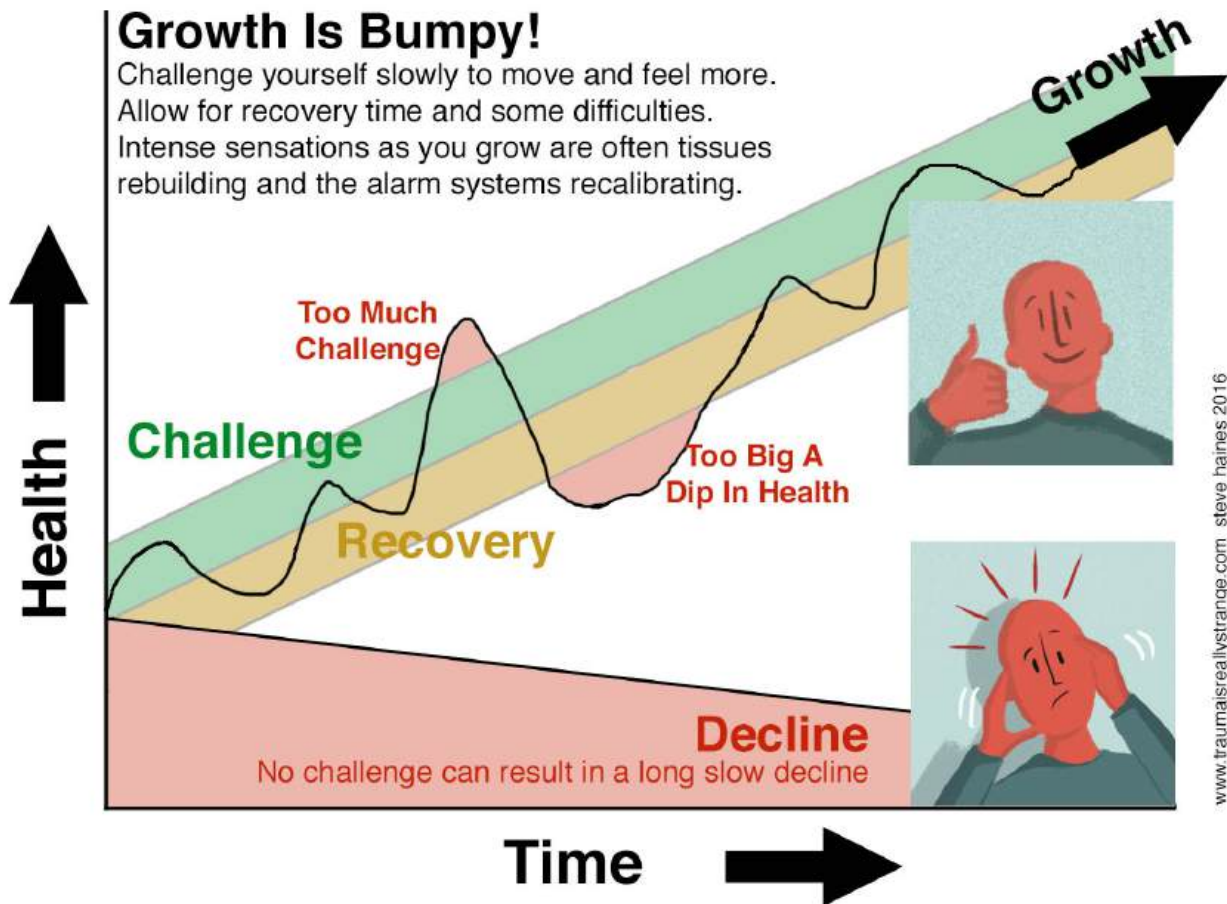


# Five Ways To Overcome Pain

Steve Haines July 2016



## Understand growth is bumpy

Here is a new graph attempting to show that the road to recovery is not always a smooth upwards curve. Overcoming pain and trauma requires cycles of challenge and recovery. The challenges are often moving and feeling in new and creative ways.

Intense work should be followed by equally intense downtime (e.g. getting enough sleep, sleep is really sexy right now as a boost to sports performance and general health). If you over do the work you may crash, get disheartened and give up. So be careful to build up slowly. 'Graded exposure' is the useful term the pain and sports performance researchers use.

Even with recovery time, expect learning to move again to hurt a little bit. Remember 'Hurt does not equal harm'. The intense sensations associated with change are most likely to be the alarm systems in the nervous system recalibrating as tissues rebuild.

