

## Management of Chronic Pain

The International Association for the Study of Pain defines pain as: An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Pain in its most benign form warns us that something isn't quite right, that we should take medicine or see a doctor. Pain makes it difficult to concentrate on anything other than the pain. That is what pain is designed to do. It forces us to stop whatever we are doing and attend to the source of the pain. In the case of chronic pain however, this pain system is being 'too' helpful. A person who is experiencing pain most of the time, most days, can't stop what they are doing for all of that time.

It is useful to distinguish between these two basic types of pain, acute and chronic, and they differ greatly.

- **Acute pain**, for the most part, results from disease, inflammation, or injury to tissues. This type of pain generally comes on suddenly, for example, after trauma or surgery, and may be accompanied by anxiety or emotional distress. The cause of acute pain can usually be diagnosed and treated, and the pain is self-limiting, that is, it is confined to a given period of time and severity. In some rare instances, it can become chronic.
- **Chronic pain** is widely believed to represent disease itself. It can be made much worse by environmental and psychological factors. Chronic pain persists over a longer period of time than acute pain and is resistant to most medical treatments. It can and often does cause severe problems for patients.

The inside story on pain.

The original simple explanation of pain saw it as a direct consequence of specific injury: nerve impulses from the injury site travel to the brain and pain is experienced. In this explanation, pain experienced is directly proportional to the severity of the injury. When dealing with acute and localized injuries, this explanation may be accurate enough.

However, a number of clinical observations challenged this initial description. First, pain experienced seems to depend on factors other than severity of injury. For example, some people report little pain from severe injuries (e.g., soldiers severely injured in combat, athletes hurt during competition) while others report great pain from a minor or undetectable injury. In other cases, such as phantom limb pain, there is no clear source for the pain (phantom limb pain even persists after the remaining nerve supply has been removed surgically), or, as in most cases of low back pain, clear anatomical abnormalities may not be evident.

A more contemporary explanation of pain accounts for these observations. Many clinicians and scientists now see pain as the result of a gate-like mechanism that controls how nerve impulses reach the brain and are interpreted. The crucial notion is that the messages transmitted to your brain from the injury site are also affected by messages that come down from your brain. Messages from your brain result in the intensity of the nerve impulse from the injury site being altered or sometimes even blocked completely. This explains how pain experienced can differ based on the situation and other variables. Factors which affect the pain "gate" have been explored in detail. Physical factors which

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increase pain experienced include: extent of the damage (including inflammation and scarring); dysfunction of artery or muscle system (inherited), and muscle tension. Emotional factors which increase experienced pain include: anxiety, anger and depression. Lastly, specific psychological factors that can increase pain include: degree of focus on the pain, boredom, beliefs about the meaning of the pain, and a sense of poor control over the pain.

This new understanding of pain introduces a wide variety of possibilities for the management of chronic pain in addition to medication. Emotion-centered interventions that can improve pain include: 1) relaxation, 2) anxiety reduction, and 3) improving mood (reduced depression and negative mood). Psychological techniques that can help decrease pain include: distraction, external focus of attention (outside your body), being engaged in other activities, cognitive strategies to reduce pain intensity; and active coping including pain control. These emotional and psychological strategies are designed to teach alternative ways of dealing with pain that help "close the gate" and reduce distress, anxiety and depression by increasing understanding and control over the problem, encouraging activation and breaking the cycle of factors which is maintaining the pain at high levels. Such self-management programs have been successful in reducing experienced pain in many cases where physical interventions have not succeeded. A counsellor or psychotherapist can coach in using these tools to get your life back from chronic pain.

Again, pain experienced is not strictly a function of physical changes. You may feel frustrated if physical methods have not addressed your pain, especially if those you have consulted have suggested the pain is "all in your mind" or psychosomatic. Remember, all pain is experienced in the brain. Whether you have just stubbed your toe or are experiencing chronic headache, the messages go up the spinal cord to the brain where the signals are interpreted as pain. When the pain is chronic, your emotional and behavioral reactions may make it worse and may keep the pain "gate" open.

To sum up, chronic pain is a common and costly phenomenon. Pain experienced is not simply a function of tissue damage. Factors which influence pain can lead to a vicious cycle in the case of chronic pain. Cognitive behavioral pain management programs can address these factors and have been shown to be effective treatments for chronic pain.

A Christian counselor can provide individual, couples, or family counseling. Each of these formats offers different benefits. Your counselor will be able to help you decide what is best for you.

A Christian counsellor can help the person living with chronic pain adjust and grow into the new realities in their life. Often this involves grieving the loss of important, though intangible things in their life. For example, it is normal to have the hope or dream of being healthy enough physically to engage in grandparenting activities. Chronic pain may make that dream impossible. That loss is a loss to be grieved. Certainly, new doors are opened up for exploration, but often that loss needs to be felt before one can enter into the new possibilities. A Christian counselor can also help the person with chronic pain

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continue to live their life as fully as possible. Sometimes, people with chronic pain allow their pain to take over their life such that they lose their identity to the pain. This is tragic, because a person is always more than their problem.

Ready to talk? Russell Counselling can help you move ahead with your goals for growth and healing. Call us toll free at 1 866 433 5666 for a free brief consultation or [counsellor@russellcounselling.com](mailto:counsellor@russellcounselling.com) .

*The resources on this site are provided for informational purposes only, and should not be used to replace the specialized training and professional judgment of a health care or mental health care professional.*

*Russell Counselling cannot be held responsible for the use of the information provided. Please always consult a trained mental health professional before making any decision regarding treatment of yourself or others.*

*Self-help information and information from the Internet is useful, but it is not a substitute for professional assistance. Please seek professional help:*

- *if you have thoughts of killing (or otherwise harming) yourself or others;*
- *if you are gravely disabled (unable to care for yourself);*
- *if you are abusing substances;*
- *or if you or someone else is in any danger of harm.*

*If you are in need of help, please contact a Crisis Clinic or a qualified mental health care provider.*