

# Strategies for overcoming the psychological, emotional and physical challenges of pain

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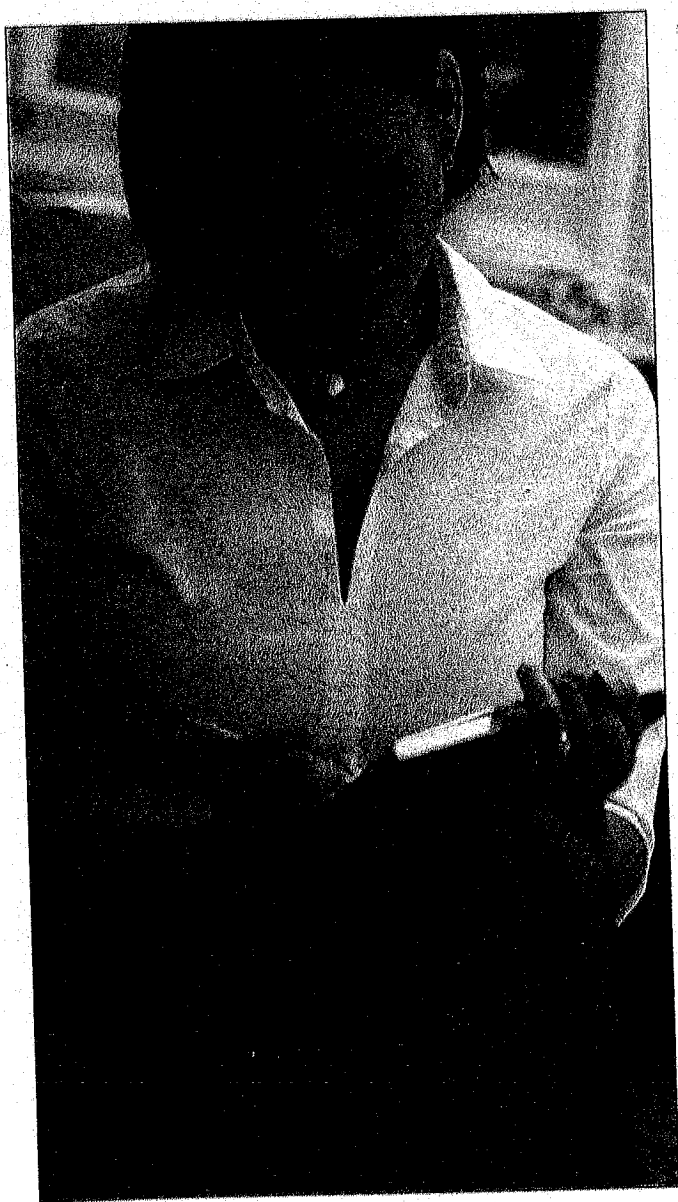
**Chronic pain not only takes a toll on your physical well-being, it can dramatically affect your emotional health as well.**

In turn, a deteriorated emotional state can further impact your physical health. To understand this destructive cycle, you must empower yourself—physically, emotionally and even socially. David L. Mount, PsyD, MA, HSP-P, an expert on the relationship between chronic pain and psychological health, offers insight and tips on achieving a healthier connection between the body and mind.

Emotional symptoms of pain can include depression, stress, anxiety, irritability, fear, frustration, sadness, anger, isolation, social avoidance, hopelessness, helplessness, changes in eating and sleeping habits, and even suicidal thoughts. If you're experiencing any of these symptoms, there are ways to strengthen your emotional well-being so that you can more effectively cope with the physical pain you're experiencing.

## Strategies for Wellness

When you're already dealing with the burden of your chronic pain, the prospect of also embarking on an emotional journey can seem a bit overwhelming. Therefore, it's important to realize that tending to your emotional health is key to your overall well-being. To make the task simpler, follow these proactive strategies:



