

DR. KEESHA EWERS: Welcome back to the Women's Vitality Summit: Caring for Yourself, Body and Soul. This is Dr. Keesha Dr. Keesha, your host, and I am so pleased to be interviewing Dr. Beth Darnall for this session. She's a clinical associate professor in the division of pain medicine at Stanford University, and treats individuals and groups at the Stanford Pain Management Center. She is the co-chair of the Pain Psychology Task Force at the American Academy of Pain Medicine, and in 2015, received a presidential commendation from them.

She's also the author of *Less Pain, Fewer Pills* and *The Opioid-Free Pain Relief Kit*. Her upcoming book *The Surprising Psychology of Pain: Evidence-Based Relief from Catastrophizing and Pain* is due out in 2017. As a pain psychologist, she has 15 years of experience treating adults with chronic pain, and she's lived through her own chronic pain story herself. Welcome to the Summit, Beth.

DR. BETH DARNALL: Oh, thank you so much, Keesha. It's a pleasure to be here.

DR. KEESHA: You know, this summit is about women's vitality, and I often stop for just a second to explore the word vitality, and what it means, and of course, it's our life force, it's our sparkle, and our dazzle, and our passion, and everything that makes life juicy and wonderful to live. I think one of the most profound drainers of vitality is pain. Would you agree with that?

DR. BETH DARNALL: I completely agree. And it's a universal human experience, so it's important for all of us to understand how to plug that leak as best as possible.

DR. KEESHA: You know, you and I talked on my radio show not that long ago, and I just said, "Oh, my gosh. We're soul sisters. I have to be friends with you for the rest of my life," [laughs] and I was so excited to meet you.

Part of the reason I said that is because this understanding that pain is a universal life experience, and that it's not something that you go through and then put away and then never think about again, but it's a skill to deal with it that you have to develop. I know that you have a lot of great ideas about what we ought to be doing in our school system to help our children learn how to manage it, right?

DR. BETH DARNALL: Absolutely. Yeah, you really nailed it. It's just completely universal. Pain - the experience of pain - and, you know, if we live long enough, we will experience chronic pain in our lifetime. But even just physical pain, emotional pain, we tend to put those in two distinct buckets, but it turns out they're not so distinct after all, and for that reason, having a nice conversation about pain and how to best manage it, it's something that all of us can benefit from.

DR. KEESHA: When we talk about physical and emotional pain being less different than we used to think, talk more about that.

DR. BETH DARNALL: It turns out we tend to think of pain as being very physical, it's a sensory experience, you feel it in your body, and when we feel pain in our body, we tend to really focus on that body part where the ouch is located, and this is a pretty natural phenomenon. We're hardwired to attend to the pain, to the location of where we feel the pain in our body. But it's a really shortsighted approach, even though it's very human for us to do that. It's shortsighted, because it turns out that pain isn't just the ouch we feel in our back, or our hand, or wherever we're feeling it in our body.

It turns out that pain is both a negative sensory and emotional experience, and this is the definition of pain that was put forward by the International Association for the Study of Pain. This is sort of the universal, global definition of pain: is that it's negative sensory and emotional experience.

What does that mean? It means that how we feel about our pain - our responses to it, our psychology - is a major part of the definition of pain. It's half of the definition of pain, and it's really overlooked. It sets the stage for us to begin understanding that our emotions have a profound influence on what we experience; what we know to be a purely sensory experience of pain. In fact, it's both, and what we know from the research is that when we're suffering emotionally, when we have emotional pain - fear, depression, grief, these are just a few of the emotions that we know to be difficult or that we can suffer from - when we experience those emotions, we are also more sensitive to pain.

DR. KEESHA: I experienced this in hospice when I used to work with people that had terminal illness - and they had six months to live, so they already knew that they were on their way out - experienced different degrees of pain, and there's a pretty standard bucket list of medications that we give to people in that space.

It was fascinating, though, that there could be this standard list that you'd draw from to help alleviate pain - palliative care - when someone is dying of cancer, or any other terminal illness, and yet, different doses are required for different people, and what I started to discover on my own is that people that were afraid of dying needed more pain medication. People that didn't have their affairs finished up or tied up neatly, that were worried about the people that they were leaving behind, hadn't cleared up family feuds, or conflicts, and were still out of sorts with a parent or a child, were actually requiring higher doses of pain medication--

DR. BETH DARNALL: Yep. Yep.

