Ten years ago, when clinical psychologist Julie Desroches was pregnant with her second child, she developed a life-threatening case of sepsis. Fortunately, her daughter was fine, but Desroches spent 10 months in hospital. She had peritonitis throughout her body and came very close to dying. After five surgeries and learning to walk again, she has been left with fibromyalgia, which includes mostly low-level chronic pain with some acute flare-ups, chronic fatigue, and a body that doesn’t work quite the same as it did before.

Professionally, her interest had always been in resilience and helping people to overcome adversity. However, her knowledge and experience were mainly academic until her own difficulties — and then it all got very real.

“I’m fortunate it doesn’t debilitate me so much that I can’t work, but I’ve had to be very, very mindful over the years,” she says.

Learning to be mindful came not only from navigating life with a hugely impactful health condition but also by working for a period of time in pediatric oncology. Desroches found that, to cope with the grief inherent in that difficult role, the people she worked with fell...
into one of two groups: one that tried not to connect, to disassociate, while the other prioritized self-care. She took the self-care path and launched into an intensive study of self-care practices, including therapies, medications, and alternative approaches. Eventually, she found what worked for herself, and her research provided her with an extensive list of suggestions for others.

“What I’ve done is develop a way to prioritize self-care for myself,” she says. “Because the only way you’re going to manage to do this is if you realize self-care is essential and important. That was the biggest piece for me.”

For Shannon Dikkema, the path to her work in relational somatic therapy and trauma-informed yoga began with fibromyalgia and chronic fatigue syndrome. The pain began at age 18 and, by age 22, it was chronic. It was difficult to get out of bed some days, and she had some major collapses. Though symptoms continued for years, the medical system could find nothing conclusive to diagnose, and she was offered only painkillers and antidepressants.

Then she joined a yoga class and started to feel better, which led to further exploration. After years of trying different approaches, Dikkema controlled and eventually eliminated her symptoms using yoga combined with somatic counselling, acupuncture, and a lifestyle change, including diet and mindset.

Both Desroches and Dikkema have found ways to live well by creating individualized sets of self-selected approaches.

DIFFERENT KINDS OF PAIN

Dikkema distinguishes between chronic pain and chronic illness. “Illness often includes pain, but almost always includes medical system attention on an ongoing level,” she says, also pointing to other differences, including the many and broad categories of illness and varying degrees of agency and hopefulness about healing.

“Stressors with chronic illness are about interruption of normal life, as well as navigating the medical system,” she says. “The pain that comes alongside most illness can be managed with mindfulness, but yoga may not be indicated, and it may not be the time to do trauma resolution therapy either.”

The situation is different with chronic pain.

“Chronic pain is often something that, after a period of time, people are sent home to deal with on their own,” she says.

Chronic pain has categories: event/injury specific, where the pain has a main site, and syndromal, for example, fibromyalgia and chronic fatigue, where, she says, “pain moves around, gets better and worse, and is generally more confusing for those experiencing it.”

While each person is unique, Dikkema says, common themes connected to injury-caused chronic pain include lack of support following the incident, loss of income or significant relationship, challenges with pending court settlement resolution, and issues with prescribed opioid painkillers.

“With syndromes, there is much research to indicate early childhood experiences as the precursors,” says Dikkema. “Often these unresolved childhood pieces create what has been called ‘central sensitization of the central nervous system,’ which means pain signals are always being sent and received even when there may be no specific cause or area which consistently experiences pain.”
FINDING WHAT HELPS

Desroches says the first step to living with pain is managing symptoms with medication, diet, exercise — attending to basic physical health.

“Then the other piece is around mental health,” she says, specifically naming CBT to help with some of the depression and anxiety that comes with living with a chronic health issue.

“It can get very depressing and you re-examine all of your life purposes, and then feel anxiety because you never know when it’s going to hit,” Desroches says. “It’s a very unpredictable condition.”

Other practices that have helped her include gratitude practice, journalling, connecting to other people, and any work that involves mindfulness.

Mindfulness is key to Dikkema’s approach as well, especially combined with yoga. Note that, yoga for chronic pain is not just any kind of yoga. She says many yoga classes are physical and “pushy,” which can be overwhelming for people in pain. In her classes, she incorporates mindfulness and somatic tracking.

“Yoga, the way I approach it, is really about mindful awareness in the body and anchoring attention in the present moment, which is really, really helpful for people with chronic pain because the future can seem like an unforeseeable dark pit of pain and that just brings up more anxiety, and sometimes, it’s people’s pasts that have brought them into that place of pain,” she says.

Mindfulness helps people gain an internal locus of control around where their focus is and how they frame things for themselves. That type of mindful tracking and somatic awareness is foundational in the somatic counselling modality.

“People need to develop the capacity to notice, tolerate, and even enjoy some of the sensations in their bodies in order to get the information that exists there,” says Dikkema.

While yoga helped to keep Dikkema grounded and functioning, relational somatic therapy eliminated her symptoms. For RCCs without a somatic therapy background, she suggests bridging that gap by offering a self-assessment tool in terms of self-care: ask your clients, “What are you currently doing for yourself that helps you feel more like yourself or helps you feel healthier and more grounded in your life?”

