

Newsletter

**Winter
2012**

July

Produced with the assistance of **ACT Health & the Southern Cross Club**

News & Events

GETTING A GOOD NIGHT'S SLEEP

Dr Stuart Miller from the Canberra Sleep Clinic will speak on the best techniques to ensure a good night's sleep for people with chronic pain.

WHEN: THURSDAY 16 AUGUST, 7 PM
WHERE: SHOUT, COLLETT PLACE, PEARCE
COST: FREE

This event is organised by the Chronic Conditions Alliance Seminar Series.

HANDS EXPO

Displays and opportunities to try out lots of tools for the kitchen, laundry and bathroom, as well as ergonomic computer devices. Free talks and demonstrations on voice-operated computing, pain medication, and more.

WHEN: TUESDAY 4 SEPTEMBER
DROP IN BETWEEN 11 AM AND 2 PM
WHERE: WHITLAM ROOM, BELCONNEN LABOR CLUB,
CHANDLER STREET, BELCONNEN
COST: FREE

This event is jointly organised by the RSI and Overuse Injury Association of the ACT and Arthritis ACT.

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Opening Hours: Mondays and Thursdays
10.00 am – 2.30 pm

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Do you have an asterisk before your name on the mailing label?
If so, your subscription has expired. To re-subscribe, see p.15

The contents of this newsletter do not necessarily represent the opinions of the Association.
Whilst all care has been taken in the preparation of the newsletter, we do not accept responsibility for its accuracy
and advise you to seek medical, legal or other advice before acting on any of the information within.

LETTERS TO THE EDITOR

A QUESTION FOR OUR READERS

Dear fellow RSI sufferers,

I am interested to hear from others whose injuries have led to instability or laxity in the wrists, elbows and/or shoulder joints. I haven't heard much discussion on this, nor read much published by authoritative sources. I found this site helpful <http://www.tendinosis.org/> but would love to hear from others.

Please contact me on valleyaction@gmail.com or through the RSI & Overuse Assoc.

Thank you

Anne

ATTEND A FELDENKRAIS PUBLIC WORKSHOP

Dear editor,

Your members might be interested in the Feldenkrais public workshop being held on

August 25 in Sydney. Larry is one of the world's best Feldenkrais practitioners and is incredible at promoting and encouraging a learning environment.

For more information visit:

www.feldenkrais.org.au/news.

Regards,

Chronic pain sufferer, Feldenkrais student and client'

DO WE HAVE YOUR EMAIL ADDRESS?

No? Then we can't let you know about interesting and relevant talks and events that come up from time to time – and we'd like to!

We promise not to hassle you with weekly emails, and we won't send you the newsletter by email unless that's how you want it.

If you'd like to be on our email list, get in touch!

BEHIND THE SCENES

We've been busy!

In May, our Director, Ann Thomson, spoke at a Health Care Consumers workshop on "**Advocating for change**". A group of about 30 people heard about our successful campaign to amend the changes to the disability rating scale late last year.

We have also been busy working with **Pain Australia** to develop a program for a consumer forum at next year's Pain Conference in Canberra. Some of the best speakers from the conference will be talking at this event, which we are helping to organise with a couple of other local health organisations.

We also added a number of **new sections** to our website; pain, computing by voice, depression and stress – have a look!

In addition, we **wrote short submissions** to the Review of Health and Medical Research of Australia and the Australian Work Health and Safety Strategy 2012-2022. In both of these we highlighted the need for accurate statistics on work-related upper limb disorders.

FREE RSI BOOKS AVAILABLE

We have a number of free books available from our library. They are duplicate copies we no longer need but they might still be useful for you. Give us a ring to reserve the books that you would like and arrange a time for you to come and collect them from our office.

Suparna Damany, MSPT & Jack Bellis, 2000, *It's not Carpal Tunnel Syndrome!*

Michael Stevenson (ed.), 1987, *Readings in RSI: The ergonomics approach to repetition strain injuries*.

Emil Pascarelli, 1994, *RSI: A Computer User's Guide*.

Deborah Quilter, 1998, *The RSI Recovery Book*.

ASTERISK *

Have you got an asterisk * on your address label? This is a signal to tell you your subscription is overdue. We recently wrote to all our overdue members and our thanks go to those who renewed. If you didn't, and you'd like to renew, then you can pay using a credit card via Pay Pal at our website or send us a cheque or postal order (see p15). ***We do appreciate your support!***

BITS & PIECES

CHINA BROADENS DEFINITION OF OCCUPATIONAL DISEASE

China has included a series of work diseases such as mouse hand or repetitive strain injury, tech neck and death from stress, into the National Occupational Disease Prevention Law Amendment.

The addition of these injuries shows a greater concern for people suffering from ailments that occur as a result of work or inadequate occupational safety. One of the major draftsmen, Huang Hanlin, says "with the modification of occupational diseases' definition, more work diseases such as mouse hand, tech neck and death from stress are included in the law."

The new law covers more working people with a broader range of diseases, and brings China up to international standards.

People's Daily, January 10, 2012

CAFFEINE AND PAIN RELIEF

New research suggests combining caffeine with a pain killer results in better pain relief. Caffeine is already a common ingredient in many over-the-counter and prescription pain relief medications. A recent study has found that when pain relief medication is accompanied by 100 mg of caffeine (equivalent to one cup of coffee), the participant's self-reported pain relief improves by as much as 10 per cent.

The research concluded there was sufficient support for taking caffeine alongside an analgesic, however additional research is still needed to determine the best

amount, and whether caffeine alters the effects of analgesics
Choice Health Reader, Volume 19, No. 4, May 2012

CHALLENGING PAIN PROGRAM

"Challenging Pain" is a short course delivered in two 3-hour sessions over two weeks. Learn skills and techniques to manage your chronic pain and regain control of your life. It includes relaxation, breathing techniques, and information on the benefits of exercise, how to get the best care and support from your health specialist and much more. Run by Arthritis ACT. For bookings and date info, call 1800 011 041. Cost is \$15 for Arthritis ACT members, \$25 for non-members.

