The reign of pain lies mainly in the brain: A paradigm shift

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“Houston, we have a problem.”

Epidemic of chronic pain: especially back pain, also headaches, abdominal-pelvic pain, widespread pain

RSI, visual symptoms and neck strain common in certain professions

Treatment often ineffective: Surgery and injections for back pain without evidence for efficacy, opiates a national disaster

Psychological therapies have little effect
Proportion of chronic pain that is brain induced:

- Chronic back pain: 85%
- Pelvic pain syndromes: 90%
- Headaches: 98%
- Fibromyalgia: 99%
- IBS: 99%
- Anxiety/Depression: 90%

Proportion of patients in primary care visits with a symptom that is brain induced: 40%

Proportion of clients in counseling visits with a painful symptom: 50%
Canadian construction worker

UK construction worker

Vietnam War Injury

The diagram illustrates the pain pathway established during an injury. The pathway involves signals from conscious and subconscious pain, danger, and no danger. Emotional injury/threat is indicated by a pain signal. On and off states are also shown, along with healing processes.
Almost any symptom can be caused by PPD

However, almost any symptom can also be caused by a structural disorder

Make each question, PE finding, and study work to help your distinguish

Prevalence of spine imaging findings in asymptomatic patients, n=3300

<table>
<thead>
<tr>
<th>Imaging Finding</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
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<tbody>
<tr>
<td>Disk degeneration</td>
<td>37%</td>
<td>52%</td>
<td>68%</td>
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<tr>
<td>Disk bulge</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
<td>69%</td>
<td>77%</td>
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<tr>
<td>Disk protrusion</td>
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<td>36%</td>
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<td>Annular fissure</td>
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<tr>
<td>Facet degeneration</td>
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<td>9%</td>
<td>18%</td>
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<tr>
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<td>5%</td>
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<table>
<thead>
<tr>
<th>Review of systems</th>
<th>Yes?</th>
<th>Began when</th>
<th>Still present?</th>
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<tbody>
<tr>
<td>1. Heartburn, acid reflux</td>
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<td>☑️</td>
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<tr>
<td>2. Ulcer symptoms or stomach pains</td>
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<td>3. Hernia</td>
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<td>4. Irritable bowel syndrome</td>
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<td>5. Colitis, spastic colon</td>
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<tr>
<td>6. Tension headache</td>
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<td>7. Migraine headache</td>
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<tr>
<td>8. Eczema</td>
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<tr>
<td>9. Anxiety symptoms and/or panic attacks</td>
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<tr>
<td>10. Depression</td>
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<tr>
<td>11. Obsessive-compulsive thought patterns</td>
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<tr>
<td>12. Eating disorders</td>
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<td></td>
<td>☑️</td>
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<tr>
<td>13. Insomnia or trouble sleeping</td>
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<td>☑️</td>
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<tr>
<td>14. Fibromyalgia</td>
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<td>15. Bell's palsy, facial paralysis</td>
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<tr>
<td>16. Back pain</td>
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<td>17. Neck pain</td>
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<td>18. Shoulder pain</td>
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<td>19. Repetitive stress injury</td>
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<td>20. Reflex sympathetic dystrophy (RSD)</td>
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<td>21. Temporomandibular joint syndrome (TMJ)</td>
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<td>22. Chronic tendinitis</td>
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<td>23. Carpal tunnel syndrome</td>
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<tr>
<td>24. Trigeminal neuralgia, facial pain</td>
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<tr>
<td>25. Numbness, paresthesia</td>
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<td>26. Fatigue or Chronic fatigue syndrome</td>
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<td>27. Palpitations</td>
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<tr>
<td>28. Chest pain</td>
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<td>29. Hyperventilation</td>
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<td>30. Spastic bladder</td>
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<tr>
<td>31. Interstitial cystitis</td>
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<td>32. Prostate problems</td>
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<td></td>
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<tr>
<td>33. Pelvic pain</td>
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<tr>
<td>34. Muscle tenderness</td>
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<tr>
<td>35. Tachycardia or low blood pressure</td>
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<tr>
<td>36. Tinnitus</td>
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<td></td>
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<tr>
<td>37. Dizziness</td>
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<tr>
<td>38. Other symptoms (please list)</td>
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</table>

Have you had any traumatic or violent experiences in childhood? Yes/No
Please explain

What words would you use to describe your father?
Churlish - hard-working - generous - confident - intelligent - stubborn - appreciative - sad - lonely - determined

