

Understanding Chronic Pain

Chronic pain changes lives. It impacts self-image, affects others, and interrupts plans. It's a disease that sometimes the person living with doesn't understand and others don't accept. Being bedridden one day but un-impaired the next can be difficult to explain to others. It's normal to feel angry when pain hinders you from activities you enjoy or the ability to take part in routine tasks. Understanding and acceptance can take you from the 'why me' to 'what now,' which is a powerful step towards gaining control of your body and your life again.

Pain is an intrinsic sensory response, and primitive in its primary function as survival. Pain is there to warn you that something is wrong (for example an infection or illness), or to protect you from injury, the most simple example being grabbing something hot. Nerve fibres from your hand send pain signals to the brain and the brain tells your hand to let go, in order to prevent further injury.

Those are examples of acute pain. A normal sensation triggered by the nervous system alerting you to take care of yourself. Once the 'danger' has passed, the pain signal subsides. Or in the case of an injury or illness, once the tissue has been repaired and healed the pain dissipates.

Unlike acute pain, which lasts temporarily, chronic pain is persistent and the pain signals continue for weeks, months or even years. In many cases there is no evidence of any residual tissue injury or illness and yet the pain continues to send signals to and from the body and brain. Chronic pain can also develop slowly, sometimes for no obvious reason. It may even come on several months or years after an activity or injury like a car accident or surgery.

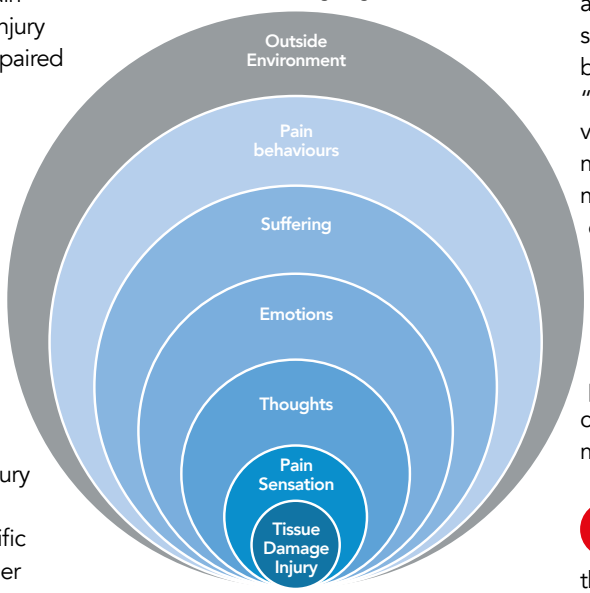
Chronic pain can be felt in a specific part of the body like the back, shoulder or leg(s), or throughout the whole body. The pain may be continuous or vary in its intensity. Sometimes it can flare up or get worse very quickly, while at other times it is easier to manage. It can have other symptoms like numbness, burning or piercing.

Chronic pain traditionally has been hard to manage as there is no specific muscle or tissue damaged, so where do you direct your treatments? It often doesn't respond to 'normal' treatments, hence the frustration it causes for its sufferers.

It is like the body's nervous system being on red alert. The nerves become so sensitive that they send pain messages for even the slightest touch or movement, or in some cases for no reason at all. Scientists are looking at ways in which to block the pain signals being sent along the nerves, and using medications that work on de-sensitising the nerves.

What scientists do know is that with the evolution of the human brain and the understanding of the complex relationship between emotions, experiences, lifestyle, environment, and physiology (your body), pain is no longer a simple primitive survival strategy, but rather a multifaceted sensation in its make-up and interpretation.

Think of your pain like an onion, with many layers.



The biopsychosocial model of pain explains how no two people or their pain are alike. Each individual's chronic pain is made up of a combination of their bio (biological – being from the body), psycho (psychological – their mind, emotions, feelings) and social (the environment in which they live or have lived) situation. All of these components will influence your pain and how you are able to cope with it.

Whether there is an injury or tissue damage or in your case chronic pain, a pain signal is sent out in your body, what happens next depends on you:

