



Broadcast Transcript

Broadcast: A Biblical Response to Chronic Pain

Guest(s): Dr. Linda Mintle

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Roger Marsh: Well, hello everyone and welcome to Family Talk, a listener supported ministry of the James Dobson Family Institute. I'm Roger Marsh, with your host, psychologist and bestselling author, Dr. James Dobson. Now, before we begin, I want to talk to you about the crisis that's sweeping across the globe. The pandemic of COVID-19 has caused incredible panic worldwide, which is affecting every part of our lives. In the midst of this chaos, we all must continue to fix our eyes upon Jesus. He is our only source of true hope and our comfort in these uncertain times. Psalm 46 reminds us, that "God is our refuge and our strength, a very present help in times of trouble."

As the news becomes more worrisome in the coming weeks, find security and hope in that verse. Also, visit our broadcast page at drjamesdobson.org to hear Dr. Dobson's comments about the outbreak from an interview on Newsmax conducted last week. That's drjamesdobson.org and then go to the broadcast page.

With that, let me tell you now about today's program. Chronic pain is a serious problem that is ruining the lives of millions of Americans. But what does the Bible say about this affliction and how to manage it? On today's edition of Dr. James Dobson's Family Talk, we're going to address these questions head on. Last fall, Dr. Tim Clinton sat down to discuss the issue of chronic pain with Dr. Linda Mintle. Dr. Mintle is a prominent speaker and a licensed therapist with over 30 years of experience. She hosts her own radio program and is the bestselling author of more than 20 books.

Today, she and Dr. Tim Clinton will discuss her newest book, *Living Beyond Pain*. Dr. Mintle explains why opioids are not the ultimate answer to pain management. And then she'll provide some real alternatives for what is. This is a relevant and practical program and we think you're going to learn quite a bit from, so let's get started. Here now is Dr. Tim Clinton to introduce his guest on this edition of Family Talk.

Dr. Clinton: Linda, thank you for joining us. It's great to have you in studio here.

Dr. Linda Mintle: It's always my pleasure to be here and to be talking to you again.

Dr. Clinton: Brand new book, *Living Beyond Pain: A holistic approach to managing pain and getting your life back*.

Dr. Linda Mintle: That's right.

Dr. Clinton: Great piece. Linda, I have a sister, Candy, and Candy was in a car accident when she was 14 years old. Traumatic brain injury, Candy had to go through a lot of therapies, physical, emotional and more. Controlled epileptic, lot of heavy medicines and things like that. Later on in life, she has started to live with a lot of pain and I talked to her the other night. She said, "Tim, it's just, it's rough. It just won't turn off. It's unrelenting."

Dr. Linda Mintle: That's right.

Dr. Clinton: I've always said, even in my own life, pain blinds your eyes. You can't think about anything else. Linda, take us into this journey. How many people are suffering with pain and what does it look like and what are you seeing the effects are?

Dr. Linda Mintle: Your sister is one of 100 million people just in the United States that are struggling with chronic pain. And we're going to talk about chronic pain a little bit different than acute pain. So when she had the injury originally at age 14 she had an acute injury, she had acute pain. If that pain doesn't subside by about three to six months, it moves into chronic pain. And when that happens, there's a big change in the body. The body becomes much more sensitized. The nervous system winds up, we kind of call it that. It winds up, the brain rewires, the structures of the brain actually change. So that is one of the reasons why people like your sister can experience pain long after the injury has healed.

So, it's 1.5 billion in the world who are struggling with chronic pain. This is more in the United States alone, it's more than cancer, heart disease, and diabetes combined. And when you think about that, that's a lot of people struggling. I know you've been very aware and very much on the front edge and leading the opioid crisis work and making people aware of that. Well, a couple of years ago when we were dealing with that and really understanding that this is really epidemic, I started thinking about this and thinking something's going to happen. We're going to get control of this eventually. We're going to get prescribers to regulate their use of the opioids.

But then we're going to have all these people who have been on narcotics who are not going to be able to continue on narcotics, nor should they in many cases because opioids and narcotics typically don't work for non-cancer types of pain. So now we're going to have a crisis of people being taken off their meds, maybe tapered off their meds. They're still going to have the pain and they're not going to have any solutions. I liked what Governor Huckabee said to me. He said, "The

opioid crisis is the fire and we need a firetruck to come in and put out the fire." And so when he was endorsing the book, he said, "This is part of that fire truck. It's the firetruck coming in because it's going to give people real solutions and things that they can do to really turn down the volume of their pain."