DR. KEESHA: -- that wouldn't even work. It wouldn't even touch the pain. And I started realizing this on my own, that these pain receptors that we think go nerve to brain, brain back to pain receptor site, that's not quite so linear as we've been led to believe. I think that's a really--

DR. BETH DARNALL: That's right.

DR. KEESHA: -- interesting development in the world of pain management, isn't it?

DR. BETH DARNALL: That's fascinating. Your description of your anecdotal description of what you observed with the patients that you would work with, that's really grounded out in the science that when are experiencing emotional distress, emotional pain, it leads to a higher requirement of pain medication, because we feel it in the body. It necessarily influences what we feel in the bod.

If you have more emotional pain, you have more physical pain, then that leads us to need higher and higher doses of pain medication, which, as you pointed out, tends to work less well. It's a slippery slope, and we can start to begin to understand how we can get into trouble with pain medication if we're not attending and treating these emotional and psychological aspects, not just of the pain, but of our lives. When you have pain, it's not just what you feel in that moment from whatever it is - a migraine. What's going to impact that migraine is everything that's going on in your life.

DR. KEESHA: The interesting thing is that pain causes emotional distress, and so it can become this vicious cycle, and I see it in women in my practice often that have migraines - migraines are a great example of this - where they'll feel the little twinge start to come on, the aura begin, and then they get freaked out because they know where they've been before with this headache. They know how much disruption it causes in their daily life. They know that it's completely inconvenient in this moment to be having this, and so they get emotionally distressed, which then feeds it, right?

DR. BETH DARNALL: Absolutely. And that's a brilliant example. That's what we call pain catastrophizing. What happens is the individual's – you become almost hyper-vigilant for the pain, because we can become so afraid of not wanting the pain, that we can start to monitor for it and worry about it. "Is that a migraine, is that tension in my neck? I know the tension comes and then the migraine comes."

People can become very fearful, hyper-vigilant for the pain, and then once it comes on, can start to catastrophize further. Really being fearful about the pain worsening, the consequences of it worsening, feeling helpless to do anything about it, this is what we call pain catastrophizing, and it's a common experience. It's also a very detrimental experience, because when we catastrophize our pain, if you think about it, catastrophizing is just how we think and feel about our symptoms; about our pain.

We can even catastrophize future pain. I could be sitting here completely pain-free, but worry about maybe having a future migraine, or back pain, whatever a person's pain condition is. It turns out that just worrying and catastrophizing about the possibility of pain is enough to actually bring on the experience of pain. That's number one.

Number two, once we have a painful experience - once we're having the migraine - catastrophizing will cause that pain to become amplified. What's interesting about it, Keesha, is that when we catastrophize pain, we're worried about it becoming worse, and what ends up happening is that we're unwittingly contributing to the manifestation of our fear. The fear is it's going to get worse, and that fear literally amplifies pain processing in the brain and in the spinal cord, thereby actually creating worse pain.

We end up learning that when we worry about something, it actually comes to pass, and it's very much a learned cycle, and it's very reinforced. The good news is there's treatment for it. We don't have to sit and suffer. We can treat this and we can learn how to calm our nervous system and take back our control so that we're not using our psychology to our disadvantage. We want to start using it to our advantage, because then that leaves us with more energy to have more vitality.

DR. KEESHA: Before we move on to the tools that we can use, I'm going to add one more thing that I think makes things worse. In my doctoral research, what I've found when I was looking at the impact of held onto emotional pain on female sexual desire, I've found that the word 'rumination' came up over and over again in the scientific literature, and that rumination is a part of a certain personality structure that's termed 'neuroticism' a lot. That going over, and over, and over the negative feedback loop going back again, and going back again, and that actually makes the pain that you can feel - or in this case it would ruin your libido level. But also, there's a certain level that I found when I was studying this, that women were feeling betrayed on so many different levels, and that betrayal can come from your own body.

So, if you're in a pain cycle, and you begin to feel that your body has betrayed you, then now you've created - instead of the collaborative relationship between your heart, your mind, your body and your spirit - now you have a war zone, and nobody wins in a war. There is no winner. I think that this is such an important discussion to have, that collaboration, that teamwork that we talk about being important on every level and every aspect of life is true for us as a whole.

