

What patients living with pain, anxiety and stress need to ask their clinical psychologist.

Clinical psychology is a vital pillar of holistic pain and chronic illness management. Like all health care professionals, psychologists have their own approaches and skills. We suggest your psychologist considers the following key areas if you have a chronic pain or an anxiety/stress problem;

- Assessment and management of mood and anxiety disorders.
- Stress management & relaxation.
- Dealing with unhelpful pain-related thoughts & behaviours.
(eg. 'catastrophizing' and 'fear-avoidance').
- Sleep hygiene.
- Medication and substance use issues.
- Education about pain, anxiety, mood, stress, sickness etc.
- Active coping strategies.

Counselling (talking therapy) may not be enough. Simply talking about problems, although of some benefit, isn't all that effective in *actively* managing chronic pain, illnesses and anxiety.

Psychoanalysis (the old-fashioned approach of lying on a couch with the analyst asking about your past) also isn't all that helpful in managing pain, depression and anxiety.

The best pain and stress management techniques are those in which *you* are the major player in your therapy, rather than having someone doing something *to* you (passive). The therapist is the *coach*. It takes daily practice and commitment to apply these self-help techniques.

Effective approaches include;

- Cognitive Behavioural Therapy (CBT)
- Mindfulness-Based Therapy (MBT)
- Acceptance and Commitment Therapy (ACT)

“Dealing with the stresses of a 21st century way of life”

In evolutionary terms, we evolved to 'wander the African grasslands' in small family groups, hunting and gathering on the move, only living to about 40 years of age. We're not 'designed' to cope with the stresses and illnesses of a 21st century way of life. In stone-age Africa, we would never have survived injuries which today come in the form of major surgery (eg. bowel surgery or an amputated limb) or accidents (eg. motor vehicle or workplace) or the constant stresses of working 40 years on a building site (eg. back 'wear and tear') or a high pressure job, all of which can lead to stress, anxiety and chronic pain.

In other words, our brains and bodies haven't yet evolved to cope with 21st century living. If we can't 'cope' or adapt to these physical or mental pressures, it causes us *stress*.

Stress is a whole-person response (nervous & immune systems, hormones, psychologically) to being 'under threat' (eg. by an illness, injury) when the body's balance (homeostasis) is "knocked out of whack". It's the body's way of dealing with an 'imminent attack' and usually helps us to survive.

In stone-age Africa, we only had to deal with threats from big cats (sabre-toothed tigers) or 'raids' by other tribes, also natural disasters and occasionally snakes, falls from cliffs etc. Interestingly, many modern-day

'phobias' (eg. snakes, spiders, heights, darkness) are based on situations that threatened us millions of years ago!

When we're under *stress*, our body and mind is prepared to 'fight or flight' (escape) the threat. Adrenaline and other stress hormones increase our pulse and blood pressure, pumping blood to our muscles and making them 'tense', which helps us to run and 'escape the sabre-toothed tiger'. We become more alert, 'scanning' for dangers and feel anxious, which makes us take the threat seriously. This 'stress response' doesn't do much harm for a few minutes to hours.

However in the modern world, if we are 'under attack' 24/7 by work and family pressures, lifestyle and chronic illness, this 'stress response' can 'damage' our bodies and minds (heart attacks, strokes, inflammatory bowel disease, skin disease [stress rash], ulcers, also anxiety and depression).

If we are over-stressed, the body may go into a shut-down mode, like *hibernation* (just like a bear in winter) giving us the time to build up energy reserves to fight the stressor and get our bodies back into balance (homeostasis). This 'hibernation' is called the 'sickness response' and it feels just like having a dose of the flu (aching all over, tired, sleepy, no energy, foggy brain, depressed). When we are attacked by the flu virus, the body produces the *sickness response* so we can fight the flu. Likewise, if we have lots of stressors in our lives, such as an injury, chronic pain, work and family issue or a chronic illness, the body reacts in the same way! About 30 % of patient attending a pain clinic have symptoms of an over-active sickness response.

The body is all about balance; inside all of us is a 'relaxation response' which helps to diffuse stress and the damage it can do-however the stress response is dominant most of the time. With training (eg. meditation, yoga, mindfulness) we are able to tap into this 'healing' relaxation response.

Pain and anxiety: 2 side of the same coin

Pain and anxiety (fear) are very much related. We think anxiety evolved over millions of years from primitive pain systems to help us survive threats in nature, like our friend the sabre-toothed tiger!

Pain is the body's alarm system warning us that our 'tissues' (muscles, organs, bones) are in danger of being damaged.

