Strong feelings of guilt or regret
- Increased dislike of yourself
- Thoughts of death, dying or suicide
  (tell your doctor right away)

Checklist – Signs and symptoms that might indicate an anxiety disorder

- Restlessness
- Feeling keyed up or on edge
- Difficulty concentrating
- Avoiding activities or situations out of fear
- Irritability
- Impatience
- Muscle tension
- Shortness of breath
- Stomachache
- Diarrhea
- Headache
- Frequent worries about what others think of you
- Difficulty winding down or turning your mind off
Homework
Self Soothing

Kit Instructions

Putting together a self soothing kit might be the perfect self care accessory to your coping skills repertoire.

The goal here is to gather together things that will help you soothe each of your five senses

...with
vision

...with
hearing

...with
smell

...with
taste

...with
touch

Gather these items in a special bag or container and utilize them when you are using self soothing as a distress tolerance skill.

Remember...Distress Tolerance Skills are to be used when you can’t fix the problem or stressor in the moment, but you need to get through it anyway, without making it worse for yourself.

HAVE FUN PUTTING THIS TOGETHER!!!!!!
"BRAGS" — Brags are opportunities for you to share with group how you handled a situation differently than you normally would have handled it, why handling the situation differently was important and what you learned personally, by taking this risk, stepping out of your comfort zone and trying to handle a situation in a healthier way.

**What** (What was the situation & how did you handle it differently than you normally would have?):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Why important** (Why is this a brag? Why was it important that you tried to handle the situation this way?):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**What learned** (What did you learn from handling the situation this way? What did you learn about yourself? What did you learn about others?...)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Developed by Dottie Fonstad, MSE, LCSW, CADC 111
7 Reasons Adult Coloring Books Are Great for Your Mental, Emotional and Intellectual Health

By Dr. Nikki Martinez, Psy.D., LCPC

There are many times when I suggest adult coloring books to patients, and they look at me like perhaps we should be switching seats. However, time and again, they come back to me and tell me how beneficial they find them to be. Many psychologists and therapists “prescribe” these to patients for various reasons, and many occupational therapists prescribe them as well! I will also let you know that I practice what I preach, when I was laid up in bed for eight weeks after major surgery, I devoured adult coloring books. When I need to shift my focus or practice my own stress reduction, I break these books out. They have so many uses and purposes that many are not aware of, beyond the obvious outcomes of beauty and enjoyment. Let’s look at their uses a little closer.

1. Did you have any idea that the “prescription” of adult coloring stems all the way back to the late and great psychologist Carl Jung? Well it did. He was always ahead of his time. Jung used it thinking it would help his patient’s access their subconscious and new self-knowledge. [3] We now know that many psychologists suggest this to patients as an alternative to meditation, as a means of relaxation, and as a calming tool. It can help the individual focus on the act of coloring intricate pictures for hours on end, vs. focusing on intrusive and troubling thoughts.
2. Adult coloring books can help with a number of emotional and mental health issues. For many, boredom, lack of structure, and stress are the greatest triggers they have. This applies to individuals with obsessive-compulsive disorders, anxiety disorders, stress disorders, depressive
disorders, eating and binge eating disorders, anger management issues, and substance abuse issues. The time and focus that adult coloring takes helps the individual remove the focus from the negative issues and habits, and focus them in a safe and productive way.

3. These activities can help tremendously with individuals with PTSD, anxiety, and stress issues, as they calm down our amygdala. [2] This is the part of the brain that controls our fight or flight response, and keeps individuals in a heightened state of worry, panic, and hyper-vigilance, when it is active. Coloring and focusing on this harmless and calming activity can actually turn that response down, and let your brain have some much needed rest and relaxation. This can be an exceptionally productive and welcome outlet for these individuals.

4. Coloring also brings us back to a simpler time. An activity that can invoke the easier and happier times of childhood. A time when we did not have as many responsibilities, and could just do something because we wanted too, for the pure joy of it. To be able to tap into this time and these emotions is very cathartic and enjoyable. It can take you out of your present stresses and worries for even a few hours at a time, which can have an exceptionally recuperative effect.

5. Believe it or not, coloring has intellectual benefits as well. It utilizes areas of the brain that enhance focus and concentration. It also helps with problem solving and organizational skills. This may sound strange, and like perhaps the usefulness is being stretched, but it is all true. Our frontal lobes are responsible for these higher level activities and functions of the brain, and coloring detailed pictures activates all those properties. Think of considering complex color schemes, and using the brain to balance and make the picture aesthetically pleasing. [1]

6. Coloring utilizes both hemispheres of the brain, right and left. When we are thinking about balance, color choices, applying colored pencil to paper, we are working on problem solving and fine motor skills. We have talked a great deal about where they would be suggested by psychologists, but this is where they can very useful for occupational therapy as well. Imagine all the areas of retraining of the brain and skills training that can be accomplished with coloring increasingly difficult designs. The individual can start on easier items, and work their way up.

7. This is another method of practicing mindfulness, which has therapeutic and health benefits. This can help us replace negative thoughts with positive and pleasant ones. Doing therapeutic artwork can help reduce feelings of anxiety and unpleasantness associated with lengthy medical treatments. The focus we place on the project at hand, and on an object can replace negative and unhelpful thoughts from entering our minds. The step of acting and doing vs. observing is a powerful deterrent to focusing on physical or emotional pain. Adult coloring books clearly help serve many purposes that are beneficial. They can be so much more than the color by number that people might be thinking they are. They can be focused, therapeutic, relaxing, calming, problem solving, and organizational. As you can see, they are highly effective for many reasons, and the ideas behind them have stood the test of time, even if they feel like they are only the latest fad. Try one out and you may just surprise yourself. If not, at least you have something pretty to hand on your fridge!
REFERENCES:
Pain Management Group

Session #5

Duration: 90 minutes

Share Self-Soothing Kits-BRAGS

Self Care:

- Nutrition
- Exercise
- Sleep
- Integrative/Complementary Treatments That Work on Pain

Homework: Set one personal goal for yourself during this next week to improve your self-care. Read articles in homework section. Complete BRAGS for next group.
9 Foods that Can Cause Chronic Pain and 9 that Can Alleviate It

Kimberly Snyder | Jan 10, 2013

Do you suffer from chronic pain? Ouch! But you may be surprised to learn that you can help minimize your pain through your food choices. Yes that’s right, what you may be eating can contribute to chronic pain, and on the flip side, you can choose to incorporate certain foods that may help alleviate pain.

Ready to create a diet that supports you in feeling your best? Here are 10 foods that may cause pain, and 10 that alleviate it.

Painful Food

1. Gluten

We’ve often discussed how gluten intolerance can lead to stomach and intestinal pain, but did you know that eating gluten can also cause all-over pain? A recent study showed that many people had a sensitivity to gluten in which the body saw gluten as a foreign pathogen and released inflammation to fight it. An inflammatory response can be very painful, and if you are gluten intolerant but ingest gluten on a regular basis, you may have chronic inflammation causing widespread pain. Gluten is a sticky protein found in wheat, rye, barley, and some processed oats. It is also in many processed foods. So the happy bi-product of resolving to go gluten-free also means you will also have to give up most of all processed foods! You will feel so much better without them, as you find much better alternatives (see below!)

2. Eggs

Egg yolks contain arachidonic acid, which studies have shown is one of the main fatty acids involved in inflammation. Diets high in arachidonic acid may lead to a constant level of inflammation, and thus, pain.

3. Meat

Meat, particularly red meat, can contribute to chronic pain in a few ways. First, meat is high in purines. When you ingest dietary purines, your body breaks them down into uric acid, which can cause the excruciatingly painful condition, gout. Likewise, meat is also high in fats containing arachidonic acid, which can cause inflammation and pain.

4. Milk/Dairy

Milk products can contribute to pain in a few ways. First, milk contains lactose, a sugar that is very difficult for the human body to digest. For people with lactose intolerance, consumption of dairy products can bring about gastrointestinal pain or discomfort. Milk products can also contribute to all over inflammatory pain because milk contains high levels of the protein casein. Because so many people have difficulty processing casein, it can lead to a painful inflammatory response in the human body.

5. Aspartame
Studies show that this artificial sweetener, also known as NutraSweet, can cause headaches.

6. Trans fats
According to the Mayo Clinic trans fats may increase inflammation in your body, which can cause all-over pain and discomfort.

7. Beer
According to WebMD, research shows that drinking as few as two beers each week can increase your risk of getting the painful condition gout by a quarter. And the more beer you drink, the higher your chances of getting gout are – drinkers who had two beers per day had a 200 percent increased chance of getting the disease. That’s most likely because beer is high in purines, which convert to uric acid in the body.

8. Fried foods
Many foods are fried in oils high in omega-6 fatty acids. While your body needs a balance of omega-3 and omega-6 fatty acids, the key word is balance. Unfortunately, the typical Western diet lacks this balance. According to one study, the omega-3 to omega-6 ratio should be 1:1; however, in the typical Western diet it is about 1:15 or even more out of whack! Omega-6 fats at this high of a level in the human body are pro-inflammatory, which can lead to inflammation and chronic pain.

9. Processed foods
These foods (those that come in a bag, box, package, or can) may cause chronic pain and inflammation for a number of reasons. Some of the pain causing ingredients you may find in processed foods include gluten, trans fats, high levels of omega-6 fatty acids, and artificial chemicals.

Pain Relieving Foods
1. Dark leafy greens
Greens such as spinach, kale, and Swiss chard are high in antioxidants and nutrients that fight oxidative stress. According to Arthritis Today, eating greens can also help prevent the painful condition, osteoporosis. This is because greens create a state of alkalinity in your body, which helps to balance out acidity without demineralizing your bones, and helps your body maintain these minerals.

2. Raw walnuts
Walnuts are high in omega-3 fats, which can help to balance your omega-3 vs omega-6 ratio, which fights inflammation and pain. Try pulsing them in the blender or food processor with some fresh basil and other herbs for a yummy nut pate that you can top salads with.

3. Avocado
These fruits are high in vitamin K. In their book, Prescription for Nutritional Healing, James and Phyllis Pe-ich describe how vitamin K reduces pain and other arthritis symptoms.

4. Sea Vegetables
Sea vegetables like kelp and dulse contain fucoidans—polysaccharides that studies have shown to reduce pain. Sea veggies are also great for providing lots of trace minerals, as well as B vitamins and iron.

3. Acai
These delicious berries are high in antioxidants and omega-3 fatty acids, both of which are powerful pain fighters. Antioxidants fight free radicals, which can damage cells and cause pain, while omega-3 fats fight inflammation. At Glow Bio we have a smoothie called Rainforest Acai Beauty, which pays homage to this amazing berry.

6. Ginger
A recent study showed that ginger decreased muscle pain by 25 percent. Ginger can also soothe stomach pain, and evidence also exists showing ginger may be effective at relieving the pain of osteoarthritis. Try making my Detox Tea!

7. Cherries
Studies have shown that tart cherry juice is high in anti-oxidants and may relieve the pain of osteoarthritis. Since they aren’t in season right now, you could try getting some organic, frozen cherries and making a simple smoothie out of them.

8. Turmeric
According to the National Institutes of Health, turmeric may be effective for relieving stomach upset, as well as the pain of osteoarthritis. I love the taste of turmeric. Try working it into your dishes, or try my Curry-Turmeric Veggie Quinoa dish.

9. Flaxseed
Flaxseeds are high in omega-3 fatty acids. Eating foods high in omega-3 fatty acids can reduce inflammation, and therefore pain. Try grinding 1 Tbs. fresh and topping soups and salads with it. I hope these tips have been helpful for you, and that you can start eating your way to feeling better and better!
Exercise controls your weight by burning calories
Exercise reduces your risk of cardiovascular disease by improving your heart’s function. It lowers the risk of both heart attacks and strokes.
Exercise reduces your risk for type 2 diabetes and combinations of high cholesterol, high blood pressure and high glucose levels (together known as metabolic syndrome)
Exercise specifically reduces your risk of colon and breast cancers, and it probably reduces your risk of endometrial and lung cancers.
Exercise improves the functioning of your immune system
Exercise maintains your mobility and agility, it improves your ability to perform the activities of daily living and prevent falls as you age.
Exercise slows the development of arthritis
Exercise improves you mental health and mood by stimulating pleasurable parts of your brain and improving blood flow to your brain
Exercise reduces the rate of depression
Exercise reduces the development of insomnia and other sleep disorders
1. forward bend
2. spinal twist
3. side stretch
4. knee squeeze
5. leg lifts
6. sun pose
Sleep Recommendations!

○ Have a regular nighttime routine. Go to be and wake up at the same time each day—even on the weekends.
○ Don’t “try” to fall asleep. Listen to your body. Go to sleep when tired.
○ Hide that alarm clock! A visible clock may lead to anxiety when you cannot sleep.
  ○ Consider a sunlight simulator alarm clock
○ Use relaxation techniques before bed (e.g. deep breathing, guided imagery)
○ Take a warm bath or shower 2-3 hours before bedtime
○ Exercise and engage in physical activities regularly
  ○ Avoid exercising within 3 hours of bedtime
  ○ Boredom during the day=restless sleep
○ Make your bedroom comfortable
○ Keep room dark and cool
○ Have extra pillows for comfort (e.g. knee support)
○ Consider using a sound machine to block unwanted noise
○ Consider how pets may be impacting your sleep
○ Do not consume alcohol or nicotine within 2 hours of bedtime
  ○ Alcohol use can make you feel sleepy, but it interferes with restful sleep
○ Do not watch television and/or use laptop in your bedroom. T
○ Try not to be in front of any screen for 30 min. prior to bedtime.
○ Do not eat a heavy meal within 3 hours of bedtime
  ○ A light snack is acceptable, as you don’t want to go to bed hungry.
○ Do not consume caffeine after 2:00pm (e.g. coffee, tea, soda, chocolate, energy drinks)
  ○ Remember some medications contain caffeine (e.g. headache medications)
○ Watch how much you are napping during the day!
  ○ Keep them short. 30 minutes is ideal
  ○ The best time for a nap is usually midafternoon, around 2 or 3 p.m. People are naturally more sleepy post-lunch. Naps during this time are less likely to interfere with nighttime sleep.
When you just can’t sleep!

○ Try a mindfulness technique

Pay attention to your surroundings, and identify 5 things for each of your five senses.

“I see...”
“I hear...”
“I smell...”
“I feel...”
“I taste...”

Do this 5 times. For taste and smell, identify things you tasted and smelled throughout the day.

○ If you cannot fall asleep, get out of bed after 20-30 minutes. Do something relaxing until you feel sleepier.

○ Watch your thoughts!

