**Script for Explaining the Role of Psychological Factors in Pain—Chapter 10**

*Pain is a complex problem; medical science is finding this to be truer all the time. Our old understanding of pain such as yours was that pain was a direct reflection of an injury or disease and that the only way to address pain was to identify the physiological cause and remove it or block it. The problem with that model is that it didn't account for pain very well. In other words, sometimes there is a great deal of physical abnormality with little pain, and, at other times, there can be minimal or no physical disease but significant pain.*

*Let me give you a couple of examples of how physical injury and the experience of pain don't always correspond well. One is the phenomenon of pain blocking. Take as an example a soldier who might fight bravely and assist his injured buddy get to a helicopter for medical evacuation in the midst of a battle. The soldier realizes that he too has been injured only after his buddy is safe. Because of situational demands, mental distraction, and the flow of adrenalin, he didn't recognize his own injury or feel the pain. In this situation, these other factors played more of a role in pain and perception of pain than did the actual physical injury.*

*Another example is a phenomenon called phantom pain, which sometimes occurs when people have a limb amputated. These individuals sometimes feel pain in the location of the amputated limb even though that limb is no longer there. If pain was purely a physiological issue, phantom pain could not occur. These are just a couple of examples that show the role of psychological factors in pain perception. Let me be clear, this does not mean people make up their pain or that it is not real. Pain is real, as you know. Understanding and targeting these other factors, however, gives people more control over their pain.*

*One way scientists have conceptualized how these non-physical factors contribute to pain is that the brain develops a characteristic pattern or "signature" for pain over time. This pattern of neurological firing in the brain can generate pain sensations when your brain registers that body tissue is in danger and can occur even without any physical stimulus from your body. This pain signature connects various parts of the brain, including the limbic system, which controls emotions. Negative emotion is one factor that can trigger the brain to increase pain sensations. People feel more pain when they are depressed, angry, or anxious. Reducing the intensity of these emotions is one way to limit the activation of the pain signature and thus reduce pain. This is important because chronic pain and its effect on one's life can contribute to feelings of depression, helplessness, anxiety, or frustration.*

*Negative thinking is also a factor that can trigger pain activation. People tend to hurt more when they are focused on the pain than they do when they are distracted from it. Parents use this with children; if a child is distressed over falling and skinning a knee, they will kiss it to make it better and send the child off to play. The kiss did not heal the injury but changed the child's mental focus, reducing the pain. Because the sensation of pain automatically draws one's mental focus, it can require real skill to distract oneself successfully.*

*There are also behavioral and physical factors that impact activation of the pain signals. For example, if a person is inactive because it hurts to walk or exercise, their muscles will become weak, which, in turn, adds to the pain. Lack of involvement in enjoyable activities contributes to depression and frustration, boredom, and more focus on the pain, which in turn increases pain signals.*

*Another helpful concept is the distinction between pain and suffering. Pain is the sensation caused by neurological signals from the site of an injury or disease to the brain; suffering is the sum total of the emotional, mental, behavioral, social, occupational, and lifestyle effects of the pain. As a behavioral health provider, there is not a lot I can do to help you with injury in your body; that's the role of your primary care provider. I can work with you and your primary care provider on some of those other components that play a role in how much you suffer from the pain. In other words, I can help you learn to take more control of your life so you are living more as you would like to rather than letting the pain have so much control in your life. That may or may not result in less pain; however, many patients report better quality of life after this kind of treatment. Is that something you would be interested in working on together?*

**Script for Introducing Skills and Changes That Might Affect Pain Symptoms, Functioning, and Suffering—Chapter 10**

*One thing that seems to increase your pain is your stress level. One way to help you manage that would be to help you learn how to turn on your body's natural relaxation response by learning how to use slow, relaxed breathing. Another thing we might do is to help you learn how to question your thoughts. You said that sometimes you have a variety of unhelpful thoughts that run through your mind and, in reaction to those, you choose not to do things you enjoy, you withdraw from others, and you notice your pain more. By not reacting to those thoughts, and by stepping back and questioning those thoughts, you can choose how you want to respond to the situation. This can make it easier to choose to do the things you enjoy and not make your pain intensity increase.*

**Script for Introducing Pacing Activities to Help Manage Pain—Chapter 10**

*People without chronic pain have an alarm system to tell them when something is wrong. If they feel pain, it can be taken as a signal to stop doing whatever they are doing as they might be harming themselves, such as walking on a sprained ankle. However, when you have chronic pain, this alarm system no longer works well. Because you have pain frequently or constantly, it no longer reliably serves to help you tell the difference between harm and hurt. If you stop doing everything when you feel pain, you will end up doing nothing. The fact that the pain is no longer a symptom of harm means that stopping activity is not necessary or helpful.*

*Because the "pain equals harm" message is well-engrained in most of us, people with chronic pain often needlessly continue to use pain as a signal in this manner. As a result, they remain inactive, sitting or lying for extended periods. Because pain tends to fluctuate in a natural cycle, the pain will typically decrease. Being tired, bored, and frustrated with not having been doing anything, people often will become active, trying to make up for lost time and engaging in activities they could not do while they were experiencing higher levels of pain. As a result, these individuals frequently will be overly active, which increases their pain. This cycle of underactivity and overactivity continues as a pattern.*

*Learning to pace your activities can break this pattern. Pacing involves doing a reasonable level of physical activity for a period of time you have determined to be appropriate, followed by a period of rest or sedentary activity that is long enough to allow you to be active again shortly. By deliberately pacing yourself, you can become more functional while avoiding the consequences of being overly active or inactive.*

*One pacing strategy I encourage you to use is to use called time-based pacing. Start by estimating how long you can safely do one of your regular activities, such as housework or yardwork, without causing a severe pain flare. Subtract one minute from that time and set that as your "active" goal time for the activity. Next make a best-guess on the amount of resting time you will need in order to safely resume activity or continue your day. Those times will now become your schedule for pacing yourself, rather than working until pain becomes too intolerable to continue. It is okay to adjust your after pacing begins. The goal, however, is to stick to your time-based pacing goals whether you are having a 'good' or a 'bad' pain day to avoid the crash-burn/over-activity cycle or the avoidance/inactivity cycle. Moderation is the key!*

*Spread out activities during the week and be reasonable with the schedule so you can succeed. This handout (see Figure 10.3) has a chart for you to record how you pace activities this week.*