Anxiety (fear) is the body's alarm system warning us that our *whole body* ('all of our tissues') is in danger! In Africa it was the tiger or a snake. Today it is injury, illness, pain or work stress.

We know that the more stresses we have to deal with in our lives, the greater our risk of developing chronic pain, anxiety problems and depression.

If you have an anxiety problem, you have a 5 x greater risk of developing chronic pain after an injury.

When we suffer with chronic pain or anxiety, we're constantly on the 'lookout for threats' (this is called *hypervigilance*), noticing every ache, pain, bodily sensation, side-effect, emotion and thought. We often develop a "doomsday state of mind" (*catastrophising*) ("what do these feelings mean; is something terrible going to happen to me?") and live in fear of injuring ourselves, avoiding activities (such as lifting, sports or work) which we feel puts us 'at risk' (*fear-avoidance*).

If we are overwhelmed by the ‘punishment’ of pain (this is what the word *pain* means-‘punishment’) day-in-and-day-out, we *will* become anxious and depressed, which in turn makes our pain worse and more difficult to cope with.

Pain, anxiety and depression lead to “suffering”, which is a state of helplessness and hopelessness.

Constant pain, anxiety, stress or depression leads to *suffering*, which is a state inevitable helplessness and hopelessness. The only way to effectively combat suffering, is to re gain *control* of our situation and improve our *coping* skills, not to avoid, withdraw, hide or give up.

We need to manage stress, anxiety and depression as well as the pain itself.

To successfully manage our pain, we must manage the anxiety, stress and depression that comes with it. Although medications (such as antidepressants) are of some benefit, they are not *the* answer.

Psychologically-based pain (and stress) management techniques have the best scientific evidence for long-term benefit, being very helpful in 1 out of 3 patients, which is better than most medications.

In thinking about how we can better manage our pain, stress or chronic illness, we should take some tips from our ancient African ancestors. We need to get “back to nature”, to the way of life our bodies and minds were ‘designed’ for (it might seem a bizarre idea at first, but think about it).

Simple strategies include:

- *Wandering the grasslands: go for walks* regularly (exercise); get out in the fresh air.
- *Be patient in stalking your prey: take your time* doing things.
- *Live by the cycles of day and night:* reduce your commitments (stress load) and don’t clock watch as much.
- *Sitting around the campfire:* talk-and-think things through in a relaxed manner.
- *Modify our diet* (less refined sugars-we weren’t evolved to grow crops like wheat or barley).

Clinical psychology techniques

Techniques used by clinical psychologists that are most effective for managing pain, stress, anxiety and depression include;

- Cognitive Behavioural Therapy (CBT)
- Mindfulness-Based Therapy (MBT)
- Acceptance and Commitment Therapy (ACT)

Cognitive Behavioural Therapies (CBT)

Cognitions are our thoughts.

Behaviours are the way in which we respond to our thoughts and feelings (emotions).

In other words, thoughts and feelings *drive* our behaviours.

For example, we might think, “I don’t want to lift this box because it will make my back pain worse” (*cognition*); this makes us *feel* anxious, worried and perhaps angry at the boss for putting us in this situation

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(*feelings and emotions*); we may *behave* by hiding in the lunch room (*avoidance*). You might then feel guilty and angry about doing this and develop more negative thoughts (“why does the boss put me in this situation?”).

We carry our problems with us, in our thoughts.

We have a constant stream of thoughts and emotions whirring around in our head, often called ‘thought chatter’ or ‘self-talk’. When we suffer chronic pain, stress, anxiety or depression, our ‘thought chatter’ (cognitions) is usually *negative* (negative self-talk), which in turn produces negative emotions and behaviours. This produces more negative thoughts and the whole thing becomes a vicious cycle, making the situation worse and worse.

CBT teaches us to recognise the patterns and contents of our thoughts and to assess them in a constructive way (eg. “why do I think this way, is this an accurate thought, or am I overreacting?”). We learn to recognise situations in which these thoughts occur and the emotions and the behaviours they produce.

CBT provides us with ways of changing these negative thoughts and behaviours so they are less troublesome to us. We gain a better understanding of how we think and respond in difficult situations. This allows us to cope with such situations much better, which in turn reduces feelings of *helplessness* associated with pain and anxiety.

At the end of this handout is a *thought-record chart*. You can start monitoring your thoughts, the situations in which they occur, how you felt at the time and how you responded. Take this sheet with you when next you visit your psychologist.

Behavioural approaches in CBT include ‘desensitization’ (progressively increasing your exposure to stressful situations like “lifting boxes” so they become less threatening), relaxation and assertiveness training.

