Chapter Five: Part Two

Pearson vs. Sarno; Changing pain with emotion; New partner on the road

 I stood in my bedroom with my back to the full-length mirror. Tugging my T-shirt out, I eyed the bump in my spine, just below my waist.

 For more than 30 years, medical professionals had been telling me that this bulge -- combined with a scoliosis and deteriorating discs -- were the reason for my pain.

 Only now I'd discovered I could change pain with a THOUGHT.

 I tucked my T-shirt back in.

 It was time for a reality check.

 I decided to review what I knew about these structural defects in my back and see if I now believed they had any relation to pain whatsoever.

 I first noticed the bulging vertebra in Grade Six. It was 1967, and Canada was on a government-mandated fitness program. Children practised sit-ups, chin-ups, and other exercises for weeks to earn sew-on bronze, silver or gold Centennial Athlete fitness patches.

 We took to the bare wooden Gym floor in pairs. I held my partner's feet down as she executed her first 10 crunches, grunting and groaning. When my turn came, and I tried to sit up, it wasn't just my stomach that hurt.

 "Ouch!"

 Something in my lower back was pressing into the floor. Feeling around back there, I found this lump. I felt ashamed, deformed, ugly, and as far as I can recall, I kept it to myself.

 Then, a decade later, I saw a physiotherapist for pain in my upper back, and she ordered X-Rays.

 "Spondylolisthesis at L4-5," she crowed triumphantly, stabbing her finger at the scan report.

 Oh. That unsightly bump had a name?

 She frowned.

 "How can you possibly dance, with your back?"

 Her response scared me. Could this long-worded vertebral bulge potentially stop me from dancing? Dance was everthing to me.

 "Dancing is not just physical, you know," I shot back. "It's art!"

 "A piece of your vertebrae is missing," she explained. "Probably, since birth. That makes your back unstable."

 Yikes. If my back was unstable in my early 20s, what would happen to it as I got older?

 What happened was that the pain increased, and scans revealed increasingly alarming findings. My GP sent me to physiotherapists, massage therapists and back clinics, and by 2008, the news looked really grim. I had "moderately severe" narrowing of multiple disc spaces, with associated osteophytes "resulting in bilateral encroachment of variable severity involving the 3-4, 4-5, 5-6 and 6-7 neural foramina."

 The conclusion?

 "Degenerative disc disease at multiple levels."

 All the medical experts eyed the scans and shook their heads in sympathy.

 "No wonder you hurt," they'd say.

 My GP referred me to the Pain Clinic at St. Paul's Hospital, where I saw an OT, PT and a pain doctor. Meanwhile, I dropped one well-loved physical activity after another: dance, swimming, yoga, finally, even walking for more than 5 to 10 minutes, because it hurt too much.

 Finally I found the work of Neil Pearson, and for the first time became able to self-manage the upper back pain that had dogged me for decades.

 Now, 4 years later, I was just starting to experiment with Pearson's online program, for a new problem: severe lower back spasms.

 A moment ago, I had made the pain the drop suddenly and radically, shifting it 4 points from a 6 to a 2 on the pain scale. By changing a THOUGHT.

 This was new. I had never made pain drop so much in an instant.

 For f---'s sake! If I could change pain with THOUGHT, the problem was in my BRAIN, not in my BODY! Was all that so-called medical expertise from doctors and other medical professionals I'd seen over the years no better than witch doctorery?

 Not that I'd discount a witch doctor, at this point. If pain could be changed with thought, maybe a witch doctor could scare it away.

 Uuuuurgh! Furious at the wasted hours, days, months, years, the DECADES of struggling with pain, I let myself go for once, kicking and beating the air with my fists, cursing all the while. When I stopped my whole body was tingling and the pain was gone.

 Amazing!

 Why didn't I ever let go like that?

 It was time to investigate anger.

 Hobbling into the kitchen, I thought about my conflicted relationship with anger. For most of my life I'd had a problem both feeling it and expressing it. Even as a child, watching another girl have a temper tantrum in a store, pounding the ground with her fists, I felt embarrassed for her.

 And yet, part of me longed to be able to let go like that, to be so wild and out of control.

 In 2012, I'd used an awareness technique of Pearson's, alternating attention between my body, breathing, thoughts and emotions, and made a startling discovery. When I tuned in to my emotions, I found that I was angry a lot of the time.

 Pearson sounded surprised, too, when I told him of my discovery.

 "Really?" he asked, curious.