Dr. Clinton: I look forward to getting to that part of the interview, Linda. We've done a few programs on the opioid crisis and when we do them, people are with us. Everybody acknowledges that we've got a problem. People, they'll tell you that addiction is huge, it's real and more. But what's interesting is people also get pretty upset if we come and say, "Listen, you've got to get off these things and more." Because some people come back and say this, Linda: "I've got real pain."

Dr. Linda Mintle: Real pain. And it is real.

Dr. Clinton: "I've got real pain and if I don't take these medications, I mean these are saving my life." You know what I'm saying?

Dr. Linda Mintle: Yeah.

Dr. Clinton: And it's like you have to take a deep breath of air here for a moment because you were pushing them to do something, but at the same time the pain is so insane for them and they're like, "Huh uh." Linda, help us journey through that because it's real.

Dr. Linda Mintle: Yeah, it's very real. So there has to be a very compassionate approach to people that are going to get off of opioids and we need to get a lot of people off of them. But it's the old adage, and you know this from being a counselor or doing therapy, you don't take away something without replacing it with something. Right? When we're talking about emotional pain, that's always what we do. We say if we're going to tell you to stop doing something, then we have to give you something in its place. So the same is true with physical pain. If we're going to tell you to stop taking these medications, then we've got to give you other things to do.

Now, this is the part that the patients need to understand: the opioids are not that effective. And that's one of the reasons they're relying on them to help maybe take the edge off that pain, but they're not really that effective in chronic pain management. So we've got to do things that are much more effective than those narcotics.

Dr. Clinton: Hey, Linda, let's start on that journey. Everybody's saying, "Hey, give it to me."

Dr. Linda Mintle: Yeah. I think one of the places to start is understanding chronic pain. There's a pain system in your body where you injure yourself, you hit your arm on the table, there's a peripheral nervous system that starts to get activated. It goes through the dorsal horn, which is a part of the anatomy of the body and the spinal cord, and then it goes up the spinal cord into the brainstem, into the

brain. Now, that's where pain perception is. Pain is in the brain. It's not where you hit your hand, it's not in other parts. The perception of pain is in the brain. And then there's a descending system. So a lot of times when you hit your hand, that pain signal starts working. It goes up the ascending pathways. But there are these neuromodulators along the way, or these gates that open and close. And the more that they close off, the brain doesn't get the signal and the brain goes, "Oh, that's not a big deal. We're turning that off."

But with chronic pain, those gates stay open on the ascending and the descending pathways. And so people do feel real pain because the signals get up to the brain and the brain says, "This is dangerous. There's something wrong." And it winds up that nervous system. So people with chronic pain actually have something called central sensitization. It's a very real physical condition. Their nervous system is wound up. It's way more sensitive. For instance, we're sitting in chairs right now and you and I don't have chronic pain. We don't have a system that is centralized, that our central system isn't sensitized. So we're sitting here, we could sit here, you've probably been sitting here for hours and you don't hurt. But someone with chronic pain has a very sensitized system and they could sit in this chair and after 20 minutes they would be hurting and say, "I have real pain. I got to stand up, I got to move, I got to get out of that situation."

That's why it's very real. Their nervous system is wound up. And so what we work on with chronic pain is changing that perception in the brain and calming down that nervous system. So there are a host of techniques and tools that people can learn that can take the edge off so they can improve their functioning and they can also have a better quality of life and turn down that volume of pain in their brain.

Dr. Clinton: I want to go to one or two of those right away.

Dr. Linda Mintle: Yeah, we will.

Dr. Clinton: But some people would say for them maybe the pain medication doesn't work, but at least it numbs me out. They're doing kind of what you're saying, decentralizing that pain thing by numbing it somewhere else.

Dr. Linda Mintle: Yeah. Then they're getting hopeless or they're feeling negative. And so-

Dr. Clinton: It just makes every area of their life more compounded and complex, and confusing.

