

Choices for Dealing with Chronic Pain

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One of the assumptions in the treatment for chronic pain is that medical, surgical, and pharmacological procedures are no longer effective. As a result, the chronic pain patient is left with having to choose from among seven different alternatives. These include: 1) continuing the search for an answer, 2) constricting one's lifestyle so that there is less pain, 3) denying the problem(s), 4) eliminating pain by getting "numb", 5) committing suicide, 6) changing to a healthier lifestyle, or 7) staying the same. We have found that it is useful to make these choices explicit to patients so that they understand the rationale for treatment. This also makes it clear to the patient that treatment failure is a choice, too.

With regard to the first choice, we point out that the patient always has the option to continue searching for a medical answer even though no answers have come forth in the past and further medical intervention has been deemed inappropriate. Occasionally, we have seen patients leave our program only to obtain another surgery which typically does more harm than good. Medications and doctor-shopping usually form part of the picture as well.⁶

There is a benefit and a cost associated with each of the choices noted above. The benefit in searching is the hope that somewhere, somehow, someplace, there will be relief from pain. From a psychological standpoint, there may be a benefit in a perpetuation of the disability as a way to obtain an "honorable discharge" from responsibilities, avoid facing a difficult marital or family situation, as a way to obtain sympathy and attention, and the like.⁶

Costs associated with the search include the expenditure of large quantities of money² (whether one's own or one's insurance company); time, often counted in years; disappointment and depression when the search fails to produce a positive outcome; and the loss of opportunity to engage in normal activities, as so much time is taken in making pilgrimages to doctors, chiropractors, psychiatrists, and others practicing less traditional forms of treatment.

The second choice for a pain patient is for him to constrict his lifestyle. The philosophy behind this approach is that if an activity hurts it should be avoided.³ Accordingly, if it hurts to bowl, bowling is eliminated. If it hurts to work, working is eliminated. If it hurts to engage in sexual activities, sex is eliminated. Such thinking can be reinforced by the physician who, working from an acute-care model, advises the patient to rest and to avoid strenuous work. The obvious benefit associated with constriction of one's lifestyle is that there is less pain. The cost is that the range of activities

becomes so narrow that we sometimes see a daily pattern of sleeping, eating, lying down, watching television, and reading, to the exclusion of any and all other activities.

The individual's third choice is to deny that he has a chronic problem⁸ and/or that it affects those around him. One way to deny the chronicity of the problem is for the patient to say that he will wait for the pain to go away and then resume normal activities. Basically, this patient, who is looking at his problem from an acute-care model, is putting his life on "hold" until the pain miraculously disappears. The only problem with this line of reasoning is that the pain does not usually disappear; and, after all, it is the fact that it does not resolve that defines it as chronic in the first place. The patient saying this is not accepting his

problem as chronic and, therefore, will not be able to work with the problem in a constructive way.

There is another way of denying the problem. This involves the refusal to acknowledge that pain significantly affects one's marriage, family, friends, financial status, and physical well-being, especially when large quantities of narcotic analgesics are being ingested and the patient is inactive. This form of denial is evident when the patient says that he experiences no problems other than pain. In other words, he is not looking at the totality of his behavior. In addition, he can blame others for his problems, such as his doctors, employer, and insurance company.

The benefits associated with denying the problem are that the patient can keep himself oblivious to the reality of his pain and to the real consequences of his behavior. There is clearly some comfort in that. Unfortunately, the cost of denying the difficulties is that problems cannot be addressed constructively.

Eliminating pain by "getting numb" is also a choice. Most often this is done with the aid of legally prescribed narcotic analgesics, tranquilizers, antidepressants, and sleeping pills.¹ However, alcohol, over-the-counter drugs, and street drugs may also be used. In addition to medication, addictions to work, television, and eating, just to name a few, can also effectively blot out sensitivity to the issues which need to be addressed. The obvious benefit associated with getting numb is that pain is reduced or eliminated. The cost is that the person, as a whole, may well be anesthetized to all of his experience, not just pain. In addition, he may experience drug dependency problems and may be unaware of his emotions, experiencing physical discomfort and reaching for a pill when he feels the stirrings of uncomfortable feelings and has no coping skills for handling them.

The fifth choice is that of committing suicide. Most pain patients have thought of it at one point or another. A few have made actual suicidal gestures. Many a pain patient will say to himself, "I can't live this way." We are most familiar with acute forms of suicide with such methods as guns, pills, hangings, and the like. However, there are chronic forms of suicide as well, including alcoholism (and drug dependency in general), interpersonal withdrawal and alienation, and complete abdication of daily responsibilities and activities.

The advantage to suicide is the elimination of all further suffering. However, the costs are tremendous, including the elimination of all other options as well as tremendous emotional hurt to

those close to the pain patient. It is a choice which ends all other choices.

The sixth choice is to change one's lifestyle.⁷ Change means a number of things, including: 1) no longer looking to pain medications as the answer and eventually eliminating them; 2) exercising on a daily basis, pain or no pain; 3) increasing the body's ability to handle physical challenges; 4) returning to productive employment at a paid position, or volunteer work, or in the home; 5) eliminating unnecessary doctor and hospital visits for chronic pain; 6) reducing stress and unnecessary anxiety.

The benefits of changing to a healthier lifestyle are that one no longer need be limited by pain. Pain, therefore, can be eliminated as a problem in everyday activities. However, there are also costs. Change always involves a risk. It is not clear how others will respond to an improvement in health status, especially when others have had an investment in the pain patient's "illness." Perhaps the patient may lose some sympathy or attention by getting better. Perhaps marital problems which were avoided through the pain will be exposed to the light of day. In the case of Workman's Compensation cases, getting better may expose the pain patient to the fear that he will go back to work and fail, resulting in termination of his employment. In some cases, a patient may say to himself that he is better off not getting well and instead maintaining his current level of compensation. All of these are examples of the kinds of risks and potential costs of changing to a healthier lifestyle.

The last option for any pain patient, especially once he has been through a chronic pain treatment program, is to stay the same. This means continuing on pain medications, avoiding exercise, and continuing to lead a disabled lifestyle. This is a choice that every pain patient has.

Occasionally we encounter the statement, "I had to take Darvon again; the pain just got so bad," from a former patient. We make it very clear to our patients that no one "has to" take medication. Taking medication is a choice. Relinquishing exercise is a choice. Leading a disabled lifestyle is a choice.

The benefit to staying the same is that there is no risk. Family relationships remain the same. Compensation, if any, continues without interruption, and no one in the family has to change his behavior. The costs of staying the same are that ultimately the patient will get worse. Disuse of the body leads to more and more impairment physically and mentally. Continuation of medications leads to serious drug addiction problems. And, of course, the pain continues uninterrupted when patients choose to avoid what is healthy for them.