

Pain and the Mindbody Prescription Sarno's Hypothesis

Pain and the Mindbody Connection

- o We know anxiety, depression, anger can exacerbate chronic pain conditions
- o What if they are the cause of them?
- o What if this is a tack we need to remove?

How Might the Brain Cause Pain?

- o Spinal cord modulation – central control of pain messaging
- o Autonomic Function
 - o Circulation of blood and oxygen to tissues
 - o Control of gut motility and tone
- o Neurogenic inflammation

Tension Myositis Syndrome

- o The brain shuts down blood flow and oxygenation to muscle, tendon, or nerve
- o Result is pain, sometimes numbness, weakness, but no permanent tissue injury
- o Symptoms may be migratory, do not correlate with imaging studies (for instance the right leg hurts for a long time but then the left one bothers you; or the disc is bad at L4 but your symptoms are in the L2 distribution)

Syndromes Caused by TMS

- o Back Pain – including pain in the legs
- o Neck Pain – including shoulders, arm
- o Sciatica
- o Carpal Tunnel and other repetitive stress injury
- o Tendonitis – ankle, wrist, elbow, shoulder
 - o Histology does not show inflammation, but is more suggestive of oxygenation problems in tendinopathy

Others: TMJ, Piriformis syndrome, possibly fibromyalgia

MRI and Back Pain

Magnetic Resonance Imaging of the Lumbar Spine in People without Back Pain

- o MRI examinations on 98 asymptomatic people
 - o Only 36 percent of subjects had normal MRI
 - o 52 percent of the subjects had a bulge at at least one level, 27 percent had a protrusion, and 1 percent had an extrusion. Thirty-eight percent had an abnormality of more than one intervertebral disk.
- o “Given the high prevalence of these findings and of back pain, the discovery by MRI of bulges or protrusions in people with low back pain may frequently be coincidental”
- o *Maureen C. Jensen, et al. NEJM Volume 331:69-73, 1994*

Predictors of Low Back Pain in People with Asymptomatic Abnormal MRI's

Forty-six asymptomatic individuals who had a high rate of disc herniations (73%) were observed for an average of 5 years

Low back pain was predicted by ($P < 0.001$):

Listlessness, job satisfaction, working in shifts, but not by the discs

- o Boos et al. *Spine*. 25(12):1484-1492, June 15, 2000.

Carpal Tunnel Syndrome increased 467% between 1989 and 1994 Business Section NY Times 11/94

Whiplash – similar epidemic in Norway

- o 70,000 people had disability from whiplash (Population 4.2 million) 5/96
- o Lithuania – minimal incidence of neck pain persisting after MVA

Implications

- o If you have TMS: there is nothing wrong with your back/neck/leg/etc. (the things that have been blamed for your pain may have nothing to do with it)
- o Provoking factors and activities are a result of conditioning

Why Would the Brain Cause Pain?

- o Freud's theory: punishment for unacceptable feelings (usually sexual)
- o Sarno's theory: Defense
 - o Parts of your mind may think they need to protect you from dangerous or threatening feelings

The Divided Mind

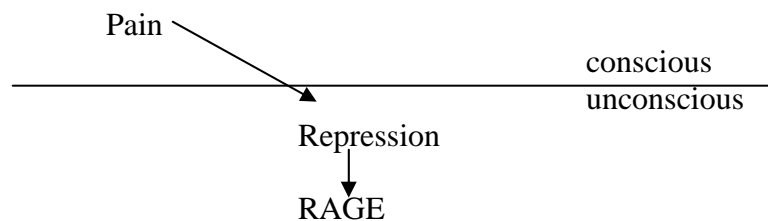
- o The mind may be divided:
 - o Conscious
 - o Unconscious
 - o Subconscious – learning, communication
- o Or:
 - o Child/primitive (id)
 - o Adult (ego)
 - o Parent (superego) - conscience

Troublesome Characteristics of The Id

- o Illogical
- o Irrational
- o Wild
- o Savage
- o Narcissistic – self-involved
- o Selfish
- o Only Pleasure Oriented
- o Intolerant of pressure to be perfect or good, or of life pressures

Is This Division Real?

