DEMOTIVATING SITUATIONS: CHRONIC PAIN

Frédéric von Orelli

Chronic pain demotivates. It has no sense. It needs strength, energy, time, and concentration. For what? The aim of a "normal" acute pain is clear: beware, something bad is happening. Do something about it! In many situations, the evildoer can be found: a foreign body in the eye, a stinging wasp, a broken arm can be identified more or less immediately and the relevant help found. The pain has a meaning. I understand it. It motivates me to a goal-directed treatment. Also, stomach pains, which lead to explanations are meaningful and motivate us to do something active aboutt it. Why then is chronic pain so meaningless and demotivating?

I would like to speak in the next twenty minutes about chronic pain, how I come up against it in the practice of pain management and expound some thoughts about motivation.

Pain is ambivalent.

Pain in itself is ambivalent. It means life. Only what lives hurts. What cannot hurt is "as dead". On the other side pain is also potentially dying. It means illness. Threat. Limitation of the integrity, of the freedom to act, to live. Insecurity. Fear. It awakes associations with similar familiar or unfamiliar pains, with all their positive or negative consequences for life, for existence. Not for nothing people who can take away pain do in all cultures enjoy a relatively high respect. The ambivalence of pain motivates. One can and must do something. It is still not too late. It is still alive and announces itself. The reason must be found, and when it is removed, I am again the old person, again healthy as before. Go on – we will do it!

And what if the pain does not go away or keeps coming back? If we cannot find the reason or cannot remove it? What then?

Chronic pain demotivates.

Either the cause does not let itself be removed, like the back pain after operations: the "failed back surgery syndrome", or we do not know the cause and the pain does not respond to the painkiller or invasive measures, like with chronic migraine or trigeminal pain. Possibly well intended measures lead to stronger pain. The reserves disappear. The doctor begins to speak about patience. But I as a patient have had patience long enough. Specialists are invited. They all examine in their own specialist area. They have some ideas, but the pain remains. I am giving up. I begin to lose faith in myself and the doctors. One talks of the psychiatrist …But everything began with back pain, without any psychological problems. The psychiatrist does not find anything either. Despair! Work is no longer possible. Everything is going downhill. Colleagues do not ask any more how I am. The family is becoming impatient, money is becoming scarce. I cannot cope any more. And whatever I take for my pain makes no difference. The same story with chronic migraine, or foot pain

after a Morbus Sudeck. Every side effect from the medication reduces the chance of success. Painkillers produce stomach pain, nausea, make me tired and are no good. The motivation to do something sinks with every frustrating attempt.

What helps to build up one's motivation?

Integrating and disintegrating behaviour.

Galen named a wound 'solutio continuitatis': "The breaking down of cohesion". Pain is the expression of a wound or lesion in the widest sense. According to the International Union for the Study of Pain, pain is "an unpleasant experience of feeling , which is connected to actual or potential tissue damage or is described with concepts of such damage". The feeling of damage is also present with chronic pain, even when there is no damage left. But with pain, the cohesion of the whole person suffers. The patient tries to separate himself from the suffering part and to distance himself from it and to be treated by specialists, so that it disturbs him the least. He would prefer to hand his painful arm into the workshop for repair in order to pick it up mended in a few days. In that way the pain is being disintegrated. Especially with chronic pain, there comes with time instability, insecurity.
On the other hand, an integrating form of behaviour is less unstablising.. When the person attempts to accept his pain and to build it into his life and seeks to found the meaning for his inner development, these are stabilising measures. Cultural developments support or hinder integrating behaviour. To illustrate: the Christian Middle-Age thinking was very pain tolerant. Pain and illness was understood as a test sent by God, and in view of this also borne to a certain extent by the family and community. The suffering person enjoyed through that a little of the prestige of a chosen person, to be allowed to suffer with Christ or with the mother of God. Another approach was of course the suffering as a deserved punishment for genuine or supposed sins. Both attitudes are however to be valued as integrating behaviour. The pain became somehow built in socially and in the individual life in a meaningful way, and the sufferer was respected as part of the community, with his function.

