



A Biblical Approach For Physician and Patients To The Problem of Pain

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Note To Reader:

This is a collection of papers that I formally just called “The Pain Papers” for more detailed info see: Pain the Plight of Fallen Man, Being Christian in your medical practice

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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:

- We may find the source of pain and begin appropriate treatment. These efforts may result in relief of pain and restored function.
- We may find the source of pain, but for whatever reasons the person's pain can be only reduced. However, a return of some function does occur.
- At other times, only minimal relief can be achieved.
- Sometimes, no discoverable source for the pain is found in the body. The pain may be out of proportion to the degree of tissue injury.

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 are good for you to know and remember.

Symptoms Not Signs

First, bad feelings including pain are symptoms, not signs. Pain is a self-reported symptom that is subjective; it is known because you report it to the doctor. Symptoms include such complaints as pain, fatigue, feverishness, and headache. In contrast, a sign is objective and therefore it is verifiable and measurable such as a fever. Using a thermometer you determined that there is an elevation of the temperature. This objectivity contrasts to the sensation and complaint of feverishness.

When symptoms and signs are present, it means that something is wrong *with* or *in* the body. The two are not the same thing. By the phrase *with the body* I mean that tissue damage, such as disease or injury is present. Because of damage or irritation, pain signals are sent to the brain through nerves and the spinal cord. This is the case in such states as cancer, rheumatoid arthritis, and osteoarthritis to name only a few. The diagnosis of these conditions rests on finding tissue damage and change that is detected by the

physical examination, laboratory abnormalities, and/or radiographic imaging that characterize a specific disease.

On the other hand, I used the phrase *in the body* to mean that nothing is intrinsically wrong with the body itself. Rather, person may be simply responding the way God designed it. Consider the person with a rapid heart rate. This sign may be the result of a fever, low blood count, (anemia), or an overactive thyroid (hyperthyroidism). In each case mentioned, something is wrong *with the body*. But even here, there is a difference. The person with a rapid heart rate from fever and anemia usually has a normal heart that is functioning as it should due to the changes in the body. The person will raise his heart rate to compensate for changes such as fever and anemia. God designed it that way. The person who has an overactive thyroid has disease as well. He has too much thyroid which drives the heart rate. In these situations symptoms and signs must be interpreted in light of the whole person. In each case there is something wrong *with the body* but even that needs to be examined and explained. In contrast, consider the person with a rapid heart but normal blood work. He may be upset, fearful, or worried all of which may be associated with a rapid heart rate. In his case, the problem is not *with the body*, but *in the body* and is due to the person's response to something or someone. Often the person associates the rapid heart rate with "stress" or pressure. I will discuss these concepts in other papers.

Sometimes symptoms such as pain and fatigue may be reported by a person, but no obvious tissue damage is found. Often when no tissue injury or damage is found, patients want to know "why" they hurt or feel bad. Try as he and the doctor might, no tissue damage is discovered. What are some of the reasons for this? There are at least these three explanations for a *negative* workup. They include:

- The body is not flawless, irrespective of its age. Bodies deteriorate this side of heaven in various ways and in various forms.
- There will always be more symptoms than causes found.
- Doctors and medical technology are limited.

- Some symptoms occur as a result one's use of his body in responding to life situations. This flows from the biblical principle that man is a whole person (inner and outer man) and the physical and the spiritual are united and linked.

How one uses his or her body refers to how a person reacts as he or she responds to various situations in life, including pain and fatigue. The reaction is produced as a result of certain thoughts, attitudes, and wants that he has about what he has – his situation and condition - and what he does not have and wants (a body that doesn't hurt and functions well). In response to what is happening to him, his thoughts, expectations, and hopes take center stage and affect how he feels.

Part of Life

Second, as I mentioned above, symptoms of pain and feeling bad are part of life in our fallen world with a fallen body. People have been created with the ability to sense (hear, see, smell, and taste) and feel. These senses can bring pleasure and joy but also pain. Remember that before the fall (Adam and Eve's sin) there was no pain. In fact, it is only after the fall that the word translated as *pain* appears in Scripture. Thus, pain was never God's original design for mankind. Given those facts, we can say that the body's nervous system does inform you – your whole person - of unpleasant stimuli that almost always demands a response. Our thoughts and desires influence and encourage an appropriate or inappropriate response. Pain, as any other feeling, is an attention getter. It can be useful for protection and self-preservation as it alerts you to possible danger or injury. Especially for the believer but for all patients, pain should motivate him to evaluate himself in regards stewardship. Stewardship includes the use and misuse of his body in what he does and doesn't do and in his thinking and desires.

While pain avoidance and nullifying pain may be desirous and even wise in some situations, it can't be your primary goal. Certain diseases damage the pain system (for instance, diabetes, vitamin B 12 deficiency, leprosy, and syphilis). People with these condition may walk and move but don't necessarily sense pain. Yet, damage may be done to the tissue because of continued use and weight bearing. Pain signals would help the person protect his joints. The damage that occurs in the joint in these situations is often called a Charcot joint. Pain sensation and a proper response to it, would have preserved the joint.

Pain Perception

Third, pain is perceived, i.e., felt. Nerve sensors and receptors throughout various parts of the body pick up pain signals. The signals are then transported to the brain where they are recognized, evaluated, and interpreted. If this doesn't happen, pain will not be felt. It follows that pain is not *in your head*, but what a person thinks and wants affects how he feels pain and responds to his condition.

There is no such thing as a pain meter, pain gauge, or pain test. Since pain can't be measured or quantified objectively, only you can know and convey the presence or absence of pain and its extent. Therefore, pain can be very real to you apart from objective physical findings. Your response to pain (which in part is influenced by what you want, by how you think, and by how you feel about pain as well as yourself, people, and God) can be observed; but pain itself can't be proved or disproved. That is one reason why it is important to evaluate the whole person – thoughts, desires and actions in the body and in the heart or mind. Truly, pain perception is a whole-person activity.

Pain Perception Is Modifiable

Fourth, pain perception is modifiable, i.e., changeable. Here are three examples. First, nerve blocks may stop a nerve from sending its impulse and message to the brain. Second, pain pills probably work in the brain and or spinal cord to change how you feel pain. Third, focusing one's attention on pain may intensify it. Sadness, discouragement, or hopelessness can make pain worse; even intolerable. The opposite is also true. So-called cognitive behavioral therapy, Yoga, and medication focus on changing thoughts in order to get relief. These observations point to God's design of man as a whole person.

More Pain

Fifth, chronic pain often begets more pain. People who have had pain for a long time can become frustrated (actually angry) as can their families and even their doctors. Often patients say it is hard to accept the reality of an ongoing painful condition. It is possible to become hopeless and look at life with a *things are no longer doable* attitude (this is often called *learned helplessness*) rather than an attitude of *doing what is possible for a greater good*. Thinking this way, you may even find yourself feeling down,

discouraged and functioning poorly which leads to more unpleasantness. The circle widens and deepens as the person drowns in a tsunami of feelings.

Therefore, the question is this: 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 ask yourself.

PLEASE ANSWER THESE ON A SEPARATE SHEET OF PAPER:

1. Have you 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, in two separate columns, list those things that aggravate pain (make it worse) and those things that make it better.

2. Have you made pain relief my primary goal no matter the cost? As an assignment, list what happens when you don't get the pain relief you want.

3. Have you sought to be responsible with my time, my body, my thinking, and my money in response to pain? As an assignment, summarize a typical day for you beginning with your wake up time until you retire at night. Record your thinking, wanting, and doing.

4. Have you excused 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 you 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 have left undone and why.

6. Have you 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 you lost hope in addressing your situation and dealing with pain? As an assignment, write out what is your hope and why achieving that hope is so important. Write out your approach to gaining your goal and the results of your approach.

8. Please write out what you have learned, how it has helped, and what change you think you need to make as a result?

As a physician, I know medical science is limited. This includes the area of diagnosing and treating pain problems. Medicine and medications can't 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.

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 and I can hardly 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 with reduced mobility and function. She is quite discouraged. This thirty-five year old mother of three, previously in good health, has Rheumatoid Arthritis (RA). Pain and stiffness is a new experience for her. She asks with an anguished, fearful, and even irritated look: "What can be done? What if nothing can be done about it?" Pain and fatigue seem to be constant companions. They may intertwine with responses of fear, worry, discouragement, anger, and even self-pity. These so-called "emotional" responses only aggravate the pain and close the loop: pain - resentment - more pain.

Another patient 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 can't work because of her life-dominating pain. On physical examination, I discover that her muscle strength is normal. The range of motion in her joints is also normal, and there is no joint swelling or tenderness. There are no "alignment" problems such as a "crooked" spine or "curved back." 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. She functions as if "tomorrow usually brings nothing different." According to the American College of Rheumatology criteria, she has Fibromyalgia (FM - the criteria for a diagnosis of FM has been change and expanded. Trigger points are not required for the diagnosis. .

I am a physician specializing in rheumatology. I believe an understanding of the facts about arthritis and rheumatism is one step in the proper 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.

SOFT TISSUE RHEUMATISM

Patients with soft tissue rheumatism (STR) may present with complaints of pain with or without complaints of fatigue, apparently stemming from irritation (not inflammation or degeneration) in the structures around the joint. By the term “soft tissue,” I mean that the problem is not “in” the joint and bone, but in the supporting tissue surrounding the bone and joint. STR is the most common type of rheumatic problem seen in a physician's office.

The soft tissue of the musculoskeletal system includes muscle, ligament, tendon, and bursa. A nice way to understand STR is to contrast it with arthritis, which affects the harder bone and joint and is the result of degeneration or inflammation. A scheme to help you visualize STR and arthritis is this: a nerve stimulates the muscle to contract. The contracted muscle, which is connected by a tendon to the bone and joint, moves the bone and joint. All of the members of this five-part train (nerve, muscle, tendon, bone, and joint) must be intact for proper function. When one member is involved, so, too, are the others in varying degree. A very important point to remember is that the function of a joint or a bone is dependent on 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. When stimulated, signals are sent to the spinal cord and then to the brain where they are interpreted as pain.

I divide STR into three categories:

- Localized: This is often called tendonitis or bursitis, and includes such terms as tennis elbow or heel spurs.
- Regional: The most common type of STR is a regional variety that is called Myofascial Pain Syndrome (MPS).
- Generalized: This is often called FM.

Many people who complain of pain experience localized symptoms of STR in the form of tendonitis or bursitis (irritation or inflammation of the tendon or bursa). Sometimes localized STR develops for no apparent reason. At other times, there has been overuse or even trauma. The overuse may be either in degree or type of activity. Patients complain of pain in localized areas of the body, usually when a tendon or muscle is irritated or even torn at the bone-tendon junction.

Symptoms of regional STR (MPS) are the most common form of STR. These people are often called FM. Features of MPS include soft tissue-related irritation, no joint or bone involvement, a predominant distribution of pain complaints that is along the spine, and the presence of tender and trigger areas as stated by the patient. Patient who have been diagnosed with FM often report similar symptoms.

