

# Comfort Quest – Nursing Pain through a Positive Lens

by LISA EVERS, RN, BSN

This **CNE** activity is *free* for AHNA members

1.15 contact hours available for this article.

Go to [www.ahna.org/Shop/Beginnings-CNE](http://www.ahna.org/Shop/Beginnings-CNE)

to register and complete the post test for this activity.

The planners and faculty have declared no conflicts of interest related to this activity.

\*AHNA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Working in health care as an RN for 30 years, I would like to report that patients are getting healthier, however, that would be a lie! In spite of consuming multiple medications for a variety of ailments, patients continue to report severe, unrelieved pain. In August 2015, I became deeply concerned when the FDA approved OxyContin for children ages 11-17 to treat severe pain not relieved by other means. How can our children be feeling so much pain that they require opioids at a time when their brains are not fully developed? Won't this set the stage for even more addictions? At that moment, I felt called to see how we got to the point of potentially poisoning our children (and ourselves) because of pain. There must be a better answer!

What is this thing called "pain" anyway? After reviewing several definitions of pain, I found that the most popular one used among hospitals is: "Pain is what the person says it is and exists whenever he or she says it does." Dating back to 1968, this definition is credited to nursing pioneer Margo McCaffery. Another widely respected definition by the International Association for the Study of Pain states, "Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (Merskey & Bogduk, 1994). An important part of this second definition is the emotional experience of the pain; this appears to be the more difficult aspect of pain to treat.

It seems to me that medicine began trying decades ago to see pain as a holistic, sensory experience, yet has not quite known what to do with it since then. Like a child who is not being acknowledged, pain keeps trying to get our attention; yet we are simply "too busy" and just want to silence the annoyance, rather than simply "being with it." So, instead of getting to the physical-mental-spiritual-emotional root of the pain, we rely on a pill for temporary relief. We label it "10: worst pain ever," and then package it up in a child-safe bottle. One pill leads to another, and the cycle continues because we never stop long enough to address the real issues causing the pain/distress.

## Our Pain Dilemma

*"That which we resist, persists" – Carl Jung*

A quick review of the current statistics is very alarming. We have been resisting pain for the last two decades with stronger and stronger medication and only seem to be making it worse. Pain and opioid use is on the rise despite the increased focus on pain assessment and management, which was originally intended to help cure the under-treatment of pain in U.S. hospitals. According to the CDC (2016; 2017) and Gaskin and Richard (2012), this is where we are today:

→ There are 50-100 million chronic pain sufferers in the United States today.

- Prescription painkiller sales have quadrupled between 1999 and 2015.
- More than 183,000 people died in the United States from overdoses related to prescription opioids between 1999-2015. Since 1999, the number of deaths have quadrupled.
- Approximately 40-60 people die each day from prescription opioids.

In addition, people report that they are not achieving any better pain relief. Obviously, this approach is not healing our symptoms. Current data suggests that we have inadvertently created even more anxiety for people by putting too much energy and focus on resisting something that we fear (i.e. pain). Last year, the U.S. Food and Drug Administration reported that the number of patients who were prescribed both an opioid analgesic and benzodiazepine increased by 41 percent between 2002 and 2014; this translates to an increase of more than 2.5 million opioid analgesic patients receiving benzodiazepines (FDA, 2016). Patients are repeatedly asked about their pain level. This often triggers memories of painful struggles, and they become more anxious and fearful, thrown back into the vicious pain cycle, once again. The solutions that were supposed to help have failed us.

Since 1996, we have been faithfully recording pain levels as the "fifth vital sign" at the urging of then-president of the American Pain Society, Dr. James Campbell. Recording pain levels was supposed to help treat pain more effectively. Yet, as we are well aware, this has not helped (Harrison, 2016; Mularski et al., 2006). Vital signs are objective, whereas patients assigning their own pain levels are highly subjective. The scale commonly used today has zero as "no pain" (happy face) and 10 as "worst pain ever" (sad face). I believe this scale sets up a battleground within our body/mind, "I want to smile, but not be a zero – who wants to be a zero, ever, in life?" Generally, we equate higher numbers with success and achievement. These conflicting goals create a relentless struggle fighting against the "worst pain ever" – 10. Have we unwittingly been reinforcing a culture of fear and anxiety around pain?

