"Pain and Mental Health"
Panel Discussion
Mental Health Symposium 2026
Thursday, June 25

[2026/06/25 11:22] Carolyn Carillon: Hello everyone.
Today's presentation is being transcribed so those without audio or who require text only can participate in real time.
A little explanation about this service.
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Voice-to-text services provide an in-the-moment snapshot of ideas and concepts, so that those who are unable to hear or to understand the audio program are able to participate in real-time.
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Transcription is provided by Virtual Ability, Inc.
The transcriptionists are
Katie Velvetpaw
Carolyn Carillon
Elektra Panthar
The following initials in the transcription record will identify the speakers:
STC: Dr. Susan Toth-Cohen (moderator)
SB: Dr. Simon Bignell
MN: Dr. Marjorie Newman
RH: Rose Hill
SSG: Shyla the Super Gecko
CH: Carla Heartsong

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[2026/06/25 11:30] Zsuzsa Tomsen: I'm Susan Toth-Cohen, professor of occupational therapy from Thomas Jefferson University in Philadelphia.
I've treated many people with severe pain and overlapping mental health issues, primarily resulting from complex injuries and disease affecting the hand and shoulder.
In this work, I have been most interested in how people make sense of their changed abilities and life situations to navigate daily challenges.
Outside of work, I pursue interests in music and art, playing several instruments and experimenting with different painting styles.
Let's begin our panel discussion on pain and mental health. Our panelists have a lot of different experiences from patient and provider perspectives that relate to this topic. As we move through the panel discussion, please do not type or talk while panelists are presenting. Also, I ask the audience to please hold your questions and comments to the end, so as not to interrupt our panelists.
Now let's hear from our panelists. I'll ask each panelist to respond individually to 4 questions.

First [to Carla Heartsong], tell us a little about yourself and why you think we need to talk about the connection between pain and mental health.

[2026/06/25 11:32] Carla Heartsong: Hi, I'm Carla, from Belgium. I have 3 daughters and now a 1 year old grandson.
In August 2008, on a Tuesday night at around 3am, I will never forget it, I suddenly got tinnitus. From then on, I had it day and night. It was maddening. Combined with that, I started getting mood swings that went on several times per day, and a feeling of depression. Also, my concentration was often lost, I felt brain fogged, and I lost too much weight. Pain was in the first place emotional, but I struggled with many painful symptoms like belly issues, the feeling I couldn't lay down without having pain, especially in my extremities.
I went to the brain centre of my hospital, because this all sounded more of a brain issue than anything else. By end of 2009, I already had used 4 or 5 different drugs (for mood swings/depression), of which none had any effect. And several MRI scans. It turned out to be a meningioma. That is a benign but growing tumour of the meninges between both brain halves. I'd not call it benign anyway, I would have died if it kept growing.
Such a tumour causes pressure on brain parts, in my case mostly the dorsal Anterior Cingulate Cortex. This area is responsible for emotional stability, decision making, regulation of the autonomic nerve system, and less functioning in ADHD and autism. I recognised everything.
After surgery in 2010, I got stuck with dysautonomia, which is the mentioned nerve system issue. This means amongst other symptoms, that I have chronic pain, especially in my arms and legs (kind of peripheral neuropathy). I get a three-weekly infuse of Magnesium. Magnesium dampens the signals of nerve cell synapses, and effectively for about 2 weeks I'm totally pain free. Simple, not addictive, effective. It's also applied in cases of fibromyalgia. Done.

[2026/06/25 11:36] Katie Velvetpaw: RH: About me: My name is Rose. I live on the Olympic Peninsula in Washington state. I was a librarian and now am nearing licensure as a therapist. I've worked in crisis services for the last seven years. I am specialized in work with complex trauma and PTSD. Personally, I was diagnosed with fibromyalgia a decade ago and have always been curious about the linkages between childhood experiences and adulthood pain conditions.
Bridging the gap created by our medical complex that separates physical health from mental health is essential to best supporting ourselves and our clients.
I will focus during this panel on my interest and experience with the connection between childhood trauma or adverse childhood experiences (ACEs) and developing chronic pain conditions later in life.
[2026/06/25 11:37] Katie Velvetpaw: RH: physical and mental health; the two are not mutually exclusive

MN: I’m a clinical psychologist specializing in health psychology, and much of my work focuses on people living with chronic pain, cancer, neurological disorders, traumatic brain injuries, and other serious medical conditions. This work is also deeply personal to me: I have survived two different cancers and lived with chronic pain for decades following a serious accident. What I have learned, both personally and professionally, is that pain is never just physical; it affects mood, sleep, relationships, work, identity, and a person’s sense of who they are. If we treat only the body and ignore the emotional and psychological impact of pain, we are missing a large part of the patient’s experience.

