

Treating Persistent Pain

John Baranoff

Clinical Psychologist and Team Manager

Summary

Psychological factors can play an important role in persistent pain. An individual's understanding and knowledge of pain in general, beliefs about the nature of their own situation and beliefs about the effectiveness of treatments they have been prescribed can have an impact on the pain and quality of life.

Psychologists can help by teaching ways to develop a different mindset toward pain, as well as teaching skills to address problems that contribute to the pain experience such as sleep disturbance and can help you develop more effective interpersonal communication while experiencing pain. Psychologists can also help to identify meaningful activities that will keep people engaged and moving despite pain. By enhancing motivation to engage in activities despite pain, both quality of life and experience of pain can be improved.

Persistent pain

One in five Australians live with persistent pain, with pain defined as a sensory and emotional experience lasting six months or more. Pain might follow a sport or work injury, but can also follow an illness or change in health status and in some cases it is associated with depression and anxiety.

Both persistent pain and acute pain immediately after an injury can feel the same but how they work and what you can do about them may be different.

Psychology has an important role to play in treating persistent pain because behaviour, emotions and even our understanding of pain influences pain states. It's useful to understand upfront that just because behaviour, thoughts and emotions can play a role in persistent pain it doesn't mean that the person in pain is making the pain up. This is an unfortunate message that might have been relayed about pain by some health professionals in the past. Pain is not "all in your head", but the brain is essential to our

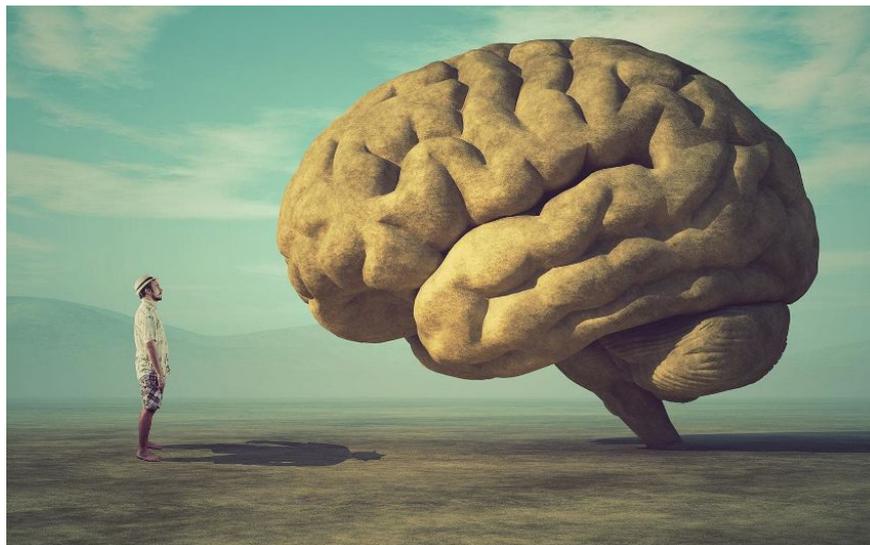
experience of pain in your whole body. To really get this, we need to understand more about pain and how we have come to gain the knowledge of what pain means.

Learning about pain: Where did you gain your knowledge about what pain is?

We first learn about pain from our direct experience of it as a sense that alerts us to there being some type of damage to our body. It can be thought of as an alarm system that is deeply encoded within us. A child who falls over in the playground and scrapes their knees and elbows will experience pain. In this situation, what can be termed acute pain alerts us to potential tissue damage or injury.

Nevertheless, in some situations our intuitive understanding of pain

can sometimes be a long way off the actual science of pain; particularly as it relates to persistent pain.



From an evolutionary perspective, a responsive pain system is selected for because of the association with escape from danger. In some ways, pain is like thirst, which is an innate sensation linked to the action tendency to drink. Just as it would be extremely dangerous for us to lose our sense of thirst, it is extremely dangerous to not have the ability to feel pain, as in the case of people who are born with an insensitivity to pain; without pain we do not learn to stay away from things that can cause damage.

It is fair to say that pain has a strong motivational aspect to it that contains an urge or tendency to avoid things we perceive cause pain. This urge to avoid may be helpful in situations where actual damage is likely but when this is not the case it can lead to avoidance. This problem is compounded when the avoidance affects our ability to engage in valued activities and also when we are not afforded the opportunity to test out the accuracy of our predictions that we might be harmed.

Pain is a powerful learning tool. Left to its own devices, our brain can begin to learn to avoid more and more situations as it associates more and more things with pain. We can start to associate certain places such as a workplace where pain first occurred and certain activities (such as lifting a box) as being associated with pain. Sometimes our mind/brain can take the perspective that it is better to avoid any risk or harm as in the old saying - 'better to be safe than sorry'.

