

pain connection

helping people with chronic pain and their families

Pain Connection Awarded Grant from The LAMB Pain Foundation

The LAMB Pain Foundation has awarded Pain Connection a \$15,800 grant to spread awareness about its activities nationwide. This grant will help to support Pain Connection's efforts to improve the quality of life of chronic pain sufferers, their families and educate health care providers. It will be used to promote Pain Connection's support groups, Bio-feedback and Gentle Movement classes, the Speaker Series, professional trainings and the recently published *Making the Invisible Visible: Chronic Pain Manual for Health Care Providers*.

The LAMB Pain Foundation is committed to improving the practice of pain management in the United States by supporting programs or initiatives that enhance patient care, broaden treatment options or significantly impact the quality of life of patients in pain. The LAMB Pain Foundation was founded in 2007 by Carol Ammon who founded Endo Pharmaceuticals as a specialty pain management company in 1997. David Lee, MD, PhD, serves as the chief executive officer of the Foundation and awarded the grant to Pain Connection.

Pain Connection is honored to have been selected by The LAMB Pain Foundation and is very grateful for this recognition of its services to the community.

Pain Connection's Board Expands

Pain Connection is pleased to announce the addition of two new members,

Mandy David and Rohit Saran, to their Board of Directors.

Mandy S. David, PA-C is currently a provider and program manager at the Sickie Cell Infusion Center at Johns Hopkins Hospital. She has been in the field of sickle cell disease and pain management for four years.

Ms. David attended Xavier University of Louisiana as a Bio-Pre med major and transferred to Howard University where she graduated from the Physician Assistant Program.

Ms. David recognized the need in the sickle cell community for effective pain management to improve the quality of life of sufferers, and she applied for a position in this subject area. Within one year of employment, she assisted in the formulation and subsequent creation of a sickle cell infusion center to treat all patients with this disease in the tri-state area.

Ms. David is excited to be part of the Pain Connection organization to continue to aid in the promotion and awareness of effective pain management.

Graduating from the Regional Engineering College in Bhopal, MP in the top 2% of his class in 1990, **Rohit Saran** has gone on to receive a Master of Science Information Systems Technology at George Washington University in 1993, a Master of Business Administration (Finance and Strategy) at the Duke University Fuqua School of Business in 2003 and completed the Executive Leadership and Strategic Management Program at the Cornell University Johnson School in 2008.

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Mr. Saran presently works for Freddie Mac in Mclean, Va. where he is Director of Operations and Technology (Six Sigma). He is also a corporate strategy consultant for the Northern Virginia Physical Therapy Services in Falls Church, Va. Mr. Saran is pleased to bring his business, technology, admin-

istrative skills, and his vast experience in these fields to the Pain Connection organization.

A Day of Rest and Reconnection Through Mindfulness Practice

On Friday, May 7th, Mary French will lead an all day session on rest and reconnection through mindfulness practice. Mindfulness is based on ancient Buddhist practices of Vipassana (“Insight”) Meditation and was first introduced into mainstream hospital-based programs back in the late 1970’ s by Jon Kabat Zinn author of *Full Catastrophe Living; Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness.*

Whether you are a healthcare provider and/or a person with pain or stress, you will learn and practice mindfulness skills that will help you face the challenges of your life with a greater sense of peace and stability. The session will include: various mindfulness practices including the body scan, sitting meditation and the metta practice of loving kindness; how meditation affects the body and the mind and can improve health and well-being; and your own mind and body, increasing awareness of your inner and outer landscape and personal challenges.

The session will be held from 9:30 a.m. to 4:30 p.m. at the Pain Connection office located in the Jewish Council of Aging and Nonprofit Village Building at 12320 Parklawn Drive, Rockville, Md. Please bring a bag lunch, yoga mat or blanket, zafu cushion if you desire and anything else you need to be comfortable for the day. The cost will be \$75 per person with a \$10 discount for Pain Connection members and those registering in groups of three or more. CEUs for social workers is pending. Register on-line, www.painconnection.org, or call 301-231-0008.

