

Session 11

Mindfulness with Pain

Check-in:

1. Share one or two items from your gratitude journal
2. Any reactions to the John Sarno material from last time?
Do you think TMS could apply to you?

OR

3. Reflection:
Some ways in which you have changed since this group began.
Some ways in which you've stayed stuck since this group began.
What are some (1-2) areas you would like to focus on in continuing your healing path?

The Mindbody Prescription

Healing Plan and Coping with Stages of Pain

Medication check

Homework:

Relaxation response

Pain Diaries and Feedback Form

Write 3 things in your gratitude journal each day

Experiment with Sarno – talking back to your brain

Work on your Healing Plan and Coping with Stages of Pain

Note: there is one session remaining after today. Aftercare options.

THERE'S A HOLE IN MY SIDEWALK **Autobiography in Five Short Chapters** **By Portia Nelson.**

Chapter One

I walk down the street.
There is a deep hole in the sidewalk.
I fall in.
I am lost I am helpless.
It isn't my fault.
It takes forever to find a way out.

Chapter Three

I walk down the same street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in ... it's a habit ... but, my
eyes are open.
I know where I am.
It is *my* fault.
I get out immediately.

Chapter Two

I walk down the street.
There is a deep hole in the sidewalk.
I pretend that I don't see it.
I fall in again.
I can't believe I am in this same place.
But, it isn't my fault.
It still takes a long time to get out.

Chapter Four

I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.

Chapter Five

I walk down another street.

Mindfulness with Pain

Acceptance:

Acceptance is seeing things as they actually are in the present. It does not mean that you have to like everything or take a passive attitude or feel hopeless. It simply means that you have a willingness to see things as they are at this moment. To do anything else is to be in denial of what is truly happening.

Meditation Instruction: Mindfulness Of Breathing and of the Body

Sit in a comfortable but alert posture. Gently close your eyes. Take a couple of deep breaths, and, as you exhale, settle into your body, relaxing any obvious tension or holding. Then, breathing normally, bring your awareness to your body, sensing for a short while how the body presents itself to you. There is no particular way to be; just notice how you are at this moment.

Then, from within the body, as part of the body, become aware of your breathing, however it happens to appear. There is no right or wrong way to breathe while doing mindfulness practice; the key is to simply notice how it actually is right now. Let the breath breathe itself, allowing it to be received in awareness. Notice where in your body you feel the breath most clearly. This may be the abdomen rising and falling, the chest expanding and contracting, or the tactile sensations of the air passing through the nostrils or over the upper lip. Wherever the breath tends to appear most clearly, allow that area to be the home, the center of your attention.

To help maintain contact between awareness and the breath, you may use a label or mental note. Softly, like a whisper in the mind, label the in-breath and out-breath, encouraging the awareness to stay present with the breath. You can label the inhalations and exhalations as "in" and "out," or perhaps use "rising" and "falling" for the movement of the abdomen or the chest. Don't worry about finding the right word, just use something that will help you stay connected.

There is no need to force the attention on the breath; to strengthen your ability to become mindful and present, use the gentle power of repeatedly, non judgmentally returning and resting with the breath.

When a strong physical sensation makes it difficult for you to stay with the breath, simply switch your awareness to this new predominant experience. The art of mindfulness is recognizing what is predominant and then sustaining an intimate mindfulness on whatever that is. As if your entire body was a sensing organ, sense or feel the physical experience. Simply allow it to be there. Drop whatever commentary or evaluations you may have about the experience in favor of seeing and sensing the experience directly in and of itself. Carefully explore the particular sensations that make it up - hardness or softness, warmth or coolness, tingling, tenseness, pressure, burning, throbbing, lightness, and so on. Let your awareness become as intimate with the experience as you can. Notice what happens to the sensations as you are mindful of them. Do they become stronger or weaker, larger or smaller, or do they stay the same?

As an aid, you can ever so softly label the experience. The labeling is a gentle, ongoing whisper in the mind that keeps the attention steady on the object of mindfulness. You should primarily sense directly the experience and what happens to it as you are present for it. This can sound like: "neck, burning, neck, tingling, hand, neck. . ."

Once a physical sensation has disappeared or is no longer compelling, you can return to mindfulness of breathing until some other sensation calls your attention.

Thinking about the MBS/Mindbody syndrome:

We have talked about how the brain can amplify pain and how it can dampen it down. For all of us, there is a mindbody component of the pain we feel that makes it more or less bearable.

The purpose of the following questionnaires is to help you start to look at what the components of MBS are in your own pain problems.

MBS disorders typically occur in people who have had significant stressful experiences, often in childhood. The symptoms usually start at times of stress, whether the stress was recognized or not, and often the emotions that lead to MBS are unconscious—we are not aware of the anger, fear, guilt, sense of loss, or abandonment that is triggering the symptoms. Consider what your story might be and what might explain your symptoms. Perhaps just doing these exercises makes it clear to you that you do have MBS. Maybe you can see the connections between your life experiences and your symptoms. We will continue to talk about this over the coming months.

