



**Tools to Make the Most of Life,
Despite the Chronic Pain**

Written by a **chronic pain patient**, Tom Bowen,
for other **chronic pain patients**

This book is for informational purposes only and should be used in conjunction with healthcare professionals. It's not meant to replace medical or professional advice.

Information provided in the book is based on the author's personal experience, beliefs, and research regarding non-cancer/end-of-life chronic pain. It's not a detailed plan for pain rehabilitation but is meant as a launching pad to start you on the next phase of your journey.

We're all different just like our pain. What works for me may not work for you. The decision to use any treatment is a decision between patient and doctor.

Consult a doctor or other healthcare professional before attempting treatment. Use of the information provided in the book is at your own risk.

A NOTE FROM THE AUTHOR

This book is my experience as a chronic non-cancer pain patient and the biopsychosocial mind/body approach I take to manage chronic pain.

We're all different just like our pain. What works for me may not work for you. Hopefully, you can benefit from what I've learned to better control your pain and better your life.

My story

My chronic pain started in 2009 with nerve damage after emergency groin surgery. Four years later, I fell and hit my head. That fall led to a constant headache, a whistling sound in my ear, back and hip pain, tingling and numbness in my hands and feet, electrical shocks in my legs, muscle soreness, and random pain and burning sensations throughout my body.

My official pain-related diagnoses: fibromyalgia, costochondritis, tinnitus, IBS, post-concussion syndrome, neuropathy, sleep apnea, chronic fatigue, anxiety, and depression.

I was fortunate to attend one of the few outpatient multi-week interdisciplinary outpatient chronic pain programs in the United States for non-cancer/end-of-life pain – the **Mayo Clinic Pain Rehabilitation Center** in Rochester, MN.

A team of nurses, doctors, pharmacists, psychologists, physical therapists, and occupational therapists at Mayo helped me understand what was happening with

me and discover what I needed to do to take back my life. The program gave me hope. My goal changed from ending the pain to living despite it.

I learned to **accept** the pain, **adjust** to it, and **manage** it.

Yes, I still hurt. I just choose to not focus on the moderate to severe pain I have each day – which is, of course, easier said than done. I will not let the pain win.

My background

I'm not a trained medical professional. REPEAT... I'm not a trained medical professional.

My background is in advertising and marketing. You may have seen my articles in Stat or National Pain Report. I also oversee a web site **Chronic Pain Champions** and a Facebook Support group **Chronic Pain Champions – No Whining Allowed**. Visit us and follow us!

ACKNOWLEDGEMENTS

I would like to thank my wife, Charlene, and my children, Marie, and Dennis, as well as the rest of my family, friends, and healthcare team for their support during my pain journey.

Thanks also to the Mayo Clinic Pain Rehabilitation Center for teaching me so much during the time I spent at your program. You changed my life.

A special thanks to Dr. Eric Barlow, M.D, Medical Director, Compass Clinical Associates, and Dr. Bryan Hall, Ph.D., LMHC, Counseling for Growth and Change, for reviewing this book.

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KEY TAKE-AWAYS

Below are some of the common themes you'll see inside this book. They're key to the chronic pain management process.

- The better we understand pain and the more we know about it, the better equipped we are to manage it.
- Pain is an experience with biological, psychological, and social factors; not just a number on the pain scale.
- Pain doesn't always mean harm.
- Not all pain will go away – we need to accept it, adjust to it, and manage it.
- Once pain becomes chronic, the ultimate goal of treatment should be to increase function and quality of life, not pain elimination.
- Just treating the pain is not enough, we need to treat the whole person.
- How we think about pain affects our pain experience.
- We can have good fulfilling lives, despite the pain.

1. UNDERSTAND PAIN

Pain is in the body and brain

If anyone ever told you your pain is in your head, they were partially right.

There are both biological and psychosocial components to pain.

The International Association for the Study of Pain defines pain as “an unpleasant sensory and emotional experience.” It goes on to say pain is subjective and can be experienced with or without a direct pathophysiological cause. [1]



Pain warns us of danger. It alerts us like an alarm. It's part of our flight or fight response.

When our body senses danger, it sends a signal to the brain to figure out what we feel, how we react emotionally to the danger, and what we do to reduce the danger. The brain generates the pain.

Pain is an experience, not just a number on a scale.

Two types of pain

There are two types of pain: acute and chronic.

Acute pain is the body's normal response to tissue damage or injury and needs immediate medical attention. It is finite – healing and generally lasting less than three months.

Chronic pain is an abnormal response and doesn't improve over time. It can happen after an injury or illness heals. It can be due to a degenerative disease, like arthritis. It can be neurological. It can also have no known biological cause, as in the case of fibromyalgia and many common low back pain conditions.

Once it becomes chronic, pain loses its warning function and becomes its own disease. It changes how the brain processes pain – misfiring nerve signals and continuing to tell the body it hurts. Just like an alarm that goes on and won't turn off. An overreaction or amplification, of sorts. It gets stuck on high alert.

Experts call this overreaction centralized pain or central sensitization. We become overly sensitive to the pain. And it can happen in all chronic pain conditions, no matter the underlying cause.

We may feel it when only lightly touched or bumped. The pain can move around to different areas of the body other than the spot of the original injury. It can even change the type of feeling we may have like achiness, stabbing, tingling, or burning, for example.

Think about people who feel pain coming from a body part that's no longer there (also called phantom pain). No part should mean no pain. Right? Yet, they still feel pain. The pain is coming from the brain. The pain is very much real despite any tissue damage.

Warning: what your doctor or diagnostic test tells you may hurt you

A guy in a white coat says your imaging test shows a degenerative disc. What's your reaction? You may become anxious. You may become scared. You may even hurt just thinking about it.

