

# LIVING *beyond* PAIN

A HOLISTIC APPROACH TO MANAGE PAIN AND  
GET YOUR LIFE BACK

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Some of the names and details of the people and scenarios described in this book have been changed in order to ensure the individuals' privacy.

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We dedicate this book to all the people in pain we have seen in our thirty-nine combined years of clinical practice. We have heard your stories and listened to what it means to live with pain. We are humbled by your patience and transparency, are moved by your grit and determination, and hope to contribute to helping you and others live beyond pain. Those who are on the verge of giving up and fighting despair, don't give up. May you find hope, healing, help, and peace.

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# Introduction

## Pain—A Part of Our Lives

Pain is no evil unless it conquers us.

Charles Kingsley

In a busy medical practice, clinicians often pause for a moment before entering a room to see a patient. It is a moment to catch their breath, collect their thoughts, and focus on what's important for the person they're about to see. In a clinic that helps people who are in pain, it is important to remember this before opening the door: the most effective treatment for pain begins with compassion and understanding. People want to be heard and understood. Their pain is real, and they need solutions. They don't want to be told not to worry or that the pain is all in their head.

Oftentimes, a patient will bring a spouse or loved one with them, and it is clear right away that even though one person is in pain, they both are suffering. This time was no different. A loving husband, John, was sitting with his wife, Clare, who had been debilitated by pain. "Doctor," he said, "she needs some relief. She's barely been sleeping, and I've never seen her this down. Honestly, it's hard to watch her hurt so much. It seems we've

done everything. What else can we do?” As I (James) glanced over at Clare, I saw a look of quiet resignation on her face. She was weary.

Everyone’s story of how their pain began is unique, but there are common threads, whether an injury occurred or the pain came about gradually. When an injury or sickness occurred prior to this new life of chronic pain, the person recovered. They got better. Now they are experiencing something that doesn’t go away. They can’t get rid of it, and it feels as if they have lost control.

Pain has insidiously robbed them of even the smallest things in life. Perhaps they are unable to work. Perhaps they can’t do their own shopping or laundry. Perhaps they can’t play with their grandkids or be there for their spouse the way they used to be, emotionally, relationally, or physically. They may have had dozens of doctors’ visits and have had to perpetually retell their story, all the while feeling cross-examined about how many pills they are taking, even needing to bring them in randomly to be counted or to pee in a cup. They didn’t get to this place on their own, and now they are sitting in a doctor’s office with guarded hope.

Clare and others like her are not alone in their need for help. Clare represents one of the one hundred million adults in the United States who suffer from chronic pain.<sup>1</sup> To put this in perspective, she is one out of ten Americans who experiences pain every day and has done so for at least three months.<sup>2</sup> In fact, chronic pain like Clare’s is experienced more often than diabetes, heart disease, and cancer combined.<sup>3</sup>

Clare’s husband, John, represents three out of four Americans who have personally witnessed pain in a close family member or friend.<sup>4</sup> Friends and family may not suffer physically, but they do struggle emotionally. They watch as their loved ones lose productivity at work, struggle to get out of bed, or sit in a chair, immobilized by a blinding headache. They feel helpless.

As a physician and a therapist, we are keenly aware that chronic pain is the leading cause of disability in America. However, pain

reaches far past our borders and affects an astounding 1.5 billion people worldwide.<sup>5</sup> Pain is a universal experience, serious and costly.

Many, like Clare, have seen doctors for help. They are looking for a cure or relief, but pain is often difficult to treat, requiring digging and commitment to find solutions. For some, the reality of living with pain for the rest of their lives is not a message they want to hear. Still, pain can be managed and treated in ways that normalize life as much as possible. There is much that can be done.

John J. Bonica, an American anesthesiologist who is considered the father of modern pain management, defined pain as “a constellation of unpleasant sensory, perceptual, emotional, and mental experiences with associated autonomic, psychological, and behavioral responses provided by injury, potential injury, or acute disease.”<sup>6</sup> In other words, pain is more than just an inconvenience for one’s senses; it is a whole person experience that affects how a person perceives their body’s function and how they respond to their world.

One way people may respond to pain is to become depressed. The stress caused by dealing with pain and its limiting effects may cause them to feel hopeless and helpless. The danger here is that negative emotions can amplify and prolong pain, which in turn further increases stress and depression. Thus, a formidable cycle ensues.