## Shifting the Pain Mindset

*"Problems cannot be solved with the same mindset that created them." – Albert Einstein*

I feel that this constant focus on pain is harming us more than helping. From TV to social media and the internet, we are constantly being bombarded with pain-related advertisements and information; either for treatment of chronic pain, side effects of medication, or addiction issues. This is definitely a complicated issue, yet we need to change *something*. Pain has cost us dearly

*continued on page 20*

as a country both in lives lost and money spent. Pain cost the United States between \$560-635 billion dollars in 2010. As a comparison, heart disease impacted health care at an annual cost of only \$309 billion and cancer only \$243 billion (Gaskin & Richard, 2012). Obviously, this is a major fiscal and healthcare concern.

My intuition has suggested for years that we have been looking at pain backwards, and that we should start focusing on what we want, not what we don't want. In *The Biology of Belief*, Bruce Lipton (2005) explains a different option:

...if you choose to see a world full of love, your body will respond by growing in health. If you choose to believe that you live in a dark world full of fear, your body's health will be compromised as you physiologically close yourself down in a protection response. (p. 144).

This is exactly the shift in mindset that we so desperately need today. In a very patriarchal, fear-based manner, however, our medical system has been attempting to “fix” pain, most recently with excessive opioids. Do these pain messages want to be fixed or more importantly to be heard/ validated?

Our current inability to accept any “lacking” part of ourselves may indeed be at the root of our pain epidemic. If not expressed, these energies get pushed down. Research suggests that 80 percent of our pain is trapped emotion: “In these cases, instead of simply experiencing the emotion and then moving on, the energy of the emotion somehow becomes ‘trapped’ within the physical body” (Nelson, 2007, p. 5). These trapped emotions play havoc on the body and may manifest as depression, anxiety, pain, fatigue, and various illnesses.

Our bodies are trying desperately to communicate with us: like the child who is not being acknowledged, sometimes negative attention is better than no attention at all. Yet instead of being heard and felt, our bodies are being silenced with pills – initially Tylenol, aspirin, or NSAIDs; now prescription medication like opioids, antidepressants, and benzodiazepines. Sadly, all of these pharmaceuticals have serious side effects, one of which has been 183,000 deaths since 1999 from overdoses related to prescription opioids (CDC, 2016).

Although the FDA and the CDC are actively working to issue stricter guidelines for prescribers and build awareness

about the opioid crisis, very little is being done to uncover the root causes of our pain. To solve our pain dilemma, I propose that we start looking at things differently and begin empowering ourselves by using our innate capacities to heal. “The brain can be trained in any direction, for better or worse. Healing results when it is trained for the better.” (Chopra, 2015, p 320).

### Flipping the Pain Scale

*“The secret of change is to focus all of your energy, not on fighting the old, but on building the new.” —Socrates (from D. Millman's Way of the Peaceful Warrior)*

As an RN with three decades of experience, I am honestly tired of waiting for permission or some authority to make the changes. Let's do it now, building on fresh, new ideas! There is no “Recommended Daily Amount” of oxycodone missing in our bodies; what is missing, however, are the things that give us meaning and joy in our lives. I suggest that we start using our minds more effectively towards that end and healing our bodies. Let's employ *Quantum Healing* which Deepak Chopra (2015) defines as “the ability of one mode of consciousness (the mind) to spontaneously correct the mistakes in another mode of consciousness (the body)” (p. 300).

So, instead of seeing that sad, crying face as a 10 on the pain scale (place of fear), what if the scale is flipped and the goal of 10 is “comfort,” a happy, smiling face (place of love)? I've researched a variety of other rating scales (science, surveys, competencies, etc.), and have yet to find a scale where the highest number is what you do *not* want. It is time to harness all the energy that previously was fighting the pain, and instead focus our minds on feeling better, using an empowering vision.

In sharing this idea with many of my patients and colleagues over the last couple of years, their faces just light up. “It's brilliant,” they say, “I've never thought of it that way before.” Then, when they self-assess at less than 10 on this new scale, I ask them, “What do you think would make you feel better – something related to your body, mind, or spirit?” The typical reply is, “Wow, no one's asked me that before; thanks for listening to me.” They go on to explain what they've been feeling. Often, their comfort level improves, just by talking for a few moments.