DR. BETH DARNALL: I completely agree. I actually talk about that very thing in *Less Pain, Fewer Pills*. It's something that I've found to be very common - in particular with the women that I would work with - that there would be that sense of betrayal from their body, a sense that the body was limiting them. It was the impediment to living a full life.

A part of the treatment is actually coming into gratitude with one's body. I would actually guide women to come into awareness that their body was simply doing its best; that it was working as hard as possible under some very challenging circumstances, and if they could start to enjoin with their own body - partnering with their body, having compassion for their body and for themselves.

It's such a critical aspect of healing, because women would feel betrayed, if not just by their body, but they would also feel a deep sense of failure as a mother, as a partner, as a wife, as a coworker, as a friend. Relationships are incredibly important to women, and to feel that they were continually letting people down was devastating. In a way, they felt that, "My own body is letting me down," so to transcend this problem, the treatment is developing, cultivating, compassion for self, for others, for one's own body. It's just a wonderful, beautiful, transformative healing process.

DR. KEESHA: The flip-side that I've seen of this is that oftentimes, the body has tried to get the attention of the mind and say, "Hey, we need some attention down here, we're getting

burned out," and that pain becomes the doorway out of an overscheduled life: a migraine, menstrual cramps, headache, these kinds of things. Your neck going out, your back going out, an injury like a sprained ankle that happened because you're moving too quickly are often ways that you, somehow, have created a societally accepted way to opt out of your life for a period of time to rest and relax and rejuvenate. It wouldn't be the way that you would choose consciously.

DR. BETH DARNALL: Right?

DR. KEESHA: And so when I talk to women about cyclical pain, and what could be a possible secondary gain, they will often come to that: that my husband isn't doing what I think is his share when he gets home of the and so if I can go just put a towel over my head three days a month and be in my bedroom, it seems to rejuvenate me, and yeah, I'm going to now start asking for what I need instead of having to get to this point where I'm in pain. Not listening to our bodies when it's talking, really quietly trying to get our attention, and having to have it turn up the volume I think is another aspect to this, right?

DR. BETH DARNALL: Absolutely. It's almost frightening to hear you speak, Keesha, because these are the exact words that I use with the clients and patients that I work with. The trick, the solution, is to begin listening to pain when it's whispering; to begin attending to your needs, and to provide that level of comfort and treatment, and whatever it is so that the body doesn't go into these cycles of needing to scream and to essentially take you out of the game. That's what can be the case for many people.

Chronic pain, even episodic pain really requires that we make some major life adjustments and necessarily it will steer us down a pathway of improved self-care. I guarantee you in one area or another, there is a deficit of self-care that is begging to be filled, and pain provides the opportunity to explore one's deeper needs, and what sort of adjustments need to occur so that one can come into alignment with one's authentic self.

DR. KEESHA: Beautifully said. I can't even express enough how it's an opportunity for appreciation. I think unless you experience pain that takes you out in the way that you're talking about, there isn't, or cannot be, by necessity, the level of appreciation for a healthy, whole, and hail body and mind that you would not have known, had you not experienced that pain.

I think it's also a bringer of appreciation for a body that works - for these toes on this foot that take me around my world, these legs, these hips that support me, these opposable thumbs with five fingers on each hand that actually work.

When we're kids, we never think about that unless we've had something taken away from us, and I think that's one of the things I always heard elderly people say, is, "Youth is wasted on the young," [laughs] because they don't understand how lucky they are. I guess at the age of 51, I'm starting to sound like them. [laughs]

DR. BETH DARNALL: And it's so well stated. It's so true that it's not until we experience chronic pain or a major illness where we truly develop that deep appreciation for the gift of

health, and are then guided to begin to cultivate gratitude for the remaining health - or the current health - that we do have.

Imagine - even if we're 50 now - imagine if we were 80 what we would say to the 50-year old self, or to the 40-year old self, and there is much to be grateful for every day.

DR. KEESHA: It's so true. I think if you're in a chronic pain cycle, you lose sight of that. It's very difficult to see what there is to appreciate, and so I want you to start talking about some of your tools, if you don't mind, because I know this is part of it is learning how to come back to your center.