"STAGGERING" NUMBER HIT PAIN BARRIER

Half of Australians suffer musculoskeletal problems, a new international survey has shown.

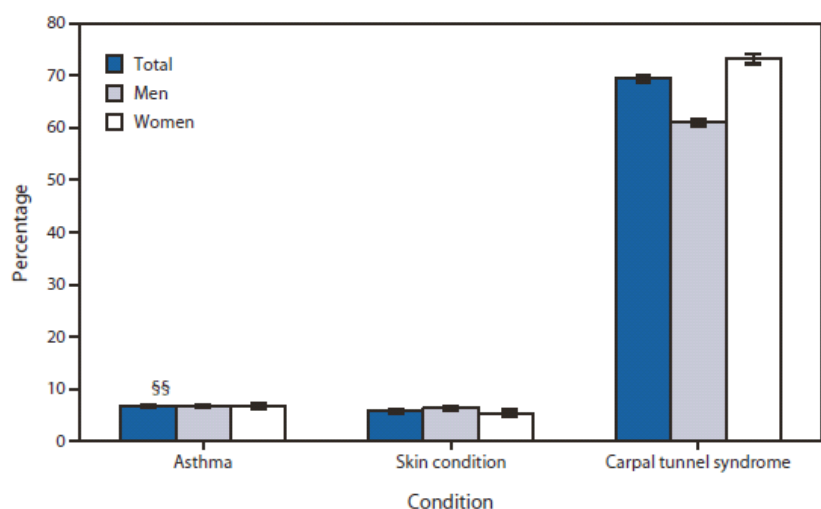
Back pain was shown to be a 'standout' condition. The results have highlighted that such conditions struggle to get the research and medical attention warranted.

WHO Survey

INSOMNIA GROUP AT UC

The University of Canberra Psychology Clinic holds group programs throughout the year for individuals who suffer from insomnia. They are run by trained intern psychologists under the supervision of Clinical Psychologist Dr. Vivienne Lewis. Several techniques including cognitive behavioural therapy and relaxation are used, and the program aims to provide a confidential and supportive environment where individuals with similar experiences can share and learn from others. The cost is \$60 for 6 weeks. Please contact Dr Lewis on 6201 5687 or email insomniaUC@gmail.com

Percentage of Employed Adults Aged 18-64 Years Who Had Carpal Tunnel Syndrome in the Past 12 Months, by Sex and Age-Group, National Health Interview Survey, 2010



In 2010, among employed adults aged 18-64 years who had carpal tunnel syndrome, 69.4% had been told their carpal tunnel syndrome was work-related. Men (61.1%) were less likely than women (73.2%) to have been told their carpal tunnel syndrome was work-related.

MANAGING STRESS IN YOUR LIFE

WITH VIKKI KNOTT

Vikki Knott is an Assistant Professor of Psychology at the University of Canberra and has extensive experience in applied research in Health Psychology. In May this year, Vikki gave a public seminar on how to effectively manage stress in your life. This article, written by Rebecca Cuzzillo, is based on the content of Vikki's seminar.

PHYSICAL HEALTH PROBLEMS LINKED TO STRESS

- AIDS
- Appendicitis
- Asthma
- Cancer
- Chronic back pain
- Common cold
- Complications with pregnancy
- Heart disease
- Diabetes
- Epileptic seizures
- Haemophilia

EMOTIONAL RESPONSE TO STRESS

- Annoyance
- Anger
- Rage
- Apprehension
- Anxiety
- Fear
- Dejection
- Sadness
- Grief

What is stress?

Stress is a feeling that we are all familiar with, and is the result of being exposed to stressors. **Stressors** can be anything that places some kind of demand on us, and the feeling of stress is experienced when we lack the resources to meet those demands.

Stress can have an impact on our physical and emotional wellbeing as well as an impact on our behaviour. The **stress response** is the 'fight or flight' reaction we experience when faced with a sudden threat. This refers to the physiological changes that occur in the body when under stress: increased heart rate, increased respiration and muscle tension. Once the danger has passed, the body returns to normal. This is **acute stress**, when there is a clear on and off pattern. This reaction works well for us when we're facing immediate danger, but it doesn't help if it persists in the long term.

A little stress in our lives is necessary. It can protect us from immediate danger, and can motivate us to face new challenges. It's when we don't have the resources to cope with these challenges and demands on an ongoing basis that stress becomes too much and performance decreases. This is called **chronic stress**.

While acute stress passes once the danger has subsided, chronic stress occurs when stressors remain. Unfortunately, most stressors in the modern Western world tend to be persistent: financial strain, relationship tension, problems at work. With chronic stress, the response is maintained over a long period of time, and this causes a multitude of negative impacts on our physical and emotional health, as well as our behaviour.

What are the health implications of chronic stress?

Stress has been linked with diseases such as cancer, heart disease and many others. When the body experiences chronic stress, it becomes exhausted and the immune system is weakened, making the body more susceptible to disease.

The changing patterns of illness in society indicate the impact stress can have on our physical health. In the early 1900s most conditions were infectious and we have been able to address these with our knowledge of medicine. Today's society has seen a huge increase in non-infectious conditions such as heart disease, cancer and stroke. These increases can be linked to stress and the behaviours that it causes. When we experience stress, we often engage in behaviours that are bad for our health. Poor nutrition, smoking, alcohol and drug use, lack of exercise, risky sexual behaviour and lack of engagement in regular medical screening, are all

"We are not disturbed by what happens to us, but by our thoughts about what happens to us."

- Epictetus, Slave & Philosopher, 50 AD, Rome

behaviours linked to stress. While there are a multitude of factors contributing to the increases in these non-infectious illnesses, stress is still a major factor.

Are you in control?

There are things you can do to deal with internal and external demands that we perceive as stressful. Whether or not the stressor is controllable is very important.

Problem-based coping is useful when you are dealing with a controllable stressor. This is a process of identifying a stressor and taking actions to remove that stressor from your life.

Most stressors that we are exposed to, however, are not controllable. For these stressors, **emotion-focused coping** is best.

Are you stressed at work?

