

THE PROBLEM OF PSYCHOLOGICAL HELP IN THE PAIN TREATMENT CLINIC

PROBLEM POMOCY PSYCHOLOGICZNEJ W PORADNI LECZENIA BÓLU

Dorota E. Ortenburger¹, Arkadiusz Ortenburger²

¹ Department of Social Sciences, the Jan Długosz University in Częstochowa

Dean: Associate Professor of Jan Długosz University at Częstochowa Romuald Derbis

² The NMP Voivodeship Specialist Hospital in Częstochowa

Pain Treatment Centre in Częstochowa

SUMMARY

The aim of this work is to introduce some problems that are connected with psychological help in the Pain Treatment Clinic.

The inclusion of both: the character of pain experience and subject factors (that characterize a particular person) make a basic thing in the psychological help. It is necessary to include the complex character of chronic pain, as in order to support the patient in an analgesic therapy more effectively, the following spheres of pain experience are considered: sensory, emotional, motivational, and behavioral.

The methods of psychological help offered to the suffering persons that are described in literature are based on the knowledge concerning the meaning of higher nerve centres in the modulation of pain. It means that pain perception can depend on psychological factors, including, among others, the condition of concentration, cognitive skills and emotional condition. The article shows a complementary, psychological and medical approach.

Key words: psychological help, pain experience, chronic pain, psychological factors.

STRESZCZENIE

Celem pracy było przedstawienie niektórych problemów związanych z pomocą psychologiczną w Poradni Leczenia Bólu.

W pomocy psychologicznej podstawową kwestię stanowi uwzględnienie zarówno charakteru przeżyć bólowych, jak i czynników podmiotowych (charakteryzujących daną konkretną osobę). Konieczne jest uwzględnienie złożonego skomplikowanego charakteru bólu przewlekłego, gdyż aby skuteczniej wspierać pacjenta w terapii przeciwbólowej uwzględnić się sfery przeżycia bólowego: sensoryczną, emocjonalną, motywacyjną, behawioralną.

Opisywane w literaturze metody pomocy psychologicznej osobom cierpiącym z powodu bólu przewlekłego opierają się na wiedzy na temat znaczenia wyższych ośrodków nerwowych w modulacji bólu. Oznacza to, że percepcja bólu może zależeć od czynników psychologicznych, w tym m.in. od stanu uwagi, zdolności poznawczych i stanu emocjonalnego. Artykuł prezentuje komplementarne, psychologiczno-medyczne podejście do przedstawianego zagadnienia.

Słowa kluczowe: pomoc psychologiczna, przeżycie bólowe, ból przewlekły, czynniki psychologiczne.

INTRODUCTION

The subject of psychological help in pain treatment first appeared in psychological literature in the eighties. It was connected with the discovery of a considerable role that is played by a “control gate” of pain and the further dynamic development of the knowledge concerning the neuronal matrix [1]. A dynamically spreading knowledge concerning chronic pain allowed for a better understanding of cortical centers in a two-way modulation of pain perception, depending on the condition of attention, cognitive skills and emotional condition [2].

Despite the fact that the knowledge concerning the treatment of many pain syndromes and soothing acute pain have considerably developed, unfortunately the problem of accurate help provided for the persons suffering from pain has still been a very difficult challenge. For the persons who deal with the problem directly in pain treatment clinics, it is obvious that a comprehensive knowledge of the personnel is necessary – not only the substantial (vocational, professional) competences, but also the inner readiness to provide help. The aim of such a work is the effective limitation of the negative consequences caused by chronic pain.

The psychological methods we base on working in the Pain Treatment Clinic are directed at the reduction of suffering and the improvement of patients' functioning. Their long-term, considerably important aim is to prevent the increase of the disability connected with pain and its numerous correlatives and consequences including vital powers loss, the feeling of negative emotions and depression [3]. The persons suffering due to chronic pain, who often do not feel understood and feel isolated from the society benefit considerably from the meetings organized in Pain Treatment Clinics with other persons having similar worries and experiences. This type of help can have a beneficial therapeutic impact, as it is not only the valuable time devoted to a patient by a therapist, but also the possibility of using the support therapy during which one can talk about his problems and feelings in the atmosphere of trust and understanding. Group therapy, however, provides a patient with the possibility of learning how others deal with pain, frustration and uncertainty [4].