## Learn More

A great blog from Todd Hargrove: Hargrove T (2014) *Graded Exposure*. [www.bettermovement.org/blog/2014/graded-exposure](http://www.bettermovement.org/blog/2014/graded-exposure)

Check this infographic on sleep: <http://bit.ly/sleep-infographic>

## Try It Now

Challenge yourself to do a bit more exercise and a bit more rest this week.

## Learn to feel the slow background tone of the body

Changing the representation of the body in the brain is probably the mechanism underlying all manual treatments. When you rub, stretch, press, stroke, adjust or touch the body, local tissue dynamics change primarily because the control via the central nervous systems changes. Try to frame your interventions within a control paradigm not an alignment paradigm. Switching off danger signals in the alarm systems (control) is the biggest regulator of tissue tension and joint position (alignment).

Interoception, the fancy name for the slow background tone of the body, is often missing for people in pain. Distorted body image is being linked more and more with chronic pain. Working to build a nuanced, detailed sense of the body is inherently anti-pain.

We know from trauma research that dissociation is the key problem preventing us from feeling our bodies. So, when working with pain appreciate that life and death defence strategies are often in play in the old brain, making it scary, anxiety provoking and very intense. Go slowly to help create a sense of safety inside you. Make it a game to learn to feel the Weight, Outline, Skin and Inside (WOSI) of your body.

## Learn More

Try these David Butler videos: 'Explaining Brain Smudging' [www.youtube.com/watch?v=3QVAY5stO3U](http://www.youtube.com/watch?v=3QVAY5stO3U) and 'Tennis Elbow' [www.youtube.com/watch?v=ExaLbUdF-hw](http://www.youtube.com/watch?v=ExaLbUdF-hw) @2.55min there is a great quote on how local tissue manipulation works by changing representation in the brain.

On pain and distorted body perception: Moseley G.L (2008) *I can't find it! Distorted body image and tactile dysfunction in patients with back pain*. Pain 140,1 239-43. <http://www.ncbi.nlm.nih.gov/pubmed/18786763> and Lewis JS, Schweinhardt P (2012) *Perceptions of the painful body: The relationship between body perception disturbance, pain and tactile discrimination in complex regional pain syndrome*. Eur J Pain. <http://rsds.org/wp-content/uploads/2015/02/Lewis-research.pdf>

## Try It Now

Close your eyes, how does your left side feel compared to your right? How big or small do your feet feel? Take your time and explore the differences and any distortions. If your feet feel different or distant there is work to do.

## Tell yourself that chronic pain is an alarm system gone wrong

If someone stands on your toe, are they hurting your toe, or are they hurting you? The old model was that a fixed pressure on the toe would generate a fixed amount of pain, pain was an input to the brain. That model is wrong. The danger signals from the toe are assessed according to all the other priorities in the central nervous system.

Humans are irreducibly complex. Your pain experience can depend on your history, culture, family, stress levels, previous experience of pain and even your faith. Pain is an output from the central nervous system, not an input. What if the person who stepped on your toe was an incredibly attractive dance partner? What if you had just had a bunion operation on your big toe? The two pain events would be very different, you might even like the first one as it helped bring you closer!

Pain is in you and in your world, not in your brain or in your toe. In chronic pain the reflex, habit and memory of creating an alarm signal gets out of sync with the current state of the tissues.



### Learn More

This TED video from Elliot Krane is just excellent: Krane E (2011) *The mystery of chronic pain*. [TED.com](http://TED.com). Accessed 14 Oct 2014

This is a superb summary of pain from a leading researcher: Moseley L (2015) *What is pain and what is happening when we feel it?* The Explainer <http://bit.ly/pain-moseley-2015>

### Try It Now

Repeat after me:

I will not say pain is due to misalignment in joints, slipped discs or getting old ever again.

I will not say pain is due to misalignment in joints, slipped discs or getting old ever again.

I will not say pain is due to misalignment in joints, slipped discs or getting old ever again.

## Keep moving, keep moving, keep moving

Brains love movement. Movement feeds the brain lots of good news. Variety, creativity and precision when moving all help to overcome pain. Ordinary movements of standing sitting, lying, getting up, walking, lifting, running for the bus and carrying shopping will not damage or injure you.

Fear of movement is a bigger problem than actually moving. Even for elite athletes, with lots of twisting, straining and impacts, it is unlucky to get injured. It needs a lot of force, not present in ordinary movements, to cause physical damage to joints and tissues.

Movement helps to lubricate joints, 'Motion is lotion'. The more you move, the healthier your joints become and the healthier and happier you will become. Strength is consistently a predictor of living to a healthy old age. Sit less, walk more, try new activities.