Work is one of the most common causes of stress in today's society. Working conditions, such as too much work, lack of control, job insecurity, inadequate training and unrealistic goals and targets, all contribute to work-related stress.

Workplace bullying can also be a significant stressor, with both chronic and acute impacts. Stress in the workplace can often lead to burn out, reduced productivity, decreased commitment to the job, increased absenteeism and increased physical illness.

Many jobs are "high demand/low control." This means that the job we are doing is demanding but that we have little control over it. The best way to deal with this kind of situation is to meet with your supervisor and negotiate more control over your work, and/or to reduce work demands to a manageable level.

What can you do to deal with uncontrollable stressors?

There are other times in one's life when stress cannot be controlled or managed using problem-based coping methods. When coping with uncontrollable stressors, we need to adopt an approach that helps us deal with our emotions.

Shorter lifespans for those with stress & pain?

Research from the US has found that people with chronic pain and high stress had significantly shorter telomere length, to those with no pain and low stress. Telomeres are located on the end of chromosomes and become shorter as a result of constant cell replication. It is thought that the length of these telomeres is related to our health and a key measure of ageing. So people who carry a cumulative and combined burden of high stress and chronic pain have shorter telomeres and possibly a shorter lifespan.

- Beros, "Stress and pain shorten chromosomes",
Choice Health Reader

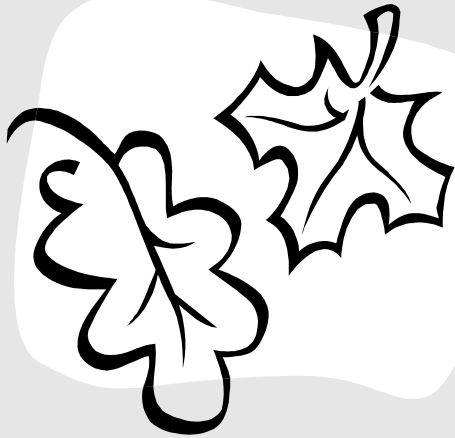
Anger is a common response to stress, but does it help?

There have been studies conducted looking at the impact of anger on physical health. Anger is a common emotional response to stress and has been linked to both heart disease and cancer. Greater expression of anger is linked with heart disease. However, the opposite is true for cancer; studies have found that those that repress feelings of anger are more likely to have cancer at some point in their lives. This tells us that balance is key for good health; it is not good to overtly express anger all of the time, and it is not good to repress feelings of anger all of the time. The best thing to do is to solve the problem that is leading to the feeling of anger in the first place. We need to deal with the stressors in our lives that make us feel angry.

Heaven or hell?

"There's an old parable about the difference between heaven and hell. Heaven, we are told, consists of spending all of eternity in the study of the holy books. In contrast, hell consists of spending all of eternity in the study of the holy books. To a certain extent our perceptions and interpretations of events can determine whether the same external circumstances constitute heaven or hell ... but the key is, "to a certain extent". The realm of stress management is mostly about techniques to help deal with challenges that are less than disastrous. It is pretty effective in that sphere. But it just won't work to generate a cult of subjectivity in which these techniques are blithely offered as a solution to the hell of a homeless street person, a refugee, someone prejudged to be one of society's untouchables, or a terminal cancer patient."

Sapolsky, *Why Zebras Don't Get Ulcers*, 2004, p. 405



LEAVES & THOUGHTS EXERCISE

Make yourself comfortable and let your eyes close. Imagine that you are sitting beside a gentle stream, and there are leaves flowing past on the surface of the water. Over the next few minutes, observe each thought that comes into your mind. Then take a thought and imagine placing it on a leaf and let it float by. If a feeling pops up, observe the feeling and say, "Here's a feeling of ..." and place it on a leaf. When you are ready, gently open your eyes and come back to the room.

Howell & Murphy, *Release your worries*, 2011, p. 169

Choose from the following techniques to help you deal with these stressors:

Relaxation is one of the best ways to deal with stress. If you practice relaxation regularly, even when you are not stressed, you will be less susceptible to becoming stressed in the first place.

Progressive muscle relaxation is a useful technique. This involves gradually tensing particular parts of your body and then releasing them slowly. Start with your feet, tense and hold them tense for a moment, and then release. Slowly work your way up through the rest of your body. Practice this technique when you are feeling stressed, and also when you are not, to increase its relaxing effect. If you find it painful to tense your muscles, just pay attention to them one by one and let them relax.

Mindfulness is another effective method to de-stress. We are all often so busy that we forget to pay attention to our own bodies and what is around us. Mindfulness is the art of observing, observing your thoughts, what your body is feeling and what exists around you. You can practice this technique as a mindfulness meditation. Take the time to sit and observe your thoughts and how you are feeling – *without judgement*. You can also practice mindfulness in your daily life. Next time you are walking to the bus or a meeting at work, do not rush but instead take note and pay attention to what is around you.

"How often are we in the shower and we have everyone in there with us? Say if we are having a meeting that day, everyone who is in that meeting is in the shower and we're constantly thinking about what we've got to do. Mindfulness is about just being still and noticing what is really around us; noticing the water dripping on us; noticing the steam in the shower."

- Vikki Knott

Yoga, meditation, art, reading and exercise are all effective ways to help minimise stress. Often, engaging in activities such as these will also help you to create new relationships and build a strong social support network that will help you to deal with stress more effectively. All of these activities are things that you can do on a regular basis.

For those with severe chronic stress, it is important to find professional help.

Are you listening to your body?

Stress is a common part of modern Western life and it can have serious impacts on a person's health and wellbeing. You need to listen to your body and be aware of your behaviours. Chronic stress is not healthy; it's actually harmful for the human body to be in that heightened state of arousal for long periods of time.

If you are feeling stressed, you need to determine whether the stressor is something you can control or something you can't. If you can control it, then use problem-based coping to eliminate the stressor from your life. If it is out of your control, then use emotion-focused coping. Find what works best for you. Practice relaxation techniques, mindfulness, and positive self-talk and look after yourself. Get adequate sleep, nutrition and exercise. A healthy person with a balanced lifestyle is much better equipped to deal with stressful situations.