- **Acknowledge your pain.** An important key to healing is acknowledging you're in pain, and that it can devastate your emotional quality of life, says Dr. Mount. "Give yourself permission to say, 'This is more than I can handle, and I need support,'" he says.
- **Educate yourself.** Knowledge is powerful. By educating yourself on your pain and the condition causing it, you regain a sense of control. It gives you an opportunity to empower yourself, says Dr. Mount.
- **Record your concerns.** Writing down your health concerns is an excellent way to organize your wellness priorities. Journaling also allows you to prepare for your visits with health care providers. (A Wellness Journal is available in each issue of *PainPathways*.) "You want to have your particular health matters readily available when you're meeting with your provider," says Dr. Mount. "It comes down to more than just showing up for your appointment; it means doing your homework up front and writing your thoughts down."
- **Find your voice.** Once you're more aware of your personal pain and emotional issues, it's important to put a voice to your concerns. This means asking questions and advocating for your health. "Personal advocacy means having the courage to say to your provider: 'I need an approach that will best help me achieve my human potential,'" says Dr. Mount. "When you're physically weak, that emotional vulnerability can sometimes silence you, but you should feel comfortable asking as many questions as you need to because your provider is there to answer them."

## The Impact of Pain on Emotions

Any illness has the potential to disrupt mind-body harmony, but chronic pain in particular can strike a powerful blow to your emotions. "A high prevalence of emotional complications, such as depression, anxiety and anger have been found among patients with chronic pain," says Dr. Mount, who is director of community outreach, partnerships and patient care for the Maya Angelou Center for Health Equity at the Wake Forest University School of Medicine. "Pain can drain emotional well-being."



There are several reasons why pain is so damaging to emotions, says Dr. Mount:

- **Pain is subjective.** Because pain is subjective, some pain patients may feel psychological and social pressures to adapt to it in certain ways. "Everyone experiences and expresses pain differently," he says. "People feel like they have to model a certain behavior. This can cause them to lose their sense of authenticity, which is a huge emotional burden."
- **Pain is isolating.** Chronic pain is a hidden condition. Often, patients worry that because others can't see their pain, their suffering is questioned or minimized. "There's a lot of secret-keeping that goes along with chronic pain," says Dr. Mount. "Trying to figure out how you're even going to broach that conversation with your friends, your traditional social support network, becomes a new challenge for you." In addition, he says, social isolation can result from limiting daily activities due to pain.
- **Pain causes a sense of hopelessness.** "Often, pain flares up suddenly, and that can be very distracting and disturbing," says Dr. Mount. "Losing control over your body's sensations can increase your emotional vulnerability."
- **Pain causes you to redefine your lifestyle.** Some people may have a susceptibility to emotional issues due to their psychological history or genetic makeup, while others are better able to cope with life's challenges. Regardless, chronic pain is a life-changer. "Whether your emotional reserve is already limited, or if you have gone through life without psychological issues, chronic pain can have a huge impact on your self-identity. Pain forces you to see yourself in a different way," says Dr. Mount.
- **Pain can create a physical-psychological snowball effect.** Because chronic pain affects your emotional and physical health, neglecting one can cause the other to deteriorate quickly. Being emotionally unwell can lead to lack of physical activity and increase physical ailments, further exacerbating a fragile mental state. "For example, reduced physical and social activities can increase the risk of obesity and related conditions [such as diabetes and high blood pressure]," says Dr. Mount. "So now you have the psychological distress of dealing with your pain, the chronic pain itself, and the new diagnosis to cope with. The complications start to build up, and you will also likely have to take more medications to treat the new complications, and that can lead to a host of new side effects."



**Recognize you're not alone.** As alone as chronic pain sufferers may feel, approximately 50 million Americans live with chronic pain. Recognizing this fact can ease that sense of isolation. "Chronic pain is common, but no one talks about it because there's a stigma attached to it," says Dr. Mount. Finding the support of folks who are going through what you're experiencing can help reduce feelings of isolation, depression, anxiety and stress."

**Explore the pain-coping strategies available to you.** An improvement in your physical health naturally leads to an improvement in related emotional issues. "If you start to feel you have better control over your pain symptoms, that will have a positive effect on your emotional quality of life," says Dr. Mount. "Seeking help for your pain is another step in achieving psychological health. There are multiple pain options available that offer hope for managing chronic pain. It's very important to work with your health care provider to explore these options."

**Take a holistic approach.** Healing the mind and body must be done holistically to be most effective, says Dr. Mount. "You can't ignore the mind-body connection," he says. "Treating the body as though it's separate from the mind is not likely to have the best outcome. Look at all angles—from psychological counseling to physical therapy to complementary medicine. Ask your doctor, 'What is the best team of providers [from medical doctors to massage therapists] that can give me the best health outcome?'"