DR. BETH DARNALL: It's true. You just stated it beautifully, that it's easy to lose sight of what's going well, or what one may be grateful for when in the midst of a pain cycle, or in the midst of severe pain. It's true, pain gets our attention and really calls for us to focus on the negative: the pain, the emergency at hand.

I like to describe pain as being our harm alarm and it's designed to get our attention and to motivate us. A big part of chronic pain management is focusing instead of just on the pain or on the deficits - what we can't do because of the pain - a big part of rehabilitation and getting back to our lives and what we love is to begin focusing on what we can do.

What are the little things I can do today, even if I can't necessarily do everything that I wanted to do? Life is certainly going to be different, but what are the things I can do, even if it's just small pieces of what I used to do? We steer people to begin focusing on the positives: where are my assets, where are those opportunities? And to then begin creating goals: to begin moving, slowly, baby steps in the direction of cultivating and expanding, meaningful activities, social connections, positive relationships, movement, exercise, all of these things that tend to fall to the wayside when we have pain and our worlds begin shrinking and becoming smaller and smaller.

What I just described is a really basic template of pain psychology, where it's very much rooted on our thoughts, our feelings, and our choices. Helping people think differently, instead of just ruminating on the pain, or on the negative pieces of it, to help steer our mental focus. Almost like-- we could call it distraction, but the important point is to shift focus, because whatever we focus on grows larger. Therefore, if we're focused on our pain, what are we going to get more of?

We're going to get more pain, because it literally amplifies it in the nervous system. How we focus our attention determines how much pain processing occurs in the nervous system, so we want to shift our attention. And isn't it infinitely more pleasurable to focus on something nice, something calmer? So we'll begin to create strategies where individuals-- when they notice themselves having thoughts - ruminative thoughts, or negative thoughts - they develop a plan of action to begin steering their brain and their focus in a different direction; something positive. Gratitude's a perfect example of that.

DR. KEESHA: I also, several years ago in India, had a real mystical experience in a cave during meditation. I was downloaded this forgiveness practice, and I write about it now, and I've done a recording of it, and it was an intervention for pain. It was just so interesting to me at the

time, and I started realizing, "Oh, forgiveness. Of course." It's an intervention for low sexual desire for women, it's an intervention for pain, it's an intervention for all these things, because the body is not behaving as we are expecting it to, and we get angry with it.

We have to forgive ourselves, we have to forgive our body, we have to forgive those who have hurt us that we're ruminating about that is creating some more of the negative feedback loop, where that sympathetic nervous system's becoming aroused.

I often talk about what you were saying: you can sit there and think about pain and then have pain. Well, you can do the same thing, where you can sit and watch hummingbirds at your hummingbird feeder and then a negative thought comes in and just ruins your afternoon. Forgiveness becomes this amazing tool for healing pain, and that was very revolutionary to me. Is that in the pain world?

DR. BETH DARNALL: It's beautiful. Your description is perfect. Your experience is profound and unique, and I'm fascinated and would love to learn more about the information you received. What is clearly documented in the science is that compassion. Intervention for anger and injustice.

Feelings of injustice are common when we have chronic pain, and that can be, again, "It's not fair that I have pain," of course it's not. Those feelings of injustice. Particularly, maybe, perceived as unjust if a person has chronic pain because they were rear-ended on the freeway, got whiplash, now they have migraines, and somebody else directly caused the problem. It's natural to have--

DR. KEESHA: It's why you're doing this practice and it's so profound in this.

DR. BETH DARNALL: Yes. It is, because what we know is that while it's natural to have those feelings of anger or injustice or betrayal. If we hold onto them, they will undermine our efforts to reduce our pain, and what they are associated with is essentially the maintenance to pain.

It's critical to begin focusing on how to help move forward, even if we don't feel ready to completely say that a situation was okay, it's not about that. It's really just coming into a deep awareness that hanging on to anger and hostility, or whatever may be there, it actually ends up harming yourself. It doesn't harm the other person; it ends up harming yourself. Coming into that compassion, that gentleness, that forgiveness, it's really critical.

DR. KEESHA: That's actually a Chinese proverb: don't forgive; dig two graves instead of one.

