

WORKING WITH PAIN-RELATED THOUGHTS

“Working with Pain-Related Thoughts” is part of a series of six Whole Health tools designed to assist clinicians who want to enhance Veteran’s chronic pain self-management skills. For additional information, refer to the other materials in the [“Self-Management of Chronic Pain”](#) module.

UNHELPFUL THINKING WITH CHRONIC PAIN

The role of cognition is an important area of self-management in chronic pain.[1] As pain becomes chronic, it can lead to a pattern of negative thinking and an overall negative world view. In turn, negative thinking can then affect all sorts of psychological and physiological processes, including the perception of pain. The frequency and intensity of these negative thoughts can become so automatic a person may not be aware of how often they are happening as well as the debilitating impact they can have on coping with pain and overall quality of life. Helping Veterans with chronic pain examine and unhook from negative thinking, identify negative core beliefs, and develop coping thoughts is an important tool in their chronic pain self-management plan and is one of the main focuses of Cognitive-Behavioral Therapy (CBT).

CBT is at present the most widely used psychotherapeutic treatment for adults with chronic pain and secondary depression and anxiety. It uses structured techniques involving multiple methods to modify cognition and behavior. A systematic review of 24 randomized controlled clinical trials on adults with chronic pain published between the years of 2006 and 2016 found that CBT interventions produced primary outcomes of lower pain intensity, disability, improved self-efficacy, and pain control and secondary outcomes of decreased emotional difficulties.[2] It was also found that people who develop a more positive attitude toward life and a sense of increased coping with pain experience less distress, avoidance, and disability than those who tend to take a more negative view.[3]

A systematic review found strong support for the VA’s Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) being an effective, safe treatment for Veterans with chronic pain.[4] Researchers have asserted that CBT may be efficacious through therapeutic mechanisms that involve fostering a sense of control over pain and the developing and strengthening of self-management skills.[5,6]

There are several types of automatic thoughts that tend to co-occur with chronic pain and are associated with poorer outcomes. They include:

1. **Blaming:** Making someone or something else responsible for your chronic pain or focusing all the blame entirely on yourself.

2. All or Nothing Thinking: Everything is “black or white” or “good or bad.” There is no gray area with room for improvement. Thinking things have to go a certain way otherwise it is perceived as a failure or disaster.
3. Catastrophizing: Imagining the worst possible outcome of a situation or what might happen in the future and then reacting to this fear-producing scenario as if it will come true.

Catastrophizing has been found to be one of the strongest psychological predictors of pain outcomes contributing to perceived pain intensity and emotional distress.[7-11] Pain tends to evoke catastrophic thinking because when a person is injured the pain signals generated indicate damage to the body and mobilize a person to act. On the other hand, when pain becomes chronic, pain signals do not generally indicate harm is being done but the mind can still assume the worst. People who catastrophize about their pain tend to have exaggerated worry, overestimate the likelihood of unpleasant outcomes, and think more helpless and distress-amplifying thoughts in response to pain.[12] Elevated pain catastrophizing is a significant risk factor for the chronicity and maintenance of pain and is associated with greater disability, pain intensity, fear avoidance behaviors, depression, anxiety, work absenteeism, opioid misuse, and health-care utilization.[8,11,13-19] A systematic review found catastrophizing to have a weak but significant association with chronic postsurgical pain.[20] A Cochrane review of psychological therapies for chronic pain found strong evidence of pain catastrophizing reduction through CBT interventions.[21] Some recent brain imaging studies suggest that catastrophizing thoughts can increase the perception of pain through their correlation with activity in multi-sensory integrative brain regions, including the dorsolateral and medial prefrontal cortices.[22-24]

COMMON NEGATIVE PAIN THOUGHTS

With a chronic pain condition, a helpful self-management tool is to identify negative thoughts, especially common pain catastrophizing thoughts. By becoming aware of automatic thoughts, a person has more power to distinguish between helpful versus unhelpful thoughts in response to pain, those thoughts that contribute to additional suffering and distress, and those that promote more active coping and control. In doing so, a person can discover how unhelpful automatic negative thoughts may be influencing their behavior, mood, the situation and perception of self and the world.

The following exercise can be a useful tool in helping identify negative thoughts that are creating additional distress and contributing to unhelpful coping with pain.