The term “myo” indicates muscle, and the term fascia indicates the supporting soft tissue that joins muscle to bone and muscle to muscle. This form of STR occurs regularly in both younger and older women. These women report pain in the spine including back area: the low back and the shoulder blade or scapular area. The tendency is for the patient to think the pain is coming from bone, joint, or disc and call it "arthritis." Medical personnel often attribute symptoms to "arthritis."

Physical examination should be done. Unfortunately now the criteria for the diagnosis of FM are relaxed. You don't need to do a physical examination in order to label the patient as having FM. I often find definite abnormalities on physical exam including muscular scoliosis, “mal-alignment” of the spine including pelvic and scapular tilts (one side of the scapulae or pelvis or scapula is higher than the other when viewed from behind the person) and tight hamstrings (on passive rising of the legs). Several tender spots/points are often reported by the patient. These tend to be limited in number and in discrete areas of the body. The joints are normal unless there is associated arthritis.

The key consequence of this form of STR is a mechanical inefficiency. More energy is expended in getting things done including simply moving about. Therefore, fatigue is a common

complaint. Older women may or may not have osteoporosis (manifested by vertebral fractures) on X-ray. When they do, the doctor and patient have two problems: bone and STR.

Generalized STR (my term) usually falls into the category of what is called FM. I will spend a good bit of time describing FM because it is too often misunderstood. MPS is limited to specific areas of the body. It is similar to what is called FM and complaints of widespread or regionally localized pain is often lumped together and called FM. Experts disagree on the significance of differences between MPS and FM.

By definition, patients with FM describe widespread pain: "I hurt all over." For the patient, 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 are described. These are discrete areas of the body 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 typically located at such sites as the base of the skull (suboccipital); above the shoulder blades (trapezius); the lower back (sacroiliac); and on the side of the hips which is often misinterpreted as the hip joint (trochanter). A tissue biopsy of these trigger point areas shows no pathological abnormalities. Therefore, no cause for the pain has been found in the muscle themselves. These tender areas are also described by the patient in localized STR and MPS.

In 1990, the American College of Rheumatology (ACR) published a set of criteria by which a diagnosis of FM was made. These have been criticized. The College was trying to simplify and make things easier for patient and doctor alike. Moreover, as noted above, recently, the "criteria" for the diagnosis of FM has changed so that the diagnosis is made simply on a patient's history of hurting (complaints of widespread pain) for three months or longer. A physical examination is not required. Many doctors do question the validity of both approaches to the diagnosis of FM. There are no objective findings on physical examination. These features raise the issue of whether the patient's problem is "in the body" or "with the body" (see other

paper in the series). A major consequence especially regarding the diagnosis of FM, for both patient and physician is a focus on the diagnosis and symptoms rather than on the patient.

One of the required criteria for FM is the absence of physical findings other than what the patient reported when he was touched. In fact, as I mentioned previously, I find that many patients who carry the diagnosis of FM have abnormalities on their physical examination. Therefore, these patients don't fit the ACR criteria for FM. I call them MPS (soft tissue rheumatism) and direct my treatment program to the whole person. I do that for every patient but especially in those diagnosed with STR. The problem is soft-tissue related and not bone or joint and the problem is not inflammatory or degenerative.

Although the symptoms of STR may occur with other rheumatic disorders, patients labeled as having FM 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" (really angry) thinking they have that right. Usually they can list various aggravating factors for pain. They usually leave themselves out. One common connection is between periods of "stress" and pain. This connection often leads to the misconception that "stress" (the term must be defined which I do in later articles in this series) causes pain and rheumatic problems.

Medical research has proposed various causes for FM, but no conclusive evidence exists. This is another reason that physicians are rethinking the advantages and disadvantages of the diagnosis of FM. Much research is being done. The issue will always be: if an abnormality is found, what is its significance? Sleep abnormalities in the form of non-restorative sleep have been found in some patients with FM, and sleep deprivation may induce FM-like symptoms in normal individuals. The significance of these findings is yet to be decided. The common theory (I emphasize theory) is that the problem is in the patient's central nervous system - the spinal cord - so that pain impulses/messages traveling up the spinal cord to the brain are not blocked.

Patients with FM are often described by themselves, by observers, or by psychological testing as having certain "psychological reactions." The term "psychological" usually refers to feelings ("emotions") but also includes thinking and wanting. These latter two features are very important but receive little attention. That is one reason I have come up with the sentence (wanting, thinking, feeling and doing are interrelated and influence each other). What are these so-called "psychological reactions?" The reactions include depression, being overwhelmed, worry, fear, anger, bitterness, resentment, and a sense of hopelessness. Patients are often told that these reactions are pain-related emotional "stress" beyond the person's control. Rather, these reactions are influenced by a person's thinking and desires. They come about as a person "uses his body" in reacting to things around him or "coming at him" (see paper 1). They are, in fact, responses to life situations including a change in bodily function. They express what a person has placed his trust and hope and has failed to achieve it.

Often patients believe that these are new, pain-related responses related only to the "now." In fact, these responses are whole-person responses and have developed over time. They are a learned pattern of responding to unpleasant things in life. Instinctively a person will label an unpleasant situation as a "I don't like" situation (IDLS). These may not be new situations or they may include the person's present bodily problem and pain. These situations may include any number of situations and associated factors. Such factors may include delayed diagnosis; differing opinions 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 all STR, including FM, includes a discussion of the diagnosis, treatment, and a natural history (what happens to patients over time) of patients with STR. One aspect of medical treatment includes conveying the fact that STR is *not* deforming, deteriorating, or degenerating. Another important aspect is the fact that all types of STR are characterized by

mechanical inefficiency which can be corrected or improved. While most obvious in patients with MPS, patients with FM may have similar inefficiency. In MPS alignment problems create inefficient muscle and tendon movement, and as a consequent, bone and joint movement requires more energy and is more difficult. This often translates into complaints of pain and fatigue.

Most patients diagnosed as having FM relate an “ebb and flow” of their symptoms including pain. Patients generally base this assessment 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 non- narcotic analgesics (pain medication) such as *Ultram* or *Ultracet* and often muscle relaxants, either alone or in combination. Antidepressants have been reported to help in controlling pain. Non-pharmacological treatments include changed thinking and exercise. I have found that addressing the whole person and emphasizing good stewardship of the body are two cornerstones of treatment. I cover these aspects in other and companion papers.

It is important that patients have a clear understanding of the differences in the various types of STR. Many of the same principles discussed above regarding FM apply to MPS both in terms diagnosis and treatment. Almost universally, these patients respond to a muscle "re-education" program (I call it giving muscles new memory and stretchability) and strengthening program concentrating on the whole axial spine.

ARTHRITIS

The second category to consider is arthritis. Arthritis contrasts with STR in that it involves the joint. Arthritis can be divided into inflammatory and non-inflammatory types. The most common inflammatory type is 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 (this is called synovitis), signs of inflammation result including heat, warmth, and swelling. 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 any number of drugs. These include non-cortisone type anti-inflammatory drugs (such as newer ones like Celebrex or older ones like Voltaren or Daypro) especially when combined with an initial treatment of prednisone. The prednisone is given in tapering doses to reach a safe level of 5 mg every other day. However, sometimes, there is a need to add what is called a remittive-inducing or disease-modifying drug such as Methotrexate. RA can be adequately controlled in the great majority of patients (see the paper that addresses RA). However, newer drugs are touted as better but a more expensive. Much information is out there enabling the patients and physician to make the correct choice or choices.

Non-inflammatory arthritis or degenerative arthritis is another name for OA. The non-inflammation is a misnomer as there is low grade inflammation in the cartilage and joint space. Joint cartilage is the target organ in OA. This contrasts with RA which is first a synovial disease. Degenerative changes in the cartilage are biochemical ones, and include loss of important constituents of the cartilage. These include collagen, glucosamine, and chondroitin sulfate. These are responsible for meeting the pressure demands on joint cartilage especially on impact loading (weight bearing). The above two agents are sold over the counter but the information does not

support that they heal or prevent OA. Some patients report relief when using them, but the data does not favor their use.

The natural history of OA is variable, depends on which joint is involved, and depends on the patient himself. For example an overweight patient with OA of the knees who doesn't lose weight and doesn't do his quad-muscle exercises is headed to surgery or a restrictive lifestyle. Symptoms may not surface for a variable period of time. Therefore patients may be asymptomatic (without symptoms) for many years thinking "all is well" when it is not. Radiographic changes usually appear before patients report pain and loss of function. The rate of radiographic progression (change in the X-ray for the worse) seems to vary, not only from patient to patient, but also in individual joints. 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, both on X-ray, symptoms, and loss of function. Pain is the major symptom that brings patients to the physician.

The above 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 are a group of diseases that are associated with the deposition of various crystal materials that incite an inflammatory disease. The diseases and their crystals include: gout (monosodium urate crystals), calcium pyrophosphate deposition disease (calcium pyrophosphate crystals) and basic calcium phosphate deposition disease (calcium phosphate crystals). In each instance, a crystalline substance precipitates out of solution usually in the joint space and causes inflammation to occur as the body tries to remove the crystal; synovitis results. Thus, these diseases including gout are more than just an elevated uric acid. The person's white blood cells are active as they engage the crystals but die.

The spondyloarthropathies include a group of inflammatory diseases that affects the spine and in varying degrees and frequency peripheral joints such as the large and medium joints. These diseases include Ankylosing Spondylitis (AS), Reiter's Syndrome (RS) and Psoriatic Arthritis. All

of these diseases can affect the spine – the sacroiliac joints - so that patients may present with complaints of back pain. The arthritis associated these diseases are related to synovitis but they involve fewer joints in a non-symmetrical pattern without the multiple joint synovitis that is seen in RA. Fewer joints are affected compared to RA and most in an asymmetrical pattern. The joints of the lower extremity are more commonly involved than those in the upper extremity.

AS generally affects young men but is recognized with increasing frequency in women. RS used to be the most common type of inflammatory arthritis in young males but that is not the case. Patients with AS and RS have an inherited protein on the surface of certain cells which is a marker. A positive test for the marker makes them genetically predisposed to the disease (part of the problem is in the genes). But having the gene carries only a small increased frequency of having 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. Patients complain of pain predominately in the shoulder and pelvic girdle areas. In addition, they have an elevated blood test called a sedimentation rate and may be mildly anemic. Symptoms are extremely sensitive to a short course of low dose prednisone (10-15 mg/day for 7-10 days). The disease usually "runs its course" in 1 to 3 years without any residual damage (it seems to be self-limited most of the time). However, some people with PMR have associated temporal arteries. These patients require aggressive treatment to prevent blindness. A new drug has recently been approved.

