Introduction

These papers came about because I was not helping hurting people using the "medical model" approach to diagnosis and treatment. (The "medical model" views symptoms as resulting from a physical abnormality and requiring medical treatment.) This fact, in itself, was something of a shock to me. I had spent much of my life depending on the validity of the medical approach.

I am a board-certified rheumatologist and author of a number of articles in the medical literature. I didn't fully recognize it at the time, but there was something lacking in my patient care. Patients continued to stream into my office under bondage to pain and the desire for some relief. At the time, I was growing in my understanding of the sufficiency and superiority of God's truth to problems, including pain.

Therefore, I began to put down ideas and present them to patients for their critique. That process went on for some time until the present final product. At present, there are eight papers, which are entitled: (1) Pain is a Problem; (2) Arthritis and Rheumatism; (3) Treatment of Rheumatic Conditions: An Overview; (4) Does Your Attitude Help You Deal with Your Pain? (5) The Connection Between Depression, Stress, and Pain; (6) What is the Best Way to Produce a Changed Attitude and Thinking; (7) Is There Anything Superior to Positive Thinking for Pain Relief? (8) Is Pain Relief All There Is?

At the end of each paper are three questions I ask patients to answer: What have you learned? How did it help? What changes do you think you need to make? These answers serve to gather data, help me gain involvement with the patient, and offer solid information on which to begin good stewardship principles. Therefore, I am able to introduce biblical truth in order to help patients get victory in their pain.

Paper #1 – Pain is a Problem

People who come to this office often have one thing in common: a desire for relief from pain and bad feelings. Several different things may happen:

1. The source of the pain may be found and appropriate treatment begun. This may result in pain relief and restored function.
2. Sometimes the source of pain is found, but for whatever reasons, the pain can only be reduced. However, a return of some function does occur.
3. Sometimes, no discoverable source for the pain can be found in the body. The pain may be out of proportion to the degree of tissue injury.
4. Sometimes, only minimal relief can be achieved.

In all of these situations, pain and the desire to be rid of it are the problems that must be addressed.

To help bring about hope in your painful situation, certain facts about pain are good to know and remember:

First, the symptoms of pain and feeling bad may occur because something discoverable may be found wrong with the body. Tissue damage or injury that sends signals to the brain by nerve pathways is present.

However, the same symptoms may be produced by how you "use your body" in responding to life and situations that you face when no tissue injury or damage is found. The term "use your body" refers to how a person physically reacts as he uses his body in responding to his response (thoughts and attitudes) to his various life situations, including pain. The reaction is produced as a result of certain thoughts and attitudes you have in response to what is happening to you.

Second, symptoms of pain and feeling bad are part of life. People have been created with the ability to sense and feel. These senses can bring not only pleasure and joy but also pain. Pain is an attention getter. It is useful for protection and self-preservation as it alerts you to possible danger or injury.

So while pain-avoidance and nullifying pain may be desirous and even wise in some situations, they cannot be your primary goals. There are people who don't have intact pain systems (for instance, some diabetics with nerve damage). These people walk and move as if nothing was wrong with their bodies. They don't sense pain. Yet, damage may be done to the tissue because of continued use and weight-bearing.

Third, pain is perceived (i.e. felt). There are nerve sensors and receptors throughout various parts of the body that pick up a nerve signal. The signal is then transported to the brain where it is recognized, evaluated, and interpreted. If this doesn't happen, then you won't feel pain.

The body's nervous system is designed to inform you of unpleasant stimuli so as to encourage an appropriate response. However, because pain cannot be measured or quantified objectively (There is no such thing as a pain meter, pain gauge, or pain test), only you can know the extent of your pain.

Response to pain (which in part comes from how you think and feel about pain) can be observed, but pain itself cannot be proved or disproved. Therefore, pain can be very real to you apart from objective physical findings.

Fourth, pain perception is modifiable (changeable). Here are three examples. (1) Nerve blocks may stop a nerve from sending its impulse and message to the brain. (2) Pain pills probably work in the brain to change how you feel pain. (3) Focusing your attention on pain may intensify it.

Sadness, discouragement, or hopelessness can make pain worse, even intolerable. The opposite is also true.

Fifth, chronic pain often begets more pain. People in chronic pain situations can become frustrated as can their families and even their doctors. It is hard to accept the reality of an ongoing painful condition. It is possible to become hopeless and look at your life with a "things are no longer do-able" attitude rather than an attitude of doing "what is possible." Thinking this way, you may even find yourself depressed and functioning poorly.

The question then is: How are you going to respond to pain? As we work together, I want you to consider the above facts about pain. Pain should stimulate your thinking, and here are some questions to help:

1. Have I developed ways of responding to pain that may in fact aggravate my pain and make it more unpleasant for me and those around me?
   As an assignment, list those things that aggravate (make your pain worse) and those things that make it better.
2. Have I made pain relief my primary goal no matter the cost?
   As an assignment, ask yourself what happens when you don't get the pain relief you want?
3. Have I sought to be responsible with my time, my body, my thinking, and my money in response to pain?
   As an assignment, write out a typical day for you beginning with your wake-up time until you retire at night.
4. Have I excused my wrong behaviors or not taken right actions because of how I feel?
   As an assignment, ask your spouse or family members to help you answer this question.
5. Have I allowed some of life's problems and issues to go unresolved for reasons other than pain, resulting in extra stress and pressure which aggravate my pain and bad feelings?
   As an assignment, make a list of your responsibilities, prioritize them (put them in order of importance), and mark which ones you left undone and why.
6. Have I found that I desire the attention and help I receive as a result of my pain?
   As an assignment, write out what help you get as a result of having pain.
7. Have I lost hope in dealing with my pain?
   As an assignment, write out what is your hope and why achieving that hope is so important.

As a physician, I know medical science is limited. This includes the area of the diagnosing and treating of pain. Medicine cannot solve all problems, including the problem of pain. However, I also know that there is victory in your pain. As you and I work together, my desire is to bring this hope to you.

Please answer the following three questions on a separate sheet:

1. What have you learned?
2. How has it helped?
3. What changes do you think you need to make?

Paper #2 – Arthritis and Rheumatism

A patient comes to me with these complaints as she slowly climbs onto the examining table: "I am stiff for hours in the morning, hardly able to get out of bed," "I hurt all over," "I am having difficulty getting done what I need to get done." She has tender swollen joints and reduced mobility and function. She is quite discouraged. This thirty-five-year-old mother of three, previously in good health, has rheumatoid arthritis. Her pain and stiffness are new experiences for her. She asks with an irritated, anguished look: "What can be done? What if nothing can be done about it?" Pain and fatigue seem to be her constant companions. They may intertwine with emotional responses of fear, anxiety, discouragement, anger, and self pity. These emotional responses only aggravate the pain and close the loop: pain, resentment, more pain.

Another young woman comes to the office and reports that she has had pain "all over" for her entire life. She has never worked and reports that she cannot work because of her life-dominating pain. On physical examination, I discovered that her muscle strength is normal. The range of motion in her joints is also normal, without swelling or tenderness. Upon pressing and pushing along the spinal muscles of her back, she reports pain. These are so-called "trigger point" areas. As I listen to the story, I am struck by the fact that she marches to the drumbeat of her pain. She reports that pain is there when she awakens and is there when she retires at night. Nights are often unpleasant because her sleep is restless. As she describes it, tomorrow usually brings nothing different. According to the American College of Rheumatology criteria, she has fibromyalgia.

I am a physician specializing in rheumatology. I believe an understanding of the facts about arthritis and rheumatism is one step in the management of these conditions. In this paper I describe various rheumatic conditions under three headings: (1) Soft Tissue Rheumatism, (2) Arthritis, and (3) Connective Tissue Diseases.

1. Soft Tissue Rheumatism

Patients with soft tissue rheumatism (not in the joint but in the tissue around it) may have pain, apparently stemming from irritation (not inflammation or degeneration) in the structures around the joint. It is the most common type of rheumatic problem seen in a physician's office. Soft tissue of the musculoskeletal system includes muscle, ligament, tendon, and bursa. This contrasts with arthritis, which affects bone and joint. A very important point to remember is that no joint or bone is better than the muscle and tendon that moves and supports it. Pain receptors are located in deep muscle structures, including muscle-tendon junctions and tendon-bone junctions, and when stimulated, signals are sent to the spinal cord and then to the brain where they are interpreted as pain.

The pain distribution of soft tissue rheumatism may be localized or generalized. Most frequently, people experience localized symptoms in the form of tendinitis or bursitis (irritation or inflammation of the tendon or bursa). For example, a "tennis elbow" is localized soft tissue rheumatism. It results when a tendon or muscle tears or pulls away from the bone at the elbow. Almost all types of localized soft tissue rheumatism are the result of overuse, either in degree of activity or type of activity.