Instead of: “Great. I can’t sleep. How will I work tomorrow? I am sick of this!”
Try: “Right now, my body is not tired. I will do something else for awhile, and try again later.”
Alternative Treatments That Work on PAIN

from www.nccam.nih.gov

○ MOVEMENT-BASED THERAPIES:

    ~Physical exercises and practices~

○ Helps musculoskeletal, joint, and lower back pain
○ Works by strengthening the muscles that support your joints, improving your alignment, and releasing endorphins
○ EXAMPLES:
  □ Physical Therapy: specialized movements to strengthen weak areas of the body, often done through resistance training
  □ Yoga: an Indian practice of meditative stretching and posing
  □ Pilates: a resistance training regimen that strengthens your core muscles
  □ Tai chi: a slow, flowing Chinese practice that helps improve your balance
  □ Feldenkrais: a therapy that builds efficiency of movement

○ NUTRITIONAL and HERBAL REMEDIES:

    ~Food choices and dietary supplements (ask your doctor before using supplements)~

○ Can help all forms of chronic pain but is especially helpful for those with abdominal discomfort, headaches, and inflammatory conditions like rheumatoid arthritis
○ Works by boosting your body’s natural immunity, reducing pain-causing inflammation, soothing pain, and decreasing insomnia
○ EXAMPLES:
  □ Anti-Inflammatory diet: a Mediterranean eating pattern high in whole grains, fresh fruits, leafy vegetables, fish, and olive oil
  □ Omega-3 Fatty Acids: these nutrients are abundant in fish oil and flaxseed and they help reduce inflammation in the body
  □ Ginger: a root that inhibits pain-causing molecules
  □ Turmeric: a spice that helps reduce inflammation
- Reiki: a practitioner moves their hands over the energy field of your body to increase energy flow and restore balance

**PHYSICAL MANIPULATION**

~*Hands-on massage or movement of painful areas~*

- Helps musculoskeletal pain (especially lower back and neck pain), pain from muscle underuse or overuse, and pain from adhesions or scars
- Works by restoring mobility, improving circulation, decreasing blood pressure, and relieving stress

**EXAMPLES:**
- **Massage:** manipulating tissue to relax clumps of knotted muscle fiber, increase circulation, and release patterns of chronic tension
- **Chiropractic:** physically moving vertebrae or other joints into proper alignment to relieve stress
- **Osteopathy:** realigning vertebrae, ribs, and other joints (as with chiropractic)
  - Osteopaths have training that is equivalent to that of medical doctors

**LIFESTYLE CHANGES**

~*Developing healthy habits at home and at work~*

- Helps all types of chronic pain
- Works by strengthening your immune system, enhancing your well-being, and by reframing your relationship to (and thus, experience of) chronic pain

**EXAMPLES:**
- **Sleep hygiene:** creating an optimal sleep environment to get deep, restorative rest
  - Strategies include establishing a regular sleep-and-wake schedule and minimizing light and noise
- **Positive Work Environment:** having a comfortable workspace and control over your activities to help reduce stress and contribute to the sense of mastery over pain
- **Healthy Relationships:** nurturing honest, and supportive friendships and family ties to help ease anxiety that exacerbates pain
- **Exercise:** regular activity to help build strength and lower your stress levels
Homework
A Letter to People without Chronic Pain

Having chronic pain means many things change, and a lot of them are invisible. Unlike having cancer or being hurt in an accident, most people do not understand even a little about chronic pain and its effects, and of those that think they know, many are actually misinformed.

In the spirit of informing those who wish to understand ...
... These are the things that I would like you to understand about me before you judge me...

Please understand that being sick doesn't mean I'm not still a human being. I have to spend most of my day in considerable pain and exhaustion, and if you visit, sometimes I probably don't seem like much fun to be with, but I'm still me – stuck inside this body. I still worry about school, my family, my friends, and most of the time – I'd still like to hear you talk about yours, too.

Please understand the difference between “happy” and “healthy”. When you've got the flu, you probably feel miserable with it, but I've been sick for years. I can't be miserable all the time. In fact, I work hard at not being miserable. So, if you're talking to me and I sound happy, it means I'm happy. That's all. It doesn't mean that I'm not in a lot of pain, or extremely tired, or that I'm getting better, or any of those things. Please don't say, "Oh, you're sounding better!" or "But you look so healthy!" I am merely coping. I am sounding happy and trying to look normal. If you want to comment on that, you're welcome.

Please understand that being able to stand up for ten minutes doesn't necessarily mean that I can stand up for twenty minutes, or an hour. Just because I managed to stand up for thirty minutes yesterday doesn't mean that I can do the same today. With a lot of diseases you're either paralyzed, or you can move. With this one, it gets more confusing everyday. It can be like a yo-yo. I never know from day to day, how I am going to feel when I wake up. In most cases, I never know from minute to minute. That is one of the hardest and most frustrating components of chronic pain.

Please repeat the above paragraph substituting “sitting”, “walking”, “thinking”, “concentrating”, “being sociable” and so on ... it applies to everything. That's what chronic pain does to you.
Please understand that chronic pain is variable. It’s quite possible (for many, it’s common) that one day I am able to walk to the park and back, while the next day I’ll have trouble getting to the next room. Please don’t attack me when I’m ill by saying, “But you did it before!” or Oh, come on, I know you can do this!” If you want me to do something, then ask if I can. In a similar vein, I may need to cancel a previous commitment at the last minute. If this happens, please do not take it personally. If you are able, please try to always remember how very lucky you are – to be physically able to do all of the things that you can do.

Please understand that “getting out and doing things” does not make me feel better, and can often make me seriously worse. You don’t know what I go through or how I suffer in my own private time. Telling me that I need to exercise, or do some things to get my mind off of “it” may frustrate me to tears, and is not correct if I was capable of doing some things any or all of the time, don’t you know that I would? I am working with my doctor and I am doing what I am supposed to do. Another statement that hurts is, “You just need to push yourself more, try harder...” Obviously, chronic pain can deal with the whole body, or be localized to specific areas. Sometimes participating in a single activity for a short or a long period of time can cause more damage and physical pain than you could ever imagine. Not to mention the recovery time, which can be intense. You can’t always read it on my face or in my body language. Also, chronic pain may cause secondary depression (wouldn’t you get depressed and down if you were hurting constantly for months or years?), but it is not created by depression.

Please understand that if I say I have to sit down/lie down/stay in bed/or take these pills now, that probably means that I do have to do it right now – it can’t be put off or forgotten just because I’m somewhere, or am right in the middle of doing something. Chronic pain does not forgive, nor does it wait for anyone.

If you want to suggest a cure to me, please don’t. It’s not because I don’t appreciate the thought, and it’s not because I don’t want to get well. Lord knows that isn’t true. In all likelihood, if you’ve heard of it or tried it, so have I. In some cases, I have been made sicker, not better. This can involve side effects or allergic reactions. It also includes failure, which in and of itself can make me feel even lower. If there were something that cured, or even helped people with my form of chronic pain, then we’d know about it. There is worldwide networking (both on and off the Internet) between people with chronic pain.

lifewithpain.org
If something worked, we would KNOW. It’s definitely not for lack of trying. If, after reading this, you still feel the need to suggest a cure, then so be it. I may take what you said and discuss it with my doctor.

If I seem touchy, it’s probably because I am. It’s not how I try to be. As a matter of fact, I try very hard to be normal. I hope you will try to understand. I have been, and am still, going through a lot. Chronic pain is hard for you to understand unless you have had it. It wreaks havoc on the body and the mind. It is exhausting and exasperating. Almost all the time, I know that I am doing my best to cope with this, and live my life to the best of my ability. I ask you to bear with me, and accept me as I am. I know that you cannot literally understand my situation unless you have been in my shoes, but as much as is possible, I am asking you to try to be understanding in general.

In many ways I depend on you – people who are not sick. I need you to visit me when I am too sick to go out... Sometimes I need you help me with the shopping, cooking or cleaning. I may need you to take me to the doctor, or to the store. You are my link to the normalcy of life. You can help me to keep in touch with the parts of life that I miss and fully intend to undertake again, just as soon as I am able.

I know that I have asked a lot from you, and I do thank you for listening. It really does mean a lot.
TIPS FOR DEALING WITH PEOPLE IN PAIN

1. People with chronic pain seem unreliable (we can't count on ourselves). When feeling better we promise things (and mean it); when in serious pain, we may not even show up.

2. An action or situation may result in pain several hours later, or even the next day. Delayed pain is confusing to people who have never experienced it.

3. Pain can inhibit listening and other communication skills. It's like having someone shouting at you, or trying to talk with a fire alarm going off in the room. The effect of pain on the mind can seem like attention deficit disorder. So you may have to repeat a request, or write things down for a person with chronic pain. Don't take it personally, or think that they are stupid.

4. The senses can overload while in pain. For example, noises that wouldn't normally bother you, seem too much.

5. Patience may seem short. We can't wait in a long line; can't wait for a long drawn out conversation.

6. Don't always ask "how are you" unless you are genuinely prepared to listen it just points attention inward.
7. Pain can sometimes trigger psychological disabilities (usually very temporary). When in pain, a small task, like hanging out the laundry, can seem like a huge wall, too high to climb over. An hour later the same job may be quite OK. It is sane to be depressed occasionally when you hurt.


9. Knowing where a refuge is, such as a couch, a bed, or comfortable chair, is as important as knowing where a bathroom is. A visit is much more enjoyable if the chronic pain person knows there is a refuge if needed. A person with chronic pain may not want to go anywhere that has no refuge (e.g. no place to sit or lie down).

10. Small acts of kindness can seem like huge acts of mercy to a person in pain. Your offer of a pillow or a cup of tea can be a really big thing to a person who is feeling temporarily helpless in the face of encroaching pain.

11. Not all pain is easy to locate or describe. Sometimes there is a body-wide feeling of discomfort, with hard to describe pains in the entire back, or in both legs, but not in one particular spot you can point to. Our vocabulary for pain is very limited, compared to the body's ability to feel varieties of discomfort.

12. We may not have a good "reason" for the pain. Medical science is still limited in its understanding of pain. Many people have pain that is not yet classified by doctors as an officially recognized "disease". That does not reduce the pain, it only reduces our ability to give it a label, and to have you believe us.
Thinking about the tough questions...

Why is there so much pain?

I've spent vast slabs of my life struggling with this question, and I know I'm not alone.

So many people who have been diagnosed with mental illness have experienced phenomenal adversity. Not just from our so-called 'symptoms', but from our life experiences. Isolation, neglect, violence, abuse, poverty, exclusion, the list just goes on.

The activist in me likes to explore these questions by looking at the world around us. I wish that we could have a world without abusers, war mongers, dictators, bad parents, poverty or pain. And I do believe this is something we should all strive for, every day: to make this the best world that we can.

The healer in me says "well and good, but do remember that no matter what you do, there will always be pain in this world." Pain is necessary, and it has a purpose. And so we need to better understand this phenomenon, rather than put all our energy into trying to get rid of it.
Pain shows us what joy is.

There’s a wonderful chapter in Kahlil Gibran’s *The Prophet* (1923) which helps me to think about pain and suffering in context:

Gibran suggests life is like a cup, and sorrow carves out the space in the cup. The more sorrow we have, the bigger our cup.

And what is the cup for? It is there to hold our joy.

I love this idea, and it feels true to me. How can we understand and truly appreciate joy, and love, without also understanding their opposite emotions?

As terrible as it is to experience suffering, it does bring us a gift – it deepens our appreciation of all that is good, and kind, and joyful in this world.

Imagine living a life of absolute painlessness. No adversity of any kind. Would we value what we had or take it for granted? And if something painful did happen, would we know how to deal with it?

Sometimes I find it helpful to think about this idea in the context of the physical world. There is no day without night. No beaches without land. No summer without winter. No life without death. And similarly, we can’t have joy without pain.

**Pain helps us to grow.**

The extraordinary poet, human rights activist and Zen master, Thich Nhat Hanh, also talks about pain.


Nhat Hanh says that no-one likes shit. Yet this is the substance that creates compost, and without compost new life will never grow.

**Our emotional and personal ‘shit’ is kind of the same. Pain is our inner compost, from which new life, new possibilities, can grow.**

I love this idea as well. For me, my pain has helped me find a life worth living – working to change our mental health system into something which is truly
healing, and never harmful. Without all of the life ‘shit’ I would never have found this meaning that I am so passionate about.

**Easing Suffering.**

These ideas don’t make the pain go away, of course, but they can ease the suffering inflicted by the pain.

Firstly, we can begin to understand that we are not being targeted — pain is a normal part of the big, wide spectrum of life experience.

And secondly we can begin to see the gifts in that pain, that it has a purpose. Most people would not exercise at the gym on all those painful machines if they didn’t know why they were there. But knowing that the physical pain and exertion will lead to greater fitness, we see the purpose in the pain, and our suffering lessens.

There is a Buddhist saying:

"**Pain is inevitable, suffering is optional**"

I first heard this saying in a Dialectical Behaviour Therapy (DBT) session, and it made me very angry. I stormed out of the group, went home cursing at the world, and self-harmed. I really did not like this saying!

But I couldn’t stop thinking about it for weeks. I mulled over it again and again, and started reading more about this idea. Today it is one of my favourite sayings, and it often holds me together when times get tough.

I think that when I first heard this saying, I took it to mean that my suffering was my own fault. I was stupid; I was choosing to feel this way, to have such an awful life.

Looking back, in a way this was true — but not in the way I thought at the time. Yes, I had chosen misery, not consciously or willfully, but because misery and suffering were all that I knew. I self-harmed frequently and violently, not to freak everyone out, or to make myself feel worse — it was actually a coping strategy. Self-harm helped me to survive, to transform what felt like unbearable emotional pain into something physical and tangible.

It was not the best choice — self harm is never a great choice. But it is a choice that makes sense when we don’t know anything else we can do. And I honour

Sometimes I find it helpful to think about this idea in the context of the physical world. There is no day without night. No beaches without land. No summer without winter. No life without death. And similarly, we can’t have joy without pain.
that past self-harm because it helped me to stay alive.

We can do a little, but not always a lot, about the pain that life inflicts on us.

But we can do a lot about how we respond to that pain. Changing our responses to pain take a huge amount of learning, practice, commitment and support – but it is always possible.

I encourage you to take the journey of easing your suffering, while also accepting that pain is inevitable, and that it holds gifts within it.

I don’t have all the answers, of course, but here are some places that might be helpful to start...

a. **Let go of self-judgment**

Your feelings and responses are not there to be judged. They just are. You, like everyone else, have done the best you can with what you know and what you have. Let go of shame.

b. **Connect with others**

You are not alone.

No matter how strange or awful your experiences are – there are many others who have been there too.

I spent years thinking that I was an absolute freak of nature, evil at my core, and deserving of punishment. It wasn’t true. I was a victim of others, and taking the shame that belonged to them onto me. Since I have been able to share my experiences, I have found many other women with similar experiences and beliefs. And each time I do, my shame lessens more.

Share your story and connect with others.

c. **Believe that change is possible**

The world is full of people who believed they could never change – yet they have. Twelve years ago I myself was told I would never recover or work again — yet here I am, doing fine. Change is really the only thing that doesn’t change!

d. **Discover new ways of responding to pain**

This is an area where your support workers can really help, as can your peers. Take yourself on a voyage of discovery, and know that just because nothing worked in the past, doesn’t mean you have tried it all.

e. **Be patient and persistent**

I once heard a woman talk about her recovery. She said everything that has made her strong took thousands of times of practice before she really got it.

I think learning new ways of being is like flexing stiff old muscles. It takes time before it feels good and right. So give yourself time, practice, and find people who will encourage and support you.

And in the words of that very famous British Prime Minister (and fellow nutter) Sir Winston Churchill:

> Never, ever, ever, ever, ever, ever, ever, give up. Never give up. Never give up. Never give up. Never give up.
"BRAGS" — Brags are opportunities for you to share with group how you handled a situation differently than you normally would have handled it, why handling the situation differently was important and what you learned personally, by taking this risk, stepping out of your comfort zone and trying to handle a situation in a healthier way.

What: (What was the situation & how did you handle it differently than you normally would have?):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Why important: (Why is this a brag? Why was it important that you tried to handle the situation this way?):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What learned: (What did you learn from handling the situation this way? What did you learn about yourself? What did you learn about others?....)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Developed by Dottie Fonstad, MSE, LCSW, CADC 111
Pain Management Group

Session #6

Duration: 90 minutes

Homework Review

Relationships and Chronic Pain

Family Behavioral & Emotional Cycles

Assertive Communication

Chronic Pain and Sexuality

Homework: Read materials located in homework section. Complete BRAGS to share.
Family behavioral cycle

Reach out again when pain worsens.

Withdraw and isolate.

Pay less attention to person in pain.

Attempt to re-establish normal routine.

Experience injury or illness in family. (Start of pain.)

Offer support. Help with tasks.

Become overly attentive.

Try to keep up with added responsibilities.

Get frustrated.

Family emotional cycle

Become worried when pain worsens.

Feel guilty. Lose self-esteem.

Withdraw. Withhold affection.

Take out frustrations on person in pain.

Experience fear and concern. (Start of pain.)

Have hope for a cure.

Feel resentment and anger about the situation.

Sense loss of control.

Family members commonly experience patterns of behavior and emotion that are similar to those of the person in pain, beginning at the top of the circle and moving clockwise.

Chapter 4: Chronic pain cycles
How Chronic Symptoms Affect Relationships

Chronic pain or illness can frustrate you, your friends and your family. How you and others respond to the physical and emotional stresses of your condition can affect the quality of your personal relationships.