PAIN CATASTROPHIZING WORKSHEET

Instructions:

Listed below are some common negative thoughts people with chronic pain can have that are not helpful to coping. Encourage your Veteran to identify any of these

thoughts that might be familiar to them and explore the possible impact they may have. Thoughts such as these might be a daily occurrence or happen only during exacerbations of pain.

- ___ I should have gotten better by now. There is no hope for me.
- ___ I can't have a good life if I am in pain.
- ___ I will never get better.
- ___ I will always have this pain and there is nothing I can do.
- ___ I will never be able to enjoy life again.
- ___ I am headed for a lifetime of pain.
- ___ This should never have happened to me. I will never be able to accept it.
- ___ I can't be myself if I can't do these things the way I used to.
- ___ My pain will get worse and worse.
- ___ My life is over if I am in pain.
- ___ If I can't do what I did before, I am a failure.
- ___ I have no control over my pain and never will.
- ___ I will never be able to manage my pain.
- ___ My life is a disaster, it's all my fault.
- ___ God must be punishing me with this pain, and it is only going to get worse.
- ___ The physicians need to fix it. I'm helpless to do anything to help myself.
- ___ I will always be a burden to my family/friends.
- ___ My doctor/family/friends/spouse will abandon me.
- ___ I am no good to anyone like this. I am weak and worthless because I have pain.
- ___ If I can't do what I did before, my life is ruined.
- ___ If this goes on, my life is not worth living.

Others you might have but are not listed:

COMMON UNDERLYING PAIN BELIEFS

Core beliefs are deeply held opinions or convictions that are taken to be true which inform how people see themselves and the world. Unhelpful core beliefs about pain

can be common and it is helpful to address them as they can be associated with poorer outcomes. Helping your Veteran be aware of and modify these negative core beliefs to more supportive ones is an important tool for better coping. Listed below are some common beliefs that people have about their chronic pain that have been found to be related to poorer adjustment.

1. **Control Belief:** How much control a person feels they have over their pain condition. The belief that there are things a person can do to help manage or control pain versus feeling there is nothing they can do about their pain is associated with better outcomes such as being more active, having fewer physical limitations and feeling better emotionally over time.[25-31] In one study Veterans with comorbid chronic pain and significant levels of PTSD symptomatology were found to endorse significantly higher levels of maladaptive coping strategies and beliefs about pain (e.g., less control over pain) when compared to veterans with chronic pain alone.[32]
2. **Disability Beliefs:** Feeling disabled or unable to function because of pain. Believing you are disabled by pain, or that having pain means you cannot participate in activities you find meaningful or enjoyable is associated with more pain and greater physical limitations over time.[28]
3. **Hurt versus Harm:** Feeling that the amount of pain or hurt you are experiencing means that damage is happening to your body. This belief often co-occurs with the belief that having pain means you should limit or avoid activities or exercise. Research shows that having these beliefs is associated with poorer outcomes and lower functioning in the long-term.[30,31,33]

WAYS TO RELATE TO NEGATIVE THOUGHTS DIFFERENTLY

How one responds to negative automatic thoughts after they occur has a big impact on how well someone copes with a chronic pain condition. If a person has the thought, “My life is over because of my pain,” or “I am a failure” and accepts these thoughts as the truth, they are more likely to cope poorly. However, if they see these thoughts as “just thoughts” and “not facts” they are much less likely to react automatically and negatively.

With a chronic pain condition, it is easy to develop patterns of fear of pain, accompanied by thoughts that pain will become worse with activity. If the individual sees these thoughts as “the truth”, it can easily lead to avoiding activity that provides purpose or meaning, overall poorer coping and quality of life, deconditioning and isolation. It is easy to get into a pattern of having catastrophic

thoughts that pain will get worse or avoiding activity because of fear of a pain flare. And if a person “buys into” or believes these thoughts as facts rather than seeing them as “just thoughts,” they often experience increased distress and hopelessness and less motivation. This can make it more difficult to think clearly, leading them into poorer coping with the pain condition.

It is important to note that coping responses, including automatic thoughts are situationally and culturally determined, and no coping response is adaptive or maladaptive in all contexts.[34,35] Coping responses can be and often are classified into those that tend to be associated with better outcomes and adjustment or those that tend to be associated with worse outcomes and poor adjustment.[25,35]

Identifying when unhelpful thoughts occur, there is an opportunity to choose a different outcome. There is a choice point of continuing along the path of negative pain thinking or making the choice to stop and begin to consider more helpful thoughts.