CONNECTIVE TISSUE DISEASES

A third category is connective tissue disease. Any of the connective tissue diseases may have joint and muscle aspects as manifestations of their disease. They also form distinct clinical diseases in themselves. These diseases include:

- Systemic Lupus Erythematosus (SLE),
- Polymyositis (PM),
- Sjogren's Syndrome (SS),
- Scleroderma (PSS),
- Mixed Connective Tissue Disease (MCTD),
- Vasculitis.

These diseases share the potential for multiple organ involvement, a chronic course, and acute flare-ups.

SLE is usually a disease affecting young women, but it can affect men and patients of all ages. Multiple organs may be involved: skin, joints, the lining of the lungs (pleura), the lung itself, the lining of the heart (pericardium), the kidney, and the central nervous system. However, the disease may be limited as well. There are many cases of mild SLE. Because of the generalized nature of this disease, the body may not work well. Complaints include not feeling well, fatigue, malaise, and total body weakness. Joint involvement is the second most common complaint, sometimes taking the form of synovitis.

SLE is generally not difficult to diagnose. However, 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. Other more sensitive blood tests appeared in 1970s (the ANA – antinuclear antibody). This finding has been a blessing and a curse. A positive ANA does not necessarily indicate the presence of the disease and it does not indicate activity of disease.

Kidney failure and infection remain the most common causes of death; however, most people with SLE can do well but vigilance is required. Some aspects of the disease tend to be milder than initially thought. Now one of the major treatment concerns is potential heart damage resulting

from the use of long-term, high-dose prednisone. Therefore, medications that allow for the reduction of prednisone are being used and others are being studied.

Treatment includes education. SLE tends to wax and wane and vigilance is required for all CTD but especially SLE. Medications include steroids (typically prednisone), Plaquenil (a mainstay of treatment for all varieties of SLE) and drugs that alter the immune system such as Imuran, CellCept, and Cytosan. Rituxan and Benlysta are new medications for physicians in the treatment of SLE. These drugs help control the activity and hopefully stop the progression of the disease by reducing or changing the *over-activity* of the immune system. Prednisone may be needed early and aggressively; then it can be 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. Rarely does PM lead to paralysis as occurs with muscular dystrophy. The hallmark of PM is proximal weakness (toward the center of the body in the shoulders and hips but does not affect the spine). The muscle is the prime organ, 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 such as increased levels of muscle enzymes, on muscle biopsy, and by electromyography (the EMG measures the electrical activity of muscle). Corticosteroids effectively treat and control PM, but may be associated with troublesome side effects. New medications are being used as well.

SS is a disease in which a person's lymphocytes deposit in various body organs including glands, skin, joint, nervous system, and lungs. That last statement does not mean that every person will have all of these organs involved. The disease may be localized or more generalized. A person's glands under their jaw may swell and they may look like they have the mumps (parotitis). They swell because certain cells called lymphocytes are attracted to them. The glands include the parotid glands (these are the glands involved in mumps and make saliva – "spit"), the submandibular glands (under the jaw), and the lacrimal glands (tear glands). If affected, the patient may complain of dry eyes and dry mouth. The patient may have associated complaints of

pain: muscle and joints with or without joint swelling. SS tends to be more of a nuisance because internal organs usually are not seriously involved but can be. The diagnosis is made by history and appropriate blood work. Understanding the problem – what it is and what it is not - is the most important step in helping the patient be a good steward (take care of his body).

PSS focuses the skin. Scleroderma means hard skin: hard (sclero) and skin (dermis). This hardening is due to inflammation with swelling initially, followed by fibrosis or scar tissue. PSS is a blood vessel and collagen disease. More collagen is made and deposited in abnormal amounts. Patients complain of hardening and tightness of the skin, most often of the hands and arms. While the skin is the major organ involved, the disease may involve internal organs such as the joints, heart, lung, and the kidney. Involvement of the kidney may be devastating and lead to renal failure. The disease is most often chronic, often lasting for decades. However, the skin tends to improve over time even without treatment. The physician is to be constantly vigilant regarding involvement of internal organs such as the lung and the blood vessels in the lung (pulmonary arterial system). Treatment includes education and medication for specific internal organ involvement.

The fifth type of connective tissue disease is **MCTD**, a syndrome that includes a mixture of symptoms and signs similar to RA, SLE, PM and PSS. Some physicians don't accept MCTD as a disease because of conflicting laboratory reports. These physicians tend to group these patients into either SLE or PSS. However, there are criteria established for the diagnosis. MCTD tends to be a milder disease than these other two. It responds well to low dose cortisone. Therefore, there is less potential for side effects from the medication.

Vasculitis defines inflammation of the lining and of middle of the wall of small, medium, and large arteries throughout the body. 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. These include non-specific symptoms such as fatigue and malaise, and fever and weight loss. Other findings include rash when the small arteries of the skin are involved, muscle

weakness when the muscle is involved, and arthritis. Other and more serious involvement includes the nervous system and kidney. 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 patient have knowledge of the condition including its natural history. Typical questions from anguished patients 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 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?

TREATMENT OF RHEUMATIC CONDITIONS: AN OVERVIEW

The treatment of the various rheumatic conditions involves ministering to both the whole person: his thinking which occurs in the brain and the mind or heart and his physical body. This gives the best results in your war with pain because God designed every person with an inner man (heart and mind) that is sometimes referred to as the spiritual aspect of man; the outer man is usually referred to as the physical, material, or body. The goal in *this war is getting victory in the midst of pain*. I use the term war to emphasize the constant nature as you daily come to grips with your physical problem. This activity involves you as a whole person: your thinking, your wanting, and what you do or don't do. I use the term *victory* to emphasize the joyful expectations of the results of good stewardship of your whole person: the inner and outer person - in your situation. It is easy to think and to in an unhealthy manner. When that happens, your feelings become your guide. As a result you will use your body wrongly as you respond to various situations in life including pain and having a body that you don't like. These responses, in turn, influence how you think, want, act, and handle the problem which can further intensify or lessen your symptoms. When feelings take center stage, the course is usually downhill.

Knowing and evaluating the facts of the condition is an important place to start for developing proper treatment. Your interpretation of those facts comes from how you are already thinking and wanting in regards to your situation. What you think and desire influences your attitude which reinforces your evaluation of things.

Here are four areas of importance:

I. Thinking and Wanting: Stewardship (taking care of) of your whole person especially your inner man – heart and minds – directly affects the physical

Stewardship of the whole person begins in the inner person. A disciplined heart and 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. Please notice that I said victory every day. Too often, people deny that reality. Without proper facts, false ideas are used to fill one's thinking and wanting; actions follow wrongly which usually results in worsening pain.

The truth of the matter is that everyone is a steward. Stewardship is misunderstood. I am referring to the care of your whole person – thoughts, desires, and actions. The only question is: Which kind? The truth of being a good steward of your thinking shows up in any number of ways. Consider Soft tissue Rheumatism (STR: as discussed in paper two, rheumatism and arthritis are not the same). STR does not deform, deteriorate, or degenerate. When pain is present, it is easy to focus on the pain and relief. That is bad stewardship. Rather, as a good steward you will arm yourself with the facts about STR. In that way you can avoid confusion and uncertainty often described as fear and worry, all of which can intensify pain. Focusing on the facts and interpreting them correctly allows you to train your body to respond properly. It enables you to focus on good stewardship of your whole person - heart/mind and body. Exercise of the whole person in terms of thoughts, desires, and actions, properly understood and accomplished, is helpful for getting victory.

Likewise, the reality that there are a number of very effective drugs available for the treatment of various rheumatic conditions should help dispel the idea that there are no effective treatment programs. Notice I did not say cure. That may or may not come but good stewardship has its own rewards one of which is relief and better functioning. Remembering these truths give hope and influences how you plan to address the problem.

Often you will be tempted to focus on your changed way of life by wishing for the one you previously had and being resentful of the one that you have now. You will be tempted to see your situation as change that is bad because doing the same things that you used to do and like to it is painful. This perspective is based on the old you – *the way it was*. You may long for your former way. This focus is part of a continuum that leads to complicating responses such as anger, bitterness, and resentment, all of which can aggravate symptoms of pain.

Good stewardship of your thinking and wanting may mean considering and recording factors that aggravate pain. Ask yourself: "When are the times that I feel the pain worst?" After recording the circumstances you will want to ask yourself what you were thinking and wanting prior to and during those times. Also 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 answer these two questions: "What happens to the pain when I am thinking and desiring this way?" "What happens to the pain when it doesn't go away?" Thinking this way can tie your muscles into knots producing more pain. It is important to remember that there is a difference between the problem and your response to it. A pain journal may help you to 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 generally no. So, how do you respond to this reality? The desire to have a pain-free body and be rid of your bodily problem 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 so discontented with your failing body 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 as he did or he has no hope of being able to do them at all.

II. Doing and Applying: Stewardship of the whole person including the body

You must discipline not only your thinking and wanting but also your body: that is, what and how you do things. Stewardship of the body logically follows stewardship of the heart and 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 and wanting on feelings and symptoms.

Thinking and that wrongly focuses on physical problems, other problems in life, and the desire to be pain-free may intensify that which the person wants improved.

Using your body to meet personal responsibilities or to respond to various situations in life is guided by your thinking and wanting. A pain-free body may not be a reality in your case. So how do you respond to meeting responsibilities with a body that you would rather not have? Meeting responsibilities whether with a pain-free body or not, should bring satisfaction. Feeling good should not be considered as important as fulfilling responsibilities. Too often patients use good or bad feelings to dictate what they think, want, and do. You may have to change the way you do things to fulfill your responsibilities. Doing this provides a way to use your body wisely as you create new ways to be responsible with the body you have. You will be able to accomplish only if you have a proper relation with God.

Stewardship of the body also includes rehabilitation (training and exercising in order to maintain and build strength and endurance). In particular, the soft tissue that moves the bone and joint are very important. A body with a rheumatic condition for any length of time is not the same body as 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 activity and encourage you to become a scheduler. Given your physical problem, not biting off more than you should is wise stewardship. Consider the comparison between a 1960 Ford and a 2020 Ford. If you take care of your old 1960 model, you can drive it and it will serve you well, but it will never be a new 2020 model. Think of your body in a similar manner. Satisfaction with the model you have helps improve your function and generally you will notice less pain. Your spouse is a good one to give you input into whether your response is part of good stewardship or not. He or she knows how you approach things and is usually willing to give you advice in this regard.

The adage, *use it or lose it* rightly understood, can be a helpful way to think about and practice stewardship. A good steward of his body keeps a proper balance between going and

doing with resting. Some people are guided and driven by feelings. One is the *roadrunner type*: going, going, gone because, *I feel good and need to get things done*. The other is a *couch-potato* approach to life and pain: he or she doesn't move because he hurts. The couch, bed, or chair becomes his mistress. Neither of these approaches properly accounts for the reality of the situation, and they generally lead to more problems than they solve.

Adding structure to your life includes not only scheduling daily life activities and responsibilities, but also scheduling proper exercise. Exercise is not just doing things and staying busy. A proper exercise program requires a regular program of reeducating muscles, stretching, maintaining flexibility, and lastly strengthening them. Initially, the goal is to give muscles new memory and reeducation. Only then do I push for increased strength. This develops endurance, improved function, and a more efficient body.