Your responses
You may have various reactions to chronic pain or other symptoms that impact your interactions with other people. Managing a long-term condition can reduce your desire to interact, socialize or have close contact with others. Coping with chronic symptoms can be tiring and time-consuming. You may have little energy or time to focus on relationships.

Chronic conditions often affect communication. Effective communication can be a challenge in the most comfortable situations, so it is not surprising that lack of communication is often identified as a problem for family and friends of those who have chronic pain or illness.

Trying to tell others what you are experiencing can be frustrating. You may feel that, no matter how supportive your friends and family are, they will never understand a chronic condition unless they experience it. Thus, you may become irritated easily and find yourself lashing out at those closest to you. Or, you may decide that it’s easier to withdraw and say little than to repeatedly explain your symptoms, thoughts and feelings.

Even if you avoid talking about your experiences, however, your actions can communicate with others. For example, your withdrawal from social events or family activities may tell friends and family that you no longer wish to see them. Similarly, withholding your emotions and affections from your intimate partner may send the message that you do not want your partner’s affection. Or you may use pain behaviors (such as limping, groaning or grimacing) as a way of seeking help or attention.

Reduced desire, time and energy for social interaction, and changed communication patterns can lead to increasing isolation. You may feel distant from or misunderstood by others. You may feel a sense of loss or inadequacy as your duties and responsibilities are taken over by friends and family members. You may experience grief, anger, depression or denial about changes in your relationships.
Other people's responses
Your family and friends likely share similar feelings of frustration and confusion. Many of their responses to your condition may fall into two categories (figure 1):
- Caretaking — trying to ease your symptoms by assuming additional responsibilities (for example, taking on all household chores).
- Punishing — blaming you for your symptoms or unhealthy coping efforts (for example, pain behaviors or increased medication use).

Caretaking responses
When chronic symptoms first become a problem, friends and family members generally show a great deal of support. They may try to take care of you or do things for you. They often focus more on your symptoms than on the healthy parts of your life.

If you isolate yourself and do not express your thoughts and feelings, friends and family can feel rejected and upset. They may not know how to interpret your withdrawal. They may hesitate to interact with you for fear of angering, frustrating or hurting you, or because they feel unable to help.

Punishing responses
If your symptoms do not improve, family and friends may begin to wonder what is happening. Their situation is particularly difficult. They see you in pain (or facing other symptoms), but can do little to help you feel better.

In time, people who were supportive and always offering to lend a hand may not come around as much. They go on with their lives and seem to have less time for you.

Your family’s patience in particular may start to wear thin. Though most family members realize that your condition is not your fault, they can become frustrated by how it has changed your life and theirs. They may resent the extra burdens they’ve assumed on your behalf. Some might question whether you are exaggerating the problem to shirk your previous responsibilities. Your family members may begin to withdraw and pay less attention to you. Later, they may feel guilty about these reactions and behaviors.

The middle ground
Punishing and caretaking responses encourage you to focus on pain and symptoms rather than on rehabilitation. The most helpful response is for others to remain neutral. Being neutral means not responding to symptoms or behavior, but instead encouraging your efforts to use effective coping strategies.
Reactions to Pain/Illness Behaviors

Solicitous (caretaking)  Neutral  Punitive (punishing)

- Overly care-taking  - Not asking about pain/symptoms  - Try to help but can’t

- Asking about pain  - Diverting/distracting (redirecting focus)  - Frustrated

- Taking on more responsibility  - “What would they tell you at your pain rehabilitation program?”  - Angry/Resentful

- “Pillow fluffing”  -  - Guilty

Figure 1. Reactions to pain/illness behaviors
A supportive family and good friends can encourage you during tough times and offer help when you need it. Being around others brings a sense of belonging and can help you forget your troubles for awhile.

Building and maintaining relationships takes work. You may need to improve communication patterns and resume appropriate roles and responsibilities, especially at home. You also may wish to broaden your social network. The time and effort you spend nurturing a solid social support system can pay off in better health and a more positive outlook on life.

**Improving Communication**

Good communication is the glue that holds relationships together. Communication lets others know your thoughts and feelings.

Improving your relationships often begins with improving communication. Taking the first step can be difficult, but these suggestions can help:

- **Be open and honest.** People only understand what you are thinking or feeling if you tell them.
- **Be concise.** You don’t have to talk at length about your symptoms or experiences. For example, simply saying “I’m having a rough day” or “I need some space” lets others know you need time to yourself.
- **Be assertive, not aggressive.** Assertive communication expresses needs, feelings and ideas honestly and directly, without putting down or hurting others. This promotes mutual respect and encourages openness in relationships. Aggressive communication blames, hurts or offends others. When you speak aggressively, others become defensive and relationship difficulties increase.
- **Don’t lie about your symptoms.** Close family and friends may know not to ask how you’re doing every time they see you. But some people won’t understand that you may always have some degree of pain or other symptoms. When they ask how you’re doing, don’t pretend your symptoms are gone, but don’t exaggerate them, either. You might respond, “I still have pain, but I’m learning to manage it.”
- **Use “I” statements to describe problems.** The listener avoids feeling blamed or criticized, and the focus becomes your needs and wants. For example, “I am feeling stressed about preparing for the party. Could you help me with the housework today?” or “I feel sad when you tell me I’m not fun to be around anymore.”
- **Avoid endless complaining.** Nonstop complaining is tiresome and drains relationships. Talk instead about how you can change the parts of your life that you’re unhappy about.
- **Adopt a positive outlook.** Try to find the humor in situations. Laughter is infectious and appealing.
• Be a good listener. Talk about what other people are interested in. Make eye contact, nod your head and lean forward to signal that you are paying attention. Show interest by repeating the other person's messages and acknowledging his or her feelings.

• Write down tough problems. Use a journal to record feelings you have trouble talking about. Write your family member/friend a letter (even if you don't intend to send it) that details what is missing in your relationship and what you want or need.

• Ask for help when you need it. You may have been taught to cherish your independence, so asking for help can be hard. But sometimes you need help. Try asking in a way that explains your situation. For example, "I've invited friends over for dinner, and it's taking longer to prepare the meal than I expected. Could you please come over and lend a hand for awhile?"

• Be a gracious receiver. When someone helps you or compliments your progress, say thanks. Try not to feel depressed that you needed the help or the emotional boost.

• Discuss communication roadblocks. If the flow of communication between you and a family member or friend becomes one-sided, talk about it. Set aside your pride and risk saying exactly what you feel.

• Seek professional help. If communication is difficult, consider seeing a therapist or another member of your health care team for suggestions on ways to open communication channels.

The importance of social support
A strong social support network is crucial to coping with the stresses of chronic illness. Friends and family members can offer compassion, acceptance, assistance and a place to share your concerns and needs. They can make you feel important and needed by allowing you to offer them comfort and companionship, too. Social support provides a sense of belonging, security and comfort.

A good support system also has health benefits. People who have good friends and a supportive family generally:
• Cope better with chronic pain and other symptoms.
• Are less likely to become depressed.
• Are more active and independent.
• Have stronger immune systems and recover faster from illness.
• Have lower blood pressure and cholesterol.
• Live longer.
Developing a support system

If you have withdrawn from social events that once connected you with friends and family, it is important to reestablish ties. These suggestions can help you build and nurture supportive relationships:

- **Appreciate your friends and family.** Say thank you and tell your support person(s) how important they are.
- **Stay in touch.** Attend family gatherings. Answer phone calls and respond to mail and e-mail. Accept invitations to activities, even if this is hard at first.
- **Take charge.** Don’t wait for someone else to make the first move. If you meet a potential good friend, invite that person for coffee. Strike up a conversation while in line at the grocery store.
- **Be a good listener.** Ask what’s happening in the lives of friends and family. Don’t always talk about your own problems. Allow others to express how your symptoms affect them.
- **Explore new options.** Take part in community organizations, volunteer work and neighborhood events. Join a health club or hobby group or take a class.
- **Don’t give up on existing relationships.** Good relationships require patience, compromise and acceptance.
- **Ask for support from family and friends.** Tell them specifically what support you need.
- **Know your limits.** Don’t use pain or other symptoms as an excuse not to attend a function, but allow yourself to say “no” if you really don’t want to accept an invitation.

Setting limits

Relationships sometimes can be difficult. Some family members or friends may want more time and energy than you can spare. Others may tempt you to return to bad habits. Spending time with people who aren’t supportive can add stress and waste valuable time.

The goal of improving your social support network is to reduce, not add to, your stress level. To keep relationships nurturing and healthy, you may need to set some boundaries. Think about the following when assessing your relationships:

- **Avoid harmful relationships.** A support system with people who are engaged in the unhealthy behaviors that you’re trying to overcome — whether it’s substance misuse or simply a negative attitude — can damage your well-being. Give yourself permission to limit contact with people who do not support your efforts to change.
- Manage necessary interactions. Some studies show that the negative results of maintaining necessary, but troubling, relationships (such as with certain relatives or co-workers) can outweigh the benefits. Although you may not be able to cut ties with a nagging in-law, look for ways to manage the relationship so it doesn’t become a stressor. For example, meet at a restaurant, park or other neutral place rather than the person’s home.
- Avoid a sense of duty. The best support systems have no strings attached. If others constantly demand repayment for their efforts, or you feel pressured to conform to their beliefs, you may be better off without them.
- Pick the right supporter. If you need help through a hard time, consider carefully which friend or family member to ask. Choose people who understand and support your use of coping skills. A sibling might not be the best choice, for example, to remind you to moderate your activity level at a family reunion because he or she is too invested in the event. Similarly, calling your mother when your symptoms flare may not help if she tends to dwell on your physical condition.

Reestablishing family roles

A chronic condition can affect family dynamics, particularly the sharing of household tasks. In an attempt not to be a burden, you may try to do too much around the house. Or, you and your family may view you as a patient first, and a spouse, parent or sibling second. As a result, you may have few, if any, responsibilities at home.

Maintaining a healthy balance of responsibilities is important for everyone living in your house. Sharing household tasks allows family members to feel needed and creates a sense of belonging and purpose. It also may keep resentments from building up by ensuring that no one carries an overly heavy load.

To help restore balance, talk with your family members about the division of chores. Decide together what’s fair and reasonable to expect of each person. You may need to resume some responsibilities you had before pain or other chronic symptoms affected your life. Or, some of your jobs may be reassigned to others.
Chances are your family and friends have asked you how they can help. Perhaps you didn’t know what to say, or you felt guilty admitting you needed assistance. Or maybe others have tried to help in ways that irritate you. They think their actions will make you feel better, but they don’t.

Often, the best thing other people can do is to remain neutral — not respond to your symptoms or pain behaviors, but instead support your efforts to use effective coping strategies. Figure 2 lists examples of helpful and non-helpful responses. Consider showing this to family and friends.

<table>
<thead>
<tr>
<th><strong>Helpful Responses</strong></th>
<th><strong>Non-helpful Responses</strong></th>
</tr>
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<tbody>
<tr>
<td>Neutral response</td>
<td>Punitive (punishing) or solicitous (caretaking) response</td>
</tr>
<tr>
<td>Buddy system</td>
<td>Nagging</td>
</tr>
<tr>
<td>Offer encouragement</td>
<td>Discouraging comments</td>
</tr>
<tr>
<td>Praise your efforts</td>
<td>Criticizing</td>
</tr>
<tr>
<td>Compliment you</td>
<td>Reminding you of failures</td>
</tr>
</tbody>
</table>

Figure 2. How Others Can Help
When people ask how they can help, you might suggest:

- "Learn more about my condition." Chronic symptoms are hard to understand. Reading about a condition can help other people better understand what you’re going through, how they can help and when they shouldn’t help.

- "Don’t always talk about my condition." Friends and family easily get caught up in discussing your symptoms and their possible causes, and the latest treatments for your condition. But that usually frustrates you and others. It is also a reminder of your condition and draws attention to your pain or symptoms — something you’re trying to avoid. Focus discussions on activities and feelings instead.

- "Try not to hover over me." Being overly attentive to someone with persistent symptoms can interfere with effective coping. For instance, allowing others to continually do tasks that you can do yourself contributes to your loss of independence and reduces your self-confidence. To manage chronic symptoms, you need to learn to do things for yourself. Tell your family members and friends that you appreciate their concern, but that they needn’t do everything for you.

- "Be patient." Chronic conditions may not go away, and symptoms can affect your whole life. Accepting this can be difficult for family and friends, but it is best if they resist the urge to “rescue” you. Ask them to focus on positive changes you make.

- "Join me in activities." Having friends and family members accompany you for a walk or go with you to health care visits or other events offers many benefits. You can talk and share time together. It can help distract you from your symptoms. And friends and family can learn more about your needs.

- "Be available to listen to me." Sometimes, you simply need someone to listen. Family members and friends who understand that you’re not asking them to fix the problem can lend support just by listening. As they listen, they can recall your progress and help you focus on making positive choices.

- "Don’t give up things you enjoy for my sake." Those closest to you may change their lifestyle because of your symptoms. But that doesn’t encourage you and may make you feel guilty.

- "Take care of yourself." Your pain and their worry about you can take a toll on friends and family members. They must take care of their health as well.
Relationships Worksheet

This worksheet can help you assess the impact of your condition on important relationships and create a plan to improve them.

My current situation
How has chronic pain or other symptoms affected my family relationships?

How has chronic pain or other symptoms affected my friendships?

My plan for change
1. A relationship I want to improve: _______________________
2. Define appropriate responsibilities in this relationship.
   My responsibilities:
   
   The other person’s responsibilities:

3. Some of my positive traits/behaviors and some behaviors I can change to improve this relationship.

4. Some of the other person’s positive traits/behaviors and some behaviors I would like this person to consider changing.
5. Ways to improve communication with this person. For example:
   a. What can we discuss instead of pain/symptoms?

   b. How can I ask for support without complaining of symptoms?

   c. How can I accept offers of support?

   d. How can I give feedback?

6. Ways to enhance the quality of time I spend with this person.

7. Three things we can work on together to help strengthen this relationship.
Pain behaviors are a natural response to pain and alert others to your pain. They are ways of calling attention to your pain—either consciously or unconsciously. During an initial period of acute pain, they may help reduce your pain. Family members think “Oh, she needs my help!” Or, they alert you to a need to see a physician. Over time, however, they become ineffective, and can become more damaging. For people with chronic pain, pain behaviors often become a habit. Common pain behaviors include:

- Limping
- Crying
- Groaning
- Grimacing
- Limiting Activity
- Staying in Bed
- Using a Protective Posture
- Talking about pain, surgery, or bodily functions
- Withdrawing from others

People generally react in one of two ways to these behaviors. They become annoyed by them—“Not this again!”—or they become overly attentive to the behaviors—“Here let me do that.” The end result is that people tend to focus more on the illness than they do on the person.
Communicating with your children

Chronic pain is a family affair. When one member of the family has chronic pain, it affects the entire family. Children living with a parent who has chronic pain often have many questions, and they may be insecure about the future. It’s also not uncommon for a child to think that a parent’s pain is somehow the child’s fault. If you have younger children, be open with them about your pain and what you’re feeling. This can be difficult, but it’s necessary to help your child understand your situation and realize that he or she is not at fault.

Children are often looking for two things: information and reassurance. Talk with them honestly, in an age-appropriate manner about your pain. It’s also important for your children to know that you aren’t going to die, and the pain isn’t contagious. In addition to good communication, develop strategies that allow you to be as active a parent as possible while not pushing yourself too hard. Even though you may not be able to do everything together, you can still be a good parent.

- Focus on what you can do, rather than what you can’t. Make time for activities you can do together, such as watching movies, baking cookies or playing board games. Your time and attention are more important than the activity.
- Plan ahead. When you know that you may have a busy day ahead with your children, make sure to get plenty of rest beforehand.
- Let your children help. Children often feel helpless because they want desperately to fix their parents’ pain and aren’t able to do so. Let them help in ways that they can. Just bringing you a glass of water can make a child feel special and important.
- Listen to your children’s concerns. Ask your children what it is about your condition that really bothers them. The more you know the better you can respond to them.
- Take care of yourself. In order to take care of your kids, you need to take care of yourself. Explain why you also need time to yourself. They’ll understand.
- Punt when you need to. When you’re having a bad day, have a family member or friend fill in for you at your child’s events. Sure, your child would have preferred you were there, but knowing that you cared enough to send someone in your place let’s your child know you’re doing the best you can.