STEP 1: Symptoms CHECK EACH ITEM ON THIS LIST and write down at what age you were when each set of symptoms first appeared in your life.

Date of onset:

1. Heartburn, acid reflux_____
2. Abdominal pains_____
3. Irritable bowel syndrome_____
4. Tension headaches_____
5. Migraine headaches_____
6. Unexplained rashes_____
7. Anxiety and/ or panic attacks_____
8. Depression_____
9. Obsessive-compulsive thought patterns_____
10. Eating disorders_____
11. Insomnia or trouble sleeping_____
12. Fibromyalgia_____
13. Back pain_____
14. Neck pain_____
15. Shoulder pain_____
16. Repetitive stress injury_____
17. Carpal tunnel syndrome_____
18. Reflex sympathetic dystrophy (RSD) _____
19. Temporomandibular joint syndrome (TMJ) _____
20. Chronic tendonitis_____
21. Facial pain_____
22. Numbness, tingling sensations_____

23. Fatigue or chronic fatigue syndrome_____
24. Palpitations_____
25. Chest pain_____
26. Hyperventilation_____
27. Interstitial cystitis/ spastic bladder (irritable bladder syndrome) _____
28. Pelvic pain_____
29. Muscle tenderness_____
30. Postural orthostatic tachycardia syndrome (POTS) _____
31. Tinnitus_____
32. Dizziness_____
33. PTSD_____

STEP 2: INVESTIGATE YOUR CHILDHOOD

Now consider the following questions and write brief answers to as many of them as seem important.

What words would you use to describe your father? (Substitute another caregiver if you didn't grow up with your father.)

What kind of work did your father do?

Was he successful in his career?

Was your father loving? Did he hug you or tell you he loved you? Was he supportive?

Were you particularly close to your father? Did he confide in you? Was his love conditional?

Did your father have high expectations of you?

Was he critical or judgmental? Was he a perfectionist?

Did he yell at you? Did he hit or punish you? Were you afraid of him?

Was your father aloof, neglectful, or self-centered?

Were some children given preferential treatment or treated more harshly than others? If so, how did that make you feel? How did that affect the relationship between you and any of your siblings?

Did your father drink or use drugs? If so, how did that affect him, the family, and you?

Did your father have any mental health issues? Was he anxious, worried, or insecure?

How did your father treat your mother?

Did you identify with your father? Did you attempt to be like him or to be different from him?

Answer the same questions for your mother or other caregiver.

Who was in charge of the house? Who handled disciplinary issues? Did your parents argue?

Did either of your parents leave or die during your childhood?

Did anyone other than your mother and father have responsibility for you or care for you as a child? If so, who?

Repeat the above questions for these individuals if they had significant roles in your upbringing.

Think of the relationships you had with your siblings while you were growing up. Were there resentments or jealousies? Was there any cruelty, meanness, or abuse?

Did any of your siblings have any illnesses, psychological problems, or drug abuse problems? Did any of your siblings rebel, act out, or behave in ways that were upsetting to your parents or to you? How did you react to these situations?

How was money handled in your family? Did you feel that money was a scarce resource? Did your parents use money as a controlling agent? Were they generous with money or not?

Did you work as a child or teenager?

Finally, consider if there were any particularly stressful or traumatic events in your childhood.

Describe any of the following : deaths, moves, bullying, taunting, teasing, emotional or physical abuse, changes in school situations, conflicts with teachers, or changes in family situations?

Have you ever been subjected to any episodes of unwanted sexual activity or sexual abuse?

Childhood experiences create very powerful reactions in our minds that remain for the rest of our lives. Emotions that are generated when we are young can very easily get triggered later in life, and, when they are triggered, can cause the start of Mind Body Syndrome. It is usually relatively easy to identify the childhood issues that people with MBS have grown up with. It is well known that a large percentage of the people with irritable bowel syndrome, fibromyalgia, TMJ syndrome, and other MBS illnesses have been neglected or abused— sexually, emotionally, or physically— as children or adolescents. People who have suffered from severe childhood abuse are most likely to have many forms of MBS.

STEP 3: CORE ISSUES

Indicate which of the following patterns apply to you, or describe any other patterns that apply to you.