DR. BETH DARNALL: Yes.

DR. KEESHA: Where not forgiving is like you drinking poison and expecting the other guy to die.

DR. BETH DARNALL: Exactly. Exactly. Well stated. What's interesting about pain is that I feel it's an exquisite example of the mind-body connection. We can talk about the mind-body connection in so many ways, but pain is a lightning rod. That feedback loop is almost instantaneous.

Everything where we would talk about a mind-body connection in a lot of different areas of health, it's really best exemplified with pain. For that reason, these mind-body interventions, we can really come in and intervene; we can change patterns of thoughts and emotions and choices, and even our physiology and our breathing patterns, and it has a profound impact on our nervous system and what we feel in our body in that very moment.

DR. KEESHA: It's so interesting, because my own history with auto-immune disease, which I haven't had for about 20 years now, but in my past, what I had to learn was that I'm not a victim of A: my genetics, because it's in my genetics - my grandfather had rheumatoid arthritis also - but B: that I, in every second of every breath that I breathe, have a choice about how I am going to be in collaboration with my body.

After getting diagnosed with RA, I went into yoga teacher training and learned to be a yoga teacher, because I found it so impactful on the level of pain I felt in my joints. Food had so much to do with it, but also my thoughts. I had no idea until the gift of rheumatoid arthritis about how much my thoughts impacted my body. One of the things I discovered is that you can't breathe into your belly and be tense at the same time.

DR. BETH DARNALL: Yes. Yes.

DR. KEESHA: Let's talk about breath work, because I think it's cheap, it's easy, you don't have to have special equipment; you can do it in your car. [laughs] It's like The Cat in the Hat, right? Or Green Eggs and Ham, "You can do it in a box, you can do it with a fox."

DR. BETH DARNALL: That's right. It's so true, and it's so important when it comes to pain. That deep belly breathing - that diaphragmatic breathing - that you're talking about, if you just practice it a few times, anyone who's listening, you practice some of that slow, deep, belly breathing - the diaphragmatic breathing - you just take a moment and just settle into your breath and really root yourself in your body and come to center in that way. It kicks off a very powerful and physiological response. Your heart rate will slow, your blood vessels will dilate, your muscles will begin to relax, your nervous system and your mind will begin to be calmed. We call this the relaxation response.

What's so important to know is that this relaxation response, it's literally medicinal, and it's healing, and it is an antidote for pain. Why is it an antidote for pain? Well, when we experience pain - physical pain, sensory pain - it causes a very predictable physiological reaction: our muscles tense, our heart-rate goes up, our breathing becomes short and shallow, our thoughts become focused on pain, and anxious. We call that a pain response. It's also a stress response. Pain and stress are very closely linked; they're literally the same thing.

What's important to know is that these automatic pain responses, they serve to amplify pain. That's the bad news: we're hard-wired to respond to pain in such a way that it feeds back into pain. We're not born knowing how to calm our nervous system and how to affect this healing, relaxation response, but it's learnable.

It's really simple to learn how to do this, and if you do it regularly, what happens is that you start to train your brain and your body away from pain, because it is the antidote to those pain responses that serve to entrench pain, and to make it worse. So, you're literally treating yourself. You're giving yourself a dose of mind-body medicine every time you do this, so it's more than just deep breathing.

It's funny, when I talk with people with chronic pain, and I'm teaching my classes, and I say, "You know, you probably told some people in your life at some point that you have chronic pain, and they may have said to you, 'Oh, I'm so sorry you have pain, have you tried that breathing thing?'" And it can almost feel insulting, because here you are with severe, debilitating chronic pain, and it's like, "Are you kidding me?" It's not just about breathing. And yet, and yet, it is. It really is, but the trick is it's in the rewiring of the nervous system, and that requires some dedication, some focus, just some regular practice.

If you think about it, the reason pain is chronic is because there are ongoing misfiring in the nervous system that needs to be corrected, and this didn't happen overnight. These patterns get entrenched over time. It does take some time to steer things in a different direction, to retrain the nervous system away from pain. What's cool about it is it's totally under your control. I love working with people with chronic pain and pointing them in the direction like, "Okay, yes, you have these medical diagnoses, and maybe we can't change your medical diagnoses, but you can do this several times a day, and over time it can add up to some big differences."

