

Self-Managing Chronic Pain: Some Practical Tools

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Outline

- What is Pain?/Myths About Chronic Pain
- Impact of Chronic Pain
- Biopsychosocial Perspective
- Relaxation
- Stress
- Physical Activity
- Pacing
- Sleep
- Effective Communication

What is Pain?

- “Unpleasant sensory and emotional experience associated with actual or potential tissue damage”
- Can be acute or chronic
- Motivates us to withdraw from potentially damaging situations, protect ourselves, and avoid similar situations in the future
- Necessary for survival

Myths of Chronic Pain

- “It’s all in your head/You’re making it up.”
- It’s NOT all in your head. Most people with chronic pain do not have a prior history of mental disorder.
- 2) “If you can’t see it, it isn’t there.”
- Often there are no visible signs or identifiable causes
- 3) “Medical advances should be able to cure it.”
- Medications and other treatments may help to reduce pain, but there is seldom a cure. One-time treatments (e.g., surgery) are not a guarantee and sometimes worsen the condition.

4) “People with chronic pain are just lazy”

- Although some become quite sedentary, most people with chronic pain have been “overdoers”
- 5) If I work hard enough I can beat this pain.
- “Beating the pain” through will-power or effort usually does not work. Rather, learning to relax and “let go” is often beneficial.
- 6) I am being punished
- You did nothing intentional to deserve this pain

Living with Chronic Pain



Self-Care
Work
Household
Family
Social
Recreational

Strain
Conflict
Isolation
Miscommunication
Less Intimacy

“Can’t cope”
“Failure”
“Blame others”
“Blame Self”
“All in my head”
“Why me?”
“Nothing I can do”
“Worse and worse”
“Letting others
down”
“Not taking me
seriously”
“Fix or Cure”

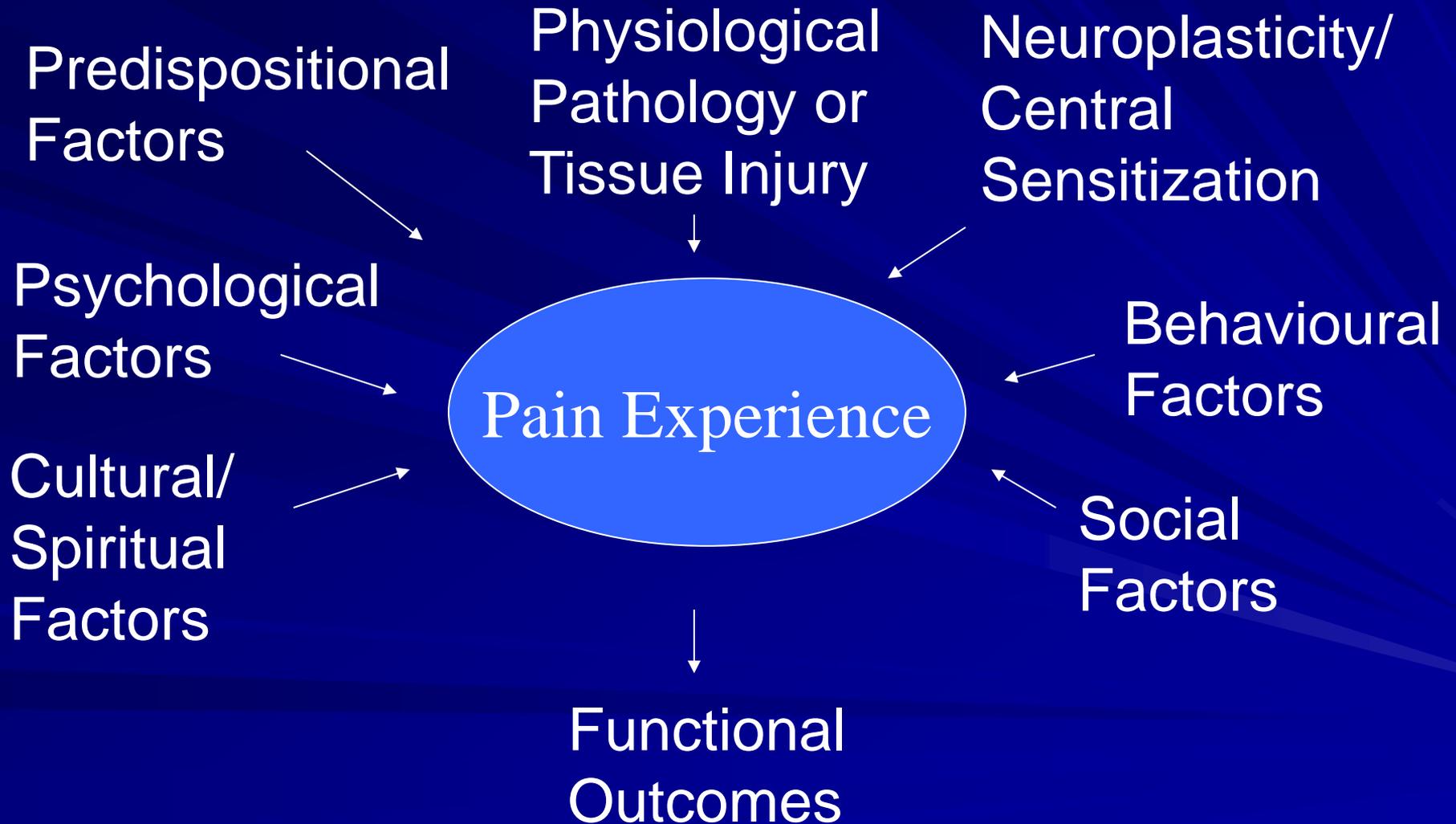
Frustration
Irritable
Anger
Defensive
Sadness
Depression
Anxiety
Fear
Guilt

