

Behaviour Based Pain Management

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Received date: July 30, 2020; Accepted date: August 17, 2021; Published date: August 27, 2021

Citation: Tonder AV (2020) Behaviour Based Pain Management. J Pediatr Care Vol: 7 No: 4.

Abstract

In this Behaviour Based Pain Management is a real possibility. As part of primary healthcare it should be understood how behavioural pain management plays a role with human beings.

As part of my dissertation for the PhD with Logos University, Jacksonville, Florida, USA on Leadership and Management with specific focus on the topic 'Behaviour Under Pressure,' it was found that certain results are to be expected or even predicted based on the composition of Behavioural Types.

Introduction

One of the principles that influence behaviour, is called the Pendulum Principle. I adopted the main concept from somebody called Christiaan Huygens who in 1657 invented the grandfather clock. From there by observation of a phenomenon the Pendulum Principle was birthed.

All of us understand the term pendulum as in pendulum left, pendulum right, pendulum left, pendulum right... In 1658 when he was lying in his bed, he realised that both his big grandfather clock and small grandfather clock were running at a different oscillation. When he listened carefully, after a while he could hear that both clocks were sort of running in the same rhythm and he thought 'that cannot be!'

The large clock was running initially at a slow tick....tock....tick....tock....and the small clock once wound-up, was going tick..tock..tick..tock.. at a much faster pace, BUT about forty minutes later, both the large and small clock adopted the same rhythm where only one tick...tock...rhythm could be heard. Unbelievable!

Now, that principle was dubbed and called entrainment or entrapment. Why mention that? With my study related to Behaviour Based Pain Management, entrainment and entrapment play a vital role.

When it comes to pain there are three levels. We have got physical pain, emotional pain and psychosomatic pain. It is important to understand that we move from emotional pain to psychosomatic pain through the principle of entrainment or

entrapment, because the emotions of the brain traps the body to believe it is real. That is the basis of my thesis.

Let's take a closer look of how behavioural pain management becomes a real possibility. In understanding our behaviour, you ought to know that all of us portray natural behaviour and adapted behaviour.

What does natural mean? Natural describes the way you really are - the REAL you. What does adapted mean? This implies that you have adapted to a situation - the way that you handle life or how you handle yourself in situations.

When we look at whom you are, people always tend to speak about your personality, but that is not accurate. There are actually three parts that make up your behaviour. Part one is called temperament, part two is called character and part three is called personality.

When we look at the way that we are put together as human beings, I want to move to that 70% of the time we are in the middle of our behaviour continuum of the pendulum, namely our character part. The remaining 30% is divided between 10% personality and 20% temperament.

This means that 10% of the time we will flange out to personality and then 20% of the time we will default to our temperament. I have concluded as a result of my studies, that behavioural pain management is filtered through temperament as behavioural type where people default to most naturally, especially when put under pressure.

Let's explain that a little bit further. That means you can see that temperament is natural. Character is natural or adaptive, which means either it is a natural response or an adapted response whereas personality is purely adapted. For example that means that you have decided you want to look happy so you put a smile on your face. Meanwhile on the inside you are sad – so that's your persona. We know now where the word personality comes from and that is from the word persona or mask. You and I decide to wear a happy mask or a sad mask. I believe that there are a percentage of people who decide to be miserable to get attention. Well, that is personality and that is what they have adapted to do.

In my study of Behaviour Based Pain Management, understanding the three different types of behaviour, plays a vital role. All three of these, namely temperament, character and personality are all behaviours.

Remember the word entrainment or entrapment, combined with behaviour, will manifest in pain management.

Firstly, further understanding comes when we consider that temperament is your born-in behaviour. It is your DNA - the way that you were designed. As a result of this composition we arrive at expected behaviour where individuals will either react or respond.

