I don’t like having Ankylosing Spondylitis. It’s a crummy affliction, it hurts and makes my life miserable, painful, and then I resort to profanity. No really, I literally use every bad word I know and for a very good reason. Let me explain: When I tell people I have Ankylosing Spondylitis (AS), a particular variety of inflammatory arthritis, I carefully explain to them it’s not fatal, it just feels that way sometimes. AS is a harsh, unrelenting disease, that demands strong medicine, and I may have figured out a pain relief regimen that actually works.

I owe my discovery to a woman friend who once described giving birth as passing a bowling ball wrapped in barbed wire. It sounded painful (not AS painful mind you) and the fact that she was passing the thing meant that there promised to be some end point prior to death. Nevertheless, she got me thinking. In the midst of this woman’s great painful passing of the object, what was she instructed to do for the pain? Breathe! Whosh whosh whosh, in and out, in and out, over and over. Does it lessen the pain? Not really. Well maybe. It’s really the simplest form of diversion therapy that exists, a simple technique to compel the brain to focus on anything other than that bowling ball trying to force an exit.

My next clue that I was on the right track was a study done at Keele University in England. “Our research suggests that swearing is a useful part of language that can help us express strong emotions or react to high pressure situations.” Genius!

It was this collection of information that formed the genesis for my blueprint in dealing with AS. Over the years I’ve spent a lot of time and energy thinking about pain management without drugs, and I think I’ve finally perfected the most potent, chemical-free element available to combat the torture of chronic pain. I call it Profanity Diversion Therapy, or PDT for short.

My highly refined treatment is an alternative form of diversion therapy, the art/science of thinking about anything except the chaos taking place inside the body. I know, easier said than done, and please don’t picture me doing the controlled breathing prescribed for expectant mothers, this pain isn’t passing anytime soon. The only way to deal with a disease like AS is through expert profanity, and I’m not talking about tame words like shoot, darn, son-of-a-gun, or even the popular dad-gummit. This disease is tough, and requires vocabulary so rich and colorful it could make a seasoned longshoreman take a step backward.

I usually start early, when I’m still in bed and my feet and hips don’t really work yet and I haven’t tested the other parts of my body. A simple usually gets the ball rolling,
followed by a quick burst of just to let the disease know I’m not backing down today. I’m also not shy in bringing the Lord into my process; I find his participation comforting and useful in a mysterious way, though this is always a personal choice. Once I’m up and moving, and when I say moving, I define this as any type of self-propelled forward locomotion regardless of grace or coordination. Once that’s achieved, it’s time for the all-important self-assessment. A bad day usually warrants a concentrated stream, or as I like to call it, burst therapy, such as: It takes some practice; my goal is to never use an expletive twice in the same burst. Repetition it seems, perhaps dilutes the process. I don’t get why either, I just understand what works for me. You’ll have to experiment and find what works best; perhaps duplication is the key, like the breathing thing only way better. For me, is always a good way to begin, followed by a burst like Once that’s out of the way, I say bring it on. I find that pain typically withers under such a barrage, as will anyone in the immediate vicinity, so please be careful. My experience suggests that the burst technique is so effective that it will immediately provide pain diversion to anyone within ear-shot. You’ll notice that people will typically drop everything and stare wide-eyed. Always be careful where you initiate treatment, and of course, as with all medicine, keep it out of the reach of children. Young children especially will begin to practice diversionary pain tactics and have been known to vocalize the therapy repeatedly in public, and trust me when I say repeatedly. I’ve found that children are also quick to point fingers if queried by inquisitive teachers, in-laws or clergy.

Once I’ve stabilized my particular pain level for the day, it’s a simple matter of timing. Getting out of a chair? A quick is usually effective if used at the precise moment you put pressure on the joints. A more complicated procedure like getting out of the car? Try If something happens that is particularly painful, don’t hesitate to get out in front of it with a quick burst such as:

I think you’ll find that as you practice and develop an ear for the finer points you’ll learn new words and word combinations. A recent favorite of mine is: ! Aren’t they great? I can almost feel the pain subside as I type. Once you’ve assembled and mastered the entire arsenal, try to use them in new and more creative ways, for example: See how I did that at the end—that takes some practice, but I find it especially effective for severe pain.

All of this takes some work my friends, so be patient, as well as tirelessly creative. Stick with it and the rewards are there for the taking. Through my years of research, it’s my belief that the ultimate pinnacle of profanity diversion therapy is to effortlessly rip off a twenty-word burst and at the end, be so pleased with the result that you get an inadvertent smile. Imagine, an actual smile in the face of debilitating pain. I like to think of it as a little endorphin exclamation point. That’s right pain, I own you!

For thirty years Donlay was a professional pilot—Ankylosing Spondylitis cut that career short. He is the author of three novels: Category Five, Code Black, and his latest, Zero Separation, scheduled for release March 5th. For more information please visit www.philipdonlay.com