

Mark Grant's chronic pain fact sheet



Despite the amazing advances of modern medicine, chronic pain continues to be one of the most misunderstood and poorly treated health problems. Here are a few facts that will help you navigate the confusion and understand what you need to do to help yourself.

1. **Chronic pain is not like normal pain**

Chronic pain is different to what we think of as normal pain – pain caused by injury. Although it usually (though not always) starts with injury, chronic pain is maintained by many hidden causal factors including biochemical changes, changes in brain activity, genetic predisposition, long-term effects of childhood trauma and attachment problems. That's why it does not "show up" on x-rays, scans or other medical tests and that's also why it does not respond to treatments that are normally effective with acute pain, like rest, medication, physiotherapy etc (although these strategies all have their place). Chronic, severe stress, trauma and adversity causes a lot of "wear and tear" on the human nervous system which is not immediately apparent, but over the long term weakens your body's ability to withstand later injury and illness. Trauma therapists refer to this as 'the body keeps the score.' When a stressed body suffers even a mild injury, it has no reserves to fight inflammation and injury, leading to chronic pain

2. **Just because they can't find a cause doesn't mean you are crazy**

Modern medicine is based on being able to identify a biological cause for pain and illness. In the 19th century there was a trend to label patients (especially women) with medically unexplained pain as crazy (they called it Hysteria) because they didn't have the technology we have today. Despite increased scientific understanding of chronic pain, some professionals (and members of the public) still view unexplained pain in this 'either ... you must have something wrong with you - or ... you must be crazy' way. You might even feel this way from time to time too, chronic pain can certainly make you feel like you are going crazy. But you are just suffering from a complex interacting set of physical, neurological and bio-chemical reactions for which there is no simple cause or cure. It is lazy and unscientific to think of chronic pain sufferers as being weak or having a mental illness and you are not being fair to yourself if you see yourself this way.

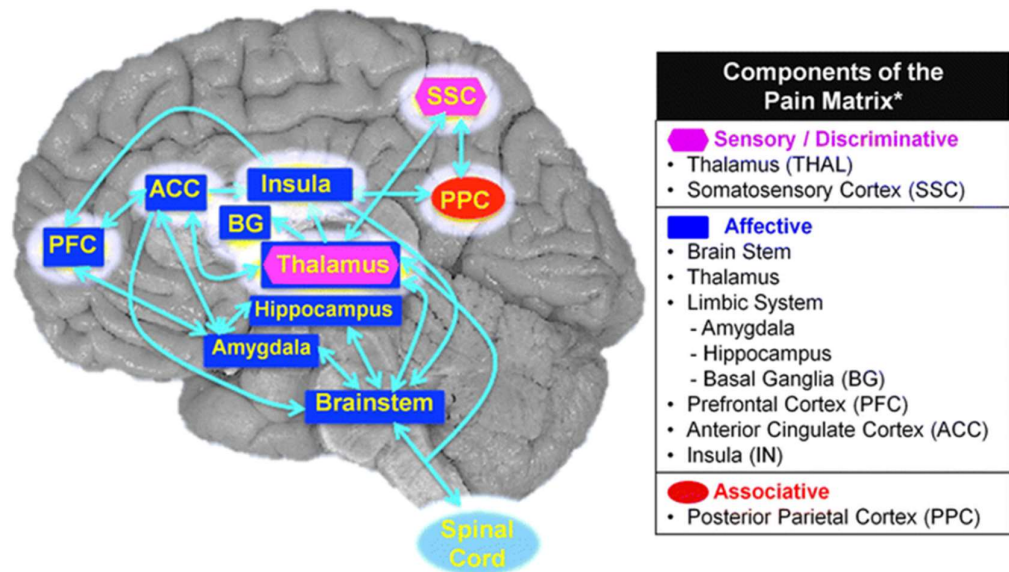


Fig 1: Pain and your brain

3. It really is all in your mind

If anyone ever says your pain is all in your head they are right, sort of. Although chronic pain starts in your body and feels like it's coming from your body it's coming from your brain. That's because your brain doesn't just passively receive signals from your body, it also remembers what happens in your body, especially pain. Although it seems like a bad idea to remember pain, animal researchers have discovered that chronic pain increases the ability to survive threats from predators. Associated with this brain researchers have found that only 2 of the 11 areas of the brain involved in chronic pain are involved in receiving signals from your body (see Fig 1.), the other 9 (the ones in blue) actually deal with cognitive and emotional processing and memory! As Ronald Melzack, the father of pain once said, "pain is an affect."

4. You can 'unlearn' pain

Just as your brain learns to feel chronic pain, through repetitively experiencing pain it can unlearn it – through repetitively experiencing non-painful stimuli such as relaxation, safety, comfort, and developing confidence that you can trust your body and learn how to manage what happens there. Brain researchers have found that treatments like EMDR and (others) change the functioning and even structure in the brains of PTSD sufferers, particularly in regions associated with threat detection. There are specific conditions and knowledge that must be applied to do this successfully, particularly the need to address hyper and hypo (under and over) excitation in the Central Nervous System caused by long-term stress. Strategies like Ego state work (integrating parent-child parts of self), emotional containment and

regulation and trauma processing are key. The Balinese say that just doing the right thing is not sufficient, you must do it with the right mindset. This is why strategies like meditation, exercise and positive thinking often fail. You must first find safety, make peace with yourself, resolve trauma or unhealthy patterns of acting, feeling and thinking. See 'Mark Grant's pain management recipe' my Overcomingpain app and/or my book 'Change your brain – change your pain' for more information.

5. Chronic pain is often associated with sub-standard medical care

Medico's get it wrong between 25 and 50% of the time with chronic pain sufferers – diagnosing someone who has a real illness as suffering from a conversion disorder, especially if you are a woman. Female chronic pain sufferers are also more likely to be prescribed inadequate pain medication. Generally speaking, chronic pain sufferers are more likely to have experienced delayed access to medical treatment, diagnostic failures, sub-standard treatment and to be blamed for their problems. These delays allow the pain to persist longer than it should and make it all that harder to reverse once the right treatment mix is finally found. There is not usually much point focusing on these injustices – better to take control of what you can now in order to maximize your own healing (as per the next point).

6. Your doctor will [not] take care of everything

More than for any other condition, chronic pain sufferers should not just trust their doctor to take care of things. Most medical schools offer little or no education in pain medicine. At best your physician will offer you medication, referral to a physical therapist and/or a specialist and maybe a psychologist. Overcoming chronic pain requires a lot more than that. You must adopt a proactive approach to managing your own treatment and recovery, asking questions, getting a second opinion, learning about your condition, investigating alternative treatment strategies, making life-style changes and taking responsibility for your own health and well-being.

7. It's not your fault

Although it can feel unfair and you may wonder what you did to deserve such suffering, you are not really being punished for past mis-deeds. Blaming yourself for your problems is often part of a mis-guided attempt to regain control ('if I caused this then I can fix it') but guilt and self-blame is a poor substitute for compassion. Learning to love and protect the vulnerable parts of yourself will foster decreased anxiety and tension, increased self-awareness and increased ability to create the right conditions for your healing.