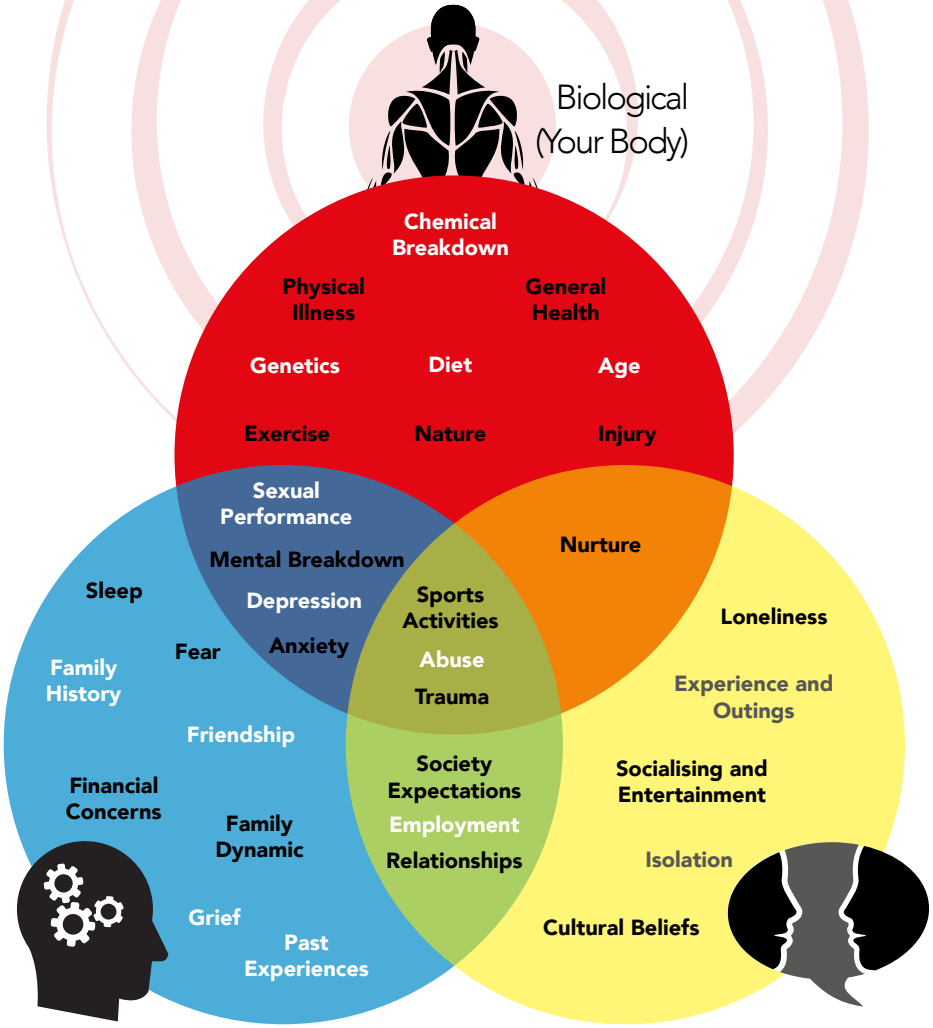
1 **Thoughts.** Cognition or thoughts occur in the brain and assess the incoming pain signal, at the same time taking in any other sensations from events surrounding you. These thoughts can be conscious (ie. you are aware of them) or unconscious (ie. you're not aware of them) and will greatly influence how the pain signal is perceived. For example, general body aches and stiffness may be seen as "good pain" when these occur after a vigorous exercise session, whereas they may be "bad pain" when related to a medical condition, like rheumatoid arthritis or fibromyalgia. In a person having had an experience of past trauma, be it abuse or an accident, possibly an injury whilst on military duty; any time they experience pain it can elicit thoughts of the past pain and experience, which can make the current pain worse. Even though the pain may be completely different and unrelated.

2 **Emotions.** The emotional aspect of pain is a person's response to their thoughts about the pain. If you believe

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The Biopsychosocial Explanation of Chronic Pain



the pain is a serious threat (eg. a tumour), then emotional responses will include fear, depression, and anxiety, and possibly panic among others. However, if you believe the pain is not a threat, then the emotional response will be negligible. Your emotional state at the time the pain develops may also influence its outcome. People experiencing severe stress at the time of developing chronic pain, often battle to manage that pain due to the 'attachment' it has with a certain time in their life. Dealing with the emotional issue will be as important as managing the pain in order to recover.

3 **Suffering.** The word "suffering" is often interchanged with "pain" even though they can be two very different things. For instance, a broken bone may cause pain without suffering (since the person knows the pain is not deadly and the bone will heal). In contrast, bone pain due to a tumour may cause the same pain as a break, but the suffering will be much greater due to the "meaning" behind the pain (this tumour could be life-threatening). The degree to which a person suffers is often very closely tied to their emotional connection with the pain.

4 **Pain behaviours.** Pain behaviour is your physical reaction to pain – what you do. These are behaviours that others observe as typically indicating pain, such as talking about the pain, grimacing, limping, moving slowly, and taking medicine. How you physically react to pain can be affected by previous life experiences, expectations, and cultural influences in terms of how the pain is expressed. Interestingly, pain behaviours are also affected by the outside environment, such as how others respond to you. How much sympathy and help you have around you may influence how much or how little you do on the bad days.

5 **Outside environment.** Your environment, including your home, where you work, and play/socialise will also influence your response to pain and how you act or cope with your pain. You may not have a choice but to go to work for fear of losing your job and being unable to support your family. If you don't collect the children from school, who will? Friends encouraging you to join them for the rugby and a beer at the pub may seem like a challenge, but getting out and having a laugh is also good for your emotional wellbeing and a balance in life.

Your experience of pain always stays with you, there is a kind of memory for it. If you experience pain every time you carry out an activity or task, then it is unlikely that you will continue with it, and you develop a 'no go' list of activities.

Thinking of the pain before it happens can make it feel worse. If you are anxious or tense about doing something, hormones in your body can affect your perception, often making you more sensitive to pain. Likewise if you enjoy doing something then hormones called endorphins (a feel-good chemical) can be released and make the experience more enjoyable and possibly less painful.

As you can see pain is not a simple fix. However understanding it may go a long way to coping with it. Ask the therapist who gave you this leaflet, for other resources which can help you cope with and manage your pain.

The information contained in this article is intended as general guidance and information only and should not be relied upon as a basis for planning individual medical care or as a substitute for specialist medical advice in each individual case. ©Co-Kinetic 2019

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