

In the early 1900's it's reported that John Scott Haldane introduced the practice of underground miners taking canaries into mines in order to provide an early warning to miners that oxygen levels were dropping to dangerous levels. This practice continued until the mid 1980's until the development of digital monitoring systems. Whenever the canary started to get unwell or die it was time to get to fresh air.

When I was growing up the saying 'it's like a canary in the mine' was used to describe anything that gave you an early warning of impending danger.

After more than my fair share of danger in my life after living with chronic or persistent pain for 20 years, I now consider myself as having recovered from chronic pain.

How does a story about canaries relate to chronic pain? I'll come to that.

Before I do I'd like to share a snippet of my story to help set the scene for how the use of canaries in mines might help us to avoid danger. Danger that amplifies pain and danger that leads us down a road of more pain and less function.

After injuring my back 3 times and suffering debilitating pain I learnt to protect myself. I started resting more, relying on medication to ease my pain. This effort to protect myself and take medication in order to reduce pain didn't work. Instead overtime I experienced more pain right through my back, neck and legs. To the point when asked by clinicians how I was today, I'd reply, 'my nose is good.' Implying the rest of me is hurting.

After 15 years of pain my doctors increased medication introducing opioid based pain killers. Overtime the size of these increased until my function decreased. I was now lethargic, drowsy all of the time, unable to work and having falls. I'd taken resting to new heights. Lying down most of the time with a hot water bottle or two on my back. Avoiding lifting, bending or twisting. I was petrified of flare ups and very protective. After 20 years of pain, of chasing a 'proper' diagnosis, of looking to doctors and specialists to get to the root cause of my pain and of suffering from more pain, I did two things. I phoned a friend in pain and started to think that perhaps having a life even if that meant more pain would be better than not having a life, and still being in pain. At this time I was investigating going into a retirement village with a nursing home attached. This was my best effort to manage life in pain. I could not see beyond disability. I now saw myself as disabled.

My friend told me about a pain management program that he'd had a lot of help from. The short story is that I attended the program, came off all pain medication over 12 months and today 4 years later I have a completely different life. I'm back to work, instead of pain being an 8 out of ten it's now a background noise of 2 out of ten. I have rediscovered what pain took from me.

I've skipped over many aspects of my story in order to give space to a few concepts I learnt at the pain management program, which helped set me on a different road. Which gave me an opportunity for recovery. Added to this I want to share how the canary in the mine might be adapted to cut out impending danger that could keep us in pain longer than we may need to be.

The first concept is that pain is real and has a very important purpose. It's not something to fear, it's something to understand. I know I was focussed on wiping it out altogether, however pain tells us something is going on that needs our attention. Without pain we could do serious damage and not even notice. In fact pain is designed to alert us to danger before we do tissue damage. Something starts to hurt and our immediate reaction is to pull back before more hurt occurs. This reaction often protects us and prevents more injury.

When that acute pain (in response to immediate danger) begins to linger beyond our injury having healed we find our doctors start talking about chronic pain. A new normal is established when chronic pain sets up shop. Pain is now with us all of the time. When this happens we find that danger alerting function of pain starts to lose its value. Pain is now ever present and starts to take over our thinking, our sleeping, our life. I found myself over protecting, medicating, and looking for a root cause. This focus on a medical solution as the primary focus for dealing with what is essentially a non medical problem saw me experiencing more pain, more interventions and less function.

Another key concept I learnt was that persistent pain has two more elements apart from the medical or biological side, these are psychological and social.

When my danger alerting system is going off all the time the setting is far too sensitive. It's a bit like an outdoor light movement sensor that triggers the light when a mosquito flies past. You want it to turn on when someone walks past, however it becomes useless if it turns on every time a mosquito waves at it! Fortunately for us our systems are plastic- the setting on our danger alerting system can be trained to calm down, to reset back to a more normal alerting system as opposed to one that's far too sensitive.

We now have treatments that target the social and psychological aspects of persistent pain and as Professor Lorimer Moseley one of the worlds leading pain scientists said in 2019, 'we now know enough about pain to say that recovery from persistent pain is now a realistic outcome of treatment.'

If you can grasp that statement for a moment and hang in for the ride as we delve into how can we change our focus from what's being offered (that has not treated persistent pain well) to what pain scientists have discovered works for persistent pain, then we are getting closer to walking down the road towards recovery. And we are getting closer to examining the role of canaries in supporting our recovery.

Let's put this on the table. Many people believe that once you get into chronic pain you are stuck with chronic pain forever. Then there are those who like me have a different more hopeful outlook. Where I sit on this debate is that it's possible to retrain that over sensitive pain system. It takes some effort, it's takes changes to our reliance on the medical world to come up with a magic pill.

