

NEW EARTH VISIONING PROJECT:

Honoring Chronic Pain

by Rebecca Jarmas

July 6, 2021



I. Introduction and Chronic Pain Biography

I am no snake oil saleswoman or late-night infomercial touting the latest pill, cream, ointment, or patch to relieve your chronic pain. I don't presume to know how you feel pain or what your circumstances were that led you to this label "chronic pain sufferer." And to me, it is a label. It is an end-of-the-road diagnosis given when pain persists beyond 12 weeks despite modern medical ingenuity. The International Association for the Study of Pain has determined chronic pain is "pain with no biological value, that persists past normal tissue healing." And the *Diagnostic and Statistical Manual of Mental Disorders* (commonly, *DSM-5*) mentions "chronic pain" only a few times and lumps it under the diagnosis "somatic symptom disorder, with predominant pain." Although the pain may not be optional, I believe the suffering is.

“Suffering is frightening...”

...it unhouses and dislocates you. Suffering is the arrival of darkness from an angle you never expected.”

John O’Donohue, *Eternal Echoes* (p. 156)

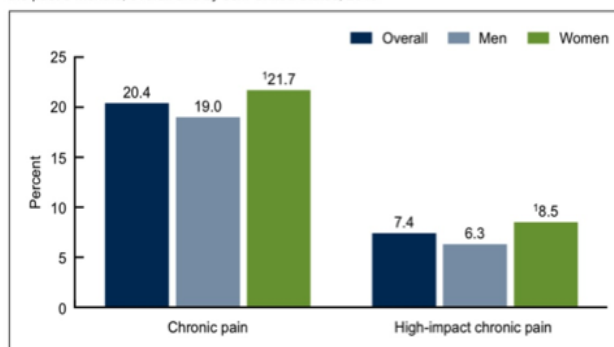
In one of my favorite books, *Eternal Echoes*, Irish scholar John O’Donohue says this:

Suffering is frightening. It unhouses and dislocates you. Suffering is the arrival of darkness from an angle you never expected. (p. 156)

Unhouses you. Think about that. Chronic pain is an invisible illness. Its duration far outlasts the outward signs of any malady, like bandages or crutches or stitches. These are long gone and so goes much of society’s sympathy. We are good at providing comfort and support for short-lived, acute injuries and illnesses. But we grow weary as the patient appears better and should, we think, ‘pull herself up by her bootstraps’ and ‘get on with his life’, after a respectable convalescence period. As the casseroles and the flowers fade away, those of us with chronic pain and our families are left to fend for ourselves. Our families shuffle and re-shuffle household duties, often dramatically. Long-term ability to work may become questionable, affecting family finances on top of costs of continued medical treatment, which often outlives or overruns medical insurance. We must add caretaking to already overflowing schedules. Family dynamics change to accommodate a person who is not fully functional. This has always been hard for me-not being able to ‘pull my weight’.

Chronic Pain Among U.S. Adults (CDC, 2019)

Figure 1. Percentage of adults aged 18 and over with chronic pain and high-impact chronic pain in the past 3 months, overall and by sex: United States, 2019



¹Significantly different from men ($p < 0.05$).

NOTES: Chronic pain is based on responses of "most days" or "every day" to the survey question, "In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?" High-impact chronic pain is defined as adults who have chronic pain and who responded "most days" or "every day" to the survey question, "Over the past 3 months, how often did your pain limit your life or work activities? Would you say never, some days, most days, or every day?" Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db390-tables-508.pdf#1>.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2019.

According to the CDC's National Health Interview Survey, in 2019, 20.4% of adults in the U.S. had chronic pain and 7.4% reported chronic pain that frequently limited life or work activities (called "high-impact chronic pain") during the prior 3 months. Chronic pain is the #1 reason adults seek medical care and correlates with a decreased quality of life, opioid dependence, and poor mental health. Women were more likely to have chronic pain (21.7%) and high-impact chronic pain (8.5%) than men (19.0% and 6.3%, respectively). *Source: cdc.gov "Chronic Pain and High-impact Chronic Pain Among U.S. Adults, 2019" NCHS Data Brief No. 390, Nov. 2020, By Carla E. Zelaya et al.*

