

The Role of a Psychologist in the Treatment of Pain

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Long-term pain has a considerable effect on the quality of life of patients but also of their close relatives (family and friends). A high risk of depressions, which again influences their physical condition, can be found in these patients. It is therefore beneficial to think about a possible role of a psychologist during the treatment of pain. What can he or she do for the patients?

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A multi-modal approach in the therapy for pain management integrates, in addition to medication, also non-medical methods. Those are appreciated especially by the patients on whom the medicaments have no significant effect anymore. Not only that the patients suffering long-term, chronic pain (regardless of the source of pain, or whether the pain is symptomatic or psychogenic) cannot get rid of it. The pain also prominently influences the quality of their lives and the lives of those close to them. Research has shown that there is a high risk of developing depression in these patients (e.g. Arnow, Hunkeler et al., 2006; Fishbain, Cutler et al., 1997). This tendency is crucial because the relationship between the body and the psyche is not only one-way. A person suffering from long-term pain can easily fall into negative thoughts which, in return, reinforce the pain. Learning how to be aware of one's own body, how to work with it correctly, and at the same time be aware of how our

thoughts can influence our behaviour is one of the pivotal tasks of pain psychology which already works in Germany as a respected branch (www.schmerzpsychotherapie.info).

The Prevention of Depression

Patients say that we cannot imagine what it means to feel constant pain – when sitting, lying down, reading, eating, walking... Constantly. Activities which they used to enjoy often do not bring them joy anymore, and if the treatment takes months, the feeling of hopelessness and powerlessness appears. That is why psychological support is very important at this point. The cognitive therapy, as a part of pain psychology, tries to show the patients how significantly the thoughts which they have when assessing their situation can influence their feelings and behaviour. It is demonstrated on the ABC model (Ellis, 1973). The patient is in a situation. He or she processes it mentally in a certain way, which brings a certain outcome. The situation of patients with chronic pain is PAIN. Of course, this situation as such is unpleasant, but processing it mentally can lead to two different results. To passivity or activity. That is a large difference in the treatment process. I have put examples into a chart for clarity.

A (activation event): situation	B (believe): mental processing	C (consequence)
Pain	“Why me?”	Anger
	“It will never end.”	Hopelessness
	“There’s nothing I can do.”	Powerlessness, passivity
	“Nothing can help me.”	Powerlessness, passivity
Pain	“There are other people with the same pain.”	Mutual support
	“It was worse a week ago.”	Hope
	“I haven’t tried everything.”	Activity
	“I’d like to listen to some music.”	Attention diversion

Understanding this model and its application in life can change the patient's approach to the treatment and his or her active participation. It works as depression prevention because the patient realises where the feeling of powerlessness comes from and how it can be changed.

In addition, an individual therapy is very important in this area. It might not be easy for the patient to say what he or she still enjoys. And what they can do at all. The aim of the individual therapy should be activation, looking for activities which they could do, which they could enjoy, and which could at least partially divert their attention from pain. But also mapping the overall situation of the patient. Chronic pain changes lives, because there are many things that the patient cannot do on his or her own anymore, which leads to a decrease in self-efficacy ([Arnstein, Caudill et al., 1999](#)), or alternatively also to conflicts in the family and subsequent depression. Here, it is often important to identify the increased risk of suicide in these patients, which is shown in a number of studies (e.g. [Smith, Edwards et al., 2004](#); [Fishbain, 1996](#)). Doctors often do not have enough time for such conversations, and that is why the role of a psychologist is important.

Working with the Body

It is generally assumed that the increased muscle tone increases the pain sensitivity ([Chapman and Turner, 1986](#)). This relation is also connected to negative emotions as a response to pain ([Janssen, 2002](#) and [Morales and López-Nuño, 2001](#)). When in pain, we feel negative emotions (often anxiety and stress), the muscle tone rises and that, in return, increases the feeling of pain. Relaxation techniques are therefore used when treating the pain. Those are Jacobson's progressive relaxation, [autogenic training](#) (we already wrote about it [here](#)), and more and more frequently also [biofeedback](#) which teaches the patient to the relieve muscle tone. Using biofeedback (which is not spread here yet), the patients can watch the differences in their muscle tone directly on screen. Here, biofeedback is available at Obilní trh (<http://www.biofeedbackbrno.cz/products/neuroprogress-brno>)

[<http://psychologon.cz/data/obrazky/154-uloha-psychologa-pri-liebbe-bolesti/obr1.jpg>]

One of the effective methods to cope with pain proves to be also the meditation focused on reaching the *sati* state, as known in the Eastern tradition. In therapy, this state is called *mindfulness*. The aim is to focus on the present and on the perception of one's own body. The research carried out by [Morena, Greca and Weina, 2008](#) has shown that even 8 weeks of light meditation can lead to better coping with pain and general physical functioning.

Pain is a phenomenon which influences, and is influenced by, numerous areas. When treating it, we should therefore focus not only on increasing the doses of exogenous opioids (medicaments alleviating pain). The role of a psychologist is needed because the high incidence of depressions in patients with chronic pain. Therefore, it is necessary to pay attention not only to their somatic condition, but also to the psychic one. It is necessary to care about how they cope with pain. That is the reason why the modern treatment of chronic pain should not forget about the important role of a psychologist.

Translation: Patrik Míša (pmisa@phil.muni.cz)

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