What can **you** do? What are the factors that contribute to your pain?

Pain Psychologists have known for some time that factors in an individual's social environment, work environment, emotions (including anger) and their beliefs about pain all contribute to the experience of pain. Findings from neuroscience have recently furthered our understanding of the extent to which psychological and social factors can influence pain.

Learning more balanced and less threatening ways to think about your pain can be very helpful. Even learning more about the neuroscience of pain has been shown to lead to reductions in pain experience.

A good starting point is to become curious about what pain actually is and why we have it so that we can take the necessary steps to new learning. Challenging the assumption of a linear relationship between damage to tissues and pain is a good first step. Tissue damage may be somewhat predictive of pain but this logic does not work in the reverse such that pain is not a reliable indicator of tissue damage (especially when pain persists). When you can see that persistent pain doesn't always equate to damaged body part it opens up a range of other options for treatment including psychological approaches.

It can also be helpful to learn about the way our brain produces the pain experience to make sense of what is happening. The experience of pain is influenced by our learning history, our beliefs, our expectations, as well as our hopes and dreams and things make us feel safe. We use this information to make predictions about what is harmful and this sense of threat can be generalised to other things through the language machine that is our brain.



Activity engagement and pain - Am I safe to move with pain?

Pain can have a major impact on our daily activities and participation in work, but this need not always be the case; there are things that you can do.

If you think that movement is dangerous, it can make it much harder to recover. Our experience of pain often contains an urge to discontinue and avoid activities. Sometimes our fear of pain can lead to more disability than the pain itself. Fear can lead to an "over prediction" of how painful the activities will be. Nevertheless, it has been shown that learning by experience (rather than relying on expectations) can help us correct our predictions. Movement and engagement in activities, especially those that you value are very important.

Asking your doctor or physiotherapist whether you are safe to move can be a helpful first step. You could ask them what type of activities you can do now? If there are things that you like doing, make sure you ask about those. Start with an amount of activity that you can manage and then work out a plan to build on this.



How can Pain Psychologists help?

Research has shown that a team approach to pain involving a psychologist is often more effective than an intervention delivered by a solo practitioner. This is where a psychologist can be a valuable part of your pain team.

Exposure-based treatments can help restore valued-activities despite pain by helping you to gradually re-engage with situations perceived as dangerous. As you do this, you can explore the accuracy of your mental model of pain by observing how your mind reacts to pain and whether your estimations of harm and the likelihood of pain are correct. Psychologists can help this process of re-learning by helping you work out the pace at which to build up your activity as well by helping you to develop pain flare-up plans.

Psychologists can also help by conducting a comprehensive and collaborative assessment to identify the factors that might be associated with an increase in pain and reduction in function. Relationships in the family can become disrupted as a result of persistent pain and psychologists can help you re-engage with roles, responsibilities and restore helpful communication patterns.

Sleep difficulties have been shown to have a relationship with pain and there are psychological interventions that can help in this area. Importantly, psychologists can also help you identify activities that are personally meaningful as well as to assist you to tap into your intrinsic motivation to engage in these activities even when there is pain. Not surprisingly, it is also more likely that we will persist with activities that are in line with what is important to us.

Psychologists can also help devise 'behavioural experiments' within the limits of what your physical therapists have determined as being safe movements. Behavioural experiments are little tests you can perform to provide you with corrective information about the likelihood that something harmful or very painful will happen if you engage in certain activities. Being told by your physical therapist or doctor that it is 'safe to move' is one thing but learning from experience can have powerful effects on your beliefs about pain and the pain systems' sense of danger and safety.

Finally, psychologists can also help by treating the associated stress response and with the treatment of anxiety and depression that modulates pain. Acceptance and mindfulness approaches have been shown to be particularly helpful for people with persistent pain to live a rich and meaningful life.

Some additional resources

- Short videos and information about the neuroscience of Pain - [Pain Revolution](#)
- National Pain Service Directory and other resources - [Pain Australia](#)
- Nicholas, M., Molloy, A., Beeston, L., & Tonkin, L. (2012). *Manage your pain: practical and positive ways of adapting to chronic pain*
- 5 minute summary to help you understand the current research findings relating to persistent pain - [Brain Man](#)

[John Baranoff](#) has worked in pain related services for over 10 years, as well as in multi-disciplinary sports medicine and rehabilitation teams with the Australian Institute of Sport and in private practice. He has been involved in research in persistent pain, opioid misuse and pain psychology including acceptance in persistent pain and the use of acceptance and commitment therapy (ACT) in athletic injury. John is currently Team Manager and supervising provisional psychologists at the Centre for Treatment of Anxiety and Depression (CTAD).

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