There are times that you may 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 can function as 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 the things I have been discussing. In general, in a patient with STR, pushing to gain flexibility and endurance is beneficial and will result in a more efficient body. In RA, when inflammation is present and worsened by activity, the activity should be changed or stopped.

What else does the phrase *using your body* refer to? It includes the how, when, and why of performing daily tasks such as house cleaning, going to work, and mowing the grass. It also includes the body's performance as you respond to problems. People usually refer to things outside of themselves as *pressure* or *stress*. Those things outside of a person are actually expressions of God's control or what is called God's providence. As a result of not handling or responding to *pressure* correctly (that is, biblically), changes in the body are produced which can be measured. These include an increased heart and respiratory rate, skin changes, and pain. In

reality, what a person produces in the body is influenced and even determined by how you respond to *pressure* (what I call the *heat of life* which is actually God's providence). You are not always responsible for the circumstances of your life, but you are responsible for your response to them. I will take this up in paper # 5.

III. Stewardship of the whole person: Non-Drug Treatment

By non-drug (or non-medication) treatment I am referring to such things as an exercise program as mentioned earlier. 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.

IV. Stewardship of the whole person: Injection Medications

These include 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 but judicious. My reference point or frequency is three or four times a year. Practicing good stewardship in other areas improves the effectiveness of stewardship as a whole.

Joint injections when appropriate are useful in the treatment of various types of arthritis. Medication (corticosteroids and a local anesthetic) is given into the joint to lessen pain and to diminish inflammation which generally improves the function of the joint. 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 is the so-called "chicken" or "cock's comb" injections. The term for this is "viscosupplementation" and is designed to restore the internal environment of the joint. The material is very thick and the hope is for better joint function via improved lubrication and cushioning. There have a number of other proposed treatments such as stem cells transplantation to various cannabises. One must be careful with any proposed treatment. Otherwise people will run to that which is unproven but touted as substitute for good stewardship with the goal of trusting and pleasing God. That sounds counterproductive,

countercultural, and counterintuitive. Some may say no given my problems. Therein lays a fundamental issue: who will you trust and what does that trust look like. We can discuss this topic personally or you can continue to read the papers in the series.

V. Stewardship of the whole person: 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 of varying types and amounts, non-steroidal anti-inflammatory drugs (so-called *arthritis medication*), and muscle relaxers. If the problem is STR, I often use two medications because two together generally is better than one.

A number of medications are available for the treatment of arthritis, too many to elucidate here. Their use depends on several things including 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 vitally important.

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

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PIECE OF PAPER:

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

DOES YOUR ATTITUDE HELP YOU DEAL WITH YOUR PAIN?

Medical terminology includes the use of such terms as acute and chronic conditions. The two adjectives (acute and chronic) refer to timing. An acute illness generally appears suddenly such as a patient with appendicitis. The onset is more abrupt and the person seeks medical help early. Sometimes a condition can be chronic meaning it conditions on. Hypertension is one of those conditions. Rheumatoid arthritis tends to be chronic. Chronicity does not necessarily refer to the successful or failure of treatment but it does refer to constant vigilance and usually long term treatment.

Chronic conditions often 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 can't do, and how much pain they will have with activity. >However, many people with rheumatic conditions such as those terms Soft Tissue Rheumatism (STR), Fibromyalgia (FM), and Rheumatoid Arthritis (RA) can perform and often times well in day to day activities and on the job. They *do not* become depressed or depressed themselves; they do not focus on pain and pain relief or grumble and complain about their situation. What is the difference between them and those who don't respond well?

In answering that question, we do well to remember that all pain is physical. By that statement I mean the pain system is turned on in the body. In that sense pain isn't *in your head*. But what is in your head and your heart/mind (I am referring to what think; remember you think and want in your heart/mind as well as your brain!) has a lot to do with the perception of pain. Only the person who has pain knows its presence and how bad it hurts. This is because pain is both personal and subjective.

It is known that a person's thoughts and desires affect a person's health and the way he feels in his body and with his body. The secular world accepts this fact which flows from biblical

truth (Psalm 56:3-4; 73:16-22; Proverbs 1:7; 3:5-8; John 14:1-3; Romans 5:1-5; 6:9-11; James 1:2-4; 1 Peter 1:6-7; 4:12-13. These facts mean that how you think and what you desire 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, your condition, yourself, and others influences your feelings and perception of pain.

In other words, what you think and want in regards to pain and your condition is important to how you feel. Thoughts, desires, and feelings then determine your response. Depression is a common term and the term is used without an adequate definition. When medical personal diagnosis someone with depression, they have arrived at diagnosis based on answers to two questions: Over the past two weeks: 1. Have you ever felt down, depressed, or hopeless? 2. Have you felt little pleasure or interest in doing things? Please note the feeling emphasis. There are no blood tests or radiographic findings that help with a diagnosis.

Depression then is a state that is characterized by feelings and resultant behavior based on the feelings which have their origin in the person's thoughts and desires. Feelings are a person's guide and barometer for and of life. As I have said feeling bad is part of the miseries of this life in a fallen world and a failing body. For a variety of reasons, feeling bad occurs in patients with chronic rheumatic conditions and is often diagnosed as depression. As noted above, there are no tests that a person can do or perform that make the diagnosis. An important point so often neglected is the fact that like pain, feeling bad and acting on those feelings fits the diagnosis of depression. The definition of depression can be summarized as giving up by giving in to feelings which is an act of the will based on feelings which flow from thoughts and wants. Feelings, good and bad ones, are related to what you think you can and can't do and what you want. Again the adage: thoughts, desires, and feelings are linked which affect doing and non-doing.

The rheumatic disease itself does not produce the thinking of hopelessness that results in the condition often called depression. Just as your wanting, thinking, and attitude influences how you respond and react to pain, so the condition called depression is related to how and what you

think and want in regard to your problem, yourself, and the pain that may accompany your condition. People want to know which came first: the bad feelings or depression. Actually they are one and the same! My advice is to consider the whole person which includes thoughts, desires, and actions or inactions. Feelings follow. Because feeling states such as depression depend on how a person looks at himself, others, and unpleasant situations, it also influences how he responds to his problem and feels the pain.

A person with RA may believe that his problem is different from that of all other RA patients. He may then 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, worry, and become discouraged. There is inner-man angst. Feelings are churning inside such that the person wants to step out of life and his body. The more he practices this focus, the more uncomfortable he becomes. Pain then becomes a major complaint no matter whether the person's disease is medically controlled or not. It is often hard to control 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 pain, researchers use the term *learned helplessness*. A person can counsel himself in the wrong way and for the wrong reasons. As a result, he gives in and he gives up. The downward spiral continues.

How you respond to your disease and pain is also affected by your confidence and belief that you can act in a certain way to control your disease and lessen the pain (*learned self-efficacy*). For example, when you are willing to do daily chores and pace yourself in doing them, your confidence grows. You can do it, not only once, but regularly, and you do! On the other hand, if you are unwilling to engage in productive activity or if it is uncomfortable to perform daily exercises in order to improve strength and range of motion, you will hinder progress. Hope

and confidence wanes and the hole seems deeper, the tunnel longer, and the mountain higher. The chair becomes your friend which is actually your enemy. Persons with decreased hope and confidence generally complain of more pain than those people who are confident they can perform helpful activities. Knowing when and how to push and rest, and doing it, are keys to improvement and good stewardship.

Similarly, 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 cure, rather than improved ability to function, are the driving goals and motivating forces behind your thinking and wanting, pain intensity usually increases. I call this the *boomerang effect*: the more you want the pain to go away the harder it comes back on you!

Many avenues have been suggested and are prescribed for the control of pain in an effort to give hope to patients such as you. You may be vulnerable to unproven remedies which 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 receiving more and more emphasis. You must be careful how the term is defined. It is interesting that today research is showing that religious beliefs, as do all types of thinking, influence pain perception. Pain does not simply exist (it is not neutral or occur in a vacuum), but it is interpreted in a framework of how one thinks and desires about many things, including God and one's relationship to Him.

What does all this mean to and for you? Simply this: how you think about what you have including the condition, pain, yourself, family and friends, life in general, and doctors who are ministering to you has an impact on how you respond to your condition and pain. In addition, your relationship to God has an even greater impact. In fact, a response to the situation is a response to God. I am not talking about the *power of positive thinking* or even *mind over matter* (see paper #7). Our goal here in the office is to bring about the best possible care by addressing as many of the above concerns.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PIECE OF PAPER:

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

THE CONNECTION BETWEEN DEPRESSION, STRESS AND PAIN

Many people are concerned about how they feel and often wonder where these bad feelings come from. They think if they know the source of them then something can be done to change them. Actually this is a good start in achieving victory no matter the problem. They may also believe and hope that it is possible to have a body that is free, or almost free, of unpleasantness including pain. This type of thinking, wanting, and hoping is too often not conducive to getting victory in the problem.

The reality of pain and feeling bad are part of life (Romans 54:12-14). Living in our world demonstrates that this is true. To live with a primary goal of little or no unpleasantness is unreal and 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. As I have discussed in previous articles, symptoms are subjective and can't be measured. This doesn't mean that a symptom doesn't exist or that it is *just in your head*. Rather, it does mean that the only way I know you have pain is by your words. You must tell me it is present. Some people deny pain and have significant disease and others bitterly complain of pain with little obvious disease.

Symptoms may occur because of least three reasons:

1. The physician discovers something *wrong with the body* (see paper #1). In that case, some part or function of the body is damaged and not working right. In this case, something is *wrong with the body*. To prove this requires a medical evaluation. An abnormality may be identified by the doctor's physical examination, blood studies, or radiographic studies. These findings may explain why pain is present.
2. Symptoms may also occur when nothing is discovered *wrong with the body*. Try as we might, doctors are just not able to find the cause of every symptom. This is due in part to the limitations of medical science and individual doctors including me. Also the human body is not flawless. There is nothing perfect in life, including your body. Some pains occur when no disease or damage can be found. This

doesn't deny the fact of the person's complaint. However, the problem may be *in the body* rather than something wrong *with the body*.

3. The symptoms of feeling bad and pain may also be produced by the way you "use" or don't use your body in responding to various situations in life (see paper # 3). There is a connection between thinking and wanting with feeling and doing or not doing. Focusing on the many but small, unpleasant aspects and happenings of life can show up as pain and even fatigue.

When considering the second and third reasons, it is apparent that the symptoms are actually present, but nothing shows up in the medical workup. The doctor can't 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*. The symptoms are produced as a result of your thinking and attitude about yourself and situations in your life, including your present one.

