CONATIVE STRESS & MYOFASCIAL PAIN
A CASE STUDY
JUNE 27, 2016

DEAR ESTEEMED JUDGES:

It is an honour and a privilege to have been nominated for the 2016 Kolbe Professional Award. As a Pioneer (2-4-8-6), I have broken ground with a case study exploring the journey of two key individuals struggling with chronic pain and fibromyalgia. Please find attached pertinent information about results achieved. To hear directly from the patients involved, please see pain assessments in Appendix A, as well as the attached video sent via a YouTube Link.

By combining Myofascial Release Therapy with the application of Kolbe Wisdom™ —namely the Kolbe A™ and B™ Indexes and conative consulting—I explore the conative dissonance that occurs when a person works against their modus operandi (MO). In addition to causing conative stress, the myofascial system is affected, resulting in chronic pain and fibromyalgia symptoms. This study involves two participants wherein a pain assessment is taken before the advanced Kolbe solutions were applied, the Kolbe A and B Indexes are completed, and a personalized plan to reduce conative stress is crafted. In each of these studies patients had received Myofascial Release Treatment for upwards of a year with marginal results. Once the Kolbe methodologies were applied, patients completed a secondary pain assessment, which displayed notable improvement in pain levels and a decrease in required medications.

In 2010, I observed a plausible link between conative stress and chronic myofascial pain which inspired this study. In over six years of practice, study, and research, I have discovered no similar studies in the field of myofascial pain and conative stress. It has been inspiring and challenging as I pioneer this exciting project, which could reduce pain for countless individuals. I look forward to sharing my findings with you at Conation Nation Symposium.

Once again, thank you for the nomination—I hope to see all of you in September.

SINCERELY,

WARREN BARRY
RMT, KOLBE CERTIFIED CONSULTANT
Full study and bibliography available on request.
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A CASE STUDY

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Full study and bibliography available on request.
ABSTRACT

This case study is to examine the relationship between conative stress and myofascial pain. The instruments that were utilized to measure the conative stress aspect of this study were the Kolbe A Index and Kolbe B Index. The pain was measured by a pain scale that was completed before and after the individuals completed the Indexes, and conative consulting was applied. Although this case study involves only two patients, an observable relationship between long term conative stress and chronic myofascial pain became apparent. Myofascial pain still remains to be quite mysterious in that no two people have the same resulting symptoms and the mechanism of injury is as varied as the symptoms. Much research has been done and there is a proven link between stress and pain, but there has been no literature or research completed on conative stress and myofascial pain to my knowledge — making this study very difficult to complete. I am attempting to show the dissonance that occurs when sustained conative stress creates the same electrical charge into the connective or fascial system in the human body resulting in chronic myofascial pain and fibromyalgia symptoms.

CONATION ACCORDING TO WIKIPEDIA:

Conation is a term that stems from the Latin conatus, meaning any natural tendency, impulse, striving, or directed effort.[1] Conative is one of three parts of the mind, along with the affective and cognitive. [2] In short, the cognitive part of the brain has to do with intelligence, the affective deals with emotions and the conative drives how one acts on those thoughts and feelings.
THE PURPOSE OF THIS STUDY

IF THE BRAIN SHOWS STRESS WHEN WORKING AGAINST OUR INSTINCTS, WHAT ABOUT OUR BODIES?

The purpose of this study was to determine if ongoing conative stress was a causation or contributing factor to increased fibromyalgia symptoms and myofascial pain. First, a pain assessment was conducted to determine the location, severity, and factors related to pain experienced by patients. If the occurring conative stress can be recognized and quantified, followed by the provision of coping strategies to bridge the gap between patient identity (Kolbe A Index) and role-expectations in professional roles (Kolbe B Index). The goal was to discover if pain and stress symptoms could be reduced by the application of Kolbe Wisdom. In this period of testing, myofascial release treatments were also being utilized as required.

Prior to this study, both patients were treated with Myofascial Release for a period of one year or longer. Although the patients saw some improvement in their condition prior to reducing conative stress, marked symptomatic improvements were reported after Kolbe Wisdom was applied to their treatment.