Mindfulness-Based Stress and Pain Management

Q. What is Mindfulness? A. Living *in the moment*; so we don’t get stressed, mull over the past or worrying about the future.

Mindfulness is the practice of actively focusing our minds on what is happening *in-and-around us* at this present moment, second by second, minute by minute, using meditation, relaxation and attention-focusing techniques.

Mindfulness involves ‘living in the moment’ and just ‘letting it be’, not thinking about the past or the future or focusing on the constant stream of unpleasant sensations, thoughts and feelings may cause us distress.

Mindfulness is based on Buddhist meditation practices and was adapted by psychologists (eg. Dr Jon Kabat-Zinn) for clinical use. There is strong scientific evidence that mindfulness is very effective in managing stress, anxiety, panic, pain, depression and chronic illness.

We carry our problems with us, in our thoughts.

We can easily become stressed and anxious thinking about future worries, things that *might* go wrong (eg. work, finances, health [pain], relationships, conflicts). If you think about it, we spend a lot of time ‘mulling’ over future problems; this is called *catastrophising*, a doomsday state of mind. We can also be stressed by memories of *past* events—tragedies, traumas, injuries, loss etc.

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Our minds are always *switched on* and thinking about these things; we have a constant ‘stream of thoughts’ zipping through our consciousness, like a *running commentary*. If thoughts about unpleasant past or future events or experiences such as pain or anxiety are ‘streaming’ through our minds all the time, this creates tension, stress and anxiety. We find it hard to escape all this unpleasantness as our thoughts are always with us.

The key to *Mindfulness* (meditation) is to ‘switch off’ this stream of stressful thoughts and experiences, past and future, and switch our attention to the *here-and-now*, the present moment. *Mindfulness* takes us away from worrying about the future and the past by anchoring our attention in the here-and-now.

In this way we ‘take a break’ from the ‘running commentary’ in our minds and limit the time we spend thinking about stressful things. This in turn reduces our overall stress and anxiety levels, clears our mind and helps us deal with anxiety, pain and illness.

Like all things, *mindfulness* takes practice, perseverance and attention-it is more than just ‘taking our mind off things’ or ‘distraction’-it involves *accepting* our thoughts and sensations ‘as they are’ without giving them attention or ‘energy’ (not ‘adding fuel to the emotional fire’)-we learn to just noticing our thoughts, sensations and emotions and simply let them *pass by*. We *accept* them *as they are*, not judging them, not acting on them, just letting them be.

The key to *mindfulness* is simply observing thoughts and sensations as they *pass in the stream of consciousness* and not to giving them any ‘charge’ or energy- just letting them roll by. We train ourselves to concentrate on the here-and-now, rather *than mulling over* things that *might* happen or things that happened in the past and can’t be changed. In this way, we can reduce the build up of anxiety, stress and tension and re-gain control of ourselves of our *wholeness*.

At the end of this hand out are some Mindfulness techniques that may be useful to try.

Acceptance and Commitment Therapy (ACT)

“Accept with serenity what you cannot change, and have the courage to change what you can”.
(‘it is the way it is’)

ACT helps us to accept negative life situations we cannot ‘change’ (eg. chronic pain, illness, anxiety), “just as they are”, and to accept ourselves and others with compassion and without judgement. After *accepting* our situation, ACT encourages us to work out *what’s really important in our lives* (goals) and to *commit* to making these happen. Rather than focusing all of our energy on ‘negatives’ we can’t change (pain, anxiety, depression, life circumstances), we re-direct our energies to those goals we *can* achieve. ACT teaches us that it’s ‘OK’ to have unwanted thoughts and feelings; simply accept them as they are (not ‘giving-in’, but accept them). ACT is closely linked to Mindfulness.

An Inconvenient Truth: Acceptance and Commitment; Making the best of our lives in difficult times.

The world isn’t perfect and bad things happen to good people. This is the hard and inconvenient truth! People develop cancer, illnesses, psychological problems, chronic pain and experience overwhelming life events.

The situation we find ourselves in can be very hard to accept, especially if we are troubled with pain, anxiety, depression or other forms of suffering. One moment we are fine and often, within an instant, we have to deal with suffering which changes our lives, often though no fault of our own.

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We may become *consumed* by feelings of anger, frustration, injustice and feel trapped ('why me'), for example, developing chronic pain after an injury, operation or illness. This is especially true if we feel a sense of *injustice*, a lack of empathy and understanding (the *stigma* of pain, illness or psychological problems) and we don't have a clear explanation of what is happening to us, an *answer* for *why* we are suffering. Workers' compensation and legal cases can amplify this turmoil, as can endless rounds of health care visits and tests, often with no clear answer.