When an extravert walks down the street and somebody hits them on the head, they will simply react naturally and hit back - no questions asked. That is what you call a reactor. When an introvert walks down the street and you smack them on the head, they will turn around and say 'hey..what was that for?' That is a person who is a responder. So your born-in behaviour will either make you what we call an A-type or B-type personality, as described by Carl Jung as psychological attitudes.

Secondly, we get into character. Character is influenced behaviour. The way that you were influenced by the domestic who raised you or the way your mother raised you or the way the school raised you. You could also have been influenced by a mentor or a coach.

Thirdly, we look at personality as learned behaviour. Persona or personality comes from the root word 'mask'. Some people are natural actors but others can learn to act out. Yes, they do. In fact, a small percentage of people will act miserably to get attention - it is called acting.

When we look at behaviour per se, you understand that temperament is your primary natural behaviour. It is who you are. You cannot fake it.

When we get to our character block where we spend seventy percent of our time, it is as a result of a secondary behavioural type, but either natural or adapted. It is one of them. Either/or depending on your situation.

When we get to personality as secondary behaviour, it is purely adapted behaviour. You cannot fool it.

I have allocated three 'P's' to assist us in understanding how we utilise these three behaviours.

When it comes to temperament, I move to say that this is the way that we naturally protect ourselves. Look at any human being. Put them in a corner and they will come out fighting. They will protect themselves.

For the person in the character block, their way would be to profile themselves. It is the way that we live. It is our profile. People study you and that is the profile that they see. That is the profile that they get.

When it comes to personality that is what you project. You project to be person A or person B. You project to be who you are not. Thank our Creator that not many people can live there all the time so that is why it is only 10% of the time.

When you look at the study of who you are naturally versus adapted, that's when it brings behaviour based pain management into play. I am focussing right here: born-in behaviour, primary behaviour, behaviour that compels you to protect.

The questions are what will you protect? - You will protect yourself because your body has a built mechanism to protect itself. We will see how physical pains, emotional pains and psychosomatic pains are interrelated.

To understand this further, we all need to understand the foundation a bit deeper. What I am going to ask you to do now is to ask yourself where you fit naturally? You are either going to be purpose and task driven or you are going to be people and relationship driven. It is either/or.

If you said purpose and task then obviously you like to do things and get them done. Either you like to give commands to people or you like to work by yourself but you like getting things done.

When it comes to people and relationships, you either love to be with people one on one, or you love to build big relationships. You like to be with groups of people and you are people focussed.

Question: Are you task focussed or are you people focussed?

The other critical factor is the question whether you are an introvert who is normally slow-paced or are you an extrovert who is normally fast-paced? This also refers to react versus respond.

We find that with behaviour that the people who tend to react are the extroverts - the people who are fast-paced. Let's put that in context. If you are an extrovert and you are task driven, that means you are fast in the way that you complete your tasks. If you are an extrovert and you are fast-paced when it comes to people that means you are quick to make a lot of friendships. That explains that.

Now, when we come to the responder's side, if you are an introvert and slow-paced, it means you are slow to make friendships, but once you have a friendship, your loyalty kicks in and it goes on forever as opposed to the task. You like to be meticulous and complete your task in a specific perfect way, because you do not like making mistakes.

To understand this better, I adopted William Marston's 1928 description of what we call the DISC foundation.

The first behavioural type to discuss is the "D" who is a dominant person. Also known as the choleric, but for the sake of ease of understanding we will just refer to being dominant. Then we move to the "I" who is a person of influence who is also called a sanguine. The other behavioural type is called the "S" for supporter, also known as the phlegmatic. Lastly we have the "C" who is the compliant person or also referred to as the melancholic. We do get two kinds of melancholies: analytical and artistic. People can be either or both.

Now, how does it play out in terms of who you are and who you become? Now, remember the context. This is behaviour based pain management. So you first need to understand where it comes from. So when we speak about the dominant person, they are driven by results and challenge. They want to produce a result and they don't mind you challenging them, because that is how they come to their full potential.