Also, medically, illness was completely understood as an imbalance of body fluids. This changed in the course of later times, under the scientific-analytic way of thinking, which took its beginning with Descartes, and until today is represented in Western medicine as the standard for assessment of health disturbances. Illness as a sign of guilt, or an expression in this life for a better hereafter, is today fortunately gone in religious circles. But the isolated view of pain as an organic expression of tissue damage in case of chronic unexplained pain leads to lack of understanding. Not only the sick person, but also his environment, family, colleagues and friends, and the insurance officers do not understand what the pain signifies. The patient in his suffering is not taken seriously enough. He has nothing. One cannot really do anything for him. His suffering has no meaning, which goes beyond the mere pain. It cannot be integrated into the complete picture, but only disturbs. The sufferer becomes more and more isolated.

Four pillars of human exsistence.

The meaning of this integration becomes clear, when we imagine that the stability of human existence is essentially founded on four pillars:

1. Physical and mental health.
2. The family cell
3. Work that secures one's existence and is meaningful.
4. The sociocultural and religious network of relationships

When more than one of these pillars is thoroughly shaken, the person's existence is in serious danger. Yes, all components are dependent on each other and are interactively connected, but one damaged pillar will be borne if the other three are secure. Therefore, if due to the chronic pain, the work situation is lost, the family breaks up or there is a lack of community or religious basis, the chance for a compensation of the situation is poor. As long as the three other pillars hold, we are allowed as doctors to concentrate on the pain as such. The main thing is to prevent even more things going wrong through the pain. The more resistant the pain is to our therapy, the more intensively we have to concern ourselves with. the other three pillars. A long suffering polyarthritis patient told me her divorce had hit her more than the polyarthritis, although she has lasting pain and is disabled. On the other hand, she has found strength through her beliefs to tolerate her pain better. Obvious relief comes to her also, when she, in spite of her pain, goes for a meal with her children or friends, attends a concert or is talked into going for a short walk. The three pillars of meaningful work, family, and the religious and sociocultural connection, are decisive for the integration of the pain.

Practical work with pain

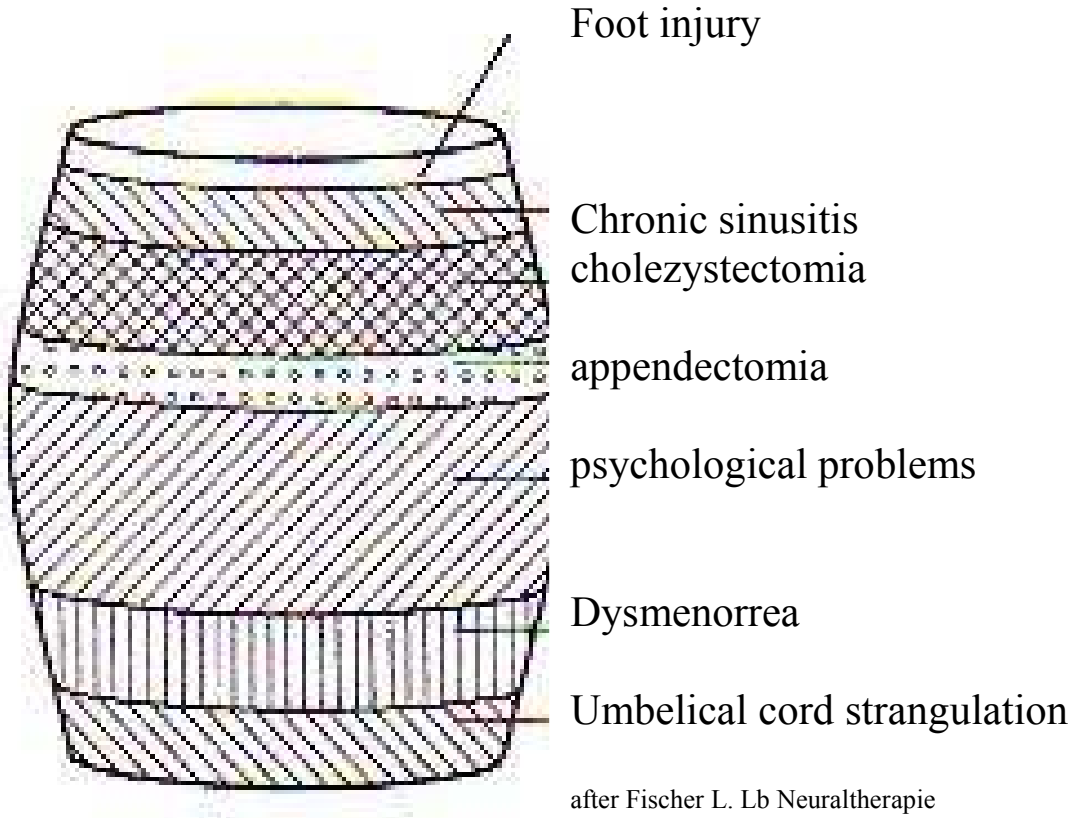
As an internal medicine doctor in a pain clinic with about 20 doctors of different specialities, I often inherit from my colleagues patients with structural unexplained chronic pain, like headache, facial pain, leg and arm pain, for example, according to M. Sudeck; back pain and stomach pain. Frequently the patients have already been examined and treated in several directions, without convincing success. The psychiatrists are also very busy in our clinic and can undo many a button or reach a distancing of pain with antidepressants. This frequently works in motivating patients who are inclined to depression and no longer see a way out. When they come to me, they know at most that they will get injections, but otherwise little about my therapeutic methods. I would like to tell you about my way of working, so that you understand where I see a chance of success with chronic pain and in general for chronic suffering.

