

Chronic Pain

Posted by Dan Cleary: IACT and IMDHA Mentor, Member, Instructor and Chapter Leader.

Hey gang:

Perhaps I missed part of this thread and if this isn't about a chronic pain person who has developed a particular affinity for prescription analgesics, just pretend that is.

"ADDICTED" this is BAD! Naughty person. Pain is no reason to get relief!

It is interesting to note that there are more people 'addicted' to prescription drugs than there are to street drugs. I am not the scientist that some seem to be and don't keep track of which article by what author ... etc. So I can't cite the "facts" that "prove" this yet you can believe or not as you will.

It is also interesting that we throw everybody into the same dark hole when they do something that works for them: keep taking drugs that make life more bearable. Who out there can determine when the pain goes away and when the drugs 'SHOULD' stop? And if a client is "addicted" is that a bad thing? Who makes that call? If I remember correctly (and it is quite possible that I do not, after all, I am 'addicted' to food and often drink way too much water) this is a person who has had chronic pain and recently came to the conclusion that they are addicted to the analgesics used to address the pain. I've been there and done that. I've even been told that I was 'addicted' or 'could be' so was cut off by my doctor. The fact that I was out of the country on a sailboat and that the doctor was assigned to my case by the HMO and had NEVER SEEN ME wasn't an issue. He read my file when a request for refill came in and decided that I had taken too much for too long and that I had to come in for a personal visit to arrange my withdrawal. After all it was only 2,000 miles and I could just park my boat and come see him. Fortunately, I found another doctor where I was who having actually seen me, agreed to refill my prescription. On my part, I decided that ever being in that position again was unacceptable and began eliminating the drug over a period that allowed me to develop my innate skills for body/mind analgesia.

To me, the random labeling by a person who had zero knowledge of the actual situation and the social bias that continued use of XXX drug for XXX amount of time constitutes 'addiction' which is BAD is at least as strong an indicator of 'Thought Addiction' as anything else and has detrimental side effects far worse than the analgesics. To be fair, doctors are under such scrutiny from agencies outside the medical profession (read: DEA, insurance companies, etc.) that it is often difficult to address the patient appropriately.

Keep in mind that if a client is using either prescription or street drugs, alcohol, etc. to deal with pain, that in most cases when the pain goes away or the individual learns other effective ways to deal with the pain, the drug use goes away quickly. DO NOT JUDGE THESE PEOPLE! They have been doing what they learned for survival and in most cases are participating in life to the degree that they are able.

USE is not necessarily ABUSE.

Teaching effective strategies for dealing with pain includes addressing the reduction or elimination of chemical analgesics. Mastering the stimulation of endorphins without engaging the fight or flight response is crucial to success.

Often when we begin by saluting their success in discovering the combination that has been effective and demonstrating that they can achieve the desired outcome of RELIEF in other ways, we can begin to assist the client to discover a path to freedom.

"... Imagine if you will, the first moments before you take the drug and how your body knows that the time is near when you will swallow that pill. Now, take a deep breath and very slowly, in your own mind travel ahead to the first sensations that let you know YOU ARE BEGINNING TO FEEL BETTER. Now, mark that moment in your mind (you may add a physical anchor here) and then go a bit further to the point that the RELIEF IS STARTING TO BUILD. Again, mark that moment. Take all the time you need to COME BACK HERE WHENEVER YOU LIKE TO FEEL GOOD..."

There are myriad ways to invoke the cycle of relief and begin to reduce any actual physical dependence. Make it a wonderful quest of discovery with side effects that enhance all aspects of life and you will witness amazing transformations.

If this client is concerned, having discovered or having been told they are addicted, then they are motivated and will learn quickly. YES, the doctor needs to know what is happening so that when the client stops asking for refills or requests a lower dosage, that they understand that the signals referred to as 'pain' may not have changed. Rather, that the individual is regaining control and utilizing tools that are self-regulated.

Just some thoughts ...

In peace,
Daniel F. Cleary