

# F O C U S

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### **5 SELDOM RECOGNIZED CONSEQUENCES OF LIVING WITH CHRONIC PAIN**

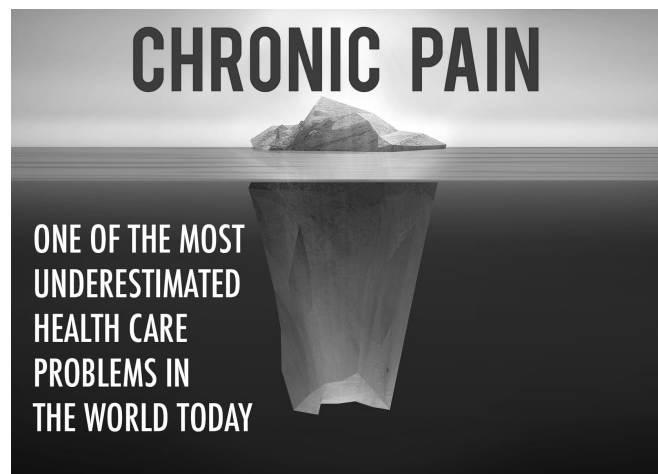
*The physical and emotional consequences of chronic pain can show up in ways sufferers may not expect. Recognizing that a bad mood or poor sleep are related to chronic pain could help increase compassion and limit self-blame.*

It's been a hard few months for me. In addition to restrictions necessitated by the pandemic (I'm doing everything to keep myself and those around me safe), I'm experiencing an intensification of chronic pain, partly due to my ongoing chronic illness (ME/CFS) and partly due to a bad flare in osteoarthritis. This has led me to become acutely aware of several seldom-understood consequences of living with chronic pain. I've always known these consequences were there, but because they're currently taking center stage in my life. I'm writing about them in an effort to raise awareness about the little-discussed subject. **Sleep Deprivation.** Some people with chronic pain can find a sleeping position that allows their pain to subside enough to fall asleep. I usually can. Unfortunately, something that worked when I turned the lights out can wake me up at 1 am, as if to say, "Sorry but this position will no longer do." Sometimes I can find another position, sometimes not. If I can't, then by morning, I'm sleep deprived. Sleep is particularly important to me because one of the defining characteristics of chronic illness is "un-refreshing sleep." At least the phrase "un-refreshing sleep" suggests that sleep is taking place! **Impatience.** When almost any movement triggers pain, it's hard to perform everyday tasks quickly and efficiently. This tends to give rise to impatience. For example, because it hurts to reach my arms up (due to osteoarthritis in the shoulders), I often don't get an adequate grip on something I'm trying to take off a shelf (perhaps a box of cereal). Instead of patiently taking my time to be sure the box is securely in my hand, I grab at it and it comes tumbling down to the floor. Of course, then I have to reach down to get it, which triggers more pain. Certain swear words have been known to pass my lips. When I hear them, I know impatience has taken hold. Clearly, what's called for here is self-compassion for my suffering. This involves recognizing how hard it is to perform otherwise simple tasks when I'm in pain and being kind to myself about it instead of acting as if it's my fault that the cereal box is on the floor (hopefully only the box and not its contents). Self-compassion also includes skillful action. In this case, I've bought a stepping stool so I can reach those higher shelves more easily. I call that self-compassion in action. **Crankiness.** When I'm in pain, I can get snappy and over-demanding. Unfortunately, my husband bears the brunt of this negative mood. This is especially true during this pandemic when my connection

to others is limited to talking on the phone, or visiting via video. I find that, unlike when I'm alone with my husband, when I'm on the phone or the computer screen, I put on a happy mood when talking to others. After all, my friend or family member and I have taken the time to set up a day and time to connect remotely. Once the conversation starts, who wants to listen to my complaints? Were we to meet in person, I'd be more likely to share. I'm sure this is true of others, too. I've noticed that, especially with Zoom or FaceTime, when asked "How are you doing?" people almost always say that they're doing fine (or even great). Like me, people rarely complain about their troubles. Once I'm off the phone or the video visit, though, my crankiness often returns and my poor husband has no choice but to be the captive listener. I can even give a cranky response to a suggestion he makes that might make me feel better, such as going for a drive together. My ungracious response is the pain talking. I'm working on altering this cranky mood. It's not fair to him... and it's not fair to me. After all, I've been living with a low level of chronic pain for almost 20 years without being cranky about it all day long. I'd learned not to blame myself for something over which I had no control. I'd learned to be kind to my body about what it was experiencing. If these higher pain levels are here to stay (and who knows if they are), I plan to learn to live gracefully with the pain by recognizing my suffering (mental and physical) and then cultivating compassion for myself and compassion for those who are in my presence. I cultivate self-compassion by speaking kindly to myself, silently or in a soft voice. I'll say something like, "I'm sorry you're in pain, sweet body—working so hard to support me." This doesn't magically take away the pain, but it can alleviate it a bit because it helps my body to relax. In addition, speaking kindly to myself tells me on a deep level that I care about my suffering. That caring response is an antidote to crankiness. **Exhaustion.** I've decided that most of the impatience and crankiness that arise in the face of chronic pain are due to exhaustion. I'm not referring to the exhaustion that comes from poor sleep (although that factors in), I'm referring to how pain is physically and mentally exhausting during waking hours. It's a tremendous energy drain. I've found some relief by lying down and listening to a favorite piece of music or an enjoyable audiobook. Although I'm in pain when I do this, at least I've added something pleasant to my field of awareness. Experiment to see what works for you—a warm bath, a recording of nature sounds, a favorite podcast. Call it a distraction if you like; I'm definitely

