

# Positive attitude can help reduce chronic pain.

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In late December, I underwent surgery for carpal tunnel syndrome, which immediately relieved the chronic pain that was especially active at night and interfered with my ability to sleep. In addition, I had to wear a brace on my wrist and hand because the slightest awkward movement launched a lightning bolt from my elbow to my fingertips. In other words, life was miserable. In my 77-plus years, I have had my share of painful experiences, including, as a teen, knee surgery, a badly dislocated shoulder, and the extraction of all four wisdom teeth in the days before painless dentistry. Then in my 20s, I had my busted-up nose reconstructed when I quit boxing, and in later years there were two major shoulder surgeries, surgery for an artificial hip, etc.

But none of these experiences compares with the relentless pain associated with carpal tunnel syndrome. The key word is “relentless.” For example, years ago my right shoulder would literally fall out of joint when I relaxed and fell asleep, and it felt like a railroad spike was being pounded into the joint. To prevent this, I would surround my arm with pillows to keep the joint in place. In other words, the pain wasn’t relentless because there were things I could do to prevent or ease the pain. That certainly wasn’t the case with carpal tunnel syndrome. The distinction here is between acute and chronic pain. In the past, when I experienced bouts of severe acute pain, I learned how to manage it. With my carpal tunnel pain, it was there 24/7, and nothing — drugs, heat, cold, massage, you name it, stopped the pain. The key takeaway from all this is that I learned to appreciate how poor the quality of life can be for folks suffering from chronic pain.

## How does the body interpret pain?

Ironically, pain is meant to be a good thing that protects us from harm. Would you go to the dentist to address a decayed tooth, or jerk your hand off a hot stove if you felt no pain? Such pain is acute, and we react appropriately to stop it. Our acute pain system sends signals from nerve receptors in an affected area (a bad tooth or burned hand) to the brain which decides how much pain you should feel. If the danger is limited, you feel limited pain, whereas if the danger is great, the pain is elevated driving you to action. This system works very well for acute pain but can go haywire. If there continues to be pain stimulus sent to the brain due to a chronic condition like arthritis, the pain system becomes more sensitive and can eventually stay on high alert. As a result, pain may persist despite efforts to relieve it. To make matters worse, how you respond is important. Research suggests that when you have a negative attitude, hormones linked to anxiety can be released hyping the pain response, and even possibly causing the

pain. If your attitude is that nothing can help and the pain will always be there no matter what, the brain may accommodate, and you continue to feel pain. To be clear, even if no pain signals are sent to the brain by nerve receptors, you will experience pain. This is referred to as “self-perpetuating pain.” Does that mean it’s all in your head? In a manner of speaking, yes, but regardless, the pain is real, and you are suffering. In contrast, a positive attitude can influence brain chemistry, causing the brain to produce chemicals that reduce pain. This reflects an increasingly popular treatment for chronic pain sufferers.

### **What is Pain Reprocessing Therapy?**

I have a friend who has suffered severe chronic pain for decades. I hadn’t seen her in quite a while, but on my recent visit, I noticed a change. She told me about a program she was working on that acts to reprogram the brain. It’s called Pain Reprocessing Therapy, and she gave me a book to read titled “The Way Out,” by Alan Gordon, founder, and director of the Pain Psychology Center in Los Angeles. The more we talked, the more impressed I was with her shift away from being negative. She was now aware that her constant negativity and anxiety were stoking her pain response, and learning this gave her hope it was something she had the power to change. She also is realistic about outcomes and accepts that pain likely will always be part of her life. The difference is she now believes that she can manage her pain and control it to a level where it no longer runs every aspect of her life. I recommend this book as a good entry point to PRP. It provides background on the science behind it, plus suggestions for daily practices that have been proven to be effective. Brain reprogramming is not a revolutionary approach as there once were many pain clinics operating that used such techniques with considerable success. Unfortunately, when opioid drugs appeared, they took over and these clinics disappeared. My friend used to think opioid drugs her only option. Thankfully, it’s not and she has been empowered with a set of tools that have shown her “the way out.” Reach Bryant Stamford, a professor of kinesiology and integrative physiology at Hanover College, at [stamford@hanover.edu](mailto:stamford@hanover.edu).