Chronic pain can interfere with sexuality

You and your partner can have a satisfying sexual relationship in spite of your chronic pain.

By Mayo Clinic Staff

Sexuality helps fulfill the vital need for human connection. It's a natural and healthy part of living, as well as an important aspect of your identity as a person.

However, when chronic pain invades your life, the pleasures of sexuality often disappear. There is a complex interaction between sexuality and chronic pain. Chronic pain may interfere with your sexuality because of the pain itself, or other factors associated with your chronic pain, including mood disorders, decreased sex drive (libido), medications or stress. On the other hand, your pain may be appropriately managed, but side effects from pain medications or other factors such as social issues or guilt may limit your sexual experience. Here's help on how to reconnect with your sexuality in spite of the chronic pain.

Sometimes pain is the direct cause of sexual problems. You may simply hurt too much to consider having sex. Adjusting your pain medication may be the solution.

If your pain is so severe that sex seems out of the question, talk to your doctor. You may need to adjust the timing of your medication or create a different or stronger pain control plan.

Alternatively, certain medications, particularly pain medications, may cause sexual problems. Some medicines diminish sex drive (libido) or inhibit sexual function by causing changes in your nervous system. Drugs may also affect blood flow and hormones, which are two important factors in sexual response.

Tell your doctor about any medication side effects that seem to be affecting your sexuality. Your doctor may be able to recommend an alternative medication or adjust the dose of your current medication.

To have satisfying sex, you need to feel good about yourself. So start by examining your own emotions.

If pain has left you physically scarred, unemployed or unable to contribute to management of your home, your self-esteem could be so battered that you feel you are unattractive and undesirable to your partner.

Awareness that your physical and emotional distance is hurting your partner may add to your anxiety, fear, guilt and resentment.

Stress can also worsen underlying difficulties in your relationship. Even strong relationships can be challenged by medical problems or chronic pain. Being aware of emotional conflict and what's causing it is an important first step in strengthening your relationship with your partner. Counseling may help.
The next step in reclaiming your sexuality is to talk with your partner about your feelings. At first, this may be best accomplished by talking to each other fully clothed, at the kitchen table or in another neutral setting.

Sex can be difficult to talk about. Begin your sentences with "I" rather than "you." For example, "I feel loved and cared about when you hold me close" is more likely to invite dialogue than "You never touch me anymore."

This is the time for both of you to talk about your fears and desires. You may think that your partner has stopped touching you because he or she has lost interest, or finds you undesirable. Instead, your partner may be fearful of causing you more physical pain or discomfort.

Spend time just getting to know each other again. Each of you might do little things that will make the other feel loved. Restoring your emotional intimacy will make it easier to move to the next step of physical intimacy.

Start reconnecting physically with an exploration of each other's bodies that avoids the genitals entirely (sensate focusing). The goal is not orgasm. Instead, you're learning more about what feels good to you and to your partner.

Sexual intercourse is just one way to satisfy your need for human closeness. Intimacy can be expressed in many different ways.

- **Touch.** Exploring your partner's body through touch is an exciting way to express your sexual feelings. This can include holding hands, cuddling, fondling, stroking, massaging and kissing. Touch in any form increases feelings of intimacy.
- **Self-stimulation.** Masturbation is a normal and healthy way to fulfill your sexual needs. One partner may use masturbation during mutual sexual activity if the other partner is unable to be very active.
- **Oral sex.** It can be an alternative or supplement to traditional intercourse.
- **Different positions.** Lie side by side, kneel or sit. Look in your library or bookstore for a guide that describes and illustrates different ways to have intercourse. If you're embarrassed to get this kind of book locally, try an online book retailer.
- **Vibrators and lubricants.** A vibrator can add pleasure without physical exertion. If lack of natural lubrication is a problem, over-the-counter lubricants can prevent pain from vaginal dryness.

Intimacy can be more satisfying if you plan it in advance. Make a date with your partner, picking a time of day when you have the most energy and the least pain.

Take your pain medication well in advance so that its effectiveness will peak when you need it. Limit the amount of alcohol you drink and avoid using tobacco in any form. Alcohol and tobacco can impair sexual function.

Give yourself plenty of time to try new things. Try to stay relaxed and keep your sense of humor. Focus on the journey, not the destination. If you encounter setbacks, try not to become discouraged or focus on the negative. Keep trying.

Intimacy can actually make you feel better. The body's natural painkillers, called endorphins, are released during touch and sex. And the closeness you feel during lovemaking can help you feel stronger and better able to cope with your chronic pain.
References


Feb. 21, 2017

Original article: http://www.mayoclinic.org/chronic-pain/art-20044369

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Books on Sexuality


Sexuality and Disability: Distinguishing Common Myths from Facts

There are many common myths about sexuality and disability. Most start with the biggest myth of all, which is that people with disabilities are all the same, and that you can talk about them as one single group. This is completely false. People living with dis-abilities; they don’t all have the same experiences or the same perspectives. However, their individual needs and challenges are not recognised by the normal world. This is particularly true in overcoming obstacles of full sexual expression.

Myth: People with disabilities and chronic illnesses are not sexual

Fact: All humans are sexual, regardless of how their sexuality is expressed. People with disabilities are denied sexual rights in part to keep them outside of mainstream society, and probably in part because people with disabilities are treated as if they are children. People living with disabilities are as sexual and express their sexuality in ways as diverse as everyone else, although the normal world doesn’t get to see this as much because mainstream culture only shows us one image of sexual expression.

Myth: People with disabilities and chronic illnesses are not desirable

Fact: What turns people on sexually is unique to each individual. Many people are conditioned by the media to think that sex is only for the young and beautiful – That if you don’t resemble a 23-year old supermodel, no one will want you or if you can’t produce multiple G-spot orgasms on cue or perform like a stud, you’re not worth going to bed with. But these standards are unattainable. Desire is enflamed by an unpredictable mix of things (looks, personality, values, timing, etc). When people try to live up to these media-created ideals, they often start questioning themselves about whether they are attractive or worth loving.

Myth: There is a right way and a wrong way to have sex

Fact: People are told many lies about sex as they grow up and this is the biggest one. The truth is that there are no rules as to what sex should be (although I’d like to suggest that it should be between consenting adults is a good simple one). Sex doesn’t have to look or sound like anything other than that which is turning the people on who are involved. Some people say
that sex should be spontaneous, but this can be hard if you have a disability. The fact is that most people plan for sex, more or less.

**Myth: People with disabilities and chronic conditions can’t have ‘real’ sex**

**Fact:** It follows that if there’s a right way to have sex, and one can’t have it, then one can’t have real sex. Not everyone can run down the beach, roll in the sand with music swelling in the background, and have a sexual romp without ever messing their hair. It’s also true that not all of us want to do that. Most people have awkward, uncomfortable sex, most people masturbate much more than they have sex with other people, and most of them don’t talk about it. Many individuals believe that there’s a ‘real’ kind of sex, and those that don’t look the part, can’t play the game. This is simply false.

**Myth: People with disabilities are a bad choice for romantic partners**

**Fact:** Relationships are hard and full of compromise, and a good relationship involves equal work from the people in it. People who partner with people with disabilities are often told how ‘noble’ they are, as if being non-disabled makes them a great catch, and having a disability makes them nothing but a liability. The fact is that living with a disability doesn’t mean that they contribute less to a relationship. They may do less of the heavy lifting, but how important is that in a relationship? Also, it should be remembered that if one lives long enough, one will eventually be in a relationship with someone with a disability.

**Myth: Disabled people have more important things to worry about than sex**

**Fact:** People value sex differently, and for some it’s the most important thing in life. Those living with a disability or chronic illness will likely have people around telling them that they’ve got more important things to deal with and that sex is a luxury they can’t afford. This ties in with the myth that people with disabilities are childlike and need to be told how to prioritise their lives. This attitude is held by many non-disabled people, and even some disabled activists claim that talking about interpersonal issues and disability is bad because it ‘fragments the cause’.

**Myth: People with disabilities are not sexually adventurous**

**Fact:** Living with a disability does not necessarily impact on sexual tastes or choices. It is assumed that people with disabilities are sexually passive and non-initiators. People don’t believe that someone who uses a wheelchair might want to be tied up and spanked, or that a
man with no legs can get turned on by dressing up. These are false assumptions, but they fit in with the general myth that all anyone wants is to be just like everyone else, so if a person is different already, surely he or she must want to be sexually conservative, right? Wrong!

Excerpts from the following article were used:
Medical Chronicle
Published on April 20, 2011 in Sexual Health
Dr Elna McIntosh
See full article at:
Homework
4 Techniques to Help with Physical Pain

Four alternatives to the misguided advice: “push through the pain.”

In an earlier article, "How Mindfulness Can Help with Physical Suffering," I noted that bodily discomfort has three aspects to it: (1) the unpleasant physical sensation itself; (2) our emotional reaction to the discomfort, such as anger or fear; and (3) the thoughts that are triggered by the discomfort, such as, "This pain will never go away" or "I'm a weak person because I hate this pain so much." In that piece, I discussed (2) and (3) which—together—are often called mental suffering.

Here, I want to focus on (1) above—the actual physical sensation of pain, although the techniques I'll describe can help with any physical discomfort (I know because I also use them for my chronic flu-like symptoms).

Before I explain these techniques, I want to make it clear that I don't have a negative view of pain medication. I think it's misguided that so many people regard the taking of pain medication as a sign of weakness. We're told "no pain...no gain" or "push through the pain." I suspect that people who offer this type of advice have never suffered from chronic pain. Everyone has to find what's right for his or her body. For some of you, it may be a combination of pain medication and these techniques.

Preliminaries

It always helps to begin with conscious breathing in which you pay attention to the physical sensation of the breath as it goes in and out of your body. Find a comfortable position—sitting or lying down—and begin to breathe mindfully. Do a quick scan of your body from head to toe. If you feel any muscles that are tight, try to relax them. After a few minutes of this breathing, try these five techniques to see if they help relieve your physical pain. I recommend experimenting with each of them to see which ones work for you. Some of the techniques are adapted from what is called MBSR: Mindfulness-Based Stress Reduction. I like to call it Mindfulness-Based Pain Reduction.
The Techniques

1. Focus on the sensations that make up the pain. Is there burning? Is there throbbing? Is there tingling? Heat? Cold? Are there waves of sensations where the pain gets more intense and then less intense? This separating out of the sensations is called "sensory splitting." It helps you see that what you've been thinking of as a permanent solid block of pain is really many different constantly changing sensations.

When you separate the sensations in this manner, pain is no longer "a thing," and so you're much less likely to be carried away by stress-filled thoughts about it, such as, "This pain will never go away." You can even drop the word "pain," and just notice the sensations as arising and passing experiences in your body. Doing this helps you see the impermanent nature of this collection of sensations that we call "pain."

Finally, bring an attitude of kindness toward the sensations, even though they may be unpleasant. Your body isn't purposefully making you suffer. Treat it as you'd treat a child in pain.

2. Switch your attention to a part of your body that is pain-free. At first, you might think there isn't such a place, but with persistence, you can find it. It could be your toes, your face, your chest. Relax into that pain-free sensation, allowing it to become the predominate sensation if you can, even if for just a few moments. This allows you to see that you are not just pain since there's at least one place on your body that is pain-free.

You can take this technique a step further and engage a pain-free area in some movement. I'll reveal a secret because at least you won't see me in action. I sometimes lie on my back in bed and move my hands in balletic movements. I love to watch my hands and fingers imitate the grace of a ballerina.

3. Look for other pleasant or interesting sense data in the present moment. Find as many as you can—the sight and feel of the sun shining through the window, the sound of cars passing by, a fleeting thought about what you'll eat for dinner, the hum of the refrigerator motor, the physical sensation of a wisp of hair on your cheek, an odor coming from the kitchen. Paying attention to as many sensory inputs as you can often
eases your pain because it relegates it to just one of many sensory experiences going on in your life at the present moment.

4. Try imagery. Think about a place from the past when you were pain-free. My place is Maké Horse Beach on Moloka‘i. I picture the waves crashing onshore and I recall the warmth of the sand. Wherever your place is, transport yourself there. Using imagery to take your mind off your pain relaxes the body, including the muscles around the pain site. This can reduce your overall pain load.

Be patient with yourself when trying these techniques. If you try them and they don't help relieve your pain, take a deep breath, send non-judgmental compassionate thoughts to yourself—"it's hard to try these techniques and not have them work right away"—and then set the intention to try them again soon.

Note: The theme of this article is expanded on in both of my books, How to Live Well with Chronic Pain and Illness: A Mindful Guide (2015) and How to Wake Up: A Buddhist-Inspired Guide to Navigating Joy and Sorrow (2013)

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www.psychologytoday.com
Millions of people suffer from chronic pain due to injuries or diseases, and pain management can be a tricky business. Living with pain is not only a physical strain—be it merely uncomfortable to outright debilitating—but is also an emotional strain as well. Feelings of frustration, anger, depression or even despair can deeply impact the quality of our lives.

One of the most widespread pain management options—drugs—can take away the physical discomfort but at the same time tends to disturb our mental balance. It also may bring on a host of equally unpleasant physical side effects creating new health threats.

There is another option becoming very popular as a method to manage pain—meditation. MRIs show the brain of a person meditating has a significant decrease in pain reception. Meditation (which is the ‘formal’ practice of mindfulness) actually changes the way the mind perceives pain so that it’s more bearable. It is a natural and effective way to ease physical pain.

The idea of being mindful of pain may seem counter-intuitive. Most people want to forget about their pain—they want to escape it, run away from it, wishing they could ignore it or get rid of it somehow. The problem is—ironically—that by fighting and struggling against it, and even by trying to ignore it, you create within yourself a state of ‘resistance to what is’ and that means stress.

Although it may take a little practice, it is possible to be in a relatively calm and content emotional state even when in physical pain.

I have personally found this technique incredibly effective and so have my students who have used it. I find it works wonders in pain reduction (really impressive actually!) and definitely helps cultivate inner peace and equilibrium.

If you suffer ongoing pain I highly recommend you give this a try. What do you have to lose?
The Body Scan: A Mindfulness Pain Management Technique

One popular method of mindfulness-based pain management is the "body scan." The technique is basically five steps and can take about 20-30 minutes to complete. With practice, this or other mindfulness techniques like it, have been beneficial to many chronic pain sufferers.

Step 1 Preparation

The first step involves setting yourself up for your practice. Choose a quiet and comfortable place you can lie down. You don’t want to be distracted so let others know not to disturb you for the duration of your meditation. Turn off your phone or turn it to silent. Maybe even hang a ‘do not disturb’ sign on your door.

Step 2 Grounding

After you are comfortable turn your awareness to your body. Feel the parts of your body that are in contact with the surface on which you’re laying. Also notice the position your body is in. Mentally examine your body for any areas where there may be tension—the shoulders, the jaw, the stomach. See if you can consciously release or soften those areas of the body so that you can be totally relaxed.

Step 3 Present Moment Awareness

The third step is a decision to let go of the past and the future, let go of thoughts, and to be fully engaged in the present moment. Here you focus your awareness only on your body and let everything else drop away. You make the decision that whatever you do encounter while examining your body will be met with a sense of ‘friendliness’.

Basically, what that means is that you allow whatever you encounter to be as it is. You aim to meet it with equanimity and not to judge or label certain parts of the body or treat painful body parts as an enemy.

Step 4 The Body Scan

The fourth step is the actual “scan” part. With your mind, you scan—or turn your attention—to each part of your body, one at a time. You may start with one foot and give it all your attention. Feel into the whole foot. Notice any sensation of temperature. Be aware of any fabrics that may be in touch with the skin or the point where the air meets the skin. Any sensations are welcome. Does it feel heavy or tired?

Don’t start engaging in thinking about it though- Simply aim to be aware of the sensations here. Continue the scan, moving your attention progressively up one leg and then the other, then to the torso, back arms, head and neck, focusing on part by part, one at a time.

