

CLINICAL NOTE

The “Duhhh Factor”

Katherine H. Gibney¹ and Erik Peper, PhD, BCB²

¹Richmond, CA; ²San Francisco State University, CA

Keywords: biofeedback, surface electromyography, ergonomics, workstyle, cognitive reframing

Patients can learn self-regulation skills and biofeedback-assisted relaxation in the office, yet fail to show symptomatic improvement. In many cases, the individual is perpetuating behavior in the workplace or elsewhere that hinders healing and symptom reduction, or exacerbates their complaints. A brief case example of a 25-year-old male with repetitive motion injury from computer use serves to illustrate the problem. The biofeedback practitioners used cognitive reframing and humor to assist the patient to accept work and “workstyle” changes facilitating symptom reduction.

Ok, so you’ve trained the client to take breaks while working at the computer and to reduce excess effort. He reports taking frequent microbreaks and you see improvement in in-session work style and the ability to quickly drop surface electromyography (SEMG) levels at will. Yet, he does not report a reduction in symptoms.

Biofeedback monitoring involves not only training in awareness and learning how to let go of patterns that cause injury; it also involves cognitive reframing and practicing the skills throughout the day. Although clients observe with biofeedback monitoring the impact on their health of their behavioral patterns, they may still have a mindset or lack of awareness that prevents them from changing.

For example, George, a 25-year-old client came for biofeedback training for repetitive motion injury from computer use. When discussing his pain, he mentioned that he generally worked 10 to 12 hours per day at the computer. Initial training included upper trapezius and forearm SEMG relaxation along with diaphragmatic breathing and hand warming. Although he reported assiduously practicing his skills and took micro-, meso-, and large movement breaks while working, he continued to complain of shoulder, arm, and wrist discomfort. When George came in for his weekly appointment, he reported that his arm pain had flared up and that the training wasn’t

working. He wondered when he would get better or how long it would take for his injury to develop into carpal tunnel syndrome and be debilitating. As an aside, George mentioned having worked 15 hours the previous day, as well as commuting for 2 hours. He was concerned that his employer would let him go if he stopped working 60 plus hours weekly at the computer. He was so wedded to his job that he didn’t realize that he allowed no time to regenerate. He had no sense that he was working himself to death! He definitely needed to step outside his view of work and his job description to understand that he needed to change.

The “Duhhh factor” was needed along with humor to shift his perspective. So, I said that in some jobs, the compensation package includes payment for possible injuries and a short career, such as professional football players. I asked George if he was earning \$20 million per year. He answered “No.” I asked if he earned \$10 million, then \$5 million—again, a negative response. He laughed as he understood where I was going with my questions—the proverbial “light bulb” flashed as he realized that he was putting more into his job than he was able to do. He wasn’t being paid to put himself in harm’s way and he needed to reexamine his job description and his priorities. It seemed that he was being paid for a long-term career, not one shortened by on-the-job injuries.

It was this insight that led George to reduce his workload. He hopes to continue working with the same company, yet is comfortably open to changing jobs should his employer continue to demand inhumane performance.

The “Duhhh Factor” is making the obvious appear ridiculous so that the Georges of the world can smile and see their own behavior without feeling blame.

Follow-up: George now takes breaks and feels better.

Acknowledgment

We thank Dr. Donald Moss for his superb editorial feedback and support.



Katherine Gibney



Erik Peper

Correspondence: Erik Peper, PhD, Institute for Holistic Health Studies, Department of Health Education, San Francisco State University, 1600 Holloway Avenue, San Francisco, CA 94132, email: epeper@sfsu.edu, Web: www.biofeedbackhealth.org, blog: www.peperperspective.com.