It is important to remember the difference between something *wrong in* and *with the body*. For example, you may have a headache as a response to an increased work or demands at work. People often refer to these as *pressure* or *stress*. You tense (or tighten) your muscles in the head and neck resulting in symptoms of pain. At other times even though you are not at work, you may have the same complaint of pain. This time it is from previous unpleasantness at work that constantly nags at you. Your thoughts are on the problem and the uncertainty of a viable solution. You want it gone but God has said no at least for a time. This same pain complaint 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, thinking, and desires. Feeling states (sometimes called emotions) such as sadness, happiness, worry, fear, grief, blueness, depression, and discouragement are common responses to life situations. They seem to part of life. However, it is important no one is a victim. These feelings states described above occur as a result of your thinking and evaluation of various situations in the past and the present.

It is important to look at what happens when you have pain and focus on the discomfort and restrictions of your activity. Due to God's design of the body, 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 you focus on how unpleasant and miserable you are, the severity of the pain will only increase. 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 so “no,” but “it feels like it.” Focusing on and resenting these limitations also aggravates the pain.

In this life you can't escape pain, but how you respond to it greatly influences its intensity. The pain center is connected not only to the attitude center but also to the “emotional” or “feeling” center (this connection is called the limbic system). This link helps explain why what you feel (one's so-called “emotional state”) 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. You may not complain of pain at the time, but later you may report new or increased pain. Because of the delay between the situation and the onset of pain or its worsening, a patient will fail to draw the connection between wanting, thinking, doing, and feeling 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 your condition. As you think about this situation and reflect on it, what you may envision for your 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 are common experiences to the 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 situation 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 in and 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 such as a rheumatic problem. 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 no permanent cure, the uncertainty of what will happen to you and your family, and the cost of your medical care. 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 which is depression. But becoming discouraged to the point of depression may also make the pain more uncomfortable. This adds to the perceived hopelessness of the situation which 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 with the body.” However, the diagnosis of depression rests on observing your behavior and listening to your description of how you feel. There is no test to prove that there is something “wrong with the body,” or even “in the body.” Physicians may blame the bad feelings on a “chemical imbalance,” but that is mere theory, not demonstrable fact. And even if a chemical imbalance is found, there is no proof that the chemical imbalance caused you to think, feel, or act a certain way. Since depression can’t be measured like blood pressure, blood sugar, or weight, there is no proof that a chemical imbalance exists or caused the feelings of depression. Some say it is logical to conclude that there is a chemical imbalance, but that conclusion is not good science or even helpful.

A word about *stress* is in order What is *stress*? The term can be tricky. Medical science defines *stress* as that which happens in the body in response to various threats or perceived threats. This idea is more in keeping with the physiology of the 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 the office, I ask them to name any aggravating factors of pain. They often speak of "being under stress" and that what is going on outside of them forces them to react in the way they do. They say 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 expressed by 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 that 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 influences and is influenced by your wants and desires rather than outside pressure. If you respond wrongly to the pressure, measurable changes are produced "in the body." In reality, the bodily changes are produced by how you respond to pressure (sometimes called the "heat of life"). You may be unable to change pressures, but you can control how you respond to them.

In terms of the disease, you may not be able to do much to eliminate it. Yet, there is much you can do to improve your response in 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 problem, 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 problems, and I would be happy to discuss those with you if you desire.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PIECE OF PAPER:

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

WHAT IS THE BEST WAY TO PRODUCE CHANGED THINKING?

As we have discussed in previous papers (please see papers one, three, four, and five), thinking, attitudes, beliefs, ideas, and wants affect how you perceive and feel pain. Therefore, it is reasonable and even crucial for you to ask: what is the best thinking and wanting that you should have and how do you get it? In other words, how do you go about thinking and desiring correctly?

Your goal (what you want and expect), and your hope for achieving that goal are part of your thinking and are important aspects of you as a whole person. Moreover, please note that worry, fear, and depression involve thoughts, desires, and actions all wrapped up in feelings. When relief and cure are your main goals for coming to the doctor, consider the consequences to and in your body. Driven by the dislike for pain and the desire to have it gone, you will concentrate on becoming pain-free. This may not be achievable. What happens? Pain usually worsens although some people don't seem to be aware of the connection between wanting, thinking, and feeling. They say that they hurt all the time anyway. But they have not kept a pain journal in order to investigate the possible connection. In addition, others may say when they are busy or angry or both they feel less pain. But when things calm down – meaning themselves – they will complain of hurting. I have heard the above stories quite often and for any one person the story is reproducible.

As you strive to achieve or maintain freedom from pain, you may tense and tighten your muscles. You feel this in your body. Thinking which occurs in both your brain and your heart/mind given that you are a whole person affects the whole body inside and out. I have discussed this fact as part of God's creational design of man – man is both body and inner man and the two are linked and must not be separated. What God has joined together let no man separate. Man is a unit, body and soul or inner man.

You soon realize it is not possible to be pain-free, and you may consider the situation as hopeless. This usually drives more pain. You are in bondage, not so much to pain, but to your desire to *have it gone* or at least *better*. *Better* is rarely defined except as less. However, no matter the definition of *better*, *better* is never enough. Most people want a return to their former body, their previous lifestyle, and functional

independence. In other words, most want out of the situation. The adage: what holds a person's mind (this includes the brain AND heart, both inner and outer man) molds their desires and actions. In other words, thoughts, desires, actions, and feelings are linked.

On the other hand, if your goal is to be functional and responsible irrespective of pain and bad feelings, then there will be a change in your situation. Why? Your perspective of yourself, others, and God and your view of your situation has changed. Even if bad feelings and pain do not leave, you 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 life. God so designed man with this orientation. As a result, there is hope, and with hope comes endurance. Being responsible reduces your demand to perform without pain, and, in fact, will result in less pain.

Consider these series of questions:

- How will getting what you want help you?
- What have your efforts accomplished in terms of improved function and pain relief?
- What are the reasons that getting that desire is so important to you?
- Is it possible to have a pain-free life in a pain-free body?

If your answer to the fourth question is *yes*, then your focus of thinking, desiring, and searching will be for absolute pain relief or something close to it. When that happens, you are setting yourself up for failure - discouragement, futility, and bondage. As we have said, freedom from pain in this life is not something that is completely attainable. No one will outrun the curse of sin on the body in this life (Romans 5:12-14; 2 Corinthians 4:16-18). If, on the other hand, the answer is *no*, then one of two responses will occur. You will either learn to be satisfied and use your body in a responsible manner being satisfied that God has you where He wants you. Or if you focus on pain relief only, your focus will be on what you don't have and may not get in this life. As a result 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 that *I am unable to function like I want and used to?* Generally, patients tell me that the net result is more pain. When having a pain-free body is your major goal in life, often you will not achieve that goal which results in more bondage. If you have been tracking with me, you will find yourself expressing in some form the following idea: *I have certain desires and wants, and I have pain. I want out. How do I get out? When will the problem stop?*

How do you reconcile the reality of your situation with your thinking, wanting, and hoping? To help you answer all the questions, consider these helps.

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

Second, your body functions best when it is doing what it was designed and created to do by the Creator.

While the desire to be without pain (as much as possible) may be proper, the fact remains, and the question that needs to be answered is: *What happens when you don't get what you want?* This question applies to almost anything in life. The question is not intended to convey that good stewardship which is commanded by God excludes desiring an even finding pain relief. Rather, pleasing God is to be the proper motivation for godly stewardship. Drawing satisfaction from being responsible for what you can do in the midst of pain is satisfaction itself. Therefore, just as reflecting on that fact often lessens pain, so pleasing and praising God in the middle of unpleasantness of life produces satisfaction and contentment which often leads to less misery (Romans 5:1-5; 8:28-29; James 1:2-4; 1 Peter 1:6-7). But even if it does not, there is satisfaction from simply glorying in your Savior.

Here are several additional questions for you to consider and answer:

- Am I satisfied to please my God with or without pain, or am I more interested in reducing pain?
- Why do I think it is easier for me to please God when I have less pain?
- Why do you think it is easier for you to please God when you have less complaints of pain?

- Is pain relief near the top of life experiences and is it all there in this life?

These questions, and their answers, bring you to the issue of God's worthiness. To help you address that issue, ask yourself: Are God, Christ, and the cross worth pleasing God by using your body and your situation to please God? Does the fact that you would rather not have your situation negate God's grace and motivation to use what you don't like as God's tool and your instrument to please Him? People with failing bodies are faced with the Triune God's worthiness and its effect on their wanting, thinking, and responding more often than others who have less or no body problems. The decision regarding God's worthiness and its influence on you and your response to pain and misery may be daily given your physical condition.

In considering this topic you must remember that God will not be used. Moreover, getting from Him is not the essence of life. In fact, He has given you Himself in His Son and by His indwelling Holy Spirit. In truth, there is nothing more than He needs to give (Romans 8:32).

Third, if you have been saved and know Jesus Christ as your personal Savior and Lord, then you are in a position to ask yourself: *Do I believe my God makes mistakes? Did He err in my case?* There is only one possible answer: The God of the Bible does not make mistakes. The cross and the resurrection were not errors! Do you recognize, acknowledge, and rejoice that He is in the problem, at work in and with you but never without you, and that His presence and working is for your good? This sentence outlines some of the resources that the believer, and only the believer, has. He is to use them because these resources came with a price – the shed blood of Christ. They are to be used as a blessing and privilege and simply out of duty by the child of God (1 John 5:3). Moreover, once recognizing these truths, you act on it. You function (thoughts, desires, and actions) as if that truth is life-changing because it is!

The Bible teaches that God is in the problem, up to something and that something is good, good for you, good for you now and eternally, and it is for His glory (Romans 8:28-29). God in His Word defines that good: it is becoming more like Christ:

v.28: And we know that in all things God works for the good of those who love him who are called according to his purpose.

v.29: For those God foreknew he also predestined to be conformed to the likeness of his Son that he might be the first born of many brothers

Romans 8:28-29

God's people are to change daily and grow into the likeness of Jesus Christ no matter the situation or the body they have. 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 demonstrate it daily, and what have been the results? Read the verses in Romans 8 daily for help in answering the questions.

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

As a believer, you have resources that are not available to those who are not. It is these resources that help get victory in the midst of pain. I will be happy to discuss these resources 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?

POSITIVE THINKING FOR PAIN RELIEF: WHAT IS IT AND IS THERE ANYTHING SUPERIOR?

Contrary to what you might hear, everyone thinks. That is the way God made us. Man is a thinking being who is trying to make sense out of his own life experiences and even life itself. Some are even trying to make sense out of God! Therefore, every person believes something, and he interprets his *beliefs* so that what he thinks is expressed by what he does and feels. Faith and reasoning are linked such that neither trumps the other. The foregoing sentences are rational and faith-based.

This is true when experiencing pain or the unpleasantness of life. Practically speaking, most people know that changing thinking and wanting by changing the focus of thinking and wanting can result in less pain and unpleasantness. People call this the *power of positive thinking* or *mind over matter*. New terms for this approach concept are meditation and cognitive behavioral thinking. In addition, the *think I can* approach to problems and situations (like the old children's story of the little engine that thought it could) can bring pain relief to some people. Most patients who come into the office have some idea of this phenomenon.