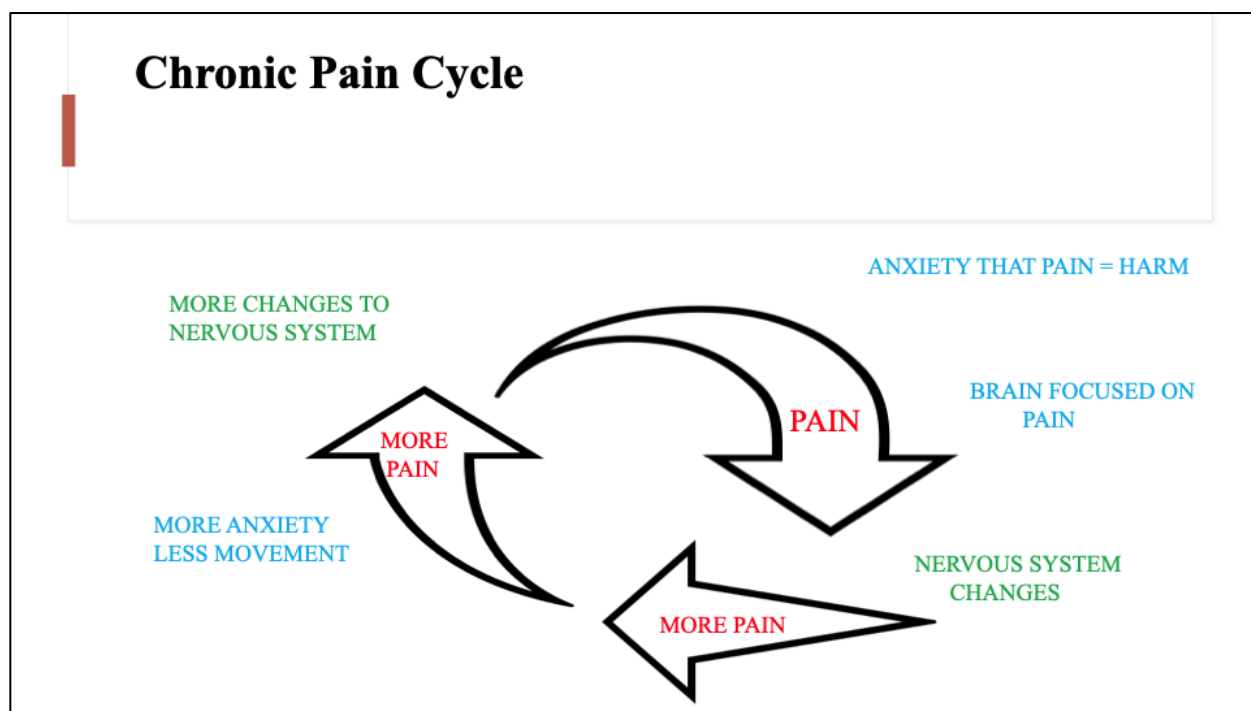
For me, chronic pain began in childhood when I experienced frequent debilitating headaches with vomiting. It caused me to miss a lot of school. We now acknowledge that migraine headaches affect children. I am still affected by them, often logging one out of every two days as headache days, despite the best medical care.

Since 2000 I have had four surgeries on my spine. Three of the surgeries were on my cervical spine (neck) to address neurological pain. The last one, in 2017, was a fusion from levels C3 to T1 which traverses the neck from just under my skull to the top of the shoulder blades. Two titanium rods, two plates, and 18 screws

provide support. It took three months to recover from this last surgery. For the first month, I could do nothing for myself.

An aside on neurological pain—it can manifest in many forms. I experienced numbness and tingling, along with weakness in my arm. I felt burning, shooting, and stabbing pain that radiated outward from my spine to my left (affected side) arm and shoulder blade. Sometimes I had the sensation of a deep ache. Often the nerves are so damaged and confused that they scream several types of pain at you simultaneously.

For me, each time I had surgery, the pain subsided. Then a new level of my spinal column would protest, causing another pain cycle. I endured it until my quality of life was so diminished that subsequent surgeries became my best option.



But I am leaving out a large part of living with chronic pain—the whole diagnostic process. I am absolutely grateful to have health insurance and access to the best medical care. Without that, the starting point for managing chronic pain is much further back. I mentioned I experienced debilitating headaches beginning in childhood. In high school I took Excedrin every morning as a preventative. Sometimes it worked. It wasn't until I was 23 years old that I found a doctor who took my near-daily headaches seriously. In the process he

discovered nodules on my thyroid that turned out to be cancer. The headaches became secondary while I had surgery to remove my thyroid and am grateful to be cancer-free.

Migraineurs are a special breed. We wake up every morning with at least an equal chance of having a migraine as not. It could be a mild, nagging headache that hovers over your day like a leaden blanket. Or it could be a five-alarm headache where you spend the entire day in bed, blinds drawn, with vomit breaks, hoping no one cooks anything that you might smell. Most of the time it is somewhere in between.