A Doctor Who Listens

Pain Connection Guest Speakers Series made an excellent start to 2010 with a lively presentation given by Dr. Michael April to over 50 people at the Holiday Park Senior Center in Wheaton, Md. Dr. April is a psychiatrist who specializes in pain management and sports medicine and practices in Rockville, Md.

Dr. April explained the difficulties of diagnosing the cause of chronic pain in individual patients, and he stressed the importance of taking a full and accurate history from the patient in order to ascertain the source of the pain. Dr. April believes that even though diagnostic tests such as x-rays and MRIs are important tools for the pain physician, they are no substitute for making a full physical examination of the patient and taking a detailed history. He stated that an increasingly wide range of modalities and medications are available to practitioners, but it is essential for the practitioner to listen to the patient’s complaints in order to find the best fit. He feels that too many doctors are in a hurry. A recent study revealed that the average time a doctor allows a patient to speak before interrupting the patient is only twelve seconds. If a doctor does not have the time to listen to the patient’s history, it will be far more difficult to come to an accurate diagnosis.

Dr. April is a firm believer in the benefits of exercise at whatever level each patient can tolerate. In response to questions from the audience, he stressed that the exercise must be tailored to the individual patient. As an example, he stated that weight bearing exercises have been shown to be of great benefit for persons suffering from osteoporosis. On the other hand, for persons suffering from arthritis, it would be more beneficial to exercise in water where the effect of gravity is greatly reduced.

Upcoming Programs

MONTGOMERY COUNTY

The Nonprofit Village

12320 Parklawn Drive, 2nd floor,
Large conference room, Rockville
1st Thursdays 1:30–3:00 p.m.

Gentle Movement Classes

Washington Grove Methodist Church,
303 Chestnut Ave, Washington Grove
2nd Wednesdays, 2:00–3:30 p.m.

Bethesda Biofeedback Classes

New Address

7910 Woodmont Ave, Suite 1309
Bethesda
Reservation is required.
3rd Mondays, 1:00–2:30 p.m.

PRINCE GEORGES’ COUNTY

Rexford Place

9885 Greenbelt Road, Lanham
2nd Wednesdays, 1:30–3:00 p.m.

HOWARD COUNTY

The Wellness Center

Medical Pavillion, Howard County
General Hospital, Suite 100, 10710
Charter Drive, Columbia
3rd Mondays, 1:00–2:30 p.m.

TOWSON/BALTIMORE

Bykota Senior Center, 611 Central
Avenue, Towson
3rd Tuesdays, 11:30 a.m.–1:00 p.m.

VIRGINIA

New Address

Kaplan Clinic

6829 Elm Street, Suite 300
2nd Wednesdays, 1:30–3:00 p.m.

SPEAKERS SERIES

Holiday Park Senior Center
3950 Ferrara Drive
Wheaton, Md. 20906
240-777-4999 (directions only)
Selected Mondays, 1:30–3:00 p.m.

Dr. April also discussed the common misconception regarding pain medication and addiction. He stressed that if pain patients are taking medications for pain relief, then the risk of addiction is low and is no greater than the risk for the general population. He pointed out that after time, patients may reach a level of tolerance to a drug, when the body becomes accustomed to the current dose and it has to be increased in order to achieve the same degree of relief from pain. He stated, however, that this is not addiction which is a compulsion to continue use of the drug even when pain is not relieved or when it is no longer needed which can lead to negative results for the individual and society in general.

