Chronic Pain as Path

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Chronic pain comes in many forms: headache, joint pain, fibromyalgia, sciatica, etc. For me it was back pain. It waxed and waned for many years. Doctors couldn't find a cause. So I experimented with meditation, yoga, healing imagery, and so on. My Zen practice helped me see that it's possible to live with pain without turning it into suffering. When I reframe pain as a challenge rather than a threat, it makes all the difference. Still, there's no escaping the fact that pain can be tormenting. In my work with patients, I'm inspired to see what a powerful motivator pain can be. Choosing to get up close to our own pain can set us on a path of self-discovery. We gain access to our powerful inner resources, not only for coping, but also for waking up and living to our full potential.

Acute pain serves as a warning signal. We instinctively react in ways that help us avoid further injury. Acute pain usually goes away when injuries heal. Chronic pain is often (not always) elicited by an injury, but worsened by factors removed from the cause. It usually lasts for more than six months and is typically not explained by underlying tissue damage. When we react to chronic pain as if it were a signal to prevent further injury we make things worse. By avoiding activities we associate with pain, we deprive ourselves of the exercise we need to stay strong and supple. Continuing on this path leads to further disability, despair, and suffering.

Many people seek medical treatment for chronic pain but it is rarely effective. Medications often relieve acute pain. They are generally less effective with chronic pain. Over time, pain medications tend to provide less and less relief. In the case of opiates, their side effects include tolerance, dependency and impaired cognitive functioning.

For several centuries a biomedical model dominated our understanding of illness and still influences how we think about pain. The biomedical approach posits a simple causal connection between tissue damage and pain: the more damage, the more pain. Our current model of illness sees psychosocial factors interacting with biological processes. Research has shown that the experience of pain is not determined by the amount of tissue damage. For example,

in a study of disability in workers with back injuries, researchers found that physical pathology accounted for only 10% of the disability, whereas 59% of the disability was explained by psychosocial factors.[1]

The ‘gate control’ theory of pain shifted our paradigm by proposing that the brain is not a passive recipient of pain signals. Instead, it plays a dynamic role in pain perception. Studies indicate that psychological factors enhance or inhibit the flow of pain signals and influence the way the brain responds to painful stimuli. Cognitive and emotional reactions, such as hypervigilance to potential pain, catastrophic thinking and fear of re-injury can ‘rewire’ the brain in ways that makes the experience of pain more troublesome.

Our growing understanding of the brain and mind-body interactions brings new hope to the field of pain management. Research supports the effectiveness of modalities such as Cognitive-Behavioral Therapy and Mindfulness-Based Stress Reduction. Such approaches can help us change our mental and emotional reactions and develop more adaptive coping skills. Gaining mastery over our pain can set us on a path of enjoying a more active, meaningful and fulfilling life.

1. Burton, A.K., Tillotson, K.M., Main, C.J., & Hollis, S. (1995). Psychosocial predictors of disability in acute and sub acute low back trouble. *Spine, 20, 722-728.*