DR. KEESHA: It's so true, because our bodies are creatures of habit. We become habituated in whatever it is we repeat over and over again, whether it's thought patterns, or breathing patterns, or the way that we walk with our gait. It's fascinating, because the way that you respond to an emotion started when you were really little. You had your first anxiety, your first fear, your first anger, your first sadness, and it set up a response system inside your body.

Well, now, at whatever age you are as an adult, the second that you feel that same emotion, your body goes, "Oh, I know what to do with this," and sets up the pattern again. Now, it takes no time whatsoever to get from zero to sixty, and it's habituated, so when people are impatient and they just want to take the magic pill, you have to remind them and say, "Well, no, this has taken sometimes decades to get like it's the Autobahn speedway in your brain. There are no barriers, there are no cops, there's no speed control, it's just there. Now, you're setting up a different pathway and you have to take out a machete, and you have to create all new pathways in there. You've got to be patient and really, really set this up, because right now, you're on the Autobahn."

DR. BETH DARNALL: It's so true. Taking back control of our body theology, our thoughts, our responses, it's completely doable, and have patience, because it does take some time. But the nice thing is if you're dedicated to this work, you're going to get the benefit of

feeling better in the moment. You're going to feel better just by taking 15 minutes to do deep breathing and to affect this relaxation response, calm your nervous system, you will feel better right away. It's a temporary better, though. It's very temporary. But if you practice this regularly, you get the double-whammy benefit of rewiring your system, and what that leads to is lasting benefits.

You'll have a higher tolerance to stress, you'll have less pain overall, you'll have much better regulation over your thoughts and your emotional responses. A good way to think about it is that you'll be less reactive and less sensitive. Less reactive and sensitive emotionally, less reactive and sensitive physically, and that translates into a lot of benefits when we're talking about pain.

DR. KEESHA: So true. I did a recording of autogenic practice and progressive relaxation for people with auto-immune disease, and pain and stress that they're not adapting and coping with very well; anxiety, depression. Do you use autogenics at your pain clinic and with working with people when you teach them?

DR. BETH DARNALL: We do. It's less spoken about with the proper term, but so much of what we do is focusing on this core component on the relaxation response. Coming at it through the gateway of the breath, but going into much deeper, progressive muscle relaxation using positive suggestions in that state of deep relaxation.

I also use, in my own work, binaural audio in combination with these autosuggestions and pairing it with the deep relaxation. It's almost like you get a fast track to the nervous system when you combine these things together, and it allows us to rewire more efficiently than we would otherwise. What we're doing is we're helping to prime ourselves to recode what has been miscoded in the past.

DR. KEESHA: You called it the relaxation response. It's the other side of the internal alarm response, but it's also called the feed and breed response, this parasympathetic nervous system, and I like that term 'feed and breed,' because if you can remember that, it means you're not digesting properly when you're tense, and you also don't have any sex drive when you're tense. It means your hormones are going to go skiddywompus, and you're not going to digest very well, and that leads to a whole host of problems in the body, because without proper digestion, you don't have health.

Sometimes, just relaxing your belly and being able to relax your muscles and your mind at the same time is really all you need to heal. That sounds so simple, but, gosh, it really is. [laughs]

DR. BETH DARNALL: It is, and what happens, often, is that in that state of relaxation, there may be some uncomfortable feelings that emerge, and it can be amazing how much, as humans, we avoid emotional discomfort, and that can lead to ongoing problems. My own experience is a prime example of it. I have lived through that cycle of avoiding emotions and having it root in the body and then it being amplified further by catastrophizing, or these

negative patterns. Indeed, it really is about coming into that state of relaxation in a supportive environment.

If there's depression, anxiety, grief work that needs to be done, I just really encourage people to work with someone to help unpack some of those emotions so that they're not undermining and staying seeded in the body, amplifying the discomfort.

DR. KEESHA: Do you mind sharing your story? I think that it's, again, it's universal experience, and when other women hear other women have gone through this too-- there's a sense of isolation and loneliness in pain, I believe, when people don't realize that, "Oh, someone's come out of that. They've been through it and come out the other side," then it can be a lightning rod of hope.

