

# EMOTIONS AND PAIN

What's feelings got to do with it!

DeeAnn Paul, MA, LPC

deeannahelps.com

[www.deannahelps@](mailto:www.deannahelps@att.net) att.net

512-413-5471

# 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 accumbens and frontal cortex
    - Sharing the same nerve ends with emotions
    - These nerves ends are related to motivation and emotional behavior

# Phases of Emotional Breakdown

Pain	Stage 1	Stage 2	Stage 3
<u>Hurt</u>	<u>Initial Distress</u>	<u>Development of Problems</u>	<u>Acceptance of illness</u>
	Fear	Depression	Behavior response
	Worry	Anxiety	Learn new ways of living
		Anger	New normal
		Substance abuse	
		Distrust	
		Learned helplessness	
		Sadness	

# Caregivers Emotional breakdown

<u>Initial Reaction</u>	<u>Development of emotions</u>	<u>Acceptance</u>
Fear	Anger	Adjust
Panic	Hyper diligent	Forgiveness
Nervousness	Depression	Learn to work together
Helplessness	Anxiety	

# 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 any thing 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

# 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

# Emotions and Pain

## What's feelings got to do with it!

- 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.

# Emotions and Pain

What's feelings got to do with it.

- Life Event Survey – Adapted from Edmund J. Bourne
- Safe/Peaceful/Comfort Place
- Containment Exercise