Secondary Problems

- Anxiety/Fear (25%-50%)
- Depression (50%-70%)
- Anger and Frustration (50%-80%)
- Insomnia (50%-80%)
- Medication Misuse
- Sexual Dysfunction
- Family Dysfunction

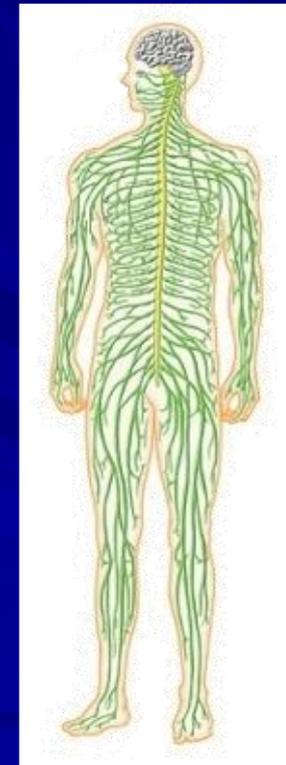


Biopsychosocial Model



Gate Control Model of Pain

- Nerves from different body parts all travel to the brain via the spinal cord
- Pain messages travel along nerves and pass through “**gates**” on the way to the brain
- Pain messages are affected by our psychological state and coping



Gate Control Model of Pain

- If the gates are **open**, more pain is felt
- If the gates are **closed**, less pain is felt



Gate Control Model of Pain

What opens
the gates

Stress and
muscle tension

Lack of activity

Focusing on
negative aspects
of pain; fear



What closes
the gates

Relaxation

Activity

Focusing on
goals/valued
activities;

What Helps to Decrease Pain

- Relaxation
- Physical activity
- Pacing
- Medication scheduling
- Changing how you think about pain

Relaxation



Why Practice Relaxation?