 No wonder. People always said that I seemed very calm. Clearly my feelings did not concur with my appearance because I rarely felt calm. My emotions were easily aroused...the ones I could feel, anyway: joy, sadness, excitement, frustration, and impatience. But not, I admitted to myself, reaching up to the shelf where we kept the tea and coffee, anger.

 Hmmn.

 I needed a cappucino, or at least the semblance of one, a decaf, the closest I dared come to caffeine these days with thoughts racing and heart pounding all the time.

 I remembered back to that time, how I'd wondered, where was all this anger coming from? I'd decided it must be a result of being in pain all the time. Who wouldn't be furious if they were in constant pain? I'd stopped the awareness exercise, stopped paying attention to my feelings.

 Maybe I hadn't gone deeply enough into it. Maybe Dr. Sarno was right.

 I went to the bookcase, pulled out John Sarno's book and began to read it again as I made my way back to the kitchen.

 It was shortly before seeing Pearson, 4 years ago, that I'd discovered this slim paperback, "Healing Back Pain", and read Sarno's theory about a connection between repressed anger, and pain that persists. His theory had seemed simplistic to me, but his case studies were convincing, and a lot of what he said had resonated.

 Like Pearson, Sarno had become frustrated by the inability of the medical system to provide anything but temporary relief to patients. As medical director of outpatient services at the Rusk Institute of Rehabilitation Medicine at New York University, he saw many people with chronic neck, shoulder, back and buttock pain. Virtually all presented with tender areas in the back, the back of the neck, and in the buttocks: the postural muscles.

 No doctor had checked me over to ascertain if I had tenderness in these areas. But I knew where I hurt. The pain moved around, but it was always in these areas.

 Hmmn.

 I put the book down and took a bag of decaf beans out of the cupboard. At age 30 I'd put myself through two years of acting school, followed by months of expensive therapy, to get in touch with the emotion I repressed. I didn't know at the time that that's what I was doing, but I'd since come to know it, at a gut level. Anger was a potent life force I'd stifled, and I still had a hard time accessing it.

 But could it really cause persistent physical pain?

 Sarno profiled one patient, disabled by terrible back pain, who -- due to cultural dictates -- had never been allowed to go to school and could not read or write. She'd buried her resentment about these restrictions, and stifled the rage she found unacceptable. Sarno's educational program, augmented by psychotherapy, had cured her.

 This was just one of many examples.

 Was repressing rage the basis of my pain? Did I have the condition Sarno called "Tension Myositis Syndrome", or "TMS", for short?

 I decided to do a quick and dirty self-diagnosis, giving myself one checkmark for each symptom that fit the TMS profile.

 Stuffing your anger?

 Checkmark numero uno.

 Tenderness in all the areas Sarno listed?

 That was two ticks.

 But...

 Sarno's theory was Freudian, and I was skeptical of Freud. The cocaine addict who didn't understand women had become something of a laughing stock. Penis envy? C'mon.

 I poured some beans into the grinder.

 On the other hand, Freud's theories had changed psychology forever. Concepts like denial, projection, and rationalization were now key to our understanding of how human beings function. Therefore Freud deserved considerable respect.

 Spooning ground coffee into our stovetop espresso pot, I mentally reviewed Sarno's hypothesis: persistent pain was a strategy the brain created to divert people's attention from what was bothering them emotionally. When emotions like rage, originating in the subconscious, threatened to break through to the conscious mind, the brain created mild oxygen deprivation in certain areas of the body. Not enough to cause actual physical damage, but enough to cause some really nasty pain.

 Hmn. Mild oxygen deprivation, as a distraction technique? I could buy that. But Sarno had no proof. All he had was a theory

 I screwed on the top of the espresso pot and set it on a burner.

 And yet. And yet.

 When Sarno began explaining the concept to his patients, he found to his astonishment that this "educational" talk alone -- combined with an assurance that they didn't need to be able to stop repressing emotions, only to accept what was happening and talk back to their brains -- could sometimes be all that was needed to effect a complete cure.

 I took the milk out of the fridge, poured half a cup and nuked it.

 Pearson, too, had shown that education about how pain works was a vital component in recovery. On a personal level, his educational talks had certainly helped me.

 The self-talk he advocated had also helped.

 However.

 These two healers diverged in key areas. Sarno told TMS sufferers that when the pain came on, they must immediately switch their attention from pain to their thoughts, and find out what was bothering them emotionally. I'd tried this, with a small measure of success, but I didn't like the feeling of distancing myself from my body. Pearson's "body scans" had taught me to do the very opposite, to pay attention to my body, and by doing so I'd become aware of physical tensions and learned to let some of them go.