Chronic Illness

A chronic disturbance develops, according to Speransky, when the body has at its disposal too little of "free capacity for healing" any more. A fresh injury can then heal itself badly, or an up till now dormant chronic illness comes to the foreground; a spondylarthrosis becomes painful, a chronic sinusitis becomes acute again. I like to use, with Professor Lorenz Fischer, senior lecturer of neural therapy in Bern, the image of a barrel. The barrel gets filled up, step by step, with the burdens of life and is now close to overflowing. Mental and physical injuries, pollution, chronic inflammation, nutritional deficits and cigarette smoke, bring the barrel to overflowing.

The overflowing symbolises the decompensation of the healing strength, in the sense of a disorder becoming chronic. When I give the patient to understand that in this barrel not only is there fibromyalgia, but also the familiar burden of migraine and tonsillectomy, the twisted umbilical cord at birth and the monthly menstruation pains, she becomes more easily motivated. At least the burdens which she can influence, like the thoughts of a failed career, nicotine abuse, or changing bad eating habits, she can do something meaningful about to improve her general health. In one sense it is about psychotherapy and stress reduction for the body. So we want as far as possible to become aware of and to solve, not only mental, but also physical conflicts. As is well known, psychological scars must and can be knowingly suppressed with psychotherapeutic methods. Physical scars have a similarly disturbing effect on the organism. They can bring the barrel to overflowing and cause chronic pain. The Huneke brothers discovered, in the middle of the last century, that the infiltration with local anaestetics can eliminate the disturbance of old wounds. The induced disorders fade away. Sometimes this happens really dramatically within split seconds. Sometimes it needs several treatments. Occasionally, the so-called reaction capability of the body must be improved with other measures, such as diet change, iron substitution or also combined with psychotherapy, so that the injections will be effective. If I can lastingly influence the pain with Procain injections, the patient will enjoy further helping to empty the barrel. He then realises that he is himself getting better and the chronic disorder is improving without tablets.

Burden on the organism which can bring the barrel to overflowing



after Fischer L. Lb Neuraltherapie

You easily recognise that it is here not simply about a psychosomatic concept. The sick person must be taken on as well as possible, with all his burdens, be they mental or physical. Often it turns out that an injury in his youth, medically speaking a triviality, but for the young person it represented emotionally a very big wound, because the mother did not understand his pain, and he had to go alone to hospital There they stitched him up under a poorly placed local anaesthetic. And he felt very alone. Such scars often represent strong fields of disturbance, while even bigger non-problematic optional operations are not even mentioned. The patient realises quickly that not only the medical technical side interests us, but even more what an illness or injury has meant to him, or still means to him. On what foundation has the current therapy-resistant pain grown? Mental and physical aspects are often mixed in together. The treatment with local anaesthetic gives the opportunity to ask the patient, if he has forgiven his mother for leaving him alone at that time. Or a woman who had problems during birth whether the painful scar of the episiotomy had badly affected his marital relationship. Questions, which sometimes open up deep wounds again. The treatment of the related scars with Procain, will then act as a releasing symbolic treatment and often leads to other problems and "wounds" to be treated.