- o Some everyday evidence:
 - o Some compulsive or addictive behaviors
 - (Ever ask yourself: why am I at the refrigerator?)
 - o Displaced anger
 - (Ever get really mad about something minor?)



Sources of Rage

- o Childhood/Historical Trauma
- o Personality Traits – Self-imposed pressures
- o Current Life Pressures

Who Gets Chronic Pain, and When?

- o Historical Features
 - o Trauma in early life
 - o Trauma/victimization at time of onset
- o Personality traits
 - o Perfectionism
 - o “Good-ism”
 - o Driven people
- o Current stresses
 - o Not uncommonly, onset is related to a stressful event/relationship/job/etc.

What Other Problems May Arise This Way?

- o GERD, ulcer
- o Irritable Bowel Syndrome
- o Tension and Migraine Headache
- o Palpitations
- o Skin conditions: acne, eczema, hives
- o Allergies: hayfever, dust, molds
- o Tendency to frequent infections
- o Frequent urination
- o Psychological symptoms: depression, anxiety, etc.

The Symptom Imperative

- o When there is an underlying need for the mind to distract the patient, a new symptom will have to arise to replace any symptom that has been treated/eradicated
- o Thus:
 - o Back pain improves and reflux becomes severe
 - o Neuropathy improves but depression gets severe
 - o Etc.

How Does This Fit With What We Have Been Doing All Along in This Program?

- o The Rage/Sooth Ratio
 - o Symptoms arise when there is too much rage and not enough counterbalancing soothing elements
 - o Many of the techniques we have taught have to do with soothing
- o Diminishing Rage
 - o Cognitive distortions increase the pressure we put on ourselves, which affect rage
 - o Forgiveness may decrease the rage.

Do I Have to Experience Rage?

- o You do not have to experience the rage or have it go away in order to have the pain go away
- o Just learning about this process is often good enough to accomplish this
- o 20-25% of people need support from a psychologist to get to the root of these issues

So What Can We Do About This? – The Prescription

Understand the true cause of the pain is this process, not the structural abnormalities

- o Reflect on this every day. Read a portion of one of Sarno's books, read this handout, etc. Spend 30-60 minutes on this daily.
 - o Think psychological, not physical
- Talk to your brain!

Write!

- o Remember the purpose of the pain is to distract you from feelings that are considered dangerous, like rage, hurt, sadness, sorrow, guilt, or fear. These are feelings we are not aware of.
- o Make a list of all the important factors in your life that might be contributing to your pain. Write an essay about each one.

Consider the sources:

- o 1. From Childhood – frank abuse, or even just emotional neglect from parents who were concerned with bringing up children who were accomplished and well-behaved
Also, divorce, loss of a parent, etc.

- o ***2. Pressure put on us by personality traits stemming from feelings of inferiority – and pressure to be “perfect” or “good” in order to prove we are worthy.

Perfect = hard-working, conscientious, expecting a lot of oneself

Good = being a caretaker, people pleaser, constantly needing the approval of others

- o 3. Pressures of life – work, family responsibilities, illness, financial concerns, as well as changes related to aging, disability, mortality

On the conscious level, we may respond to these pressures with equanimity, but inside they are enraging

Treatment Program

- o Schedule daily time for study and reflection – Repetition is important!
- o Review your pressure list daily
- o Don't give up – it takes time to change the unconscious mind
- o Start resuming physical activities when the pain is almost gone – start gradually

What Is the Evidence This Works?

- o Sarno's case series – Follow-up 6 months after consultation for TMS
 - o Women 52
 - o Men 33
- o 70% 80-100% pain free
- o 75% 80-100% unrestricted physical activity

Other Work on Journal Writing

- o When individuals are asked to write or talk about personally upsetting experiences, significant improvements in physical health are found
- o Those who do best:
 - o Use a higher proportion of negative emotion words than positive emotion words
 - o Increase use of insight, causal, and associated cognitive words over several days of writing
- o Behav Res Ther. 1993 Jul;31(6):539-48. Putting stress into words: health, linguistic, and therapeutic implications. Pennebaker JW.