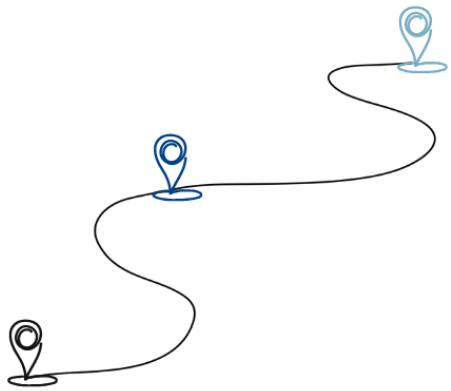
Chronic Pain Basics

Introducing You to Chronic Pain



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Chapter Goals

- Learn what chronic pain is and how it is maintained
- Learn about a gold-standard treatment for chronic pain
- Start to identify your own chronic pain patterns

What is Chronic Pain?



Pain can come from a specific injury or daily wear and tear. Pain in these situations is normal and serves as an adaptive signal of possible harm to our bodies. We call this **acute pain**. However, sometimes that signal stays on even when there isn't any harm. **Chronic pain syndrome** is pain that persists beyond expected recovery times and can cause significant interference in daily activities and even disability.

Why chronic pain sticks around and how to manage it is the focus of this workbook. We can think of chronic pain as a **psychological disorder**, which means that it is an *automatic* pattern of attending, thinking, feeling, and acting that is maintained in a *cycle* despite creating problems (Barlow, 2021; Bringmann et al., 2023). This doesn't mean that pain is "all in your head." Pain is very real. Calling pain a psychological disorder also doesn't mean it doesn't have physical components. Those experiencing chronic pain do seem to have neural circuits related to their pain continue to fire, similar to phantom limb pain. A large body of research points to a set of factors that keep chronic pain going despite the absence of physical harm (Barlow, 2021).

Here's an example of a chronic pain cycle. As you read, take note of anything with which you can relate. It’s okay if you don’t quite understand what is outlined here or if your situation is a bit different. Your therapist can help.

Those experiencing chronic pain syndrome find themselves experiencing a sense of hurt, oftentimes initiated by some injury or overuse. We’ve learned that pain tells us that there might be harm done to our body and as a result, we should be cautious, restrict activity, and move slower. Even if we have fully recovered, being cautious can persist. We may even develop a fear of re-injury—being on alert for danger and continuing to restrict activities when we are in pain. This can limit the enjoyable activities we engage in and make us feel more uncertain about ourselves and our abilities. Depression, anxiety, and anger are common emotions among those with chronic pain. These emotions come with a fight-or-flight response, which can increase muscle tension and stiffness and maintain the pain signal. Our nervous system has a hard time distinguishing between negative emotions and pain because both signal that something bad might be going on. These emotions also come with negative thoughts that can fuel inactivity and distress, for example, “This is never going to get better.”, “Something is wrong with me.”, “I will be living with this pain for the rest of my life.” Pain can go from something informative (“I’ve harmed myself”) to being stamped into our nervous systems despite physical recovery (“I’m feeling hurt”).

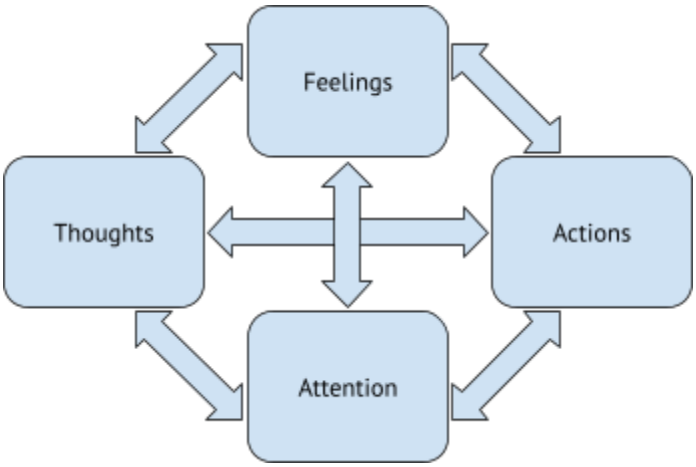
Despite this continuous and automatic cycle, we can still make changes. Many researchers and clinicians agree that identifying patterns of attending,