Step 5 Whole Body Awareness

The fifth and final step is to become aware of the entire body as a connected whole. Bring awareness to your entire physical body and maintain that awareness for a few minutes. Feel the body from within. Again, aim to stay fully present. There is no need to think about the body. Simply feel into it.
Many people who have used mindfulness-based pain relief techniques — like the body scan — report that it works very well for them.

Their ability to cope with pain improves which, in turn, improves their quality of life. It also has the wonderful side benefit of alleviating much of the mental and emotional strain associated with chronic pain.

And most importantly, it does this with no risks or negative side effects — being completely natural, the only side effects are positive ones.

Mrsmindfullness.com
Suffering Is Optional

Physical pain is unavoidable, but meditation practice can ease the mental suffering that often accompanies it. Susan Smalley and Diana Winston teach us how.

By Mindful Staff | January 25, 2011

There is a famous adage: “Pain is inevitable, but suffering is optional.” This anonymous saying sums up what you can learn about pain through mindfulness. You cannot avoid pain. Even if you are physically healthy now, at some point you may get sick, you may get hurt, and age and physical changes will occur. Pain is inevitable. It will come, and there is nothing you can do to prevent it—yet whether or not you suffer is another matter. Why is it that one woman can go through childbirth claiming that it was the most painful experience of her life while another declares it was the most transcendent? Along with other conditions, including the ease of delivery, the answer may lie in how to relate to pain. Clearly, sensory experiences are different, but how we relate to them—big or small—plays a powerful role as well.

Suppose we define pain as the pure physical sensation of the body responding to some negative stimuli, and suffering as our response to pain. From a mindfulness perspective, it is important to differentiate pain and suffering because however unavoidable pain is, we certainly have some leeway when it comes to suffering.

The biggest difficulty in working with pain is not the pain itself; it is how we react to it. With mindfulness, you can learn to see how your mental reactions to suffering function and how you
can avoid being so caught in them. Here is a practice you can do if you are experiencing any physical pain.

The Practice

Try to get as comfortable as you can in your sitting posture. If the pain is really bad, you may wish to lie down. Find the most comfortable position to practice.

First take a few breaths and allow yourself to connect with the fact that your body is sitting (or lying down). Notice your posture and body shape. Now find a part of your body that is not in pain and bring your attention to it. Find a part that feels pleasant or neutral, at the very least. Explore whether your hands, feet, or legs feel relaxed and pleasant. Let your attention stay at this pleasant area for a few moments. Now bring your attention to the area of pain. What do you notice? Is the pain sharp or dull? Burning? Stabbing? Fiery? Clenching? Is it moving, or does it stay in one place? How deeply does it go into your body? Get very curious about the changing set of bodily sensations.

After thirty seconds or so (you can choose any short amount of time), bring your attention back to the pleasant or neutral sensations for the next few minutes. Notice if you have an attitude toward the pain. Do you hate it, fear it, resent it, blame yourself for it? Can you notice how it is that you feel or think about the pain? Do you feel any accompanying body sensation like a clutching feeling in your gut or vibration in your chest? Notice this reaction, breathe, and let it be there. There is nothing wrong with a reaction. If you have no reaction or the reaction stops, feel free to investigate the painful area one more time.

Return your attention to the pleasant area, and once again rest there for a minute or so.

Now, for the last time, return to the painful area. What do you notice? Breathe. Feel whatever is present on the physical level. Offer yourself a little bit of kindness in a way that makes sense to you. You can imagine holding that part of your body with care and compassion, or just offer this attitude to yourself. Notice what happens.

Return your attention to your whole body, sitting or lying and present. Open your eyes when you are ready.

Adapted from *Fully Present: The Science, Art, and Practice of Mindfulness*, by Susan Smalley and Diana Winston (Da Capo Press, 2010).
Pain Management Group

Session #7

Duration: 90 minutes

Homework Review

Mindfulness Activity

Mindfulness and chronic pain

Homework: Practice mindfulness during the next week. Come to group prepared to share your experience. Read article on SMART goals. Complete a BRAGS worksheet.
Mindfulness

A simple way of relating to our experience, which can have profound impact on painful, negative experiences we encounter.

Characteristics of mindfulness

Involves:
- ‘Stopping’
- Paying attention
- Becoming aware of present moment realities
- Not judging whatever is happening as ‘good’ or ‘bad’

Definition

“The non-judgemental observation of the ongoing stream of internal and external stimuli as they arise”. Ruth Baer (2003)

“Keeping one’s consciousness alive to the present reality” (Thich Nath Hanh, 1976)

“Mindfulness is simply the knack of noticing without comment whatever is happening in your present experience” Guy Claxton (1990), p.18

Relevance of Mindfulness Practice to Emotional Distress

- Creates a “holding environment”
- Mindfulness gives us a safe “platform” from which to observe
- Practice enables us to stay safely with distress until it disperses
- Mindfulness steadies and grounds us

Mindfulness in Psychotherapy

1. Awareness
2. Of present experience
3. With acceptance

All three components are required for a moment of full mindfulness. (Germer et al., 2005)

What Mindfulness is Not

- Not a relaxation exercise
- Not a way to avoid difficulty
- Not a way to by-pass personality problems
- Not about achieving a different state of mind

What Mindfulness is About

- Being present to our experience however distressing or upsetting it may be
- Brings us closer to difficulties but without becoming caught up in our reactions to difficulties
- It is a slow, gentle coming to grips with who we are
- Settling in to our current experience in a relaxed, alert, open-hearted way
Mindfulness in Action Techniques

These techniques are useful for bringing mindfulness into the activities of everyday life. They also are a good place to start with clients who have very low impulse control and distress tolerance. Linehan (2003 pp170–171 & 174–175) describes a number of these techniques as a way of developing distress tolerance in her “Skills Training Manual for Treating Borderline Personality Disorder”

Mindfulness in action techniques include:

- Focusing awareness of an aspect of a physical habit that previously has largely been outside of conscious awareness e.g.
  - Noticing how tight you hold the steering wheel when driving.
  - Being aware of what happens to your breathing or voice tone in an argument.

- Focusing awareness on the breath when a specified environmental cue occurs. This technique has been described in detail by Thich Nhat Hanh (1991 pp22–30). The cues we might use include:
  - Waiting for phone to be answered
  - Waiting at a red traffic light
  - Walking
  - Listening to Music
  - Getting Dressed

- Detailed awareness of the mental phenomena associated with cravings or urges such as thoughts, physical sensations and feelings. This is different to urge surfing as this technique includes no expectation that the craving will be outlasted.

Informal Mindfulness Exercises

Mindfulness in Your Morning Routine

Pick an activity that constitutes part of your daily morning routine, such as brushing your teeth, shaving, or having a shower. When you do it, totally focus on what you are doing: the body movements, the taste, the touch, the smell, the sight, the sound etc.

For example, when you’re in the shower, notice the sounds of the water as it sprays out of the nozzle, and as it hits your body as it gurgles down the hole. Notice the temperature of the water, and the feel of it in your hair, and on your shoulders, and running down our legs. Notice the smell of the soap and shampoo, and the feel of them against your skin. Notice the sight of the water droplets on the walls or shower screen, the water dripping down your body and the steam rising upwards. Notice the movements of your arms as you wash or scrub or shampoo.

When thoughts arise, acknowledge them, let them be, and bring your attention back to the shower. Again and again, your attention will wander. As soon as you realize this has happened, gently acknowledge it, note what distracted you, and bring your attention back to the shower.

Mindfulness of Domestic Chores

Pick an activity such as ironing clothes, washing dishes, vacuuming floors, and do it mindfully.

For example, when ironing clothes: notice the color and shape of the clothing, and the pattern made by the creases, and the new pattern as the creases disappear. Notice the hiss of the steam, the creak of the ironing board, the faint sound of the iron moving over the material. Notice the grip of your hand on the iron, and the movement of your arm and your shoulder.

If boredom or frustration arises, simply acknowledge it, and bring your attention back to the task at hand. When thoughts arise, acknowledge them, let them be, and bring your attention back to what you are doing.

Again and again, your attention will wander. As soon as you realize this has happened, gently acknowledge it, note what distracted you, and bring your attention back to your current activity.

Dr Russell Harris, M.B.B.S, M.A.C. Psych. Med.
Informal Mindfulness Exercises

Take Ten Breaths

1. Throughout the day, pause for a moment and take ten slow, deep breaths. Focus on breathing out as slowly as possible, until the lungs are completely empty, and breathing in using your diaphragm.

2. Notice the sensations of your lungs emptying and your ribcage falling as you breathe out. Notice the rising and falling of your abdomen.

3. Notice what thoughts are passing through your mind. Notice what feelings are passing through your body.

4. Observe those thoughts and feelings without judging them as good or bad, and without trying to change them, avoid them, or hold onto them. Simply observe them.

5. Notice what it's like to observe those thoughts and feelings with an attitude of acceptance.

Notice Five Things

This is a simple exercise to center yourself, and connect with your environment. Practice it throughout the day, especially any time you find yourself getting caught up in your thoughts and feelings.

1. Pause for a moment

2. Look around, and notice five things you can see.

3. Listen carefully, and notice five things you can hear.

4. Notice five things you can feel in contact with your body. (E.g. your watch against your wrist, your trousers against your legs, the air upon your face, your feet upon the floor, your back against the chair etc)

Informal Mindfulness Exercises

Noting or Describing as a Mindfulness Skill

Noting or describing (ie silently putting words to your experience) can be a useful mindfulness skill. This can be incorporated into any mindfulness exercise. Some clients find it very useful, particularly if they are often distracted by thoughts or feelings.

For instance, when feelings arise you can silently note 'feelings' (ie silently say the word 'feelings' in your mind). Or you could use a phrase like, 'it's a feeling'. Or you can be much more specific, and note each individual feeling by name, eg 'anger', 'boredom', 'calm'.

When thoughts arise, you can silently note 'thinking' (ie silently say the word 'thinking' in your mind). Or you could use a phrase like, 'it's a thought'. Or you can be much more specific, and note your thoughts by category, eg 'judging', 'worrying', 'analyzing', 'remembering', 'fantasizing'. Or more simply: 'anxious thought', 'sad thought', 'neutral thought'; 'thought about the future', 'thought about the past' etc. A similar process can operate informally throughout the day. For example, in a tense work situation, you might observe a feeling of anxiety and simply note it as 'I'm feeling anxious' or 'I'm noticing a feeling of anxiety'.

Another simple option (my personal favorite) is to note 3 categories only: 'sensations' (ie stuff you can feel in your body), 'thoughts' (ie words you can hear in your head), 'images' (ie picture you can see in your head).

Informal Mindfulness Exercises

The “Just Worrying” Labelling Technique

Before practicing this technique it is often helpful to differentiate worrying from constructive problem solving. Worrying involves repetitive circular thinking, which is associated with anxiety and produces no enactable practical outcomes.

This technique simply involves a person labelling worry as “just worrying” and then bringing their attention back to their breath or to simply change the subject of their thinking. Every time a person catches themselves worrying they just label it again and change the subject. It doesn’t matter if a person does it 10 times in one minute or if they only realize they have been worrying after a period of 2 hours and then apply the technique. The important thing is that the person applies the technique when they realize they are worrying.

This technique involves no criticism or internal struggle, just simple non-judgemental labelling. Therefore it is important in this regard that the client does not change the label from “just worrying” to “don’t worry”.

This technique is very powerful and most people find that their worrying thoughts dissipate almost totally within a few days. Then they usually start worrying about a week later because they have forgotten about the technique through lack of need to use it. At that point a reminder of the technique usually suffices.

The same technique can be applied to other disturbing repetitive mental events using labels such as “just doubting” or “just criticizing”. This is subtly but significantly different to avoidance. It is not running away from the aversive mental stimulus. Rather it is the non-judgemental labelling which is encapsulated in the word “just”.

Feeling Overwhelmed?
Remember "RAIN"
Four steps to stop being so hard on ourselves.

**R**
Recognize what's going on

**A**
Allow the experience to be there, just as it is

**I**
Investigate with kindness

**N**
Natural awareness, which comes from not identifying with the experience
Homework
People with pain struggle far too often to validate their pain. Physical pain brings life to a screeching halt and prevents us from going about our daily lives or making future plans. It is the physical pain that is the root cause and controlling factor—pain and nothing else. Right?

Certainly pain has an impact on our physical being. We struggle to complete the simplest of tasks, hampered by a reduced energy level that is limited to small bursts of time, sometimes not more than a few minutes. We hesitate to plan for tomorrow, let alone the future. Activities with friends and family diminish and far too often disappear as we find ourselves isolated and alone...and in pain. It is the pain that restricts our ability to function, right?

But once you begin your journey from patient to person, working with an interdisciplinary health care team, your doctors and providers will talk about stress management, biofeedback, counseling, group therapy, and other ways to explore your emotions. You may react by thinking that your problem isn't emotional, it's physical. You may think, "My pain is real. I'm not exaggerating this suffering."

That is how I felt when I heard about depression, emotions, and counseling. I was not crazy, just in pain! Who wouldn't be depressed if his life was controlled by pain?

However, I have learned a great deal since I left the pain program at the Cleveland Clinic 32 years ago. As I began my journey back to a person I realized that, although my pain is real, it controls my emotional being as much as it does my physical being. They are connected in so many ways.

**Listen to Your Body**
One of the most important skills I learned in pain management was to listen to my body. Before that, I would ignore the little signs of increased stress, tension, and pain and not hear my body's voice until it was screaming at me.

When this happens, we give in to the pain and avoid doing that pain-inducing activity again. Over time, we realize that we have eliminated many activities in our life.
Taking Life Moment by Moment: Meditation and Chronic Pain

by Erin Kelly

You may have heard that meditation can help relieve stress and reduce pain. But how does the practice live up to its reputation? The experiences of two ACPA facilitators show that although learning mindfulness was part of the journey from patient to person, there are many paths to that goal.

"Meditation teaches you how to use your breath, and that was the first lesson I needed to learn," says Cheryl Neuenschwander, an ACPA facilitator from Stockton, California. "Most people with pain, stress, or anxiety breathe shallowly, in their chests, but you're supposed to breathe through your belly," Neuenschwander explains. "I had lived with anxiety most of my life, even before I had chronic pain," she says.

Her meditation class taught that breathing could be a tool to relax the body and calm the mind and how to let thoughts surface naturally, but not to dwell on them.

"I'm learning to live my life in awareness," Neuenschwander says. She says that activities as mundane as emptying the dishwasher can be a mindfulness exercise. "If you pay attention to what you're actually doing—taking the dish, holding it in your hand, placing it precisely on the shelf—you don't think of it as a chore or as something you have to get through," she says.

Live in the Moment, Not the Future or Past
Living in the moment can be a helpful technique when dealing with pain. "You can survive almost anything if you live moment to moment," points out Patricia Hubert, a nurse who leads ACPA groups in Summit, New Jersey. "If you think about the implications of what you're dealing with, it looms too large."

Hubert points out that people with pain can be their own worst enemies because it's difficult to separate the physical pain of the moment from the emotional pain (past, present and future) caused by its impact on their lives. "Pain is a natural part of life, but suffering is only one possible response to pain and we can help ourselves to suffer less," she says. "People with chronic illness have a story about all the things that have happened to us," she says. "It's important to tell that story, but you can't stay focused on it. You have to focus on the rest of your life. I'm still Pat, I still think the same way, and I'm still capable of the same things mentally."

Hubert says she's managed whole days from moment to moment, task to task. "I don't think about everything I have to do that day; that would be overwhelming. Instead I think, 'I just have to get through breakfast.' Then when I'm done with that, I think, 'I just have to get through a shower.'"

Mindfulness teaches you to accept what is and not worry about what it might mean. Neuenschwander says she uses meditative techniques to help her handle all sorts of situations. "If I'm driving and I come upon some traffic, I can call on meditation techniques to calm myself," Neuenschwander explains. "And instead of worrying about a traffic jam, I can just notice that there are a lot of cars in the road; that's not a problem."

Normally, traffic brings up negative thoughts that are based in the past or the future—like anger over having chosen the wrong route or anxiety about arriving late. Taking just what exists in the moment (a lot of cars on the road) at its face value, without assigning values or implications, can make traffic much less stressful.