This seminar was one of a series of three seminars organised by the RSI and Overuse Injury Association of the ACT. The seminars were supported by the ACT Government under the ACT Health Promotion Grants Program.

EMPTYING YOUR STRESS BUCKET

Have you ever seen someone express strong emotions by screaming, shouting or crying? For many people, demands can build up and up causing their stress levels to continually rise, until something pushes them over the edge. It may be something small and insignificant, the proverbial 'straw that broke the camel's back', or the last drop in the stress bucket. The "stress bucket" is a metaphor that represents how stress can build up and before you know it you are "spilling over" with emotions and behaviours that do not fit with the person you want to be. Life is full of demands and everyone is going to have stress in their



bucket, some more than others. There is something we can all do to reduce the stress in our buckets so it is not on the verge of spilling over the edge when a new demand presents itself to us. Relaxation is key to emptying your stress

bucket and acts as an effective preventative measure for feeling overwhelmed by stress.

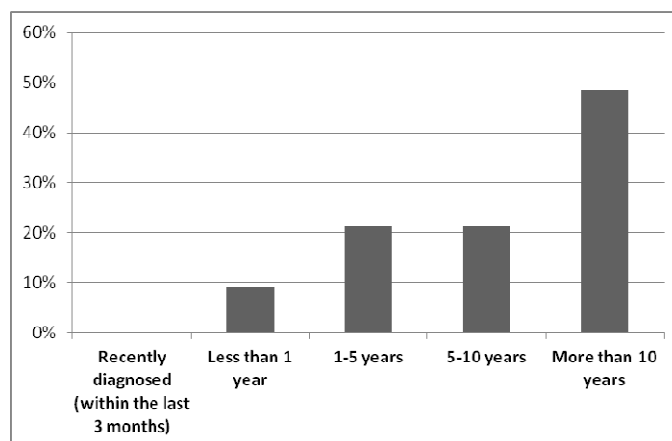
Howell & Murphy, *Release your worries*, 2011, p. 169

WE ASKED, YOU ANSWERED: RESULTS FROM OUR SURVEY

We recently emailed our members to find out a bit more about them and what they needed from our organisation. We also wanted to know how we could improve our services. Now, the results are in. Thanks to all of you who completed the survey.

Question 1 - How long have you had RSI?

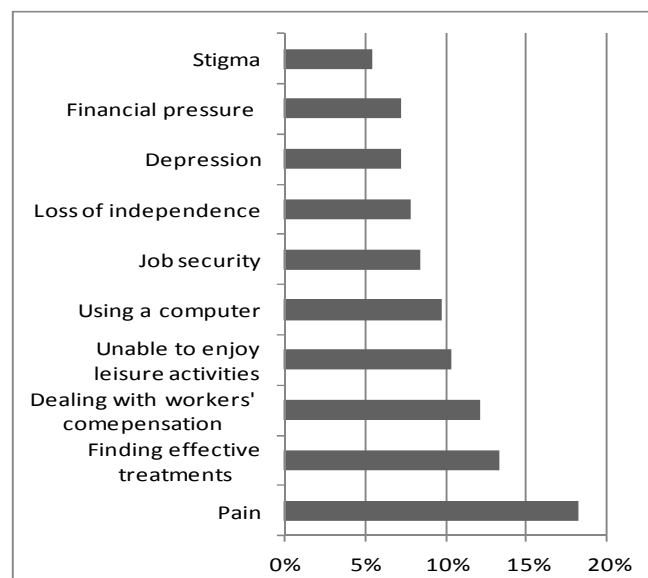
Most of you have been diagnosed with RSI for at least one year, with the vast majority of you having had RSI for over 10 years.



Question 2 - What is it about RSI that is most difficult to deal with?

For many, pain is the most difficult part of RSI to deal with. Finding effective treatments, dealing with workers' compensation, enjoying leisure activities and using a computer also rank as being very problematic.

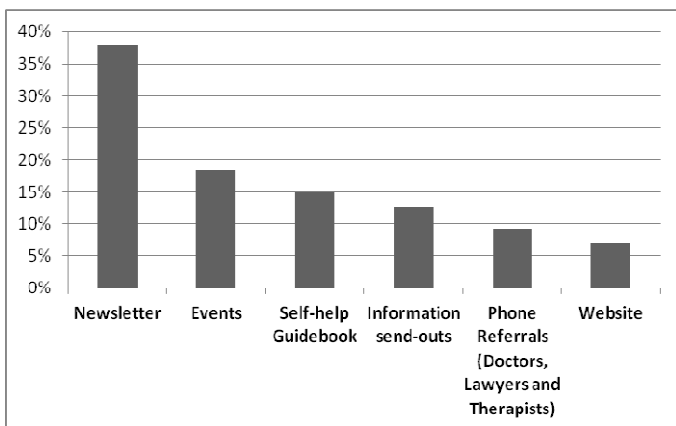
"It's so difficult to do everyday chores because of the severe pain."



Continued on page 8

Question 3 - Which services that the Association offers do you find most useful?

Our quarterly newsletter has come up as the most useful service we provide, and many of you also enjoy the events we put on. Our self-help guidebook and information send-outs also rank as useful for a lot of you.



Question 4 - How do you rate the quality of our newsletter?

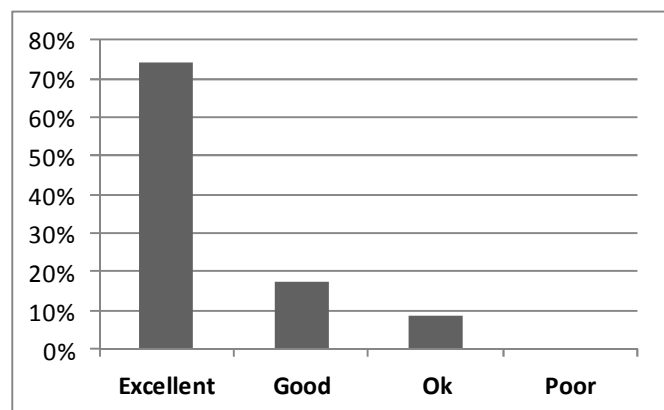
We're pleased to report that most of you rated the quality of the newsletter as excellent. However, that doesn't mean we can't improve and we will be using the responses to the next question to do just that.