EXAMPLES

With three examples, I would like to show some elements, which are important for the meaning of chronic pain in the life of a person and therefore also for his treatment.

1. Interest in the pain and its origin.

The 62 year old Mrs Rossi is referred by the General Practitioner on account of her crippling chest pain, which defies all painkillers and physiotherapy, and also could not be treated psychiatrically. The patient is emotionally labile and always somewhat depressed. After 4 years, these pains are hardly bearable, and the patient, a lonesome widow, becomes increasingly isolated. She describes pain in the left dorsal half of her chest, which happen with some movements, like ironing, dusting, washing up and other light household chores**.** When the pain is there, she has trouble with breathing. They are pains like a cut with a knife or needles in the whole chest. Nothing wrong was found with the lungs. MRI of dorsal and lumbar spine, like the thorax, is normal. The pain has lasted for four years, and it is still increasing. 11 years ago she fell down the cellar steps and struck the left side of her thorax, without any stronger pain occurring. Only 7 years later would the pain that she has now, on the same site, start. She dismisses the question about children and only gives a brief answer. That is going too far. I insist, and it becomes apparent that the husband was murdered 15 years ago, with several knife wounds, in a robbery at the petrol station that they both ran, and the son died 2 years later, after several treatments for drug addiction, from an overdose of heroin. I make the observation that this is a big backpack, which she drags along, which we cannot simply dismiss with injections. We had to start with the physical side and soothe the old injuries. She then shows great relief. At last a doctor who does not immediately tackle the psyche. And, interested, she asks, what one can do physically. The injections that are then given over the costo-vertebral joints, where she hurt herself in the fall down the stairs, and in the Ganglion Stellatum, bring significant relief.

Mrs Rossi shows me how much the psychological explanation of the pain can dishearten, when she was repeatedly treated like this, in order to explain why nothing

helps. It must be understood that I would not like to deny the psychological component in her pain. But the injury from the fall down the cellar steps was a dramatic injury and is worth treating. And for Mrs Rossi it was important and motivating to see this injury taken seriously and to find the link with the present pain.

It was important, to take an interest in the whole pain and not to get stuck with the frightful death of her husband and the tragic dying of her son. So the initial fall down the stairs has significance, even when outwardly there was no sign. The feeling of the patient that there is a connection must be taken seriously. The patient makes an active contribution to the understanding of the pain, which must be acknowledged, even when it appears to be groundless, that a pain could re-appear seven years after the fall.

2. Belief in the self-healing strength.

Mr Waser, a 49 your old bank attorney, has been referred by the General Practitioner on account of severe precordialgia, without any obvious cardiac cause. Added to that are strange sensations in his face, which disturb him massively that he has to stop working. After 6 months, he is incapable of work and fears for his position and career in the big bank. On examination, there are signs of burn out syndrome with limitation of his interests and overwhelming working activity with unproportionally little success. The physical examination is normal, and yet the hardships are clearly of a physical nature. But they cannot be explained from textbooks. The "covering" of his whole face as far as the shoulders, like a leathermask, is without precedence. The patient was completely demoralised when he came to me. He had 12 sessions of psychotherapy behind him and thought that I might be able to report him for invalid insurance. It all makes no sense. Until he can work again, his position is given away and his career destroyed. He swallowed an antidepressant. The psychologist was completely convinced about the psychogenesis of the symptoms and thought one should only give it time. To me, the patient expressed the complete conviction that he had a somatic illness or disturbance.

Here it was a matter of finding a somatic answer to the overbearing psychological disturbance, which could help the patient to save his face as a banker. He could not stay away from his work on account of a purely psychological disorder. As it was matter of purely vegetative symptoms, I could aim for really good improvement with a treatment of the vegetative ganglia. Parallel to that, he worked with the female psychologist with behaviour therapy techniques on this work problem. The experience, that the injections in the face and neck just at the points of pain, could cure his physical disturbance, gave him encouragement to believe in his healing and to co-operate likewise on the psychological level. After 6 months the man was back at work. He had taken up sport again and had learnt to say no to extra work tasks and so to preserve the necessary leisure time.