# Pain, Depression, Brain-Mind, and Healing: The Potential Complementarity of Process and Purpose



BY JAMES GIORDANO, PhD

JAMES GIORDANO, PhD  
Guest Editor

*"...illness must be regarded as a madness of the body...."*

Novalis [1]

This issue of *The Pain Practitioner* addresses the enigma of pain and depression. It is known, and well accepted, that pain patients may (and often do) become depressed, and depressed patients become more sensitive and reactive to pain. Clearly, this reciprocity 1) can complicate diagnosis and impact the appropriateness of treatments that will be considered and/or provided, and therefore 2) compels seeking answer(s) to the questions of why and how these conditions are related.

## The Hard Questions and Complementarity

But while such questions appeal to a clinical sensibility, they also reflect a deeper incentive. Victoria Hardcastle

(2) has claimed that it is unreasonable to attempt an understanding of pain without acknowledging and reflecting upon what philosopher David Chalmers has called "...the hard

questions of neuroscience," namely, how do body and brain evoke the phenomenal process of *mind*, and what is consciousness (3)? I offer that perhaps the really hard questions are not simply how body and brain give rise to mind, but somewhat more broadly, how body, brain, and mind interact within the specific times and places of each individual's internal and external environments to create the unique *self* that ultimately feels pain, and suffers. In other words, if we are to consider the pain patient, we must first contemplate the nature of the being who is in pain (4, 5).

To be sure, neuroscience has abandoned strict Cartesian dualism, and tends to regard environment, body, brain, and mind as complementary domains and

processes (6). This re-conceptualization brings together different scientific disciplines, and also the sciences and humanities, to more fully investigate and reveal how biological organisms are psychologically affected by—and affect—their socio-cultural environments. Explicitly, this orientation is inclusive, and allows appreciation of the intersection and interaction of the internal *and* external milieu, body *and* brain, brain *and* mind, physiological *and* phenomenological, and ultimately the self *and* other(s).

Thus, it becomes evident that the "hard questions" of pain dictate a complementary approach in how they are asked, studied, and how the answers we get are viewed and valued. It is said that in good science—and good philosophy—questions beget questions. This is true, at least in part, given that undeniably, progressive

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answers give rise to issues and questions of ever greater and deeper magnitude. In this light, it becomes important (if not necessary) to speculate on what such a complementarity of inquiry, study, and treatment might entail, how it could be enacted, and what effects this epistemological and paradigmatic shift might incur in the way we view pain, depression, the pain patient, and healthcare.

## Complementarity in Pain Care: The Science and Art of Curing and Healing

This issue of *The Pain Practitioner* brings together the work of many of my colleagues (at the Samuelli Institute, Georgetown University Medical Center, and our

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### **Culture and Depression: Did You Know That?**

According to a new study from the Centre for Addiction and Mental Health (CAMH): East-Asian participants emphasize somatic or physical symptoms of depression more than North American participants. North American participants emphasize psychological symptoms of depression (e.g. report feeling sad, crying spells, or a loss of self-confidence) more than East-Asian participants, regardless of the assessment tool.

Project, The Decade of the Brain, and most recently the Decade of Pain Control and Research have given rise to a worldwide “think tank” atmosphere that has fostered more of an integrative, multi-disciplinary (i.e., “consilient”) approach to studying not only the human organism, but the human condition as it relates to the environment of the world at large.

This has been a work-in-progress spanning over twenty years, and has generated a move toward anti-reductionism, and “big(ger) picture” understanding(s), and hopefully a more studied examination of how we conduct research, what we know, what theories, tools, and technologies we’ve developed, and how we use such knowledge and technologies. Reflecting this, Rachel Wurzman, MS, Wayne Jonas, MD, and I describe how the new sciences of genomics and proteomics are shedding light on pain and depression as pathologic spectrum disorder(s), in which certain genes and gene

collaborative partners), whose efforts have been, and remain, devoted to exploring the dynamic relationships between body, brain, mind and environment(s), and how the sciences and arts can work together to advance more comprehensive understanding, and enhanced applications of healing and caring for chronic pain. The work presented in this issue represents but a fraction of that which is being conducted worldwide. The Human Genome

**Here again we must confront the mind-body question—given the subjectivity of pain and depression, a knowledge of the systems and mechanisms fails to afford apprehension of how a person’s pain and/or depression actually feels.**

products are differentially activated by experiences occurring throughout the lifespan to alter the function and perhaps structure of the peripheral and central nervous system, and thereby produce a constellation of pain and depressive features. We “fit” this spectrum disorder hypothesis into extant models of pain and depression, and show how pain and depression (as well as other disorders) are evoked and expressed bio-psychosocially. We also posit that such genotypic and phenotypic characteristics may make certain individuals more or less susceptible to types of pain, as well as differing types of treatments.