Smells—they are a common trigger. I cannot stand to enter Bath & Body Works or the smell of gasoline. Light hitting your eyeballs at the wrong angle is another common trigger. Strobe lights are especially brutal. Some migraineurs claim they can predict the weather. My primary trigger is changes in barometric pressure. This has been problematic. Other culprits that can bring on a migraine attack are stress, an irregular sleep schedule, hormonal changes, caffeine (can also dampen migraine symptoms), alcohol, dehydration, and some foods. Worst of all is the medication overuse headache caused by using acute medications too often. I think you can see that migraineurs feel like they must tiptoe through life to avoid these triggers.

All but a few people have experienced headaches. All would agree it is impossible to perform at one's best while the headache is going on, whether at a job, in school, or as a parent or caregiver. It is just not practical to excuse ourselves from our lives while the migraine runs its course, then step back into it when we feel better. The migraines force us to come up with coping mechanisms so we can take care of our responsibilities despite the pain.

Regrettably, my neurological pain had not peaked after three surgeries. Two months into my last post-op recovery period, I received a loud warning sign from my spine in the form of a stabbing sensation along the brand-new fusion. In addition, my left arm felt weak and uncomfortable, just as it had prior to the fusion surgery. Alarmed, my husband and I made the rounds of doctors' offices, X-rays, electromyography tests, nerve conduction studies, and MRIs. Nothing was out of place. In the meantime, the pain intensified and spread. They sent me to different specialists who gave various opinions about what it "could be" but no one could tell us with certainty. With their opinions came new prescriptions. The

popular diagnosis among my team was a decidedly uncommon neurological disorder called brachial neuritis. Etiology unknown. Prognosis also unknown but the pain generally resolves in several weeks, yielding to months or years of muscle weakness. The pain was crippling despite the opioids the doctors still prescribed me following surgery. It lasted 18 months.

I withdrew from my life. I became very small, spending many of my days curled up in a ball in a chair or sleeping. Even when the pain receded, I was a zombie from the mixture of medications. When I was awake, I was irritable. I hurt and I wanted someone to do something about it. Angry and full of self-pity, I felt lazy and useless and depressed. In my mind, I was holding my family back from joyful things they would rather do if they didn't have to help me. I felt like it would be fine if I died because I did not think I could handle the pain one more minute, and I did not want to burden my family any longer. I did not think of taking my own life. I just thought the pain would go on forever and that dying would be the only way it would end.

Did you notice that this last spate of sentences began with the word "I?"

II. Resistance vs. Surrender-A Shift in Perspective

When we come at a changeless situation with an unwillingness to change, we become an unbending force that is eternally facing off against an immovable object. Let's examine this statement closely. The 'immovable object' here is the long-standing pain that we have shopped around to ninety-nine specialists, submitted to a zillion tests, and assaulted with dozens of pills, products, and potions, only to be told "I'm very sorry, there's nothing more I can do for you." This has become our routine, our life. Our calendars are filled with medical appointments we can barely drag ourselves to. We feel like we have completely lost control over our life. We spend our entire day battling a debilitating foe. The pain has won. We *are* the pain.

Mind your thoughts. Find the grace to accept pain, whatever form it takes. When we resist pain, we get more pain. Our muscles constrict, our mind tenses, and our nerves strain. We attempt to push something out of our bodies that has a tentacular grasp on it. The harder we push, the tighter it grips.

In this grace of acceptance, it is possible to surrender to the pain. As a return, we gain a feeling of spaciousness. In this spaciousness dwells hope that we can do something positive about our situation and a belief that we can transform. One breath at a time, we gather the room to become a bendable force if we are willing.

With my pain resume (and maybe yours too), there may be reason zero to trust that if you somehow find the grace to surrender and accept this endless, nagging, life-sapping burden it will carry you through to a better place. What does it cost to believe you can feel better? What price would you pay to live a fuller life? After thousands of dollars in physical therapy, dozens of steroid injections into the facet joints along my spinal column, several courses of radiofrequency ablation (a procedure that uses electrodes to burn nerve endings), a couple of nerve pain medications, opioids, patches, formulary creams, and standing on my head (just kidding), in addition to surgery, I was ready to pay anything. So, in mid-2018 I reframed my chronic pain from “it’s never going to end” to “how can I live at ease with it?” I stopped saying “why me?” and started thinking “why NOT me?”. I was given no special dispensation to protect me against the rigors of life when I arrived on this planet. Since I shifted my perspective, JOY has been my centerpiece value and I try to make decisions based on whether they add to or take away from joy. I don’t do this perfectly. It’s unnecessary. It is also not easy...