Medical science also knows this fact and has begun to speak about it. Those who engage in *pain management* often emphasize the well-known fact that a change in attitude (thinking and wanting although it is not spelled that way) is one of the more important weapons in defeating pain or achieving pain relief. This approach is often expressed as learning how to *cope* with life and the problems of it and working toward a *mind adjustment*. These sources highlight the fact of God's design of man without giving God due credited. The secular world functions on the truth that man was created a whole person who thinks, desires, and acts but stop short of bringing all their thinking in line with the Bible. Secular sources do highlight the importance of proper thinking and wanting and for that we are grateful. They take the connection between thinking, wanting, and feeling seriously. If you simply follow the theology and philosophy of the secular world, you should ask: *What should be the focus of my thinking and wanting prior to and in the midst of pain: relief or victory?* Since your thinking and desires are invested

in that which you value, think important, or want, a second question follows: *What should I value, think important, or want?* Lastly, you will eventually ask if the Bible has a superior answer and if it does what is it.

Medical science has recommended an approach to pain using so-called what is often term pain management. Medicine acknowledges the effect of so-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 such feeling states (see previous papers in this series) as anger, bitterness-resentment, fear, worry, being overwhelmed, overwhelming sadness, shame, guilt, and disgust. Therefore, *pain management* includes avoiding these so-called negative feeling states because they are bad for you. The recommended way of avoidance is to take medications, remove so-called *stressors*, and change thinking by developing different attitudes to self, others, and problems. The desired result is a different reaction so as to produce pain relief. These pain management techniques, in one way or another, use changed thinking to bring about pain relief. Thinking is usually emphasized over changing a person's desires. This approach includes so-called *cognitive behavioral therapy* (CBT) and is championed in pain clinics and by self-help groups (such as arthritis support groups). This approach purports to teach individuals new ways of thinking in order to decrease or remove pain. The approach is to change the *pain experience* by de-emphasizing it. The person focuses away from those factors that heighten 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? Those choices that affect your thinking and wanting will influence your view of the situation, yourself in it, the God of it, and how you experience and feel pain.

Second, choices place you at the crossroads of choosing so-called *pain-provoking thoughts* (what one patient labeled *awfulness thinking*) or *pain-lessening thoughts*. A person's desires are subsumed under his thinking. Rather the two while linked are separate. The Bible teaches that what you think and want is important to how you feel and do. "Like what?" you ask. Any thinking and wanting that fails to

recognize the following ideas may aggravate pain. I have placed them in a fact-false motif. Focusing on falsehood often aggravates pain:

- Fact: I live in an imperfect world, my body is imperfect.
- False: I am a victim. I have to focus on self.
- Fact: certain things are beyond my control but I have a God to please even with a failing body. .
- False: my control and self-trust is best and must have what I think is necessary and best. I can't because I hurt.
- Fact: I have a responsibility in terms of taking care of my body.
- False: Bad feelings tell me I have no responsibility to be a good steward or to consider others. I look to God only for relief.
- Fact: I am not entitled to anything except because I am in Christ. I have been given a new existence. I am a new creature with a new identity.
- False: I am a pain-sufferer which controls my very existence. I have a right to make demands and expect them to be answered my way.

According to proponents of CBT, a real key to pain control is the acceptance of certain ideas. It is almost a patient bill of rights. In addition to the above falsehoods, focusing on the following thoughts and wants often is conducive to enhancing symptoms:

- There is nothing I can do about my body and bad situation - woe is me.
- The only pleasure and success in life is having a body that does not hurt. I deserve a break.
- I will go-go no matter how I feel.
- Pain relief is my major goal in life and when I don't get it I have a right to get into my black hole.

Third, the person is taught a number of techniques: breathing exercises, relaxation maneuvers (such as yoga), guided mental imagery (such as daydreams, pleasant scenes and situations), and distractions maneuvers (the person 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 helpful to some degree. What is involved and how does it work? Basically, the claim is that an *inner healing* occurs beginning *and* ending 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.

Should we evaluate this approach, and if so what should be the conclusion? Believers must evaluate all of the practice of medicine. It is involved in the care of your body and all believers are called to godly stewardship (1 Corinthians 4:2). Again I repeat that desiring pain relief I itself may or may not be wrong. It may or may be part of godly stewardship. Motivation is the key. Whenever self takes center stage, and for whatever reason, God's word will be functionally impotent for that person in his situation.

One way to do evaluate those approaches is to ask: 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 – self. And the goal is pain relief. Seeking pain relief in itself may be good stewardship as I have said if it is an expression of godly stewardship body and for a proper reason in that context. Good stewardship is not an option for the believer. His body has been entrusted to him, and he will give an account to God of how well he took care of it. The Bible says much about stewardship which is the subject of another paper.

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 motivation is an example of sinful stewardship. 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*. Does it really get you what you want? How much pain relief is enough? When does your pursuit cease? Many patients I see are in constant pursuit of pain relief and that pursuit never ends. They are never satisfied. The pursuit has become their life. They become tired, fatigued, frustrated, angry, and hopeless. There is growing futility and bondage.
- 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. The *want* becomes a demand. That may be very good when you have a job or a task to do. It helps you complete the task. However, focusing too much on relief may only aggravate the pain. I call this the *boomerang effect*.

- Third, consider others - family and friends. Depending on your response to your problem, they might be thinking: *How can it be that life should center on one person?* This usually results in *strained relationships*. Relationships are not really the problem; it is people. There is no edifying and building up, and tensions often result.
- Fourth, consider God. How has your relationship with Him grown and how has your relationship with Him enabled you to get victory?

What is your answer to the question is the price too great. You can tell by the effort and money you spend in seeking relief and by assessing your response when you don't get the relief you want. Some people agree that the cost is too great. Assuming that is you, the next question to ask yourself is: Is there a superior answer to the "power of positive thinking" and if so, what is it and how do you find it? A place to start is by defining *victory*. Victory 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. Victory, then, 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? The answer requires you to choose a standard. This takes us back to our first question: What should your *focus* be in regard to your body problem? Everyone has a focus and a standard. God made us that way! Choosing a focus requires a standard. So what is your standard? Tell me your standard and I will tell you how to spell victory. One of your problems may be your standard. Consider and answer these questions: 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 is your answer? Does the Bible have a solution to your dilemma: *pain is a problem?* Is pain the problem or are you the problem? How is the Bible's answer superior to your present solution?

Assuming that God's word is your standard, ask yourself what you invest your time in, what you value, and what you think is important. What God says in His Word is what believers should value, think important, and invest their time in. So what is God's answer and is it connected with victory? Simply God's answer is this: *satisfaction* and *contentment*, even *joy*, 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 and countercultural, I will say it several ways.

- Victory occurs in the context of daily discomfort and unpleasantness. When you use it to become like Christ that is victory. Why? What is humanly impossible to obtain is attainable only through God's grace (2 Corinthians 12:7-10).
- Victory is seeing and accepting God's goodness in the situation. Why? There is nothing that 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 even when it does not feel like it.
- Victory is responding to the illness, not as a burden but as a blessing and an asset to your personal growth and ministry. The essence of ministry is love. God ministers to His people including YOU in every situation. Jesus remained on the cross in order to complete His Father's work. Love is defined by the Bible: it is giving, to meet a need, no matter the cost, and with the right motive (John 3:16; Galatians 2:20; Ephesians 5:2, 25). Jesus remained on the cross because of the greater good for Himself and God's people.

Why does God say that hard times (but also easier times) are the way to define victory? One reason is that the three characteristics above are the way Jesus Christ lived as the Victor. He did so by pleasing His Father (John 4:31-34). And He pleased His Father because He was united to Him (John 10:30). Further, God placed His people in Christ -- they are in relationship to Him (Ephesians 1:4). And God is in the business of making His people more like His Son.

Therefore, Christlikeness means you are not being controlled by the unpleasantness, discomfort, circumstances, pain or your desire to have any or all of them changed. Rather, you are *using* what you do

not like to grow and change. This is one lesson of the cross (1 Corinthians 1:18-31). That is radical thinking contrary to the culture, and it results in a radical victory. This radical victory requires something that you don't have unless you are a believer: you are a new creature in Christ with a new heart, a proper relationship with Christ, the indwelling Holy Spirit, and God's saving and sanctifying grace.

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 in any and every situation. Life is thus simplified.

So, how do you define the *victorious life*? Are you willing to settle for the power of positive thinking which excludes God? Or are you willing to take a look at what God has for you in His Word? When you do, pain relief may or may not come. But what will come is a satisfaction and contentment in this life that transcends all human understanding. If you desire help in this area, 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 have you learned?
2. How has it helped?
3. What changes do you have to make?

IS PAIN RELIEF ALL THERE IS?

Here are just a few of the comments by patients who are on the trail of pain relief.

- “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 I can’t get them done,”
- “Stress makes my pain worse,”
- “Pain makes me nervous and depressed,”
- “I am doing the best I can, so don’t get on me,”
- “I don’t want to depend on medications,”
- “If this much pain is present now what is going to happen in the future?”

After years of hearing these comments day after day, I asked myself: “Is pain relief all there is to practicing medicine and to life?” My answer now is “no.” That answer forced me to face the issue: “What if I can’t produce what the patient wants?” That question required me to rethink my goals, expectations, hopes, and agenda in taking care of patients. I needed a standard to follow. What would it be?

Having done that, I now ask patients the same two questions that I once asked myself. Generally, they tell me in some form or fashion that they are doing the best they can. I believe them. However, their answer doesn’t help with a solution, and there is still the issue of “what if the pain remains” to consider. I now ask them what if you can’t get pain relief. And more to the point: Is there anything better than relief? I want them to come to believe and eventually act on the fact that “yes, there is.” How do I do that?

In the middle of the situation, and even prior to the onset of pain or worsening, all too often the desire for pain relief is all-consuming. This happens when your desire for pain relief is an end in itself. When that happens, your desire is not part of an overall program of good stewardship (see previous papers in this series regarding the issue of taking care of your body). As a result, the pain, and your desire, even demand for pain relief, manage 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. If he had no pain upon awakening, he sets off on daily activities trying to accomplish all things he wasn't able to do the day before and at the same time wondering when pain will come. He focuses on his self-generated window of opportunity for function. If there is pain, his only plan is to *deal with it, handle it, cope, or just get by*. A cycle of thinking, wanting, and wondering what will happen dominates and controls him and his day. He will either function as a *couch potato*. This person assumes that because activity and movement worsens things he shouldn't move or he should limit his activity. And he does. Or he functions as *road runner*. He simply goes and goes either trying to take his mind off the physical problems, or trying to accomplish all that he believes he failed to get done when he felt bad. Am I describing you? What may be the result of all this?

