

IV Semester – HEALTH PSYCHOLOGY

Unit III - B

PAIN

- Meaning
- Psychological factors and pain
- Types of pain

Pain is defined as a state of physical, emotional or mental lack of wellbeing or uneasiness that ranges from mild discomfort or dull distress to acute often unbearable agony, may be generalized or localized, and is the consequence of being injured or hurt physically or mentally, and that usually produces a reaction of wanting to avoid, escape or destroy the causative factor and its effects. Pain is the emotional and sensory experience of discomfort, which is usually associated with actual or threatened tissue damage or irritation (AMA,2003).

The perception of pain is different for each person, so each person's reaction to pain will vary. People experience pain at all ages. No medical complaint is more common than pain – it accounts for more than 80% of all visits to doctors (Gatchel et al., 2007). People are more likely to seek medical treatment without delay if they feel pain. Severe and prolonged pain can dominate the lives of its victims, impairing their general functioning, ability to work, social relationships, and emotional adjustment. Pain has enormous social and economic effects on all societies of the world. People tend to spend billions of dollars each year on pain-related expenses, such as for treatment, disability payments, and loss of income.

Our sensation of pain can be quite varied and have many different qualities. Some may be described as 'sharp' such as those that has stabbing or pricking feel and others as 'dull'. Some pains have burning sensation, and others as cramping, itching or shooting. Some pains are throbbing, or constant, or shooting, or pervasive, or localized. Often the feelings that we experience depend on the kinds of irritation or damage that has occurred and the location. For instance, when damage occurs deep within the body, people usually report feeling a 'dull', 'aching', or 'throbbing' pain; but damage produced by a brief noxious event to the skin is often described as 'sharp'.

Types of pain

1. Organic Versus Psychogenic Pain

The pain that we experience that is clearly linked to tissue pressure or damage is described as organic pain. For example, damage can arise from a burn or sprain; pressure can develop when the opening in a disc of the spine narrows and squeezes the spinal cord. For other pains, no tissue damage appears to exist – at least medical examinations fail to find an organic basis. The discomfort involved in these pains seem to result primarily from psychological processes. For this reason, this type of discomfort is described as psychogenic pain. For example, a schizophrenic patient claiming that he has feelings of stinging sensation as being shot by an enemy. Researchers earlier had considered organic and psychogenic pain to be separate entities, psychogenic pain as not having 'real' sensations. However, researchers have now recognized that virtually all pain experiences involve an interplay of both physiological and psychological factors, and the dimension of pain involving organic and psychogenic causes

is viewed as a continuum than a contradiction. Different pain experiences simply involve different mixtures of organic and psychogenic factors. A mixture of these factors seems clear in the findings that many people with tissue damage experience little or no pain, others without damage report severe pain, and the role of psychological factors in people's pain increases when the condition is long-lasting (Turk, 2001).

2. Acute Versus Chronic Pain – In describing pain, the length of experience an individual has had with a painful condition is an important dimension. Most of the painful conditions people experience are temporary – the arrives and then subsides in a matter of minutes, days, or even weeks, often with the aid of painkillers or other treatment prescribed by a doctor. Acute pain refers to the discomfort people experience with temporary painful conditions that last less than a few months. Patients with acute pain often have higher than normal levels of anxiety while the pain exists, but their distress subsides as their conditions improve and their pain decreases. When a painful condition lasts longer than its expected course or for more than a few months, it is called chronic. People with chronic pain continue to have high levels of anxiety and tend to develop feelings of hopelessness and helplessness because various medical treatments have not helped. Pain interferes with their daily activities, goals, and sleep, and it can come to dominate their lives. People with chronic pain often feel worn out, has lack of sleep, exhausted, irritable, can often become less social and has lack of interests. The effects of chronic pain also depend on whether the underlying condition is benign (harmless) or is malignant (injurious) and worsening, and whether the discomfort exists continuously or occurs in frequent and intense episodes. These factors define three types of chronic pain which are as follows:

- (a) Chronic-recurrent pain – This type of pain stems from benign causes and involves repeated and intense episodes of pain separated by periods without pain. Two examples of chronic recurrent pain can be migraine headaches and myofascial pain, a syndrome that typically involves shooting or radiating, but dull, pain the the jaw and muscles of the head and neck, and sometimes the back.
- (b) Chronic-intractable-benign pain – This type of pain refers to discomfort that is typically present all of the time, with varying levels of intensity, and is not related to an underlying malignant condition. Chronic low back pain can be one example of this type of pain.
- (c) Chronic-progressive pain – This type of pain is characterized by continuous discomfort, and is associated with a malignant condition and becomes increasingly intense as the underlying condition worsens. Rheumatic arthritis and cancer can be examples of this type of pain.

Psychological factors

Although early theories of pain focused on global factors in pain responses, more recent areas of study have contributed to psychological traits or factors that affect the report of pain and suffering. Factors such as thoughts, emotions, attitudes, attention and expectations strongly influence pain experience. It has also been revealed that communications of positive or negative expectation from a pain causing stimuli by medical practitioners can actually affect their patients' subjective perception of pain positively or negatively. Some of the psychological factors of pain are explained as follows:

1. Fear – Some people have increased or heightened attention to pain sensation. When the threat of pain for a person is constant or recurrent, a pattern of pain behavior develops where vigilance is kept or attention is paid to pain. Vigilance to pain is a significant predictor of disability, distress and use of healthcare resources. Repeated attention to threat may give rise to the development of a fixed pattern of responding to threatening stimuli and pain. One particular response to threatening pain which is proving to be predictive of the severity of pain complaint has been termed ‘catastrophic thinking’ or ‘catastrophizing’. People with such behavior pattern habitually almost immediately see a threatening stimuli or pain causing situation as extremely and globally catastrophic. It has been found that people who tend to catastrophize pain reported significantly more negative pain-related thoughts, more distress and higher pain intensity as compared to people who did not catastrophize. A number of studies have shown that instead of the pain, the fear of pain makes a significant contribution to the prediction of disability. Fear of pain is found to be more disabling than the pain itself.
2. Depression – Emotional distress can act as a pain magnifier. Persistent feelings of frustration and anger and negative or destructive self-appraisal are common effects of chronic pain. Depression greatly affects the ability of a patient to cope with several aspects of life when experiencing pain. Depressed patients tend to rate their pain higher and are more emotionally affected than non-depressed patients.
3. Anger – Anger is a common experience for both pain patients and professionals. Where there is no clear immediate object of anger (e.g., an aggressive person or an immediate agent of injustice), it is often associated with global frustration and hostility, feelings of aggression and a feeling of being blamed. Patients with chronic pain often express anger as a means by which they attempt to claim self-control and self-esteem which often go unrecognized by others. Anger and hostility can have significant adverse effects on both health and treatment effectiveness.
4. Anxiety – Anxiety tends to magnify pain perception since it hinders the much needed relaxation that is needed to cope with pain. Anxiety has been found to increase the fear of pain and the likelihood of avoidance. It worsens anticipation pain also known as anticipatory anxiety. Anticipatory anxiety can make a person avoid certain medical procedures like surgery or even injections and the patient may also be aggressive towards health care professionals.
5. Stress – Stressors like major life events, job pressure, family conflicts, or financial problems can enhance pain perception and experience of pain. Highly stressful situations are associated with the development of ulcers, recurrent abdominal pain with no detectable physical cause. Stress influence the experience of pain since it makes people tense their muscles which in turn cause pain. People undergoing high levels of stress may indulge in health compromising behaviors like neglecting proper diet or exercise, social relationships which in turn may rob them of essential social support and thereby increase distress and cause migraine, ulcers, backache etc.

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