... until you let go of control. Let go of all of it. This is the surrender part. Give away all your frustrations with doctors and treatments to some power bigger than you are, like God or the Universe or the Buddha. Turn over the bottomless pain. The anxiety of trying to manage your life around “better days” and “bad days.” The sadness of missing out on family events. The feelings of being a burden. Absentee friendships. Worries about being fired because of too many absences or too little work product. The resentment that other people’s lives seem so much fuller and happier than yours. Especially turn over the resentment. Let go of the lost opportunities, the elusive expectations, and the broken promises. How can you possibly hope to feel better if you are carrying around all these rocks? Drop the rocks!

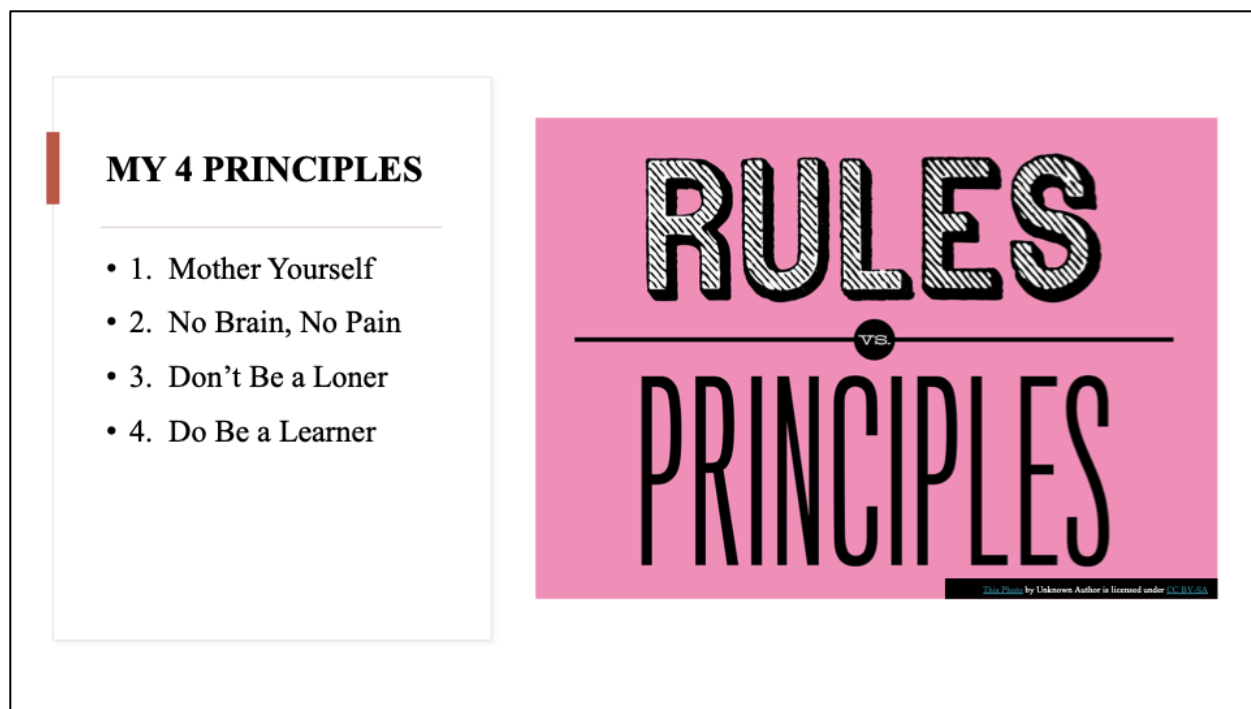
And focus on what you can control.

III. Touchstones of a Gratifying Life

One of my favorite movies, Stephen King's story, *The Shawshank Redemption* (1994) stars Tim Robbins as an accountant (Andy) sentenced to two consecutive life terms in prison for murders he did not commit. He befriends Morgan Freeman’s character (Red), a long-time prisoner. As they go through the brutalities of prison life, Andy finds ways to bring small rewards to the prisoners, while outsmarting the crooked warden and enriching Red (and eventually himself). I tell this story because Andy could have been bitter and miserable for the 19 years he served. Wrongfully convicted, he could have taken out his anger on everyone around him. Instead, he accepted his situation and focused on the few things he had control over.

Red’s mantra “get busy living or get busy dying” helped Andy shift his perspective so he could accept the harsh cards the justice system had dealt him.