Now what if the guy in the white coat tells your test results but at the same time tells you degenerative discs are part of the normal aging process and there is nothing to worry about? You probably won't be as anxious or scared.

Makes sense, huh? It is called the nocebo effect – the expectation of persistent or worsening pain. And it can sometimes cause a diagnosis to do create fear and do more harm than good.

MRIs and other diagnostic tests can add to this nocebo effect by medically legitimizing the pain. Testing can be misleading and open to interpretation – finding something wrong even when there is no pain or showing nothing wrong when there is pain. [2]

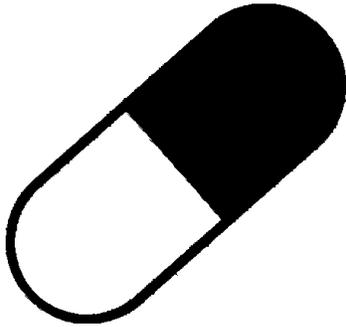
Take back pain, for example. While back pain is the second most common medical complaint, a cause of the pain can only be found about 20 percent of the time. [3]



It's no wonder how it can become easy for someone with chronic pain to overutilize the medical system looking for a biological cause and a solution to their pain.

That same overutilization can lead to more diagnostic testing and potential unhelpful or even harmful treatment options – leading the person to worry even more

There's no magical pill, procedure, or other intervention



Medical professionals don't have all the answers, nor do they have all the cures.

Chronic pain often doesn't have a clear physical cause. And when it does, there aren't always solutions to the cause. You might not be able to be fixed.

While traditional biological medicine can be part of a pain management plan, there is no magical pill, procedure, or other intervention that makes chronic pain disappear. Sadly, many of us with chronic pain may never be pain-free again. But that doesn't mean there is no quality of life for us.

Opioids aren't the best or only answer

Opioid medications have proven most valuable as treatment for short-term acute pain and cancer/end-of-life pain, not for long-term chronic pain.

While some chronic pain patients report improvement with opioids, there haven't been any conclusive long-term studies showing the effectiveness of opioids in relieving pain and restoring function. [4, 5]

In fact, a recent 12-month study showed opioids are no better than non-opioids for chronic back pain or hip or knee osteoarthritis pain. [6]

You might not be able to be fixed.

Opioids also come with risks:

- Side effects – including drowsiness, dizziness, nausea, vomiting, and constipation.
- Tolerance – needing more of the drug over time to get the same benefit.
- Dependence – not being able to stop the medicine without severe symptoms.
- Addiction – compulsively seeking out the drug (patients who take opioids are not all addicts).
- Other complications – including anxiety, depression, heart attacks, sexual problems, respiratory failure, and increased risk for accidents.

The use of opioids is a physician-patient decision based on risk and reward. And if used as therapy, should be part of a comprehensive pain management plan.

Any tapering should be done with oversight and alternative treatment. Chronic pain patients shouldn't be expected to abruptly stop opioid therapy.

Pain is an experience – treat the person, not just the body

We're more than our bodies. Yet, we've been typically treating chronic pain only from a biological perspective.

Enter the biopsychosocial model of pain.

This model of pain stresses a holistic look at the experience of chronic pain. It not only looks at the biological factors (injury, tissue damage, etc.) but also how our emotional well-being and social situation influence how we're affected by chronic pain.

Biopsychosocial Model of Pain



Let's take closer look at the three factors in the model:



Biological – refers to our physical bodies and any correlating tissue damage, injury, or other physical stressors affecting our pain experience. It's what many people typically associate with pain. If get hurt, we go to the doctor to get fixed.

Psychological – refers to how we think about pain and our emotional and behavioral responses to our pain experience. How much time do we spend thinking about pain and how much it hurts? Do we get worried and guarded? Do we expect the worst?

More details are provided in the **Change Thinking, Change Life** section of this book.



Social – refers to our interactions at work and at home. And with our interactions with friends and with our medical teams. As well our cultural beliefs and demographic status.

