

The mindbody workbook

A daily study guide for people with
persistent pain

Name: _____

Date: _____

Developed by:
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The value of daily writing

In the days and weeks ahead it is important to spend regular time reading from this workbook, learning about the mindbody link and writing about emotions that surface from your unconscious mind.

You will need a notebook to write in each day. We recommend that you read the workbook and write about your responses for 30 minutes every day for a period of 30 days and then review your progress.

The aim is stop the brain from expressing emotional pain through the physical body.

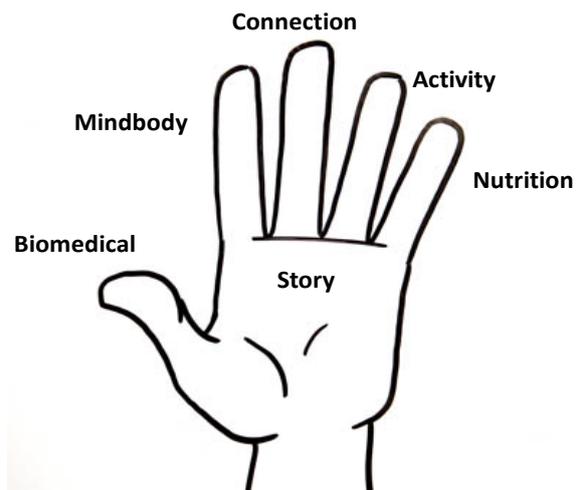
In using this workbook the intention is that you will become more aware of deeply held emotions. It is possible that you may at times feel overwhelmed by these emotions. If that happens we suggest that you take a break. Try going for a walk or sit quietly and focus on your breath. Consider finding another person to talk to; either a friend or a health professional. Over time you will gain a sense of safety and security in relation to your emotions.

Part of a whole person approach

When pain persists it is often more about a sensitised nervous system and less about structural change in the body. This is why the treatment of persistent pain generally involves a broad approach aiming to retrain the brain and nervous system and reduce pain. You can work in the mindbody area at the same time as using other treatments.

Components of the whole person approach are:

1. **Biomedical:** including medication and surgery where appropriate
2. **Mindbody:** beliefs, expectations and the power of unconscious emotions to change physical state
3. **Connection:** with nature, people and purpose
4. **Activity:** using physical activity to retrain the nervous system
5. **Nutrition:** addressing what we eat, drink and breathe



Mindbody treatment

Beliefs and expectations about pain play an important role in management. We recommend checking with your doctor or other health professional that your ideas are accurate. The aim is to get to the point of medical clarity. This helps with the process of settling the nervous system. This aspect of mindbody treatment is at the level of the conscious mind and has been a well recognised part of pain management for many years.

The focus of this workbook is more on the unconscious mind and the task of bringing buried or blocked emotions to the surface. The scientific literature shows that the greatest likelihood of resolving long term pain comes from working in this area. Exploring and releasing deep or unconscious emotions is thus a highly effective method of retraining the brain.

In an individual case it is difficult to predict how much pain reduction is possible. However many people have found that their pain has reduced dramatically or disappeared altogether using a mindbody approach directed at deeper emotions.

Understanding is the key

Our experience shows that once people gain an understanding of the way in which deeper emotions change physical state, the way is opened to healing and resolution of pain.

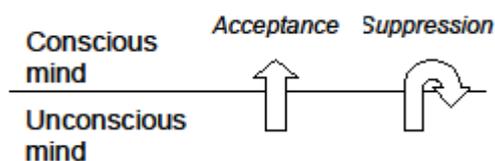
Key points to recognise are:

1. A sensitised nervous system can cause pain anywhere in the body and pain of any severity.
2. Structural changes in the body, for example a spinal disc prolapse, often exist without pain.
3. Pain related to a sensitised nervous system is not dangerous; it can be a useful pointer to unresolved issues.
4. If deeper emotions are contributing to your pain this does not mean that you are in any way abnormal. The mindbody link is very much part of the experience of all human beings. Most often when we get unwell, stress and emotions play an important role.
5. Some people may have tried psychological treatments in the past without change in their pain. This is often because such treatments were undertaken with the expectation of improving only mental health. The important difference with a mindbody approach is the expectation that making psychological changes will improve physical health.