Symptoms of generalized soft tissue rheumatism usually fall into the category of what is called fibromyalgia (FM). Patients with FM report pain that they often describe as widespread: "I hurt all over." For the patient, the pain does not seem to come from any specific location. Upon examination by the physician, no physical abnormalities of joints, muscles, or nerves are found, but so-called "trigger points" can be located. These are areas of the body in discrete locations that

elicit complaints of pain by the patient when these areas are pushed upon by the examiner. Pressure on surrounding areas does not elicit the same complaints of pain. Trigger points are located at such sites as the base of the skull (suboccipital); above the shoulder blades (trapezius); in the lower back (sacroiliac); and on the side of the hips (trochanteric) which is often misinterpreted as the hip joint. Biopsy of these trigger point areas show no abnormalities and therefore no cause for the pain.

Although the symptoms of FM may occur with other rheumatic disorders, patients with FM alone do not have abnormalities demonstrated in the blood, on X-ray, or on physical examination (other than the trigger point areas). The patient may mention disturbed sleep and complain of fatigue. Patients often become frustrated and can list various aggravating factors for their pain. One common connection is between periods of stress and pain. This connection often leads to the misconception that stress causes pain and rheumatic problems. This topic is discussed in a later paper.

Medical research has proposed various causes for FM, but no conclusive evidence exists. Sleep abnormalities in the form of nonrestorative sleep have been found in some patients with FM, and sleep deprivation may induce fibromyalgia-like symptoms in normal individuals. The significance of these findings is yet to be decided.

Patients with FM are often described by themselves, by observers, or by psychological testing as having certain “psychological reactions.” What are these “psychological reactions”? These reactions come about as a person “uses his body” in reacting to things around him or coming at him. They are in fact responses to life and situations that occur in life, including a change in their bodily functions. The reactions include depression, anxiety, bodily concern, fear, pain-related emotional stress, anger, bitterness, resentment, and a sense of hopelessness.

These life responses have often been developed over time. Patients have developed a learned pattern of responding to various things in their life. I generally call these “I don’t like” situations. These may not be new situations and they may include their present bodily problems (pain). These may include any number of situations and factors associated with those situations. Such factors may include delayed diagnosis of their aches and pains, differing opinion among medical health care professionals regarding diagnosis and treatment, a history of ineffective treatment, lack of an overall effective treatment program, and a perceived change in function – having a body that does not do what the patient wants it to do in ways that he has previously enjoyed.

Medical treatment of FM includes a discussion of the diagnosis, treatment, and a natural history (what happens to patients) of patients with FM. One aspect of medical treatment includes conveying the fact that FM is not deforming, deteriorating, or degenerating.

Most patients diagnosed as having FM relate an ebb and flow of their symptoms, including pain. Patients generally base this on the amount of pain perceived. An exercise program is essential and is directed at reconditioning the overall musculoskeletal system. This may be done in the home, at the gym, or in a physical therapy setting. Anti-inflammatory medication may be used, but generally it is not effective. I generally use certain pain medicines, including a drug called Ultram, and muscle relaxants, either alone or in combination. Antidepressants have been reported to help in controlling pain.

There is a form of soft tissue rheumatism that occurs regularly in older people, especially in women. These women report pain in the back area, often from the low back area to the shoulder blades. Their physical examination shows a mal-alignment. They may or may not have osteoporosis (manifested by vertebral fractures) on X-ray. These patients usually respond to a muscle-strengthening exercise, concentrating on the shoulder blade area.

2. Arthritis

The second category to consider is arthritis. Arthritis contrasts with soft tissue rheumatism in that it involves the bones and joints. Arthritis can be divided into inflammatory and non-inflammatory types. The most common inflammatory type is rheumatoid arthritis (RA); the most common non-inflammatory type is osteoarthritis (OA). RA affects a thin layer of cells (called the synovium) lining the joint. Once inflamed (synovitis), signs of inflammation result including heat, warmth, and swelling, and symptoms may include tenderness and painful range of motion of the joint. The goal of treatment is to control the inflammation. This is best described to the patient as "stopping the fire from burning." This is successful more times than many people realize. In fact, a good number of patients with RA, especially if treated early, will respond to simple anti-inflammatory medications ranging from drugs such as aspirin to newer anti-inflammatory drugs. Sometimes, there is a need to add what is called remittive inducing drugs. RA can be adequately controlled in the great majority of patients.

Non-inflammatory arthritis or degenerative arthritis is another name for OA. The non-inflammation is a misnomer as there is low-grade inflammation. The target organ is the cartilage not the synovium as in RA. Degenerative changes are defined biochemically and include loss of important constituents of the cartilage. These constituents include glucosamine and chondroitin sulfate. They are responsible for meeting the biomechanical demands placed upon adult joint cartilage. These two agents are sold over the counter and are reported by patients to give relief

The natural history of OA is variable, and patients may describe no symptoms for many years. This is in spite of noting X-ray changes and bony abnormalities on physical exam. The rate of radiographic progression seems to vary not only from patient to patient but also in individual joints in any one patient. Symptoms do not always correlate with the X-ray picture. Thus, OA of the hands tends to be slowly progressive, while OA of the knee or the hip can go at a faster rate of progression. Pain is the major symptom that brings patients to the physician.

These are by no means the only types of arthritis, but they are the most well-known to physicians and patients. Other types of inflammatory arthritis include the crystallopathies and spondyloarthropathies. The crystallopathies include gout (uric acid crystals), calcium pyrophospate deposition disease (calcium pyrophosphate crystals), and basic calcium phosphate deposition disease. In each instance, a crystal precipitates out of solution in the joint space and causes inflammation to occur as the body tries to remove the crystal. Synovitis results. Thus, gout is more than just elevated uric acid.

The spondyloarthropathies include ankylosing spondylitis (AS), Reiter's Syndrome (RS), and psoriatic arthritis. All of these diseases can affect the sacroiliac joints so that patients may come to the physician with complaints of back pain. In addition, this arthritis is a synovitis that most often affects fewer joints than RA and the joints of the lower extremity are more commonly involved than the upper extremity joints. AS generally affects young men, but is recognized with increasing frequency in women. RS is probably the most common type of arthritis in young males. Patients with AS and RS have an inherited protein on the surface of their cells that makes them genetically predisposed to the disease. Exposure to an inciting, specific, bacterial agent is required to produce disease. For RS, that exposure is either through the gastrointestinal tract (gut) or through the genitourinary tract.

Another type of inflammatory disease that best fits into the arthritis category is polymyalgia rheumatica (PMR). This common condition is seen in men and women over 55 years old, who complain of pain predominately in the shoulder and pelvic girdle areas. In addition, they have an

elevated blood test called a sedimentation rate (sed rate). They may be mildly anemic. The disease is extremely sensitive to a short course of low-dose prednisone. The disease usually runs its course in one to three years.

3. Connective Tissue Diseases

A third category is connective tissue disease. Any of the connective tissue diseases may have arthritis as a manifestation of their disease, but they also form distinct clinical diseases in themselves. These diseases include:

1. systemic lupus erythematosus (SLE),
2. polymyositis (PM),
3. scleroderma,
4. mixed connective tissue disease (MCTD),
5. vasculitis.

These diseases share multiple organ involvement, chronicity, and acute flare-ups.

SLE is usually a disease affecting young women, but it also affects men. It can involve multiple organs: skin, joints, the lining of the lungs (pleura), the lung itself, the lining of the heart (pericardium), the kidney, and the central nervous system. Because of the generalized nature of this disease, the body may not work well. Patients may complain of not feeling well, including symptoms of fatigue, malaise, or total body weakness. Joint involvement is the second most common manifestation, often taking the form of frank arthritis. SLE can be difficult to diagnose. It was not until 1948 that a blood test for this disease was developed. Since that time, much has been learned about the natural history of SLE, and treatment has improved. Kidney failure and infection remain the most common causes of death; however, most people with SLE have a prolonged survival rate, and the disease tends to be milder than initially thought. Treatment includes education as SLE tends to wax and wane. Medications include steroids such as prednisone, plaquenil and drugs that suppress or modulate the immune system such as Imuran. (These drugs help control the symptoms and progress of the disease by reducing or changing the over-activity of the immune system). Prednisone may be needed early and used aggressively, then reduced as the disease is controlled.

PM is the most common inflammatory muscle disease in adults. It is not to be confused with muscular dystrophy, Lou Gehrig's disease, or multiple sclerosis. PM disease does not usually lead to paralysis, such as occurs with muscular dystrophy, but leads to weakness. The muscle is the prime organ involved, and symptoms may include the inability to go up and down stairs, get out of chairs, and reach up over one's head. Patients have abnormalities in their blood manifested by increased levels of muscle enzymes, an abnormal muscle biopsy, and abnormalities by electromyography (the EMG measures the electrical activity of muscle). Corticosteroids, such as prednisone, effectively treat and control PM, but may be associated with troublesome side effects.

Scleroderma (hard – *sclero*, skin – *dermis*) is due to swelling initially, followed by fibrosis or scar tissue due to collagen deposition. Patients may complain of swelling and puffiness and then later on they may complain of hardening and tightness of the skin most often of the hands and arms. While the skin is the major organ involved, scleroderma may involve internal organs such as the lung and the kidney. Involvement of the kidney may be devastating and lead to sudden and quick death. The disease is chronic, often lasting for decades. However, the skin tends to improve over time, even without treatment. The physician should be constantly vigilant regarding involvement of internal organs. Treatment includes education and medication for specific internal organ involvement.