Dr. Linda Mintle: Yeah. Then you get into, what does chronic pain do to people? It makes them feel hopeless, helpless, powerless. They feel like they've lost a lot, they've lost enjoyment, they've lost pleasure, they've lost maybe their job, maybe their finances. There's so many things that they have to rebuild from with that. So, one of the things that you have to look at is, I'm going to use this concept, we

use it in the book called "Marginal Gains." And this is a great way for people to start thinking about planning to work on their pain perception and turning down the volume of pain.

Dr. Clinton: Is that your Team Sky in the Tour de France?

Dr. Linda Mintle: No, the Tour de France, which is a bicycle race in case somebody doesn't know what that is. They have a new name and I don't remember, they just renamed their team. But this is a concept that came from the business world. So what happened is the British had not won that race for a hundred years. And so they were a little bit like Cubs fans. I'm a Cubs fan. It took us 108 years to win but we won. So they decided they were going to hire a new coach because after a hundred years, they're going to say, "Okay, we need a new coach." So they hire this coach and he brings this concept of marginal gains to the race. What he does is he looks at all aspects of riding a bike, and he tells the team, "We're going to improve every one of those aspects 1%." The hope was that in five years, the cumulative effect of that 1% change will change and they'll win the race.

Well, they actually won the race in three years and they continued to do it. So, if you apply that concept of marginal gains, all of those, if you work on each of those pieces, eventually you're going to win the race. You're going to get to that point where those marginal gains are going to add up, they're going to become cumulative and you're going to feel better.

Dr. Clinton: Linda, let's go to a couple of those small gains, examples of things that we can do.

Dr. Linda Mintle: Okay. One of the easiest one is that if you pay attention to pain, your pain gets worse. If you tell the brain, "This is important, pay attention to it." The brain focuses on that and it actually increases the sensation of pain. So the easiest thing you can do is find a way to distract away from the pain. 'Cause think about it, Tim, pain is a perception. The bane of pain is mainly in the brain. So if you think about that, without a brain, you would have no pain.

Dr. Clinton: I'm thinking about, Linda, just simple examples. So people have ringing in their ears. I usually can't get rid of the ringing and they tell them that you've got to figure out how to get your brain, your mind off of the ringing. So whether you increase noise around you or whatever it is, it's like a complete distraction away from it. It's still going on, but you're not there.

Dr. Linda Mintle: But you're training your brain to go away from that as well. So you're creating new neural pathways in the brain and creating a different path and that's what you want to do with pain.

Dr. Clinton: You guys spend a little bit of time in the book focused on beliefs, that, and here's this mind piece. You got to keep pressing in, dialing in. Paul in Philippians

4, he was saying those things: you have both... Well, let me back up. Philippians 4:8 he said, "whatsoever things are pure and lovely, of good report, etc., think on these things." In other words, you've got to do thought stopping and thought insertion. So, it's this kind of the principle we're teaching here?

Dr. Linda Mintle: We are. It's thoughts and beliefs is what you're talking about. So it's very important to first analyze your beliefs and there's a chapter on beliefs. Do you believe God is good all the time? If you believe, "No, He's not, I'm in pain. He's not good all the time." Then that negative belief is going to impact you and you're going to have negative thoughts about God. But if you believe God is good all the time, and then you start to say, "Okay, God, you're going to help me through this." And maybe use a scripture like, "I can do all things through Christ who strengthens me. I can deal with this pain for today. God's going to give me what I need for today." That is changing the mindset. There's a psychologist named Carol Dweck who wrote a book called, *Mindset*. It's not a Christian book, but it's all about do you have a growth mindset?

I would argue, she doesn't talk about Christianity, but I would argue that Christians should have a growth mindset. We're always growing in our relationship with the Lord no matter what comes our way, no matter what he throws at us, we stay positive, we stay hopeful, we set our mind on Christ. That's part of the mindfulness that we do. Setting our mind on Him and knowing that He is a help in the time of trouble. So changing your beliefs, you change your pain. Change your thoughts, you change your pain, change your emotions. So, if you work on depression, and chronic pain often causes depression, that will also change the pain and dial down the pain.

Dr. Clinton: You're listening to Dr. James Dobson's Family Talk. I'm Dr. Tim Clinton, your host. In studio today, Dr. Linda Mintle, a brand new book out called, *Living Beyond Your Pain*. Can you think of a more appropriate book for what's going on in our culture right now? It's a holistic approach to managing pain and to get your life back.

