

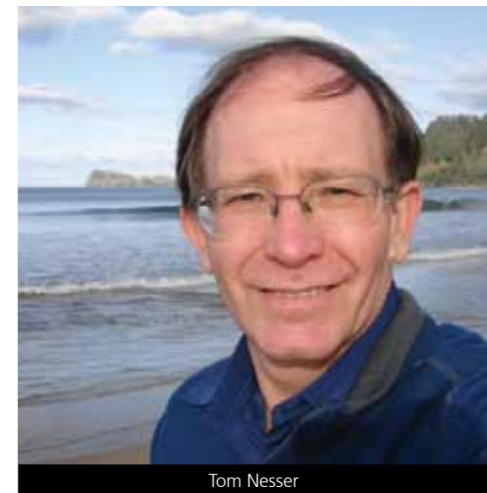


Dealing With Pain

Dealing with people who have chronic pain has taught New Zealand psychologist TOM NESSER many things. He spoke to OLGA YOLDI about his experiences working in one of the hardest and most unpopular areas of psychology: pain management.

“Regardless of how lucky, blessed or privileged one might be, there is no life that is not called at some time to walk through the bleak valley of suffering,” writes John O’Donnohue.

“When suffering comes into your life it brings great loneliness and isolation. Your life becomes haunted: your belonging breaks, the normal certainties collapse....”



Tom Nesser

You have been working with people with chronic pain for quite some time. Would you agree with this definition?

Yes indeed. Suffering brings a sort of darkness with it. When I am well, I feel alive. For me feeling alive is being outside, feeling the wind and the rain on my skin and being part of the world. But when I am in pain, I am closed in and separated from life. I don’t feel I have a place in the world or that I am part of anything greater.

Many people in pain feel a deep, existential sense of injustice, particularly when it has been caused by an accident or through the carelessness of other people. Pain breaks our sense of connection with the world. We feel not only broken, but also fragmented and very alone, and to work with this therapeutically means that we have to instil some kind of hope in the patient, because despair erodes hope. It erodes the possibilities of life. People with persisting pain can experience a deep sense of horror at times, because pain slowly stifles their soul and their capacity to appreciate that life is always bigger than they are. Because of their injury, life becomes smaller and smaller. Looking at it from that angle, I would say that pain is a psychosocial and spiritual experience

in which we lose connection with our body, with others, and with the world.

I guess you don’t only lose the connections, but your status as a person.

Yes, because pain prevents you from doing things. Men particularly derive their sense of self-worth from what they do. I am worthwhile, because I am competent; I can build, make things, achieve goals, meet challenges and make decisions. Now my pain comes in and changes all that. I can no longer do all the things I feel I should be doing. Internally, I feel as if I should be able to, but when I try to push myself my pain becomes unbearable and I am pushed back into a corner, I lose my sense of self and feel useless. I have little stress resilience, less confidence and I have a deep feeling of not being good enough. Then I label my whole existence as useless. I become devalued and I suddenly feel a hopeless rage and envy towards those who look healthy and happy.

Because of the pain, the sufferer feels different to others, but he still wants to feel



part of a larger community. He is still part of his family and culture but remains aware of what is broken, and finds it very hard to make sense of the meaning of pain. Pain is such a profound experience. It redefines the individual and all that it is to be human. Sufferers feel they have been pushed to the end of their humanity. Many of our health systems struggle to find a way to reintegrate people into their social groups when they have weakened relational connections. Medically we can give a pill to reduce pain. We can go to counselling for help to cope with the pain, but ultimately what many patients long for is to be reconnected with others, although they may not necessarily be able to articulate it in that way.

Why are pain and trauma unpopular areas to work with? How do you go about helping your patients?

As therapists and helpers, we like to work in areas that produce clear and definite results. When we work with patients we need to understand their issues can become embedded in their psyche over the years. We need to gain an appreciation of the nature of the changes that have happened to them, including the way the brain operates. For instance the hypothalamus, within the mid-brain, is substantially smaller in people who have had long periods of exposure to traumatic experiences than in the normal population.