- It calms the central nervous system and helps to close the pain gate and manage various health problems
- Decreases the effects of stress on your mind and body
- Relaxation is a skill that can be learned through regular practice
- Regular practice can help reduce the need for certain kinds of medication
- Free or low cost and can be done just about anywhere

Diaphragmatic Breathing/ Progressive Muscle Relaxation

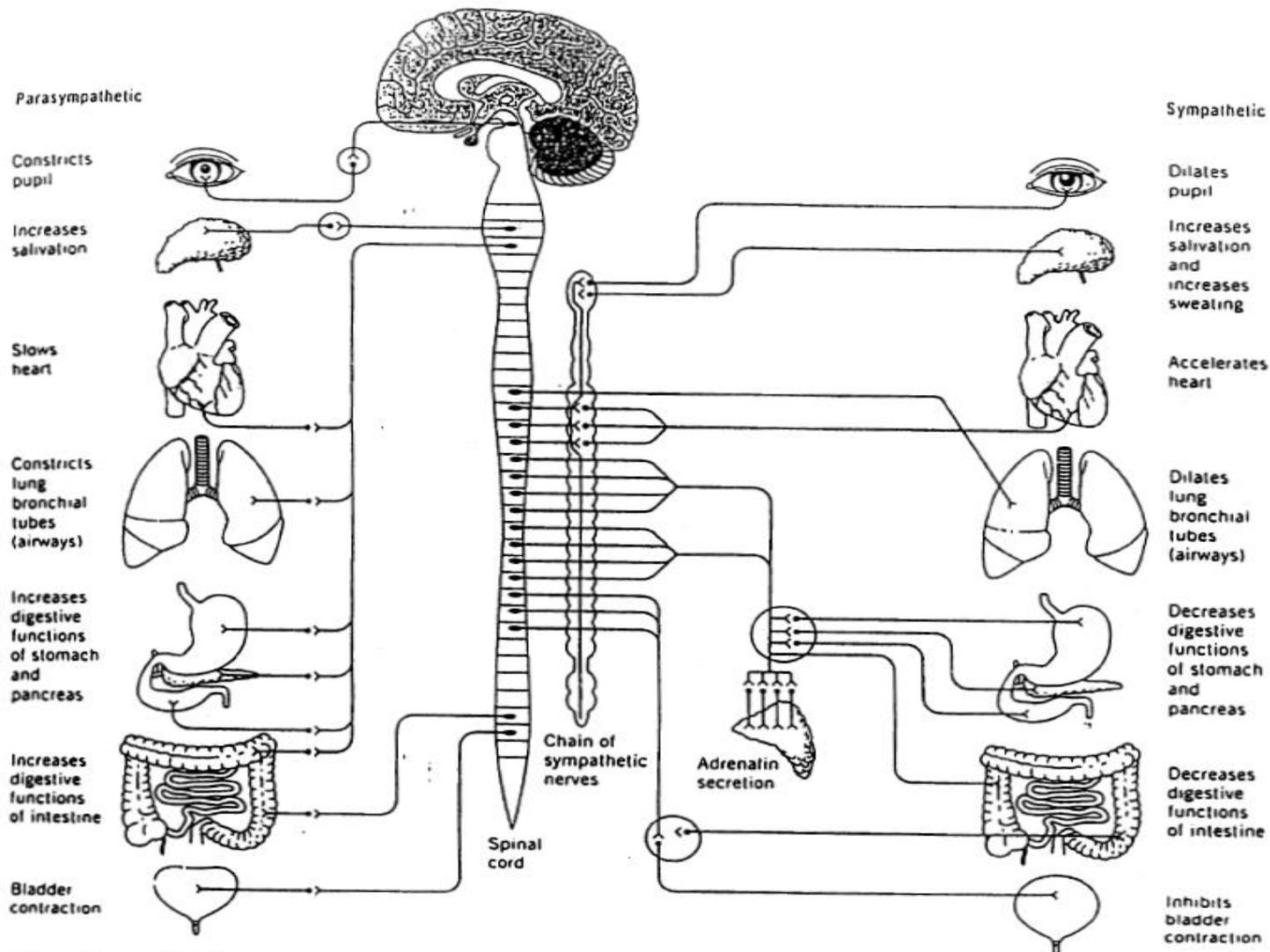


Chronic Pain: Stress and Emotional Well Being

Stress

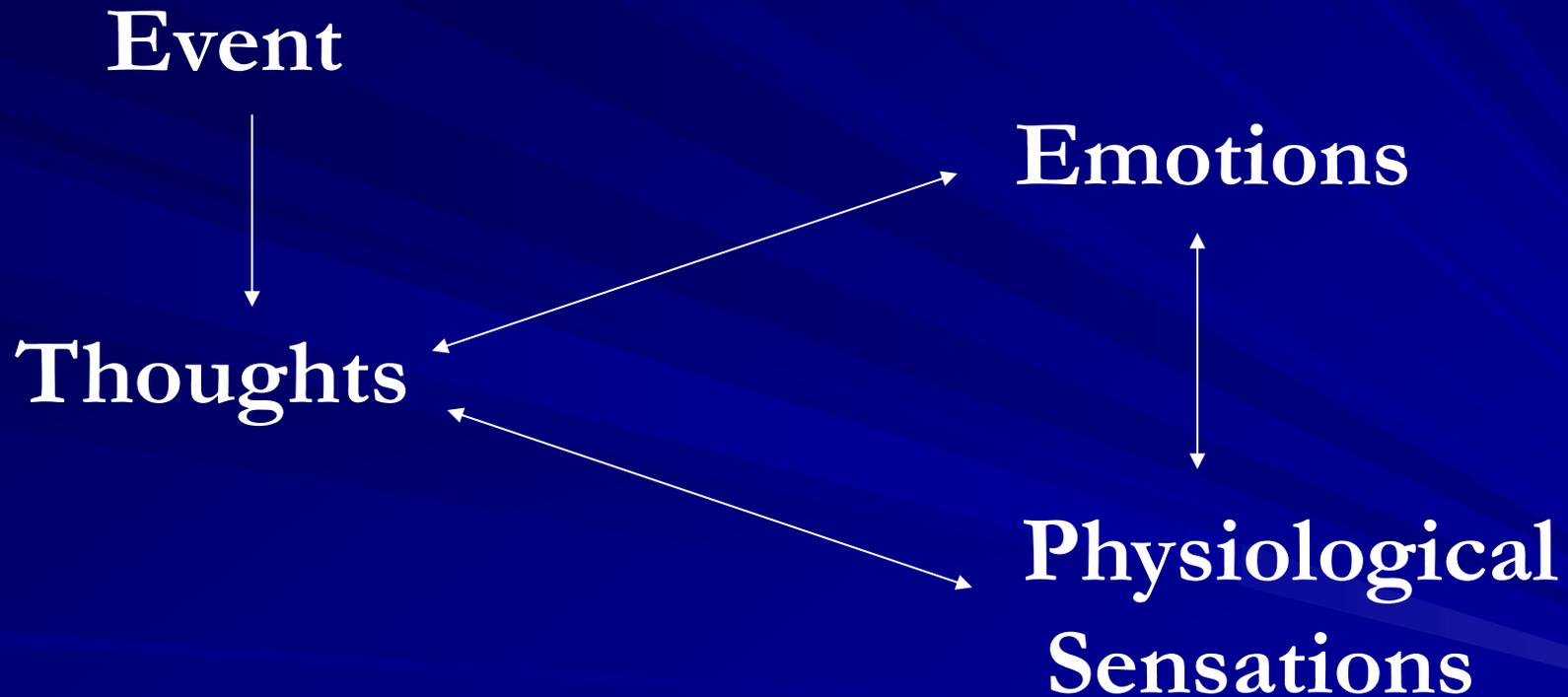
- Stress is our cognitive, emotional, and physical reaction to anything exciting, upsetting, or unexpected.
- Stress can be a response to a positive or negative event
- Stress can be the result of a major event or minor hassles
- Stress can increase pain
- Our stress level is largely determined by how we think about events

The Stress Response



Sarafino, 1998 Health Psychology John Wiley & Sons, Inc. Reprinted by permission.

Cognitive Model



Cognitive Model: example

Event: Your car
won't start.

Thoughts:
“This is
awful. I'll be
late-and this is
a dangerous
street”

Emotions:
Irritation, Anxiety

**Physiological
Sensations:** heart
beats faster, feel hot,
sweaty



Cognitive Model: example

Event: You're at a social occasion and notice your pain.

