Pain is a Perception

Molly Brown

Broome Community College

Pain is a Perception

I believe that pain can be diminished through the use of distraction. Physical pain is not completely physical, but is partially a perception of what you believe it to be. Pain is not clearly definable because it is a complex concept. Pain is difficult to measure because it is a perception. It can only be measured by what you feel it is compared to past experiences or what you believe it should be (Tse, Chan, & Benzie, 2005). There are scales that are used to assess the level of pain you are feeling, but it is all relative to you. Two different people may have the same injury, a broken bone for example, but they may not agree on the level of pain they are feeling. Why is this? Our minds are very powerful tools. For example, when we think of a nostalgic memory, we think of it as a warm, pleasant time. This warm thought in our mind causes a warm feeling to spread throughout our bodies (Zhou, Wildschut, Sedikides, Chen, & Vingerhoets, 2012). If the mind can warm your body, why not relieve your pain as well? You could think positive thoughts to lessen the pain or distract yourself from thinking about the pain at all. Distraction can be anything, listening to music, hypnosis, something unexpected and unrelated suddenly happening, or doing other unrelated tasks such as writing or viewing pictures.

There are many different types of pain. It can be induced through injury, stress, prolonged energy expenditure, or even the fear that it could occur. Any of these types of pain can be reduced by the use of the subject's mind. Music therapy has been shown to reduce pain levels. The patients listened to music they found pleasing and were able to recover faster (Tse, Chan, & Benzie, 2005). Hypnosis has also been used in studies on pain. Hylands-White and Derbyshire (2007) found that just by labeling the treatment as 'hypnosis' instead of the same exact treatment being labeled 'relaxation', the subjects reported less pain. Virtual reality hypnosis has an analgesic effect on post trauma patients as well (Patterson, Jensen, Wiechman, & Sharar, 2010).

The difference in peoples' response to pain is their attitude towards it. People with positive attitudes experience less pain. If their attitude worsens, so will their pain (Ong, Zautra, & Reid, 2010).

Positive thinking can help you manage any of the types of pain. Kress and Statler (2007) did a naturalistic investigation of former Olympic cyclists and found that these endurance athletes not only know that pain is coming, but can control how painful the pain is. They found that the pain felt by the lead person is the same as the person in last place, but due to their different mental states because of their place in the race, the amount of pain affecting their riding differs.

Knowing that you are probably going to feel pain can also make the pain worse. This fear of pain prevents people from going back to what they love to do or even just moving on with their lives. Not doing something because of fear of pain can lead to continuous pain or an increase in pain later because of the dystrophy of that area (Tripp, Stanish, Ebel-Lam, Brewer, & Birchard, 2007). In fact, athletes recovering from surgery who hold a positive attitude report less pain and return to their sports sooner than those who are pessimistic (Ross & Berger, 1996). Fear and pain go hand in hand. If you are afraid that something will hurt, it will probably hurt worse than if you had not been afraid of it hurting. Also, if you are in pain, then something comes along that makes you fear for your life, the pain you were feeling will diminish (Vowles, McNeil, Sorrell, & Lawrence, 2006). Fear can either increase or decrease pain, depending on whether or not it is associated with the pain. Positive thinking does not only help people overcome injury, it helps chronic pain sufferers as well. By participating in group therapy, writing about stress and emotions, or engaging in activities, people with fibromyalgia have reported less pain (Hsu, Schubiner, Lumley, Stracks, Clauw, & Williams, 2010). In another study, participants reported

less pain if they viewed affective images, images that evoke emotion, than those who did not view these images (Tse, Pun, & Benzie, 2005).

The connection between these methods of reducing pain; music therapy, hypnosis, positive thinking, writing, viewing images, engaging in life, and even fear, is that they are all distractions. Distractions do not allow you to focus on the pain, but on other things instead. If you don't think about it, it won't hurt as much. People are able to switch their focus from the pain to the distraction. I believe that viewing a set of affective images will reduce a participant's pain, induced by cold, by twenty percent.

References

- Hsu, M. C., Schubiner, H., Lumley, M. A., Stracks, J. S., Clauw, D. J., & Williams, D. A. (2010). Sustained pain reduction through self-awareness in fibromyalgia: A randomized controlled trial. *Journal of General Internal Medicine*, 25(10), 1064-1070. doi:10.1007/s11606-010-1418-6.
- Hylands-White, N., & Derbyshire, S. W. G. (2007). Modifying pain perception: It is better to be hypnotizable or feel that you are hypnotized? *Contemporary Hypnosis*, 24(4), 143-153. doi:10.1002/ch.338.
- Kress, J. L., & Statler, T. (2007). A naturalistic investigation of former Olympic cyclists' cognitive strategies for coping with exertion pain during performance. *Journal of Sport Behavior*, 30(4), 428-452.
- Ong, A. D., Zautra, A. J., & Reid, M. C. (2010). Psychological resilience predicts Decreases in pain catastrophizing through positive emotions. *Psychology and Aging*, 25(3), 516-523. doi:10.1037/a0019384.
- Patterson, D. R., Jensen, M. P., Wiechman, S. A., & Sharar, S. R. (2010). Virtual reality hypnosis for pain associated with recovery from physical trauma. *International Journal of Clinical and Experimental Hypnosis*, 58(3), 288-300. doi:10.1080/00207141003760595.
- Ross, M. J., & Berger, R. S. (1996). Effects of stress inoculation training on athletes' postsurgical pain and rehabilitation after orthopedic injury. *Journal of Consulting and Clinical Psychology*, 64(2) 406-410. doi:10.1037/0022-006X.64.2.406.
- Tripp, D. A., Stanish, W., Ebel-Lam, A., Brewer, B. W., & Birchard, J. (2007). Fear of reinjury, negative affect, and catastrophizing predicting return to sport in recreational athletes with

- anterior cruciate ligament injuries at 1 year postsurgery. *Rehabilitation Psychology*, 52(1), 74-81. doi:10.1037/0090-5550.52.1.74.
- Tse, M. M. Y., Chan, M. F., & Benzie, I. F. F. (2005). The effect of music therapy on postoperative pain, heart rate, systolic blood pressure and analgesic use following nasal surgery. *Journal of Pain & Palliative Care Pharmacotherapy*, 19(3), 21-29. doi:10.1300/J354v19n03_05.
- Tse, M. M. Y., Pun, S. P. Y., & Benzie, I. F. F. (2005). Affective Images: Relieving chronic pain and enhancing quality of life for older persons. *CyberPsychology & Behavior*, 8(6), 571-579. doi:10.1089/cpb.2005.8.571.
- Vowles, K. E., McNeil, D. W., Sorrell, J. T., & Lawrence, S. M. (2006). Fear and pain:

 Investigating the interaction between aversive states. *Journal of Abnormal Psychology*,

 115(4), 821-833. doi:10.1037/0021-843X.115.4.821.
- Zhou, X., Wildschut, T., Sedikides, C., Chen, X., & Vingerhoets, A. J. J. M. (2012).

 Heartwarming memories: Nostalgia maintains physiological comfort. *Emotion*, *12*(4), 678-684. doi:10.1037/a0027236.