Among the psychological methods of supporting the treatment of pain syndrome in the interdisciplinary programme, the therapeutic conduct based on cognitive and behavioral programme is most frequently mentioned. The following belong to the psychological strategies that are the part of the interdisciplinary programme: psychoeducation, relaxation training, psychological treatment and diagnostics. The so-called modeling is an exemplary technique of information transfer that is possible to be applied in Pain Treatment Clinic. It is based on presentation (e.g. on video cassettes, CDs); the material showing the effective techniques of relieving pain that a patient can use in his case (in order to lower the intensity and extend the period of ailments decrease). Apart from the cognitive and behavioral therapy, there are also some other types of psychotherapy assessed as effective in fighting with pain and its consequences (e.g. excessive limitation of activity). In the fifth volume of an academic course-book of psychotherapy entitled *Psychotherapy. Patients' problems*, the different methods of psychotherapeutic work with the persons suffering from chronic pain, accompanying disorders and specific difficulties have been presented [5].

The leading thought of the work is the importance of the adjustment of the provided form of psychological help to the type of problems the patients of Pain Treatment Clinic have to deal with.

One of the most important problems connected with providing comprehensive help to the patients of Pain Treatment Clinic is the fact that there are differences between people concerning their demand for the amount of information received from the personnel concerning their health condition and possibilities of

treatment. In the majority of cases providing patients with information is very beneficial and the effect is positive. However, one cannot say it is always like that. It has been observed that there is a certain group of people in the case of whom the situation seems to be more complicated. There are such patients who do not seem to be satisfied when they receive a large portion of information within a very short time, as it does not help them in undertaking beneficial decisions concerning their health and, in fact, it is quite contradictory. It even seems to intensify the experienced dilemmas and hesitations. That is why, using the techniques of cognitive and behavioral therapy, one must remember that providing the persons characterized with a high level of anxiety with too much information and, what is most important, leaving them alone in undertaking the choice (e.g. concerning the forms of therapies, deciding for a particular treatment) can make undertaking decisions more, not less difficult and further lead towards the intensification of fear and irrational actions. An excessively high level of fear may also "overpower" people and lead towards postponing and avoiding activity. Understanding and partial inclusion of the above mentioned psychological dependencies seems to be one of the conditions of providing the persons suffering from pain with more effective help.

Selected aspects of interdisciplinary team work in the Pain Treatment Clinic

Among the indications of psychical functioning that is significant for the image of chronic pain (i.e. among others: the time of its duration, intensity, changeability), as well as the efficiency of analgesic conduct, a number of potential factors modeling pain are mentioned. In literature the factors are connected with the cognitive sphere, beliefs, the sphere of emotions and psychosocial context [6]. The main role is played by the cognitive processes at the stage of pain perception and the processes of caution. It provides the possibility of practical application of the knowledge that can be exemplified by the process of distraction. From the perspective of the possibilities of using therapeutic psychological measures, undertaken in analgesic procedures, that are ancillary to pharmacology, the fact that the caution makes a process subordinated to a conscious control seems to have beneficiary effect for a patient. The process can be successfully used in building certain strategies of dealing with pain: using the phenomenon of distraction. The subjective point of view of a person suffering from pain must be undersigned, as the cognitive assessment of one's own situation, including own psychosocial situation, may also have an influence on the conduct of pain treatment.

In literature, in the research devoted for the role that is played by medical and psychological factors in the effectiveness of analgesic treatment, depending on the strategy of information searching, they concentrate closer to a psychological point of view and, in other cases, closer to a medical point of view. Cooperation and exchange of information causes that acting together within the work in Pain Treatment Clinic, based on the methods from the field of medicine and psychology, one must analyze certain situations and possibilities within therapeutic proceeding more comprehensively. It allows to discern how much it brings to one's own understanding of the problem of pain (directed and limited by education), using the information that comes from a different perspective concerning the same problem. Both – the research and theory, are based on the data of an interdisciplinary character. At the same time, the received empirical data are considerably differentiated. They differ as for the degree of subjectivism and complexity, result scales, completeness and repetitiveness of the research results. There is information coming from different sources, among others: doctors and nurses working in Pain Treatment Clinic, the patients themselves, the data resulting from a psychological test, from the persons conducting rehabilitation, and family, in the description of persons suffering from chronic pain. Due to interdisciplinary cooperation, it is easier to exchange experiences that can develop knowledge, for the sake of patients' benefit i.e. for all of us who are not indifferent towards the suffering of others [7].

