

Alternative Pathways To Health.

I have given a lot of thought about this second article and its content. I have chosen to write the second article in this edition of Tvruci zivot myself on the subject of Chronic Pain. Chronic pain is one of the conditions that affects a large proportion of people in society. It is an issue that lots of people are reluctant to talk about and many Medical Doctors fail to understand the impact of chronic pain on their patients.

Chronic pain is one of the reoccurring presenting issues with clients in my psychotherapy practice and over the years I have treated many patients with this condition.. My work in this area has been inspired by the insights of Ronald Siegel who is a Buddhist practitioner and psychologist on the Clinical Faculty of Harvard Medical School. Siegel is a specialist in the treatment of chronic pain, but especially back pain and has found that most chronic forms of back pain are due to muscular tension rather than actual structural problems in the body. Siegel and his colleagues propose that 'back pain and many other pain disorders, stem from a feedback loop stirred by fear and negative thoughts that makes muscles tighten in the body'. Therefore when a patient brings all of their fearful attention to their physical pain or all of their distraught feelings about being affected by pain to the physical pain, this increases the actual manifestation of pain. Siegel argues that most pain disorders are maintained by fear of the disorder.

My own experience in the clinical setting has taught me that when as psychotherapists we sense that the pain disorder may be increased by the actual fear of the disorder, we should try and find ways of getting our patients out of 'fearful thinking mind' and encourage our patients to pay attention to the 'actual physical pain' or the painful sensations they are feeling. If we can encourage our patients to be mindful of the actual physical manifestation of their physical pain then the whole fearful aversion response tends, in most cases, to drop away.

Many neuroscientists now refer to a 'pain matrix' in the brain and how several different brain regions contribute to the actual experience of pain.

Nerve fibres carry pain signals up the spine to a key branding point in the brain called the thalamus. From there pain signals travel along one pathway to the 'somato-sensory cortex', a brain region that contains a map of the human body. This 'somato-sensory cortex' records the sensory aspects of pain and tells us where in the body it hurts. . Another pain pathway from the thalamus leads to the cingulate cortex. This region effectively tells us that it hurts.

People with damage to the cingulate cortex can identify pain or painful sensations in the body but do not have an emotional response to pain.....

The cingulate or 'belt' is a region of the brain with a number of functions. One of these functions is to act as a 'neural alarm'. This neural alarm is activated by physical pain but also by emotional distress or fear.

Our response to fear and our response to pain overlap in a sub region of the cingulate. This area prepares the body to flee. If clients who are experiencing pain are experiencing fear or emotional distress about their pain then this area of the cingulate gets alarmed and the muscles tense in the act of wanting to avoid the pain. Of course if the muscles stay tense for a long time then the client may well experience far greater pain.

The Neuroscientist Naomi Eisenberger has found that pre-frontal regions of the brain which are associated with conscious thought are connected to the emotional areas and regulate them. When, as human beings, we sense that something might be threatening, like pain, the cingulate region generates the experience of suffering and forces us to pay attention. The pre-frontal regions then access whether there really is a threat. If there is no threat, if what's going on is okay, the pre-frontal regions seem to inhibit the neural alarm in the cingulate. We relax our muscles, breathe and feel relief.

This therefore supports the view that when we can help or enable patients in psychotherapy to experience physical pain without fear, the sense of suffering, or the impact of fear, aversion, stress, resistance, is removed from it. I often use mindfulness techniques when working with patients with chronic pain. Mindfulness techniques enable the patients conscious mind to simply be present with the pain without being caught up in the emotional suffering that comes with the pain. This can reduce the pain significantly.

The Buddha gave a teaching called the 'Teaching Of The Two Arrows.' In this Teaching the Buddha tells us that 'pain is inevitable, but suffering is optional.' When we are affected by pain it is like being shot with one arrow. However our emotional reaction to the pain whether that be feeling sorry for ourselves, trying to ignore the pain, feeling angry or stressed about being impacted by the pain or fearing that more pain may come is like being shot by a second arrow. In the Teaching the Buddha encourages his followers simply to be present with the first arrow.

In psychotherapy, we encourage patients to be with the first arrow through using meditation or mindfulness techniques. In this way, patients can make friends with their pain and only feel the physical manifestation of it. When patients learn to do this most patients experience a 40% to 60% reduction in their pain.

If you, or anyone you know suffers from chronic pain then I hope that this article will be helpful. During the years of my ministry in Prague I have led some meditation workshops that have focused on 'Living With Chronic Pain.' In these workshops I combine psychotherapeutic techniques with mindfulness. I am very happy to lead more workshops on chronic pain if there is a demand for it.