The fourth type of connective tissue disease is called mixed connective tissue disease (MCTD), a syndrome that includes a mixture of symptoms similar to RA, SLE, PM, and scleroderma. Some physicians don't accept this as a disease. These physicians would tend to group these patients into either SLE or scleroderma. MCTD tends to be a milder disease. It responds better to low-dose cortisone. Therefore, there is less potential for side effects from the medication.

Vasculitis is inflammation of lining and middle of the wall of blood vessels. The body is full of blood vessels of varying sizes – large, medium, and small. Various signs and symptoms are produced, depending on which blood vessels are involved. Since small blood vessels occur in the skin, a small vessel vasculitis occurs in the skin. No universal cure is available, but early and correct diagnosis enables the use of various drugs, including corticosteroids, which may be quite effective.

Conclusions:

How does the foregoing information help? Generally, when approaching a patient with a rheumatic condition, it is fundamental that the physician provide the patient information about the condition, including its natural history. The typical anguished questions deserve the most accurate answers possible: "What will happen?" "How is it going to happen?" "When will it begin to happen?" "What can be done?" "What if nothing can be done about it?" This paper is a start. Other information answering these questions may be found in subsequent papers.

Please answer the following questions on a separate sheet of paper:

1. What have you learned?
2. How has it helped?
3. What changes do you think you need to make?

Paper #3 – Treatment of Rheumatic Conditions: An Overview

The treatment of the various rheumatic conditions and diseases involves ministering to both the mind and the body as this gives the best results in your war with pain. The goal in this war is getting victory in the midst of pain. I use the term "war" to emphasize the constant nature and everyday facing of the problem, both in your thinking and activities (or nonactivities). It is easy to allow your mind to drift into unhealthy lines of thinking. When that happens, you will use your body wrongly as you respond to various situations in life, including pain and having a body you don't like. This response determines how you act and handle the problem which, in turn, influences your symptoms.

Knowing the facts of the condition is an important place to start for developing proper treatment. Most patients come with faulty ideas regarding pain and their bodily problems. The interpretation of the facts comes from how you are already thinking about things and generates thoughts that influence that attitude.

Here are four areas of importance:

The first area of importance is thinking: stewardship (taking care of) of the mind. A disciplined mind, in part, means knowing the facts. The reality of the situation is what is real and not what you hope, want, fear, expect, or desire. Knowing the facts is important in getting victory every day. Without proper facts, wrong and false ideas are used to fill the mind, and acting wrongly on those ideas may result in worsening pain.

The truth of the matter is that everyone is a steward. The only question is: Which kind? Being a good steward of your mind shows up in any number of ways. Consider soft tissue rheumatism (as discussed elsewhere, rheumatism and arthritis are not the same). Rheumatism does not deform, deteriorate, or degenerate. When pain is present from any cause, it is easy to focus on the pain. That is bad stewardship. Rather, arming yourself with the fact that rheumatism neither deforms, deteriorates, nor degenerates can be helpful in avoiding fear, uncertainty, and worry, all of which can intensify pain.

Likewise, the truth is that there is a number of very effective drugs available for the treatment of rheumatic conditions and diseases such as RA. Remembering this truth gives hope and influences how you plan to address the problem.

Often, you will be tempted to focus on your changed way of life, wishing for the one you previously had and being resentful of the one you have now. You will be tempted to see this change as bad. This perspective is based on the way your body used to do certain things, but now can only do those things with pain. This type of perspective can lead to complicating responses such as anger, bitterness, and resentment, all of which will aggravate symptoms of pain.

Good stewardship of your mind may mean considering and recording aggravating factors. Ask yourself: When are the times that I feel the pain worst? After cataloging the circumstances, you will want to ask yourself what you think and want prior to and during those times. Ask yourself: What is my goal? What is my hope? What are my fears? If your hope and goal are to have a pain-free body, and that is your main focus, then ask yourself: What happens to the pain when I am thinking this way? Thinking this way can tie your muscles and body into knots, producing more pain. It is important to remember there is a difference between the problem and your response to the problem. I have a "Pain Journal" which will help you work on these issues.

Consider the reality of having a pain-free body. Is it possible to have a pain-free body now or in the years to come? The answer is "no" or "maybe no." So how do you respond to this reality? The desire to have a pain-free body and be rid of your bodily problems may become a driving, even controlling, force in your life. Consider the consequences. Often there is more pain, dissatisfaction with life in general, discouragement, and even bitterness, resentment, and anger. You may become discontented that you miss the joy of being a responsible person as a spouse, parent, worker, boss, grandparent, or friend. This can lead to a further hopelessness and a learned helplessness. Learned helplessness means that a person reduces or quits functioning because he believes that he is unable to do things and has no hope of being able to.

The second area of importance is the application of that thinking: stewardship of the body. You must discipline not only your mind and thinking, but also your body – that is, what and how you do things. Stewardship of the body logically follows stewardship of the mind. It is the application into your daily life of the facts that you learned about your physical problem, as well as the influence of your thinking on physical symptoms. This thinking includes your thoughts about your physical problems, problems in life, and a desire to be pain-free. Using your body to meet personal responsibilities or to respond to various situations in life is guided by your thinking. A pain-free body may not be a reality in your case. So how do you respond to meeting responsibilities with a body you would rather not have? Meeting responsibilities, whether with a pain-free body or not, brings satisfaction. Feelings are not as important as fulfilling responsibilities. You may have to change the way you do things to fulfill your responsibilities. This provides a way to use your body wisely and responsibly as you create ways to be responsible, in your situation, with the body you have.

Stewardship of the body also includes rehabilitation (training and exercising to maintain and build strength and endurance of the body). In particular, the muscle and soft tissue that move the bones and joints are very important. A body with a rheumatic condition or disease for any length of time is not the same body it used to be. It is not as efficient and effective in performing tasks. The same can be said of bodies that are getting older.

Realizing this fact should influence your doing (and not doing) and encourage you to become a scheduler. Not biting off more than you should, given the body that you have, is the wise way to approach your problem. One example is the comparison of a 1960 Ford and a 2002 Ford. If you take care of your old 1960 model, you can drive it, but it will never be a new 2002 model. Your spouse is a good one to give you input. He or she knows how you approach things and usually is willing to give you advice in this regard.

"Use it or lose it" can be a helpful way to think about this stewardship. Being a good steward of your body means keeping a proper balance between going and doing. Some people are guided and driven by feelings. One is the "roadrunner type": going, going, going because, "I feel good and need to get things done." The other is a "couch potato" approach to pain: not moving because, "I hurt." Neither approach properly considers the reality of the situation and generally leads to more problems than it solves.

Adding structure to your life includes not only scheduling of daily life activities and responsibilities, but also scheduling of proper exercise. Exercise is not just doing things and staying busy, but requires a regular program of stretching and maintaining flexibility. This develops endurance, improved function, and a more efficient body.

There are times that you experience pain when you do things and the question arises: "Do I keep on doing these things or not?" Each situation should be individualized. Contrary to popular opinion, pain is not always bad. It is similar to the light on the dashboard of your car or a smoke

detector. Pain tells you something has changed, but it does not say precisely what or how to evaluate it. You must do that, and your evaluation is determined by those things I have been discussing. Generally, patients with rheumatism should push to gain flexibility and endurance as it is beneficial and will result in a more efficient body. Patients with RA should change or stop the activity when inflammation is present and worsened by activity.

A word about the term "using your body." What does that mean? The term includes using the body for daily tasks such as house cleaning, going to work, and mowing the grass. However, it also includes how the body performs in response to problems outside of you. People usually refer to pressure outside of themselves as "stress." As a result of not handling these "stresses" correctly (biblically), changes are produced in the body that can be measured. In reality, what you produce in the body is determined by how you respond to pressure and the heat of life. You are not always responsible for the circumstances of your life, but you are responsible for your response to those circumstances. I will take this up in a later paper.

The third area of importance is non-drug treatment: an exercise program. This was mentioned under the discussion of stewardship of the body. The key is regular stretching and strengthening of the muscles. An improvement in the tissue around the joint means a more functional joint. This can be done at home or in more specialized places such as physical therapy centers or health centers.

The fourth area of importance is injection medications. This includes such things as trigger point injections. These are simple and may be useful. People can report symptomatic relief, sometimes for long periods. The injections are safe and can be done regularly (usually less than four times per year).

Joint injections are useful in the treatment of various types of arthritis. Medication (corticosteroids and a local anesthetic) is given into the joint to help movement, to lessen pain, and to diminish inflammation. Sometimes physical therapy can be used initially as a start in the right direction or as an adjunct to an overall treatment program.

A relatively new treatment for OA of the knee (and maybe other joints) is the so called "chicken or cock's comb" injections. This procedure (viscosupplementation) is designed to restore the internal environment of the joint. The material is very thick and the hope is for better joint lubrication and joint cushioning.