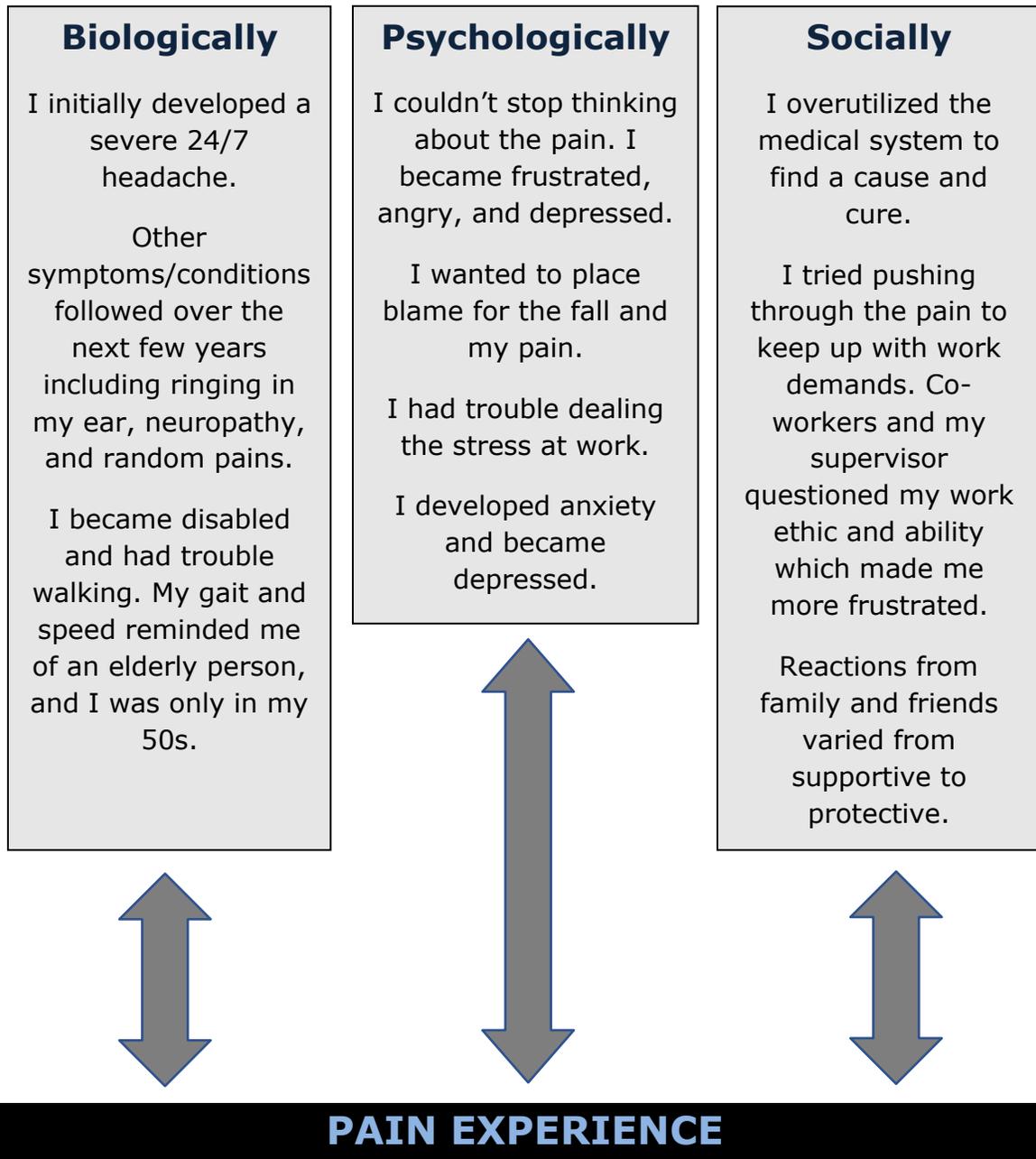


How we interact with others influences our pain experience. Are we painry? Have we withdrawn from them?

How others interact with us also affects our pain experience. Are they supportive or do they enable/coddle us? Do they get angry and frustrated? Have they withdrawn from us?

Focus on the person, not just the pain.

Within the biopsychosocial model of pain, each of these three factors play off each other to create the pain experience. I'll use my fall as an example.



2. STAGES OF CHRONIC PAIN

Below are some common stages associated with chronic pain. They may or may not appear in chronological order and can appear at the same time.

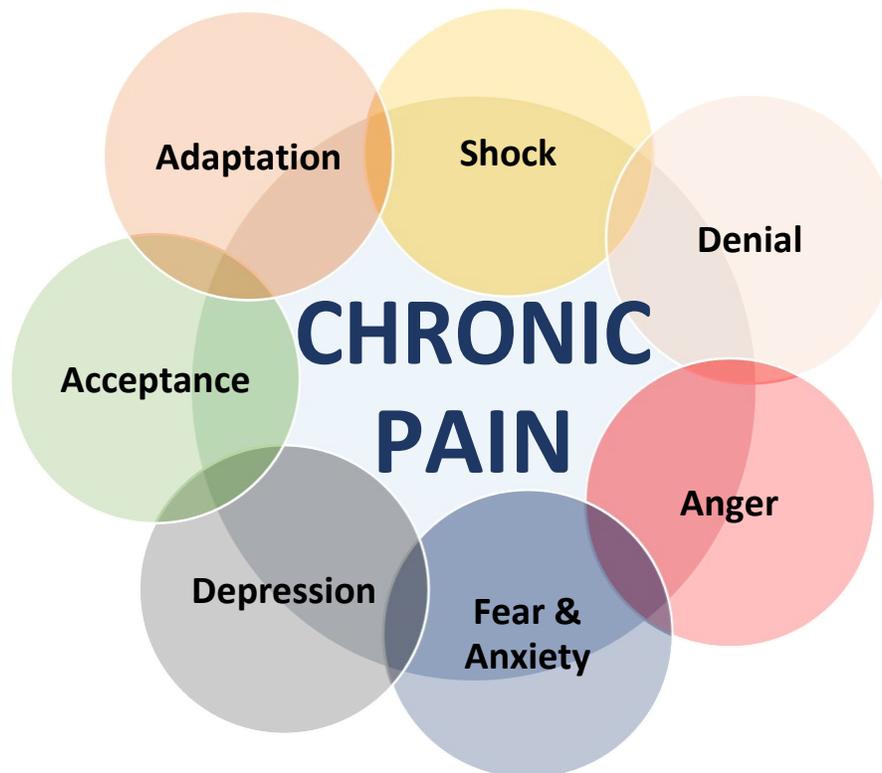
1. **Shock:** You realize your pain has become chronic. A doctor may have told you may have pain for the rest of your life, or you will never get better. You may even have been told you might not be able to continue to work.
2. **Denial:** You become defensive. You may question the doctor's skills and/or diagnosis. You may start bouncing between healthcare providers and other clinicians to find a cause and cure.
3. **Anger:** You look for blame. You may get mad at a doctor or even at yourself wondering what they did or what you did to cause the pain.
4. **Fear and anxiety:** You grieve the past. You may wonder how your life is going to change and how you're going to live with those changes. You can become anxious and stressed about not being able to live up to expectations or paying medical bills, etc.

Where are you at in your pain journey?

5. **Depression:** Your body reacts negatively to the stress. You can become sad and feel hopeless. You complain. You may sleep too much or not enough. You may even withdraw from other people and become isolated. Your pain can become amplified.

6. **Acceptance:** You accept the reality of your situation and recognize chronic pain as your new normal. The pain may never go away. It is permanent. Even though you accept the pain, you don't have to like it.

7. **Adaptation:** You learn to live, despite the pain, using tools to help manage it.