"The newsletter has always been an incredible achievement. Full of relevant, useful articles that are highly informative."

"I'm always interested in reading the newsletter when it arrives."

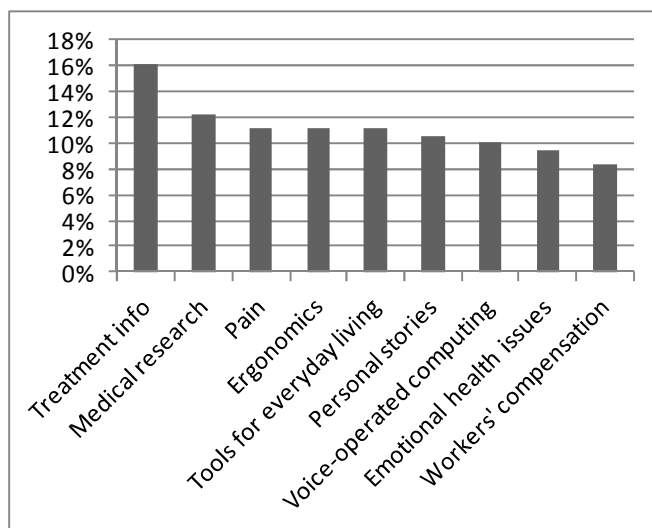
"The newsletter is helpful in realising that I'm not alone in dealing with the above problems."

"I find your newsletter helpful and reassuring."



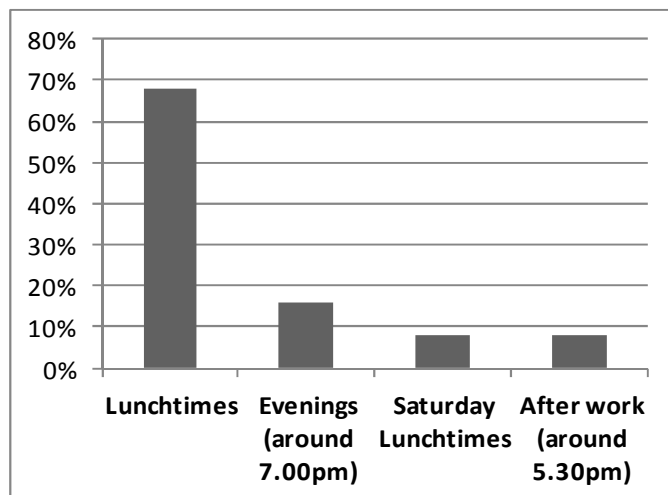
Question 5 - In the newsletter, what topics are most useful?

We found that our most helpful newsletter topics include information on current medical research and treatment for RSI, as well as information on pain, ergonomics and tools for everyday living.



Question 6 - What is the most convenient time to attend our events?

Here, the answer was pretty clear, with almost 70% of you preferring events that are held over lunchtime.



And more comments:

"It's really great that you are there, that RSI sufferers have a voice, that there are people in the same situation and that someone cares."

"You are providing an immensely valuable service. I love receiving the newsletters and I appreciate the events you stage being reported in the newsletter."

If you would like to fill in the survey and haven't, it's not too late; email us for the web version, or phone us with your address and we'll post one out. We're always interested in hearing your comments and ideas.

WHERE DOES IT HURT?

DUTCH RESEARCH FINDS AN UNEXPECTED ANSWER

It has long been accepted that current classifications of work-related upper limb disorders are unsatisfactory. In an attempt to throw light on the classification question and find out exactly where the pain is, Dutch researchers recently surveyed 700 members of the Dutch RSI Patients Association. They were trying to find out if there were **patterns** of symptoms that tended to occur together in people with RSI.

The questionnaire

The researchers asked people's gender, age, height and weight as well as their work status: full-time, part-time, working with adaptations, on work pension, or not working.

Respondents were also asked how their condition was going – was it:

- improving
- staying the same
- getting worse
- getting better but more extensive
- getting worse and more extensive



They were also asked about the type of symptoms experienced and their location, as well as how intense they were.

The answers

On average, symptoms had lasted for 39 months. The largest group of respondents, one third, said their symptoms were getting "worse and more extensive", while a slightly smaller number reported that their symptoms were improving. One-fifth stated that their complaints were "less but more extensive".

There were three main clusters. The first, was described as "*mild diffuse musculoskeletal disorder*" and this described around 40% of the group. These people had mild symptoms in the upper body area with no one area being more painful than another. They were more likely to be working (75%) than the rest of the groups and half of them reported fewer symptoms now than in the beginning. The members of this cluster were more likely to be male than in the other groups.

The second main group was described as "*mild bilateral aching stiff neck and shoulders*" with a prevalence of 25%. These people had localised aching and stiffness in their shoulders and neck on both sides. On average, they had had these symptoms for a longer period than the first cluster (40 months versus 30 months).

The third large cluster was described as "*moderate bilateral arm and wrist/hand/finger musculoskeletal disorder*". About 15% of the total group were in this category. They had chronic upper arm and hand/wrist/finger symptoms on both sides of the upper body. In comparison to the whole group, significantly fewer were working and 74% characterised their symptoms as getting worse or more widespread.

Together, these clusters described over 80% of the patients who filled in the questionnaire. Of the other groups, possibly the most interesting is the smallest. This group, with only 0.9% of the whole sample, have had their symptoms for the shortest duration of any group, but those symptoms were very intense. They experienced coldness, numbness and stiffness and overall pain, but in spite of this, half of them were working.

Continued on page 10

In contrast to the initial hypothesis of the researchers, most clusters consisted of diffuse rather than localised symptoms. This is a very important finding. It validates the experience of most people with RSI, who describe widespread patterns of pain which don't fit with the standard diagnoses such as epicondylitis, carpal tunnel syndrome and rotator cuff syndrome.