The fifth area of importance is oral medications. Most people want to begin here, but medication is only one weapon in the arsenal for the treatment of rheumatic conditions. Medications used are based on the type of problem and include pain medications, nonsteroidal anti-inflammatory drugs, and muscle relaxers. If the problem is soft tissue rheumatism, two medications are often used because two together can do the work of three drugs, while one doesn't do the job.

A number of medications are available for the treatment of arthritis, and their use depends on which type of arthritis you have. Often, it takes time before an effect of the medications is apparent, so the two *P's*, *patience* and *perseverance*, are important.

This brief overview is designed to help familiarize you with the treatment of rheumatic conditions and diseases. We will be happy to discuss particulars as they arise.

Please answer the following questions on a separate sheet of paper:

1. What have you learned?
2. How has it helped?
3. What changes do you think you need to make?

Paper #4 – Does Your Attitude Help You Deal with Your Pain?

Chronic diseases or conditions produce change in the lives of those who have them. This change can affect many areas of life such as fulfilling responsibilities at home and work and relationships with spouse and children. Most people with rheumatic conditions focus on how the disease affects what they can or cannot do and how much pain they will have with activity. However, the majority of people with rheumatic conditions like fibromyalgia (FM) and rheumatoid arthritis (RA) perform well in day to day activities and on the job. They do not become depressed, focus on pain and pain relief, or grumble and complain about their situation. What is the difference between them and those who do not respond well?

All pain is physical; the pain isn't "in your head." But what is in your head (that is, what and how you think) has a lot to do with the pain in your body. Only the person who has pain knows its presence and how bad it hurts. This is because pain is both personal and subjective. But it is known that the mind can affect the body's health; this means that how you think affects how you feel. What you do also affects how you feel, and it is easy to allow your feelings to control your actions. Further, what you think about pain and what you think is causing your pain influences your feelings.

In other words, what you think about the pain is important to how you feel and respond to pain and to the condition producing the pain. Depression may occur in patients with chronic rheumatic conditions, and like pain, is related to what you think you can and cannot do.

The disease itself does not produce the thinking of hopelessness that results in the depression. Just as your thinking and attitude influences how you respond and react to pain, so depression is related to how and what you think about your problem and the pain that may accompany it. Because depression depends on how you look at unpleasant situations, it also influences how you respond to your problem and feel the pain.

A person with RA may believe that his problem is different from that of all others who have or have had the disease. He may conclude that improvement is impossible, that the difficulty is uncontrollable, and that no effective solution exists. He sees his situation as bad and acts on that belief. What happens when a person thinks this way?

Based on his own experience or what he has heard from others, he may fear the worst and become anxious and discouraged. Pain then becomes a major complaint no matter whether the disease is medically controlled or not. It is often hard to control the pain in this situation, and the person may mistakenly think the pain is a sign of worsening disease. When a person becomes less active as a result of his view of the pain, researchers consider this a learned helplessness.

How you respond to your disease and pain is also affected by your confidence and belief that you yourself can act in a certain way to control your disease and lessen the pain. For example, you may be willing to pace yourself when you do daily chores and this produces confidence that you can do it. On the other hand, if you are unwilling or if it is uncomfortable to perform daily exercises to improve strength and range of motion, this could hinder hope and confidence. Persons with decreased hope and confidence generally complain of more pain than those people who are confident they can perform helpful activities.

Similarly, your thinking in regard to your hope, expectation, and belief that something can be done for you affects the intensity of the pain. When pain relief and a cure, rather than improved ability to be functional, are the driving goals and motivating forces behind your thinking, pain

intensity usually increases. I call this the *boomerang effect*: the more you want the pain to go, the harder it comes back on you.

Many avenues have been suggested and are prescribed for control of pain in an effort to give hope to patients such as you. You may be vulnerable to unproven remedies that are targeted for those who hope for a cure of their problem rather than improvement. An area that has been neglected in the past by research is the area of spirituality. It is interesting that today, research is showing that religious beliefs do influence pain perception. Pain does not simply exist (it is not neutral), but it is interpreted in a framework of how we think about many things including God and one's relationship to Him.

What does all this mean to you? Simply this: how you think about what you have including the disease, pain, yourself, family and friends, life in general, and doctors ministering to you has an impact on how you respond to pain. In addition, your relationship to God has an even greater impact on how you respond to pain. I am not talking about the power of positive thinking or even mind over matter. Our goal here in the office is to bring about the best possible care, addressing as many of these concerns along the way as we can.

Please answer the following questions on a separate sheet of paper:

1. What have you learned?
2. How has it helped?
3. What changes do you think you need to make?

Paper #5 – The Connection Between Depression, Stress, and Pain

Many people are concerned about how they feel and often wonder where these feelings come from. They think that if they know the source of these feelings, then something can be done to change them. They may also believe and hope that is it possible to have a body that is free, or almost free, of unpleasantness including pain. However, pain and feeling bad are part of life. Living life in our world demonstrates this is true. To live life wanting little or no unpleasantness is counterproductive because the pursuit of that goal usually results in greater pain. So what will help you when faced with feeling bad and suffering pain?

Keep in mind that both pain and bad feelings are symptoms. This means that they are subjective and cannot be measured by physicians. The only way I know that you have pain is by your telling me it is present.

Symptoms may occur because something is discovered that is wrong with the body. Some part of the body is damaged and not working right. To prove this requires tests by the physician. An abnormality may be identified by the doctor's physical examination, blood studies, or x-rays. These findings may explain why pain is present. However, medical science is limited in its ability to discover the cause of symptoms. Try as we might, doctors are just not able to find the cause of every symptom. Part of this is because of the limitations of medical science. Another big part is because symptoms may occur when there is nothing that can be found wrong with the body. There is nothing perfect in life, including your body. Some pains occur when no disease or damage can be found.

The symptoms of feeling bad and pain may also be produced by the way you use your body in responding to various situations in life. The symptoms are actually present but nothing shows up in the medical workup. The doctor cannot find anything in the body that accounts for the pain. This does not mean the symptoms are "in your head" or imaginary. They are very real but there is nothing found wrong with your body. These symptoms are produced as a result of your thinking and attitude about situations in life, including your present situation. For example, you may have a headache as a response to pressure at work. You tense (or tighten) your muscles in the head and neck, and this produces symptoms. At other times, even though you are not at work, you may have the same pain. This time it is from the unpleasant pressure at work constantly nagging at your thoughts. This same pain also may occur without tense muscles.

An important factor to keep in mind as you think about and evaluate such situations is the connection between your feelings and your thinking. Emotions such as sadness, happiness, worry, fear, grief, blueness, and discouragement are part of life. They occur as a result of your thinking and evaluation of various situations in the past and present.

It is important to look at what happens when you have pain and focus on the discomfort and restrictions of your activity. There are connections in your brain between the pain center (where the pain signals are received) and your attitude center (frontal lobes where you think and evaluate things, including pain). This helps explain why what you think affects how you feel. Thus, if you think a lot about pain (which is easy to do if it is present all the time) and focus on how unpleasant and miserable you are, this only increases the severity of the pain. Many people limit their activity because it hurts to be active. They even say that they can't do more. When I ask them if they are paralyzed, they say "no, but it feels like it." Focusing on and resenting these limitations also aggravates the pain.

In summary, in this life you can't escape pain, but how you respond to it greatly influences its intensity. In a similar manner, the pain center is connected not only to the attitude center but also to the emotional or feeling center (limbic system). This helps explain why what you feel affects your response to feeling pain. If you are upset for any reason, such as when pain hinders your ability to do what you want to do, this may also aggravate the pain.

It is also helpful to look at what happens to your thinking when there is no known relief for your pain and no known cure for the condition causing your pain. As you think about this situation and reflect on it, all you can see in the future is pain, more pain, loss of ability to do what you would like to do because of the pain, and no potential relief. You may conclude that things seem hopeless. When you add the other problems of life that everyone experiences to problems that result from having pain and difficulty functioning, it is easy to become even more hopeless. The end result of all this is depression, which only aggravates the pain. Making any effort to deal with the condition seems useless. Depression is produced when people who live in unpleasant situations with no known prospect of relief focus on the unpleasantness and hopelessness of their situations and cease to assume their responsibilities. So depression is really the result of how one handles many difficult aspects of life. It is a description of the person who allows the hopeless feeling to determine how he is going to function. Depression is giving up. The person has made a judgment based on his hopes, expectations, fears, and wants. Since these are not met to his satisfaction, he concludes that his situation is hopeless.

All of this can be true, especially if you have a condition or disease such as one of the rheumatic conditions. Your outlook may be one in which you may never experience the relief you want in spite of treatment. You may worry and even become resentful because you are not doing the things you used to do in the way you want to do them. You may resent or worry about (even fear) such things as there being no permanent cure, what will happen to you and your family, and the cost of your medical treatment. When you look at these matters without good answers, it is easy to become discouraged. Continuing this focus makes it easy to give in to the feeling of hopelessness; this is depression. But becoming discouraged to the point of depression may also make you more uncomfortable. This adds to the perceived hopelessness of the situation and encourages the cycle of pain, discouragement, hopelessness, depression, and more pain.