 I whipped the hot milk and reviewed:

 I had pain in the areas Sarno indicated.

 I repressed anger.

 And, a scant hour ago, I'd found complete relief from pain when I released anger.

 The pain had crept back by now, but what had happened when I was cursing, punching, and kicking the air? How exactly did that work?

 The coffee began to bubble. I poured it over the milk and took cup and book into the living room. Setting them on the coffee table, I stretched out on the couch, draping myself around a body pillow. Ahhh. Side-lying, the only position of comfort I'd found, brought such relief, and how good it felt to allow myself this rest.

 I closed my eyes and continued my train of thought.

 Sarno had compared his patients' medical histories, and found that 88% had suffered disorders traditionally linked to tension and stress, such as headaches, asthma, skin conditions like eczema, heartburn, and stomach and bowel problems,.

 Heartburn.

 Yep.

 TMS checkmark number 3.

 It was 20 years since the attack of heartburn that led my GP to put me on meds for acid reflux. The day of the attack was burned into my mind -- and, into my gut, it seemed.

 My boss -- a big broad-shouldered,intimidating woman -- called an unpaid after-hours staff meeting. We squeezed into a small room she designated with not a little trepidation, and she stood in the narrow doorway, spewing the "f" word venomously.

 We were too concerned about our jobs to protest, and not one of us dared to meet her eyes. But inside I was raging, and when I looked up and saw tears rolling down a co-worker's cheeks, I was furious with myself, too, for being such a coward.

 That night, my husband and I dined at an East Indian restaurant. Walking home afterwards, I felt an uncomfortable pressure in my chest and stomach acid regurgitating into my throat. I assumed it was the curry, although we often ate curries and I'd never had heartburn before. But when I told my GP about the boss going ballistic and yelling, she didn't blame spicy food.

 "I see this type of thing all the time," she sighed, shaking her head, and reached for her prescription pad.

 I later found out that I was far from the only staff member popping Omeprazole twice a day to stop naseau and burning in my esophagus.

 My doctor had never attributed physical symptoms to psychological causes before. In fact, she'd chided me on several occasions for doing just that. And yet here she was, basically admitting that repressed rage caused heartburn.

 I relived a bit of that day just thinking about it. Relax, I told my gut, feeling the stomach acid rise. That was then, this is now.

 If stuffing your anger could cause acid reflux, what else could it do? Could it cause persistent pain?

 Why not?

 I was no doctor, I didn't know what was taught in medical schools. But psychosomatic pain, or "somataform disorder", or whatever doctors called it nowadays, was a recognized disorder. Just because I didn't fit the profile didn't mean I didn't have it.

 Should I stop following Pearson's program and only follow Sarno's advice?

 But, Pearson's online program was already bringing me some measure of relief, and it was supposed to take 4 to 6 weeks to really show results. Plus, his work had relieved so much pain in the past. It had given me my life back.

 Not only that. His awareness exercises had led to spiritual revelations that penetrated to the very core of my being. Not everyone reacted to the work that way, but it had happened to me, and rejecting the online program he'd built, that I'd started two weeks ago, would deprive me of more pathways to connectedness, the thing that now gave my life meaning. Why reject such a profound gift?

 I could feel every part of my body tense as I contemplated this dilemna. My arms and legs were gripping the body pillow, my jaw clenched and my tongue tightened. Sarno, or Pearson?

 Then I realized I was pressuring myself uneccessarily, a lifelong habit. I didn't have to make a decision now. I could take my time. I hadn't even completed my quick-and-dirty self-diagnosis for TMS.

 Ahhh. How good it felt to relax, to let some tension go.

 I returned to thinking. What about those other medical problems Sarno's patients had in common?

 Stomach pain?

 Uh huh.

 TMS checkmark number 4.

 The acute pain came on suddenly, in my mid--40s. My GP ordered tests, which revealed nothing out of the ordinary, and finally she labelled it IBS, a name physicians slap on undiagnosable stomach and bowel pain.

 I was doing a Masters in Creative Writing at the University of British Columbia at the time. Although I had a fellowship, I remained on call at my stressful job. The boss made it clear it was either that, or leave altogether.

 Competition to get into the Masters program had been stiff. I'd become a grade junkie. Furthermore, I was determined to win a fellowship because I couldn't deal with the thought of a huge student loan hanging over my head. I broke down in a professor's office after she gave me an "A" on an assignment. An "A" wasn't good enough. Only students with an A-plus average would be considered fellowship material.