The table below summarises the research findings:

Group	Percentage of sample	Pain intensity	Symptom description	Average length of time of symptoms
1	37.86%	Mild	Widespread symptoms	30 months
2	25.43%	Mild	Aching and stiffness in the neck and shoulders on both sides	40 months
3	15.56%	Moderate	Pain in both upper arms together with hand plus wrist plus finger symptoms; 74% said their symptoms were getting worse or more widespread; less likely to be working	Not recorded
4	4.57%	Severe	Widespread symptoms of burning pain on both sides combined with numbness at the extremities; stiff aching elbows and arms; symptoms were getting "worse and more extensive" for 60% of these subjects	60 months
5	11%	Moderate	Pain in both elbows and over the whole right arm; most reported worsening or spreading symptoms	Not recorded
6	2.86%	Severe	Chronic overall coldness, numbness and altered sensation (burning, prickling) with less pain and stiffness than other groups	49 months
7	1.86%	Extreme	Very intense symptoms on both sides throughout the upper body, with symptoms including aching, burning, and stabbing/sharp pains as well as stiffness and numbness	60 months
8	0.86%	Extreme	Chronic symptoms on both sides of the body with coldness, numbness and altered sensation; symptoms getting worse	27 months

Ann Thomson

Gold J, Piligian G, et al., "Cluster Analysis of Symptoms Among Patients with Upper Extremity Musculoskeletal Disorders",
Journal of Occupational Rehabilitation, April 2010



HANDS EXPO

Tuesday 4 September
11 am to 2 pm
Whitlam Room, Belconnen Labor Club
Chandler Street, Belconnen

FREE TALKS AND DEMONSTRATIONS on voice-operated computing, pain medication and much more!

DISPLAYS AND OPPORTUNITIES to try out lots of tools for the kitchen, laundry and bathroom, as well as ergonomic computer equipment.

Parking available



TIPS & TOOLS—CYCLING

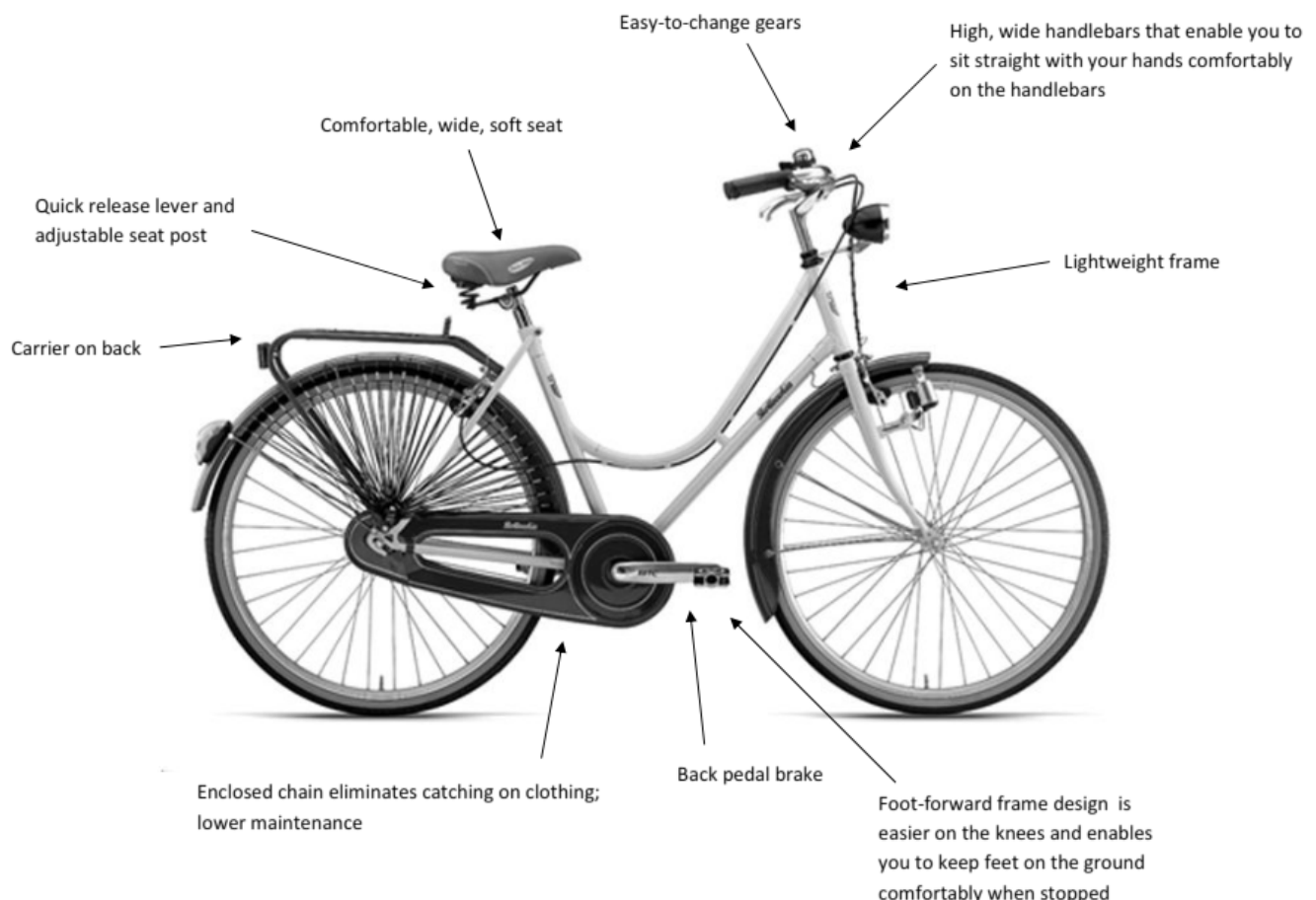
Cycling can be a challenge when you have RSI, but with some adaptations to your bike (or maybe a new one!), most of us can keep pedalling.

Wide high handlebars to enable an upright stance will make any bike easier to ride; make sure you relax your shoulders and **rest** your hands on the handlebars while riding.