We need to talk about this connection, because if we treat only the physical, we miss too much vital information

[2026/06/25 11:39] Carolyn Carillon: SSG: Hi, I'm Shyla the Super Gecko. In my 30's, I had extreme back pain, which doctors could not identify. A neurologist offered to perform surgery because he felt it would prove I was lolly-gagging. But he found an issue which none of the x-rays, MRIs or CT scans made visible. It was a tedious, 4 ½ hour, surgery with a 50/50 chance of recovery. After six months and no recovery, I was told I was unlikely to improve. I was devastated. I refused to stop working. Then, after another few months, my pain went away.
In my mid-40's, debilitating back pain returned. It resulted in multiple surgeries and a diagnosis by a neurologist which, having retired, few other neurologists acknowledge, arachnoiditis. I had to ask the diagnosing doctor to provide a letter with his diagnosis and supporting reasons for attributing it to prove my diagnosis.
I have tried many terrible "solutions" from professionals and lay-people alike, and feel folks judge me for what they feel is too much or too little effort, or am I truly disabled, and if so, how can I do so much in this virtual world?
There's a lot laid before me, and caring for my mental health helps me sort it out. As much as outside people puncture my psyche, being raised in an ableist society makes me question myself too.
I continue therapy because it helps me sort out when society is being unreasonable (often the case) and when I am being unreasonable (often the case). I feel a need to be careful in my hope and leery of success, which can hold me back.

SB: My name is Dr Simon Bignell. I am a Chartered Psychologist, developmental psychologist, author and former Senior Lecturer in Psychology in the UK. Most of my professional work has focused on Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), mental health, Special Education Needs, and cyberpsychology.
I am interested in how people function in everyday life when they are living with complex difficulties that are not always visible to others. That includes the way pain can interact with sensory processing, communication, fatigue, attention, emotional regulation and everyday participation.
I am not speaking as a pain physician. I am speaking as a psychologist who has spent many years working with people and families facing long-term challenges, including disability, anxiety, depression, social isolation and conditions that do not simply disappear.
We need to talk about pain and mental health together because pain is experienced by a whole person, not just a body.
Pain can affect sleep, mood, relationships, confidence, identity, concentration, work, education, family life and participation in daily life. At the same time, stress, anxiety, depression, loneliness, fear and exhaustion can shape how pain is experienced and managed.
For me, the important question is not whether pain is physical or psychological. Human beings do not divide neatly into separate physical and psychological compartments. The more useful question is this: how do we help people live meaningful, connected and fulfilling lives while dealing with the realities of pain?
This is especially relevant within Virtual Ability and Second Life. Virtual communities can support connection, creativity, contribution, identity, belonging and mental health for people living with chronic pain or disability. They can allow people to remain socially present and involved, even when the physical world is difficult to navigate.

[2026/06/25 11:44] Zsuzsa Tomsen: Next:
In your experience, what do you see as important intersections between pain and mental health. How do they influence each other?
[2026/06/25 11:44] Carla Heartsong: The pain I still experience otherwise (combined with brain fog lower mood and other things) can be debilitating.
The "luck" I have, is that I survived and I manage, but nature has shown me how strongly connected pain, mental health, and physical brain functioning are. In my case, pain, mental health and autonomic functioning (temperature regulation, heartbeat, nerve system) are consequences of brain cell damage due to pressure. They can trigger each other, but none of them are the root cause of the others. Most people probably suffer more from mental health issues BECAUSE of physical pain, I don't.
Done

[2026/06/25 11:45] Katie Velvetpaw: RH: ACEs and chronic pain share the same biological infrastructure.
What an environment of chronic threat does to a child's nervous system. The HPA axis, which governs our cortisol and stress hormone output, and the inflammatory response learn to run chronically elevated, always "on."
ACEs is an actual test, and those with high scores have much higher chronic pain
When a child grows up with high amounts of danger or neglect, the pain is activated
The cortisol is programmed to be constantly on, rather than spiking as needed
That is an adaptive response, the body existing in a dangerous situation
But when they are chronically activated, the system "turns up the volume" and stays on constantly
What I find is that this shows up in the body in a very real way
Nervous system is hyper active, and other systems remain on high alert
These are adaptive responses. They are the body being smart under very difficult conditions.
These systems don't reset when we become adults. Central sensitization of the nervous system is one reason.
That sensitization shows up as chronic inflammation, prolonged muscular tension.
These are not just two conditions that co-occur