 UBC accepted me into the Masters program, and the day I found out I'd also been awarded a full fellowship I almost screamed with joy. The first term went smoothly, but on my way to the last Fiction class of the second term, wrenching stomach cramps knocked me to the bathroom floor. Soon I had them every time I ate. I lost 10 pounds because I was afraid of food. When all the tests came out negative and elimination diets revealed no food sensitivities, I couldn't help wondering: was this a "gut reaction" to the extreme pressure I imposed on myself?

 "Are you working too hard?" one professor asked.

 "I don't know," I confessed.

 How did people gauge stress? Nothing had ever equalled the extreme physical, mental and emotional challenges of classical ballet, and I didn't know how to compare the pressure of the Masters program to that. Sure, I was tense, set impossible goals for myself, and an inner critic bullied me incessantly, but wasn't that par for the course, for creative people? As choreographer Martha Graham once noted, there is no satisfaction for artists, "only a queer divine dissatisfaction."

 Besides, all we were doing was sitting in chairs all day.

 Plus, I was living my dream. I didn't deserve to feel stressed.

 My eyes snapped open and I sat up.

 Didn't DESERVE to feel stressed?

 I took a sip of cappucino and felt myself getting very tense again. I let my gaze drift, looking out the window. Outside, puffs of cloud were wafting across a blue sky. Luxuriating in the ease of doing nothing for a moment, I snuggled down into the sun-warmed cushions. Ahhhh.

 Then my mind rebelled and my body tensed again. I should be achieving my potential, not lying about wallowing in my own misery!

 The only other classmate to receive a full fellowship had signed a 2-book deal while she was still at UBC. She was a well-respected author now. She'd made a success of herself. All I had to show were a few published essays and short stories.

 Envy rose, bile in my throat. I pushed it down. I didn't want to be that jealous, whiny creature. I didn't want to lower myself to that level.

 One thing was clear: UBC had wasted a perfectly good fellowship on me. The familiar dark cloud of guilt descended. Many of my peers had produced work of such a high calibre, and had achieved such great success, that I couldn't understand why I'd been awarded a fellowship and not any one of them.

 Perhaps they weren't grade junkies. Perhaps they hadn't paid the price my fellowship sister and I had, for the pressure we put on ourselves to achieve an A+ status. Because during the program, she'd confessed that she had alopecia.

 Her hair was falling out. And I couldn't digest food.

 But.

 I didn't hear reports of her lying around crippled by pain. She'd obviously found a way to handle extreme pressure.

 I took another sip of cappucino, opened Sarno's book, and reviewed the personality profile. His patients were perfectionists who pressured themselves to achieve, and had low self-esteem.

 My fellowship sister had two out of three of those character traits. But, low self-esteem?

 I took another sip and thought about the differences in our personalities. Once, she'd told me she couldn't wait to stand up in front of an audience and read her work. She felt she deserved an audience. Of course she did! Her work was outstanding, and she'd become an internationally respected author.

 She believed in herself.

 Whereas, my belief in myself wavered all the time. I didn't even feel I deserved to feel stressed. And I had no desire to stand in front of an audience ever again.

 The fact was that even as a dancer I'd never wanted to perform, but had been pressured into it in my teens by my ballet teacher, then by my peers, and finally it had just become part and parcel of what I did. I loved being onstage when I could conquer fear, let my ego go and just surrender to the moment. But that didn't always happen, and when I felt like I was just "faking it to make it", shame would later swamp me. I'd lie awake all night before performances fretting about what could go wrong. It was all so harrowing that I'd finally stopped performing because I was too disappointed at my imperfections and just didn't want the stress any more.

 At UBC I'd soothed myself with the delusion that screenwriting, my chosen main genre, would allow me to hide in a room tapping away on a keyboard and never have to face an audience again.

 Ha! That had not turned out to be true.

 I took another drink of cappucino.

 Low self-esteem.

 Was that my problem?

 My fellowship sister didn't have low self-esteem. She never blew her own horn, in fact, she was so quiet in class, she rarely ever said a word. But all the time she'd been driven by a fierce inner fire, a burning desire to be heard.

 My fire flickered. One moment I'd look at my writing and think, this is really good! The next day it all looked like dogshit.

 But, low self-esteem? Really? I thought of myself as quite a confident person overall, despite my insecurities. Socially, I was highly competent. In that arena, I soared. It was mostly as an artist that my self-esteem failed.