“Narcotic” is a Dirty Word—Treating Chronic Pain with Opioids

By Mary French RN, LCSW-C

Opioid is the medical term for what is more commonly called narcotics. For centuries we have been aware of a powerful pain reliever, a natural opioid called morphine that comes from the opium poppy plant. It acts directly on the central nervous system, relieving pain. It also impairs mental and physical performance, can relieve anxiety and produce euphoria. It inhibits the cough reflex and can cause constipation and therefore can also be used to treat coughs and diarrhea. Morphine was used during the civil war as a surgical anesthetic resulting in over 400,000 people with “army disease” or morphine addiction. The Harrison Narcotics Act in 1914 prohibited possession of narcotics unless properly prescribed by a physician. Other natural opioids include codeine, semi-synthetic opiates including heroin, oxycodone (OxyContin, Percocet, Percodan) and hydrocodone (Vicodin), hydromorphone (Dilaudid, Palladone), and synthetic opioids such as fentanyl and methadone.

Some in the pain community, in an attempt to legitimize opioids as a treatment option, are trying to stay away from the term narcotic as it calls to mind people in dark alleys trying to get their next fix. From my perspective, this is just one stigmatized group marginalizing another. The population that is struggling with addiction has always been marginalized in society. It is not my intention to deny the serious growing problem of prescription drug abuse but to reexamine how we address this problem which has historically created tension between treatment versus punishment. One can even see this play out in individual state prescription monitoring systems when determining who will control this system—the Drug Enforcement Agency or the medical association. The stigma associated with use of narcotics makes treatment of chronic pain with these substances shameful for the client and risky for the physician. Oh—and if you are unlucky enough to be a person with chronic pain who has a history of addiction, you may be marginalized by everyone except a few heroic physicians who will work with this population.

There is a great deal of misinformation regarding opioids, addiction and chronic pain even among health care providers. Put all three together and you are dealing with a complex issue mired in morality, legality and just plain fear. A big dose of education and research is needed so that effective treatment options are available to some of the most vulnerable populations in our society, those in chronic pain and those who struggle with addiction to narcotics.

The truth is most people who use opioids for chronic pain will never become addicted. Drug abuse or addiction is more likely to occur if a client has a history of drug abuse or trauma. It is important for treatment providers to be aware of pseudo-addiction when a client’s pain is being under-treated, resulting in “addictive”-like behaviors such

as hoarding, complaints of lost medications, or increased requests for medication. **It is important to assess whether pain is being under-treated and address the pain issue before labeling someone an addict or drug seeker.**

Some state statutes and regulations still confuse physical dependence or analgesic tolerance with addiction. Addiction is the compulsive use of substances despite ongoing negative consequences. Physical dependence, analgesic tolerance, and high dosage/frequency do not equate with addiction. Studies show that addiction does not occur in any greater frequency in the chronic pain population than it does in the general population. In a consensus statement by the American Academy of Pain Medicine and the American Pain Society (1996):

“Misunderstanding of addiction and mislabeling of patients as addicts result in unnecessary withholding of opioid medications. Addiction is a compulsive disorder in which an individual becomes preoccupied with obtaining and using a substance, the continued use of which results in a decreased quality of life. Studies indicate that the de novo development of addiction when opioids are used for the relief of pain is low. Furthermore, experience has shown that known addicts can benefit from the carefully supervised, judicious use of opioids for the treatment of pain due to cancer, surgery, or recurrent painful illnesses such as sickle cell disease.”

As reported in the 2008 *Achieving Balance in Federal and State Pain Policy: A Guide to Evaluation, Fifth Edition*, prepared by the Pain and Policy Studies Group, University of Wisconsin School of Medicine and Public Health, the 2001 consensus statement from the American Academy of Pain Medicine, the American Society of Addiction Medicine and the American Pain Society includes the following:

Become a Member NOW!

We Need You! Chronic pain is still a new and developing field in medicine and mental health.

We Need You! There still is not enough awareness by the public to try and solve this debilitating problem.

We Need You! Chronic pain is not pressing on the minds of government, foundations and private donors.

We Need You! In order to support and further develop programs.

Take a Stand! Help solve this pressing problem, become a member and grow with us!