Stress is a contributing factor in the development of fibromyalgia and myofascial pain. Albeit, the mechanisms on how and why this occurs is poorly understood. Continued research needs to be done in order to answer these complex questions.
Chronic pain can be a debilitating disorder, which can impact and severely impair every domain of daily life and functioning. According to The American Academy of Pain Management (2003), 57% of Americans report experiencing chronic pain; 62% reported being in pain for more than one year; and 40% stated they were constantly in pain. Chronic pain has become a leading cause for individuals to seek professional health care (Jacobson & Mariano, 2001). Chronic pain has been estimated to cost the United States over $100 billion annually in therapies, lost productivity, unemployment, medication, and other medical expenses (Burgoyne, 2007) and is suspected to be a leading cause of loss of productivity in the workplace. In fact, the American Pain Foundation (2006) found there was a 38% rise in chronic pain in the U.S. full-time workforce from 1996 to 2006. In addition, 46% of employees suffering in chronic pain reported their pain often affects their ability to perform their job.

Fibromyalgia syndrome (FMS) is a chronic debilitating disorder characterized by widespread pain with tenderness in specific areas, leading to fatigue, headache and sleep disorder. Myofascial Pain Syndrome (MPS), is also a localized musculoskeletal pain producing condition whose diagnostic and management criteria differ from FMS but still considered by many only a subtype of FMS. To date, no exact cause has been pinpointed for these painful conditions, therefore treatment of these disorders is always a challenge (Anaesth, 2009).
Conative stress results when there is interference with the natural flow of your instinctive power.

For the purpose of this study, I have utilized the Kolbe Wisdom to measure the conative stress that may be occurring. The subjects have completed the Kolbe A and Kolbe B Indexes. The Kolbe A Index is a strengths-based assessment which discovers natural instinctive drive, or conative aspect of the mind. The Kolbe B Index is a strengths-based assessment that measures the individual's self-expectations of their job.

Conative stress is described as: “conative stress results when there is interference with the natural flow of your instinctive power.”

BRAIN SCANS BY KOLBE CORP

Working in the Conative Zone

Efficient, organized brain activity of a person working on a well-matched task.

Image taken from EEG brain monitor

Working Against the Conative Grain

Inefficient, “dithering” brain activity of the same person working on a poorly-matched task.

Image taken from EEG brain monitor

More information on Kolbe and the Kolbe Wisdom can be found at
The connective tissue is a continuous fabric extending throughout the human body, even into the innermost parts of each cell.

All of the great systems of the body — circulation, nervous system, musculo-skeletal system, digestive tract, various organs — all are ensheathed in connective tissue. It is an organ of form, relationship, support, communication, and movement.

Connective tissue is a composite material, consisting of strong insoluble collagen fibers embedded in a gel-like ground substance. The fibers are arranged in highly ordered, crystalline arrays. Like many other crystals, connective tissue is piezoelectric, i.e. it generates electric fields when compressed or stretched. Hence any movement of any part of the body, muscle, bone, skin, blood vessel, etc., generates characteristic electrical fields that spread through the surrounding tissues. Since collagen is a semiconductor, the connective tissue is an integrated electronic network that allows all parts of the organism to communicate with each other.

The structure of the human body is not fixed or permanent — tissues are constantly being replaced. Electrical fields generated within the tissues may regulate the replacement process, so that structure can change in response to changes in activity. This is how athletes and other performers optimize their structure and function by practicing a movement again and again. Perfect performance implies total interconnection, the free flow of information through the connective tissue fabric.

Perfect performance implies total interconnection, the free flow of information through the connective tissue fabric.
METHOD

This study consisted of two female patients aged 43 and 51 years of age. Both patients were diagnosed with fibromyalgia. One was diagnosed in 2005, and the other in 2011, which constitutes that both were in a chronic stage of their condition. As previously mentioned, before I applied Kolbe Wisdom I had been treating these patients with myofascial release on a regular basis. After listening to the patients, and inquiring as to their work environment, and the tasks that they had to perform, it appeared quite evident that there was a form of stress occurring. Both subjects were cognitively aware of their conative strengths, yet were unaware of the Kolbe method of measuring conation.

A self administered pain assessment questionnaire was completed prior to having the Kolbe Indexes completed. Their pain was to be rated on a 1-10 scale, as well as a description of their pain, the area of pain as well as the medication that was being utilized at the time to control their pain (Appendix A).

A Kolbe A Index was administered to measure their natural conative strengths. A Kolbe B Index was then also administered to measure their self expectations of the job that they were to perform on a regular basis. (Appendix B)

Once the Kolbe A and B Indexes were completed, the information was gathered and I held a 1.5-hour consultation with each individual subject to go over the results. The results were interpreted and explained to each subject on what their individual conative strengths were, what their self-expectations of their job were, and where such stressors could be occurring on a regular basis at work. We then created some strategies on how they could utilize those strengths, how to avoid such stressors at work, and how to self manage themselves from a conative perspective in order to reduce or eliminate the stress that was recognized.