MN: Pain and mental health influence each other in powerful ways. Chronic pain can bring anxiety, depression, grief, isolation, and a profound disruption of identity; patients often tell me, "I don't feel like myself anymore." One patient said, "I wish you had known me before. You would have liked me," and that captured how pain can erode a person's sense of worth and make them feel invisible. At the same time, anxiety, depression, and trauma can increase tension, withdrawal, hypervigilance, and the nervous system's response to pain, so the relationship truly goes both ways.
One thing I see over and over again, is loss of identity
One person said "I wish you had known me before, you would have liked me" - pain had taken away her understanding of her self-worth
Doctors don't always see the person behind the pain
And we cannot totally feel another's pain, and that's one reason why pain is so isolating
At the same time mental health affects pain, just as pain affects mental health
Trauma can amplify how a nervous system responds to pain
As Rose said

[2026/06/25 11:51] Carolyn Carillon: SSG: Societal ideas and comfort zones play a big role. Currently they are very ableist. When I became disabled, that orientation really impacted my sense of self. My existing mental health issues, in part a lot of anxiety, reinvigorated as I scrambled to get back to my old self. That was 15+ years ago, so it's better. I've come to believe there is no 'old' and 'new' life. I didn't die somewhere along the way. My essence is still my essence. I am who I always have been, and disability cannot alter this.
I expected to be 'healed', that they would make my pain go away. I believed what an ableist society teaches, physical health is good, disability is bad, but the even worse message is, physical health is a choice, a life-style. This premise leaves only one thought about disability of any kind, it is self-inflicted. These are strong messages we like to deny, but I have never met a person with chronic pain who has ever said to me, 'You know, my friends without chronic pain, they really get me'. This has required a lot of acceptance, about my condition as well as my employer, friends, family. A lot to process there.
The fear of being unable to sustain oneself. Shelter, food, medication and health insecurities all play into it. It can take years to acquire disability in the United States. I did not go through such a delay, but it still worried me. And, when I did get my approval letter, I felt devastated because my disability was recognized by someone outside myself. It had an official stamp I could no longer deny. I had to work through my own ableism, too.

SB: The key point is that the relationship usually works in both directions.
Pain can affect mental health, and mental health can affect pain.
When someone is living with persistent pain, it can affect almost every part of daily life. It can contribute to anxiety, low mood, frustration, grief, social withdrawal, loss of confidence and feelings of helplessness. It can interfere with sleep, reduce activity and make ordinary tasks feel much more demanding. Over time, people may begin to feel that their world is gradually shrinking.
At the same time, mental health can influence the experience of pain. When we are stressed, the body can become more tense and reactive. Anxiety can make people more vigilant to physical sensations and possible threats. Depression can reduce activity, motivation and social engagement, which may then increase disability and suffering. Poor sleep often worsens both pain and emotional wellbeing.
Attention is also important. Pain naturally draws attention because the brain has evolved to notice possible threats to the body. But when pain becomes the centre of a person's life, it can become harder to notice pleasure, achievement, connection, humour or hope. That is not a weakness or a personal failing. It is how human attention works under pressure.
Another area that is sometimes overlooked is identity.
Many people experiencing chronic pain find themselves asking difficult questions. Who am I if I can no longer do the things I used to do? Who am I if I cannot work in the same way? Who am I if my social life, hobbies, family roles, or independence change?
Those are psychological questions as much as medical ones.
My own work in Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) also highlights another important issue. Not everyone experiences, interprets or communicates pain in the same way. Some autistic people may have differences in sensory processing or interoception. Some people with ADHD may struggle with monitoring internal states consistently, remembering pain-management routines or pacing their energy. Others may find it difficult to explain what they are experiencing, especially if they are tired, distressed, overloaded or not being listened to carefully.

So we need to be cautious about assuming that pain will always be expressed in ways that clinicians, family members or carers expect. A person may be quiet, withdrawn, irritable, inconsistent or apparently coping, while still experiencing significant pain or distress.
For me, effective support begins with careful listening. We need to ask not only “Where is the pain?” but also “What is this doing to your life?”

[2026/06/25 11:55] Zsuzsa Tomsen: Now:
What strategies or specific treatment approaches can help people experiencing pain intermixed with mental health issues? I'm looking to uncover both consumer and provider perspectives here. For example, you may want to answer by focusing on your personal experience of pain intermixed with mental health challenges, your experience as a provider, or both.