First, all people live out of an identity. If you label yourself as a *pain sufferer*, there will be a constant awareness and wonder: how much pain relief and for how long? Your origin, purpose and destiny is subsumed under how you identify yourself. There may be minutes, hours, or even days of little or no pain. However, when wondering sets in, this only heightens a person's concentration on pain and relief. As a result, pain tends to intensify creating the desire for more pain relief. The outcome is exactly the opposite of what you are trying to accomplish. Pain returns or worsens. Focusing on pain generally generates more pain. In this way, pain begets more pain. I call this the *boomerang effect*. Your identity directs you as you set an agenda and pursue it often to the exclusion of others and other things except to get.

Second, there are always questions regarding medication: Will they work, and for how long? When will I need another pain pill or injection? What will be the result? There may be side effects from the taking of the medications including the cost and adverse effects on the body. There may be a dislike, even disdain, for taking medications especially for something that you don't like and don't 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, there are others around you. The desire for pain relief may color every aspect of your life. Thus, people may be seen through the “eyes of pain” as a help (do they help you get relief?) or hindrance (do they make it hard for you to get pain relief and easy to complain?). The pain may even be 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 may well be using people to get what you want: pain relief or lessening pain.

Fourth, a common occurrence is visiting doctor after doctor. The idea is something like this: “Just one more doctor who may tell me what I want and need to hear.” “Just some doctor who will give me some hope of finally getting pain relief.” The desire for pain relief holds you in its grips; it 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 and seek it apart from a desire to take care of the only body God gave them, don’t usually find it. Patients believe convince themselves that a little relief is better than none at all and live as if all that matters is just a “pinch” of pain relief. This is bondage.

That brings us back to one of the original questions: Is there anything *better* than pain relief? And further, is it even *possible*, let alone *better*, to live life not controlled by pain or the pursuit of pain relief? Everything within us, and much around us, says that pain relief, even though not permanent and only short-lived, is what you deserve and should seek. Why is that? It is because the culture and people are convinced that we deserve pain relief, that we would feel better *and* could accomplish more if we hurt less. Thus, it seems reasonable to pursue pain relief.

However, as we have mentioned in earlier paragraphs, that approach is futile and counterproductive in the end, because it is simply 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? Yes, to all of those questions. If you had a machine that did not work correctly, you would get out the owner's manual. You would because the manual was written by the one who manufactured the piece of equipment. For the problems we have been discussing, 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 is being satisfied and contented with God and consequently life even when pain relief is impossible. Where does this satisfaction and contentment come from?

- It comes from *pleasing* God using a body that does not always work like you would like.
- It comes from *responding* to and *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, accepting, and acting on God's goodness, especially in the situation—because God is in the situation working for your good.
- Joy, satisfaction, and contentment *come from* each of the above as one *pleases God* when it appears to be humanly impossible.
- 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. I have had people repent of “getting on God’s case.” They come to agree that God is in control and anger at things and people is anger at God. That is a good start! What follows is also a move in the proper direction: they look forward to heaven where there is the living God without tears or pain. But they tell me they can’t wait it for heaven. They must have relief NOW. They missed the beauty of the journey.

The answer to the question – what is better than pain relief – takes us back to the beginning. That is a good place to start. What beginning? We must start at the beginning of creation because that is where the Bible starts. The issue for you and me in this life is summarized in the question: What is man’s chief end? In other words, originally, what was God’s purpose for creating man? The answer is to glorify 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 think, desire, and act according to what he has been designed for by God. What is that? It is to please God (2 Corinthians 5:9: *So we make it our goal to please him whether we are at home in the body or away from it*). However, when Adam sinned, every person sinned with and in him. God considered Adam’s first sin mankind’s sin. As a result of the fall and our relationship with Adam, every person is unsaved and is unable to please God and thus fulfill God’s original design. At salvation, the person is given a new heart with the orientation and desire to please God. Only the believer can please God. When you, believer, please God you are like the train on the track rather than in the water trying to be a boat. You are like the airplane in the sky rather than on the road 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 as you were designed to 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 being “in Christ” – saved. This means that he has a close, growing relationship with God. If you are “in Christ”, then you are in saving, satisfying covenantal relationship with God: He is your Father, and you are His child.

- When you are living to please God, God is delighted *and* you are delighted. As your Father, you will seek to delight Him 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.
- Life is simplified, and goals and directions are clear. Just think: pleasing God as your life-goal narrows your choices in terms of what you think, feel, and do. The aim of pleasing God will affect how you handle situations that are difficult and downright unpleasant including your body.
- Your hopelessness will be replaced by hope. This hope is not some “hope so” *hope*, but a *confident expectation* that since God is *present* with and in you (through His Holy Spirit), your God-given joy can’t be taken from you no matter what the circumstances or hard times.

Consider Psalm 37:23-24: *“If the Lord delights in a man’s way he makes his steps firm; though he stumbles 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 your joy is not dependent on circumstances and since God does not change, your joy and delight, and other gifts from God, will not. And 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 (James 1:8; 4:8). 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. That is hope which leads to a simplified life!

Consider Psalm 1:1-3: *Happy 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 scoffers; but his delight is in the law of the Lord and on his law he meditates 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 in the Bible clearly points out that happiness and a *worthwhile* life come about when you live a life that is set on pleasing Him. Moreover, that is what believers were designed to do.

How is that possible, you ask? It is possible one way only—through a personal, 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, when circumstances are hard, and when there is misery all about? The Bible tells us. Let's look at what it has to say.

One: Begin with Jesus and His relationship to the Father. That relationship had significance impacting all of Jesus' life. How did Jesus live? Jesus came to do His Father's will, to please His Father, and complete the work He was sent to do:

v.31: *Meanwhile his disciples urged him, "Rabbi, eat something."*

v.32: *But he said to them, "I have food to eat that you know nothing about."*

v.33: *Then his disciples said to each other, "Could someone have brought him food?"*

v.34: *"My food", said Jesus, "is to do the will of him who sent me and to finish his work."*

John 4:31-34

Pleasing God *motivated* Jesus to leave heaven and live as one of us (yet without sin). It was His rule of life. His pursuit of that goal kept Him on track, and His life was simplified. However, that does not mean circumstances were to His liking or that life was easy. Rather, He viewed His circumstances through His goal and His goal through the circumstances. Therefore His focus was always right on: He pleased 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 even *consumed* Him. Therefore, He left heaven; was born of a woman in a dirty, stinky stable or cave; was born under the law; and came to His own who did not receive Him (theologians call this His humiliation). Rather, He was rejected and mistreated by the leaders, was misunderstood by His family, and was deserted by His disciples. Even after His resurrection many of His own people did not believe that He arose from the grave. Yet, clearly, Jesus is the Source and Giver of abundant life (John 10:11,14: *I am the good shepherd. The good shepherd lays down his life for the sheep. I am the good shepherd. I know my sheep and my sheep know me -*).

There was purpose in what Jesus did: there was a good God to glorify and a destination 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 that every knee is to bow and every tongue confess that Jesus is "Lord" (Philippians 2:9-11). In the end, all believers will be seated with

Christ in the very presence of God. Jesus' eternal destiny was one motivation for Jesus to please the Father while on earth. The eternal destiny that awaits believers should be a motivating force in their life. A failing body does not deter the believer' from his destiny. Rather it highlights it because God's grace is more than sufficient for every believer. When the believer is placed in a position of weakness then he is strong because he must depend on God and grace (2 Corinthians 12:7-10) He begins to get a taste of heaven as he becomes more like Christ.

Believers are urged to keep their eyes fixed on Jesus, the Victor, Who is the Author and the Completer of their faith:

v.1: *Therefore since we are surrounded by such a great crowd of witnesses, let us throw off everything that hinders and the sin that so easily entangles, and let us run with perseverance the race marked out for us.*

v.2: *Let us fix our eyes on Jesus the author and perfecter of our faith who for the joy set before him endure the cross, scorning its shame, and sat down at the right hand of the throne of God.*

v.3: *Consider him who endured such opposition from sinful men, so that you will not grow weary and lose heart.*

Hebrews 12:1-3

Fixing one's eyes on Jesus means several things including:

- Being motivated by a desire to please God rather than self,
- Thinking as Christ did, desiring what Christ desired, and responding as Christ did,
- Striving to become like Christ as a child of God,
- Investing in one's relationship with Christ by becoming like Him in thought, desire, and deed.

In these ways the believer will endure, that is live as a God-pleaser out of awe and thankfulness. Faith's object is Jesus Christ, and keeping one's focus on Christ always results in *endurance* which enables you to bear up under and stand firm in hard times (See my book, *Biblical Endurance: What It Is and How It Looks in the Believer's Life*).

Second: God began a work in believers and expects a return on that work. He changed hearts (desires and thoughts) so that believers are now able to redefine life and problems God's way. That redefinition is moving from *getting what I want* to *doing what God wants* God He deserves it. Life is not spelled *relief* but as *opportunity* to please God in thought, desire, and deed. A person's bodily problem

and accompanying pain is a unique opportunity. It may seem easier for believers to please God when there are no hard times. Yet it is in hard times that the believer is striped of his resources including self (2 Corinthians 12:7-10). His focus is to be on the God who made you, saved you, and sent His Son to die a bloody, painful death in your place as He bore your penalty that you rightly deserved. Therefore, you can seize the opportunity to please God by using your physical problem to grow and change out of awesome respect and gratitude for your God.

Moreover, you will begin to rejoice (*consider it pure joy*) in various kinds of trials (in this paper we are speaking of medical problems). How can that be you surely you ask. In trials – situations that God has brought into your life - your faithfulness will be tested in order to refine and prove faith genuine (James 1:2-4). Faith is a gift and God does not give bad gifts (Ephesians 2:8-9). How are you using the gift?

v.2: *Consider it pure joy, my brothers, whenever you face trials of many kinds,*

v.3: *because you know that the testing of your faith develops perseverance.*

v.4: *Perseverance must finish its work so that you are mature and complete not lacking anything.*

James 1:2-4

And when trials (situations and people) are handled God's way, it is because of persistence in pleasing God. The full effect of endurance is the completing of what is lacking in every believer: a more mature faithfulness. The mindset of rejoicing in trouble for the goal set before you leads to hope and a simplified life.

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 endurance brings – responding in thought, desire, and action with a singular purpose of becoming like Christ. 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, armed with this biblical truth, it should be *easier* for you to recognize and appreciate *I don't like* situations as potential blessings, even gifts, from God. God's purpose in them is to strengthen and complete your faith by developing endurance. Thankfulness will replace groaning and complaining (1 Thessalonians 5:18: *give thanks in all circumstances for this is God's will for you in Christ Jesus.*).

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: 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). The triad of hope, endurance, and obedience (applying biblical principles to all of life including responding in a God-honoring manner to hard times) hang together and is essential to growing and changing.

Third: Pleasing God is responding to lack of pain relief in a way that develops more of the character of Christ:

v.28: And we know that in all things God works for the good of those who love him who have been called according to his purpose.

v.29: For those God foreknew, he also predestined to be conformed to the likeness of his Son that he might be the firstborn of many brothers.