What words would you use to describe your mother?
Passive - loving - hard worker - depressed - fired - Alzheimer's
Clues to the diagnosis of PPD:

- Occurrence of a significant number of PPDs in the past (Review of Symptoms lifetime checklist)
- History of adverse childhood events (ACE scale)
- Personality traits of self-criticism, self-sacrificing, perfectionism, need to please, and others (personality traits checklist)
- Onset of symptoms coincide with significant stressful life events (life trajectory interview)
- Symptoms are in a distribution pattern inconsistent with a structural disorder, such as symmetric or one whole side of the body, or the whole arm or leg

A different paradigm

Your symptoms are real, but they will not harm you
Your brain has been sensitized and is creating symptoms
Symptoms are due to neural pathways
Most people have this, at least to some degree
This is not your fault, you can get better
However, skepticism abounds
Process of explaining PPD

- Empathy—"can't imagine this"
- Interventions attempted—"tried everything"
- Explain pain—3 stories
- Review pain history—look for clues to PPD
- Personalize information, offer hope, reaffirm validation of symptoms
- Suggest reading/videos

The clinical interview

- Medical History: Details about symptoms, emphasis on identifying neural pathways
- Life history: Emphasis on traumatic events, linking stress to onset/exacerbation of symptoms
- Personality traits
- Personalize information, offer hope, reaffirm validation of symptoms
- Buy in for treatment or more investigation
Interventions for recovery

Education re: pain, lack of damage
Cognitive-Behavioral interventions for recovery
Emotional interventions
Life changes

Education about PPD:
Understand that the symptoms are real, but not caused by a structural abnormality
Recognize that symptoms are caused by neural pathways that have been learned and can be deactivated
Develop hope and the belief that they will recover
Personalize the information to help the patient see how this concept applies to them
I am 21 months post-op (3rd back surgery, a 3-level fusion this time. 21 months spent trying every therapy in the book, anything and everything to get out of enormous unrelenting back pain. [On top of 22 years of constant chronic limiting back pain.] With no success......

My doctor sent me the link to your website 6 days ago; I went to it the next day; considered the possibility that yes, maybe this could apply to me......came back a day later to read all the material more seriously and realized: absolutely, this describes me to a "T." With that shift in belief the back pain subsided-----almost like "poof!"-----it went from like a 7 to a 1 on the pain scale, to off the pain scale onto a "discomfort" scale. I believe this was totally due to the complete shift in my belief system--no half way for me.....a total realization: this is me.

Then, another BIG change: Once I got it that there is nothing structurally wrong with my back, on the 4th day, I started walking. I could barely walk around the building, but I kept up a steady mantra of "I can walk." And there I was taking a pleasant walk around the complex.

Forgive me for being effusive here but WOW!-----what a day-and-night difference ---- from crippled, fearful, bewildered, discouraged, bordering on despairing------to “on my way”--to regaining my life.
Cognitive and behavioral techniques:

- Affirmations to reduce fear and calm the danger/alarm mechanism
- Reduce fear, worry, anticipation and monitoring of symptoms
- Practice outcome independence: “genuine indifference”
- Re-engage in physical and social activities
- Mindfulness meditation

Similarities/differences with CBT, ACT, MBSR:

- Techniques are similar, but the goal is different
- Fear reduction is tantamount and is difficult to achieve without diagnosis of PPD
- Goal of recovery versus coping
- Techniques geared to demonstrating neural pathways
- Emotional processing, dealing with negative thoughts and compassion can be integrated
Fear reduction techniques:

Empowerment: “I’m healthy, strong, not afraid, pain: you’re nothing”

Mindful, calming: “It’s my brain, just a sensation, not important, I’m fine.”


Thanking/Soothing: “Thanks, but I got this. It’s OK, no danger.”

Compassion: “I’m here for you, I’ll love you, care for you.”

Re-engage without fear: Play, awe, joy, exercise.