 I did a quick review.

 I hurt in all the same areas as Sarno's patients.

 I'd had at least two of the medical problems common to his patients.

 I shared all their personality characteristics.

 My husband came up the stairs. Lunch time. Thank God. This intense self-analysis was exhausting.

 After tuna salad, an apple, and a nap, I Googled "Dr. Sarno" and found a website some of his patients had created, titled: "Thank you, Dr. Sarno". I read at a few testimonials, and found them quite convincing. These stories gave me hope, and the doctor's humble, nerdy style also appealed. His books were modestly priced. This was no con artist out to make a buck or a name for himself. Like Pearson, he appeared to be acting purely out of care and concern for people in pain.

 Pearson's elevator mechanic came to mind. That guy had almost died when the elevator he was working on fell six stories. Pearson's team got him back on his feet, and he went back to work, and was doing really well until he got a call for a repair job in the building where he'd been injured.

 He walked in the front door, and the pain began.

 He walked out again and it stopped.

 He repeated this experiment several times, and then he called Pearson's team, laughing. Until that moment, he could not believe that, as he put it, "an inanimate object could cause me pain."

 Of course, it wasn't the elevator, but his brain causing the pain. The brain made up a story, based on previous experience, and sent "danger" signals to stop him reaching that one particular elevator. Because it believed that elevator would kill him. Because it almost had, before.

 Only, the story was WRONG.

 If the brain could make up a story about imagined danger, and get it wrong, and use pain as a protection mechanism, could it also create persistent pain as a strategy to keep EMOTIONAL pain at bay?

 And, could it get that story wrong, too?

 Because, who wouldn't rather feel emotional pain than physical pain that ruined their lives? Bring it on!

 I got up from the computer and tried to summon anger. But I couldn't. When I tried to get angry, all I felt was a familiar numbness.

 The next day, I continued to Google "Dr. John Sarno" and found a website called the TMS Wiki. Here were more success stories of patients who'd cured themselves using Sarno's methods. A few had taken the "book cure"; they read his book and the pain stopped.

 I wasn't one of those. I'd read the book several times. I still had pain. But their stories gave me hope.

 These people had found individual paths. They'd used Sarno's theories but had employed other methods too, incorporating bodywork into their recovery strategy, partnering with physiotherapists, massage therapists and other medical professionals.

 Pearson also advocated a holistic approach.

 I decided I would continue to use Pearson's online "Life is Now" program. But I'd also experiment with Sarno's techniques, using the TMS Wiki site as a resource.

 Would one methodology adversely affect the other?

 I certainly hoped not.

 The people-pleasing part of me felt guilty about my plan. The benefits I'd received from Pearson's work had given me profound respect for the man. Would he be angry if he knew I was using Sarno's techniques, too?

 Luckily I recognized this as complete bullshit. Talk about low self-esteem! It was my LIFE I was talking about here. No doubt Pearson would be happy if I got well, no matter what methods I used. But -- and this was far more important -- what did it matter how the man I called my "pain guru" reacted?

 I thought of myself as a strong person, but clearly I had some issues with people-pleasing to examine.

 Hmn.

 Just like Sarno's patients.

 One of the key aspects of Pearson's online self-management program was goal-setting, in tandem with a health care professional.

 It was time to find someone I could work with, locally. Which health care provider should I reach out to? Who would help me set goals, and review my progress from time to time? My current GP was always so busy. I couldn't imagine him seeing me on a regular basis just to check in about goals.

 Besides, he was old school. When I explained the self-management program he nodded approvingly, but when I handed him a 12-page printout that the program supplied for clinicians -- "Overcome Pain: An Optimistic Scientific Model" -- he just slipped it in my file without even glancing at it.

 I couldn't blame him. When would a busy doctor find time to read a 12-page printout? But I needed someone to help me, someone open to the new paradigm of mindbody medicine for "chronic" pain.

 Local physiotherapist Mieke Truijen seemed the obvious choice. She'd actually studied with Pearson, and she had Butler and Moseley's "Explain Pain" book, that Pearson had reccommended, in her waiting room. She was into this stuff. To top it all off, her clinic was only a 3-minute drive away from our house.

 Mieke would also understand when I said I was learning to lower pain with my thoughts. And, by releasing emotion. She'd believe me.

 But there was a problem.

 I'd seen Mieke for various aches and pains over time, and she'd always helped me. So, when the first low-back spasm struck in the fall of 2015 I'd naturally gone to her for help. But the spasms kept returning and I became discouraged.

