

Coordinator's Message
7/25/06

In my research of pain conditions and treatments, I continue to come across language that reflects stereotypes or assumptions about people with chronic pain. One thing I've noticed is a term frequently applied to these individuals: *pain patients*. Of course, medical professionals use many common terms, such as *diabetic patients* or *dialysis patients* and this is accepted. While I support the concept of pain being viewed as a condition no different than other diagnoses, I have a struggle over the term *pain patient*.

There are so many misconceptions about pain, and I wonder if this term might not contribute to them. Perhaps the worst thing about it is that it reflects a one-size-fits-all mentality toward people with pain. I have had numerous conversations with individuals being treated for pain, and many of them report that they observed a palpable change in attitude toward themselves once it became known to medical service providers that they were a *pain patient*.

It is quite common for us as health care providers to identify individuals by their condition or diagnosis. You've seen or heard it around hospitals: "We admitted another *appendectomy* last night." Although this practice does offer some privacy to the patient, it also may not be perceived as particularly respectful. I also suspect that few negative connotations are associated with appendicitis. However, that may not be the case with a *pain patient*.

So the question is, when does a person begin to lose his or her individuality after being repeatedly referred to as a *condition*? Earlier this year, an American Chronic Pain Association publication ran a series of articles on this topic, written by Penney Cowan, ACPA Executive Director. In "Ten Steps from Patient to Person," she focuses on the effort to "remain in the role of a person, not a patient, and continue to grow personally."

For those of you not familiar with this article, here is a brief summary of the 10 steps.

1. Accept the Pain -- Learn about it, understand it and deal with the fact of pain in your life.
2. Get Involved -- Move from a passive role to take an active role of partnership in your health care.
3. Learn to Set Priorities -- Look beyond your pain to things that you would like to do toward a more active life.
4. Set Realistic Goals -- Make them attainable and celebrate the successes.
5. Know Your Basic Rights -- Empower yourself and insist on respect for your basic rights.
6. Recognize Emotions -- Our mind and body are one. Dealing with your feelings reduces the stress, which decreases the pain.

7. Learn to Relax -- Relaxation exercises can help in reclaiming control of your body.
8. Exercise -- Unused muscles feel more pain than toned, flexible ones. With your doctor, find a program that is safe and build your strength.
9. See the Total Picture -- Choose to focus on your abilities, not your disabilities. You will grow stronger in your belief that you can live a normal life in spite of chronic pain.
10. Reach Out -- Share what you know. We all support and learn from each other.

With respect to the challenges that some individuals experiencing pain may have in pursuing these steps, I hope that you will give some value to them in your quest to reclaim an identity apart from ongoing pain. You can find the referenced articles by Penney Cowan at the American Chronic Pain Association Web site: www.theacpa.org .

Too strong a focus on semantics and terminology can be divisive, and that's not my purpose. But if we want to assist people in their quest to remain "people, not patients," we need to see them that way ourselves. With our human tendency to label or generalize people, we must work to pause and consider the individual.

For my own first step, I'm going to use the term *person with pain* instead of *pain patient*.

Diana