DR. BETH DARNALL: Indeed, yeah. I had chronic pain as a girl, and it was relatively episodic, but later in my teens, it was much more frequent and was really impacting what I was able to do. It wasn't until I was 19-years old and it was my first boyfriend and we were in-- first love, all of that, and he was killed. It was a sudden, sudden, devastating death, and I was not equipped with the skills to handle that experience and that loss. And on top of it, I was pretty good at catastrophizing, even before this happened. I was a little bit of a worrywart about my pain, and then once I went through this loss, my pain was suddenly severe and frequent and debilitating, so I had more to catastrophize about.

On one particularly difficult day, I was away at college, far away from home, and my pain had flared to the point where I couldn't breathe, and I was terrified. I didn't know what to do and I just wanted answers. I wanted to know what was causing my pain and for someone to treat it. I went to the hospital at that time and they ran all these tests, they did what doctors are supposed to do, and everything was negative, so then they didn't know what to do. What they did was they sent me home with a prescription of Vicodin, and this was 1991, I believe. It might've even been 1990; it was a quarter of a century ago. They sent me home with a bottle of Vicodin, so they basically gave me opioids, and that prescription persisted.

Now, opioids are powerful painkillers. They also blunt emotional circuitry; they blunt our emotional experience. So, probably the worst thing you could give an individual who's grief-stricken and doesn't want to feel that pain. It's a setup for some problems.

Fortunately, I figured out within about six months' time that these medications were causing me more problems than they were solving; that they were only blunting my pain to a mild degree. Basically, what they were doing is they were making me not care about my pain. The pain was still there, I just didn't care about it, but I also found I didn't care about much of anything while I was taking opioids. I resolved to get off of them and to figure this out another way, and so that's what I did. I stopped them and then I was left with some really uncomfortable emotions that I had to work through, and I had to address a lot of the factors in my life that were serving to worsen my pain: stress, some relationships, and the elephant in the room was the grief. I had to go down that pathway and it was very much an emotional journey for me, and I'm so incredibly grateful for the experience, because here, now, today, I've been a pain psychologist for 15 years.

I have something to offer the world, because of my own suffering. I wouldn't go back and change a thing, but it was a very hard road to walk, no question about it. I have nothing but deep appreciation for the women and the people that I work with on a daily basis who are either just beginning that journey, or somewhere down the road of their own journey with chronic pain, and coming into their own answers about what they need to help themselves feel better.

DR. KEESHA: It's very inspirational, isn't it?

DR. BETH DARNALL: Yeah, it is. It is. I mean, I'm just honored to work with people and to be a part of the process and to help midwife some of this-- some of the relief and also to witness tremendous growth. It's a testament to the courage of the human spirit, and I get to see people get better. I mean, that's the thing.

A lot of people think, "Chronic pain," you know, "That's so depressing and you're just living with this albatross," but I see people reclaim their lives. I see them get better. It's more of your story, my story, of getting back to doing things that you love, and triumphing. I see that more often than not, and that is so inspiring and heartening.

DR. KEESHA: The very word 'triumphing' means that you came out stronger than you were before you went through, and so finding the gift too, the silver lining of all of it I think is important, because, like you said, you only have to be expert at something you have to know. We become expert because we have to know this stuff, and so you are, by definition, expert at it now, because you went through it, triumphed over it, and now you can serve others by teaching them the wisdom that you've learned along the way. Another favorite Chinese proverb of mine is, "If you want to know where you're going, ask someone who's come back."

DR. BETH DARNALL: Oh, that's beautiful wisdom. We tend to think of the expert as being the academic, or the well-read individual, but it's that wisdom of life experience that really can help midwife transformation in others in a much richer, deeper level.

DR. KEESHA: Well, Beth, we're out of time, and I want to let our listeners know that on your speaker's page on the Women's Vitality Summit website, we will have your free bonus and information about how to access your books, and all of the wonderful things that you're up to in helping people become free, really, of the ways that are sometimes not healthy or helpful in controlling pain.

DR. BETH DARNALL: Oh, thank you so much, Keesha. Well, I'll tell you, I really enjoyed our time together and thank you so much.

DR. KEESHA: Oh, it's just been lovely to talk to you. So, everybody, remember to live, love, laugh, keep on learning and be the most fantastic version of yourself until next time.