fine with distractions. Even if only briefly, finding an enjoyable distraction makes the pain take a back seat to a pleasant sensation, and that's restful and renewing.

**Emotional Pain.** Physical pain can lead to emotional pain, as evidenced by what I've written about impatience and crankiness. I'm giving emotional pain its own space here, though, because some emotional pain is best not to push away. I'm thinking particularly of the sadness and grief that arise when chronic pain makes it impossible to engage in enjoyable and fulfilling activities. Right now, for me, it's painting. I was angry about this at first (that crankiness is paying a visit). But then I realized that underlying the anger was sadness and grief for what I can't do right now. Allowing myself to feel this sadness and grief has been emotionally healing. It's given me the space to consider what I still can do, such as sitting on the bed with my laptop and writing this piece. Yes, I may have to do it (and other things) differently, for example, in short spurts. Blaming myself or being angry about the pain serves no useful purpose. I love this teaching from Vietnamese Zen master, Thich Nhat Hanh: He tells us to take care of our suffering, be it physical or emotional. Emotional suffering would include the sadness and grief I've been writing about. Trying to push them away only intensifies them. Now I work on treating those painful emotions with kindness, for example, saying to myself, "I'm feeling so sad that I can't paint right now." This opening of the heart eases my emotional pain. I'm grateful to Thich Nhat Hanh for suggesting that I take care of myself by generating compassion for my physical and mental suffering. **Source: Psychology Today, posted Feb 11, 2021. Toni Bernhard, J.D., is a former law professor at the University of California, Davis. She's the author of *How to Live Well with Chronic Pain and Illness*. [tonibernhard.com](http://tonibernhard.com)**



## HARMFUL PARTNERSHIPS

### *When Someone You Love is Abusive*

Abuse can be difficult to see, especially when it's in your own relationship. It can start slowly, and it's not always physical. You may not realize that the small comments a loved one makes to you are doing harm. You may even make excuses for them: they're stressed from work or the pandemic. But abuse takes many forms. It can be physical, like slapping, punching, or kicking. It can involve sexual violence. For many, it's psychological—making someone feel worthless or isolating them from friends and family. Sometimes it includes stalking. All of these behaviors are forms of domestic violence. This is sometimes called intimate partner violence. At least 25% of women and 10% of men are estimated to have experienced intimate partner violence. "Intimate partner violence is about power and control," says Dr. Eve Valera, an expert on domestic violence and brain injury at Harvard Medical School and Massachusetts General Hospital. "It's any type of physical, emotional, or psychological violence from a partner or spouse, husband, a wife—or even an ex." Some people experience one act of partner violence. Others suffer repeated abuse over years. The effects from either can be long-lasting. Researchers are working to understand and prevent intimate partner violence and learn how to help those who have been affected.

**Signs of Partner Abuse-** It's important to recognize the signs of an abusive relationship. Controlling behavior is a common sign. Your partner may monitor where you are and how much you see friends and family. They might decide what you wear or eat or how you spend money. Verbal threats are also common. Other warning signs include name calling, humiliating someone in front of others, or blaming someone else for their own violent outburst. Intimate partner violence affects the whole family. Children in homes where a parent is abused may be fearful and anxious. They can be afraid of conflict. They may also often be on guard, waiting for violence to break out. "The repercussions of intimate partner violence are huge. It's just devastating to homes," says Dr. Ted George, an NIH expert on alcohol and violence. Heavy drinking is one risk factor for intimate partner violence. Studies show that partner abuse is much more likely on days of heavy alcohol use. George studies the brain areas involved in loss of control and violence. His work has found that some people who commit domestic violence

have fewer connections in the brain that slow down the fight response. Interventions that help people pause before they react may help prevent violence, says George. His findings also suggest that drinking may increase the risk of partner violence by affecting these same brain areas. Other factors are also linked to committing partner violence. These include harmful use of drugs, having a personality disorder, and having abused a previous partner.