The unconscious mind

In using this workbook you will become more aware of patterns of thinking and feeling in your conscious mind but you will also begin to explore your unconscious. This is like shining a light into a previously dark place. The aim is to bring hidden thoughts and emotions into the open.

During stressful life experiences distressing emotions are generally suppressed in the first instance to allow us to get on with the business of surviving. Later they can be allowed into the conscious mind where they are processed and released. Alternatively the emotions can remain suppressed and held in the unconscious if they are judged unacceptable or dangerous.



It is the act of suppressing or blocking "unsafe" emotions that has a particularly powerful role in sensitising the nervous system and contributing to pain. From this perspective "physical" pain can be seen as a means of the brain speaking out about hidden "emotional" pain. The brain produces pain as a defence mechanism in order to avoid having to deal with distressing or threatening emotions.

In order to stop the pain you do not necessarily have to resolve deep emotional conflicts. Often it is enough just to recognise that pain may be an expression of blocked emotions; then the pain begins to decrease.

The important thing in changing a pattern of emotional suppression is that you try to work on this understanding of the mindbody each day. This develops a new brain pattern of emotional awareness and release.

A hidden reservoir of emotions

The unconscious mind can act as a reservoir of "dangerous" emotions such as grief, sadness, rage, fear and unworthiness. Contributions to the reservoir typically come from 3 broad areas: **childhood experiences, later life experiences** and the **impact of personality type**.

1. Childhood experiences

The unconscious mind is not affected by time. Buried emotions related to difficult childhood events are just as fresh today as when those events occurred. Unfortunately difficult childhood experiences are all too frequent in our world. Common examples include:

- i. **Physical, sexual or emotional abuse.** The emotional response to this abuse is generally suppressed by the child as a way of surviving.
- ii. **The loss of a parent.** This may occur through death or divorce/ separation.
- iii. **Subtle neglect.** This occurs when one or both parents are present physically but not emotionally. The parent(s) may be too preoccupied with their own needs and hence unable to meet the needs of their children.

Even people who grow up in relatively intact families may still have distressing childhood experiences. In fact virtually everyone retains some painful emotions from childhood. Our parents did the best they could with what they had. Their weaknesses often related to patterns learnt in their own childhood.

Take a moment to consider and write about your childhood.

2. Later life experiences

Common stressful experiences in teenage and adult life relate to relationships, family, work and finances. While the logical conscious part of our brain accepts responsibilities and challenges in these areas, there can be an illogical, childlike unconscious part that is furious.

The idea of ageing and death can also play a role here. Logically we accept the inevitability of death but at an unconscious level we are outraged.

As illogical, childlike emotions threaten to surface in our conscious mind we typically respond by suppression. It is judged to be “unsafe” to let these emotions enter our consciousness. The greater the emotional load in the unconscious reservoir the harder we need to work to maintain the suppression. The greater the work of suppression, the greater the response in the physical body.

Take a moment again to think and write about key life experiences after childhood.

3. Impact of personality type

Our personality type contributes on a daily basis to emotional status. This can result in day to day tensions that at first glance seem less critical than the impact of major traumatic life experiences; but in fact they can have just as much impact on the unconscious reservoir of emotions because of their constant nature.

Certain personality characteristics have been linked to the persistence of pain. Two examples are **perfectionism** and the **need to do good**. These traits both reflect a lack

of acceptance of the brokenness and vulnerability within us and in the world that surrounds us.

- i. **Perfectionism.** Perfectionism brings a constant need to strive more and more in any given area of life.
- ii. **The need to do good.** The driven or compulsive need to do good effectively means not trusting others to carry their own burdens and find their solutions.

Both perfectionism and the need to do good reflect an unconscious desire to be liked and to seek the approval of others. They arise from inner feelings of unworthiness and inferiority, emotions that add to the unconscious emotional reservoir. Part of the unconscious can also react with anger to the expectation that we should be perfect or helpful and even more is added to the reservoir.

The good news is that it is possible to gradually modify personality characteristics and reach a point of healthy balance. This comes naturally as you gain awareness of the way your personality and emotions interact.

Can you identify any personality characteristics that might play a role and add to the reservoir of your emotions?

Case histories

The stories that follow are those of patients seen at HIPS. The cases have been de-identified; names and other details have been changed to protect the confidentiality of people involved.