I thought a lot about this dichotomy applied to my own life. I have 86,400 seconds each day and it’s my choice what I do with them. These are the things I worked out to “get busy living” through a combination of research, trial, and error, and building a stronger relationship with a higher being I call God. There are four basic principles I try to follow:



1. Mother yourself—it is useful to think of your body as an unruly child whom you love dearly but who needs direction, not scolding.
2. Without your brain there is no pain—pain perception is a complex process involving nerves, the spinal cord, and the brain. The brain, which can only attend intently to a finite number of different incoming stimuli, ultimately perceives pain. It is possible to distract your brain and drown out some of the pain.
3. Don't be a loner - you are as strong as the company you keep.
4. Learn everything you can about your condition, about chronic pain, and treatment options.

Mother Yourself

1. Self-Care

I am a huge proponent of self-care. My friends know that the first question I ask them when they talk to me about a struggle they are having is “what

are you doing to take care of yourself?” Many of us are quite good at taking care of others; fewer of us take good care of ourselves. There was a time I took better care of our house than I did myself. For many of us, by the time we finish working, caring for children or elderly parents, attending PTA meetings and swim meets, supervising homework, and maybe exchanging a few words with our spouse, if we’re lucky, before we fall into bed, we are just too dog-tired to do anything extra for ourselves. Oh yes—there is the dog to walk before falling into bed.

I asked myself in 2018—why is that? How could I do better? What I need are the services of a mother, so what would I do if a child of mine lived with chronic pain? This shifted me onto familiar ground where I could think of solutions.

Children know the concept of a “time-out” well. I decided I could give my pain a time out. So, I set a timer for 15 or 30 or 60 minutes and choose an activity I enjoy. Gently I tell my body it’s quiet time, and then deliberately turn away from the physical sensation of pain. This is the important part—acknowledging the feelings but making the decision to take a break from them. For that period, I devote my focus to reading or baking or writing or practicing piano. All of you have activities that you long to do but never make the time for. Make time for them as part of your self-care program. This does not work perfectly. Sometimes sitting or standing for too long intensifies the pain and I must stop. It is just one arrow in my quiver. I try various lengths of time and different activities to see what works best for me on any given day.

2. Talk to the Pain

One day during a crippling migraine episode, I was at my wit’s end about what to do with the incessant pounding in my head, the numbness in my face and the full-body queasiness that accompanies these headaches. The pain was so severe I couldn’t even sleep. I began talking to the migraine. I told it I knew it was doing its job, alerting me that something was not right in my body, and I expressed gratitude for that. Internally whispering soothing mantras, I let the headache know that we were safe and resting, and I fully focused on attending to the pain experience, trying to soften

it. Note this is the opposite strategy of turning away from the pain and is most effective against acute attacks. I let my brain and body know I had nowhere to go and nothing to do except to rest until I felt better. It seemed like some of the angry alarm bells shut down and my symptoms became more manageable. I was able to sleep.

Since that time, I talk to my pain often. I ask what message it brings. Am I doing too much and need to rest? Am I doing too little and need to go for a walk? When I turn within mindfully, I often discover what the next right thing to do is.

3. Mental Health Care

Before you ask if “maybe I should talk to someone”—this woman talking to her pain—I should and I do. Chronic pain is depressing and taking care of your mental health is a gift you can give yourself and your loved ones. Depression and stress have been proven to make perceived pain worse. It is very difficult to develop and sustain the mental resilience to deal with chronic pain by yourself, so make it easier and bring in the professionals. Some of them specialize in pain. While you’re at it, deal with any past trauma, addictions, or afflictions. You’ll clear some space to deal with the physical part of the pain.

4. Media

Another way to clear space is to manage your intake of media. We all must be aware of the events going on around us, but we don’t have to marinate in them. Consume your news judiciously and balance it with positive news and activities. On social media, avoid poring over posts that consistently cause you to feel less than. Things and people that drag us down we cannot afford.

5. Inspirational Reading

One way to balance out the violence, noise, apathy, hatred, grief, and low vibrational emotions that continually erupt in our world is through

inspirational reading. I don't know about you, but when it is a bad pain day, I sit a lot. I have a choice to sit and stare and moan or pick up one of the several daily readers I have and turn to a page that could lift my spirits. At random, by the day, or looking in the index, I somehow always find exactly what I need to read for the spot I am in. Maybe I need a dose of gratitude. Or acceptance. Or self-love. Or patience. Whatever it is, I always seem to get it. While you are on Amazon or in the library looking up 'daily inspirational books,' browse 'inspirational memoir' and you will find lots of uplifting books about people who have overcome great odds of all types. One of my favorites is Jeannette Walls's *The Glass Castle*, an amazing story of poverty, dysfunction and resilience.