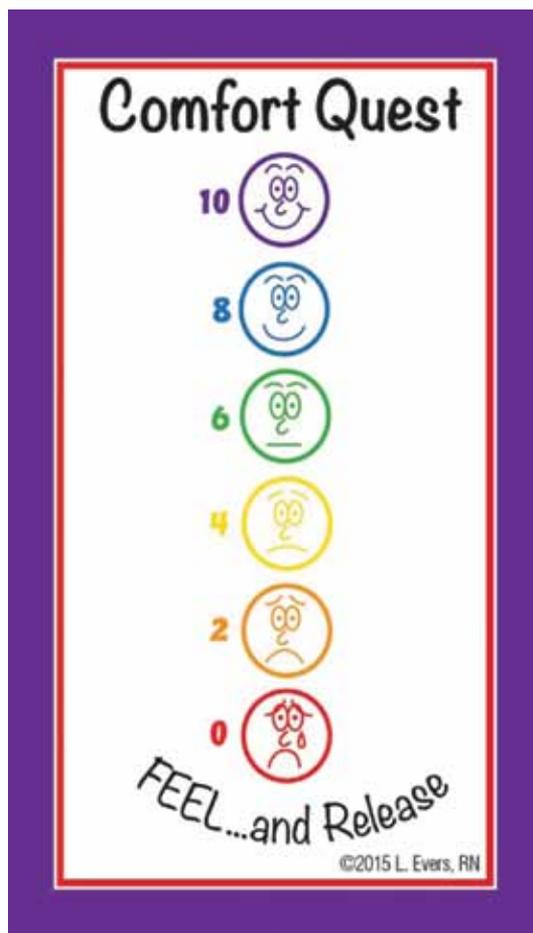


Figure 1. Exploring pain through a positive lens

# There is so much more to flourishing as human beings beyond simply **not** feeling pain.

In this simple act, we actually start harnessing the power of our brains/minds, and plant the seeds of comfort (instead of constantly fighting against pain). In *A Nation in Pain*, Foreman (2014) notes,

*Positive expectations have been linked to decreasing activity in pain-sensitive areas of the brain...and to increased activity in the prefrontal cortex – where cognition and judgment occur. This might explain why expecting less pain – anticipation of comfort – can act against pain before pain even hits.* (p. 98)

This positive anticipation has even been shown on fMRI studies from North Carolina and Italy repeatedly to alleviate the symptoms of pain (Foreman, 2014). Let's move in that direction, especially since science (quantum physics, neuroplasticity, and epigenetics) is validating what many scholars and healers have been suggesting.

Respected doctors, Bruce Lipton, PhD and Deepak Chopra, MD have been championing the message for years that our thoughts directly influence our physical bodies. We are not limited by our current condition or genes. Performing decades of cell biology research, Lipton (2005) admits to a "life-changing moment" in 1985 when he discovered that genes are merely the blueprints used in cellular construction: "It is a single cell's 'awareness' of the environment, not its genes, that sets into motion the mechanism of life" (p. 15).

In *Quantum Healing*, Chopra (2015) echoes, "The cell membrane of all 50 trillion cells in the body is a vast communication center that is responsive to every aspect of your life. Although the brain has traditionally been considered the seat of mind, there is intelligence in every cell, with an equal complexity and ability to respond to the environment" (p. 58). These scientific observations further confirm the importance of sending positive messages/vibes to our cells as we strive to create healthier bodies. We already know the impact that the negative focus creates.

Since our ultimate goal is comfort (which equates to a reduction of pain), I propose that we flip the current pain scale and visually start sending positive vibes to what we desire – "comfort:10" (smiling face) – let's call it "Comfort Quest" (see Figure 1). This will also open the door beyond pain into other body/mind, spirit causes for feeling less than optimal.

Dr. Chopra (2015) explains the incredible power of our thoughts, "If you want to see what your thoughts were like yesterday, look at your body today. If you want to see what your body will look like tomorrow, look at your thoughts and feelings today" (p. 58). Based upon where we are today, it is

clear that the negative, pain focus has not been helpful. We have a chance to start creating healthier, more comfortable bodies tomorrow by changing our perspective today.