3. ACCEPT CHRONIC PAIN

"Acceptance doesn't mean resignation; it means understanding that something is what it is and that there's got to be a way through it."

Michael J. Fox

It's often the struggle with chronic pain that's the worst part of having pain, not the pain itself. The struggle makes it easy to become distressed and feel like a victim.

To minimize the struggle, it's helpful to come to terms with the pain as your "new normal" – accepting there's no immediate cure.

Take note of the pain, accept it, then let it go. Just like the glass of water in the example on page 20, the longer you hold onto stress and worry the heavier and disabling they become.

Accepting your pain doesn't mean being okay with the pain, giving up hope or resigning yourself to a life of misery. It's about grieving your losses, moving forward, and leading a fulfilling and functional life despite the pain.

You can only control what you can control.

Pain doesn't always mean more harm

Don't be afraid of pain.

By its very definition, pain is an unpleasant experience with both physical and emotional components.

It's a signal from the brain to tell us we are in danger – an alarm to protect us. We learn at an early age that if we touch something hot, we get burnt, and it hurts. Our natural reaction is to remove our hand from the stove to stop the pain and not do any more damage to our body.

But we know what to expect from our pain by the very nature of it being chronic. It's not like getting burnt, twisting an ankle, or getting stung by a bee. Chronic pain doesn't specify immediate danger.

By being able to tell the difference between new acute pain and chronic pain, you can change how you react to chronic pain by not being so guarded or worried about it.

Of course, any new unexpected pain should be investigated.

PAIN  **HARM**

How Heavy is this Glass of Water?

The weight of the glass or the amount of the water doesn't really matter.

What matters is **how long** you hold onto the glass.

The longer you hold the glass, the heavier it will feel.

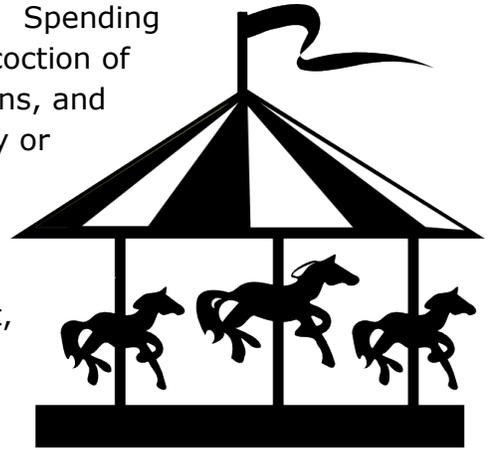
The same holds true for stress and worry.



Get off the pain merry go-round

No one likes pain. And we'll do almost anything to find the cause and a solution.

It's easy to jump on what I call the pain merry-go-round. Visiting all types of healthcare providers. Going through x-rays, ultrasounds, MRIs, CT scans, and all sorts of other tests. Attending lectures. Spending countless hours on the Internet. Taking a concoction of opioid painkillers, non-opioid medicines, vitamins, and herbs. Getting injections. Even having surgery or surgeries.



While some of these might help, some may not, and some may even make things worse. Meanwhile, they all cost time and money and delay chronic pain rehabilitation.

Grieve and move forward

Chronic pain can change lives – changing who you are and what you feel.

Your, time, job, money, relationships, family, friends, self-image, independence, and sex life can all be affected.

It's normal to be scared, angry, and depressed. To grieve your "old" life before chronic pain. Despite these feelings, it's important to move forward and heal from your emotions.

There's more to you than pain.

Control the Wheel

Imagine being in a car with your chronic pain.

Where is the pain?

Is pain behind the steering wheel - determining where you go and what you do?

Or are you driving?



Pain may change your abilities. Don't let it change your desires.

Ability is the fact of being able to do something. Desire is a want to do something. Focus on what you can and want to do - not your limitations. Don't compare yourself to the past. Keep moving forward.

Don't be the victim

Pain makes it easy to feel powerless to change our situations and to become victims – placing blame on the medical community, the legal system, the drugs we take or don't take, our conditions, our social situations, ourselves, and even God. At times, it can feel like the entire world is against us.

It can become easy to spend countless hours stressing about what we believe are the wrongs against us. Only to build anger and resentment while preventing healing and negatively affecting both our physical and mental health.

You can do nothing and hurt, or you can hurt and enjoy life

Chronic pain can be cause us to be over-protective.

Our natural reaction to pain is to avoid activity that worsens the pain or what we think might do further damage.

When we become overly fearful, rest, and stop doing things in anticipation of chronic pain; we can make things worse and continue the cycle of pain. We end up reducing functional ability, like strength and stamina. And we don't get involved with the social, leisure, and work activities we enjoy.

Remember, pain doesn't always mean more harm.

Take responsibility

We must accept responsibility to make the most of our lives, despite the pain. It isn't the responsibility of the medical profession or the pharmaceutical industry. And it isn't the responsibility of our families and friends.

The power is ours.

Pain is Inevitable.

Suffering is Optional.

We all experience pain.

The choice we have as humans is how we respond to the pain. You can either choose to wallow in the pain or you can choose to live life, despite the pain.

For many people with chronic pain, a vicious circle can form between pain and suffering.

Research has shown the psychological and social distress associated with pain is often more important to the pain experience as the perceived pain severity. [7]

We don't go to the doctor just because we have a certain level of pain intensity on a numbered pain scale. We go because the pain is affecting our quality of life.

Yesterday was history.

Tomorrow is a mystery.



Today is a gift.

That is why we call it the present.