Productive Distraction

1. Meditation & Guided Imagery

When I am having an especially bad pain episode, I find myself with Carly Simon's refrain "I haven't got time for the pain," weaving through my brain (she reportedly battles migraines). This is when I pull out my toolbox and reach for one of my meditation, guided imagery, or affirmation apps or CDs. There are thousands but the ones I use most are CDs I have downloaded to my phone, created by social worker Belleruth Naparstek. For those of us who struggle to keep meal plans, to-do lists, and other clutter out of our brains during meditation, guided imagery is just the thing. It is a form of focused relaxation that uses your imagination and gentle prompts to create peaceful images in your mind and calm in your body. Belleruth has a library of CDs on any type of pain, preparing for surgery, grief, weight loss support, general wellness, and countless others. She also includes affirmations—positive statements which, when repeated, challenge self-sabotaging or negative thoughts. Ever have any of those?

Meditation apps I have used are *Calm* and *Headspace*. *Headspace* is especially good for the novice meditator.

2. Journaling

Journaling is another powerful resource I use. I don't even keep it in the toolbox because I use it all during the day. Aside from the standard schedule tracking, I track pain levels and the events surrounding them, what medications I took and whether they provided relief, exercise schedule, meditation, and whether I took time out that week for the self-care activities I spoke of earlier. I also write about the things in my life that are going right, the things I could be doing better, and the things I am grateful for. I have been doing this for years so have many journals. I use the bullet journal system (you can Google) which is fun and creative and keeps everything in one place. While I am journaling, I don't think about the pain. My whole effort goes towards capturing my thoughts, and sometimes some simple artwork, onto the pages. I believe this has helped me to remain grounded and stronger and better able to withstand the frequent pain assaults.

3. Lifelong Learning

We live in an age where it is possible to learn about anything from the comfort of our homes. OpenCourseWare and programs like it allow you to take a cornucopia of free classes at schools like MIT, Stanford and Harvard. Take courses in Medicine, Business, Engineering, Mathematics, Fine Arts, the Humanities, and more. Be a lifelong learner. Get out of the mindset that the only purpose of higher education is to prepare you for a job. It is a fulfilling thing to be educated and completing these courses ripples through your personhood like a fresh breeze. Choose a topic to learn more about an issue or problem you are grappling with, or just for fun.

There are two other forums for courses I like, less academic and more mindfulness/spirituality based. SoundsTrue offers online classes in mindfulness, meditation, yoga, energy healing, healing trauma, making positive changes and so much more. There are also podcasts on a wide range of topics. DailyOm offers nominally priced courses in art and writing, energy work, healing, healthy living, manifesting, meditation, relationships, and others. There are also discussion groups and a newsletter.

Bring in Reinforcements

I mentioned earlier that long after the hoopla from the original diagnosis, long after the flowers have wilted and the casseroles have been devoured, there you are with your family and the elephant in the room—chronic pain. If it is unreasonable to ask us as patients to deal with pain full time, it is even more unreasonable to ask our family and close friends to do so. My husband and daughters provided amazing care for me throughout the years and my husband still accompanies me to medical appointments. I am grateful. Don't you wish these special people a happy, productive, pain-free life? I know you do, in your better moments. What you need is a herd. And a herd can be just one other person (or many) who self-identify with chronic pain. There are many chronic pain support groups (see Resources).

Your family needs a herd too. And they need time away from taking care of you. If your budget allows it, bring in a part-time caretaker. If not, bring in a friend. I have found it beneficial just to have a new face sitting next to me watching a movie or talking about the things they are doing. I'm sure my husband feels the same way when he goes fishing with friends. The American Chronic Pain Association has support groups and videos for patients and their families. There are others. Many are online if you cannot leave your home.

Research

Seek to understand. How can we make intelligent decisions about our body's care if we are clueless about what's going on? Learn all you can about your condition (and not just from Dr. Google). Read about your specific type of pain, e.g., scoliosis, and chronic pain in general. Read patient accounts. What are they doing to get well? Talk to your doctor, physical therapist, x-ray tech, the guy who does your MRI. Ask questions. What are your treatment options? Chronic pain can be disenfranchising. Knowledge is empowering...

...Especially when it is interactive like with the Curable app. I first came across this app in 2018 in the throes of my brachial neuritis attack. Open to new ideas, I signed on to the free trial and followed Clara (the digital avatar) as she led me through the biopsychosocial exercises designed to address pain from multiple angles. The app, developed by three chronic

pain sufferers, relies on a scientific advisory committee across a broad array of specialties, including a rather new area – pain psychology. There are hundreds of audio, visual, and text exercises. There are meditations, controlled breathing techniques, and journaling exercises that will amaze you. Clara helps you design a pain management plan, including self-management techniques. There is even a panic button for flare-ups. Finally, there is so much educational material you will feel less overwhelmed and be more prepared with questions for your provider. I cannot recommend this app enough as a starting point for chronic pain self-management. If you wish to continue past the free trial period, the cost is \$10/month but when I checked, there was a 50% discount. Lastly, the cost is HAS/FSA eligible.