As therapists, we need to ask ourselves, what can we realistically accomplish? When we start to deal with a person's depression, panic, isolation and withdrawal, other issues will often come out as well. Many different factors combined will make it difficult to unravel the complexity of the problems.

I am not necessarily going to make my patient feel better immediately. What I need to do is get a sense of the feel of the person and ask, with all the accumulated life experience, what is his or her potential now? What are they capable of becoming in the best sense of the concept?

Frequently, when patients come to me or to my colleagues, they have been assessed by a range of professionals and

specialists and have had a variety of treatments. So they may feel misunderstood or angry and they can take it out on us. As therapists, we need to become aware of what our own physical, emotional heart-felt responses to the people that we are working with are. I think many therapists can become quite sensitized to emotional and physical pain, because they see and experience it all the time.

I see colleagues who have developed an inability to take pleasure in the little things in life themselves, as they start to become vicariously traumatised through exposure to a whole depth of emotional suffering that just seems to continue round and round. Unless we can guard ourselves from this kind of process we will not be able to help our patients.

Normally patients want something that will help them right now. One of the difficulties that I find is that initially they cannot concentrate for a whole session. They cannot hold different ideas in their mind long enough to process things. So if I allow the session to simply happen in a client-centred way, it won't work, because often the patient will repeat himself, going through the same patterns that they have experienced up until this point. Initially they have difficulty in applying the ideas the therapist suggests. At times they will have a deep sense of what Martin Seligman has described as "learned helplessness" I don't say that in a critical sense, but rather as an acknowledgement of a reality.

What happens to the body and the mind when one is in pain? Is it true that the more you resist it the longer it stays?

Pain is like a magnet. As it draws my attention into it, it makes me more aware of it. People normally avoid frustration and pain, as well as those situations that trigger awareness of it. So if I am experiencing physical pain, I will develop a range of postures, movements and ways in which I hold my body in order to minimise the pain, which will inevitably result in reduced activity, whether that be physical activity or social interactions with others. On the

other hand, since we are social beings, the more I split away from connections with other people, the lonelier I become, and in that loneliness I am going to start experiencing depression. It is very hard in that context not to be negative about what I can do physically, emotionally, intellectually and spiritually.

I want patients to understand the social and the transpersonal context in which they find themselves.

There are no thoughts, no impulses or sensations that I can have that don't impact on a physiological level. I want people to understand what is going on in their body in terms of the changes in their hormonal system, their nervous system, the way they breathe and the way their heart beats as they experience suffering. This can provide them with a body-based set of cues that can be valuable tools in managing their own suffering.

I have discovered that if I can explain to a patient what is happening to him or her physiologically in understandable terms, it makes it more acceptable to them than if I had explained it in psychiatric terms.

Pain is a significant physiological and emotional stressor. When I experience high levels of stress, the different systems in my body do not work well together and I lose the sense of inner harmony. This is called physiological incoherence. It takes more energy and effort for the different systems to work together. The more relaxed I am, the more I am able to focus on my pleasurable experience, and not only do I get changes within the brain, but I get a ripple effect going through my different systems as each tunes to other connected systems.

For example, if I start by breathing in a relaxed way, my heart beat will tune in to that rhythm by speeding up when I breathe in and slowing down when I breathe out. The next thing that happens is that my parasympathetic nervous system starts to tune in through to what is known as the Vagus nerve, which has a ripple effect both down to my digestive system and up into my brain stem. Strong connections exist between the brain stem and the mid-brain, which is the seat of our

strong emotional experiences as well as the place that starts a sequence of stress related hormones. As changes happen in the mid-brain, signals are sent to the frontal lobes, where I do a lot of thinking and understanding, and I also start to produce more alpha waves. This synchronised effect across different physiological systems is called coherence, and has been shown to improve immune functioning.