1. Loss and abandonment (losing a parent or sibling, divorce, moving) _____
2. Childhood abuse or neglect (physical, sexual, emotional abuse; never feeling loved or cared for) _____
3. Not fitting in or feeling ostracized (being teased or picked on, being shy and reserved, not being athletic or popular) _____
4. Feeling pressure to succeed or be perfect (from parents, other family members, church or religious organizations, or self) _____
5. Feeling inferior to siblings or other relatives (not as beautiful, funny, athletic, interesting, accomplished) _____
6. Never feeling good enough, having to “earn” love from parents, feeling criticized much of the time _____
7. Resentment and/ or anger towards family members, religious leaders, neighbors _____
8. Learning to be anxious, worried, or insecure _____
9. Identifying with one or several family members and trying to emulate them; trying to be different from one or several family members _____
10. Other patterns

STEP 4: PERSONALITY TRAITS

These factors are commonly seen in people with MBS. Check those that apply to you. Would you describe yourself as:

- 1. Having low self-esteem_____
- 2. Being a perfectionist_____
- 3. Having high expectations of yourself_____
- 4. Wanting to be good and/ or be liked_____
- 5. Frequently feeling guilt_____
- 6. Feeling dependent on others_____
- 7. Being conscientious_____
- 8. Being hard on yourself_____
- 9. Being overly responsible_____
- 10. Taking on responsibility for others_____
- 11. Often worrying_____
- 12. Having difficulty making decisions_____
- 13. Following rules strictly_____
- 14. Having difficulty letting go_____
- 15. Feeling cautious, shy, or reserved_____
- 16. Tending to hold thoughts and feelings in_____
- 17. Tending to harbor rage or resentment_____
- 18. Not standing up for yourself_____

NEXT STEPS:

Timeline - review the list of potential MBS symptoms in Step 1. List the times in your life when you developed any of the MBS manifestations in chronological order. Think carefully about what events occurred just prior to or during the onset of symptoms. You will typically find that the symptoms began at or shortly after you experienced something that was stressful and that reminded you of your core issues (triggering your emotional speed dial), and you felt trapped in that situation. List each symptom, then write down the triggering events or situations, and the emotions and/ or core issues which caused the symptoms to occur. When you place the symptoms and diagnoses that have occurred next to the life stressors, see what patterns emerge and what connections you can make. Use additional paper if needed

Age	MBS Symptoms	Potential Triggering Events	Emotions that were triggered/core issues
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continue on a separate page if needed.

Healing Plan

Name:

Date:

Problems Diagnosed:

Risk Factors/Risk behaviors:

Strengths/Allies:

Goals:

Tools to use on an ongoing basis or resume in case of flare:

Diet/ Intestinal Health	
Exercise/Movement/Body Work	
Mind/Body/ Emotional Health/ Spirituality	
Vitamins/NutritionalSupplements/Herbs	
Standard Medical Therapies (meds, hormones, etc.)	

Be sure to consider sleep, hormones, infection, nutrition, detox issues

Coping with the Stages of Pain

Write a plan for additional measures to apply in a flare, from decrease in activities to adjustment of medications, calling friends for support, and so on.

Mild to Moderate Pain Increase:

Severe Pain Increase:

Panic Plan

Make a list of the options, techniques and skills you have to cope with pain flare-ups.

For my mind:

For my body:

For my spirit:

Make copies of this list to carry with you or keep handy in various places.

Symptom Diary

Name _____

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	Describe situation	Physical Sensation (0-10) before meds	Physical Sensation (0-10) 45 min. after meds	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Monday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____
Tuesday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____
Wednesday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours _____
Average:							Quality: _____

	Describe situation	Physical Sensation (0-10)	Physical Sensation (0-10)	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Friday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Saturday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Sunday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____

FUNCTIONAL IMPACT OF PAIN

13) Did you miss social events, work, or other appointments this month because of your health?
 Yes No What did you miss and why? _____

14) Indicate the word that describes how, during the past 24 hours, pain has interfered with your:

General activity	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Mood	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Ability to work (in or out of home)	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Interactions with other people	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Sleep	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Enjoyment of life	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely

15) What did you do for fun or pleasure this month? Or what gave you pleasure this month? _____

16) Have you used any recreational drugs this month? _____

17) How many drinks of alcohol did you drink this week? _____ What kind? _____

18) How many cigarettes did you smoke this week? _____

19) How much caffeine did you drink this past week? _____ What kind? _____

20) How much candy, soda, or other sweets did you eat this past week? _____

21) The following could be medication side effects or from your underlying condition. Are you feeling/experiencing:

Symptom(s): Check box if present	Medication(s) or other condition(s) you think caused it:	How did you deal with it:	Do you want suggestions?
<input type="checkbox"/> Constipation:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty sleeping:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dizzy, dopey:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nausea/vomiting:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty waking in the morning:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Loss of libido:			<input type="checkbox"/> Yes <input type="checkbox"/> No

22) Any other physical complaints or questions you'd like your physician to respond to _____

Can this be discussed in group? Yes No *If no, please ask physician if you should make an appointment.*
 23) Any feedback or suggestions you would like to share with the staff? _____