Thoughts: "I hate this pain! If this keeps up, I'll have to leave"

Result: increased avoidance, isolation, depression

Emotions: irritated, angry, depressed, afraid

Physiological Sensations: heart rate increases, muscles tighten, pain increases



Thinking Styles

1. **Catastrophizing:** assume the worst possible outcome
2. **Dichotomous Thinking:** “All or Nothing”
3. **Overgeneralization:** one negative outcome implies future negative outcomes
4. **Selective Abstraction:** “Glass is Half-empty” and tunnel vision
5. **“Should” statements:** Guilt/Anger

Thinking about Pain: examples

“My pain is *unbearable* and is *never* going to get any better. ”

“I can't do *anything*. Having chronic pain makes me feel *useless*.”

“Even if I did complete the project, it took me five times as long to finish because of the pain.”

“My friends haven't called me in weeks. It's my fault. All I ever do is talk about my pain”.

Personal Beliefs/Habits

- Setting excessively high standards
- Self-criticism
- Intolerance of Uncertainty
- Over-responsibility for others/Self-neglect
- Time urgency
- Over-scheduling/Procrastination
- Avoidance
- Over-reliance on passive treatments (eg, massage, medications, chiropractic)

Changing the way you think about pain

Things to consider:

- Is the thought helpful? Is it always true?
- Am I being realistic?
- Am I focusing on the negative?
- Am I jumping to conclusions without looking at all the facts?
- Are there any other possible explanations?
- How would someone else think if they were in this situation?

Changing the way you think about pain

“My pain is *unbearable* and is *never* going to get any better.”

“The pain can seem unbearable at times, but not all the time. I can usually bear it if change my position or rest until it improves.”

Changing the way you think about pain

“I can’t do *anything*. Having chronic pain makes me feel *useless*.”

“There may be some things I can no longer do, or do in the same way, but I can still do many things, especially if I pace myself.”

Changing the way you think about pain

“Even if I did complete the project, it took me five times as long to finish because of the pain.”

“I will be better off in the long run if I am getting things done, no matter how long it takes. Anyway, it might not always take me that long to get things done. I’ll take it one day at a time.”

Changing the way you think about pain

“My friends haven’t called me in weeks. It’s all my *fault*. All I *ever* do is talk about my pain”.

It’s true my friends haven’t called but it may not be my fault. I do talk about other things sometimes. Maybe they are waiting for me to call them or perhaps they have had other things to deal with like a personal issue or illness of their own”.

Keep A Balanced Attitude

- Manage stress-generating beliefs (ie., perfectionism, control, avoidance, or approval)
- Reverse Positions with someone else
- Reframe (ie, glass half-full, “big picture”)
- Reality Test (ie., check out the facts, what are the odds? What if the worst happened? How would you cope?)
- Defuse from negative thinking (ie., label thoughts, distancing from thoughts)

Chronic Pain: Effective Communication

Managing Interpersonal
Stress

Effective Communication

- Adopt an effective communication style (ie., Assertive rather than passive or aggressive)
- Avoid “mind reading” others’ thoughts
- Avoid trying to fool others about your pain
- Be honest and communicate clearly (eg, today I can participate 25%, 50%, 75%)

Effective Communication

- Be flexible (ie, have a plan B or C for any given day)
- Attend to your basic needs before trying to assist others
- Encourage flexibility in others and tell them how they can help you (eg, delegating tasks, just listening)

Chronic Pain: Strategies for Sleeping



Common Sleep Problems

- Difficulty falling asleep
(normal: ~ 10-20 minutes)
- Waking up throughout the night
- Awakening too early
- Non-refreshing sleep



Factors Contributing to Insomnia



What can I do about it?

- Exercise regularly (morning to early evening)
- Avoid or limit napping during the day
- Avoid Stimulants (caffeine, nicotine)
- Avoid alcohol
- Use sleep medication as directed
- Avoid large meals

What can I do about it?

- Control your sleep environment
- Beds are for sleeping
- Relax before bed (avoid stimulation)
- Go to bed (and stay in bed) only when you are sleepy
- Get up at the same time every morning

Summary

- Sleep problems are common
- Review the sleep strategies
- Don't ignore sleep difficulties, tell your health care provider about them

Thank-You...



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