At the root of this is a loss of control. A person is no longer able to do the things they used to do. The loss is palpable. So how does one regain what was lost? From a medical perspective, the answer isn’t as simple as prescribing pills, injecting a steroid into a joint, or providing a manual treatment. While what physicians provide can alleviate a certain measure of pain, a fifteen-minute office visit is often not enough to win against chronic pain.

Make no mistake, the pain isn’t all in the person’s head either. However, the way they *relate* to pain is entirely in their head. This

is where the battle over chronic pain is ultimately won or lost. The battle is about optimizing their outlook and how they feel about and manage their pain. It is also about understanding pain itself and how and why it occurs. It is about understanding the pathways in the brain and in the body that have been altered as a result of pain and how to make strategic changes in life to affect those pathways in order to reduce pain.

Simply put, the better you understand pain, the better equipped you are to gain control over it. This is why we wrote this book. You can reduce your pain and resume your life. The process begins with compassionate care that allows you not to be embarrassed or to feel like a complainer. We've heard your stories and know your pain. We want to help make you aware of how to better deal with your pain.

As you read, you will learn more about all that contributes to pain. While your pain experience is unique, there are universal tools that can help. In the process of dealing with pain, you can move from hurting to hope to living again. You can take charge of your relationship with pain and find new ways to reduce and even eliminate pain. As we move through this journey together, you will find that living with pain doesn't have to define you. By the time you finish reading this book, your understanding of what causes pain and how pain is sensed in your body will have increased substantially. And the more you understand pain, the better your pain outcomes.

The approach we take is a holistic one, integrating the medical, structural, functional, emotional, spiritual, and social aspects of health and healing. Treatment of pain involves body, mind, and spirit and employs an interprofessional approach to treat the whole person. The physical, psychological, social, and spiritual parts of a person interact to perpetuate, worsen, or heal pain. Therefore, the whole person must be addressed.

Addressing all these parts of who you are is important to living beyond pain. While it may not be possible to remove all your pain,

it is possible to have less pain and more function. Once you better understand how you can turn the volume up or down on pain, the more in control you will feel.

Through the strategies offered here, we hope you will better understand pain and find relief. We are excited to take you on this journey, knowing that at the end you will be able to live beyond your pain.

PART 1

# UNDERSTANDING PAIN



# 1

## Know Your Pain

Chronic pain is not all about the body, and it's not all about the brain—it's everything. Target everything. Take back your life.

Dr. Sean Mackey

At its most basic level, pain plays a protective role in our lives and is a normal response to injury or disease. Without the alarm system of pain, none of us would survive. It is when that alarm signal persists that pain becomes a chronic problem.

If you have seen a physician for pain, you have most likely completed a form that asks where your pain is, how long you've had it, if you had an injury, what makes it better or worse, how bad the pain is on a scale from 0 to 10, and whether it feels sharp, burning, numb, aching, or like an electric shock. Perhaps you've even been given markers and asked to draw your pain on an outline of a human form, front and back.

What is the point of all of this? First, your answers document the history of your pain. From a clinical standpoint, the better

we understand how your pain started, the more accurately we can diagnose what is causing it. And just like anything else in medicine, the more precisely we can diagnose what the problem is, the more effectively we can treat it. Second, your answers draw for us a word picture of how you perceive your pain and start a dialogue to help us understand your pain. Your answers help us piece together the puzzle that needs to be solved.

Medical students have heard it said more than once that developing pattern recognition for the diagnosis of illness and disease is important. First, we understand what “normal” looks like. Next, we recognize something that falls out of pattern. Then we carefully analyze that information to make recommendations for treatment. For example, people who have diabetes, asthma, or gallbladder disease all have patterns we’ve learned to recognize. The more experienced we are, the more quickly we can recognize a problem when we see it and can differentiate that problem from what else it could be.

The same is true with pain. People who suffer migraine headaches present differently than those who have tension headaches or cluster headaches. People who have low-back arthritis present differently than those with a herniated disc, muscle spasm, or inflammation from overuse. So your physician should spend time getting to know you and getting to know your pain. Understanding the intensity, character, and quality of pain provides the opportunity to treat it more effectively.

Pain has generally been divided into three major categories: nociceptive, neuropathic, and inflammatory. Each of these types of pain looks different, and each of these types of pain requires a different type of treatment.