A difficulty facing you is that medical people may tell you that depression is the result of something wrong in the body. However, the diagnosis of depression rests on observing behavior of the person and listening to his description of how he feels. There is no test to prove that there is something wrong with the body. Physicians may call it a "chemical imbalance," but that is mere theory not demonstrable fact. And even if physicians did find a chemical imbalance, there is no proof that the chemical imbalance caused you to think or act a certain way. Since depression cannot be measured like your blood pressure or blood sugar or weight, there is no proof that a chemical imbalance exists or caused the feelings of depression. It may seem logical that there is a chemical imbalance, but that conclusion is not good science or even helpful.

Now a word about stress. What is it? The term can be tricky. Medical science explains it by that which happens in the body in response to various threats or perceived threats to the body. This idea is more in keeping with a physiological stress response. On the other hand, psychological thinking speaks of that which is outside of you that causes you to feel a certain way.

When patients visit my office, I ask them about the aggravating factors to pain. They speak of "being under stress" and that what is going on outside of them forces them to react in the way they do. They feel a certain way because of pressures around them. This is simply the thinking of

today's culture. This thinking centers on the person as a victim at the beck and call of things outside of him.

Is it true that pain causes a person to think and feel a certain way? Now, while it is true that responses to pain and bodily problems can be associated with changes in the body (such as an increased breathing rate and heart rate), it doesn't follow that pain causes a person to feel and think a certain way. Rather, it is proper to talk about pressure as that which one faces in life and his response to that pressure. Pressures are part of living in the fallen world we do. Try as you like, you can't avoid pressure.

So the key is how to respond to pressure. Simply put: your thinking and attitude influence and are influenced by your wants and desires rather than outside pressure. If you respond wrongly to the pressure, changes are produced in the body that can be measured. In reality, the bodily changes are produced by how you respond to pressure and the heat of life. You may be unable to change pressures, but you can control how you respond to it.

In terms of your disease or condition, you may not be able to do much to make your body change. Yet, there is much you can do to help deal with your response to these tough situations. What hope is available for you in the reality of your situation? As your physician, I will work with you and use the best tools available according to good medical science to offer as much relief as possible. I will explain to you as much as we know about your problems and answer your questions to the best of my ability. The area you control is your response to your bodily problems, to other unpleasant parts of your life and to their effect on your symptoms. Most people think that medications and the physician's recommendations provide ninety percent of the relief and the patient provides only ten percent. However, the opposite, more often than not, is true. You can reduce your pain and disability by following the instructions that deal directly with your body. But right thinking and right attitudes also are important. There are many ways to have great victory in such difficult situations and I will be happy to discuss those with you if you desire.

Please answer the following questions on a separate sheet of paper:

1. What have you learned?
2. How has it helped?
3. What changes do you think you need to make?

Paper #6 – What is the Best Way to Produce a Changed Attitude and Thinking?

If thinking, attitudes, beliefs, and ideas can affect how you perceive and feel pain, then it is reasonable to ask: What is the best thinking that I should have and how do I get it? In other words, how do you go about thinking correctly?

Your goal (what you want and expect) and your hope in achieving that goal are part of your thinking and are important. When relief and cure are your goals, then consider the consequences to and in your body. Driven by the dislike for pain and the desire to have it gone, you concentrate on becoming pain-free. This may not be achievable. What happens? Pain usually gets worse. The body is tensed and tightened as you strive to achieve freedom from pain. You soon realize that it is not possible to be pain-free, and you consider the situation as hopeless. This usually produces more pain. You are in bondage not so much to pain but to your desire to have it gone (or at least "better") and be disease-free and pain-free. You want back your former body, a return to your former lifestyle, and return to the function you knew. In other words, you want out of the situation. What holds your mind, molds your desires and actions.

On the other hand, if your goal is to be functional and responsible whether or not pain and bad feelings are present, then there will be a change in your situation. Why? Your perspective and view of your situation have changed. So even if bad feelings and pain do not leave, you can draw satisfaction from the fact that you can be personally responsible regardless of your level of function or the presence or absence of pain and bad feelings. Being personally responsible brings satisfaction in and of itself. This produces hope, and with hope comes endurance. This way of evaluating your situation reduces your demand to perform without pain and in fact will result in less pain.

Ask yourself: How will getting what I want and desire, help me? What are the reasons that getting that desire is so important to me? After answering those two questions, ask yourself: Is it possible to have a pain-free life in a pain-free body? If you give a "yes" answer, then your focus of thinking, desiring, and searching will be absolute pain relief or something close to it. This may or may not be attainable.

If on the other hand, the answer is "no," then a downward spiral of hopeless thinking and feeling will occur if pain relief is your major goal in life. So if it is not possible to have a pain-free body in this life, then what happens when pain increases and you are tempted to think and act upon the thought, "I am unable to function as I want and used to function?" Generally, patients tell me that the net result is more pain.

If you have been tracking with me, you will find yourself at this point saying, "I have certain desires and wants and I have pain. So how do I reconcile the reality of my situation with my thinking and wants and hopes?"

As you answer these questions, consider these helps.

First, a right relationship with the Creator of your body is essential in bringing together your desires and the reality of your situation.

Second, your body functions best when it is doing what it was created and designed by the Creator to do. While the desire to be without pain (as much as possible) may be proper, the fact remains and the question to be answered is: What happens when I don't get what I want? Drawing satisfaction from being responsible for what you can do in the midst of pain is satisfaction itself.

Therefore, as reflecting on that fact lessens pain, so pleasing and praising God in the middle of pain does the same and is satisfaction itself.

So ask yourself: Am I satisfied to please my God with or without pain, or am I more interested in reducing pain? In addition, ask yourself: Why do I think it is easier for me to please God when I have less pain?

Third, if you have accepted Jesus Christ as your personal Savior and Lord, then you are in a position to ask yourself: Did God make a mistake in allowing my situation? Do I believe that my God makes mistakes? The God of the Bible does not. But do you recognize that He is in the problem and at work for you? The Bible teaches that God is in the problem, up to something, and that something is good. God in His Word defines that good: *becoming more like Christ*. His glory is His people (believers) daily changing and growing into the likeness of Jesus Christ. If this is what the Bible teaches (and it does), then do you draw strength and comfort from this fact? If not, why not? And if you do, how do you do it and what have been the results?

Further, ask yourself: Do I have a relationship with Jesus? If so, what is the purpose of my relationship with Jesus? And how has that relationship helped me deal with pain daily?

As a believer, you have resources that are not available to those who do not know Jesus. It is these resources that help get victory in the midst of pain. I will be happy to discuss this with you if you have further concerns or questions.

Please answer the following questions on a separate sheet of paper:

1. What have you learned?
2. How has it helped?
3. What changes do you think you need to make?

Paper #7 – Is There Anything Superior to Positive Thinking for Pain Relief?

Every person believes something. He interprets his beliefs so that what he thinks is expressed by what he does and even feels. Contrary to what you might think or at times hear, everyone thinks. That is the way God made us; we are thinking beings who are trying to make sense out of our own life experiences and even life itself.

This is true when experiencing pain. Changing your thinking by changing the focus of that thinking can result in less pain. People call this the "power of positive thinking." In addition, the "think I can approach" to problems and situations (like the little engine that thought it could) can bring relief of pain to some people. Most patients who come into the office have some idea of this phenomenon.

Medical science also knows this and has begun to speak about it. In fact, pain experts have said that an attitude change is the most important weapon in defeating pain. Learning how to cope with life and the problems of life are included in this "mind renewal." If this is true, then we must take the connection between thinking and feeling seriously. In doing so, you should ask: What should be the focus of my thinking in the midst of pain: relief or victory? Since your thinking is invested in that which you value, think important, or want, a second question follows: What should I value, think important, or want?

Medical science has recommended an approach to pain management using pain-management techniques. Medical science acknowledges the effect of what is called "negative emotions" on pain. Personal experience and writings in the medical literature point out that pain is more strongly associated, and often worsens, with negative emotions such as anger, fear, anxiety, sadness, shame, guilt, and disgust.

Therefore, pain management includes avoiding those emotions by changing one's thinking and developing different attitudes to life and responses to one's situation. All of these pain-managing techniques, in one way or another, use thinking to bring about pain relief. This approach, called cognitive behavioral therapy (CBT), is championed in pain clinics and by self-help groups (such as arthritis support groups).

This approach teaches individuals new ways of thinking and expectations in order to decrease or remove pain. The pain experience is de-emphasized as the person focuses away from those factors that influence pain perception. The goal is pain relief and that goal is relentlessly pursued. How does this play out in daily life?

First, while you can't forget pain, you can make choices. What choices? You can make choices that affect your thinking which influences the control of pain and your pain experience.

Second, these choices place a person at the crossroad of choosing "pain-provoking thoughts." In other words, what you think about is important. Like what? Any thinking that fails to recognize the following ideas is said to aggravate pain: that we live in an imperfect world, that certain things are beyond our control, that there is nothing we can do about it, and that we are not entitled to anything. According to proponents of CBT, a real key to pain control is the acceptance of these ideas.