Join Pain Connection Today!!!

Your payment of a \$40.00 annual membership fee may be made in the following ways:

- Credit card on-line through our secure server.
- Check mailed to Pain Connection with completed application form.
- Fax your completed application and credit card information to 301-231-6668.
- Through Network For Good (secure service). Please also send in an application form for our records.

Your membership benefits include:

- DISCOUNTS at some local wellness providers, Pain Connection workshops, conferences and manual
- Monthly notices of support group meetings and the Professional Speaker Series by mail, email and/or phone call
- Chronic pain resources
- Pain Connection's newsletter
- Contact information for your local support leader (on request)
- Health care practitioner referral list for your geographic area

"Clear terminology is necessary for effective communication regarding medical issues. Scientists, clinicians, regulators, and the lay public use disparate definitions of terms related to addiction. These disparities contribute to a misunderstanding of the nature of addiction and the risk of addiction especially in situations in which opioids are used or are being considered for use to manage pain. Confusion regarding the treatment of pain results in unnecessary suffering, economic burdens to society and inappropriate adverse actions against patients and professionals." (p.1)

"Physical dependence, tolerance, and addiction are discrete and different phenomena that are often confused. Since their clinical implications and management differ markedly, it is important that uniform definitions, based on current scientific and clinical understanding, be established in order to promote better care of patients with pain and other conditions where the use of dependence-producing drugs is appropriate, and to encourage appropriate regulatory policies and enforcement strategies." (p.1)

1. Addiction

Addiction is a primary, chronic, neurobiologic disease with genetic, psychosocial and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm and craving.

2. Physical Dependence

Physical dependence is a state of adaptation that is manifested by a drug class-specific syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug and/or administration of an antagonist.

3. Tolerance

Tolerance is a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time. (p.2)

Over 75 million Americans live with pain. The number of people who are using prescription drugs is increasing. It is estimated that sixty percent of Americans have taken prescription drugs for pain. While prescription drug abuse is rising, it is not clear how drugs are being diverted and obtained for non-medical purposes. We have to be careful not to blame people with pain that are legitimately using these medications as prescribed. We need more research on chronic pain (currently less than 2% of the NIH research budget), and addiction so that we may treat both conditions as they occur separately and, in those infrequent occasions, when they are co-occurring conditions, with humane and effective treatment.

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Medication for Chronic Pain Patients

by Jennifer Vaughn

I call Dawn Kelly on her cell phone and learn that she is taking my call from her hospital room at the Cleveland Clinic. Kelly, 33, has suffered chronic pain since 2000. Like many chronic pain patients, she has made “hundreds” of trips to doctors’ offices and hospitals to seek medical attention for her pain. Unfortunately, she has also run into brick walls when trying to get medication to help relieve her pain. A month after having had her bladder removed in an attempt to ease some of her chronic pain problems, Kelly is back at the hospital being treated for the very same pain symptoms the surgery was supposed to have alleviated.

Kelly’s daily battles puts her face-to-face with the US Government’s “War on Drugs”; and, like many chronic pain patients, she has been caught up in the collateral damage of the high-profile campaign. Laws and restrictions targeting pharmaceuticals make it hard for pain patients to receive the medications that many of them need to function in daily life. Health practitioners are operating under an ever-increasing scope of regulatory controls and a responsibility to weed out legitimate pain-relief cases from drug-seeking cases.

In Kelly’s case, the majority of her pain medication has been preventive, but she’s had days with pain so severe that she’s gone to the emergency room seeking an abortive medication, such as Demerol. When Kelly seeks out emergency care for her pain, most times she receives push-back from the ER doctors. “One time an ER doctor told me that I’d be in rehab this time next year,” Kelly said, “but (and) even chronic pain doctors are leery about giving prescriptions.” Kelly said that taking urine tests and signing contracts have been routine steps in her chronic pain care.