3. To take on responsibility.for oneself

Mrs Rot, a 65 year old widow, had looked after her husband for years after a stroke and is now living alone, since his death 6 years ago, in the big family house. Their daughter, a successful lawyer, would like to have her inheritance unconditionally and makes life for her mother difficult. Since 4 years Mrs Rot has developed a fibromyalgia and suffers increasingly with massive pain, which limits all her plans,

hinders her sleep and makes her loneliness a torture. She would like to travel, to do things and realises that this is no longer possible, and her house is becoming a burden. A severe reactive depression is the consequence. All doctors advise psychotherapy and fill her up with psychopharmaca. The analgesics are no use. Morphine and many other substances she cannot tolerate. In the end she is operated on by a colleague, who "cuts free the skin nerves on the acupuncture points from entrapping tissue". In spite of spending much money, the pain remains unchanged. The patient is completely in despair and is referred to us for pain therapy. The operated arm is now also painful. Up till now she had little pain in her arms. Legs, back and neck are painfull and the muscles are tense. Every stress, every small emotional burden or physiotherapy demand leads to increase of pain. And so, for us, the situation is very difficult to approach. In conversation, the questions always come up: can you do something for me, am I a hopeless case, will I always have to live with these pains? I really don't know what answer I should give her.. The family believes that no one can heal the fibromyalgia. The daughter I cannot change either. The psychiatrist takes her on, cannot influence her despair, because the pain is too severe. After a long conversation about her situation, I come up against, during a detailed clinical examination, a painfull presure small intestine and sensitive pit of the stomach . I decide to recommend to her a diet treatment according to F X Mayr. Perhaps the metabolic change will bring relief. I explain to her thoroughly the procedure of intestinal cleansing through laxative salts, the saving diet with milk and old bread, vegetative bouillon and herbal tea. The principle rings a bell with her and she can do something herself, which is useful to her. She appears relieved and from day to day becomes more stable. She can sleep again. With interest she reads the book about intestine treatment. Happily she tells me that the Paracetamol helps her again. She can do something for herself. I give her a CD with a muscle relaxation programme. Also that is accepted and followed up. After a few days, she informs me that she can do the exercises well and feel a good relaxation. That does not prevent her still having pain and again coming into stress situations, which bring her into despair. But she can do something active when she is tense, and she knows how she must eat, so that at least her intestine suffers no more. When things do not go well for her, she must herself at least in part take on the responsibility. After 3 weeks of intensive therapy, she returns to the house of a friend and believes she can feel 30% improvement of her pain, and with the nutritional changes and muscle relaxation she has got to know meaningful and effective measures.

In this situation, where we as therapists really can do nothing for the pain, it is quite decisive at least to help the patient to realise what she can and must bring about herself. That gives encouragement and strength, to overcome the tiredness in the morning and to enjoy the afternoon a bit more.

Mostly the patients have a fixation on their localised pain or the painful illness, that they do not understand why the fibromyalgia must be attacked in another place, for example, in the digestive system. Here the image of the barrel proved itself. It shows to the sick person that the illness has definitely grown on the person's whole life and therefore many components can contribute to improvement. In this way the readiness increases to speak about mental burdens and bring a way of coping with them into the treatment. On the other hand, the reduction in pain through an injection at the right spot again brings about motivation to believe in the possibility of improvement and to take in hand the solving of mental conflicts.

To summarise the following is stressed:

Chronic pain demotivates, because its meaning can be difficult to understand. To see it as a consequence of many experienced burdens in life, eases the acceptance and creates a basis for treatment.

The treatment should, as far as possible, include many of the old and new burdens. Through the connection between physical and mental injuries and scars in conversation, the “psychological” loses its negative aspect of the “imagined pain”. In this way the patient feels that he is taken seriously in his completeness and can again have trust in himself and his therapist and create hope for the integration and improvement of his pain. Finally the three other carrying pillars of our existence: the family, the job and the religious and sociocultural anchor, are able to be tested and supported in conversation.

And what motivates me now as doctor?

The patient becomes, from a hopeless case beyond therapy, often a person with a very interesting process of development, in which I am allowed to intervene at the helm. The observation also of small developments, which lead away from hopelessness, calls me always to look for new elements, which prevent the organism from reducing pain. When in conversation with the patients I discover events or injuries, which are accessible to therapy, that is a joint step forward, which brings joy to us both. That is only possible, when I can take time to listen to the patients and build up a relationship, which accepts them as fully responsible partners in our work.

Many thanks for your attention.