**Understanding the Harms-** The harm from domestic violence isn't always visible. Experiencing it puts you at higher risk for a range of health conditions. These include heart disease, high blood pressure, digestive problems, and reproductive issues. Intimate partner violence is linked to several mental health conditions like depression, post-traumatic stress disorder, and suicide. People who experience intimate partner violence are also more likely to binge drink and misuse other drugs. Studies show that many people may suffer brain injuries as a result of physical abuse. Valeria's research suggests that traumatic brain injuries are common. This is especially true for mild ones, called concussions. They can have long-lasting effects on brain function. Her team uses interviews, brain scans, and lab tests to look at abuse-related brain injury. They've found a relationship between the number of brain injuries and brain function. Brain injuries were linked with learning and memory problems and mental distress. Valera notes that there are likely more women who sustain traumatic brain injuries from their partners than those with brain injuries from being an athlete or in the military. These injuries usually go undiagnosed. "The repetitive traumatic brain injuries that women often receive may not even be recognized as brain injuries and are certainly not given appropriate care or treatment," she says. Domestic violence can escalate with tragic results. In the U.S., women are more likely to be killed by a current or former intimate partner than by someone else. If you're experiencing intimate partner violence, help is available.

**Preventing Partner Violence-** So what's the best way to prevent intimate partner violence? Learn what to look for in a healthy relationship and how to build healthy relationship skills. It's important to start early. People who have violent relationships as teens are more likely to have them as adults. Dr. Jeff Temple, an expert on teen dating violence at the University of Texas Medical Branch, teaches youth about building healthy relationships in a school based program. He's been studying how well the program works. In the program, students build relationship skills throughout role playing. They practice how to handle real-life situations, like apologizing or breaking up. "Practice is huge for when they get in that situation in real life," Temple says.

“What the research tells us is the kids who are able to resolve conflicts and manage their emotions are less likely to be in violent relationships later on.” He notes that no one is really taught how to be in a healthy relationship, even though it’s a basic part of being human. We practice reading, writing, sports,— everything except relationships. “So we learn about relationships through friends, which is sometimes okay, often times poor. We learn from the media, which is not that great,” Temple says. Ultimately, most of us learn about relationships through trial and error. Programs like the one Temple is studying can teach teens to build healthy, happy relationships. Learning about healthy relationships can help at any age. Read more about building relationships. **Getting Help** - If there is immediate danger, call 911. If there’s not immediate danger, consider these options:

- ◆ Get medical care. If you have been injured or sexually assaulted, go to a local hospital emergency room or urgent care center..
- ◆ Find out where to get help in your community. Visit [www.thehotline.org/get-help/local-resources](http://www.thehotline.org/get-help/local-resources)
- ◆ Call a helpline for free, anonymous help. Call the National Domestic Violence Hotline at 800-799-SAFE (7233) or 800-787-3224 (TDD). They can help you develop a safety plan. They also offer guidance on how to keep children safe and can help you find legal advice.
- ◆ Talk to someone. Reach out to someone you trust for emotional support.

**Source: NIH News in Health, National Institute of Health, U.S. Department of Health and Human Services, December 2020.**

## BECAUSE YOU HUGGED THEM

*Time for a hug! Research shows there’s a link between children being nurtured by their parents and the size of their hippocampus.*

Want to invest in your child’s future? Put away your wallet (for this one)— and give your child a hug. A study by child psychologists and neuroscientists at Washington University School of Medicine examined the brains of school-aged children and found the kids whose mothers nurtured them early in life have a larger hippocampus (<https://source.wustl.edu/2012/01/moms-love-good-for-childs-brain/>) than kids who weren’t as nurtured by their parents. In case you missed our series on the inner workings of your child’s brain, the hippocampus is integral to your child’s memory, learning, and stress response. According to the study, this portion of the brain is substantially larger — up to 10 percent larger, in fact — in kids who are nurtured more. Don’t let the warm and fuzzy results of this study detract from its groundbreaking findings: until now, there wasn’t any scientific proof that parental love could change brain anatomy but it can. Particularly in the area of the brain that assists in learning. While the research specifically looked at moms’ nurturing (which includes hugs), the scientists noted that the positive benefits from hugs and other nurturing behavior are likely to be the same with any primary caregiver, including dads and grandparents. So what are you waiting for? Go hug it out! Hugs only take a moment, they’re easy and fun. And the payoffs are priceless, but not immeasurable. It may be the biggest brain boost you’ll give your child all day. **Source: Jessica Kelmon is the Director of Content for [GreaterSchools.org](http://GreaterSchools.org). She has been covering parenting issues, children’s health and development, education, and social-emotional learning for more than a decade. She earned her Masters in Journalism from Northwestern University’s Medill School of Journalism.**

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