



THE CHRONIC PAIN SUPPORT GROUP PROCESS

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For many sufferers, joining a chronic pain support group is the beginning of the healing process. This healing takes place in a group social setting. The bonds that develop give the majority of people strength. They are able to find strength in themselves and in others. There is a sense that they are no longer alone. They feel understood, enabling them to become more assertive and make needed changes. The group provides permission to take what is needed without feeling bad.

The majority of chronic pain sufferers were highly self-sufficient, functional individuals who never asked for help. This makes the reality of their new dependent condition even harder to tolerate. It forces them to change how they see themselves. This is an issue that needs to be dealt with in order for them to find peace.

It is stressed in the group that the body has changed and must be listened to. It is important not to give up on the body. The body is trying to heal, and everything possible needs to be done to help it heal. Once sufferers really listen to their bodies, their thoughts must change so their minds and bodies are not in conflict.

When seeking a support group, it is crucial to look for leadership that helps with coping skills instead of a group that mainly complains and wallows in negativity and pity. The format of the Pain Connection chronic pain support group is based on a particular topic about the different aspects of coping with chronic pain. Members are encouraged to talk about the topic, how pain affects their lives, and the coping skills needed in order to heal. The meeting is ended with a combination of breathing exercises, guided imagery, and meditation. The topic is incorporated into the meditation to simulate the experience on all levels.

It is always amazing when someone new sticks his or her head into the room, then slowly walks in and looks around at the people as if to say, "Is this the support group? Am I in the right place?" The participants all look normal; they do not appear to be in pain—at first glance. Once it is acknowledged that they are in the right meeting, newcomers are unconditionally and warmly accepted by the others in the group.

Members sit in the circle and introduce themselves at the beginning of the group and tell about the sources of their chronic pain. Time allotted to each person depends upon the number of people in the group. The group is open-ended, and there are always new and previous participants. Members are told to position themselves as comfortably as they can. They can lie on the floor or on mats, put



their feet up on a chair, and use pillows, ice or hot packs. They are told to feel free to get up at any time and change positions if needed. This is their group, and they need to make themselves at ease. The simple suggestion that they can do the same anywhere they go begins working on the vulnerabilities that they have developed due to the restrictions of their pain.

There are a few rules that the leader explains at the beginning of each group. One person speaks at a time. There is no discussion of specific medications, because the leader is not a physician and this is not a medical group. There is no mentioning of medical providers' names, because this tends to lead to complaining, asking for telephone numbers, and/or blaming, which takes the focus off topic. It is suggested that after the group is over the participants should feel free to talk to one another and exchange information.

The topic is written on the board so members stay focused on the issue being discussed. The facilitator's key responsibility is to give everyone a chance to talk and respond. It is the facilitator's job not to let anyone monopolize and try to manipulate the group into the Alcoholic Anonymous slogan, "stinking thinking." The goals of the group are to deal with feelings and learn new ways of healthy coping.

Usually, the group is more effective when the facilitator also has chronic pain and is dealing with it in healthy ways. This provides a positive role model for members. If this is not possible, then intensive training is required on the subject.

When there is a mixture of new and previous members, the different stages of chronic pain are clearly visible. All of the normal stages of grief and dying may be evident. In chronic pain there is a grieving process that occurs over time due to trauma, and most sufferers grieve for their lost selves. This also holds true for the sufferer's family and significant others.

Denial for the chronic pain sufferer involves the actual trauma/injury that was done to the body. There is disbelief that the body has been affected and has disappointed the self: "This wasn't supposed to happen to me; this isn't the way that I planned my life."

The **shock** is a reaction to the intensity of the actual pain, which has an impact on every aspect of the person's daily life, and the realization that it is not going away.

The **anger** stage is experienced as "Why is this happening to me?" Watching others live their normal lives is difficult, as they see their own lives halted from the pain.

The **bargaining** stage develops as a defense mechanism to shield the sufferer from the reality of his/her new situation. The sufferer thinks, "Instead of doing the usual dozen things I did



before the pain, I will only do six of them.” Reality hits when the person feels intense pain from doing those six things when only one, or perhaps none, should have been done that day.

The **depression** is two-fold: it is the physical result of the trauma and the emotional aspect. Depression occurs in most people with chronic pain due to changes in the nervousness system and spinal cord. The emotional aspect is due to the losses in one’s life due to the pain, ex. not being able to work in profession, not able to perform tasks of being a parent/child/spouse, not able to peel a carrot or hold a quart of milk. If the person had depression before the chronic pain, then the depression becomes worse.

The **acceptance** stage is realizing that the trauma has changed the physical self and life in general: “My body is not the way it used to be.” It is difficult to realize and accept that significant life changes will need to be made because there is still hope that the pain will disappear. But to stop here is to accept that the pain will not go away, that there is no cure except, perhaps, medication. The new message needs to be: “Since my body has changed, I need to change with it.”