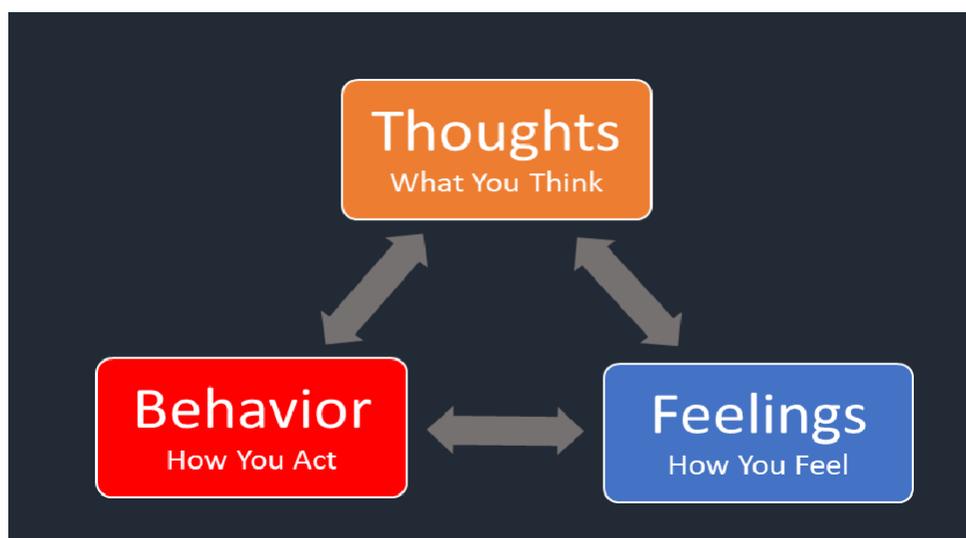
4. CHANGE THINKING, CHANGE LIFE

How much time do you spend each day thinking about pain?

It's easy to become pre-occupied with chronic pain. To feel distressed, to give up, and become a victim just based on how much attention we give it.

The good news is we can train our brains to change the way we think, feel, and behave around chronic pain with a form of psychotherapy called Cognitive Behavioral Therapy (CBT). [8]

According to CBT, our thoughts, feelings, and behaviors are all connected. We change the way we feel about our pain by changing how we think and act about our pain.



How we think about pain affects us

I can't do anything until I get my body fixed.

There's something wrong with me, I hurt so bad.

I can't stand this any longer.

Nothing seems to help.

I'm worthless.

My life is ruined.

There is no end in sight.

Do these statements sound familiar?

They're examples of negative thinking, also referred to as negative self-talk. This type of thinking increases focus on the pain, reinforces it, and can actually make the pain feel worse. All while zapping needed energy supply.

Negative thinking leads to rumination and brooding. It fosters anger, frustration, and hopelessness. And it causes what experts' call pain catastrophizing — an exaggerated emotional negative response toward actual or anticipated pain.

Catastrophizing jumps to the worst-case scenario. It quickly becomes gloom and doom, breeding more negativity. You become fearful of the pain and are more likely to choose negative thinking over positive thinking. And you can feel helpless to manage the pain.

Catastrophizing has been linked to higher levels of perceived pain, interference with daily activities, increased healthcare utilization, disability, depression, and changes in social support networks. [9]

Change negative thinking

It's okay to talk about chronic pain in a general or educational sense just like we do any other topic in a conversation. Our emotions stay in check.

What's not okay is "stinking thinking" – verbally expressing pain, dwelling on it, complaining about it, wallowing in it, or placing blame for it.

- 1. *Identify negative thoughts.*** Negative thoughts play off our emotions and can often re-occur for no real reason. They work against us instead of for us.
- 2. *Challenge negative thoughts.*** Ask yourself: Are the thoughts you're having realistic. Are they factual? Do they help or hurt you? Are you catastrophizing or jumping to conclusions? Be kind and non-judgmental. You aren't a bad person for thinking them.
- 3. *Replace negative thoughts.*** Replace these thoughts with positive and more realistic thoughts like, I can do this; the pain is what it is; I'm many things – pain doesn't define me, and this won't last forever.

NEGATIVITY UNINSTALLING



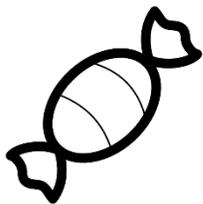
Change negative behavior

What do you do and say when you hurt?

You may moan or groan. You may make a face and grimace or wince. You may touch or rub the area that hurts. You may stop what you're doing and limit activity. You may complain. You may even say a few choice words.

The body's natural vocal, verbal, physical, emotional, and social reactions to pain are called pain behaviors. They're our ways of expressing our pain. And they can become over-exaggerated catastrophic responses to the pain.

While fine for acute pain like touching a hot stove, these pain behaviors place undue focus on chronic pain and reinforce the pain circuits in our bodies – amplifying the pain and leading to emotional distress and anxiety.



Just like a kid screaming for candy at the store. If you always buy the child (in this case, pain) candy when they scream, they'll continue to scream each time you take them to the store until they get candy.

Pain behaviors tell your brain how to react the next time you have pain. You not only learn the pain; you learn the reaction.

Your pain can worsen. You have a greater chance of disability. And you can lower your tolerance for physical activity. [8, 10]

And what do pain behaviors tell others around you? How do they react to your demonstrations of pain? They may become confused, over helpful, over cautious, or over critical. They may even stop interacting with you.

Reducing negativity can help pain feel less bad.

PAIN BEHAVIOR: HOW WE REINFORCE CHRONIC PAIN	
VOCALIZATIONS	Cry, gasp, groan, grunt, moan, say ouch, swear (%\$@#!), whimper
FACIAL EXPRESSIONS	Distressed look, frown, grimace, squint, wrinkled face
PHYSICAL EXPRESSIONS	Clinch fists, bracing, hold breath, restlessness, rubbing, slow movement, tears, tense muscles, turn red or pale
EMOTIONS	Anger, anxiousness, fear, irritability
SUFFERING TALK	Darn doctors can't solve my pain, I hurt, I am sick and tired of this, my day is ruined, not again, this is killing me, this is torture, this sucks, what did I do to deserve this, why me
SOCIAL BEHAVIOR	Unnecessarily relying on help, excessive sleep, frequent use of the healthcare system, taking medicine, guarding, limited social interaction, not getting out of house, not grooming, withdrawing from activity

Don't share pain

You can't make positive steps in your life if surrounded by negativity. Stay away from people who only want to complain about pain. And don't share your pain with others with pain talk or other pain-related behavior.