There are so many books on chronic pain, it is difficult to know what to read. Ask your providers for recommendations. Ask others with chronic pain which books they have found most helpful. I asked my physical therapist last week what he would suggest and without hesitation, he told me to seek out anything by Adriaan Louw whose work he had studied in PT school. I immediately ordered three of his books. Dr. Louw (PT, PhD, and clinical neuroscience researcher) is at the forefront of stressing the importance of the mind-body connection in achieving successful outcomes in physical therapy. Some of his books have accompanying workbooks.

So far, I have talked to you about all the things you could do for yourself to mitigate the effects of chronic pain in your life. Hopefully, one or two of these resonated with you enough to try them out. Knowing myself as I do, I might leave a presentation like this excited to try all the techniques ALL AT ONCE. At least I would have been at my worst times. For my efforts, I would be met by the “Beast of Overwhelm.” That is, *I have a very full life and now you want me to do all these things on top of it?* Not just things, but some scary things that I know I could be doing but have been too sore/tired/wimpy or sick and tired to do. Remember, *mind your thoughts*. Start somewhere.

So you don't get too balled up in yourself (remember—chronic pain is not just about you), I leave an important “technique” for last-service work. Remember all the sentences that started with “I?” Well, they could easily turn towards “I resent....” “I feel sorry for myself,” “I wish...,” “I hurt...,” etc. What good is that?

There is nothing so powerful to take your mind off your own pain as to help someone else. Whether it's within one of your support groups or volunteer work that is flexible enough to accommodate your chronic pain life, getting out of your own head is key. And if you can get out of your house once in a while-even better. There is something about reaching out to someone who is struggling that causes you to feel good about yourself. Your body gets this chemical message and might feel a little better too. You often benefit even more than the one you helped. Try it. The needs are great.



IV. A Word About Regrets and a Life Unlived

If you are like me and have lived with chronic pain for any length of time, you have had ample time to gather regrets. Some of these regrets were for events that happened that you just did not feel well enough to take part in. But the worst sort of regret is for the things you had hoped to do with your life, but in practicality cannot. These are the thoughts that come to you when you wake up

in the middle of the night and cannot fall asleep. They flash before you as resentments-in-the-making when you see someone else living that dream. They assault you and remind you that you couldn't even live up to your own expectations.

Reaching for O'Donohue again, he talks about such mental prisons as a "crippling idea or feeling [that] robs you of all joy and freedom." He says we seize on a "demented" idea and lock ourselves up in a lonely place which is difficult to leave because we cannot see past the pain. We alone have the key to unlock the prison. He observes:

It is only when you become aware of your own longing to be free that you realize how you let what happened to you take away your power and freedom. You were so hurt that you were no longer able to distinguish your life from the hurt. It took you over completely. You acted in complicity with the hurt and turned against yourself. (p. 107)

You are the pain.

Don't go there. It is a wasteland. Do everything you can to stay out of this place where nothing lives. Instead, I have found a daily practice of gratitude, from the time I wake until I go to bed, with frequent check-ins with my Higher Power/God keeps these bedevilments at bay. Writing a gratitude list, inserting what I am grateful for into casual conversations and prayers, and remembering to counter any thoughts of self-pity with reminders of the bounty I truly have are some ways I replace regrets about pain with serenity.