Conversely, when you get to the person of influence, they thrive on recognition and approval. They want you to recognise their efforts. In fact, they want you to recognise them in front of a lot of people with lots of approval. In fact to put it in another way, "please like me!" They are people who want to be liked by all.

When we get to the support or phlegmatic type, this is all about relationship and appreciation. You can have a relationship with this person. They may be living in your house. They may be serving you and make you food every day, but every now and then they just need to hear a thank you. That appreciation drives their behaviour.

There is a bumper sticker that says – "when mommy ain't happy, no one is happy." We have seen how behaviour can change when people are not happy. That describes an emotional level. That emotional level can turn to pain.

Lastly we come to the compliant person who thrives on excellence and quality. They do not like making mistakes and excellence is the only thing that they understand.

Defining question - are you an introvert and slow-paced or are you an extrovert and fast-paced? It is either/or. Also are you task driven or are you people driven? When you are not sure, go back to temperament. What is your in-born behaviour? What do you naturally do when you are put under pressure?

This thesis is all about Behaviour Based Pain Management. Under pressure, what happens to you? What happens to your emotions? What happens to your body? When we talk about the dominant person, there are three ways to describe them better. They become a driver, decisive and they become dogmatic. They are people of dominance in how they conduct their business.

When we talk about the people of influence, they are impressive, inspirational and influential people. Be cautioned that influence can be positive or it can be negative, but yet it is still influence. We trust you exert positive influence.

Then we get to the supporter. They are steady, stable and supportive. I call them the 'salt of the earth' people. It is such a blessing to have people like that around you.

Lastly, we get the compliant person who is a cautious, compliant and critical thinker. They are the kind of people that think critically all the time. They think things through and they ask questions. They don't trust very easily. They are always suspicious of nature, because they want to be compliant. They don't like making mistakes; their critical thinking plays a role.

Now the foundation of behaviour is understood better as expressed through the DISC analysis, people can relate to the dominant choleric, or influencer sanguine, or supporter phlegmatic or compliant melancholic. Maybe one word, starting with a "P" will express it better. We talk about the powerful choleric, the popular sanguine, the peaceful phlegmatic and the perfect melancholic.

Most people in the medical industry come from the compliant side. That is why whatever I am teaching today, they will take it with a pinch of salt and pull it apart, because remember, they

'know better' and I relate this truism with much grace - that is just how life works.

Now that we understand how the DISC foundation works, let's dissect in terms of behaviour based pain management. We are all capable of an emotional response. The question is: will you attempt to predetermine whether you are a dominant, influential, supportive or compliant person? What do you think the emotional response is going to be in the natural of that human being? Allow me to clarify. The dominant person's response would be anger. They cannot help themselves. The moment they are emotional they immediately get angry. You can see it in their face and in their body language. Their body reacts. At that stage it is all emotional. It is not a physical pain. It is not like there is a dagger in their body and it is also not psychosomatic, which means you do not see that the emotional pain which has gone into physical pain. So it is purely the start of an emotional pain, but the anger that they experience, is the way they respond emotionally. How would we see an influencer or sanguine respond? Their emotional response is like a nervous optimism, mixed with rejection. It is like this nervous, negative, optimism, but muddled with rejection. Sort of this way and that way as they are not really sure how to handle the situation, because they are emotional. When they are happy and they are flying like a kite. When they are unhappy, they drag their lip on the ground. There is nothing in between. Their emotional chart oscillates quite heavily up and down, because of this nervous optimism mixed with rejection. There are two sides of the coin that we observe during this time. When it comes to the supporter, when they become emotional, they in fact become non-emotional. Hmm? Yes, I just said it. They literally become reclusive, because they are responders. All of a sudden they become non-emotional. You don't know what is going on. That is a sign that there is some sort of pressure in their life - some sort of pressure that they are battling to handle and their emotions are showing it. Then we move lastly to the compliant person. Their emotional response is fear. I am not talking about phobia. They become fearful. They do not want to make mistakes. It is just that built-in fear of I don't like making mistakes. That is what happens.