There is an agreement concerning the fact that in undertaking an accurate recognition and the choice of a proper path of treatment of pain syndrome, it is helpful to conduct a detailed diagnostic proceeding. It is conducted in order to exclude an organic basis, hypochondria syndrome and depression with somatic symptoms. Attention is also paid to an important role that is played by the recognition of the secondary benefits of the patients taken from the fact of prolonged ailments and limitations in activity (e.g. professional). The problem was recognized by Scully who said that the more strengthening a disorder gives (e.g. financial, social), the lower is the chance of treatment. It provides the data which indicate that many clinicians providing chronic pain treatment refuse to treat the patients who, due to the above reasons, are during the court proceeding, justifying it with the negative results of treatment. Besides the cognitive sphere, a huge cognitive impact on the features of chronic pain and the conduct of treatment is attributed to emotions. They are frequently recognized in the case of the persons suffering from chronic pain and depression – they make a secondary feature that deepens pain ailments and worsens functioning. The problem was recognized by

Leon Drobnik, who wrote an introduction to the book *Everything about pain. An unfinished conversation*. It is the record of a conversation with an extraordinary anesthesiologist, Maciej Hilgier, who clearly perceives a regular role of patient's emotions and stresses the meaning of the presentation of a doctor's attitude that can intensify patient's fear in a way that can paralyze the eagerness of an active protection against suffering, the eagerness of fighting for health [8].

Depression, due to its specifics and symptoms, is a condition isolating the suffering person from other people. It makes it difficult to use the offered help. Touching painfully and deeply, it can have an immediate impact on the feeling of the life quality, the real possibilities on the job market and performing social roles [9].

Such examples are provided by Sue Atkinson, who indicates that a person suffering from depression often has a different interpretation of events, situations, and words from the persons who attempt at bringing help. The author lists examples of the wrong reading of intentions. For example, when the people who try to be helpful "prepare our favorite dish and because we cannot even think about food at that moment, we burst into tears", "They put beautiful flowers to the vase and we start crying because they will die away and they looked so beautifully in the garden" or suggest (out of their good will) that we should buy a new coat what causes a suspicion that it is a suggestion that we should do something with the way we look [10]. The same problems, the same life, including the challenges and obstacles may look differently, in the mirror of reality reflection that is changed by the influence of the symptoms of depression. Devoting time to listening to what a patient wants to tell us, it is easier to understand the meaning of the frequent symptom that is referred by the persons suffering from pain and depression (more frequently by women) as a "heavy heart". Many persons, in the case of whom the existence of fixed disorders has not been recognized in their blood circulatory system, verbally express the depressive complaint saying e.g. "I cannot breath deeply, I have a feeling that something heavy lies on my breasts, on my shoulders".

In the light of the literature, there are biographical risk factors connected with the possibility of the existence of the problems of such a type. They include the experiences from the past of the person suffering from pain. It has been assumed that many patients had experienced the situations connected with the deprivation of their needs in the past, were neglected by their parents and this could lead towards an increased sensitiveness for stressful situation [11].

At the same time James Scully draws attention to a certain dependency that should be included in the

analgesic programme. It is known that the pain syndrome is very difficult to be treated. In the case of many patients, a considerable improvement in their functioning may happen. In the case of the minority of patients we can talk about their full recovery. According to the author, some evident features of depression can, in the case of a certain group of persons who have been diagnosed with somatic ailment, make a positive prognostic effect. However, it only works if the patient agrees for anti-depressive treatment and remains in it. It is also stressed that, due to some inexplicable reasons, it does not happen too often, although some benefits seem to be obvious.

The real factor of anti-depressive therapy abandonment is considered to be the presence of thoughts referred to as pessimistic, exaggeration of negative consequences or non-adaptive strategies of catastrophizing. Due to the role of this factor, there are further methods being worked out that are to measure it more precisely during the psychological diagnostics (the steps in working on a proper scale are discussed by, among others, Sullivan, M. J. Bishop, S. R. Pilik) [12].

Stress and pain are considered to be immediate and also very evident psycho-physiological consequence of the influence of the stimuli from the environment on an organism. Both, stress and pain are accompanied by various biochemical changes and affective reactions. Fear causes stress, emotional mobilization connected with changes, and pain, depending on its intensity, becomes the source of discomfort and suffering. There are also some experiences that, if take place longer, receive a chronic character and take away the energy that is needed by a patient in order to follow the proper direction. We understand it through, among others, persistence in undertaking recommended activities, acting according to recommendations concerning nutrition, resignation from the habits that are unbeneficial for health [13].