Massage, steam rooms, warm baths, acupuncture — “anything that brings people more awareness of the muscles in their body rather than the visceral will be more grounding and health-bringing for people who have pain,” she says.

Dikkema offers caution around pacing: people want to have control over their treatments and practices. “They want to be honoured as a person who knows what they’re talking about rather than somebody who needs to be pushed around into a protocol.”

Moreover, healing doesn’t always look like the symptoms are gone.

“Healing can often be about different coping skills or a reframe or a greater level of self-awareness and a lifestyle shift,” says Dikkema. “Allowing people to self-assess their healing with the support of a counsellor, but not primarily based on symptoms decreasing, can be really empowering for people.”

THE SOCIAL CONTEXT

For people with chronic conditions, suffering also comes from how they are
treated by others.

“It was always down to how compassionate and kind the people I worked with were,” says Desroches. “It really ranged. The thing about having chronic conditions, particularly the invisible ones, is that the medical profession is still really not up to speed. There are a lot of mysteries about it. We don’t really know why. We don’t always know the cause. We don’t know how to treat it very well. I would get plenty of doctors saying, ‘It’s all in your head’ or ‘Just tough it out, stop complaining, you could have it worse,’ things like that.”

On the other end of the continuum are the people who believe you.

“They validate what you’re going through, recognize how difficult life circumstances are, and then are kind and compassionate,” says Desroches. “That goes such a long way. That can make a really huge difference.”

That validation is foundational at Pain BC.

“One of the chief concerns for people who live with pain is invalidation,” says Maria Hudspith, executive director at Pain BC. “One of the most impactful interventions that can be made for a person living with pain is validation.”

Putting pain into a biopsychosocial frame, there is physiological phenomena with pain, she explains — the nervous system is agitated and that’s real. “And psychological distress, trauma, all of those things will exacerbate pain, so we know those things are true.”

And consider what is lost in daily life.

“On top of that, layer stigmatization, invalidation, and in the current opioid crisis, a real criminalization,” says Hudspith. “If you rely on opioids for pain management, even infrequently as part of managing a flare up, you are seen with the stigma of addiction.”

“We recognize that the social context in which chronic pain exists will create distress,” says Hudspith. “We need to mitigate that and understand and communicate that understanding of the social context in our interactions with people living with pain. Because not doing so just contributes to a feeling of, ‘This is all me. I’m crazy. I’m alone. Nobody gets me’ — a kind of personalization of social factors that really makes the pain experience so much worse than it needs to be.”

Counsellors are skilled at seeing the invisible.

“We’re already aware of things like depression and anxiety. We are aware that people can look a certain way and feel quite different,” says Desroches. “I don’t think it’s a far stretch to recognize that physical pain can be like that.”

While Desroches says her personal experience has deepened her understanding and empathy for clients, it isn’t a prerequisite for counsellors in this area.

“However, we are going to do a much better job if we inform ourselves,” she says.

We need to learn about pain — and also about resilience.

“Even though this is hard, it’s the resilience, it’s the working through it, it’s the overcoming the obstacle, that’s where you end up growing the most,” says Desroches. “There’s a Leonard Cohen quote, ‘In the broken places, the light shines through.’ I really believe that of clients. Now when I see them, I see that because I’ve been through it myself.”

Resources: For a list of resources for managing chronic pain, go to the BCACC blog at bc-counsellors.org.

PAIN BC

Pain BC is a Vancouver-based organization offering a variety of in-person, telephone, and virtual programs province-wide for people living with chronic pain, as well as education programs for health-care professionals and others.

Services include the Pain Support Line, which people living with pain can call for emotional support and to access connections to resources in their communities.

Coaching for Health pairs clients with volunteer coaches for telephone sessions to provide support around decision making, problem solving, goal setting, and action planning. Dorota Hedzelek, RCC and director of support services, says counsellors most often refer clients to Coaching for Health when counselling benefits run out to create a transitional plan with some consistent support.

“I would also encourage counsellors to use our program in a complementary way to their therapy,” says Hedzelek, noting that it would depend on the counselling modality. “Screening happens at the intake, and the reason for the referral is really to have a collaboration with a referring source.”

Counsellors who want to work together with their clients can access Live Plan Be, an online repository of evidenced-based, interactive resources.

Pain BC is soon launching a program of in-person, peer-led support groups.

Providing health professionals with an understanding of pain physiology is a key focus at Pain BC with the goal of transforming the way pain is understood and treated. Education programs range from online interdisciplinary initiatives to discipline-specific workshops. New initiatives include online training so health care professionals can begin in-person gentle movement programs in their own communities. Pain Foundations, a five-module, 10-hour online course, is another new program for health professionals.

“It’s suitable for any health care provider to get basic knowledge around lived experience of people with pain,” says Hedzelek. “Pain physiology, assessment, treatment, that whole package is at a foundational level, and the program is free for any registered health care professional in B.C.”

Find more information at www.painbc.ca.