[2026/06/25 11:56] Carla Heartsong: Experience with pain: knowing the cause and knowing escape mechanisms are already half a solution, as it gives you courage.
I also apply mindfulness techniques (takes patience and investment but it works), because stress can be a main trigger setting off the shebang of issues.
I started with mindfulness by accident, before brain surgery, and discovered sometimes my tinnitus just went away totally after a 15 minutes nap, which felt like an hour. Maybe that is what monks do in Tibet? It was a life saving trick because at the same time, my mood got stable, my concentration was back and my chronic pain symptoms also were totally gone.... It just doesn't always work. But I think it's proof that even with a brain tumour, with a strong will you can overcome brain malfunctioning for a while (few hours). It felt like rerouting energy via different channels.
Another strategy was focusing on others, which can be healing too. Not just my daughters, but I also supported others with health issues, on a voluntary base, using my experience and techniques as base. Just after brain surgery I was disabled for a long time (recovery of brain surgery is slow), when Gentle asked me to run a project for testing accessibility of courses at US universities, with people of Virtual Ability. I declared her insane at first, but that is a heck of a healing strategy that just worked. Healing is partially in your hands!
Done

[2026/06/25 11:58] Katie Velvetpaw: RH: notes - I'm looking to uncover both consumer and provider perspectives here. For example, you may want to answer by focusing on your personal experience of pain intermixed with mental health challenges, your experience as a provider, or both.
First line intervention is a combination of psychoeducation and neuroscience education to help unlearn the internalized split between physical and mental health.
Then, two parallel tracks. One: processing the underlying childhood trauma, through interventions like EMDR.
Two: learning to regulate the nervous system in the present through body-based interventions like breathwork, somatic grounding, sensory-based mindfulness. Example breath exercise.
My experience both as a provider and personally with these two tracks.
First line intervention - people tend to split the two, psychological and physical
Often the dots don't get connected
Once the person understands that childhood trauma is related to the physical issues, it can replace "what is wrong with me" with an understanding of what's going on
Process the underlying trauma directly; trauma therapy

But processing the trauma does not heal the problems with the nervous system in the present.
As Carla mentioned, mindfulness helps
The goal is to practice techniques to affect the parasympathetic nervous system to not act like there's a threat
One form of therapy, making sure your exhales are at least as long or longer than your inhales
That shift in breath ratio triggers the parasympathetic system, and resets it to not automatically trigger all the time - it doesn't solve everything, but even a small positive shift is significant

MN: First, people need to feel seen and believed, because many have spent years feeling dismissed, misunderstood, or reduced to symptoms. I use Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and Acceptance and Commitment Therapy (ACT) to address hopelessness, fear-based avoidance, emotional overwhelm, and the challenge of building a meaningful life even when pain does not completely go away. I also make room for grief and try to help patients out of what I sometimes call the “prison of positive thinking,” where they feel they must hide their sadness, anger, fear, or disappointment. Treatment is not only about reducing symptoms; it is about helping people grieve what has changed, reconnect with their values, and build a life that still feels meaningful.
Validation of the person is incredibly important.
DBT and mindfulness can be very good during pain flares
To build a meaningful life even if the pain doesn't go away
Don't dismiss grief, or minimize pain from others; don't feel guilty
People need to be able to express their sadness and fear and other negative feelings; grieving the person they used to be, not just the loss of abilities; don't feel guilty over those feelings
Continue to move towards that life that feels meaningful

[2026/06/25 12:06] Carolyn Carillon: SSG: I’m not a specialist in this area. What has helped me is grounding exercises. For example, clapping on my thighs, breathing and considering what is the worst that might happen, what is the best thing that might happen, and what is probably most realistic.
I take quiet time throughout the day. This is important enough that I schedule three a day around my other activities. What I do is usually just take a look at what’s on my mind. I might engage in some re-assuring words or reminders (like, I am safe, my essence is alive and secure, the essence of others is most often good and they wish me the best in all things, I am competent and capable of managing my healthcare and assessing recommendations) or I just might listen to calming music. I generally do some breathing work during them also.
Cannabis helps with the pain, and pain reduction helps with my mental health. It was not easy for me to get comfortable with that, nor to navigate its landscape. I did eventually find some good resources.
Support groups can be helpful. I attend one. I try not to go to every meeting, that’s not healthy for me. The healthiest thing for me is to be active and engaged mentally. Second Life plays a huge role in that. There are many things I can do here, which are real enough for my brain to satisfy its lust for adrenaline junkie stuff, art, creativity, friendship and community, all the things that make for a healthy life (yes, even the drama… :D). This is the most realistic place next to the physical world I have found.