Besides, pain influences on the level of intensity of the experienced fear, these influences have a circular character (it is an example of a vicious circle of reasons and results that intensify each other) [14]. In the book mentioned before – *About pain. An unfinished conversation* – the author describes this effect comparing it to some kind of a spiral of the elements of pain that intensify one another. In English the effect is referred to as a *wind up*. It pictures the rule of chronic pain functioning as an illness itself. Leading towards breaking the vicious circle and limiting its destructive results is considered to be one of the main aims of the team working in Pain Treatment Clinic.

FINAL REFLECTIONS

In the hospital healthcare, in the pain treatment clinics and other institutions where the persons suffering from pain come – medicine and psychology do not have contradictory points of view in looking at the chronic pain. Various medical and psychological aspects of providing the patients suffering from chronic pain with treatment have been described in many works within the field referred to as the psychology of health and health clinical psychology [15]. One can discern different ways leading to the more effective conclusion in this type of diagnostic and therapeutic procedure within which both immediate and long help for the persons with chronic pain becomes more efficient and real [15, 16]. The development of the research concerning interdisciplinary methods of diagnosing and treatment of chronic pain, as well as frequent depressive disorders that accompany it, results from many different circumstances including ethical and humanitarian ones, as well as educational and economical ones.

BIBLIOGRAPHY

- [1] Melzack R, Wall P. Tajemnica bólu. Wydawnictwo WAM, Kraków 2006.
- [2] Dubner R, Ren K. Endogenous mechanisms of sensory modulation. *Pain* 1999; 6: 45–53.
- [3] Ortenburger D. Psychoterapia osób cierpiących z powodu bólu. W: Psychoterapia. Problemy pacjentów. Tom 5. Red. L Grzesiuk, H Suszek. Wydawnictwo Psychologii i Kultury ENETEIA, Warszawa 2011.
- [4] Digeronimo T. The Natural Way of Healing: Chronic Pain. The Philip Lief Group, New York 1995.
- [5] Psychoterapia. Problemy pacjentów. Tom 5. Red. L Grzesiuk, H Suszek. Wydawnictwo Psychologii i Kultury ENETEIA, Warszawa 2011.
- [6] Villmure C, Bushnell M. Cognitive modulation of pain: how do attention and emotion influence pain processing? *Pain* 2002; 95: 196–199.
- [7] Scully J. Psychiatria. Urban&Partner Wydawnictwo Medyczne, Wrocław 1998.
- [8] Hilgier M. O bólu do bólu. Niedokończona rozmowa. Wydawnictwo Naukowe PWN, Warszawa 2008.
- [9] Derbis R. Doświadczanie codzienności. Poczucie jakości życia. Swoboda działania. Odpowiedzialność.

Wartość osób bezrobotnych. WSP, Częstochowa 2000.

[10] Atkinson S. Jak wydobyć się z depresji. Wydawnictwo Naukowe PWN, Warszawa 1998.

[11] Scully J, Psychiatria. Wyd. I polskie, Urban&Partner Wydawnictwo Medyczne, Wrocław 1998.

[12] Pain: A Textbook for Therapists. Eds J Strong, AM Unruh, A Wright, GD Baxter. Churchill Livingstone, London 2001.

[13] Werka P. Stres i ból. W: Mózg i zachowanie. Red. T Górńska, A Grabowska, J Zagrodzka, Wydawnictwo Naukowe PWN, Warszawa 1997.

[14] Heszen I. Kliniczna psychologia zdrowia. W: Psychologia kliniczna. Red. H Sęk. Wydawnictwo Naukowe PWN, Warszawa 2005: 222–242.

[15] Ortenburger D, Szerla M. The problem of disability in the course of chronic pain syndrome seen from the perspective of a physician and a psychologist's. W: Biopsychosocial Aspects of Health and Disease. Vol. 1. Eds. K Janowski, S Steuden. CPPP Scientific Press, Lublin 139–146.

[16] Heszen I, Sęk H. Psychologia zdrowia. Wydawnictwo Naukowe PWN, Warszawa 2007.

Address for Correspondence:

dr Dorota Elżbieta Ortenburger
The Department of Social Sciences
The Jan Długosz University in Częstochowa
42-200 Częstochowa, ul. Waszyngtona 4/8
e-mail: d.ortenburger@gmail.com
Phone: +48 34 362 86 14; +48 604 227 449