

Realistic Pacing of Pain Patients' Activities

Recognizing and avoiding tendencies to rush, multi-task, or otherwise over-exert during relative lulls in pain helps reduce subsequent pain flare-ups and achieve a more comfortable and sustainable activity level.

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Chronic pain changes lives. It impacts self-image, impacts others, and interrupts life plans. It constricts physical and emotional abilities. It is a disease that is not understood or accepted by the individual and others. It seems that no one believes them. Negative labels and diagnoses abound and others seem to find fault. Patients are angry that the pain hinders them from their regular lives. No one can figure out why they can be so impaired one day and be able to do things the next day. All of this becomes the mystery of living in a “strange and non-accepting” world. Understanding the issue of “learning to pace one’s activities” will go a long way in helping everyone’s ability to manage the chronic pain condition better.

Pushing to Overcome

When one has an injury, it is conventional wisdom that, with time, everything will return to normal. While this is usually the case, the patient with a chronic condition starts to find that the hopes of being “normal” may never return. As with all grief and loss reactions, we all go through stages of grieving and loss:

1. Denial
2. Grief
3. Bargaining
4. Sadness
5. Anxiety
6. Disorganization and Disorientation
7. Depression
8. Acceptance

These stages are not necessarily experienced in an ordered and sequential, step-by-step, manner. Rather, these stages go up and down, back and forth—to the point that the person feels and may even act “crazy” to themselves and others. Yet, in fact, this progression is a normal process.

Denial. In this stage, many keep pushing themselves to perform—hoping for improvement and not fully believing that everything has changed in life.

Grief. Involves anger focused on pushing harder, and faster, to do tasks.

Bargaining. One is focused on trade-offs where one gives up one activity for another with the hope that the bargain will pay off in the long run.

Sadness. When trade-offs do not work, one’s reaction may encompass a range of emotions—everything from silence and passivity to tears.

Anxiety. Caused by a realistic fear of the future and the unknown, this is a highly motivating stage that pushes the person to try harder, push harder, with a sense of panic that they are out of control of their lives.

Disorganization & Disorientation. Confusion and forgetfulness—even for organized people—are tied to feelings of being lost and insecure. Sleep loss, eating changes, and short-term memory gaps are normal and common in this stage because the person feels even more confused and lost. In this stage, the person may appear passive and dependent, but they are really just lost and confused—without knowing what to do.

Depression. Brings with it a sense of feeling down, flat, lifeless, hopeless, and being tired all the time. It seems as if one is unable to control these feelings and make them disappear.

Acceptance. Acceptance does not come easily and usually can take years of facing the struggles and failures before the person finally comes to understand that their journey in life has permanently changed. Transitions do open up new doors, but they cannot be rushed. Some research suggests that it can take up to three years to “work through” all the feelings of loss and/or change.

Avoidance by Rushing Around, Being Busy, Always Going

Psychologists know that one of the “addictions” of many people is to always be busy and on the go while doing several things at once. Few ever think of this as an addictive behavior because it centers around productive work that needs to be done by someone. Following are a few thoughts to consider related to pacing one’s activities and tasks.

The Rushing Addictive High

When we are always on the go certain chemicals get released in the body that makes one feel good. One of these chemicals is adrenalin, the “legal speed,” that gives a sense of energy. The longer we run on adrenalin the better we feel because it provides a certain level of excitement and energy. Rushing and doing is an addictive behavior—it feels so good and modulates our moods. The problem is that the longer we rush and push to get many things done at once, the more we leave ourselves open in the long run for a sense of exhaustion, fatigue, physical problems, stress, and injuries. However, when we slow down we miss the natural high and wish to feel that way again.

Rushing as a “Mood Elevator”

Adrenalin, like meth/speed drugs, provides a way to get one out of a sense of depression. Because these chemicals are released quickly when rushing around, being busy, etc., we can feel better in a short period of time. Activity then becomes a way of “lifting us up” to feel better and avoid knowing that there may be an underlying sense of depression.

Rushing as a Way to Avoid Boredom

Being busy allows us to avoid acknowledging that we are really bored in life and have no idea of what else to do with our lives. When things slow down, some tend to feel overwhelmed with a sense of boredom. They have never learned how to just “be with themselves.” Being busy allows one to avoid dealing with learning how to live with themselves, play by themselves, enjoy themselves, and feel and experience life, spirit, and body in new ways. Many people have been conditioned since early childhood to be producing and doing for others and always being busy—so that rushing, being busy, has become their sense of identity.

Rushing as a Way to Avoid Thinking

When one is always busy, doing multiple tasks at once, and handling everything, there is no time to think about things—whether issues in one’s life, feelings, or relationships. Being busy allows one to avoid old hurts, new hurts, unresolved childhood issues, relationship issues, or other problems in life.

Slowing down is seen as something to be feared because one might have to think about and face issues that are better left ignored.