While pain talk can help us validate our pain, it has been shown to worsen pain. Conversely, well talk has been shown to reduce pain intensity. [11]

I see way too much pain talk in many of the Facebook pain support groups. That's why I started my own support group where we try to limit complaining, woe is me or negative talk. The group is called **Chronic Pain Champions – No Whining Allowed**.

Don't track pain

Along the same line as sharing pain, is tracking pain – like keeping a diary of symptoms and pain levels.

Tracking pain only adds more focus on the pain, amplifies symptoms, and been shown to result in more disability. [12]



No whining allowed.

You're not crazy

Using a psychological tool, like CBT, isn't simply a case of "mind over matter".

It doesn't mean the pain isn't real or it's going to go away with wishful thinking. It doesn't mean you have a psychological problem that's just in your head. And it doesn't mean you're weak, you just need to suck it up, grin and bear it, live with the pain, and put on a happy face. It means you're taking control.

Make a commitment

CBT works but it takes work. To be effective you need to make a commitment to it. See a licensed CBT counselor, show up for therapy, and practice what you learn in therapy at home.

Pain rehabilitation programs generally offer some type of psychological training, like CBT. Learn more about pain rehabilitation on pages 41-42.

Where there is pain, there is gain

Though the losses to chronic pain can be steep, we can have gains going through the process. We can gain new friendships. We can find new strength learning we're the hero by being stronger than our pain, and not the victim. And we can gain new purpose. Just to name a few.

Stop focusing on how stressed you are and
remember how blessed you are.

5. MANAGE CHRONIC PAIN



The pain may never go away. Just like the rain, you can't stop it. But if you have an umbrella, you can stop from getting soaked.

No matter the amount of pain, there are management tools to help calm the mind, calm the body, make it easier to function, and live your life more fully. All it takes is time, patience, and practice.

Calm the mind. Calm the body.

Plan and prioritize

Planning and prioritizing reduce stress and lessens the risk of over-activity.

Set attainable goals and write them down along with what you're going to do to achieve them and when you'll achieve them. Writing goals helps instill them. Plus, you can use your notes as a written reminder.

Schedule daily activities such as stretching, hygiene, deep breathing or going for a walk. Like writing goals, writing a schedule helps keep you on track.

Physical activity and exercise

While it may seem counterintuitive; exercise helps reduce pain, improves balance, improves conditioning, helps with weight control, improves sleep, increases flexibility, and releases endorphins to help make you feel better.

Challenge any negative thoughts of not being able to be physical.

Start with light, fun, and easy to do activities, like stretching, tai chi or going for a walk. If you have an activity tracker, set a daily goal for the number of steps you want to reach each day. You might even want to try pool therapy or strength training.



Bottom line: Do what you can do. But moderate and modify activity to not overdo it – learn more about moderation and modification on page 36.

Talk to your doctor before beginning an exercise program. Your doctor and physical therapist can help determine best exercise plan for you.

Relax

Pain and tension are closely related. Muscles tighten and put pressure on nerves resulting in even more pain. Deep breathing, yoga, tai chi, guided meditation, and muscle relaxation help reduce tension. Check out the videos and apps in the **Resources** section of this book.

Just Breathe

There's something refreshing about a deep breath. It helps relax our bodies and our minds.

- Breathe in through your nose
- Breathe into your abdomen, feel your belly rise, then let it slowly fill your lungs.
- Hold it before exhaling through your mouth or nose.
- Try to do this for 5 minutes, 2-3 times a day or when you need to relax.

Things to do

- Find more **helpful breathing tips** in the Relaxation Techniques article in the **Learn More** section of this book.
- Watch the short breathing video in the **Resources** section of this book.
- Download the many breathing apps available on the App Store and Google Play.

Moderate what you do

People with chronic pain often do too much when they're having good days and not enough when they're having bad days.

Pace activity by slowing down and taking breaks – gradually increasing what you can do to build endurance.

Modify what you do

Why make things harder than what they are? Techniques like breaking up activities and good body mechanics make things easier, not harder. Try these:

- Turn instead of twist.
- Push instead of pull.
- Limit reaching.
- Kneel or squat instead of bending.

Distract yourself

It's harder to hurt when you don't think about the pain.

But it's not just psychological.

Scientific research using MRIs has found mental distraction inhibits the response to incoming pain signals at the earliest stage of central pain processing – reducing expected pain behavior. [13]

Some ways to distract yourself:

- *Laugh* – Laughter has been said to be the best medicine. Watch a funny movie or TV show. Give yourself permission to be silly.
- *Listen to music* – Music has an analgesic effect to help us feel better.
- *Talk with a friend* – A friendly face or voice can be calming. Call or visit a friend. Just limit the pain talk.
- *Enjoy nature* – Nature is beautiful and magical. Go for a walk. Watch the birds from a window. Or watch a nature video/TV program.
- *Play* – Remember, how you used to play as a child and how it made you feel. Engage a family member or friend in a board game. Color. Create art. Write in a journal. Make something crafty. Do a crossword puzzle. Play computer games. Just make sure to make any activity low-stress.

Be mindful

It's easy for our mind to wander and lose touch with the things we enjoy.

Mindfulness redirects the mind from the wandering negative thoughts in our head so we can enjoy the present with no judgement, rumination or worry about the pain. It simply asks us to become aware of our senses and free our mind from stress.