Fear reduction in action:

Close eyes and notice breath, not to alter it, just to observe without fear, worry, concern

Turn attention to anxiety or tension, in same fashion, not to alter it, just to observe and allow feeling, “leaning in”

Follow sensations within the body

Notice any discomfort, experience and observe

Watch for emotions that arise, experience and observe

Return to breath
Affirmations:

I'm healthy, I'm strong, There's nothing wrong with me

Pain, anxiety: You're nothing, I'm not afraid of you, You can't hurt me anymore, No thanks

I'm moving on with my life, doing what I want and need to do

I'm safe, I'm not in danger, I'm fine

“I had a huge success today. I was in quite a bit of pain but super determined to walk in the neighborhood. I said to my subconscious mind: "I am walking today despite the pain. You can make it easy for me or you can make it difficult. But I am doing it!" I walked about a half an hour and my pain lessened considerably. This was a huge breakthrough for me and means the program is working! I am astonished. I cannot believe it.”
Mindfulness Meditation

Effective when paired with conviction about source of pain

Essential skills for navigating life

Crucial for many as part of outcome independence

Critical for dealing with negative thoughts

Adds the necessary components of self-compassion and forgiveness

Mindfulness for discomfort and thoughts:

“That’s interesting, That’s my brain
This is just a sensation/just a thought
It’s not important right now
It will pass, I’m OK”
Breathe, and move on
Emotion focused techniques:

Access emotions on a regular basis
Search for emotions when symptoms arise
Expressive writing
Emotion expression therapy

Changes in muscle activity with anger recall in back pain patients

<table>
<thead>
<tr>
<th>Variable and status (microvolts)</th>
<th>BL M</th>
<th>AR1 SD</th>
<th>R12 M</th>
<th>R45 SD</th>
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<tr>
<td>Lower parasagittal values</td>
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<tr>
<td>Patients</td>
<td>3.82</td>
<td>2.2</td>
<td>4.08</td>
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<td>1.8</td>
<td>4.18</td>
<td>1.9</td>
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<td>Trapezoid values (microvolts)</td>
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<td>Patients</td>
<td>5.91</td>
<td>5.0</td>
<td>4.29</td>
<td>5.2</td>
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<td>Controls</td>
<td>4.35</td>
<td>1.3</td>
<td>4.96</td>
<td>1.4</td>
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<td>SBP values (mmHg)</td>
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<td>Patients</td>
<td>114.57</td>
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<td>13.1</td>
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<td>9.5</td>
<td>75.33</td>
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Note: EMG = electromyography; BL = baseline; AR1 = Anger Recall Interview; R12 = first and second minutes during recovery; R45 = fourth and fifth minutes during recovery; SBP = systolic blood pressure; DRP = diastolic blood pressure; HR = heart rate.

# Painful Consequences of Anger Suppression

*Pain Threshold Values with Anxiety or Anger by Condition*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Nonsupp. M</th>
<th>Exper. M</th>
<th>Expressive M</th>
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<tbody>
<tr>
<td>Anxiety</td>
<td>59.46</td>
<td>50.63</td>
<td>37.63</td>
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<tr>
<td>Anger</td>
<td>45.31</td>
<td>35.56</td>
<td>22.57</td>
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# Role of anger in headaches

Among 171 headache sufferers and 251 controls, anger-in was most predictive of headache, in comparison to anxiety, depression, and trait-anger

Affect labeling decreases amygdala activity


Meta-analysis: ISTDP for somatoform disorders

14 randomized, controlled studies, primarily European, 2 in the US

Effect sizes for psychological variables and somatic symptoms were moderate, 0.58-0.78

Studies which emphasized emotional experiencing and processing had higher effect sizes: 0.6-1.1 short term, 0.8-1.3 longer term (~0.3-0.5 for CBT, ACT)

Outcome data on ISTDP

Table II. COST-BASED MEASURES AT PRE- AND POST-ISTDP

<table>
<thead>
<tr>
<th>Outcome Measurea</th>
<th>Pre-therapy</th>
<th>Post-therapy</th>
<th>Reference</th>
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<tr>
<td>Aggregate Medication Cost/year</td>
<td>$32 808</td>
<td>$11 018</td>
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<tr>
<td>Aggregate Disability Costs/yearb</td>
<td>595 140</td>
<td>113 360</td>
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<tr>
<td>Aggregate Hospital Cost</td>
<td>35 394</td>
<td>5 309</td>
<td>23 569c</td>
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<tr>
<td>Aggregate Physician Service Fees/year</td>
<td>54 335</td>
<td>36 036</td>
<td>36 256d</td>
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<tr>
<td>Total Cost of Medication, Medical Care and Disabilities</td>
<td>$717 677</td>
<td>$165 723</td>
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</table>

a Pre-therapy data based on 12 month period 2 years before therapy, post-therapy data based on 12-month period post-therapy.
c Acute Care Hospital Costs by Area of Residence 1998/1999.
d Age, Area of Residence, and Gender Specific Data 1993–94.