People in distress *search for answers*-this often all-consuming search may take years and ultimately prove futile. Yes, we have the right to feel upset, distressed, unfairly treated and dissatisfied if we have pain, anxiety or an illness.

However, at some stage, we have to consider this;

1. *There may not be the answer to my problem*; this is especially true in chronic pain where people's lives can be consumed by an endless search for a cause and cure.

2. Yes, it's all very unfair and frustrating, but is it really in my best interests and those of my loved ones to remain trapped by my situation, whilst my life passes me by?

There comes a time when *enough is enough*. We have to see the situation as it really is, not how we would like it to be. We have to *accept* we have chronic pain, anxiety or an illness, just like diabetes or heart disease-we can't cure it, so we have to learn to live the best way possible and manage it.

This is a form of *acceptance*, the realization that our situation, however unpleasant and unfair, *is simply the way it is*. We either accept it and work to improve our lives, or keep being dragged into the whirlpool of suffering, anger and the endless search for answers. *Mindfulness* helps this process of acceptance.

Once we accepting our situation, we can *commit* to actively taking-up the challenge of managing our circumstances and making the best of our lives.

Medical management of mood and anxiety problems (anti-depressants).

If your symptoms are severe, your doctor may use medications to help. The idea is get your situation under some form of *control* so clinical psychology has the best chance of working effectively. The most commonly used antidepressants which may help with pain, depression and anxiety are *amitriptyline*, *duloxetine*, *venlafaxine* and in some cases *sertraline*.

Appendix 1.

Mindfulness-based techniques

Techniques which help to focus (anchor) our attention in the here-and-now.

1. Meditate and relax by finding a quiet, private place; sit or lay down comfortably.
2. Focus on your breathing: Breathing is an anchor, a *Mantra*, a bodily metronome which allows you to focus on *it* rather than on the thought stream or unpleasant sensations.
3. Invest in an iPod and use earphones: The sensation of the sound in the centre of your head helps you focus.
4. Download your favourite music: Make sure it is not too negative or emotionally charged-choose music that is *relaxing*. Listen to the music *mindfully*; try and pick out the bass tones, the instruments and the rhythms, the qualities of the music-don't analyse it, just *attend* to it.

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5. Download your relaxation CDs onto your iPod: Keep it with you during the day.
6. Use a relaxation CD to help you get to sleep at night.
7. Focus on your body: Region by region, your breathing, the position of your limbs, the 'heaviness' of your body; do you feel hot or cold, itching or pain, a breeze over your skin, the touch of your clothes etc? Attending to your body in a systematic way, progressively relaxing from head to toe, is called *Body Scanning*. Try and make your body feel *heavy* during relaxation.
8. Walk, Walk, Walk: In evolutionary terms, we are 'designed' to walk the African grasslands-we need to get back to our roots by *walking*.
9. Walk mindfully: In this way you combine *exercise and mindfulness*; use your walking rhythm to focus your attention in the here-and-now. Concentrate on your feet and legs as they hit the path, the swing of your arms; focusing your vision just ahead of you-don't looking around. Alternatively you can simply pay attention to the sounds around you or listen to your music on your iPod.
10. Observe mindfully: At moments during the day, just '*stop and smell the roses*' for a minute. Observe the details of colours and textures, light and shade, sounds, breezes, aromas, of objects around you, flowers, even street signs!
11. Listen mindfully: Focus on the sounds around you. Don't analyse them, just notice them. Do you hear the dog barking in the distance, birds, the sound of traffic or a distant aircraft?
12. Eat mindfully: Attend to the taste, texture and smell of the food. Eat slowly. If you have issues with weight control, when you feel hungry, ask yourself-*do I really need to eat?* Simply let the thought of eating pass you by, just like any other thought; don't act on it-you may end up eating *less*.
13. Let the thought stream flow by: When a thought pops into your head whilst practicing mindfulness techniques (as they always will), don't be too hard on yourself, this is normal. Just recognise it, don't analyse or judge it, don't give it any fuel or *energy* by attending to it, just re direct your attention to the mindfulness task at hand.
14. Thought blocking: Although this is strictly not part of the mindfulness technique, it is a useful way of switching off disturbing thoughts. If such a thought pops up, don't give it time to develop. In your mind's eye, *imagine that thought as ball and simple hit it away with a racquet*.
15. Stop the world; I want to get off: Remember, we are meant to take our time, 'wandering the African savannah', not be bombarded 24/7 by information overload, most of which is negative and stressful. Take time out; switch off the radio, TV and internet for a while, skip reading newspapers-its mostly bad news anyway. Practice mindfulness in the time you have freed up. Also, remember to do something nice for yourself once in a while.
16. Yoga/Tai Chi/Pilates: Allows physical re-activation and focuses us in the present.