### Learn More

This is the best book on movement I have ever read: Hargrove, T. (2014) *A Guide To Better Movement: The science and practice of moving with more skill and less pain.* [bettermovement.org](http://bettermovement.org)

Here is a research article on fear of moving <http://bit.ly/pain-related-fear> For inspiration check the 90 year in the gym: <http://bit.ly/90yrs-old-in-gym>

### Try It Now

Try the 'sitting-rising test': Can you get up, and down, from sitting on the floor crossed legged, without help? If not keep practicing!!! <http://discovermagazine.com/2013/nov/05-sit-down>

## Explore how you describe pain to yourself

How you describe the pain to yourself is really important. Find metaphors that speak of change and movement, instead of descriptors that imply fixity and damage. The founders of Explain Pain have developed a new model of pain education:

Pain improves when SIMs exceed DIMs.

DIMs are 'Danger In Me' messages. Some examples of danger messages and metaphors: 'My MRI shows a slipped disc.' 'My therapist told me I have one leg shorter than the other.' 'Something is broken or stuck.' 'My father had pain at my age.' 'Old people always get pain.' 'I have arthritis.' 'I have no time to rest.'

SIMs are Safety In Me messages. Some examples of safety messages and metaphors: 'There is a poor relationship between MRI findings and pain.' 'Discs can never slip.' 'I have strong repair systems and life, like water, will flow somehow.' 'People with one leg can have no back pain.' 'I am not my father. I heard a story about a 90 year old running a marathon.' 'I will try moving through the pain, but slowly, to build resilience.' 'Most people do not have smooth joints, bumps on x-rays are like smile lines and wrinkles.' 'More sleep and less stress will make me less sensitive.'

DIMs v SIMs is a very simple and powerful model. Butler and Moseley warn 'DIMs and SIMs can hide in hard to find places', but, remember, everything you do to build the experience of safety will help to turn off pain.

## Learn More

Here is a great blog on noijam.com introducing DIMs and SIMs: <https://noijam.com/2015/03/12/dim-sims/>

This is a good discussion of metaphors and pain: Stewart M (2014) *The road to pain reconceptualisation: Do metaphors help or hinder the journey?* Journal of the Physiotherapy Pain Association. Issue No. 36 · Winter 2014 24-36 <http://bit.ly/pain-metaphors-2014>

## Try It Now

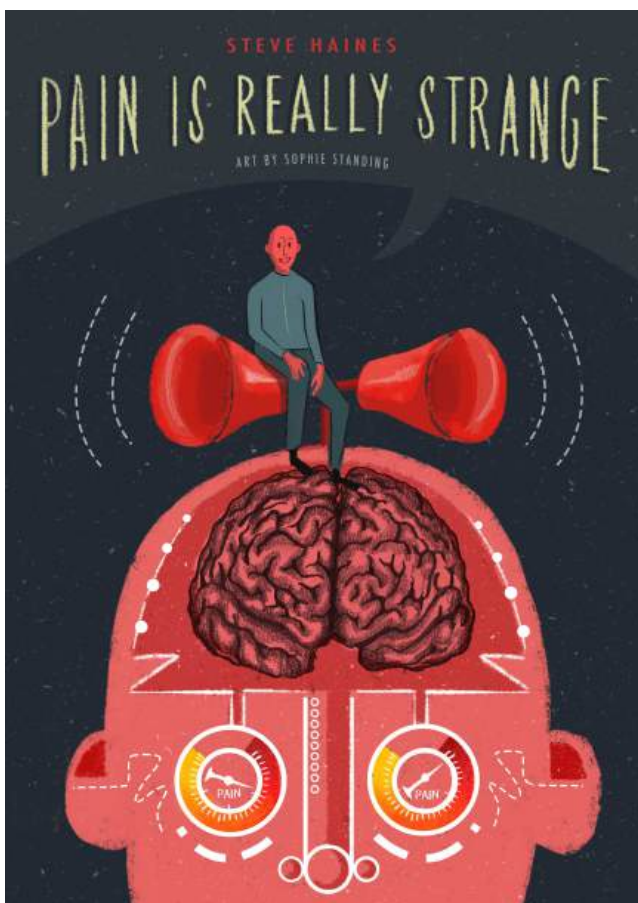
How do you describe your pain to yourself? Let yourself have an image of the painful area, for a short period imagine the exact opposite of what you are feeling. Try and describe the pain differently to yourself, be creative and explore metaphors that imply change.

## Want more?

Check out Steve's comic book 'Pain Is Really Strange'

## Even More?

Pop over and follow Steve's facebook page @bodycollege for the latest on pain and trauma



**'I would definitely recommend this title to those suffering chronic pain.'**

**Dr Ian Williams, Physician and Artist.**