Anne’s story

Anne is a woman in her mid 30’s who reported 2 years of low back pain. She noted that the pain came on over several weeks during the course of her cleaning work. When pain persisted she underwent a spinal fusion which did not alter her pain. She was treated with opioid (morphine like) medication. This also did not bring any significant benefit. She became steadily more depressed and her physical activity declined.

When she was assessed by our team there was discussion of the story around her pain. She and her husband had moved to Australia from overseas around 5 years previously. She had hoped that her husband would be the bread winner and allow her to care for their two young children on a full-time basis. However after 2 years of casual work he lost his job. This meant that Anne was forced to take up the cleaning work. She felt very let down by her husband. In addition there was a culture of bullying at Anne's work and it happened that Anne's boss and husband knew each other through a social club. After Anne's injury she felt that her husband did not speak up for her and that he spent too much time drinking at the club. "He did not have my back".

Anne decided to write about her emotions as part of the treatment for her back pain. She identified a lot of anger toward her husband. This reminded her of anger she felt for her father who had been away frequently with work when Anne was a child. She also identified her own tendency to perfectionism. She agreed that this caused additional anger because she had to work so hard to live up to her expectations of herself. As Anne wrote about these emotions over a one month period she found that she was able to let go of much of the anger. Her pain reduced dramatically and she was able to taper and cease the opioid medication.

Michael's story

Michael is 50 years old. He was involved in a motor vehicle crash 10 years ago, injuring his neck and going on to develop chronic neck pain. Chiropractic and physiotherapy had not helped. Targeted nerve blocks had been used without benefit. He was on opioid medication and a disability support pension.

At pain clinic assessment he reported the circumstances of the car crash. He had stopped at a red light and the other vehicle ran into the back of his. When the drivers got out of their vehicles Michael noticed that the other driver was "off his face" on drugs. Michael became enraged and had to be restrained by onlookers. When asked if he had ever been as angry as that before, he

talked about his childhood with an alcoholic and violent father.

Michael was offered the opportunity to work with our team to explore the relationship between his rage and pain. He declined and to this point has not been seen again.

Margaret's story

Margaret is in her late 20's. She is married, a university student and a member of a local church community. She developed chronic fatigue and widespread pain of the "fibromyalgia" type when she was 15 years old. Many medical and complementary therapies had been tried without significant benefit.

At assessment she was asked what else was happening around the time her pain came on. It turned out that the father's business failed at that point and he was forced to move interstate to work for a number of years. Margaret was the eldest of 6 siblings and her mother was also often at work. Margaret remembered the feeling of a "burden of responsibility" settling on her shoulders. Her childhood ended.

Margaret was very interested in the mindbody approach and she was happy to work through the process herself with reading material to guide her. We did not have any further contact with her for 12 months. At the end of that time she came to see one of our team members. She reported that both pain and fatigue had reduced by about 80%. This had been a gradual process. She attributed her improvement to becoming more aware of suppressed anger towards her father. She had reached a point where she was able to let go of her anger and forgive him. The other contributor to her improvement was nutritional change. She had modified the composition of her diet and her weight had dropped 8 kg.

A note on forgiveness

Forgiveness is related to the process of becoming aware of and releasing deep emotions. Some people find the concept of forgiveness helpful while others do not, perhaps in part because the word is traditionally linked to religious practice.

For those who are interested in the concept of forgiveness, here are key points to note:

- i. Forgiving another person does not mean that you were not hurt by them. In fact to truly forgive requires you to take stock of the full extent of that hurt.
- ii. Forgiveness is a choice.
- iii. Often it may be difficult to move straight to forgiveness and a first step may be to choose to *begin to move towards* a position of considering forgiveness.
- iv. It may be helpful to note that the person who hurt you is not harmed by (or often even aware of) your lack of forgiveness. The only one hurt by it is you.
- v. If you forgive someone, it does not usually mean letting that person know. Mostly such things can be left unspoken, although there can be situations in which contacting the other person may be helpful.
- vi. Often the most difficult step is to forgive yourself.