There is a link to a short mindfulness video in the **Resources** section of this book.

Get the best of both mindfulness and exercise.

Practice being mindful while on a walk.

Be kind to others – offer forgiveness

Show compassion and dignity. Choose to be a role model instead of a victim.

Forgiveness isn't just a nice thing to do. It doesn't mean forgetting. It isn't dependent on an apology. It doesn't excuse or justify past actions. Nor does it release any responsibility.

Forgiveness is a gift to us. We no longer have to carry the burden of resentment and negativity. And we free ourselves to move forward.

Be grateful

When times get tough, get grateful.

Being grateful won't make pain disappear but can make it much easier to live with by releasing suffering, changing perspective, and boosting mood.

Some ways to practice gratefulness:

- Make a gratitude list.
- Start each day with a grateful thought.
- End each day with a grateful thought.
- Write thank-you letters.

Remember to focus on what you have, not what you've lost.

Be kind to yourself

There is still a core you despite the pain.

- Write down your positive qualities and accomplishments – what’s good about you. Sometimes we can be our own worst critics.
- Balance expectations.
- It’s okay to not be perfect – everything doesn’t have to be in place.
- Say “no” if you need to.
- Accept help.
- Forgive yourself (sometimes we are our own worst critics).
- Eat healthy.
- Sleep better – see tips on the next page.
- Talk with your loved ones about your needs and challenges without complaining. We don’t want sympathy, we want understanding.
- Reward yourself and celebrate your successes, no matter how small.

Take a look at these [self-compassion exercises and meditations](https://self-compassion.org/) at self-compassion.org/.

Prepare for a flare

You know it will happen. You’ll have one of those difficult days.

Prepare for that time now by putting together a kit to help you get through the rough times. Inside this kit could be a letter to yourself reminding you to stay positive, a list of your positive qualities and accomplishments, some favorite candy, music, photos and whatever else provides short-term comfort.

Sleep Better. Feel Better.

Chronic pain can interrupt sleep while poor sleep can worsen pain.

Tips for Better Sleep

- Keep a regular sleep routine. Go to bed at the same time each day.
- Make the bedroom a sanctuary for only sleep and sex. No TV. No computer. No reading.
- Keep the bedroom dark, cool, and comfortable.
- No caffeine after noon.
- Minimize use of nicotine, alcohol, and sleep medications.
- Avoid exercise late in the evening.
- Remove clocks from the room.
- No screen time (TV or computer) before bedtime.
- Do something relaxing like read a book or bathe before bedtime.
- Limit daytime naps to 20-30 minutes.
- Don't lay in bed if you can't sleep. Go to another room and read or do something else to relax.
- Don't worry about your quantity or quality of sleep – you can still function the next day no matter how much or how little sleep you get.



Explore pain rehabilitation

Talk to your doctor about the biopsychosocial model of pain and pain rehabilitation.

Pain rehabilitation goes beyond medicine and medical interventions – and crosses different disciplines. It doesn't just focus on removing the pain. It focuses on the patient and how they can play a role in their own pain management. See what expect at a typical rehabilitation program on the next page.

It's a proven approach – benefitting patients while reducing costs and reliance on the medical system. [14, 15]

Having gone through the 3-week outpatient Mayo Pain Rehabilitation Center, at the recommendation of both my family doctor and a general surgeon, I can personally attest to the value of a comprehensive interdisciplinary approach to pain rehabilitation.

Do I still have pain? Of course, I do. But I've learned to live, despite the pain.

Major pain rehabilitation programs are available at Cleveland Clinic, John Hopkins, Mayo Clinic, and Stanford. Links to these programs are provided in the **Resources** section of this book. Local and regional programs may also be available.

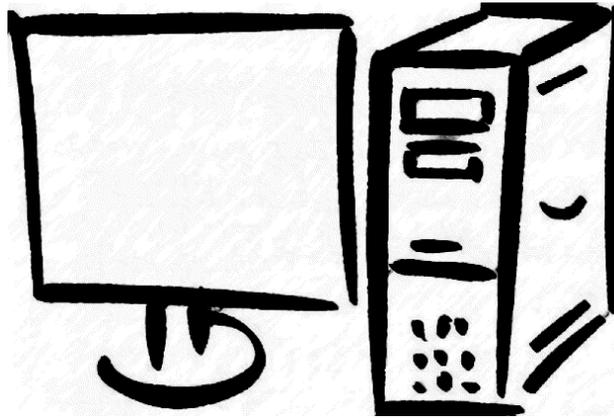
What changes are you ready to make?

Common Chronic Pain Rehabilitation Program Components

What to Expect

Medical management	To find the right combination of medicines and interventions and taper/stop any unnecessary treatments along with better monitoring of patients who are prescribed opioids.
Pain education	To better understand what pain is, how to react to the pain, and make it easier to develop coping strategies.
Lifestyle changes	To improve diet, sleep, etc.
Psychological therapy	To change self-limiting thoughts and provide coping skills.
Physical therapy/exercise	To build strength, flexibility, and endurance.
Occupational therapy	To modify and moderate daily activities.
Relaxation training	To reduce stress on the mind and body.
Family therapy	To teach loved ones how to help/not help those in pain.

6. RESOURCES



On the following pages are resources to help you move forward with your pain journey and take control of your own self-care.

This is not a complete list. Nor is it an endorsed list. It's just a starting point.

Knowledge is power.