Third, the person is taught breathing exercises; relaxation techniques; guided mental imagery such as daydreams, pleasant scenes, and situations; and distractions (he thinks about something else). Various authors also include prayer and self talk such as: "I think I can, I know I can."

Different studies report varying success rates with this type of approach to pain control. If pain relief is your goal, then you may find it to some degree. What is involved? Basically, it is said that an

inner healing begins and ends with self. Often the stages are described as: listening to instructions, then to yourself; becoming calm and relaxed and obtaining relief along the way; becoming more comfortable; and being healed.

How should one evaluate these approaches? One way to do so is by asking: Is there a price to pay for this approach? Does it produce the desired result? Please note what is at the center of these techniques. It is the person himself. And the goal is pain relief. Seeking pain relief in itself may be an expression of taking care of the body. I would call that good stewardship. The body has been entrusted to you and you will give an account to God of how well you take care of it.

However, seeking pain relief, no matter the cost and for the sole purpose of having it, elevates the person to center stage. This type of seeking pain relief is bad stewardship of the body. A self-centered approach always comes with a price tag. When selfish "me-ism" is pursued, and even rewarded, what are the results? I will give just three.

First, consider the pursuit itself. Does it really get you what you want? To answer that question consider how much pain relief is enough? And when does your pursuit cease? Many patients that I see are in constant pursuit, and that pursuit never ends. They become tired, fatigued, frustrated, and often times, hopeless. Futility and bondage to the pursuit of pain relief are often the results.

Second, consider the result. Not only is futility the result but the pursuit is often counterproductive: pain actually worsens. When you want something so badly, your focus becomes intense and even telescoped. That may be very good when you have a job or task to do. It helps you complete that task. However, focusing too much on something may only aggravate the pain. This is called the boomerang effect.

Third, consider family and friends. They might be thinking: How can it be that life should center on one person? This usually results in relationships that are not edifying and building up. Tensions often result.

Assuming this price tag is too great for you, the next question to ask is: Is there a superior answer to the "power of positive thinking" and if so, what is it and how do I find it? A place to start is by defining victory. Victory in our case is the opposite of futility and hopelessness. As we have seen, seeking pain relief by whatever method (including positive thinking), does not equal victory. And yet there is a way that victory can come no matter how you feel or your circumstances. So, victory must not be measured by relief. Relief can't be guaranteed, and seeking it when it is unattainable only leads to further complications.

How then is victory defined? To answer that question requires you to choose a standard. This takes us back to our first question: What should be the focus of my thinking in the midst of pain: relief or victory? So what is your standard? Tell me your standard and I can tell you how you define victory. One of your problems may be your standard. Have you asked: Does the Bible have anything to offer me? If you haven't asked, perhaps now is a good time. And if you have asked, what did you find? Does the Bible have a solution to your dilemma: pain is a problem? And is it a superior one to your present solution?

Assuming that God's word is your standard, then we come to our second question: What should I value, think important, or want? What God says in His Word is what believers should value, think important, and invest their time in. So what does God say is victory? Simply this: satisfaction and contentment, even joy, that comes from responding to the lack of pain relief in a way that develops more of the character of Christ. This point is of such importance, I will say it several ways.

First, when you experience daily discomfort and unpleasantness and use it to become like Christ, that is victory. Why? It is because what is humanly impossible is attainable through God's grace.

Second, victory is seeing and accepting God's goodness in the situation because of the situation. Why? It is because nothing occurs outside of God's control. And yet that control and the power to bring about all things is wielded by a good, wise, loving Father Who brings all things to pass for His glory and the good of the believer.

Third, victory is responding to the illness, not as a burden but as a blessing, and even an asset to your personal growth and ministry. Why? It is because ministry is what love is all about. God ministered to His people. Love is defined by the Bible (John 3:16) and is giving, to meet a need, no matter the cost, and with the right motive.

Why would God say this is the way to define victory? One reason is that the three characteristics above are the way Jesus Christ defined victory. He did this by living His life pleasing His Father. And He pleased His Father because He was united to Him. Further, God placed His people in Christ; they are in relationship to Him. And God is in the business of making His people more like His Son.

Therefore, Christlikeness means that you are not being controlled by the unpleasantness, discomfort, circumstances, pain, or your desire to have them changed. Rather, you are using what you do not like to grow and change. That is radical thinking, resulting in a radical victory. This radical victory requires something that you don't have unless you are a believer: God's grace which is His gift to you.

Consider another important fact: responding to pain as God puts forth in His Word will take less of your time, attention, and energy because a victorious believer can always become like Christ. Life is thus simplified.

So how do you define victory? Are you willing to settle for the "power of positive thinking?" Or are you willing to take a look at what God has for you in His Word? Pain relief may or may not come. What will come is a satisfaction and contentment in this life that transcends all human understanding. I will be happy to look into God's Word with you.

Please answer the following questions on a separate sheet of paper:

1. What did you learn?
2. How did it help?
3. What changes do you think you need to make?

Paper #8 – Is Pain Relief All There Is?

"I can't function because of pain," "I don't have time for this," "I just want this to go away so I can get on with my life," "I have so many things to do but can't get them done," "Stress makes my pain worse," "Pain makes me nervous and depressed," "I am a good tolerator of pain and doing the best I can," "I don't want to depend on medications," "If this much pain is present now, what is going to happen in the future?" These are just a few samples of the comments by patients who are on the trail of pain relief. After hearing these questions day after day, I ask myself: "Is this all there is to life?" So I have asked patients the same thing. They tell me they are doing the best they can. I believe them. But how about the "what if?" What if they can't get pain relief? And more to the point: Is there anything better?

In the middle of pain, all too often the desire for pain relief is all-consuming. This happens when your desire for pain relief is an end it itself. Then the desire is not part of an overall program to take care of your body. As a result, the pain manages you. Think of your mornings. Many a patient has told me that the course of his day is set by the presence or absence of pain in the morning. If he has no pain, he sets off on daily activities wondering when pain will come. If there is pain, he makes plans to deal with it, handle it, cope, or just get by. A cycle has been produced that dominates and controls his day. Am I describing you? What is the result of all this?

First, there is the constant awareness and wonder: How much pain relief and for how long? There may be minutes, hours, or even days of little or no pain. However, when the wonder sets in, this only heightens concentration on pain and pain reoccurs or gets worse as a result. Often, in return, this creates the desire for more pain relief. The result is exactly the opposite of what the person is trying to accomplish and pain returns or worsens. Focus on pain generates pain. In this way, pain begets more pain. I call this the boomerang effect.

Second, since medications are being used, there are always questions: Will they work? For how long? When? When will I need another pain pill? What will be the result? There may be side effects from the taking of the medications themselves, anywhere from the pocket book (cost) to adverse effects on the body. There may be a dislike, even disdain, of taking medications, especially for something that you don't like and do not want. All of this only heightens the awareness of pain as the person concentrates on the pain and the pursuit of eliminating it. This lifestyle is futile and in the end unsuccessful, even counterproductive.

Third, what about others around you? The desire for pain relief may color every aspect of your life. Thus, people will be seen through the eyes of pain as a help (helping relieve pain) or hindrance (getting in your way) in getting you pain relief. The pain is used to produce desired changes in those around you and your environment – such as receiving help, attention, sympathy, and encouragement. Relationships are affected and they are often strained. In effect, you will be using people to get pain relief or keep pain from getting any worse.

Fourth: visiting MD after MD is a common occurrence. "Just one more MD who may tell me what I want and need to hear and give me some hope of finally getting pain relief." This desire for pain relief holds you in its grips, holds you in bondage and enslaves you. It is as if it can not be satisfied. A little bit of pain relief is never enough.

The picture is not a pretty one. Do you sense the endlessness, hopelessness, and futility of the pursuit for relief, promising much but providing little? The net result that I hear from patient after patient is one of futility, frustration, and discouragement. Those who desire pain relief (apart from a desire to take care of the only body God gave them) and set out to gain this pain relief don't usu-

ally find it. Patients believe and even convince themselves that a little relief is better than none and live their lives as if all that matters is just a pinch of pain relief. This is bondage.

Is there anything better? Is it even possible, let alone better, to live life not controlled by pain or the pursuit of pain relief? Everything within you and much around you says that pain relief, even though not permanent and only short-lived, is what you should seek. Why is that? Because basically you are convinced that you would feel better and could accomplish more if you hurt less. Thus, it seems reasonable to pursue pain relief.

However, as we have mentioned in the earlier paragraphs, that approach is futile and counter-productive in the end because it simply is unsuccessful. It does not work. The result of the desire to have pain relief and the pursuit of that desire is a cycle of want, demand, need, expectation, disappointment, and more pain. This cycle only aggravates the situation.

With an emphasis on pain relief, your thinking will be colored by a self-pleasing desire. The end result will often be a pursuit that leads to further bondage. So where do you go? Where do you turn? There is hope! What you need is something to help you determine what is best for you. What you need is something outside of yourself that will give reliable direction, guidance, and counsel.