A back pedal brake reduces work for the hands, and you can find bikes with a back pedal gear change (usually only 2 gears though).

Other things to consider include:

- Good suspension to reduce vibration
- Quick release saddle height adjustment
- Carry basket/bag on or over the back (a basket on the handlebars will make steering harder)
- Easy-to-change gears
- Enclosed chain to reduce maintenance
- Foot-forward frame design to reduce strain on the knees
- Lightweight frame for easy lifting



BIBLIOTHERAPY—BOOKS THAT HEAL

Bibliotherapy is an old concept in library science. The ancient Greeks put great faith in the power of literature, posting a sign above their library doors which described a library as a "healing place for the soul".

The basic concept behind bibliotherapy is that reading is a healing experience and literary sources can assist with the resolution of complex problems. It was applied to both general practice and medical care, especially after WWII, because injured soldiers had a lot of time on their hands while recuperating. Also, the soldiers felt that reading was healing and helpful.

In psychiatric institutions, bibliotherapeutic groups flourished during this time. The books kept the patients occupied and seemed to be good for their general sense of well being for a variety of reasons. Today, healthcare workers and institutions recognise the wide and varied use of bibliotherapy within a range of scenarios.

At its most basic, bibliotherapy is using books to aid people in solving the issues that they may be facing at a particular time. It consists of selecting reading material relevant to their life situation. Bibliotherapy has also been explained as a process of dynamic interaction between the personality of the reader and literature which may be used for personal assessment, adjustment, and growth. The idea of bibliotherapy is based on the human inclination to identify with others through their expressions in literature and art. The concept of bibliotherapy has widened over time, to include self-help manuals without therapeutic intervention, or a therapist "prescribing" a movie that might provide needed catharsis to a client.

There seems to be a division of opinion as to whether bibliotherapy need take place in a therapeutic environment, with therapists specially trained in bibliotherapy at the far end of the spectrum taking the position that this technique should take place only in their skilled hands for fear of the damage that could be done even by the selection of the wrong text.

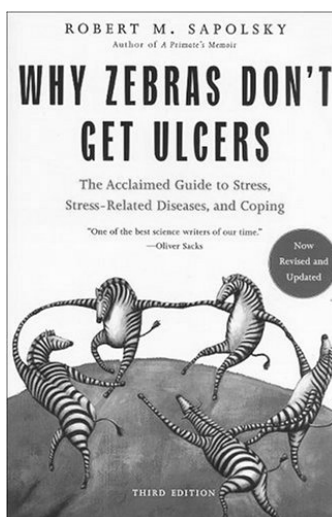
The idea that literature can make us emotionally

and physically stronger goes back to Plato, but now book groups are proving that Shakespeare can be as beneficial as self-help guides. A newspaper article in *The Guardian* written by Blake Morrison in January 2008 investigated the rise of bibliotherapy in parts of England and reported on a scheme in Merseyside called "Get into Reading". There were around 50 groups taking part in the scheme, located in care homes, day centres, neurological rehabilitation units, acute psychiatric wards, cottage hospitals, sheltered accommodation and libraries. There were groups for people with learning disabilities, Alzheimer's disease, motor-neurone disease, mental health problems; groups for prisoners, excluded teenagers, looked-after children, recovering drug-addicts, nurses and carers. All of these groups were small—no more than 10—so there was a sense of intimacy.

These reading groups weren't just about helping people feel less isolated or building their self-esteem. Nor were they merely a pretext, in an area of high unemployment, for giving the experience of working as a unit. More ambitiously, they were an experiment in healing, or, to put it less grandiosely, an attempt to see whether reading can alleviate pain or mental distress.

According to Blake Morrison, bibliotherapy is a fast-growing profession. A recent survey suggested that "over half of English library authorities are operating some form of bibliotherapy intervention, based on the books-on-prescription model". That's to say, an increasing number of people are being referred by their GPs to the local library, where they'll find shelves or "reading pharmacies" set aside for literature deemed relevant to their condition. Lapidus, a British organisation established in 1996 "to promote the use of literary arts in personal development", has played a key role in bringing together writers and health professionals.

Bibliotherapy might be a brave new word but the idea that books can make us better has been around for a very long time because the idea that books can make us emotionally, psychologically and even physically better goes back to the ancient world.



By the Renaissance, the idea that poetry and song could "banish vexations of soul and body" was well-entrenched.

Blake Morrison does say that it seems likely, however, that bibliotherapy is bound to strike sceptics as a form of quack medicine but considerable research has been carried out over the past 20 years which seeks to prove the healing capacity of the arts in general and literature in particular. A study in Alabama demonstrated how depressives treated via bibliotherapy had less chance of relapse than those given medication.

Other studies have explored the links between involvement in the arts and longevity; between "verbally revealing it all" and fighting off infections; between the generally calming effect of books – relatively few of which are so bad that we want to hurl them across the room – and lower levels of cardio-vascular disease.

An Arts Council report of 2004 cited 385 references from medical research on the positive effect of the arts and humanities in healthcare, among them "inducing

positive physiological and psychological changes in clinical outcomes,

reducing drug consumption, shortening length of stay in hospital ... and developing health practitioners' empathy".

The scientific evidence is far from conclusive, nevertheless. Raymond Tallis, author and Emeritus Professor of Geriatric Medicine at the University of Manchester, has been enormously impressed by the "Get into Reading" scheme, but notes that most of the published research "consists of equivocal findings in fourth-rank journals", adding: "I have been a medic too long to be easily persuaded of the wider role of literature in healing. No one sends out for a poet when they are seriously ill."

On the other hand medical staff tell stories of the remarkable successes they've seen, that patients seem less agitated after reading sessions, that there are noticeable improvements in mood and behaviour of those who take part. Perhaps, in this instance, the personal statements of those involved in the scheme should be given more weight than the statistics provided by impartial researchers.

Evidence from other countries of the value of

bibliotherapy includes a small study from Thailand undertaken in 2010. The findings support its use for people with moderate depression, as it is straightforward to use and an easily accessible addition to the standard approach to promoting recovery. It is readily incorporated into the work of mental health professionals in promoting resilience and enhancing recovery in people with moderate depression in the community.