Dr. Linda Mintle: That's right.

Dr. Clinton: You know, Linda, with that, I noticed that you guys did mention, we talked about acute and chronic pain. But you guys talk about, I think it's four or five different types of pain in the book. Do you mind just unpacking those for a second?

Dr. Linda Mintle: Yeah. That's really important because the type of pain that you have will probably determine a lot of the treatment. So, there's nociceptive pain, which is the pain that, it comes with injury. So, a football player gets injured, or your sister's a good example of that. Now, she had a traumatic brain injury with that. So there may be other types of damage that's done and there can be neuropathic pain, which is nerve pain. So, this is the type with - people recognize this from diabetic neuropathy, those types of pains.

Then there's inflammatory pain. So a lot of conditions cause inflammation and a lot of times that can also create pain. So there's several types of pain like that we can get into. People will be familiar with different types of manifestations of headaches and fibromyalgia and rheumatoid arthritis, osteoarthritis, all of those types of pains. There's cancer pain, and really in the book we do mention cancer pain in different places, but we're talking more about that nociceptive, neuropathic and inflammatory pain in most cases.

Dr. Clinton: Linda, maybe in this journey of trying to reframe, change your mind piece here, and I like what you're saying, it's embracing a holistic plan. There's so many factors and so many lanes that we need to give attention to in this process. But I keep thinking about people struggling. It's so easy to lose yourself in this suffering, and a lot of people suffer.

Dr. Linda Mintle: They do.

Dr. Clinton: That you begin to question, "why?" You know that. You've probably begged God to remove it. You've cried out, you've prayed your soul out, and nothing's changing. And it's like nothing's changing. Nothing's changing. The mind can be a very free, creative, beautiful place, or your mind can be a very dark, turbulent, kind of confusing, lost place. And when I see people who start tipping the scale on the suffering side, Linda, I see the darkness starting to overwhelm them.

Dr. Linda Mintle: Right. Yeah. You have to be very intentional about trying to keep on the positive side, looking for things in your life that are going well, waking up in the morning and being grateful that maybe you can get out of bed today or you could throw the ball today. Maybe you couldn't do that yesterday. So constantly keeping the mind focused on, "What is happening in my life that is positive?" Is good. But you also to have some type of theology of suffering. And this is one of the things that we talk to our students about all the time. We live after the fall. We live in a broken and a diseased world. We have friends and family members. I have a friend right now whose son is going through a horrible type of cancer and it's a fight for his life. And we don't understand. We just don't understand this.

You and I have talked before about how my brother was blown up from a terrorist bomb and killed years and years ago. There's no way to make any type of understanding about that because we're limited in our view. Only God has the huge picture. But there's a point with suffering where you either decide that God is good or He's not. So if you can find meaning in that suffering where God is deepening things in you, where you're having a closer relationship with Him because you're so dependent on Him. Even the moment you wake up to get you through that day. And then you can comfort others with the comfort that you have been given, and you begin to serve others.

And so many people will say, "As I started to serve others and talk about the way God has met me in those dark places, in those nights when I didn't think I could do it and comforted me during that time and brought me relief and brought me the peace that passes all understanding. When God does that, I

begin to comfort other people and my pain actually gets better because I'm serving and I'm giving to somebody else." So, there is meaning in suffering. If there wasn't, you could understand why someone would say, "Just end it." But we know that we're made in the image of God, that as long as we breathe, God has a purpose for us. He has stuff for us to do and He can use even those dark places in our life to bring hope and healing to others.

Dr. Clinton: I remember interviewing Joni Eareckson Tada one time and I thought I would be cool and do a different type of interview with Joni and asked her permission. I said, "Joni, I really want to talk to you about what it's like to be you and to live like you have to live." And she said, "Oh, Tim, I'm so happy. Yeah, that'd be fine." I pressed in. I said, "Joni, how do you do it? How do you wake up in the morning?" And she said these words to me. She said, "I guess I've learned that His presence is enough." And she starts weeping and crying, Linda, and she was lifting her hand up to wipe her eye and I felt like a total heel, I'm thinking, "Tim, you've just made Joni cry. This is awful." I said, "Joni, I'm sorry." And she said, "Tim, it's okay." I looked at her and said this, "I don't know that I know what that means. Not like you do. I want to say I do, but I don't think I do." And Linda, the ability to go there, it's tough.