Practical next steps

1. Read through this workbook each day. Simply understanding the mindbody can begin to reduce your pain. For many people pain can be completely relieved by information alone.
2. For additional helpful material see Further Resources on page 7.
3. Ask yourself questions. "Is it possible that my 'physically' expressed pain may carry a deeper meaning related to unconscious emotional pain? Is it possible that just by becoming aware of this my pain might go away?"
4. Writing or journaling can be very helpful. The act of writing something down gives it greater weight. Write about the circumstances of your life and emotions that you become aware of.
5. Make a list of significant events and issues in the categories of **childhood experiences**, **later life experiences** and the **impact of personality type**. Write about your emotional responses.

6. Talk to the childlike part of your unconscious. Thank your "inner child" for holding painful emotions and allowing you to survive the traumas of life. Reassure this "child primitive" that it is now safe to let go of these feelings.

Additional Exercises

Here are some additional exercises to do if you wish.

1. A timeline

Take a blank page in your notebook. Draw a line across it and mark your birth at one end and current age at the other. Mark off the decades in between. Then mark at the appropriate times, significant life events on the upper side of the line and health problems on the lower side. For example the upper side could include difficulties in childhood, relationship and financial problems and work stress. The lower side could include the onset and any marked exacerbations of pain and also the onset of other health problems such as high blood pressure, diabetes or heart disease.

In terms of timing, are there any links that you can see between the life events and the health problems?

2. A pain and emotion diary

You may like to keep a diary for a week to track both your pain level and emotions. Do you notice any connections?

3. Practice stillness

Try spending 10 minutes each morning and night simply allowing your mind to become still. Stillness begins to retrain a nervous system that may be hyper excitable and prone to perceive threat unnecessarily. Stillness takes your awareness deeper than the workings of the conscious "egoic" mind. You connect with a place of peace that can over time come to influence your responses throughout the entire day. What we practice we gradually become.

4. Simply observing

Stillness can also be helpful in identifying specific traumas and blocked emotions. Allow your mind to become still and then give permission for relevant thoughts and

feelings to rise from your unconscious mind to consciousness. You may find that you drift back to a particular event. Observe your response to the event in terms of both thoughts and emotions. As you observe maintain an attitude of compassion and non-judgement. Did you form any core beliefs? Examples might be “people cannot be trusted” or “those I care for will abandon me”. What happened at an emotional level? Have any patterns of thinking and feeling set down at that time repeated throughout your life?

Used in this way stillness and observation help in the detective work of exploring the unconscious mind.

Observing patterns of life and related emotions can begin to bring release. You become aware that it is possible to choose different patterns of responding.

5. Multiple perspectives

This is an exercise in perspective that helps to develop an appreciation of multiple points of view.

Take a blank piece of paper and write on it a key issue in your life. Put the paper in the centre of a room. Then sit for a few minutes in turn in each of 6 different positions around the room. The idea is to use each position as an opportunity to see the situation from a different perspective. Take a separate sheet of paper with you as you move about and write down the different ideas that come to you in each of the 6 positions.

What have you learned?

What next?

You may feel after using this workbook for 30 days that you have reached a suitable point of closure with issues that have arisen. Alternatively you might feel that you would benefit from further discussion with another person. This could be a friend or family member or you may prefer a health professional. You could talk to your GP about appropriate support or else contact our team at HIPS.

We would very much like to hear about your progress and any thoughts you have about this workbook. Please contact us by telephone or e mail. Contact details are shown below.

Acknowledgements

This workbook has been developed by the team of health professionals at HIPS and is based on many years of clinical experience.

We are grateful to many people in pain who have shared their stories and helped us understand the mindbody.

We acknowledge the pioneering work of Professor Brian Broom and Dr John E Sarno in the field of mindbody medicine. Their approaches have strongly influenced the content of this workbook.

Further Resources

1. Meaning-full Disease. Brian Broom. Karnac Books. London 2007.
2. The Divided Mind: the epidemic of mindbody disorders. John E Sarno. Harper Collins. New York 2006.

Or search for Dr Sarno The Divided Mind on YouTube <https://www.youtube.com/watch?reload=9&v=YDyl59gkMhE>

3. Inner Wholeness – see HIPS website www.hnehealth.nsw.gov.au/pain
Community resources/ Mindbody

Contact **HIPS** at
Phone: 49223435
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hips@hnehealth.nsw.gov.au

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