Dr. Gabor Maté is in a unique position to comment on the treatment of chronic pain patients with relation to administering drugs. He has spent 11 years working with drug addicts at Insight which is the only supervised injection site in North America. Previous to his work at Insight, Maté was Medical Coordinator of the Palliative Care Unit at Vancouver Hospital.

In Maté’s book on addiction, *In The Realm of Hungry Ghost*, he discusses the “War on Drugs” and how policies make it difficult for those in pain to have access to medication. When speaking with Mate over the phone, I learn he looks at the “War on Drugs” from the larger scope of societal attitude toward addiction. He believes that “a lot of doctors are very nervous about prescribing medications for chronic pain patients because they are worried about addiction issues, not understanding that these drugs themselves don’t induce addiction.”

When I ask Maté why physicians are reluctant to prescribe medication, he says their reluctance stems “from a false belief that the drugs themselves are addictive.” Maté goes on to say that “drugs are only addictive to susceptible individuals.” He draws a parallel between pain relief drugs and alcohol by saying that “just as not every person who tries a drink becomes an alcoholic, not every person prescribed drugs will become an addict.”

In addition to this false belief that pervades the medical community, Maté says that in the United States, “people have gotten in trouble if they treat chronic pain [by giving] unusually large levels of narcotics, and they are clamped down upon.” He continues by saying the “combination of both political anxieties and regulation” leads to a situation where doctors are reluctant to prescribe the medicine necessary to treat pain.

As if on cue, a physician enters Kelly’s room as she and I are speaking on the

phone. Voices are muffled as Kelly sets her phone down, but I can hear bits and pieces of the conversation. At one point I clearly hear her doctor speak the words “malpractice” and “narcotics.” Kelly and the physician throw treatment options back and forth for over 10 minutes. Eventually, they decide upon a course of treatment they can test in the hospital and that she then may continue at home.

As he’s leaving her room, I hear some of the final exchange between the doctor and Kelly. It is about a resident doctor who, she felt, did not respond appropriately to the sign outside of her hospital room saying that pain must be treated appropriately. Her frustration at the lack of administered medication to treat her pain echoes in the remarks of Dr. Maté when he says that anyone requiring narcotics is looked upon with suspicion. Unlike other doctors, however, Maté goes on to say, “People need help for their pain. You can’t *not* treat people for their pain.”

News Updates

Editing volunteer

Cordelia Goldstein is a new volunteer who will be editing articles for the Pain Connection newsletter. Over the years, she has worked on many a newsletter from PTA to civic association newsletters. She comes highly recommended by her twelve year old grandson who calls her “Grandma the grammarian”!

Project coordinator consultant

Pain Connection is happy to announce that Gael Cheek will be working with Pain Connection for the next six months as a Project Coordinator Consultant as a result of The LAMB Pain Foundation grant.

Gael will oversee the outreach and marketing strategy and the strategic

Manual Addresses Needs of Chronic Pain Patients

Pain Connection's *Making the Invisible Visible: A Chronic Pain Manual for Health Care Providers* is a comprehensive and unique publication that contains up-to-date information on chronic pain, exercises and handouts for developing coping skills and strategies, and insights and experiences of chronic pain sufferers and their families.

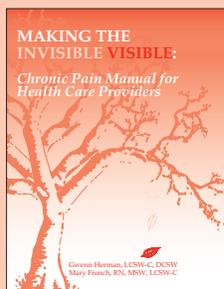
Written by Gwenn Herman and Mary French, who each have more than 25 years of experience as health providers and also live with chronic pain, the 262-page manual examines a wide range of topics including:

- Myths and misconceptions about chronic pain clients
- Psychosocial effects of chronic pain
- Pain Connection's Support Group Model
- Complementary and alternative treatments

"Ms. Herman's and Ms. French's firsthand exposure to the difficulties of getting healthcare providers to properly recognize, diagnose and treat chronic pain makes this an excellent resource for both professionals and patients."