thinking, feeling, and acting that keep us stuck and practicing new ways of responding can really help us bounce back from chronic pain syndrome and move us closer to a life worth living (Hofmann et al., 2012). Making changes can even be observed in our nervous system, which inherently responds to our environments and can be shaped by our experiences (Linden, 2006). However, we need to start by getting a better sense of your own experiences with chronic pain.

Although there are common patterns across people, chronic pain can look a little different from person to person, especially when considering the culture in which people live. Take a moment to write down your experience with chronic pain: (1) when and where you feel pain the most, (2) how chronic pain feels—such as what you notice in your body, (3) what you tend to pay attention to on the days when you feel pain or when you are nervous you might feel pain, (4) how or what you tend to think about as it pertains to pain, and (5) what you tend to do to minimize your pain.

Cognitive Behavioral Therapy

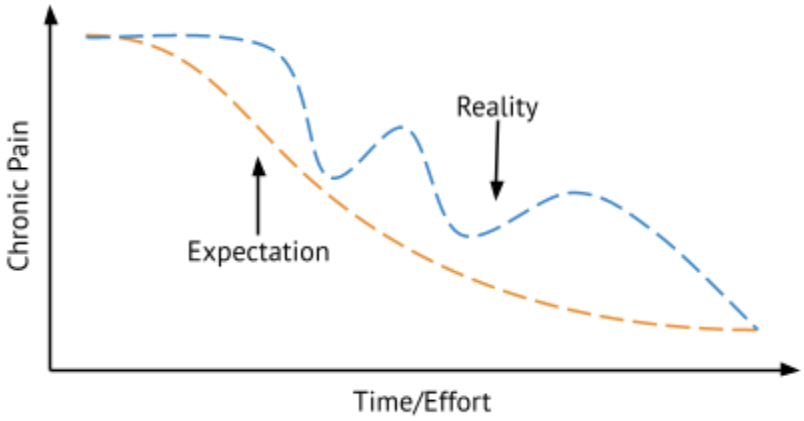
Cognitive Behavioral Therapy (CBT) has been adapted to treat different psychological disorders within different cultures (Naeem et al., 2019). It is considered a "gold-standard" treatment because it is the most effective and reliable treatment with enduring long-term benefits (David et al., 2018). The basic idea behind CBT is that different events can trigger different responses—attention, thoughts, feelings, and actions. This happens because at some point in our lives, we learned to respond to certain events in particular ways. We call this our "learned history," which includes our personal experiences as well as cultural expectations. These responses can actually impact one another and end up forming one's chronic pain syndrome. Characteristic responses of chronic pain include:



- **Attention** - Towards pain itself or things that may cause pain
- **Thoughts** - "I'm going to hurt myself.", "I need to do more while I feel okay."
- **Feelings** - Pain sensations, anxiety, depression, anger
- **Actions** - Avoid activities that might cause pain, overwork when possible

How these responses are triggered and maintained is what you and your therapists will uncover together. Developing this understanding is what we call a **case formulation** and it directly informs what your treatment will look like.

It is helpful to have clear expectations through treatment. CBT can help you improve your chronic pain by helping you notice the thoughts, feelings, actions, and attention that keep you stuck as well as guide you towards new ways of responding. However, CBT isn't guaranteed and there are a lot of factors that impact how successful someone may be—for example, how many sessions you have, how much effort you put into change, how supportive your environment is, etc. If you do see improvements, they likely won't be linear.



There are a number of what we call "core clinical change processes" that you and your therapists will consider when developing your **treatment plan**—for example, stimulus control, cognitive reappraisal, behavioral activation, mindful awareness, prolonged exposure, etc. A common change process used in chronic pain treatment is arousal reduction (Hannibal & Bishop, 2014), which includes a number of techniques to help reduce the fight-or-flight response associated with negative

emotional experiences, such as diaphragmatic breathing. Each process comes with different change techniques, which you could think of as different skills.