SB: Everyone has said what I've wanted to say! So I couldn't agree more!
The first principle is validation. People need to feel believed.
Psychological support should never be presented as a way of explaining pain away. One phrase I strongly dislike is, “It’s all in your head.” That phrase is not only inaccurate; it is often dismissive.
The reality is more sophisticated. Pain is processed by the brain because all human experience is processed by the brain. That does not make pain imaginary, any more than vision, hearing, memory, or emotion are imaginary.
A more useful way to think about treatment is this: we are trying to reduce suffering, improve quality of life and increase participation.
That usually requires an integrated approach. Medical care may be important. Physiotherapy, occupational therapy, psychological support, sleep support, social support, lifestyle changes and practical adaptations may all have a role. The key point is that the person should not be reduced to a symptom.
From a psychological perspective, Acceptance and Commitment Therapy, often known as ACT, can be very useful. ACT does not ask people to pretend that pain is not there. It asks a different question: if pain is present, how can this person still move towards what matters to them?
Pacing is another important strategy. Many people alternate between doing too much on a better day and then paying for it afterwards. Learning to manage energy more consistently can reduce setbacks and help people rebuild confidence.
Behavioural activation can also help when pain and low mood have narrowed life down. This means gradually reconnecting with meaningful activities, even before motivation fully returns. That might involve social contact, creativity, learning, music, volunteering, faith or spirituality, humour, or simply being part of a community.
Sleep should never be underestimated. Poor sleep can amplify pain, emotional distress, irritability, fatigue, and concentration problems. Even modest improvements in sleep can sometimes help the whole system feel less reactive.
I would also strongly emphasise social connection. Pain often isolates people. Communities such as Virtual Ability can provide interaction, contribution, friendship, belonging and a sense of purpose. These experiences may not remove pain, but they can help people maintain important aspects of identity and wellbeing.
For autistic people and people with ADHD, support often works best when it is concrete, structured, predictable and adapted to individual communication and sensory needs. Written plans, reminders, low-demand options, pacing tools and clear routines may all be helpful.
Ultimately, the most effective approaches are usually those that treat the whole person, not just the pain.

[2026/06/25 12:11] Zsuzsa Tomsen: Finally:
What is one thing you want people to know about the connections between pain and mental health?
[2026/06/25 12:11] Carla Heartsong: What Simon said [a phrase he dislikes]: "it's all in your head" is absolutely NOT the way to go, it's isolating and guilt tripping. What Dr Newman also said. Pain and mental health issues already makes you feel guilty, and that can become a very negative spiral, which just enhances the pain and mood issues. Not feeling guilty is a major factor in getting back on our feet.
There is no straight line of cause and effect at all if both are triggered in the brain. But I also believe, that this isn't a straight cause an effect connection either when both are just

processed in the brain, for example when you are physically in pain. Both go hand in hand, as the first speaker also said: pain and mental health go through the same brain regions. Also, even though my chronic pain is actually "phantom", it feels exactly as bad as real physical pain. And it goes hand in hand with energy depletion, mood issues, brain fog/concentration issues, sleep disturbances etc.
I do think you can never see pain and mental health as two separate aspects. At the end, mind and body are intertwined in ways you only realise when it starts to fail. It's ... "painful" to realise that when it actually happens, but also quite a realisation and life lesson.
Done.

[2026/06/25 12:14] Katie Velvetpaw: RH: notes - Pain and mental health are inexorably linked.
Some of the most powerful and empowering work a person who has a history of ACEs and has current chronic pain can do is work to de-silo mental health from physical health.
You can't separate one from the other; if you do anything to affect one, it will affect the other
Knowing this gives us more options for coping strategies
There is a silo system with providers, so collaborating with your client's other providers is essential
One of my best providers pro-actively reached out to the other providers

MN: Pain may become part of your story, but it does not have to become the whole story. People are more than their diagnoses, their limitations, and their pain. I often tell my patients to “find the message in the mess”, not to minimize their suffering or pretend that everything happens for a reason, but to help them reconnect with identity, purpose, and meaning.
Hope is not the absence of pain; it is the belief that even in the presence of pain, relationships can still be fulfilling, growth can still occur, and life can still be meaningful.
You are more than your limitations, you are more than your pain
Even painful experiences can become part of a larger story, and there is ALWAYS hope

[2026/06/25 12:17] Carolyn Carillon: SSG: I spent a lot of time on this question, writing and erasing things. I don’t really know what to say except I am happy to talk to folks about chronic pain. I don’t have solutions, I can’t help you be less angry, but I am happy to talk about tools and resources and cannabis. Cannabis isn’t for everyone and it’s something I had to get comfortable with and dig in and study a lot to find what works for me. So I can offer tools and resources for that too. I want to thank Gentle Heron for asking me here today and Virtual Ability for the work they do and the home they provided me for several years during my early SL journey. Thank you for listening.