Dr. Linda Mintle: It's tough. But she talked about how she had to be turned every night, maybe five times. And the pain was so increasing and she was angry with God and said, "Really? With everything I've been through now I have to be turned five times a night and the pain is just getting worse." Then she said, "As I was complaining to God, I looked up." I don't know, this is not an actual quote, but she said, "I saw the feet of Jesus on the cross. And I grabbed those feet and I knew what it meant to be partaking in the suffering of Christ." And you just think, "yeah," and she can still have joy in the middle of all of that pain.

And so it's an incredible testimony to someone whose life has been incredibly meaningful to so many people, not only the United States, but around the world with her ministry. And yet out of that pain, she has credibility to people who are in that hurting place. She can speak to them and she can give them hope. And she can say, "Look, I don't give up. I'm here to do what I need to do until God calls me home to Him."

Dr. Clinton: Linda, we're out of time, but I want to give you the last word. Maybe someone's listening right now and they want to call. They say, "I'd love to get Dr. Linda's telephone number. I need to talk to her." But really inside they're weeping and they're just crying out and saying, "God, I need relief. Can you talk to her? Can you talk to him?"

Dr. Linda Mintle: The biggest thing I would say is, just don't give up. There is not this hopeless. You're not in a hopeless condition. It feels terrible. It hurts tremendously, and you will find people that will have tremendous compassion for what you're going through. But don't give up and think about those marginal gains. Every little thing that you do that we're talking about today, and there's so many more, reducing stress and doing some relaxation, things like that. All of that can

help you improve your functioning, get a better quality of life, and literally get your life back. So there's always hope and our hope is always in Christ, right? He gives us what we need for the moment we need it.

Dr. Clinton: Hey, for more information about Dr. Linda's book, *Living Beyond Pain*, go up onto our website. You can find that and more there, drjamesdobson.org. Linda, how could they get a hold of you to learn more about your ministry and about this book?

Dr. Linda Mintle: So, drlindamintle.com. It's just my name with an I, Mintle, not mental. So drlindamintle.com and you can buy it anywhere where books are sold. It's on Amazon, Barnes & Noble, all the online sites as well.

Dr. Clinton: What a great gift to us all. I saw Governor Huckabee, Benjamin Carson, Secretary Carson endorsing the book and more. I'm really excited that you've given this to us. Thanks for joining us, Linda.

Dr. Linda Mintle: Thank you so much for having me.

Roger Marsh: Well, what an informative and encouraging interview that you've been listening to today here on Dr. James Dobson's Family Talk? Chronic pain is a cruel reality for many people, and it's our desire that this program spoke hope and peace over your life in this area. Dr. Tim Clinton was our host today and he was joined by licensed therapist, Dr. Linda Mintle. You can learn more about her new book called, *Living Beyond Pain* when you visit today's broadcast page at drjamesdobson.org.

Once you're there, you can also request a copy of this interview to revisit later or to share with a loved one who might need this information. Simply click onto the "order a CD button" and fill out your information once you're there. All this can be found on today's broadcast page at drjamesdobson.org.

Well, that's all the time we have for today and for this week. Tune in again Monday for another new week of insightful broadcast right here on Dr. James Dobson's Family Talk. This has been a presentation of the Dr. James Dobson Family Institute.

Dr. Clinton: Hi everyone, Dr. Tim Clinton here for Family Talk. Where can you go to receive support and advice for you and your family? Family Talk interacts with millions of people every day with inspiring advice and tips from Dr. James Dobson on issues that matter most. Whether it's marriage or parenting, you can be sure our Facebook page will keep you updated on how you can succeed. Join us each day for the latest broadcast resources and inspiration. Nowhere else can you hear a direct thought of the day from Dr. Dobson. You can be sure that every post on our page is created for you and your family in mind. Hey, take a moment, will you, right now, and join our family? Go to drjamesdobson.org. That's Dr. James Dobson's Family Talk.

Dr. Dobson:

Well, thank you everyone for tuning into our program today. You may know that Family Talk is a listener supported program and we remain on the air by your generosity, literally. If you can help us financially, we would certainly appreciate it. God's blessings to you all.