Romans 8:28-29

Pleasing God must be the believer's motivation in responding to all physical problems, including pain.

When you experience daily discomfort and unpleasantness and use it to become more like Christ, that is endurance which will bring forth a maturing of your faith (James 1:2-4).

Elsewhere, Paul speaks of believers actually boasting of what God in Christ has done for them, is doing for them now, and will do in future glory. Paul expects the believer to be excited about troubles because Paul and the believer know that handling suffering and trouble God's way pleases God. 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 – *he is not under the circumstances* (Romans 8:35-37). 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. This is the best thing for the believer this side of heaven.

As good as the above is, biblical hope does much more. Hope produces:

- Patience and endurance (Romans 8:24-25; 2 Corinthians 4:16; 1 Thessalonians 1:3),
- Confidence and boldness (2 Corinthians 3:12; Philippians 1:20),

- Greater faithfulness, love and knowledge of the truth (Colossians 1:4-5; Titus 1:2),
- Energy and enthusiasm with the ability to labor and work (1 Timothy 4:10),
- Stability: hope is a safe and secure anchor (Hebrews 6:19) and
- A more intimate and personal 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: *as a result we don't give up though our outer man is decaying because our inner man is being renewed daily*. Only as Paul experienced and witnessed inner man renewal each day did he have true hope (see my pamphlet: *What To Do When Your Body Fails You* on my website).

Peter expresses this same idea using the metaphor of fruit bearing (2 Peter 1:3-9). Peter urges believers who were exposed to false teaching and 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 in a God-pleasing manner (2 Peter 1:3-4).

Fourth: The Bible has a high view of believers. Sometimes Scripture speaks of them not just as believers or even overcomers or as victors but something more. In Romans 8:37, Paul speaks of believers as *more than overcomers - more than victors*. Only believers can be such. The reason hinges on a personal relationship with a personal, sovereign God through Christ claimed by faith Who causes all things to work together for good. Earlier, Paul had defined that good: it is to be like Jesus Christ (8:28-29). In verse 35, Paul refers to Christ's love which He demonstrated to and for His people (Romans 8:35). This love is foundational and the reason why believers are and can function as more than conquerors.

v.35: *Who shall separate us from the love of Christ? Shall trouble or hardship or persecution or famine or nakedness or danger or sword?*

v.36: As it is written, "For your sake we face death all day long. we are considered as sheep to be slaughtered.

v.37: *No, in all these things we are more than conquerors through him who loved us.*
Romans 8:35-37

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 seven *whats*. He includes all things that God or what some people term life can

give anyone – and then some. The list is very impressive and comprehensive, including troubles in general and in particular, persecution, famine, poverty, danger, and sword.

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, and believers as putty in the hands of things and circumstances. Paul realizes that is bad theology!

In verse 37, Paul makes clear what he is saying: NO! *in* all of these things we are more than conquerors - overcomers through the One who loved us. Notice that he doesn't say *out* of them! Rather, Christ is the Overcomer *par excellence*. Because He is and believers are in Him, believers are overcomers and victors. Circumstances are not the believer's identity. The believer is a victor in Christ and therefore must function as such. Believers are more than conquerors because getting by, getting through, or getting out of troubles were 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; Genesis 50:19-21) is the Bible's definition of one who is *more than a conqueror*.

People do respond to the things that Paul's speaks. Recall the phrases mentioned in the opening paragraph of this pamphlet. I have rephrased them. Too often, the believer expresses himself as given in those opening statements. However, they capture the mindset of a biblical loser. You may consider that a hard saying. But God did not save a people to Himself so that would identify themselves and function in that fashion. Relook at those phrases they speaks of volumes:

- "I am trying to cope" (they are copers);
- "I try to tolerate it" (they are tolerators);
- "I am trying and doing the best I can" (they are try-ers and best can-doers);
- "I will just accept it" (they are acceptors);
- I am getting by" (they are get by-ers);
- "I am trying to survive" (they are would-be survivors);
- "all I want is to be as normal as possible and feel better" (they are normal as possible-ers);

- “Just one day at a time” (they are one day at a time-ers).

In the face of all these things, Paul asked (Romans 8:35): Are we to be just copers, tolerators, try-ers, best-doers, acceptors, get by-ers, survivors, one day at a time-ers, 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 *NO* in them) we are more than conquerors. Get the picture: victory is because of the believer’s status: he is in Christ and therefore he is 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 the functional impact of the believer’s status as a child of the King. For the believer who is functioning as 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 thinking, wanting, and acting as more than a conqueror. How can Paul say these things? He could because Christ was the ultimate more than conqueror. Through His infinite love which no believer can lose, He came into this world and established a personal relationship with each one of His people including you believer. He invested you personally and corporate (the Church) with the Holy Spirit. Since all things work together to make believers like Jesus when responded to using biblical principles, believers are “more than conquerors when they are seeking to please God, using hard times as God’s instrument 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 victorious thinking, wanting, 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. He knows that purpose is good for him and good now. The good and God’s purpose are one and the same: for the believer to become more like Christ.

Victory is also responding to the illness, not as a burden but, as a blessing and an asset to one’s personal growth and ministry as well a concern for others. Paul discusses victory in Philippians 1:12-18.

He was in a Roman prison, yet he did not consider himself a Roman prisoner but a prisoner of the Lord.

His imprisonment was to advance the gospel.

Peter discusses the believer as more than a conqueror under the subject of testing and approving one's personal faith.

v.6: In this you greatly rejoice, though now for a little while you may have to suffer grief in all kinds of trials.

v.7: These have come so that your faith - of greater worth than gold, which perishes even though refined by fire - may prove genuine and result in praise, glory, and honor when Jesus Christ is revealed.

1 Peter 1:6-7

It is in the very hard times of persecutions that the Holy Spirit makes clear that a believer's faith and faithfulness (right use of his faith both of which are gifts from God) must be refined - proven genuine. Not infrequently, believers have no clue that their faith is imperfect and that their imperfect faith is *no big deal* even though the object of their faith (Jesus) is perfect. Therefore, the believer's faith and his faithfulness (use of the gift of faith) must be purified because his God is pure. 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. God deserves a perfected, purified faith.

Trials and hard times are one of God's most prominent ways of testing and refining faith. Such is one lesson of the cross (1 Corinthians 1:18-31). In verse 6, Peter exhorted his people that they should be glad/rejoice in and about their situation even if now they are sad and grieve because of the many kinds of trials. The gladness comes not because of the trials, but because the Christian is aware of God's purpose in bringing hard times: to test faith in order to prove it genuine. But Peter knew that the purpose behind this approving process is more than simply for the individual's benefit. He goes on to say that perfected faith of the body of believers results in perfected believers which glorifies God - their faith will be found to praise and glorify and honor when Jesus Christ is revealed. Peter pointed to the God of those trials and encouraged his congregation to rejoice over what trials and hard times were designed to do for them and for the God Who designed and provided them. Peter knew this firsthand (John 21).

When you think about life (actual God's providence) 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 and the joy of His salvation.

In fact, God's way simplifies life taking less of your time and energy. As a believer you can always develop Christlikeness in hard times and thus have victory. Jesus Himself matured in suffering by learning obedience. He learned to please God and not Himself (Hebrews 2:10; 5:8). Obedience can be and is learned. What was it that taught Him? He learned from what He suffered (Hebrews 2:10; 5:8). The word translated suffered speaks of things coming at Jesus. It speaks of what He experienced. Jesus was not a victim to His circumstances, but rather was the Victor, because He interpreted His situation from God's perspective.

So, in the same way that Jesus was placed in situations and identified with the believer's choice to please self or to please God especially when things were unpleasant, all believers are called to think, desire, choose, and act as Jesus did. That was God's original design for them (Ephesians 1:4: *For he chose us in him before the creation of the world to be holy and blameless in his sight.*). Jesus was able to please His Father because He knew His Father (He had a personal relationship with Him), He knew His Father was good with good purposes, and He knew that pleasing God had benefits for Himself and others for this present life and for the life to come. He knew heaven was His home.

Life is about this primary choice of pleasing self or pleasing God. The believer is locked in the never-ending choice of choosing satanic counsel and logic and pleasing self. Or he will choose to please God. Pleasing self and pleasing God are mutually exclusive. They are totally opposed to one another. Unless one draws his satisfaction and contentment from pleasing God, he will seek physical and temporal relief but not as a good steward. His goal is *a piece of heaven on earth* (a non-failing body) which is contrary to God's design. Rather the believer does have a piece of heaven on earth through his relationship with Christ and the indwelling Holy Spirit.

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:

1. “I can’t function because of pain”: Now, “Maybe I can’t function like I would like, but I can please God by being responsible and using my body 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 some of them no matter how I feel” (2 Corinthians 5:9).

2. “I just want this to go away so I can get on with my life.” Now, “In my case getting what I want is not Christlikeness and will not give me satisfaction. God is not my errand boy. Christ’s attitude as He faced the cross was not my will be done but His Father’s. Therefore, I trust 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).

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

4. “Stress makes my pain worse.” Now, “I need to define that term. It really isn’t the stress - the situation and people - but how I am thinking and responding to them. 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).

5. “Pain makes me nervous and depressed.” Now, “I know pain does not make me think or do anything; when I am tempted to get into a black hole, I ask myself what is in my thinking and wanting that needs to change? It’s probably my focus on getting pain relief and not on using the pain for my benefit and God’s glory. My *think list* will help me to function as a victor” (2 Corinthians 10:5; Philippians 4:8).

6. “I am a good tolerator of pain and I am doing the best I can.” Now, “Why would I settle for tolerating pain when I know that God has something more important for me and others. I need to think His thoughts and minister to others. So I get busy asking what can I do for my neighbor and do it” (Romans 8:35-37; Isaiah 55:8-9).

7. “I don’t want to depend on medications.” Now, “God has been gracious to provide for me—and others—enabling me to take care of my body. Medications may be a way to help me be a good steward. I must pray about them as I am busy now as a good steward: being thankful, rethinking my attitude, and asking questions regarding medications” (Ephesians 5:20; 1 Thessalonians 5:18).

8. “If this much pain is present now what is going to happen in the future?” Now, “Only God knows the answer of how long. I don’t want to sin as Job did. I know that God will not exceed my ability to think and act in a God-honoring way. His grace is available in abundance. So, I am training myself to focus what 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, irrespective of your circumstances because God is faithful. He has promised in His Word that He is the God of circumstances. He has set out His plan for believers to be used in all situations for His honor and glory. I do that by growing and changing into the character of Christ in terms of thinking, wanting, and doing. Jesus was the only person with Whom the Father was well-pleased (Matthew 3:17; 17:5). The Father is transforming every believer into Christlikeness 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?
4. Specifically, what is better than pain relief and what is your basis for your answer?
5. What are disadvantages in seeking pain relief at all costs?
6. How is it possible to live as a God-pleaser given your situation?
7. How does the Bible define victory as given in the paper?
8. What resources do you have?