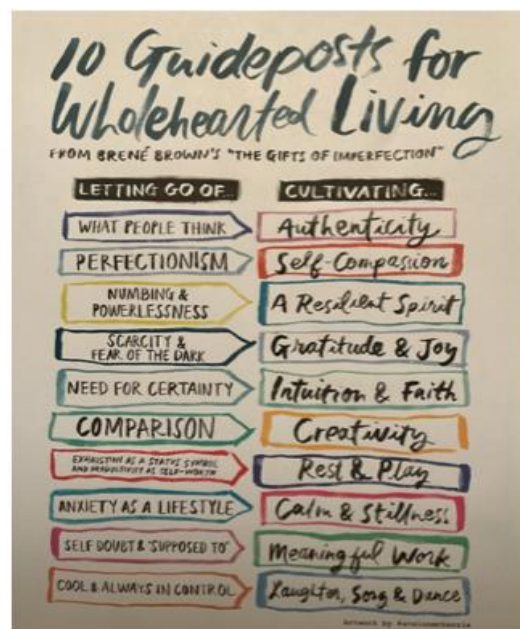
V. Living Wholeheartedly

Name of Level	Energetic "Frequency"	Associated Emotional State	View of Life
Enlightenment	700-1000	Ineffable	Is
Peace	600	Bliss	Perfect
Joy	540	Serenity	Complete
Love	500	Reverence	Benign
Reason	400	Understanding	Meaningful
Acceptance	350	Forgiveness	Harmonious
Willingness	310	Optimism	Hopeful
Neutrality	250	Trust	Satisfactory
Courage	200	Affirmation	Feasible
Pride	175	Scorn	Demanding
Anger	150	Hate	Antagonistic
Desire	125	Craving	Disappointing
Fear	100	Anxiety	Frightening
Grief	75	Regret	Tragic
Apathy	50	Despair	Hopeless
Guilt	30	Blame	Evil
Shame	20	Humiliation	Miserable

Last week Janice talked about Dr. David Hawkins' work in mapping consciousness, published in his 1995 seminal work *Power vs. Force*, as shown. It reminded me of

the work of Brene Brown, professor at the University of Houston's College of Social Work. Her TED talk called "The Power of Vulnerability" is the second most popular and her 2010 book *Gifts of Imperfection* taught the world about living wholeheartedly. Aside from the obvious part about living with your whole heart, Brene insists that even if we feel vulnerable and afraid, we are also worthy of love and belonging. How powerful is that? I'm no longer sitting on the sidelines. Maybe there is something I can do to pick myself up. Maybe I can rise to the occasion, if only a little. Her metaphor about being in the arena with some big bad bully was exactly what I needed to hear to get my head in the right place and put chronic pain in its place—as something I have, not who I am. Having the mental fortitude to meet each day's pain challenges has been a gift.

Living Wholeheartedly



Vulnerability work means letting go of behaviors and attitudes that don't serve us and cultivating those that Hawkins (and many others) would agree raise our vibrations, our spirits, and improve our health.

How many of us with chronic pain look to numb out? Video games, binge TV, social media, alcohol, food? There are many ways to disconnect from pain that are not helpful. What about the comparison game? Social media again. Resentments about what others have or can do. Another dead end.

What if we tried a little self-compassion for just a minute? I have shared some ideas here and I know you can think of some more. How much calmer would we feel going into the arena? What if we scheduled periods of rest and play into our day instead of driving our already overwhelmed bodies to do the impossible? How different would that feel? Laughter truly is the best medicine. I can't hold a note, but I sing all the time, anyway.

It really is up to you. No one is coming to "fix" you. So, uncurl yourself from that ball of pain in the chair, turn the key, unlock the mental prison, and claim this one life that is yours to live.

RESOURCES

Support Groups:

American Chronic Pain Association www.theacpa.org—provides support, validation and education in basic pain management and life skills, encouraging patients and their families to create satisfying lives.

Chronic Pain Anonymous <https://chronicpainanonymous.org> -a 12-Step Recovery format for chronic pain.

My Chronic Pain Team www.mychronicpainteam.com

National Fibromyalgia & Chronic Pain Association www.fibroandpain.org—support for individuals and their loved ones affected by fibromyalgia and chronic pain

Pain Connection www.painconnection.org

The Mighty www.themighty.com—online forum

Books:

Eternal Echoes: Celtic Reflections on Our Yearning to Belong, John O'Donohue.

Gifts of Imperfection: Let Go of Who You Think You're Supposed to Be and Embrace Who You Are, Brene Brown, Ph.D., L.M.S.W.

Power vs. Force: The Hidden Determinants of Human Behavior, David R. Hawkins, M.D., Ph.D.

Why Do I Hurt? A Patient Book About the Neuroscience of Pain, Adriaan Louw, PT, Ph.D.

CDs and Apps:

Curable App www.curablehealth.com a biopsychosocial approach to pain management where users interact with a virtual pain coach and complete lessons to help reverse the cycle of pain. Pain education and self-management tools are also included.

DailyOm www.dailyom.com supports a universal approach to holistic living for the mind, body and spirit and is a resource for people who want to live a conscious lifestyle.

Online-Learning (Harvard) <https://online-learning.harvard.edu> web-based publication of many Harvard classes. Some are free or for a small fee, receive certificate.

OpenCourseWare (MIT) <https://ocw.mit.edu> web-based publication of virtually all MIT courses, many are free.

SoundsTrue www.soundstrue.com-transformational programs for living a more meaningful life.

Stanford Online <https://online.stanford.edu> web-based publication of select Stanford courses, some with completions certificates.