Nociceptive pain occurs when body tissues such as skin, fascia, muscles, joints, bones, and even internal organs are exposed to injury, or what your doctor would describe as a “noxious” event. Mechanical low-back pain is a type of nociceptive pain. With mechanical low-back pain, compressive forces between the small joints

of adjacent spinal vertebrae are created by gravity, postural strain, or uneven muscle tension, among other things. This compressive force not only restricts movement in the small joints of the spine but also reduces blood flow in those tissues, reducing the oxygen content and nutritional supply. All of these factors lead to nociceptive pain. This type of pain is usually described as sharp, aching, or throbbing. The nociceptive pain response is usually acute, and if the injury or compressive forces resolve, the pain usually eventually goes away as well.

Neuropathic pain occurs when there is compromise within the somatosensory nervous system. More simply stated, neuropathic pain occurs when there is disease, compression, or an injury within sensory nerves. Diabetic neuropathy and shingles are both examples of neuropathic pain caused by a disease in which nerve function and sensation are altered because of the disease process. Carpal tunnel syndrome, sciatica, radicular neck or back pain, and certain types of headaches are also considered neuropathic pain syndromes. In these cases, the nerve problem is due to nerve compression or altered function of the nerves themselves instead of a disease process. This type of pain has its own pattern, too, and is often described as electric, shooting, burning, numbness, or tingling.

Another major category of pain is inflammatory pain. Inflammation is a typical response to tissue injury and is part of the body's natural response as the healing process is initiated. Inflammation causes tissue congestion, redness, heat, and pain in *response* to an injury or infection as the body tries to repair itself.

Think of inflammation as being on the repair side of tissue injury as opposed to the pain caused by the injury itself. A normal amount of inflammation is necessary as part of the healing process. For example, if you have a sprained ankle or a fractured wrist, inflammatory pain occurs as the healing process begins. Inflammation can also occur as a healing response to infection. For instance, nasal passages and sinuses may feel congested if you

have a cold, soreness results from an infection in the throat, and piercing pain may be felt from a middle ear infection.

In addition to injury and infection, inflammation can also occur in the presence of an autoimmune disease. In these cases, the body mounts a misdirected inflammatory response against normal tissue. Such persistent inflammation causes tissue destruction to occur. Inflammatory bowel disease and rheumatoid arthritis are examples of autoimmune inflammatory diseases.

Other times inflammation can result from overuse, such as a strenuous, continual strain on the low back, shoulders, or knees. This type of pain comes and goes, and inflammation becomes worse with activity. This type of persistent inflammation can cause harm over time, and the tissue, joint, or bony structures may become compromised.

Again, inflammatory pain is a different type of pain pattern compared to nociceptive or neuropathic pain. When people experience inflammation, they often feel heat, tissue congestion, stiffness, and even loss of function as a result of the inflammatory process.

It is important to note that the lines are often blurred between the classifications of nociceptive, neuropathic, and inflammatory pain, and often there is overlap among them. Other pain disorders also exist that are more nuanced and difficult to classify, such as fibromyalgia, in which the cause of pain is probably multifactorial and only beginning to be understood. Cancer causes severe pain due to a tumor or cancerous process compressing, infiltrating, or harming internal organs, soft tissue, or bone. Because many types of pain generators may be involved, such pain is difficult to classify. As a result, cancer pain is often thought of as its own category of pain.

Psychogenic pain is another category of pain that is often misunderstood. Often, this type of pain is miscategorized as being all in one's head; however, this is not the case. Psychogenic pain has a physical origin, but the symptoms are influenced by complex psychological and emotional factors such as fear, depression, anxiety,

and stress. Headaches, stomach pain, and back pain are examples of pain that can sometimes have psychogenic components.

As mentioned, certain treatment strategies work better for some types of pain than for others. For instance, some types of pain respond well to medical intervention, whereas other types of pain require manipulation, physical therapy, or rehabilitation. Still others require mind-body treatments.

Regardless of the type of pain, when pain becomes chronic, it has to be addressed on the mental, spiritual, and emotional levels as well as the physical. Too often, pain is treated purely from the pharmaceutical side of the equation. While many people respond well to medication and improve, addressing pain on only a physical level is often an incomplete approach when dealing with chronic pain.

How you relate to pain in the context of your life, emotions, and spirit as a whole is as much of a determinant for success as anything else. The difficulty on the medical side is often the constraints of a short office visit. Oftentimes, a physician can only scratch the surface of the emotional, spiritual, and mental side of pain. This is why an interprofessional approach that includes medical, psychological, and structural approaches is the future of pain treatment. It is also why we are writing this book.