The subjects then followed up with the same self-administered pain scale (Appendix C) which again monitored their pain on a 1-10 scale, as well as a description of their pain, the area of pain as well as the medication that was being utilized at the time to control their pain.
PATIENT PROFILE: LANA THORARINSON

The first subject had a result on their Kolbe A Index of 5637, making her Accommodating Fact Finder, Accommodating Follow Thru, Counteractive in QuickStart, and Initiating in Implementor. The Kolbe B result was 9732, making her Initiating in Fact Finder, Initiating in Follow Thru, Counteractive in QuickStart and Counteractive in Implementor.

Her position in her office job was very rigid: detailed oriented, very organized and systematic, and did not require any action in innovation or “hands on” aspect from her on a regular basis. She had held this position for 10 years in a full time capacity, and reported that she did her job very well, and had good job satisfaction for that period of time. Her onset of symptoms began with fatigue and an inability to sleep, which cascaded into the fibromyalgia symptoms that continued for the next 4 years. She had tried numerous holistic health care modalities in order to control her pain and quality of life...

She had tried numerous holistic health care modalities in order to control her pain and eventually reduced to a monthly basis for a period of one year. Treatment was providing her some symptomatic relief for the short term to “get her through.”

We then administered the Kolbe A and B Index to validate her conative strengths, and to see if there was any conative stress going on with her position at work. Once we discovered that she Initiated action in her Implementor mode, as well as accommodated in Fact Finder and Follow

She had tried numerous holistic health care modalities in order to control her pain and quality of life...

All of these modalities provided some short term relief. Over time, she had gradually reduced her hours to 3 days per week due to chronic pain and fatigue.
PATIENT PROFILE: LANA THORARINSON

Thru, it became apparent where the conative stress was occurring.

Due to the nature of her position at work, there was no capability to alter her position at work to accommodate her conative strengths. Even though she did find job satisfaction in getting her work accomplished, the pain and fatigue continued even when working in a part time capacity. Through discussion, she informed me that she had painted her entire two story house over a short period of time and stated that she could “go all day”, and not experience the pain and fatigue experienced while working part-time in her office. She was able to garden, do renovations to her home, and do other hands on activities and not feel the symptoms that she would feel working in her office environment.

Kolbe conative consulting was geared towards understanding her natural MO and how some aspects of her conative self were not being utilized at work. She was straining to provide the mental energy that was required when having to do the detailed repetitive tasks required. Consultation services provided to her included the recommendation to utilize her Implementor strengths outside of her workplace to re-energize. She was provided with tangible items to utilize at work, and allowed herself to move around as much as possible throughout her work day. The true understanding of her natural strengths, and discovery of conative stress that was occurring was extremely enlightening for her as it brought a tangible understanding to what she was experiencing, as well as the pain and fatigue that was plaguing her.
RESULTS: LANA THORARINSON

On the pre-Kolbe evaluation dated March 24, 2015, the first subject reported a 7-8 / 10 level of pain on a constant basis with a primary complaint of lower back pain, and a secondary complaint of upper back, neck and shoulder pain. Her pain interfered with work, lifting, sitting, standing, mood, and quality of life. She reported that pain was impacting every part of her life. Her medications were Sublinox 10 mg. daily, Tramadol 150 – 200 mg 2x/day, Advil 200 mg 2x/day, and Naproxen 500 mg. 1-2 x/day. On the post Kolbe evaluation, she reported a pain level of 4/10, still on a constant basis. The primary complaint was still in her lower back, with a secondary complaint of neck and shoulders. The pain only interfered with sitting. This patient reports a reduction in pain so significant that she no longer feels pain interferes with her life, nor has control over her. Her pain medication has reduced to Tramadol 200 mg 2x/ day for 3-4 days a week at the most. She feels that she could return to work for more hours per week, but chooses not to as she is aware of the conative stress that her position causes her (see Appendix A).
The second subject had a result on their Kolbe A Index of 4393, making her Accommodating Fact Finder, Counteractive Follow Thru, Initiating in QuickStart, and Counteractive in Implementor. The Kolbe B result was 8525, making her Initiating in Fact Finder, Accommodating in Follow Thru, Counteractive in QuickStart and Accommodating in Implementor.

Her position at work as a physician required her to be very specific, justify every decision, recite and document information, study research, document and manage historical information, follow systems, stabilize her environment, and to manage hands on tangible problems. She has changed positions within her field over the last 18 years looking for a way to find true joy in the work that she was doing.

