



## Introducing Health Sciences: The Pain Clinic

### *The Psychology of Pain*

#### **Man**

We start with the idea that something to do with the way our psychology works is important in pain processing and coming from the therapeutic aspect what we need to be able to do is to try and see how that individual is processing their pain in terms of their understanding, their beliefs, their fears and the whole, I mean to borrow another psychological term, the whole 'schemer' associated with the pain and I think that is quite a good way of looking at it because one can see that at the core of this may be a simple sensory, an unpleasant sensory message that around it are layered not only an array of beliefs and information and experiences, but also that may have been going on for several years, and so what one's really trying to tackle is this, it is like the snowball which started off with a pure white lump of snow, but it's now got all sorts of bits of stick and goodness knows what in it as it's rolled down the mountain, it's no longer the clear thing, and so I think that what we're trying to do is to get a sense of what those are, try and look and see whether there are some errors – that's a harsh word but in terms of the formulation – and then try and get people to do things differently, and that involves understanding things differently, looking at the way they tend to think, trying to disconfirm some of their experiences by getting them to do things differently which is where we get the sort of behavioural bit in, and to reformulate things, so it's all this whole process and that is I suppose, in essence, the cognitive behavioural approach really. We measure a range of outcomes, both physical and psychological, we measure just some very simple physical things; we looked at this initially oh about sixteen years ago now and just tested the validity of simple things like walk speed and the number of stairs somebody could climb in five minutes and showed that those actually stand in good stead for general measures of physical function, and that they're reliable and can be easily obtained, so we believe that those are good measures of physical function. And then we use a range of psychometric instruments from a depression of entries that are well tried and tested through to other measures of confidence, for example of catastrophising, of fear avoidance, and of course pain itself so we get a battery of measures, and we get very significant changes.