Pacing, Bursts of Activity and Life

When we live a fast-paced life, we fool ourselves by thinking:

1. We are indispensable—nothing will get done unless we do it. We think that by working hard we insure love from others. When busy we can avoid relating to others. Yet, workaholism is not insurance against being laid off or a way to be noticed.
2. We are on a perpetual adrenalin high—a rush. Sustained highs are not good for our bodies. We use adrenalin “speed” to avoid feeling. It only leads to more exhaustion and continued ups and downs.
3. We are more worthwhile doing for others. We believe we gauge our worth by how much we do for others. Such a belief means we are suffering from low self-esteem.

We are ‘human beings’, not ‘human doing machines’ despite continuing to feel that we should be able to do more and not be limited in any way. The problem is that such avoided issues will surface at some point in life and will have to be dealt with. Often this occurs at the most inappropriate times—such as times of injury or chronic conditions—thus contributing to a sense of panic and anxiety.

Assessing Activities of Daily Living

Assessing a patient’s ability to do certain tasks is often clouded by the fact that they have not learned to realistically pace themselves or their activities. They become bored with their limitations so they look for opportunities to do things, only to find that they have more problems that evening or the next day. When they find times that they “feel good,” they tend to rush to complete tasks before they have problems again. This all but insures that they will have even more problems the next day.

Ironically, it can appear to others that they are doing more than what one would expect they should be able to do—given the limitations that a patient should have with such a condition. On the other hand, one of the prescriptions to help patients in pain is that they should remain active in some way as a therapy focussed on maintaining physical functioning and improving their emotional and mental functioning. So patients feel caught in a double bind where no matter what they do they feel trapped and confused, not believed by others, and distrusted about the reality of their chronic conditions.

Observing patient activity levels at any given time does not tell the full story alone. This causes the patient and the observers to feel confused as to what their condition is all about. Some patients feel that they have to make their conditions visible to others in order to be believed and understood. The question then arises: Is what is being observed, in fact, real and accurate? Such attempts at making symptoms visible also results in labels that the patient is demonstrating “pain behaviors.” Some patients push for even more “visibility” resulting in their becoming more dramatic and anxious. At this point it becomes difficult to help such patients without the involvement of behavioral/psychological pain management specialists.

Ten Elements In Stabilizing Functioning

One of the key issues in stabilizing daily functioning in chronic pain patients is to have them learn to pace their activities. Being involved in activities is important and patients are encouraged to be more active. However, patients have to learn to be active in realistic ways that are paced appropriately. Following are ten important elements to consider in effectively managing chronic pain conditions.

1. Realize that relapses and flare-ups of symptoms will happen. It is critical that patients understand that they should not panic at these times. Setbacks should not be viewed as failures. It is critical to use these periods as learning experiences that can start to assist the patient in learning what aggravates symptoms or pain. They can also learn what conditions might make things worse—from weather changes to family stressors, to taking on too much, to negative thoughts, or to a sense of feeling helpless.
2. Recognize that one must continue—on a regular basis—what they have learned is helpful relative to exercise and stretches.
3. Recognize and avoid the tendency to want to accomplish everything when feeling good. This is based on the fear that so much has been neglected that it is critical to get as much done as possible when things are going well. However, this mistaken belief leads to even more problems in functioning later. It also creates more high and low periods in functioning—both psychologically and emotionally. Patients need to be told to not test to see how far they can push themselves, just because they feel better on a given day.
4. When doing activities, set a timer alarm for every twenty minutes. At these times it is important to move and change positions and rest briefly—knowing that sitting or working in one position too long will cause muscles to tighten up. It is critical to have an alarm that alerts one to knowing how much time has passed. Often one gets immersed in activities thinking that only minutes have passed when, in reality, it's been hours without a break.
5. Know that one must take time to relax. Learning relaxation techniques and making sure one practices them regularly and daily is critical. Part of this is based on research which has shown that the same center in the brain that is responsible for pain is also the same center that controls emotions, moods, tensions and anxiety. Research has shown that learning to relax can significantly help to reduce the experience of pain.
6. Know that it helps to walk and talk slower. We tend to always be in such a rush and push ourselves even when involved in casual activities.
7. Avoid doing several things at once. Patients need to be told that they need to pace the activities they are involved in at any one moment. They must break up tasks and not do them all at once. The tendency to multi-task is both an asset and a liability. Learning when it is the appropriate time to do one task or the other is an important learning task. However, moderation in everything is always important.
8. Become more flexible. We tend to relentlessly push our bodies only to find out that we wear them out. Tasks do not need to be done right away. Break them up into parts and do them over several days.
9. Take time out to do absolutely nothing. We all need time alone to recharge, to think, to rest, and just to enjoy life.
10. Learn to enjoy being with others and having time with them. Patients need to learn to be “with” their family by participating with them in “the little things” on a regular basis.

Conclusion

To accomplish results outlined in this article requires that the chronic pain patient make a conscious decision in choosing to change. By accepting the reality of a chronic condition and acknowledging the need to realistically pace one's activities as part of “accepting the new journey” in life, patients will be better able to manage their pain while achieving a sustainable level of daily activities.

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