Biofeedback is a valuable tool that I use in order to teach people how to obtain a better level of physiological coherence. This inner coherence also gives me a very good indicator of the degree of stress being experienced by the patient. I use a very simple blood volume pulse to measure the changes in heart rate and the relationship this has to the rate of breathing. The autonomic nervous system both influences and is influenced by the heart, and computer programs exist now that enable the biofeedback equipment to provide an indication of how stressed or relaxed the patient is. Patients are then able to learn how best to release tension and achieve the best possible inner state despite their pain. This in turn improves their quality of life, and helps them to cope better with the challenges brought about by their pain. Although it is not a cure, it is possible to begin a cycle of improvement in which the patient is able to obtain an increased sense of being able to have greater influence over the way he feels. This reverses the "learned helplessness" and the sense of being disconnected which I spoke of earlier.

Also, I want to de-pathologise the concept of trauma and pain by speaking instead of pain and trauma as involving a set of learned habits. We also need to challenge some of the myths that we have all been brought up with. For example, many people believe that pain and pleasure cannot coexist. You can experience a deep sense of dis-ease and still have a place, separated from the rest of that experience, where you have at least a little awareness of pleasure. While we are aware that patients have reduced physical and emotional abilities, we can acknowledge the reality of these difficul-

ties but also frame each difficulty as a potential strength in some way. In other words, I want patients to relearn some of the simpler ways of enjoying life again, savouring the moment and being able to trigger more positive experiences instead of being sucked into a deeper sense of despair by their pain.

So do you mean that weaknesses can actually turn into strengths? Do you mean that if you learn to carry pain you can lessen its burden?

Yes. I want to be able to provide some alternative ways of living that are easy to understand, learn and practice. I then want to focus on some strategies that are simple enough for them to do in order to gain some relief early in the treatment. But I have learned not to make promises, not to make cheap reassuring comments. At times the patient may be upset by what I say, especially if he or she is entrenched in a particular way of seeing their problems and I want to do all I can to help them become more solutions focused, rather than problem focused.

I commit myself to not just trying to improve the person's experience but also to understanding it. In that understanding a connection is established. Then hopefully I will be able to start to instil some sense of hope. I try to help the patient redefine what change means for him or her. Some patients desperately want to regain their previous level of function, and insist that no other change is worthwhile.

To make matters worse they tend to idealise their past life, and believe that they were capable of doing more, prior to their injury, than was in fact the case. They can use that impossible dream to help reinforce the stagnation in which they find themselves now.

My role is to redefine the value of little changes. It is not so much yearning for what you could be, but being able to appreciate what you already are. What I try to teach people ultimately is to pay attention, to appreciate the little things in life. What defines happiness is not what you accomplish. Happiness is an internal experience. The external things such as

health and wellbeing will influence my happiness, but don't determine it. Because of my pain I may never again be fully able to do everything I used to do, but what I can do is place value on finding little shelters, islands of wellbeing in a stormy sea of pain.

Teaching people to enter these islands and enjoy the small pleasures is vital. It is not to say there is no storm outside or no sea of despair out there, but it is saying that their reality can also include the little islands and they have to negotiate their way there themselves.

My message is: If your life as it is now is swept away by pain, you still have some other undeveloped potentials within you, which under normal circumstances you may never have used. Or may never have even known about. So if you can release the developed potential and start to explore the undeveloped one, you can get results that might work for you, which might fulfil you, and could potentially change your whole experience.

The transitional journey into this unfamiliar territory may be difficult, but it is important to give myself permission to start exploring. Sometimes this is hard because people don't place value on little things, which are essential to be able to create some sense of balance between pleasure and pain.

Learning to enjoy life when you are in pain must be one of the most difficult things to do.