Consider these questions to guide this process for your Veteran:

- **"Reality check"**

Does this thought reflect reality? Does it fit with the facts or am I confusing it with a fact? Does it make sense...? Did this thought just pop into my head automatically?

Are my emotions or past experiences influencing it? How would I have thought about it at another time, in another mood? Am I jumping to conclusions? Am I criticizing myself because of one thing that has happened? Am I am judging myself? Am I focusing on the worst-case scenario?

- **Positive growth**

Is this thought or consequent action good for me, my career, my life, my mood, my family...?

- **Do I want it?**

Is this thought consistent with how I want myself and my life to be (become)? Is this thought promoting peace of mind and a sense of well-being and optimism? Do I want to do "it" or become "it" by following the lead of this thought?

- **Mission, Aspiration and Purpose (MAP)**

Is this thought leading me closer to or taking me further away from my mission, aspiration or purpose?

CREATING ALTERNATE THOUGHTS AND BELIEFS

After a person recognizes their automatic thoughts and beliefs and their consequences, they can work on modifying their thinking by coming up with alternative thoughts. Alternate thoughts offer an alternative way of thinking about a situation that is more reassuring, encouraging and motivating to solve problems and make positive changes. Alternate thoughts talk back to the automatic thoughts and beliefs that are not helpful, not totally accurate, make a person feel stuck and those that lead to distressing emotions, increased stress or tension and pain. They are often referred to as “balanced thoughts” because they are not unrealistically positive but offer a balanced, considered view of the situation.

Support your Veteran by encouraging them to generate alternative thoughts that would be useful to them. Have them consider the following questions:

- What alternate thought would bring greater peace of mind?
- What new thought would help me cope more effectively with my pain condition?
- What thought would help me focus on what I can control in this situation?
- What alternative thought would remind me to practice self-care?
- What thought would instill a sense of hope that things can improve and get better?

CREATE SELF-ENCOURAGEMENT/COPING THOUGHTS

Coping thoughts are encouraging words that focus on one’s strength, capacity and resources when managing a chronic pain condition. Coping thoughts can be reminders of one’s strength in the past and resilience in surviving other distressing and challenging situations. Coping thoughts are especially useful when feeling agitated, nervous, upset, or angry. They can also be particularly helpful in managing a pain flare. If a person recognized their distress or increased pain early on, they would have a better chance of using these encouraging thoughts to calm and remind themselves of ways to effectively manage the challenging situation.

SELF-ENCOURAGEMENT AND COPING THOUGHTS WORKSHEET

Instructions:

Have your Veteran consider this list of coping thoughts to identify ones that could be helpful to them or have them create their own. They could consider writing their favorite coping thoughts on an index card, post it note or in their smart phone to keep with them. It can be helpful to have these coping statements in a place where they can see them every day, especially during times of need. The more they see or hear their coping thoughts, the quicker it will become part of their automatic way of thinking. This can support improvement in chronic pain management and quality of life.

- ___ This situation won't last forever.
- ___ This pain flare too shall pass.
- ___ I've already been through many other painful experiences, and I've survived.
- ___ My feelings make me uncomfortable right now, but I can accept them.
- ___ I can be anxious and still deal with the situation.
- ___ I may not like my pain, but I know that I can cope with it.
- ___ I'm strong enough to handle what's happening to me right now.
- ___ This is an opportunity for me to learn how to cope with my pain better.
- ___ I can take all the time I need right now to let go, relax, and focus on my self-care.
- ___ I've survived other situations like this with my pain, and I'll survive this one too.
- ___ My pain/anxiety/fear/sadness won't kill me – it just doesn't feel good right now.
- ___ These are just my feelings, and eventually they'll go away.
- ___ This is just a pain flare, and eventually the pain will quiet down.
- ___ It's okay to feel sad/anxious/afraid sometimes.
- ___ My thoughts don't control my life, I do.
- ___ Pain does not have to define me.
- ___ I am much more than my pain condition; my life has meaning.
- ___ I'm not in danger right now, I can cope with this pain flare effectively.
- ___ This situation is difficult but it's only temporary, and I can get through it.

Other coping thoughts that might be useful:

Refer to the [Working With Our Thinking](#) tool for more ideas.

RESOURCE LINKS

- [Self-Management of Chronic Pain:](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/working-with-our-thinking.asp)
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/working-with-our-thinking.asp>
- [Working With Our Thinking:](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/working-with-our-thinking.asp)
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