Keep in mind that CBT is an effortful process. It is imperative that once you learn a new technique/skill, you practice it over and over and over again. We want you to retain your new pattern of responding so that it—and not the disordered pattern—becomes automatic. You may find that you take two steps forward and one step back. This is normal. Change is hard and it takes time to develop new patterns. Try not to get too discouraged. Anything worth doing is typically hard. Remember, if you're ever having a hard time understanding anything in this workbook or doing the activities in this workbook, reach out to your therapist.

Illuminating Your Patterns

What we mean by that is, shine a big ol' light on your chronic pain cycle. Really look at the events and subsequent responses—attention, thoughts, feelings, and actions—that keep you stuck. This process, which we call **self-monitoring**, can increase the likelihood of changing unproductive habits (Zhao et al., 2021). Put simply, we can't change something that we aren't aware of.

To do this, you will need to make note of five things: events, attention, thoughts, feelings, and actions. **Events** are the triggers for chronic pain. Situations you are in can automatically trigger specific responses. These situations can be anything, such as being at home, laying down, at work, etc. Sometimes these events are not specific to where you were injured but have become associated with pain.

Triggers can also be various emotions that you may be experiencing. Sometimes we can change these events. More often than not, we are changing how you respond to them.

Attention is where your focus is. It is the built-in flashlight that we have. It is what you notice outside and inside your body. What we attend to can bias our cognitive processing. Do you find yourself overly focused on pain and how it has interfered with your life? When you feel you might be re-injured, are you more alert towards danger.	**Thoughts** are how you make sense of things that have happened. Sometimes how we perceive an event is more important than the event itself. How you interpret your pain and the outcomes of pain matter. Thinking of the worst-case scenario or that you have lost everything will probably increase your anxiety or depression.
Feelings are the sensations in your body. They are the body's way of telling us that something is amiss. However, feelings can be learned and removed from any actual problem. Feelings can be in the form of pain sensations, such as a shooting or aching sensation, or stress reactions, such as muscle tension or stiffness.	**Actions** are the things you do to try to address or cope with the events or feelings. Avoiding certain activities or overworking when you feel better are two common actions. Using substances, whether prescribed or not, for pain relief are also common. Some actions are helpful in the short-run but not in the long-run.

See the next page for your first “Change Task,” which outlines how to monitor your chronic pain along with a helpful worksheet.





Change Task

Illuminate Your
Chronic Pain Cycle

It is helpful to get in the habit of tracking the ebb and flow of your chronic pain. So, what triggers your chronic pain and what is your chronic pain made of—your attention, thoughts, feelings, and actions? On the flip side, what makes your chronic pain better? If you are unclear on whether something is a trigger or not, just write down what is going on when you are in pain or just before you start feeling pain. You can start to monitor your chronic pain using the worksheet on the next page. It's helpful to get a couple weeks of data before you can start to see a pattern emerge. As you monitor, write down the events and responses as soon as you can. You may find that it is helpful to keep this workbook with you or jot down some notes on a piece of paper and then transfer your notes to this worksheet.

Self-Monitoring Worksheet

Events The triggers of your chronic pain	**Attention** What you tend to notice or focus on	**Thoughts** How you make sense of different events	**Feelings** The sensations in your body	**Actions** How you cope with the event or feelings

Chapter Summary

You have learned quite a bit in this chapter. You learned:

1. that acute pain is a common response that has an adaptive purpose,
2. that chronic pain syndrome is a cycle of pain that creates problems,
3. how cognitive-behavioral therapy can help,
4. what are reasonable expectations for progress through treatment,
5. the difference between events, attention, thoughts, feelings, and actions, and
6. the importance of knowing your chronic pain cycle.

Your **change task** for the week is to write down when and where you are experiencing chronic pain and any responses—attention, thoughts, feelings, and actions—while you are experiencing chronic pain.

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