Chronic Pain Treatment Should Include Psychological Interventions

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Pain is the body's way of alerting the brain to injury and disease. Without a robust pain response, physical trauma could go unnoticed and untreated. Some people, however, experience chronic pain that lasts long after an injury has healed or has no easily identifiable cause.

Unfortunately, treating chronic pain with over-the-counter and prescription medication has its own health risks, including adverse side effects and addiction. In the latest issue of Psychological Science in the Public Interest (*PSPI*), a team of researchers explores how psychological interventions can be part of a comprehensive plan to manage chronic pain while reducing the need for surgeries and potentially dangerous medications.

"There are several effective nonmedical treatments for chronic pain, and psychological treatments emerge among the strongest of these," said Mary Driscoll, a researcher at Yale University and first author on the issue's main article. "People who engage in psychological treatments can expect to experience meaningful reductions in pain itself as well as improvements in physical functioning and emotional well-being."

The current state of care

In many cases, the causes of chronic pain are unknown, and the use of traditional medical interventions, such as pain medication and surgery, may give little to no relief—or make the condition worse. People with chronic pain often report frustrations with health care systems and health insurance, which tend to be dismissive or unsuccessful in addressing their complaints.

Psychological treatment may reduce the need for medications, surgeries, and other invasive treatments that can be costly, ineffective, and even dangerous. And research suggests that the effects of psychological treatment can be maintained for a lifetime.

“People with pain should feel empowered to select the psychological treatment that is most appealing,” said Driscoll. “Once they do, finding a psychotherapist who can provide this care and with whom they can establish a meaningful connection will be a key factor in obtaining benefit.”

Psychological treatments

Research has shown that psychological factors can play a role in the onset, severity, and duration of chronic pain. For those reasons, several psychological interventions have been shown to be effective in treating chronic pain.

In the article, Driscoll and her colleagues describe the interventions that have been most widely studied by the pain community, including:

- Supportive psychotherapy, which emphasizes unconditional acceptance and empathic understanding
- Relaxation training, or the use of breathing, muscle relaxation, and visual imagery to counteract the body’s stress response
- Biofeedback, which involves monitoring patients’ physiological responses to stress and pain (e.g., increased heart rate, muscle tension) and teaching them how to down-regulate these responses
- Hypnosis by a trained clinician, which may induce changes in pain processing, expectations, or perception and incorporates relaxation training
- Cognitive-behavioral therapy, in which patients learn to reframe maladaptive thoughts about pain that cause distress; change unhelpful behaviors, such as isolation and inactivity; and develop helpful behavioral coping strategies (e.g., relaxation)
- Mindfulness-based interventions, which help to disentangle physical pain from emotional pain via increased awareness of the body, the breath, and activity
- Psychologically informed physical therapy, which integrates physical therapy and cognitive-behavioral therapy

The *PSPI* report also addresses topics such as integrated pain care, or the blending of medical, psychological, and social aspects of health care; the future of pain treatment; and improving the availability and integration of pain-management strategies.

Reference: Driscoll, M., Edwards, R., Becker, W., Kaptchuk, T., & Kerns, R. (2021). Psychological interventions for the treatment of chronic pain in adults. Psychological Science in the Public Interest, 22 (2), 52–95. https://doi.org/10.1177/15291006211008157