So what is better than pain relief? Is there anything that is like a breath of cool, fresh air in the midst of a hot, humid summer day? Is there anything that offers hope and help in the thick of things? Is there something or someone who provides answers for a life that seems complex and unanswerable?

If you had a machine that did not work right, you would get out the owner's manual. You would do so because the manual was written by the one who manufactured the piece of equipment. For the problems we have been discussing here, we need to go to the One Who created us. Not only did He create us, He has given us an owner's manual: the Bible, the Word of the Living God. In it, we find something superior to pain relief!

What in the Bible is better and superior to pain relief? Simply put, it teaches you to be satisfied and contented with life even when pain relief is not possible. Where does this satisfaction and contentment come from? It comes from pleasing God with a body that does not always work as you would like. It comes from responding to and even using the lack of pain relief to develop more of the character of Christ. It comes from using the unpleasantness and daily discomforts of life to become more like Christ. It comes from seeing and accepting God's goodness in the situation – because God is in the situation. And not only does satisfaction and contentment, even joy, come from each of these, but also it is pleasing God when humanly impossible, and it is using the lack of pain relief and unpleasantness of life to become more like Christ.

"How is this better than pain relief?" you may ask. Good question. The answer takes us back to the beginning. That is a good place to start. What beginning? To the beginning of creation. That is where the Bible starts; so must we. The issue of all of life is summarized in this question: "What is man's chief end in this life?" That is to say, What was man made for? The answer is: "To know God and enjoy Him forever." We were made by Him and for Him. For any person to fulfill his chief end in life, he must do what he has been designed by God to do. What is that? It is to please God. When you please God, you are similar to a train on the track rather than in the water trying to be a boat. It is similar to an airplane in the sky rather than the plane trying to be a car. Not only is it a delightful and satisfying thing for you to live life the way God, the Creator, designed you; it is the only way for you to live a satisfying, delightful life.

How is living life as you were designed to live by the Creator better than pain relief? The most obvious reason is this: the only way a person can live his life in conformity to God's design for

him – which is as a God-pleaser – is if he is in Christ. And if you are in Christ, then you are in a positive, satisfying relationship to God: He is your Father and you are His child. When you are living to please God, God is delighted and you are delighted. You will seek to delight God your Father as you would an earthly parent. This brings joy, satisfaction, and contentment despite pain and bodily problems. Believers can live to please God and thereby delight Him. It is life-sustaining to do so.

Furthermore, life is simplified and goals and direction are clear. Just think: having pleasing God as your goal narrows your choices in terms of what you think and do. The above mindset will then affect how you handle situations that are difficult and downright unpleasant. Still further, your hopelessness is replaced by hope. This hope is not some "hope so" hope but a confident expectation that since God is present with you, your God-given joy cannot be taken from you, no matter what the circumstances or hard times.

Consider Psalm 37:23 and 24: "If the Lord delights in a man's way, He makes his steps firm; though he stumble he will not fall, for the Lord upholds him by His right hand." Though there are the daily ups and downs of life, God's hand is steady. Circumstances may change but God does not. Since God does not change, your joy and delight, and other gifts from God, will not. Because God is steady, so are you. You are not tossed about and held in bondage by a desire and pursuit of pain relief which may never be attainable. Rather, you will be locked into a desire to please God, which is always possible and attainable no matter what the circumstances or the condition of your body may be.

Consider Psalm 1:1 through 3:

> Pleased is the man who does not walk in the counsel of the wicked or stand in the way of sinners or sit in the seat of mockers; But his delight is in the law of the Lord, and on his law he mediates day and night. He is like a tree planted by streams of living water which yields its fruit in season and whose leaf does not wither. Whatever he does prospers.

There you have it: God clearly points out that a worthwhile life comes about when you live a life set on pleasing Him. That is what you were designed to do.

"How is living a life that is pleasing to God possible?" you ask. It is possible one way only – through a personal close intimate relationship with Jesus Christ as your Lord and Savior. How is it possible to please God when it hurts, when your body is not what you want it to be, and when circumstances are hard and there is misery all about? The Bible tells us. Let's look at what it has to say.

First, begin with Jesus. His relationship to the Father had significance. How did Jesus live His life? Jesus came to do His Father's will, to please His Father, and to complete the work He was sent to do (John 4:31–34). Pleasing God motivated Jesus to leave heaven and live as one of us (yet without sin). Pleasing God was His rule of life. His pursuit of that goal kept Him on track, and His life was simplified and clear cut. However, that does not mean circumstances were to His liking or that life was easy. Rather, His focus was on His desire to please His Father.

Jesus had a satisfaction (even joy) about life because His focus was on pleasing God. Jesus wanted to do His Father's will in place of His own (John 5:19–20, 30). That is what drove, motivated, encouraged, and consumed Him. Therefore, He left heaven; was born of a woman in a dirty, stinky stable; was born under the law; and came to His own, who did not receive Him. Rather, He was rejected and mistreated by the leaders, was misunderstood by His family, and was deserted by His disciples. Even after His resurrection, His own people did not believe His prediction that He would arise from the grave. Yet, clearly, we see Jesus as the Giver of abundant life (John 10:11).

Believers are beckoned to keep their eyes fixed on Him who is the Author and Perfecter of their faith (Hebrews 12:1–3). Doing so will always result in endurance enabling you to bear up under the hard times.

And yet there was a purpose in what He did: there was a good God to glorify and a place to which to return. Christ is now seated in the heavens at God's right hand, with all things in subjection to Him (Ephesians 1:19–23). Christ is highly exalted by God, who gave to Him a new name to which every knee is to bow and every tongue confess that Jesus is Lord (Philippians 2:9–11).

Second, God has begun a work in believers and expects a return on that work. He has changed hearts, desires, and thoughts so that believers are now able to redefine life with all its problems. That redefinition is from getting what I want to doing what God wants. Life is not spelled "relief" but "opportunity:" an opportunity to please God in thought and deed. This God is the One Who made you, me, and the universe and sent His Son to die a bloody, painful death in the place of guilty sinners, bearing the penalty rightly deserved for their sin.

Therefore, you can rejoice ("consider it pure joy") in various kinds of trials (they will come). How is that? In trials, your faith will be tested, that is refined and proven genuine (James 1:2–4). And when these trials are handled God's way, endurance is the result, and the full of effect of endurance is a completing of what is lacking in every believer: a more mature faith.

However, let's be clear: James does not say it is because of the pain that the believer is to rejoice but in the effects that enduring it will bring. Pain and hard times *per se* don't bring about change. It is not pain that is enjoyable but the effects of pain rightly handled. Therefore, it is "easier" for you to recognize and appreciate "I don't like" situations as gifts from God to strengthen and complete your faith by developing endurance than it is for you to be a groaner and complainer.

The Bible tells us that endurance is required if men are to please God (Romans 2:7). There is an active sense of the word "endurance:" a steady persistence in well-doing, as well as a passive sense: bearing up under trials and difficulties. There is a tenacity associated with biblical endurance. Endurance is a characteristic of hope (Romans 5:1–5), so that without it there is no hope and without hope there is no endurance (1 Thessalonians 1:3). There is a triad – hope, endurance, and obedience – and each hangs on the other. This triad is essential to growing and changing for long-term obedience.

Third, pleasing God is responding to lack of pain relief in a way that develops more of the character of Christ (Romans 8:28–29). And pleasing God must be the believer's motivation in responding to all bodily problems, including pain. When you experience daily discomfort and unpleasantness and use it to become more like Christ, that endurance brings forth a maturing of your faith (James 1:2–4).

Elsewhere, Paul speaks of believers actually boasting and being proud of what God in Christ has done for them, what He will do for them now, and what He will do in future glory. Paul expects the believer to be excited about troubles because with Paul, he knows what handling suffering and trouble God's way will produce. Rightly handled, it will produce endurance and hope, both of which produce joy (Romans 5:1–5). Hope and endurance mean a believer is a winner, undefeated by circumstances. They mean that the believer's God-given joy can never be taken away because of circumstances. Rather, the believer uses those situations as God intended: developing Christlike qualities and becoming more like Christ. This is the best thing for the believer this side of heaven.

Biblical hope does much more. Hope produces:

1. Patience and endurance (Romans 8:24–25; 2 Corinthians 4:16; 1 Thessalonians 1:3),

2. Confidence and boldness (2 Corinthians 3:12; Philippians 1:20),
3. Greater faith, love, and knowledge of the truth (Colossians 1:4–5; Titus 1:2),
4. Energy and enthusiasm with the ability to labor and work (1 Timothy 4:10),
5. Stability: hope is a safe and secure anchor (Hebrews 6:19) and
6. A more intimate and close relationship with God (Hebrews 7:19).

The Bible goes on to say that this hope must be renewed daily. Paul puts it this way in 2 Corinthians 4:16: "Therefore we do not lose heart, though outwardly we are wasting away, yet inwardly we are being renewed day by day." Only as Paul experienced and witnessed inner man renewal each day did he have true hope.