I will tell you that where I live in New Zealand we have lots of rain and mist. In these weather conditions I normally drive to various clinics through beautiful countryside. There is one particular place in the journey where I go through a series of mountain roads that look down on a valley that is often covered by mist during winter. I know every inch of that road, and when the mist is heavy and the visibility might be down to 15 metres or so, I play a kind of game with myself. The game is to try to remember different landmarks alongside the road that are now obscured by the mist. I may not see the different trees or paddocks because of the mist, but

as I get up close to them they suddenly spring into sight.

It is just like that for people suffering from chronic pain. You have got to get close enough to the little pleasurable experiences to be able to notice them, because pain is like a mist that obscures the pleasures which are still there.

Everyone is wired to experience pleasure, but at times we have to make some conscious choices and learn new skills to be able to notice the pleasures in life. So patients have to orientate themselves in a radically different way to their normal life by learning to savour and pay attention to these little moments of pleasure.

I say to people that if the Innuits in North Canada have 20 words for snow, I want you to develop 20 words for pleasure. I do not give pain diaries for people to fill in over the week. I give them a pleasure diary instead. I say: go away and try to take your attention away from the distressing experience of pain and focus instead on the little moments of pleasure. This is where it becomes important to develop a mindfulness, a discipline and an ability to pay attention to the little things. I use the example of becoming physically fit. It is initially hard but it is achievable. I want my patients to exercise their pleasure place and I want them to become pleasure fit. It is really important to understand this. So I say to them: let's have a look at meditation, let's have a look at diet, exercise, relationships and conflict, mood, irritability and sleep, all of which are concrete things. This is not about avoiding and escaping the pain which is still there regardless. We have a challenge here. The question is how prepared I am to face it, to embark on the task of building temporary shelters.

I suppose people end up finding the resources or some mechanism to survive, and that will vary from person to person.

I worked with some trauma survivors, women who had been sexually abused as children, people who had gone through horrible experiences and had been subjected to violence, women who had experienced horrific domestic violence or

torture. I had some people describe to me how they managed to keep going through that by retreating into a place in their minds, what they called their god place, a memory of some good experience. They focused on that and have drawn some sense of emotional strength from that despite the simultaneous pain.

We tend to believe that we must stop suffering before we can have quality of life, that there must be a medical answer when there is not always one.

Some people say it is the illness that cures you.

Yes but it is a "shock" blessing. I would always advocate other ways of personal growth, but I have seen a handful of people over the years who, in the process of struggling with their own suffering, have become spiritually beautiful people, they are heroes who are unnoticed by the world. They have found a deep healing in a holy way. Suffering is a very sharp blessing in which everyone has a choice. But there are also people who have been crushed by the experience and have become bitter and overwhelmed by resentment. I do not blame them for that, because if I were in their shoes I may well have gone down that way myself. None of us can guarantee how we would react to the experience.

What practical advice would you give to people with chronic pain?

People with chronic pain conditions have to be very selective as to what they do with their lives because they have less energy, less resilience and less ability to sustain an activity. They need to place value on self-nurturing and doing things they value that help them to go beyond their own suffering, perhaps providing some kind of care to others despite their own suffering. If they fail, their pain will wear them out.

Of course there are different stages. Connecting with the pain may be necessary but most patients cannot do that initially because they are too overwhelmed by the experience.

As a therapist I do not place much emphasis in the early stages on welcoming the pain. I do not say to people 'keep fight-

ing' because I do not believe in that either. I say it is a matter of finding the balance of what is right for you. I am not sure what the balance is for you but I do not want to encourage you into any extreme.

There are aspects of that condition that we can never truly escape. I believe instead in making forays into the pain experience to see what I can change, and then making forays into other experiences that will hopefully emerge in my life despite the pain. It is not about facing or not facing the pain. The point is how I can immerse myself in life again, rather than trying to get away from the pain. If I can live life to the best of my abilities now, then I am able to face all of life, including the pain, including my desire to escape. The point is to live life. That is the challenge. Yes, we have pain but we are able to enjoy life in some other ways to develop and grow. It is possible to do it.

