The Connection between Mindfulness and Pain

by Penney Cowan, Executive Director, ACPA

Peopel 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.

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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...”
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.”
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 say 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 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.
Mindfulness is About Making the Minutes Matter

by Alison Conte, Editor, The Chronicle

W e'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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“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.

The Connection between Mindfulness and Pain

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.
Hypnosis is based on a single 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
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 begin each induction with a deep and satisfying breath; hold it for 5 to 10 seconds and then let it go. It takes advantage of the fact that there is a natural relaxation response that follows an exhalation. You will associate the cue with your own hypnotic response. The following are summaries of these techniques; more details are in the workbook mentioned at the end of the article.

The Countdown

In the countdown induction the script suggests you slowly imagine yourself going down an elevator. You can imagine the numbers appearing in your mind’s eye.

As you count from one to 10, take a deep, satisfying breath, hold it, and then let it all the way out. Imagine that you feel 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 have a talent for imagery and who are able to visualize a place in enough detail so that the feelings associated with the place are elicited automatically.

It is also useful to include all of the senses when imagining the safe place. To smell the smells (for example, the salty air at a beach), hear the sounds (the rush of water in a meadow next to a mountain stream), and feel the textures (sand or dirt outside) and temperature, You may find that some senses help you to experience being in your safe place more easily than other sensations. If so, it would be wise to focus on those senses as you enter your place and experience yourself being there.

3-2-1 Technique

I learned about an excellent self-hypnosis induction—the “3-2-1” technique—from a colleague and clinician named Björn Enqvist.
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.

* Much of the information presented in this article is a summary of portions of “Hypnosis for Chronic Pain Management: Patient Workbook” by Mark P. Jensen, published by Oxford University Press. This workbook is available from Amazon.com. Dr. Jensen is a University of Washington professor and vice chair for research of the Department of Rehabilitation Medicine.
Why Attitude Matters

by John Yeoman, M.A. LMHCA, ACPA facilitator, Snohomish County, Washington

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 poten. 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 dominoes: 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 ©2011. 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, dirtying, distracting 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 acknowledgements 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
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](http://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 adenosine monophosphate 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 epoxy-fatty acids (EFAs) through inhibition of sEH. “However, in the absence of an underlying painful state, inhibition of sEH is ineffective,” lead researcher Bora Inceoglou 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.

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**For Our VIPs: Veterans In Pain**

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](mailto: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](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.
**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 and environmentally responsible disposal methods
- supports education for consumers and healthcare providers, and
- reduces the prevalence of pill mills 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 replay 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 1-866-463-4969 (203-369-1404 for international callers) before June 20, 2011.


**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/msprep](http://www.tufts.edu/med/education/phpd/msprep).

**Communications Tools Targeted to Health Care Professionals**
Medscape, which offers continuing education courses for physicians and nurses, is now working with ACPA to provide communications tools to help health care providers communicate more effectively and efficiently with people with chronic pain and others. A direct link to ACPA materials can now be found under Patient Assessment and Educational Materials on the Medscape Professional Pain Collaborative website, [http://www.medscape.org/resource/pain/cme](http://www.medscape.org/resource/pain/cme).

**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 body reacts, the more you can be in control, less afraid, and better able to manage pain.

The online pain log lets you fill out a chart at the end of each day or several times a week. You can also take your log book to your doctor visits. It can 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).

**Time Magazine Reports on Pain Treatments**
The March 7, 2011, issue of *Time Magazine* contained several feature stories 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.

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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.

Welcome to our new groups and facilitators.

Karen Janzen
Wichita, KS

Carrie Miller Biggers
Northeast, MD

Cherith Moore
Columbia, MO

Steve McDaniels
Las Cruces, NM

Rita-Marie Geary
Rochester, NY

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We welcome essays, poetry, articles, and book reviews written by people with chronic pain or their families.

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