SB: If there is one thing I would like people to remember, it is this:
Pain is real.
Mental health is real.
The relationship between them is real.
We need to move beyond the false choice between “physical” and “psychological”. Human beings do not work in separate compartments.
Addressing mental health does not mean dismissing pain. It means recognising that pain is experienced within a wider human context. That context includes emotions, relationships, beliefs, identity, sleep, stress, communication, social support and the practical realities of daily life.
When we support mental health, we are not claiming that the pain was imaginary. We are helping to reduce some of the additional burden that pain places on a person’s life.

So the phrase I would leave people with is this:
Do not dismiss pain as psychological, but do not ignore psychology either.
Good support begins with listening carefully, believing people and understanding the whole person. The goal is not simply to reduce symptoms. The goal is to help people live lives that remain meaningful, connected and worthwhile.

[2026/06/25 12:19] Elektra Panthar: STC: Thank you
Gentle, anything to add?

[2026/06/25 12:20] Gentle Heron: What a fascinating panel! So many different viewpoints. But it does feel like a common message, maybe? QUESTION- I want to ask each of you, starting with Zsuzsa: There was a lot of agreement among the panelists. What is one new thing that you learned today from someone else on the panel?

[2026/06/25 12:21] Elektra Panthar: STC: It's hard to choose. the one with the most impact was when Shyla discussed the oppression of ableism. It makes me determined to fight it.
Rose ?

[2026/06/25 12:22] Katie Velvetpaw: RH: I went to the same point you just shared, and was struck by Shyla's comment about internalized ableism -being able to overcome that is powerful. Thank you for sharing that.
[2026/06/25 12:22] Roxie Marten: Using weed for pain is a great idea. Except even for the most menial jobs they do drug tests.

[2026/06/25 12:22] Katie Velvetpaw: MN: Rose mentioned the ACEs assessment, I think I want to use it more in my practice after this panel!
Especially to make that connection between trauma and pain - that relationship really struck me today.
And all that Shyla said, and the different skills, the breathing skills - it's one thing for me to say that categories of skills can help, but Shyla showed specifics

[2026/06/25 12:24] Carolyn Carillon: SSG: For me, it wasn't specifically what was said
I've experienced a lot of therapists who've told me that if I got to the office, I'm not experiencing pain
It was nice to sit with you as a person with chronic pain
maybe that's a sign of progress, maybe?
The idea of focusing one's work on mental health pain is so important
Because a lot of therapists don't get it
So it was nice to sit on this panel

[2026/06/25 12:22] Marly (Marly Milena): Don’t forget humor! (It sure helped me!)
Comedians who have effectively addressed their chronic and physical pain in their work. Consider the following:
Tig Notaro - Known for her candid stand-up about her breast cancer diagnosis and recovery. (and other physical/painful struggles as well
Jim Gaffigan - Often discusses his struggles with chronic pain and health issues humorously.
Maria Bamford - Shares her experiences with mental health and physical pain in a relatable and comedic way.

Hannah Gadsby - Uses her own experiences with trauma and pain to create impactful comedy.
Louis C.K. - Incorporates his physical ailments and personal struggles into his routines.
Ricky Gervais - Often jokes about his health issues and the absurdity of aging.
[2026/06/25 12:24] Roxie Marten: A comic in a wheel chair said "If wasn't for people like me, you would have to find your own parking places"
[2026/06/25 12:25] Roxksie Logan: in the UK pot should be more accessible for people with chronic illnesses, you need to have more severe pain to have it prescribed
[2026/06/25 12:30] Gentle Heron: Great suggestions Marly. Who was it said "Laughter is the best medicine"?
[2026/06/25 12:30] Marly (Marly Milena): Norman Cousins
[2026/06/25 12:30] Roxie Marten: gentle: readers digest