Another small study of Japanese students studying abroad in 2011 confirmed the value of bibliotherapy. Overall, the data suggested that it improved the mental health and psychological flexibility of the international students.

In many instances reading can be a first step in the process of understanding our behaviours or illnesses or those of family and friends. An appropriate self-help book may be just what is needed to enable us to resolve a problem which is not so serious as to require professional help. Perhaps, like an ancient Greek, a visit to your local library may be the first step on the road to recovery.

A study in Alabama demonstrated how depressives treated via bibliotherapy had less chance of relapse than those given medication.

Although Libraries ACT does not run bibliotherapy programs to support people with

a mental illness, they offer a number of services which may in some way fulfil this role. For example, their Home Library Service delivers materials to people who are aged, ill, physically unable to get about, or to handle print material. If they cannot visit a library, but love to read, the library will come to them.

Libraries ACT aims to deliver and support literacy programs, help create lifelong learners, facilitate information-sharing with the community, and provide access to computers, the internet and inclusive spaces, Libraries provide a welcoming environment for many activities – spaces for quiet reflection and study, areas for fun and activity, spots for sharing stories and books, and rooms for classes and workshops. Their libraries are for everyone. No-one is turned away. For people experiencing disadvantage their libraries offer opportunities and pathways to real and meaningful change.

By the way, 2012 is the National Year of Reading!

Irene Turpie

Book Reviews

Why Zebras Don't Get Ulcers by Dr Robert Sapolsky, Professor of Biology and Neurology at Stanford University, is a classic on the biology of stress. Engagingly written in a conversational style, it's a great book if you really want to find out more about how stress works in the human body. In addition to his scientific work in America, the author is also a research fellow at the Institute of Primate Research in Kenya, and his work with baboons enables him to tell some amusing and insightful stories that throw light on human behaviour. The book contains some helpful ideas on how to manage stress, but these tend to be scattered throughout its pages. If you're looking for a primer to help you cope with stress in your daily life, the ones below are probably better for you. And a clue about zebras: they tend not to be worriers.

The author of *PainTracking*, Deborah Barrett, is a person whose story could be very much like yours. Her condition began when she was completing a Ph.D. in sociology at Stanford University, spending long hours at the computer keyboard. Her hands

PAIN TRACKING

Your Personal Guide
to Living Well with
CHRONIC PAIN



DEBORAH BARRETT, PhD, MSW

and forearms began to ache, but she assumed that this would pass; instead, the pain worsened. She writes "a burning sensation climbed up my shoulders and neck, across my back, and down the whole of my right leg. I had no idea what had hit me. My body seared with so much pain that I was unable to sleep and could barely take care of

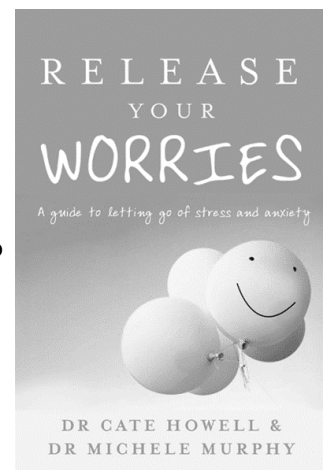
myself. My younger brother moved into my apartment and became my arms: he typed and cooked, and as the pain worsened, he even brushed my teeth. I summoned up the energy to visit multiple doctors, but each was baffled or dismissive. I was desperate for help." (p.9)

Luckily, Deborah had extremely supportive parents and her mother was a family physician. Using her medical knowledge, she searched the medical literature and finally decided that her daughter's most likely diagnosis was fibromyalgia and myofascial pain syndrome, later confirmed by other doctors.

Her book is based on the idea that "when you treat your experience as an experiment, you not only tolerate difficulties more easily but you learn from them." She aims to help you take an active role in your own care and rethink strategies recommended by health care professionals and experts, as well as find strategies that work for you personally.

This is a book to read slowly, as well as to dip into when you're confronting a practical problem. It contains lots of useful strategies to change the way you manage pain; so many, in fact, that it would be a good idea to read it a chapter at the time. For example, there are chapters on focusing and calming the mind, soothing the body, shaping your self-talk, collaborating effectively with your doctor, prescription medications and working with mental health professionals – but that's not all! She covers a number of very practical topics like taking care of your home, improving sleep, exercise and creating a workspace that works for you. If you are someone who is prepared to act on what you read and put some work into managing your pain, I strongly recommend this book.

Release your worries by GP, Dr Cate Howell, and psychologist, Dr Michele Murphy, is subtitled "a guide to letting go of stress and anxiety". Like *Paintracking*, it's something of a workbook, with tables to fill in and sentences to complete as you go through the book. However, you will get a lot of it even if you can't be bothered taking out your pen. It's very clearly written and the authors have aimed to set out a smorgasbord of choices in stress and anxiety management, with each therapy explained and illustrated with well-chosen stories. Interestingly, the authors say they have seen clients who have felt worse after reading a "self-help" book, so the book comes with a warning not to "whip" yourself for "not reading the book, not following the book, and not measuring up to what the book says". Highly recommended!



Info Sheets	Tick:
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RSI & Stress: what it is & how to cope	
Making driving easier [NEW]	
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BOOKLETS AVAILABLE:

The RSI Association Self-Help Guide

This booklet contains 120 pages of really useful and practical information on treatments, medico-legal matters, maintaining emotional health and managing at home and at work.

\$20

Moving on with RSI

This booklet covers the stories of people who have learnt to live with serious RSI. It contains many ideas on how to survive emotionally and successfully manage the condition.

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Pregnancy & Parenting with RSI

This booklet contains 20 pages of information designed to help parents with an overuse injury to manage the specific challenges they face.

\$10

Booklets can be purchased online (www.rsi.org.au), requested by email, or ordered by mail using the form below.

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Coming Soon:



Managing depression



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ACT RSI NEWSLETTER WINTER 2012
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*preventing overuse injury,
reducing its impact*



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