After recovering, after talking to some of the worlds leading pain scientists and after talking to so many people experiencing persistent pain I have found my thinking drifting towards strategies that enhance recovery rather than prevent recovery. What can I do now to start resetting that over sensitive danger alerting system?

There are many specific strategies I use every day. They are guided by the concept that to reset an over sensitive danger alerting system we need to address stress, reduce our stress and increase safety. Any danger in our lives is contributing to our pain lingering longer than is needed.

When I feel in danger I withdraw, I protect myself, I isolate and I worry. The opposite of danger is safety. When I feel safe, I feel confident, I have fun, I enjoy, I relax. Danger shuts down the production of endorphins that give us a natural lift and a confidence in our abilities, safety opens us to loving supportive relationships, lots of endorphins and a renewed confidence in life and our abilities.

Dim Sim therapy is worth looking into. This delves into understanding the role danger and safety play in holding back or enhancing recovery.

Finally we get to the role of canaries and my latest thoughts on using them to enhance recovery.

Now that I understand there are three elements working together to enhance recovery I can use my understanding about the purpose of pain and my understanding about how persistent pain is more about that over sensitive danger alerting system in me. I can now start to drill down into locating supports that reflect the most up to date pain science and can use this knowledge to aid my recovery.

I now understand that my single focus on a proper diagnosis, of finding the root cause and a fix for that is a fruitless exercise of misdirected focus. I was looking in the wrong place.

What can I do to discover those clinicians who have the understanding and skills best placed to aid recovery? Can I use a canary to detect danger? And BTW what's 'danger' when it comes to aiding recovery?

Danger in terms of aiding recovery is seeing a clinician who is focussed on only 'issues with tissues'. Of all the various aspects to care that inhibit recovery the presence of danger would be the most significant.

Let's create our own danger detecting canary when it comes to clinicians who can not offer treatments that will aid recovery from persistent pain.

A set of questions that clearly focus our attention as people experiencing persistent pain who want to learn about pain, understand the latest science and start adopting strategies that will aid recovery.

Clinicians have a red flag process for identifying danger before they establish an approach to your care. We can have our own red flag process that just like the canary in the mine which will detect approaches that are known to be ineffective and I say harmful because they distract from the main game- that is understanding pain, applying treatments that aid recovery from persistent pain and reset that over sensitive danger alerting system in us.

My tips are:

Once it's clear you need help with persistent pain take real notice of the first three or four questions (apart from name address DOB!)

Are they primarily focussed on your medical history (injuries, what scans you've had done, what medical reports you have what medication you take, what surgery you've had or devices you've tried) or are they interested in your social and emotional functioning?

If it's purely medical focussed it's a red flag, strike one. Your danger detecting canary is getting sick!

If this happens upfront then perhaps asking them a couple of questions might help refocus the initial assessment back on track or confirm that your canary is gasping for breath and it's time to bail to get some fresh air!

You could ask, ' what are the most effective treatments you offer for persisting pain?'

If they drift back to we need to take a better look at your tissues so we can target the source of your pain and apply a treatment to this type response it really is time to bail.

Or if you want to keep testing the air quality you could then ask them, 'are there other factors apart from understanding the biological factors that contribute to persistent pain and if so what are they and what does this clinic offer in treating those factors?'

If they struggle to identify social and psychological interventions then it's unlikely they will be able to answer the final question, if you want to take one last opportunity for that final gasp of air before running out the door you could ask them for any recommendations for other practitioners who offer social and psychological treatments.

If on the other hand they start to talk about education, movement, safety, supports for you, social and emotional wellbeing as being key treatments you can hang in, start breathing this fresh air!

Another aspect of evaluating a new practice from your perspective is what has the clinic done to help you feel at ease, to feel relaxed and safe? The question to ask yourself is do I feel safe?

Feeling safe is different for each of us. For me it's about feeling respected, welcome, listened to. Understood.

How well this happens depends on lots of different factors with a couple being key.

Patient engagement is a buzz word clinicians use. If a clinician goes straight to understanding your medical history and bypasses truly taking time to know you as a person then they missed

patient engagement 101 and as I have my own story and history that effects my pain if this does not occur my canary is well and truly expired!

By now you have a clearer picture of how social and emotional aspects of our danger alerting system matter, how focussing on them is just as important to treating persistent pain and most likely more important than biological as our tissues have healed ahead of pain stopping.

I hope by focussing on discovering supports that understand persistent pain you will find a recovery partner to support your journey of recovery.

I sit on the side of affirming recovery is possible and a realistic expectation when we get the skilled and caring support of clinicians who understand persistent pain. It's vital they focus on all three elements of persistent pain, with my bias being more social and psychological care and less worry about 'issues with tissues'.