Reduce Stress to Reduce Pain
Stress reduction of any type has benefits for people with chronic pain. "When you're stressed, your cortisol levels rise, and your muscles tighten up," says Hubert. "Stress makes everything worse, especially for people who have any kind of musculoskeletal pain."

Hubert began studying mindfulness and meditation as part of a stress reduction class offered nearby. Both she and Neuenschwander took courses based on the work of Jon Kabat-Zinn, Ph.D., a researcher and author who founded the Center for Mindfulness in Medicine, Health Care, and Society. Neuenschwander's course, part of a chronic pain treatment program, focused on mindfulness as a way to combat depression.

Hubert says that Kabat-Zinn's approach appealed to her partly because there was research to back it up. "He did studies starting in the late 1970s at..."
“We hate our pain, but we can’t fight it—bracing against it just causes more pain. We need to face it, and almost treat it with kindness, so that we become resilient to it.”

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Massachusetts General that showed that stress relief can help healing and decrease pain," she says. "As a master's-prepared nurse, I liked knowing that." She says that Kabat-Zinn has studied meditation's potential role in helping people heal from cardiac surgery and chronic illnesses as well as in helping manage stress, depression, anxiety, and chronic pain.

Hubert's education in mindfulness began at one of the roughest times in her life. Her pain was very bad and she hadn't yet found the doctors and treatments that would help her. Her mother was gravely ill and caring for her in the hospital was a physical and emotional strain. And she was helping her daughter in Arizona to plan a wedding in Florida. A friend convinced her to sign up for a course called "Mindfulness-Based Stress Reduction" at the University of Massachusetts.

"I was so stressed and busy I couldn't make it to class until it was half over," she explains. "I knew I shouldn't have come. But when the class saw me, they knew that I needed to come!"

Despite her significant pain and stress when she started learning meditation, Hubert found it helpful within the first few weeks. "During that time in class when we were doing the exercise, I was able to feel better," Hubert says. "I was controlling my reaction to my pain.

Neuenschwander did not have such quick results, but she was tenacious and determined to find a solution to her latest pain setback. "I had started having migraines with head and face pain and nothing was helping me. By 6 p.m. every day I had to shut down," she says. "I was bound and determined that this was going to work, so every night at six when I gave up and went to bed, I went to bed with my iPod and the meditation program on!" It took almost a year, but Neuenschwander says that eventually it made "all the difference in the world."

Finding the Right Approach

Part of the problem for both women was finding the right approach, since there are many different types of meditation. "I had tried visualization before, the tapes where you imagine yourself walking in a beautiful garden,"

Neuenschwander says, "but that didn't do anything for me."

Hubert's experience is different; she says she does benefit from that kind of meditation exercise and uses it in her support groups as a relaxation exercise. "There are other techniques that are useful too," Hubert points out, "like body scans, where you focus on each part of the body and relax them one at a time," she says. "Lamaze childbirth classes teach a similar technique," she points out.

Although meditation is frequently associated with "New Age" philosophy and eastern religions, it's also part of Christian and Jewish traditions. Many people find that mindfulness meditation fits into their existing religious practice. A member of one of Neuenschwander's group practices a faith-based meditation in which "she places everything in God's hands," Neuenschwander explains. "She says her outlook on her pain has completely changed."

The meditation techniques that Hubert and Neuenschwander use encourage them to acknowledge physical pain, like any other sensation. "If you're doing a body scan and something hurts, you notice that, without judging it, and then you return to focusing on your breath," explains Hubert.

Neuenschwander agrees. "We hate our pain, but we can't fight it—bracing against it just causes more pain. We need to face it, and almost treat it with kindness, so that we become resilient to it," Neuenschwander explains. "You can't keep thinking about how you're sick of being in pain, because that gets you caught up in negativity and anger."

Instead, she acknowledges and accepts her pain but moves on. "I say to myself, okay, there's that neck again. There it is. I'll just breathe."

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Refocusing Thoughts for a New Outlook

Neuenschwander acknowledges that her whole mindset is different since learning these tools. “Before, my thoughts were really like self-torture, continuously projecting the future. I just created more fear and anxiety about my pain. I was so agitated.” She says that her calmer frame of mind has changed her relationships. “I tell people they don’t have to watch what they说 around me so much,” she says. “I’m not as reactive as I used to be.”

Hubert also says that her outlook has changed since she began studying mindfulness. “I notice it when I’m talking to my husband about something stressful,” she explains. “Since I took the course, it’s much easier for me to let things go and I can see how much he makes himself upset,” she says. “I tell him ‘there’s nothing you can do about it; don’t let it ruin your evening!’”

Both Hubert and Neuenschwander are excited to learn more about how they can help themselves stay healthy. “There’s so much we don’t know about the way our body and mind are connected,” Hubert says.

Neuenschwander recently began a restorative yoga therapy that she considers a very deep type of meditation. Propped into various poses for more than 30 minutes at a time, participants can relax all of their muscles deeply. “The relaxation is even deeper than when you’re asleep,” Neuenschwander says. “During the first 10 minutes it’s hard to quiet your mind. Your grocery list pops into your head,” she says. But her thoughts settle in the second 10 minutes. “Then after about 20 minutes your muscles just melt like butter,” she says.

Mindfulness can be a powerful tool for controlling your reactions to situations and limiting stress—and that can benefit everyone, whether they have chronic pain or not. “There are so many things in your life you have no control over,” Neuenschwander points out. “If you can look at a traffic jam as just a bunch of cars, it makes it much easier to get through life.”
Mindfulness is About Making the Minutes Matter

by Alison Conte, Editor, The Chronicle

We’ve all had hours that zip by. When we are immersed in work or hobbies, chunks of the day just disappear. Then there are occasions when time grinds to a halt. Stuck in traffic, waiting at the doctor, you wish that the minutes would pass more quickly. Far less common is a state of mindfulness, when we are aware of each minute of the day, cherishing life, living in the moment.

Mindfulness is at the heart of Buddhist meditation practices that teach followers to pay attention to the present moment—defining it as the only moment that exists, in which we exist, an ever-present “now”. Through meditation, you can learn to focus on the present and not worry about the future or regret the past. In letting go of day-to-day preoccupations, you are left with an appreciation of the big picture, the joy of being alive right now, and the recognition of breath, mind, body, and inner spirit.

According to the Center for Mindfulness in Medicine, Health Care, and Society, “mindfulness is a way of learning to relate directly to whatever is happening in your life, a way of taking charge of your life, a way of doing something for yourself that no one else can do for you—consciously and systematically working with your own stress, pain, illness, and the challenges and demands of everyday life.”

The center teaches program participants to restore a “balanced sense of health and well being through increased awareness of all aspects of self.”

Mindfulness for Pain Management

Penney Cowan, executive director of ACPA, said, “Mindfulness can support pain management by helping you redirect your attention off of your pain and onto things that you have more control over. To do this we have to learn to listen to our bodies. We have to be aware of how our pain emerges, so it does not progress so quickly that it is impossible to regain control.”

Pacing activities is a useful pain management technique. But first we must pay attention, so that when we hear that initial “Ouch!”, we slow down and pace ourselves, to keep the pain under control.

By paying attention to our feelings—physical, emotional, and spiritual—we can anticipate pain’s arrival and prevent its acceleration. Penney said that this type of focus is essential to practice the techniques necessary to tell our bodies how we want them to feel.

The goal of pain management is to increase function and quality of life while reducing your sense of suffering. Because we have a one-track mind, we can only think of one thing at a time. If you are immersed in a song, a hobby, or a rich mental image, you are not thinking of pain. By redirecting your thoughts, even if only briefly, you have for that moment reduced your sense of suffering. That moment became a good part of your day.

Many people use relaxation, self-hypnosis, meditation, and other techniques in their day-to-day pain management. These methods distract them from the pain, as they concentrate on words, music, or imagined places that they can go to redirect their attention away from their pain.

“Mindfulness is the state of turning off the chatter in your ‘gerbil brain’ and choosing what you want to experience,” said Dr. Mark Jensen, a clinician and scientist who uses and studies psychosocial pain treatments. “We can become deeply absorbed by one thing and let everything else go into the background. In this state of focused awareness, we may notice the pain, but the brain is in a state which is inconsistent with suffering, so we are less bothered by it.”

Through hypnotic suggestion, Dr. Jensen shows people how to enter the state of focused relaxation easily and develop an improved quality of life because they pay attention to the meaningfulness of life and move the minor irritations to the background.

(You can read more about using self-hypnosis to enter a relaxed state of mind on page 7.)

Focusing on the Positive

Activities, stress, weather, food, and moods can trigger pain but we can also learn to let pain trigger a relaxation response, deep breathing, or a mental detour that allows us to feel the pain and move away from it, focusing on something else.

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Mindfulness is About Making the Minutes Matter

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"Pain made me stop my rush through life and focus on individual things," said Amanda Ford, a composer, teacher, singer, and musician in Pittsburgh, Pennsylvania. "Because I am hypersensitive to the ebb and flow of my pain, I have also experienced an increase in my empathy for others. When I am with someone, I am present in that moment, an active listener."

Ford believes that people with pain are more aware of the value of the present moment because they know that at any instant, their ability to use their time as they want can be taken away by a flare-up of pain. "So I use my time wisely and do things that are important to me. And I have a very low tolerance for those who want to waste my time in trivial matters," she said.

She remembers well a time in a hospital, between appointments, when she heard a harpist playing in the lobby. "That music was a light in the darkness, so appreciated because it took me away from that place, and all those worries," she said.

Ford suggests that people with pain find the music that inspires joy for them. "Everyone has their own; it doesn't have to be classical," she said.

Dr. Jensen agreed, noting that music stimulates the sensory cortex. The rhythmic patterns in music can also be a focus, like biking, walking, or swimming, that helps us tune out the chatter and find a peaceful, mindful place.

Mindfulness Resources

Articles related to mindfulness can be found in past issues of The Chronicle, available online.

• Solutions for Sleepless Nights, June 2010
• Hypnosis for Clinical Pain Management, March 2010
• The Healing Power of Guided Imagery and The Art of Pacing, Setting Limits and Goals, December 2008
• The Role of Stress in Pain Management, Spring 2005
• Music Lessens Chronic Pain, Winter 2005

"Meeting Pain with Awareness" at www.Mindful.org (contributed by ACPA facilitator Cheryl Neuenschwander.) is about body and mindfulness based stress reduction.

The Connection between Mindfulness and Pain

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If only we had heard that little voice when it said, "I'm not comfortable. Take a five-minute break, please." By taking a break before the pain is overwhelming, we can pace our activities and control the pain.

It is very difficult when you are in pain to believe that it is not all physical. The more we think about our pain the more we suffer. But, how can we stop thinking about pain when it is screaming at us and controlling our lives?

Mindfulness Helps You Gain Control

That is where mindfulness enters the picture as a significant component to living with pain as a person. Not only can you learn to listen to your body, you can—with practice—tell your body how you want it to feel. You can regain control, something everyone with pain wants: to control your life again and put pain in the back seat.

Mindfulness is one of the top techniques required to manage pain. In this issue, we will explore what mindfulness is, how to listen to our bodies, and use mindful meditation and self-hypnosis to reduce stress and tension. Most importantly, by being mindful of our bodies and emotions, we can manage the fear of being out of control, put pain in its place, and be in command of our own lives.
Self-Hypnosis Techniques for Management of Pain, Relaxation, and Sleep

by Mark P. Jensen, Ph.D.

Hypnosis is based on a simple idea: when people focus their attention and become very absorbed on a single object, they are more able to change how they feel. Virtually any absorbing activity can induce the state of relaxed yet focused awareness associated with hypnosis.

You need not worry about getting “stuck” in a hypnotic state. In fact, you should find that the state of focused awareness feels very familiar to you. Have you ever sat on a beach watching a sunset while on vacation or engaged in some interesting and absorbing hobby? You might sometimes lose track of time in these situations, but you do not get “stuck” in them. When it is time for you to return to your usual day-to-day state of mind, you will do so.

What Is a Hypnotic Induction?
The hypnotic induction is the first step in any self-hypnosis or clinician-led hypnosis session. The classic stimulus that many people have seen in old movies and cartoons is a swinging pocket watch, but virtually any object can be used, such as a candle, a spot on a wall, the clinician’s voice, or even your own breathing. It could also be some image that you generate yourself, like an image of being in some safe and relaxing place.

When people focus their awareness in this way, changes happen in the brain. There is an overall decrease in activity—the brain calms down. During this experience, the part of the brain that keeps track of time can become so inactive that you might lose track of time. The nerve cells in the part of the brain that prompt feelings of worry or anxiety are less active, so you feel less anxious during and after a hypnotic induction. As a result of these brain activity changes, people often respond to hypnotic inductions by feeling more calm and relaxed, and also more focused.

You may sometimes choose to use the induction to simply get into a hypnotic “state,” given that you will likely find the state relaxing and very comfortable, not unlike meditation. Entering this state has many positive health benefits on its own.

However, you can also follow your self-guided induction with self-suggestions for reduction in your pain and improvement in your mood or to your sleep.

Because sleep problems are so common in people with chronic pain, and because self-hypnosis can be so helpful for improving sleep quality, the rest of this article will focus on the use of self-hypnosis for improving sleep. (You can find more information on using self-hypnosis for managing your pain, mood, and even your thoughts and behavior in Hypnosis for Chronic Pain Management: Patient Workbook, published by Oxford University Press.)

Getting Ready to Slip into Sleep
Using a hypnotic induction can help you get to sleep faster, stay asleep longer, and feel more rested when you wake up.

Virtually any time you focus your awareness on a stimulus or image, the brain’s response is to decrease fast-wave (beta) activity and increase slow-wave (alpha and theta) activity. There is less “chatter” in the mind; you are too busy noticing the details of your safe place or experiencing feelings of relaxation to worry and ruminate. From this state, if the brain and body need sleep, you will more easily slip into sleep.

For some people, a natural muscular response to relaxation is to “twitch.” This is a sign that you are relaxing. You might find it interesting to count the twitches, but don’t be surprised if you can’t. This inability to count and keep track is another sign that your brain is drifting into the first stages of sleep.

A second experience sometimes associated with drifting off to sleep is that of random visual images—either “dreamlike” images of objects or people, or simply colors and patterns. If you experience these images, your job is to simply notice and enjoy them as they occur, and to understand that they

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Self-Hypnosis Techniques for Management of Pain, Relaxation, and Sleep

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are a sign that you are getting control over the process of getting to sleep. Focusing on these images will keep you from focusing on your thoughts, helping you to get to sleep faster.

When you wake up in the middle of the night—and most adults, in particular older adults, do—you can simply use your favorite hypnotic induction to get your mind into a state where it is easy to get to sleep again.

Self Hypnosis Induction Techniques
In teaching people hypnosis inductions and in the workbook, I offer three typical techniques that give you something interesting to focus on as your mind slows down.

These detailed scripts are modeled on the inductions used in our research on hypnosis and chronic pain management—studies that support the efficacy of hypnosis treatment for chronic pain. Therefore, they can be viewed as inductions that have scientific support.

However, everyone is different and you will likely find that you respond better to some inductions than to others. You may modify the inductions to make them even more effective for you. If you are working with a clinician experienced in the use of hypnosis, he or she will also work with you to find the hypnotic inductions that are most effective.

It is a good idea to use one or two inductions with a deep and satisfying ending, and then let it go. The old-fashioned approach to natural relaxation is to take a deep breath, hold it for a few seconds, and then let it go. If you are focusing on the induction, you will associate the cue with the feeling of relaxation, and the cue will remain firmly in mind. Below are summaries of the inductions from the workbook mentioned earlier.

The Country Road
In the countdown, imagine you are on a road, and you imagine yourself going under a different bridge, with the numbers appearing in your mind as you go. As you count from one to 10, take a deep breath, hold it, and then let it all the way out. In time, you will find yourself settling down, one level of comfort at a time, into a deeper and deeper experience of comfort and relaxation. When you reach the tenth level, you can really enjoy an experience of deep, comfortable ease.

Once you reach the number 10, you can then enjoy the feelings of relaxation that you have created for yourself for as long as you wish. Just a couple of minutes would be fine if you are taking a short break. Many people choose to stay in this state for 5 or 10 minutes, as they find it so calming and relaxing.