Now we are on the journey of understanding behaviour based pain management:

- We started with the understanding where you are in when it comes to DISC profiling.
- We started understanding that people are different. Some people are reactors and some are responders - A-type and B-type.
- When it comes to emotional response we see the dominant that becomes angry, the influencer shows nervous optimism and rejection, the supporter becomes non-emotional when they become emotional and the compliant person shows fear. Regard this summary as End of Part 1.

Now Part 2. The questions are what happen when we go to the next level? Context: reaction to stress. What do you think is going to happen when these 4 different behavioural types are put under severe stress? Let's digest. In this metamorphoses, the dominant person's entire approach changes, because they start tightening the control. They are natural controllers. In fact, their favourite words are – "I am in control." It is their way or the highway. That is the way they do things. So the moment

they are under stress, they tighten the control. In fact, they go into their study and start working harder. They become workaholics because that is how they are going to work through the stress. Also, for the people who exercise, they will start exercising even more because they believe that more exercise will get them where they want to be. In other cases where people don't have physical exercise, well they tend to want to be more sexually active. It is their way of exercising, because they have got an overreaction to stress. Due to them being task focused and not people focussed, they resort to getting rid of the offender. They cut you out. That is the way they deal with stress. If you were the person that added stress to their life, they just cut you out. End of story. They just move you out. It all happens very quickly.

When we look at the person of influence, they leave the scene. They don't like it when there is stress. In fact, when they flee the scene they may resort to going shopping. What else do they do? They find a fun group. They just want to be with people and they want to live beyond the reality. Now, what happens when that starts going to a level where the stress becomes unbearable? Unfortunately they resolve and resort to blaming others. Yes, they create excuses and they blame others. In fact, they are driven by justification. "I did it because of" or "I said it because of..." So they create blame and they start blaming others. Not ideal, but then you know one thing: they are stressed beyond.

What do we find with the person that is the supporter when they are stressed? The first thing is they start hiding from the fact that there is stress. They do not enjoy facing reality. They may even go and watch one series after another of a television series, because they are trying to escape it. They might even start eating a lot. They cannot help themselves. When they open the packet of crisps, they have to finish the entire packet. One thing that is for real is this one - they start tuning out of life. Lastly the compliant person. What does their behaviour show? They withdraw. They might go and sit and read a book as they just want to get away from people. They just want to be alone and they want to be by themselves. They might even start giving up. Let's say they are busy with a project, they might just give up on the project. They give up on themselves. There is one thing that haunts them over and over and over: they rehash their problems in their mind over and over.. 'I should not have said that. I should not have done that. I was unwise. I was stupid. I was silly', They rehash the problem all the time. That is the result of emotional stress.

Now we can see we are literally climbing the stairs in terms of life getting worse and worse because of the continued state of pressure. From reaction to stress we now move to what I call early signs of pain. There is a physical pain, emotional pain and a psychosomatic pain.

How will you know whether a person is starting to experience pain? It normally is emotional and this is what really happens: You start seeing that there is an emotional response. They respond in a specific way.

The way that the dominant people (the choleric) respond, is that they become difficult. They just cannot help themselves. They are difficult in every single way.

The high "I's or influencers (the sanguine), becomes impossible. Man, impossible. There is no other word for it. You will see it in their behaviour, because remember, now their emotions are way up on the oscillation chart.

What happens with our supporters (the phlegmatic)? They become stubborn. The people who are normally so nice, so understanding and so co-operating, all of a sudden become as stubborn as anything. This says they are experiencing pain. It is an emotional pain. It is early signs of pain. So they live it out through this emotional response and they become stubborn. You need to actually pick up the signs and know that something is wrong.

When we go to the Compliant people (Melancholic), they actually become critical. They become super critical number one against themselves and number two, against everybody else around them. Plainly put, super critical. Now, that is not a nice place to be. But why? - Because it is early signs of pain.

