



The effects of living with chronic pain can be devastating. Chronic pain typically produces multiple losses due to one's inability to perform daily tasks that were previously accomplished without problems. These losses may involve being unable to work, perform routine household chores, participate in family gatherings, socialize, exercise, maintain intimacy, or engage in leisure activities that one previously enjoyed prior to the onset of pain. As if the sadness about these losses were not enough, they are often compounded by increased medical bills at a time when one is unable to work. As these financial pressures mount, combined with the lack of a cure for the pain, feelings of helplessness, hopelessness, fear and anger often arise. These feelings are increasing at the same time withdrawal from intimate relationships and social support are also occurring, contributing to a sense of isolation and aloneness. It is not surprising that numerous studies have shown that approximately 30 – 60% of chronic pain patients also suffer from depression and 15 – 30% report substance abuse problems. This means that depression and substance abuse are common complications of living with chronic pain and are not the exception. This does not mean that the pain is “all in your head”. Instead, it means that there are psychological components to all experiences in life, including pain, and these psychological complications can be treated, which in turn can help you cope with chronic pain. In fact, chronic pain can be viewed as consisting of the physical or biological cause, emotional reactions, and the cognitive “self talk”, or ways we think about our pain.

It has been shown that learning how to control the physical tension in your body can reduce the intensity of your pain. There are numerous techniques to teach your body how to relax. Strategies to induce a state of calm and relaxation may include taking frequent hot baths, listening to soothing music, or becoming absorbed in something pleasurable. More advanced behavioral treatments to reduce physical tension include progressive muscle relaxation, guided imagery and structured breathing exercises. These exercises not only help reduce tension but can be used to restore a normal sleep cycle. Triggers that result in physical tension can be caused by stress, relationships and what we are thinking.

What we tell ourselves about the stressful situation affects our response. The things we tell ourselves, or the thoughts we have, are the cognitive or “self talk” aspects of our adjustment to pain. Someone who

# Coping With Chronic Pain

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tells themselves “my pain will never get better” or “I will be like this for the rest of my life”, is engaging in “catastrophic thinking”, which increases stress and tension. While this worst case scenario (“it will never get better”) is indeed one possibility, it is not the only possibility. Additionally, forecasting the future is called “fortune telling” because none of us can predict what will happen in the future. The central issue, however, is “what happens to the pain when you tell yourself these things?” Does engaging in catastrophic thinking make your pain more or less tolerable? Similarly, telling yourself “I can't go on like this”, or “I can't stand it”, affects how overwhelmed you feel, increases your stress level and lowers your pain tolerance. What you tell yourself about your pain influences your relationship with your pain, as well as how you live and cope with it.

To counter catastrophic thinking, one needs to take a more objective, balanced and logical approach. Instead of telling oneself “I can't go on”, for example, you could remind yourself that that you withstood the pain yesterday, that the pain intensity will not last, the pain will not kill me, etc. You might also examine what you have done thus far that has allowed you to endure the pain. Catastrophic thinking is just one example of the many types of “automatic thoughts” that affect our appraisal and coping with pain. There are many types of “self talk” that reflect the ways we appraise and think about situations, which in turn affects our ability to cope with them. Finding new ways to think about and cope with stress, including the stress of living with chronic pain, is likely to improve your ability to cope with your pain.

Sadness and anger are two of the most prominent emotions that accompany chronic pain. It is not hard to understand why anyone would be angry that “this happened to me”, that they could no longer work, or participate in life as they knew it. Similarly, sadness about the many losses, accompanied by feelings of helplessness and hopelessness are also understandable reactions. In fact, sadness and anger are part of the normal grief process associated with any type of loss. Unfortunately, living with chronic pain provides ongoing reminders of the losses and this makes it easy to become stuck in the sadness and/or anger. This process often feels like being re-injured over and over again, before any healing has occurred. When this happens, both sadness and anger can be symptoms of depression.

How one has learned to cope with loss will determine how fast or slow an individual can move through this process, but the eventual goal is to reach a sense of acceptance or peace, rather than turmoil and despair. The stages of grief or loss include: Denial - “this is not going to happen to me!”; Anger - “I'm not going to take this!”; Bargaining - “I promise if I get better I will ...”; Depression - “How can I go on now that this has happened?”; and finally, Acceptance - “I see that I can have parts of my life back and manage to live with my pain”. Grieving takes time and requires a non-judgmental attitude to allow oneself to experience the full range of feelings associated with the multitude of losses. Talking about the losses

with others who are non-judgmental, writing about your losses or keeping a diary about your losses may be some useful tools to work through the normal grief process. If you are stuck somewhere in denial, sadness, bargaining or anger, however, you will probably need some additional tools to accelerate your recovery.

Keeping in mind that stressors increase pain, it is not unusual for stressors to include relationship problems. These may be relationship problems that existed before the onset of the pain, or problems that have developed as a result of the losses associated with the pain. In either event, the more serious they are, the more likely they are to impact your pain. Because avoidance of these problems typically allows them to get worse, it may be necessary to develop new strategies to cope with your relationship problems. These problems are opportunities to improve your relationship and reduce your pain. As examples, learning effective communication or anger management skills can provide tools that can help you cope with some of the relationship problems that may be affecting your pain.

Finally, the problem of substance abuse and chronic pain is very difficult to assess. Medications play a vital and important role in recovering from pain, but they can also be used to mask problems coping with pain. If you find yourself relying excessively on your pain medications to “numb out” your feelings, like reducing anger or sadness, you are probably mis-using your medications. If you feel you should cut down drinking or using your medications, if people think you may be drinking excessively or over-using your medications, if you feel guilty about your substance use, or need it to “get going”, remember that substance abuse is a common problem for patients with chronic pain and that those who are troubled by your use are trying to help you.

Unfortunately, depression, anger and substance abuse can all interfere with your ability to cope with pain and contribute to the vicious cycle of increasing pain and decreasing pain tolerance. Fortunately, whether sadness, anger or substance abuse are related to chronic pain or other problems in life, there is professional help to cope with these problems. Find a program that has experience treating patients with chronic pain.



## About The Author

Dr. Wise has published over 20 scientific articles in peer reviewed journals, received the American Psychological Association Award for Distinguished Contributions to Independent Practice (2005) and the University of Wyoming Outstanding Alumnus Award (2006). He is the President of Mental Health Resources, PLLC. Mental Health Resources' Intensive Outpatient Program has been extensively researched and shown that on average 79% of their patients who complete treatment improve. Approximately one-third of these patients suffered from chronic pain. Visit [www.MHRMemphis.com](http://www.MHRMemphis.com) for additional information about our treatment program.