Relaxation
Relaxation inductions are useful for individuals with chronic pain because the mental calm that often accompanies relaxation is inconsistent with the suffering sometimes associated with pain. People with chronic pain who learn to experience relaxation whenever they wish often feel less pain and less distress associated with their pain.

In this induction, you focus on different parts of the body and different muscle groups, allowing each part to relax in sequence. Simply allow your mind to move from one body part to the next, letting each body part feel relaxed before moving on. Notice the specific sensations that you feel as your body relaxes. Is it heaviness, warmth, lightness, a slight tingling, something else? Whatever the sensations are for you, you should pay attention to those sensations and allow them to grow.

To facilitate the relaxation induction, you can use the relaxation video on the ACPA website, or purchase relaxation tapes and CDs from the ACPA store.

Going to a Safe Place
This induction takes advantage of many people's ability to imagine themselves in a specific location. If you can imagine yourself in a place where you feel very safe and comfortable—and picture in your mind's eye the details of that place—then feelings of relaxation and comfort will naturally follow the images that you create.

Safe place inductions and suggestions are particularly useful for individuals who are particularly irritable and who are able to visualize the images in enough detail so that the feelings associated with the images are virtually automatic.

Imagine you are in a place where you feel all of the senses working for you, taking in all of the smells (for example, the scent of a flower petal, the rush of water in a shower, the smell of a warm meal). You may feel the coolness of the grass underfoot and the sun on your face. You may find that certain sounds or sights provide a feeling of security in your safe place, and that when you hear or see them, you enter your place and experience yourself contained.

3-2-1 Technique
I learned about an excellent self-hypnosis induction—the "3-2-1" technique—from a colleague and clinician named Bjorn Engvist.

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The 3-2-1 technique is very simple. First, just listen for three things. Any three things that you hear as you are going to sleep will do: the noise of your breathing—one; a sound of a far-off airplane—two; or maybe the sound of your skin against the sheet—three.

Next, feel three things. For example, the feeling of the sheet against your skin—one; an interesting tingling sensation in your arms—two; and cool or warm air on your face—three. Just feel them and count them, 1, 2, 3.

And then, see three things. Allow three images to come into the mind. Just let them appear, on their own. A rose—one. A blue sky—two. Some third image; it does not matter what it is, maybe a beach—three. Any three images.

Then, after you have seen the third thing, go back and hear two things, and count them in your mind. Then feel two things. Then see two things. Then hear one thing, feel one thing, and see one thing.

And then start again. Hear three things, feel three things, see three things. Then hear two things, feel two things, see two things. Then hear, feel, and see one thing. And back to three.

As the mind focuses on and is experiencing what it hears, feels, and sees, and as it starts to drift to sleep, you will likely lose count. That is fine; just start over. You can use this strategy and discover what interesting things you can experience as you drift into a deep, restful sleep.

Using Self-Hypnosis

Once you learn to create a hypnotic state for yourself—a state where the mind is relaxed and you feel more comfortable—you can practice it on a regular basis. Research shows that the beneficial effects of self-hypnosis can last for hours after you practice, even if you practice for just one or two minutes at a time. By allowing yourself to experience the hypnotic state many times during the day, you will become better at using hypnotic skills and can feel much better as a result.

Jeanne Spring, facilitator of the Nevada County ACPA support group, asked the members to write a letter to "Mr. Pain." They described what pain has done to each of them and the hold that it has on them. They used the opportunity to describe everyday battles and successes and speak directly to their pain. Here is one of their stories.

Attention Mr. Pain,

This letter is to inform you that I am taking my life back. Under your stewardship, my life fell apart and became a living nightmare for years. You were unrelenting in making me as miserable as was in your power to do so. I allowed you to do this. However, I am no longer empowering you. I have chosen life instead. I have cast aside the label of "pain patient" to become a person once again, as it is my birthright.

Our relationship deteriorated from you being a friendly messenger of bad news, through becoming a persistent harasser, to becoming the bad news itself. You crossed the line as to what our relationship was intended to be. Your adamant insistence that I give you exclusive attention 24/7 was way over the top. While I tolerated with my passivity, I am no longer so tolerant.

I have learned to manage you better, listened to your initial whining complaints in my body, and taken prompt action to quell your outrage. We remain partners—for life—but it is appropriate that I retain the upper hand. I promise to be more attentive to your initial protests and to keep my body within the limits of the stress it can endure. I ask for your cooperation in this matter to reestablish a reasonable balance.

— Gary Ahlstrom
Does attitude matter? Does living with chronic pain ever give you an attitude problem? According to Merriam-Webster’s dictionary, attitude is commonly defined as a “mental position with regard to fact or state.” I know when I’m overwhelmed by pain my mental position is in a state! And that’s a fact!

Most of us know the daily struggles of chronic pain that may leave us frustrated or overwhelmed. Pain issues can slightly change or dramatically shift our attitudes.

Pain can change attitudes. However, staying aware of our moods and practicing meditation or relaxation techniques can be very effective in reversing pain-itude (pain that puts one in a bad mood). Understanding pain’s influence on our mood is important, but what about our attitude’s influence on pain?

Have you ever been near happy or excited people and their joy warms your day? Is happiness contagious? In my experience, I’ve noticed that when people are positive or excited, their influence can be potent. When I’m close to a motivated person, I feel their motivation.

My mother used to say, “Laugh and the world laughs with you.” And when I venture out with a wide smile, I can often see smiles reflecting mine. Like dominos: one smile starting a great chain reaction. If a happy stranger can influence our day in small or even dramatic way, imagine the effect our own attitude can have. Negative attitudes can isolate us, while positive attitudes reach out beyond us.

We have a lot of power! The amazing ability of our positive attitude provides the body with drive to heal, just as a negative attitude can take the body’s healing ability away.

In his book, Excuses Begone, Dr. Wayne Dyer sums up this complex idea by stating, “Your perceptions have the power to change your genetic makeup—your beliefs can and do control your biology.” Many great examples, studies, and books have illustrated how powerful this idea is and just how influential our outlook on life can be.

So the challenge is, as always, to choose our attitude; instead of allowing pain to determine how we view the world. By using knowledge of healthy living and focusing on abilities (not disabilities), our attitude will not become so easily lost in the haze of pain.

By reaching beyond the pain to a positive outlook we can increase health and trigger a contagious happiness. The attitude then becomes a beacon of support reflecting back from those around us.

Does your attitude matter? Yes! And an infectious attitude can create a path of smiles to health and support.

Written by John Yeoman ©2012. John has been a facilitator for the ACPA for nine years, teaches pain management classes at the YWCA, and peer support groups at the VA.

The only disability in life is a bad attitude.

~ Scott Hamilton
Book Review

The Pain Chronicles: Cures, Myths, Mysteries, Prayers, Diaries, Brain Scans, Healing, and the Science of Suffering
by Melanie Thernstrom

Review by Tara White, RN

This is simply the best, most readable, most thorough, and enjoyable pain book I have ever read. Melanie Thernstrom captures your attention from the first page in her meticulously researched masterpiece. She grabs hold of you, just as pain does; only you don't want this pain thriller to end.

I wanted to shout, "Yes! This is how I feel!" I wanted my husband, my mother, and my daughter to read it—to truly understand what living with chronic pain is all about. I wanted to hand it to all the well-meaning people who ask "Are you feeling better yet?" or "But, you look so good."

How do you explain that the pain is within, part of you, redefining and reshaping all you think and do? Yet it is invisible. It has tethered itself to you and it plans to stay.

Melanie Thernstrom writes with incredible insight and graceful eloquence about the invisible intricacies of the pained mind.

She begins with potent and thought-provoking metaphors that capture the essence of true chronic and unending pain. She says pain is "this unhappy country on whose shores we have washed up after a voyage upon which we never sought to embark."

"A landscape where nothing looks entirely familiar and where even the familiar takes on an uncanny strangeness" describe our lives only too well. Furthermore, she compares pain to "a sour domestic partner—intimate and ugly; a threatening, distorting presence, yet one who refused to move out."

These forceful analogies become vivid images to ponder.

Functional and scientific explanations of pain pathways are interesting, basic yet informative enough for every level. One is left creatively entertained and truly inspired.

Throughout the book, we get a smattering of Thernstrom's own personal pain journey and only hidden in the acknowledgments do we learn her beautiful and enduring destination. Beginning as an intermittent and lingering neck and shoulder swimming injury, Melanie's pain becomes angry and chronic.

Numerous physicians cannot diagnose her injury and prescribe treatments that sometimes even cause her more pain. She lives with self-doubt and loathing, always questioning herself. She ultimately uses her skills as a writer to research pain and various relief methods used throughout history: spiritual, religious, and cultural beliefs, and technological discoveries.

This book acknowledges that despite the great strides being made, medicine still cannot always "fix it." Pain remains a mystery, a puzzle with never-ending pieces that must be located and formed into some shape to comprehend. Some of us fight and deny; others simply find ways to endure.

The author reveals some truly terrifying components of pain.

* The central nervous system rewrites itself over time causing permanent pain messages to travel from the injury site.
* Cognition can be affected as parts of the brain have actually been damaged.
* The hormones that regulate the way the brain deals with pain are the same as those that impair immunity, meaning that the immune function is impaired.
* Cortisol increases, causing abdominal weight gain with all of its associated dangers.
* Pain causes the brain to atrophy, especially those areas that regulate the awareness of pain. Not only does the pain become more irreversible, it also becomes less responsive to therapy.

Luckily, the author notes, pain is now recognized as a disease itself rather than just a symptom. This new pain perspective has opened up a whole new paradigm of thought and research. As a consequence, this book states, there is now tremendous hope for pain practitioners and people with pain alike.

The Pain Chronicles: Cures, Myths, Mysteries, Prayers, Diaries, Brain Scans, Healing, and the Science of Suffering; author, Melanie Thernstrom; Farrar, Straus and Giroux New York, 364 pages, $27
For Our VIPs: Veterans In Pain
by Jani Larsen

In each issue of The Chronicle, this column will share communications between the ACPA and U.S. veterans and service members living with chronic pain. We welcome your feedback at jani@vetsinpain.org.

To keep you better informed, the ACPA has created an entire website dedicated solely to veterans and service members. Visit it at http://www.vetsinpain.org. There are articles, news of interest, and links to helpful resources.

Peer Support Available to All
The Veterans In Pain program is planning a virtual pain management peer support meeting for veterans, which will let U.S. veterans from all around the country log in and attend a meeting via their computers.

We are currently in the testing stages of this virtual meeting, trying it out with the ACPA facilitators who work with veterans and service members.

The functionality is huge! We have the ability to show demonstrations, videos, and presentations, providing veterans with the tools they need to start living a more productive life. We will also be able to open up the virtual rooms for two-way conversations, questions, and feedback.

At ACPA VIP, we pride ourselves on serving smaller groups—giving a personal touch to our program. Extra care and attention will be given to every question or comment we receive, which will help us better understand you.

While our virtual conference room will let us relate to anyone who is unable to make a meeting, we should emphasize that attending a physical support group meeting is preferred, as nothing can take the place of human contact.

Watch for more information coming soon. We look forward to meeting everyone in the future, in these virtual meeting rooms of the future, or in person.

Medical and Research News

Practice Guidelines for Neurologists
The American Academy of Neurology (AAN) develops clinical practice guidelines to assist its members in clinical decision making related to the prevention, diagnosis, treatment, and prognosis of neurologic disorders. Each guideline makes specific practice recommendations based upon a rigorous and comprehensive evaluation of all available scientific data.

Physicians and medical professionals can review and search the guidelines at www.aan.com/guidelines.

Research into Pain Pathways Reveals Interactions
Researchers at the University of California, Davis have discovered a “cross-talk” between two major biological pathways that involve pain research that may pave the way to new approaches to understanding and controlling chronic pain.

The newly published research reveals that analgesia mediated by inhibitors of the enzyme soluble epoxide hydrolase (sEH) is dependent on a pain-mediating second messenger known as cyclic adenosinemonophosphate or cAMP.

The messenger, cAMP, relays responses and mediates the action of many biological processes, including inflammation and cardiac and smooth muscle contraction.

The research, done on rodents, confirmed earlier studies at UC Davis that showed that pain can be reduced by stabilization of natural eicosanoid fatty acids (EFAs) through inhibition of sEH. "However, in the absence of an underlying painful state, inhibition of sEH is ineffective," lead researcher Bora Incceoglou said.

"This permits normal pain responses that serve to protect us from tissue damage to remain intact, while alleviating debilitating pain," said co-author and pain neurobiologist Steven Jinks.

Details are available at the UC Davis Department of Entomology website.
ACPA Updates

Government Announces REMS to Combat Drug Abuse
On April 15, 2011, the Obama administration released details of a plan to address prescription drug abuse, requiring drug makers to develop education programs about the safe use of opioids.

The new strategy is intended to prevent drug diversion and protect delivery of effective pain management through new federal requirements. The plan:

* supports the expansion of state-based prescription drug monitoring programs;
* recommends more convenient, less expensive, and easier-to-use responsible disposal methods;
* supports education for consumers and healthcare providers; and
* reduces the prevalence of drug filled and doctor shopping through enforcement efforts.

The FDA’s Opioids Risk Evaluation and Mitigation Strategy (REMS) will require manufacturers of long-acting and extended-release opioids to provide educational programs for prescribers and for consumers.

You can read more on the ACPA website, [http://www.theacpa.org/newsDetail.aspx?id=33](http://www.theacpa.org/newsDetail.aspx?id=33), or reply to a stakeholder’s call (held April 20, 2011) with several directors of the FDA, during which they discussed details of the FDA’s new safety measures. Call 1-866-463-4860 (202-356-4413 for international callers) before June 20, 2011.

For more about the implications of the FDA’s plan and ACPA’s efforts to raise awareness of these issues, read the following archives: December 2010, page 8, “ACPA in Fighting the Opioids Awareness about Prescription Medicine Abuse” and June 2010, page 8, “REMS: Fighting Drug Abuse or Limiting Access” at [http://www.theacpa.org/60/Chronicle.aspx](http://www.theacpa.org/60/Chronicle.aspx).

New Interactive Pain Log
Stress, sleep, money worries, and even the weather can affect pain. The ACPA Pain Log can help you track and understand what makes your pain worse, so you can work on ways to deal with your pain triggers. The more you know about how your pain affects, the more you can be in control, less afraid, and better able to function.

The online pain log lets you fill out a chart at the end of each day. You can also take your log book to your doctor to help you talk more openly with your healthcare providers. Visit our new Interactive Pain Log at: [http://www.theacpa.org/25/CommunicationTools.aspx](http://www.theacpa.org/25/CommunicationTools.aspx)

Pain Curriculum Educates Medical Students
Tufts University’s program in pain research, education, and policy celebrated 10 years of graduating students in the first and only multidisciplinary postgraduate pain curriculum of its kind in the United States. The program has enrolled nurses, physicians, dentists, physical therapists, nurse practitioners, pharmacists, researchers, acupuncturists, occupational therapists, hospice workers, health policy advocates, and other professionals.

Its curriculum addresses topics such as the ethical and sociocultural aspects of pain, palliative care, end-of-life issues, public policy, legislative issues, communication, research methods, and advocacy, along with clinical issues and the neurochemistry of pain. Its director, Dr. Daniel Carr, is a member of the ACPA’s Medical Advisory Board. You can learn more about this innovative program at [www.tufts.edu/med/education/phpd/mssprep](http://www.tufts.edu/med/education/phpd/mssprep).

Time Magazine Reports on Pain Treatments
In a June, 2011, issue of Time Magazine contained several articles about understanding pain. It discussed drug treatments, spinal cord stimulation, and acupuncture and shared several stories of people living with pain. In his column, Dr. Mehmet Oz stated that “physicians can predict a pain diagnosis related to injury, but are otherwise working largely in the dark, reliant on patient narrative.”

He urged people with pain to prepare for their appointments so they can ask the right questions, adding “The American Chronic Pain Association has a great list of communication tools to help you better verbalize your pain.”