That a pain-depressive spectrum disorder is bio-psychosocially generated and expressed compels and sustains the need for treatment approaches that identify and target these variables. Kathleen Brown, PhD, defines the bio-psychosocial nature of pain-depressive spectrum disorder(s), and illustrates the need for, and specifics of, a bio-psychosocial orientation to research, assessment, diagnoses, and care of the chronic pain-depressed patient. Axiomatically, the bio-psychosocial approach is both complementary and integrative (7,8), and Brown illustrates how different disciplines and specialties could be woven into a therapeutic program that is based upon the physiological, psycho-phenomenological, and socio-cultural needs and contingencies of the individual patient being treated.

Wayne Jonas, MD, describes this integrative model in further detail, providing personal insight to some of the historicity and canon that have been instrumental to the development and expanding use

of complexity, systems<sup>2</sup>-theory, and complementarity to guide research and medical practice. Jonas addresses the inextricability of body, brain-mind, and environment in the processes of wellness, disease, illness and healing. He urges new and novel, yet no less rigorous, research methods that

can better serve, and be integrated within, a more encompassing model of pain treatment—if not healthcare in general. Such a healthcare model would need to appreciate complementarities (e.g., of environment and organisms, body-brain and mind, wellness-disease-illness,



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# Alternatives to Drugs for Treating Pain

Personal Health

By JANE E. BRODY    SEPT. 11, 2017

Many years ago I was plagued with debilitating headaches associated with a number of seemingly unrelated activities that included cooking for company and sewing drapes for the house. I thought I might be allergic to natural gas or certain fabrics until one day I realized that I tensed my facial muscles when I concentrated intently on a project.

The cure was surprisingly simple: I became aware of how my body was reacting and changed it through self-induced behavior modification. I consciously relaxed my muscles whenever I focused on a task that could precipitate a tension-induced headache.

Fast-forward about five decades: Now it was my back that ached when I hurriedly cooked even a simple meal. And once again, after months of pain, I realized that I was transferring stress to the muscles of my back and had to learn to relax them, and to allow more time to complete a project to mitigate the stress. Happy to report, I recently prepared dinner for eight with nary a pain.

I don't mean to suggest that every ache and pain can be cured by self-awareness and changing one's behavior. But recent research has demonstrated that the mind — along with other nonpharmacological remedies — can be powerful medicine to relieve many kinds of chronic or

the National Center for Complementary and Integrative Health, a division of the National Institutes of Health. A comprehensive summary of the effectiveness of nondrug treatments for common pain problems – back pain, fibromyalgia, severe headache, knee arthritis and neck pain — was published last year in Mayo Clinic Proceedings by Richard L. Nahin and colleagues at the center.

Based on evidence from well-designed clinical trials, the team reported that these complementary approaches “may help some patients manage their painful health conditions: acupuncture and yoga for back pain; acupuncture and tai chi for osteoarthritis of the knee; massage therapy for neck pain with adequate doses and for short-term benefit; and relaxation techniques for severe headaches and migraine.”

Weaker evidence also suggested that massage therapy and spinal and osteopathic manipulation may be of some benefit to patients with back pain, and relaxation techniques and tai chi may help patients with fibromyalgia find relief.

Among the newest studies, conducted by Daniel C. Cherkin and colleagues at the Group Health Research Institute (now known as the Kaiser Permanente Washington Health Research Institute) and the University of Washington in Seattle, both mindfulness-based stress reduction and cognitive behavioral therapy proved more effective than “usual care” in relieving chronic low back pain and improving patients’ function.

Cognitive behavioral therapy, or C.B.T., in essence teaches people to restructure how they think about problems. “There was already evidence that C.B.T. is effective for various pain conditions,” Dr. Cherkin said. “Our study showed that cognitive behavioral therapy and mindfulness-based stress reduction were comparable in reducing dysfunction and pain severity.”

Furthermore, a cost analysis showed that the mindfulness technique – basically, a form of meditation that helps patients “get in touch with their bodies and their lives,” as Dr. Cherkin described it – proved more cost-effective than both C.B.T. and usual care in reducing both health care costs