



Making sense of pain

By understanding pain and why you are hurting, you can change how you think about pain and react to it. You don't have to fear it or worry about it.

The International Association for the Study of Pain defines pain as "An unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage."

Note the word "experience" in the definition. Pain is more than a symptom. It's a sensory and emotional experience with biological, psychological, and social contributors, including things happening in your body, any past trauma, your thoughts and beliefs about pain, any fear and safety memories you may have, any expectations of pain that you may have, your social situation, your emotions, your behaviors, your lifestyle, and any stressors in your life.

Also, note the word resembling in the definition. You can experience pain in the absence of any noticeable tissue injury.

Pain warns us of potential danger, alerting us like an alarm to take protective action. It's part of our flight or fight response.

When our body senses danger, it signals the brain to determine how we feel and react emotionally to it and how we behave to reduce it. It's a best guesstimate or prediction. It's the brain's opinion at the time.

Two types of pain. There are two types of pain: acute and chronic.

Acute pain lasts less than three months and resolves with healing and treatment. It's typically sudden and caused by an injury or illness, such as twisting an ankle, burning your hand on the stove, or a cut.

Chronic pain lasts three or more months. It's not prolonged acute pain and can happen after an injury or illness heals – often due to degenerative diseases, like arthritis, or neurological issues, like surgical trauma. It can also have no known biological cause, as in the case of fibromyalgia and many common low back pain conditions.

Once it becomes chronic, pain loses its warning function and becomes its own disease. It changes how the brain processes pain, misfiring nerve signals and continuing to tell the body it hurts – like an alarm that gets stuck on high alert and won't turn off or an oversensitive smoke detector that goes off when you light a candle or burn toast.

Experts call this phenomenon central sensitization, in which individuals become more sensitive to pain. It can occur in all chronic pain conditions, regardless of the underlying cause.

Think about your body as a house and pain as the alarm system for the home.



If the door of your house is broken, the house's alarm system will go off to let you know something is wrong with the home.

If the alarm continues to go off even after the door is repaired, there's something wrong with the alarm system, not the door.

Acute pain means there is a problem with the house. Chronic pain means there's a problem with the alarm system.

Treatment options for acute pain. The main goal of acute pain management is to ease discomfort and promote healing while treating the cause. Treatment involves traditional passive strategies like medicines, heat, rest, ice, injections, and surgery.

Treatment options for chronic pain. There is no magic solution for chronic pain relief.

Current biomedical treatments offer limited 24/7 pain relief and may have undesirable side effects. It's essential to accept, adjust, and adapt to pain. Multidisciplinary care, formal pain rehabilitation, and active self-management are recommended.

But this doesn't mean there isn't hope. Improvement is achievable. Pain levels can change or diminish. And if it persists, it's possible to maintain a good quality of life despite the pain.