Dr. Gary Kaplan, Founder and Medical Director of The Kaplan Center for Integrative Medicine

The book is available for \$49.95, plus \$7.95 shipping and handling fees (members receive a discount). To order, go to www.painconnection.org or call 301-231-0008.



planning process. She will assess progress over the project period by tracking attendance at support group meetings, the speaker series and trainings. She will track the number of doctor's offices that accept brochures, the number of brochures distributed and the number of manuals sold. She will also keep track of the number of new volunteers and Board members recruited.

Gael has a master degree in Psychology and a doctorate in Family Social Science. Her interests include gardening, yoga and meditation.

Emerging Nonprofits Workshop

Pain Connection Board member Neil Goldstein attended a three-part Emerging Non Profit Series designed to provide leaders of emerging nonprofits with a basic foundation for an organization's operations. Each session lasted two hours and included a topic-specific workshop with extensive question and answer sessions with Maryland Nonprofit's staff and representatives from various Montgomery County nonprofits.

Topics of the sessions included governance—how a board supports the sustainability of the organization; finance—the infrastructure to efficiently manage revenue and expenses; and revenue and fundraising—securing the income to sustain the organization.

Goldstein, Treasurer of Pain Connection, thoroughly enjoyed the three-part series and knows that much that was presented there will help benefit the organization.

Designated Founders for contributions of \$100 and over

The LAMB Pain Foundation, United Way, Neil Goldstein, Mary French, Andrea Cooper, Ellen Weiss & Jon Greenberg, David Greene, and Malcolm Herman

Thank you volunteers!

Ivymount School, Ellen Moran, Cordelia Goldstein, and Sherry Hutchinson

Members' Forum

Pain Connection welcomes articles, poems, and drawings from members' and families to provide an insight into their lives.

How Art Got Pain to Take a Holiday

by Amit Janco

As a participant at a recent workshop sponsored by Pain Connection, and presented by Tracy Councill, I wanted to share the experience and benefits of art therapy as it relates to coping with pain.

Tracy Councill is an art therapist who conceived and directs the Tracy's Kids Art Therapy Program in the Pediatric Hematology/Oncology division of Georgetown's Lombardi Comprehensive Cancer Center. Tracy works primarily with children; however, she was invited to discuss the benefits of art therapy at a Pain Connection meeting.

At the beginning of the session, Tracy pulled out large black boards on which she had mounted artwork created by children who were inpatients of various medical facilities including the Lombardi Center. The name and age of each child was written below each painting with a brief statement reflecting the particular child's feelings underlying their piece of art. Tracy explained the medical challenges facing each child, some of whom were dealing with life-threatening illness. Each piece of art was a compelling testament to the resilience of these children, and each showed a manifestation of their fear, anxiety, isolation, solitude or pain. But more than anything, these artworks, along with Tracy's accompanying stories, illustrated just how meaningful and therapeutic the creative process can be to people coping with illness and injury.

Then, it was our turn to be artists. We were each given sheets of black and white paper upon which we were to draw a figure that would be our worry doll into which we could transfer all our pains and worries. We were then asked to imagine elements we could add that would reflect the strength and support we could call upon or needed for healing and shielding us from our pain. The colors burst forth, haltingly at first, but then with more gusto. The resulting images illustrated a wide spectrum of the participants' physical challenges and pain. Scattered throughout were also hints of humor, peace, balance and hope. It was amazing to observe how the mere act of doing art infused the room with a positive energy and helped all of us focus on something other than pain.

With a few minutes left before the session wrapped up, Tracy suggested we try some silk art. After a brief demonstration, all the participants eagerly picked up materials which included little frames with silk stretched across them, Chinese paintbrushes, cork pieces, paint, crayons and water; and we promptly got to work.

Upon completion of the workshop, many of us concluded that the time had passed quickly while doing art and that our pain had subsided. We agreed that being so fully engaged in the creative process allowed us to refocus our energies, find a positive distraction from our own pain and enjoy the time spent in doing art.