It is the pain that is taking them to the place of having the emotional response of becoming critical. You need to sit down and realise people's state of mind has changed. You need to understand that their emotional positioning has changed. Their demeanour has changed. Their personhood has changed.

What happens at the next exaggerated level? We observe pain induced emotions. The emotions we spoke about now actually induce the pain.

We see the dominant person experience the deadly emotion of pain, anger and hostility. Not only were they just angry, but now hostility sets in and they start fighting with people. They are unhappy with everybody. They are happy with nothing because the anger and hostility now becomes their way of protecting themselves. Remember in temperament this is how you protect yourself. Due to the deadly emotion, pain is induced.

Then what happens to the person of influence? Well, in that person we see anxiety. They become anxious. They are anxious for time management. They are anxious with what people are going to think. They are anxious about what is going to happen. They are anxious of whether they will make it. Everything becomes a perpetual state of anxiety.

In the case of the supporter we have two deadly emotions set in - resentment and non-forgiveness. Ugh, bad for the body, because when you are resentful and resentment sets in, it is a sort of bitterness and a bitterness that sometimes even can go to hatred. It is that silent non-forgiveness that says I will not forgive you. Can you see me clenching on my teeth? I will not forgive you. That is what happens to them. This is pain induced emotion. You can start seeing that the body is starting to react in this emotional state.

Then in the case of the compliant, the deadly emotion there is repressed anger. Not suppressed. You get anger which becomes suppressed anger which then into repressed anger. So what happens is that it is like a coil spring. You take the emotion and you push it down and that is suppressed anger, but when you let it go it comes out and it goes anywhere and everywhere. Repressed anger is dangerous. A person that is normally calm, not harming anybody, will now do things that are unbeknown to

their character, because in their temperament it was their way to protect themselves. They will lash out. I call it the cougar - the Johnny Cougar in the corner that just comes out. So this is pain induced emotions.

Do you see where I am heading? We are talking about behaviour based pain management that becomes an opportunity for primary healthcare.

What is the final stage as we speak about behavioural pain management? That is where we start seeing how the emotional pain moves into psychosomatic pain. What does that mean? Your pain that was an emotion now starts manifesting itself physically in the body. This is what it looks like. Long-term ongoing tension will have hazardous results.

We will see that with the dominant person, the disease that befalls them is hypertension. We see high blood pressure. We see how these people cannot cope. They are always like a mouse on a Ferris wheel or a rat on a Ferris wheel. They will just keep on running, keep on running. So the hypertension is there. They 'run' until they become red in the face. They really are in a bad state, because the body is starting to react to hypertension and they might need medication for this state. This is where we find that behaviour pain management may require medication.

Then we move to the person of influence. What happens to them? Where previously they were just anxious, now we see panic attacks. We observe how the body manifests physically in the realm of panic attacks. It lives itself out and the body reacts. The body responds and it is not good and it really has an influence on the physically body.

Now we ask, what happens to the person that is a supporter? This person at this stage, not only has resentment and non-forgiveness, but may have contracted arthritis or even multiple sclerosis. You now see that the emotional pain goes into psychosomatic pain and it is real because remember, the subconscious does not know the difference. The subconscious believes that this is real and their fingers start curling and their body starts aching. That is a physical manifestation of an emotional pain at its worst, at its state of exaggeration.

Lastly but not least, the diseases that we see with the melancholic, the person who is compliant and conscientious is that they have tension and migraines. They just cannot move

past it. They get blinded, because the tension has now built up to violent headaches into the tension that gives them migraines and they cannot think. It becomes vicious. So the body responds.

Results

If behaviour based pain management is not diagnosed early enough, you will find how emotional pain will eventually turn into psychosomatic pain.

The arduous labour toward establishing this thesis has been an absolute pleasure.

If you would like to learn more about people skills and the effect of behaviour in society, whether that is work or family, I am available to serve. Remember, 'behaviour never lies'

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