References and resources, such as books and tapes (*please note: these are suggestions only-Dr Visser has no direct interest in these resources*)

1. "*Manage your Pain*" by Michael Nicholas and Allan Molloy (ABC Books 2004).
2. <http://www.mindfulness.org.au/MINDFULNESS%20INSTRUCTIONS.htm>
3. [http://en.wikipedia.org/wiki/Mindfulness_\(psychology\)](http://en.wikipedia.org/wiki/Mindfulness_(psychology))
4. *The Book on Mindfulness, 'Full Catastrophe Living', by Jon Kabat-Zinn is available here;*
<http://www.booktopia.com.au/full-catastrophe-living/prod9780385303125.html>
5. *The CDs for relaxation and meditation and Yoga are available here;*
<http://www.booktopia.com.au/guided-mindfulness-meditation/prod9781591793595.html>
6. http://en.wikipedia.org/wiki/Cognitive_behavioral_therapy (for CBT)

Appendix 2

Record of significant events

CBT-pain and stress management

Fill this in form memory once per day (eg. after dinner)

<p>SITUATION</p> <p>What? Where? When? Who?</p> <p>Note the date, time and how long it lasted.</p>	<p>THOUGHTS (AND IMAGES) What were you thinking at the time?</p> <p>What did you think about other people involved?</p>	<p>FEELINGS, MOOD & EMOTIONS</p> <p>What did you feel and how intense were the feelings out of 10?</p> <p>(10 being the most intense)</p>	<p>BEHAVIOURS What did you do or say at the time, in response to the situation</p>																																
<p><i>Example</i></p> <p>11 April 0900-1000 hrs</p> <p>At work, moving boxes</p>	<p>Thinking about re injuring my back, worsening my back pain, my workers compo case, trying to find a way to avoid moving the boxes.</p> <p>Why does the boss put me in this situation?</p> <p>I think he feels I am lazy.</p>	<table border="1"> <thead> <tr> <th>EMOTIONS</th> <th>INTENSITY</th> </tr> <tr> <th colspan="2">(0-10)</th> </tr> </thead> <tbody> <tr> <td>Pain</td> <td>8/10</td> </tr> <tr> <td>Anxious</td> <td>4/10</td> </tr> <tr> <td>Worried</td> <td>4/10</td> </tr> <tr> <td>Panicky</td> <td>8/10</td> </tr> <tr> <td>Angry</td> <td>8/10</td> </tr> <tr> <td>Irritated</td> <td>4/10</td> </tr> <tr> <td>Frustrated</td> <td></td> </tr> <tr> <td>Appalled</td> <td></td> </tr> <tr> <td>Humiliated</td> <td></td> </tr> <tr> <td>Sad</td> <td></td> </tr> <tr> <td>Hurt</td> <td></td> </tr> <tr> <td>Depressed</td> <td></td> </tr> <tr> <td>Disappointed</td> <td></td> </tr> <tr> <td>Empty</td> <td></td> </tr> </tbody> </table>	EMOTIONS	INTENSITY	(0-10)		Pain	8/10	Anxious	4/10	Worried	4/10	Panicky	8/10	Angry	8/10	Irritated	4/10	Frustrated		Appalled		Humiliated		Sad		Hurt		Depressed		Disappointed		Empty		<p>Try to avoid the activity, asking the boss if I can avoid doing it.</p> <p>Tried some deep breathing & relaxation.</p>
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	Guilty	
	Ashamed	
	Jealous	
	Shocked	
	Repulsed	
	Sickly	
	Nauseous	
	Happy	
	Excited	
	Surprised	
	Relaxed	
	Other	
	Notes: Shaking and feel my heart pounding.	

Record sheet (please photocopy)

Fill this in form memory once per day (eg. after dinner)

SITUATION	THOUGHTS (AND IMAGES) What were you thinking at the time?	FEELINGS, MOOD & EMOTIONS	BEHAVIOURS What did you do or say at the time in response to the situation ?
What? Where? When? Who? Note the date, time and how long it lasted?	What did you think about other people involved?	What did you feel and how intense were the feelings out of 10? (10 being the most intense)	

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