Her symptoms began with ongoing musculo-skeletal pain with no known onset, accompanied by increased fatigue, and being foggy headed. She also reported poor sleep, clenching her teeth at night, and periods of depression. Eventually a diagnosis of fibromyalgia was made. She has tried many holistic approaches to control her pain and quality of life, and has also been on pharmaceuticals to control her pain. All of these modalities did help with her symptoms, but again, only provided short term relief. She originally consulted me
for myofascial release treatment, which was on a weekly to bi-weekly basis which did provide some relief. There were still times within certain work environments that her symptoms of pain and fatigue would continue.

We then administered her Kolbe A and B Indexes to see if conative stress was occurring within her position at work. We discovered that she naturally initiated action in her Quickstart mode, but also accommodated in her Fact Finder, and Counteracted in her Follow Thru and Implementor modes. She immediately became aware of where her stress was occurring, and how she was unable to use those strengths in her job. She realized how much that she had to “stretch” her Fact Finder, and follow systems, and did not get the opportunity to innovate new ideas or concepts, and how she had to tangibly manage her patients especially when having to do hair transplantation.

Kolbe conative consulting was geared towards discovering her natural Modus Operandi, and to realize how she was unable to utilize her natural instinctive drive at work, as well as where she was straining to provide the mental energy that was required by the position that she held. She realized that when she had the opportunity to see new patients and to visualize and innovate a solution to their problem that she had an increased amount of energy, her fatigue decreased dramatically, and her pain was markedly reduced. Understanding her conative strengths has allowed her self manage her mental energy, and how she can utilize it efficiently. She now understands why certain aspects of her position allowed her to thrive, and why other aspects drained her causing pain and fatigue.
On the pre-Kolbe evaluation dated May 20, 2015, the first subject reported a 6/10 level of pain on a constant basis with a primary complaint of back pain, and a secondary complaint of leg pain bilaterally. Her pain interfered with work, lifting, walking, standing, sleeping, mood, and quality of life. She reported that pain was impacting her general quality of life. Her medications were Naproxen 500 mg. 2x/day daily, Tramacet 37.5 mg every 2nd or 3rd day as needed.

On the post Kolbe evaluation, she reported a pain level of 2/10, on an intermittent basis. The primary complaint was still in her back, with a secondary complaint of legs bilaterally. The pain only interfered with sleeping, mood, and general quality of life. Her pain medication has reduced to Naproxen 500 mg 1x/day for only 2-3 days a week. The pain only seems to affect her during the evenings and at night. She stated that when working in a position which she can utilize her conative strengths, she is able to work much longer without the fatigue and pain than she was able to when going against them. (see Appendix A). In addition, this patient reports a greater acceptance in who she is and a freedom to be herself and to have fun.
DISCUSSION

As there is no other known research to date to support or disclaim these results, this has been a very challenging area of exploration. The findings in the case of these two individuals shows that there is a clear correlation between conative stress and myofascial pain. These results are demonstrated in significant decrease in both perceived pain and pharmaceuticals required to manage day to day activities. In addition, both patients report an increase in their well-being and quality of life.

The combination of Kolbe Wisdom — including the Kolbe A and B Indexes and conative consulting— with Myofascial Release Therapy has proven in these two cases to be an effective treatment for fibromyalgia and chronic myofascial pain. My patients have experience a reduction of symptoms as well as an increased satisfaction in day-to-day life. Once the Kolbe methodologies were applied, patients completed a secondary pain assessment, which displayed notable improvement in pain levels and a decrease in required medications.

This ground-breaking study marks a first in the connection between myofascial pain and conative stress.

It is my belief that Kolbe products can make a world of difference in individual lives by increasing well being and decreasing pain as well as improving the productivity and profitability of the businesses which Kolbe Consultants already serve.

The myofascial system is a system comprised largely of water – a known conductor of energy. With the understanding of how conative stress effects the central nervous system, a highly electrical system, the question of the direct correlation arises. This begs to wonder should the central neurological system pass on a charge to the myofascial system? My hypothesis, based on data collected with Kolbe Solutions and pain assessments is yes — and I hope to gain the support of other academics and funding to explore this in fuller detail.

The opportunity for Kolbe Wisdom to make a deeper impact than in the workplace, but to change the landscape of pain is astronomical and to say that I am excited about it is less than an understatement.

It is an honour to be a part of the Kolbe Movement - and to have been nominated for the 2016 Kolbe Professional Award. I hope to see you all in September at the Conation Nation Symposium and share my findings with you.

SINCERELY,

WARREN BARRY
RMT, KOLBE CERTIFIED CONSULTANT

Full study and bibliography available on request.