EMOTIONS AND PAIN
What’s feelings got to do with it!

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Brain Chemistry

• What is pain
  – “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage” (IASP, 1994)
  – Long Term pain can lead to changes in the nervous systems (Mart Grant)
  – Chronic pain functions in the nucleus accumbers and frontal cortex
    • Sharing the same nerve ends with emotions
    • These nerves ends are related to motivation and emotional behavior
# Phases of Emotional Breakdown

<table>
<thead>
<tr>
<th>Pain</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurt</td>
<td>Initial Distress</td>
<td>Development of Problems</td>
<td>Acceptance of illness</td>
</tr>
<tr>
<td>Fear</td>
<td>Depression</td>
<td>Behavior response</td>
<td></td>
</tr>
<tr>
<td>Worry</td>
<td>Anxiety</td>
<td>Learn new ways of living</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anger</td>
<td>New normal</td>
<td></td>
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<tr>
<td></td>
<td>Substance abuse</td>
<td></td>
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<tr>
<td></td>
<td>Distrust</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learned helplessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sadness</td>
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<td></td>
</tr>
</tbody>
</table>
## Caregivers Emotional breakdown

<table>
<thead>
<tr>
<th>Initial Reaction</th>
<th>Development of emotions</th>
<th>Acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear</td>
<td>Anger</td>
<td>Adjust</td>
</tr>
<tr>
<td>Panic</td>
<td>Hyper diligent</td>
<td>Forgiveness</td>
</tr>
<tr>
<td>Nervousness</td>
<td>Depression</td>
<td>Learn to work together</td>
</tr>
<tr>
<td>Helplessness</td>
<td>Anxiety</td>
<td></td>
</tr>
</tbody>
</table>
Belief System

• Many of our beliefs about pain come from our childhood when we were influenced by family, friends, and culture.

• What we learned tells us now how to react to pain.

• Many of us still carry cognitive distortion about pain.
Possible Solutions

• Understand and accept your pain
• Use breathing techniques
• Make sure you feel safe
• Two evidence based treatments for pain
  – CBT
  – EMDR
CBT Theory
8 Types of Distorted Thinking

• Blaming
• Negative statements
• Polarized thinking
• Catastrophizing
• Control fallacies
• Emotional reasoning
• Filtering
• Entitlement fallacies
Blaming

• Is when one holds themselves or others personally responsible for their pain problems
• Self defeating attitude

• *If only he would have listened to me when I told him not to eat sweets.*
• *I told him to lose weight.*
• *Her nagging is causing me more pain.*
Negative statements

• Using should, must, never, always, ought
• Comes across as a putdown to self

• I shouldn’t feel sad.
• I shouldn’t be angry because she is sick.
Polarized Thinking

- View the world in black and white, no gray area

- *If I have a relapse my regimen is no good.*
- *I tried this technique once and got no relief so it’s not working*
Catastrophizing

- Expect tragedy will happen
- *I’ll never get better.*
- *What if my spouse leaves me.*
Control Fallacies

• Thinking one has complete control or has no control

I will have to do everything now that she is in so much pain.

I’m not as smart as the doctor so I can’t make the decision.
Emotional Reasoning

• Believing what you feel, therefore, it must be true

• *I feel guilty about taking time off work, therefore, taking time off is wrong.*

• *It’s my fault and needing time off to heal is unproductive.*
Filtering

• Seeing a situation as hopeless and not seeing anything positive.

• *I am in so much pain I am not going to waste my time joining in.*

• *Why should I go to that seminar. I’ll know everything there is to know about my disease.*
Entitlement Fallacy

• Thinking one is entitled to have a pain-free life
• Having the luxury of ignoring your pain.

• I have been a good person all my life, therefore, I shouldn’t get sick.
• We are always on the winning side of life. Who says I can’t improve.
ABCD MODEL

• A is for activating event
• B is for belief systems
• C is for consequences
• D is disrupt or dispute the thoughts

Adapted from Albert Ellis, Emotive Therapy
ABCD MODEL CONT.

How does that relate to me

A = Activating event: feeling pain so I must give up my commitment

B = Belief system/attitudes kicks in: They will think I am weak because I didn’t do what I said I would

C = Consequences: Feelings of guilt, sadness depression, anxiety, etc

D = Disrupt/dispute: stop the thinking in B so you do not get to C
EMDR

- Is a bilateral stimulation process that has been shown some success and being studied more extensively for chronic pain.

- This bilateral or eye movement therapy works in conjunction with our medical care.

- This approach for many has reduced or eliminated physical symptoms.
EMDR

• Is based on the Adaptive Information Processing (AIP) Theory
  – Our body has an innate desire to want to be in good health
  – Our body has the ability to achieve good health
  – AIP process works with our memory network
Memory Network

• Explicit: facts, general knowledge, autobiographical

• Implicit: emotional response, body sensations, reflective actions response and classical condition

• The information follows different neurological pathways to link with other stored memories
Memory Network

• When someone experiences an event (discovered they have a disease) or trauma (surgery) this information can alter or not join with the proper links in our memory network.

• Thereby storing maladaptive information that can remain frozen in a disturbed state which affects our body sensation, pain and reflexes.
EMDR

• The eye movements/bilateral stimulation activates the information processing system to begin the reprocessing of the disturbed aspect of the memory.

• The stimulation moves the unprocessed information along the appropriate neurological pathways at an accelerated rate.

• Example
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• Long term pain can lead to changes in the nervous system, which can maintain the pain. In a way, the pain becomes “locked” in the nervous system.

• EMDR is a means of stimulating the nervous system to help it change the pain responses.

• CBT helps to change those negative cognitions so one can think more clearly and positively to move forward.
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• Life Event Survey — Adapted from Edmund J. Bourne
• Safe/Peaceful/Comfort Place
• Containment Exercise