We all carry our own wounds. Some say suffering refines us, that it transfigures and enlarges human beings.

Pain is something that is unwelcome in modern society it is an inconvenience and it is supposed to be curable. We have fallen into believing that we must be able to cure everything. It is actually quite worrying. Yes, life involves suffering. This is not a complaint or a criticism but a simple statement of facts. I remember hearing a story years ago about botanical research on plants. They were trying to get a new breed and the plants were getting the right mix of genes, but they were very sick and weak. A lab assistant drew this to the professor's attention who said, "You have to be wrong. The genes are fine; the problem is the plants are living in such a perfect environment in terms of light and nutrients that they are weakened by the ideal conditions. They would be strengthened to disease and resistance if they didn't grow in a perfect environment." So they actually started to make some changes to make the environment less perfect, then the plants grew faster and healthier than they had in the more ideal surroundings.

The average human being can be strengthened by a certain amount of

suffering, pain and hardship. But that is a different order of magnitude to the experience of someone who has been in a catastrophic accident that resulted in half of the family being killed. Having to live through that and adapt to the consequences is a very different degree of suffering to ordinary hardship.

I would rather not have pain, but I need the little deaths in order to prepare me for the big ones, because as I live well through the betrayals, the hardships, the broken hearts, and the illnesses, I will be better prepared. Even the hardships I suffered as a child helped to make me the person that I am now.

I have seen people who had their spirit broken through pain, and I want to treat them with a great deal of respect because I would do them a disservice if I was to deal with their suffering differently. They may lack resources because there are situations where people really do suffer more than they can bear.

Have you come across many cases like that?

Yes, some. I might have seen about 2000 patients in high levels of pain, in abnormal pain. Sometimes I have asked them, how do you bear it? And they say 'because we do not have a choice', so they have found ways of coping that I may not have discovered. However, others just collapse and almost die. They die spiritually before they die physically. That is hard for someone like me in the helping profession, because they leave a residue of vicarious trauma on the helper.

It is a mystery that some people cope with suffering while others don't. What is it that brings out the real strengths of the human soul to rise up to meet these incredible challenges? At times I have felt a little unworthy working with people in that sense, because nothing from my own past can compare with some of the suffering that I see in them. People in the helping profession must be willing to live with the threat that another person's suffering presents to them, and they need to be comfortable with that threat.

At times you go into a room and there is someone in there. You can feel the heavy dark weight, the deploring nature of their suffering. But I have to go there and be open, because I may be able to break through some of the disconnection. I think I can bring some light to someone by understanding and relating to him as a human being rather than as a professional. If I relate to the patient as a human being, I can understand the bigger reasons, I can communicate compassion, and at that moment there is a different quality of light, that is sunshine. It took me two years of working in this field to actually understand that it is my willingness to be with them, to be human with them that is most effective. I may say to them, yes, life is unfair, but I still do value you. In validating their humanity, even their broken humanity, I work clinically and when I find myself struggling with someone's issues I go for a walk along the beach.

Some people never improve. I had to learn to accept that that is also part of the human condition. As a therapist I have to be able to discern what each person is capable of. Sometimes I am wrong, and this is literally as good as it gets, and in that it is helping the person to reconnect first of all with their own humanity and be human.

What have you learnt from this?

For me this work is a profoundly spiritual experience, a continuous journey of discovery. I feel I can work in this area a lifetime and be a beginner, but I am hopefully a beginner who is to some extent able to help.

I have learnt not to delay the good things in life now for the possibilities that might come later. I'd say to you, live and appreciate every moment. Ultimately, the connections that I have developed between people are far more valuable than any possessions I may have. I have learnt that it is okay to live without certainty and that need not be scary. I have learnt not to be contented.

Happiness is no mystery. It is about living life simply and welcoming the little pleasures. ■