 Also I had increasing sensitivity to clothing, and had taken exception to a comment she'd made. I mentioned that I was having trouble tolerating even the seams of pants, pressing against my thighs.

 "If you don't do something about that, soon you won't be able to wear anything at all."

 She wasn't being judgmental. She was just a plain speaker. In fact, I would often replay that sentence in my head and eventually it would help push me to find a way to stop the pain. I actually needed her to say it, to voice my worst fears, bring them out into the light. But at the time, the attempts I was making at desensitization, based on standard medical practise -- brushing areas gently with different textures of cloth, such as silk, cotton, and gauze -- simply made the hot prickly pain increase, and I didn't know what else to do. Instead of confessing my despair, I bristled inwardly and stopped seeing her.

 Now I had to overcome my reluctance and ask for her help. It was time to eat humble pie.

 "Come in, Barbara."

 Mieke's Dutch accent made my name into "Bah-barra". I enjoyed her accent, and her energy. Vigour seemed to shoot out of every part of her, even the brown hair that glinted auburn in sunlight and the mischevious green-flecked hazel eyes. Her stamina was amazing. She taught fitness classes as well as practising physiotherapy, and would even see clients on Sundays.

 Once, at the end of an evening appointment, I asked her:

 "How many people have you seen today?"

 "Oh, Barbara," she replied, "I can't think like that."

 This comment helped me think differently. Here was someone who didn't anxiously count the hours ticking by and tense at the thought of a heavy work load. Living in an imaginary future wasted energy, and as the months went on, when I caught myself projecting into the future, tensing and worrying about what was to come, I'd remind myself to be like Mieke and relax into the moment. This would help my pain to lessen.

 "So, what's going on?" Mieke asked.

 I told her about my year of Hell. The back spasms that wouldn't let up. The ragged breathing. How every day, when I woke up, my calves felt like I'd been climbing mountains all night, and how they looked like, it too. How, when I hauled my sore body out of bed every morning and saw myself in the mirror I was amazed at how "in shape" I looked, even though I could barely exercise at all.

 "My thoughts are racing all the time," I confessed. "There's this odd feeling of detachment from my body, as if it it doesn't even belong to me.

And my heart is pounding all the time, even lying in bed."

 "If you're having any trouble with your heart, you have to tell your doctor," she warned.

 I nodded.

 "Is this what happens when you turn 60? Suddenly your body gets all stiff and your muscles lose their elasticity?"

 She shook her head.

 "Don't even think like that, Barbara," she said. "You think too much."

 She nodded at the padded table. Carefully I climbed up and she began to gently manipulate my limbs and massage my back. It felt good, so why were tears leaking out of my eyes, seeping into the cushion she'd placed under my head?

 "Why are you crying?" she asked gently.

 "It's just...I'm...". I didn't know. Maybe it was pride, giving myself over to someone else for help, when I'd been trying so hard to solve my own pain. Then there was fear at being touched when my back was in spasm. And finally there was the humbling aspect of this return to a practitioner who had helped me so much in the past, and whom I'd rejected a year ago on the basis of one well-meant comment.

 Mieke just let me cry. I could feel empathy without any cloying overlay. I didn't need or want a hug, I just wanted to let go and for that to be okay. Her silent acceptance as she continued to work on me told me that it was.

 Goal-setting could wait for our next appointment.

 Next time I saw Mieke, I told her I wanted to set similar goals to the ones that had helped me conquer upper back pain, in 2012. Walk for five minutes, add a minute each day.

 "Just don't do too much too soon. I know you, Barbara. Don't go all crazy and overdo it. Just walk. And swing your arms gently." She demonstrated. "You have to bank your energy."

 I stared at her. This was a new thought. Conserve energy? Not go all out?

 Pearson said it was important to find a baseline, to exercise just to the edge of pain, not push past the place where you could keep your breathing and mind and body calm. The unpredictable nature of my pain made it hard to find a baseline, and I'd stopped trying. I told Mieke.

 "Don't worry about that," she reassured me.

 When I took a brief stroll to the lake the next morning, I was tempted to push it, but remembering what Mieke had said I resolved to stick to 5 minutes even though I wanted to try for 6. Knowing I was going to stop before I hurt made me feel wealthy, rich in energy instead of frustrated at my limitations. A luxurious feeling of relaxation settled over me. I felt in control and well cared for.

 Instead of the usual pressure, I felt love.