[2026/06/25 12:25] Carolyn Carillon: SB: For me the new insights today have been people's relationship with mental health and pain is across the lifespan
Across life events
It's people's personal journeys that are important to listen to
You have to take into account how the person defines it
Not the diagnosis
There's no one size fits all
No one has a generic journey through mental health and pain
It's how the person themselves experiences it
Today has been humbling
It's been an honour to listen to your stories

[2026/06/25 12:27] Elektra Panthar: STC: so many wonderful perspectives
Thank you all
[2026/06/25 12:28] Marly (Marly Milena): Never forget to laugh
[2026/06/25 12:28] Gemma (Gemma Cleanslate): it was such a good panel
[2026/06/25 12:28] Buffy Beale: Very moving, you are all so very brave, thank you!
[2026/06/25 12:28] Shyla the Super Gecko (KriJon Resident): thank you for facilitating us today Zsuzsa °‿
[2026/06/25 12:28] Itico (Itico Spectre): Awesome panelists!
[2026/06/25 12:28] iSkye Silvercloud (iSkye Silverweb): "Always Look on the Bright Side of Life"
[2026/06/25 12:30] Milton Broome: Thanks. I'd stress, I think it's important to ask how pain affects the person's everyday life, then build support around the reality. Should anyone want to contact me, I'm at simon@simonbignell.com
Please remember that you are never alone. Reach out if it all gets too much. Sometimes a conversation or being listened to is very powerful.

[2026/06/25 12:26] Mook Wheeler: QUESTION FOR ROSE: re: central sensitisation happening after prolonged exposure to chronic pain stimulus. Has research found that there is a determining physiological timeline to this prolonged exposure, or is the timeline dependent upon the individual? Ie. does chronic pain have to be present for a certain length

of time before CS takes place, or is it different for everyone? And once CS is triggered, can it be reversed?
[2026/06/25 12:28] Katie Velvetpaw: RH: great question
It is definitely individualized
But there is something like a "1 2 trigger" - if you experience long term trauma, that's the 1, and then later in life if you have an injury or illness, that can be trigger 2, which will cause the chronic pain
It really is a process of re-training the nervous system, not a switch to flip
There are exercises you are doing with your body, to convince your body that you are safe - do them over time; it is a process
[2026/06/25 12:30] Mook Wheeler: So almost a jump off a cliff, but a long slow climb back
Thank you Rose

[2026/06/25 12:26] Carla Heartsong: One new thing: that I never saw this topic being discussed from so many different points of views, yet we all completely agree on the intertwining of pain and mental health. I haven't heard "it's all in the head" at all - which I heard so, so much before brain surgery - I almost didn't get surgery, only because I did all the research and forced my way to surgery. And I was right: in my case it was and is, ironically, literally ALL in the head - winks winks.
[2026/06/25 12:28] Roxie Marten: Carla: if you have a chronic condition you have to be your own advocate and don't be afraid to say "doc you are fired"
[2026/06/25 12:31] Carla Heartsong: Roxie: I went directly to the director of the brain centre, and the treating doctor was literally fired hehe. My chronic illness which is a consequence, is in good hands - I get pain treatment. I can live with the knowledge that after a week of pain and brain fog, there are always 2 great weeks.
[2026/06/25 12:32] Roxie Marten: Carla: I have lost count of the docs I have fired, Next Monday I am firing another one
[2026/06/25 12:32] Carla Heartsong: LOL
Believe in yourself!
And get a friend as doctor (GP), mine is my best friend - and he always saw me as ONE, not as a set of diagnoses
[2026/06/25 12:33] Roxie Marten: remember what do they call a person who graduates last in med school? "doctor"
[2026/06/25 12:33] Gentle Heron: too true Roxie
Other questions or comments to add?
[2026/06/25 12:34] Roxie Marten: I am going to call hooey on “find the message in the mess”

[2026/06/25 12:32] Marly (Marly Milena): One thing that has helped me a lot is speaking to the healing parts of my body, the things that do work, and sending lots of love and encouragement.
My daughter, Jenny, died when she was 21 after a short life of constant pain, but this is not what she focused on unless she was in a treatment space. She focused on the things that gave her joy, made her life meaningful, etc
[2026/06/25 12:35] Carla Heartsong: exactly!!!
[2026/06/25 12:35] Buffy Beale: hugs, Marly
[2026/06/25 12:35] Toriara Fairelander: Thank you to the panelists for sharing their experiences. So often I heard that it was all in my head. It wasn't until I was 28 that I was diagnosed with lupus and associated conditions and Endometriosis. I still grieve what I could have been but try to focus on the positive.