[http://www.time.com/time/health/article/0,8599,2057269,00.html](http://www.time.com/time/health/article/0,8599,2057269,00.html)
Honor Someone Special for Pain Awareness Month

Many people support those of us who live with chronic pain, including doctors, therapists, and loved ones. For September, Pain Awareness Month, honor the unsung heroes in your life by making a donation to the ACPA. We will recognize these special people in the September issue of The Chronicle. Donate through the form on page 15, or online.

Thank You!

Since 1980, the American Chronic Pain Association has provided people who must live with daily pain a means to help themselves to a richer, fuller life. We are grateful to have the support of these corporate sponsors for our mission.

AMBASSADOR
Lilly
Millennium Laboratories
Pfizer
Pharmaceuticals

EDUCATOR
Cephalon
Forest Laboratories Inc.
Medtronic, Inc.
Pfizer
Pluristem

BUILDER
Abbott
Archemedes Pharma
Pfizer
PriCare

Thank you to these corporations for grants that enabled ACPA to fund special projects.

Pfizer for the fibromyalgia education campaign
Medtronic and Purdue Pharma for an unrestricted educational grant to develop the new ACPA website
Forest Laboratories for the fibromyalgia Web-based interactive person
Medtronic for the Understanding Medical Devices Video

Tributes

In Memory of Carol Brown
Mother of Deborah Bartucca
Given by Mr. & Mrs. Donal Flintzer of Delray Beach, FL

In Memory of Joanne Echols
Given by Hunter Quackenbush

The ACPA is a peer support organization: we help each other learn to live fully in spite of chronic pain. Your membership, donations, and purchase of materials keep the ACPA alive and reaching out to even more people with pain.
Setting Goals

Pain management is different for every person. When planning how your chronic pain will be managed, you and your healthcare professional have a lot of things to consider. Your healthcare professional may be a physician, a physician's assistant, or a nurse practitioner. He or she may work in a small practice or as part of a large group. Your healthcare professional may also be part of a larger pain management team working to help you manage your pain. This team of healthcare professionals may include physicians, specialists, nurses, therapists, and pharmacists. Information on communicating with your pain management team is available in Fact Sheet 13 of the Emerging Solutions in Pain Patient Education Series.

Setting well-defined goals that are realistic, challenging and attainable is a key to treatment success.

Your treatment plan will be tailored specifically for you, based on things such as how your pain began, whether your pain is being caused by an underlying disease, and the combination of treatments including non-drug therapies and pain medications that may be right for you. For information on the different types of pain medications, see Fact Sheet 2 of the Emerging Solutions in Pain Patient Education Series.

One important consideration is the level of function you had before your pain began, and the level of function you hope to regain as a result of your pain treatment. Just as every person has a unique pain management program, every person has their own goals of what they expect from their treatment. Setting well-defined goals that are realistic, challenging and attainable is a key to your treatment success.
Six steps to achieving your personal goals

There are six steps you can follow to achieve your personal pain management treatment goals. They are:

1. Assess—take an honest look at your current beliefs and behaviors regarding your treatment, and your commitment and confidence in making a change for the better.

2. Advise—get information from your pain management team about the potential risks and benefits of treatment, and the goals they believe are appropriate for you.

3. Agree—set goals that reflect your own personal motivation and commitment, as well as what your team believes is possible for you to achieve.

4. Assist—with the help of your pain management team, identify the barriers that may make it difficult for you to achieve your goals, and learn problem-solving techniques that can help you overcome those barriers.

5. Arrange—set a specific plan for following up with your pain management team on a regular basis.

6. Adapt—take each day as it comes. You will have good days and bad days. Be flexible as you may have more pain on some days.

*Adapted from [3]

By following these six steps, you will create a personal pain treatment plan that lists your treatment goals; the barriers to reaching those goals; how you can overcome them; and how and when you will follow up with your healthcare team to share your plan and progress. Having a personal treatment plan in place will give you the confidence you need to help manage your pain. This confidence will give you the motivation you need to succeed in putting your plan into action. And succeeding in putting your plan into action can help improve the outcome of your treatment.
Be SMART about setting your goals

SMART goals are the most effective goals, and are most likely to help make your treatment plan a success. They are smart because they are written in a way that helps you take action and make your goals a reality. SMART goals are:

- **Specific**—each goal must describe a specific action or step, like "walk around the block" instead of "take a walk."
- **Measurable**—each goal must have a specific way to evaluate it so you know when it has been reached, like "walk around the block in 30 minutes."
- **Attainable**—each goal must have your full and complete commitment behind it, like "walk to the next block when I have a pain-free day."
- **Realistic**—each goal must be possible for you to achieve, given any restrictions or limitations you may have, like "today my pain is worse, so I will walk around the block in 45 minutes."
- **Tangible**—each goal must have a reasonable target date for when you want or hope to achieve it, like "I want to walk five blocks in three months time."

It can also help to prioritize your goals. Put the most important goals at the top of your list, and those that are important but less urgent, or that depend on attaining another goal beforehand, toward the bottom of your list. Remember, just as your life is constantly changing, so should your goals. Review your list of goals every month. Check off the goals you've achieved, modify or keep working on past goals, and add new goals.

**Goals come in many varieties**

Think about how many different interests, desires, wants, and needs you have. You could probably write an entire list of wishes, but first you need to decide what is most important to you and not be too ambitious. Perhaps just being able to get a full night's sleep may be a realistic starting goal, eventually progressing to having enough energy to walk around the block. Once therapy is well underway, you could consider adding a round of golf, playing the piano, doing some gardening, or swimming a lap or two in the pool.

Progress may be slow and original goals may have to be adjusted from time to time to ones that are more realistic and attainable. That is to be expected and is perfectly okay. The main point is that you want to challenge yourself to improve and grow. Perhaps improvement for you is simply tying your own shoes or, on a day that you are feeling really good, maybe it is walking in those shoes for a couple of blocks. Goals of treatment are as different as responses to treatment. Goal setting is a personal and constantly changing activity.
Below are some goal categories you can think about while making your own list of goals.

- **Physical goals**—getting back to things you love to do, like walking, jogging, bicycling, or going to the gym
- **Recreational goals**—participating in your favorite activities such as gardening, going to the movies, or playing sports
- **Recovery goals**—if you have a history of alcohol or drug abuse, staying sober and/or drug-free may be one of your goals
- **Lifestyle goals**—improving your health and outlook by quitting a habit like smoking, by losing weight, or getting regular sleep
- **Creative goals**—getting your mind off your pain by painting, writing, playing a musical instrument, or taking up a new hobby

**Examples of good goal setting**

Writing goals for your personal pain treatment plan sounds easy, but it can be difficult to write goals that are really SMART. Here are a few examples of well-written goals. Perhaps they are your goals too. Use the spaces on the next page to write your own goals and share them with your pain management team as you develop your personal treatment plan.

**EXAMPLE 1:** "I want to be able to walk my granddaughter to school each morning, a total of four blocks round trip."

**EXAMPLE 2:** "I want to be able to play nine holes of golf once a month with my friends."

**EXAMPLE 3:** "I want to do some gardening for 15 minutes each day."

**EXAMPLE 4:** "I want to take a yoga class at the YWCA/YMCA once a week."

**EXAMPLE 5:** "I want to attend an AA meeting twice a month to get support to stop drinking."

**EXAMPLE 6:** "I want to drink less coffee and go to bed at 10 pm every night."

**EXAMPLE 7:** "I want to join a scrapbooking group to learn a new hobby and attend classes once a week."
My personal goals for pain treatment

Goal Example
My goal is: I want to play the piano for 15 minutes each day.
How I will do it: I will take my medications as prescribed.
How I will measure it: I will keep a journal to track the pain in my fingers.
How I will achieve it: I will use some heat pads to help the pain in my fingers.
I will achieve it by: I will play Happy Birthday for my grandson's next birthday.

Goal #1
My goal is: ____________________________
How I will do it: ____________________________
How I will measure it: ____________________________
How I will achieve it: ____________________________
I will achieve it by: ____________________________

Goal #2
My goal is: ____________________________
How I will do it: ____________________________
How I will measure it: ____________________________
How I will achieve it: ____________________________
I will achieve it by: ____________________________

Goal #3
My goal is: ____________________________
How I will do it: ____________________________
How I will measure it: ____________________________
How I will achieve it: ____________________________
I will achieve it by: ____________________________

Goal #4
My goal is: ____________________________
How I will do it: ____________________________
How I will measure it: ____________________________
How I will achieve it: ____________________________
I will achieve it by: ____________________________

Patient Tool Kit 2008
The people on my pain management team whom I will ask for support include: 


Some of the barriers I need to overcome in order to achieve my goals are: 


I will overcome these barriers by: 


To keep myself motivated and on track in reaching my goals, every day I will tell myself: 


I know I can be successful in reaching my pain treatment goals because: 


Share the information you’ve written above with your pain management team. Be sure to ask for their advice in identifying barriers that may make it difficult for you to reach your goals, and ask for their suggestions on what you can do to overcome those barriers. If you misstep, remember that nobody is perfect, and see it as an opportunity to adapt and problem solve. Review your goals regularly, and update them as necessary. These goals will help you achieve your pain management treatment objectives.
Although it may not be possible for your pain to resolve completely, with commitment and persistence, you can overcome your pain and lead a happy, productive, and fulfilling life.

There are other fact sheets available in this educational series. Please discuss which may be suitable for you with your healthcare professional.

For additional information about setting pain management goals, visit this resource:

- The Mayo Clinic
  http://www.mayoclinic.com/health/chronic-pain/PN00048

References
   http://www.theacpa.org/documents/ACPA%20Meds%202007%20Final.pdf


"BRAGS" — Brags are opportunities for you to share with group how you handled a situation differently than you normally would have handled it, why handling the situation differently was important and what you learned personally, by taking this risk, stepping out of your comfort zone and trying to handle a situation in a healthier way.

What (What was the situation & how did you handle it differently than you normally would have?):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Why important (Why is this a brag? Why was it important that you tried to handle the situation this way?):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What learned (What did you learn from handling the situation this way? What did you learn about yourself? What did you learn about others?....)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Developed by Dottie Fonstad, MSE, LCSW, CADC 111
Pain Management Group

Session #8

Duration: 90 minutes

Values Assessment- What do you value? How successful have you been living your life according to your values? Has pain impacted these areas? What goals might you have for improvement? Are you willing to accept and experience pain if it means you may move towards a valued direction in your life?

Goal Setting-SMART Goals

Review of Experience-Group Evaluation

Homework: Share what you worked on today with someone you love/trust.
Values Assessment Rating Form

Read through the accompanying values sheet. For each of the ten domains, write a few words to summarise your valued direction, E.g. 'To be a loving, supportive, caring, partner.' Rate how important this value is to you on a scale of 0 (low importance) to 10 (high importance). It's okay to have several values scoring the same number. Rate how successfully you have lived this value during the past month on a scale of 0 (not at all successfully) to 10 (very successfully). Finally rank these valued directions in order of the importance you place on working on them right now, with 10 as the highest rank, and 9 the next highest, and so on.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Valued direction (Write a brief summary, in one or two sentences, or a few key words.)</th>
<th>Importance</th>
<th>Success</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples/ intimate relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family relations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social relations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirituality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizenship/community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health/ Physical well-being</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VALUES WORKSHEET (Adapted from Kelly Wilson’s Valued Living Questionnaire)

Deep down inside, what is important to you? What do you want your life to stand for? What sort of qualities do you want to cultivate as a person? How do you want to be in your relationships with others? Values are our heart’s deepest desires for the way we want to interact with and relate to the world, other people, and ourselves. They are leading principles that can guide us and motivate us as we move through life.

Values are not the same as goals. Values are directions we keep moving in, whereas goals are what we want to achieve along the way. A value is like heading North; a goal is like the river or mountain or valley we aim to cross whilst traveling in that direction. Goals can be achieved or ‘crossed off’, whereas values are an ongoing process. For example, if you want to be a loving, caring, supportive partner, that is a value – an ongoing process. If you stop being loving, caring and supportive, then you are no longer a loving, caring, supportive partner; you are no longer living by that value. In contrast, if you want to get married, that’s a goal – it can be ‘crossed off’ or achieved. Once you’re married, you’re married – even if you start treating your partner very badly. If you want a better job, that’s a goal. Once you’ve got it - goal achieved. But if you want to fully apply yourself at work, that’s a value – an ongoing process.

The following are areas of life that are valued by some people. Not everyone has the same values, and this is not a test to see whether you have the “correct” values. Think about each area in terms of general life directions, rather than in terms of specific goals. There may be certain areas that you don’t value much; you may skip them if you wish. There may be areas that overlap – e.g. if you value hiking in the mountains, that may come under both physical health and recreation. It is also important that you write down what you would value if there were nothing in your way. What’s important? What do you care about? And what would you like to work towards?

1. Family relations. What sort of brother/sister, son/daughter, uncle/auntie do you want to be? What personal qualities would you like to bring to those relationships? What sort of relationships would you like to build? How would you interact with others if you were the ideal you in these relationships?

2. Marriage/couples/intimate relations. What sort of partner would you like to be in an intimate relationship? What personal qualities would you like to develop? What sort of relationship would you like to build? How would you interact with your partner if you were the ‘ideal you’ in this relationship?

3. Parenting. What sort of parent would you like to be? What sort of qualities would you like to have? What sort of relationships would you like to build with your children? How would you behave if you were the ‘ideal you’.

4. Friendships/social life. What sort of qualities would you like to bring to your friendships? If you could be the best friend possible, how would you behave towards your friends? What sort of friendships would you like to build?

5. Career/employment. What do you value in your work? What would make it more meaningful? What kind of worker would you like to be? If you were living up to your own ideal standards, what personal qualities would you like to bring to your work? What sort of work relations would you like to build?

6. Education/personal growth and development. What do you value about learning, education, training, or personal growth? What new skills would you like to learn? What knowledge would you like to gain? What further education appeals to you? What sort of student would you like to be? What personal qualities would you like to apply?

7. Recreation/fun/leisure. What sorts of hobbies, sports, or leisure activities do you enjoy? How do you relax and unwind? How do you have fun? What sorts of activities would you like to do?

8. Spirituality. Whatever spirituality means to you is fine. It may be as simple as communing with nature, or as formal as participation in an organised religious group. What is important to you in this area of life?

9. Citizenship/environment/community life. How would you like to contribute to your community or environment, e.g. through volunteering, or recycling, or supporting a group/charity/political party? What sort of environments would you like to create at home, and at work? What environments would you like to spend more time in?

10. Health/physical well-being. What are your values related to maintaining your physical well-being? How do you want to look after your health, with regard to sleep, diet, exercise, smoking, alcohol, etc? Why is this important?
ThedaCare Behavioral Health
Pain Management Group Evaluation

Date:___________________

We would appreciate your feedback regarding your participation in the pain management group.

Please comment on aspects of the group that were helpful to you:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Were there concepts/skills taught that were difficult for you to understand?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What are your suggestions for improvement?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Were there any topics that were not covered, that you think should be added?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Thank you for taking the time to complete this!
1. Over the last two weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Little interest or pleasure in doing things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Feeling down, depressed, or hopeless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Trouble falling or staying asleep, or sleeping too much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Feeling tired or having little energy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Poor appetite or overeating.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Feeling bad about yourself or that you are a failure or have let yourself or your family down.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Trouble concentrating on things, such as reading the newspaper or watching television.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Thoughts that you would be better off dead, or of hurting yourself in some way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

PLEASE ANSWER THE FOLLOWING IF YOU ARE HAVING SUICIDAL THOUGHTS:

*DO YOU HAVE A PLAN TO HARM YOURSELF?  YES  NO
*DO YOU INTENDED TO ACT ON YOUR PLAN AT THIS TIME?  YES  NO
*DO YOU NEED A HIGHER LEVEL OF CARE TO REMAIN SAFE?  YES  NO

2. Of the above questions, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – not difficult</td>
<td></td>
</tr>
<tr>
<td>1 – somewhat difficult</td>
<td></td>
</tr>
<tr>
<td>2 – very difficult</td>
<td></td>
</tr>
<tr>
<td>3 – extremely difficult</td>
<td></td>
</tr>
</tbody>
</table>

PHQ-9  Adult MH