

Pain As Experience

*“...it is in the brain that everything takes place.
...that the poppy is red...the apple is odorous,
that the skylark sings, (and that we love and hate each other).*

~ Oscar Wilde ~

The psychology of pain has been observed and studied for hundreds of years—and still, it is not fully understood. Until quite recently, the amount of pain experienced was thought to be in direct proportion to tissue damage—the more damage, the more pain. Studies and research indicate, however, that the experience of pain may be controlled by the brain.

Frank Beecher, a World War I medic, observed differences in the way people experienced pain after a battle in Anzio, Italy. Soldiers who suffered traumatic injury, such as losing a limb, needed far less pain medication than citizens who had similar injuries. He concluded that the experience of pain was subjective—it had a lot to do with what it meant to the individual. The soldiers knew they would be going home—no longer in the line of fire. Residents felt trapped by circumstances beyond their control.

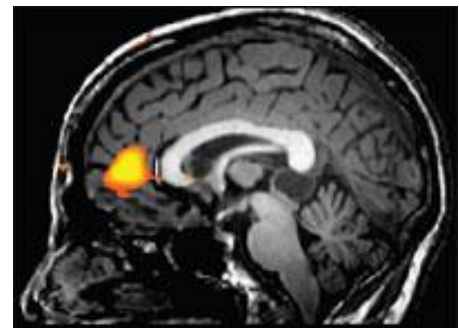
It is now understood that **processing** or feeling pain utilizes different receptors than **anticipating** pain. Functional magnetic resonance imaging (MRI) allows researchers to see the affects of pain in real time. As the level of expected pain increases, the regions of the brain where pain is processed become more active. It also becomes evident that the patient’s mental “picture” of an impending sensory event shapes the neural response. As an example, if I notice the weather is changing, and in the past weather changes have been painful, I start thinking about how much I will hurt. The regions in my brain where pain is processed will become active and my pain will increase.

In *The Pain Chronicles* (p 284), Melanie Thernstrom tells us the anticipation of pain is pain. This was demonstrated when volunteers received painful electrical shocks; then felt pain when no shock was administered—evidence their brains generated the pain because they expected a shock. “Pain is now understood to be neither sensation nor emotion alone, but rather an experience that draws upon both: the elusive intersection of three overlapping circles—cognition, sensation, and emotion.” For an interesting read on how some athletes experience pain, check out this article: <http://sportsillustrated.cnn.com/vault/article/magazine/MAG1188954/1/index.h>

The anterior cingulate cortex of the brain appears to play a role in the perception of pain by assessing emotional information and regulating autonomic functions, such as blood pressure and heart rate. Functional studies indicate that revising our thoughts and attitudes about pain can alter our perception of the pain. Thus, input from pain receptors can actually be changed by thoughts and emotions.

Pain is most often associated with negative emotions, but are there situations where pain is our friend? Leprosy patients can lose the sensation of pain due to damaged peripheral nerves. As a result, they suffer medical complications and death due to the absence of pain signals. For the leper, the sensation of pain would be a gift.

We grow up knowing that acute pain will eventually diminish and go away as our injury heals. But what do we do when it doesn’t go away—when weeks or months, maybe a year goes by, and the pain is still with us or even worse? This *experience* with pain is labeled “chronic.”



For anyone who suffers chronic pain, describing it as an experience, rather than a sensation, may be difficult. What *are* the five senses? Sight, hearing, taste, smell, touch. Pain is not on the list. While it does have a sensory component, pain is influenced by our environment, our temperament, and our emotions and thoughts.

Researchers have demonstrated that chronic pain is largely processed in a different brain region than acute pain, which explains why treatments for acute pain have little effect on chronic pain. Thoughts, emotions and painful experiences can actually change the way the brain processes input from pain receptors and responds to different stimuli (*Functional MRI: Unlocking the Mystery of Chronic Pain*, by Miki Fairley).

Most of us look for cures to our pain. We try medications, go to new doctors, seek help from therapists, and agree to surgeries. When all options are exhausted, we may realize there is no cure for our problem. At this point, it's easy to become deeply discouraged and lose hope. However, with the knowledge that pain is experience—an experience that we have some control over—we can actually make progress towards managing our pain.

As we let go of the *cure* mentality and accept that we have chronic pain, we can allow ourselves to enter a management mode. Acceptance allows our mind to relax; this, in turn, produces physical relaxation—an essential element in the reduction of pain.

Consider This... *While dread can heighten our pain, positive expectations may diminish our experience of pain. Focusing on the pain increases our perception of it; focusing on anything else can lower our awareness of the pain. Have you noticed that following a pleasant social event, you are suddenly re-aware of pain that was never gone? The pain is the same, but your sensation of it was muted while you enjoyed the company of friends or family.*

What are the main points of this week's lesson.

Can you identify anything that causes you to think of pain only as a feeling?

Can you think of something that will remind you to define your pain as experience, rather than feeling?

List one thing you can do or think differently during this next week to reduce your pain.

Was there anything said during this week's session that confused or troubled you?

Do you have any questions from this week's lesson?

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