Changing/reinventing yourself is the essential sixth step that needs to be added to the stages of grief experienced with chronic pain. Once sufferers have accepted that their bodies cannot do what they used to do, they need to work with it and reassess their lifestyles.

If this is not done, the sufferers remain in a state of resistance, trying to prove that they are still the same people. This adds fuel to the fire and contributes to poor self-concept, which further contributes to severe depression. The challenge for the sufferers is to reinvent the self, accepting the person now in this body. They must not live in the past, their past selves. This is a rebirth. These stages happen over a period of time and vary from person to person. When this occurs, **the sufferer then moves into being a person with chronic pain.**

This process was verbalized by a group member who stated, “I am sorry for not being who I used to be.” This stage usually occurs at a considerable amount of time after the initial trauma, when the pain has not gone away, when it has become part of daily life, 24 hours a day. The whole concept of self is shaken. It is an identity crisis that was not expected. The people cannot do things the way they have in the past. The sufferers cannot count on themselves, and others can no longer count on them. Their family lives and careers are affected. They may feel useless, hopeless, guilty, resentful, angry, depressed, or full of self-pity. They are also probably very tired from the emotional upheaval as well as from interrupted sleep patterns. However, to others, who cannot see the pain, they appear normal. This is how pain operates. It is a syndrome. It is a disease. It is not understood by many except, perhaps, by their loved ones and others who also suffer.



When there are people at different stages of the grief process in the group, the “veterans” can help the newcomers define their situation. This gives them insight and a direction to follow. It is acknowledgment and recognition for what they are going through, which normalizes their condition. This brings a sigh of relief that they are not “going crazy.” It is just a normal stage that people go through when they suffer from chronic pain. For the veterans, it also acknowledges how far they have come in this process of healing and how much control they now have over their lives.

The relationships formed in group can save many from depression and even suicide. Having a sponsor, as in Alcoholics Anonymous, is an excellent way to help newcomers. It is blinding to be tossed into the world of chronic pain and not know what to do, where to go, or what to believe. When bonds are developed, hope surfaces. However, groups need to be led by trained facilitators because the emotions can be very raw and potentially dangerous.

Family members are always welcomed into the group and accepted by all. They bring another dimension to the healing process. Many sufferers are in denial as to the extent family members suffer. For the family members, it shows them how others suffer and their ways of dealing with life situations. A support group for family members can be beneficial for them—a place where they can vent their feelings, deal with their own anger and guilt, feel acknowledged for the extra work that they do, and where healing can occur.

The second essential component of the group is using guided imagery and meditation. This helps bring all the feelings expressed to another level of healing and releases them in a healthy manner. Some members may feel uneasy and want to move around or leave. They are told to do whatever will make them feel comfortable. The setting is modified for relaxation by turning off the lights, background meditation music is put on, and seats are moved to make room for those who like to stretch out on the floor.

The facilitator guides the group to calmness and relaxation by focusing on the breath. Oxygen is essential for the body when dealing with chronic pain. On a subconscious level, sufferers tend to hold in their breath as a way of trying to control their pain. “If I hold in the pain, maybe it won’t hurt as much or it will go away.” But holding in the breath, holding in the pain, only increases the pain. To breathe in oxygen and then release it is a way of showing the pain how to leave the body.

Concentrating on breathing is also a way of changing the pain thoughts. It is a distraction from the pain. It is a way of gaining control. It is a way of mastery over pain. With breathing, imagery can be added to create a different image rather than the constant picture of pain. Imagery helps



the person become creative again. Pain is so powerful and devastating; being creative takes up too much energy and concentration. Imagery is a way of introducing color back into a person's life. Pain dulls and distorts the senses: the sense of color, the sense of smell, the sense of hearing. Creating color again brings mastery of self-control. The color gold represents healing. To breathe in golden healing light is to allow the body to feel healing or to feel it as a possibility. Without possibility, there is no healing.

The safe-place imagery is something that can always be available to people, no matter where they are. When guiding them to use their imagination, have them use all their senses, so they can "go there" no matter where they are—in the car, in a doctor's office, at home alone, or in a store. Practicing this imagery when not in pain will make it easier to use when the person is in crisis. If the pain becomes unbearable, the sufferers can remember the image and "go there," so they may have time to collect their thoughts, take care of themselves, and gain control.

Note: First five stages adopted from Dr. Elisabeth Kubler-Ross, On Death & Dying, Simon & Schuster/Touchstone, 1969.

MAKING THE INVISIBLE VISIBLE: CHRONIC PAIN MANUAL FOR HEALTH CARE PROFESSIONALS