[2026/06/25 12:35] Daisy Gator (TheGator Resident): nods. I think if you have a lot of pain when young, like a lot of things, you adapt
Well... actually that's me. I had a lot of severe spinal pain when young, but eventually it went away...

[2026/06/25 12:37] Gentle Heron: If no more questions, we need to give BIG THANKS to the panel and moderator.
[2026/06/25 12:37] Beth Ghostraven: .-'`'-. APPLAUSE APPLAUSE .-'`'-.
[2026/06/25 12:37] Gentle Heron: Would you please let our speakers know what parts of the world our audience is from? Please post in the Conversation window your country or part of the world. Thank you.
[2026/06/25 12:37] Buffy Beale: Cheering loudly!!
[2026/06/25 12:37] Kay (Kayto Kovacs): yes thank you all
[2026/06/25 12:37] Gemma (Gemma Cleanslate): /me APPLAUDS!!!
[2026/06/25 12:37] G.G. (Aunty Lockjaw): .-'`'-. APPLAUSE APPLAUSE .♥ ♥ ♥ ♥-'`'-.
[2026/06/25 12:37] Roxksie Logan: (`'•.¸¸(`'•.¸ ♬ ¸.•'´)¸.•'´)
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[2026/06/25 12:37] Roxksie Logan: (¸.•'´(¸.•'´ ♬ ´`'•.¸)`'•.¸)
[2026/06/25 12:38] Beth Ghostraven: mid-Atlantic USA
[2026/06/25 12:38] Sheila Yoshikawa: Sheffield, UK
[2026/06/25 12:38] Kalia Annie Starling-Hax (Kalia Anatine): Utah USA
[2026/06/25 12:38] Kay (Kayto Kovacs): Scotland
[2026/06/25 12:38] Gemma (Gemma Cleanslate): CT USA
[2026/06/25 12:38] Roxksie Logan: Herefordshire England 😳
[2026/06/25 12:38] iSkye Silvercloud (iSkye Silverweb): Thank you to the entire panel! It's been such an eye-opener to see all the different perspectives!
[2026/06/25 12:38] Jimmster Zapedzki: London UK
[2026/06/25 12:38] Marly (Marly Milena): Massachusetts
[2026/06/25 12:38] Carla Heartsong: Belgium
[2026/06/25 12:38] Gentle Heron: Appalachia USA
[2026/06/25 12:38] Katie Velvetpaw: just north of Beth Ghostraven
[2026/06/25 12:38] Buffy Beale: Victoria BC CANADA
[2026/06/25 12:38] ლ ąŋđɛɛ ლ (Andee Cooper): Middle USA
[2026/06/25 12:38] Toriara Fairelander: Yes, applauds!!! I am from Northern Ireland, UK
[2026/06/25 12:38] Sheila Yoshikawa: Thanks so much to the panellists
[2026/06/25 12:38] Mook Wheeler: UK, on the Wirral
[2026/06/25 12:38] Rose Hill (roropillow Resident): Thanks so much for having me on this panel!
[2026/06/25 12:38] Pecos Kidd: Texas
[2026/06/25 12:38] Roxie Marten: 2 hours from Hell:) (Hell Michigan)
[2026/06/25 12:38] Daisy Gator (TheGator Resident): Cornwall UK
[2026/06/25 12:38] Nebulani Ferumona (weedbadu Resident): Washington DC
[2026/06/25 12:38] Shyla the Super Gecko (KriJon Resident): Chicago
[2026/06/25 12:38] Itico (Itico Spectre): Central Wisconsin. Boring place. :)
[2026/06/25 12:38] Beth Ghostraven: Itico sometimes boring is good :o)
[2026/06/25 12:38] Gentle Heron: We have a worldwide outreach, folks

[2026/06/25 12:38] iSkye Silvercloud (iSkye Silverweb): NE Wisconsin and don't believe Itico, Central Wisconsin is lovely.
[2026/06/25 12:38] Milton Broome: Thank you for inviting me. Take care. Dr Simon Bignell (Milton Broome in SL)
[2026/06/25 12:39] Katie Velvetpaw: I had ancestors in Waterloo, Wisconsin
[2026/06/25 12:39] Shyla the Super Gecko (KriJon Resident): thank you everyone °°‿
[2026/06/25 12:39] Zsuzsa Tomsen: :)
[2026/06/25 12:39] Roxksie Logan: thank you all
[2026/06/25 12:39] Gentle Heron: Thanks everyone and take good care of yourselves
[2026/06/25 12:39] Carolyn Carillon: <<transcription ends>>