Instead of remaining rooted in a dark place of fear (fighting pain), let's choose love and courage (embracing comfort) when we routinely monitor how we are feeling each day. It can be a long, complicated journey from illness to health, and support is critical. Flipping our current pain scale to focus on "Comfort Quest" is one example of using more positive signposts along the path. After all, there is so much more to flourishing as human beings beyond simply *not* feeling pain. Today, let's change our perspective, empower our body/mind, and embrace comfort to help us finally "FEEL... and release" our hidden blocks to vitality.

## REFERENCES

- CDC. (2016). Prescription opioid overdose data. Retrieved from <https://www.cdc.gov/drugoverdose/data/overdose.html>
- CDC. (2017). Opioid data analysis. Retrieved from <https://www.cdc.gov/drugoverdose/data/analysis.html>
- Chopra, D. (2015). *Quantum healing* (Rev. ed.). New York: Bantam Books.
- Foreman, J. (2014). *A nation in pain – Healing our biggest health problem*. New York, NY: Oxford University Press.
- Gaskin, D. & Richard, P. (2012). The economic costs of pain in the United States. *Journal of Pain*, 13, 715-24.
- Harrison, L. (2016). The opioid crisis: Anatomy of a doctor-driven epidemic. Retrieved from <http://www.medscape.com/viewarticle/861117>
- Lipton, B. (2005). *The biology of belief: Unleashing the power of consciousness, matter & miracles*. Santa Rosa, CA: Elite Books.
- McCaffery, M. (1968). *Nursing practice theories related to cognition, bodily pain, and man-environment interactions*. Los Angeles: UCLA Students Store.
- Merskey, H., & Bogduk, N. (Eds.). (1994). *Classification of chronic pain* (2<sup>nd</sup> ed.). Seattle, WA: IASP Press. Retrieved from [https://www.iasp-pain.org/files/Content/ContentFolders/Publications2/ClassificationofChronicPain/Part\\_III-PainTerms.pdf](https://www.iasp-pain.org/files/Content/ContentFolders/Publications2/ClassificationofChronicPain/Part_III-PainTerms.pdf)
- Mularski, R.A., White-Chu, F., Overbay, D., Miller, L., Asch, S.M., & Ganzini L. (2006). Measuring pain as the 5th vital sign does not improve quality of pain management. *Journal of General Internal Medicine*, 21, 607-612.
- Nelson, B. (2007). *The emotion code*. Mesquite, NV: Wellness Unmasked Publishing.

**Lisa Evers, RN, BSN** has enjoyed 30 years of nursing practice with a focus in Emergency Nursing and Addiction Medicine. In addition, she has proudly served 32 years in the military, retiring from the U.S. Coast Guard reserve in 2012. Lisa is currently working on her master's degree in Health Arts and Sciences at Goddard College, VT. She is excited to share this new project with our readers and begin to heal our pain crisis using an empowering, positive lens.





# AHNA Beginnings

*Beginnings* magazine is a benefit of AHNA membership.

We hope you have enjoyed this article from *Beginnings*. This article is provided for personal and educational use only. Any other use requires prior permission of the author and the American Holistic Nurses Association. For permission, contact [communications@ahna.org](mailto:communications@ahna.org).

## Why Join AHNA Today?

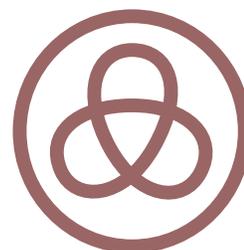
AHNA helps nurses transform healthcare while supporting each other. Nurture yourself and advance your profession with the support, resources, education, and community that only AHNA provides. Together we can build a more united voice.

By becoming a member of AHNA, you have access to resources that exist nowhere else — as well as to a supportive community of nurses who speak your language and know how you feel.

### Don't Burn Out – Discover Self-Care!

Other professions and professional organizations do not talk about caring and self-care as an integral part of their theoretical foundation. At AHNA, you'll find a supportive group of nurses who empower each other to be what we wish for our clients: healthy.

Join now at  
[www.ahna.org/Join](http://www.ahna.org/Join)



AMERICAN  
*Holistic  
Nurses*  
ASSOCIATION

(800) 278-2462 • [www.ahna.org](http://www.ahna.org) • [info@ahna.org](mailto:info@ahna.org)