Connect with people

[Attitude of Gratitude With Chronic Pain](#) Facebook group

[American Chronic Pain Association](#) support groups

[Chronic Pain Champions – No Whining Allowed](#) Facebook group (*this is my group*)

[Exploring Pain: Research & Meaning](#) Facebook group

[National Suicide Prevention Lifeline](#)

[Pain Reframed](#) Facebook group

Read the news

[National Pain Report](#)

[Pain News Network](#)

[Practical Pain Management](#)

[Relief: Pain Research News, Insights, and Ideas](#) (IASP Pain Research Forum)

[Science Daily Pain Control News](#)

[Stat](#)

Download these apps

Breath2Relax

Calm

Headspace

Mindfulness Bell

Watch and follow (YouTube)

[Tame the Beast – It's time to rethink persistent pain \(5:00\)](#)

[Breathe to Heal | Max Strom | TEDxCapeMay \(18:32\)](#)

[Chronic Pain - Is it All in Their Head? - Daniel J. Clauw M. D. \(1:54:18\)](#)

[Guided Meditation for Pain relief and Pain Management \(32:06\)](#)

[Mindfulness Bell - A 5 Minute Mindfulness Meditation \(5:24\)](#)

[Pain Rehabilitation Center: Mayo Clinic Radio \(9:44\)](#)

[Passive Muscle Relaxation to Manage Anxiety and Stress \(12:40\)](#)

[Progressive Muscle Relaxation to Manage Anxiety and Stress \(15:00\)](#)

[Tai Chi Chih - Joy Through Movement \(50:08\)](#)

[The Hardest Pill to Swallow | Tracy Jackson | TEDxNashville \(18:44\)](#)

[Yoga For Chronic Pain | Yoga With Adriene \(25:33\)](#)

Visit these sites

[American Chronic Pain Association](#)

[American Migraine Foundation](#)

[American Sleep Association](#)

[American Tinnitus Association](#)

[Chronic Pain Champions \(*this is my website*\)](#)

[Institute for Chronic Pain](#)

[Irritable Bowel Syndrome](#)

[National Fibromyalgia Association](#)

[Osteoarthritis/Arthritis Association](#)

[Self-Compassion](#)

[The Foundation for Peripheral Neuropathy](#)

Get some help (interdisciplinary pain rehabilitation programs)

Cleveland Clinic Chronic Pain Rehabilitation Program

John Hopkins Pain Treatment Center

Mayo Clinic Pain Rehabilitation Center (*this is the program I attended*)

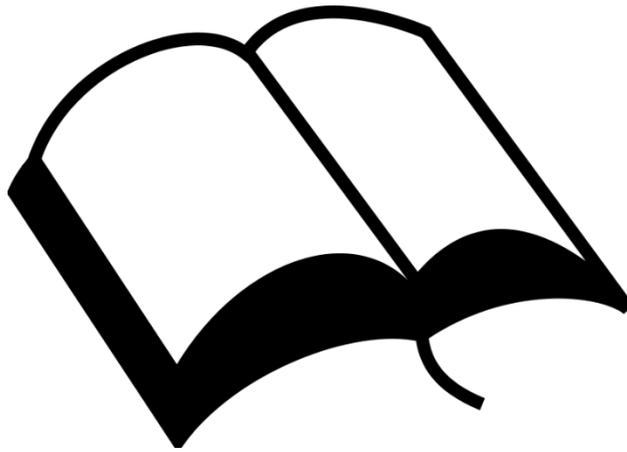
Stanford Pain Rehabilitation Program

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8. LEARN MORE



Following are links to select articles, web content, and research. The more we know about pain, the more likely we are to champion it.

[Pain Management And The Opioid Epidemic: Balancing Societal And Individual Benefits And Risks Of Prescription Opioid Use](http://www.ncbi.nlm.nih.gov/books/NBK458655/)

www.ncbi.nlm.nih.gov/books/NBK458655/

[Opioid Therapy for Chronic Pain in the US: promises and perils](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4204477/)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4204477/>

[The Biopsychosocial Approach](http://www.practicalpainmanagement.com/treatments/psychological/biopsychosocial-approach)

www.practicalpainmanagement.com/treatments/psychological/biopsychosocial-approach

Pain Is Inevitable; Suffering Is Optional

www.psychologytoday.com/us/blog/some-assembly-required/201401/pain-is-inevitable-suffering-is-optional

Think Pain Is Purely Medical? Think Again.

www.psychologytoday.com/us/blog/pain-explained/201910/think-pain-is-purely-medical-think-again

What Changes Pain?

<https://www.psychologytoday.com/us/blog/pain-explained/201911/what-changes-pain>

Our Dangerous Fear Of Pain

www.washingtonpost.com/outlook/2019/11/27/our-dangerous-fear-pain/?arc404=true

Chronic Pain: Using Healthy Thinking

www.uwhealth.org/health/topic/actionset/chronic-pain-using-healthy-thinking/abo3945.html

Your Mind Can Be Trained To Control Chronic Pain. But It Will Cost You.

[www.statnews.com/2017/05/30/chronic-pain-management/These Researchers Think We Can Retrain Our Brains To Tame Chronic Pain](http://www.statnews.com/2017/05/30/chronic-pain-management/These-Researchers-Think-We-Can-Retrain-Our-Brains-To-Tame-Chronic-Pain)

Psychologists Explain How To Stop Overthinking Everything

medium.com/kaizen-habits/psychologists-explain-how-to-stop-overthinking-everything-e527962a393

Intensity Of Chronic Pain — The Wrong Metric?

<https://tfme.org/wp-content/uploads/2015/04/E3-Article.pdf> When Pain Is Chronic, Is A Pain Score The Right Basis For Opioid Treatment?

Fear-Avoidance Beliefs And Chronic Pain

<https://www.jospt.org/doi/full/10.2519/jospt.2016.0601>

Relaxation Techniques: Breath Control Helps Quell Errant Stress Response

<https://www.health.harvard.edu/mind-and-mood/relaxation-techniques-breath-control-helps-quell-errant-stress-response>

2019 UM Pain Short Course (a collection of medical workshop lecture videos)

<https://medicine.umich.edu/dept/cpfr/videos>

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