Tracy Councill, ATR-BC, Art Therapist. Tracy's Kids, Pediatric Hematology/Oncology division of Georgetown's Lombardi Comprehensive Cancer Center. www.tracyskids.org

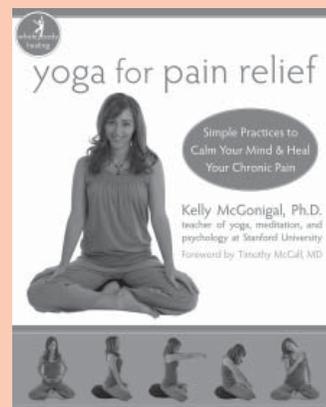
Amit Janco is a Canadian woman recovering from a near-fatal accident in Asia in early 2009. She has benefited from spending some of her recovery time with family in Rockville and found Pain Connection while searching online for a local pain support group. Thanks, Gwenn, for all your efforts and support!

BOOK NOOK

Yoga for Pain Relief, By Kelly McGonigal, PhD

Book review by Gael Cheek

Yoga for Pain Relief by Kelly McGonigal, PhD, is an excellent resource for anyone who wants to use yoga techniques to cope with chronic pain. McGonigal explains how stress contributes to the suffering of people with chronic pain. She writes "pain is the physical hurt, whereas suffering is how our mind reacts to that pain." Pain is not only a physical reaction but a complicated mind and body experience. McGonigal explains that yoga techniques which focus on the body can help a person who practices them by allowing him or her to become aware of where they hold tension in their bodies and by showing them how to relax the physical tension in those places. Yoga provides relaxation and meditation techniques that can be used to reduce stress and tension in the mind. It is a method by which someone can integrate mind, body, and spirit through a combination of physical movements, poses, and breathing, meditation and relaxation exercises. McGonigal devotes a chapter to each of these types of yoga techniques.



What makes McGonigal's book stand out from many others of its type is the clarity of her explanations of the different types of techniques that she includes and her ability to make excellent choices from the vast number of techniques available. Someone who has not studied yoga or meditation could, with a bit of effort, learn any of these techniques using the pictures and the written instructions in the book. I tried a number of the techniques from each section of her book and was able to do them or begin to do them fairly quickly. I found them all to reduce either mental or physical tension. I believe a daily practice of these techniques has a good chance of providing long term relaxation and release. Her choices of techniques are excellent because those included in the book are gentle and can be done sitting in a chair or lying down. Although the techniques can be done using a limited range of motion, they are effective and powerful in their ability to help someone who practices them become aware of and reduce tension in different parts of the body.

There are many types of meditation practices and it can be hard to know where to start in learning to use them. The author gives an excellent explanation of several types and advises the reader to choose the ones that feel most comfortable and useful. McGonigal recognizes the difficulty and stress of chronic pain from personal experience. This experience motivated her to try to discover what techniques would work best to relieve it (for her). She shares what she has learned in her personal journey. The book that she has written can help others by providing those who want to learn with all the tools that they need to begin their own exploration.



PAIN CONNECTION®
CHRONIC PAIN OUTREACH CENTER, INC.
12320 Parklawn Drive
Suite 210
Rockville, MD 20852

OR CURRENT RESIDENT:

There are 76 million Americans suffering from chronic pain who are not receiving the treatment they need. Many fall between the cracks in their own private health insurance, workman’s compensation, and disability benefits. Others are helpless because of a lack of insurance.

Pain Connection® is a 501(c)(3) not for profit human health service agency that provides monthly support groups, training, supervision, information and referrals, community outreach and education, website and newsletter. These services will help to improve the quality of life, offer a chance for rehabilitation, decrease the sense of isolation this population experiences and enable the chronic pain sufferer to take control of his/her condition and treatment and maintain independence.

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