Access emotions on a regular basis
Search for emotions when symptoms arise

Practice noting when emotions arise in general: Being late, hurt, disappointed, etc.

Look for emotions when symptoms arise: Tune into the body to ask what’s here

Practice naming the feeling, experiencing it without fear
Expressive Writing as Therapy

Yesterday I did the first writing exercise, with tears streaming down my face at times, to find that my anxiety comes from a whole different place than I thought it did. When I was finished, my whole body was screaming with pain, like saying, no, you can't stand facing that, I have to prevent that all costs. And I wrote a letter to my brain replying that, yes, I can face it, I want to and I'm capable of doing it, and today the pain is all but gone.

A few days ago I had to stand for hours without the possibility of sitting down, something I haven't been able to do for many years on account of the vicious back pain, and it was perfectly all right! This made me so proud and happy.

Expressive Writing Techniques

• Free writing/negative writing
• Unsent letters
• Dialogues
• Barriers
• Gratefulness
• Envisioning a new life
ISTDP-style intervention

1. Going to the hurtful experience
2. Getting in touch with anger
3. Expressing anger
4. Accessing any guilt
5. Expressing sadness, grief
6. Moving to love and letting go
Rationale for this work:

One cannot change the past;
How one knows their past is their memories of it;
Memories are constantly changing;
Reliving the past through painful memories can exacerbate painful feelings and symptoms of PPD;
Memory reconsolidation and rescripting is a way to change the emotional memories

Children with adverse childhood experiences often choose to blame themselves rather than their parents.
This leads to suppression of anger, guilt for feeling angry, high levels of self-criticism (anger turned inward) and lack of self-compassion.
ISTDP Caveats and Cautions

1. Training and experience is essential
2. Developing a therapeutic alliance key
2. Patients who are fragile, psychotic, manic, suicidal, dissociative, substance abuse or overly defended are not good candidates
3. Do graded work with emotions, watching for anxiety and/or decompensation
4. Follow up for reactions to exercises

E.S., 51, engineer with neck and thoracic pain for 5 years

Dx: DDD and ten bulging discs,
Rx: P.T. X 2, chiropractic, epidurals, acupuncture, many pain meds, considering surgery

Hx: neck and thoracic pain, sick days for severe pain, no radiation, worse with sitting, bending, restricted activities, apathetic, depressed about pain

PE: normal muscle strength, reflexes, and sensation; muscles tight, pain with movement
Father died at age 8, Mother critical and controlling, remarried 3 times, step-father argumentative and abusive

Bullied in high school, perfectionist, insecure

Loving, supportive wife, 4 daughters, third one difficult very early in life, work pressure led to IBS, migraine, anxiety

Her teen years extremely difficult, led to GERD, insomnia, angry outbursts, expulsion from home

Neck pain began with a visit to his mother in an out of state nursing home, two years prior

---

B.W., 32 year old woman with 3 year history of FM

Woke up with a rash and sore throat, also pain in her hands and back. Presumed viral infection; no diagnosis.

Persistent pain, pain spreads to headache, pelvic pain, back, leg and foot pain.

Rx with neurontin, flexeril, cymbalta, hormonal injections for endometriosis.

Increased pain, unable to think clearly, on long term disability from teaching.
Loving father, critical mother who would yell and hit. Catholic upbringing.

Sexually abused by an older cousin as an early teen, never divulged under threat. Bulimia at age 12, many ER visits for asthma.

In high school, a boyfriend tried to rape her, slept with her best friend the next day, who left her. Spread rumors that she had sex with him. Had no confidante. Migraine and TMJ developed.

Married young, had 2 daughters. Husband became abusive physically and sexually. Mother not aware, urged her to stay. Developed insomnia, IBS, pelvic pain. Left after 6 years.

FM began just prior to her second marriage. Her mother not supportive (wanted her to return to first husband), daughters wary of new “father,” difficulties at work.

Changes in one’s life

Current life situations can add greatly to stress and undermine PPD recovery

Accepting unalterable situations with grace is necessary

Setting boundaries often required

Acting to change things is empowering when possible
Compassion: A key ingredient for the patient and for the provider
Be patient; don’t expect patients to understand this; it’s hard to get; they are in real pain; their lives have been painful.
Please don’t add to stigma.

