Managing Psychological Contributors to Pain

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Definition of Pain and Associated Terms

- **Nociception:** the processing of painful stimuli by the nervous system, initiated by stimulation of pain receptors (nociceptors).
- **Pain:** a subjective experience including unpleasant thoughts, emotions, and behaviors that come with nociception.
    - Pain is a complex experience. It is influenced by several factors including: beliefs and expectations, coping abilities, attention, stress, and emotions.
- **Pain** is a threat to the body. **Suffering** is a threat to the self and identity.

Psychological Factors Associated with Chronic Pelvic Pain (CPP)

Emotional Distress – 26-52% of people with CPP have depression and 39-73% have anxiety. Depression, anxiety, and pain are interrelated. Depression or anxiety associated with CPP is related to lower quality of life, lower treatment response, and increased disability.

Sleep Disturbances – Poor sleep is very common for people with CPP – up to 80% report poor sleep. Sleep disturbance is associated with increased pain and inferior mood and quality of life.

Maladaptive Coping – Catastrophizing is a negative response to pain that includes magnification, restlessness, and rumination (constantly thinking or worrying about pain). Catastrophizing is a major predictor in one's experience of pain and is associated with increased pain, poor quality of life, and poor treatment response.

History of Trauma – People with CPP are more likely to report a history of abuse compared to those without pain. This information is important for assessing and treating pain.

Management of CPP – Using Psychological Interventions

Treatment of CPP should include several approaches, including psychological interventions. These interventions focus on improving mood, sleep patterns, relationships, stress, and coping mechanisms. Psychological treatments include:

1. Self-regulatory approaches include relaxation training, mindfulness, distraction, and positive thinking.
    - Uses the mind-body connection to increase a person's sense of control over their physiological and emotional states.
2. Cognitive behavioral therapy (CBT)
    - The goal is to challenge automatic negative thoughts associated with pain and construct alternative positive responses while decreasing the stress-pain connection and working on relaxation with behavioral changes.
3. Acceptance Commitment Therapy (ACT)
    - Acceptance of how you feel without trying to control it. Committing to choices not based on feelings but on values.

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