Peter expresses this same idea using the metaphor of fruit-bearing (2 Peter 1:3–9). Peter urged believers who were wrongly treated by Rome to make every effort to grow in the grace and knowledge of their Lord Jesus Christ (2 Peter 3:18). This concept is grounded in the promises of God Who never lies, Who is faithful, and Who will never leave or forsake you. This God, Peter tells his readers, has given them everything they need to live life in a God-pleasing manner (2 Peter 1:3–4).

Fourth, the Bible calls believers not just "believers" or even "overcomers" and "victors" but something more. In Romans 8:35 through 37, Paul speaks of believers as "*more* than conquerors" or more than victors. Only believers can be such. The reason is because of a personal relationship with a personal sovereign God Who causes all things to work together for good. Paul spells out that "good:" it is to be made into the image of Christ, to be like Jesus Christ (Romans 8:28–29). Then Paul refers to the love of Christ that Christ demonstrates to and for His people (Romans 8:35). This love is foundational and the reason why we can be "*more* than a conqueror."

Here's how it works. First, in verse 35, Paul asks the question: "Who can separate us from the love of Christ?" He then lists any and all things that life can throw at you – and then some. This is a very impressive list and includes "affliction (troubles in general), distress, persecution, famine, nakedness, danger, and sword." There is nothing more to add. In verse 36 Paul, quoting from Psalm 44:22, says that these things lead us around as if we are sheep to be slaughtered. It is as if Paul is speaking of bondage and enslavement, of believers as putty in the hands of "things" and circumstances. In verse 37 Paul makes clear what he is saying: "No! In all these things (not *out* of them!) we are more than conquerors" or more than overcomers through the One who loved us. Christ is the Overcomer *par excellence*. Because He is, we can be. Believers are more than conquerors because getting by, through, or out of troubles was not Christ's goal nor should it be yours. Rather, seeing hard times and situations as God sees them, and using them as God intended (to become like Christ; Romans 8:28–29) is the Bible's definition of one who is more than a conqueror.

People do respond to the things of which Paul speaks. Here are some phrases I hear when people come to the office with pain and pain relief on their minds: "I am trying to cope" (coper); "I try to tolerate it" (tolerator); "I am trying and doing the best I can" (try-er and best-can-doer); "I will just accept it" (acceptor); "I am getting by" (get-by-er); "I am trying to survive" (would-be survivor); "all I want is to be as normal as possible and feel better" (normal-as-possible-er).

In the face of all these things, Paul asks (Romans 8:35–37): Are we to be just copers, tolerators, try-ers, best-doers, acceptors, get-by-ers, survivors or normal-as-possible-ers? "No," says Paul. Get this now: in all these things (not out of or from all these things so that they are gone but in them) we are "more than conquerors." Get the picture: victory is because of the believer's status as more than a conqueror. Now, that status does not change because of changing circumstances even those we don't like. Rather, the circumstances expose and demonstrate this status. For the

believer who is more than a conqueror, victory is not spelled "relief." It is not spelled "coping, tolerating, trying, doing the best, accepting, getting by, surviving, or getting as normal as possible." It is not even being a "conqueror."

Rather, victory is being and acting as more than a conqueror. How can Paul say these things? Because Christ was the ultimate more than conqueror. And through His infinite love, which they can not lose, He came into this world and established a personal relationship with His people. Since all things work together to make believers like Jesus (Romans 8:28–29), believers are more than conquerors when they are seeking to please God, using hard times as God's instruments to do so! This is what Jesus did at and on the cross. That is victory. Praise God!

Fifth, there is yet another way to describe this way of thinking and living. The victorious believer sees and accepts God's goodness in every situation. Based on the promises of God, he knows and acts upon the biblical truth that God is in the situation and He is up to something. He knows God's activity is purposeful. And he knows that purpose is good for him now. The good and God's purpose are one and the same: to become more like Christ.

Victory is also responding to the illness, not as a burden but as a blessing and an asset to your personal growth and ministry. Paul discusses this in Philippians 1:12 through 18. He was in a Roman prison, yet he did not consider himself a Roman prisoner but a prisoner of the Lord. And his imprisonment was to advance the gospel.

Peter discusses this under the testing and approving of your personal faith (1 Peter 1:6–8). Like gold, faith (more valuable and precious than gold), must be proven genuine in order for it to be found to the praise, glory, and honor of Jesus Christ. Trials are God's way of testing faith. In verse 6, Peter exhorts his people that they should be glad about this even if now they may have to be sad because of many kinds of trials. The gladness comes not because of the trials but because believers are aware of God's purposes in bringing hard times: to test their faith. But Peter, knowing the purpose behind this approving process, goes on to say that their faith will be found to praise, glorify, and honor Jesus Christ. Peter says that believers should rejoice over what trials and hard times may do for them.

When you think about life this way, you are not being controlled by the unpleasantness, discomfort, circumstances, pain, or your desire to have all or some of them gone. Rather, you are using what you do not like to grow and change. That is victory because that provides something only God gives – His grace, which is His gift to you.

In fact, God's way takes less of your time, attention, and energy because as a believer you can always become like Christ and thus have victory. Jesus Himself matured in suffering (Hebrews 5:8). He learned obedience (to please God not Himself, which was the very purpose He was sent to this earth). So obedience is something that can be and is learned. What was it that taught Jesus? He learned from what He suffered (Hebrews 2:10; 5:8). The word "suffering" speaks of things coming at Jesus. It speaks of what He experienced. So in the same way that Jesus was placed in situations and identified with the struggle to please self or to please God when things were unpleasant, all believers are called to think and act as Jesus. That was God's original design for them. Jesus was able to please His Father because He knew His Father (He had a personal relationship with Him), that His Father was good with good purposes, and that pleasing God had benefits for Himself and others for this present life and for the life to come.

So what will the life of a person who has pain look like when he is living to please God? Consider the responses mentioned in the opening paragraph and a restatement according to the biblical principles that we have been discussing:

First, “I can’t function because of pain.” Now the person says, “Maybe I can’t function as I would like, but I can please God by being responsible and using the body I have to please Him. Having what I want is not the most important thing in life. So I will make a list of what I need to do and do them no matter how I feel” (2 Corinthians 5:9).

Second, “I don’t have time for this, “I just want this to go away so I can get on with my life.” Now the person says, “Getting what I want is not Christlikeness and will not give me satisfaction. Christ’s attitude as He faced the cross was not ’My will’ but His Father’s will to be done. Therefore, trusting Him to help me use this situation to change and grow, I am focusing on serving my spouse and children even when I hurt. That brings honor to Him and is a blessing to me” (Matthew 26:39, 42; Mark 14:36; Luke 22:42).

Third, “I have so many things to do but can’t get them done.” Now the person says, “God has me right where He wants me, and I will use this opportunity to grow and change by doing the best I can, relying on God’s grace to do it. I need to schedule my time and ask for help in doing certain things” (Romans 8:28–29; 2 Corinthians 9:8).

Fourth, “Stress makes my pain worse.” Now the person says, “It really isn’t the stress or the situation but how I am thinking and responding to the situation. I need to rethink how I am responding and replace it with one of the fruit of the Spirit” (1 Corinthians 15:57; 2 Corinthians 10:5).

Fifth, “Pain makes me nervous and depressed.” Now the person says, “Pain does not make me do anything so what is in my thinking that I need to change? It’s probably my focus on getting pain relief and not on using the pain for my benefit and God’s glory. I am developing my think list to help me think and act as a victor” (2 Corinthians 10:5; Philippians 4:8).

Sixth, “I am a good tolerator of pain and doing the best I can.” Now the person says, “Why would I settle for tolerating pain when God has something better for me? I need to think His thoughts and minister to others. What can I do for my neighbor?” (Romans 8:35–37; Isaiah 55:8–9).

Seventh, “I don’t want to depend on medications.” Now the person says, “God has been gracious to provide for me – and others – enabling me to take care of my body. Medications may be a way for me to do that. I will be thankful, take the medicine, and get busy” (Ephesians 5:20; 1 Thessalonians 5:18).

Eighth, “If this much pain is present now, what is going to happen in the future?” Now the person says, “Only God knows the answer, and I know that God will not exceed my ability to think and act in a God-honoring way and that His grace is available in abundance. So what do I need to do now?” (1 Corinthians 10:13; Philippians 4:13; 2 Corinthians 9:8; 12:7–10).

Relief is not always available but living a satisfying and delightful life is, regardless of your circumstances because God is faithful. He has promised in His Word that He is the God of circumstances and has set out His plan for believers: to use all situations for His honor and glory by growing and changing into the character of Christ. His Son was the only person in Whom the Father was well pleased (Matthew 3:17; 17:5). The Father is transforming every believer into Christ’s likeness, and He intends to do that *by* and *in* your situation. Let me encourage you to acknowledge this and act upon His faithfulness. I will be happy to discuss this further with you.

Please answer the following questions on a separate sheet of paper:

1. What have you learned?
2. How has it helped?
3. What changes do you think you need to make?