“The true basis of the good bed-side manner is a large heart.”
Peabody F. JAMA 1892, 18: 203-204

One suggestion is to work on self-compassion. The little girl who was you was hurt and you can help to heal yourself by working on providing love and understanding to that little girl. Pay a visit to her, write to her, talk to her with kindness and caring; cry with her. Let her know that you're there for her and that she deserved better.
Yes, self-compassion makes total sense. Not being cared for by others as a kid is something that can never be undone, but the way I treat myself can be altered, and shall be. I was stuck in a kind of learned helplessness for a long time without even realizing it. I see the protective function of the MBS very clearly now, actually it seems like an attempt to get cared for like I had never been, at the price of one's health and well-being. I think there's a lot of anxiety waiting to break free. But I'm getting better all the time :-).
It's almost unbelievable that a health issue of this magnitude isn't picked up by the medical community at large.

Research now confirms:

- The brain constructs all pain as a protective mechanism via neural pathways
- Stress and emotions activate the danger/alarm mechanism and a pain/fear/pain cycle may ensue
- A significant proportion of pain is brain induced
- MRI findings are often not correlated with pain
- We can distinguish neural pathway pain from structural pain; the treatments are different
- Reversal can occur with educational, cognitive, behavioral and affective interventions
Paradigms don’t shift easily

“There is nothing more deceptive than an obvious fact.”

--Sherlock Holmes (Sir Arthur Conan Doyle)

The reign of pain

lies mainly

in the brain
“Lucky. That’s how, at 18 years old, I described being raped at knifepoint by an intruder in my very first apartment. Lucky. A lot of women get raped and murdered, I told myself. I’m still alive, so I have no right to feel sorry for myself, to be angry. Thirty years later, debilitating migraine headaches led me to read Unlearn Your Pain. I got angry at my rapist for the very first time. I screamed, “You have no right to touch me!” over and over until decades of pain erupted like an exploding volcano. I imagined my neighbor and I kicking his crumbling ass to the ground in the narrow courtyard of the apartment building. I finished the story with the police arresting him. I began to heal a wound I never even knew I had.

I don’t remember ever thinking I deserved to feel compassion for myself, no matter how bad the situation. There was always someone who had it worse than I did. This caused me to take care of everyone else and put everyone’s needs before mine. This personality trait, a toxic concoction brewed from an upbringing I now think must be the most common of my generation: 60s & 70s girls reared by 50s moms. My mother loved me, something I never doubted. But I also could not reveal myself emotionally to her without having her judge me. So instead of letting things out, from very early on, I began to catalogue an extensive library of fear and shame and trauma deep in my subconscious, completely without my knowledge. Just deal and keep smiling.
Throughout my life, this trait earned me all kinds of praise: “You’re so strong, “She’s so nice,” “You can handle ANYTHING.” No one ever saw me upset, or angry, or grumpy or rude. I did everything I could to ignore my body’s and brain’s attempts to get my attention. It wasn’t just chronic migraines. My back went into spasms during a bad marriage. I doubled over in abdominal pain for 9 months under the subordination of a terrible boss. The day I was set to start my field work for my master’s degree in geology, traversing a 14-thousand-foot volcano alone, both my knees collapsed beneath me. I just kept going but never connected the dots; never understood what these symptoms signified.

That is, until three months of crippling pain forced me to dissect my very soul. What I found was that the person in my life who was doing me the most harm, the person who held the key to my chronic pain and the only one who could unlock the mystery of my anguish, was me. The realization of how much pain I had caused myself now layered upon me in a heavy blanket of sadness and grief. To heal, I needed to allow myself to feel; to feel the grief as it welled up and flowed out of me, and to feel the anger. Not only did I have anger towards the rapist, but towards my own mother; and to someone else.
I found that I would literally have to divide myself in half. On one side, I would have to express anger toward *A PART OF ME*—for 40 years of utter neglect of my emotional needs. This anger came quickly, boiled up unexpectedly, and gave me an instant feeling of healing from physical symptoms in my chest and head. My migraines have subsided. Healing the other part of me is more difficult and ultimately more important. It is the painstaking process of rebuilding a broken relationship. It is the reconnecting with someone I abandoned long ago. And it is the learning—maybe for the first time—to be a loving and compassionate caretaker of myself.”

Resources

- Tmswiki.org; Unlearnyourpain.com
- Books for patients by Sarno, Schubiner (*Unlearn Your Pain; Unlearn Your Anxiety and Depression*), Hanscom, Clarke, Oldfield, Schechter
- New book for professionals: *Hidden from View*—Abbass, Schubiner
- Training—Multiversity 1440, Jan. 19-21, 2018; Providence Hospital, May 4-5, 2018
- Films—*All the Rage; This Might Hurt*